

Patient Name : Mrs.LAXMI
Age/Gender : 27 Y 0 M 0 D /F
UHID/MR No : DSDU.0000001727
Visit ID : DSDUOPV5379
Ref Doctor : ANJANADRI DIAGNOSTICS KARATAGI
IP/OP NO :

Collected : 11/Aug/2024 04:02PM
Received : 12/Aug/2024 11:00AM
Reported : 12/Aug/2024 02:09PM
Status : Final Report
Client Name : PCC SINDHANUR
Center location : Sindhanur, Sindhanur

DEPARTMENT OF IMMUNOLOGY

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|--|--------|--------|--------------------|--------|
| THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM | | | | |
| TRI-iodothyronine (T3, TOTAL) | 1.25 | ng/mL | 0.64-1.52 | CMIA |
| THYROXINE (T4, TOTAL) | 9.8 | µg/dL | 4.87-11.72 | CMIA |
| THYROID STIMULATING HORMONE (TSH) | 4.040 | µIU/mL | 0.35-4.94 | CMIA |

Comment:

For pregnant females

Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)

| | |
|------------------|-----------|
| First trimester | 0.1 - 2.5 |
| Second trimester | 0.2 - 3.0 |
| Third trimester | 0.3 - 3.0 |

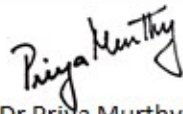
1. TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
2. TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
3. Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

| TSH | T3 | T4 | FT4 | Conditions |
|-------|------|------|------|---|
| High | Low | Low | Low | Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis |
| High | N | N | N | Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy. |
| N/Low | Low | Low | Low | Secondary and Tertiary Hypothyroidism |
| Low | High | High | High | Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy |
| Low | N | N | N | Subclinical Hyperthyroidism |
| Low | Low | Low | Low | Central Hypothyroidism, Treatment with Hyperthyroidism |
| Low | N | High | High | Thyroiditis, Interfering Antibodies |
| N/Low | High | N | N | T3 Thyrotoxicosis, Non thyroidal causes |
| High | High | High | High | Pituitary Adenoma; TSHoma/Thyrotropinoma |

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Consultant Biochemistry



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Consultant Pathologist



SIN No:IM08050832

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Corporate Office: 7-1-617/A, 7th Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana

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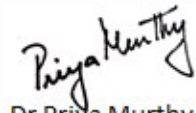
*** End Of Report ***



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