ESTD. 1984
A STEP AHEAD ...ALWAYS

SARAL DIAGNOSTICS

FIRST NABH ACCREDITED MULTI-MODALITY DIAGNOSTIC CENTRE IN INDIA

Accreditations-
Highest
In the country

LOCATION OF CENTRES :

- E-1073, SARASWATI VIHAR,
- HOUSE NO. 2 & 3, SHAKTI VIHAR, PITAMPURA, DELHI-110 034
- HOUSE NO. 9, SHAKTI VIHAR, PITAM

Reg. No.	: S-66		
Registration Date	: 02-05-2017 / 09:00 AM	Printed On	: 02/05/2017 / 06:15 PM
Patient	: **Ms MADHURIMA HANDA**	Age/Gender	: 20Y / F
	:		

Clinical Biochemistry

Investigation	Result	Unit	Bio. Ref. Interval
TSH, Serum *By ECLIA Method*	1.920	µIU/ml	0.7-6.4

Pregnancy:	Ist Trimester	IInd trimester	IIIrd trimester
BRI (uIU/ml)	0.32- 4.5	0.5-4.6	0.8-5.2

Comments

Thyroid stimulating hormone (TSH) is an important marker of thyroid function in our body . The prime function of TSH is to regulate the synthesis and secretion of the thyroid hormones viz. T3 and T4. The determination of TSH serves as the initial test in thyroid diagnostics. Alteration in the TSH level indicates either hyperthyroidism (low TSH level) or hypothyroidism (high TSH). However, only TSH determination would not help in disease diagnosis. It should always be performed along with Free T3 and Free T4 for a proper clinical diagnosis. Various research studies have indicated considerable levels of biological and analytical variations in TSH measurement. It may be attributed to mainly due to the pulsatile secretion of the hormone and fairly short half life (1 - 2 hrs). Research studies have indicated that circadian variation (i.e variation of morning and evening samples) of as high as 50% variation. This is more so even in case of pregnant ladies. Hence TSH interpretation should be both diagnostic and clinical, not a single factor alone.

-- End of Report --

Dr. Poonam Sahni
MBBS (MAMC), MD (LHMC)
Senior Consultant Pathologist
DMC REG. No. - 12281

Dr. Savitri
MBBS(RMC), MD(SGPGI)
Consultant Microbiologist
DMC REG No. - 13514

Dr. Amita K. Gadhok
PhD (Med Biochemistry) (SMS MC)
Consultant Biochemist

Checked By *Chandan*