



Kakinada Main Branch RT-PCR Lab

# Quality Care Lab

Speciality Lab @ 24 hrs



Patient Name : **Mr. T TEJA** Aadhar No : YA01501  
 Sex / Age : Male / 23Years Client Code : JIPMER - YANAM  
 Ref. Doctor : DEPARTMENT OF GENERAL MEDICINE Reg. On : 24-06-2024 11:21:00 AM  
 Ref. Customer : Sample Received On : 24-06-2024 11:24:00 AM  
 Test ID : 593373 Reported On : 24-06-2024 07:08:00 PM

## DEPARTMENT OF CLINICAL BIOCHEMISTRY

TEST NAME	RESULTS	UNITS	BIO.REFERENCE INTERVAL
Triiodothyronin _Free (FT3)	3.68	Pg / ml	Healthy adult : 2.1 - 4.4 Pregnancy : 2.0 - 3.8 Children : 2.1 - 4.4

Method : Chemi Luminiscence Immuno Assay (CLIA)

### THYROID STIMULATING HORMONE (TSH):

Thyroid Stimulating Hormone(TSH)	6.35	μIU / ml	Healthy adult : 0.4 - 5.0 Pregnant Women : 1 Trimester : 0.1 - 2.5 2 Trimester : 0.2 - 3.0 3.Trimester : 0.3- 3.0
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Method : Chemi Luminiscence Immuno Assay (CLIA)

Thyroid Stimulating Hormone (TSH): Serum TSH concentration is dependent upon a multiplicity of factors: hypothalamus gland function, thyroid gland function, and the responsiveness of pituitary to TRH. Thus, thyrotropin concentration alone is not sufficient to assess clinical status.

Serum TSH values may be elevated by pharmacological intervention. Domperidone, amiodazon, iodide, phenobarbital, and phenytoin have been reported to increase TSH levels.

A decrease in thyrotropin values has been reported with the administration of propranolol, methimazol, dopamine and d-thyroxine.

Genetic variations or degradation of intact TSH into subunits may affect the binding characteristics of the antibodies and influence the final result. Such samples normally exhibit different results among various assay systems due to the reactivity of the antibodies involved.



*P. Ravindra*

P. Ravindra, M.sc, M.Phil, (P.hd)

LAB Technician

Home Collection Available on prior appointment BIOCHEMIST

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## DEPARTMENT OF CLINICAL BIOCHEMISTRY

TEST NAME	RESULTS	UNITS	BIO.REFERENCE INTERVAL
Thyroxine - Free (FT4)	1.39	ng/dL	<b>Adults</b> >20 yrs : 0.8 – 2.7 ng/dL <b>Pregnancy</b> 1 Trimester : 0.7 – 2.0 ng/dL 2&3 Trimester:0.5 – 1.6 ng/dL <b>Pediatric</b> 1- 4 Days :2.2 – 5.3 ng/dL 2 weeks-20 yrs:0.8 – 2.0 ng/dL

Abnormal thyroid test findings often found in critically ill clients should be repeated after the critical nature of the condition is resolved.  
The production, circulation, and disposal of thyroid hormone are altered throughout the stages of pregnancy.

Method : CHEMILUMINESCENCE



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