

Patient Name	: Mrs.SHAIK FATHIMA BIBI	Collected	: 25/Jan/2024 11:47AM
Age/Gender	: 63 Y 0 M 0 D /F	Received	: 25/Jan/2024 12:14PM
UHID/MR No	: DVG.0000204292	Reported	: 25/Jan/2024 02:20PM
Visit ID	: DVGOPV222840	Status	: Final Report
Ref Doctor	: SRI BALAJI DIAGNOSTIC CENTER	Client Name	: PUP VIJAYMEDI CLINIC
IP/OP NO	:	Patient location	: MVP Colony,Vizag

DEPARTMENT OF IMMUNOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	1.27	ng/ml	0.69-2.15	CLIA
THYROXINE (T4, TOTAL)	79.30	ng/ml	52-127	CLIA
THYROID STIMULATING HORMONE (TSH)	4.480	uIU/mL	0.3-4.5	CLIA

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

*** End Of Report ***

Page 1 of 1


DR. V. SNEHAL
M.D (PATH)
Consultant Pathologist



Address : 36-96-218/2
ASR Nagar, OppGovt School,
Kancharpalem
VISAKHAPATNAM-530008

Contact: +91 720 780 6418
+91 8497952334
gabrieliagnostics2023@gmail.com

