



VIJAYA DIAGNOSTIC CENTRE®

Manasa Hospital Rd, Opposite ICICI Bank, Danavaipeta, Rajahmundry - 533103, AP

TEST REPORT

Name : **Ms. CH MOUNIKA**
Age/Gender : **22 Years / Female**
Registration ID : **241180042676**
Ref. By : **ANDHRA DIAGNOSTIC CENTER**
Sample Type : **Serum**

Registered on : **05-Oct-2024 20:34**
Collected on : **05-Oct-2024 20:30**
Released on : **05-Oct-2024 21:35**
Printed on : **05-Oct-2024 21:50**
Regn Centre : **Rajahmundry-118**

PROLACTIN

TEST NAME	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Prolactin <i>Method: Chemiluminescence Immuno Assay (CLIA)</i>	: 10.05	ng/mL	Non Pregnant : 2.8 - 29.2 Pregnant Third Trimester : 9.7 - 208.5 Post menopausal : 1.8 - 20.3

Interpretation / Comments :

- Prolactin is useful in aiding the evaluation of pituitary tumors, ammenorrhoea, galactorrhoea, infertility and hypogonadism.



DR. NASEERUDDIN SHEIK
MD PATHOLOGY

Registration No: APMC/FMR/90184



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THYROID PROFILE

TEST NAME	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
T3 Total <i>Method: Chemiluminescence Immuno Assay (CLIA)</i>	: 1.10	ng/mL	Non pregnant : 0.60 - 1.81 Pregnant 1st Trimester : 0.81 - 1.90 2nd & 3rd Trimester : 1.0 - 2.60
T4 Total <i>Method: Chemiluminescence Immuno Assay (CLIA)</i>	: 7.50	µg/dL	Adult : 3.2 - 12.6 Pregnant : 6.4 - 10.7
TSH - Ultrasensitive <i>Method: Chemiluminescence Immuno Assay (CLIA)</i>	: 2.947	µIU/mL	Non pregnant : 0.55 - 4.78 Pregnant 1st Trimester : 0.3 - 4.5 2nd Trimester : 0.5 - 4.6 3rd Trimester : 0.8 - 5.2

Interpretation / Comments :

- Patient preparation is particularly important for hormone studies, results of which may be markedly affected by many factors such as stress, position, fasting state, time of the day, preceding diet and drug therapy.
- The levels of T3 helps in the diagnosis of T3 thyrotoxicosis and monitoring the course of hyperthyroidism. T3 is not recommended for diagnosis of hypothyroidism as decreased values have minimal clinical significance.
- Values below the lower limits can be caused by a number of conditions including non-thyroidal illness, acute and chronic stress and hypothyroidism.
- Elevated level of T4 are seen in hyperthyroidism, pregnancy, euthyroid patients with increased serum thyroxine binding globulin.
- Decreased levels are noted in hypothyroidism, hypoproteinemia, euthyroid sick syndrome, decrease in thyroxine binding globulin.
- TSH levels are increased in primary hypothyroidism, insufficient thyroid hormone replacement therapy, Hashimoto's thyroiditis, use of amphetamines, dopamine antagonists, iodine containing agents, lithium and iodine induced or deficiency goiter.
- Decreased levels of TSH may be seen in graves disease, toxic multinodular goitre, thyroiditis, excessive treatment with thyroid hormone replacement and central hypothyroidism.



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