PROCESSED AT :
HEALTH CARE
MANDUADIH LAHARTARA ROAD,
VARANASI, 221105

DRP/HEA/23-24/63

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REPORT

Report No./Day Sr	:	**DRP/HEA/23-24/63 / 5**	**Sample Collected on**	:	25-Jul-2023
Name	:	**ZOHRA SHEIKH**	**Sample Received on**	:	25-Jul-2023
Age / Sex	:	**25-Years / F**	**Report Released on**	:	25-Jul-2023
Referring Doctor	:	**Self**			
Doctor Advised	:	**T3 T4 TSH**			

THYROID PROFILE

Test Report Status	Result	Unit	Normal Range
TRIIODOTHYRONINE TOTAL(TOTAL T3)	1.58	ng/ml	0.80 - 2.00
THYROXINE TOTAL (TOTAL T4)	6.58	µg/dL	4.82 - 15.65
ULTRASENSITIVE TSH	3.56	mIU/mL	0.30 - 4.50

TRIIODOTHYRONINE TOTAL (TOTAL T3)
Paediatric Ranges:
Cord Blood: 30 - 70 ng/Dl, Newborn: 75 - 260 ng/dL, 1-5yr: 100 - 260 ng/dL, 5-10yr: 90 - 240 ng/dL, 10-20yr: 80 - 210 ng/dL
Pregnancy:
First trimesters: 81 - 190 ng/dL, Second & third trimester: 100 - 260 ng/dL

THYROXINE TOTAL (TOTAL T4)
Paediatric Ranges:
1-3 days: 8.2 - 19.9 µg/dL, 1 week: 6.0 - 15.9 µg/dL, 1-12 months: 6.1 - 14.9 µg/dL, 1-3yr: 6.8 - 13.5 µg/dL, 3-10 yr: 5.5 - 12.8 µg/dL

ULTRQASENSITIVE TSH
Pregnancy:
1st Trimester: 0.24 - 2.99 µIU/mL, 2nd Trimester: 0.46 - 2.95 µIU/mL, 3rd Trimester: 0.43 - 2.78 µIU/mL
Pediatric Ranges:
Cord Blood: 2.3 - 13.2 µIU/mL, 1 - 2 days: 3.2 - 34.6 µIU/mL, 3 - 4 days: 0.7 - 15.4 µIU/mL, 2 - 20 weeks: 1.7 - 9.1 µIU/mL

Interpretation
Circulating TSH measurement has been used for screening for euthyroidism, screening and diagnosis for hyperthyroidism & hypothyroidism. Suppressed TSH (<0.01 µIU/mL) suggests a diagnosis of hyperthyroidism and elevated concentration (>7 µIU/mL) suggest hypothyroidism. TSH levels may be affected by acute illness and several medications including dopamine and glucocorticoids. Decreased (low or undetectable) in Graves disease. Increased in TSH secreting pituitary adenoma (secondary hyperthyroidism), PRTH and in hypothalamic disease thyrotropin (tertiary hyperthyroidism). Elevated in hypothyroidism (along with decreased T4) except for pituitary & hypothalamic disease.
Mild to modest elevations in patient with normal T3 & T4 levels indicates impaired thyroid hormone reserves & incipent hypothyroidism (subclinical hypothyroidism).
Mild to modest decrease with normal T3 & T4 indicates subclinical hyperthyroidism.
Degree of TSH suppression does not reflect the severity of hyperthyroidism, therefore, measurement of free thyroid hormone levels is required in patient with a supressed TSH level.
The free T3 & T4 (FT3 & FT4) measures concentrations of free hormones, which are not affected by changing in concentrations of binding proteins, therefore more reliable indicator of true thyroid status.
Method : Chemiluminescence Immuno Assay (CLIA);
Sample performed by our outsources.

**** End of Report****

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Consultant Pathologist

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