

Patient Name	: Mrs Ajitha Nath	RegNo	: 0177271
Age and Sex	: 53 Years / Female	Client Code	: PCL-DL-102
Referring Doctor	: DR.Pankaj Taneja	Sample Drawn Date	: 28/09/2010 10:15
Referring Customer	:	Registration Date	: 28/09/2010 12:05
Sample & Vial ID	: SERUM - 911448	Report Date	: 29/09/2010 14:21

PATHCHECK - 64 REPORT

DESCRIPTION	RESULT	UNITS	REFERENCE RANGE
Trilodothyronine Total (TT3)	: 109.10	ng/dL	70 - 204
Thyroxine - Total (TT4)	: 8.3	µg/dL	4.6 - 12.5
Thyroid Stimulating Hormone (TSH)	: 2.93	µIU/mL	0.37 - 6.0

NOTE : The above reference ranges are given as per the age provided.

Interpretation:

Three common ways in which there may be inadequate amounts of the thyroid hormone for normal metabolism:

1. Primary hypothyroidism, in which there is a raised TSH and a low T4 and low T3. This is due to failure of the thyroid gland, possibly due to auto antibody disease, possibly due to toxic stress or possibly due to iodine deficiency.
2. The second, the most common cause of thyroid failure, occurs at the pituitary level. In this condition there is inadequate TSH produced from the pituitary and so one tends to see low or normal TSHs, low T4s and variable T3s. This condition is most common in many patients with chronic fatigue syndrome, where there is a general suppression of the hypothalamic- pituitary-adrenal axis.
3. The third type of under-functioning is due to poor conversion of T4 to T3. This requires enzymes and co-factors, in particular selenium, zinc and iron. In this condition there are normal or possibly slightly raised levels of TSH, normal levels of T4 but low levels of T3. This requires micronutrients and also T3 to correct.

Reference ranges for Adults (in case age is not given) :

T3 : 70 - 204
T4 : 4.6 - 12.5
TSH : 0.37 - 6.0

Reference ranges for Pregnancy :

T3 : 121 - 308 : 1st Trimester
152 - 362 : 2nd & 3rd Trimester
T4 : 9.1 - 14.0 (15 - 40 weeks)

Method : Ultra Sensitive CHEMILUMINESCENCE

NOTE:- Assay results should be correlated clinically with other laboratory findings and the total clinical status of the patient.

Dr. Vijaya Laxmi

Dr.M.VIJAYA LAXMI MD

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