

Mr. EMMANUEL GODSON AKWOVIAH

PID NO: P36180013225

Age: 33 Year(s) Sex: Male

Reference:

Sample Collected At: GILEAD MEDICAL & DENTAL CENTER HOUSE NO BALB NO C896/3,KANDA HIGHWAY NORTH RIDGE, ACCRA-14911.

014911

VID: 36180113761

Registered On: 03/09/2018 05:55 PM Collected On: 03/09/2018

Reported On: 04/09/2018 01:15 PM

<u>Investigation</u>	Observed Value	<u>Unit</u>	Biological Reference Interval
Thyroid panel-1 (T3/T4/TSH) (Serum)			
T3 (Total) (CMIA)	1.37	ng/dL	Male: <= 3 Days : 100-740 Male: 3 - 365 Days : 105 - 245 Male: 1 - 5 Years : 105 - 269 Male: 5 - 10 Years : 94 - 241 Both: > 10 Years : 0.52-1.85 : 0.52 - 1.85
T4 (Total) (CMIA)	6.90	μg/dL	4.4-10.8
TSH(Ultrasensitive) INTERPRETATION	1.39	μIU/mL	0.45-4.5

TSH	T3 / FT3	T4 / FT4	Suggested Interpretation for the Thyroid Function Tests Pattern	
Within Range	Decreased	Within Range	• Isolated Low T3-often seen in elderly & associated Non-Thyroidal illness. In elderly the drop in T3 level can be upto 25%.	
Raised	Within Range	Within Range	•Isolated High TSHespecially in the range of 4.7 to 15 mIU/ml is commonly associated with Physiological & Biological TSH Variability. •Subclinical Autoimmune Hypothyroidism •Intermittent T4 therapy for hypothyroidism •Recovery phase after Non-Thyroidal illness"	
Raised	Decreased	Decreased	Chronic Autoimmune Thyroiditis Post thyroidectomy,Post radioiodine Hypothyroid phase of transient thyroiditis"	
Raised or within Range	Raised	Raised or within Range	•Interfering antibodies to thyroid hormones (anti-TPO antibodies) •Intermittent T4 therapy or T4 overdose •Drug interference- Amiodarone, Heparin,Beta blockers,steroids, anti-epileptics"	
Decreased	Raised or within Range	Raised or within Range	•Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness •Subclinical Hyperthyroidism •Thyroxine ingestion"	
Decreased	Decreased	Decreased	Central Hypothyroidism Non-Thyroidal illness Recent treatment for Hyperthyroidism (TSH remains suppressed)"	
Decreased	Raised	Raised	Primary Hyperthyroidism (Graves' disease), Multinodular goitre, Toxic nodule Transient thyroiditis: Postpartum, Silent (lymphocytic), Postviral (granulomatous, subacute, DeQuervain's), Gestational thyrotoxicosis with hyperemesis gravidarum"	
Decreased or within Range	Raised	Within Range	•T3 toxicosis •Non-Thyroidal illness	

References: 1. Interpretation of thyroid function tests. Dayan et al. THE LANCET • Vol 357 • February 24, 2001 2. Laboratory Evaluation of Thyroid Function, Indian Thyroid Guidelines, JAPI, January 2011,vol. 59

Mr. David Adjei Adu Bsc.Biomedical Scientists



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Investigation

AFP-Alpha Feto Protein

Observed Value

<u>Unit</u>

Biological Reference Interval

0-5.8

1.17 IU/mL

Interpretation:

(Serum)

- 1. The primary malignancies associated with AFP elevations are hepatocellular carcinoma and non-seminomatous germ cell tumors. Other gastrointestinal cancers like gastric, pancreatic occasionally cause elevations of AFP. Multiple benign disorders like cirrhosis, viral hepatitis, pregnancy are associated with AFP elevations. Level above which benign disease is considered unlikely is 500 ng/ml.
- Range for newborns is not established, however neonates have elevated AFP levels (>100,000 ng/mL)(conversion 1 IU/ml x 1.21 = 1ng/ml) that rapidly fall to below 100 ng/mL by 150 days & gradually return to normal by one year. Ref - Tsuchida Y et al: Evaluation of alpha-fetoprotein in early infancy. J Ped Surg 1978 April;13(2):155-162.

Reports to follow - Kindly await following pending reports :

<u>Investigation</u> :	<u>Status</u>
HBV-Hepatitis B Viral load Serum Or plasma(Quantitative)	Pending

-- End of Report --

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