



Mr. CHRIS MAWULI HLOVOR

Tel No : 02441234

PID NO: P36170023448

Age: 48 Year(s) Sex: Male

Reference: Dr.GILEAD MEDICAL

Sample Collected At:  
Ghana

## TEST REPORT

VID: 36170123680

Registered On:

30/01/2018 09:49 AM

Collected On:

30/01/2018 9:49AM

Reported On:

30/01/2018 04:36 PM

Investigation	Observed Value	Unit	Biological Reference Interval
<b>Calcium</b> (Serum, Arsenazo III dye)	<b>3.03</b>	mmol/L	2.1-2.55 2.1-2.55
<b>Magnesium</b> (Serum, Colorimetry)	<b>1.15</b>	mmol/L	0.66-1.07

**Interpretation:** Magnesium (Mg) is an important cation essential for the function of more than 300 cellular enzymes. Total body Mg depends on GI absorption and renal excretion. 50 - 60% of body magnesium content is stored in the bones.

**Increased levels (Hypermagnesemia) :** Acute & chronic renal failure, Addison's disease, Diuretics, antacids & laxative use, Hypothyroidism, Elderly diabetics.

**Decreased levels (Hypomagnesemia) :** Chronic nephritis, Acute pancreatitis, Alcoholic cirrhosis.

Page 1 of 2

**Mr. David Adjei Adu**  
Bsc. Biomedical Scientists

\*\*Referred

the sample as received

**INNER HEALTH REVEALED**

Refer to conditions of reporting overleaf

\*\*Referred Test

Results relate only to the sample as received

**METROPOLIS**  
The Pathology Specialist

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**INNER HEALTH REVEALED**





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Investigation	Observed Value	Unit	Biological Reference Interval
<b>Thyroid panel-1 (T3/T4/TSH)</b>			
(Serum)			
<b>T3 (Total)</b>	0.53	ng/dL	Male: <= 3 Days : 100-740
(CMIA)			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
<b>T4 (Total)</b>	9.36	µg/dL	4.4-10.8
(CMIA)			
<b>TSH(Ultrasensitive)</b>	1.62	µIU/mL	0.45-4.5

### INTERPRETATION

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 TSH especially 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

-- End of Report --

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\*\*Referred Mr. David Adjei-Adjei sample as received  
Bsc. Biomedical Scientists

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