Patient Name **Mrs SK. RAHEEMA**
Age : 26 Year(s) Gender : Female
Sample ID :17301546 - Serum
Patient ID :621262
Ref. Doctor :
Ref. Customer :NANI LAB

Lab Code :CPC-AP-113
Sample Drawn Date :2022-04-12 10:10
Registration Date :2022-04-12 10:10
Approved Date :2022-04-12 10:16

CLINICAL BIOCHEMISTRY

Test Description	Result	Units	Biological Reference Ranges
Thyroid Profile I			
T3-Total, Tri Iodothyronine (TT3) *(Method: Chemiluminescence)*	119.63	ng/dL	60 - 200 Pregnancy: 1st Trimester: 81 - 190 2nd & 3rd Trimester: 100 - 260
T4-Total, Thyroxine (TT4) *(Method: Chemiluminescence)*	8.82	µg/dL	5.5 - 11.0 1st Trimester : 4.6 - 16.5 2nd & 3rd Trimester: 4.6 - 18.5
Thyroid Stimulating Hormone, (TSH) *(Method: Ultrasensitive Chemiluminescence TSH3rd generation)*	1.49	µIU/mL	0.35 – 5.40 Pregnancy: 1st Trimester: 0.3 - 4.5 2nd Trimester: 0.5 - 4.6 3rd Trimester: 0.8 - 5.2

Thyroid Function Test Interpretation

The thyroid gland is not functioning properly due to one of a variety of disorders, then increased or decreased amounts of thyroid hormones may result. When TSH concentrations are increased, the thyroid will make and release inappropriate amounts of T4 and T3 and the person may experience symptoms associated with hyperthyroidism. If there is decreased production of thyroid hormones, the person may experience symptoms of hypothyroidism.

The following table summarizes some examples of typical test results and their potential meaning.

TSH	Total T4	Total T3	Conditions
Normal	Normal	Normal	None
Low	High	High	Hyperthyroidism
High	Normal	Normal	Mild (subclinical) hypothyroidism
High	Low	Low or normal	Hypothyroidism
Low	Normal	Normal	Mild (Subclinical) hyperthyroidism
Low	High or normal	High or normal	Hyperthyroidism
Low	Low or normal	Low or normal	pituitary (secondary) hypothyroidism
Normal	High	High	Thyroid hormone resistance syndrome

Note:

- The above test results alone are not diagnostic but will prompt a health practitioner to perform additional testing to investigate the cause of the excess or deficiency and thyroid disorder. As examples, the most common cause of hyperthyroidism is Graves disease and the most common cause of hypothyroidism is Hashimoto thyroiditis.
- Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.
- Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

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