Registration No.: 592353

Registered: 22/Dec/2022 05:02PM Analysed: 22/Dec/2022 05:29PM

Reported: 22/Dec/2022 06:06PM

SILIGURI RPC

## **DEPARTMENT OF HORMONES**

Panel:

1st Trimester : 0.05 – 3.70 2nd Trimester : 0.31 – 4.35 3rd Trimester : 0.41 – 5.18

## Interpretation:

In primary hypothyroidism, thyroid-stimulating hormone (TSH) levels will be elevated. In primary hyperthyroidism, TSH levels will be low.

The ability to quantitate circulating levels of TSH is important in evaluating thyroid function. It is especially useful in the differential diagnosis of primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low or normal.

Elevated or low TSH in the context of normal free thyroxine is often referred to as subclinical hypo- or hyperthyroidism, respectively.

Thyrotropin-releasing hormone (TRH) stimulation differentiates all types of hypothyroidism by observing the change in patient TSH levels in response to TRH. Typically, the TSH response to TRH stimulation is exaggerated in cases of primary hypothyroidism, absent in secondary hypothyroidism, and delayed in tertiary hypothyroidism. Most individuals with primary hyperthyroidism have TSH suppression and do not respond to TRH stimulation with an increase in TSH over their basal value.

Sick, hospitalized patients may have falsely low or transiently elevated TSH.

## Sample Type:Serum

Test has been performed on Access2

- (1) The Results relate only to the items tested.
- (2) The test report shall not be reproduced except in full, without approval of the authority.

\*\*\* End Of Report \*\*\*

Barnika Purkayastha
DR. BARNIKA PURKAYASTHA

MBBS, MD ( Pathology ) Consultant Pathologist

Page 1 of 1