



Endocrine and Allergy  
Laboratory Pvt. Ltd.

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**TEST REPORT**

<b>Reg. No</b>	: 2101173644	<b>Reg. Date</b>	: 12/03/2022	<b>Ref. Colle. Time</b>	: 12/03/2022 4:31PM
<b>Name</b>	: APURVA A PRAJAPATI	<b>Collected On</b>	: 12/03/2022 04:24 PM	<b>Reported Date</b>	: 12/03/2022 5:06PM
<b>Age</b>	: 26Y	<b>Gender</b>	: Female	<b>Ref. ID</b>	: 9484/
<b>Ref. By</b>	:	<b>Sample Type</b>	: SERUM		
<b>Location</b>	:				

**THYROID FUNCTION TEST**

TEST	RESULT	UNITS	BIOLOGICAL REF. INTERVAL
<b>T3-Triiodothyronine</b> <i>CHEMILUMINESCENCE</i>	1.15	ng/mL	0.6 to 1.80
<b>T4-Thyroxine</b> <i>CHEMILUMINESCENCE</i>	7.4	mcg/dL	4.5 to 10.9
<b>TSH-ULTRA SENSITIVE</b> <i>CHEMILUMINESCENCE</i>	2.534	microIU/mL	0.35 to 5.55

**Interpretation :**

TSH levels may be affected by acute illness and drugs like doapamine and gluco corticoids.  
 Low or undetectable TSH is suggestive of Grave~s disease  
 TSH between 5.5 to 15.0 with normal T3 T4 indicates impaired thyroid hormone or subclinical hypothyroidism or normal T3 T4 with slightly low TSH suggests subclinical Hyperthyroidism.  
 TSH suppression does not reflect severity of hyperthyroidism therefore , measurement of FT3 & FT4 is important.  
 FreeT3 is first hormone to increase in early Hyperthyroidism.  
 Only TSH level can prove to be misleading in patients on treatment. Therefore FreeT3 , FreeT4 along with TSH should be checked.  
 During pregnancy, T3 T4 can be high and TSH can be slightly low

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This is an email generated report. If any discrepancy found should be confirmed by the user

\*Test are not included in NABL Scope.

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