

LABORATORY INVESTIGATION REPORT

Patient Name : Mrs. PREETI PRAKASH SHIRKE	Age/Sex : 50 Year(s) / Female
UHID : SHHM.48555	Order Date : 10/09/2022 08:33
Episode : OP	
Ref. Doctor :	Mobile No : 7900166413
	DOB : 20/04/1972
	Facility : SEVENHILLS HOSPITAL, MUMBAI

IMMUNOLOGY

Test Name	Result	Unit	Ref. Range
Sample No : 00238525C	Collection Date : 10/09/22 08:39	Ack Date : 10/09/2022 09:36	Report Date : 10/09/22 12:55
T3 - SERUM <i>Method - CLIA</i>	101.8	ng/dl	84.10 - 201.00
T4 - SERUM <i>Method - CLIA</i>	6.73	ug/dL	5.13 - 14.00
TSH - SERUM <i>Method - CLIA</i>	6.31 ▲	uIU/ml	0.27 - 5.50

Interpretation :-

It is recommended that the following potential sources of variation should be considered while interpreting thyroid hormone results:

- 1. Thyroid hormones undergo rhythmic variation within the body this is called circadian variation in TSH secretion: Peak levels are seen between 2-4 am. Minimum levels seen between 6-10 am. This variation may be as much as 50% thus, influence of sampling time needs to be considered for clinical interpretation.*
- 2. Circulating forms of T3 and T4 are mostly reversibly bound with Thyroxine binding globulins (TBG), and to a lesser extent with albumin and Thyroid binding PreAlbumin. Thus the conditions in which TBG and protein levels alter such as chronic liver disorders, pregnancy, excess of estrogens, androgens, anabolic steroids and glucocorticoids may cause misleading total T3, total T4 and TSH interpretations.*
- 3. Total T3 and T4 levels are seen to have physiological rise during pregnancy and in patients on steroid treatment.*
- 4. T4 may be normal the presence of hyperthyroidism under the following conditions : T3 thyrotoxicosis, Hypoproteinemia related reduced binding, during intake of certain drugs (eg Phenytoin, Salicylates etc)*
- 5. Neonates and infants have higher levels of T4 due to increased concentration of TBG*
- 6. TSH levels may be normal in central hypothyroidism, recent rapid correction of hypothyroidism or hyperthyroidism, pregnancy, phenytoin therapy etc.*
- 7. TSH values of <0.03 uIU/mL must be clinically correlated to evaluate the presence of a rare TSH variant in certain individuals which is undetectable by conventional methods.*
- 8. Presence of Autoimmune disorders may lead to spurious results of thyroid hormones*
- 9. Various drugs can lead to interference in test results.*
- 10. It is recommended that evaluation of unbound fractions, that is free T3 (fT3) and free T4 (fT4) for clinic-pathologic correlation, as these are the metabolically active forms.*

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End of Report



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