

Garg Pathology DR. MONIKA GARG

Certified by

M.D. (Path) Gold Medalist

Former Pathologist :

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National Accreditation Board For Testing & Calibration Laboratories Garden House Colony, Near Nai Sarak, Garh Road, Meerut

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PUTD 602 : 221008/602 C. NO: **Collection Time** : 08-Oct-2022 8:40AM **Patient Name** : Mr. KAPIL GUPTA 31Y / Male **Receiving Time** : 08-Oct-2022 8:48AM

: Dr. BANK OF BARODA **Reporting Time** Referred By : 08-Oct-2022 11:56AM : Garg Pathology Lab - TPA Sample By **Centre Name**

Organization

Units **Biological Ref-Interval** Investigation Results

BIOCHEMISTRY (SERUM)

THYRIOD PROFILE*

Triiodothyronine (T3) * 1.471 ng/dl 0.79-1.58

(ECLIA)

Thyroxine (T4) * 8.965 ug/dl 4.9-11.0

(ECLIA)

THYROID STIMULATING HORMONE (T uIU/ml 0.38-5.30 2.708

(ECLIA)

Normal Range:-

1 TO 4 DAYS 2.7-26.5 4 TO 30 DAYS 1.2 - 13.1

Hyperthyroid patient have suppressed TSH values, with the exception of those few individuals whos have hyperthyroidism caused by TSH producing pituitary tumor or other rare disordes such as pituitary resistance to thyroid hormones. Subclinical hyperthyroidism is defined as low TSH with levels of T4 and T3 within the reference interval. In most patients with hypothyroidism, serum TSH results are markedly elevated, but results are low in individuals with hypothyroidism caused by pituitary or hypothalamic disorders. An important cause of both incresed and decreased TSH results is NTI. Patients with NTI tend to have low TSH results during their acute illness, then TSH rises to within or above the reference range with resolution of the underlying illness, and finally returns to within the reference range. The situation is complicated because drugs, including glucagon and dopamine, suppress TSH. Sensitive TSH assays are helpful in evaluation of treatment with thyroid hormone both for replacement therapy and suppressive doses for malignant thyroid disease.

-----{END OF REPORT }-----



*THIS TEST IS NOT UNDER NABL SCOPE

Checked By Technician:

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Dr. Monika Garg

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