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REPORT

PT Name : NIKHIL JOSHI

Age : 30 Year | Sex : Male

SAMPLE COLLECTED AT :

Ref By : DR. VANDANA POWAR

Registered on : 09-03-2024 03:13 PM

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INV : THYROID PROFILE -3 (T3 T4 TSH)

SAMPLE : Serum

THYROID PROFILE -3 (T3 T4 TSH)

TEST DESCRIPTION	RESULT	UNITS	BIOLOGICAL REFERENCE RANGE
TOTAL TRIIODOTHYRONINE (T3) Method: CLIA	1.52	ng/mL	0.80 - 2.00
TOTAL THYROXINE (T4) Method: CLIA	7.62	µg/dl	5.10 - 14.10
THYROID STIMULATING HORMONE (TSH) Method: CLIA	1.70	uIU/ml	0.35 - 5.50

Reference Range

Thyroid hormone status during pregnancy:

Pregnancy	T3	T4	TSH
1st Trimester	0.70-1.80	6-16.5	0.37 - 3.6
2nd & 3rd Trimester	0.80-2.00	6-18.5	0.38 - 4.04

Reference ranges by Age

0-5 days: 0.7-15.2

6 days-2 months: 0.7-11.0

3-11 months: 0.7-8.4

1-5 years: 0.7-6.0

6-10 years: 0.6-4.8

Interpretation

1. Patients having low T3 and T4 levels but high TSH levels suffer from primary hypothyroidism, cretinism, juvenile myxedema or autoimmune disorders.
2. Patients having high T3 and T4 levels but low TSH levels suffer from Grave's disease, toxic adenoma or sub-acute thyroiditis.
3. Patients having either low or normal T3 and T4 levels but low TSH values suffer from iodine deficiency or secondary hypothyroidism.
4. Patients having high T3 and T4 levels but normal TSH levels may suffer from toxic multinodular goiter. This condition is mostly a symptomatic and may cause transient hyperthyroidism but no persistent symptoms.
5. Patients with high or normal T3 and T4 levels and low or normal TSH levels suffer either from T3 toxicosis or T4 toxicosis respectively.
6. In patients with non thyroidal illness abnormal test results are not necessarily indicative of thyroidism but may be due to adaptation to the catabolic state and may revert to normal when the patient recovers.
7. There are many drugs for eg. Glucocorticoids, Dopamine, Lithium, Iodides, Oral radiographic dyes, etc. which may affect the thyroid function tests.
8. Generally when total T3 and total T4 results are indecisive then Free T3 and Free T4 tests are recommended for further confirmation along with TSH levels.

Please correlate with clinical conditions

--End of report--

Pallavi

Dr. PALLAVI SAXENA (MD PATH)
Consultant Pathologist