

Patient Name : Mr MR.DUMMY	DOB/Age/Gender : 23 Y/Male	Sample Collected : Apr 26, 2024, 01:00 PM
Patient ID / UHID : 8052843/RCL7249331	Report Date : May 04, 2024, 05:54 PM	Barcode No : ZC624871
Referred By : Dr. Dr. X	Report Status : Final Report	
Sample Type : Serum		

Test Description	Value(s)	Unit(s)	Reference Range
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Thyroid Panel Advanced

Thyroid Profile Total

Triiodothyronine (T3) <i>ECLIA</i>	105.4	ng/dL	80 - 200
Total Thyroxine (T4) <i>ECLIA</i>	7.43	µg/dL	5.1 - 14.1
Thyroid Stimulating Hormone (Ultrasensitive) <i>ECLIA</i>	0.945	mIU/L	0.27 - 4.20

Interpretation:

Pregnancy	Reference ranges TSH
1 st Trimester	0.1 - 2.5
2 ed Trimester	0.2 - 3.0
3 rd Trimester	0.3 - 3.0

Primary malfunction of the thyroid gland may result in excessive (hyper) or below normal (hypo) release of T3 or T4. In addition as TSH directly affects thyroid function, malfunction of the pituitary or the hypo - thalamus influences the thyroid gland activity. Disease in any portion of the thyroid-pituitary-hypothalamus system may influence the levels of T3 and T4 in the blood. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels may be low. In addition, in the Euthyroid Sick Syndrome, multiple alterations in serum thyroid function test findings have been recognized in patients with a wide variety of non-thyroidal illnesses (NTI) without evidence of preexisting thyroid or hypothalamic-pituitary diseases. Thyroid Binding Globulin (TBG) concentrations remain relatively constant in healthy individuals. However, pregnancy, excess estrogen's, androgen's, antibiotic steroids and glucocorticoids are known to alter TBG levels and may cause false thyroid values for Total T3 and T4 tests.

TSH	T4	T3	INTERPRETATION
High	Normal	Normal	Mild (subclinical) hypothyroidism
High	Low	Low or normal	Hypothyroidism
Low	Normal	Normal	Mild (subclinical) hyperthyroidism
Low	High or normal	High or normal	Hyperthyroidism
Low	Low or normal	Low or normal	Nonthyroidal illness; pituitary (secondary) hypothyroidism
Normal	High	High	Thyroid hormone resistance syndrome (a mutation in the thyroid hormone receptor decreases thyroid hormone function)



Dr. Dummy



Booking Centre :- DEMO PARTNER CHENNAI, DEMO PARTNER CHENNAI
Processing Lab :-

📞 928-909-0609

✉ ccsupport@redcliffelabs.com

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All Lab results are subject to clinical interpretation by qualified medical professional and this report is not subject to use for any medico-legal purpose.

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FT3 (Free Triiodothyronine 3)

T3, Free CMIA	2.54	pg/mL	1.58 - 3.91
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FT4 (Free Thyroxine 4)

T4, Free CMIA	1.20	ng/dL	0.7 - 1.48
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Anti Thyroglobulin Antibodies (ATG)

Anti Thyroglobulin (ATG) CMIA	3.4	IU/ml	< 4.11
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Interpretation:
Note:
 Thyroglobulin antibodies may be detected in individuals without clinically significant thyroid disease. They do not define the patient's thyroid functional status.

Clinical Use
 1· Confirm presence of Autoimmune thyroid disease

Increased Levels
 1· Hashimoto thyroiditis
 2· Graves disease
 3· Postpartum thyroiditis
 4· Primary hypothyroidism due to Hashimoto thyroiditis



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Anti Thyroid Peroxidase Antibodies (TPO)

ANTI THYROID PEROXIDASE ANTIBODY;(ANTI TPO), SERUM CMA	0.67	IU/mL	< 5.61
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Interpretation:
Note:
 Thyroid Peroxidase antibodies may be detected in individuals without clinically significant thyroid disease. They do not define the patient's thyroid functional status. Anti TPO is technically superior and a more specific method for measuring thyroid antibodies. It is especially useful in patients presenting with subclinical hypothyroidism where TSH is elevated but free T4 levels are normal.

Clinical Use

1· Confirm presence of Autoimmune thyroid disease

Increased Levels

1· Hashimoto thyroiditis
 2· Graves disease
 3· Postpartum thyroiditis
 4· Primary hypothyroidism due to Hashimoto thyroiditis

*** End Of Report ***

Disclaimer: Method given in report are only indicative and can be changed depending upon type of machine and kit available at time of testing.

Not all tests at all locations are under NABL scope. Availability of tests under NABL scope varies from lab to lab.



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