

**THYROGLOBULIN (Tg),
SERUM
(CLIA)**

ng/mL

1.70-55.60

Note: 1. This test is not recommended for the diagnosis of Thyroid cancer

2. Presence of Thyroglobulin autoantibodies can interfere in the assay leading to an under estimation of Thyroglobulin levels. Therefore the Thyroglobulin antibody status should be determined when measuring Tg

3. Minimum 6 weeks should elapse post thyroidectomy or thyroid gland ablation prior to testing

4. Thyroglobulin levels may remain elevated for several months following successful cancer therapy. In these cases post treatment baseline values followed by serial determinations are recommended for monitoring

Clinical Use

- Primarily used as a tumor marker in patients with a diagnosis of Differentiated Thyroid carcinoma (DTC). Tg levels are elevated in both Thyroid, Papillary & Follicular carcinoma
- Serial measurements of Tg are most useful in detecting recurrence of DTC following surgical resection or radioactive Iodine ablation
- Aids in the management of infants with Congenital Hypothyroidism
- Differential diagnosis of Hyperthyroidism. Tg is elevated in all patients with Hyperthyroidism except in cases of Thyrotoxicosis factitia

Increased Levels

- Thyroid Papillary & Follicular carcinoma
- Non neoplastic thyroid conditions like Thyroid adenoma, Subacute thyroiditis, Hashimoto's thyroiditis & Graves' disease
- Regions of Endemic goitre
- Neonates
- Third trimester of pregnancy