

Name	: DUMMY	Collected	: 29/8/2017 12:00:00AM
Lab No.	: 135091657	Received	: 29/8/2017 10:02:28AM
Age	: 41 Years	Reported	: 29/8/2017 10:54:51AM
Gender	: Female	Report Status	: Final
A/c Status	: P	Ref By	: Dr. UNKNWON

Test Name	Results	Units	Bio. Ref. Interval
THYROID, COMPREHENSIVE PANEL			
ANTI THYROGLOBULIN ANTIBODY (ANTI - Tg), SERUM (CLIA)	44.00	IU/mL	<60.00

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

- Confirm presence of Autoimmune thyroid disease

Increased Levels

- Hashimoto thyroiditis
- Graves disease
- Postpartum thyroiditis
- Primary hypothyroidism due to Hashimoto thyroiditis

ANTI THYROID PEROXIDASE ANTIBODY;(ANTI TPO), SERUM (CLIA)	44.00	U/mL	<60.00
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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

- Confirm presence of Autoimmune thyroid disease

Increased Levels

- Hashimoto thyroiditis
- Graves disease
- Postpartum thyroiditis
- Primary hypothyroidism due to Hashimoto thyroiditis

T3, FREE; FT3, SERUM (CLIA)	2.40	pg/mL	2.30 - 4.20
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Interpretation



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Test Name	Results	Units	Bio. Ref. Interval
REFERENCE GROUP	REFERENCE RANGE		
(FEMALE >18 YEARS)	for FT3 in pg/mL		
	2.30-4.20		
PREGNANCY			
1st Trimester	2.11-3.83		
2nd Trimester	1.96-3.38		
3rd Trimester	1.96-3.38		

Clinical Use

- Diagnose and monitor treatment of Hyperthyroidism
- Clarify thyroid status in presence of possible protein binding abnormality

Increased Levels : Graves disease, T3 thyrotoxicosis, Thyroid hormone resistance, Functional thyroid adenoma (T3 producing)

Decreased Levels : Nonthyroidal illness, Hypothyroidism, Nutritional deficiency, Pregnancy, Estrogen therapy

T4, FREE; FT4, SERUM (CLIA)	1.00	ng/dL	0.89 - 1.76
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Interpretation

REFERENCE GROUP	REFERENCE RANGE in ng/dL
Adult Females (>20 years)	0.89-1.76
Pregnancy	
1st Trimester	0.70-2.00
2nd Trimester	0.50-1.60
3rd Trimester	0.50-1.60

Clinical Use

- Initial test of thyroid function in patients with suspected thyroid dysfunction
- Assess thyroid status in patients with abnormal total T4 concentrations
- Distinguish Euthyroid hyperthyroxinemias from hypothyroidism.

Increased Levels: Thyroid hormone resistance, Hyperthyroidism



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Test Name	Results	Units	Bio. Ref. Interval
Decreased Levels: Primary hypothyroidism, Secondary hypothyroidism			
TSH, ULTRASENSITIVE, SERUM (CLIA)	2.000	uIU/mL	0.550 - 4.780

Interpretation

REFERENCE GROUP	REFERENCE RANGE in uIU/mL (As per American Thyroid Association)
Adult Females(>20 years)	0.550-4.780
Pregnancy	
1st Trimester	0.100 - 2.500
2nd Trimester	0.200 - 3.000
3rd Trimester	0.300 - 3.000

Note

1. TSH levels are subject to circadian variation, reaching peak levels between 2 - 4.a.m. and at a minimum between 6-10 pm . The variation is of the order of 50%, hence time of the day has influence on the measured serum TSH concentrations.
2. Values <0.03 uIU/mL need to be clinically correlated due to presence of a rare TSH variant in some individuals

Clinical Use

- Diagnose Hypothyroidism and Hyperthyroidism
- Monitor T4 replacement or T4 suppressive therapy
- Quantify TSH levels in the subnormal range

Increased Levels : Primary hypothyroidism, Subclinical hypothyroidism, TSH dependent , Thyroid hormone resistance

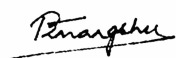
Decreased Levels : Graves disease, Autonomous thyroid hormone secretion, TSH deficiency



LPL - LPL-ROHINI (NATIONAL REFERENCE
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-----End of report-----

Dr Lal Path Labs

