

Patient Name : Master ABDUL TAWWAB	Visit No : CHA250037692
Age/Gender : 2 Y 4 M 0 D /M	Registration ON : 02/Mar/2025 12: 44PM
Lab No : 10134987	Sample Collected ON : 02/Mar/2025 12: 46PM
Referred By : Dr.SK KALRA	Sample Received ON : 02/Mar/2025 12: 56PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 02/Mar/2025 02: 07PM
Doctor Advice : TSH	



Test Name	Result	Unit	Bio. Ref. Range	Method
TSH				
TSH	1.32	uIU/ml	0.7 - 6.4	ECLIA

Note

- (1) Patients having low T3 & T4 levels but high TSH levels suffer from primary hypothyroidism, cretinism, juvenile myxedema or autoimmune disorders.
- (2) Patients having low T3 & T4 levels but high TSH levels suffer from grave's disease, toxic adenoma or sub-acute thyroiditis.
- (3) Patients having either low or normal T3 & T4 levels but low TSH values suffer from iodine deficiency or secondary hypothyroidism.
- (4) Patients having high T3 & T4 levels but normal TSH levels may suffer from toxic multinodular goitre. This condition is mostly asymptomatic and may cause transient hyperthyroidism but no persistent symptoms.
- (5) Patient with high or normal T3 & 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 & T4 results are indecisive then Free T3 & Free T4 test are recommended for further confirmation along with
(1 Beckman Dxi-600 2. ELECTRO-CHEMILUMINESCENCE TECHNIQUE BY ELECSYS -E411)

*** End Of Report ***

CHARAK



[Checked By]



DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

Signature
DR. ADITI D AGARWAL
PATHOLOGIST