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CMO Reg. No. RMEE 2445133 NABLReg. No.MC-2491 Certificate No. MIS-2023-0218

Patient Name : Ms.DEEPMALA

Age/Gender : 36 Y/F

Lab No : 10137605

Referred By : Dr.RUKHSANA MEDICAL & TRAMMA

Refer Lab/Hosp : CHARAK NA Doctor Advice : PROLACTIN,TSH Visit No : CHA250040310

Registration ON : 06/Mar/2025 10:31AM

Sample Collected ON : 06/Mar/2025 10:33AM

: 06/Mar/2025 10:50AM Sample Received ON

: 06/Mar/2025 11:41AM Report Generated ON

Test Name	Result	Unit	Bio. Ref. Range	Method
TSH				
TSH	3.00	uIU/ml	0.47 - 4.52	ECLIA

Note

PR.

- (1) Patients having low T3 & T4 levels but high TSH levels suffer from primary hypothyroidism, cretinism, juvenile mysedema or autoimmune disorders.
- 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
- (6) In patients with non thyroidal illness abnormal test results are not necessarily indicative of thyroidism but may be due to adaptation to the cacabolic state and may revert to normal when the patient recovers.
- (7) There are many drugs for eg.Glucocorticoids ,dopamine,Lithium,iodides ,oral radiographic dyes,ets.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-CHEMILUMINISCENCE TECHINIQUE BY ELECSYSYS -E411)

PROLACTIN					
PROLACTIN Serum	132	ng/ml	2.64 - 13.130	CLIA	

End Of Report ***



