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

Patient Name : MasterANIRUDH

Age/Gender : 7 Y/M

Lab No : 10140765

Referred By : Dr.KGMU Refer Lab/Hosp : CHARAK NA Doctor Advice : T3T4TSH

Visit No : CHA250043470

Registration ON : 10/Mar/2025 10:27PM

Sample Collected ON : 10/Mar/2025 10:29PM

Sample Received ON : 10/Mar/2025 10:40PM

Report Generated ON : 11/Mar/2025 12:24AM



Test Name	Result	Unit	Bio. Ref. Range	Method
T3T4TSH				
T3	2.18	nmol/L	1.49-2.96	ECLIA
T4	99.80	n mol/l	63 - 177	ECLIA
TSH	5.30	ulU/ml	0.7 - 6.4	ECLIA

Note

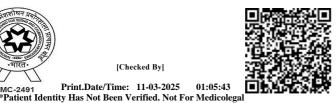
PR.

- (1) Patients having low T3 & T4 levels but high TSH levels suffer from primary hypothyroidism, cretinism, juvenile mysedema 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
- (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 cacabolic state and may revert tonormal 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

(1 Beckman DxI-600 2. ELECTRO-CHEMILUMINISCENCE TECHINIQUE BY ELECSYSYS -E411)

End Of Report





PATHOLOGIST

DR. NISHANT SHARMA DR. SHADAB

Dr. SYED SAIF AHMAD PATHOLOGIST MD (MICROBIOLOGY)