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

Patient Name : Ms.PREETI SINGH 8270

Age/Gender : 35 Y/F

Lab No : 10141148

Referred By : Dr.CHANDRAWATI \*\*

Refer Lab/Hosp : KMC

Doctor Advice : TSH

Visit No : CHA250043853

Registration ON : 11/Mar/2025 01:00PM

Sample Collected ON : 11/Mar/2025 01:06PM

Sample Received ON : 11/Mar/2025 01:12PM

Report Generated ON : 11/Mar/2025 02:15PM



	Test Name	Result	Unit	Bio. Ref. Range	Method	
TSH						
TSH		3.01	ulU/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.
- (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 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 along with
- (1 Beckman DxI-600 2. ELECTRO-CHEMILUMINISCENCE TECHINIQUE BY ELECSYSYS -E411)

\*\*\* End Of Report \*\*\*

CHARAK





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DR. ADITI D AGARWAL PATHOLOGIST