

Patient Name : Ms. ANJU YADAV	Visit No : CHA250044509
Age/Gender : 33 Y/F	Registration ON : 12/Mar/2025 11:41AM
Lab No : 10141804	Sample Collected ON : 12/Mar/2025 11:44AM
Referred By : Dr. RDSO LUCKNOW	Sample Received ON : 12/Mar/2025 11:50AM
Refer Lab/Hosp : RDSO LUCKNOW	Report Generated ON : 12/Mar/2025 01:38PM
Doctor Advice : USG PELVIS, TSH, PROLACTIN	



Test Name	Result	Unit	Bio. Ref. Range	Method
TSH				
TSH	1.10	uIU/ml	0.47 - 4.52	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)

PROLACTIN				
PROLACTIN Serum	11.90	ng/ml	2.64 - 13.130	CLIA

*** End Of Report ***



[Checked By]



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DR. NISHANT SHARMA DR. SHADAB Dr. SYED SAIF AHMAD
PATHOLOGIST PATHOLOGIST MD (MICROBIOLOGY)