

Patient Name : Ms.HASEEN JAHAN	Visit No : CHA250046495
Age/Gender : 40 Y/F	Registration ON : 16/Mar/2025 04: 43PM
<b>Lab No : 10143790</b>	Sample Collected ON : 16/Mar/2025 04: 46PM
Referred By : Dr.KRV	Sample Received ON : 16/Mar/2025 04: 57PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 16/Mar/2025 05: 47PM
Doctor Advice : TSH,RANDOM,HBA1C (EDTA),MRI LS SPINE	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>TSH</b>				
TSH	1.84	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 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



[Checked By]



DR. NISHANT SHARMA  
PATHOLOGIST

DR. SHADAB  
PATHOLOGIST

*Signature*  
DR. ADITI D AGARWAL  
PATHOLOGIST