

#### Client

#### Gurugram

Pathkind Diagnostics Pvt. Ltd.

Plot No. 55-56, Udhyog Vihar Ph-IV, Gurugram - 122015

# **Processed By**

### Pathkind Diagnostics Pvt. Ltd.

Plot No. 55-56, Udhyog Vihar Ph-IV, Gurugram - 122015

Name : Mr. PL146 Billing Date 07/07/202312:28:40 : 35 Yrs Sample Collected on Age 10/07/2023 10:01:31 Sample Received on 10/07/2023 11:02:13 Sex : Male Report Released on P. ID No. : P1000100012863 15/07/2023 11:13:19 : 10002304919 Accession No Barcode No. 10002304919-01

Referring Doctor: Self

Referred By Ref no.

#### Report Status -Final

| Report Status - Final   |              |                          |        |  |  |
|---|--------------|--------------------------|--------|--|--|
| Test Name   | Result       | Biological Ref. Interval | Unit   |  |  |
|   | BIOCHEMISTRY |                          |        |  |  |
| Hypothyroidism Panel  |              |                          |        |  |  |
| <u>Thyroid Profile Free</u>   |              |                          |        |  |  |
| FT3 (Free Triiodothyronine 3) Sample: Serum Method: ECLIA           | 4.30         | 2.70 - 4.30              | pg/mL  |  |  |
| FT4 (Free Thyroxine 4) Sample: Serum Method: ECLIA                  | 2.30 H       | 1.00 - 1.70              | ng/dL  |  |  |
| TSH 3rd Generation Sample: Serum Method: ECLIA                      | 4.200        | 0.270 - 4.200            | μIU/mL |  |  |
| Anti Thyroid Peroxidase Antibodies (TPO) Sample: Serum Method: CMIA | 55.61 H      | <5.61                    | IU/mL  |  |  |

#### **TSH 3rd Generation**

### Clinical Significance:

TSH levels are elevated in primary hypothyroidism and low in primary hyperthyroidism. Evaluation of TSH is useful in the differential diagnosis of primary from secondary and tertiary hypothyroidism. In primary hypothyroidism, TSH levels are elevated, whil secondary and tertiary hypothyroidism, TSH levels are low or normal. High TSH level in the presence of normal FT4 is subclinical hypothyroidism and low TSH with normal FT4 is called subclinical hyperthyroidism. Sick, hospitalized patients may have falsely low or transiently elevated TSH. Significant diurnal variation is also seen in TSH levels.

Guidelines for TSH levels in pregnancy, as per American Thyroid Association, are as follows:

| PREGNANCY TRIMESTER | BIOLOGICAL REFERENCE INTERVAL | UNIT   |
|---------------------|-------------------------------|--------|
| FIRST TRIMESTER     | 0.100 - 2.500                 | μIU/mL |
| SECOND TRIMESTER    | 0.200 - 3.000                 | μIU/mL |









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### Report Status - Final

| Test Name       | Result | Biological Ref. Inte | rval Unit |
|-----------------|--------|----------------------|-----------|
| THIRD TRIMESTER |        | 0.300 - 3.000        | μIU/mL    |

### **Anti Thyroid Peroxidase Antibodies (TPO)**

### **COMMENTS / INTERPRETATION:**

- Anti TPO antibodies are increased in active autoimmune thyroiditis, Graves' disease, atrophic thyroiditis, primary myxoedema, and post partum thyroiditis.
- Low levels of anti TPO antibodies can be detected in healthy individuals with normal thyroid function.

\*\* End of Report\*\*

Dr. Aarti Khanna Nagpal

DNB (Pathology) Senior Consultant





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