VIJAYA

VIJAYA DIAGNOSTIC CENTRE

16-2-210,Near Sunday market, Gandhinagar, Nellore.

Email : info@vijayadiagnostic.com
www.vijayadiagnostic.com

LABORATORY TEST REPORT

Regn Date	: 29/02/2020 07:52	Sample Collection	: 29/02/2020 08:02
Name	: **MR. PALGUNAV**	Print Date	: 12/03/2020 13:31
Regn No	: **27204725**	Age / Sex	: **38 Years / Male**
Ref By	: Dr. DR.MOHANARAMA REDDY S	Regn Centre	: Nellore - 27
Sample Type	: Serum	Ref no.	:

T3,T4 & TSH

TEST NAME		RESULT	BIOLOGICAL REFERENCE INTERVAL
Total T3 *Method : Chemiluminescence Immuno Assay (CLIA)*	:	1.24	Adult : 0.6-1.81 ng/mL
Total T4 *Method : Chemiluminescence Immuno Assay (CLIA)*	:	8.90	Adult : 3.2-12.6 µg/dL
TSH *Method : Chemiluminescence Immuno Assay (CLIA)*	:	2.56	Adult : 0.35-5.5 µIU/mL

Comments / Interpretation :

- Patient preparation is particularly important for hormone studies, results of which may be markedly affected by many factors such as stress, position, fasting state, time of the day, preceding diet and drug therapy.
- The levels of T3 helps in the diagnosis of T3 Thyrotoxicosis and monitoring the course of hyperthyroidism.
- T3 is not recommended for diagnosis of hypothyroidism as decreased values have minimal clinical significance.
- Values below the lower limits can be caused by a number of conditions including non-thyroidal illness, acute and chronic stress and hypothyroidism.
- Elevated level of T4 are seen in hyperthyroidism, pregnancy, euthyroid patients with increased serum Thyroxine Binding Globulin.
- Decreased levels are noted in hypothyroidism, hypoproteinemia, euthyroid sick syndrome, decrease in Thyroxine Binding Globulin.
- TSH levels are increased in primary hypothyroidism, insufficient thyroid hormone replacement therapy, Hashimotos thyroiditis, use of amphetamines, dopamine antagonists, iodine containing agents, lithium and iodine induced or deficiency goiter.
- Decreased levels of TSH may be seen in Graves Disease, Toxic multinodular Goitre, Thyroiditis, Excessive treatment with thyroid hormone replacement and central Hypothyroidism.

DR.SANDEEP SRINIVAS V
CONSULTANT PATHOLOGIST

VIJAYA

VIJAYA DIAGNOSTIC CENTRE

Gayathri Estate, Backside VijayaDurga Cardiac Hospital,Kurnool.

Email : info@vijayadiagnostic.com
www.vijayadiagnostic.com

LABORATORY TEST REPORT

Regn Date	: 01/03/2020 14:50	Sample Collection	: 01/03/2020 14:51
Name	: **MR. ILC (27204725)**	Print Date	: 12/03/2020 13:32
Regn No	: **432021446**	Age / Sex	: **38 Years / Male**
Ref By	: Dr. VIJAYA DIAGNOSTICS LAB	Regn Centre	: Kurnool - 43
Sample Type	: Serum	Ref no.	:

T3,T4 & TSH SERUM

TEST NAME		RESULT	BIOLOGICAL REFERENCE INTERVAL
T3 (TRIIODOTHYRONINE) *Method : Chemiluminescence Immuno Assay (CLIA)*	:	1.04	Adults: 0.6-1.81 ng/ml
T4 (THYROXINE) *Method : Chemiluminescence Immuno Assay (CLIA)*	:	9.0	3.2-12.6 µg/dL
TSH *Method : Chemiluminescence Immuno Assay (CLIA)*	:	2.81	Adult : 0.35 - 5.50 µIU/mL

Comments / Interpretation :

- Patient preparation is particularly important for hormone studies, results of which may markedly effected by many factors such as stress, position, fasting state, time of the day, preceding diet and drug therapy.
- The levels of T3 helps in the diagnosis of T3 Thyrotoxicosis and monitoring the course of hyperthyroidism.
- T3 is not recommended for diagnosis of hypothyroidism as decreased values have minimal clinical significance.
- Values below the lower limits can be caused by a number of conditions including non-thyroidal illness, acute and chronic stress and hypothyroidism.
- Elevated level of T4 are seen in hyperthyroidism, pregnancy, euthyroid patients with increased serum TBG.
- Decreased levels are noted in hypothyroidism, hypoproteinemia, euthyroid sick syndrome, decrease in TBG.
- TSH control biosynthesis and release of thyroid hormones T3 & T4.
- TSH levels are increased in primary hypothyroidism, insufficient thyroid hormone replacement therapy, Hashimotos thyroiditis, use of amphetamines, dopamine antagonists, iodine containing agents, lithium and iodine induced or deficiency goiter.
- Decrease in TSH levels are seen in Toxic multinodular goiter, thyroid adenoma, Graves disease, thyroiditis, extrathyroidal thyroid hormone source, over replacement of thyroid hormone in treatment of hypothyroidism, secondary hypothyroidism, severe dehydration, first trimester of pregnancy.

Certificate # MC-2265

Sandyalani

DR.SANDYA RANI
CONSULTANT BIOCHEMIST

VIJAYA

VIJAYA DIAGNOSTIC CENTRE

3-6-16 & 17, Street No. 19, Himayatnagar, Hyderabad - 500 029

Email : info@vijayadiagnostic.com
www.vijayadiagnostic.com

LABORATORY TEST REPORT

Regn Date	: 02/03/2020 20:29	Sample Collection	: 02/03/2020 20:51
Name	: **MR. 27204725**	Print Date	: 12/03/2020 13:32
Regn No	: **102045697**	Age / Sex	: **38 Years / Male**
Ref By	: SELF	Regn Centre	: Himayatnagar
Sample Type	: Serum	Ref no.	:

T3,T4 & TSH

TEST NAME		RESULT	BIOLOGICAL REFERENCE INTERVAL
Total T3	:	1.28	0.60 - 1.81 ng/mL
Method : Chemiluminescence Immuno Assay (CLIA)			
Total T4	:	7.9	Infants : 6.0 - 13.2 µg/dL Children : 5.5 - 12.1 µg/dL Adolescents : 5.5 - 11.1 µg/dL Adults : 4.5 - 10.9 µg/dL
Method : Chemiluminescence Immuno Assay (CLIA)			
TSH ULTRASENSITIVE	:	2.547	Infants : 0.87 - 6.15 µIU/mL Children : 0.67 - 4.16 µIU/mL Adolescents : 0.48 - 4.17 µIU/mL Adults : 0.55 - 4.78 µIU/mL
Method : Chemiluminescence Immuno Assay (CLIA)			

Comments / Interpretation :

- Patient preparation is particularly important for hormone studies, results of which may be markedly affected by many factors such as stress, position, fasting state, time of the day, preceding diet and drug therapy.
- The levels of T3 helps in the diagnosis of T3 Thyrotoxicosis and monitoring the course of hyperthyroidism.
- T3 is not recommended for diagnosis of hypothyroidism as decreased values have minimal clinical significance.
- Values below the lower limits can be caused by a number of conditions including non-thyroidal illness, acute and chronic stress and hypothyroidism.
- Elevated level of T4 are seen in hyperthyroidism, pregnancy, euthyroid patients with increased serum Thyroxine Binding Globulin.
- Decreased levels are noted in hypothyroidism, hypoproteinemia, euthyroid sick syndrome, decrease in Thyroxine Binding Globulin.
- TSH levels are increased in primary hypothyroidism, insufficient thyroid hormone replacement therapy, Hashimotos thyroiditis, use of amphetamines, dopamine antagonists, iodine containing agents, lithium and iodine induced or deficiency goiter.
- Decreased levels of TSH may be seen in Graves Disease, Toxic multinodular Goitre, Thyroiditis, Excessive treatment with thyroid hormone replacement and central Hypothyroidism.

Certificate # MC-2657

DR.AFREEN ANWAR
CONSULTANT BIOCHEMIST