

**Dr. Vinay Chopra**  
 MD (Pathology & Microbiology)  
 Chairman & Consultant Pathologist

**Dr. Yugam Chopra**  
 MD (Pathology)  
 CEO & Consultant Pathologist

<b>NAME</b>	: Mrs. BHARTI	<b>PATIENT ID</b>	: 1562838
<b>AGE/ GENDER</b>	: 29 YRS/FEMALE	<b>REG. NO./LAB NO.</b>	: 012407270047
<b>COLLECTED BY</b>	:	<b>REGISTRATION DATE</b>	: 27/Jul/2024 05:00 PM
<b>REFERRED BY</b>	:	<b>COLLECTION DATE</b>	: 27/Jul/2024 05:02PM
<b>BARCODE NO.</b>	: 01513926	<b>REPORTING DATE</b>	: 27/Jul/2024 06:45PM
<b>CLIENT CODE.</b>	: KOS DIAGNOSTIC LAB		
<b>CLIENT ADDRESS</b>	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval
-----------	-------	------	-------------------------------

**ENDOCRINOLOGY**

**THYROID STIMULATING HORMONE (TSH)**

THYROID STIMULATING HORMONE (TSH): SERUM 5.387  $\mu$ U/mL 0.35 - 5.50

by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)  
 3rd GENERATION, ULTRASENSITIVE

**INTERPRETATION:**

AGE	REFERENCE RANGE ( $\mu$ U/mL)
0 – 5 DAYS	0.70 – 15.20
6 Days – 2 Months	0.70 – 11.00
3 – 11 Months	0.70 – 8.40
1 – 5 Years	0.70 – 7.00
6 – 10 Years	0.60 – 5.50
11 - 15	0.50 – 5.50
> 20 Years (Adults)	0.27 – 5.50
PREGNANCY	
1st Trimester	0.10 - 3.00
2nd Trimester	0.20 - 3.00
3rd Trimester	0.30 - 4.10

**NOTE:- TSH levels are subjected to circadian variation, reaching peak levels between 2-4 a.m and at a minimum between 6-10 pm. The variation is of the order of 50 %. Hence time of the day has influence on the measured serum TSH concentration.**

**USE:-** TSH controls biosynthesis and release of thyroid hormones T4 & T3. It is a sensitive measure of thyroid function, especially useful in early or subclinical hypothyroidism, before the patient develops any clinical findings or goitre or any other thyroid function abnormality.

**INCREASED LEVELS:**

- 1.Primary or untreated hypothyroidism, may vary from 3 times to more than 100 times normal depending on degree of hypofunction.
- 2.Hypothyroid patients receiving insufficient thyroid replacement therapy.
- 3.Hashimotos thyroiditis.
- 4.DRUGS: Amphetamines, Iodine containing agents and dopamine antagonist.
- 5.Neonatal period, increase in 1st 2-3 days of life due to post-natal surge.

**DECREASED LEVELS:**

- 1.Toxic multi-nodular goitre & Thyroiditis.
- 2.Over replacement of thyroid hormone in treatment of hypothyroidism.
- 3.Autonomously functioning Thyroid adenoma
- 4.Secondary pituitary or hypothalamic hypothyroidism
- 5.Acute psychiatric illness
- 6.Severe dehydration.



*Chopra*

**DR.VINAY CHOPRA**  
 CONSULTANT PATHOLOGIST  
 MBBS, MD (PATHOLOGY & MICROBIOLOGY)

*Chopra*

**DR.YUGAM CHOPRA**  
 CONSULTANT PATHOLOGIST  
 MBBS, MD (PATHOLOGY)



TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.

**Dr. Vinay Chopra**  
MD (Pathology & Microbiology)  
Chairman & Consultant Pathologist

**Dr. Yugam Chopra**  
MD (Pathology)  
CEO & Consultant Pathologist

<b>NAME</b>	: Mrs. BHARTI	<b>PATIENT ID</b>	: 1562838
<b>AGE/ GENDER</b>	: 29 YRS/FEMALE	<b>REG. NO./LAB NO.</b>	: <b>012407270047</b>
<b>COLLECTED BY</b>	:	<b>REGISTRATION DATE</b>	: 27/Jul/2024 05:00 PM
<b>REFERRED BY</b>	:	<b>COLLECTION DATE</b>	: 27/Jul/2024 05:02PM
<b>BARCODE NO.</b>	: 01513926	<b>REPORTING DATE</b>	: 27/Jul/2024 06:45PM
<b>CLIENT CODE.</b>	: KOS DIAGNOSTIC LAB		
<b>CLIENT ADDRESS</b>	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		


Test Name	Value	Unit	Biological Reference interval
-----------	-------	------	-------------------------------

7.DRUGS: Glucocorticoids, Dopamine, Levodopa, T4 replacement therapy, Anti-thyroid drugs for thyrotoxicosis.  
8.Pregnancy: 1st and 2nd Trimester


**LIMITATIONS:**

- 1.TSH may be normal in central hypothyroidism, recent rapid correction of hyperthyroidism or hypothyroidism, pregnancy, phenytoin therapy.
- 2.Autoimmune disorders may produce spurious results.

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

**DR.VINAY CHOPRA**  
CONSULTANT PATHOLOGIST  
MBBS, MD (PATHOLOGY & MICROBIOLOGY)



**DR.YUGAM CHOPRA**  
CONSULTANT PATHOLOGIST  
MBBS , MD (PATHOLOGY)

