

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

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

|                       |                                        |                          |                        |
|-----------------------|----------------------------------------|--------------------------|------------------------|
| <b>NAME</b>           | : Mrs. JASJOT KAUR                     | <b>PATIENT ID</b>        | : 1566278              |
| <b>AGE/ GENDER</b>    | : 40 YRS/FEMALE                        | <b>REG. NO./LAB NO.</b>  | : 012407310053         |
| <b>COLLECTED BY</b>   | : SURJESH                              | <b>REGISTRATION DATE</b> | : 31/Jul/2024 12:11 PM |
| <b>REFERRED BY</b>    | :                                      | <b>COLLECTION DATE</b>   | : 31/Jul/2024 12:13PM  |
| <b>BARCODE NO.</b>    | : 01514193                             | <b>REPORTING DATE</b>    | : 31/Jul/2024 02:03PM  |
| <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**      20.972<sup>H</sup>      µIU/mL      0.35 - 5.50

by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)

3rd GENERATION, ULTRASENSITIVE

#### INTERPRETATION:

| AGE                 | REFERENCE RANGE (µIU/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.





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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 \*\*\*



*[Signature]*

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