

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

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

| | | | |
|-----------------------|--|--------------------------|------------------------|
| NAME | : Mrs. SARITA DEVI | PATIENT ID | : 1702235 |
| AGE/ GENDER | : 32 YRS/FEMALE | REG. NO./LAB NO. | : 012412180028 |
| COLLECTED BY | : | REGISTRATION DATE | : 18/Dec/2024 11:50 AM |
| REFERRED BY | : LOOMBA HOSPITAL (AMBALA CANTT) | COLLECTION DATE | : 18/Dec/2024 11:50AM |
| BARCODE NO. | : 01522627 | REPORTING DATE | : 18/Dec/2024 12:52PM |
| CLIENT CODE. | : KOS DIAGNOSTIC LAB | | |
| CLIENT ADDRESS | : 6349/1, NICHOLSON ROAD, AMBALA CANTT | | |

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

ENDOCRINOLOGY

THYROID FUNCTION TEST: TOTAL

| | | | |
|--|-------|--------|--------------|
| TRIODOXYRONE (T3): SERUM by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY) | 1.45 | ng/mL | 0.35 - 1.93 |
| THYROXINE (T4): SERUM by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY) | 7.75 | µg/dL | 4.87 - 12.60 |
| THYROID STIMULATING HORMONE (TSH): SERUM by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY) | 1.807 | µIU/mL | 0.35 - 5.50 |

3rd GENERATION, ULTRA SENSITIVE

INTERPRETATION:

TSH levels are subject 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 concentrations. TSH stimulates the production and secretion of the metabolically active hormones, thyroxine (T4) and triiodothyronine (T3). Failure at any level of regulation of the hypothalamic-pituitary-thyroid axis will result in either underproduction (hypothyroidism) or overproduction (hyperthyroidism) of T4 and/or T3.


| CLINICAL CONDITION | T3 | T4 | TSH |
|------------------------------|-----------------------|-----------------------|---------------------------------|
| Primary Hypothyroidism: | Reduced | Reduced | Increased (Significantly) |
| Subclinical Hypothyroidism: | Normal or Low Normal | Normal or Low Normal | High |
| Primary Hyperthyroidism: | Increased | Increased | Reduced (at times undetectable) |
| Subclinical Hyperthyroidism: | Normal or High Normal | Normal or High Normal | Reduced |


LIMITATIONS:-

1. T3 and T4 circulates in reversibly bound form with Thyroid binding globulins (TBG), and to a lesser extent albumin and Thyroid binding Pre Albumin so conditions in which TBG and protein levels alter such as pregnancy, excess estrogens, androgens, anabolic steroids and glucocorticoids may falsely affect the T3 and T4 levels and may cause false thyroid values for thyroid function tests.
2. Normal levels of T4 can also be seen in Hyperthyroid patients with : T3 Thyrotoxicosis, Decreased binding capacity due to hypoproteinemia or ingestion of certain drugs (e.g.: phenytoin, salicylates).
3. Serum T4 levels in neonates and infants are higher than values in the normal adult, due to the increased concentration of TBG in neonate serum.
4. TSH may be normal in central hypothyroidism, recent rapid correction of hyperthyroidism or hypothyroidism, pregnancy, phenytoin therapy.

| TRIODOXYRONE (T3) | | THYROXINE (T4) | | THYROID STIMULATING HORMONE (TSH) | |
|-------------------|--------------------------|-------------------|--------------------------|-----------------------------------|--------------------------|
| Age | Refferance Range (ng/mL) | Age | Refferance Range (µg/dL) | Age | Reference Range (µIU/mL) |
| 0 - 7 Days | 0.20 - 2.65 | 0 - 7 Days | 5.90 - 18.58 | 0 - 7 Days | 2.43 - 24.3 |
| 7 Days - 3 Months | 0.36 - 2.59 | 7 Days - 3 Months | 6.39 - 17.66 | 7 Days - 3 Months | 0.58 - 11.00 |
| 3 - 6 Months | 0.51 - 2.52 | 3 - 6 Months | 6.75 - 17.04 | 3 Days - 6 Months | 0.70 - 8.40 |
| 6 - 12 Months | 0.74 - 2.40 | 6 - 12 Months | 7.10 - 16.16 | 6 - 12 Months | 0.70 - 7.00 |




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|--|-------------|---------------------|-------------------------------|
| 1 - 10 Years | 0.92 - 2.28 | 1 - 10 Years | 6.00 - 13.80 |
| 11- 19 Years | 0.35 - 1.93 | 11 - 19 Years | 4.87- 13.20 |
| > 20 years (Adults) | 0.35 - 1.93 | > 20 Years (Adults) | 4.87 - 12.60 |
| RECOMMENDATIONS OF TSH LEVELS DURING PREGNANCY (μ U/mL) | | | |
| 1st Trimester | | | 0.10 - 2.50 |
| 2nd Trimester | | | 0.20 - 3.00 |
| 3rd Trimester | | | 0.30 - 4.10 |

INCREASED TSH LEVELS:

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

DECREASED TSH LEVELS:

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




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CYTOLOGY

FINE NEEDLE ASPIRATION CYTOLOGY (FNAC) OF THYROID GLAND

TEST NAME:

FINE NEEDLE ASPIRATION CYTOLOGY (FNAC) OF THYROID GLAND

CLINICAL HISTORY (IF ANY):

SITE:

Thyroid swelling

NATURE OF SWELLING:

Firm type

MATERIAL ASPIRATED:

Scanty blood mixed drops

MICROSCOPIC EXAMINATION:

FNAC thyroid swelling show follicular cells in clusters & singly. A few foamy macropahges & occ. hurthles cells clusters noted. In the background, lymphocytes also seen.




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INTERPRETATION/RESULT:

Suggestive of Lymphocytic thyroiditis. Correlate clinically.

*** End Of Report ***




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