

TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.



AME : Mr. RAMESH KUMAR GE/ GENDER : 50 YRS/MALE PATIENT ID : 1812124 OLLECTED BY :		MD (Pathol	y Chopra logy & Microbiology) & Consultant Pathologist	Dr. Yugan MD CEO & Consultan	(Pathology)
OLLECTED BY :	AME	: Mr. RAMESH KUMAR			
EFERRED BY : REGISTRATION DATE : 31/Mar/2025 07:37 AM ARCODE NO. : 01528036 COLLECTION DATE : 31/Mar/2025 08:05AM LIENT CODE. : KOS DIAGNOSTIC LAB REPORTING DATE : 31/Mar/2025 11:40AM LIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT ::::::::::::::::::::::::::::::::::::	GE/ GENDER	: 50 YRS/MALE	PAT	IENT ID	: 1812124
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KOS Diagnostic Lab (A Unit of KOS Healthcare)





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

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







	Dr. Vinay Cl MD (Pathology Chairman & Co			(Pathology)
NAME	: Mr. RAMESH KUMAR			
AGE/ GENDER	: 50 YRS/MALE		PATIENT ID	: 1812124
COLLECTED BY	:		REG. NO./LAB NO.	: 012503310003
REFERRED BY	:		REGISTRATION DATE	: 31/Mar/2025 07:37 AM
BARCODE NO.	: 01528036		COLLECTION DATE	: 31/Mar/2025 08:05AM
CLIENT CODE.	: KOS DIAGNOSTIC LAB		REPORTING DATE	: 31/Mar/2025 11:40AM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD	, AMBALA CANTT		
Test Name		Value	Unit	Biological Reference interval
		ENDOCI	RINOLOGY	
	ТН	YROID FUNC	TION TEST: TOTAL	
TRIIODOTHYRON by CMIA (CHEMILUMIN	INE (T3): SERUM	1.135 ASSAY)	ng/mL	0.35 - 1.93
THYROXINE (T4): by CMIA (CHEMILUMIN	SERUM IESCENT MICROPARTICLE IMMUNO/	8.27 ASSAY)	µgm/dL	4.87 - 12.60
	ATING HORMONE (TSH): SI		µIU/mL	0.35 - 5.50
3rd GENERATION, ULT <u>INTERPRETATION</u> :	RASENSITIVE			
day has influence on the triiodothyronine (T3).Fai	measured serum TSH concentrations. 1	SH stimulates the pro	oduction and secretion of the m	m. The variation is of the order of 50%.Hence time of t etabolically active hormones, thyroxine (T4)and er underproduction (hypothyroidism) or
CLINICAL CONDITION	T3	- T	T4	TSH

CLINICAL CONDITION	Т3	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.

TRIIODOTH	(RONINE (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	





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TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT





		Dr. Vinay Ch MD (Pathology & Chairman & Cons			gam Chopra MD (Pathology) ıltant Pathologist	
NAME	: Mr. RAM	ESH KUMAR				
AGE/ GENDER	: 50 YRS/N	IALE		PATIENT ID	: 1812124	
COLLECTED BY	:			REG. NO./LAB NO.	:012503310	D03
REFERRED BY	:			REGISTRATION DAT	FE : 31/Mar/2025	07:37 AM
BARCODE NO.	:0152803	6		COLLECTION DATE	: 31/Mar/2025	08:05AM
CLIENT CODE.	: KOS DIA	GNOSTIC LAB		REPORTING DATE	: 31/Mar/2025	11:40AM
CLIENT ADDRESS	:6349/1,	NICHOLSON ROAD, A	AMBALA CANTT			
Test Name			Value	Unit	Biolo	gical Reference interval
6 - 12 Months	0.74 - 2.40	6 - 12 Months	7.10 - 16.16	6 - 12 Months	0.70 - 7.00	

6 - 12 Months	0.74 - 2.40	6 - 12 Months	7.10 - 16.16	6 – 12 Months	0.70 - 7.00		
1 - 10 Years	0.92 - 2.28	1 - 10 Years	6.00 - 13.80	1 – 10 Years	0.60 - 5.50		
11- 19 Years	0.35 - 1.93	11 - 19 Years	4.87- 13.20	11 – 19 Years	0.50 - 5.50		
> 20 years (Adults)	0.35 - 1.93	> 20 Years (Adults)	4.87 - 12.60	> 20 Years (Adults)	0.35-5.50		
	RECOM	MENDATIONS OF TSH LE	VELS DURING PREGN	ANCY (µIU/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

*** End Of Report **





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

