

(A Unit of KOS Healthcare)



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

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

: 07/Apr/2025 12:43PM

NAME : Mrs. NISHA

AGE/ GENDER : 26 YRS/FEMALE **PATIENT ID** : 1820547

COLLECTED BY :012504070050 REG. NO./LAB NO.

REFERRED BY : LOOMBA HOSPITAL (AMBALA CANTT) **REGISTRATION DATE** : 07/Apr/2025 11:25 AM BARCODE NO. :01528527 **COLLECTION DATE** : 07/Apr/2025 11:27AM

: KOS DIAGNOSTIC LAB **CLIENT ADDRESS** : 6349/1, NICHOLSON ROAD, AMBALA CANTT

Value Unit Test Name **Biological Reference interval**

REPORTING DATE

ENDOCRINOLOGY

THYROID FUNCTION TEST: TOTAL

TRIIODOTHYRONINE (T3): SERUM	1.021	ng/mL	0.35 - 1.93
by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)			
THYROXINE (T4): SERUM	8.18	μgm/dL	4.87 - 12.60
by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)			
THYROID STIMULATING HORMONE (TSH): SERUM	2.049	μIU/mL	0.35 - 5.50

by CMIA (CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY)

3rd GENERATION, ULTRASENSITIVE

INTERPRETATION:

CLIENT CODE.

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	Т3	T4	TSH
Primary Hypothyroidism:	Reduced	Reduced	Increased (Significantly)
Subclinical Hypothyroidism:	Normal or Low Normal	Normal or Low Normal	High
Primary Hyperthyroidism:	rthyroidism: 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
- 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.

TRIIODOTHY	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



CONSULTANT PATHOLOGIST MBBS, MD (PATHOLOGY & MICROBIOLOGY)

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





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Test Name			Value	Unit		Biological Reference interval
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	
	RECON	IMENDATIONS OF TSH LI	EVELS DURING PRE	GNANCY (µIU/mL)		
1st Trimester		0.10 - 2.50				
	2nd Trimester			0.20 - 3.00		
	3rd Trimester			0.30 - 4.10		

COLLECTION DATE

INCREASED TSH LEVELS:

BARCODE NO.

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

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: 08/Apr/2025 10:58AM

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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:

Rt. Thyroid swelling

NATURE OF SWELLING:

Firm type

MATERIAL ASPIRATED:

A few drops of blood mixed fluid

MICROSCOPIC EXAMINATION:

FNAC rt. thyroid swelling show a few follicular cells clusters & some discrete cells also. In the background, blood & a little colloid noted.



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INTERPRETATION/RESULT:

Suggestive of Nodular goiter. Correlate clinically.

*** End Of Report ***



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