

Sagepath Labs Pvt. Ltd.

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2.3-13.2 µIU/mL

REPORT						
Name	: Mrs. B SUMALATHA	Sample ID	: 24854749			
Age/Gender	: 30 Years/Female	Reg. No	: 0312310110009			
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172			
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 11-Oct-2023 09:16 AM			
Primary Sample	: Whole Blood	Received On	: 11-Oct-2023 11:46 AM			
Sample Tested In	: Serum	Reported On	: 11-Oct-2023 12:34 PM			
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report			

CLINICAL BIOCHEMISTRY						
Test Name	Results	Units	Ref. Range	Method		
Thyroid Profile-I(TFT)						
T3 (Triiodothyronine)	95.26	ng/dL	70-204	CLIA		
T4 (Thyroxine)	6.3	µg/dL	3.2-12.6	CLIA		
TSH -Thyroid Stimulating Hormone	6.31	µIU/mL	0.35-5.5	CLIA		

Pregnancy & Cord Blood							
T3 (Triiodothyronine):	T4 (Thyroxine)	TSH (Thyroid Stimulating Hormone)					
First Trimester : 81-190 ng/dL	15 to 40 weeks:9.1-14.0 μg/dL	First Trimester : 0.24-2.99 µIU/mL					
Second&Third Trimester :100-260 ng/dL		Second Trimester: 0.46-2.95 µIU/mL					
		Third Trimester : 0.43-2.78 µIU/mL					

Second&Third Trimester :100-260 ng/dL			Second Trimest
			Third Trimester
	Cord Blood: 30-70 ng/dL	Cord Blood: 7.4-13.0 µg/dL	Cord Blood:

Interpretation:

• Thyroid gland is a butterfly-shaped endocrine gland that is normally located in the lower front of the neck. The thyroid's job is to make thyroid hormones, which are secreted into the blood and then carried to every tissue in the body. Thyroid hormones help the body use energy, stay warm and keep the brain, heart, muscles, and other organs working as they should.

• Thyroid produces two major hormones: triiodothyronine (T3) and thyroxine (T4). If thyroid gland doesn't produce enough of these hormones, you may experience symptoms such as weight gain, lack of energy, and depression. This condition is called hypothyroidism.

• Thyroid gland produces too many hormones, you may experience weight loss, high levels of anxiety, tremors, and a sense of being on a high. This is called hyperthyroidism.

• TSH interacts with specific cell receptors on the thyroid cell surface and exerts two main actions. The first action is to stimulate cell reproduction and hypertrophy. Secondly, TSH stimulates the thyroid gland to synthesize and secrete T3 and T4.

• The ability to quantitate circulating levels of TSH is important in evaluating thyroid function. It is especially useful in the differential diagnosis of primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.

Correlate Clinically.

Result rechecked and verified for abnormal cases Laboratory is NABL Accredited

*** End Of Report ***





