



DR. BARURE'S

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Prime Health Care Provider**DR. BARURE'S NIDAN PATHOLOGY LABORATORY**
LARGEST PATHOLOGY LABORATORY IN CHANDANNAGAR, WAGHOLI.First Floor, Near Pathare High school, In Front of Ganpati Temple,
Above Chamunda Jewellery, Chandan Nagar, Bhaji Mandai, Pune - 14.
Mobile No : 9822834218 / 9767726282, Office No : 020-27019812**Jeevan Health Preventive Health Check-up**Timing : Monday to Saturday 7.30 a.m. to 9.30 p.m.
Sunday 7.30 a.m. to 2 p.m.**निदान** • EMERGENCY 24 HRS SERVICE
HOME FACILITY BY APPOINTMENT
पॉथॉलॉजी लॅबोरेटरी 81000145052Reg No : 201903019450568 / OPD
Name : Ms. SHITAL KSHIRSAGAR
Referred Dr : DR G PAWAR
Serial No : 2349Sex / Age : Female / 27Y
Reg Date : 15/03/2019 12:00 PM
Report Date : 16/03/2019 01:16 PM**SPECIAL TEST**


Test Name	Result	Unit	Reference Range
Thyroid Profile - Total T3, Total T4, TSH (TFT)			
Total T3 <i>Serum, Method: CLIA</i>	152.28	ng/dL	60 - 200
Total T4 <i>Serum, Method: CLIA</i>	8.22	g/dL	4.5 - 12.0
TSH (Thyroid Stimulating Hormone) <i>Serum, Method: CLIA</i>	4.143	IU/ml	0.35 - 5.5

Interpretation :

1. Triiodothyronine (T3) is produced by the thyroid gland and along with thyroxine (T4) help control the rate at which the body uses energy. Elevated T3 denote hyperthyroidism while low levels indicate hypothyroidism.
2. The most common causes of thyroid dysfunction are related to autoimmune disorders. Graves disease causes hyperthyroidism, but it can also be caused by thyroiditis, thyroid cancer, and excessive production of TSH. Total T3 is used to assess thyroid function.
3. Elevated T4 levels may indicate hyperthyroidism. They may also indicate other thyroid problems, such as thyroiditis or toxic multinodular goiter. Abnormally low levels of T4 may indicate dietary issues, such as fasting, malnutrition, or an iodine deficiency, medications that affect protein levels, hypothyroidism, illness.
4. Thyroid-stimulating hormone (TSH) stimulates the production and release of T4 (primarily) and T3. They help control the rate at which the body uses energy and are regulated by a feedback system. Most of the T4 circulates in the blood bound to protein, while a small percentage is free (not bound).
5. Thyroid hormone status during pregnancy:

Pregnancy stage	TSH (μ IU/ml)	T3 (ng/dl)	T4 (μ g/dL)
First trimester	0.1-2.	571-175	6.5-10.1
Second trimester	0.2-3.0	91-195	7.5-10.3
Third trimester	0.3-3.5	104-182	6.3-9.7

End of Report


Dr. Chhaya P. Barure
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 Reg. No. 082642

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'This report is only for interpretation of referring doctor and not valid for medico legal purpose.'

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