

# Apollo Medical Centre

(Promoters : Kurnool Hospital Enterprises Ltd.)

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<b>Name</b> : APARNA U M <b>Age</b> : 31 Years <b>Gender</b> : Female <b>Bill No</b> : QR10829 <b>Ref.Dr.</b> : SELF	<b>Bill Date</b> : 08-Jan-2026 4:13 pm <b>Sample No</b> : 62 <b>Smpl.Time</b> : 08-Jan-2026 04:15 PM <b>Report Date</b> : 08-Jan-2026 7:00 pm  QR10829 	
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## DEPARTMENT OF BIOCHEMISTRY.

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE (TOTAL T3, TOTAL T4, TSH), SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	1.66	ng/mL	0.75 - 2.1	CLIA
THYROXINE (T4, TOTAL)	10.6	ug/dL	5.0 - 13.0	CLIA
THYROID STIMULATING HORMONE (TSH)	3.44	uIU/mL	0.3 - 4.5	CLIA

**Comment:**

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Associ
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0

1. TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4. High blood level of T3 and T4 inhibit production of TSH.
2. TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free T4 and T3 are suggestive of sub-clinical hypo- or hyperthyroidism respectively.
3. Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive fraction of circulating hormone is free and biologically active.
4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Treatment.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma

\*\*\* END OF REPORT \*\*\*

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KINDLY CORRELATE RESULTS WITH CLINICAL FINDINGS & DISCUSS IF NECESSARY.  
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