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TANIA LUTAN
10-Jan-1965 **Female**

130 GOONAWARRA DRIVE
MOOLOOLABA QLD 4557

LAB ID : 3845603
UR NO. : 6157941
Collection Date : 10-Oct-2022
Received Date:12-Oct-2022



3845603

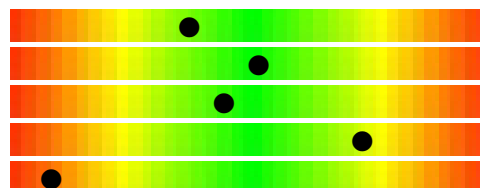
ENDOCRINOLOGY

BLOOD - SERUM

Result Range Units

THYROID FUNCTION ASSESSMENT

TSH	1.71	0.50 - 5.00	mIU/L
FREE T4	16.0	11.0 - 22.0	pmol/L
FREE T3	4.4	3.2 - 6.4	pmol/L
Reverse T3	501.0	230.0 - 540.0	pmol/L
FT3 : Reverse T3 Ratio (X 100)	0.882 *L	1.200 - 2.200	



(*) Result outside normal reference range

(L) Result is below lower limit of reference range



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THYROID TEST COMMENTS

There are differing views regarding reference ranges of TSH. New reference ranges using populations without thyroid disease suggest that the optimal TSH range for thyroid function should be 0.5–2.0mIU/L. However it should be noted that this laboratory shall continue to report a normal reference range of 0.5 – 5.0 mIU/L.

FREE T4 and FREE T3

Free T4 and T3 represent bioactive portion of thyroid hormone. The test results can identify functional or subclinical hyper- and hypothyroidism and overt hypo- and hyperthyroidism. T4 converts to active T3 or inactive rT3.

NORMAL FT3:

T3 is the active thyroid hormone with T4 effectively being a 'prohormone'. About 80% of T3 is formed from T4 in the tissues, with the remainder directly secreted by the thyroid.

REVERSE T3 levels can increase when peripheral conversion of T4 to active T3 is impaired. Peripheral thyroid imbalances may arise from nutrient deficiencies, heavy metal exposure, adrenal stress, enzyme deficiencies, and chronic illnesses.

ELEVATED REVERSE T3 LEVEL:

A high or high normal rT3 level may inhibit the action of T3.

Elevated rT3 may therefore lead to symptoms of hypothyroidism even if levels of TSH, T4 & T3 are adequate.

Treatment Considerations:

Consider T3 therapy

Assess and treat iron, selenium, iodine and zinc

Assess and treat high free radicals

Consider therapies that will reduce physical and mental stress or cortisol levels (e.g. Phosphatidylserine)

Consider implementing the following dietary and lifestyle factors:

- Reduce excessive exercise
- Increase calorie intake if patient is on a calorie restrictive diet

Elevated rT3 may be associated with:

- Acute Illness
- Hyperproduction of glucocorticoids
- Genetic polymorphisms of Type II Deiodinase
- Illness
- Diabetes
- Toxic metal exposure
- Cytokines
- Opioid Drugs
- Synthetic glucocorticoids (e.g. Prednisone)

THYROID AUTO-Abs

THYROID PEROXIDASE Ab.	9.0	0.0 - 35.0	IU/mL
ANTITHYROGLOBULIN Ab.	13.6	0.0 - 115	IU/mL
TSH RECEPTOR AB	1.2	0.0 - 1.8	



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THYROID Ab COMMENTS

THYROID ANTIBODIES COMMENTS:

LOW Titres: No treatment required.

HIGH Titres:

Elevated levels of thyroid antibodies may inhibit the function of TSH or T4
Elevated thyroid antibodies may therefore lead to symptoms of either hypothyroidism or hyperthyroidism, even if levels of TSH, T4 & T3 are optimal.
Raised thyroid antibodies are associated with an increased risk of developing thyroid disease, including during the post partum period.

Treatment Considerations:

- Selenium and omega 3 supplementation
 - Antioxidant supplementation
 - A gluten free and/or dairy free diet
 - Nutrients that support the immune system
 - Supplement with low dose cortisol
 - Assess patient for celiac disease
 - Assess and treat leaky gut
 - Assess and treat liver detoxification
 - Assess and treat heavy metal levels
 - Assess and treat food sensitivities & allergies
- (Hydrocortisone) and/or DHEA daily

Anti-Thyroid Peroxidase antibody (anti-TPO Ab, also known as anti-microsomal Ab) is elevated in autoimmune thyroid disease and post partum thyroiditis.

Anti-Tg (anti-Thyroglobulin Abs) are elevated less frequently than anti-TPO in auto-immune thyroid disease, but there are some cases which are anti-TPO negative and anti-TG positive.

Incidence of thyroid Abs	a-TPO	a-TG
Hashimoto's thyroiditis	>95%	85%
Graves' disease	>80%	30%
Post-partum thyroiditis	>80%	N/A
Normal population	<10%	10%

Tests ordered: IMPEI,TFA,THAB,TSMA,CFee

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