

Report to	HAYNE, LISA Shop 7, 63-65 Maitland St , Narrabri, NSW, 2390	Patient	BROWN, LAUREN IMEDICAL C/O IMEDICAL 1 UNION ST PYRMONT NSW 2009
		Phone	0447531902
		D.O.B	28/09/2004
		Age	19 years
		Sex	F
Ref. by/copy to	HAYNE, LISA	Collect date	22/12/2023
		Collect time	08:37 AM
		Reported	29/12/2023
Tests requested	RT3, TFT, TAA	Lab ref	23-25594848
		Your ref	
			03:31 PM
Clinical notes			

Serum Reverse T3 (RT3) 412 pmol/L (170-539)

THYROID PROFILE

Specimen Type: Serum

TSH	2.2	mIU/L	(0.5-4.0)
FT4	15	pmol/L	(10-20)
FT3	5.7	pmol/L	(3.5-6.5)

Result(s) consistent with euthyroidism.

Please note the above reference intervals have been developed from a non-pregnant healthy general population study.

THYROID AUTOANTIBODIES

Specimen Type: Serum

Anti-Thyroglobulin Abs (aTGII)	< 1.3	IU/mL	(< 4.5)
Anti-Thyroidal Peroxidase Abs	< 28	IU/mL	(< 60)

Over 90% of patients with autoimmune thyroiditis show moderate to high levels of Anti-Thyroidal Peroxidase Abs (anti-TPO) with Anti-Thyroglobulin Abs (anti-Tg) also present in about 90% of such patients. Up to 75% of patients with Graves' hyperthyroidism show increased anti-TPO with anti-Tg present in 50-60%. Low levels of both anti-TPO and anti-Tg may be found in up to 10% of "normal" asymptomatic adults. In most cases of autoimmune thyroid disease increased anti-TPO is the predominant finding although a small proportion of patients show a predominant increase in anti-Tg.

Please note that as of 08/09/2021, Laverty Pathology changed to a reformulated Atellica anti-thyroglobulin antibody (aTGII) assay. The reference interval has been updated. Differences in individual patient results may be observed compared to the previous method. If further information is required please contact a Chemical Pathologist on 9005 7000.

SURGERY USE

- Normal
- No Action/File
- Patient Notified
- Make Appointment
- Further Tests
- Notes Required
- Speak with Dr.
- On Correct Treatment