



3918603

**Clinical Notes:** Vytorin, amlodipine, atenolol

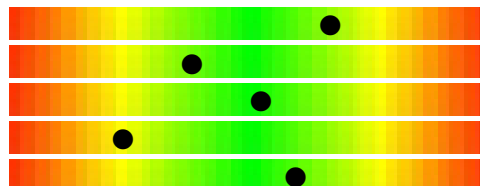
## ENDOCRINOLOGY

### BLOOD - SERUM

Result      Range      Units

#### THYROID FUNCTION TESTS

<b>TSH</b>	<b>4.26</b>	<b>0.50 - 5.00</b>	<b>mIU/L</b>
<b>Free T4</b>	<b>15.2</b>	<b>12.0 - 22.0</b>	<b>pmol/L</b>
<b>Free T3</b>	<b>5.4</b>	<b>3.1 - 6.8</b>	<b>pmol/L</b>
<b>Reverse T3</b>	<b>270.0</b>	<b>230.0 - 540.0</b>	<b>pmol/L</b>
<b>FT3 : Reverse T3 Ratio ( X 100)</b>	<b>1.985</b>	<b>1.200 - 2.200</b>	



#### THYROID TEST COMMENTS

TSH has been adopted as the initial test of a thyroid function. Certain medications and conditions may affect results. Please correlate clinically. Repeat testing in 6-8 weeks if clinically indicated.

Reference ranges developed using populations without thyroid disease suggest that the optimal TSH range for thyroid function should be 0.5-2.0mIU/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.

The results should always be interpreted in association with TSH.

#### 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.

#### THYROID AUTO-Abs

<b>Thyroid Peroxidase Ab.</b>	<b>9.0</b>	<b>0.0 - 35.0</b>	<b>IU/mL</b>
<b>Anti-Thyroglobulin Ab.</b>	<b>12.8</b>	<b>0.0 - 115</b>	<b>IU/mL</b>
<b>TSH Receptor Ab</b>	<b>0.9</b>	<b>0.0 - 1.8</b>	<b>IU/L</b>

