October 2004

Hypothyroidism

Dr.Sahni's Homoeopathy Clinic & Research Center Pvt. Ltd

Etiology

Primary hypothyroidism (due to disease of the thyroid itself) accounts for more than 90% of cases. Chronic lymphocytic thyroiditis (Hashimoto's disease) is the most common cause and may be associated with Addison's disease and other endocrine deficits. Its prevalence is greatest in women and increases with age. Iatrogenic hypothyroidism due to thyroidectomy or radioactive iodine therapy also is common. Transient hypothyroidism occurs in postpartum thyroiditis and sub-acute thyroiditis, usually after a period of hyper-thyroidism. Drugs that may cause hypothyroidism include iodine, lithium, interferon-alpha, and interleukin-2. Secondary hypothyroidism due to TSH deficiency is uncommon but may occur in any disorder of the pituitary or hypothalamus. However, it rarely occurs without other evidence of pituitary disease.

Fig 1: Hypothyroidism in identical twins, one (left) treated and the other (right) untreated.

Clinical Findings...

Most symptoms of hypothyroidism are nonspecific and develop gradually. They include cold intolerance, fatigue, somnolence, poor memory, constipation, hair loss, menorrhagia, myalgias, and hoarseness. Signs include slow tendon-reflex relaxation, bradycardia, facial and periorbital edema, dry skin, and non-pitting edema (myxedema). Mild weight gain may occur, but hypothyroidism does not cause marked obesity. Rare manifestations include hypoventilation, pericardial or pleural effusions, deafness, and carpal tunnel syndrome. Laboratory findings may include hyponatremia and elevated plasma levels of cholesterol, triglycerides, and creatine kinase. The ECG may show low voltage and T-wave abnormalities

Fig 2: Hypothyroidism in infra orbital myxoedema

Fig 3: Galactorrhoea in hypothyroidism

Diagnosis

Hypothyroidism is readily treatable and should be suspected in any patient with compatible symptoms, especially in the presence of a goiter or a history of RAI therapy or thyroid surgery.

A. In suspected primary hypothyroidism, plasma TSH is the best initial diagnostic test. A normal value excludes primary hypothyroidism, and a markedly elevated value (>6 uIU/ml) confirms the diagnosis. If plasma TSH is elevated moderately (<0.2 uIU/ml), plasma free T4 should be measured. A low free T4 confirms clinical hypothyroidism. A clearly normal free T4 with an elevated plasma TSH indicates sub-clinical hypothyroidism, in which thyroid function is impaired but increased secretion of TSH maintains plasma T4 levels within the reference range. These patients may have non specific symptoms that

Diagnosis

are compatible with hypothyroidism and a mild increase in serum cholesterol and low-density lipoprotein cholesterol levels. They develop clinical hypothyroidism at a rate of 2.5% per year.

B. If secondary hypothyroidism is suspected because of evidence of pituitary disease, plasma free T4 should be measured. Plasma TSH levels are usually within the reference range in secondary hypothyroidism and cannot be used alone to make this diagnosis. Patients with secondary hypothyroidism should be evaluated for other pituitary hormone deficits and for a mass lesion of the pituitary or hypothalamus.

C. In severe non-thyroidal illness, the diagnosis of hypothyroidism may be difficult. Plasma total T4 and T4 index often are low. The validity of free T4 immunoassays in such patients has not been clearly established.

1. Plasma TSH still is the best initial diagnostic test. Marked elevation of plasma TSH (>6 uIU/ml) establishes the diagnosis of primary hypothyroidism. A normal TSH value is strong evidence that the patient is euthyroid, except when there is evidence of pituitary or hypothalamic disease or in patients treated with dopamine or high doses of glucocorticoids. Moderate elevations of plasma TSH (<0.2 uI.U/ml) may occur in euthyroid patients with non-thyroidal illness and are not specific for hypothyroidism.

2. Plasma free T4 by equilibrium dialysis should be measured in the few cases in which it is unclear whether the patient is hypothyroid based on plasma TSH. Normal free T4 levels exclude hypothyroidism, and patients with low plasma free T4 should be treated for hypothyroidism.

Cases...

I: 12 year old female child visited Homoeopathic clinic with the symptoms of hair loss. On further queries she explained that she is sensitive to cold & having constipation & slightly put on weight. As these symptoms are prominent in Hypothyriodism, she was advised to go for Thyroid Function test on 18.09.2002. As per report dated 21.09.2002, patient TSH was 6.57. She was prescribed Tablet Thyroidinum 3x Trituration, One tablet TDS before each meal daily and was asked to continue the same for three months. In the month of Oct, 2003, patient reported back with normalization of all symptoms. To clinically verify the Thyroid function she was again asked for Thyroid Function Test. Her report dated 07.10.2003 reported TSH to be 5.24 (Normal). The patient was advised to report back after Six months or so, for eliminating the possibility of any relapse. In the month of January & April 2004, the patient got her TSH tested and the report dated 15.01.2004 showed TSH to be 3.98 (Normal) & report dated 04.09.2004 showed TSH to be 4.42 (Normal).

After initially three months of Thyroidinum 3x Trituration patient was not given any other medicines. There was no more hair loss problem.

II: 25 yrs old married visited Homoeopathic Clinic with the problem of Chronic Constipation which was not responding to medication. On further history taking she revealed that she is sensitive to cold, have irregular periods and noticeable hair fall. On the basis of these symptoms the patient was advised to go for Thyroid Function Test and her report dated 17.01.2004 showed TSH to be 20.75 (High). She was put on Tablet Thyroidinum 3x Trituration, One tablet TDS daily and Silicea 6x Biochemic, 4 tablets BD after food for 3 months. She was again tested for Thyroid Function test and vide her report dated 05.03.2004 showed TSH to be 6.19 (Marginally high!). She was advised to continue the same prescription for one more month. Her test for Thyroid Function Test on 07.04.2004 revealed TSH to be 05.63. To prevent any relapse the patient was advised to continue the prescription for next month also. Afterwards the patient had not reported back for the problems.

Cases...

III. 37 yrs old married female consulted Hinduja National Hospital for her menstruation problems. The specialist there asked her to go for Thyroid Function Test and vide her report dated: 03.08.2002 her TSH report was 6.64. She was advised to take Eltroxin 100 mg daily and to report back. The patient , however, visited Homoeopathic Clinic for consultation. The patient was put on Tablet Thyroidinum 3x Trituration, One tablet TDS daily for Six months and was asked to report back with Thyroid Function Test report. Vide report dated 27.02.03 showed her TSH result to be 5.05. She was asked to reduce the dose to One tablet BD and continue the same for another One month followed by One Tablet OD for another 2 months and then stop the medication. She was asked to report back after Six months with the fresh Thyroid TSH report. The patient reported back on 18.10.2003 with the report showing TSH to be 4.25. The patient's menstrual problems were eliminated. She was advised to come back after another Six months with Thyroid Function Test report to eliminate the possibility of relapse. Patient reported back on 19.07.2004 with the report showing TSH as 3.50 (Normal).

IV. 26 yrs old married female consulted Infertility Specialist in Bombay in September, 1995 where she was first found her TSH 6.8. She was put on Tablet Eltroxin 100 mg daily. She was again tested for Thyroid Test on 23.2.1996 and her TSH was 1.98. She was asked to continue the same by her attending specialist. In between she was asked to report back with Thyroid Function Test. Till 25.4.1997 her TSH remains under control with Eltroxin. But again went to 12.0 vide report dated 06.10. 1998. Her attending specialist told her that she has to continue with the same prescription. In between her TSH some times become normal & again shows abnormal till 2000.

Patient approached Homoeopathic Clinic after realizing that her problem was not being addressed apart from continuation of medication. Accordingly she was put on Tablet Thyroidinum 3x Trituration, One Tablet, TDS for Six months after her report dated 25.07.2000 which again shows increased TSH 11.0 and asked her to report back with fresh Thyroid Function Report. She reported back on 25.01.2001 with TSH report as 6.2. She was asked to continue with the same prescription for another Six months. She reported back on 08.08.2001 with TSH report as 3.46. She was asked to continue the same medicine and report back after every Six months with Thyroid function report. The following reports dated: 16.7.2002, 06.12.2002 & 28.3.2003 shows TSH within normal limits. She has stopped medication after 28.03.2003 report and presently without any medication with no relapse of Hypothyroidism.

Conclusion

Thyroidinum 3x Trituration is the first drug of choice in cases of Hypothyroidism. The other drug of choice in Hypothyroidism are Silicea, Natrum Mur, Iodum & TSH.

At Homoeopathic Clinic we have treated a good number cases of Hypothyroidism using Thyroidinum 3x Trituration and have found that in fresh cases Homoeopathic Medicines gives fast results as compared to cases presenting themselves after continuous use of Eltroxin (allopathic medicine).

It has been observed that if a patient has taken Eltroxin for more than 8 yrs he/she does not generally respond to Homoeopathic treatment.

Case I Clinical Reports

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CLOSED ON SUNDAY

PARTIAL REPRODUCTION OF THIS REPORT IS NOT PERMITTED

Date : 21/09/2002
Lab No : 56677
Name : [illegible] **Sex : Female**
Ref. by : C/O O.N.G.C. Hospital

THYROID FUNCTION TESTS

L.M.P. : -

SAMPLE : SERUM.

METHOD USED : FULLY AUTOMATED CHEMILUMINESCENCE SYSTEM.

TEST :	OBSERVED VALUES :		NORMAL RANGE :	
T3	167.0	ng/dl.	EUTHYROID	: 82 TO 179
(TRIIODOTHYRONINE)			HYPOTHYROID	: < 82.0
			HYPERTHYROID	: > 179.0
T4	7.9	ug/dl.	EUTHYROID	: 4.5 TO 12.5
(THYROXINE)			HYPOTHYROID	: < 4.5
			HYPERTHYROID	: > 12.5
TSH (ULTRASENSITIVE)	6.57	uIU/ml.	EUTHYROID	: 0.2 TO 6.0
THIRD GENERATION ASSAY			HYPOTHYROID	: > 6.0
THYROID STIMULATING HORMONE.			HYPERTHYROID	: < 0.2

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PARTIAL REPRODUCTION OF THIS TEST REPORT IS NOT PERMITTED

Date : 07/10/2003

Lab No : 79774

K-65

Name : [illegible]

Sex : Female

Location : O.N.G.C.Hospital

THYROID FUNCTION TESTS

L.M.P. : -

SAMPLE : SERUM.

METHOD USED : FULLY AUTOMATED CHEMILUMINESCENCE SYSTEM.

TEST :	OBSERVED VALUES :		NORMAL RANGE :	
T3	134.2	ng/dl.	EUTHYROID	: 82 TO 179
(TRIIODOTHYRONINE)			HYPOTHYROID	: < 82.0
			HYPERTHYROID	: > 179.0
T4	7.7	ug/dl.	EUTHYROID	: 4.5 TO 12.5
(THYROXINE)			HYPOTHYROID	: < 4.5
			HYPERTHYROID	: > 12.5
TSH (ULTRASENSITIVE)	5.24	uIU/ml.	EUTHYROID	: 0.2 TO 6.0
THIRD GENERATION ASSAY			HYPOTHYROID	: > 6.0
THYROID STIMULATING HORMONE.			HYPERTHYROID	: < 0.2

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Accredited by National Accreditation Board for testing and calibration of laboratories; NABL: Govt. of India

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PARTIAL REPRODUCTION OF THIS TEST REPORT IS NOT PERMITTED

Date : 15/01/2004

Lab No : 123796

Name : [illegible]

K-65

Sex : Female

Location : O.N.G.C.Hospital

TSH (ULTRASENSITIVE)

L.M.P. : -

SAMPLE : SERUM.

METHOD USED : BY FULLY AUTOMATED CHEMILUMINESCENCE SYSTEM.

TEST :	OBSERVED VALUES :		NORMAL RANGE :	
TSH (ULTRASENSITIVE)	3.98	uIU/ml.	EUTHYROID	: 0.2 TO 6.0
THIRD GENERATION ASSAY			HYPOTHYROID	: > 6.0
THYROID STIMULATING HORMONE.			HYPERTHYROID	: < 0.2

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WORKING HOURS : 7.30 a.m. To 9.00 p.m.
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PARTIAL REPRODUCTION OF THIS REPORT IS NOT PERMITTED

Date : 04/09/2004

Lab No : 81283

K-65

Name : [illegible]

Sex : Female

Location : O.N.G.C.Hospital

TSH (ULTRASENSITIVE)

L.M.P. : -

SAMPLE : SERUM.

METHOD USED : BY FULLY AUTOMATED CHEMILUMINESCENCE SYSTEM.

TEST :	OBSERVED VALUES :		NORMAL RANGE :	
TSH (ULTRASENSITIVE)	4.42	uIU/ml.	EUTHYROID	: 0.2 TO 6.0
THIRD GENERATION ASSAY			HYPOTHYROID	: > 6.0
THYROID STIMULATING HORMONE.			HYPERTHYROID	: < 0.2

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Dr. Devika Dhabe
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Case II Clinical Reports

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✆: LAB : 2444 9076, 2445 0776
WORKING HOURS : 7.30 a.m. To. 9.00 p.m.
CLOSED ON SUNDAY

PARTIAL REPRODUCTION OF THIS TEST REPORT IS NOT PERMITTED

Date : 17/01/2004

Lab No : 124740 L-14

Name : [illegible] **Sex** : Female

Location : O.N.G.C.Hospital

TSH (ULTRASENSITIVE)

L.M.P. : -

SAMPLE : SERUM.

METHOD USED : BY FULLY AUTOMATED CHEMILUMINESCENCE SYSTEM.

TEST :	OBSERVED VALUES :		NORMAL RANGE :	
* TSH (ULTRASENSITIVE)	20.75	uIU/ml.	EUTHYROID	: 0.2 TO 6.0
THIRD GENERATION ASSAY			HYPOTHYROID	: > 6.0
THYROID STIMULATING HORMONE.			HYPERTHYROID	: < 0.2

* Rechecked

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✆: LAB : 2444 9076, 2445 0776
WORKING HOURS : 7.30 a.m. To 9.00 p.m.
CLOSED ON SUNDAY

PARTIAL REPRODUCTION OF THIS TEST REPORT IS NOT PERMITTED

Date : 05/03/2004

Lab No : 146876

Name : [illegible] Sex : Female

Location : Dr.Inamdar (Panvel)

TSH (ULTRASENSITIVE)

L.M.P. : -

SAMPLE : SERUM.

METHOD USED : BY FULLY AUTOMATED CHEMILUMINESCENCE SYSTEM.

TEST :	OBSERVED VALUES :		NORMAL RANGE :	
TSH (ULTRASENSITIVE)	6.19	uIU/ml.	EUTHYROID	: 0.2 TO 6.0
THIRD GENERATION ASSAY			HYPOTHYROID	: > 6.0
THYROID STIMULATING HORMONE.			HYPERTHYROID	: < 0.2

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WORKING HOURS : 7.30 a.m. To. 9.00 p.m.
CLOSED ON SUNDAY

PARTIAL REPRODUCTION OF THIS TEST REPORT IS NOT PERMITTED

Date : 07/04/2004

Lab No : 3110 L-14

Name : [illegible] **Sex** : Female

Location : O.N.G.C.Hospital

THYROID FUNCTION TESTS

L.M.P. : -

SAMPLE : SERUM.

METHOD USED : FULLY AUTOMATED CHEMILUMINESCENCE SYSTEM.

TEST :	OBSERVED VALUES :		NORMAL RANGE :	
T3	87.4	ng/dl.	EUTHYROID	: 82 TO 179
(TRIIODOTHYRONINE)			HYPOTHYROID	: < 82.0
			HYPERTHYROID	: > 179.0
T4	6.3	ug/dl.	EUTHYROID	: 4.5 TO 12.5
(THYROXINE)			HYPOTHYROID	: < 4.5
			HYPERTHYROID	: > 12.5
TSH (ULTRASENSITIVE)	5.63	uIU/ml.	EUTHYROID	: 0.2 TO 6.0
THIRD GENERATION ASSAY			HYPOTHYROID	: > 6.0
THYROID STIMULATING HORMONE.			HYPERTHYROID	: < 0.2

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Case III Clinical Reports

P. D. HINDUJA NATIONAL HOSPITAL & MEDICAL RESEARCH CENTRE

VEER SAVARKAR MARG, MAHIM, MUMBAI - 400 016, INDIA
PHONE : 445 1515, 445 2222, 444 9199 FAX : 444 9151

DEPARTMENT OF LABORATORY MEDICINE

R I A

ORDER NO. : 2500627 HH NO. : 544783 ADM. NO :

NAME : [redacted] AGE : 37 YEARS SEX : FEMALE

DATE : 03/08/2002 LOCATION : OPD REFERRED BY DR. : VORA DULARI J

Test	Patient's Value	Units	Status	Normal Range
Tri-iodothyronine (T3)	78.3	ng/dl		70.00 - 200.00
Thyroxine (T4)	8.80	ug/dl		4.50 - 12.50
Thyroid Stimulating Hormone (TSH) (Third Generation)	6.64	uIU/ml	H	0.30 - 5.00

DR. VIPLA PURI

Consultant - RIA

Report Printed On : 05-Aug-2002 11:31

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✆: LAB : 2444 9076, 2445 0776
WORKING HOURS : 7.30 a.m. To. 9.00 p.m.
CLOSED ON SUNDAY

PARTIAL REPRODUCTION OF THIS TEST REPORT IS NOT PERMITTED

Date : 27/02/2003

64239

Lab No : 112235

Name : [illegible] Sex : Female

Location : O.N.G.C.Hospital

THYROID FUNCTION TESTS

L.M.P. : -

SAMPLE : SERUM.

METHOD USED : FULLY AUTOMATED CHEMILUMINESCENCE SYSTEM.

TEST :	OBSERVED VALUES :		NORMAL RANGE :	
T3	135.2	ng/dl.	EUTHYROID	: 82 TO 179
(TRIIODOTHYRONINE)			HYPOTHYROID	: < 82.0
			HYPERTHYROID	: > 179.0
T4	7.4	ug/dl.	EUTHYROID	: 4.5 TO 12.5
(THYROXINE)			HYPOTHYROID	: < 4.5
			HYPERTHYROID	: > 12.5
TSH (ULTRASENSITIVE)	5.05	uIU/ml.	EUTHYROID	: 0.2 TO 6.0
THIRD GENERATION ASSAY			HYPOTHYROID	: > 6.0
THYROID STIMULATING HORMONE.			HYPERTHYROID	: < 0.2

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DEPARTMENT OF LABORATORY MEDICINE

R I A

ORDER NO. : 4183312 EX NO. : 406645 ADM. NO :

NAME : [redacted] AGE : 37 YEARS SEX : FEMALE

DATE : 18/10/2003 LOCATION : OPD REFERRED BY DR. : DR SAHNI

Test	Patient's Value	Units	Status	Normal Range
Tri-iodothyronine (T3)	125.0	ng/dl		70.00 - 200.00
Thyroxine (T4)	9.60	ug/dl		4.50 - 12.50
Thyroid Stimulating Hormone (TSH) (Third Generation)	4.25	uIU/ml		0.30 - 5.00

DR. VIPLA PURI

Consultant - RIA

Report Printed On : 18-Oct-2003 15:55

Dr. Avinash A. Phadke
M.D. Path (Bom.), D.P.B.
Consulting Pathologist

Dr. Vandana A. Phadke
M.B.B.S.

Nicholas Piramal & Dr. Phadke's Lab

IMMUNOASSAY & PATHOLOGY LABORATORY

'UDYAM', Ranade Road, Shivaji Park, Mumbai - 400 028.
✆ Lab : 2444 9588, 2446 3509, 2444 6862
Fax : 2446 9250, Res. : 2445 1281, 2444 0793
WORKING HOURS : 8 a.m. to 8 p.m.
CLOSED ON SUNDAY

5, Basera Apts., Main Lokhandwala Road,
Lokhandwala Complex, Andheri (W),
Mumbai - 400 053. ✆ : LAB : 2632 9838, 2630 1390
WORKING HOURS : 7.30 a.m. to 8.00 p.m.
SUNDAY : 7.30 a. m. To 12.30 p. m.

210, Rambaug, Ground Floor, L.J. Road,
Next to Bank of Baroda, Mahim, Mumbai - 400 016
✆ : LAB : 2444 9078, 2445 0776
WORKING HOURS : 7.30 a.m. To 9.00 p.m.
CLOSED ON SUNDAY

PARTIAL REPRODUCTION OF THIS TEST REPORT IS NOT PERMITTED

Reg.Date : 19/07/2004
Date : 20/07/2004

Lab No : 53264 64239

Name : [illegible] Sex : Female

Location : O.N.G.C.Hospital

TSH (ULTRASENSITIVE)

L.M.P. : -

SAMPLE : SERUM.

METHOD USED : BY FULLY AUTOMATED CHEMILUMINESCENCE SYSTEM.

TEST :	OBSERVED VALUES :		NORMAL RANGE :	
TSH (ULTRASENSITIVE)	3.50	uIU/ml.	EUTHYROID	: 0.2 TO 6.0
THIRD GENERATION ASSAY			HYPOTHYROID	: > 6.0
THYROID STIMULATING HORMONE.			HYPERTHYROID	: < 0.2

Dr. Avinash A. Phadke
Consulting Pathologist

Dr. Devika Dhabe
Consulting Pathologist

Accredited by National Accreditation Board of testing and calibration of laboratories; NABL: Govt. Of India

Case IV Clinical Reports

METROPOLIS LAB

Dr. Sushil Sh
M.D.
Fellow Cornell Medical Centre U

IMMUNOASSAY & PATHOLOGY LABORATORY

Shree Niketan, 8, Kashibai Navrange Marg, Near Gamdevi Police Station, Bombay - 400 007. ✆ : 361 0501, 361 3113

NAME : [illegible] SEX : F 26

REF. BY PARIKH FIRUZA R DT. OF COLLECTION 29-09-95

LAB. NO. 3966 DT. OF REPORT 29-09-95

TEST		OBSERVED VALUE		NORMAL RANGE
TRI-IODOTHYRONINE [T-3]	:	90.0	ng/dl.	EUTHYROID : 70 TO 200 HYPOTHYROID : (70.0 HYPERTHYROID:) 200.0
METHOD		BY FULLY AUTOMATED CHEMINOLUMINESCENCE SYSTEM.		
THYROXINE [T-4]	:	6.9	ug/dl.	EUTHYROID : 05 TO 13 HYPOTHYROID : (5.0 HYPERTHYROID:) 13.0
METHOD		BY FULLY AUTOMATED CHEMINOLUMINESCENCE SYSTEM.		
THYROID STIMULATING HORMONE [T.S.H]	:	6.8	uIU/ml	0.3 TO 6.0
METHOD		BY FULLY AUTOMATED CHEMINOLUMINESCENCE SYSTEM.		
FREE T-4	:	1.0	ng/dl	0.8 TO 2.0
METHOD		BY FULLY AUTOMATED CHEMINOLUMINESCENCE SYSTEM		

8102

METROPOLIS LABORATORY

Dr. Sushil S
M.D.
Fellow Cornell Medical Centre

IMMUNOASSAY & PATHOLOGY LABORATORY

Shree Niketan, 8, Kashibai Navrange Marg, Near Gamdevi Police Station, Mumbai - 400 007 ✆ : 361 0501, 361 3113

NAME : [illegible]

REF. BY : CHATRE

LAB. NO. : 2800

AGE : 27 SEX : F

DT. OF COLLECTION : 17-09-96

DT. OF REPORT : 17-09-96

TEST		OBSERVED VALUE		NORMAL RANGE
TRI-IODOTHYRONINE [T-3]	:	190.0	ng/dl.	EUTHYROID : 70 TO 200 HYPOTHYROID : < 70.0 HYPERTHYROID: > 200.0
METHOD		BY FULLY AUTOMATED CHEMINOLUMINESCENCE SYSTEM.		
THYROXINE [T-4]	:	13.0	ug/dl.	EUTHYROID : 05 TO 13 HYPOTHYROID : < 5.0 HYPERTHYROID: > 13.0
METHOD		BY FULLY AUTOMATED CHEMINOLUMINESCENCE SYSTEM.		
THYROID STIMULATING HORMONE [T.S.H]	:	2.0	uIU/ml	0.3 TO 6.0
METHOD		BY FULLY AUTOMATED CHEMINOLUMINESCENCE SYSTEM.		

- Pregnancy 4000
(accounts for ↑ T_3, T_4)

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Shree Niketan, 8, Kashibai Navrange Marg, Near Gamdevi Police Station, Bombay - 400 007. ✆ : 361 0501, 361 3113

NAME : [illegible] AGE : 27 SEX : F

REF. BY : PARIKH FIRUZA R

LAB. NO. : 3747

DT. OF COLLECTION : 23-02-96

DT. OF REPORT : 23-02-96

TEST		OBSERVED VALUE		NORMAL RANGE
TRI-IODOTHYRONINE [T-3]	:	111.0	ng/dl.	EUTHYROID : 70 TO 200 HYPOTHYROID : < 70.0 HYPERTHYROID: > 200.0
METHOD		BY FULLY AUTOMATED CHEMINOLUMINESCENCE SYSTEM.		
THYROXINE [T-4]	:	7.2	ug/dl.	EUTHYROID : 05 TO 13 HYPOTHYROID : < 5.0 HYPERTHYROID: > 13.0
METHOD		BY FULLY AUTOMATED CHEMINOLUMINESCENCE SYSTEM.		
THYROID STIMULATING HORMONE [T.S.H]	:	1.98	uIU/ml	0.3 TO 6.0
METHOD		BY FULLY AUTOMATED CHEMINOLUMINESCENCE SYSTEM.		
FREE T-4	:	1.02	ng/dl	0.8 TO 2.0
METHOD		BY FULLY AUTOMATED CHEMINOLUMINESCENCE SYSTEM		

METROPOLIS LABORATORY

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Fellow Cornell Medical Centre (U.S.

IMMUNOASSAY & PATHOLOGY LABORATORY

Shree Niketan, 8, Kashibai Navrange Marg, Near Gamdevi Police Station, Mumbai - 400 007. ✆ : 361 0501, 361 3113, 363 7468

NAME : [illegible] AGE : 27 SEX : F

REF. BY : CHATRE DT. OF COLLECTION : 07-12-96

LAB. NO. 1219 DT. OF REPORT : 10-12-96

TEST	OBSERVED VALUE		NORMAL RANGE
THYROID STIMULATING HORMONE [T.S.H] :	2.94	uIU/ml	0.3 TO 6.0
METHOD	BY FULLY AUTOMATED CHEMILUMINESCENCE SYSTEM.		
FREE T-4 :	0.82	ng/dl	0.8 TO 2.0
METHOD	BY FULLY AUTOMATED CHEMINOLUMINESCENCE SYSTEM		

HAEMOGLOBIN ELECTROPHORESIS

FOETAL HAEMOGLOBIN %:	0.9	%	0 TO 2.0
HAEMOGLOBIN A2% :	2.6	%	ADULT : UPTO 3.5
SICKLING PHENOMENON :	NEGATIVE		
RETICULOCYTE COUNT %:	1.3	%	0.2 TO 2.0
IMPRESSION :	A+A2 PATTERN		
REMARKS :	NORMAL HAEMOGLOBIN ELECTROPHORETIC PATTERN		

Sunil Pahuja
Immunologist

Nilesh Shah
Chief Medical Technologist

Dr. Girish Patwardhan
Pathologist

METROPOLIS LABORATORY

Dr. Sushil Shah
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Shree Niketan, 8, Kashibai Navrange Marg, Near Gamdevi Police Station, Mumbai - 400 007. ✆ : 361 0501, 361 3113, 363 7468, 368 0996, 368 101

NAME : [illegible] AGE : 29 SEX : F

REF. BY : DAS P.[ONGC] DT. OF COLLECTION : 25-04-97

LAB. NO. : 5898 DT. OF REPORT : 25-04-97

TEST	OBSERVED VALUE		NORMAL RANGE
TRI-IODOTHYRONINE [T-3] :	100.0	ng/dl.	EUTHYROID : 70 TO 200
			HYPOTHYROID : < 70.0
			HYPERTHYROID: > 200.0
METHOD	BY FULLY AUTOMATED CHEMILUMINESCENCE SYSTEM.		
THYROXINE [T-4] :	5.8	ug/dl.	EUTHYROID : 05 TO 13
			HYPOTHYROID : < 5.0
			HYPERTHYROID: > 13.0
METHOD	BY FULLY AUTOMATED CHEMILUMINESCENCE SYSTEM.		
THYROID STIMULATING HORMONE [T.S.H] :	5.25	uIU/ml	0.3 TO 6.0
METHOD	BY FULLY AUTOMATED CHEMILUMINESCENCE SYSTEM.		
FREE T-4 :	1.09	ng/dl	0.8 TO 2.0
METHOD	BY FULLY AUTOMATED CHEMINOLUMINESCENCE SYSTEM		

Sunil Pahuja
Immunologist

Nilesh Shah
Chief Medical Technologist

Dr. Girish Patwardhan
Pathologist

METROPOLIS LABORATORY

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NAME : [illegible] AGE : 30 SEX : F

REF. BY : CHHATRE S.S. DT. OF COLLECTION : 06-10-98

LAB. NO. : 1140 DT. OF REPORT : 06-10-98

TEST		OBSERVED VALUE		NORMAL RANGE
TRI-IODOTHYRONINE [T-3]	:	100.0	ng/dl.	EUTHYROID : 70 TO 200 HYPOTHYROID : < 70.0 HYPERTHYROID: > 200.0
METHOD		BY FULLY AUTOMATED CHEMILUMINESCENCE SYSTEM.		
THYROXINE [T-4]	:	6.0	ug/dl.	EUTHYROID : 05 TO 13 HYPOTHYROID : < 5.0 HYPERTHYROID: > 13.0
METHOD		BY FULLY AUTOMATED CHEMILUMINESCENCE SYSTEM.		
ULTRASENSITIVE TSH [SENSITIVITY=0.002 uIU/ml]	:	12.0	uIU/ml	0.2-6.0 : EUTHYROID ABOVE 6.0: HYPOTHYROID
METHOD		BY FULLY AUTOMATED CHEMILUMINESCENCE SYSTEM. * TSH VALUES BELOW 0.2 MAY BE OBSERVED IN EUTHYROID PATIENTS.		
FREE T-4	:	0.90	ng/dl	0.8 TO 2.0
METHOD		BY FULLY AUTOMATED CHEMINOLUMINESCENCE SYSTEM		

Sunil Pahuja
Immunologist

Nilesh Shah
Chief Medical Technologist

Dr. Girish Patwardhan
Pathologist

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Shree Niketan, 8, Kashibai Navrange Marg, Near Gamdevi Police Station, Mumbai - 400 007. ✆ : 380 5501, 380 3113, 380 4668, 380 5019, 380 39

NAME : [redacted]

REF. BY DR. : PARANJAPE S.S. DT. OF COLLECTION : 23-02-99

LAB. NO. : 7532 DT. OF REPORT : 23-02-99

TEST		OBSERVED VALUE		NORMAL RANGE
TRI-IODOTHYRONINE [T-3]	:	115.0	ng/dl.	EUTHYROID : 70 TO 200 HYPOTHYROID : < 70.0 HYPERTHYROID: > 200.0
METHOD		BY FULLY AUTOMATED CHEMILUMINESCENCE SYSTEM.		
THYROXINE [T-4]	:	6.1	ug/dl.	EUTHYROID : 05 TO 13 HYPOTHYROID : < 5.0 HYPERTHYROID: > 13.0
METHOD		BY FULLY AUTOMATED CHEMILUMINESCENCE SYSTEM.		
ULTRASENSITIVE TSH [SENSITIVITY=0.002 uIU/ml]	:	2.01	uIU/ml	0.2-6.0 : EUTHYROID ABOVE 6.0: HYPOTHYROID
METHOD		BY FULLY AUTOMATED CHEMILUMINESCENCE SYSTEM. * TSH VALUES BELOW 0.2 MAY BE OBSERVED IN EUTHYROID PATIENTS.		

Sunil Pahuja
Immunologist

Nilesh Shah
Chief Medical Technologi

Dr. Girish Patwardhar
Pathologist

METROPOLIS LABORATORY

Dr. Sushil Shah

IMMUNOASSAY & PATHOLOGY LABORATORY

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Fellow, Cornell Medical Centre (U.S.A.)

Shree Niketan, 8, Kashibai Navrange Marg, Near Gamdevi Police Station, Mumbai - 400 007. ✆ : 380 5501, 380 3113, 380 4668, 380 5019, 380 399

NAME : [illegible] AGE : 30 SEX : F

REF. BY DR. : - DT. OF COLLECTION : 20-11-99

LAB. NO. : 5701 DT. OF REPORT : 20-11-99

TEST		OBSERVED VALUE		NORMAL RANGE
TRI-IODOTHYRONINE [T-3]	:	146.0	ng/dl.	EUTHYROID : 70 TO 200 HYPOTHYROID : < 70.0 HYPERTHYROID: > 200.0

METHOD BY FULLY AUTOMATED CHEMILUMINESCENCE SYSTEM.

THYROXINE [T-4]	:	7.0	ug/dl.	EUTHYROID : 05 TO 13 HYPOTHYROID : < 5.0 HYPERTHYROID: > 13.0

METHOD BY FULLY AUTOMATED CHEMILUMINESCENCE SYSTEM.

ULTRASENSITIVE TSH [SENSITIVITY=0.002 uIU/ml]	:	7.1	uIU/ml	0.2-6.0 : EUTHYROID ABOVE 6.0: HYPOTHYROID

METHOD BY FULLY AUTOMATED CHEMILUMINESCENCE SYSTEM.
* TSH VALUES BELOW 0.2 MAY BE OBSERVED IN EUTHYROID PATIENTS.

FREE T-4	:	1.02	ng/dl	0.8 TO 2.0

METHOD BY FULLY AUTOMATED CHEMINOLUMINESCENCE SYSTEM

Apaehr

DR. PHADKE'S PATHOLOGY LABORATORY & INFERTILITY CENTRE

RADIOIMMUNOASSAY (RIA) & IMMUNODIAGNOSTIC LABORATORY

DR. AVINASH A. PHADKE
M.D. PATH, (BOM.) D.P.B.
CONSULTING PATHOLOGIST

DR. A.M. PHADKE
M.B.B.S. (BOM.)
ANDROLOGIST

DR. (MRS.) VANDANA A. PHADKE
M.B.B.S.

"UDYAM", RANADE ROAD, SHIVAJI PARK, MUMBAI 400 028.
PHONES : LAB : 4449588, 4463509, 4446862. Fax No. 4469250 RES : 4451281, 4440793
WORKING HOURS : 8 A.M. TO 8 P.M. • CLOSED ON SUNDAY

Date : 25/07/2000
Lab No : 282
Name : [illegible] Sex : Female

Location : O.N.G.C. Hospital.

THYROID FUNCTION TESTS

T3 (TRIIODOTHYRONINE)

METHOD USED : RADIOIMMUNOASSAY (R.I.A.)
OBSERVED VALUE : 110 ng/dl
NORMAL RANGE : 86 - 187 ng/dl

T4 (THYROXINE)

METHOD USED : RADIOIMMUNOASSAY (R.I.A.)
OBSERVED VALUE : 6.5 ug/dl
NORMAL RANGE : 4.5 - 12.5 ug/dl

TSH (ULTRASENSITIVE)

METHOD USED : FULLY AUTOMATED VIDAS SYSTEM BIOMERIEUX FRANCE.
* OBSERVED VALUE : 11.0 uIU/ml.
NORMAL RANGE : EUTHYROID : 0.3 - 5.0 uIU/ml.
HYPERTHYROID : LESS THAN 0.15 uIU/ml.
HYPOTHYROID : MORE THAN 7.0 uIU/ml.

* Rechecked.

Dr. Avinash Phadke, M.D.D.P.B.
Consulting Pathologist

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& INFERTILITY CENTRE PVT. LTD.

IMMUNOASSAY & PATHOLOGY LABORATORY

DR. AVINASH A. PHADKE
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'UDYAM', RANADE ROAD, SHIVAJI PARK, MUMBAI - 400 028.
✆ : LAB : 4449588, 4463509, 4446862, FAX No. 4469250 RES. : 4451281, 4440793
WORKING HOURS : 8 A.M. TO 8 P.M. CLOSED ON SUNDAY

Date : 25/01/2001

Lab No : 109

Name : [illegible] Sex : Female

Location : O.N.G.C. Hospital.

THYROID FUNCTION TESTS

METHOD USED : BY FULLY AUTOMATED CHEMILUMINESCENCE SYSTEM.

TEST :	OBSERVED VALUES :	NORMAL RANGE :	
T3	150.0 ng/dl.	EUTHYROID	: 82 TO 179
(TRIIODOTHYRONINE)		HYPOTHYROID	: < 82.0
		HYPERTHYROID	: > 179.0
T4	7.0 ug/dl.	EUTHYROID	: 4.5 TO 12.5
(THYROXINE)		HYPOTHYROID	: < 4.5
		HYPERTHYROID	: > 12.5
TSH (ULTRASENSITIVE)	6.2 uIU/ml.	EUTHYROID	: 0.2 TO 6.0
THIRD GENERATION ASSAY		HYPOTHYROID	: > 6.0
THYROID STIMULATING HORMONE.		HYPERTHYROID	: < 0.2

Dr.Avinash Phadke, M.D.D.P.B
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'UDYAM', RANADE ROAD, SHIVAJI PARK, MUMBAI - 400 028.
✆ : LAB : 4449588, 4463509, 4446862, FAX No. 4469250 RES. : 4451281, 4440793
WORKING HOURS : 8 A.M. TO 8 P.M. CLOSED ON SUNDAY

Date : 08/08/2001
Lab No : 31992
Name : [illegible] **Sex : Female**
Ref. by : C/O O.N.G.C. Hospital.

THYROID FUNCTION TESTS

METHOD USED : FULLY AUTOMATED CHEMILUMINESCENCE SYSTEM.

TEST :	OBSERVED VALUES :		NORMAL RANGE :	
T3	109.7	ng/dl.	EUTHYROID	: 82 TO 179
(TRIIODOTHYRONINE)			HYPOTHYROID	: < 82.0
			HYPERTHYROID	: > 179.0
T4	8.4	ug/dl.	EUTHYROID	: 4.5 TO 12.5
(THYROXINE)			HYPOTHYROID	: < 4.5
			HYPERTHYROID	: > 12.5
TSH (ULTRASENSITIVE)	3.46	uIU/ml.	EUTHYROID	: 0.2 TO 6.0
THIRD GENERATION ASSAY			HYPOTHYROID	: > 6.0
THYROID STIMULATING HORMONE.			HYPERTHYROID	: < 0.2

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✆: LAB : 4449588, 4463509, 4446862.
FAX : 4469250, Res. : 4451281, 4440793
WORKING HOURS : 8 a.m. To 8 p.m.
CLOSED ON SUNDAY

5,Basera Apts., Main Lokhandwala Road,
Lokhandwala Complex, Andheri (W.),
Mumbai 400 053. ✆: LAB : 98211 38916
WORKING HOURS : 7.30 a.m. To. 8.00 p.m.
CLOSED ON SUNDAY

210, Ground Floor, Rambaug, L.J. Road,
Next to Bank of Baroda, Mahim, Mumbai 400 016.
✆: LAB : 4449076, 4450776
WORKING HOURS : 7.30 a.m. To. 9.00 p.m.
CLOSED ON SUNDAY

PARTIAL REPRODUCTION OF THIS REPORT IS NOT PERMITTED

Date : 16/07/2002
Lab No : 34068
Name : [illegible] **Sex : Female**
Ref. by : C/O O.N.G.C.Hospital

THYROID FUNCTION TESTS

L.M.P. : -

SAMPLE : SERUM.

METHOD USED : FULLY AUTOMATED CHEMILUMINESCENCE SYSTEM.

TEST :	OBSERVED VALUES :		NORMAL RANGE :	
T3	95.3	ng/dl.	EUTHYROID	: 82 TO 179
(TRIIODOTHYRONINE)			HYPOTHYROID	: < 82.0
			HYPERTHYROID	: > 179.0
T4	6.2	ug/dl.	EUTHYROID	: 4.5 TO 12.5
(THYROXINE)			HYPOTHYROID	: < 4.5
			HYPERTHYROID	: > 12.5
TSH (ULTRASENSITIVE)	5.43	uIU/ml.	EUTHYROID	: 0.2 TO 6.0
THIRD GENERATION ASSAY			HYPOTHYROID	: > 6.0
THYROID STIMULATING HORMONE.			HYPERTHYROID	: < 0.2

Dr. Avinash Phadke, M.D.D.P.B.
Consulting Pathologist.

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Dr. (Mrs.) Vandana A. Phadke
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Nicholas Piramal & Dr. Phadke's Lab

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✆: LAB : 4449588, 4463509, 4446862,
FAX : 4469250, Res. : 4451281, 4440793
WORKING HOURS : 8 a.m. To 8 p.m.
CLOSED ON SUNDAY

5,Basera Apts., Main Lokhandwala Road,
Lokhandwala Complex, Andheri (W.),
Mumbai 400 053. ✆: LAB : 98211 38916
WORKING HOURS : 7.30 a.m. To. 8.00 p.m.
CLOSED ON SUNDAY

210, Ground Floor, Rambaug, L.J. Road,
Next to Bank of Baroda, Mahim, Mumbai 400 016.
✆: LAB : 4449076, 4450776
WORKING HOURS : 7.30 a.m. To. 9.00 p.m.
CLOSED ON SUNDAY

PARTIAL REPRODUCTION OF THIS REPORT IS NOT PERMITTED

Date : 06/12/2002
Lab No : 82269
Name : [illegible] Sex : Female
Ref. by : C/O O.N.G.C.Hospital

THYROID FUNCTION TESTS

L.M.P. : -

SAMPLE : SERUM.

METHOD USED : FULLY AUTOMATED CHEMILUMINESCENCE SYSTEM.

TEST :	OBSERVED VALUES :		NORMAL RANGE :	
T3	120.7	ng/dl.	EUTHYROID	: 82 TO 179
(TRIIODOTHYRONINE)			HYPOTHYROID	: < 82.0
			HYPERTHYROID	: > 179.0
T4	9.1	ug/dl.	EUTHYROID	: 4.5 TO 12.5
(THYROXINE)			HYPOTHYROID	: < 4.5
			HYPERTHYROID	: > 12.5
TSH (ULTRASENSITIVE)	5.20	uIU/ml.	EUTHYROID	: 0.2 TO 6.0
THIRD GENERATION ASSAY			HYPOTHYROID	: > 6.0
THYROID STIMULATING HORMONE.			HYPERTHYROID	: < 0.2

Dr. Avinash Phadke, M.D.D.P.B.
Consulting Pathologist.

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M.B.B.S.

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FAX : 2446 9250 Res. : 2445 1281, 2444 0793
WORKING HOURS : 8 a.m. To 8 p.m.
CLOSED ON SUNDAY

5,Basera Apts., Main Lokhandwala Road,
Lokhandwala Complex, Andheri (W.),
Mumbai 400 053. ✆ : LAB : 2632 9838, 2630 1390
WORKING HOURS : 7.30 a.m. To. 8.00 p.m.
CLOSED ON SUNDAY

210, Rambaug, Ground Floor, L.J. Road,
Next to Bank of Baroda, Mahim, Mumbai 400 016.
✆: LAB : 2444 9076, 2445 0776
WORKING HOURS : 7.30 a.m. To. 9.00 p.m.
CLOSED ON SUNDAY

PARTIAL REPRODUCTION OF THIS TEST REPORT IS NOT PERMITTED

Date : 28/03/2003 2-55

Lab No : 123179

Name : [illegible] Sex : Female

Location : O.N.G.C.Hospital

THYROID FUNCTION TESTS

L.M.P. : -

SAMPLE : SERUM.

METHOD USED : FULLY AUTOMATED CHEMILUMINESCENCE SYSTEM.

TEST :	OBSERVED VALUES :		NORMAL RANGE :	
T3	117.5	ng/dl.	EUTHYROID	: 82 TO 179
(TRIIODOTHYRONINE)			HYPOTHYROID	: < 82.0
			HYPERTHYROID	: > 179.0
T4	6.9	ug/dl.	EUTHYROID	: 4.5 TO 12.5
(THYROXINE)			HYPOTHYROID	: < 4.5
			HYPERTHYROID	: > 12.5
TSH (ULTRASENSITIVE)	5.29	uIU/ml.	EUTHYROID	: 0.2 TO 6.0
THIRD GENERATION ASSAY			HYPOTHYROID	: > 6.0
THYROID STIMULATING HORMONE.			HYPERTHYROID	: < 0.2

Dr. Avinash Phadke, M.D.D.P.B.
Consulting Pathologist.

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