THYROID TEST REPORT

Patient Name
Jane Doe

DOB
11/22/1973 (43 yrs)

Gender
F

Systolic blood pressure
83 mmHg

Menopausal Status
Premenopausal

Patient ID
JD731122

Report Date and Time
3/10/2017 17:00

Received Date and Time
3/6/2017 11:30

Specimen Collection Date and Time
Blood Spot 3/1/2017 6:00

Hours of Fasting
7.00

Family History of

Heart Disease	Yes
Diabetes	Yes
Cancer	Yes

Non-smoker
BMI 22.5 **Waist** 29 in

Medications
Levothyroxine Oral 100 microgram 1/day, used for 11 Years

Provider ID: 0000
Doctor T
17387 63rd Ave
Lake Oswego, OR 97035
Ph: xxx-xxx-xxxx

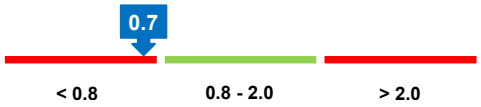
YOUR TEST RESULTS

Normal Range | Low or High Range | Your Levels

TSH (µIU/mL)

fT3 (pg/mL)

fT4 (ng/dL)



a-TPO (IU/mL)

Ayumetrix, LLC
CLIA #:38D2112285

17387 63rd Ave Lake Oswego OR 97035
Ph: (503)344-1344; 800-215-8898

Sonia Kapur, PhD, HCLD
Laboratory Director

What do your test results mean?

Thyroid-Stimulating Hormone (TSH):
In primary hypothyroidism, thyroid-stimulating hormone (TSH) levels are elevated. In primary hyperthyroidism, TSH levels are low. The ability to quantitative circulating levels of TSH is important in evaluating thyroid function. It is especially useful in the differential diagnosis of primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low or normal.

Elevated or low TSH in the context of normal free thyroxine is often referred to as subclinical hypo- or hyperthyroidism, respectively.

T3 (Triiodothyronine), Free:
Normally triiodothyronine (T3) circulates tightly bound to thyroxine-binding globulin and albumin. Only 0.3% of the total T3 is unbound (free); the free fraction is the active form. In hyperthyroidism, both thyroxine (tetraiodothyronine; thyroxine: T4) and T3 levels (total and free) are usually elevated, but in a small subset of hyperthyroid patients (T3 toxicosis) only T3 is elevated.

T4 (Thyroxine), Free:
Free thyroxine (fT4) comprises a small fraction of total thyroxine. The fT4 is avaialable to the tissues and is, therefore, the metabolically active fraction. Elevations in fT4 cause hyperthyroidism, while decrease causes hypothyroidism.

Thyroperoxidase (TPO) Antibodies:
Disorders of the thyroid gland are frequently caused by autoimmune mechanisms with the production of autoantibodies. Anti-TPO antibodies activate compliment and are thought to be significantly involved in thyroid dysfunction and the pathogenesis of hypothyroidism.
In patients with sub-clinical hypothyroidism, the presence of TPO antibodies, predicts a higher risk of developing overt hypothyroidism, 4.3% per year versus 2.1% per year in antibody-negative individuals. Such patients may be at risk of developing other autoimmune diseases, such as adrenal insufficiency and type 1 diabetes.

Ayumetrix, LLC
CLIA #:38D2112285

17387 63rd Ave Lake Oswego OR 97035
Ph: (503)344-1344; 800-215-8898

Sonia Kapur, PhD, HCLD
Laboratory Director