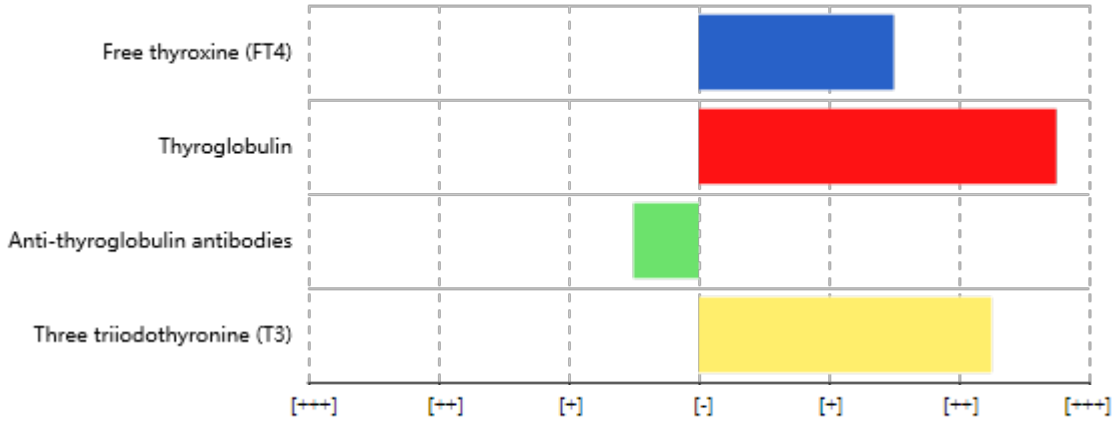
(Thyroid) Analysis Report Card

Name: Leif Rehnvall | Sex: Male | Age: 82

Figure: 168cm, 54kg | Testing Time: 2026-09-24 11:50



Actual Testing Results

Testing Item	Normal Range	Actual Measurement Value	Testing Result
Free thyroxine (FT4)	0.103 - 0.316	0,409	
Thyroglobulin	0.114 - 0.202	0,642	
Anti-thyroglobulin antibodies	0.421 - 0.734	0,711	
Three triiodothyronine (T3)	0.161 - 0.308	0,682	

Reference Standard:	**Normal(-)**	**Mildly Abnormal(+)**
	Moderately Abnormal (++)	**Severely Abnormal (+++)**
Free thyroxine (FT4):	0.103-0.316(-) 0.645-0.873(++)	0.316-0.645(+) >0.873(+++)
Thyroglobulin:	0.114-0.202(-) 0.447-0.627(++)	0.202-0.447(+) >0.627(+++)
Anti-thyroglobulin antibodies:	0.421-0.734(-) 0.210-0.323(++)	0.323-0.421(+) <0.210(+++)
Three triiodothyronine (T3):	0.161-0.308(-) 0.543-0.757(++)	0.308-0.543(+) >0.757(+++)

Parameter Description

Free thyroxine (FT4): Free thyroxine (FT4) is a sensitive indicator of thyroid function in vitro tests, even cause thyroid binding proteins in plasma concentration of power and change in physiological and pathological situations, it can more accurately reflect thyroid function.
Thyroglobulin: Thyroglobulin thyroid follicular epithelial cells by synthesis of a glycoprotein molecules, is the main component of the thyroid follicular colloid, globulin synthesized in the form of thyroid hormone is stored in the follicular lumen. Under normal circumstances, only a trace amount of TG into the blood circulation.
Anti-thyroglobulin antibodies: Anti-thyroglobulin antibodies are thyroiditis caused by autoantibodies specific for the diagnosis of chronic lymphocytic thyroiditis index. Anti-thyroglobulin antibodies and anti-microsomal antibody positive rate of chronic lymphocytic thyroiditis (Hashimoto's thyroiditis) the highest, followed by primary hypothyroidism. Other thyroid diseases and can also be detected in the blood of healthy people, but lower titers.
Three triiodothyronine (T3): T3 is a thyroid follicular cell synthesis and secretion of hormones.

The test results for reference only and not as a diagnostic conclusion.