

THYROID LAB GUIDE

what labs you need and what they mean.

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INTRODUCTION

More than any other question at Modern Thyroid Clinic, I get asked two things:

- -What labs do I need to get to properly assess my thyroid?
- -What are the ranges they should be in?

We are going to dissect functional labs today, meaning the ones in regards to how your thyroid or thyroid medication is working (or not working). We'll save hashimoto's analysis for another time.

So many people are suffering and confused because they have all the thyroid symptoms but their doctor keeps telling them they are in range, and therefore do not have hypothyroidism. Most of the time, this involves insufficient lab results and ranges that are simply just not applicable.

You'll find out the simple basics of lab ranges in this book. For more in depth information, follow me on Facebook here:

https://www.facebook.com/mccallmcphersonpac/

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WHAT LABS YOU NEED

A proper workup for hypothyroidism include the following labs:

- -TSH
- -Free T4
- -Free T3
- -Reverse T3

To rule out Hashimoto's these labs must be ordered:

- -Thyroid Peroxidase Antibodies
- -Thyroglobulin Antibodies

WHAT REALLY IS "NORMAL?"

I get into this deeper on my Facebook Live trainings but in short, regular lab ranges simply are not narrow enough and almost always include people with hypothyroidism in their averages,, read that line again, it's appauling.

So the lab ranges you'll find here are quite different than the ones you'll see on your lab report and that your doctor will say are normal. But within these ranges, people thrive and are truly able to get their lives back.

Let's dig in...

WHY IT'S NOT ALL ABOUT THE TSH...

- -Regardless of if you are on medication, have or haven't been diagnosed with hypothyroidism, your TSH should always be less than 2. Often people feel better when it's closer to 1, and some people's symptoms don't resolve until it's less than 1.
- -It's important to note, TSH does not truly dictate your thyroid status, especially if you are on a T4 based medication like levothyroxine, Synthroid, Tirosint, Unithroid, et al. These medications disrupt the feedback mechanism of communication to your brain, rendering the TSH completely invalid.
- -Remember, the only job of the TSH is to tell your brain how hard it needs to work.. It's not a good guage to your thyroid status.

FREE T4, YOUR INACTIVE HORMONE

Free T4:

- -greater than 0.8 but less than 1.3.
- -When fT4 creeps above 1.3 it starts to signify a conversion problem, meaning you aren't converting the Free T4 to Free T3.

FREE T3, THE GOOD STUFF

- -Always above 3.0 but my patients feel best between 3.4-3.8.
- -This is the most important thyroid lab ordered. It is what dictates your true status of thyroid function. If your doctor is telling you that your thyroid looks fine but has not ordered Free T3, you certainly need a deeper look before ruling out a thyroid problem.
- -This lab value is influenced by the time of day you take your medicine in you are on dessicated thyroid (thingslike armour, nature-throid, WP thyroid, etc, or on Cytomel (liothyronine).

REVERSE T3, THE ENEMY

- -Always below 15, ideally below 12. The lower your Free T3, the lower this needs to be as it is a competing enzyme that interferes with Free T3 absorption.
- -This can often be elevated in people on T4 based medications (see list above).

CLOSING REMARKS

For more detailed information on how your thyroid works, how your medications work, or essentially anything else you could ever dream of knowing about thyroid, check out my social platforms by clicking a link below.

Thank you for reading and engaging in the thyroid revolution. Spread the word that #thereisnoreasontostillhavethyroidsymptoms

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