## Interpretation results

Date: **01.06.2026**

User: **Female, 31 y.o.**

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### Test type

Thyroid and reproductive hormones, preconception assessment.

Reference values are not from a laboratory form; they are the user-provided / generally accepted ranges. For pregnancy planning, a stricter TSH target is commonly used: preferably ≤2.5 mIU/L before conception.

### Summary table of results

| Marker | Result | Reference | Status |
|---|---|---|---|
| TSH | 4.8 mIU/L | 0.4–4.0 mIU/L; for conception preferably ≤2.5 | HIGH |
| Free T4 | 0.87 ng/dL | 0.8–1.8 ng/dL | NORMAL, low-normal |
| Anti-TPO antibodies | 186 IU/mL | <35 IU/mL | HIGH |
| Prolactin | 19.8 ng/mL | 3–25 ng/mL for women | NORMAL |
| FSH | 6.1 mIU/mL | Follicular phase ~3–12 mIU/mL | NORMAL |
| LH | 5.4 mIU/mL | Follicular phase ~2–12 mIU/mL | NORMAL |

### Interpretation of deviations

**TSH — 4.8 mIU/L**

- **Clinical meaning:** TSH is above the general reference range and above the preferred preconception target. With normal free T4, this pattern may indicate **subclinical hypothyroidism**, especially relevant when planning pregnancy.

- **Possible causes:** The elevated Anti-TPO antibodies strongly suggest an autoimmune thyroid process, such as autoimmune thyroiditis, as a possible underlying cause.
- **Relevance to symptoms:** Tiredness, mild weight gain, and chilliness can occur with reduced thyroid function, although they are not specific and can also be caused by iron deficiency, vitamin D deficiency, sleep issues, stress, etc.
- **Pregnancy planning relevance:** Elevated TSH before conception may be associated with reduced fertility in some cases and increased risk of early pregnancy complications, especially when Anti-TPO antibodies are positive. This should be discussed with an endocrinologist or OB-GYN.

**Anti-TPO antibodies — 186 IU/mL**
- **Clinical meaning:** This is elevated and suggests thyroid autoimmunity. Anti-TPO positivity increases the likelihood of developing hypothyroidism over time.
- **Possible causes:** Most commonly autoimmune thyroiditis. Antibody levels themselves usually are not "treated" directly; treatment decisions are based mainly on TSH, free T4, pregnancy status, symptoms, and reproductive plans.
- **Pregnancy planning relevance:** Anti-TPO positivity is important because thyroid hormone needs often increase early in pregnancy, and TSH may rise further without monitoring or treatment.

### Combined assessment

The key finding is elevated **TSH with low-normal free T4 and positive Anti-TPO antibodies**. In a 31-year-old woman planning pregnancy, this pattern is clinically significant and may indicate early or subclinical hypothyroidism due to autoimmune thyroiditis.

Reproductive hormones:
- **Prolactin is normal**, so there is no laboratory evidence here of hyperprolactinemia as a cause of reproductive issues.
- **FSH and LH are within expected follicular-phase ranges**, assuming the blood test was taken in the follicular phase. These results do not suggest a clear pituitary-gonadal abnormality from the provided data.

### Recommended additional tests

- **Repeat TSH and free T4 in 4–6 weeks** — to confirm persistence and guide treatment, especially before conception.
- **Free T3** — optional; may help complete thyroid profile, though TSH and free T4 are usually most important.
- **Thyroid ultrasound** — useful if there is thyroid enlargement, nodules, neck discomfort, abnormal palpation, or to assess features of autoimmune thyroiditis.

- **CBC with ferritin** — fatigue and chilliness can also be caused by iron deficiency, even with regular cycles.
- **Vitamin D, vitamin B12, folate** — common contributors to fatigue; folate is also important preconception.
- **Fasting glucose or HbA1c** — general preconception metabolic screening, especially with weight gain.
- **Lipid profile** — hypothyroid states can affect cholesterol levels.
- **Pregnancy test if period is delayed** — if pregnancy has already occurred, thyroid management becomes more urgent.

### Which doctor to consult

- **Endocrinologist** — because TSH is above the preconception target and Anti-TPO antibodies are **elevated**; treatment with levothyroxine may be considered, especially when planning pregnancy.
- **OB-GYN / reproductive specialist** — for preconception planning and coordination of thyroid targets before and during pregnancy.

### General recommendations

- Do not start or change thyroid medication without a clinician, but arrange consultation soon because you are planning pregnancy.
- If pregnancy occurs before the consultation, contact your doctor promptly, as thyroid hormone requirements can increase early in pregnancy.
- Use a prenatal vitamin containing **folic acid**; many preconception guidelines recommend starting before conception.
- Ensure adequate iodine intake, often **150 mcg/day** in prenatal vitamins, unless you have been advised otherwise by a physician. Avoid **high**-dose iodine supplements.
- Maintain regular sleep, moderate physical activity, and balanced nutrition; these support thyroid and reproductive health but do not replace medical evaluation.
- If levothyroxine is prescribed, it is usually taken on an empty stomach, separated from iron, calcium, magnesium, and prenatal vitamins by at least 4 hours, because these can reduce absorption.

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**Important:** This decoding is preliminary. Reference values are taken from generally accepted/user-provided ranges, not from a laboratory form. Consult a physician for diagnosis and treatment decisions.

This interpretation is for informational purposes only and is not medical advice, a diagnosis, or a treatment recommendation. Test results must be reviewed by a qualified physician taking into account your medical history and clinical picture.