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Thyroid Lab Guide

A patient's guide to understanding your results—beyond just "normal."

In this guide, you'll learn:

- The **key thyroid biomarkers** to test—and what each one means
- The **essential questions** to ask your doctor about your lab results
- A **sample lab report interpretation** to help you understand your numbers
- Clear guidance on **what to do next** based on your results and symptoms

The Key Thyroid Labs



TSH (Thyroid Stimulating Hormone)

Produced by the pituitary. High TSH = underactive thyroid. Low TSH = overactive. But "normal" ranges can still mean symptoms.

Free T4 (Thyroxine)

Inactive hormone. Shows what your thyroid is producing.

Free T3 (Triiodothyronine)

The active hormone. Shows what your body is using. Low Free T3 can explain fatigue, brain fog, even when TSH is normal.

TPO (Thyroid Peroxidase Antibodies)

Marker of autoimmunity — high levels often = Hashimoto's. You can still have normal TSH and elevated antibodies.

Reverse T3

Inactive T3. Can block active hormone from doing its job. Relevant in chronic stress, inflammation, etc.

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Holistic Thyroid Health

Why “Normal” Isn’t Always Optimal

1 Labs often use wide “reference ranges”

Most lab reports include a “normal” range, but these ranges are based on broad populations—including people with undiagnosed thyroid issues. So, even if your results are “normal” on paper, **they might not be optimal for how you feel.**

2 Most patients feel best with TSH between 0.5–2, not 4.5.

TSH is commonly used to screen for thyroid issues, but many labs consider up to 4.5 “normal.” At Paloma, we find **most patients feel best with a TSH between 0.5 and 2**. So even a TSH of 4.2 might signal sluggish thyroid function—especially if you’re having symptoms.

3 T4 and T3 within range doesn’t mean they’re balanced.

T4 is the inactive hormone, and T3 is the active form your body uses. Even if both are “normal,” low T3 or poor conversion from T4 to T3 can leave you feeling **tired, foggy, or unwell—despite normal lab results**.

4 Labs must be interpreted in the context of your symptoms.

Lab numbers are **only part of the story**. Your symptoms, history, and how you feel matter just as much. That’s why our providers look beyond the numbers to offer truly personalized care.

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4 Questions to Ask Your Doctor



1 *Can we check more than just TSH?*

TSH alone doesn't give the full picture of thyroid health. Asking for a more complete panel can reveal imbalances that would otherwise go unnoticed.

- Request Free T4 and Free T3 to understand what your thyroid is producing and how your body is using it.
- Ask for thyroid antibodies to screen for Hashimoto's or autoimmune activity.
- In some cases, checking Reverse T3 can provide insight into conversion issues, especially during stress or illness.
- A full panel helps assess the entire thyroid hormone pathway, not just one checkpoint.

2 Do I have antibodies or signs of Hashimoto's?

Hashimoto's thyroiditis is the most common cause of hypothyroidism—and it's often overlooked.

- Ask for TPO (thyroid peroxidase) antibodies and TG (thyroglobulin) antibodies to check for autoimmune activity.
- Symptoms like fatigue, anxiety, and hair thinning may appear before TSH levels rise.
- Antibodies may be elevated even if your TSH is still "normal."
- Early detection allows for better monitoring and proactive lifestyle changes.

3 *Can you help me understand how my labs match my symptoms?*

Your experience matters—lab values should never be interpreted in isolation.

- Share how you've been feeling over time (e.g., energy levels, weight changes, mood swings, cycle irregularities).
- Ask your doctor to explain what each lab means in the context of your symptoms, not just by the numbers.
- Consider tracking your symptoms before and after medication or supplement changes.
- If something doesn't feel right, it's okay to ask for a second opinion or a provider who specializes in thyroid care.

4 Should we explore T3 medication or lifestyle changes?

Treatment isn't one-size-fits-all—some people do better with a more personalized approach.

- If your Free T3 is low and you still feel unwell, ask about combination therapy (T4 + T3).
- Discuss options like Cytomel or compounded T3, if appropriate.
- Ask about nutrition, stress, and sleep—all of which affect thyroid function.
- Explore supplement support, like selenium, vitamin D, or adaptogens (always under guidance).



Sample Lab Report Interpretation

Marker	Result	Range	Flag	
TSH	3.9 µIU/mL	0.5–4.5		💡 TSH is “normal,” but many feel best below 2 or 2.5
Free T4	1.1 ng/dL	0.8–1.8	✅	
Free T3	2.4 pg/mL	2.0–4.4		💡 Low T3 may explain fatigue—your body may not be converting properly
TPO Antibodies	205 IU/mL	< 34 IU/mL	🚩	💡 High antibodies? Could be Hashimoto’s—even if TSH is normal
Reverse T3	17 ng/dL	9.2–24.1	✅	

Understanding your lab results can feel overwhelming, but it doesn’t have to be. This sample report shows how values that appear “normal” on paper might still point to underlying issues, especially when paired with ongoing symptoms. The key is to look at your labs in context and work with a provider who knows how to connect the dots.

📬 Need help reviewing your labs? **Book a visit with a Paloma provider >>.**

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What to do next?



Understanding your thyroid labs is just the first step. Here's how to take action and stay on top of your health:

- Track your symptoms over time
- Work with a thyroid-focused provider
- Retest when something changes
- Use the same lab for consistency
- Test at the same time of the day ideally in the morning
- Visit www.palomahealth.com to learn more

Dive deeper on the Paloma Blog:



Normal is not Optimal



What are normal Thyroid levels?



Hashimoto's disease and TPO antibodies

Visit www.palomahealth.com to learn more

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Biomarkers included:

- TSH
- Free T4
- TPO
- Free T3

Add-Ons available:

- Vitamin D
- Reverse T3





Kate G.

★★★★★

I knew my regular thyroid tests were not complete. Paloma helped me to understand a lot of things regarding hypothyroidism.



Carolyn M.

★★★★★

It was so simple and easy! I usually have to drive 2 hours to see my endocrinologists.

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