

## Conditions

## Base line investigations

<b>Subclinical hyperthyroidism</b>	TSH, ft4 and ft3
<b>Subclinical hypothyroidism</b>	TSH, ft4
<b>“thyroid nodule(s)”</b>	TSH, Ultrasound of neck/thyroid <b>with no suspicious/equivocal features (U1 or U2 if reported);</b>
<b>hyperthyroidism</b>	TSH, Ft4 and Ft3; ESR in suspected thyroiditis
<b>Primary hypothyroidism and TSH and/or ft4 outside normal range</b>	TSH, ft4; coeliac screen
<b>Hypercalcaemia/possible primary hyperparathyroidism</b>	PTH, adjusted calcium, phosphate, 25-Vitamin D3, ALP, U&E’s, eGFR
<b>Hypocalcaemia</b>	Adjusted calcium, Magnesium, PTH, 25-Vitamin D3, U&E’s, ALP
<b>Unexplained hyponatraemia</b>	U&E’s, paired urine and plasma osmolality, urinary spot sodium, TSH, 9.00 am cortisol, LFT’s
<b>Possible Addison disease</b>	9.00 am cortisol, U&E’s
<b>Hypogonadism/ ED</b>	LH, FSH, fasting testosterone before 10.00 am, prolactin
<b>Raised prolactin</b>	Prolactin and TSH

The Virtual Endocrinology clinic is on a Tuesday afternoon and queries can be emailed to

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