

Patient Name : Ms.PARUL	Visit No : CHA250033680
Age/Gender : 25 Y/F	Registration ON : 25/Feb/2025 09:07AM
Lab No : 10130976	Sample Collected ON : 25/Feb/2025 09:10AM
Referred By : SELF	Sample Received ON : 25/Feb/2025 10:48AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 25/Feb/2025 11:56AM
Doctor Advice : T3T4TSH,NA+K+,CREATININE,UREA,LFT,CBC (WHOLE BLOOD),USG WHOLE ABDOMEN	



Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	13.3	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	3.80	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	37.2	%	36 - 45	Pulse hieght detection
MCV	98.7	fL	80 - 96	calculated
MCH	35.3	pg	27 - 33	Calculated
MCHC	35.8	g/dL	30 - 36	Calculated
RDW	13.1	%	11 - 15	RBC histogram derivation
RETIC	0.6 %.	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	10510	/cmm	4000 - 10000	Flocytometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	67	%	40 - 75	Flowcytometry
LYMPHOCYTES	27	%	25 - 45	Flowcytometry
EOSINOPHIL	3	%	1 - 6	Flowcytometry
MONOCYTE	3	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	274,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	274000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	7,042	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	2,838	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	315	/cmm	20-500	Calculated
Absolute Monocytes Count	315	/cmm	200-1000	Calculated
Mentzer Index	26			
Peripheral Blood Picture	:			

Red blood cells are normocytic normochromic. Platelets are adequate. No parasite seen.



[Checked By]



DR. NISHANT SHARMA PATHOLOGIST
DR. SHADAB PATHOLOGIST
DR. ADITI D AGARWAL PATHOLOGIST

Signature

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Lab No : 10130976	Sample Collected ON : 25/Feb/2025 09:10AM
Referred By : SELF	Sample Received ON : 25/Feb/2025 10:46AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 25/Feb/2025 11:32AM
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Test Name	Result	Unit	Bio. Ref. Range	Method
NA+K+				
SODIUM Serum	138.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	4.2	MEq/L	3.5 - 5.5	ISE Direct
BLOOD UREA				
BLOOD UREA	20.00	mg/dl	15 - 45	Urease, UV, Serum
SERUM CREATININE				
CREATININE	0.60	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
LIVER FUNCTION TEST				
TOTAL BILIRUBIN	0.61	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	0.12	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.49	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	68.80	U/L	30 - 120	PNPP, AMP Buffer
SGPT	19.0	U/L	5 - 40	UV without P5P
SGOT	24.0	U/L	5 - 40	UV without P5P

CHARAK



[Checked By]



MC-2491 Print.Date/Time: 25-02-2025 12:45:35
*Patient Identity Has Not Been Verified. Not For Medicolegal

DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

Dr. Aditi D Agarwal
DR. ADITI D AGARWAL
PATHOLOGIST

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Test Name	Result	Unit	Bio. Ref. Range	Method
T3T4TSH				
T3	2.51	nmol/L	1.49-2.96	ECLIA
T4	175.05	n mol/l	63 - 177	ECLIA
TSH	2.30	uIU/ml	0.47 - 4.52	ECLIA

Note

- (1) Patients having low T3 & T4 levels but high TSH levels suffer from primary hypothyroidism,cretinism,juvenile mysedema or autoimmune disorders.
- (2) Patients having low T3 & T4 levels but high TSH levels suffer from grave~s disease, toxic adenoma or sub-acute thyroiditis.
- (3) Patients having either low or normal T3 & T4 levels but low TSH values suffer from iodine deficiency or secondary hypothyroidism.
- (4) Patients having high T3 & T4 levels but normal TSH levels may suffer from toxic multinodular goitre. This condition is mostly asymptomatic and may cause transient hyperthyroidism but no persistent symptoms.
- (5) Patient with high or normal T3 & T4 levels and low or normal TSH levels suffer either from T3 toxicosis or T4 Toxicosis respectively.
- (6) In patients with non thyroidal illness abnormal test results are not necessarily indicative of thyroidism but may be due to adaptation to the cacabolic state and may revert tonormal when the patient recovers.
- (7) There are many drugs for eg.Glucocorticoids ,dopamine,Lithium,iodides ,oral radiographic dyes,ets.Which may affect the thyroid function tests.
- (8) Generally when total T3& T4 results are indecisive then Free T3 & Free T4 test are recommended for further confirmation along with
(1 Beckman Dxi-600 2. ELECTRO-CHEMILUMINISCENCE TECHINIQUE BY ELECSYSYS -E411)

*** End Of Report ***



[Checked By]



DR. NISHANT SHARMA PATHOLOGIST
DR. SHADAB PATHOLOGIST
DR. ADITI D AGARWAL PATHOLOGIST

Signature

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Referred By	: Dr.SELF	Sample Received ON	:
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ULTRASOUND STUDY OF WHOLE ABDOMEN

Highly compromised scan due to un-cooperative patient.

- **Liver** is normal in size measures 116 mm and shows homogenous echotexture of liver parenchyma. No intrahepatic biliary radicle dilatation is seen. No space occupying lesion is seen. Hepatic veins and IVC are seen normally.
- **Gall bladder** is normal in size and shows anechoic lumen. No calculus / mass lesion is seen. GB walls are not thickened.
- **CBD** is normal at porta. No obstructive lesion is seen.
- **Portal vein** Portal vein is normal at porta.
- **Pancreas** is **partially visualized, however appears grossly normal.**
- **Spleen** is normal in size and shows homogenous echotexture of parenchyma. No SOL is seen.
- No retroperitoneal adenopathy is seen.
- **Both kidneys** are normal in size and position. No hydronephrosis is seen. No calculus or mass lesion is seen. Cortico-medullary differentiation is well maintained. Parenchymal thickness is normal. No scarring is seen. Right kidney measures 94 x 34 mm in size. Left kidney measures 95 x 38 mm in size.
- **Ureters** Both ureters are not dilated. UVJ are seen normally.
- **Urinary bladder** is normal in contour with anechoic lumen. No calculus or mass lesion is seen. UB walls are not thickened.
- **Uterus** is normal in size, measures 60 x 28 mm and shows homogenous myometrial echotexture. Endometrial thickness measures 4.7 mm. No endometrial collection is seen. No mass lesion is seen.
- **Cervix** is normal.
- **Both ovaries** **A well defined rounded anechoic cystic lesion of size 37 x 35 x 43 mm vol. 29 cc is seen in left ovary.** Left ovary is poorly visualized and measures 22 x 22 x 29 mm vol. 7.4 cc. Right ovary is normal in size (measures 23 x 18 x 28 mm vol. 6.5 cc) and echotexture.
- **Gross fluid is noted in pouch of douglas and few septations.**

OPINION:

- **SIMPLE LEFT OVARIAN CYST.**
- **GROSS FLUID IN POUCH OF DOUGLAS AND FEW SEPTATIONS.**

ADV : CEMRI PELVIS FOR FURTHER EVALUATION.

Note:-

Features of pelvic inflammatory disease cannot be ruled out on USG. In view of smelling PV discharge and lower abdominal pain with fluid in pouch of douglas....Finding are favour of pelvic inflammatory disease. Needs clinical correlation.

**DR. NISMA WAHEED
MD, RADIODIAGNOSIS**

(Transcribed by Rachna)

*** End Of Report ***

