

Patient Name : Ms.DHARMVATI	Visit No : CHA250033837
Age/Gender : 48 Y/F	Registration ON : 25/Feb/2025 11:04AM
<b>Lab No : 10131133</b>	Sample Collected ON : 25/Feb/2025 11:05AM
Referred By : Dr.RDSO LUCKNOW	Sample Received ON : 25/Feb/2025 11:16AM
Refer Lab/Hosp : RDSO LUCKNOW	Report Generated ON : 25/Feb/2025 12:23PM
Doctor Advice : TSH,USG PELVIS	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>TSH</b>				
TSH	5.35	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 myxedema 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 catabolic state and may revert to normal when the patient recovers.
- (7) There are many drugs for eg. Glucocorticoids, dopamine, Lithium, iodides, oral radiographic dyes, etc. 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-CHEMILUMINESCENCE TECHNIQUE BY ELECSYS -E411 )

\*\*\* End Of Report \*\*\*

CHARAK



[Checked By]



MC-2491 Print.Date/Time: 25-02-2025 13:50:33  
\*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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### **ULTRASOUND STUDY OF PELVIS**

- **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 66 x 48 x 35 mm and shows homogenous myometrial echotexture. Endometrial thickness measures 5.9 mm. No endometrial collection is seen. No mass lesion is seen.
- **Cervix** is normal.
- **Both ovaries** are normal in size and echotexture.
- No adnexal mass lesion is seen.
- No free fluid is seen in Cul-de-Sac.
- Post void residual urine volume – Nil.

**Clinical correlation is necessary.**

Transcribed By: Purvi

**[DR. R.K. SINGH, MD]**

\*\*\* End Of Report \*\*\*

