

Patient Name : Ms.RENU KUSHWAHA	Visit No : CHA250033928
Age/Gender : 31 Y/F	Registration ON : 25/Feb/2025 12:03PM
Lab No : 10131224	Sample Collected ON : 25/Feb/2025 12:09PM
Referred By : Dr.RDSO LUCKNOW	Sample Received ON : 25/Feb/2025 12:17PM
Refer Lab/Hosp : RDSO LUCKNOW	Report Generated ON : 25/Feb/2025 01:35PM
Doctor Advice : T3T4TSH,USG OBSTETRICS	



Test Name	Result	Unit	Bio. Ref. Range	Method
T3T4TSH				
T3	2.15	nmol/L	1.49-2.96	ECLIA
T4	134.61	n mol/l	63 - 177	ECLIA
TSH	1.13	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]



DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

Dr. Aditi D Agarwal
DR. ADITI D AGARWAL
PATHOLOGIST

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ULTRASOUND STUDY FOR FETAL WELL BEING (NOT ANOMALY SCAN)

- LMP is 07/01/2025 EGA by LMP is 7 weeks + 0 day.
- Single gestation sac with single live foetus is seen in uterine cavity.
- CRL measures 13.3 mm corresponding to POG of 7 weeks + 4 days.
- Foetal heart rate is 156/minute.
- Decidual reaction is normal. No perigestational collection is seen.
- Cervical OS is closed.
- Cervical length (measures 3.4 cm) and width is normal.
- Both ovaries are normal in size and echotexture.
- No adnexal mass lesion is seen.
- EDD is approximately 10/10/2025.

IMPRESSION:

- **EARLY LIVE INTRAUTERINE PREGNANCY OF 7 WEEKS + 4 DAYS (\pm 7 DAYS).**

**ADV : NT-NB scan between 12-13 weeks 6 days with double marker
TIFFA scan between 18-21 weeks with quadruple marker between 16-21 weeks.**

Note:-- I Dr. Nisma Waheed, declare that while conducting ultrasound study of Mrs. Renu Kushwaha, I have neither detected nor disclosed the sex of her foetus to any body in any manner. All congenital anomalies can't be excluded on ultrasound.

Clinical correlation is necessary.

**DR. NISMA WAHEED
MD, RADIODIAGNOSIS**

(Transcribed by Rachna)

*** End Of Report ***

