Charak dhar
DIAGNOSTICS Pvt. Ltd.

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CMO Reg. No. RMEE 2445133
NABL Reg. No. MC-2491
Certificate No. MIS-2023-0218

Patient Name	: Ms.ROSHAN JAHAN	Visit No	: CHA250034623
Age/Gender	: 40 Y/F	Registration ON	: 26/Feb/2025 10:58AM
Lab No	**: 10131919**	Sample Collected ON	: 26/Feb/2025 11:02AM
Referred By	: Dr.UZMA MUBASHSHIR	Sample Received ON	: 26/Feb/2025 11:20AM
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 26/Feb/2025 12:07PM
Doctor Advice	: USG OBSTETRICS,TSH,RANDOM,HB		

Test Name	Result	Unit	Bio. Ref. Range	Method
HAEMOGLOBIN				
Hb	**9.8**	g/dl	12 - 15	Non Cyanide

Comment:
Hemoglobin screening helps to diagnose conditions that affect RBCs such as anemia or polycythemia.

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD SUGAR RANDOM				
BLOOD SUGAR RANDOM	106.5	mg/dl	70 - 170	Hexokinase
TSH				
TSH	2.78	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 ***

MC-2491
Print.Date/Time: 26-02-2025   13:39:45
*Patient Identity Has Not Been Verified. Not For Medicolegal

[Checked By]

DR. NISHANT SHARMA   DR. SHADAB
PATHOLOGIST   PATHOLOGIST   MD (MICROBIOLOGY)
Dr. SYED SAIF AHMAD

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ULTRASOUND STUDY FOR FETAL WELL BEING (NOT ANOMALY SCAN)

- LMP is not known.

- Single live intrauterine foetus is seen in longitudinal lie cephalic presentation.

- Foetal heart rate is 148/min.

- Foetal gestation age is
    - BPD 79 mm 31 weeks + 6 days
    - HC 302 mm 33 weeks + 4 days
    - AC 289 mm 32 weeks + 6 days
    - FL 61 mm 32 weeks + 1 days
- Placenta is posterior in upper uterine segment and shows grade III maturity changes.

- No gross congenital anomaly is seen.

- Amniotic fluid is adequate. AFI measures 12cm.

- EFW is approximately 2018gms (± 295gms).

- EDD is approximately 19/04/2025.

- No evidence of cord is seen around fetal neck at the time of examination.
  IMPRESSION:

- **SINGLE LIVE INTRAUTERINE FOETUS OF 32 WEEKS + 4 DAYS (± 2.1 WEEKS).**

*Note:-- I **Dr. Atima Srivastava**, declare that while conducting ultrasound study of **Mrs. Roshan Jahan**, I have neither detected nor disclosed the sex of her foetus to anybody in any manner. All congenital anomalies can't be excluded on ultrasound.*

Clinical correlation is necessary.

[DR. ATIMA SRIVASTAVA]
[MBBS, DNB (OBSTETRICS AND GYNAECOLOGY)]
[PDCC MATERNAL AND FETAL MEDICINE (SGPGIMS LUCKNOW)]

Transcribed By: Purvi

*** End Of Report ***