

Patient Name : Ms.VARTIKA MISHRA	Visit No : CHA250036964
Age/Gender : 29 Y/F	Registration ON : 01/Mar/2025 12:21PM
Lab No : 10134260	Sample Collected ON : 01/Mar/2025 12:24PM
Referred By : Dr.SP SINGH	Sample Received ON : 01/Mar/2025 12:43PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 01/Mar/2025 02:12PM
Doctor Advice : USG BREAST,PROLACTIN,T3T4TSH	



Test Name	Result	Unit	Bio. Ref. Range	Method
T3T4TSH				
T3	2.12	nmol/L	1.49-2.96	ECLIA
T4	106.00	n mol/l	63 - 177	ECLIA
TSH	1.40	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 Dxl-600 2. ELECTRO-CHEMILUMINESCENCE TECHNIQUE BY ELECSYS -E411)

CHARAK



[Checked By]



Sharma

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

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Test Name	Result	Unit	Bio. Ref. Range	Method
PROLACTIN				
PROLACTIN Serum	18.5	ng/ml	2.64 - 13.130	CLIA

*** End Of Report ***



Sharma

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HIGH RESOLUTION ULTRASOUND STUDY OF BOTH BREASTS
Study performed with 10.0MHz high frequency linear probe.

- **Right breast** Few well defined rounded hypoechoic lesions are noted, measuring approx. 7 x 7 x 5 mm at 2-3 o' clock position and 15 x 15 x 14 mm at 3 o' clock position with calcification. Rest of the breast architecture on right side shows homogeneous echotexture of parenchyma. Normal nipple areola complex is seen.
- **Left breast** An ill defined irregular heteroechoic predominantly hypoechoic lesion of size 26 x 24 x 18 mm is seen at 3 o' clock position in subareolar region. Few well defined rounded anechoic cystic lesions are noted, measuring approx. 9 x 5 mm at 7 o' clock position and 11 x 6 mm at 1 o' clock position. Rest of the breast architecture on left side shows homogeneous echotexture of parenchyma. Normal nipple areola complex is seen.
- **Multiple lactiferous ducts are dilated on both side.**
- Axillary tail is normal. No obvious axillary lymphadenopathy is seen.

IMPRESSION:

- **RIGHT BREAST - FEW WELL DEFINED ROUNDED HYPOECHOIC LESIONS WITH CALCIFICATION (BIRADS - III CATEGORY) WITH DUCTAL ECTASIA (BIRADS - II CATEGORY).**
- **LEFT BREAST - AN ILL DEFINED IRREGULAR HETEROECHOIC PREDOMINANTLY HYPOECHOIC LESION AT 3 O' CLOCK POSITION (BIRADS - IV CATEGORY) WITH FEW SIMPLE CYSTS & DUCTAL ECTASIA (BIRADS - II CATEGORY) (ADV : HISTOPATHOLOGICAL CORRELATION).**

Clinical correlation is necessary.

DR. NISMA WAHEED
MD, RADIODIAGNOSIS

(Transcribed by Rachna)

*** End Of Report ***

