Charak dhar DIAGNOSTICS Pvt. Ltd.

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E-mail : charak1984@gmail.com
CMO Reg. No. RMEE 2445133
NABL Reg. No. MC-2491
Certificate No. MIS-2023-0218

Patient Name	: Ms.ARTI KEWLANI	Visit No	: CHA250038652
Age/Gender	: 44 Y/F	Registration ON	: 04/Mar/2025 08:45AM
Lab No	**: 10135947**	Sample Collected ON	: 04/Mar/2025 08:47AM
Referred By	: Dr.MITALI DAS SAHA	Sample Received ON	: 04/Mar/2025 09:25AM
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 04/Mar/2025 11:04AM
Doctor Advice	: TSH,PROLACTIN,MAMMOGRAPHY B/L,USG PELVIS		

PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
TSH				
TSH	1.70	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)

PROLACTIN				
PROLACTIN Serum	11.7	ng/ml	2.64 - 13.130	CLIA

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

MC-2491

[Checked By]

Print.Date/Time: 04-03-2025 11:40:14

*Patient Identity Has Not Been Verified. Not For Medicolegal

DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

Dr. SYED SAIF AHMAD
MD (MICROBIOLOGY)

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Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 04/Mar/2025 10:12AM

PR.

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 **not visualized (History of surgery).**
- **Both ovaries** are not visualized.
- No adnexal mass lesion is seen.

IMPRESSION:

- **NO SIGNIFICANT ABNORMALITY DETECTED.**

Clinical correlation is necessary.

DR. NISMA WAHEED
MD, RADIODIAGNOSIS

(Transcribed by Rachna)

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PR.

X-RAY MAMMOGRAPHY BOTH BREASTS

ACR grading C heterogeneously dense breast parenchyma

RIGHT BREAST

- **A rounded radio-opaque shadow is noted in lower quadrant of right breast parenchyma.**
- **Rest of the right breast shows heterogeneously dense fibro-fatty parenchyma.**
- There are no micro-calcifications seen.
- There is no retraction of nipple seen.
- No thickening of the skin is seen.
- There is no evidence of axillary lymphnodes seen.

ON USG CORERLATION :

- **A well defined rounded hypoechoic lesion of size 17 x 10 mm is seen at 4 o' clock position of right breast (BIRADS – III Category) (ADV : FNAC correlation).**
- **Few lactiferous ducts are dilated on right side.**

LEFT BREAST

- There is no evidence of any abnormal rounded radio-opaque shadow in the left breast parenchyma.
- **Left breast shows heterogeneously dense fibro-fatty parenchyma.**
- There are no micro-calcifications seen.
- There is no retraction of nipple seen.
- No thickening of the skin is seen.
- There is no evidence of axillary lymphnodes seen.

ON USG CORRELATION :

- **Few lactiferous ducts are dilated on left side.**

Note:

- Sensitivity of mammography is decreased in breast have dense parenchyma.
- Screening of mammography is advisable for all women above the age of 40 years.
- Sonomammography (ultrasound) is helpful for accurate diagnosis of disease of breast epically in dens breast. Detailed Sonomammography is advisable if clinically indicated.

Clinical correlation is necessary.

DR. NISMA WAHEED
MD, RADIODIAGNOSIS

(Transcribed by Rachna)

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