

Patient Name : Ms.PRIYANKA TRIPATHI	Visit No : CHA250038780
Age/Gender : 25 Y/F	Registration ON : 04/Mar/2025 10:43AM
<b>Lab No : 10136075</b>	Sample Collected ON : 04/Mar/2025 10:45AM
Referred By : Dr.RAJU SIPAL	Sample Received ON : 04/Mar/2025 10:57AM
Refer Lab/Hosp : CGHS (BILLING)	Report Generated ON : 04/Mar/2025 11:56AM
Doctor Advice : USG WHOLE ABDOMEN,T3T4TSH,CBC+ESR	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>CBC+ESR (COMPLETE BLOOD COUNT)</b>				
Erythrocyte Sedimentation Rate ESR	<b>20.00</b>		0 - 15	Westergreen



[Checked By]

Print.Date/Time: 04-03-2025 14:00:10

\*Patient Identity Has Not Been Verified. Not For Medicolegal

*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
Hb	13.4	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.20	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	39.9	%	36 - 45	Pulse hieght detection
MCV	95.7	fL	80 - 96	calculated
MCH	32.1	pg	27 - 33	Calculated
MCHC	33.6	g/dL	30 - 36	Calculated
RDW	12.8	%	11 - 15	RBC histogram derivation
RETIC	0.8 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	9030	/cmm	4000 - 10000	Flocytometry
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>				
NEUTROPHIL	71	%	40 - 75	Flowcytometry
LYMPHOCYTE	21	%	20-40	Flowcytometry
EOSINOPHIL	4	%	1 - 6	Flowcytometry
MONOCYTE	4	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	202,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	202000	/cmm	150000 - 450000	Microscopy .
Mentzer Index	23			

Peripheral Blood Picture :  
Red blood cells are normocytic normochromic . Platelets are adequate. No immature cells or parasite seen.



[Checked By]



*Sham*

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

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<b>Lab No : 10136075</b>	Sample Collected ON : 04/Mar/2025 10:45AM
Referred By : Dr.RAJU SIPAL	Sample Received ON : 04/Mar/2025 11:06AM
Refer Lab/Hosp : CGHS (BILLING)	Report Generated ON : 04/Mar/2025 11:56AM
Doctor Advice : USG WHOLE ABDOMEN,T3T4TSH,CBC+ESR	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>T3T4TSH</b>				
T3	2.21	nmol/L	1.49-2.96	ECLIA
T4	160.47	n mol/l	63 - 177	ECLIA
TSH	3.17	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 )

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

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[Checked By]



*Sham*

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

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### **ULTRASOUND STUDY OF WHOLE ABDOMEN**

- **Liver** is normal in size, and shows homogenous echotexture of liver parenchyma. No intrahepatic biliary radicle dilatation is seen. No space occupying lesion is seen. Hepatic veins and IVC are seen normally.
- **Gall bladder** is normal in size and shows anechoic lumen. No calculus / mass lesion is seen. GB walls are not thickened.
- **CBD** is normal at porta. No obstructive lesion is seen.
- **Portal vein** Portal vein is normal at porta.
- **Pancreas** is normal in size and shows homogenous echotexture of parenchyma. PD is not dilated. No parenchymal calcification is seen. No peripancreatic collection is seen.
- **Spleen** is normal in size and shows homogenous echotexture of parenchyma. No SOL is seen.
- No retroperitoneal adenopathy is seen.
- No ascites is seen.
- **Both kidneys** are normal in size and position. **Bilateral minimal hydronephrosis is seen – Most likely due to back pressure changes. A tiny concretion of size 2 mm is seen in middle calyx of left kidney.** No mass lesion is seen. Cortico-medullary differentiation is well maintained. Parenchymal thickness is normal. No scarring is seen. Right kidney measures 98 x 30 mm in size. Left kidney measures 97 x 45 mm in size.
- **Ureters** Both ureters are not dilated. UVJ are seen normally.
- **Urinary bladder** is normal in contour with anechoic lumen. No calculus or mass lesion is seen. UB walls are not thickened.
- **Uterus** is **bulky in size, measures 80 x 26 mm** and shows homogenous myometrial echotexture. Endometrial thickness measures 7.1 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.
- **Pre void urine volume approx. 744 cc.**
- **Post void residual urine volume approx. 243 cc (significant).**

#### **OPINION:**

- **TINY LEFT RENAL CONCRETION.**
- **BULKY UTERUS.**
- **SIGNIFICANT POST VOID RESIDUAL URINE VOLUME.**

**Clinical correlation is necessary.**

**DR. NISMA WAHEED  
MD, RADIODIAGNOSIS**

(Transcribed by Rachna)

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

