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

Patient Name : Ms.AYESHA

Age/Gender : 20 Y/F

Lab No : 10136591

Referred By : Dr.KIRANDHIR BHATNAGAR

Refer Lab/Hosp · CHARAK NA

. USG LOWER ABDOMEN,T3T4TSH Doctor Advice

Visit No : CHA250039296

Registration ON : 04/Mar/2025 07:45PM

Sample Collected ON : 04/Mar/2025 07:47PM

Sample Received ON : 04/Mar/2025 07:59PM

Report Generated ON : 05/Mar/2025 09:27AM



| Test Name | Result | Unit | Bio. Ref. Range | Method |
|-----------|--------|---------|-----------------|--------|
| T3T4TSH | | | | |
| T3 | 2.01 | nmol/L | 1.49-2.96 | ECLIA |
| T4 | 107.00 | n mol/l | 63 - 177 | ECLIA |
| TSH | 3.20 | ulU/ml | 0.7 - 6.4 | ECLIA |

Note

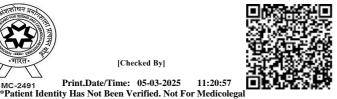
PR.

- (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
- (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





Patient Name : Ms.AYESHA Visit No : CHA250039296

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 Lab No
 : 10136591
 Sample Collected ON
 : 04/Mar/2025 07:45PM

Referred By : Dr.KIRANDHIR BHATNAGAR Sample Received ON :

Refer Lab/Hosp : CHARAK NA Report Generated ON : 05/Mar/2025 10:46AM

ULTRASOUND STUDY OF LOWER ABDOMEN

- <u>Right kidney</u> is normal in size and position. No hydronephrosis is seen. No calculus or mass lesion is seen. Cortico-medullary differentiation is well maintained. Parenchymal thickness is normal. No scarring is seen. Right kidney measures 96 x 39 mm in size.
- <u>Left kidney</u> is normal in size and position. No hydronephrosis is seen. No calculus or mass lesion is seen. Cortico-medullary differentiation is well maintained. Parenchymal thickness is normal. No scarring is seen. Left kidney measures 98 x 40 mm in size.
- <u>Ureters</u> Both ureters are not dilated. UVJ are seen normally.
- <u>Urinary bladder</u> is normal in contour with anechoic lumen. No calculus or mass lesion is seen. UB walls are not thickened.
- <u>Uterus</u> is normal in size, measures $82 \times 33 \times 32$ mm and shows homogenous myometrial echotexture. Endometrial thickness measures 6.4 mm. No endometrial collection is seen. No mass lesion is seen.
- Cervix is normal.

PR

- \bullet Both ovaries show tiny multiple (>10) cystic areas measuring approx. 4-5mm. Right ovary measuring 34 x 21 x 19mm with volume of 7.67cc. Left ovary measures 28 x 16 x 28mm with volume of 6.66cc.
- No adnexal mass lesion is seen.
- No free fluid is seen in Cul-de-Sac.

IMPRESSION:

• BILATERAL POLYCYSTIC OVARIAN PATTERNADV; HORMONAL CORRELATION .

Clinical correlation is necessary.

[DR. R.K SINGH , MD]

transcribed by: anup

*** End Of Report ***

