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

Patient Name	: Ms.AYESHA	Visit No	: CHA250039296
Age/Gender	: 20 Y/F	Registration ON	: 04/Mar/2025 07:45PM
Lab No	**: 10136591**	Sample Collected ON	: 04/Mar/2025 07:47PM
Referred By	: Dr.KIRANDHIR BHATNAGAR	Sample Received ON	: 04/Mar/2025 07:59PM
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 05/Mar/2025 09:27AM
Doctor Advice	: USG LOWER ABDOMEN,T3T4TSH		

PR.

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	uIU/ml	0.7 - 6.4	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

[Checked By]

Print.Date/Time: 05-03-2025 11:20:57

*Patient Identity Has Not Been Verified. Not For Medicolegal

DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

Dr. SYED SAIF AHMAD
MD (MICROBIOLOGY)

Patient Name	: Ms.AYESHA	Visit No	: CHA250039296
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Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 05/Mar/2025 10:46AM

PR.

ULTRASOUND STUDY OF LOWER ABDOMEN

- **Right kidney** 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.
- **Left kidney** 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.
- **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 normal in size, measures 82 x 33 x 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.
- 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 PATTERN ……ADV; HORMONAL CORRELATION .**

Clinical correlation is necessary.

[DR. R.K SINGH , MD]

transcribed by: anup

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