

Patient Name : Ms. FATIMA	Visit No : CHA250039404
Age/Gender : 26 Y/F	Registration ON : 05/Mar/2025 07:02AM
Lab No : 10136699	Sample Collected ON : 05/Mar/2025 07:03AM
Referred By : Dr. KHAN MEDICAL AND MATERNIT	Sample Received ON : 05/Mar/2025 07:18AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 05/Mar/2025 09:47AM
Doctor Advice : T3T4TSH,USG PELVIS	



Test Name	Result	Unit	Bio. Ref. Range	Method
T3T4TSH				
T3	2.20	nmol/L	1.49-2.96	ECLIA
T4	84.80	n mol/l	63 - 177	ECLIA
TSH	4.10	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 Dxi-600 2. ELECTRO-CHEMILUMINESCENCE TECHNIQUE BY ELECSYS -E411)

*** End Of Report ***

CHARAK



[Checked By]



Sharma

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

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ULTRASOUND STUDY OF PELVIS

- **Urinary bladder** is *partially distended* with anechoic lumen. No calculus or mass lesion is seen. UB walls are not thickened.
- **Uterus** is normal in size, measures 73 x 38 x 29 mm and **shows mild coarsed myometrial echotexture**. Endometrial thickness measures 8.2 mm. No endometrial collection is seen. No mass lesion is seen.
- **Cervix** is normal.
- **Both ovaries** are normal in size and **show multiple small peripheral arranged follicles with central echogenic stroma**. Right ovary measuring 28 x 22 x 20mm with volume 6.9cc. Left ovary measuring 23 x 22 x 19mm with volume 5.4cc.
- No adnexal mass lesion is seen.
- No free fluid is seen in Cul-de-Sac.

IMPRESSION:

- MILD COARSED UTERINE MYOMETRIAL ECHOTEXTURE.
- BILATERAL POLYCYSTIC PATTERN OVARIES (ADV: HORMONAL CORRELATION).

Clinical correlation is necessary.

(DR. R.K. SINGH, MD)

Transcribed by Gausiya

*** End Of Report ***

