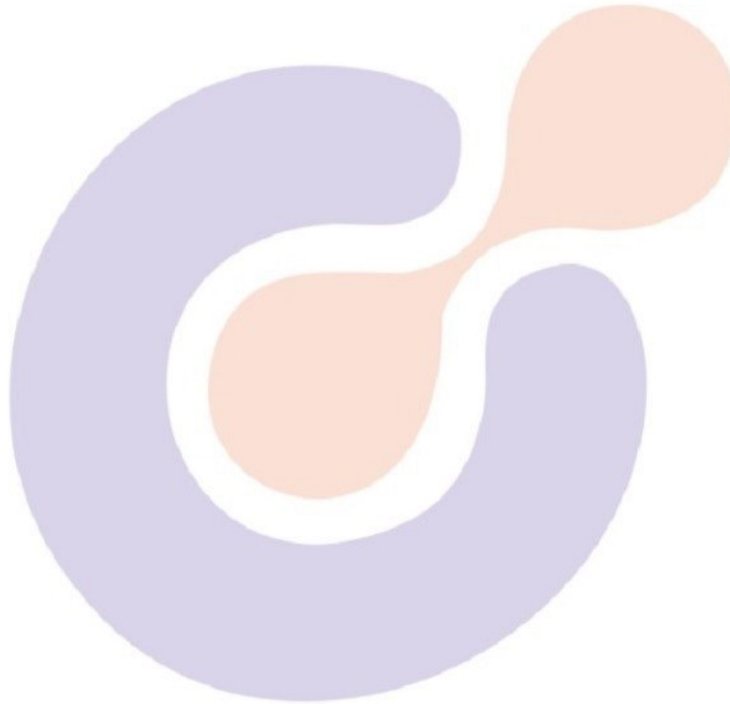


Patient Name : Ms.RANI SHARMA	Visit No : CHA250040092
Age/Gender : 44 Y/F	Registration ON : 05/Mar/2025 07:09PM
<b>Lab No : 10137387</b>	Sample Collected ON : 05/Mar/2025 08:42PM
Referred By : Dr.MEDANTA	Sample Received ON : 05/Mar/2025 08:48PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 06/Mar/2025 09:16AM
Doctor Advice : T3T4TSH,CREATININE,CONTRAST MRI,MRI BRAIN	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>SERUM CREATININE</b>				
CREATININE	0.60	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic



**CHARAK**



[Checked By]



*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
<b>T3T4TSH</b>				
T3	2.13	nmol/L	1.49-2.96	ECLIA
T4	129.79	n mol/l	63 - 177	ECLIA
TSH	<b>6.77</b>	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)

Patient Name	: Ms.RANI SHARMA	Visit No	: CHA250040092
Age/Gender	: 44 Y/F	Registration ON	: 05/Mar/2025 07:09PM
<b>Lab No</b>	<b>: 10137387</b>	Sample Collected ON	: 05/Mar/2025 07:09PM
Referred By	: Dr.MEDANTA	Sample Received ON	:
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 06/Mar/2025 03:27PM

## **CEMRI: BRAIN**

### **IMAGING SEQUENCES (CEMR)**

**AXIAL: DIFF, T1, TIRM & TSE T2 Wis. SAGITTAL: T2 Wis. CORONAL: TIRM Wis.**

**Post Contrast: T1 sagittal, axial & coronal**

**Clinical profile:** Follow up operated case of posterior fossa meningioma showing:

Post operative changes are noted with occipital craniotomy.

Areas of gliosis are seen in posterior part of both cerebellar hemispheres.

Mild diffuse cerebellar atrophy is noted with mild prominence of cerebellar folia.

Small well defined homogeneously enhancing extra-axial T2 hyperintense, T1 hyperintense lesion [approx. 8.6 (vertical) x 21 (A.P) x 13mm (Trans)] is seen in posterior fossa at midline, centered over confluence of dural venous sinuses. The lesion is causing effacement of confluence of dural venous sinuses, straight sinus and bilateral transverse sinuses (L<R). No perifocal edema is seen.

Cerebral hemispheres show normal MR morphology, signal intensity and gray - white matter differentiation. The basal nuclei, thalami and corpus callosum are showing normal signal intensity pattern. Both lateral ventricles and third ventricle are normal in size shape and outline. Septum pellucidum and falx cerebri are in midline. No mass effect or midline shift is seen. Supratentorial sulcal and cisternal spaces are normally visualized.

Brain stem and rest of cerebellar hemispheres are showing normal morphology, signal intensity and outline. Fourth ventricle is normal in size and midline in position.

Rest of major intracranial dural venous sinuses are showing normal outline and flow void.

Partial empty sella is noted. Supra-sellar and para-sellar structures are normally visualized.

### **IMPRESSION:**

- **Mild diffuse cerebellar atrophy with areas of gliosis in posterior part of both cerebellar hemispheres.**
- **Small well defined homogeneously enhancing extra-axial lesion in posterior fossa at midline, centered over confluence of dural venous sinuses -- ? recurrent lesion.**

*Please correlate clinically.*

**DR. RAVENDRA SINGH  
MD**

Transcribed by Priyanka...

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

