

Patient Name : Ms. ALISHA	Visit No : CHA250040934
Age/Gender : 20 Y/F	Registration ON : 07/Mar/2025 08:49AM
Lab No : 10138229	Sample Collected ON : 07/Mar/2025 08:50AM
Referred By : Dr. GULFISHA MUJTABA	Sample Received ON : 07/Mar/2025 09:04AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 07/Mar/2025 10:18AM
Doctor Advice : T3T4TSH,USG LOWER ABDOMEN	



Test Name	Result	Unit	Bio. Ref. Range	Method
T3T4TSH				
T3	2.52	nmol/L	1.49-2.96	ECLIA
T4	148.10	n mol/l	63 - 177	ECLIA
TSH	1.44	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 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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Referred By	: Dr.GULFISHA MUJTABA	Sample Received ON	:
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 07/Mar/2025 10:08AM

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 91 x 34mm 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 90 x 43mm 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 64 x 37 x 26 mm and shows homogenous myometrial echotexture. Endometrial thickness measures 5.3 mm. No endometrial collection is seen. No mass lesion is seen.
- **Cervix** is normal.
- **Both ovaries show multiple tiny (?10) cystic areas measuring 4-5mm. Right ovary measures 27 x 31 x 23mm with vol. 10.2cc. Left ovary measures 28 x 23 x 20mm with vol. 7.2cc.**
- No free fluid is seen in Cul-de-Sac.

IMPRESSION:

- **BILATERAL POLYCYSTIC OVARIAN PATTERN....Adv: hormonal assay.**

Clinical correlation is necessary.

[DR. R.K. SINGH, MD]

Transcribed By: Purvi

*** End Of Report ***

