

Patient Name : Ms.SHRUTI SHARMA  
Age/Gender : 37 Y/F  
**Lab No : 10139014**  
Referred By : Dr.RDSO LUCKNOW  
Refer Lab/Hosp : RDSO LUCKNOW  
Doctor Advice : COLOUR DOPPLER OBS,FT4,TSH

Visit No : CHA250041719  
Registration ON : 08/Mar/2025 11:11AM  
Sample Collected ON : 08/Mar/2025 11:12AM  
Sample Received ON : 08/Mar/2025 11:23AM  
Report Generated ON : 08/Mar/2025 08:12PM



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>FT4</b>				
FT4	12.8	pmol/L	7.86 - 14.42	CLIA

**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 TSH levels.

( ELECTRO-CHEMILUMINESCENCE TECHNIQUE BY ELECSYS -2010 )

**CHARAK**

[Checked By]

Print.Date/Time: 08-03-2025 20:45:07

\*Patient Identity Has Not Been Verified. Not For Medicolegal



DR. NISHANT SHARMA  
PATHOLOGIST

DR. SHADABKHAN  
PATHOLOGIST

Dr. SYED SAIF AHMAD  
MD (MICROBIOLOGY)

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>TSH</b>				
TSH	2.11	uIU/ml	0.47 - 4.52	ECLIA

**Note**

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( 1 Beckman Dxi-600 2. ELECTRO-CHEMILUMINESCENCE TECHNIQUE BY ELECSYS -E411 )

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

CHARAK



[Checked By]



DR. NISHANT SHARMA  
PATHOLOGIST

DR. SHADAB  
PATHOLOGIST

*Signature*  
DR. ADITI D AGARWAL  
PATHOLOGIST

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### **ULTRASOUND STUDY OF OBSTETRICS**

- LMP is 25/07/2024 EGA by LMP is 32 weeks + 2 days.
- Single live intrauterine foetus is seen in longitudinal lie cephalic presentation.
- Foetal heart rate is 146/min.
- Foetal gestation age is
  - BPD 84 mm 33 weeks + 6 days
  - HC 302 mm 33 weeks + 4 days
  - AC 272 mm 31 weeks + 2 days
  - FL 61 mm 31 weeks + 6 days
- Placenta is posterior in upper uterine segment and shows grade III maturity changes.
- No gross congenital anomaly is seen.
- Amniotic fluid is adequate. AFI = 11 cm.
- EFW is approximately 1860gms ( $\pm$  272gms).
- EDD is approximately 29/04/2025.
- **Single loop of cord is seen around fetal neck at the time of examination.**

### **COLOUR & PULSED DOPPLER STUDY**

- The umbilical artery flow is within normal limits.
- The flow in the umbilical vein is normal. There is no pulsatility.
- The foetal MCA flow is within normal limits.
- The cerebro-placenta ratio is within normal limits ( $>1$ ).
- The flow in the foetal aorta and IVC show normal flow and spectral pattern.
- Ductus venosus shows normal wave form.



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### **COLOUR & PULSED DOPPLER STUDY**

	<b><u>MCA</u></b>	<b><u>UA</u></b>	<b><u>RT UT</u></b>	<b><u>LT UT</u></b>
<b><u>PS</u></b>	43cm/ sec	55cm/sec	106cm/sec	74cm/sec
<b><u>ED</u></b>	13cm/sec	23cm/sec	65cm/sec	29cm/sec
<b><u>S/D</u></b>	4	2.4	1.6	2.5
<b><u>RI</u></b>	1	0.5	0.3	0.6
<b><u>PI</u></b>	2.5	0.8	0.4	0.9

#### **OPINION:**

- **SINGLE LIVE FOETUS OF 32 WEEKS + 4 DAYS ( $\pm$  2.3 WEEKS) WITH SINGLE LOOP OF CORD AROUND FETAL NECK AT THE TIME OF EXAMINATION WITH NORMAL COLOUR AND PULSED DOPPLER STUDY AS DESCRIBED ABOVE.**

*Note:-- I Dr. Atima Srivastava, declare that while conducting ultrasound study of Mrs. Shrutu Sharma, I have neither detected nor disclosed the sex of her foetus to anybody in any manner. All congenital anomalies can't be excluded on ultrasound.*

**Clinical correlation is necessary.**

**[DR. ATIMA SRIVASTAVA]  
[MBBS, DNB (OBSTETRICS AND GYNAECOLOGY)]  
[PDCC MATERNAL AND FETAL MEDICINE (SGPGIMS LUCKNOW)]**

Transcribed By: Purvi

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

