

Patient Name : Ms.AKANKSHA SHUKLA  
Age/Gender : 38 Y/F  
**Lab No : 10139020**  
Referred By : Dr.RDSO LUCKNOW  
Refer Lab/Hosp : RDSO LUCKNOW  
Doctor Advice : TSH,NT.NB SCAN

Visit No : CHA250041725  
Registration ON : 08/Mar/2025 11:16AM  
Sample Collected ON : 08/Mar/2025 12:46PM  
Sample Received ON : 08/Mar/2025 12:52PM  
Report Generated ON : 08/Mar/2025 02:03PM



| Test Name | Result | Unit   | Bio. Ref. Range | Method |
|-----------|--------|--------|-----------------|--------|
| TSH       | 2.62   | 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]



DR. NISHANT SHARMA  
PATHOLOGIST

DR. SHADAB  
PATHOLOGIST

*Dr. Aditi D Agarwal*  
DR. ADITI D AGARWAL  
PATHOLOGIST

|                |                      |                     |                       |
|----------------|----------------------|---------------------|-----------------------|
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| <b>Lab No</b>  | <b>: 10139020</b>    | Sample Collected ON | : 08/Mar/2025 11:16AM |
| Referred By    | : Dr.RDSO LUCKNOW    | Sample Received ON  | :                     |
| Refer Lab/Hosp | : RDSO LUCKNOW       | Report Generated ON | : 08/Mar/2025 12:43PM |

### **ULTRASOUND STUDY OF OBSTETRICS WITH NT/NB SCAN**

- LMP is 16/12/2024 EGA by LMP is 11 weeks + 5 days.
- Single gestation sac with single live foetus is seen in uterine cavity.
- **CRL** measures 51mm corresponding to POG of 11 weeks + 6 days.
- Foetal heart rate is 150/minute.
- **Nuchal translucency** measures approx. 1.3mm.
- Nasal bone is seen.
- **Placenta is developing posteriorly.**
- Ductus venosus shows normal waveform.Butterfly sign and stomach bubble seen.
- Cervical length and width is normal.
- Bilateral uterine artery shows normal waveform (mean PI: 1.7). Left uterine artery PI is 1.7. Right uterine artery PI is 1.9.
- No adnexal mass lesion is seen.
- EDD is approximately on 21/09/2025.

#### **IMPRESSION:**

- **SINGLE LIVE INTRAUTERINE PREGNANCY OF 11 WEEKS + 6 DAYS (±7 DAYS).**
- **NORMAL BILATERAL UTERINE ARTERY DOPPLER INDICES.**

#### **ADV: DOUBLE MARKER.**

*Note:-- I Dr. Atima Srivastava, declare that while conducting ultrasound study of Mrs. Akanshka, 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

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

