

Patient Name : Ms.ARTI MISHRA	Visit No : CHA250041775
Age/Gender : 39 Y/F	Registration ON : 08/Mar/2025 12:10PM
<b>Lab No : 10139070</b>	Sample Collected ON : 08/Mar/2025 12:14PM
Referred By : Dr.MIDLAND HEALTH CARE & RES	Sample Received ON : 08/Mar/2025 12:29PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 08/Mar/2025 02:03PM
Doctor Advice : TSH,CBC (WHOLE BLOOD),USG TVS,USG WHOLE ABDOMEN	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>CBC (COMPLETE BLOOD COUNT)</b>				
Hb	12.5	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.00	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	38.9	%	36 - 45	Pulse hieght detection
MCV	<b>96.5</b>	fL	80 - 96	calculated
MCH	31.0	pg	27 - 33	Calculated
MCHC	32.1	g/dL	30 - 36	Calculated
RDW	12.3	%	11 - 15	RBC histogram derivation
RETIC	0.7 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	6730	/cmm	4000 - 10000	Flocytometry
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>				
NEUTROPHIL	69	%	40 - 75	Flowcytometry
LYMPHOCYTES	26	%	25 - 45	Flowcytometry
EOSINOPHIL	2	%	1 - 6	Flowcytometry
MONOCYTE	3	%	2 - 10	Flowcytometry
BASOPHIL	<b>0</b>	%	00 - 01	Flowcytometry
PLATELET COUNT	223,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	223000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	4,644	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	1,750	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	135	/cmm	20-500	Calculated
Absolute Monocytes Count	202	/cmm	200-1000	Calculated
Mentzer Index	24			
Peripheral Blood Picture	:			

Red blood cells are normocytic normochromic. Platelets are adequate. No immature cells or parasite seen.



[Checked By]



DR. NISHANT SHARMA  
PATHOLOGIST

DR. SHADAB  
PATHOLOGIST

*Aditi D Agarwal*  
DR. ADITI D AGARWAL  
PATHOLOGIST

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Refer Lab/Hosp : CHARAK NA	Report Generated ON : 08/Mar/2025 02:04PM
Doctor Advice : TSH,CBC (WHOLE BLOOD),USG TVS,USG WHOLE ABDOMEN	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>TSH</b>				
TSH	1.71	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



*Signature*

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Referred By : Dr.MIDLAND HEALTH CARE & RESEA Sample Received ON :  
Refer Lab/Hosp : CHARAK NA Report Generated ON : 08/Mar/2025 01:14PM

### **ULTRASOUND STUDY OF WHOLE ABDOMEN**

- **Liver** is normal in size, and shows homogenous echotexture of liver parenchyma. No intrahepatic biliary radicle dilatation is seen. No space occupying lesion is seen. Hepatic veins and IVC are seen normally.
- **Gall bladder** is contracted (Post prandial status).
- **CBD** is normal measures 6 mm at porta. No obstructive lesion is seen.
- **Portal vein** Portal vein is normal measures 8 mm at porta.
- **Pancreas** is normal in size and shows homogenous echotexture of parenchyma. PD is not dilated. No parenchymal calcification is seen. No peripancreatic collection is seen.
- **Spleen** is normal in size and shows homogenous echotexture of parenchyma. No SOL is seen.
- No retroperitoneal adenopathy is seen.
- No ascites is seen.
- **Both kidneys** are 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 95 x 37 mm in size. Left kidney measures 107 x 39 mm 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.

### **OPINION:**

- **NO SIGNIFICANT ABNORMALITY DETECTED.**

**Clinical correlation is necessary.**

**DR. NISMA WAHEED  
MD, RADIODIAGNOSIS**

(Transcribed by Rachna)



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## **TRANSVAGINAL ULTRASOUND**

- **Uterus** is normal in size, measures 87 x 40 mm and shows homogenous myometrial echotexture. Endometrial thickness measures 6.6 mm. No endometrial collection is seen. No mass lesion is seen.
- **Cervix** is normal in size measures 27 x 28mm & echotexture.
- **Both ovaries** A well defined rounded cystic lesion of size 41 x 26 x 50 mm vol. 28.8 cc with dense internal echoes is noted in left ovary. Right ovary is normal in size (measures 15 x 14 x 23 mm vol. 2.8 cc) & echotexture.
- No free fluid is seen in Cul-de-Sac.

### **OPINION:**

- **COMPLEX LEFT OVARIAN CYST - ? ENDOMETRIOMA.**

**Clinical correlation is necessary.**

**DR. NISMA WAHEED  
MD, RADIODIAGNOSIS**

(Transcribed by Rachna)

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

