

Patient Name : Ms.MUSKAN	Visit No : CHA250042286
Age/Gender : 18 Y/F	Registration ON : 09/Mar/2025 09:55AM
<b>Lab No : 10139581</b>	Sample Collected ON : 09/Mar/2025 09:58AM
Referred By : Dr.KRISHNA KUMAR MITRA (CGHS)	Sample Received ON : 09/Mar/2025 10:16AM
Refer Lab/Hosp : CGHS (DEBIT)	Report Generated ON : 09/Mar/2025 04:28PM
Doctor Advice : 25 OH vit. D,RANDOM,TSH,FT4,FT3,PROLACTIN,LFT,USG WHOLE ABDOMEN	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>FT3</b>				
FT3	6.12	pmol/l	3.8 - 6.18	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: 09-03-2025 17:04:03

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



*Shadab Khan*

DR. NISHANT SHARMA  
PATHOLOGIST

DR. SHADABKHAN  
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Dr. SYED SAIF AHMAD  
MD (MICROBIOLOGY)

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>FT4</b>				
FT4	10.01	pmol/L	7.86 - 14.42	CLIA

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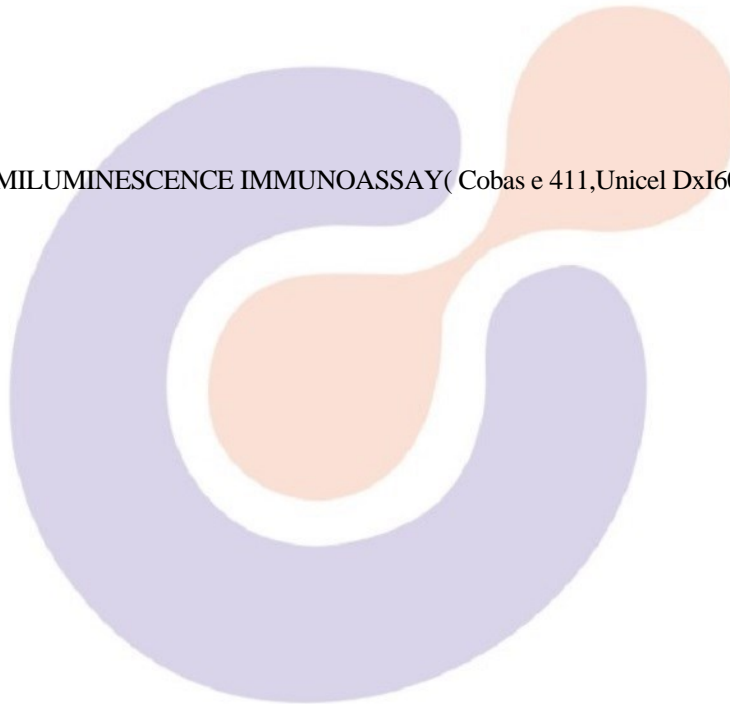
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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>25 OH vit. D</b>				
25 Hydroxy Vitamin D	7.13	ng/ml		ECLIA

Deficiency < 10  
Insufficiency 10 - 30  
Sufficiency 30 - 100  
Toxicity > 100

DONE BY: ELECTROCHEMILUMINESCENCE IMMUNOASSAY( Cobas e 411,Unicel DxI600,vitros ECI)



**CHARAK**

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**BLOOD SUGAR RANDOM**

BLOOD SUGAR RANDOM	79.2	mg/dl	70 - 170	Hexokinase
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**LIVER FUNCTION TEST**

TOTAL BILIRUBIN	0.50	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED ( D. Bilirubin)	0.20	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED ( I.D. Bilirubin)	0.30	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	114.00	U/L	55 - 149	PNPP, AMP Buffer
SGPT	20.0	U/L	5 - 40	UV without P5P
SGOT	33.6	U/L	5 - 40	UV without P5P

**TSH**

TSH	5.82	uIU/ml	0.7 - 6.4	ECLIA
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( 1 Beckman Dxi-600 2. ELECTRO-CHEMILUMINESCENCE TECHNIQUE BY ELECSYSYS -E411 )

**PROLACTIN**

PROLACTIN Serum	20.0	ng/ml	2.64 - 13.130	CLIA
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\*\*\* End Of Report \*\*\*



[Checked By]



*Signature*

MC-2491

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### 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 normal in size and shows anechoic lumen. No calculus / mass lesion is seen. GB walls are not thickened.
- **CBD** is normal at porta. No obstructive lesion is seen.
- **Portal vein** Portal vein is normal 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 86 x 43 mm in size. Left kidney measures 85 x 49 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.
- **Uterus** is normal in size, measures 77 x 30 x 47 mm and shows homogenous myometrial echotexture. Endometrial thickness measures 8.2 mm. No endometrial collection is seen. No mass lesion is seen.
- **Cervix** is normal.
- **Both ovaries** : Right ovary is normal in size and echotexture. A well defined cystic lesion of size 25x22mm is seen in left ovary .
- No adnexal mass lesion is seen.
- No free fluid is seen in Cul-de-Sac.

### OPINION:

- **SMALL LEFT OVARIAN CYST.**

Clinical correlation is necessary.

[DR. K K SINGH , RADIOLOGIST]

[DR. R.K SINGH , MD]

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

