Charak dhar DIAGNOSTICS Pvt. Ltd.

292/05, Tulsidas Marg, Basement Chowk, Lucknow-226 003
Phone : 0522-4062223, 9305548277, 8400888844
9415577933, 9336154100, **Tollfree No.**: 8688360360
E-mail : charak1984@gmail.com
CMO Reg. No. RMEE 2445133
NABL Reg. No. MC-2491
Certificate No. MIS-2023-0218

Patient Name	: Mr.SHAHID ALI	Visit No	: CHA250043177
Age/Gender	: 55 Y/M	Registration ON	: 10/Mar/2025 02:41PM
Lab No	**: 10140472**	Sample Collected ON	: 10/Mar/2025 02:44PM
Referred By	: Dr.SANJIV PATHAK	Sample Received ON	: 10/Mar/2025 03:22PM
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 10/Mar/2025 04:46PM
Doctor Advice	: USG WHOLE ABDOMEN,URINE COM. EXMAMINATION,DIGITAL 1,TSH,FT4		

PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
FT4				
FT4	13.01	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 mysedema 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 cacabolic state and may revert tonormal when the patient recovers.

(7) There are many drugs for eg.Glucocorticoids ,dopamine,Lithium,iodides ,oral radiographic dyes,ets.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-CHEMILUMINISCENCE TECHINIQUE BY ELECSYSYS -2010)

[Checked By]

Print.Date/Time: 10-03-2025 18:55:07
*Patient Identity Has Not Been Verified. Not For Medicolegal

DR. NISHANT SHARMA PATHOLOGIST
DR. SHADAB PATHOLOGIST
DR. ADITI D AGARWAL PATHOLOGIST

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Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 10/Mar/2025 06:15PM
Doctor Advice	: USG WHOLE ABDOMEN,URINE COM. EXMAMINATION,DIGITAL 1,TSH,FT4		

PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE EXAMINATION REPORT				
Colour-U	YELLOW		Light Yellow	
Appearance (Urine)	CLEAR		Clear	
Specific Gravity	**1.010**		1.005 - 1.025	
pH-Urine	Acidic (6.5)		4.5 - 8.0	
PROTEIN	Absent	mg/dl	ABSENT	Dipstick
Glucose	Absent			
Ketones	Absent		Absent	
Bilirubin-U	Absent		Absent	
Blood-U	Absent		Absent	
Urobilinogen-U	0.20	EU/dL	0.2 - 1.0	
Leukocytes-U	Absent		Absent	
NITRITE	Absent		Absent	
MICROSCOPIC EXAMINATION				
Pus cells / hpf	Occasional	/hpf	< 5/hpf	
Epithelial Cells	Occasional	/hpf	0 - 5	
RBC / hpf	Nil		< 3/hpf	

[Checked By]

Print.Date/Time: 10-03-2025 18:55:12
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DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADABKHAN
PATHOLOGIST

Dr. SYED SAIF AHMAD
MD (MICROBIOLOGY)

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PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
TSH				
TSH	**0.10**	uIU/ml	0.47 - 4.52	ECLIA

FINDING CHECKED TWICE.PLEASE CORRELATE CLINICALLY

Note

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(1 Beckman DxI-600 2. ELECTRO-CHEMILUMINISCENCE TECHINIQUE BY ELECSYSYS -E411)

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

MC-2491

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DR. NISHANT SHARMA PATHOLOGIST

DR. SHADAB PATHOLOGIST

DR. ADITI D AGARWAL PATHOLOGIST

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PR.

ULTRASOUND STUDY OF WHOLE ABDOMEN

Excessive gaseous abdomen

- **Liver** is **mildly enlarged in size measures 149 mm** 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. **A tiny concretion of size 2.8 mm is seen at mid pole of right kidney.** No mass lesion is seen. Cortico-medullary differentiation is well maintained. Parenchymal thickness is normal. No scarring is seen. Right kidney measures 80 x 34 mm in size. Left kidney measures 86 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.
- Bilateral seminal vesicles are seen normally.
- **Prostate** is normal in size, measures 23 x 38 x 42 mm with weight of 20gms and shows homogenous echotexture of parenchyma. No mass lesion is seen.
- **Post void residual urine volume is nil.**

OPINION:

- **Mild hepatomegaly.**
- **Tiny right renal concretion.**

(Possibility of acid peptic disease could not be ruled out).

Clinical correlation is necessary.

[DR. R. K. SINGH, MD]

Transcribed by Rachna

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PR.

SKIAGRAM CHEST PA VIEW

- Both lung fields are clear.
- Bilateral hilar shadows are normal.
- Cardiac shadow is within normal limits.
- Both CP angles are clear.
- Soft tissue and body cage are seen normally.
- Both domes of diaphragm are sharply defined.

OPINION

- **NO ACTIVE LUNG PARENCHYMAL LESION IS DISCERNIBLE.**

Clinical correlation is necessary.

[DR. RAJESH KUMAR SHARMA, MD]

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