

Patient Name : Mr.PAWAN KUMAR	Visit No : CHA250043189
Age/Gender : 38 Y/M	Registration ON : 10/Mar/2025 02: 50PM
Lab No : 10140484	Sample Collected ON : 10/Mar/2025 02: 51PM
Referred By : Dr.KALYAN MULLICK	Sample Received ON : 10/Mar/2025 03: 21PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 10/Mar/2025 04: 48PM
Doctor Advice : USG HIGH RESULATION,T3T4TSH	



Test Name	Result	Unit	Bio. Ref. Range	Method
T3T4TSH				
T3	2.10	nmol/L	1.49-2.96	ECLIA
T4	151.79	n mol/l	63 - 177	ECLIA
TSH	1.82	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 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

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

*** End Of Report ***

CHARAK



[Checked By]



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

Signature

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HRSO ULTRASOUND STUDY OF NECK

Study performed with 10.0MHz high frequency linear probe.

- **Right lobe of thyroid** is normal in size and echotexture. Right lobe measures approx. 41 x 14 x 20 mm with volume 6.4cc. No space occupying lesion is seen.
- **Left lobe of thyroid** is normal in size and echotexture. Left lobe measures approx. 28 x 24 x 9.2 mm with volume 3.3cc. No space occupying lesion is seen. Isthmus is seen normally.
- **Both carotid** arteries visualized are seen normally. No evidence of any plaque.
- Both internal jugular veins are seen normally.
- Bilateral submandibular glands are seen normally.
- A well defined oval hypoechoic cystic avascular lesion of size approx 24 x 14mm seen in anterior cervical region subcutaneously with homogeneous echoes - benign.
- Right subcentimetric cervical lymphnode is seen measuring approx 9.9 x 5.7mm with maintained hilum.

IMPRESSION:

- WELL DEFINED OVAL HYPOECHOIC CYSTIC AVASCULAR LESION IN ANTERIOR CERVICAL REGION SUBCUTANEOUSLY WITH HOMOGENEOUS OF ECHOES - BENIGN (ADV: FNAC).
- RIGHT SUBCENTIMETRIC CERVICAL LYMPHNODE.

Clinical correlation is necessary.

[DR. RK SINGH , MD]

Transcribed by: Gausiya

*** End Of Report ***

