

Patient Name : Ms.MEENA KUMARI ARYA	Visit No : CHA250045058
Age/Gender : 42 Y/F	Registration ON : 13/Mar/2025 10:26AM
Lab No : 10142353	Sample Collected ON : 13/Mar/2025 10:29AM
Referred By : Dr.HARDEEP MALIK	Sample Received ON : 13/Mar/2025 10:41AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 13/Mar/2025 11:24AM
Doctor Advice : TSH,USG WHOLE ABDOMEN	



Test Name	Result	Unit	Bio. Ref. Range	Method
TSH				
TSH	1.18	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]



Sharma

DR. NISHANT SHARMA DR. SHADAB Dr. SYED SAIF AHMAD
PATHOLOGIST PATHOLOGIST MD (MICROBIOLOGY)

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ULTRASOUND STUDY OF WHOLE ABDOMEN

- **Liver** is normal in size, and **shows increased 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 & Retroperitoneum** is obscured due to overlying bowel gases.
- **Spleen** is normal in size and shows homogenous echotexture of parenchyma. No SOL 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 83 x 35 mm in size. Left kidney measures 94 x 35 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 70 x 26 mm and shows homogenous myometrial echotexture. Endometrial thickness measures 5 mm. No endometrial collection is seen. No mass lesion is seen.
- **Cervix** is normal.
- **Both ovaries** An echogenic lesion of size 34 x 23 x 33 mm vol. 14.5 cc is seen in right ovary. Left ovary is not visualized.
- No free fluid is seen in Cul-de-Sac.

OPINION:

- **FATTY INFILTRATION OF LIVER GRADE I.**
- **? COMPLEX RIGHT OVARIAN CYST.**

ADV : TVS.

Clinical correlation is necessary.

**DR. NISMA WAHEED
MD, RADIODIAGNOSIS**

(Transcribed by Rachna)

*** End Of Report ***

