



Lab No.	: MRD/24-10-2024/SR9813747	Lab Add.	: Newtown,Kolkata-700156
Patient Name	: PRIYANKA KUMARI	Ref Dr.	: Dr.MEDICAL OFFICER
Age	: 30 Y 8 M 1 D	Collection Date	: 24/Oct/2024 12:21PM
Gender	: F	Report Date	: 24/Oct/2024 02:25PM

**DEPARTMENT OF BIOCHEMISTRY**

Test Name	Result	Bio Ref. Interval	Unit
BILIRUBIN (DIRECT) , GEL SERUM (Method:Vanadate oxidation)	0.1	<0.2	mg/dL
SODIUM,BLOOD (Method:ISE INDIRECT)	141	132 - 146	mEq/L
THYROID PANEL (T3, T4, TSH) , GEL SERUM			
T3-TOTAL (TRI IODOTHYRONINE) (Method:CLIA)	1.04	0.60-1.81 ng/ml	ng/ml
T4-TOTAL (THYROXINE) (Method:CLIA)	7.6	3.2-12.6	µg/dL
TSH (THYROID STIMULATING HORMONE) (Method:CLIA)	1.594	0.55-4.78	µIU/mL

Serum TSH levels exhibit a diurnal variation with the peak occurring during the night and the nadir, which approximates to 50% of the peak value, occurring between 1000 and 1600 hours.[1,2]

References:

- Bugalho MJ, Domingues RS, Pinto AC, Garrao A, Catarino AL, Ferreira T, Limbert E and Sobrinho L. Detection of thyroglobulin mRNA transcripts in peripheral blood of individuals with and without thyroid glands: evidence for thyroglobulin expression by blood cells. *Eur J Endocrinol* 2001;145:409-13.
- Bellantone R, Lombardi CP, Bossola M, Ferrante A,Princi P, Boscherini M et al. Validity of thyroglobulin mRNA assay in peripheral blood of postoperative thyroid carcinoma patients in predicting tumor recurrence varies according to the histologic type: results of a prospective study. *Cancer* 2001;92:2273-9.

BIOLOGICAL REFERENCE INTERVAL: [ONLY FOR PREGNANT MOTHERS]

Trimester specific TSH LEVELS during pregnancy:

FIRST TRIMESTER: 0.10 – 3.00 µ IU/mL

SECOND TRIMESTER: 0.20 -3.50 µ IU/mL

THIRD TRIMESTER : 0.30 -3.50 µ IU/mL

References:

- Erik K. Alexander, Elizabeth N. Pearce, Gregory A. Brent, Rosalind S. Brown, Herbert Chen, Chrysoula Dosiou, William A. Grobman, Peter Laurberg, John H. Lazarus, Susan J. Mandel, Robin P. Peeters, and Scott Sullivan. *Thyroid*. Mar 2017.315-389. <http://doi.org/10.1089/thy.2016.0457>
- Kalra S, Agarwal S, Aggarwal R, Ranabir S. Trimester-specific thyroid-stimulating hormone: An indian perspective. *Indian J Endocr Metab* 2018;22:1-4.

CREATININE, BLOOD (Method:Jaffe, alkaline picrate, kinetic)	0.6	0.5-1.1	mg/dL
GLUCOSE,FASTING (Method:Gluc Oxidase Trinder)	90	Impaired Fasting-100-125 ~Diabetes- >= 126.~Fasting is defined as no caloric intake for at least 8 hours.	mg/dL

In the absence of unequivocal hyperglycemia, diagnosis requires two abnormal test results from the same sample or in two separate test samples.

Reference :

ADA Standards of Medical Care in Diabetes – 2020. *Diabetes Care* Volume 43, Supplement 1.



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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
URIC ACID,BLOOD (Method:Uricase/Peroxidase)	4.5	2.6-6.0	mg/dL
BILIRUBIN (TOTAL) , GEL SERUM BILIRUBIN (TOTAL) (Method:Vanadate oxidation)	0.6	0.3-1.2	mg/dL
POTASSIUM,BLOOD (Method:ISE INDIRECT)	4	3.5-5.5	mEq/L
SGOT/AST (Method:Modified IFCC)	16	13-40	U/L
UREA,BLOOD (Method:Urease with GLDH)	19.3	19-49	mg/dL
PHOSPHORUS-INORGANIC,BLOOD (Method:Phosphomolybdate/UV)	3	2.4-5.1 mg/dL	mg/dL
SGPT/ALT (Method:Modified IFCC)	15	7-40	U/L
ALKALINE PHOSPHATASE (Method:IFCC standardization)	89	46-116	U/L

*** End Of Report ***

Dr Neepa Chowdhury
 MBBS, MD(Biochemistry)
 SECTION DIRECTOR AND SENIOR CONSULTANT BIOCHEMIST
 Reg no. WBMC 62456



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Gender	: F	Report Date	: 24/Oct/2024 05:40PM



DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
CALCIUM,BLOOD (Method:Arzenazo III)	9	8.7-10.4	mg/dL

*** End Of Report ***

DR. ANANNYA GHOSH
MBBS, MD (Biochemistry)
Consultant Biochemist
Reg No. WBMC 73007



Lab No.	: MRD/24-10-2024/SR9813747	Lab Add.	: Newtown,Kolkata-700156
Patient Name	: PRIYANKA KUMARI	Ref Dr.	: Dr.MEDICAL OFFICER
Age	: 30 Y 8 M 1 D	Collection Date	: 24/Oct/2024 12:21PM
Gender	: F	Report Date	: 24/Oct/2024 04:34PM



DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
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GLYCATED HAEMOGLOBIN (HBA1C) , EDTA WHOLE BLOOD			
GLYCATED HEMOGLOBIN (HBA1C)	5	***FOR BIOLOGICAL REFERENCE INTERVAL DETAILS , PLEASE REFER TO THE BELOW MENTIONED REMARKS/NOTE WITH ADDITIONAL CLINICAL INFORMATION ***	%
HbA1c (IFCC) (Method:HPLC)	31		mmol/mol

Clinical Information and Laboratory clinical interpretation on Biological Reference Interval:

Low risk / Normal / non-diabetic : <5.7% (NGSP) / < 39 mmol/mol (IFCC)
 Pre-diabetes/High risk of Diabetes : 5.7%- 6.4% (NGSP) / 39 - < 48 mmol/mol (IFCC)
 Diabetics-HbA1c level : >= 6.5% (NGSP) / > 48 mmol/mol (IFCC)

Analyzer used :- Bio-Rad-VARI ANT TURBO 2.0
 Method : HPLC Cation Exchange

Recommendations for glycemic targets

- Ø Patients should use self-monitoring of blood glucose (SMBG) and HbA1c levels to assess glycemic control.
- Ø The timing and frequency of SMBG should be tailored based on patients' individual treatment, needs, and goals.
- Ø Patients should undergo HbA1c testing at least twice a year if they are meeting treatment goals and have stable glycemic control.
- Ø If a patient changes treatment plans or does not meet his or her glycemic goals, HbA1c testing should be done quarterly.
- Ø For most adults who are not pregnant, HbA1c levels should be < 7% to help reduce microvascular complications and macrovascular disease .

Action suggested > 8% as it indicates poor control.

Ø Some patients may benefit from HbA1c goals that are stringent.

Result alterations in the estimation has been established in many circumstances, such as after acute/ chronic blood loss, for example, after surgery, blood transfusions, hemolytic anemia, or high erythrocyte turnover; vitamin B₁₂/ folate deficiency, presence of chronic renal or liver disease; after administration of high-dose vitamin E / C; or erythropoietin treatment.

Reference: Glycated hemoglobin monitoring BMJ 2006; 333:586-8

References:
 1. Chamberlain JJ, Rhinehart AS, Shaefer CF, et al. Diagnosis and management of diabetes: synopsis of the 2016 American Diabetes Association Standards of Medical Care in Diabetes. Ann Intern Med. Published online 1 March 2016. doi:10.7326/M15-3016.
 2. Mosca A, Goodall I, Hoshino T, Jeppsson JO, John WG, Little RR, Miedema K, Myers GL, Reinauer H, Sacks DB, Weykamp CW. International Federation of Clinical Chemistry and Laboratory Medicine, IFCC Scientific Division. Global standardization of glycated hemoglobin measurement: the position of the IFCC Working Group. Clin Chem Lab Med. 2007;45(8):1077-1080.

PDF Attached

TOTAL PROTEIN [BLOOD] ALB:GLO RATIO , .			
TOTAL PROTEIN (Method:BIURET METHOD)	7.0	5.7-8.2 g/dL	g/dL
ALBUMIN (Method:BCG Dye Binding)	4.3	3.2-4.8 g/dL	g/dL
GLOBULIN (Method:Calculated)	2.7	1.8-3.2	g/dl
AG Ratio (Method:Calculated)	1.59	1.0-2.5	

LIPID PROFILE , GEL SERUM			
CHOLESTEROL-TOTAL (Method:Enzymatic)	142	Desirable: < 200 mg/dL Borderline high: 200-239 mg/dL High: > or =240 mg/dL	mg/dL
TRIGLYCERIDES (Method:GPO-Trinder)	112	Normal:: < 150, BorderlineHigh::150-199, High:: 200-499, VeryHigh::>500	mg/dL
HDL CHOLESTEROL	39	< 40 - Low	mg/dl

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
(Method:Elimination/catalase)		40-59- Optimum 60 - High	
LDL CHOLESTEROL DIRECT (Method:Elimination / Catalase)	87	OPTIMAL : <100 mg/dL, Near optimal/ above optimal : 100-129 mg/dL, Borderline high : 130-159 mg/dL, High : 160-189 mg/dL, Very high : >=190 mg/dL	mg/dL
VLDL (Method:Calculated)	16	< 40 mg/dl	mg/dl
CHOL HDL Ratio (Method:Calculated)	3.6	LOW RISK 3.3-4.4 AVERAGE RISK 4.47-7.1 MODERATE RISK 7.1-11.0 HIGH RISK >11.0	

Reference: National Cholesterol Education Program. Executive summary of the third report of The National Cholesterol Education Program (NCEP) Expert Panel on detection, evaluation, and treatment of high blood cholesterol in adults (Adult Treatment Panel III). JAMA. May 16 2001;285(19):2486-97.

CHLORIDE,BLOOD (Method:ISE INDIRECT)	109	99-109	mEq/L
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*** End Of Report ***

Dr. Sudeshna Baral
M.B.B.S MD.
(Biochemistry)
(Consultant Biochemist)
Reg No. WBMC 64124



Lab No.	: MRD/24-10-2024/SR9813747	Lab Add.	: Newtown,Kolkata-700156
Patient Name	: PRIYANKA KUMARI	Ref Dr.	: Dr.MEDICAL OFFICER
Age	: 30 Y 8 M 1 D	Collection Date	: 24/Oct/2024 12:17PM
Gender	: F	Report Date	: 24/Oct/2024 02:29PM



DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Bio Ref. Interval	Unit
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ESR (ERYTHROCYTE SEDIMENTATION RATE) , EDTA WHOLE BLOOD			
1stHour (Method:Westergren)	30	0.00 - 20.00 mm/hr	mm/hr

BLOOD GROUP ABO+RH [GEL METHOD] , EDTA WHOLE BLOOD			
ABO (Method:Gel Card)	B		
RH (Method:Gel Card)	POSITIVE		

TECHNOLOGY USED: GEL METHOD

ADVANTAGES :

- Gel card allows simultaneous forward and reverse grouping.
- Card is scanned and record is preserved for future reference.
- Allows identification of Bombay blood group.
- Daily quality controls are run allowing accurate monitoring.

Historical records check not performed.

CBC WITH PLATELET (THROMBOCYTE) COUNT , EDTA WHOLE BLOOD			
HEMOGLOBIN (Method:PHOTOMETRIC)	10.3	12 - 15	g/dL
WBC (Method:DC detection method)	4.6	4 - 10	*10 ³ /μL
RBC (Method:DC detection method)	3.99	3.8 - 4.8	*10 ⁶ /μL
PLATELET (THROMBOCYTE) COUNT (Method:DC detection method/Microscopy)	156	150 - 450*10 ³	*10 ³ /μL
<u>DIFFERENTIAL COUNT</u>			
NEUTROPHILS (Method:Flowcytometry/Microscopy)	62	40 - 80	%
LYMPHOCYTES (Method:Flowcytometry/Microscopy)	28	20 - 40	%
MONOCYTES (Method:Flowcytometry/Microscopy)	06	2 - 10	%
EOSINOPHILS (Method:Flowcytometry/Microscopy)	04	1 - 6	%
BASOPHILS (Method:Flowcytometry/Microscopy)	00	0-0.9	%
<u>CBC SUBGROUP</u>			
HEMATOCRIT / PCV (Method:Calculated)	32.9	36 - 46 %	%
MCV (Method:Calculated)	82.5	83 - 101 fl	fl
MCH (Method:Calculated)	25.8	27 - 32 pg	pg
MCHC (Method:Calculated)	31.3	31.5-34.5 gm/dl	gm/dl
RDW - RED CELL DISTRIBUTION WIDTH (Method:Calculated)	15.4	11.6-14%	%
PDW-PLATELET DISTRIBUTION WIDTH (Method:Calculated)	35.0	8.3 - 25 fL	fL
MPV-MEAN PLATELET VOLUME (Method:Calculated)	14.0	7.5 - 11.5 fl	

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Gender	: F	Report Date	: 24/Oct/2024 02:29PM



DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Bio Ref. Interval	Unit
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*** End Of Report ***

Kaushik Dey
 Dr. KAUSHIK DEY
 MD (PATHOLOGY)
 CONSULTANT PATHOLOGIST
 Reg No. WBMC 66405

Lab No.	: MRD/24-10-2024/SR9813747	Lab Add.	: Newtown,Kolkata-700156
Patient Name	: PRIYANKA KUMARI	Ref Dr.	: Dr.MEDICAL OFFICER
Age	: 30 Y 8 M 1 D	Collection Date	: 24/Oct/2024 02:20PM
Gender	: F	Report Date	: 25/Oct/2024 04:32PM



DEPARTMENT OF CYTOLOGY

DEPARTMENT OF CYTOPATHOLOGY

PAP SMEAR REPORT

Lab No : P - 4410 /24

Reporting System : The 2014 Bethesda System
Specimen : Conventional Cervical PAP smear.

Specimen Adequacy : Satisfactory for evaluation :
A satisfactory squamous component is present.
Endocervical or transformation zone component : Absent.
Obscuring elements : Absent.

General Categorization :
Negative for Intraepithelial Lesion / Malignancy (NILM).

Non-Neoplastic Findings :
Reactive cellular changes associated with severe inflammation.

INTERPRETATION / RESULTS :
Negative for Intraepithelial Lesion / Malignancy (NILM).

Advice : Repeat after treatment of inflammation.

*Note : Pap smear cytology is a screening procedure. Findings should be correlated with colposcopic/local examination and ancillary findings.
As per current recommendation, women aged 30-65 years should be screened with both the HPV test and the Pap test, called "co-testing," as the preferred strategy. Screening with the Pap test alone every 3 years is still acceptable.*

Ancillary Testing – For HPV testing using PCR from the same sample (only in case of LBC) request should come within 15 days from the reporting date.

****Report relates to the item tested only.*

*** End Of Report ***

Anwesha Chatterjee

Dr. ANWESHA CHATTERJEE
MD(Pathology)
DipRCPath(Histopathology)

Lab No. : MRD/24-10-2024/SR9813747
Patient Name : PRIYANKA KUMARI
Age : 30 Y 8 M 1 D
Gender : F

Lab Add. :
Ref Dr. : Dr.MEDICAL OFFICER
Collection Date :
Report Date : 24/Oct/2024 04:41PM



DEPARTMENT OF X-RAY

DEPARTMENT OF RADIOLOGY
X-RAY REPORT OF CHEST (PA)

FINDINGS :

No active lung parenchymal lesion is seen.
Both the hila are normal in size, density and position.
Mediastinum is central. Trachea is in midline.
Domes of diaphragm are smoothly outlined. Position is within normal limits.
Lateral costo-phrenic angles are clear.
The cardio-thoracic ratio is normal.
Bony thorax reveals no definite abnormality.

IMPRESSION:

Normal study.

*** End Of Report ***

Dr. Debarpita D. Maity
MBBS(CMC, Hons.), MD
RADIODIAGNOSIS
(Gold Medalist).
WBMC(81935)



Lab No.	: MRD/24-10-2024/SR9813747	Lab Add.	: Newtown,Kolkata-700156
Patient Name	: PRIYANKA KUMARI	Ref Dr.	: Dr.MEDICAL OFFICER
Age	: 30 Y 8 M 1 D	Collection Date	: 24/Oct/2024 12:18PM
Gender	: F	Report Date	: 24/Oct/2024 03:31PM

**DEPARTMENT OF CLINICAL PATHOLOGY**

Test Name	Result	Bio Ref. Interval	Unit
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URINE ROUTINE ALL, ALL , URINE			
<u>PHYSICAL EXAMINATION</u>			
COLOUR	PALE YELLOW		
APPEARANCE	HAZY		
<u>CHEMICAL EXAMINATION</u>			
pH (Method:Dipstick (triple indicator method))	5.0	4.6 - 8.0	
SPECIFIC GRAVITY (Method:Dipstick (ion concentration method))	1.020	1.005 - 1.030	
PROTEIN (Method:Dipstick (protein error of pH indicators)/Manual)	NOT DETECTED	NOT DETECTED	
GLUCOSE (Method:Dipstick(glucose-oxidase-peroxidase method)/Manual)	NOT DETECTED	NOT DETECTED	
KETONES (ACETOACETIC ACID, ACETONE) (Method:Dipstick (Legals test)/Manual)	NOT DETECTED	NOT DETECTED	
BLOOD (Method:Dipstick (pseudoperoxidase reaction))	NOT DETECTED	NOT DETECTED	
BILIRUBIN (Method:Dipstick (azo-diazo reaction)/Manual)	NEGATIVE	NEGATIVE	
UROBILINOGEN (Method:Dipstick (diazonium ion reaction)/Manual)	NEGATIVE	NEGATIVE	
NITRITE (Method:Dipstick (Griess test))	POSITIVE	NEGATIVE	
LEUCOCYTE ESTERASE (Method:Dipstick (ester hydrolysis reaction))	NEGATIVE	NEGATIVE	
<u>MICROSCOPIC EXAMINATION</u>			
LEUKOCYTES (PUS CELLS) (Method:Microscopy)	8-10	0-5	/hpf
EPITHELIAL CELLS (Method:Microscopy)	3-5	0-5	/hpf
RED BLOOD CELLS (Method:Microscopy)	NOT DETECTED	0-2	/hpf
CAST (Method:Microscopy)	NOT DETECTED	NOT DETECTED	
CRYSTALS (Method:Microscopy)	NOT DETECTED	NOT DETECTED	
BACTERIA (Method:Microscopy)	PRESENT(+++)	NOT DETECTED	
YEAST (Method:Microscopy)	NOT DETECTED	NOT DETECTED	

RECHECKED

Note:

- All urine samples are checked for adequacy and suitability before examination.
- Analysis by urine analyzer of dipstick is based on reflectance photometry principle. Abnormal results of chemical examinations are confirmed by manual methods.
- The first voided morning clean-catch midstream urine sample is the specimen of choice for chemical and microscopic analysis.
- Negative nitrite test does not exclude urinary tract infections.
- Trace proteinuria can be seen in many physiological conditions like exercise, pregnancy, prolonged recumbency etc.
- False positive results for glucose, protein, nitrite, urobilinogen, bilirubin can occur due to use of certain drugs, therapeutic dyes, ascorbic acid, cleaning agents used in urine collection container.

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DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Bio Ref. Interval	Unit
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- 7. Discrepancy between results of leukocyte esterase and blood obtained by chemical methods with corresponding pus cell and red blood cell count by microscopy can occur due to cell lysis.
- 8. Contamination from perineum and vaginal discharge should be avoided during collection, which may falsely elevate epithelial cell count and show presence of bacteria and/or yeast in the urine.

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

Kaushik Dey

Dr. KAUSHIK DEY
MD (PATHOLOGY)
CONSULTANT PATHOLOGIST
Reg No. WBMC 66405

Lab No. : MRD/24-10-2024/SR9813747
Patient Name : PRIYANKA KUMARI
Age : 30 Y 8 M 1 D
Gender : F

Lab Add. :
Ref Dr. : Dr.MEDICAL OFFICER
Collection Date :
Report Date : 24/Oct/2024 03:29PM



DEPARTMENT OF CARDIOLOGY

DEPARTMENT OF CARDIOLOGY
REPORT OF E.C.G.

DATA

HEART RATE : 92 bpm
PR INTERVAL : 134 ms
QRS DURATION : 76 ms
QT INTERVAL : 334 ms
QTC INTERVAL : 414 ms

AXIS

P WAVE : 38 degree
QRS WAVE : 46 degree
T WAVE : 39 degree

IMPRESSION : Sinus rhythm.
Normal ECG.

*** End Of Report ***

ALR

Dr. A C RAY
Department of Non-invasive
Cardiology

Lab No.	: MRD/24-10-2024/SR9813747	Lab Add.	:
Patient Name	: PRIYANKA KUMARI	Ref Dr.	: Dr.MEDICAL OFFICER
Age	: 30 Y 8 M 1 D	Collection Date	:
Gender	: F	Report Date	: 24/Oct/2024 06:09PM



DEPARTMENT OF ULTRASONOGRAPHY

DEPARTMENT OF ULTRASONOGRAPHY
REPORT ON EXAMINATION OF WHOLE ABDOMEN

LIVER

Liver is enlarged in size (146 mm) and shows grade – I fatty infiltration. No focal parenchymal lesion is evident. Intrahepatic biliary radicles are not dilated. Branches of portal vein are normal.

PORTA

The appearance of porta is normal. Common Bile duct is normal with no intraluminal pathology (Calculi /mass) could be detected at its visualised part. Portal vein is normal at porta .

GALL BLADDER

Gallbladder is physiologically distended. Wall thickness appears normal. No intraluminal pathology (Calculi/mass) could be detected. SonographicMurphys sign is negative.

PANCREAS

Echogenecity appears within limits, without any focal lesion. Shape, size & position appears normal. No Calcular disease noted. Pancreatic duct is not dilated. No peri-pancreatic collection of fluid noted.

SPLEEN

Spleen is normal in size (87 mm). Homogenous and smooth echotexture without any focal lesion. Splenic vein at hilum appears normal. No definite collaterals could be detected.

KIDNEYS

Both kidneys are normal in shape, size (Rt. kidney 82 mm. & Lt. kidney 97 mm.) axes & position. Cortical echogenecity appears normal maintaining cortico-medullary differentiation. Margin is regular and cortical thickness is uniform. No calcular disease noted. No hydronephrotic changes detected.

URETERS

Visualised part of upper ureters are not dilated.

URINARY BLADDER

Urinary bladder is distended, wall thickness appeared normal.No intraluminal pathology (calculi/mass) could be detected.

UTERUS

Uterus is antverted, normal in size, measures 81 mm. x 47 mm. x 52 mm. Surfaces are smooth. Myometrial echotexture is homogenous. No obvious focal mass is seen in myometrium. Endometrial echo is normal in thickness (7.5 mm.) and seen at midline. Cervix appears normal.

Collection noted in Pouch of Douglas.

ADNEXA

Adnexa appear clear with no obvious mass lesion could be detected.

OVARIES

Right ovary is bulky in size and Left ovary is normal in size. Both ovaries are normal in shape, position, margin and echotexture.

Right ovary measures : **34 mm x 28 mm.**

Left Ovary measures : 20 mm x 17 mm.

RETROPERITONEUM & PERITONEUM

No ascites noted. No definite evidence of any mass lesion detected.

No detectable evidence of enlarged lymph nodes noted.

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Age : 30 Y 8 M 1 D
Gender : F

Lab Add. :
Ref Dr. : Dr.MEDICAL OFFICER
Collection Date :
Report Date : 24/Oct/2024 06:09PM



DEPARTMENT OF ULTRASONOGRAPHY

Visualized part of aorta & IVC are within normal limit.

IMPRESSION :

- 1) Hepatomegaly with grade – I fatty liver.
- 2) Bulky right ovary.
- 3) POD collection.

Kindly note

- *Please Intimate us for any typing mistakes and send the report for correction within 7 days.*
- *The science of Radiological diagnosis is based on the interpretation of various shadows produced by both the normal and abnormal tissues and are not always conclusive. Further biochemical and radiological investigation & clinical correlation is required to enable the clinician to reach the final diagnosis.*

The report and films are not valid for medico-legal purpose.

*** End Of Report ***

Dr. Debarpita D. Maity
MBBS(CMC, Hons.), MD
RADIODIAGNOSIS
(Gold Medalist).
WBMC(81935)

Lab No. : MRD/24-10-2024/SR9813747
Patient Name : PRIYANKA KUMARI
Age : 30 Y 8 M 1 D
Gender : F

Lab Add. :
Ref Dr. : Dr.MEDICAL OFFICER
Collection Date :
Report Date : 24/Oct/2024 07:33PM



DEPARTMENT OF MAMMOGRAPHY

REPORT ON EXAMINATION OF BOTH BREAST

Both breasts were examined using 8 – 12 MHZ (linear high resolution, color Doppler probe, covering all the four quadrants.

FINDINGS

According to ACR-BIRADS lexicon:

Breast composition type B.

Both breasts shows proportionate fibro- fatty – glandular elements without any focal lesion. Vascular flow through the both mammary glands are unremarkable.

Both breasts shows disproportionate enlargement of fibro- fatty – glandular elements and ductal collecting system suggestive of mild diffuse fibroadenosis.

Vascular flow through the both mammary glands are unremarkable.

No focal lesion/SOL seen.

No evidence of calcification noted.

Sub- cutaneous & retro-mammary fatty layer & muscle planes appears within normal limits.

Nipple areolar complex is normal.

Bilateral axilla: It reveals no enlarged reactive lymph nodes.

IMPRESSION :

- **Background bilateral mild diffuse fibroadenosis morphology.**

BIRADS overall score – 2.

Kindly note

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- *The science of Radiological diagnosis is based on the interpretation of various shadows produced by both the normal and abnormal tissues and are not always conclusive. Further biochemical and radiological investigation & clinical correlation is required to enable the clinician to reach the final diagnosis.*

The report and films are not valid for medico-legal purpose.

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Patient Name	: PRIYANKA KUMARI	Ref Dr.	: Dr.MEDICAL OFFICER
Age	: 30 Y 8 M 1 D	Collection Date	:
Gender	: F	Report Date	: 24/Oct/2024 07:33PM



DEPARTMENT OF MAMMOGRAPHY

Dr. Debarpita D. Maity
MBBS(CMC, Hons.), MD
RADIODIAGNOSIS
(Gold Medalist).
WBMC(81935)

Patient Data

Sample ID: E02132934684
 Patient ID: SR9813747
 Name: PRIYANKA KUMARI
 Physician:
 Sex: F
 DOB:

Analysis Data

Analysis Performed: 10/24/2024 15:11:16
 Injection Number: 1128
 Run Number: 12
 Rack ID: 0004
 Tube Number: 4
 Report Generated: 10/24/2024 15:22:05
 Operator ID: ASIT

Comments:

Peak Name	NGSP %	Area %	Retention Time (min)	Peak Area
A1a	---	0.9	0.163	20604
A1b	---	0.9	0.225	20193
F	---	0.7	0.273	16245
LA1c	---	1.8	0.389	42166
A1c	5.0	---	0.490	99337
P3	---	3.2	0.769	73669
P4	---	1.2	0.853	26299
Ao	---	86.9	0.979	1986175

Total Area: 2,284,688

HbA1c (NGSP) = 5.0 % HbA1c (IFCC) = 31 mmol/mol

