



Lab No. : SRE/11-02-2023/SR7281721  
 Patient Name : PRIYANKA KUMARI  
 Age : 34 Y 7 M 6 D  
 Gender : F

Lab Add. : Newtown, Kolkata-700156  
 Ref Dr. : Dr.MEDICAL OFFICER  
 Collection Date: 11/Feb/2023 09:01AM  
 Report Date : 11/Feb/2023 02:23PM



| Test Name | Result | Unit | Bio Ref. Interval | Method |
|-----------|--------|------|-------------------|--------|
|-----------|--------|------|-------------------|--------|

[PDF Attached](#)

**GLYCATED HAEMOGLOBIN (HBA1C) , EDTA WHOLE BLOOD**

|                             |      |          |  |      |
|-----------------------------|------|----------|--|------|
| GLYCATED HEMOGLOBIN (HBA1C) | 4.1  | %        | ***FOR BIOLOGICAL REFERENCE INTERVAL DETAILS , PLEASE REFER TO THE BELOW MENTIONED REMARKS/NOTE WITH ADDITIONAL CLINICAL INFORMATION *** |      |
| HbA1c (IFCC)                | 22.0 | mmol/mol |  | HPLC |

**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-VARIANT TURBO 2.0  
 Method : HPLC Cation Exchange

**Recommendations for glycemc targets**

- Ø Patients should use self-monitoring of blood glucose (SMBG) and HbA1c levels to assess glycemc 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 glycemc control.
- Ø If a patient changes treatment plans or does not meet his or her glycemc 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 B<sub>12</sub>/ folate deficiency, presence of chronic renal or liver disease; after administration of high-dose vitamin E / C; or erythropoietin treatment.

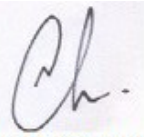
Reference: Glycated hemoglobin monitoring BMJ 2006; 333:586-8

**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.

**Dr NEEPA CHOWDHURY**  
 MBBS MD (Biochemistry)  
 Consultant Biochemist

| Lab No. : SR7281721                            | Name : PRIYANKA KUMARI | Age/G : 34 Y 7 M 6 D / F | Date : 11-02-2023 |                                  |
|--|------------------------|--------------------------|-------------------|----------------------------------|
| UREA,BLOOD , GEL SERUM                         | 25.7                   | mg/dL                    | 19-49 mg/dL       | Urease with GLDH                 |
| <b>BILIRUBIN (TOTAL) , GEL SERUM</b>           |                        |                          |                   |                                  |
| BILIRUBIN (TOTAL)                              | 1.00                   | mg/dL                    | 0.3-1.2 mg/dL     | Vanadate oxidation               |
| <b>CREATININE, BLOOD</b>                       | 0.71                   | mg/dL                    | 0.5-1.1 mg/dL     | Jaffe, alkaline picrate, kinetic |
| <b>PHOSPHORUS-INORGANIC, BLOOD , GEL SERUM</b> |                        |                          |                   |                                  |
| PHOSPHORUS-INORGANIC,BLOOD                     | 4.0                    | mg/dL                    | 2.4-5.1 mg/dL     | Phosphomolybdate/UV              |
| <b>ALKALINE PHOSPHATASE , GEL SERUM</b>        |                        |                          |                   |                                  |
| ALKALINE PHOSPHATASE                           | 114.00                 | U/L                      | 46-116 U/L        | IFCC standardization             |



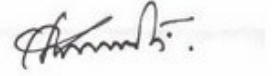
**Dr NEEPA CHOWDHURY**  
 MBBS MD (Biochemistry)  
 Consultant Biochemist

Lab No. : SR7281721      Name : PRIYANKA KUMARI      Age/G : 34 Y 7 M 6 D / F      Date : 11-02-2023

**URIC ACID, URINE, SPOT URINE**

URIC ACID, SPOT URINE      52.00      mg/dL      37-92 mg/dL      URICASE

□



**Dr. SUPARBA CHAKRABARTI**  
MBBS, MD(BIOCHEMISTRY)  
Consultant Biochemist



Lab No. : SR7281721      Name : PRIYANKA KUMARI      Age/G : 34 Y 7 M 6 D / F      Date : 11-02-2023

**BLOOD GROUP ABO+RH [GEL METHOD] , EDTA WHOLE BLOOD**

|     |          |          |
|-----|----------|----------|
| ABO | O        | Gel Card |
| RH  | POSITIVE | Gel Card |

**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                   | <b>11.4</b> | g/dL                 | 12 - 15                       | PHOTOMETRIC                    |
| WBC                          | 5.2         | *10 <sup>3</sup> /μL | 4 - 10                        | DC detection method            |
| RBC                          | <b>3.61</b> | *10 <sup>6</sup> /μL | 3.8 - 4.8                     | DC detection method            |
| PLATELET (THROMBOCYTE) COUNT | 166         | *10 <sup>3</sup> /μL | 150 - 450*10 <sup>3</sup> /μL | DC detection method/Microscopy |

**DIFFERENTIAL COUNT**

|             |    |   |           |                          |
|-------------|----|---|-----------|--------------------------|
| NEUTROPHILS | 55 | % | 40 - 80 % | Flowcytometry/Microscopy |
| LYMPHOCYTES | 37 | % | 20 - 40 % | Flowcytometry/Microscopy |
| MONOCYTES   | 06 | % | 2 - 10 %  | Flowcytometry/Microscopy |
| EOSINOPHILS | 02 | % | 1-6%      | Flowcytometry/Microscopy |
| BASOPHILS   | 00 | % | 0-0.9%    | Flowcytometry/Microscopy |

**CBC SUBGROUP**

|                                   |             |       |                 |            |
|-----------------------------------|-------------|-------|-----------------|------------|
| HEMATOCRIT / PCV                  | <b>35.3</b> | %     | 36 - 46 %       | Calculated |
| MCV                               | 98.0        | fl    | 83 - 101 fl     | Calculated |
| MCH                               | 31.5        | pg    | 27 - 32 pg      | Calculated |
| MCHC                              | 32.1        | gm/dl | 31.5-34.5 gm/dl | Calculated |
| RDW - RED CELL DISTRIBUTION WIDTH | <b>15.5</b> | %     | 11.6-14%        | Calculated |
| PDW-PLATELET DISTRIBUTION WIDTH   | 23.4        | fL    | 8.3 - 25 fL     | Calculated |
| MPV-MEAN PLATELET VOLUME          | 12.0        |       | 7.5 - 11.5 fl   | Calculated |

**DR. NEHA GUPTA**  
**MD, DNB (Pathology)**  
**Consultant Pathologist**



Lab No. : SR7281721      Name : PRIYANKA KUMARI      Age/G : 34 Y 7 M 6 D / F      Date : 11-02-2023

### CBC WITH PLATELET & RETICULOCYTE COUNT , EDTA WHOLE BLOOD

|                              |      |                      |                               |                                |
|------------------------------|------|----------------------|-------------------------------|--------------------------------|
| HEMOGLOBIN                   | 11.4 | g/dL                 | 12 - 15                       | PHOTOMETRIC                    |
| WBC                          | 5.2  | *10 <sup>3</sup> /μL | 4 - 10                        | DC detection method            |
| RBC                          | 3.61 | *10 <sup>6</sup> /μL | 3.8 - 4.8                     | DC detection method            |
| PLATELET (THROMBOCYTE) COUNT | 166  | *10 <sup>3</sup> /μL | 150 - 450*10 <sup>3</sup> /μL | DC detection method/Microscopy |

### DIFFERENTIAL COUNT

|             |    |   |           |                          |
|-------------|----|---|-----------|--------------------------|
| NEUTROPHILS | 55 | % | 40 - 80 % | Flowcytometry/Microscopy |
| LYMPHOCYTES | 37 | % | 20 - 40 % | Flowcytometry/Microscopy |
| MONOCYTES   | 06 | % | 2 - 10 %  | Flowcytometry/Microscopy |
| EOSINOPHILS | 02 | % | 1-6%      | Flowcytometry/Microscopy |
| BASOPHILS   | 00 | % | 0-0.9%    | Flowcytometry/Microscopy |

### CBC SUBGROUP 1

|  |      |       |                 |                         |
|--|------|-------|-----------------|-------------------------|
| HEMATOCRIT / PCV                       | 35.3 | %     | 36 - 46 %       | Calculated              |
| MCV                                    | 98.0 | fl    | 83 - 101 fl     | Calculated              |
| MCH                                    | 31.5 | pg    | 27 - 32 pg      | Calculated              |
| MCHC                                   | 32.1 | gm/dl | 31.5-34.5 gm/dl | Calculated              |
| RDW - RED CELL DISTRIBUTION WIDTH      | 15.5 | %     | 11.6-14%        | Calculated              |
| RETICULOCYTE COUNT-<br>AUTOMATED,BLOOD | 2.7  | %     | 0.5-2.5%        | Cell Counter/Microscopy |

### URINE ROUTINE ALL, ALL , URINE

#### PHYSICAL EXAMINATION

|            |               |
|------------|---------------|
| COLOUR     | PALE YELLOW   |
| APPEARANCE | SLIGHTLY HAZY |

#### CHEMICAL EXAMINATION

|                                     |              |               |   |
|-------------------------------------|--------------|---------------|---|
| pH                                  | 5.0          | 4.6 - 8.0     | Dipstick (triple indicator method)                  |
| SPECIFIC GRAVITY                    | 1.015        | 1.005 - 1.030 | Dipstick (ion concentration method)                 |
| PROTEIN                             | NOT DETECTED | NOT DETECTED  | Dipstick (protein error of pH indicators)/Manual    |
| GLUCOSE                             | NOT DETECTED | NOT DETECTED  | Dipstick (glucose-oxidase-peroxidase method)/Manual |
| KETONES (ACETOACETIC ACID, ACETONE) | NOT DETECTED | NOT DETECTED  | Dipstick (Legals test)/Manual                       |
| BLOOD                               | PRESENT(++)  | NOT DETECTED  | Dipstick (pseudoperoxidase reaction)                |
| BILIRUBIN                           | NEGATIVE     | NEGATIVE      | Dipstick (azo-diazo reaction)/Manual                |
| UROBILINOGEN                        | NEGATIVE     | NEGATIVE      | Dipstick (diazonium ion reaction)/Manual            |
| NITRITE                             | NEGATIVE     | NEGATIVE      | Dipstick (Griess test)                              |
| LEUCOCYTE ESTERASE                  | POSITIVE(+)  | NEGATIVE      | Dipstick (ester hydrolysis reaction)                |

#### MICROSCOPIC EXAMINATION

|                        |              |      |              |            |
|------------------------|--------------|------|--------------|------------|
| LEUKOCYTES (PUS CELLS) | 4-6          | /hpf | 0-5          | Microscopy |
| EPITHELIAL CELLS       | 3-5          | /hpf | 0-5          | Microscopy |
| RED BLOOD CELLS        | 5-7          | /hpf | 0-2          | Microscopy |
| CAST                   | NOT DETECTED |      | NOT DETECTED | Microscopy |
| CRYSTALS               | NOT DETECTED |      | NOT DETECTED | Microscopy |
| BACTERIA               | SCANTY       |      | NOT DETECTED | Microscopy |
| YEAST                  | NOT DETECTED |      | NOT DETECTED | Microscopy |

#### 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.



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3. The first voided morning clean-catch midstream urine sample is the specimen of choice for chemical and microscopic analysis.
4. Negative nitrite test does not exclude urinary tract infections.
5. Trace proteinuria can be seen in many physiological conditions like exercise, pregnancy, prolonged recumbency etc.
6. 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.
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.

□

**Dr. PANKTI PATEL**  
**MBBS, MD (PATHOLOGY)**  
**CONSULTANT PATHOLOGIST**



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**URIC ACID, BLOOD , GEL SERUM**

URIC ACID,BLOOD      **6.20**      mg/dL      2.6-6.0 mg/dL      Uricase/Peroxidase

**SGOT/AST , GEL SERUM**

SGOT/AST      **65.00**      U/L      13-40 U/L      Modified IFCC

**SGPT/ALT , GEL SERUM**

SGPT/ALT      **52.00**      U/L      7-40 U/L      Modified IFCC

**POTASSIUM, BLOOD , GEL SERUM**

POTASSIUM,BLOOD      4.20      mEq/L      3.5-5.5 mEq/L      ISE INDIRECT

**\*CHLORIDE, BLOOD , .**

CHLORIDE,BLOOD      102.00      mEq/L      99-109 mEq/L      ISE INDIRECT

**GLUCOSE, FASTING , BLOOD, NAF PLASMA**

GLUCOSE,FASTING      97      mg/dL      Impaired Fasting-100-125 .  
Diabetes- >= 126.  
Fasting is defined as no caloric intake for at least 8 hours.      Gluc Oxidase Trinder

**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.

**CALCIUM, BLOOD**

CALCIUM,BLOOD      9.40      mg/dL      8.7-10.4 mg/dL      Arsenazo III

**TOTAL PROTEIN [BLOOD] ALB:GLO RATIO , .**

TOTAL PROTEIN      7.60      g/dL      5.7-8.2 g/dL      BIURET METHOD  
ALBUMIN      4.8      g/dL      3.2-4.8 g/dL      BCG Dye Binding  
GLOBULIN      2.80      g/dl      1.8-3.2 g/dl      Calculated  
AG Ratio      1.71           1.0 - 2.5      Calculated

**BILIRUBIN (DIRECT) , GEL SERUM**

BILIRUBIN (DIRECT)      **0.30**      mg/dL      <0.2 mg/dL      Vanadate oxidation

**SODIUM, BLOOD , GEL SERUM**

SODIUM,BLOOD      138.00      mEq/L      132 - 146 mEq/L      ISE INDIRECT

**LIPID PROFILE , GEL SERUM**

CHOLESTEROL-TOTAL      159.00      mg/dL      Desirable: < 200 mg/dL  
Borderline high: 200-239 mg/dL  
High: > or =240 mg/dL      Enzymatic  
TRIGLYCERIDES      **172.00**      mg/dL      Normal:: < 150,  
BorderlineHigh::150-199,  
High:: 200-499,  
VeryHigh::>500      GPO-Trinder  
HDL CHOLESTEROL      **31.00**      mg/dl      < 40 - Low  
40-59- Optimum  
60 - High      Elimination/catalase  
LDL CHOLESTEROL DIRECT      94.0      mg/dL      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      Calculated  
VLDL      34      mg/dl      < 40 mg/dl      Calculated

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|                     |                        |   |                   |
|---------------------|------------------------|---|-------------------|
| Lab No. : SR7281721 | Name : PRIYANKA KUMARI | Age/G : 34 Y 7 M 6 D / F  | Date : 11-02-2023 |
| CHOL HDL Ratio      | 5.1                    | LOW RISK 3.3-4.4 AVERAGE RISK 4.47-7.1 MODERATE RISK 7.1-11.0 HIGH RISK >11.0 | Calculated        |

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.

**THYROID PANEL (T3, T4, TSH) , GEL SERUM**

|                                   |              |        |                  |      |
|-----------------------------------|--------------|--------|------------------|------|
| T3-TOTAL (TRI IODOTHYRONINE)      | 0.86         | ng/ml  | 0.60-1.81 ng/ml  | CLIA |
| T4-TOTAL (THYROXINE)              | 6.6          | µg/dL  | 3.2-12.6 µg/dL   | CLIA |
| TSH (THYROID STIMULATING HORMONE) | <b>46.71</b> | µIU/mL | 0.55-4.78 µIU/mL | CLIA |

**Suggested follow up with ft4 reports and to correlate clinically**

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:

1. 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.
2. 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:

1. 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>
2. Kalra S, Agarwal S, Aggarwal R, Ranabir S. Trimester-specific thyroid-stimulating hormone: An indian perspective. *Indian J Endocr Metab* 2018;22:1-4.

**DR. ANANNYA GHOSH**  
**MBBS, MD (Biochemistry)**  
**Consultant Biochemist**





Lab No. : SR7281721      Name : PRIYANKA KUMARI      Age/G : 34 Y 7 M 6 D / F      Date : 11-02-2023

ESR (ERYTHROCYTE SEDIMENTATION RATE) , EDTA WHOLE BLOOD

1stHour      31      mm/hr      0.00 - 20.00 mm/hr      Westergren

**DR. A. SHARMA**  
MBBS. MD (Path)  
DM (Hematopathology)  
PGIMER Chandigarh  
Consultant Hematopathologist

Lab No. : SRE/11-02-2023/SR7281721  
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Age : 34 Y 7 M 6 D  
Gender : F

Lab Add. :  
Ref Dr. : Dr.MEDICAL OFFICER  
Collection Date:  
Report Date : 11/Feb/2023 04:52PM



**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 in central position. 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.**

□

  
Dr. Anoop Sastry  
MBBS, DMRT(CAL)  
CONSULTANT RADIOLOGIST  
Registration No.: WB-36628

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Patient Name : PRIYANKA KUMARI  
Age : 34 Y 7 M 6 D  
Gender : F

Lab Add. :  
Ref Dr. : Dr.MEDICAL OFFICER  
Collection Date:  
Report Date : 11/Feb/2023 02:47PM



**DEPARTMENT OF ULTRASONOGRAPHY**  
**REPORT ON EXAMINATION OF WHOLE ABDOMEN**

**LIVER**

**Liver is enlarged in size (15.88 cm), having grade II fatty change.** 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 (0.40 cm) with no intraluminal pathology (calculi /mass) could be detected at its visualized part. Portal vein is normal at porta (1.00 cm).

**GALLBLADDER**

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

**PANCREAS**

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

**SPLEEN**

**Spleen is enlarged in size (14.67 cm).** 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 10.62 cm. & Lt. kidney 11.68 cm.) axes & position. Cortical echogenicity appears normal maintaining cortico-medullary differentiation. Margin is regular and cortical thickness is uniform. No calculus disease noted. No hydronephrotic changes detected.

**URETER**

Visualized parts 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 ante-verted, normal in size (8.84 cm x 4.63 cm x 4.26 cm). Endometrium (0.70 cm) is in midline. Myometrium appears smooth & homogenous without any detectable/sizable focal lesion. Cervix looks normal. Pouch of Douglas is free.

**ADNEXA & OVARIES**

Both ovaries are normal in size, shape, pattern, margin and echotexture.

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Right ovary measures : 2.89 cm x 2.53 cm.  
Left ovary measures : 3.06 cm x 2.47 cm.

## RETROPERITONEUM & PERITONEUM

No ascites noted. No definite evidence of any mass lesion detected. No detectable evidence of enlarged lymph nodes noted. Visualized part of aorta & IVC are within normal limit.

## IMPRESSION:

- Hepatomegaly with grade II fatty changes.
- Splenomegaly.

### KINDLY NOTE

*Ultrasound is not the modality of choice to rule out subtle bowel lesion.*

*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.*

*Patient Identity not verified.*

**DR. S. K. MONDAL**  
MBBS, CBET  
(Sonologist)

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Lab Add. :  
Ref Dr. : Dr.MEDICAL OFFICER  
Collection Date:  
Report Date : 11/Feb/2023 03:34PM



**DEPARTMENT OF CARDIOLOGY**

**E.C.G. REPORT**

**Heart rate - 78 / min. (average)**

**Rhythm - Sinus**

**Axis - Normal**

**P- Wave - Normal**

**PR Interval - Normal**

**QRS Complexes - Normal**

**ST Segment - Isoelectric**

**T Wave - Normal**

**QT Interval - Normal**

**Voltage - Normal**

**IMPRESSION : Normal tracing. Please correlate clinically.**

Dr SANJAY SUD  
MBBS (Cal), FCCP, MRI PHH(UK)  
ECHO CARDIOLOGIST

**Patient Data**

Sample ID: C02135063834  
 Patient ID: SR7281721  
 Name:  
 Physician:  
 Sex:  
 DOB:

**Analysis Data**

Analysis Performed: 11/FEB/2023 13:27:29  
 Injection Number: 691U  
 Run Number: 6  
 Rack ID: 0007  
 Tube Number: 3  
 Report Generated: 11/FEB/2023 13:40:52  
 Operator ID: ANUP

Comments:

| Peak Name | NGSP % | Area % | Retention Time (min) | Peak Area |
|-----------|--------|--------|----------------------|-----------|
| Unknown   | ---    | 0.2    | 0.111                | 2395      |
| A1a       | ---    | 0.6    | 0.166                | 8214      |
| A1b       | ---    | 0.6    | 0.225                | 7637      |
| F         | ---    | 1.1    | 0.280                | 13845     |
| LA1c      | ---    | 1.5    | 0.410                | 19774     |
| A1c       | 4.1    | ---    | 0.526                | 41978     |
| P3        | ---    | 2.7    | 0.798                | 35266     |
| P4        | ---    | 0.8    | 0.881                | 10616     |
| Ao        | ---    | 89.3   | 1.012                | 1168034   |

Total Area: 1,307,759

**HbA1c (NGSP) = 4.1 %**      HbA1c (IFCC) = 22 mmol/mol

