



## LABORATORY INVESTIGATION REPORT

<b>Patient Name</b> : Mrs. Sananda Chattopadhyay	<b>Age/Sex</b> : 36 Year(s) / Female
<b>UHID</b> : NMHK.2202453	<b>Order Date</b> : 26/02/2022 09:42
<b>Episode</b> : OP	
<b>Ref. Doctor</b> : NMH	<b>Mobile No</b> : 8017519355
<b>Address</b> : NETAJI SARA, P.B ROAD , TOLLYGANGE Kolkata, West Bengal , 700041	<b>Facility</b> : NARAYAN MEMORIAL HOSPITAL

### Hematology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0058117	Collection Date : 26/02/22 09:57	Ack Date : 26/02/2022 12:12	Report Date : 27/02/22 20:12

#### COMPLETE HAEMOGRAM ( CBC )

##### SAMPLE : EDTA BLOOD

HAEMOGLOBIN (HB)	12.1	gm/dl	12 - 15
<i>Method - Colorimetric method (Cyn Meth)</i>			
RBC COUNT	4.67	x10 <sup>6</sup> /ul	3.8 - 4.8
<i>Method - Electrical Impedance Method</i>			
TOTAL WBC COUNT	6.5	10 <sup>3</sup> /cmm	4 - 10
<i>Method - Electrical Impedance Method</i>			
PLATELET COUNT	250	10 <sup>3</sup> /cmm	150 - 410
<i>Method - Electrical Impedance Method</i>			
PCV	38	%	36 - 46
<i>Method - RBC pulse ht. detection method</i>			
MCV	<b>81 ▼</b>	fl	83 - 101
<i>Method - calculated</i>			
MCH	<b>26 ▼</b>	pg	27 - 32
<i>Method - Calculated</i>			
MCHC	32	gm/dl	31.5 - 34.5
<i>Method - Calculated</i>			
ESR	<b>50 ▲</b>	%	0 - 12
<i>Method - Modified Westergren Method</i>			

#### DIFFERENTIAL COUNT

NEUTROPHILS	71	%	40 - 80
<i>Method - Microscopy</i>			
LYMPHOCYTES	25	%	20 - 40
<i>Method - Microscopy</i>			
MONOCYTES	02	%	2 - 10
<i>Method - Microscopy</i>			
EOSINOPHILS	02	%	1 - 6
<i>Method - Microscopy</i>			
BASOPHILS	00	%	0 - 2
<i>Method - Microscopy</i>			

#### PERIPHERAL BLOOD SMEAR

RBC Normocytic normochromic  
WBC Within normal limits



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PLATELET

Adequate

End of Report

**Dr. MAINAK CHAKRABORTY**  
**MBBS, MD(PATH)**  
(CONSULTANT PATHOLOGIST)

Checked By





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### Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0058116	Collection Date : 26/02/22 09:57	Ack Date : 26/02/2022 12:10	Report Date : 26/02/22 17:38

#### SERUM CREATININE

##### SAMPLE : SERUM

SERUM CREATININE	0.6	mg/dl	0.5 - 0.9
<i>Method - Jaffe Gen2 Compensated</i>			

#### SERUM LIVER FUNCTION TEST ( LFT )

##### SAMPLE : SERUM

TOTAL BILIRUBIN	0.6	mg/dl	0 - 1.1
<i>Method - Diazo Method</i>			
DIRECT BILIRUBIN	0.2	mg/dl	0 - 0.2
<i>Method - Diazo Method</i>			
INDIRECT BILIRUBIN	0.4	mg/dl	0.2 - 0.9
<i>Method - Calculated</i>			
SGPT (ALT)	11	U/L	0 - 34
<i>Method - IFCC Without Pyridoxal Phosphate</i>			
SGOT (AST)	19	U/L	0 - 31
<i>Method - IFCC Without Pyridoxal Phosphate</i>			
SERUM ALKALINE PHOSPHATASE	90	U/L	53 - 128
<i>Method - IFCC</i>			
TOTAL PROTEIN	7.0	g/dl	6.4 - 8.2
<i>Method - Biuret</i>			
SERUM ALBUMIN	4.4	gm/dl	3.5 - 5.2
<i>Method - Bromocresol Green</i>			
SERUM GLOBULIN	2.6	g/dl	2 - 3.5
<i>Method - Calculated</i>			
SERUM ALBUMIN:GLOBULIN	1.7	-	1.1 - 2.5
<i>Method - Calculated</i>			
SGGT	10	U/L	5 - 36
<i>Method - Enzymatic colorimetric assay</i>			
<b>BLOOD UREA NITROGEN</b>			
BLOOD UREA NITROGEN	08	mg/dl	6 - 20
<i>Method - Calculated</i>			

#### SERUM LIPID PROFILE

##### SAMPLE : SERUM

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TOTAL CHOLESTEROL	153	mg/dl	Desirable <200   Borderline 200-239   High >=240
<i>Method - CHOD-PAP</i>			
IDL CHOLESTEROL	51	mg/dl	40 - 60
<i>Method - Homogenous Enzymatic Colorimetric</i>			
DL CHOLESTEROL	89	mg/dl	Optimal < 100   Borderline 130
<i>Method - Homogenous Enzymatic Colorimetric</i>			
.DL	12.80	mg/dl	0 - 30
<i>Method - CALCULATED</i>			
HOLESTEROL-HDL RATIO	3.00	-	
DL-HDL RATIO	1.75	-	
RIGLYCERIDES	64	mg/dl	Desirable <150   Borderline 150 - 200   High >200
<i>Method - Enzymatic Colorimetric</i>			

### JRIC ACID

#### SAMPLE : SERUM

JRIC ACID	2.9	mg/dl	2.4 - 5.7
<i>Method - Enzymatic Colorimetric</i>			

#### SAMPLE : SERUM

RESULT	13.3
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Sample No : 07H0058117A	Collection Date : 26/02/22 09:57	Ack Date : 26/02/2022 12:13	Report Date : 26/02/22 16:18
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### GLYCOSYLATED HAEMOGLOBIN (HBA1C)

#### SAMPLE : EDTA BLOOD

HBA1C	5.0	%	Non-diabetic : 4-6
<i>Method - By HPLC</i>			

- HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose.
- HbA1c has been endorsed by clinical group & American Diabetes Association guidelines 2017, for diagnosis of Diabetes using a cut-off point of 6.5%.
- Trends in HbA1c are a better indicator of diabetic control than a solitary test.
- Low HbA1c in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (Specially in Severe iron deficiency anaemia and hemolytic), chronic renal failure and liver disease. Clinical correlation suggested.
- Interference of Haemoglobinopathies in HbA1c estimation.
  - For HbF > 25%, an alternate platform (fructosamine) is recommended for testing of HbA1c.
  - Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status.

Note: Hemoglobin electrophoresis (HPLC method) is recommended for detecting hemoglobinopathy.

c) Heterozygous state detected (D10/turbo is corrected for HbS and HbC trait).

6. For known diabetic patients, following values can be considered as a tool for monitoring the glycemic control:

Excellent control:- 6 - 7%,  
Fair to good control:- 7 - 8%,  
Unsatisfactory control:- 8 - 10%  
Poor control >10%

# Patient report

Bio-Rad

D-10

S/N: #DJ0A467747

Sample ID:

Injection date

Injection #: 4

Rack #: ---

DATE: 26/02/2022

TIME: 16:00

Software version: 4.30-2

07H0058117A

26/02/2022 14:41

Method: HbA1c

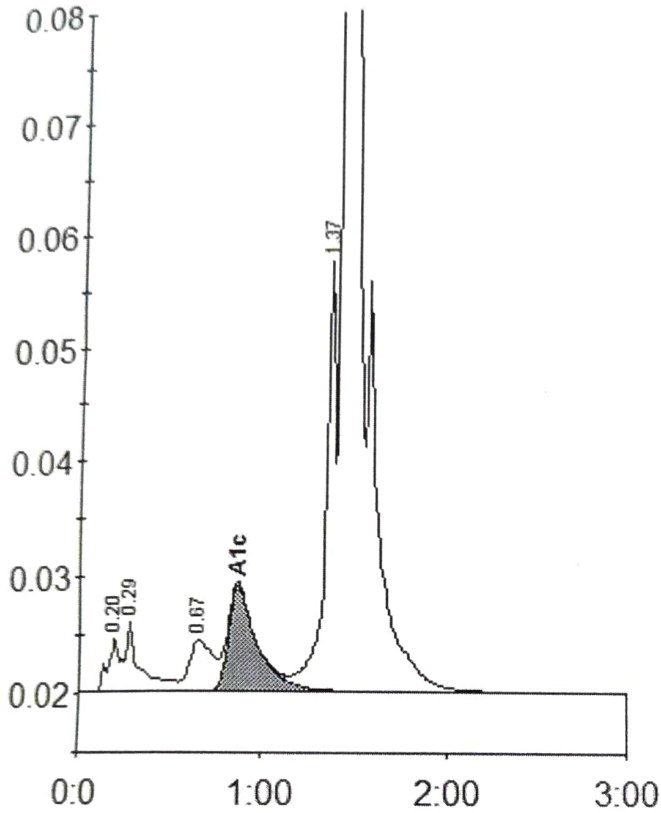
Rack position: 4

Mrs. Sananda Chattopadhyay  
(R)NMHK.2202453 36y/ F



07H0058117A

EDTA Wh 26-02 09:57



Peak table - ID: 07H0058117A

Peak	R.time	Height	Area	Area %
A1a	0.20	4519	22568	0.9
A1b	0.29	6055	33264	1.3
LA1c/CHb-1	0.67	4335	37018	1.4
A1c	0.88	9023	94811	5.0
P3	1.37	38263	138251	5.2
A0	1.44	802016	2320656	87.7
Total Area:			2646567	

Concentration:	%	mmol/mol
A1c	5.0	31





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<b>Address</b> :	NETAJI SARAK, P.B ROAD , TOLLYGANGE Kolkata, West Bengal , 700041		

### Immunoassay

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0058116	Collection Date : 26/02/22 09:57	Ack Date : 26/02/2022 12:10	Report Date : 26/02/22 17:44

### THYROID FUNCTION TEST

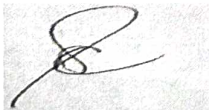
#### SAMPLE : SERUM

T3 Method - ECLIA	1.15	ng/ml	0.6 - 1.8
T4 Method - ECLIA	9.2	ug/dL	5.4 - 11.7
TSH Method - ECLIA	2.03	uIU/ml	Adult Male – 0.27-5.50 Adult Female – 0.27-5.50 Newborns - <25 Upto 12 years – 0.3-5

#### Interpretations:

- For diagnostic purposes, the result should always be assessed in conjunction with the patient's medical history, clinical examinations and other findings.
- The assay is unaffected by icterus (Bilirubin < 701 µmol/L or < 41 mg/dL), hemolysis (Hb < 0.621 mmol/L or < 1 g/dL), lipemia (Intralipid < 1500 mg/dL), biotin (< 102 nmol/L or < 25 ng/ml), IgG < 2 g/dL and IgM < 0.5 g/dL)
- There is no high dose hook effect at TSH concentrations upto 1000 µmol/ml.
- TSH values may be transiently altered because of non thyroidal illness like several infections, liver disease, renal and heart failure, several burns, trauma and surgery etc. Drugs that decrease TSH values e.g. L-dopa, Glucocorticoid drugs that increase TSH values e.g. Iodine, Lithium, Amiodarone.
- The assay is unaffected by icterus (bilirubin < 633 µmol/L or < 37 mg/dl), hemolysis (Hb < 1.4 mmol/L or < 2.3 g/dl), lipemia (triglycerides < 28.5 mmol/L or 2500 mg/dl) and biotin (< 409 nmol or < 100 ng/ml).
- The assay is unaffected by icterus (bilirubin < 599 µmol/L or < 35 mg/dl), hemolysis (Hb < 1.2 mmol/L or < 2.0 g/dl), lipemia (Intralipid < 1800 mg/dl) and biotin (< 123 nmol or < 30 ng/ml).

End of Report



**Dr.S. Chatterjee**  
**MD, MBBS, FAACC**  
(CONSULTANT BIOCHEMIST)

Checked By



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### Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0058116	Collection Date : 26/02/22 09:57	Ack Date : 26/02/2022 12:57	Report Date : 27/02/22 20:15

#### URINE FOR R/E

##### SAMPLE : URINE

##### PHYSICAL EXAMINATION

VOLUME	40	ml	
COLOUR	STRAW		
APPEARANCE	SLIGHTLY HAZY		
SPECIFIC GRAVITY	1.010		1.010 - 1.030
REACTION(pH)	ACIDIC 6.5		

##### CHEMICAL EXAMINATION

SUGAR	ABSENT	ABSENT
ALBUMIN.	ABSENT	ABSENT
BLOOD	ABSENT	ABSENT
KETONE	ABSENT	ABSENT
BILE SALT	ABSENT	ABSENT
BILE PIGMENTS	ABSENT	ABSENT

##### MICROSCOPIC EXAMINATION

PUS CELLS	2-4 / HPF	<5/HPF
EPITHELIAL CELLS	15-20 / HPF	<20/HPF
RBC	OCCASIONAL	
CAST	ABSENT	ABSENT
CRYSTAL	ABSENT	ABSENT
OTHERS	MICRO-ORGANISM PRESENT A FEW	

Please correlate clinically.

End of Report



**Dr. MAINAK CHAKRABORTY**  
**MBBS, MD(PATH)**  
 (CONSULTANT PATHOLOGIST)

Checked By

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### Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0058116	Collection Date : 26/02/22 09:57	Ack Date : 26/02/2022 12:57	Report Date : 27/02/22 20:15

#### URINE FOR R/E

#### SAMPLE : URINE

#### PHYSICAL EXAMINATION

VOLUME	40	ml	
COLOUR	STRAW		
APPEARANCE	SLIGHTLY HAZY		
SPECIFIC GRAVITY	1.010		1.010 - 1.030
REACTION(pH)	ACIDIC 6.5		

#### CHEMICAL EXAMINATION

SUGAR	ABSENT	ABSENT
ALBUMIN.	ABSENT	ABSENT
BLOOD	ABSENT	ABSENT
KETONE	ABSENT	ABSENT
BILE SALT	ABSENT	ABSENT
BILE PIGMENTS	ABSENT	ABSENT

#### MICROSCOPIC EXAMINATION

PUS CELLS	2-4 / HPF	<5/HPF
EPITHELIAL CELLS	15-20 / HPF	<20/HPF
RBC	OCCASIONAL	
CAST	ABSENT	ABSENT
CRYSTAL	ABSENT	ABSENT
OTHERS	MICRO-ORGANISM PRESENT A FEW	

Please correlate clinically.

End of Report



**Dr. MAINAK CHAKRABORTY**  
**MBBS, MD(PATH)**  
 (CONSULTANT PATHOLOGIST)

Checked By

## DIAGNOSTICS REPORT

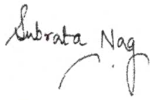
Patient Name	: Mrs. Sananda Chattopadhyay	Order Date	: 26/02/2022 09:42
Age/Sex	: 36 Year(s)/Female	Report Date	: 27/02/2022 09:37
UHID	: NMHK.2202453	IP No	:
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### X-RAY CHEST PA VIEW

No active lung parenchymal lesion is seen.  
Both hila are normal in position, size and density.  
Cardiothoracic ratio appear normal.  
Trachea and mediastinum are normal in position.  
Both costo-phrenic angles are clear.  
Domes of diaphragm are normal in position and outlines are well delineated.  
Bony thorax appears unremarkable .

**IMPRESSION : - No significant lung parenchyma abnormality.**

**Needs clinical correlation.**



**Dr.SUBRATA NAG , MBBS,DNB,Fellow  
intervention/endovascular surgery**

RegNo: 66718



## DIAGNOSTICS REPORT

Patient Name	: Mrs. Sananda Chattopadhyay	Order Date	: 26/02/2022 09:42
Age/Sex	: 36 Year(s)/Female	Report Date	: 26/02/2022 16:05
UHID	: NMHK.2202453	IP No	:
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### 2D ECHOCARDIOGRAPHY WITH M-MODE

#### MEASUREMENTS

##### 2D and M-Mode :

IVS (d)	10 mm	Aorta (at sinuses)	21 mm
LVID (d)	44 mm	LA diameter	30 mm
LVPW (d)	10 mm	RVID (d) - basal	15 mm
LVID (s)	24 mm	TAPSE	22 mm
LVEF	62 %		

Estimated PASP = 20 mmHg

#### FINDINGS

##### **Left Ventricle :**

Cavity size : Normal.

Wall thickness : Normal.

Segmental wall motion : No abnormality found.

Global systolic function : Normal (EF = 62%)

Diastolic function : Normal.

**Left Atrium** : Normal sized; no clot in body of appendage.

**Right Ventricle and Right Atrium** : Normal sized; normal RV systolic function.

**Mitral Valve** : Normal leaflets, good excursion, normal subvalvular apparatus. No regurgitation / No MS.

**Aortic valve** : Structurally normal, trileaflet, normal motion, no regurgitation.

**Pulmonary Valve** : Normal structure, adequate opening.

**Tricuspid Valve** : Normal structure, normal excursion. Trivial TR. TR gradient = 15 mmHg.

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**Interartial and Interventricular Septum** :No breech could be seen.

**Aorta** :Normal sized root and proximal aorta.

**Pulmonary Artery** :Normal, no pulmonary arterial hypertension.

**Pericardium** :Normal, no effusion.

**Inferior Vena Cava** :IVC normal diameter, > 50% respiratory variation.

**Others** :No thrombus, mass, vegetation seen.

### IMPRESSION:

#### Status of Patient :

- \* No regional wall motion abnormality at rest.
- \* Good LV systolic function (EF = 62%).
- \* Good RV systolic function (TAPSE = 22 mm).
- \* Normal valve morphology.
- \* Normal LV diastolic function.
- \* No pericardial effusion.
- \* No pulmonary arterial hypertension.



**Dr.INDIRA BANERJEE,**  
MD,DNB,MRCPCH (UK)

Board Certified Comprehensive  
Echocardiographer (USA)

## DIAGNOSTICS REPORT

Patient Name	: Mrs. Sananda Chattopadhyay	Order Date	: 26/02/2022 09:42
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### ELECTROCARDIOGRAM REPORT (ECG)

HR	: 80 bpm
Rhythm	: Sinus
P wave	: Normal
PR Interval	: 164 msec
QRS axis	: Normal (75 Degree)
QRS duration	: 96 msec
QRS configuration	: Normal
T wave	: Non specific changes
ST segment	: Non specific changes
QTc	: 428 msec
QT	: 368 msec

#### IMPRESSION:

- Sinus rhythm. Normal QRS axis.
  - Non specific ST-T changes.
- Clinical correlation please.



**Dr.INDIRA BANERJEE,**  
**MD,DNB,MRCPCH (UK)**

Board Certified Comprehensive  
Echocardiographer (USA)



SANRANDB CHATTOPADHYAY

2202453

M / F

36 years

..... cm / ..... kg

HR 80/min

Intervals:

RR 748 ms

P 116 ms

PR 164 ms

QR5 96 ms

QT 368 ms

QTc 428 ms

(Bazett)

10 mm/mV

Axis:

P 62 °

QR5 75 °

T 34 °

P (II) 0.17 mV

S (V1) -1.29 mV

R (V5) 1.28 mV

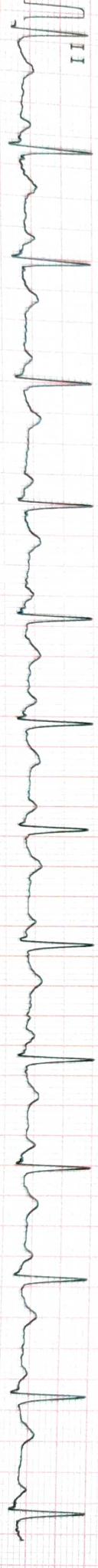
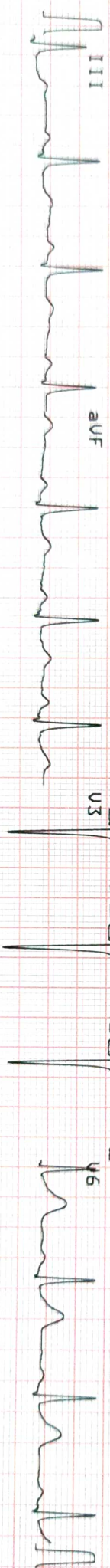
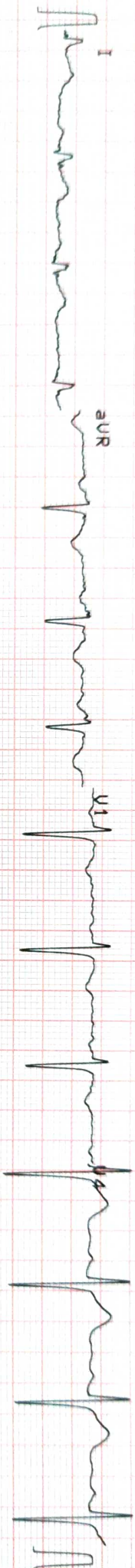
Sokol. 2.65 mV

SINUS RHYTHM  
OTHERWISE NORMAL ECG

6.02

UNCONFIRMED REPORT

10 mm/mV



10 mm/mV

5 mm/s

0.05-25 Hz

F50

55F

585

26.02.2022 12:14:06

NARAYAN MEMORIAL  
HOSPITAL, BEHALA

RT-102Plus 1.255ct

## DIAGNOSTICS REPORT

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### USG REPORT OF WHOLE ABDOMEN

**LIVER** : Liver is normal in size and parenchymal echotexture. Intrahepatic biliary radicles are not dilated. No focal mass lesion is seen.

**PORTA :PV** : Normal. PV measures 1.0 cm.

**CD** : Normal . CD measures 0.3 cm.

**GALL BLADDER** : Gall bladder is normal in size, contour, outline and position. No calculus is seen. Wall thickness is normal.

**PANCREAS** : Pancreas is normal in size and parenchymal echogenicity. Pancreatic duct is not dilated.

**SPLEEN** : Spleen is not enlarged and parenchyma shows normal homogeneous pattern.

**KIDNEYS** : Both kidneys are normal in size, shape, outline, position and parenchymal echogenicity. Corticomedullary differentiation is maintained. No evidence of any calculus/ mass / hydronephrosis is seen. Right kidney measures : 10.7 cm & Left kidney measures : 10.3 cm.

**URINARY BLADDER** : Urinary bladder is normal in contour, outline and distension. No vesical lesion is seen.



**DIAGNOSTICS REPORT**

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Address	: NETAJI SARAK, P.B ROAD, TOLLYGANGE, Kolkata, West Bengal, 700041	Mobile	: 8017519355

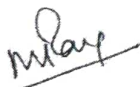
**UTERUS : Anteverted, mildly bulky in size.** Normal in shape, outline, position and parenchymal echogenicity. Cavity is empty. Uterus measures 9.3 cm x 6.2 cm x 5.0 cm.

**OVARIES :** Both ovaries are normal in size, shape and echopattern.  
Right ovary : measures 2.9 cm x 1.9 cm.  
Left ovary : measures 2.7 cm x 1.7 cm.

**PERITONEUM :** No free fluid is noted.

**RETROPERITONEUM :** IVC and aorta appear normal. No lymphadenopathy is seen.

**IMPRESSION : \* Mildly bulky uterus.**



**Dr. MADHUSHREE RAY NASKAR ,**  
**MBBS, DMRD**

Consultant Radiologist

RegNo: 57032