Patient Name : MS. RANI SONKAR

Age / Gender : 30 years / Female

Mobile No. : -

Patient ID : 78416

Bill ID : 81207

Referral : SELF

Optional ID : -

Collection Time : 23/03/2024, 10:55 a.m.

Receiving Time : 29/03/2024, 03:13 p.m.

Reporting Time : 29/03/2024, 05:57 p.m.

Sample ID : 1924020512

Sample Type : USG

USG Whole Abdomen

LIVER

Is mildly enlarged in size (measures 15.1 cm), outline and echotexture. No focal lesion is seen. Intrahepatic biliary radicles are not seen dilated. Hepatic & Portal venous systems appear normal. Portal vein measures 0.91 cm. in calibre.

GALL BLADDER

Is seen normal in size, shape, outline, position & wall thickness. No intraluminal calculus or any mass lesion is seen. No pericholecystic fluid collection is seen.

CBD

Is not seen dilated and measures 0.35 cm.

PANCREAS

Is normal in size, shape, outline and echotexture. No definite focal lesion is evident. Pancreatic duct is not seen dilated. No tenderness is seen over the region.

SPLEEN

Is mildly enlarged in size, position and echotexture. No focal lesion is seen. No abnormal vessels are seen at the splenic hilum. Spleen measures 12.0 cm. in length.

KIDNEYS

Both kidneys appear normal in size, shape, position and echotexture. Cortico-medullary differentiation is normal. Central echocomplexes of both kidneys appear normal. No focal lesion is seen. No evidence of hydronephrosis or calculus is seen in either kidneys.

Right kidney measures 8.4 cm.

Left kidney measures 9.9 cm.

URETERS

Ureters are not seen dilated.

URINARY BLADDER

Reported By : Prasenjit Sarkar

Registered By : Sukriti Chatterjee

Patient Name : MS. RANI SONKAR

Age / Gender : 30 years / Female

Mobile No. : -

Patient ID : 78416

Bill ID : 81207

Referral : SELF

Optional ID : -

Collection Time : 23/03/2024, 10:55 a.m.

Receiving Time : 29/03/2024, 03:13 p.m.

Reporting Time : 29/03/2024, 05:57 p.m.

Sample ID : 1924020512

Sample Type : USG

Urinary bladder appears optimally distended. It appears smooth in outline. No mass lesion or any calculus is seen within the urinary bladder.

UTERUS

Uterus is anteverted in position, regular in outline and normal in size. Myometrial echotexture is homogeneous & normal. No focal lesion is seen. Endometrial echo measures 0.68 cm. Cervix is normal in size & echotexture.

Uterus measures 7.4 x 3.5 x 2.7 cm.

ADNEXA

Both ovaries are visualized. They appear normal in size & echotexture. No adnexal mass lesion is seen.

Right ovary measures 2.6 x 1.6 cm.

Left ovary measures 2.6 x 2.3 cm.

No evidence of free fluid in P.O.D.

Retroperitoneum- No abdominal lymphadenopathy is seen.

No evidence of Ascites is seen.

IMPRESSION :

Mild hepatosplenomegaly.

Rest of the study is normal.

END OF REPORT

Dr. Mukesh Kumar Gupta
DMRD, ENB (Radio-Diagnosis
WBMC - 68415

Checked by
Jhumpa Halder

Reported By : Prasenjit Sarkar

Registered By : Sukriti Chatterjee

Patient Name : MS. RANI SONKAR

Age / Gender : 30 years / Female

Mobile No. : -

Patient ID : 78416

Bill ID : 81207

Referral : SELF

Source : ALLIANCE & PROJECT

Optional ID : -

Collection Time : 23/03/2024, 11:04 AM

Receiving Time : 23/03/2024, 01:25 PM

Reporting Time : 23/03/2024, 03:17 PM

Sample ID : 1924020512

Sample Type : Edta Blood

Test Description	Value(s)	Unit(s)	Reference Range
Complete Blood Count			
HAEMOGLOBIN	12.7	gm/dl	11 - 14
TOTAL LEUCOCYTE COUNT	7900	/cumm	4000 - 11000
HCT	40.9	Vol%	33 - 42
R B C	4.14	millions/cumm	3.8 - 4.8
M C V	98.8	Femtolitre(fl)	80 - 100
M C H	30.7	Picograms(pg)	27 - 31
M C H C	**31.1**	gm/dl	32 - 36
PLATELET COUNT	2,19,000	/cumm	150000 - 450000
DIFFERENTIAL COUNT			
Neutrophils	75	%	40 - 75
Lymphocytes	22	%	20 - 40
Monocytes	02	%	2 - 8
Eosinophils	01	%	1 - 6
Basophils	00	%	0 - 1
ESR	**18**	mm	2 - 17

Remarks

Normocytic Normochromic.
Platelets adequate.

Note

XN 1000, SYSMEX

METHOD : FLOWCYTOMETRY

ESR : AUTOMATED VESCUBE - 30 TOUCH

END OF REPORT

Checked by
Anwesha Maji

Dr. Meenakshi Mohan
MD (Pathology)
Consultant Pathologist
Regn. No. : WBMC 54631

Reported By : -

Registered By : Sukriti Chatterjee

MC-2167

Page 1 of 16

Patient Name : MS. RANI SONKAR

Age / Gender : 30 years / Female

Mobile No. : -

Patient ID : 78416

Bill ID : 81207

Referral : SELF

Source : ALLIANCE & PROJECT

Optional ID : -

Collection Time : 23/03/2024, 11:04 AM

Receiving Time : 23/03/2024, 01:25 PM

Reporting Time : 23/03/2024, 03:01 PM

Sample ID : 1924020512F

Sample Type : Fluoride - F

Test Description	Value(s)	Unit(s)	Reference Range
Glucose Fasting Plasma			
GLUCOSE FASTING PLASMA	83	mg/dL	74 - 109
Method : Hexokinase			

END OF REPORT

Checked by
Barun Jana

Supratik Biswas
Dr. Supratik Biswas
MBBS, MD,
Consultant Biochemist

Reported By : -

Registered By : Sukriti Chatterjee

Patient Name : MS. RANI SONKAR

Age / Gender : 30 years / Female

Mobile No. : -

Patient ID : 78416

Bill ID : 81207

Referral : SELF

Source : ALLIANCE & PROJECT

Optional ID : -

Collection Time : 23/03/2024, 01:52 PM

Receiving Time : 23/03/2024, 05:12 PM

Reporting Time : 23/03/2024, 05:52 PM

Sample ID : 1924020512P

Sample Type : Fluoride Plasma

Test Description	Value(s)	Unit(s)	Reference Range
Glucose Post Prandial Plasma			
GLUCOSE POST PRANDIAL PLASMA	99	mg/dL	70 - 140
Method : Hexokinase			

END OF REPORT

Checked by
Barun Jana

Supratik Biswas
Dr. Supratik Biswas
MBBS, MD,
Consultant Biochemist

Patient Name : MS. RANI SONKAR

Age / Gender : 30 years / Female

Mobile No. : -

Patient ID : 78416

Bill ID : 81207

Referral : SELF

Source : ALLIANCE & PROJECT

Optional ID : -

Collection Time : 23/03/2024, 11:04 AM

Receiving Time : 23/03/2024, 01:25 PM

Reporting Time : 23/03/2024, 04:15 PM

Sample ID : 1924020512

Sample Type : Edta Blood

Test Description	Value(s)	Unit(s)	Reference Range

HbA1c HPLC

HbA1c HPLC 　Method : High Performance Liquid Chromatography (HPLC)	4.6	%	Normal : < 5.7 Pre Diabetes : 5.7 - 6.4 Diabetes : >= 6.5
Estimated Average Glucose	85	mg/dL	70 - 116

NOTE :

1. Glucose combines with haemoglobin(Hb) continuously and nearly irreversibly during life span of RBC(120 days); thus glycosylated Hb is proportional to mean plasma glucose level during the previous 2-3 months. Therefore A1c assay is a useful mean of evaluation of success of long term diabetic control by monitoring diabetic patient~s compliance with therapeutic regimen used and long-term blood glucose level control. Added advantage is its ability to predict progression of diabetic complications.

2. Presence of Hb variant may interfere with accurate estimation of HbA1c. Please do Hb HPLC test to identify Haemoglobinapathy if any and also do Glycated albumin or Fructosamine tests to assess glycemic status if required.

3. Inappropriately low value may be seen in anemia due to iron deficiency or due to other causes, acute blood loss, recent blood transfusion, hemoglobinopathies, CLD, Hypertriglyceridemia, intake of Vitamin E & C, Aspirin, Co-trimoxazole etc.

Patient Name : MS. RANI SONKAR		**Optional ID :** -
Age / Gender : 30 years / Female		**Collection Time :** 23/03/2024, 11:04 AM
Mobile No. : -		**Receiving Time :** 23/03/2024, 01:25 PM
Patient ID : 78416		**Reporting Time :** 23/03/2024, 04:15 PM
Bill ID : 81207		**Sample ID :** 1924020512
Referral : SELF		**Sample Type :** Edta Blood
Source : ALLIANCE & PROJECT		

Test Description	Value(s)	Unit(s)	Reference Range

Chromatogram Report


```
TOSOH G8 VAR    V05.29 490206    2024-03-23 16:15:02
ID          1924020512
Sample No.  03230026    SL 0001 - 07
Patient ID
Name
Comment

CALIB       Y =1.1437X + 0.5765
Name     %     Time     Area
A1A      0.7   0.24      8.02
A1B      0.5   0.31      6.30
F        1.5   0.38     17.42
LA1C+    1.7   0.47     19.19
SA1C     4.6   0.59     41.49
A0      93.5   0.88   1073.88
H-V0
H-V1
H-V2
            Total Area   1166.30
HbA1c 4.6 %        IFCC 27 mmol/mol
HbA1 5.9 %           HbF 1.5 %

TP  586
```

NEUBERG PULSE DIAGNOSTIC CENTRE
75,SARAT BOSE RD, KOL - 26

END OF REPORT

Reported By : -   Registered By : Sukriti Chatterjee

Pulse ™
DIAGNOSTICS

Neuberg Pulse
DIAGNOSTICS

Patient Name : MS. RANI SONKAR

Age / **Gender :** 30 years / Female

Mobile No. : -

Patient ID : 78416

Bill ID : 81207

Referral : SELF

Source : ALLIANCE & PROJECT

Optional ID : -

Collection Time : 23/03/2024, 11:04 AM

Receiving Time : 23/03/2024, 01:25 PM

Reporting Time : 23/03/2024, 04:15 PM
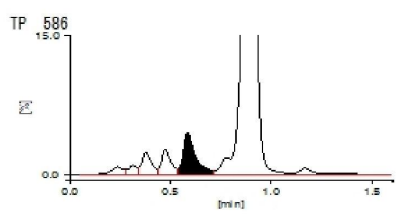
Sample ID : 1924020512

Sample Type : Edta Blood

Test Description	Value(s)	Unit(s)	Reference Range

Checked by
Nisha Malakar

Supratik Biswas
Dr. Supratik Biswas
MBBS, MD
Consultant Biochemist
Regn. No.: 64600 (WBMC)

Patient Name : MS. RANI SONKAR

Age / Gender : 30 years / Female

Mobile No. : -

Patient ID : 78416

Bill ID : 81207

Referral : SELF

Source : ALLIANCE & PROJECT

Optional ID : -

Collection Time : 23/03/2024, 11:04 AM

Receiving Time : 23/03/2024, 01:25 PM

Reporting Time : 23/03/2024, 03:30 PM

Sample ID : 1924020512

Sample Type : Serum

Test Description	Value(s)	Unit(s)	Reference Range
Lipid Profile			
TRIGLYCERIDES	117	mg/dL	Normal : < 150
Method : Enzymatic Colorimetric Assay using GPO-POD			Borderline High : 150 - 199
			High : 200 - 499
			Very High : >= 500
CHOLESTEROL	183	mg/dl	Desirable : < 200
Method : Enzymatic Colorimetric Assay using CHOD-POD			Borderline High : 200 - 240
			High Risk : > 240
HDL CHOLESTEROL	52	mg/dl	Low HDL : <40
Method : Enzymatic Immunoinhibition			High HDL : >= 60
LDL CHOLESTEROL	116	mg/dl	Optimal : < 100
Method : Enzymatic Selective Protection			Above Optimal : 100 - 129
			Borderline High : 130 - 159
			High : 160 - 189
			Very High : > 190
VLDL / CHOLESTEROL REMNANTS	15	mg/dl	< 30
Method : Calculation			
NON HDL CHOLESTEROL	131	mg/dl	<130
Method : Calculation			
TOTAL CHOLESTEROL / HDL CHOLESTEROL RATIO	3.52	Ratio	
LDL CHOLESTEROL / HDL CHOLESTEROL RATIO	2.23	Ratio	

Remark :

* National Cholesterol Education Programme Adult Treatment Panel III Guidelines (US)

END OF REPORT

Checked by
Renimol P V

Supratik Biswas
Dr.Supratik Biswas
MBBS, MD
Consultant Biochemist
Regn.No.: 64600 (WBMC)

Reported By : -

Registered By : Sukriti Chatterjee

Patient Name : MS. RANI SONKAR

Age / Gender : 30 years / Female

Mobile No. : -

Patient ID : 78416

Bill ID : 81207

Referral : SELF

Source : ALLIANCE & PROJECT

Optional ID : -

Collection Time : 23/03/2024, 11:04 AM

Receiving Time : 23/03/2024, 01:25 PM

Reporting Time : 23/03/2024, 03:33 PM

Sample ID : 1924020512

Sample Type : Serum

Test Description	Value(s)	Unit(s)	Reference Range
Liver Function Test			
TOTAL BILIRUBIN	1.10	mg/dL	<1.2
Method : DPD			
CONJUGATED BILIRUBIN	**0.42**	mg/dl	< 0.2
Method : DPD			
UNCONJUGATED BILIRUBIN	0.68	mg/dL	
Method : Calculation			
SGPT	18	U/L	< 35
Method : IFCC (without pyridoxal phosphate activation)			
SGOT	16	U/L	< 35
Method : IFCC (without pyridoxal phosphate activation)			
ALKALINE PHOSPHATASE	81	U/L	30 - 120
Method : IFCC AMP Buffer			
TOTAL PROTEIN	7.90	g/dL	6.6 - 8.3
Method : Biuret			
ALBUMIN	4.88	g/dL	Adults: 3.5 - 5.2
Method : Bromocresol Green			Newborn (1–4 days): 2.8 - 4.4
GLOBULIN	3.02	g/dL	1.80 - 3.60
Method : Calculation			
A/G RATIO	1.62		1.2 - 2
Method : Calculation			
GAMMA-GLUTAMYL TRANSFERASE	15	U/L	< 38
Method : IFCC			

END OF REPORT

Checked by
Renimol P V

Supratik Biswas
Dr.Supratik Biswas
MBBS, MD
Consultant Biochemist
Regn.No.: 64600 (WBMC)

Reported By : -

Registered By : Sukriti Chatterjee

MC-2167
Page 8 of 16

Patient Name : MS. RANI SONKAR

Age / Gender : 30 years / Female

Mobile No. : -

Patient ID : 78416

Bill ID : 81207

Referral : SELF

Source : ALLIANCE & PROJECT

Optional ID : -

Collection Time : 23/03/2024, 11:04 AM

Receiving Time : 23/03/2024, 01:25 PM

Reporting Time : 23/03/2024, 04:09 PM

Sample ID : 1924020512

Sample Type : Serum

Test Description	Value(s)	Unit(s)	Reference Range
T3,T4 & TSH			
T3 Method : Chemiluminescent Microparticle Immunoassay (CMIA)	1.04	ng/mL	1 - 30 days: 1 - 7.4 1m - 11m: 1.05 - 2.45 1yr - 5yrs: 1.05 - 2.69 6yrs - 10yrs: 0.94 - 2.41 11yrs - 15yrs: 0.82 - 2.13 16yrs- 20yrs: 0.8 - 2.1 Adult: 0.58 - 1.59
T4 Method : Chemiluminescent Microparticle Immunoassay (CMIA)	8.41	µg/dL	1d - 6d : 11.8 - 22.6 7d - 14d : 9.9 - 16.6 15d - 4m : 7.2 - 14.4 4m - 12m : 7.8 - 16.5 1yr - 5yr : 7.2 - 15.0 5yr - 10yr : 6.4 - 13.6 > 10yr : 4.87 - 11.72 Adult : 4.87 - 11.72
TSH Method : Chemiluminescent Microparticle Immunoassay (CMIA)	3.38	µIU/ml	0.35 - 4.94

Interpretation :

T3

Triiodothyronine (3,5,3' triiodothyronine or T3) is the thyroid hormone principally responsible for the regulation of metabolism of the various target organs. T3 is mainly formed extrathyroidally, particularly in the liver, by enzymatic 5' deiodination of T4 (thyroxine). A reduction in the conversion of T4 to T3 results in a decrease in the T3 concentration. It occurs under the influence of medicaments such as propranolol, glucocorticoids or amiodarone and in severe non thyroidal illness (NTI), and is referred to as "low T3 syndrome". The determination of T3 is utilized in the diagnosis of T3■hyperthyroidism, the detection of early stages of hyperthyroidism and for indicating a diagnosis of thyrotoxicosis factitia.

T4

The hormone thyroxine (T4) is the main product secreted by the thyroid gland and is an integral component of the hypothalamus anterior pituitary thyroid regulating system. The major part (> 99 %) of total thyroxine in serum is present in proteinbound form. As the concentrations of the transport proteins in serum are subject to exogenous and endogenous effects, the status of the binding proteins must also be taken into account in the assessment of the thyroid hormone concentration in serum. If this is ignored, changes in the binding proteins (e.g. due to estrogen containing preparations, during pregnancy or in the presence of a nephrotic syndrome etc.) can lead to erroneous assessments of the thyroid metabolic state.The determination of T4 can be utilized for the following indications: the detection of hyperthyroidism, the

Reported By : -

Registered By : Sukriti Chatterjee

Patient Name : MS. RANI SONKAR

Age / Gender : 30 years / Female

Mobile No. : -

Patient ID : 78416

Bill ID : 81207

Referral : SELF

Source : ALLIANCE & PROJECT

Optional ID : -

Collection Time : 23/03/2024, 11:04 AM

Receiving Time : 23/03/2024, 01:25 PM

Reporting Time : 23/03/2024, 04:09 PM

Sample ID : 1924020512

Sample Type : Serum

Test Description	Value(s)	Unit(s)	Reference Range

detection of primary and secondary hypothyroidism, and the monitoring of TSH suppression therapy.

TSH

TSH is formed in specific basophil cells of the anterior pituitary and is subject to a circadian secretion sequence. The hypophyseal release of TSH (thyrotropic hormone) is the central regulating mechanism for the biological action of thyroid hormones.The determination of TSH serves as the initial test in thyroid diagnostics. Even very slight changes in the concentrations of the free thyroid hormones bring about much greater opposite changes in the TSH level. Accordingly, TSH is a very sensitive and specific parameter for assessing thyroid function and is particularly suitable for early detection or exclusion of disorders in the central regulating circuit between the hypothalamus, pituitary and thyroid.

END OF REPORT

Checked by
Barun Jana

Supratik Biswas
Dr.Supratik Biswas
MBBS, MD
Consultant Biochemist
Regn.No.: 64600 (WBMC)

Reported By : -

Registered By : Sukriti Chatterjee

MC-2167

Patient Name : MS. RANI SONKAR

Age / Gender : 30 years / Female

Mobile No. : -

Patient ID : 78416

Bill ID : 81207

Referral : SELF

Source : ALLIANCE & PROJECT

Optional ID : -

Collection Time : 23/03/2024, 11:04 AM

Receiving Time : 23/03/2024, 01:25 PM

Reporting Time : 23/03/2024, 02:07 PM

Sample ID : 1924020512

Sample Type : Serum

Test Description	Value(s)	Unit(s)	Reference Range

Uric Acid, Serum

URIC ACID	4.80	mg/dL	2.6 - 6

Method : Uricase PAP

END OF REPORT

Checked by
Barun Jana

Supratik Biswas
Dr. Supratik Biswas
MBBS, MD,
Consultant Biochemist

Patient Name : MS. RANI SONKAR

Age / Gender : 30 years / Female

Mobile No. : -

Patient ID : 78416

Bill ID : 81207

Referral : SELF

Optional ID : -

Collection Time : 23/03/2024, 11:04 a.m.

Receiving Time : 23/03/2024, 01:25 p.m.

Reporting Time : 23/03/2024, 06:13 p.m.

Sample ID : 1924020512

Sample Type : Serum

Test Description	Value(s)	Unit(s)	Reference Range
Bun / Creatrnine Ratio			
BUN/Creatinine ratio	18		12 - 20
Method : Calculation			

END OF REPORT

Checked By
Debolina Bhadra

Supratik Biswas
Dr.Supratik Biswas
MBBS, MD
Consultant Biochemist
Regn.No.: 64600 (WBMC)

Pulse™
DIAGNOSTICS

Neuberg Pulse
DIAGNOSTICS

Patient Name : MS. RANI SONKAR

Age / Gender : 30 years / Female

Mobile No. : -

Patient ID : 78416

Bill ID : 81207

Referral : SELF

Source : ALLIANCE & PROJECT

Optional ID : -

Collection Time : 23/03/2024, 11:04 AM

Receiving Time : 23/03/2024, 01:25 PM

Reporting Time : 23/03/2024, 02:08 PM

Sample ID : 1924020512

Sample Type : Serum

Test Description	Value(s)	Unit(s)	Reference Range
Total Proteins, Serum			
TOTAL PROTEIN	7.90	g/dl	6.6 - 8.3
Method : Biuret			
ALBUMIN	4.88	g/dl	Adults: 3.5 - 5.2
Method : Bromocresol green			Newborn(0-4days): 2.8 - 4.4
GLOBULIN	3.02	g/dl	1.8 - 3.6
Method : Calculation			
A/G RATIO	1.62		1.2 - 2.0
Method : Calculation			

END OF REPORT

Supratik Biswas

Checked By
Debolina Bhadra

Dr.Supratik Biswas
MBBS, MD
Consultant Biochemist
Regn.No.: 64600 (WBMC)

Reported By : -

Registered By : Sukriti Chatterjee

MC-2167

Echocardiography/TMT

M Mode Data : Parameter	Test Value	Normal Range (Adults)	Unit
Aortic Root Diameter	2.5	2.0 – 4.0	cm
Left atrial diameter	2.7	2.0 – 4.0	cm
RV internal diameter	2.2	2.2 – 3.0	cm
IV septal thickness (diastole)	0.7	0.60 – 1.1	cm
LV Internal diameter (diastole)	4.2	3.50 – 5.4	cm
Post. Wall thickness (diastole)	0.7	0.60 – 1.1	cm
Internal diameter (systole)	2.7	2.4 – 4.2	cm
LV Ejection fraction	65%	55 – 65	%

LV shows:

- Normal size cardiac chambers.
- No RWMA.
- Normal diastolic flow pattern. E/E' – 6
- Good LV systolic function with LVEF – 65 %
- Normal RV systolic function.
- All valve morphology normal.
- IAS & IVS intact.
- No PDA/COA.
- Trivial TR (18 mmHg).
- No PE / PAH.
- IVC normal in size, collapsing well.

Patient Name : MS. RANI SONKAR

Age / **Gender :** 30 years / Female

Mobile No. : -

Patient ID : 78416

Bill ID : 81207

Referral : SELF

Source : ALLIANCE & PROJECT

Optional ID : -

Collection Time : 23/03/2024, 10:55 AM

Receiving Time : 23/03/2024, 01:20 PM

Reporting Time : 23/03/2024, 04:02 PM

Sample ID : 1924020512

Sample Type : 2D Echo

CONCLUSION:-

Normal size cardiac chambers.

Good biventricular systolic function.

Normal diastolic flow pattern.

Trivial TR.

No PE / PAH.

END OF REPORT

Dr. Abhinay Tibdewal
MD, DM (Cardiologist)
Regn. No.: WBMC 85811

Checked by
Mousumi Das Sharma

Pulse™
DIAGNOSTICS

Neuberg Pulse
DIAGNOSTICS

Patient Name : MS. RANI SONKAR

Optional ID : -

Age / **Gender :** 30 years / Female

Collection Time : 23/03/2024, 11:04 AM

Mobile No. : -

Receiving Time : 23/03/2024, 01:25 PM

Patient ID : 78416

Reporting Time : 23/03/2024, 03:45 PM

Bill ID : 81207

Sample ID : 1924020512

Referral : SELF

Sample Type : Edta Blood

Source : ALLIANCE & PROJECT

Test Description	Value(s)	Unit(s)	Reference Range

Blood Group & RH Typing

BLOOD GROUP	**"A"**		
RH TYPING	**POSITIVE**		

FORWARD & REVERSE BLOOD GROUPING,

GEL CARD BY BIO-RAD

END OF REPORT

Checked by
Nirmala Charles

Dr. Meenakshi Mohan
MD (Pathology)
Consultant Pathologist
Regn. No. : WBMC 54631

Reported By : -

Registered By : Sukriti Chatterjee

MC-2167

Patient Name :	RANI SONKAR	Patient ID :	78416
Modality :	DX	Sex :	F
Age :	30Yrs	Study :	CHEST PA
Reff. Dr. :	SELF	Study Date :	23-03-2024

X-RAY OF CHEST PA VIEW

FINDINGS :

- No lung parenchymal lesion is seen.
- Both costo-phrenic angles are clear.
- Cardio thoracic ratio within normal limit.
- Both the hila are normal.
- Both domes of diaphragm are normal in shape and position.
- Trachea is at midline.

IMPRESSION: **Skiagram does not reveal any abnormality.**

Clinical correlation and other investigation suggested if clinically indicated.

Dr. Preetam Debasish Panda
MD (Radio diagnosis)
Registration No. 12-46299

Patient Name : MS. RANI SONKAR

Age / **Gender :** 30 years / Female

Mobile No. : -

Patient ID : 78416

Bill ID : 81207

Referral : SELF

Source : ALLIANCE & PROJECT

Optional ID : -

Collection Time : 23/03/2024, 11:43 AM

Receiving Time : 23/03/2024, 01:25 PM

Reporting Time : 28/03/2024, 01:31 PM

Sample ID : 1924020512

Sample Type : Fluid/Cervical/Vaginal/Vault

Test Description	Value(s)	Unit(s)	Reference Range

Pap Smear

C Y T O L O G Y   R E P O R T

Brief History :
Routine check

Specimen Type :
Cervical smear

Specimen Identified :
Yes

Specimen Adequacy :
No endocervical cell is seen.

Descriptive Interpretation :
Smears show intermediate cells with occasional superficial cells.

Organisms :
Gardnerella vaginalis and Lactobacillus vaginalis.

Epithelial abnormalities :
Negative for intraepithelial lesion / malignancy.

Impression :
Cervical smear ----------Normal study

END OF REPORT

Reported By : -

Registered By : Sukriti Chatterjee

Patient Name : MS. RANI SONKAR

Age / **Gender :** 30 years / Female

Mobile No. : -

Patient ID : 78416

Bill ID : 81207

Referral : SELF

Source : ALLIANCE & PROJECT

Optional ID : -

Collection Time : 23/03/2024, 11:43 AM

Receiving Time : 23/03/2024, 01:25 PM

Reporting Time : 28/03/2024, 01:31 PM

Sample ID : 1924020512

Sample Type : Fluid/Cervical/Vaginal/Vault

Test Description	Value(s)	Unit(s)	Reference Range

Checked by
Payel Mitra

Dr. Nabanita Banerjee
MBBS (Cal), DNB (I), MIAPM
Pathologist