MC-2743

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COLLEGE of AMERICAN PATHOLOGISTS

Suraksha DIAGNOSTICS

Lab No.	: HAB/24-08-2024/SR9557836	**Lab Add.**	: Newtown,Kolkata-700156
Patient Name	: SENJUTI DEY BAIN	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	: 30 Y 4 M 23 D	**Collection Date**	: 24/Aug/2024 10:31AM
Gender	: F	Report Date	: 24/Aug/2024 05:31PM

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
BILIRUBIN (DIRECT) , *GEL SERUM* (Method:Vanadate oxidation)	0.2	<0.2	mg/dL
SODIUM,BLOOD (Method:ISE INDIRECT)	142	132 - 146	mEq/L
POTASSIUM,BLOOD (Method:ISE INDIRECT)	4.8	3.5-5.5	mEq/L
CHLORIDE,BLOOD (Method:ISE INDIRECT)	107	99-109	mEq/L
UREA,BLOOD (Method:Urease with GLDH)	25.7	19-49	mg/dL
CREATININE, BLOOD (Method:Jaffe, alkaline picrate, kinetic)	0.55	0.5-1.1	mg/dL
GLUCOSE,FASTING (Method:Gluc Oxidase Trinder)	85	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.

SGPT/ALT (Method:Modified IFCC)	32	7-40	U/L
URIC ACID,BLOOD (Method:Uricase/Peroxidase)	5.6	2.6-6.0	mg/dL
PHOSPHORUS-INORGANIC,BLOOD (Method:Phosphomolybdate/UV)	4.2	2.4-5.1 mg/dL	mg/dL
BILIRUBIN (TOTAL) , *GEL SERUM*			
BILIRUBIN (TOTAL) (Method:Vanadate oxidation)	0.7	0.3-1.2	mg/dL
ALKALINE PHOSPHATASE (Method:IFCC standardization)	82	46-116	U/L

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

MC-2743

Suraksha DIAGNOSTICS

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit

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

Lab No.	**:** HAB/24-08-2024/SR9557836	**Lab Add.**	**:** Newtown,Kolkata-700156
Patient Name	: SENJUTI DEY BAIN	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	**:** 30 Y 4 M 23 D	**Collection Date**	**:** 24/Aug/2024 04:08PM
Gender	**:** F	Report Date	**:** 25/Aug/2024 02:47PM

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
GLUCOSE,PP (Method:Gluc Oxidase Trinder)	78*	Impaired Glucose Tolerance-140 to 199. Diabetes>= 200.	mg/dL

* Blood glucose level is maintained by a very complex integrated mechanism involving critical interplay of release of hormones and action of enzymes on key metabolic pathways resulting in a smooth transition normally from a high
level of glucose influx following meal / glucose intake to a basal level after 2 – 3 hrs. or so. Excluding alimentary hypoglycemia, renal glycosuria, hereditary fructose intolerance and Galactosemia, the possible causes of post prandial reactive hypoglycemia (PRH) include high insulin sensitivity, exaggerated response of insulin and glucagon like peptide 1, defects in counter-regulation, very lean and /or anxious individuals, after massive weight reduction etc.

The test should be performed as described by the WHO, using a glucose load containing the equivalent of 75-g anhydrous glucose dissolved in water.
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.

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

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

Lab No.	: HAB/24-08-2024/SR9557836	**Lab Add.**	: Newtown,Kolkata-700156
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Age	: 30 Y 4 M 23 D	**Collection Date**	: 24/Aug/2024 10:31AM
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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
SGOT/AST (Method:Modified IFCC)	**112**	13-40	U/L

To correlate clinically.

CALCIUM,BLOOD (Method:Arsenazo III)	9	8.7-10.4	mg/dL

TOTAL PROTEIN [BLOOD] ALB:GLO RATIO , .			
TOTAL PROTEIN (Method:BIURET METHOD)	7.2	5.7-8.2 g/dL	g/dL
ALBUMIN (Method:BCG Dye Binding)	4.4	3.2-4.8 g/dL	g/dL
GLOBULIN (Method:Calculated)	2.8	1.8-3.2	g/dl
AG Ratio (Method:Calculated)	1.57	1.0-2.5	

GLYCATED HAEMOGLOBIN (HBA1C) , *EDTA WHOLE BLOOD*			
GLYCATED HEMOGLOBIN (HBA1C)	4.7	***FOR BIOLOGICAL REFERENCE INTERVAL DETAILS , PLEASE REFER TO THE BELOW MENTIONED REMARKS/NOTE WITH ADDITIONAL CLINICAL INFORMATION ***	%
HbA1c (IFCC) (Method:HPLC)	28		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-VARIANT 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 B_{12}/ 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

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
LIPID PROFILE , *GEL SERUM*			
CHOLESTEROL-TOTAL (Method:Enzymatic)	117	Desirable: < 200 mg/dL Borderline high: 200-239 mg/dL High: > or =240 mg/dL	mg/dL
TRIGLYCERIDES (Method:GPO-Trinder)	102	Normal:: < 150, BorderlineHigh::150-199, High:: 200-499, VeryHigh::>500	mg/dL
HDL CHOLESTEROL (Method:Elimination/catalase)	**39**	< 40 - Low 40-59- Optimum 60 - High	mg/dl
LDL CHOLESTEROL DIRECT (Method:Elimination / Catalase)	43	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)	35	< 40 mg/dl	mg/dl
CHOL HDL Ratio (Method:Calculated)	3	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.*

THYROID PANEL (T3, T4, TSH) , *GEL SERUM*			
T3-TOTAL (TRI IODOTHYRONINE) (Method:CLIA)	1.16	0.60-1.81 ng/ml	ng/ml
T4-TOTAL (THYROXINE) (Method:CLIA)	9.3	3.2-12.6	µg/dL
TSH (THYROID STIMULATING HORMONE) (Method:CLIA)	3.556	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:

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

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit

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.*

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

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

Lab No.	**:** HAB/24-08-2024/SR9557836	**Lab Add.**	**:** Newtown,Kolkata-700156
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Age	**:** 30 Y 4 M 23 D	**Collection Date**	**:** 24/Aug/2024 10:31AM
Gender	**:** F	Report Date	**:** 24/Aug/2024 04:56PM

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Bio Ref. Interval	Unit
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.

ESR (ERYTHROCYTE SEDIMENTATION RATE) , *EDTA WHOLE BLOOD*			
1stHour (Method:Westergren)	**25**	0.00 - 20.00 mm/hr	mm/hr
CBC WITH PLATELET (THROMBOCYTE) COUNT , *EDTA WHOLE BLOOD*			
HEMOGLOBIN (Method:PHOTOMETRIC)	**11.8**	12 - 15	g/dL
WBC (Method:DC detection method)	4.7	4 - 10	*10^3/µL
RBC (Method:DC detection method)	4.47	3.8 - 4.8	*10^6/µL
PLATELET (THROMBOCYTE) COUNT (Method:DC detection method/Microscopy)	179	150 - 450*10^3	*10^3/µL
DIFFERENTIAL COUNT			
NEUTROPHILS (Method:Flowcytometry/Microscopy)	61	40 - 80 %	%
LYMPHOCYTES (Method:Flowcytometry/Microscopy)	33	20 - 40 %	%
MONOCYTES (Method:Flowcytometry/Microscopy)	05	2 - 10 %	%
EOSINOPHILS (Method:Flowcytometry/Microscopy)	01	1 - 6 %	%
BASOPHILS (Method:Flowcytometry/Microscopy)	00	0-0.9%	%
CBC SUBGROUP			
HEMATOCRIT / PCV (Method:Calculated)	37.1	36 - 46 %	%
MCV (Method:Calculated)	83.1	83 - 101 fl	fl
MCH (Method:Calculated)	**26.4**	27 - 32 pg	pg
MCHC (Method:Calculated)	31.8	31.5-34.5 gm/dl	gm/dl
RDW - RED CELL DISTRIBUTION WIDTH (Method:Calculated)	**15.7**	11.6-14%	%
PDW-PLATELET DISTRIBUTION WIDTH (Method:Calculated)	32.1	8.3 - 25 fL	fL
MPV-MEAN PLATELET VOLUME (Method:Calculated)	13.8	7.5 - 11.5 fl	

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DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Bio Ref. Interval	Unit

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

Kaushik Dey

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

Lab No.	**:** HAB/24-08-2024/SR9557836	**Lab Add.**	**:** Newtown,Kolkata-700156
Patient Name	: SENJUTI DEY BAIN	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	**:** 30 Y 4 M 23 D	**Collection Date**	**:** 24/Aug/2024 04:30PM
Gender	**:** F	Report Date	**:** 26/Aug/2024 02:44PM

DEPARTMENT OF CYTOLOGY

DEPARTMENT OF CYTOPATHOLOGY

PAP SMEAR REPORT

Lab No : P -3676/24

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 :
Mild inflammation is noted in the background.

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

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 *****

DR. NEHA GUPTA
MD, DNB (Pathology)
Consultant Pathologist
Reg No. WBMC 65104

Lab No.	**:** HAB/24-08-2024/SR9557836	**Lab Add.**	**:**
Patient Name	: SENJUTI DEY BAIN	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	**:** 30 Y 4 M 23 D	**Collection Date**	**:**
Gender	**:** F	Report Date	**:** 24/Aug/2024 03:28PM

DEPARTMENT OF X-RAY

X-RAY REPORT OF CHEST (PA)

FINDINGS :

No significant lung parenchymal lesion is seen at the visualised lung fields.

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.

Please correlate clinically.

Kindly note
Please Intimate us for any typing mistakes and send the report for correction within 7 days.

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

DR. SUBHADRO GHOSE
MD, CONSULTANT RADIOLOGIST

Suraksha Diagnostic Limited
E-mail: info@surakshanet.com | Website: www.surakshanet.com

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Age	: 30 Y 4 M 23 D	**Collection Date**	: 24/Aug/2024 10:43AM
Gender	: F	Report Date	: 24/Aug/2024 06:11PM

DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Bio Ref. Interval	Unit
URINE ROUTINE ALL, ALL , *URINE*			
PHYSICAL EXAMINATION			
COLOUR	PALE YELLOW		
APPEARANCE	SLIGHTLY HAZY		
CHEMICAL EXAMINATION			
pH (Method:Dipstick (triple indicator method))	6.0	4.6 - 8.0	
SPECIFIC GRAVITY (Method:Dipstick (ion concentration method))	1.015	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))	PRESENT(+)	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))	NEGATIVE	NEGATIVE	
LEUCOCYTE ESTERASE (Method:Dipstick (ester hydrolysis reaction))	NEGATIVE	NEGATIVE	
MICROSCOPIC EXAMINATION			
LEUKOCYTES (PUS CELLS) (Method:Microscopy)	0-1	0-5	/hpf
EPITHELIAL CELLS (Method:Microscopy)	4-6	0-5	/hpf
RED BLOOD CELLS (Method:Microscopy)	1-2	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	

Note:

1. All urine samples are checked for adequacy and suitability before examination.
2. Analysis by urine analyzer of dipstick is based on reflectance photometry principle. Abnormal results of chemical examinations are confirmed by manual methods.
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

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DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Bio Ref. Interval	Unit

and/or yeast in the urine.

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

Kaushik Dey

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

Lab No.	**:** HAB/24-08-2024/SR9557836	**Lab Add.**	**:**
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Gender	**:** F	Report Date	**:** 24/Aug/2024 03:50PM

DEPARTMENT OF CARDIOLOGY

DEPARTMENT OF CARDIOLOGY

REPORT OF E.C.G

DATA

HEART RATE	:	61	bpm
PR INTERVAL	:	148	ms
QRS DURATION	:	70	ms
QT INTERVAL	:	414	ms
QTC INTERVAL	:	418	ms

AXIS

P WAVE	:	47	degree
QRS WAVE	:	51	degree
T WAVE	:	52	degree

IMPRESSION :

Sinus Rhythm
Normal ECG

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

Dr. Saumik Saha
MBBS(kol),Dip cardio (kol),
Consultant Cardiologist & CTVS
WBMC-68859

DEPARTMENT OF ULTRASONOGRAPHY

REPORT ON EXAMINATION OF WHOLE ABDOMEN

LIVER :
Liver appears normal in size **(14.54 cm),**having normal shape, regular smooth outline and of homogeneous echotexture. 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 **0.30 cm** with no intraluminal pathology (Calculi/mass) could be detected at its visualised part. Portal vein is normal **0.80 cm** at porta.

GALLBLADDER :
Gallbladder is physiologically distended. Wall thickness appears normal. **No calculus detected**.

PANCREAS :
Pancreas is normal in size, shape and contour. Parenchymal echogenecity is normal and homogeneous. No focal mass or calcification seen. Main pancreatic duct is not dilated. No peripancreatic fluid collection or pseudocyst noted.

SPLEEN:
Spleen is normal in size **8.70 cm** shape, position. Echotexture is normal. No focal lesion is noted. Splenic vein at splenic hilum is normal in calibre. No collateral seen.

KIDNEYS :
Both kidneys are normal in shape, size. **Right kidney : 9.49 cm & Left kidney : 9.16 cm**
Cortical echogenecity and cortical thickness of both kidneys are normal.
Normal cortico-medullary differentiation is maintained.
No calculus/ No hydronephrosis is seen

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.

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DEPARTMENT OF ULTRASONOGRAPHY

UTERUS

Uterus anteverted**,**normal in size **measures 7.68 cm x 3.58 cm x 4.06 cm**
Myometrium appears smooth & homogenous. No focal lesion seen.
Endometrium is normal in thickness **(0.48 cm)** seen at midline.
Cervix is normal.

OVARIES :

Both ovaries are normal in size, shape, position, margin and echotexture.
Right ovary measures : 2.26 cm x 1.44 cm
Left ovary measures : 2.33 cm x 1.49 cm

No adnexal cyst seen.

No fluid collection seen in POD .

RETROPERITONEUM & PERITONEUM :

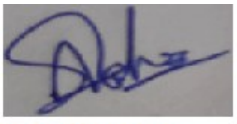
No ascites noted.No definite evidence of any mass lesion detected. No detectable evidence of enlarged lymph nodes noted. Visualised part of aorta & IVC are within normal limit.

IMPRESSION : Normal Study

Kindly note

Ø Ultrasound is not the modality of choice to rule out subtle bowel lesion.
Ø Please Intimate us for any typing mistakes and send the report for correction within 7 days.
Ø 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 identified not verified



DR. NILADRI SAHA
MBBS, MD (Radio Diagnosis)
Reg. No : 76806

Suraksha Diagnostic Limited
E-mail: info@surakshanet.com | Website: www.surakshanet.com

SURAKSHA DIAGNOSTIC,RAJARHAT,KOLKATA **PATIENT REPORT**

BIO-RAD VARIANT-II TURBO CDM5.4 SN-15893 **V2TURBO_A1c_2.0**

Patient Data

Sample ID:	E02132848808
Patient ID:	SR9557836
Name:	SENJUTI DEY BAI
Physician:	
Sex:	F
DOB:	

Comments:

Analysis Data

Analysis Performed:	08/24/2024 17:21:10
Injection Number:	1369
Run Number:	29
Rack ID:	0007
Tube Number:	4
Report Generated:	08/24/2024 17:46:16
Operator ID:	PAYEL

Peak Name	NGSP %	Area %	Retention Time (min)	Peak Area
Unknown	---	0.1	0.113	2761
A1a	---	0.9	0.163	18976
A1b	---	0.7	0.229	14409
F	---	0.8	0.275	18676
LA1c	---	1.7	0.403	37749
A1c	4.7	---	0.512	87153
P3	---	3.2	0.791	71332
P4	---	1.1	0.869	24003
Ao	---	87.5	0.997	1925869

Total Area: 2,200,928

HbA1c (NGSP) = 4.7 % HbA1c (IFCC) = 28 mmol/mol