



Lab No.	: SRE/16-09-2024/SR9662356	Lab Add.	: Newtown,Kolkata-700156
Patient Name	: PRIYANKA KUMARI	Ref Dr.	: Dr.MEDICAL OFFICER
Age	: 36 Y 2 M 12 D	Collection Date	: 16/Sep/2024 09:54AM
Gender	: F	Report Date	: 16/Sep/2024 03:08PM



DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
POTASSIUM,BLOOD , GEL SERUM (Method:ISE INDIRECT)	4.3	3.5-5.5	mEq/L
GLUCOSE,FASTING (Method:Gluc Oxidase Trinder)	105	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.

CALCIUM,BLOOD (Method:Arsenazo III)	8.9	8.7-10.4	mg/dL
SODIUM,BLOOD (Method:ISE INDIRECT)	137	132 - 146	mEq/L
CREATININE, BLOOD (Method:Jaffe, alkaline picrate, kinetic)	0.52	0.5-1.1	mg/dL
CHLORIDE,BLOOD (Method:ISE INDIRECT)	104	99-109	mEq/L
PHOSPHORUS-INORGANIC,BLOOD (Method:Phosphomolybdate/UV)	3.2	2.4-5.1 mg/dL	mg/dL

*** End Of Report ***

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



Lab No.	: SRE/16-09-2024/SR9662356	Lab Add.	: Newtown,Kolkata-700156
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Age	: 36 Y 2 M 12 D	Collection Date	: 16/Sep/2024 09:55AM
Gender	: F	Report Date	: 16/Sep/2024 04:24PM

**DEPARTMENT OF BIOCHEMISTRY**

Test Name	Result	Bio Ref. Interval	Unit
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UREA,BLOOD (Method:Urease with GLDH)	15	19-49	mg/dL
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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	

THYROID PANEL (T3, T4, TSH) , GEL SERUM			
T3-TOTAL (TRI IODOTHYRONINE) (Method:CLIA)	1.33	0.60-1.81 ng/ml	ng/ml
T4-TOTAL (THYROXINE) (Method:CLIA)	12.6	3.2-12.6	µg/dL
TSH (THYROID STIMULATING HORMONE) (Method:CLIA)	1.498	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, Agarwal R, Ranabir S. Trimester-specific thyroid-stimulating hormone: An indian perspective. *Indian J Endocr Metab* 2018;22:1-4.

URIC ACID,BLOOD (Method:Uricase/Peroxidase)	6.9	2.6-6.0	mg/dL
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LIPID PROFILE , GEL SERUM			
CHOLESTEROL-TOTAL (Method:Enzymatic)	196	Desirable: < 200 mg/dL Borderline high: 200-239 mg/dL High: > or =240 mg/dL	mg/dL

Lab No. : SRE/16-09-2024/SR9662356

Page 2 of 13



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Patient Name : PRIYANKA KUMARI	Ref Dr. : Dr.MEDICAL OFFICER
Age : 36 Y 2 M 12 D	Collection Date : 16/Sep/2024 09:55AM
Gender : F	Report Date : 16/Sep/2024 04:24PM

**DEPARTMENT OF BIOCHEMISTRY**

Test Name	Result	Bio Ref. Interval	Unit
TRIGLYCERIDES (Method:GPO-Trinder)	209	Normal:: < 150, BorderlineHigh::150-199, High:: 200-499, VeryHigh::>500	mg/dL
HDL CHOLESTEROL (Method:Elimination/catalase)	35	< 40 - Low 40-59- Optimum 60 - High	mg/dl
LDL CHOLESTEROL DIRECT (Method:Elimination / Catalase)	158	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)	3	< 40 mg/dl	mg/dl
CHOL HDL Ratio (Method:Calculated)	5.6	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.

GLYCATED HAEMOGLOBIN (HBA1C) , EDTA WHOLE BLOOD			
GLYCATED HEMOGLOBIN (HBA1C)	4.2	***FOR BIOLOGICAL REFERENCE INTERVAL DETAILS , PLEASE REFER TO THE BELOW MENTIONED REMARKS/NOTE WITH ADDITIONAL CLINICAL INFORMATION ***	%
HbA1c (IFCC) (Method:HPLC)	23		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 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:

Lab No. : SRE/16-09-2024/SR9662356

Page 3 of 13



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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
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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](#)

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

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



Lab No.	: SRE/16-09-2024/SR9662356	Lab Add.	: Newtown,Kolkata-700156
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Age	: 36 Y 2 M 12 D	Collection Date	: 16/Sep/2024 09:55AM
Gender	: F	Report Date	: 16/Sep/2024 03:59PM

**DEPARTMENT OF HAEMATOLOGY**

Test Name	Result	Bio Ref. Interval	Unit
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CBC WITH PLATELET (THROMBOCYTE) COUNT , EDTA WHOLE BLOOD			
HEMOGLOBIN (Method:PHOTOMETRIC)	10.6	12 - 15	g/dL
WBC (Method:DC detection method)	7.4	4 - 10	*10 ³ /μL
RBC (Method:DC detection method)	3.54	3.8 - 4.8	*10 ⁶ /μL
PLATELET (THROMBOCYTE) COUNT (Method:DC detection method/Microscopy)	172	150 - 450*10 ³	*10 ³ /μL
<u>DIFFERENTIAL COUNT</u>			
NEUTROPHILS (Method:Flowcytometry/Microscopy)	54	40 - 80	%
LYMPHOCYTES (Method:Flowcytometry/Microscopy)	35	20 - 40	%
MONOCYTES (Method:Flowcytometry/Microscopy)	07	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)	34	36 - 46 %	%
MCV (Method:Calculated)	95.9	83 - 101 fl	fl
MCH (Method:Calculated)	29.9	27 - 32 pg	pg
MCHC (Method:Calculated)	31.2	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)	26.7	8.3 - 25 fL	fL
MPV-MEAN PLATELET VOLUME (Method:Calculated)	12.8	7.5 - 11.5 fl	

BLOOD GROUP ABO+RH [GEL METHOD] , EDTA WHOLE BLOOD	
ABO (Method:Gel Card)	O
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)	34	0.00 - 20.00 mm/hr	mm/hr

Lab No. : SRE/16-09-2024/SR9662356

Page 5 of 13



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Gender	: F	Report Date	: 16/Sep/2024 03:59PM



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.	: SRE/16-09-2024/SR9662356	Lab Add.	: Newtown,Kolkata-700156
Patient Name	: PRIYANKA KUMARI	Ref Dr.	: Dr.MEDICAL OFFICER
Age	: 36 Y 2 M 12 D	Collection Date	: 16/Sep/2024 10:37AM
Gender	: F	Report Date	: 17/Sep/2024 01:13PM



DEPARTMENT OF CYTOLOGY

DEPARTMENT OF CYTOPATHOLOGY

PAP SMEAR REPORT

Lab No : P - 3966 /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.

Organisms :
 Shift in flora suggestive of Bacterial Vaginosis – Present.

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.	: SRE/16-09-2024/SR9662356	Lab Add.	:
Patient Name	: PRIYANKA KUMARI	Ref Dr.	: Dr.MEDICAL OFFICER
Age	: 36 Y 2 M 12 D	Collection Date	:
Gender	: F	Report Date	: 16/Sep/2024 03:27PM



DEPARTMENT OF X-RAY

X-RAY REPORT OF CHEST (PA)

FINDINGS :

Accentuated lung markings seen in both lung fields.

Non specific pneumonitis at right paracardiac region.

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.

Kindly note

- X-ray is not confirmatory.
- To be correlated with clinical and further investigation.
- This report is nor for medico legal purpose.
- For any typing mistake please inform within 7 days.

*** End Of Report ***

DR. SUBRATA SANYAL
MBBS (CAL), DMRD (CAL).
CONSULTANT SONOLOGIST AND RADIOLOGIST.



Lab No. : SRE/16-09-2024/SR9662356	Lab Add. : Newtown,Kolkata-700156
Patient Name : PRIYANKA KUMARI	Ref Dr. : Dr.MEDICAL OFFICER
Age : 36 Y 2 M 12 D	Collection Date : 16/Sep/2024 10:03AM
Gender : F	Report Date : 16/Sep/2024 04:03PM



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))	NEGATIVE	NEGATIVE	
LEUCOCYTE ESTERASE (Method:Dipstick (ester hydrolysis reaction))	NEGATIVE	NEGATIVE	
<u>MICROSCOPIC EXAMINATION</u>			
LEUKOCYTES (PUS CELLS) (Method:Microscopy)	0-1	0-5	/hpf
EPITHELIAL CELLS (Method:Microscopy)	4-6	0-5	/hpf
RED BLOOD CELLS (Method:Microscopy)	NOT DETECTED	0-2	/hpf
CAST (Method:Microscopy)	NOT DETECTED	NOT DETECTED	
CRYSTALS (Method:Microscopy)	CALCIUM OXALATE PRESENT	NOT DETECTED	
BACTERIA (Method:Microscopy)	PRESENT(+)	NOT DETECTED	
YEAST (Method:Microscopy)	NOT DETECTED	NOT DETECTED	

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.
- 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.

Lab No. : SRE/16-09-2024/SR9662356

Page 9 of 13



Lab No.	: SRE/16-09-2024/SR9662356	Lab Add.	: Newtown,Kolkata-700156
Patient Name	: PRIYANKA KUMARI	Ref Dr.	: Dr.MEDICAL OFFICER
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DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Bio Ref. Interval	Unit
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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. : SRE/16-09-2024/SR9662356
Patient Name : PRIYANKA KUMARI
Age : 36 Y 2 M 12 D
Gender : F


Lab Add. :
Ref Dr. : Dr.MEDICAL OFFICER
Collection Date :
Report Date : 16/Sep/2024 04:02PM



DEPARTMENT OF CARDIOLOGY
DEPARTMENT OF CARDIOLOGY
REPORT OF E.C.G.

DATA		
HEART RATE	67	Bpm
PR INTERVAL	134	Ms
QRS DURATION	72	Ms
QT INTERVAL	400	Ms
QTC INTERVAL	426	Ms
AXIS		
P WAVE	41	Degree
QRS WAVE	34	Degree
T WAVE	24	Degree
Sinus rhythm.		
Normal axis.		
IMPRESSION	:	No significant ischemic changes.
Please correlate clinically.		

*** End Of Report ***


DR. SUBHASISH BERA
MBBS (Cal), PGDCC
Reg. No: 59285(WBMC)

Lab No.	: SRE/16-09-2024/SR9662356	Lab Add.	:
Patient Name	: PRIYANKA KUMARI	Ref Dr.	: Dr.MEDICAL OFFICER
Age	: 36 Y 2 M 12 D	Collection Date	:
Gender	: F	Report Date	: 16/Sep/2024 02:32PM



DEPARTMENT OF ULTRASONOGRAPHY

DEPARTMENT OF ULTRASONOGRAPHY

REPORT ON EXAMINATION OF WHOLE ABDOMEN

LIVER

Liver is enlarged in size (17.57 cm), having grade II fatty changes. 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 (1.00 cm) at porta.

GALLBLADDER

Gallbladder is distended. Wall thickness appears normal. No intraluminal pathology (calculi/mass) could be detected. Sonographic Murphys 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 enlarged in size (14.90 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 10.35 cm. & Lt. kidney 11.07 cm.) 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.

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 retro-flexed, bulky in size (9.25 cm x 4.23 cm x 4.57 cm). Endometrium (0.74 cm) is in midline. Myometrium appears smooth & homogenous without any detectable/sizable focal lesion.

Cervix looks normal. Pouch of Douglas is free.

ADNEXA

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

OVARIES

Ovaries are normal in size, shape, position, margin and echotexture.

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Collection Date :
Report Date : 16/Sep/2024 02:32PM



DEPARTMENT OF ULTRASONOGRAPHY

Right ovary measures : 03.23 cm x 01.73 cm.

Left ovary measures : 03.31 cm x 01.76 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 :

- 1) Hepatomegaly with grade II fatty changes.
- 2) Splenomegaly.
- 3) Retroflexed bulky uterus.

KINDLY NOTE

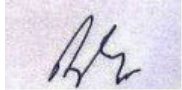
Ultrasound is not the modality of choice to rule out subtle bowel lesion.

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. BIPLAB KR. GHOSH
MD(CAL), RADIO-DIAGNOSIS

Patient Data

Sample ID: E02132874061
 Patient ID: SR9662356
 Name: PRIYANKA KUMARI
 Physician:
 Sex: F
 DOB:

Analysis Data

Analysis Performed: 16/SEP/2024 15:30:00
 Injection Number: 864
 Run Number: 12
 Rack ID: 0003
 Tube Number: 1
 Report Generated: 16/SEP/2024 16:04:50
 Operator ID: ASIT

Comments:

Peak Name	NGSP %	Area %	Retention Time (min)	Peak Area
A1a	---	0.9	0.171	19245
A1b	---	0.6	0.237	11977
F	---	1.1	0.284	23254
LA1c	---	1.7	0.414	34626
A1c	4.2	---	0.528	73621
P3	---	3.1	0.795	64076
P4	---	0.9	0.874	18097
Ao	---	88.2	0.993	1838109

Total Area: 2,083,005

HbA1c (NGSP) = 4.2 % HbA1c (IFCC) = 23 mmol/mol

