



Lab No.	: HAB/24-08-2024/SR9557674	Lab Add.	: Newtown,Kolkata-700156
Patient Name	: ARKA DEY	Ref Dr.	: Dr.MEDICAL OFFICER
Age	: 32 Y 5 M 8 D	Collection Date	: 24/Aug/2024 10:26AM
Gender	: M	Report Date	: 24/Aug/2024 05:31PM



DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
SGPT/ALT , GEL SERUM (Method:Modified IFCC)	24	7-40	U/L
GLUCOSE,FASTING (Method:Gluc Oxidase Trinder)	89	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.

ALKALINE PHOSPHATASE (Method:IFCC standardization)	106	46-116	U/L
BILIRUBIN (TOTAL) , GEL SERUM BILIRUBIN (TOTAL) (Method:Vanadate oxidation)	0.7	0.3-1.2	mg/dL
SODIUM,BLOOD (Method:ISE INDIRECT)	139	132 - 146	mEq/L
UREA,BLOOD (Method:Urease with GLDH)	30	19-49	mg/dL
CREATININE, BLOOD (Method:Jaffe, alkaline picrate, kinetic)	0.85	0.7-1.3	mg/dL
CALCIUM,BLOOD (Method:Arsenazo III)	9.1	8.7-10.4	mg/dL
SGOT/AST (Method:Modified IFCC)	26	13-40	U/L
BILIRUBIN (DIRECT) (Method:Vanadate oxidation)	0.2	<0.2	mg/dL
URIC ACID,BLOOD (Method:Uricase/Peroxidase)	6.9	3.5-7.2	mg/dL
CHLORIDE,BLOOD (Method:ISE INDIRECT)	104	99-109	mEq/L
PHOSPHORUS-INORGANIC,BLOOD (Method:Phosphomolybdate/UV)	3.7	2.4-5.1 mg/dL	mg/dL

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



Lab No.	: HAB/24-08-2024/SR9557674	Lab Add.	: Newtown,Kolkata-700156
Patient Name	: ARKA DEY	Ref Dr.	: Dr.MEDICAL OFFICER
Age	: 32 Y 5 M 8 D	Collection Date	: 24/Aug/2024 10:26AM
Gender	: M	Report Date	: 24/Aug/2024 05:31PM



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/SR9557674	Lab Add.	: Newtown,Kolkata-700156
Patient Name	: ARKA DEY	Ref Dr.	: Dr.MEDICAL OFFICER
Age	: 32 Y 5 M 8 D	Collection Date	: 24/Aug/2024 04:07PM
Gender	: M	Report Date	: 25/Aug/2024 02:43PM



DEPARTMENT OF BIOCHEMISTRY

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

GLYCATED HAEMOGLOBIN (HBA1C) , EDTA WHOLE BLOOD			
GLYCATED HEMOGLOBIN (HBA1C)	5	***FOR BIOLOGICAL REFERENCE INTERVAL DETAILS , PLEASE REFER TO THE BELOW MENTIONED REMARKS/NOTE WITH ADDITIONAL CLINICAL INFORMATION ***	%
HbA1c (IFCC) (Method:HPLC)	31		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:
 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](#)

GLUCOSE,PP (Method:Gluc Oxidase Trinder)	85*	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.



Lab No.	: HAB/24-08-2024/SR9557674	Lab Add.	: Newtown,Kolkata-700156
Patient Name	: ARKA DEY	Ref Dr.	: Dr.MEDICAL OFFICER
Age	: 32 Y 5 M 8 D	Collection Date	: 24/Aug/2024 04:07PM
Gender	: M	Report Date	: 25/Aug/2024 02:43PM



DEPARTMENT OF BIOCHEMISTRY

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

*** End Of Report ***

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



Lab No. : HAB/24-08-2024/SR9557674	Lab Add. : Newtown,Kolkata-700156
Patient Name : ARKA DEY	Ref Dr. : Dr.MEDICAL OFFICER
Age : 32 Y 5 M 8 D	Collection Date : 24/Aug/2024 10:26AM
Gender : M	Report Date : 24/Aug/2024 05:53PM



DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
POTASSIUM,BLOOD (Method:ISE INDIRECT)	5.4	3.5-5.5	mEq/L
LIPID PROFILE , GEL SERUM			
CHOLESTEROL-TOTAL (Method:Enzymatic)	173	Desirable: < 200 mg/dL Borderline high: 200-239 mg/dL High: > or =240 mg/dL	mg/dL
TRIGLYCERIDES (Method:GPO-Trinder)	96	Normal: < 150, BorderlineHigh::150-199, High:: 200-499, VeryHigh::>500	mg/dL
HDL CHOLESTEROL (Method:Elimination/catalase)	31	< 40 - Low 40-59- Optimum 60 - High	mg/dl
LDL CHOLESTEROL DIRECT (Method:Elimination / Catalase)	131	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)	11	< 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.

TOTAL PROTEIN [BLOOD] ALB:GLO RATIO , .			
TOTAL PROTEIN (Method:BIURET METHOD)	8.1	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)	3.8	1.8-3.2	g/dl
AG Ratio (Method:Calculated)	1.13	1.0-2.5	

URIC ACID, URINE, SPOT URINE			
URIC ACID, SPOT URINE (Method:URICASE)	26	37-92 mg/dL	mg/dL

To correlate clinically.

THYROID PANEL (T3, T4, TSH) , GEL SERUM			
T3-TOTAL (TRI IODOTHYRONINE) (Method:CLIA)	1.02	0.60-1.81 ng/ml	ng/ml
T4-TOTAL (THYROXINE)	9.9	3.2-12.6	µg/dL

Lab No. : HAB/24-08-2024/SR9557674



Lab No.	: HAB/24-08-2024/SR9557674	Lab Add.	: Newtown,Kolkata-700156
Patient Name	: ARKA DEY	Ref Dr.	: Dr.MEDICAL OFFICER
Age	: 32 Y 5 M 8 D	Collection Date	: 24/Aug/2024 10:26AM
Gender	: M	Report Date	: 24/Aug/2024 05:53PM



DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
(Method:CLIA) TSH (THYROID STIMULATING HORMONE) (Method:CLIA)	2.982	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:

- Bugallo 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

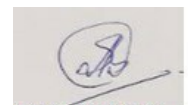
SECOND TRIMESTER: 0.20 -3.50 µ IU/mL

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, 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/SR9557674	Lab Add.	: Newtown,Kolkata-700156
Patient Name	: ARKA DEY	Ref Dr.	: Dr.MEDICAL OFFICER
Age	: 32 Y 5 M 8 D	Collection Date	: 24/Aug/2024 10:26AM
Gender	: M	Report Date	: 24/Aug/2024 04:49PM



DEPARTMENT OF HAEMATOLOGY

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

ESR (ERYTHROCYTE SEDIMENTATION RATE) , EDTA WHOLE BLOOD			
1stHour (Method:Westergren)	13	0.00 - 20.00 mm/hr	mm/hr

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.

CBC WITH PLATELET (THROMBOCYTE) COUNT , EDTA WHOLE BLOOD			
HEMOGLOBIN (Method:PHOTOMETRIC)	14.1	13 - 17	g/dL
WBC (Method:DC detection method)	7.6	4 - 10	*10 ³ /μL
RBC (Method:DC detection method)	4.80	4.5 - 5.5	*10 ⁶ /μL
PLATELET (THROMBOCYTE) COUNT (Method:DC detection method/Microscopy)	184	150 - 450*10 ³	*10 ³ /μL
<u>DIFFERENTIAL COUNT</u>			
NEUTROPHILS (Method:Flowcytometry/Microscopy)	56	40 - 80 %	%
LYMPHOCYTES (Method:Flowcytometry/Microscopy)	32	20 - 40 %	%
MONOCYTES (Method:Flowcytometry/Microscopy)	07	2 - 10 %	%
EOSINOPHILS (Method:Flowcytometry/Microscopy)	05	1 - 6 %	%
BASOPHILS (Method:Flowcytometry/Microscopy)	00	0-0.9%	%
<u>CBC SUBGROUP</u>			
HEMATOCRIT / PCV (Method:Calculated)	43.6	40 - 50 %	%
MCV (Method:Calculated)	90.8	83 - 101 fl	fl
MCH (Method:Calculated)	29.3	27 - 32 pg	pg
MCHC (Method:Calculated)	32.3	31.5-34.5 gm/dl	gm/dl
RDW - RED CELL DISTRIBUTION WIDTH (Method:Calculated)	12.5	11.6-14%	%
PDW-PLATELET DISTRIBUTION WIDTH (Method:Calculated)	21.6	8.3 - 25 fL	fL
MPV-MEAN PLATELET VOLUME (Method:Calculated)	11.4	7.5 - 11.5 fl	

Lab No. : HAB/24-08-2024/SR9557674



Lab No.	: HAB/24-08-2024/SR9557674	Lab Add.	: Newtown,Kolkata-700156
Patient Name	: ARKA DEY	Ref Dr.	: Dr.MEDICAL OFFICER
Age	: 32 Y 5 M 8 D	Collection Date	: 24/Aug/2024 10:26AM
Gender	: M	Report Date	: 24/Aug/2024 04:49PM



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/SR9557674
Patient Name : ARKA DEY
Age : 32 Y 5 M 8 D
Gender : M

Lab Add. :
Ref Dr. : Dr.MEDICAL OFFICER
Collection Date :
Report Date : 24/Aug/2024 02:39PM



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 the diaphragm appear expiratory in position with normalcosto-phrenic angles.
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



Lab No. : HAB/24-08-2024/SR9557674	Lab Add. : Newtown,Kolkata-700156
Patient Name : ARKA DEY	Ref Dr. : Dr.MEDICAL OFFICER
Age : 32 Y 5 M 8 D	Collection Date : 24/Aug/2024 10:35AM
Gender : M	Report Date : 24/Aug/2024 06:11PM



DEPARTMENT OF CLINICAL PATHOLOGY

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

URINE ROUTINE ALL, ALL , URINE			
<u>PHYSICAL EXAMINATION</u>			
COLOUR	PALE YELLOW		
APPEARANCE	SLIGHTLY HAZY		
<u>CHEMICAL EXAMINATION</u>			
pH (Method:Dipstick (triple indicator method))	5.0	4.6 - 8.0	
SPECIFIC GRAVITY (Method:Dipstick (ion concentration method))	1.015	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))	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)	0-1	0-5	/hpf
RED BLOOD CELLS (Method:Microscopy)	NOT DETECTED	0-2	/hpf
CAST (Method:Microscopy)	NOT DETECTED	NOT DETECTED	
CRYSTALS (Method:Microscopy)	NOT DETECTED	NOT DETECTED	
BACTERIA (Method:Microscopy)	NOT DETECTED	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.
- Contamination from perineum and vaginal discharge should be avoided during collection, which may falsely elevate epithelial cell count and show presence of bacteria

Lab No. : HAB/24-08-2024/SR9557674

Page 10 of 14



Lab No.	: HAB/24-08-2024/SR9557674	Lab Add.	: Newtown,Kolkata-700156
Patient Name	: ARKA DEY	Ref Dr.	: Dr.MEDICAL OFFICER
Age	: 32 Y 5 M 8 D	Collection Date	: 24/Aug/2024 10:35AM
Gender	: M	Report Date	: 24/Aug/2024 06:11PM



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/SR9557674
Patient Name : ARKA DEY
Age : 32 Y 5 M 8 D
Gender : M

Lab Add. :
Ref Dr. : Dr.MEDICAL OFFICER
Collection Date :
Report Date : 24/Aug/2024 03:51PM



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

DATA

HEART RATE	:	57	bpm
PR INTERVAL	:	154	ms
QRS DURATION	:	92	ms
QT INTERVAL	:	366	ms
QTC INTERVAL	:	359	ms

AXIS

P WAVE	:	57	degree
QRS WAVE	:	92	degree
T WAVE	:	24	degree

IMPRESSION :

- Sinus Rhythm
- Right ward axis
- Consider antero septal myocardial damage
- Cannot rule out inferior myocardial damage.

****Please Intimate us for any typing mistakes and send the report for correction within 7 days**

*** End Of Report ***

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

Lab No. : HAB/24-08-2024/SR9557674
Patient Name : ARKA DEY
Age : 32 Y 5 M 8 D
Gender : M

Lab Add. :
Ref Dr. : Dr.MEDICAL OFFICER
Collection Date :
Report Date : 24/Aug/2024 05:19PM



DEPARTMENT OF ULTRASONOGRAPHY

DEPARTMENT OF ULTRASONOGRAPHY

REPORT ON EXAMINATION OF WHOLE ABDOMEN

LIVER :

Liver appears normal in size (**14.36 cm**), having normal shape

Two well defined hyperechoic SOL seen in Right lobe, one such cyst measures (1.10 cm x 1.55 cm)- Likely hemangioma.

Intrahepatic biliary radicles are not dilated. Branches of portal vein are normal.

PORTA :

The appearance of porta is normal. Common Bile duct is normal **0.33 cm** with no intraluminal pathology (Calculi/mass) could be detected at its visualised part. Portal vein is normal **0.66 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 echogenicity 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 (**10.11 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 the kidneys are normal in size, shape, **Right kidney 9.64 cm & Left kidney 10.63 cm.**

Cortical echogenicity and cortical thickness of both kidneys are normal. Normal cortico-medullary differentiation is maintained. No calculus seen. 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.

Lab No. : HAB/24-08-2024/SR9557674
Patient Name : ARKA DEY
Age : 32 Y 5 M 8 D
Gender : M

Lab Add. :
Ref Dr. : Dr.MEDICAL OFFICER
Collection Date :
Report Date : 24/Aug/2024 05:19PM



DEPARTMENT OF ULTRASONOGRAPHY

PROSTATE :

Prostate normal in size.. Echotexture appears within normal limits.

It measures : 3.03 cm x 3.65 cm x 3.04 cm

Approximate weight could be around = 17.58 gms.

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: Small hepatic hemangiomas.

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

Patient Data

Sample ID: E02132848824
 Patient ID: SR9557674
 Name: ARKA DEY
 Physician:
 Sex: M
 DOB:

Analysis Data

Analysis Performed: 08/24/2024 17:08:10
 Injection Number: 1361
 Run Number: 29
 Rack ID:
 Tube Number: 6
 Report Generated: 08/24/2024 17:19:08
 Operator ID: PAYEL

Comments:

Peak Name	NGSP %	Area %	Retention Time (min)	Peak Area
Unknown	---	0.1	0.114	2497
A1a	---	0.8	0.161	20049
A1b	---	1.5	0.228	39186
LA1c	---	1.9	0.401	48674
A1c	5.0	---	0.508	111284
P3	---	3.4	0.792	89212
P4	---	1.1	0.868	29899
Ao	---	86.9	0.994	2262502

Total Area: 2,603,303

HbA1c (NGSP) = 5.0 % HbA1c (IFCC) = 31 mmol/mol

