Lab No.	: SRE/10-08-2024/SR9498349	**Lab Add.**	: Newtown,Kolkata-700156
Patient Name	: SUBODH KUMAR JHA	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	: 37 Y 0 M 0 D	**Collection Date**	: 11/Aug/2024 11:04AM
Gender	: M	Report Date	: 12/Aug/2024 03:14PM

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
GLUCOSE,PP , *BLOOD, NAF PLASMA* (Method:Gluc Oxidase Trinder)	76*	Impaired Glucose Tolerance-140 to 199. Diabetes>= 200.	mg/dL

***NOTE: The lower value of Plasma Glucose (PP) compared to that of Plasma Glucose(F), may be interpreted having due to regard to the history of the case with particular reference to Diabetes, if any including the time and dose of antidiabetic drug administered, if any.**

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.

GLYCATED HAEMOGLOBIN (HBA1C) , *EDTA WHOLE BLOOD*			
GLYCATED HEMOGLOBIN (HBA1C)	5.2	***FOR BIOLOGICAL REFERENCE INTERVAL DETAILS , PLEASE REFER TO THE BELOW MENTIONED REMARKS/NOTE WITH ADDITIONAL CLINICAL INFORMATION ***	%
HbA1c (IFCC) (Method:HPLC)	33		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

Lab No.	**:** SRE/10-08-2024/SR9498349	**Lab Add.**	**:** Newtown,Kolkata-700156
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Age	**:** 37 Y 0 M 0 D	**Collection Date**	**:** 11/Aug/2024 11:04AM
Gender	**:** M	Report Date	**:** 12/Aug/2024 03:14PM

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit

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

URIC ACID, URINE, SPOT URINE			
URIC ACID, SPOT URINE (Method:URICASE)	**15**	37-92 mg/dL	mg/dL
ESTIMATED TWICE			

TO CORRELATE CLINICALLY

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

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

Lab No.	: SRE/10-08-2024/SR9498349	**Lab Add.**	: Newtown,Kolkata-700156
Patient Name	: SUBODH KUMAR JHA	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	: 37 Y 0 M 0 D	**Collection Date**	: 10/Aug/2024 08:43AM
Gender	: M	Report Date	: 10/Aug/2024 12:55PM

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
POTASSIUM,BLOOD (Method:ISE INDIRECT)	4.3	3.5-5.5	mEq/L
GLUCOSE,FASTING (Method:Gluc Oxidase Trinder)	86	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)	9.6	8.7-10.4	mg/dL

THYROID PANEL (T3, T4, TSH) , *GEL SERUM*			
T3-TOTAL (TRI IODOTHYRONINE) (Method:CLIA)	1.07	0.60-1.81 ng/ml	ng/ml
T4-TOTAL (THYROXINE) (Method:CLIA)	9.2	3.2-12.6	µg/dL
TSH (THYROID STIMULATING HORMONE) (Method:CLIA)	1.951	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
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.*

CHLORIDE,BLOOD (Method:ISE INDIRECT)	105	99-109	mEq/L

MC-2743

Suraksha DIAGNOSTICS

Lab No.	**:** SRE/10-08-2024/SR9498349	**Lab Add.**	**:** Newtown,Kolkata-700156
Patient Name	: SUBODH KUMAR JHA	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	**:** 37 Y 0 M 0 D	**Collection Date**	**:** 10/Aug/2024 08:43AM
Gender	**:** M	Report Date	**:** 10/Aug/2024 12:55PM

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
SODIUM,BLOOD (Method:ISE INDIRECT)	139	132 - 146	mEq/L

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

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

Lab No.	**:** SRE/10-08-2024/SR9498349	**Lab Add.**	**:** Newtown,Kolkata-700156
Patient Name	: SUBODH KUMAR JHA	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	**:** 37 Y 0 M 0 D	**Collection Date**	**:** 10/Aug/2024 08:43AM
Gender	**:** M	Report Date	**:** 10/Aug/2024 01:24PM

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
ALKALINE PHOSPHATASE (Method:IFCC standardization)	88	46-116	U/L
BILIRUBIN (TOTAL) , *GEL SERUM*			
BILIRUBIN (TOTAL) (Method:Vanadate oxidation)	1	0.3-1.2	mg/dL
SGPT/ALT (Method:Modified IFCC)	**75**	7-40	U/L
UREA,BLOOD (Method:Urease with GLDH)	**17.1**	19-49	mg/dL
CREATININE, BLOOD (Method:Jaffe, alkaline picrate, kinetic)	0.81	0.7-1.3	mg/dL
URIC ACID,BLOOD (Method:Uricase/Peroxidase)	6.1	3.5-7.2	mg/dL
TOTAL PROTEIN [BLOOD] ALB:GLO RATIO , .			
TOTAL PROTEIN (Method:BIURET METHOD)	7.5	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)	3.1	1.8-3.2	g/dl
AG Ratio (Method:Calculated)	1.42	1.0-2.5	
PHOSPHORUS-INORGANIC,BLOOD (Method:Phosphomolybdate/UV)	3.6	2.4-5.1 mg/dL	mg/dL
SGOT/AST (Method:Modified IFCC)	**53**	13-40	U/L
BILIRUBIN (DIRECT) (Method:Vanadate oxidation)	0.2	<0.2	mg/dL

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

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

Lab No.	**:** SRE/10-08-2024/SR9498349	**Lab Add.**	**:** Newtown,Kolkata-700156
Patient Name	: SUBODH KUMAR JHA	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	**:** 37 Y 0 M 0 D	**Collection Date**	**:** 10/Aug/2024 08:43AM
Gender	**:** M	Report Date	**:** 10/Aug/2024 01:11PM

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
LIPID PROFILE , *GEL SERUM*			
CHOLESTEROL-TOTAL (Method:Enzymatic)	148	Desirable: < 200 mg/dL Borderline high: 200-239 mg/dL High: > or =240 mg/dL	mg/dL
TRIGLYCERIDES (Method:GPO-Trinder)	93	Normal:: < 150, BorderlineHigh::150-199, High:: 200-499, VeryHigh::>500	mg/dL
HDL CHOLESTEROL (Method:Elimination/catalase)	**30**	< 40 - Low 40-59- Optimum 60 - High	mg/dl
LDL CHOLESTEROL DIRECT (Method:Elimination / Catalase)	**115**	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)	4.9	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.*

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

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

Lab No.	: SRE/10-08-2024/SR9498349	**Lab Add.**	: Newtown,Kolkata-700156
Patient Name	: SUBODH KUMAR JHA	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	: 37 Y 0 M 0 D	**Collection Date**	: 10/Aug/2024 08:43AM
Gender	: M	Report Date	: 10/Aug/2024 01:28PM

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Bio Ref. Interval	Unit
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)	14.9	13 - 17	g/dL
WBC (Method:DC detection method)	5.4	4 - 10	*10^3/µL
RBC (Method:DC detection method)	4.76	4.5 - 5.5	*10^6/µL
PLATELET (THROMBOCYTE) COUNT (Method:DC detection method/Microscopy)	163	150 - 450*10^3	*10^3/µL
DIFFERENTIAL COUNT			
NEUTROPHILS (Method:Flowcytometry/Microscopy)	49	40 - 80 %	%
LYMPHOCYTES (Method:Flowcytometry/Microscopy)	28	20 - 40 %	%
MONOCYTES (Method:Flowcytometry/Microscopy)	09	2 - 10 %	%
EOSINOPHILS (Method:Flowcytometry/Microscopy)	**13**	1 - 6 %	%
BASOPHILS (Method:Flowcytometry/Microscopy)	**01**	0-0.9%	%
CBC SUBGROUP			
HEMATOCRIT / PCV (Method:Calculated)	46.1	40 - 50 %	%
MCV (Method:Calculated)	96.9	83 - 101 fl	fl
MCH (Method:Calculated)	31.4	27 - 32 pg	pg
MCHC (Method:Calculated)	32.4	31.5-34.5 gm/dl	gm/dl
RDW - RED CELL DISTRIBUTION WIDTH (Method:Calculated)	13	11.6-14%	%
PDW-PLATELET DISTRIBUTION WIDTH (Method:Calculated)	29.6	8.3 - 25 fL	fL
MPV-MEAN PLATELET VOLUME (Method:Calculated)	13.5	7.5 - 11.5 fl	

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

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

Lab No.	**:** SRE/10-08-2024/SR9498349	**Lab Add.**	**:** Newtown,Kolkata-700156
Patient Name	: SUBODH KUMAR JHA	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	**:** 37 Y 0 M 0 D	**Collection Date**	**:** 10/Aug/2024 08:43AM
Gender	**:** M	Report Date	**:** 10/Aug/2024 03:24PM

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Bio Ref. Interval	Unit
BLOOD GROUP ABO+RH [GEL METHOD] , *EDTA WHOLE BLOOD*			
ABO (Method:Gel Card)	A		
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.

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

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

Lab No.	**:** SRE/10-08-2024/SR9498349	**Lab Add.**	**:**
Patient Name	: SUBODH KUMAR JHA	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	**:** 37 Y 0 M 0 D	**Collection Date**	**:**
Gender	**:** M	Report Date	**:** 10/Aug/2024 03:08PM

DEPARTMENT OF X-RAY

DEPARTMENT OF RADIOLOGY
X-RAY REPORT OF CHEST (PA)

FINDINGS :

Bilateral lung fields appear unremarkable.

No abnormal lucency or opacity seen

Bilateral hilum appear normal in size, density and location.

Cardiac shadow appears normal.

Dome of both hemi-diaphragm are normal in position and contour.

Both cardiophrenic and costophrenic angle appears normal.

Bony thorax appears normal.

IMPRESSION -

No significant abnormality

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

Dr. Deoyani Sarjare
MBBS, MD, DNB, Radiology
MMC 2010|05|1951

Lab No.	: SRE/10-08-2024/SR9498349	**Lab Add.**	: Newtown,Kolkata-700156
Patient Name	: SUBODH KUMAR JHA	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	: 37 Y 0 M 0 D	**Collection Date**	: 11/Aug/2024 11:02AM
Gender	: M	Report Date	: 11/Aug/2024 04:07PM

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))	7.0	4.6 - 8.0	
SPECIFIC GRAVITY (Method:Dipstick (ion concentration method))	1.010	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	
MICROSCOPIC EXAMINATION			
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:

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

Lab No.	**:** SRE/10-08-2024/SR9498349	**Lab Add.**	**:** Newtown,Kolkata-700156
Patient Name	: SUBODH KUMAR JHA	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	**:** 37 Y 0 M 0 D	**Collection Date**	**:** 11/Aug/2024 11:02AM
Gender	**:** M	Report Date	**:** 11/Aug/2024 04:07PM

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

Suraksha DIAGNOSTICS

Lab No.	**:** SRE/10-08-2024/SR9498349	**Lab Add.**	**:**
Patient Name	: SUBODH KUMAR JHA	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	**:** 37 Y 0 M 0 D	**Collection Date**	**:**
Gender	**:** M	Report Date	**:** 13/Aug/2024 11:01AM

DEPARTMENT OF CARDIOLOGY

DEPARTMENT OF CARDIOLOGY

E.C.G. REPORT

Heart rate - 62 / min. (average)

Rhythm - Sinus

Axis - Normal

P- Wave - Normal

PR Interval - 0.14 Sec

QRS Complexes - Normal

ST Segment - Isoelectric

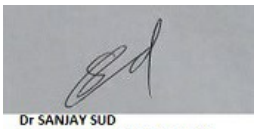
T Wave - Normal

QT Interval - 0.32 Sec

Voltage - Normal

IMPRESSION **: Normal Tracing. Please correlate clinically.**

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



Dr SANJAY SUD
MBBS (Cal), FCCP, MRI PHH(UK)
ECHO CARDIOLOGIST

Lab No.	**:** SRE/10-08-2024/SR9498349	**Lab Add.**	**:**
Patient Name	: SUBODH KUMAR JHA	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	**:** 37 Y 0 M 0 D	**Collection Date**	**:**
Gender	**:** M	Report Date	**:** 10/Aug/2024 12:57PM

DEPARTMENT OF ULTRASONOGRAPHY

REPORT ON EXAMINATION OF WHOLE ABDOMEN

LIVER

Liver is enlarged in size (15.67 cm), having grade I 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 visualised 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 normal in size (10.67 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 11.32 cm. & Lt. kidney 10.97 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.

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.

PROSTATE

Prostate is normal in size. Echotexture appears within normal limits. No focal alteration of its echogenecity could be detectable.

It measures : 3.00 cm. x 2.81 cm. x 3.36 cm.

Approximate weight could be around = 14.81 gms.

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.

Lab No.	**:** SRE/10-08-2024/SR9498349	**Lab Add.**	**:**
Patient Name	: SUBODH KUMAR JHA	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	**:** 37 Y 0 M 0 D	**Collection Date**	**:**
Gender	**:** M	Report Date	**:** 10/Aug/2024 12:57PM

DEPARTMENT OF ULTRASONOGRAPHY

IMPRESSION :

- **Hepatomegaly with grade I fatty changes.**

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. S. K. MONDAL
MBBS, CBET
(Sonologist)

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:	D02135837198
Patient ID:	SR9498349
Name:	SUBODH KUMAR JH
Physician:	
Sex:	M
DOB:	

Comments:

Analysis Data

Analysis Performed:	08/10/2024 13:56:01
Injection Number:	10197
Run Number:	121
Rack ID:	
Tube Number:	8
Report Generated:	08/10/2024 14:01:00
Operator ID:	ASIT

Peak Name	NGSP %	Area %	Retention Time (min)	Peak Area
A1a	---	1.1	0.163	25745
A1b	---	0.7	0.231	17109
F	---	0.8	0.277	18912
LA1c	---	1.6	0.414	39839
A1c	5.2	---	0.531	98160
P3	---	3.1	0.807	76022
P4	---	1.2	0.883	28449
Ao	---	87.5	1.003	2123386

Total Area: 2,427,622

HbA1c (NGSP) = 5.2 % HbA1c (IFCC) = 33 mmol/mol