MC-2178

Suraksha DIAGNOSTICS

Lab No.	: SIL/27-07-2024/SR9434792	**Lab Add.**	: Sevoke Road,Siliguri 734001
Patient Name	: PUJA SINGH	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	: 30 Y 9 M 11 D	**Collection Date**	: 27/Jul/2024 10:14AM
Gender	: F	Report Date	: 27/Jul/2024 04:12PM

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
ALKALINE PHOSPHATASE , *GEL SERUM* (Method:P-NPP,AMP BUFFER)	77	46 - 116	U/L
BILIRUBIN (DIRECT) (Method:DIAZOTIZATION)	**0.09**	< 0.2	mg/dL
SGOT/AST (Method:UV WITH P5P)	20	15 - 37	U/L
SGPT/ALT (Method:UV WITH P5P)	21	16 - 63	U/L
CHLORIDE,BLOOD (Method:ISE INDIRECT)	105	98 - 107	mEq/L
UREA,BLOOD (Method:UREASE-COLORIMETRIC)	14	12.8-42.8	mg/dl
GLUCOSE,FASTING (Method:Hexokinase Method)	91	70 - 100	mg/dl
PHOSPHORUS-INORGANIC,BLOOD (Method:UV PHOSPHOMOLYBDATE)	3.5	2.5-4.5 mg/dl	mg/dl
***TOTAL PROTEIN [BLOOD] ALB:GLO RATIO ,** .			
TOTAL PROTEIN (Method:BIURET METHOD)	7.35	6.6 - 8.7	g/dL
ALBUMIN (Method:BCP)	4	3.4 -5.0 g/dl	g/dl
GLOBULIN (Method:Calculated)	**3.34**	1.8-3.2	g/dl
AG Ratio (Method:Calculated)	1.2	1.0 - 2.5	
GLUCOSE,PP (Method:Hexokinase Method)	135	75-140	mg/dl
***THYROID PANEL (T3, T4, TSH) ,** *GEL SERUM*			
T3-TOTAL (TRI IODOTHYRONINE) (Method:CLIA)	1.29	0.60 - 1.81 ng/ml	ng/ml
T4-TOTAL (THYROXINE) (Method:CLIA)	**11.2**	4.5 - 10.9	microgram/dl
TSH (THYROID STIMULATING HORMONE) (Method:CLIA)	**6.28**	0.35-5.5	µIU/mL

BIOLOGICAL REFERENCE INTERVAL : *[ONLY FOR PREGNANT MOTHERS]*

Trimester specific TSH LEVELS during pregnancy:

FIRST TRIMESTER : 0.10 2.50 µ IU/mL
SECOND TRIMESTER :0.20 3.00 µ IU/mL
THIRD TRIMESTER :0.30 3.00 µ IU/mL

References :

1.*Indian Thyroid Society guidelines for management of thyroid dysfunction during pregnancy. Clinical Practice Guidelines, New Delhi: Elsevier; 2012.*

Lab No.	**:** SIL/27-07-2024/SR9434792	**Lab Add.**	**:** Sevoke Road,Siliguri 734001
Patient Name	: PUJA SINGH	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	**:** 30 Y 9 M 11 D	**Collection Date**	**:** 27/Jul/2024 10:14AM
Gender	**:** F	Report Date	**:** 27/Jul/2024 04:12PM

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit

2.Stagnaro-Green A, Abalovich M, Alexander E, Azizi F, Mestman J, Negro R, et al. Guidelines of the American Thyroid Association for the Diagnosis and Management of Thyroid Disease During Pregnancy and Postpartum. Thyroid 2011;21:1081-25.

3.Dave A, Maru L, Tripathi M. Importance of Universal screening for thyroid disorders in first trimester of pregnancy. Indian J Endocr Metab [serial online] 2014 [cited 2014 Sep 25];18:735-8. Available from: http://www.ijem.in/text.asp?2014/18/5/735/139221.

URIC ACID,BLOOD (Method:URICASE ,COLORICMETRIC)	3.38	2.6 - 6.0	mg/dl

LIPID PROFILE , *GEL SERUM*			
CHOLESTEROL-TOTAL (Method:CHOLESTEROL OXIDASE, ESTERASE,PEROXIDASE)	195	Desirable: < 200 mg/dL Borderline high: 200-239 High: > or =240 mg/dL	mg/dl
TRIGLYCERIDES (Method:ENZYMATIC, END POINT)	135	NORMAL < 150 BORDERLINE HIGH 150-199 HIGH 200-499 VERY HIGH > 500	mg/dl
HDL CHOLESTEROL (Method:DIRECT MEASURE-PEG)	**35**	NO RISK : >60 mg/dL, MODERATE RISK : 40-60 mg/dL, HIGH RISK : <40 mg/dL	mg/dl
LDL CHOLESTEROL DIRECT (Method:DIRECT MEASURE)	**152**	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)	7	< 40 mg/dl	mg/dL
CHOL HDL Ratio (Method:Calculated)	**5.5**	LOW RISK 3.3-4.4 AVERAGE RISK 4.47-7.1 MODERATE RISK 7.1-11.0 HIGH RISK >11.0	

POTASSIUM,BLOOD (Method:ISE INDIRECT)	4.55	3.5 - 5.1	mEq/L

CALCIUM,BLOOD (Method:OCPC)	8.6	8.6-10.0 mg/dl	mg/L

CHECKED TWICE

***GLYCATED HAEMOGLOBIN (HBA1C) ,** *EDTA WHOLE BLOOD*			
GLYCATED HEMOGLOBIN (HBA1C)	5.1	***FOR BIOLOGICAL REFERENCE INTERVAL DETAILS , PLEASE REFER TO THE BELOW MENTIONED REMARKS/NOTE WITH ADDITIONAL CLINICAL INFORMATION ***	%
HbA1c (IFCC) (Method:HPLC)	32		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 D 10

Lab No.	**:** SIL/27-07-2024/SR9434792	**Lab Add.**	**:** Sevoke Road,Siliguri 734001
Patient Name	: PUJA SINGH	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	**:** 30 Y 9 M 11 D	**Collection Date**	**:** 27/Jul/2024 10:14AM
Gender	**:** F	Report Date	**:** 27/Jul/2024 04:12PM

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit

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

Test Name	Result	Bio Ref. Interval	Unit
***BILIRUBIN (TOTAL) ,** *GEL SERUM*			
BILIRUBIN (TOTAL) (Method:DIAZONIUM ION)	0.57	0.2 - 1.2	mg/dL
SODIUM,BLOOD (Method:ISE INDIRECT)	**133**	136 - 145	mEq/L
CREATININE, BLOOD (Method: ALKALINE PICRATE)	0.64	0.50 - 1.10	mg/dl

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

Dr. Ankush Chakraborty
MBBS, MD (Path), IFCAP
Consultant Pathologist
Reg. No. 65992 (WBMC)

Lab No.	: SIL/27-07-2024/SR9434792	**Lab Add.**	: Sevoke Road,Siliguri 734001
Patient Name	: PUJA SINGH	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	: 30 Y 9 M 11 D	**Collection Date**	: 27/Jul/2024 10:11AM
Gender	: F	Report Date	: 27/Jul/2024 05:36PM

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Bio Ref. Interval	Unit
ESR (ERYTHROCYTE SEDIMENTATION RATE) , *EDTA WHOLE BLOOD*			
1stHour (Method:Westergren)	**24**	0.00 - 20.00 mm/hr	mm/hr
CBC WITH PLATELET (THROMBOCYTE) COUNT , *EDTA WHOLE BLOOD*			
HEMOGLOBIN (Method:SLS haemoglobin method)	**12.7**	12 - 15	g/dL
WBC (Method:DC detection method)	**10.5**	4 - 10	*10^3/µL
RBC (Method:DC detection method)	**3.55**	3.8 - 4.8	*10^6/µL
PLATELET (THROMBOCYTE) COUNT (Method:DC detection method/Microscopy)	242	150 - 450*10^3	*10^3/µL
DIFFERENTIAL COUNT			
NEUTROPHILS (Method:Flowcytometry/Microscopy)	68	40 - 80 %	%
LYMPHOCYTES (Method:Flowcytometry/Microscopy)	29	20 - 40 %	%
MONOCYTES (Method:Flowcytometry/Microscopy)	**01**	2 - 10 %	%
EOSINOPHILS (Method:Flowcytometry/Microscopy)	02	1 - 6 %	%
BASOPHILS (Method:Flowcytometry/Microscopy)	00	0-0.9%	%
CBC SUBGROUP			
HEMATOCRIT / PCV (Method:Calculated)	36.4	36 - 46 %	%
MCV (Method:Calculated)	**102.5**	83 - 101 fl	fl
MCH (Method:Calculated)	**35.9**	27 - 32 pg	pg
MCHC (Method:Calculated)	**35**	31.5-34.5 gm/dl	gm/dl
RDW - RED CELL DISTRIBUTION WIDTH (Method:Calculated)	**15.3**	11.6-14%	%
PDW-PLATELET DISTRIBUTION WIDTH (Method:Calculated)	23.3	8.3 - 25 fL	fL
MPV-MEAN PLATELET VOLUME (Method:Calculated)	13.1	7.5 - 11.5 fl	
RBC	ERYTHROPENIA. MACROCYTIC		
WBC.	NORMAL MORPHOLOGY		
PLATELET	ADEQUATE ON SMEAR AND PRESENT OFTEN IN CLUMPS.		
BLOOD GROUP ABO+RH [GEL METHOD] , *EDTA WHOLE BLOOD*			
ABO (Method:Gel Card)	O		
RH (Method:Gel Card)	POSITIVE		

Lab No.	**:** SIL/27-07-2024/SR9434792	**Lab Add.**	**:** Sevoke Road,Siliguri 734001
Patient Name	: PUJA SINGH	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	**:** 30 Y 9 M 11 D	**Collection Date**	**:** 27/Jul/2024 10:11AM
Gender	**:** F	Report Date	**:** 27/Jul/2024 05:36PM

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Bio Ref. Interval	Unit

Gel technology Dia Med ID Micro typing system is the latest technology in transfusion Medicine.
It gives more reproducible and standardized test results.
It more repaid, reliable, very sensitive and objective , and hence more consistent and comparable results are obtained.
Single used cards are individualised for every patient and results can be photographed / scanned and stored for future use.
Special instruments that are used only for this technology also reduce risk of any contamination.

Ref:- WHO technical manual on transfusion medicine-Second Edition 2003

(RESULTS ALSO VERIFIED BY : FORWARD AND REVERSE GROUPING (TUBE AND SLIDE METHOD)

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 *****

Dr. Ankush Chakraborty
MBBS, MD (Path), IFCAP
Consultant Pathologist
Reg. No. 65992 (WBMC)

Lab No.	**:** SIL/27-07-2024/SR9434792	**Lab Add.**	**:**
Patient Name	: PUJA SINGH	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	**:** 30 Y 9 M 11 D	**Collection Date**	**:**
Gender	**:** F	Report Date	**:** 27/Jul/2024 04:28PM

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 pleuro- parenchymal abnormality

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

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

Lab No.	**:** SIL/27-07-2024/SR9434792	**Lab Add.**	**:** Sevoke Road,Siliguri 734001
Patient Name	: PUJA SINGH	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	**:** 30 Y 9 M 11 D	**Collection Date**	**:** 27/Jul/2024 10:14AM
Gender	**:** F	Report Date	**:** 27/Jul/2024 04:11PM

DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Bio Ref. Interval	Unit
URINE ROUTINE ALL, ALL , *URINE*			
PHYSICAL EXAMINATION			
COLOUR	STRAW		
APPEARANCE	CLEAR		
CHEMICAL EXAMINATION			
pH (Method:Dipstick (triple indicator method))	6.5	4.6 - 8.0	
SPECIFIC GRAVITY (Method:Dipstick (ion concentration method))	1.005	1.005 - 1.030	
PROTEIN (Method:Dipstick (protein error of pH indicators)/Manual)	ABSENT	NOT DETECTED	
GLUCOSE (Method:Dipstick(glucose-oxidase-peroxidase method)/Manual)	ABSENT	NOT DETECTED	
KETONES (ACETOACETIC ACID, ACETONE) (Method:Dipstick (Legals test)/Manual)	ABSENT	NOT DETECTED	
BLOOD (Method:Dipstick (pseudoperoxidase reaction))	ABSENT	NOT DETECTED	
BILIRUBIN (Method:Dipstick (azo-diazo reaction)/Manual)	ABSENT	NEGATIVE	
UROBILINOGEN (Method:Dipstick (diazonium ion reaction)/Manual)	ABSENT	NEGATIVE	
NITRITE (Method:Dipstick (Griess test))	ABSENT	NEGATIVE	
LEUCOCYTE ESTERASE (Method:Dipstick (ester hydrolysis reaction))	PRESENT(+)	NEGATIVE	
MICROSCOPIC EXAMINATION			
LEUKOCYTES (PUS CELLS) (Method:Microscopy)	5-6	0-5	/hpf
EPITHELIAL CELLS (Method:Microscopy)	7-8	0-5	/hpf
RED BLOOD CELLS (Method:Microscopy)	ABSENT	0-2	/hpf
CAST (Method:Microscopy)	ABSENT	NOT DETECTED	
CRYSTALS (Method:Microscopy)	ABSENT	NOT DETECTED	
BACTERIA (Method:Microscopy)	PRESENT(++)	NOT DETECTED	
YEAST (Method:Microscopy)	ABSENT	NOT DETECTED	
OTHERS	ABSENT		

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

Lab No.	**:** SIL/27-07-2024/SR9434792	**Lab Add.**	**:** Sevoke Road,Siliguri 734001
Patient Name	: PUJA SINGH	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	**:** 30 Y 9 M 11 D	**Collection Date**	**:** 27/Jul/2024 10:14AM
Gender	**:** F	Report Date	**:** 27/Jul/2024 04:11PM

DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Bio Ref. Interval	Unit

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 and/or yeast in the urine.

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

Dr. Ankush Chakraborty
MBBS, MD (Path), IFCAP
Consultant Pathologist
Reg. No. 65992 (WBMC)

Lab No.	**:** SIL/27-07-2024/SR9434792	**Lab Add.**	**:**
Patient Name	: PUJA SINGH	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	**:** 30 Y 9 M 11 D	**Collection Date**	**:**
Gender	**:** F	Report Date	**:** 27/Jul/2024 01:19PM

DEPARTMENT OF CARDIOLOGY

DEPARTMENT OF RESPIRATORY MEDICINE
REPORT OF PULMONARY FUNCTION TEST

ECCS/Quanjer		**PRE**				
	Pred	Best	% Pred	Meas 1	Meas 2	Meas 3
FVC	3.06	3.09	101	3.09	3.03	2.64
FEV 1.0	2.66	2.67	100	2.67	2.70	2.45
FEV1.0/FVC	83	86	103	86	89	93
FEF25-75%	3.81	3.08	81	3.08	3.39	2.96
PEF	6.35	6.98	110	6.98	6.23	4.95
MEF 75%	5.74	6.77	118	6.77	6.03	4.34
MEF 50%	4.13	3.60	87	3.60	4.15	3.16
MEF 25%	1.95	1.38	71	1.38	1.62	2.02

IMPRESSION :
NORMAL PULMONARY FUNCTION.

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

Dr. ARABINDA SAHA (MD,DM)
CONSULTANT CARDIOLOGIST

Lab No.	**:** SIL/27-07-2024/SR9434792	**Lab Add.**	**:**
Patient Name	: PUJA SINGH	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	**:** 30 Y 9 M 11 D	**Collection Date**	**:**
Gender	**:** F	Report Date	**:** 27/Jul/2024 12:26PM

DEPARTMENT OF CARDIOLOGY

DEPARTMENT OF CARDIOLOGY
REPORT OF E.C.G.

HEART RATE	:	85 /min.
RHYTHM	:	Regular sinus.
P-WAVE	:	Normal
P - R INTERVAL	:	160 ms,
QRS DURATION	:	80 ms
QRS CONFIGURATION	:	NORMAL
QRS VOLTAGE	:	R/S in V1 1/1 mm.
		R/S in V6 8/1 mm.
QRS AXIS	:	+60°
Q- Waves	:	No significant Q-wave.
QT TIME	:	420 ms
ST SEGMENT	:	Normal.
T WAVE	:	NORMAL
ROTATION	:	Normal.
OTHER FINDINGS	:	Nil.
IMPRESSION	**:**	**ECG WITHIN NORMAL LIMIT**.

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

Dr. ARABINDA SAHA (MD,DM)
CONSULTANT CARDIOLOGIST

Lab No.	**:** SIL/27-07-2024/SR9434792	**Lab Add.**	**:**
Patient Name	: PUJA SINGH	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	**:** 30 Y 9 M 11 D	**Collection Date**	**:**
Gender	**:** F	Report Date	**:** 27/Jul/2024 01:19PM

DEPARTMENT OF CARDIOLOGY

DEPARTMENT OF CARDIOLOGY
REPORT ON EXAMINATION OF STRESS TEST (T.M.T)

RESULT : FAIR EXERCISE (7.0 METS) TOLERANCE. NORMAL HEART RATE & BP RESPONSE. SIGNIFICANT ST-T SEGMENT CHANGE IN LEADS II, III, avf .

THE TEST TERMINATED BECAUSE OF SOB.

IMPRESSION : THE TEST POSITIVE FOR INDUCIBLE ISCHAEMIA.

Thank you for the opportunity to participate in the care of your patient

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

Dr. ARABINDA SAHA (MD,DM)
CONSULTANT CARDIOLOGIST

Lab No.	**:** SIL/27-07-2024/SR9434792	**Lab Add.**	**:**
Patient Name	: PUJA SINGH	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	**:** 30 Y 9 M 11 D	**Collection Date**	**:**
Gender	**:** F	Report Date	**:** 28/Jul/2024 02:18PM

DEPARTMENT OF ULTRASONOGRAPHY
REPORT ON EXAMINATION OF WHOLE ABDOMEN

LIVER

Liver is normal in size (125 mm at right MCL) 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 with no intraluminal pathology (Calculi /mass) could be detected at its visualsed part. Portal vein is normal at porta.

GALL BLADDER

Gallbladder is physiologically 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 (80 mm). 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 100 mm. & Lt. kidney 96 mm.) 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. 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.

UTERUS

Uterus is anteverted, normal in size (80 mm. x 36 mm.) Endometrium (collapsed wall) is in midline. Myometrium appears smooth & homogenous without any detectable/sizable focal lesion.Cervix looks normal.Pouch of Douglas is free.

OVARIES

Left ovary is normal in size, shape, position, margin and echotexture.
Left ovary measures : 36 mm x 17 mm.
Right ovary shows a simple unilocular cyst, measuring 33x22 mm.
Right ovary measures : 50 mm x 24 mm.

IMPRESSION :

Right ovary shows a simple unilocular cyst.

Follow up.

Lab No.	**:** SIL/27-07-2024/SR9434792	**Lab Add.**	**:**
Patient Name	: PUJA SINGH	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	**:** 30 Y 9 M 11 D	**Collection Date**	**:**
Gender	**:** F	Report Date	**:** 28/Jul/2024 02:18PM

DEPARTMENT OF ULTRASONOGRAPHY

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.

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

DR. Ziaul Mustafa
MD, Radiodiagnosis

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

Lab No.	**:** SIL/27-07-2024/SR9434792	**Lab Add.**	**:**
Patient Name	: PUJA SINGH	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	**:** 30 Y 9 M 11 D	**Collection Date**	**:**
Gender	**:** F	Report Date	**:** 29/Jul/2024 01:59PM

DEPARTMENT OF MAMMOGRAPHY

DEPARTMENT OF RADIOLOGY
MAMMOGRAPHY OF BOTH BREASTS

Cranio-caudal & medio-lateral oblique views of both mammary gland are taken along with axillary tail.

Reveal coarse texture of glandular elements mixed with fatty tissue.

RIGHT BREAST : Fibroglandular tissue shows normal glandular elements without any macro or micro calcification. BI - RADS 1.

LEFT BREAST : Fibroglandular tissue shows normal glandular elements without any macro or micro calcification. BI - RADS 1.

Skin & nipple outline are normal on both sides.

AXILLA : No nodes on both sides.

IMPRESSION :
Normal mammography of both breasts.
N.B: Mammography may be normal in fibroadenosis.

Breast imaging and data system
Category 0: Need additional imaging
Category 1: Negative category 2: Benign findings
Category 3: Probably benign (< 2 % risk of malignancy)
short interval follow up suggested (in 6 months)
Category 4: Suspicious abnormality - biopsy should be considered
Category 5: Highly suggestive of malignancy
Appropriate action should be taken
Category 6: Known biopsy proven malignancy]

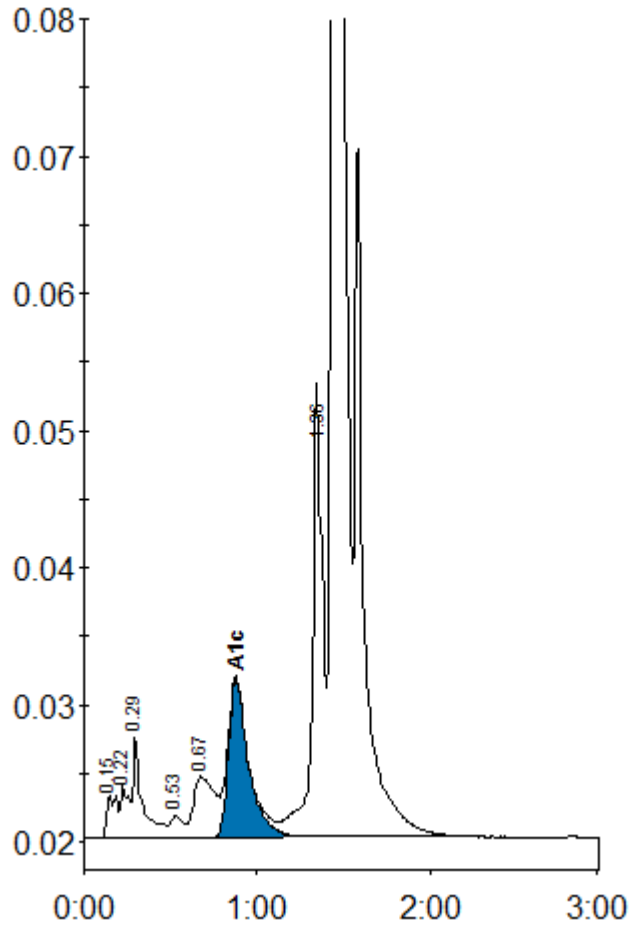
[INFORMATION REGARDING MAMMOGRAMS
1.A report that is negative for malignancy should not delay biopsy if there is a dominant or clinically suspicious mass.
2.In dense breasts an underlying mass lesion may be obscured.
3.False positive diagnoses of cancer may occur in small percentage of case.]

DR. MUKTI SARKAR MD.
CONSULTANT RADIOLOGIST

SURAKSHA DIAGNOSTIC PVT LTD
15/10 UDHAM SINGH SARANI -SILIGURI-734401

Patient report

Sample ID:	D02135794612
Injection date	27/07/2024 02:18 AM
Injection #: 11	D-10 Method: HbA1c
Rack #: ---	Rack position: 1
Bio-Rad v: 5.00-2	S/N: #DM23F10804



Peak table - ID: D02135794612

Peak	R.time	Height	Area	Area %
Unknown	0.15	3120	12618	0.5
A1a	0.22	3995	12281	0.5
A1b	0.29	7472	29545	1.1
F	0.53	1658	8491	0.3
LA1c/CHb-1	0.67	4520	38312	1.4
A1c	0.88	11580	95385	5.1
P3	1.36	29377	138753	5.1
A0	1.44	996057	2364121	87.6
Total Area:	2699506			

Concentration:	%	mmol/mol
A1c	5.1	32