Suraksha DIAGNOSTICS

Lab No.	: ASN/27-07-2024/SR9435310	**Lab Add.**	: CITY CENTER, DURGAPUR PIN–713216
Patient Name	: KABERY MALAKAR	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	: 30 Y 4 M 16 D	**Collection Date**	: 27/Jul/2024 02:36PM
Gender	: F	Report Date	: 27/Jul/2024 06:06PM

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
POTASSIUM,BLOOD , *GEL SERUM* (Method:ISE DIRECT)	4.4	3.1-5.5 mEq/L	mEq/L
CREATININE, BLOOD (Method:ENZYMATIC)	0.77	0.60 - 1.1 mg/dl	mg/dL
URIC ACID,BLOOD (Method:URICASE)	5.2	2.6 - 6.0	mg/dl
GLUCOSE,FASTING (Method:GOD POD)	88	(70 - 110 mg/dl)	mg/dL
***LIPID PROFILE ,** *GEL SERUM*			
CHOLESTEROL-TOTAL (Method:CHOD PAP Method)	171	Desirable: < 200 mg/dL Borderline high: 200-239 High: > or =240 mg/dL	mg/dL
TRIGLYCERIDES (Method:GPO-PAP)	**168**	NORMAL < 150 BORDERLINE HIGH 150-199 HIGH 200-499 VERY HIGH > 500	mg/dL
HDL CHOLESTEROL (Method:DIRECT METHOD)	42	42-88 mg/dl	mg/dL
LDL CHOLESTEROL DIRECT (Method:Direct Method)	96	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)	33	< 40 mg/dl	mg/dL
CHOL HDL Ratio (Method:Calculated)	4.1	LOW RISK 3.3-4.4 AVERAGE RISK 4.47-7.1 MODERATE RISK 7.1-11.0 HIGH RISK >11.0	
***THYROID PANEL (T3, T4, TSH) ,** *GEL SERUM*			
T3-TOTAL (TRI IODOTHYRONINE) (Method:CLIA)	1.5	0.9 - 2.2 ng/ml	ng/ml
T4-TOTAL (THYROXINE) (Method:CLIA)	11.3	5.5-16 microgram/dl	5.5-16 microgram/dl
TSH (THYROID STIMULATING HORMONE) (Method:CLIA)	**6.0**	0.5-4.7	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.*

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.

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Suraksha DIAGNOSTICS

Lab No.	: ASN/27-07-2024/SR9435310	**Lab Add.**	: CITY CENTER, DURGAPUR PIN–713216
Patient Name	: KABERY MALAKAR	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	: 30 Y 4 M 16 D	**Collection Date**	: 27/Jul/2024 02:36PM
Gender	: F	Report Date	: 27/Jul/2024 06:06PM

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
SODIUM,BLOOD (Method:ISE DIRECT)	138	136 - 145	mEq/L
***UREA NITROGEN (BUN), BLOOD ,** *GEL SERUM*			
UREA,BLOOD (Method:UREASE-GLDH)	19.5	12.8-42.8	mg/dl
UREA NITROGEN (BUN) (Method:Calculated)	9	6-20 mg/dL	mg/dL
***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 : **BIORAD D-10**
Method : HPLC

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

Test Name	Result	Bio Ref. Interval	Unit
***LFT with GGT**			
BILIRUBIN (TOTAL) (Method:Diazotized DCA Method)	0.4	< 1.2	mg/dL
BILIRUBIN (DIRECT) (Method:Diazotized DCA Method)	0.2	< 0.3	mg/dL
BILIRUBIN (INDIRECT) (Method:Calculated)	0.2	0.0 - 0.9	mg/dl
SGPT/ALT (Method:IFCC Kinetic Method)	15	< 41	U/L

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Gender	: F	Report Date	: 27/Jul/2024 06:06PM

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
SGOT/AST (Method:IFCC Kinetic Method)	23	< 40	U/L
ALKALINE PHOSPHATASE (Method:AMP)	**112**	42-98 U/L	U/L
TOTAL PROTEIN (Method:BIURET METHOD)	6.8	6.6 - 8.7	g/dL
ALBUMIN,BLOOD (Method:BCG)	4.3	3.5 - 5.2	g/dL
GLOBULIN (Method:Calculated)	2.5	1.8-3.2	g/dl
AG Ratio (Method:Calculated)	1.72	1.0 - 2.5	
GGT (Method:Glupa C)	17	< 38	U/L
GLUCOSE,PP (Method:GOD POD)	96	(70 - 140 mg/dl)	mg/dL

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

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Lab No.	: ASN/27-07-2024/SR9435310	Lab Add.	: CITY CENTER, DURGAPUR PIN–713216
Patient Name	: KABERY MALAKAR	Ref Dr.	: Dr.MEDICAL OFFICER
Age	: 30 Y 4 M 16 D	Collection Date	: 27/Jul/2024 10:43AM
Gender	: F	Report Date	: 27/Jul/2024 05:44PM

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Bio Ref. Interval	Unit
***CBC WITH PLATELET (THROMBOCYTE) COUNT** , *EDTA WHOLE BLOOD*			
HEMOGLOBIN (Method:PHOTOMETRIC)	12.7	12 - 15	g/dL
WBC (Method:DC detection method)	9.9	4 - 10	*10^3/μL
RBC (Method:DC detection method)	3.87	3.8 - 4.8	*10^6/μL
PLATELET (THROMBOCYTE) COUNT (Method:DC detection method/Microscopy)	**111**	150 - 450*10^3	*10^3/μL
DIFFERENTIAL COUNT			
NEUTROPHILS (Method:Flowcytometry/Microscopy)	50	40 - 80 %	%
LYMPHOCYTES (Method:Flowcytometry/Microscopy)	**44**	20 - 40 %	%
MONOCYTES (Method:Flowcytometry/Microscopy)	03	2 - 10 %	%
EOSINOPHILS (Method:Flowcytometry/Microscopy)	03	1 - 6 %	%
BASOPHILS (Method:Flowcytometry/Microscopy)	00	0-0.9%	%
CBC SUBGROUP			
HEMATOCRIT / PCV (Method:Calculated)	40	36 - 46 %	%
MCV (Method:Calculated)	**103.2**	83 - 101 fl	fl
MCH (Method:Calculated)	**32.7**	27 - 32 pg	pg
MCHC (Method:Calculated)	31.7	31.5-34.5 gm/dl	gm/dl
RDW - RED CELL DISTRIBUTION WIDTH (Method:Calculated)	**14.7**	11.6-14%	%
PDW-PLATELET DISTRIBUTION WIDTH (Method:Calculated)	39.9	8.3 - 25 fL	fL
MPV-MEAN PLATELET VOLUME (Method:Calculated)	14.9	7.5 - 11.5 fl	
***ESR (ERYTHROCYTE SEDIMENTATION RATE)** , *EDTA WHOLE BLOOD*			
1stHour (Method:Westergren)	**56**	0.00 - 20.00 mm/hr	mm/hr

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

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Suraksha DIAGNOSTICS

Lab No.	: ASN/27-07-2024/SR9435310	**Lab Add.**	: Newtown,Kolkata-700156
Patient Name	: KABERY MALAKAR	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	: 30 Y 4 M 16 D	**Collection Date**	: 27/Jul/2024 10:43AM
Gender	: F	Report Date	: 27/Jul/2024 07:39PM

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Bio Ref. Interval	Unit
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.

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

Kaushik Dey

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

DEPARTMENT OF CYTOPATHOLOGY

PAP SMEAR REPORT - liquid based cytology (BD SurePath TM)

Lab No : P - 3239 /24

Reporting System : The 2014 Bethesda System
Specimen : Vaginal smear.

Specimen Adequacy : Satisfactory for evaluation :
A satisfactory squamous component is present.
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.*

DEPARTMENT OF CYTOPATHOLOGY

PAP SMEAR REPORT - liquid based cytology (BD SurePath TM)

Lab No : P - 3238 /24

Reporting System : The 2014 Bethesda System
Specimen : Cervical 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.

Lab No.	: ASN/27-07-2024/SR9435310	Lab Add.	: Newtown,Kolkata-700156
Patient Name	: KABERY MALAKAR	Ref Dr.	: Dr.MEDICAL OFFICER
Age	: 30 Y 4 M 16 D	Collection Date	: 27/Jul/2024 03:04PM
Gender	: F	Report Date	: 29/Jul/2024 04:22PM

DEPARTMENT OF CYTOLOGY

****Report relates to the item tested only.*

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

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

Lab No.	: ASN/27-07-2024/SR9435310	Lab Add.	: ASANSOL
Patient Name	: KABERY MALAKAR	Ref Dr.	: Dr.MEDICAL OFFICER
Age	: 30 Y 4 M 16 D	Collection Date	:
Gender	: F	Report Date	: 27/Jul/2024 06:39PM

DEPARTMENT OF X-RAY

X-RAY CHEST PA VIEW

Bilateral lung fields appear normal.

Bilateral costophrenic angles are unremarkable.

Bilateral hila and vascular markings are unremarkable.

Domes of diaphragm are normal in morphology and contour.

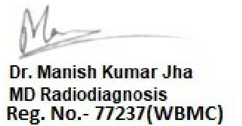
Cardiac size is within normal limits.

Bony thoracic cage appears normal.

IMPRESSION:
No obvious abnormality detected.
No evidence of fracture or dislocation.

Recommended clinical correlation and with other investigations.

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



Lab No.	: ASN/27-07-2024/SR9435310	Lab Add.	: CITY CENTER, DURGAPUR PIN–713216
Patient Name	: KABERY MALAKAR	Ref Dr.	: Dr.MEDICAL OFFICER
Age	: 30 Y 4 M 16 D	Collection Date	: 27/Jul/2024 10:44AM
Gender	: F	Report Date	: 27/Jul/2024 05:47PM

DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Bio Ref. Interval	Unit
***URINE ROUTINE ALL, ALL ,** *URINE*			
PHYSICAL EXAMINATION			
COLOUR	PALE YELLOW		
APPEARANCE	CLEAR		
CHEMICAL EXAMINATION			
pH (Method:Dipstick (triple indicator method))	6.0	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	
MICROSCOPIC EXAMINATION			
LEUKOCYTES (PUS CELLS) (Method:Microscopy)	1-2	0-5	/hpf
EPITHELIAL CELLS (Method:Microscopy)	3-4	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

DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Bio Ref. Interval	Unit

and/or yeast in the urine.

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

Dr Sayak Biswas
MBBS, MD (Pathology)
Consultant Pathologist
Reg No. WBMC 74506

Lab No.	: ASN/27-07-2024/SR9435310	Lab Add.	: ASANSOL
Patient Name	: KABERY MALAKAR	Ref Dr.	: Dr.MEDICAL OFFICER
Age	: 30 Y 4 M 16 D	Collection Date	:
Gender	: F	Report Date	: 27/Jul/2024 03:42PM

DEPARTMENT OF CARDIOLOGY

REPORT OF ELECTROCARDIOGRAM

RATE	71/M
STANDARDIZATION	10 mm
RHYTHM	Sinus Rhythm
VOLTAGE	Normal
P/QRS/TAXIS	Normal
PR INTERVAL	Normal
P WAVES	Normal
Q WAVES	Not present
T WAVES	Normal
QRS INTERVAL	Normal
ST SEGMENT	Isoelectric
T INTERVAL	Normal
ARRHYTHMIA	Nil.

IMPRESSION:Within normal limit.

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

DR. S. BHAGAT
MBBS, MD
(NON-INVASIVE CARDIOLOGIST)

Lab No.	: ASN/27-07-2024/SR9435310	Lab Add.	: ASANSOL
Patient Name	: KABERY MALAKAR	Ref Dr.	: Dr.MEDICAL OFFICER
Age	: 30 Y 4 M 16 D	Collection Date	:
Gender	: F	Report Date	: 27/Jul/2024 03:46PM

DEPARTMENT OF CARDIOLOGY

ECHOCARDIOGRAPHY M-MODE STUDY

	Observed value in mm	Normal value for adult		Observed value in mm	Normal value for adult
LEFT VENTRICLE:			MITRAL VALVE:		
LVIDD	46 mm.	(35-56 mm.)	Prolapse/ SAM		
LVIDS	27 mm.	(24-42 mm.)	Anterior leaflet		
LVEF	73 %		DE	16 mm.	(15-22 mm.)
FS	42 %		EF SLOPE	90 mm./sec	(50-150 mm/sec.)
LVPWD	08 mm.	(6-11 mm.)	EPSS	03 mm.	(< 10 mm.)
IVSD	08 mm.	(6-11 mm.)	Posterior leaflet		
RIGHT VENTRICLE			TRICUSPID VALVE		
Internal Dimension	19 mm.	(7-25 mm.)	AORTA		
TAPSE			Root diameter	24 mm.	(20-37 mm.)
LEFT ATRIUM			Valve excursion	18 mm.	(15-26 mm.)
Internal Dimension	33 mm.	(19-40 mm.)			

COLOUR DOPPLER STUDY

	Peak vel. Cm/Sec	PG mm Hg	Regurgitation
TV	80	2.56	NIL
PV	97	3.78	NIL
MV	E-111 A-80	E- 4.94 A-2.53	NIL
AV	150	9.05	NIL
TR JET	----	----	----

2-D OBSERVATION:-

- The cardiac chambers are in normal dimension.
- The cardiac valves are in normal morphology.
- Resting global LV systolic function is normal. No diastolic dysfunction seen.
- No regional or global left ventricular wall motion abnormality seen.
- No LV clot noted.

- The IVS and IAS are intact.
- The pericardium is normal.

<u>Colour Flow Mapping</u>:- Normal.

<u>Patient History and Clinical Findings</u>:-

[1] Past History:-**DM**

[2] Present Complaint: **No complain.**

(a)SPO_2- 98% (b)Pulse- 90 bpm (c) CVS - Normal on auscultation.

ECG: Within normal limit.

Reason for Echocardiography- Evaluation of heart.

<u>Conclusion and Final Impression</u>:-2D, M - MODE, COLOUR DOPPLER ECHOCARDIOGRAPHY STUDY NORMAL.LVEF : 73%.

<u>Formerly trained at:-</u>(1) Appolo Gleneagles Hospital Ko

<u>Formerly trained at:-</u>(1) Appolo Gleneagles Hospital Kolkata Department of Non Invasive Cardiology. (2) JROP INSTITUTE of Echocardiography, Ashok Bihar Delhi. (3) Echo Master class Echocardiography course endorsed by the medical University of Vienna and Austrian Society of Cardiology. Course director Thomas Binder, M.D., Professor of Medicine. 123 Sonographycourse. (4) Ex specialist cardiologist 'International Hospital Bahrain'.

*** End Of Report ***

DR. S. BHAGAT
MBBS, MD
(NON-INVASIVE CARDIOLOGIST)

Lab No.	: ASN/27-07-2024/SR9435310	Lab Add.	: ASANSOL
Patient Name	: KABERY MALAKAR	Ref Dr.	: Dr.MEDICAL OFFICER
Age	: 30 Y 4 M 16 D	Collection Date	:
Gender	: F	Report Date	: 27/Jul/2024 03:52PM

DEPARTMENT OF ULTRASONOGRAPHY

ULTRASONOGRAPHY OF WHOLE ABDOMEN

LIVER: **It is mildly enlarged in size (16.1 cm)** with normal in shape and **shows increased echogenicity.** No focal lesion is seen. Intrahepatic biliary radicles are not dilated. The portal vein branches and hepatic veins are normal.

GALL BLADDER: Well distended lumen shows no intra-luminal calculus or mass. Wall thickness is normal. No pericholecystic collection or mass formation is noted.

PORTA HEPATIS: The portal vein is normal in caliber (0.92 cm) with clear lumen. The common bile duct is normal in caliber. Visualized lumen is clear. Common bile duct measures approx 0.25 cm in diameter.

PANCREAS: It is normal in shape, size and **shows increased echogenicity.** Main pancreatic duct is not dilated. No focal lesion is seen. The peripancreatic region shows no abnormal fluid collection.

SPLEEN: It is normal in shape, size (10.1 cm) and shows homogeneous echopattern. No focal lesion is seen. No abnormal venous dilatation is seen in the splenic hilum.

KIDNEYS: Both Kidneys are normal in shape, size and position. Cortical echogenicity and thickness are normal with normal cortico-medullary differentiation in both kidneys. No calculus, hydronephrosis or mass is noted. The perinephric region shows no abnormal fluid collection.

RIGHT KIDNEY measures 9.6 cm **LEFT KIDNEY** measures 10.2 cm

URETER: Both ureters are not dilated. No calculus is noted in either side.

PERITONEUM & RETROPERITONEUM: The aorta and IVC are normal. Lymph nodes are not enlarged. No free fluid is seen in peritoneum.

URINARY BLADDER: It is adequately distended providing optimum scanning window. The lumen is clear and wall thickness is normal.

UTERUS: It is normal in shape, size (7.4 x 4.7 x 3.2 cm) and echopattern. No focal myometrial lesion is seen. Endometrial echo is in midline. Double layer of endometrial echo measures 0.87 cm . Endometrial cavity is empty. Cervix is normal.

RIGHT OVARY is normal in shape and size. **Multiple tiny cysts are noted in periphery with central echogenic increased stroma.**

Right ovary measures 3.0 x 2.4 x 2.0 cm, vol: 9.8 cc.

LEFT OVARY is normal in shape, size and echopattern. Left ovary measures 2.7 x 2.3 x 1.8 cm, vol: 9.7 cc.

POD : No fluid is seen.

IMPRESSION:

**** Mild hepatomegaly with Grade-II fatty liver.**

**** Early fatty changes in pancreas.**

**** Polycystic changes in right ovary - Adv:- Hormonal correlation.**

Suraksha Diagnostic Limited
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Lab No.	: ASN/27-07-2024/SR9435310	Lab Add.	: ASANSOL
Patient Name	: KABERY MALAKAR	Ref Dr.	: Dr.MEDICAL OFFICER
Age	: 30 Y 4 M 16 D	Collection Date	:
Gender	: F	Report Date	: 27/Jul/2024 03:52PM

DEPARTMENT OF ULTRASONOGRAPHY

** Follow up & other investigations.

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. Panchanan Dey
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