Lab No.	: MRD/28-09-2024/SR9716916	**Lab Add.**	: Newtown,Kolkata-700156
Patient Name	: MALLIKA MUKHERJEE	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	: 30 Y 2 M 29 D	**Collection Date**	: 28/Sep/2024 10:07AM
Gender	: F	Report Date	: 28/Sep/2024 02:02PM

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
PHOSPHORUS-INORGANIC,BLOOD , *GEL SERUM* (Method:Phosphomolybdate/UV)	3.2	2.4-5.1 mg/dL	mg/dL
THYROID PANEL (T3, T4, TSH) , *GEL SERUM*			
T3-TOTAL (TRI IODOTHYRONINE) (Method:CLIA)	1.05	0.60-1.81 ng/ml	ng/ml
T4-TOTAL (THYROXINE) (Method:CLIA)	10.2	3.2-12.6	µg/dL
TSH (THYROID STIMULATING HORMONE) (Method:CLIA)	2.429	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.*

URIC ACID,BLOOD (Method:Uricase/Peroxidase)	5.5	2.6-6.0	mg/dL
CALCIUM,BLOOD (Method:Arsenazo III)	9.7	8.7-10.4	mg/dL
UREA,BLOOD (Method:Urease with GLDH)	25.7	19-49	mg/dL
GLUCOSE,FASTING (Method:Gluc Oxidase Trinder)	82	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.

Lab No.	**:** MRD/28-09-2024/SR9716916	**Lab Add.**	**:** Newtown,Kolkata-700156
Patient Name	: MALLIKA MUKHERJEE	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	**:** 30 Y 2 M 29 D	**Collection Date**	**:** 28/Sep/2024 10:07AM
Gender	**:** F	Report Date	**:** 28/Sep/2024 02:02PM

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit

Reference :
ADA Standards of Medical Care in Diabetes – 2020. Diabetes Care Volume 43, Supplement 1.

SGOT/AST (Method:Modified IFCC)	22	13-40	U/L
POTASSIUM,BLOOD (Method:ISE INDIRECT)	4.4	3.5-5.5	mEq/L
CHLORIDE,BLOOD (Method:ISE INDIRECT)	106	99-109	mEq/L
CREATININE, BLOOD (Method:Jaffe, alkaline picrate, kinetic)	0.61	0.5-1.1	mg/dL
SGPT/ALT (Method:Modified IFCC)	21	7-40	U/L
SODIUM,BLOOD (Method:ISE INDIRECT)	141	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.	: MRD/28-09-2024/SR9716916	**Lab Add.**	: Newtown,Kolkata-700156
Patient Name	: MALLIKA MUKHERJEE	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	: 30 Y 2 M 29 D	**Collection Date**	: 28/Sep/2024 10:07AM
Gender	: F	Report Date	: 28/Sep/2024 03:36PM

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
GLUCOSE,PP (Method:Gluc Oxidase Trinder)	83	Impaired Glucose Tolerance-140 to 199. Diabetes>= 200.	mg/dL

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

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

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

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

Lab No.	**:** MRD/28-09-2024/SR9716916	**Lab Add.**	**:** Newtown,Kolkata-700156
Patient Name	: MALLIKA MUKHERJEE	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	**:** 30 Y 2 M 29 D	**Collection Date**	**:** 28/Sep/2024 10:07AM
Gender	**:** F	Report Date	**:** 28/Sep/2024 03:36PM

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit

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

Lab No.	: MRD/28-09-2024/SR9716916	**Lab Add.**	: Newtown,Kolkata-700156
Patient Name	: MALLIKA MUKHERJEE	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	: 30 Y 2 M 29 D	**Collection Date**	: 28/Sep/2024 10:07AM
Gender	: F	Report Date	: 28/Sep/2024 02:37PM

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
BILIRUBIN (TOTAL) , *GEL SERUM*			
BILIRUBIN (TOTAL) (Method:Vanadate oxidation)	**1.5**	0.3-1.2	mg/dL
LIPID PROFILE , *GEL SERUM*			
CHOLESTEROL-TOTAL (Method:Enzymatic)	164	Desirable: < 200 mg/dL Borderline high: 200-239 mg/dL High: > or =240 mg/dL	mg/dL
TRIGLYCERIDES (Method:GPO-Trinder)	90	Normal:: < 150, BorderlineHigh::150-199, High:: 200-499, VeryHigh::>500	mg/dL
HDL CHOLESTEROL (Method:Elimination/catalase)	44	< 40 - Low 40-59- Optimum 60 - High	mg/dl
LDL CHOLESTEROL DIRECT (Method:Elimination / Catalase)	**110**	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)	10	< 40 mg/dl	mg/dl
CHOL HDL Ratio (Method:Calculated)	3.7	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)	7.8	5.7-8.2 g/dL	g/dL
ALBUMIN (Method:BCG Dye Binding)	4.8	3.2-4.8 g/dL	g/dL
GLOBULIN (Method:Calculated)	3	1.8-3.2	g/dl
AG Ratio (Method:Calculated)	1.6	1.0-2.5	
ALKALINE PHOSPHATASE (Method:IFCC standardization)	**124**	46-116	U/L
BILIRUBIN (DIRECT) (Method:Vanadate oxidation)	**0.4**	<0.2	mg/dL

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

MC-2743

Suraksha DIAGNOSTICS

Lab No.	**:** MRD/28-09-2024/SR9716916	**Lab Add.**	**:** Newtown,Kolkata-700156
Patient Name	: MALLIKA MUKHERJEE	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	**:** 30 Y 2 M 29 D	**Collection Date**	**:** 28/Sep/2024 10:07AM
Gender	**:** F	Report Date	**:** 28/Sep/2024 02:37PM

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit

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

Lab No.	: MRD/28-09-2024/SR9716916	**Lab Add.**	: Newtown,Kolkata-700156
Patient Name	: MALLIKA MUKHERJEE	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	: 30 Y 2 M 29 D	**Collection Date**	: 28/Sep/2024 10:07AM
Gender	: F	Report Date	: 28/Sep/2024 03:41PM

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Bio Ref. Interval	Unit
CBC WITH PLATELET (THROMBOCYTE) COUNT , *EDTA WHOLE BLOOD*			
HEMOGLOBIN (Method:PHOTOMETRIC)	12	12 - 15	g/dL
WBC (Method:DC detection method)	6.9	4 - 10	*10^3/µL
RBC (Method:DC detection method)	4.46	3.8 - 4.8	*10^6/µL
PLATELET (THROMBOCYTE) COUNT (Method:DC detection method/Microscopy)	165	150 - 450*10^3	*10^3/µL
DIFFERENTIAL COUNT			
NEUTROPHILS (Method:Flowcytometry/Microscopy)	63	40 - 80	%
LYMPHOCYTES (Method:Flowcytometry/Microscopy)	27	20 - 40	%
MONOCYTES (Method:Flowcytometry/Microscopy)	08	2 - 10	%
EOSINOPHILS (Method:Flowcytometry/Microscopy)	02	1 - 6	%
BASOPHILS (Method:Flowcytometry/Microscopy)	00	0-0.9	%
CBC SUBGROUP			
HEMATOCRIT / PCV (Method:Calculated)	38.5	36 - 46 %	%
MCV (Method:Calculated)	86.3	83 - 101 fl	fl
MCH (Method:Calculated)	**26.9**	27 - 32 pg	pg
MCHC (Method:Calculated)	**31.1**	31.5-34.5 gm/dl	gm/dl
RDW - RED CELL DISTRIBUTION WIDTH (Method:Calculated)	**16**	11.6-14%	%
PDW-PLATELET DISTRIBUTION WIDTH (Method:Calculated)	33.0	8.3 - 25 fL	fL
MPV-MEAN PLATELET VOLUME (Method:Calculated)	13.4	7.5 - 11.5 fl	
ESR (ERYTHROCYTE SEDIMENTATION RATE) , *EDTA WHOLE BLOOD*			
1stHour (Method:Westergren)	**25**	0.00 - 20.00 mm/hr	mm/hr
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.

Lab No.	**:** MRD/28-09-2024/SR9716916	**Lab Add.**	**:** Newtown,Kolkata-700156
Patient Name	: MALLIKA MUKHERJEE	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	**:** 30 Y 2 M 29 D	**Collection Date**	**:** 28/Sep/2024 10:07AM
Gender	**:** F	Report Date	**:** 28/Sep/2024 03:41PM

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Bio Ref. Interval	Unit

Historical records check not performed.

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

Dr. ANWESHA CHATTERJEE
MD(Pathology)
DipRCPath(Histopathology)

Lab No.	**:** MRD/28-09-2024/SR9716916	**Lab Add.**	**:**
Patient Name	: MALLIKA MUKHERJEE	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	**:** 30 Y 2 M 29 D	**Collection Date**	**:**
Gender	**:** F	Report Date	**:** 28/Sep/2024 03:15PM

DEPARTMENT OF X-RAY

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

FINDINGS :

No active lung parenchymal lesion is seen.

Both the hila are normal in size, density and position.

Mediastinum is central. 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.

Bony thorax reveals no definite abnormality.

IMPRESSION:

Normal study.

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

Dr. SUBHADIP SAHA
MBBS , MD RADIO-DIAGNOSIS
Rg No. 67037 (WBMC)

Lab No.	: MRD/28-09-2024/SR9716916	**Lab Add.**	: Newtown,Kolkata-700156
Patient Name	: MALLIKA MUKHERJEE	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	: 30 Y 2 M 29 D	**Collection Date**	: 29/Sep/2024 10:55AM
Gender	: F	Report Date	: 29/Sep/2024 02:06PM

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))	6.0	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	
MICROSCOPIC EXAMINATION			
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)	NOT DETECTED	NOT DETECTED	
BACTERIA (Method:Microscopy)	PRESENT (+)	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.	**:** MRD/28-09-2024/SR9716916	**Lab Add.**	**:** Newtown,Kolkata-700156
Patient Name	: MALLIKA MUKHERJEE	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	**:** 30 Y 2 M 29 D	**Collection Date**	**:** 29/Sep/2024 10:55AM
Gender	**:** F	Report Date	**:** 29/Sep/2024 02:06PM

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.	**:** MRD/28-09-2024/SR9716916	**Lab Add.**	**:**
Patient Name	: MALLIKA MUKHERJEE	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	**:** 30 Y 2 M 29 D	**Collection Date**	**:**
Gender	**:** F	Report Date	**:** 29/Sep/2024 10:46AM

DEPARTMENT OF CARDIOLOGY

DEPARTMENT OF CARDIOLOGY

REPORT OF PFT

Effort : Optimal.

Acceptibility&Repoducibility : Present.

Flow – volume loop: Normal

INTERPRETATION :

Normal ventilatory pattern.

Bronchodilator reversibility- Not done.

Please correlate clinically.

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

Soumya Sengupta

DR. SOUMYA SENGUPTA
MD., DNB (New Delhi)
European Diploma In Adult Respiratory Medicine (ERS)

Lab No.	**:** MRD/28-09-2024/SR9716916	**Lab Add.**	**:**
Patient Name	: MALLIKA MUKHERJEE	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	**:** 30 Y 2 M 29 D	**Collection Date**	**:**
Gender	**:** F	Report Date	**:** 28/Sep/2024 02:33PM

DEPARTMENT OF CARDIOLOGY

DEPARTMENT OF CARDIOLOGY
REPORT OF E.C.G.

DATA

HEART RATE : 84 bpm

PR INTERVAL : 108 ms

QRS DURATION : 80 ms

QT INTERVAL : 356 ms

QTC INTERVAL : 421 ms

AXIS

P WAVE : 56 degree

QRS WAVE : 24 degree

T WAVE : 20 degree

IMPRESSION : **Sinus rhythm.**

Normal ECG.

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

ACRay
Dr. A C RAY
Department of Non-invasive Cardiology

Lab No.	**:** MRD/28-09-2024/SR9716916	**Lab Add.**	**:**
Patient Name	: MALLIKA MUKHERJEE	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	**:** 30 Y 2 M 29 D	**Collection Date**	**:**
Gender	**:** F	Report Date	**:** 28/Sep/2024 06:08PM

DEPARTMENT OF ULTRASONOGRAPHY

DEPARTMENT OF ULTRASONOGRAPHY
REPORT ON EXAMINATION OF WHOLE ABDOMEN

LIVER
Liver is normal in size (126 mm) 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 (2.9 mm) with no intraluminal pathology (Calculi /mass) could be detected at its visualised part. Portal vein is normal at porta (7.7 mm).

GALL BLADDER
Gallbladder is physiologically distended. Wall thickness appears normal. No intraluminal pathology (Calculi/mass) could be detected. SonographicMurphys 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 borderline enlarged in size (120 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 104 mm. & Lt. kidney 104 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.

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.

UTERUS
Uterus is anterverted, normal in size, measures 73 mm. x 38 mm. x 50 mm. Surfaces are smooth. Myometrial echotexture is homogeneous. No obvious focal mass is seen in myometrium. Endometrial echo is normal in thickness (5.7 mm.) and seen at midline. Cervix appears normal.

Pouch of Douglas is free.

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

OVARIES
Both ovaries are showing multiple small peripherally situated cysts with hypertrophied central stroma.

Right ovary measures : 30 mm x 19 mm. x 26 mm. volume is 7.98 cc.

Left ovary measures : 31 mm x 20 mm. x 28 mm. volume is 9.10 cc.

Lab No.	**:** MRD/28-09-2024/SR9716916	**Lab Add.**	**:**
Patient Name	: MALLIKA MUKHERJEE	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	**:** 30 Y 2 M 29 D	**Collection Date**	**:**
Gender	**:** F	Report Date	**:** 28/Sep/2024 06:08PM

DEPARTMENT OF ULTRASONOGRAPHY

IMPRESSION :

1) Borderline splenomegaly.

2) Mild polycystic changes in bilateral ovaries.

Kindly note

- ***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.

DR. UPAMANYU MAJUMDER
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:	E02132920097
Patient ID:	SR9716916
Name:	MALLIKA MUKHERJ
Physician:	
Sex:	F
DOB:	

Comments:

Analysis Data

Analysis Performed:	09/28/2024 14:35:01
Injection Number:	8302
Run Number:	121
Rack ID:	
Tube Number:	2
Report Generated:	09/28/2024 14:50:37
Operator ID:	ASIT

Peak Name	NGSP %	Area %	Retention Time (min)	Peak Area
A1a	---	1.2	0.163	27308
A1b	---	0.7	0.223	16781
F	---	1.4	0.270	32703
LA1c	---	1.8	0.392	41032
A1c	5.2	---	0.496	100383
P3	---	3.2	0.774	75762
P4	---	1.1	0.856	26904
Ao	---	86.3	0.983	2021863

Total Area: 2,342,735

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