



Lab No.	: MDG/16-03-2024/SR8878347	Lab Add.	: Newtown,Kolkata-700156
Patient Name	: RITUKANA MONDAL	Ref Dr.	: Dr.MEDICAL OFFICER
Age	: 30 Y 3 M 7 D	Collection Date	: 16/Mar/2024 03:43PM
Gender	: F	Report Date	: 16/Mar/2024 06:19PM

**DEPARTMENT OF BIOCHEMISTRY**

Test Name	Result	Bio Ref. Interval	Unit
ALKALINE PHOSPHATASE , GEL SERUM (Method:IFCC standardization)	105	46-116	U/L
BILIRUBIN (TOTAL) , GEL SERUM BILIRUBIN (TOTAL) (Method:Vanadate oxidation)	0.40	0.3-1.2	mg/dL
SGPT/ALT (Method:Modified IFCC)	25	7-40	U/L
SODIUM,BLOOD (Method:ISE INDIRECT)	139	132 - 146	mEq/L
UREA,BLOOD (Method:Urease with GLDH)	21.4	19-49	mg/dL
CALCIUM,BLOOD (Method:Arsenazo III)	9.50	8.7-10.4	mg/dL
THYROID PANEL (T3, T4, TSH) , GEL SERUM T3-TOTAL (TRI IODOTHYRONINE) (Method:CLIA)	1.03	0.60-1.81 ng/ml	ng/ml
T4-TOTAL (THYROXINE) (Method:CLIA)	8.5	3.2-12.6	µg/dL
TSH (THYROID STIMULATING HORMONE) (Method:CLIA)	0.550	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:

- 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.
- 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.

BILIRUBIN (DIRECT) (Method:Vanadate oxidation)	0.10	<0.2	mg/dL
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DEPARTMENT OF BIOCHEMISTRY

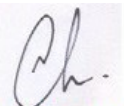
Test Name	Result	Bio Ref. Interval	Unit
CREATININE, BLOOD (Method:Jaffe, alkaline picrate, kinetic)	0.60	0.5-1.1	mg/dL
URIC ACID,BLOOD (Method:Uricase/Peroxidase)	4.70	2.6-6.0	mg/dL
PHOSPHORUS-INORGANIC,BLOOD (Method:Phosphomolybdate/UV)	2.5	2.4-5.1 mg/dL	mg/dL
GLUCOSE,PP (Method:Gluc Oxidase Trinder)	93	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.

SGOT/AST (Method:Modified IFCC)	31	13-40	U/L
POTASSIUM,BLOOD (Method:ISE INDIRECT)	3.90	3.5-5.5	mEq/L
CHLORIDE,BLOOD (Method:ISE INDIRECT)	105	99-109	mEq/L

*** End Of Report ***


Dr NEEPA CHOWDHURY
MBBS MD (Biochemistry)
Consultant Biochemist
Reg No. WBMC 62456



Lab No. : MDG/16-03-2024/SR8878347	Lab Add. : Newtown,Kolkata-700156
Patient Name : RITUKANA MONDAL	Ref Dr. : Dr.MEDICAL OFFICER
Age : 30 Y 3 M 7 D	Collection Date : 16/Mar/2024 03:43PM
Gender : F	Report Date : 16/Mar/2024 07:04PM

**DEPARTMENT OF BIOCHEMISTRY**

Test Name	Result	Bio Ref. Interval	Unit
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TOTAL PROTEIN [BLOOD] ALB:GLO RATIO , .			
TOTAL PROTEIN (Method:BIURET METHOD)	7.70	5.7-8.2 g/dL	g/dL
ALBUMIN (Method:BCG Dye Binding)	4.5	3.2-4.8 g/dL	g/dL
GLOBULIN (Method:Calculated)	3.20	1.8-3.2	g/dl
AG Ratio (Method:Calculated)	1.41	1.0-2.5	

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)	33.0		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, Shafer 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](#)

LIPID PROFILE , GEL SERUM			
CHOLESTEROL-TOTAL (Method:Enzymatic)	167	Desirable: < 200 mg/dL Borderline high: 200-239 mg/dL High: > or =240 mg/dL	mg/dL
TRIGLYCERIDES (Method:GPO-Trinder)	112	Normal:: < 150, BorderlineHigh::150-199, High:: 200-499, VeryHigh::>500	mg/dL
HDL CHOLESTEROL	41	< 40 - Low	mg/dl

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
(Method:Elimination/catalase)		40-59- Optimum 60 - High	
LDL CHOLESTEROL DIRECT (Method:Elimination / Catalase)	102	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)	24	< 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	

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. SANCHAYAN SINHA
 MBBS, MD, DNB (BIOCHEMISTRY)
 CONSULTANT BIOCHEMIST
 Reg No. WBMC 63214



Lab No.	: MDG/16-03-2024/SR8878347	Lab Add.	: Newtown,Kolkata-700156
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Gender	: F	Report Date	: 16/Mar/2024 07:03PM



DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
GLUCOSE,FASTING (Method:Gluc Oxidase Trinder)	90	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.

*** End Of Report ***

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



Lab No.	: MDG/16-03-2024/SR8878347	Lab Add.	: Newtown,Kolkata-700156
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Gender	: F	Report Date	: 16/Mar/2024 06:17PM



DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Bio Ref. Interval	Unit
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CBC WITH PLATELET (THROMBOCYTE) COUNT , EDTA WHOLE BLOOD			
HEMOGLOBIN (Method:PHOTOMETRIC)	11.8	12 - 15	g/dL
WBC (Method:DC detection method)	4.3	4 - 10	*10 ³ /μL
RBC (Method:DC detection method)	4.73	3.8 - 4.8	*10 ⁶ /μL
PLATELET (THROMBOCYTE) COUNT (Method:DC detection method/Microscopy)	168	150 - 450*10 ³	*10 ³ /μL
<u>DIFFERENTIAL COUNT</u>			
NEUTROPHILS (Method:Flowcytometry/Microscopy)	59	40 - 80 %	%
LYMPHOCYTES (Method:Flowcytometry/Microscopy)	30	20 - 40 %	%
MONOCYTES (Method:Flowcytometry/Microscopy)	08	2 - 10 %	%
EOSINOPHILS (Method:Flowcytometry/Microscopy)	03	1 - 6 %	%
BASOPHILS (Method:Flowcytometry/Microscopy)	00	0-0.9%	%
<u>CBC SUBGROUP</u>			
HEMATOCRIT / PCV (Method:Calculated)	37.3	36 - 46 %	%
MCV (Method:Calculated)	78.9	83 - 101 fl	fl
MCH (Method:Calculated)	25.0	27 - 32 pg	pg
MCHC (Method:Calculated)	31.6	31.5-34.5 gm/dl	gm/dl
RDW - RED CELL DISTRIBUTION WIDTH (Method:Calculated)	16.0	11.6-14%	%
PDW-PLATELET DISTRIBUTION WIDTH (Method:Calculated)	27.8	8.3 - 25 fL	fL
MPV-MEAN PLATELET VOLUME (Method:Calculated)	13.0	7.5 - 11.5 fl	

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.

ESR (ERYTHROCYTE SEDIMENTATION RATE) , EDTA WHOLE BLOOD			
1stHour (Method:Westergren)	49	0.00 - 20.00 mm/hr	mm/hr

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DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Bio Ref. Interval	Unit
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*** End Of Report ***

MD (PATHOLOGY)
CONSULTANT PATHOLOGIST
Reg No. WBMC 66405

Lab No. : MDG/16-03-2024/SR8878347
Patient Name : RITUKANA MONDAL
Age : 30 Y 3 M 7 D
Gender : F

Lab Add. :
Ref Dr. : Dr.MEDICAL OFFICER
Collection Date :
Report Date : 17/Mar/2024 11:45AM



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



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Age	: 30 Y 3 M 7 D	Collection Date	: 16/Mar/2024 03:44PM
Gender	: F	Report Date	: 16/Mar/2024 06:17PM

**DEPARTMENT OF CLINICAL PATHOLOGY**

Test Name	Result	Bio Ref. Interval	Unit
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URINE ROUTINE ALL, ALL , URINE**PHYSICAL EXAMINATION**

COLOUR PALE YELLOW
 APPEARANCE HAZY

CHEMICAL EXAMINATION

pH (Method:Dipstick (triple indicator method))	5.0	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))	PRESENT(+)	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))	POSITIVE(+)	NEGATIVE	

MICROSCOPIC EXAMINATION

LEUKOCYTES (PUS CELLS) (Method:Microscopy)	2-3	0-5	/hpf
EPITHELIAL CELLS (Method:Microscopy)	20-25	0-5	/hpf
RED BLOOD CELLS (Method:Microscopy)	1-2	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:

- 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

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Age	: 30 Y 3 M 7 D	Collection Date	: 16/Mar/2024 03:44PM
Gender	: F	Report Date	: 16/Mar/2024 06:17PM



DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Bio Ref. Interval	Unit
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and/or yeast in the urine.

*** End Of Report ***

MD (PATHOLOGY)
CONSULTANT PATHOLOGIST
Reg No. WBMC 66405

Lab No. : MDG/16-03-2024/SR8878347
Patient Name : RITUKANA MONDAL
Age : 30 Y 3 M 7 D
Gender : F

Lab Add. :
Ref Dr. : Dr.MEDICAL OFFICER
Collection Date :
Report Date : 16/Mar/2024 04:35PM



DEPARTMENT OF CARDIOLOGY

DEPARTMENT OF CARDIOLOGY
REPORT OF E.C.G.

DATA
HEART RATE 66 Bpm

PR INTERVAL 100 Ms

QRS DURATION 100 Ms

QT INTERVAL 388 Ms

QTC INTERVAL 407 Ms

AXIS
P WAVE 24 Degree

QRS WAVE 21 Degree

T WAVE 28 Degree

IMPRESSION : Normal sinus rhythm, within normal limits.

*** End Of Report ***

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

Lab No. : MDG/16-03-2024/SR8878347	Lab Add. :
Patient Name : RITUKANA MONDAL	Ref Dr. : Dr.MEDICAL OFFICER
Age : 30 Y 3 M 7 D	Collection Date :
Gender : F	Report Date : 18/Mar/2024 06:57PM



DEPARTMENT OF CARDIOLOGY

DEPARTMENT OF CARDIOLOGY

REPORT ON ECHOCARDIOGRAPHY (PLAIN STUDY)

PARAMETER	TEST VALUE	UNIT	PARAMETER	TEST VALUE	UNIT
RVIDD	1.03	cm	E -F SLOP	0.02	m/s
IVSD	1.26	cm	EPSS	1.15	cm
LVID (d)	4.40	cm	AO	2.00	cm
LVPW (d)	1.11	cm	LA	2.40	cm
IVSS	1.26	cm	E/A RATIO	1.33	
LVID(s)	2.73	cm	AV Cusp	1.40	cm
LVPW (s)	1.11	cm	PASP	13	mm.Hg
LVEF	68	%	TAPSE	2.2	cm
DE EXCURSION	2.14	cm			

1. Left Ventricle:

- Cavity size and wall thickness : Within normal limits.
- LV wall motion study : No regional wall motion abnormality.
- Systolic function : Good.
- Diastolic compliance : Adequate.

2. Left Atrium :

- Normal size, no mass is appendage / body.

3. Right Ventricle:

- Normal size, good RV systolic function.

4. Right Atrium and Right Ventricle:

- Normal size, no mass in appendage / body.

5. Mitral Valve :

-Normal leaflets, good excursion, good subvalvar apparatus. No significant regurgitation.

6. Aortic Valve :

- Three cusps – no thickening, good systolic excursion. No stenosis.
- No significant regurgitation.

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DEPARTMENT OF CARDIOLOGY

7. Tricuspid Valve :

- Normal leaflets, normal sized annulus. No significant regurgitation noted.

8. Pulmonary valve :

- Normal cusps, good systolic excursion. No significant regurgitation.

9. Inter-ventricular Septum : -Intact.

10. Inter-atrial Septum : -Intact.

11. Others : -No intra-cardiac mass.

CONCLUSION :

Good left ventricular systolic function with adequate diastolic compliance.

No pulmonary arterial hypertension.

No RWMA (Resting).

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

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

Arup Kumar Dutta

DR. ARUP KUMAR DUTTA
MBBS, MD, DIP CARD (PGDCC)
NON-INVASIVE CARDIOLOGY

Lab No. : MDG/16-03-2024/SR8878347
Patient Name : RITUKANA MONDAL
Age : 30 Y 3 M 7 D
Gender : F

Lab Add. :
Ref Dr. : Dr.MEDICAL OFFICER
Collection Date :
Report Date : 16/Mar/2024 04:07PM



DEPARTMENT OF ULTRASONOGRAPHY

DEPARTMENT OF ULTRASONOGRAPHY

REPORT ON EXAMINATION OF WHOLE ABDOMEN

LIVER :

Liver is normal in size (**13.94 cm.**), shape, outline and echotexture. No focal SOL is seen in either lobes of liver. The intrahepatic biliary radicles are not dilated.

GALL BLADDER :

Well distended. Wall thickness is normal. No calculus or mass is seen. No pericholecystic collection is noted..

PORTAL VEIN :

Portal vein is normal calibre, measures **9.8 mm**. No intraluminal echo seen.

COMMON BILE DUCT :

Common bile duct is not dilated. The common duct at porta hepatis, measures **5.2 mm**. in diameter.

PANCREAS :

Pancreas is normal in size, shape, outline and echotexture. The pancreatic duct is not dilated.

SPLEEN :

It is normal in shape, size (**10.57 cm**) and shows homogeneous echopattern. No focal lesion is seen. No abnormal venous dilatation is seen in the splenic hilum.

KIDNEYS :

Both the kidneys are normal in shape, size (**Rt. kidney 10.35 cm. & Lt. kidney 10.46 cm.**) axis & position. Cortical echogenicity and thickness are normal with normal cortico-medullary differentiation. No calculus, hydronephrosis or mass is noted.

URETERS :

Both ureters are not dilated.

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DEPARTMENT OF ULTRASONOGRAPHY

URINARY BLADDER :

Urinary bladder is normally distended. The bladder wall is normal. No calculus or mass is seen.

UTERUS :

It is normal in size (**measures - 7.1 x 5.0 x 3.6 cm**), Myometrial echotexture is homogeneous. No focal myometrial lesion is seen. Endometrial stripe (**11 mm**) appears normal. Cervix is normal.

OVARIES :

Both ovaries are normal in size, shape, position, margin and echotexture

Right Ovary measures = **2.6 x 1.3 cm.**

Left Ovary measures = **2.2 x 1.3 cm.**

P.O.D. :

No collection seen in P.O.D.

IMPRESSION:

- **Normal study.**

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 Indrani Basak
MBBS, MD (Radiology)
Consultant Radiologist

Patient Data

Sample ID: D02135425803
 Patient ID: SR8878347
 Name: RITUKANA MONDAL
 Physician:
 Sex: F
 DOB:

Analysis Data

Analysis Performed: 16/MAR/2024 18:27:16
 Injection Number: 9500
 Run Number: 127
 Rack ID:
 Tube Number: 3
 Report Generated: 16/MAR/2024 18:45:14
 Operator ID: TRISHA

Comments:

Peak Name	NGSP %	Area %	Retention Time (min)	Peak Area
Unknown	---	0.1	0.110	2594
A1a	---	0.9	0.165	17297
A1b	---	0.7	0.229	14582
F	---	1.1	0.277	20839
LA1c	---	1.6	0.399	32322
A1c	5.2	---	0.503	84969
P3	---	3.2	0.780	63890
P4	---	1.2	0.861	22947
Ao	---	86.9	0.983	1721237

Total Area: 1,980,678

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

