



<b>Lab No.</b>	: PHL/23-03-2024/SR8904958	<b>Lab Add.</b>	: Newtown,Kolkata-700156
<b>Patient Name</b>	: POULOMI ROY CHOWDHURY	<b>Ref Dr.</b>	: Dr.MEDICAL OFFICER
<b>Age</b>	: 40 Y 3 M 17 D	<b>Collection Date</b>	: 23/Mar/2024 10:15AM
<b>Gender</b>	: F	<b>Report Date</b>	: 23/Mar/2024 02:21PM

**DEPARTMENT OF BIOCHEMISTRY**

Test Name	Result	Bio Ref. Interval	Unit
<b>CHLORIDE,BLOOD , .</b> (Method:ISE INDIRECT)	105	99-109	mEq/L
<b>BILIRUBIN (DIRECT)</b> (Method:Vanadate oxidation)	0.10	<0.2	mg/dL
<b>SGPT/ALT</b> (Method:Modified IFCC)	23	7-40	U/L
<b>CREATININE, BLOOD</b> (Method:Jaffe, alkaline picrate, kinetic)	0.72	0.5-1.1	mg/dL
<b>GLUCOSE,FASTING</b> (Method:Gluc Oxidase Trinder)	89	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.

<b>CALCIUM,BLOOD</b> (Method:Arsenazo III)	9.50	8.7-10.4	mg/dL
<b>PHOSPHORUS-INORGANIC,BLOOD</b> (Method:Phosphomolybdate/UV)	2.7	2.4-5.1 mg/dL	mg/dL
<b>URIC ACID,BLOOD</b> (Method:Uricase/Peroxidase)	4.10	2.6-6.0	mg/dL
<b>POTASSIUM,BLOOD</b> (Method:ISE INDIRECT)	4.70	3.5-5.5	mEq/L
<b>GLUCOSE,PP</b> (Method:Gluc Oxidase Trinder)	120	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.

<b>SGOT/AST</b> (Method:Modified IFCC)	24	13-40	U/L
<b>THYROID PANEL (T3, T4, TSH) , GEL SERUM</b>			
T3-TOTAL (TRI IODOTHYRONINE)	1.14	0.60-1.81 ng/ml	ng/ml



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**DEPARTMENT OF BIOCHEMISTRY**

Test Name	Result	Bio Ref. Interval	Unit
(Method:CLIA) T4-TOTAL (THYROXINE)	8.0	3.2-12.6	µg/dL
(Method:CLIA) TSH (THYROID STIMULATING HORMONE)	1.515	0.55-4.78	µIU/mL
(Method:CLIA)			

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.

<b>SODIUM,BLOOD</b> (Method:ISE INDIRECT)	138	132 - 146	mEq/L
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<b>BILIRUBIN (TOTAL) , GEL SERUM</b> BILIRUBIN (TOTAL) (Method:Vanadate oxidation)	0.40	0.3-1.2	mg/dL
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\*\*\* End Of Report \*\*\*

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



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**DEPARTMENT OF BIOCHEMISTRY**

Test Name	Result	Bio Ref. Interval	Unit
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<b>Gender</b>	: F	<b>Report Date</b>	: 23/Mar/2024 02:43PM

**DEPARTMENT OF BIOCHEMISTRY**

Test Name	Result	Bio Ref. Interval	Unit
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<b>ALKALINE PHOSPHATASE</b> (Method:IFCC standardization )	<b>123</b>	46-116	U/L
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<b>UREA,BLOOD</b> (Method:Urease with GLDH)	<b>17.1</b>	19-49	mg/dL
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<b>GLYCATED HAEMOGLOBIN (HBA1C) , EDTA WHOLE BLOOD</b>			
GLYCATED HEMOGLOBIN (HBA1C)	5.5	***FOR BIOLOGICAL REFERENCE INTERVAL DETAILS , PLEASE REFER TO THE BELOW MENTIONED REMARKS/NOTE WITH ADDITIONAL CLINICAL INFORMATION ***	%
HbA1c (IFCC) (Method:HPLC)	37.0		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 B<sub>12</sub>/ 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**

<b>LIPID PROFILE , GEL SERUM</b>			
<b>CHOLESTEROL-TOTAL</b> (Method:Enzymatic)	217	Desirable: < 200 mg/dL Borderline high: 200-239 mg/dL High: > or =240 mg/dL	mg/dL
<b>TRIGLYCERIDES</b> (Method:GPO-Trinder)	109	Normal:: < 150, BorderlineHigh::150-199, High:: 200-499, VeryHigh::>500	mg/dL
<b>HDL CHOLESTEROL</b> (Method:Elimination/catalase)	51	< 40 - Low 40-59- Optimum 60 - High	mg/dl
<b>LDL CHOLESTEROL DIRECT</b> (Method:Elimination / Catalase)	<b>154</b>	OPTIMAL : <100 mg/dL, Near optimal/ above optimal : 100-	mg/dL

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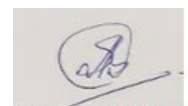
### DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
VLDL (Method:Calculated)	12	129 mg/dL, Borderline high : 130-159 mg/dL, High : 160-189 mg/dL, Very high : >=190 mg/dL < 40 mg/dl	mg/dl
CHOL HDL Ratio (Method:Calculated)	4.2	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)	7.30	5.7-8.2 g/dL	g/dL
ALBUMIN (Method:BCG Dye Binding)	4.6	3.2-4.8 g/dL	g/dL
GLOBULIN (Method:Calculated)	2.70	1.8-3.2	g/dl
AG Ratio (Method:Calculated)	1.70	1.0-2.5	

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



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



<b>Lab No.</b>	: PHL/23-03-2024/SR8904958	<b>Lab Add.</b>	: Newtown,Kolkata-700156
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<b>Age</b>	: 40 Y 3 M 17 D	<b>Collection Date</b>	: 23/Mar/2024 10:14AM
<b>Gender</b>	: F	<b>Report Date</b>	: 23/Mar/2024 03:44PM



**DEPARTMENT OF HAEMATOLOGY**

Test Name	Result	Bio Ref. Interval	Unit
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<b>BLOOD GROUP ABO+RH [GEL METHOD] , EDTA WHOLE BLOOD</b>			
ABO (Method:Gel Card)	B		
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 \*\*\*

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



<b>Lab No.</b>	: PHL/23-03-2024/SR8904958	<b>Lab Add.</b>	: Newtown,Kolkata-700156
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<b>Age</b>	: 40 Y 3 M 17 D	<b>Collection Date</b>	: 23/Mar/2024 10:14AM
<b>Gender</b>	: F	<b>Report Date</b>	: 23/Mar/2024 01:53PM



### DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Bio Ref. Interval	Unit
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<b>ESR (ERYTHROCYTE SEDIMENTATION RATE) , EDTA WHOLE BLOOD</b>			
1stHour (Method:Westergren)	<b>26</b>	0.00 - 20.00 mm/hr	mm/hr

<b>CBC WITH PLATELET (THROMBOCYTE) COUNT , EDTA WHOLE BLOOD</b>			
HEMOGLOBIN (Method:PHOTOMETRIC)	12.8	12 - 15	g/dL
WBC (Method:DC detection method)	7.0	4 - 10	*10 <sup>3</sup> /μL
RBC (Method:DC detection method)	4.62	3.8 - 4.8	*10 <sup>6</sup> /μL
PLATELET (THROMBOCYTE) COUNT (Method:DC detection method/Microscopy)	282	150 - 450*10 <sup>3</sup>	*10 <sup>3</sup> /μL
<b><u>DIFFERENTIAL COUNT</u></b>			
NEUTROPHILS (Method:Flowcytometry/Microscopy)	56	40 - 80 %	%
LYMPHOCYTES (Method:Flowcytometry/Microscopy)	33	20 - 40 %	%
MONOCYTES (Method:Flowcytometry/Microscopy)	08	2 - 10 %	%
EOSINOPHILS (Method:Flowcytometry/Microscopy)	02	1 - 6 %	%
BASOPHILS (Method:Flowcytometry/Microscopy)	<b>01</b>	0-0.9%	%
<b><u>CBC SUBGROUP</u></b>			
HEMATOCRIT / PCV (Method:Calculated)	40.1	36 - 46 %	%
MCV (Method:Calculated)	86.8	83 - 101 fl	fl
MCH (Method:Calculated)	27.7	27 - 32 pg	pg
MCHC (Method:Calculated)	31.9	31.5-34.5 gm/dl	gm/dl
RDW - RED CELL DISTRIBUTION WIDTH (Method:Calculated)	<b>15.9</b>	11.6-14%	%
PDW-PLATELET DISTRIBUTION WIDTH (Method:Calculated)	19.8	8.3 - 25 fL	fL
MPV-MEAN PLATELET VOLUME (Method:Calculated)	11.0	7.5 - 11.5 fl	

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

*Bidisha Chakraborty*

Dr. Bidisha Chakraborty  
Consultant Pathologist  
MD, DNB (Pathology)  
Dip RC Path(UK)  
Reg No. WBMC 73067

Lab No. : PHL/23-03-2024/SR8904958

Lab Add. :

Patient Name : POULOMI ROY CHOWDHURY

Ref Dr. : Dr.MEDICAL OFFICER

Age : 40 Y 3 M 17 D

Collection Date :

Gender : F

Report Date : 23/Mar/2024 05:27PM



DEPARTMENT OF X-RAY

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

**FINDINGS :**

**Broncho-vascular markings are prominent.**

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.

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

Dr. Dijendra Nath Biswas  
MD, Radio-Diagnosis  
WBMC:- 77117





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<b>Age</b>	: 40 Y 3 M 17 D	<b>Collection Date</b>	: 23/Mar/2024 11:30AM
<b>Gender</b>	: F	<b>Report Date</b>	: 23/Mar/2024 05:30PM



### DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Bio Ref. Interval	Unit
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Test Name	Result	Bio Ref. Interval	Unit
<b>URINE ROUTINE ALL, ALL , URINE</b>			
<b><u>PHYSICAL EXAMINATION</u></b>			
COLOUR	PALE YELLOW		
APPEARANCE	SLIGHTLY HAZY		
<b><u>CHEMICAL EXAMINATION</u></b>			
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)	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	
<b><u>MICROSCOPIC EXAMINATION</u></b>			
LEUKOCYTES (PUS CELLS) (Method:Microscopy)	0-1	0-5	/hpf
EPITHELIAL CELLS (Method:Microscopy)	3-5	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:**

- 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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<b>Gender</b>	: F	<b>Report Date</b>	: 23/Mar/2024 05:30PM



**DEPARTMENT OF CLINICAL PATHOLOGY**

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

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

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

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Lab Add. :

Patient Name : POULOMI ROY CHOWDHURY

Ref Dr. : Dr.MEDICAL OFFICER

Age : 40 Y 3 M 17 D

Collection Date :

Gender : F

Report Date : 24/Mar/2024 11:06AM



DEPARTMENT OF CARDIOLOGY

PULMONOLOGY

REPORT OF PULMONARY FUNCTION TEST

HEIGHT : 155 CM

WEIGHT : 60 KG

CHIEF COMPLAINS :CHECK UP

	PRE EXP	% PRED
FVC	2.86	101
FEV1	2.42	110
FEV1%	85	104
PEFR	327.42	111
FEF25-75	2.86	123
FEF 25%	1.08	98
FEF50%	3.55	126
FEF 75%	5.21	-

PATIENT EFFORT : Good

IMPRESSION : Normal Pulmonary Function Test.

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

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

Dr Dhiman Ganguly  
MD.MRCP.FCCP

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<b>Age</b> : 40 Y 3 M 17 D	<b>Collection Date</b> :
<b>Gender</b> : F	<b>Report Date</b> : 23/Mar/2024 05:29PM



**DEPARTMENT OF CARDIOLOGY**

**DEPARTMENT OF CARDIOLOGY**

**REPORT OF ECHO CARDIOGRAPHY PLAIN**

**M MODE DATA :**

PARAMETER	TEST VALUE	NORMAL RANGE
Aortic root diameter	2.73	2.0-4.0cm.
Left atrial diameter	2.56	2.0-4.0cm.
RV internal diameter	1.92	0.6-2.3cm.
IV septal thickness(diastole)	0.77	0.60-1.10cm.
LV internal diameter (diastole)	3.63	3.50-5.60cm.
Post wall thickness (diastole)	0.77	0.60-1.10cm.
LV internal diameter(systole)	2.30	2.40-4.20cm.
LV Ejection fraction	67%	55-75%

**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 in the appendage/body.

**3)Right Ventricle and Right Atrium :**

Normal size, good RV systolic function.

**4)Mitral Valve :**

Normal leaflets, good excursion, normal subvalvar apparatus.  
 Nosignificant regurgitation.

**5)Aortic Valve :**

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

**6)Tricuspid Valve:**

Normal leaflets, normal sized annulus, no significant regurgitation.

**7)Pulmonary Valve :**

Normal cusps,good systolic excursion.

**8)Ventricular Septum:**

Intact.

**9)Interatrial septum:**

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Report Date : 23/Mar/2024 05:29PM



**DEPARTMENT OF CARDIOLOGY**

Intact.

**10)Pericardium:**

No thickening , no effusion.

**11)Others :**

No intra-cardiac mass.

Estimated PA pressure 15 mmHg ( Systolic).

**Conclusion :**

**Good left ventricular systolic function ( LVEF 67%)**

**Adequate LVdiastolic compliance**

**No RWMA at rest.**

**Valve morphology normal**

**No pulmonary arterial hypertension ( PASP 15 mmHg)**

**RV function normal.**

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

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

**DR. SILANJAN ROY**  
MBBS(CAL), Hons, Gold Medalist  
MD (Medicine)  
DM(Cardiology)

Lab No. : PHL/23-03-2024/SR8904958  
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Ref Dr. : Dr.MEDICAL OFFICER  
Collection Date :  
Report Date : 23/Mar/2024 05:46PM



DEPARTMENT OF CARDIOLOGY

E.C.G. REPORT

DATA		
HEART RATE	76	Bpm
PR INTERVAL	135	Ms
QRS DURATION	83	Ms
QT INTERVAL	405	Ms
QTC INTERVAL	456	Ms
AXIS		
P WAVE	48	Degree
QRS WAVE	34	Degree
T WAVE	45	Degree
<b>IMPRESSION</b>	: <b>Normal sinus rhythm, within normal limits.</b>	

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

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

**DR. SILANJAN ROY**  
MBBS(CAL), Hons, Gold Medalist  
MD (Medicine)  
DM(Cardiology)

Lab No.	: PHL/23-03-2024/SR8904958	Lab Add.	:
Patient Name	: POULOMI ROY CHOWDHURY	Ref Dr.	: Dr.MEDICAL OFFICER
Age	: 40 Y 3 M 17 D	Collection Date	:
Gender	: F	Report Date	: 23/Mar/2024 12:44PM



DEPARTMENT OF ULTRASONOGRAPHY

**ULTRASONOGRAPHY OF WHOLE ABDOMEN**

**LIVER:** Normal in shape, size(134 mm at midclavicular line) and parenchymal echopattern. No focal lesion of altered echogenicity 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.

**CBD:** The common bile duct is normal in caliber. Visualized lumen is clear. Common bile duct measures approx 0.37 cm in diameter.

**PORTA HEPATIS:** The portal vein is normal in caliber(0.95 cm) with clear lumen.

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

**SPLEEN:** It is normal in shape, size(9.7 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.

**RIGHT KIDNEY** measures 9.7 cm

**LEFT KIDNEY** measures 9.1 cm

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

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

**UTERUS:** Uterus is retroverted measuring 8.4 cm x 4.9 cm x 4.8 cm.Normal in shape, size and echopattern. No focal myometrial lesion is seen. Endometrial echo is in midline. Double layer of endometrial echo measures 9.4 mm. Uterine cavity is empty. Cervical length 2.2 cm.

**ADNEXA:** No adnexal SOL is noted.

**OVARIES:**Both ovaries are normal in shape, size and echopattern.

Right ovary measures 1.7 cm x 1.3 cm.

Left ovary measures 1.6 cm x 1.7 cm.

**POD :** Clear.

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**DEPARTMENT OF ULTRASONOGRAPHY**

Ascites – No ascitic fluid collection seen.

Lymph nodes – No enlarged para-aortic lymph nodes seen.

Pleural effusion – No pleural effusion seen in both C.P.angles.

**RIGHT & LEFT ILIAC FOSSA** : No mass lesion or fluid collection is seen.

**IMPRESSION:**

No obvious sonologically detectable abnormality seen at present.  
Sonofeatures are within normal limit.

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.

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

DR T.K BISWAS  
Sonologist



Lab No.	: PHL/23-03-2024/SR8904958	Lab Add.	:
Patient Name	: POULOMI ROY CHOWDHURY	Ref Dr.	: Dr.MEDICAL OFFICER
Age	: 40 Y 3 M 17 D	Collection Date	:
Gender	: F	Report Date	: 23/Mar/2024 06:53PM



DEPARTMENT OF MAMMOGRAPHY

**DEPARTMENT OF RADIOLOGY**  
**MAMMOGRAPHY OF BOTH BREAST**

Cranio caudal and medio lateral views of both mammary glands are taken.

**Type of breast: Dense, ACR- D type**

**FINDINGS :**

- **Prominent fibroglandular tissue is noted in both breasts.**
- **A small well-defined nodule is seen in upper and inner quadrant of left breast.**
- No definite SOL or micro calcification seen on right breast.
- No architectural distortion is seen.
- Skin and nipple are normal.
- No lymph node is seen in both axilla.

**CONCLUSION :**

**Fibroadenosis of both breasts.**

**A small fibroadenoma in left breast.**

**BIRADS 2.**

**INFORMATION REGARDING MAMMOGRAMS**

1. The American College of Radiology Breast Imaging Reporting and Data System (ACR BIRADS) classifies the findings of mammography into six categories –  
BIRADS 0 : Need additional imaging evaluation ( e.g. magnification mammography, extra views, USG etc.)  
BIRADS 1 : Negative for malignancy.  
BIRADS 2 : Benign findings.  
BIRADS 3 : Probably benign.  
BIRADS 4 : Suspicious abnormality.  
BIRADS 5 : Highly suggestive of malignancy.  
BIRADS 6 : Known biopsy-proven malignancy.
2. A report that is negative for malignancy should not delay biopsy if there is a dominant or clinically suspicious mass.
3. In dense breast, an underlying mass lesion may be obscured.

Lab No. : PHL/23-03-2024/SR8904958

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Lab No.	: PHL/23-03-2024/SR8904958	Lab Add.	:
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**DEPARTMENT OF MAMMOGRAPHY**

4. False positive diagnosis of cancer may occur in a small percentage of case.

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**DR. KRISHANU SAHA**  
MD.RADIOLOGY

**Patient Data**

Sample ID: D02132621540  
 Patient ID: SR8904958  
 Name: POULOMI ROY CHO  
 Physician:  
 Sex: F  
 DOB:

**Analysis Data**

Analysis Performed: 03/23/2024 15:34:28  
 Injection Number: 268  
 Run Number: 2  
 Rack ID: 0003  
 Tube Number: 1  
 Report Generated: 03/23/2024 15:58:54  
 Operator ID: TRISHA

Comments:

Peak Name	NGSP %	Area %	Retention Time (min)	Peak Area
A1a	---	1.1	0.159	30808
A1b	---	0.8	0.224	23564
F	---	1.1	0.271	29833
LA1c	---	1.9	0.397	52001
A1c	5.5	---	0.503	128096
P3	---	3.5	0.784	97147
P4	---	1.3	0.862	35261
Ao	---	85.8	0.981	2399035

Total Area: 2,795,744

**HbA1c (NGSP) = 5.5 %**    HbA1c (IFCC) = 37 mmol/mol

