



<b>Lab No.</b>	: MDG/23-03-2024/SR8905622	<b>Lab Add.</b>	: Newtown,Kolkata-700156
<b>Patient Name</b>	: GINIA CHATTERJEE	<b>Ref Dr.</b>	: Dr.MEDICAL OFFICER
<b>Age</b>	: 32 Y 6 M 25 D	<b>Collection Date</b>	: 23/Mar/2024 05:01PM
<b>Gender</b>	: F	<b>Report Date</b>	: 24/Mar/2024 11:18AM

**DEPARTMENT OF BIOCHEMISTRY**

Test Name	Result	Bio Ref. Interval	Unit
<b>ALKALINE PHOSPHATASE , GEL SERUM</b> (Method:IFCC standardization )	76	46-116	U/L
<b>BILIRUBIN (DIRECT)</b> (Method:Vanadate oxidation)	0.10	<0.2	mg/dL
<b>SODIUM,BLOOD</b> (Method:ISE INDIRECT)	140	132 - 146	mEq/L
<b>CREATININE, BLOOD</b> (Method:Jaffe, alkaline picrate, kinetic)	0.68	0.5-1.1	mg/dL
<b>PHOSPHORUS-INORGANIC,BLOOD</b> (Method:Phosphomolybdate/UV)	2.6	2.4-5.1 mg/dL	mg/dL
<b>THYROID PANEL (T3, T4, TSH) , GEL SERUM</b>			
T3-TOTAL (TRI IODOTHYRONINE) (Method:CLIA)	1.55	0.60-1.81 ng/ml	ng/ml
T4-TOTAL (THYROXINE) (Method:CLIA)	11.9	3.2-12.6	µg/dL
TSH (THYROID STIMULATING HORMONE) (Method:CLIA)	1.971	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.

<b>SGOT/AST</b> (Method:Modified IFCC)	36	13-40	U/L
<b>GLUCOSE,FASTING</b> (Method:Gluc Oxidase Trinder)	89	Impaired Fasting-100-125 ~Diabetes- >= 126.~Fasting is defined as no caloric intake for at	mg/dL



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**DEPARTMENT OF BIOCHEMISTRY**

Test Name	Result	Bio Ref. Interval	Unit
		least 8 hours.	

*In the absence of unequivocal hyperglycemia, diagnosis requires two abnormal test results from the same sample or in two separate test samples.*

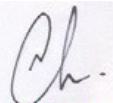
Reference :  
ADA Standards of Medical Care in Diabetes – 2020. Diabetes Care Volume 43, Supplement 1.

<b>BILIRUBIN (TOTAL) , GEL SERUM</b>			
BILIRUBIN (TOTAL) (Method:Vanadate oxidation)	0.40	0.3-1.2	mg/dL
<b>CHLORIDE,BLOOD</b>	106	99-109	mEq/L
(Method:ISE INDIRECT)			
<b>CALCIUM,BLOOD</b>	8.70	8.7-10.4	mg/dL
(Method:Arsenazo III)			
<b>URIC ACID,BLOOD</b>	5.50	2.6-6.0	mg/dL
(Method:Uricase/Peroxidase)			
<b>POTASSIUM,BLOOD</b>	3.90	3.5-5.5	mEq/L
(Method:ISE INDIRECT)			
<b>GLUCOSE,PP</b>	124	Impaired Glucose Tolerance-140 to 199.~Diabetes>= 200.	mg/dL
(Method:Gluc Oxidase Trinder)			

*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.

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



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



<b>Lab No.</b>	: MDG/23-03-2024/SR8905622	<b>Lab Add.</b>	: Newtown,Kolkata-700156
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**DEPARTMENT OF BIOCHEMISTRY**

Test Name	Result	Bio Ref. Interval	Unit
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<b>Age</b>	: 32 Y 6 M 25 D	<b>Collection Date</b>	: 23/Mar/2024 11:36AM
<b>Gender</b>	: F	<b>Report Date</b>	: 23/Mar/2024 04:35PM

**DEPARTMENT OF BIOCHEMISTRY**

Test Name	Result	Bio Ref. Interval	Unit
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<b>TOTAL PROTEIN [BLOOD] ALB:GLO RATIO , .</b>			
TOTAL PROTEIN (Method:BIURET METHOD)	7.90	5.7-8.2 g/dL	g/dL
ALBUMIN (Method:BCG Dye Binding)	4.7	3.2-4.8 g/dL	g/dL
GLOBULIN (Method:Calculated)	3.20	1.8-3.2	g/dl
AG Ratio (Method:Calculated)	1.47	1.0-2.5	

<b>SGPT/ALT</b> (Method:Modified IFCC)	<b>61</b>	7-40	U/L
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<b>UREA,BLOOD</b> (Method:Urease with GLDH)	<b>15.0</b>	19-49	mg/dL
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<b>GLYCATED HAEMOGLOBIN (HBA1C) , EDTA WHOLE BLOOD</b>			
GLYCATED HEMOGLOBIN (HBA1C)	5.9	***FOR BIOLOGICAL REFERENCE INTERVAL DETAILS , PLEASE REFER TO THE BELOW MENTIONED REMARKS/NOTE WITH ADDITIONAL CLINICAL INFORMATION ***	%
HbA1c (IFCC) (Method:HPLC)	41.0		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, 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**

<b>LIPID PROFILE , GEL SERUM</b>			
CHOLESTEROL-TOTAL (Method:Enzymatic)	134	Desirable: < 200 mg/dL Borderline high: 200-239 mg/dL High: > or =240 mg/dL	mg/dL

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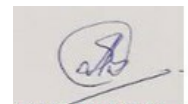


### DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
TRIGLYCERIDES (Method:GPO-Trinder)	79	Normal:: < 150, BorderlineHigh::150-199, High:: 200-499, VeryHigh::>500	mg/dL
HDL CHOLESTEROL (Method:Elimination/catalase)	<b>34</b>	< 40 - Low 40-59- Optimum 60 - High	mg/dl
LDL CHOLESTEROL DIRECT (Method:Elimination / Catalase)	95	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)	5	< 40 mg/dl	mg/dl
CHOL HDL Ratio (Method:Calculated)	3.9	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. Sudeshna Baral**  
M.B.B.S MD.  
(Biochemistry)  
(Consultant Biochemist)  
Reg No. WBMC 64124



<b>Lab No.</b>	: MDG/23-03-2024/SR8905622	<b>Lab Add.</b>	: Newtown,Kolkata-700156
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<b>Age</b>	: 32 Y 6 M 25 D	<b>Collection Date</b>	: 23/Mar/2024 11:19AM
<b>Gender</b>	: F	<b>Report Date</b>	: 23/Mar/2024 04:32PM



### DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Bio Ref. Interval	Unit
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<b>CBC WITH PLATELET (THROMBOCYTE) COUNT , EDTA WHOLE BLOOD</b>			
HEMOGLOBIN (Method:PHOTOMETRIC)	13.1	12 - 15	g/dL
WBC (Method:DC detection method)	8.0	4 - 10	*10 <sup>3</sup> /μL
RBC (Method:DC detection method)	4.80	3.8 - 4.8	*10 <sup>6</sup> /μL
PLATELET (THROMBOCYTE) COUNT (Method:DC detection method/Microscopy)	164	150 - 450*10 <sup>3</sup>	*10 <sup>3</sup> /μL
<b><u>DIFFERENTIAL COUNT</u></b>			
NEUTROPHILS (Method:Flowcytometry/Microscopy)	66	40 - 80 %	%
LYMPHOCYTES (Method:Flowcytometry/Microscopy)	25	20 - 40 %	%
MONOCYTES (Method:Flowcytometry/Microscopy)	07	2 - 10 %	%
EOSINOPHILS (Method:Flowcytometry/Microscopy)	02	1 - 6 %	%
BASOPHILS (Method:Flowcytometry/Microscopy)	00	0-0.9%	%
<b><u>CBC SUBGROUP</u></b>			
HEMATOCRIT / PCV (Method:Calculated)	40.5	36 - 46 %	%
MCV (Method:Calculated)	84.5	83 - 101 fl	fl
MCH (Method:Calculated)	27.4	27 - 32 pg	pg
MCHC (Method:Calculated)	32.4	31.5-34.5 gm/dl	gm/dl
RDW - RED CELL DISTRIBUTION WIDTH (Method:Calculated)	<b>15.3</b>	11.6-14%	%
PDW-PLATELET DISTRIBUTION WIDTH (Method:Calculated)	36.9	8.3 - 25 fL	fL
MPV-MEAN PLATELET VOLUME (Method:Calculated)	14.7	7.5 - 11.5 fl	

<b>ESR (ERYTHROCYTE SEDIMENTATION RATE) , EDTA WHOLE BLOOD</b>			
1stHour (Method:Westergren)	09	0.00 - 20.00 mm/hr	mm/hr

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

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





<b>Lab No.</b>	: MDG/23-03-2024/SR8905622	<b>Lab Add.</b>	: Newtown,Kolkata-700156
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<b>Age</b>	: 32 Y 6 M 25 D	<b>Collection Date</b>	: 23/Mar/2024 11:19AM
<b>Gender</b>	: F	<b>Report Date</b>	: 23/Mar/2024 05:08PM



**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)	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.

Historical records check not performed.

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

*Bidisha Chakraborty*

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

Lab No. : MDG/23-03-2024/SR8905622  
Patient Name : GINIA CHATTERJEE  
Age : 32 Y 6 M 25 D  
Gender : F

Lab Add. :  
Ref Dr. : Dr.MEDICAL OFFICER  
Collection Date :  
Report Date : 23/Mar/2024 02:36PM



**DEPARTMENT OF X-RAY**

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

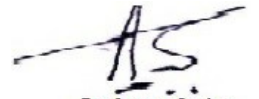
**FINDINGS :**

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. Anoop Sastry  
MBBS, DMRT(CAL)  
CONSULTANT RADIOLOGIST  
Registration No.: WB-36628





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<b>Age</b>	: 32 Y 6 M 25 D	<b>Collection Date</b>	: 24/Mar/2024 08:36AM
<b>Gender</b>	: F	<b>Report Date</b>	: 24/Mar/2024 12:58PM



### DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Bio Ref. Interval	Unit
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<b>URINE ROUTINE ALL, ALL , URINE</b>			
<b><u>PHYSICAL EXAMINATION</u></b>			
COLOUR	PALE YELLOW		
APPEARANCE	HAZY		
<b><u>CHEMICAL EXAMINATION</u></b>			
pH (Method:Dipstick (triple indicator method))	7.0	4.6 - 8.0	
SPECIFIC GRAVITY (Method:Dipstick (ion concentration method))	1.010	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))	POSITIVE(+++)	NEGATIVE	
<b><u>MICROSCOPIC EXAMINATION</u></b>			
LEUKOCYTES (PUS CELLS) (Method:Microscopy)	PLENTY	0-5	/hpf
EPITHELIAL CELLS (Method:Microscopy)	10-12	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:**

- 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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and/or yeast in the urine.

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

*Bidisha Chakraborty*

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

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Lab Add. :  
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Report Date : 23/Mar/2024 05:30PM



**DEPARTMENT OF CARDIOLOGY**

**DEPARTMENT OF CARDIOLOGY**  
**REPORT OF E.C.G.**

DATA  
HEART RATE 111 Bpm  
PR INTERVAL 110 Ms  
QRS DURATION 84 Ms  
QT INTERVAL 292 Ms  
QTC INTERVAL 397 Ms  
AXIS  
P WAVE 53 Degree  
QRS WAVE 33 Degree  
T WAVE -31 Degree  
**IMPRESSION : Sinus tachycardia, otherwise normal ECG.**

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

*Alky*

Dr. A C RAY  
Department of Non-invasive  
Cardiology

Lab No. : MDG/23-03-2024/SR8905622  
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Report Date : 24/Mar/2024 12:37PM



DEPARTMENT OF CARDIOLOGY

**ECHO CARDIOGRAPHY - PLAIN**

**M MODE DATA :**

PARAMETER	TEST VALUE	NORMAL RANGE
Aortic root diameter	2.42	2.0 - 4.0cm
Left atrial diameter	2.42	2.0 - 4.0cm
IV septal thickness (diastole)	1.24	0.60 - 1.10cm
LV internal diameter (diastole)	4.91	3.50 - 5.60cm
Post wall thickness (diastole)	1.38	0.60 - 1.10cm
LV internal diameter (systole)	2.38	2.40 - 4.20cm
LV Ejection fraction	72	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.

Trivial 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 :**

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**DEPARTMENT OF CARDIOLOGY**

Intact.

**9) Inter atrial septum :**

Intact.

**10) Pericardium :**

No thickening, no effusion.

**11) Others :**

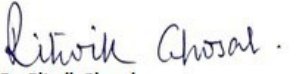
No intra-cardiac mass.

**CONCLUSION :**

**Good left ventricular systolic function with adequate diastolic compliance.**

**No pulmonary arterial hypertension.**

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

  
Dr. Ritwik Ghosal  
MBBS(Hons),MD.DNB(MEDICINE),  
MRCP(UK), DM(Cardiology)  
WBMC - 68198

Lab No. : MDG/23-03-2024/SR8905622  
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Age : 32 Y 6 M 25 D  
Gender : F

Lab Add. :  
Ref Dr. : Dr.MEDICAL OFFICER  
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Report Date : 24/Mar/2024 10:21AM



**DEPARTMENT OF CARDIOLOGY**

**REPORT OF PFT**

Acceptability & Reproducibility : Ok.

Effort : Optimal.

Flow – volume loop : Normal.

PARAMETERS ARE SUGGESTIVE OF –  
Normal lung function.

	PRE
FEV1/FVC	73
FEV1	89 %
FVC	99 %
FEF25-75%.	61 %

**INTERPRETATION :**

Normal spirometry study.

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

**Lab No.** : MDG/23-03-2024/SR8905622  
**Patient Name** : GINIA CHATTERJEE  
**Age** : 32 Y 6 M 25 D  
**Gender** : F

**Lab Add.** :  
**Ref Dr.** : Dr.MEDICAL OFFICER  
**Collection Date** :  
**Report Date** : 24/Mar/2024 10:21AM



**DEPARTMENT OF CARDIOLOGY**



**DR. KAUSHIK SAHA**  
MBBS, DTCD, MD  
CONSULTANT PULMONOLOGIST



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DEPARTMENT OF ULTRASONOGRAPHY

**REPORT ON EXAMINATION OF WHOLE ABDOMEN**

**LIVER :**

It is normal in size (14.9 cm.), shape, outline and echotexture. No focal SOL is seen. The intrahepatic biliary radicles are not dilated.

**COMMON BILE DUCT :**

The common bile duct is not dilated. The common duct at porta hepatis, measures 3.0 mm. in diameter.

**PORTAL VEIN :**

Portal vein at porta, measures 11.0 mm. and is of normal calibre.

**GALL BLADDER :**

It is physiologically distended. The gall bladder wall is normal. No calculus or mass is seen.

**PANCREAS :**

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

**SPLEEN :**

It is normal in size, shape, outline and echotexture. The splenoportal axis is patent and is normal in dimensions. Spleen measures 7.05 cm.

**KIDNEYS :**

The Kidneys are normal in position, size, shape, outline and echotexture. The Corticomedullary differentiation is maintained. No calculus or hydronephrosis is seen.

Right Kidney length 9.72 cm. & Left Kidney length 12.1 cm.

**URETERS :**

They are not dilated.

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## DEPARTMENT OF ULTRASONOGRAPHY

### URINARY BLADDER :

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

### UTERUS :

Anteverted, It is normal in size, shape, outline and echotexture. Central endometrial echo measures 5.9 mm. No obvious mass lesion noted. Cervix is normal 2.61cm

Uterus measures (7.5 × 4.0 × 3.0) cm.

### ADNEXA :

The adnexa are clear.

Both ovaries are normal in size, shape, outline and echotexture.

Right ovary measures (2.5 × 1.5 × 1.1) cm. & volume - 2.4 cc.

Left ovary measures (2.6 × 1.5 × 1.0) cm. & volume - 2.4 cc.

### P.O.D. :

No collection seen in P.O.D.

Lower pleural space – No abnormal fluid collection seen.

Peritoneal cavity – No free fluid seen.

### IMPRESSION :

**Normal study.**

*Please correlate clinically.*

#### 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.**

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**DEPARTMENT OF ULTRASONOGRAPHY**

Dr Indrani Basak  
MBBS, MD (Radiology)  
Consultant Radiologist

**Patient Data**

Sample ID: D02135612885  
 Patient ID: SR8905622  
 Name: GINIA CHATTERJ  
 Physician:  
 Sex: F  
 DOB:

**Analysis Data**

Analysis Performed: 23/MAR/2024 16:39:15  
 Injection Number: 10779  
 Run Number: 137  
 Rack ID: 0007  
 Tube Number: 4  
 Report Generated: 23/MAR/2024 16:44:33  
 Operator ID: TRISHA

Comments:

Peak Name	NGSP %	Area %	Retention Time (min)	Peak Area
A1a	---	1.3	0.163	33050
A1b	---	1.0	0.231	25520
F	---	0.7	0.279	17444
LA1c	---	1.7	0.404	43796
A1c	5.9	---	0.509	124070
P3	---	3.4	0.788	85824
P4	---	1.2	0.869	31386
Ao	---	85.7	0.990	2159562

Total Area: 2,520,652

**HbA1c (NGSP) = 5.9 %**    HbA1c (IFCC) = 41 mmol/mol

