



Patient Name : MS. RITA MONDAL

Age / Gender : 33 Years / Female

Mobile No. : -

Patient ID : 78395

Bill ID : 81198

Referral : DR SELF

Optional ID : -

Collection Time : 23/03/2024, 10:22 a.m.

Receiving Time : 27/03/2024, 12:36 p.m.

Reporting Time : 28/03/2024, 05:34 p.m.

Sample ID : 1924020503

Sample Type : USG

USG Whole Abdomen

LIVER

Is enlarged in size (17.7 cm) with mild diffuse increase in echogenicity. No focal lesion is seen. Intrahepatic biliary radicles are not dilated. Hepatic & Portal venous systems appear normal. Portal vein measures 0.89 cm in calibre.

GALL BLADDER

Is seen normal in size, shape, outline, position & wall thickness. No intraluminal calculus or any mass lesion is seen. No pericholecystic fluid collection is seen.

CBD

Is not seen dilated and measures 0.42 cm.

PANCREAS

Is normal in size, shape, outline and echotexture. No definite focal lesion is evident. Pancreatic duct is not seen dilated. No tenderness is seen over the region.

SPLEEN

Is normal in shape, size, position and echotexture. No focal lesion is seen. No abnormal vessels are seen at the splenic hilum. Spleen measures 10.6 cm. in length.

KIDNEYS

Both kidneys appear normal in size, shape, position and echotexture. Cortico-medullary differentiation is normal. Central echocomplexes of both kidneys appear normal. No focal lesion is seen. No evidence of hydronephrosis or calculus is seen in either kidney.

Right kidney measures 11.2 cm.

Left kidney measures 11.3 cm.

URETERS

Ureters are not seen dilated.

URINARY BLADDER



Reported By : APURBA DUTTA

Registered By : MAMANI KARMAKAR



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Sample ID : 1924020503

Sample Type : USG

Urinary bladder appears optimally distended. It appears smooth in outline. No mass lesion or any calculus is seen within the urinary bladder.

UTERUS

Uterus is retroflexed in position, regular in outline **and mildly bulky in size**. Myometrial echotexture is homogeneous & normal. No focal lesion is seen. Endometrial echo measures 0.98 cm. Cervix is normal in size & echotexture.

Uterus measures 10.0 cm x 6.0 cm x 5.0 cm.

ADNEXA

Both ovaries are visualized. They appear normal in size & echotexture. No adnexal mass lesion is seen.

Right ovary measures 3.2 cm x 2.0 cm.

Left ovary measures 3.2 cm x 2.0 cm.

No evidence of free fluid in P.O.D.

Retroperitoneum- No abdominal lymphadenopathy is seen.

No evidence of Ascites is seen.

IMPRESSION:-

* **Hepatomegaly with Grade I fatty change.**

* **Retroflexed and mildly bulky uterus.**

- **Please correlate with clinical findings.**

****END OF REPORT****


Dr. Mukesh Kumar Gupta
DMRD, ENB (Radio-Diagnosis)
WBMC - 68415

Checked by
Jhumpa Halder



Reported By : APURBA DUTTA

Registered By : MAMANI KARMAKAR



Patient Name : MS. RITA MONDAL

Age / Gender : 33 Years / Female

Mobile No. : -

Patient ID : 78395

Bill ID : 81198

Referral : DR SELF

Source : ALLIANCE & PROJECT

Optional ID : -

Collection Time : 23/03/2024, 10:56 AM

Receiving Time : 23/03/2024, 01:24 PM

Reporting Time : 27/03/2024, 03:45 PM

Sample ID : 1924020503

Sample Type : Fluid/Cervical/Vaginal/Vault

Test Description	Value(s)	Unit(s)	Reference Range
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Pap Smear

C Y T O L O G Y R E P O R T

Brief History :
Routine examination

Specimen Type :
Cervical smear

Specimen Identified :
Yes

Specimen Adequacy :
Specimen adequate with presence of endocervical cells.

Descriptive Interpretation :
Smears show mixed population of keratinised superficial cells and intermediate cells.
Background show dense infective infiltrate.

Organisms :
Haemophilus vaginalis.

Epithelial abnormalities :
Negative for intraepithelial lesion / malignancy.

Impression :
Cervical smear -----Dense inflammatory changes

****END OF REPORT****



Reported By : -

Registered By : MAMANI KARMAKAR



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Patient ID : 78395

Bill ID : 81198

Referral : DR SELF

Source : ALLIANCE & PROJECT

Optional ID : -

Collection Time : 23/03/2024, 10:56 AM

Receiving Time : 23/03/2024, 01:24 PM


Reporting Time : 27/03/2024, 03:45 PM

Sample ID : 1924020503

Sample Type : Fluid/Cervical/Vaginal/Vault

Test Description	Value(s)	Unit(s)	Reference Range
------------------	----------	---------	-----------------

Checked by
Payel Mitra


 Dr. Nabanita Banerjee
 MBBS (Cal), DNB (I), MIAPM
 Pathologist



Reported By : -

Registered By : MAMANI KARMAKAR



Patient Name : MS. RITA MONDAL
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Mobile No. : -
Patient ID : 78395
Bill ID : 81198
Referral : DR SELF
Source : ALLIANCE & PROJECT

Optional ID : -
Collection Time : 23/03/2024, 12:14 PM
Receiving Time : 23/03/2024, 01:24 PM
Reporting Time : 23/03/2024, 02:41 PM
Sample ID : 1924020503
Sample Type : Serum

Test Description	Value(s)	Unit(s)	Reference Range
Uric Acid, Serum			
URIC ACID Method : Uricase PAP	6.70	mg/dL	2.6 - 6

****END OF REPORT****

Checked By
Rahul Mondal

Supratik Biswas
 Dr. Supratik Biswas
 MBBS, MD
 Consultant Biochemist
 Regn.No.: 64600 (WBMC)



Reported By : -

Registered By : MAMANI KARMAKAR





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Age / Gender : 33 Years / Female

Mobile No. : -

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Bill ID : 81198

Referral : DR SELF

Source : ALLIANCE & PROJECT

Optional ID : -

Collection Time : 23/03/2024, 12:14 PM

Receiving Time : 23/03/2024, 01:24 PM

Reporting Time : 23/03/2024, 03:48 PM

Sample ID : 1924020503

Sample Type : Edta Blood

Test Description	Value(s)	Unit(s)	Reference Range
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Blood Group & RH Typing

BLOOD GROUP	"B"		
RH TYPING	POSITIVE		

FORWARD & REVERSE BLOOD GROUPING,
GEL CARD BY BIO-RAD



****END OF REPORT****

Checked by
Nirmala Charles

Meenakshi
Dr. Meenakshi Mohan
MD (Pathology)
Consultant Pathologist
Regn. No. : WBMC 54631



Reported By : -

Registered By : MAMANI KARMAKAR





Patient Name : MS. RITA MONDAL

Age / Gender : 33 Years / Female

Mobile No. : -

Patient ID : 78395

Bill ID : 81198

Referral : DR SELF

Source : ALLIANCE & PROJECT

Optional ID : -

Collection Time : 23/03/2024, 12:16 PM

Receiving Time : 23/03/2024, 01:24 PM

Reporting Time : 23/03/2024, 04:38 PM

Sample ID : 1924020503

Sample Type : Stool

Test Description	Value(s)	Unit(s)	Reference Range
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Stool Routine

Physical Examination

Colour	Brownish
Consistency	Semisolid
Reaction	Acidic
Mucus	Absent

Chemical Examination

Stool for Occult Blood	NEGATIVE
------------------------	----------

Microscopical Examination

Pus Cells	1 - 2 /hpf
RBC	Not found
Ova	Not found
Parasite	Not found
Cyst	Not found
Vegetable cells	Present
Starch Granules	Absent

END OF REPORT

Checked by
Sudipta Halder

Dr. Nabanita Banerjee
MBBS (Cal), DNB (I), MIAPM
Pathologist



Reported By : -

Registered By : MAMANI KARMAKAR





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Mobile No. : -

Patient ID : 78395

Bill ID : 81198

Referral : DR SELF

Source : ALLIANCE & PROJECT

Optional ID : -

Collection Time : 23/03/2024, 12:16 PM

Receiving Time : 23/03/2024, 01:24 PM

Reporting Time : 23/03/2024, 04:31 PM

Sample ID : 1924020503

Sample Type : Urine

Test Description	Value(s)	Unit(s)	Reference Range
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Urine Routine

PHYSICAL EXAMINATION

Volume	15ml
Colour	Pale Straw
Appearance	Slightly hazy
Deposit	Present
Specific Gravity	1.010

CHEMICAL EXAMINATION

Reaction	Acidic (PH: 5.0)
Protein	Absent
Sugar	Absent
Ketones Bodies	Absent
Urobilinogen	Normal
Blood	Absent

MICROSCOPIC EXAMINATION

Pus Cells	2 - 3 /hpf
R.B.C	Not found
Epithelial Cells	4 - 5 /hpf
Casts	Not found
Crystals	Not found

METHOD : SEDIMENTATION AND MICROSCOPE

Terms and conditions:

Test results released pertain to the specimen/sample submitted.

The tests results are dependent on the quality of the sample received by the Laboratory.

The test results are released with the presumption that the specimen/sample belongs to the patient as mentioned on the bill/ vials/TRF/booking ID Laboratory investigations test results are only a tool to facilitate in arriving at a diagnosis and should always be clinically correlated by the Referring Physician.

Repeat samples/specimens are accepted on request of Referring Physician within 7 days of reporting.

Due to some unforeseen circumstances reports may be delayed. Inconvenience is regretted.

Test result may show inter laboratory variations.

The test results are not valid for medico legal purposes.



Reported By : -

Registered By : MAMANI KARMAKAR



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Mobile No. : -
Patient ID : 78395
Bill ID : 81198
Referral : DR SELF
Source : ALLIANCE & PROJECT

Optional ID : -
Collection Time : 23/03/2024, 12:16 PM
Receiving Time : 23/03/2024, 01:24 PM
Reporting Time : 23/03/2024, 04:31 PM
Sample ID : 1924020503
Sample Type : Urine

Test Description	Value(s)	Unit(s)	Reference Range
------------------	----------	---------	-----------------

****END OF REPORT****

Meenakshi
 Dr. Meenakshi Mohan
 MD (Pathology)
 Consultant Pathologist
 Regn. No. : WBMC 54631



Reported By : -

Registered By : MAMANI KARMAKAR



Patient Name : MS. RITA MONDAL

Age / Gender : 33 Years / Female

Mobile No. : -

Patient ID : 78395

Bill ID : 81198

Referral : DR SELF

Source : ALLIANCE & PROJECT

Optional ID : -

Collection Time : 23/03/2024, 10:22 AM

Receiving Time : 23/03/2024, 01:51 PM

Reporting Time : 23/03/2024, 04:06 PM

Sample ID : 1924020503

Sample Type : 2D Echo

Echocardiography/TMT

M Mode Data : Parameter	Test Value	Normal Range (Adults)	Unit
Aortic Root Diameter	2.5	2.0 – 4.0	cm
Left atrial diameter	3.1	2.0 – 4.0	cm
RV internal diameter	2.2	2.2 – 3.0	cm
IV septal thickness (diastole)	0.9	0.60 – 1.1	cm
LV Internal diameter (diastole)	4.3	3.50 – 5.4	cm
Post. Wall thickness (diastole)	0.9	0.60 – 1.1	cm
Internal diameter (systole)	2.7	2.4 – 4.2	cm
LV Ejection fraction	65%	55 – 65	%

LV shows:

- Normal size cardiac chambers.
- No RWMA.
- Grade I diastolic dysfunction. E/E' - 8
- Good LV systolic function with LVEF – 65%
- Normal RV systolic function.
- All valve morphology normal.
- IAS & IVS intact.
- No PDA/COA.
- Trivial MR & TR (18 mmHg).
- No PE / PAH.
- IVC normal in size, collapsing well.



Reported By : MOUSUMI DAS SHARMA

Registered By : MAMANI KARMAKAR



Patient Name : MS. RITA MONDAL

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Mobile No. : -

Patient ID : 78395

Bill ID : 81198

Referral : DR SELF

Source : ALLIANCE & PROJECT

Optional ID : -

Collection Time : 23/03/2024, 10:22 AM

Receiving Time : 23/03/2024, 01:51 PM

Reporting Time : 23/03/2024, 04:06 PM

Sample ID : 1924020503

Sample Type : 2D Echo

CONCLUSION:-

Normal size cardiac chambers.

Good biventricular systolic function.

Grade I diastolic dysfunction.

Trivial MR & TR.

No PE / PAH.

****END OF REPORT****

Dr. Abhinay Tibdewal
MD, DM (Cardiologist)
Regn. No.: WBMC 85811

Checked by
Mousumi Das Sharma



Reported By : MOUSUMI DAS SHARMA

Registered By : MAMANI KARMAKAR



Patient Name : MS. RITA MONDAL

Age / Gender : 33 Years / Female

Mobile No. : -

Patient ID : 78395

Bill ID : 81198

Referral : DR SELF

Source : ALLIANCE & PROJECT

Optional ID : -

Collection Time : 23/03/2024, 12:14 PM

Receiving Time : 23/03/2024, 01:24 PM

Reporting Time : 23/03/2024, 02:47 PM

Sample ID : 1924020503

Sample Type : Serum

Test Description	Value(s)	Unit(s)	Reference Range
<u>Total Proteins, Serum</u>			
TOTAL PROTEIN Method : Biuret	7.98	g/dl	6.6 - 8.3
ALBUMIN Method : Bromocresol green	4.26	g/dl	Adults: 3.5 - 5.2 Newborn(0-4days): 2.8 - 4.4
GLOBULIN Method : Calculation	3.72	g/dl	1.8 - 3.6
A/G RATIO Method : Calculation	1.15		1.2 - 2.0

****END OF REPORT****

Checked By
Rahul Mondal

Supratik Biswas
Dr. Supratik Biswas
MBBS, MD
Consultant Biochemist
Regn.No.: 64600 (WBMC)



Reported By : -

Registered By : MAMANI KARMAKAR





Patient Name : MS. RITA MONDAL
Age / Gender : 33 Years / Female
Mobile No. : -
Patient ID : 78395
Bill ID : 81198
Referral : DR SELF

Optional ID : -
Collection Time : 23/03/2024, 12:14 p.m.
Receiving Time : 23/03/2024, 01:24 p.m.
Reporting Time : 23/03/2024, 06:12 p.m.
Sample ID : 1924020503
Sample Type : Serum

Test Description	Value(s)	Unit(s)	Reference Range
<u>Bun / Creatrine Ratio</u>			
BUN/Creatinine ratio	12.9		12 - 20
Method : Calculation			

****END OF REPORT****

Checked By
Debolina Bhadra

Supratik Biswas
Dr. Supratik Biswas
MBBS, MD
Consultant Biochemist
Regn.No.: 64600 (WBMC)



Reported By : -

Registered By : MAMANI KARMAKAR



Patient Name : MS. RITA MONDAL

Age / Gender : 33 Years / Female

Mobile No. : -

Patient ID : 78395

Bill ID : 81198

Referral : DR SELF

Source : ALLIANCE & PROJECT

Optional ID : -

Collection Time : 23/03/2024, 12:14 PM

Receiving Time : 23/03/2024, 01:24 PM

Reporting Time : 23/03/2024, 03:16 PM


Sample ID : 1924020503

Sample Type : Edta Blood

Test Description	Value(s)	Unit(s)	Reference Range
Complete Blood Count			
HAEMOGLOBIN	10.6	gm/dl	11 - 14
TOTAL LEUCOCYTE COUNT	7600	/cumm	4000 - 11000
HCT	37.3	Vol%	33 - 42
R B C	3.94	millions/cumm	3.8 - 4.8
M C V	94.7	Femtolitre(fl)	80 - 100
M C H	26.9	Picograms(pg)	27 - 31
M C H C	28.4	gm/dl	32 - 36
PLATELET COUNT	1,68,000	/cumm	150000 - 450000
DIFFERENTIAL COUNT			
Neutrophils	71	%	40 - 75
Lymphocytes	25	%	20 - 40
Monocytes	02	%	2 - 8
Eosinophils	02	%	1 - 6
Basophils	00	%	0 - 1
ESR	45	mm	2 - 17
Remarks	Predominantly Normocytic Normochromic. Platelets adequate.		
Note	XN 1000, SYSMEX METHOD : FLOWCYTOMETRY ESR : AUTOMATED VESCUBE - 30 TOUCH		

****END OF REPORT****

Checked by
Anwasha Maji


Dr. Meenakshi Mohan
MD (Pathology)
Consultant Pathologist
Regn. No. : WBMC 54631



Reported By : -

Registered By : MAMANI KARMAKAR





Patient Name : MS. RITA MONDAL

Age / Gender : 33 Years / Female

Mobile No. : -

Patient ID : 78395

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Referral : DR SELF

Source : ALLIANCE & PROJECT

Optional ID : -

Collection Time : 23/03/2024, 12:14 PM

Receiving Time : 23/03/2024, 01:24 PM

Reporting Time : 23/03/2024, 02:37 PM

Sample ID : 1924020503

Sample Type : Serum

Test Description	Value(s)	Unit(s)	Reference Range
<u>T3,T4 & TSH</u>			
T3 Method : Chemiluminescent Microparticle Immunoassay (CMIA)	0.89	ng/mL	1 - 30 days: 1 - 7.4 1m - 11m: 1.05 - 2.45 1yr - 5yrs: 1.05 - 2.69 6yrs - 10yrs: 0.94 - 2.41 11yrs - 15yrs: 0.82 - 2.13 16yrs- 20yrs: 0.8 - 2.1 Adult: 0.58 - 1.59
T4 Method : Chemiluminescent Microparticle Immunoassay (CMIA)	7.77	µg/dL	1d - 6d : 11.8 - 22.6 7d - 14d : 9.9 - 16.6 15d - 4m : 7.2 - 14.4 4m - 12m : 7.8 - 16.5 1yr - 5yr : 7.2 - 15.0 5yr - 10yr : 6.4 - 13.6 > 10yr : 4.87 - 11.72 Adult : 4.87 - 11.72
TSH Method : Chemiluminescent Microparticle Immunoassay (CMIA)	2.97	µIU/ml	0.35 - 4.94

Interpretation :

T3
Triiodothyronine (3,5,3' triiodothyronine or T3) is the thyroid hormone principally responsible for the regulation of metabolism of the various target organs. T3 is mainly formed extrathyroidally, particularly in the liver, by enzymatic 5' deiodination of T4 (thyroxine). A reduction in the conversion of T4 to T3 results in a decrease in the T3 concentration. It occurs under the influence of medicaments such as propranolol, glucocorticoids or amiodarone and in severe non thyroidal illness (NTI), and is referred to as "low T3 syndrome". The determination of T3 is utilized in the diagnosis of T3 hyperthyroidism, the detection of early stages of hyperthyroidism and for indicating a diagnosis of thyrotoxicosis factitia.

T4
The hormone thyroxine (T4) is the main product secreted by the thyroid gland and is an integral component of the hypothalamus anterior pituitary thyroid regulating system. The major part (> 99 %) of total thyroxine in serum is present in proteinbound form. As the concentrations of the transport proteins in serum are subject to exogenous and endogenous effects, the status of the binding proteins must also be taken into account in the assessment of the thyroid hormone concentration in serum. If this is ignored, changes in the binding proteins (e.g. due to estrogen containing preparations, during pregnancy or in the presence of a nephrotic syndrome etc.) can lead to erroneous assessments of the thyroid metabolic state. The determination of T4 can be utilized for the following indications: the detection of hyperthyroidism, the



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Reporting Time : 23/03/2024, 02:37 PM

Sample ID : 1924020503

Sample Type : Serum

Test Description	Value(s)	Unit(s)	Reference Range
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detection of primary and secondary hypothyroidism, and the monitoring of TSH suppression therapy.

TSH

TSH is formed in specific basophil cells of the anterior pituitary and is subject to a circadian secretion sequence. The hypophyseal release of TSH (thyrotropic hormone) is the central regulating mechanism for the biological action of thyroid hormones. The determination of TSH serves as the initial test in thyroid diagnostics. Even very slight changes in the concentrations of the free thyroid hormones bring about much greater opposite changes in the TSH level. Accordingly, TSH is a very sensitive and specific parameter for assessing thyroid function and is particularly suitable for early detection or exclusion of disorders in the central regulating circuit between the hypothalamus, pituitary and thyroid.

****END OF REPORT****

Checked by
Barun Jana

Supratik Biswas
Dr. Supratik Biswas
MBBS, MD,
Consultant Biochemist



Reported By : -

Registered By : MAMANI KARMAKAR





Patient Name : MS. RITA MONDAL

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Optional ID : -

Collection Time : 23/03/2024, 12:14 PM

Receiving Time : 23/03/2024, 01:24 PM

Reporting Time : 23/03/2024, 03:34 PM

Sample ID : 1924020503

Sample Type : Serum

Test Description	Value(s)	Unit(s)	Reference Range
<u>Liver Function Test</u>			
TOTAL BILIRUBIN Method : DPD	0.51	mg/dL	<1.2
CONJUGATED BILIRUBIN Method : DPD	0.13	mg/dl	< 0.2
UNCONJUGATED BILIRUBIN Method : Calculation	0.38	mg/dL	
SGPT Method : IFCC (without pyridoxal phosphate activation)	23	U/L	< 35
SGOT Method : IFCC (without pyridoxal phosphate activation)	18	U/L	< 35
ALKALINE PHOSPHATASE Method : IFCC AMP Buffer	74	U/L	30 - 120
TOTAL PROTEIN Method : Biuret	7.98	g/dL	6.6 - 8.3
ALBUMIN Method : Bromocresol Green	4.26	g/dL	Adults: 3.5 - 5.2 Newborn (1-4 days): 2.8 - 4.4
GLOBULIN Method : Calculation	3.72	g/dL	1.80 - 3.60
A/G RATIO Method : Calculation	1.15		1.2 - 2
GAMMA-GLUTAMYL TRANSFERASE Method : IFCC	12	U/L	< 38

****END OF REPORT****

Checked by
Renimol P V

Supratik Biswas
Dr. Supratik Biswas
MBBS, MD
Consultant Biochemist
Regn.No.: 64600 (WBMC)



Reported By : -

Registered By : MAMANI KARMAKAR





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Collection Time : 23/03/2024, 12:14 PM

Receiving Time : 23/03/2024, 01:24 PM

Reporting Time : 23/03/2024, 03:31 PM

Sample ID : 1924020503

Sample Type : Serum

Test Description	Value(s)	Unit(s)	Reference Range
<u>Lipid Profile</u>			
TRIGLYCERIDES Method : Enzymatic Colorimetric Assay using GPO-POD	90	mg/dL	Normal : < 150 Borderline High : 150 - 199 High : 200 - 499 Very High : >= 500
CHOLESTEROL Method : Enzymatic Colorimetric Assay using CHOD-POD	182	mg/dl	Desirable : < 200 Borderline High : 200 - 240 High Risk : > 240
HDL CHOLESTEROL Method : Enzymatic Inhibition	41	mg/dl	Low HDL : <40 High HDL : >= 60
LDL CHOLESTEROL Method : Enzymatic Selective Protection	126	mg/dl	Optimal : < 100 Above Optimal : 100 - 129 Borderline High : 130 - 159 High : 160 - 189 Very High : > 190
VLDL / CHOLESTEROL REMNANTS Method : Calculation	15	mg/dl	< 30
NON HDL CHOLESTEROL Method : Calculation	141	mg/dl	<130
TOTAL CHOLESTEROL / HDL CHOLESTEROL RATIO	4.44	Ratio	
LDL CHOLESTEROL / HDL CHOLESTEROL RATIO	3.07	Ratio	

Remark :

* National Cholesterol Education Programme Adult Treatment Panel III Guidelines (US)

****END OF REPORT****

Checked by
Renimol P V

Supratik Biswas
Dr. Supratik Biswas
MBBS, MD
Consultant Biochemist
Regn.No.: 64600 (WBMC)



Reported By : -

Registered By : MAMANI KARMAKAR





Patient Name : MS. RITA MONDAL

Age / Gender : 33 Years / Female

Mobile No. : -

Patient ID : 78395

Bill ID : 81198

Referral : DR SELF

Source : ALLIANCE & PROJECT

Optional ID : -

Collection Time : 23/03/2024, 12:14 PM

Receiving Time : 23/03/2024, 01:24 PM

Reporting Time : 23/03/2024, 01:52 PM

Sample ID : 1924020503

Sample Type : Edta Blood

Test Description	Value(s)	Unit(s)	Reference Range
HbA1c HPLC			
HbA1c HPLC Method : High Performance Liquid Chromatography (HPLC)	5.4	%	Normal : < 5.7 Pre Diabetes : 5.7 - 6.4 Diabetes : >= 6.5
Estimated Average Glucose	108	mg/dL	70 - 116

NOTE :

1. Glucose combines with haemoglobin(Hb) continuously and nearly irreversibly during life span of RBC(120 days); thus glycosylated Hb is proportional to mean plasma glucose level during the previous 2-3 months. Therefore A1c assay is a useful mean of evaluation of success of long term diabetic control by monitoring diabetic patient~s compliance with therapeutic regimen used and long-term blood glucose level control. Added advantage is its ability to predict progression of diabetic complications.
2. Presence of Hb variant may interfere with accurate estimation of HbA1c. Please do Hb HPLC test to identify Haemoglobinopathy if any and also do Glycated albumin or Fructosamine tests to assess glycemic status if required.
3. Inappropriately low value may be seen in anemia due to iron deficiency or due to other causes, acute blood loss, recent blood transfusion, hemoglobinopathies, CLD, Hypertriglyceridemia, intake of Vitamin E & C, Aspirin, Co-trimoxazole etc.



Reported By : -

Registered By : MAMANI KARMAKAR



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Optional ID : -
Collection Time : 23/03/2024, 12:14 PM
Receiving Time : 23/03/2024, 01:24 PM
Reporting Time : 23/03/2024, 01:52 PM
Sample ID : 1924020503
Sample Type : Edta Blood

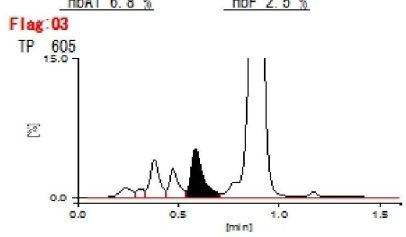
Test Description	Value(s)	Unit(s)	Reference Range
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Chromatogram Report

TOSOH G8 VAR V05.29 490206 2024-03-23 13:46:27
 ID 1924020503
 Sample No. 03230012 SL 0002 - 02
 Patient ID
 Name
 Comment

CALIB Name	%	Time	Area
A1A	0.9	0.24	10.00
A1B	0.5	0.31	5.07
F	2.5	0.38	26.96
LA1C+	1.9	0.47	19.74
SA1C	5.4	0.59	45.45
AO	92.5	0.88	984.62
H-V0			
H-V1			
H-V2			

Total Area 1091.84
HbA1c 5.4 % **IFCC 35 mmol/mol**
 HbA1 6.8 % HbF 2.5 %



23-03-2024 13:46:28 TOSOH

1 / 1

NEUBERG PULSE DIAGNOSTIC CENTRE
 75,SARAT BOSE RD, KOL - 26

****END OF REPORT****



Reported By : -

Registered By : MAMANI KARMAKAR



Patient Name : MS. RITA MONDAL

Age / Gender : 33 Years / Female

Mobile No. : -

Patient ID : 78395

Bill ID : 81198

Referral : DR SELF

Source : ALLIANCE & PROJECT

Optional ID : -

Collection Time : 23/03/2024, 12:14 PM

Receiving Time : 23/03/2024, 01:24 PM

Reporting Time : 23/03/2024, 01:52 PM

Sample ID : 1924020503

Sample Type : Edta Blood

Test Description	Value(s)	Unit(s)	Reference Range
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Checked by
Nisha Malakar

Supratik Biswas
Dr. Supratik Biswas
MBBS, MD
Consultant Biochemist
Regn.No.: 64600 (WBMC)



Reported By : -

Registered By : MAMANI KARMAKAR



Patient Name : MS. RITA MONDAL
Age / Gender : 33 Years / Female
Mobile No. : -
Patient ID : 78395
Bill ID : 81198
Referral : DR SELF
Source : ALLIANCE & PROJECT

Optional ID : -
Collection Time : 23/03/2024, 12:16 PM
Receiving Time : 23/03/2024, 01:24 PM
Reporting Time : 23/03/2024, 04:42 PM
Sample ID : 1924020503
Sample Type : Urine

Test Description	Value(s)	Unit(s)	Reference Range
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Urine Fasting Sugar

URINE FOR SUGAR

Result Absent

****END OF REPORT****

Checked by
Sudipta Halder

Meenakshi
 Dr. Meenakshi Mohan
 MD (Pathology)
 Consultant Pathologist
 Regn. No. : WBMC 54631



Reported By : -

Registered By : MAMANI KARMAKAR



Patient Name : MS. RITA MONDAL
Age / Gender : 33 Years / Female
Mobile No. : -
Patient ID : 78395
Bill ID : 81198
Referral : DR SELF
Source : ALLIANCE & PROJECT

Optional ID : -
Collection Time : 23/03/2024, 01:35 PM
Receiving Time : 23/03/2024, 05:11 PM
Reporting Time : 23/03/2024, 05:41 PM
Sample ID : 1924020503P
Sample Type : Fluoride Plasma

Test Description	Value(s)	Unit(s)	Reference Range
Glucose Post Prandial Plasma			
GLUCOSE POST PRANDIAL PLASMA Method : Hexokinase	147	mg/dL	70 - 140

****END OF REPORT****

Checked by
Barun Jana

Supratik Biswas
Dr. Supratik Biswas
MBBS, MD,
Consultant Biochemist



Reported By : -

Registered By : MAMANI KARMAKAR





Patient Name : MS. RITA MONDAL
Age / Gender : 33 Years / Female
Mobile No. : -
Patient ID : 78395
Bill ID : 81198
Referral : DR SELF
Source : ALLIANCE & PROJECT

Optional ID : -
Collection Time : 23/03/2024, 12:13 PM
Receiving Time : 23/03/2024, 01:25 PM
Reporting Time : 23/03/2024, 02:59 PM
Sample ID : 1924020503F
Sample Type : Fluoride - F

Test Description	Value(s)	Unit(s)	Reference Range
Glucose Fasting Plasma			
GLUCOSE FASTING PLASMA Method : Hexokinase	93	mg/dL	74 - 109

****END OF REPORT****

Checked by
Barun Jana

Supratik Biswas
Dr. Supratik Biswas
MBBS, MD,
Consultant Biochemist



Reported By : -

Registered By : MAMANI KARMAKAR



Patient Name :	RITA MONDAL	Patient ID :	78395
Modality :	DX	Sex :	F
Age :	33Yrs	Study :	CHEST PA
Reff. Dr. :	SELF	Study Date :	23-03-2024

X-RAY OF CHEST PA VIEW

FINDINGS :

- No lung parenchymal lesion is seen.
- Both costo-phrenic angles are clear.
- Cardio thoracic ratio within normal limit.
- Both the hila are normal.
- Both domes of diaphragm are normal in shape and position.
- Trachea is at midline.

IMPRESSION: Skiagram does not reveal any abnormality.

Clinical correlation and other investigation suggested if clinically indicated.



Dr. Preetam Debasish Panda
MD (Radio diagnosis)
Registration No. 12-46299



Patient Name : MS. RITA MONDAL

Age / Gender : 33 Years / Female

Mobile No. :-

Patient ID : 78395

Bill ID : 81198

Referral : DR SELF

Optional ID :-

Collection Time : 23/03/2024, 10:22 AM

Receiving Time : 23/03/2024, 01:51 PM

Reporting Time : 23/03/2024, 01:54 PM

Sample ID : 1924020503

Sample Type : BMI

BLOOD PRESSURE WEIGHT, HEIGHT & BMI

BLOOD PRESSURE : 120/80 mmHg

WEIGHT : 81 kg.

HEIGHT : 160 cm.

BMI : 31.6 KG/M²

****END OF REPORT****

Checked by
Mousumi Das Sharma

Reported By : APURBA DUTTA

PULSE DIGNOSTICS PVT.LTD.

107/1, G.T. ROAD, HOWRAH-711101

78395/Rita Mondal 33Yrs/Female

Ref.: SELF Test Date: 23-Mar-2024(2:14:03 P)

HR: 95 bpm

25mm/Sec

BP: /

10mm/mV

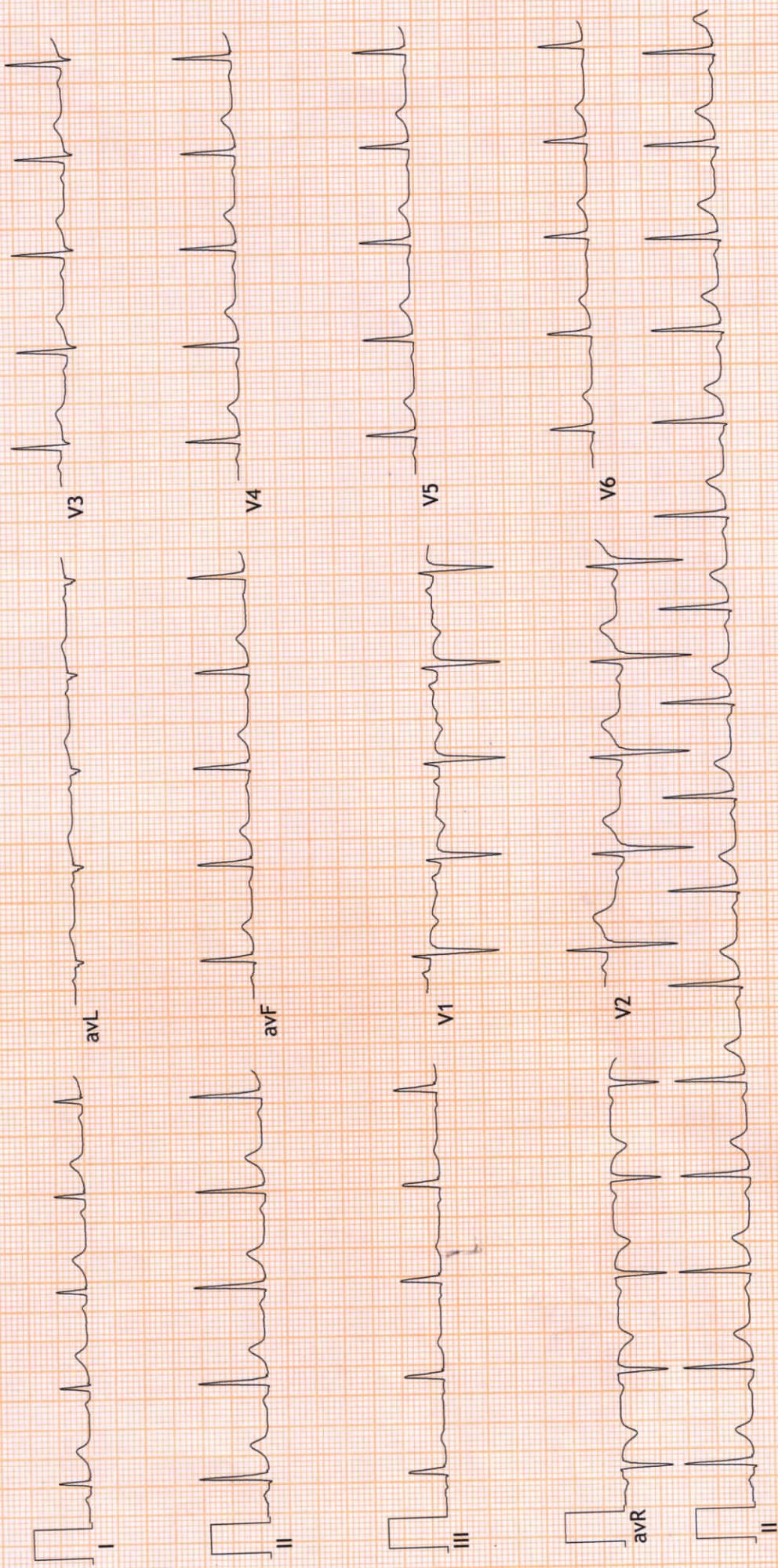
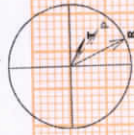
100Hz

Kgs/ Cms

0.05Hz

100Hz

PR Interval: 124 ms
QRS Duration: 114 ms
QT/QTc: 259/326ms
P-QRS-T Axis: 38 - 65 - 28 (Deg)



Eca with in normal limits.

FINDINGS: Normal Sinus Rhythm -
Vent Rate : 95 bpm; PR Interval : 124 ms; QRS Duration: 114 ms; QT/QTc Int : 259/326 ms

P-QRS-T axis: 38• 65• 28• (Deg)

Comments :

23/3/24
Dr. Anurag Tolderal
MBBS, MD (CC), DNB (CC)



Patient Name : MS. RITA MONDAL
Age / Gender : 33 Years / Female
Mobile No. : -
Patient ID : 78395
Bill ID : 81198
Referral : DR SELF
Source : ALLIANCE & PROJECT

Optional ID : -
Collection Time : 23/03/2024, 10:22 AM
Receiving Time : 23/03/2024, 01:51 PM
Reporting Time : 23/03/2024, 04:06 PM
Sample ID : 1924020503
Sample Type : 2D Echo

Echocardiography/TMT

M Mode Data : Parameter	Test Value	Normal Range (Adults)	Unit
Aortic Root Diameter	2.5	2.0 – 4.0	cm
Left atrial diameter	3.1	2.0 – 4.0	cm
RV internal diameter	2.2	2.2 – 3.0	cm
IV septal thickness (diastole)	0.9	0.60 – 1.1	cm
LV Internal diameter (diastole)	4.3	3.50 – 5.4	cm
Post. Wall thickness (diastole)	0.9	0.60 – 1.1	cm
Internal diameter (systole)	2.7	2.4 – 4.2	cm
LV Ejection fraction	65%	55 – 65	%

LV shows:

- Normal size cardiac chambers.
- No RWMA.
- Grade I diastolic dysfunction. E/E' - 8
- Good LV systolic function with LVEF – 65%
- Normal RV systolic function.
- All valve morphology normal.
- IAS & IVS intact.
- No PDA/COA.
- Trivial MR & TR (18 mmHg).
- No PE / PAH.
- IVC normal in size, collapsing well.



Reported By : MOUSUMI DAS SHARMA

Registered By : MAMANI KARMAKAR

Patient Name : MS. RITA MONDAL

Age / Gender : 33 Years / Female

Mobile No. : -

Patient ID : 78395

Bill ID : 81198

Referral : DR SELF

Source : ALLIANCE & PROJECT

Optional ID : -

Collection Time : 23/03/2024, 10:22 AM

Receiving Time : 23/03/2024, 01:51 PM

Reporting Time : 23/03/2024, 04:06 PM

Sample ID : 1924020503

Sample Type : 2D Echo

CONCLUSION:-

Normal size cardiac chambers.


Good biventricular systolic function.

Grade I diastolic dysfunction.

Trivial MR & TR.

No PE / PAH.

****END OF REPORT****


Dr. Abhinay Tibdewal
MD, DM (Cardiologist)
Regn. No.: WBMC 85811

Checked by
Mousumi Das Sharma



Reported By : MOUSUMI DAS SHARMA

Registered By : MAMANI KARMAKAR

Pulse Diagnostics Pvt. Ltd.

75, Sarat Bose Road, Kolkata - 700 026 | CIN : U85195WB2001PTC093142