MC-2176

Suraksha DIAGNOSTICS

| | | | |
|---|---|---|---|
| **Lab No.** | : SIL/15-01-2024/SR8635162 | **Lab Add.** | : Sevoke Road,Siliguri 734001 |
| **Patient Name** | : PRIYA TAMANG | **Ref Dr.** | : Dr.MEDICAL OFFICER |
| **Age** | : 36 Y 10 M 17 D | **Collection Date** | : 15/Jan/2024 03:56PM |
| **Gender** | : F | Report Date | : 15/Jan/2024 04:52PM |

## DEPARTMENT OF BIOCHEMISTRY

| Test Name | Result | Bio Ref. Interval | Unit |
|---|---|---|---|
| **POTASSIUM,BLOOD ,** *GEL SERUM* (Method:ISE INDIRECT) | 4.40 | 3.5 - 5.1 | mEq/L |
| **UREA,BLOOD** (Method:UREASE-COLORIMETRIC ) | 31.0 | 12.8-42.8 | mg/dl |
| **GLUCOSE,FASTING** (Method:Hexokinase Method) | 88 | 70 - 100 | mg/dl |
| **CALCIUM,BLOOD** (Method:OCPC) | 8.69 | 8.6-10.0 mg/dl | mg/L |
| **URIC ACID,BLOOD** (Method:URICASE ,COLORICMETRIC ) | 3.40 | 2.6 - 6.0 | mg/dl |
| **CHLORIDE,BLOOD** (Method:ISE INDIRECT) | 102 | 98 - 107 | mEq/L |
| ***THYROID PANEL (T3, T4, TSH) ,** *GEL SERUM* | | | |
| T3-TOTAL (TRI IODOTHYRONINE) (Method:CLIA ) | 1.06 | 0.60 - 1.81 ng/ml | ng/ml |
| T4-TOTAL (THYROXINE) (Method:CLIA ) | 7.3 | 4.5 - 10.9 | microgram/dl |
| TSH (THYROID STIMULATING HORMONE) (Method:CLIA ) | 1.89 | 0.35-5.5 | µIU/mL |

***BIOLOGICAL REFERENCE INTERVAL :*** *[ONLY FOR PREGNANT MOTHERS]*

***Trimester specific TSH LEVELS during pregnancy:***

FIRST TRIMESTER : 0.10 2.50 µ IU/mL
SECOND TRIMESTER :0.20 3.00 µ IU/mL
THIRD TRIMESTER :0.30 3.00 µ IU/mL

**References :**


**1.***Indian Thyroid Society guidelines for management of thyroid dysfunction during pregnancy. Clinical Practice Guidelines, New Delhi: Elsevier; 2012.*

*2.Stagnaro-Green A, Abalovich M, Alexander E, Azizi F, Mestman J, Negro R, et al. Guidelines of the American Thyroid Association for the Diagnosis and Management of Thyroid Disease During Pregnancy and Postpartum. Thyroid 2011;21:1081-25.*

*3.Dave A, Maru L, Tripathi M. Importance of Universal screening for thyroid disorders in first trimester of pregnancy. Indian J Endocr Metab [serial online] 2014 [cited 2014 Sep 25];18:735-8. Available from: http://www.ijem.in/text.asp?2014/18/5/735/139221.*


| | | | |
|---|---|---|---|
| **LIPID PROFILE ,** *GEL SERUM* | | | |
| CHOLESTEROL-TOTAL (Method:CHOLESTEROL OXIDASE, ESTERASE,PEROXIDASE) | 143 | Desirable: < 200 mg/dL Borderline high: 200-239 High: > or =240 mg/dL | mg/dl |
| TRIGLYCERIDES (Method:ENZYMATIC, END POINT) | **42** | NORMAL < 150 BORDERLINE HIGH 150-199 HIGH 200-499 VERY HIGH > 500 | mg/dl |
| HDL CHOLESTEROL (Method:DIRECT MEASURE-PEG ) | 60 | NO RISK : >60 mg/dL, MODERATE RISK : 40-60 mg/dL, HIGH RISK : <40 mg/dL | mg/dl |
| LDL CHOLESTEROL DIRECT (Method:DIRECT MEASURE ) | 73 | OPTIMAL : <100 mg/dL, Near optimal/ above optimal : 100-129 mg/dL, Borderline high : 130-159 | mg/dl |

| | | | |
|---|---|---|---|
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| **Gender** | **:** F | Report Date | **:** 15/Jan/2024 04:52PM |

## DEPARTMENT OF BIOCHEMISTRY

| Test Name | Result | Bio Ref. Interval | Unit |
|---|---|---|---|
| | | mg/dL, High : 160-189 mg/dL, Very high : >=190 mg/dL | |
| VLDL<br>(Method:Calculated) | 9 | < 40 mg/dl | mg/dL |
| CHOL HDL Ratio<br>(Method:Calculated) | **2.4** | LOW RISK 3.3-4.4 AVERAGE RISK 4.47-7.1 MODERATE RISK 7.1-11.0 HIGH RISK >11.0 | |
| **SODIUM,BLOOD**<br>(Method:ISE INDIRECT) | 138 | 136 - 145 | mEq/L |
| ***GLYCATED HAEMOGLOBIN (HBA1C) ,** *EDTA WHOLE BLOOD* | | | |
| GLYCATED HEMOGLOBIN (HBA1C) | 5.5 | ***FOR BIOLOGICAL REFERENCE INTERVAL DETAILS , PLEASE REFER TO THE BELOW MENTIONED REMARKS/NOTE WITH ADDITIONAL CLINICAL INFORMATION *** | % |
| HbA1c (IFCC)<br>(Method:HPLC) | 36.0 | | 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 D 10**
**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, 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

| ***TOTAL PROTEIN [BLOOD] ALB:GLO RATIO ,** . | | | |
|---|---|---|---|
| TOTAL PROTEIN<br>(Method:BIURET METHOD) | 7.03 | 6.6 - 8.7 | g/dL |
| ALBUMIN | 3.8 | 3.4 -5.0 g/dl | g/dl |

MC-2176

Suraksha DIAGNOSTICS

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| **Patient Name** | : PRIYA TAMANG | **Ref Dr.** | : Dr.MEDICAL OFFICER |
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| **Gender** | : F | Report Date | : 15/Jan/2024 04:52PM |

## DEPARTMENT OF BIOCHEMISTRY

| Test Name | Result | Bio Ref. Interval | Unit |
|---|---|---|---|
| (Method:BCP) | | | |
| GLOBULIN | **3.27** | 1.8-3.2 | g/dl |
| (Method:Calculated) | | | |
| AG Ratio | 1.15 | 1.0 - 2.5 | |
| (Method:Calculated) | | | |
| **CREATININE, BLOOD** | 0.59 | 0.50 - 1.10 | mg/dl |
| (Method: ALKALINE PICRATE ) | | | |
| **PHOSPHORUS-INORGANIC,BLOOD** | 3.4 | 2.5-4.5 mg/dl | mg/dl |
| (Method:UV PHOSPHOMOLYBDATE) | | | |
| **GLUCOSE,PP** | 140 | 75-140 | mg/dl |
| (Method:Hexokinase Method) | | | |

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

DR. SANJAY KR. AGARWALA
MD CONSULTANT BIOCHEMIST

Suraksha DIAGNOSTICS

| | | | |
|---|---|---|---|
| **Lab No.** | **:** SIL/15-01-2024/SR8635162 | **Lab Add.** | **:** Sevoke Road,Siliguri 734001 |
| **Patient Name** | : PRIYA TAMANG | **Ref Dr.** | : Dr.MEDICAL OFFICER |
| **Age** | **:** 36 Y 10 M 17 D | **Collection Date** | **:** 15/Jan/2024 10:54AM |
| **Gender** | **:** F | Report Date | **:** 15/Jan/2024 04:22PM |

## DEPARTMENT OF HAEMATOLOGY

| Test Name | Result | Bio Ref. Interval | Unit |
|---|---|---|---|
| **ESR (ERYTHROCYTE SEDIMENTATION RATE) ,** *EDTA WHOLE BLOOD* | | | |
| 1stHour<br>(Method:Westergren) | **30** | 0.00 - 20.00 mm/hr | mm/hr |
| **BLOOD GROUP ABO+RH [GEL METHOD] ,** *EDTA WHOLE BLOOD* | | | |
| ABO<br>(Method:Gel Card) | O | | |
| RH<br>(Method:Gel Card) | POSITIVE | | |

**Gel technology Dia Med ID Micro typing system is the latest technology in transfusion Medicine.**
**It gives more reproducible and standardized test results.**
**It more repaid, reliable, very sensitive and objective , and hence more consistent and comparable results are obtained.**
**Single used cards are individualised for every patient and results can be photographed / scanned and stored for future use.**
**Special instruments that are used only for this technology also reduce risk of any contamination.**

**Ref:- WHO technical manual on transfusion medicine-Second Edition 2003**

**(RESULTS ALSO VERIFIED BY : FORWARD AND REVERSE GROUPING (TUBE AND SLIDE METHOD)**

**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.***

| *CBC WITH PLATELET (THROMBOCYTE) COUNT , *EDTA WHOLE BLOOD* | | | |
|---|---|---|---|
| HEMOGLOBIN<br>(Method:SLS haemoglobin method) | **11.1** | 12 - 15 | g/dL |
| WBC<br>(Method:DC detection method) | 5.2 | 4 - 10 | *10^3/µL |
| RBC<br>(Method:DC detection method) | 3.98 | 3.8 - 4.8 | *10^6/µL |
| PLATELET (THROMBOCYTE) COUNT<br>(Method:DC detection method/Microscopy) | 154 | 150 - 450*10^3 | *10^3/µL |
| ***DIFFERENTIAL COUNT*** | | | |
| NEUTROPHILS<br>(Method:Flowcytometry/Microscopy) | 73 | 40 - 80 % | % |
| LYMPHOCYTES<br>(Method:Flowcytometry/Microscopy) | 23 | 20 - 40 % | % |
| MONOCYTES<br>(Method:Flowcytometry/Microscopy) | 02 | 2 - 10 % | % |
| EOSINOPHILS<br>(Method:Flowcytometry/Microscopy) | 02 | 1 - 6 % | % |
| BASOPHILS<br>(Method:Flowcytometry/Microscopy) | 00 | 0-0.9% | % |
| ***CBC SUBGROUP*** | | | |
| HEMATOCRIT / PCV<br>(Method:Calculated) | **34.1** | 36 - 46 % | % |
| MCV | 85.7 | 83 - 101 fl | fl |

Suraksha DIAGNOSTICS

| | | | |
|---|---|---|---|
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| **Gender** | **:** F | Report Date | **:** 15/Jan/2024 04:22PM |

## DEPARTMENT OF HAEMATOLOGY

| Test Name | Result | Bio Ref. Interval | Unit |
|---|---|---|---|
| (Method:Calculated) | | | |
| MCH | 27.8 | 27 - 32 pg | pg |
| (Method:Calculated) | | | |
| MCHC | 32.4 | 31.5-34.5 gm/dl | gm/dl |
| (Method:Calculated) | | | |
| RDW - RED CELL DISTRIBUTION WIDTH | **16.2** | 11.6-14% | % |
| (Method:Calculated) | | | |
| PDW-PLATELET DISTRIBUTION WIDTH | 23.7 | 8.3 - 25 fL | fL |
| (Method:Calculated) | | | |
| MPV-MEAN PLATELET VOLUME | 11.0 | 7.5 - 11.5 fl | |
| (Method:Calculated) | | | |
| RBC | NORMOCYTIC NORMOCHROMIC. | | |
| WBC. | NORMAL MORPHOLOGY | | |
| PLATELET | ADEQUATE ON SMEAR. | | |

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

Dr. Ankush Chakraborty
MBBS, MD (Path), IFCAP
Reg. No. 65992 (WBMC)

| | | | |
|---|---|---|---|
| **Lab No.** | **:** SIL/15-01-2024/SR8635162 | **Lab Add.** | **:** Sevoke Road,Siliguri 734001 |
| **Patient Name** | : PRIYA TAMANG | **Ref Dr.** | : Dr.MEDICAL OFFICER |
| **Age** | **:** 36 Y 10 M 17 D | **Collection Date** | **:** 15/Jan/2024 01:18PM |
| **Gender** | **:** F | Report Date | **:** 16/Jan/2024 05:40PM |

## DEPARTMENT OF PATHOLOGY
## REPORT ON EXAMINATION OF CERVICAL SMEAR FOR EXFOLIATIVE CYTOLOGY

**SPECIMEN TYPE :**
Conventional cervical PAP smear.

**SPECIMEN ADEQUACY :**
Satisfactory for evaluation. Endocervical cells seen.

**GENERAL DIAGNOSTIC CATEGORIZATION :**
Negative for intraepithelial lesion / malignancy [ NILM ].

**IMPRESSION :**
**Shift in flora suggestive of Bacterial Vaginosis.**

NOTE : Reported as per The 2014 Bethesda system of reporting cervical cytology.

**ENCL : Two (02) slides.**

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

Dr. Ankush Chakraborty
MBBS, MD (Path), IFCAP
Reg. No. 65992 (WBMC)

| | | | |
|---|---|---|---|
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| **Patient Name** | : PRIYA TAMANG | **Ref Dr.** | : Dr.MEDICAL OFFICER |
| **Age** | **:** 36 Y 10 M 17 D | **Collection Date** | **:** |
| **Gender** | **:** F | Report Date | **:** 15/Jan/2024 02:30PM |

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

**FINDINGS:**

- Cardiac size appears within normal limits. Margin is well visualised and cardiac silhoutte is smoothly outlined. Shape is within normal limit.
- Lung parenchyma shows no focal lesion. No general alteration of radiographic density. Apices are clear. Bronchovascular lung markings are within normal.
- Lateral costo-phrenic angles are clear.
- Domes of diaphragm are smoothly outlined. Position is within normal limits.

**IMPRESSION :**

**Normal study.**

(Please correlate clinically & with other investigation .Follow up suggested ).

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

DR. MUKTI SARKAR MD.
CONSULTANT RADIOLOGIST

| | | | |
|---|---|---|---|
| **Lab No.** | : SIL/15-01-2024/SR8635162 | **Lab Add.** | : Sevoke Road,Siliguri 734001 |
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| **Age** | : 36 Y 10 M 17 D | **Collection Date** | : 15/Jan/2024 10:55AM |
| **Gender** | : F | Report Date | : 15/Jan/2024 03:35PM |

## DEPARTMENT OF CLINICAL PATHOLOGY

| Test Name | Result | Bio Ref. Interval | Unit |
|---|---|---|---|
| **URINE ROUTINE ALL, ALL ,** *URINE* | | | |
| ***PHYSICAL EXAMINATION*** | | | |
| COLOUR | PALE YELLOW | | |
| APPEARANCE | SLIGHTLY HAZY | | |
| ***CHEMICAL EXAMINATION*** | | | |
| pH<br>(Method:Dipstick (triple indicator method)) | 5.0 | 4.6 - 8.0 | |
| SPECIFIC GRAVITY<br>(Method:Dipstick (ion concentration method)) | 1.015 | 1.005 - 1.030 | |
| PROTEIN<br>(Method:Dipstick (protein error of pH indicators)/Manual) | ABSENT | NOT DETECTED | |
| GLUCOSE<br>(Method:Dipstick(glucose-oxidase-peroxidase method)/Manual) | ABSENT | NOT DETECTED | |
| KETONES (ACETOACETIC ACID, ACETONE)<br>(Method:Dipstick (Legals test)/Manual) | ABSENT | NOT DETECTED | |
| BLOOD<br>(Method:Dipstick (pseudoperoxidase reaction)) | NEGATIVE | NOT DETECTED | |
| BILIRUBIN<br>(Method:Dipstick (azo-diazo reaction)/Manual) | NEGATIVE | NEGATIVE | |
| UROBILINOGEN<br>(Method:Dipstick (diazonium ion reaction)/Manual) | NEGATIVE | NEGATIVE | |
| NITRITE<br>(Method:Dipstick (Griess test)) | NEGATIVE | NEGATIVE | |
| LEUCOCYTE ESTERASE<br>(Method:Dipstick (ester hydrolysis reaction)) | NEGATIVE | NEGATIVE | |
| ***MICROSCOPIC EXAMINATION*** | | | |
| LEUKOCYTES (PUS CELLS)<br>(Method:Microscopy) | 0-1 | 0-5 | /hpf |
| EPITHELIAL CELLS<br>(Method:Microscopy) | 1-2 | 0-5 | /hpf |
| RED BLOOD CELLS<br>(Method:Microscopy) | ABSENT | 0-2 | /hpf |
| CAST<br>(Method:Microscopy) | ABSENT | NOT DETECTED | |
| CRYSTALS<br>(Method:Microscopy) | ABSENT | NOT DETECTED | |
| BACTERIA<br>(Method:Microscopy) | FEW | NOT DETECTED | |
| YEAST<br>(Method:Microscopy) | ABSENT | NOT DETECTED | |
| OTHERS | ABSENT | | |

**Note:**

1. All urine samples are checked for adequacy and suitability before examination.
2. Analysis by urine analyzer of dipstick is based on reflectance photometry principle. Abnormal results of chemical examinations are confirmed by manual methods.
3. The first voided morning clean-catch midstream urine sample is the specimen of choice for chemical and microscopic analysis.
4. Negative nitrite test does not exclude urinary tract infections.
5. Trace proteinuria can be seen in many physiological conditions like exercise, pregnancy, prolonged recumbency etc.
6. False positive results for glucose, protein, nitrite, urobilinogen, bilirubin can occur due to use of certain drugs, therapeutic dyes, ascorbic acid, cleaning agents used in urine collection container.
7. Discrepancy between results of leukocyte esterase and blood obtained by chemical methods with corresponding pus cell and red blood cell count by microscopy can

| | | | |
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| **Gender** | **:** F | Report Date | **:** 15/Jan/2024 03:35PM |

**DEPARTMENT OF CLINICAL PATHOLOGY**

| Test Name | Result | Bio Ref. Interval | Unit |
|---|---|---|---|

occur due to cell lysis.

8. Contamination from perineum and vaginal discharge should be avoided during collection, which may falsely elevate epithelial cell count and show presence of bacteria and/or yeast in the urine.

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

Dr. Ankush Chakraborty
MBBS, MD (Path), IFCAP
Reg. No. 65992 (WBMC)

Suraksha DIAGNOSTICS

| | | | |
|---|---|---|---|
| **Lab No.** | **:** SIL/15-01-2024/SR8635162 | **Lab Add.** | **:** |
| **Patient Name** | : PRIYA TAMANG | **Ref Dr.** | : Dr.MEDICAL OFFICER |
| **Age** | **:** 36 Y 10 M 17 D | **Collection Date** | **:** |
| **Gender** | **:** F | Report Date | **:** 15/Jan/2024 01:09PM |

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

| | | |
|---|---|---|
| HEART RATE | : | 55 /min. |
| RHYTHM | : | Regular sinus. |
| P-WAVE | : | Normal |
| P - R INTERVAL | : | 160 ms, |
| QRS DURATION | : | 80 ms |
| QRS CONFIGURATION | : | NORMAL |
| QRS VOLTAGE | : | R/S in V1 1/2 mm. |
| | | R/S in V6 10/1 mm. |
| QRS AXIS | : | +30° |
| Q- Waves | : | No significant Q-wave. |
| QCT INTERVAL | : | 387 ms |
| ST SEGMENT | : | Normal. |
| T WAVE | : | NORMAL |
| ROTATION | : | Normal. |
| OTHER FINDINGS | : | Nil. |
| **IMPRESSION** | **:** | **SINUS BRADYCARDIA.** |

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

Dr. ARABINDA SAHA (MD,DM)
CONSULTANT CARDIOLOGIST

| | | | |
|---|---|---|---|
| **Lab No.** | **:** SIL/15-01-2024/SR8635162 | **Lab Add.** | **:** |
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| **Age** | **:** 36 Y 10 M 17 D | **Collection Date** | **:** |
| **Gender** | **:** F | Report Date | **:** 15/Jan/2024 02:10PM |

## DEPARTMENT OF ULTRASONOGRAPHY
## REPORT ON EXAMINATION OF WHOLE ABDOMEN

**LIVER**
Liver is normal in size having normal shape, regular smooth outline and of homogeneous echotexture. No focal parenchymal lesion is evident.Intrahepatic biliary radicles are not dilated. Branches of portal vein are normal

**PORTA**
The appearance of porta is normal. Common Bile duct is normal with no intraluminal pathology (Calculi /mass) could be detected at its visualsed part. Portal vein is normal at porta.

**GALL BLADDER**
Gallbladder is physiologically distended. Wall thickness appears normal. **Shows calculus measuring 13 mm in neck region.** Sonographic Murphys sign is negative.

**PANCREAS**
Echogenecity appears within limits, without any focal lesion. Shape, size & position appears normal. No Calcular disease noted. Pancreatic duct is not dilated. No peri-pancreatic collection of fluid noted.

**SPLEEN**
Spleen is normal in size. Homogenous and smooth echotexture without any focal lesion. Splenic vein at hilum appears normal. No definite collaterals could be detected.

**KIDNEYS**
Both kidneys are normal in shape, size, axes & position. Cortical echogenecity appears normal maintaining cortico-medullary differentiation. Margin is regular and cortical thickness is uniform. No calcular disease noted. No hydronephrotic changes detected. Visualised part of upper ureters are not dilated.

**URINARY BLADDER**
Urinary bladder is distended, wall thickness appeared normal.No intraluminal pathology (calculi/mass) could be detected.

**UTERUS**
Uterus is anteverted, normal in size (83 mm. x 41 mm. x 41 mm). Endometrium (collapsed wall) is in midline. Myometrium appears smooth & homogenous without any detectable/sizable focal lesion. Cervix looks normal. Pouch of Douglas is free.

**OVARIES**
**Thin walled anechoic cyst (41 x 37 mm) at right adnexa.**
Left ovary is normal in size, shape, position, margin and echotexture.
Left Ovary measures 27 x 22 mm.

**IMPRESSION :**

**i) Cholelithiasis.**
**ii) Thin walled anechoic cyst (41 x 37 mm) at right adnexa.**

| | | | |
|---|---|---|---|
| **Lab No.** | **:** SIL/15-01-2024/SR8635162 | **Lab Add.** | **:** |
| **Patient Name** | : PRIYA TAMANG | **Ref Dr.** | : Dr.MEDICAL OFFICER |
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| **Gender** | **:** F | Report Date | **:** 15/Jan/2024 02:10PM |

**(Please correlate clinically & with other investigation. Follow up suggested).**

## 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. MUKTI SARKAR MD.
CONSULTANT RADIOLOGIST

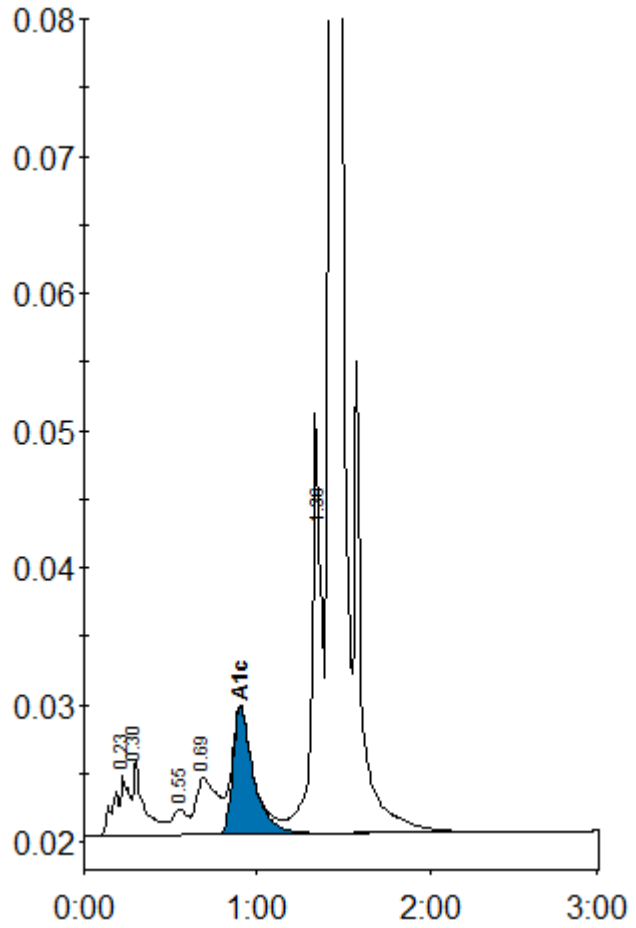


Suraksha Diagnostic Private Limited
E-mail: info@surakshanet.com | Website: www.surakshanet.com

SURAKSHA DIAGNOSTIC PVT LTD
15/10 UDHAM SINGH SARANI -SILIGURI-734401

## Patient report

| | |
|---|---|
| Sample ID: | D02135443971 |
| Injection date | 15/01/2024 01:34 PM |
| Injection #: 4 | D-10 Method: HbA1c |
| Rack #: --- | Rack position: 1 |
| Bio-Rad v: 5.00-2 | S/N: #DM23F10804 |




Peak table - ID: D02135443971

| Peak | R.time | Height | Area | Area % |
|---|---|---|---|---|
| A1a | 0.23 | 4329 | 25328 | 1.2 |
| A1b | 0.30 | 5606 | 24157 | 1.2 |
| F | 0.55 | 1844 | 11539 | 0.6 |
| LA1c/CHb-1 | 0.69 | 4139 | 35164 | 1.7 |
| A1c | 0.90 | 9232 | 77223 | 5.5 |
| P3 | 1.36 | 30642 | 112725 | 5.4 |
| A0 | 1.43 | 758667 | 1801478 | 86.3 |
| Total Area: | 2087614 | | | |

| Concentration: | % | mmol/mol |
|---|---|---|
| A1c | 5.5 | 36 |