



Lab No.	: SRE/27-01-2024/SR8673854	Lab Add.	: Newtown,Kolkata-700156
Patient Name	: PRIYANKA KUMARI	Ref Dr.	: Dr.MEDICAL OFFICER
Age	: 35 Y 6 M 25 D	Collection Date	: 27/Jan/2024 10:02AM
Gender	: F	Report Date	: 27/Jan/2024 01:36PM



DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
CREATININE, BLOOD , GEL SERUM (Method:Jaffe, alkaline picrate, kinetic)	0.58	0.5-1.1	mg/dL
CHLORIDE,BLOOD (Method:ISE INDIRECT)	104	99-109	mEq/L
PHOSPHORUS-INORGANIC,BLOOD (Method:Phosphomolybdate/UV)	3.5	2.4-5.1 mg/dL	mg/dL
CALCIUM,BLOOD (Method:Arsenazo III)	9.80	8.7-10.4	mg/dL
POTASSIUM,BLOOD (Method:ISE INDIRECT)	4.30	3.5-5.5	mEq/L
GLUCOSE,PP (Method:Gluc Oxidase Trinder)	191	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.

UREA,BLOOD (Method:Urease with GLDH)	19.3	19-49	mg/dL
GLUCOSE,FASTING (Method:Gluc Oxidase Trinder)	118	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.

SODIUM,BLOOD (Method:ISE INDIRECT)	140	132 - 146	mEq/L
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*** End Of Report ***



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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
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Dr NEEPA CHOWDHURY
MBBS MD (Biochemistry)
Consultant Biochemist



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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
TOTAL PROTEIN [BLOOD] ALB:GLO RATIO , .			
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	

THYROID PANEL (T3, T4, TSH) , GEL SERUM			
T3-TOTAL (TRI IODOTHYRONINE) (Method:CLIA)	1.21	0.60-1.81 ng/ml	ng/ml
T4-TOTAL (THYROXINE) (Method:CLIA)	13.8	3.2-12.6	µg/dL
ESTIMATED TWICE			
TSH (THYROID STIMULATING HORMONE) (Method:CLIA)	2.456	0.55-4.78	µIU/mL

Suggested follow up with ft4 report and to correlate clinically.

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.

URIC ACID,BLOOD (Method:Uricase/Peroxidase)	6.60	2.6-6.0	mg/dL
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Correlate clinically.

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
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Suggested follow up.

GLYCATED HAEMOGLOBIN (HBA1C) , EDTA WHOLE BLOOD			
GLYCATED HEMOGLOBIN (HBA1C)	4.5	***FOR BIOLOGICAL REFERENCE INTERVAL DETAILS , PLEASE REFER TO THE BELOW MENTIONED REMARKS/NOTE WITH ADDITIONAL CLINICAL INFORMATION ***	%
HbA1c (IFCC) (Method:HPLC)	26.0		mmol/mol

Clinical Information and Laboratory clinical interpretation on Biological Reference Interval:

Low risk / Normal / non-diabetic : <5.7% (NGSP) / < 39 mmol/mol (IFCC)
 Pre-diabetes/High risk of Diabetes : 5.7%- 6.4% (NGSP) / 39 - < 48 mmol/mol (IFCC)
 Diabetics-HbA1c level : >= 6.5% (NGSP) / > 48 mmol/mol (IFCC)

Analyzer used :- Bio-Rad-VARIANT TURBO 2.0
 Method : HPLC Cation Exchange

Recommendations for glycemic targets

- Ø Patients should use self-monitoring of blood glucose (SMBG) and HbA1c levels to assess glycemic control.
- Ø The timing and frequency of SMBG should be tailored based on patients' individual treatment, needs, and goals.
- Ø Patients should undergo HbA1c testing at least twice a year if they are meeting treatment goals and have stable glycemic control.
- Ø If a patient changes treatment plans or does not meet his or her glycemic goals, HbA1c testing should be done quarterly.
- Ø For most adults who are not pregnant, HbA1c levels should be <7% to help reduce microvascular complications and macrovascular disease .

Action suggested >8% as it indicates poor control.

Ø Some patients may benefit from HbA1c goals that are stringent.

Result alterations in the estimation has been established in many circumstances, such as after acute/ chronic blood loss, for example, after surgery, blood transfusions, hemolytic anemia, or high erythrocyte turnover; vitamin B₁₂/ folate deficiency, presence of chronic renal or liver disease; after administration of high-dose vitamin E / C; or erythropoietin treatment.

Reference: Glycated hemoglobin monitoring BMJ 2006; 333:586-8

References:
 1. Chamberlain JJ, Rhinehart AS, 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](#)

LIPID PROFILE , GEL SERUM			
CHOLESTEROL-TOTAL (Method:Enzymatic)	188	Desirable: < 200 mg/dL Borderline high: 200-239 mg/dL High: > or =240 mg/dL	mg/dL
TRIGLYCERIDES (Method:GPO-Trinder)	190	Normal:: < 150, BorderlineHigh::150-199, High:: 200-499, VeryHigh::>500	mg/dL
HDL CHOLESTEROL (Method:Elimination/catalase)	35	< 40 - Low 40-59- Optimum 60 - High	mg/dl
LDL CHOLESTEROL DIRECT (Method:Elimination / Catalase)	149	OPTIMAL : <100 mg/dL, Near optimal/ above optimal : 100-129 mg/dL, Borderline high : 130-159 mg/dL,	mg/dL

Lab No. : SRE/27-01-2024/SR8673854

Page 4 of 13



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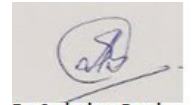


DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
VLDL (Method:Calculated)	4	High : 160-189 mg/dL, Very high : >=190 mg/dL < 40 mg/dl	mg/dl
CHOL HDL Ratio (Method:Calculated)	5.4	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)



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Patient Name : PRIYANKA KUMARI	Ref Dr. : Dr.MEDICAL OFFICER
Age : 35 Y 6 M 25 D	Collection Date : 27/Jan/2024 10:05AM
Gender : F	Report Date : 27/Jan/2024 02:19PM



DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Bio Ref. Interval	Unit
CBC WITH PLATELET (THROMBOCYTE) COUNT , EDTA WHOLE BLOOD			
HEMOGLOBIN (Method:PHOTOMETRIC)	10.6	12 - 15	g/dL
WBC (Method:DC detection method)	7.0	4 - 10	*10 ³ /μL
RBC (Method:DC detection method)	3.27	3.8 - 4.8	*10 ⁶ /μL
PLATELET (THROMBOCYTE) COUNT (Method:DC detection method/Microscopy)	173	150 - 450*10 ³	*10 ³ /μL
<u>DIFFERENTIAL COUNT</u>			
NEUTROPHILS (Method:Flowcytometry/Microscopy)	57	40 - 80 %	%
LYMPHOCYTES (Method:Flowcytometry/Microscopy)	35	20 - 40 %	%
MONOCYTES (Method:Flowcytometry/Microscopy)	06	2 - 10 %	%
EOSINOPHILS (Method:Flowcytometry/Microscopy)	02	1 - 6 %	%
BASOPHILS (Method:Flowcytometry/Microscopy)	00	0-0.9%	%
<u>CBC SUBGROUP</u>			
HEMATOCRIT / PCV (Method:Calculated)	31.4	36 - 46 %	%
MCV (Method:Calculated)	96.1	83 - 101 fl	fl
MCH (Method:Calculated)	32.4	27 - 32 pg	pg
MCHC (Method:Calculated)	33.7	31.5-34.5 gm/dl	gm/dl
RDW - RED CELL DISTRIBUTION WIDTH (Method:Calculated)	16.5	11.6-14%	%
PDW-PLATELET DISTRIBUTION WIDTH (Method:Calculated)	28.4	8.3 - 25 fL	fL
MPV-MEAN PLATELET VOLUME (Method:Calculated)	12.6	7.5 - 11.5 fl	fl

*** End Of Report ***

Bidisha Chakraborty
Dr. Bidisha Chakraborty
 Consultant Pathologist
 MD, DNB (Pathology)
 Dip RC Path(UK)



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Age	: 35 Y 6 M 25 D	Collection Date	: 27/Jan/2024 10:05AM
Gender	: F	Report Date	: 27/Jan/2024 04:56PM



DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Bio Ref. Interval	Unit
ESR (ERYTHROCYTE SEDIMENTATION RATE) , EDTA WHOLE BLOOD			
1stHour (Method:Westergren)	32	0.00 - 20.00 mm/hr	mm/hr

BLOOD GROUP ABO+RH [GEL METHOD] , EDTA WHOLE BLOOD			
ABO (Method:Gel Card)	O		
RH (Method:Gel Card)	POSITIVE		

TECHNOLOGY USED: GEL METHOD

ADVANTAGES :

- Gel card allows simultaneous forward and reverse grouping.
- Card is scanned and record is preserved for future reference.
- Allows identification of Bombay blood group.
- Daily quality controls are run allowing accurate monitoring.

Historical records check not performed.

*** End Of Report ***

MD (PATHOLOGY)
CONSULTANT PATHOLOGIST

Lab No. : SRE/27-01-2024/SR8673854

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Patient Name : PRIYANKA KUMARI

Ref Dr. : Dr.MEDICAL OFFICER

Age : 35 Y 6 M 25 D

Collection Date :

Gender : F

Report Date : 27/Jan/2024 02:13PM



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.

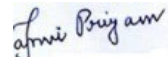
The cardio-thoracic ratio is normal.

Bony thorax reveals no definite abnormality.

IMPRESSION :

Normal study.

*** End Of Report ***


Dr. Tanvi Priyam
MBBS, MD Radio-Diagnosis
WB 81485



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Age	: 35 Y 6 M 25 D	Collection Date	: 28/Jan/2024 11:24AM
Gender	: F	Report Date	: 28/Jan/2024 05:06PM



DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Bio Ref. Interval	Unit
URINE ROUTINE ALL, ALL , URINE			
<u>PHYSICAL EXAMINATION</u>			
COLOUR	PALE YELLOW		
APPEARANCE	SLIGHTLY HAZY		
<u>CHEMICAL EXAMINATION</u>			
pH (Method:Dipstick (triple indicator method))	5.0	4.6 - 8.0	
SPECIFIC GRAVITY (Method:Dipstick (ion concentration method))	1.015	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	
<u>MICROSCOPIC EXAMINATION</u>			
LEUKOCYTES (PUS CELLS) (Method:Microscopy)	0-1	0-5	/hpf
EPITHELIAL CELLS (Method:Microscopy)	8-10	0-5	/hpf
RED BLOOD CELLS (Method:Microscopy)	NOT DETECTED	0-2	/hpf
CAST (Method:Microscopy)	NOT DETECTED	NOT DETECTED	
CRYSTALS (Method:Microscopy)	CALCIUM OXALATE PRESENT	NOT DETECTED	
BACTERIA (Method:Microscopy)	SCANTY	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.

Lab No. : SRE/27-01-2024/SR8673854

Page 9 of 13



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Gender	: F	Report Date	: 28/Jan/2024 05:06PM



DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Bio Ref. Interval	Unit
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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 Mansi Gulati
Consultant Pathologist
MBBS, MD, DNB (Pathology)

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Age	: 35 Y 6 M 25 D	Collection Date	:
Gender	: F	Report Date	: 27/Jan/2024 03:57PM



DEPARTMENT OF CARDIOLOGY

E.C.G. REPORT

Heart rate - 68 / min. (average)

Rhythm - Sinus

Axis - Normal

P-Wave - Normal

PR Interval - 0.12 Sec.

QRS Complexes - Normal

ST Segment - Isoelectric

T Wave - Normal

QT Interval - 0.40 Sec.

Voltage - Normal

IMPRESSION : Normal Tracing. Please correlate clinically.

*** End Of Report ***

Dr SANJAY SUD
MBBS (Cal), FCCP, MRI PHH(UK)
ECHO CARDIOLOGIST

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Patient Name	: PRIYANKA KUMARI	Ref Dr.	: Dr.MEDICAL OFFICER
Age	: 35 Y 6 M 25 D	Collection Date	:
Gender	: F	Report Date	: 27/Jan/2024 12:09PM



DEPARTMENT OF ULTRASONOGRAPHY

REPORT ON EXAMINATION OF WHOLE ABDOMEN

LIVER

Liver is enlarged in size (16.72 cm), having grade I fatty changes. 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 (0.40 cm) with no intraluminal pathology (calculi /mass) could be detected at its visualized part. Portal vein is normal (1.00 cm) at porta.

GALLBLADDER

Gallbladder is distended. Wall thickness appears normal. No intraluminal pathology (calculi/mass) could be detected. 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 enlarged in size (15.09 cm). 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 (Rt. Kidney 11.33 cm. & Lt. kidney 11.02 cm.) 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.

Visualized parts 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 ante-verted, normal in size (8.75 cm x 4.61 cm x 5.40 cm). Endometrium (0.80 cm) is in midline. Myometrium appears smooth & homogenous without any detectable/sizable focal lesion.

Cervix looks normal. Pouch of Douglas is free.

ADNEXA

Adnexa appear clear with no obvious mass lesion could be detected.

OVARIES

Ovaries are normal in size, shape, position, margin and echotexture.

Lab No. : SRE/27-01-2024/SR8673854

Page 12 of 13

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Right ovary measures : 2.59 cm x 2.66 cm.

Left ovary measures : 2.94 cm x 2.82 cm.

RETROPERITONEUM & PERITONEUM

No ascites noted. No definite evidence of any mass lesion detected. No detectable evidence of enlarged lymph nodes noted. Visualized part of aorta & IVC are within normal limit.

IMPRESSION :

- 1) Hepatomegaly with grade I fatty changes.
- 2) Splenomegaly.

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. S. K. MONDAL
MBBS, CBET
(Sonologist)

Patient Data

Sample ID: D02135515271
 Patient ID: SR8673854
 Name:
 Physician:
 Sex:
 DOB:

Analysis Data

Analysis Performed: 27/JAN/2024 14:43:15
 Injection Number: 10403U
 Run Number: 202
 Rack ID: 0003
 Tube Number: 6
 Report Generated: 27/JAN/2024 15:03:31
 Operator ID: TRISHA

Comments:

Peak Name	NGSP %	Area %	Retention Time (min)	Peak Area
A1a	---	0.9	0.168	19479
A1b	---	0.6	0.232	11912
F	---	1.1	0.281	22416
LA1c	---	1.8	0.402	36824
A1c	4.5	---	0.512	74687
P3	---	3.0	0.784	62439
P4	---	0.9	0.868	17814
Ao	---	88.1	0.988	1826125

Total Area: 2,071,696

HbA1c (NGSP) = 4.5 % HbA1c (IFCC) = 26 mmol/mol

