

DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Ms Suravi Sengupta MRN : 17510001194339 Gender/Age : FEMALE , 36y (24/12/1986)

Collected On : 24/06/2023 09:21 AM Received On : 24/06/2023 09:37 AM Reported On : 24/06/2023 11:13 AM

Barcode : 802306240317 Specimen : Serum Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9748029569

CLINICAL CHEMISTRY

Test	Result	Unit	Biological Reference Interval
<b>SERUM CREATININE</b>			
Serum Creatinine (Two Point Rate - Creatinine Aminohydrolase)	0.67	mg/dL	0.52-1.04
eGFR	99.6	mL/min/1.73m <sup>2</sup>	-
<b>Blood Urea Nitrogen (BUN)</b> (Endpoint /Colorimetric - Urease)	10.49	-	7.0-17.0
<b>Serum Sodium</b> (Direct ISE - Potentiometric)	141	mmol/L	137.0-145.0
<b>Serum Potassium</b> (Direct ISE - Potentiometric)	4.8	mmol/L	3.5-5.1
<b>LIVER FUNCTION TEST(LFT)</b>			
Bilirubin Total (Colorimetric -Diazo Method)	0.66	mg/dL	0.2-1.3
Conjugated Bilirubin (Direct) (Calculated)	0.26	mg/dL	0.0-0.4
Unconjugated Bilirubin (Indirect) (Colorimetric Endpoint)	0.40	-	-
Total Protein (Biuret Method)	<b>8.30 H</b>	g/dL	6.3-8.2
Serum Albumin (Colorimetric - Bromo-Cresol Green)	4.40	gm/dL	3.5-5.0
Serum Globulin (Calculated)	<b>4.0 H</b>	g/dL	2.0-3.5
Albumin To Globulin (A/G)Ratio (Calculated)	1.1	-	1.0-2.1
SGOT (AST) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	24	U/L	14.0-36.0
SGPT (ALT) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	24	U/L	<35.0

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Alkaline Phosphatase (ALP) (Multipoint-Rate - P-nitro Phenyl Phosphate, AMP Buffer)	85	IU/L	38.0-126.0
Gamma Glutamyl Transferase (GGT) (Multipoint Rate - L-glutamyl-p-nitroanilide ( Szasz Method))	13	U/L	12.0-43.0



Dr. Debasree Biswas  
MD, Biochemistry  
Clinical Biochemist MBBS, MD



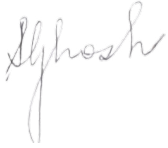
Dr. Sujata Ghosh  
PhD, Biochemistry  
Biochemist M.Sc , Ph. D

#### CLINICAL CHEMISTRY

Test	Result	Unit	Biological Reference Interval
<b>LIPID PROFILE (CHOL,TRIG,HDL,LDL,VLDL)</b>			
Cholesterol Total (Colorimetric - Cholesterol Oxidase)	<b>226 H</b>	mg/dL	Desirable: < 200 Borderline High: 200-239 High: > 240
Triglycerides (Enzymatic Endpoint Colorimetric )	174	mg/dL	Normal: < 150 Borderline: 150-199 High: 200-499 Very High: > 500
HDL Cholesterol (HDLC) (Colorimetric: Non HDL Precipitation Phosphotungstic Acid Method)	49	mg/dL	40.0-60.0
Non-HDL Cholesterol	177	-	-
LDL Cholesterol (Non LDL Selective Elimination, CHOD/POD)	<b>142.2 H</b>	mg/dL	Optimal: < 100 Near to above optimal: 100-129 Borderline High: 130-159 High: 160-189 Very High: > 190
VLDL Cholesterol (Calculated)	34.8	mg/dL	0.0-40.0
Cholesterol /HDL Ratio	4.6	-	-

--End of Report--

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Dr. Sujata Ghosh  
PhD, Biochemistry  
Biochemist M.Sc , Ph. D

**Note**

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- Results relate to the sample only.
- Kindly correlate clinically.  
(LFT, -> Auto Authorized)  
(Blood Urea Nitrogen (Bun), -> Auto Authorized)  
(Serum Sodium, -> Auto Authorized)  
(Serum Potassium, -> Auto Authorized)  
(CR -> Auto Authorized)



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Collected On : 24/06/2023 09:21 AM Received On : 24/06/2023 09:37 AM Reported On : 24/06/2023 10:59 AM

Barcode : 802306240317 Specimen : Serum Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9748029569

**CLINICAL CHEMISTRY**

Test	Result	Unit	Biological Reference Interval
<b>THYROID PROFILE (T3, T4, TSH)</b>			
Tri Iodo Thyronine (T3) (Enhanced Chemiluminescence Immunoassay (CLIA))	1.32	ng/mL	0.97-1.69
Thyroxine (T4) (Enhanced Chemiluminescence Immunoassay (CLIA))	8.68	µg/dl	5.53-11.0
TSH (Thyroid Stimulating Hormone) (Enhanced Chemiluminescence Immunoassay (CLIA))	2.783	uIU/ml	Non Pregnant: 0.4001-4.049 1st Trimester: 0.1298-3.10 2nd Trimester: 0.2749-2.652 3rd Trimester: 0.3127-2.947

**--End of Report--**

Dr. Debasree Biswas  
MD, Biochemistry  
Clinical Biochemist MBBS, MD



Dr. Sujata Ghosh  
PhD, Biochemistry  
Biochemist M.Sc , Ph. D

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( -> Auto Authorized)



DEPARTMENT OF LABORATORY MEDICINE

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Patient Name : Ms Suravi Sengupta MRN : 17510001194339 Gender/Age : FEMALE , 36y (24/12/1986)

Collected On : 24/06/2023 09:21 AM Received On : 24/06/2023 09:41 AM Reported On : 24/06/2023 11:07 AM

Barcode : 812306240227 Specimen : Whole Blood - ESR Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9748029569

HAEMATOLOGY LAB

Test	Result	Unit	Biological Reference Interval
<b>Erythrocyte Sedimentation Rate (ESR)</b> (Modified Westergren Method)	<b>42 H</b>	mm/1hr	0.0-12.0

--End of Report--

Dr. Rakhi Mandal  
MD, Pathology  
Consultant Pathology MBBS, MD

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Collected On : 24/06/2023 09:21 AM Received On : 24/06/2023 09:38 AM Reported On : 24/06/2023 09:56 AM

Barcode : 812306240228 Specimen : Whole Blood Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9748029569

## HAEMATOLOGY LAB

Test	Result	Unit	Biological Reference Interval
<b>COMPLETE BLOOD COUNT (CBC)</b>			
Haemoglobin (Hb%) (Photometric Measurement)	<b>11.6 L</b>	g/dL	12.0-15.0
Red Blood Cell Count (Electrical Impedance)	4.17	millions/ $\mu$ L	3.8-4.8
PCV (Packed Cell Volume) / Hematocrit (Calculated)	36.1	%	36.0-46.0
MCV (Mean Corpuscular Volume) (Derived From RBC Histogram)	86.7	fL	83.0-101.0
MCH (Mean Corpuscular Haemoglobin) (Calculated)	27.9	pg	27.0-32.0
MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	32.2	%	31.5-34.5
Red Cell Distribution Width (RDW) (Calculated)	<b>15.5 H</b>	%	11.6-14.0
Platelet Count (Electrical Impedance)	<b>134 L</b>	$10^3/\mu$ L	150.0-400.0
Mean Platelet Volume (MPV) (Derived)	<b>12.8 H</b>	fL	7.0-11.7
Total Leucocyte Count(WBC) (Electrical Impedance)	9.1	$10^3/\mu$ L	4.0-10.0
<b>DIFFERENTIAL COUNT (DC)</b>			
Neutrophils (VCSn Technology)	68.5	%	40.0-75.0
Lymphocytes (VCSn Technology)	23.8	%	20.0-40.0
Monocytes (VCSn Technology)	3.7	%	2.0-10.0
Eosinophils (VCSn Technology)	3.4	%	1.0-6.0

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Basophils (VCSn Technology)	0.6	%	0.0-2.0
NRBC (VCSn Technology)	0.0	/100 WBC	-
Absolute Neutrophil Count (Calculated)	6.23	$10^3/\mu\text{L}$	1.8-7.8
Absolute Lymphocyte Count (Calculated)	2.17	$10^3/\mu\text{L}$	1.0-4.8
Absolute Monocyte Count (Calculated)	0.34	$10^3/\mu\text{L}$	0.0-0.8
Absolute Eosinophil Count (Calculated)	0.31	$10^3/\mu\text{L}$	0.0-0.45
Absolute Basophil Count (Calculated)	0.05	$10^3/\mu\text{L}$	0.0-0.2

As per the recommendation of International Council for Standardization in Hematology, the differential counts are additionally being reported as absolute numbers.

--End of Report--

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MD, Pathology  
Consultant Pathology MBBS, MD

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Final Report

Patient Name : Ms Suravi Sengupta MRN : 17510001194339 Gender/Age : FEMALE , 36y (24/12/1986)

Collected On : 24/06/2023 09:31 AM Received On : 24/06/2023 10:50 AM Reported On : 24/06/2023 11:47 AM

Barcode : 822306240024 Specimen : Urine Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9748029569

**CLINICAL PATHOLOGY**

Test	Result	Unit	Biological Reference Interval
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**URINE ROUTINE & MICROSCOPY****PHYSICAL EXAMINATION**

Volume	30	ml	-
Colour	Straw	-	-
Appearance	Clear	-	-

**CHEMICAL EXAMINATION**

pH(Reaction) (Mixed PH Indicator)	6.0	-	4.8-7.5
Sp. Gravity (Dual Wavelength Reflectance )	1.006	-	1.002-1.030
Protein (Protein Error Of PH Indicator)	Negative	-	-
Urine Glucose (Glucose Oxidase, Peroxidase)	Negative	-	Negative
Ketone Bodies (Legal's Method)	Negative	-	Negative
Bile Salts (Dual Wavelength Reflectance/Manual)	Negative	-	Negative
Bile Pigment (Bilirubin) (Coupling Of Bilirubin With Diazonium Salt)	Negative	-	Negative
Urobilinogen (Coupling Reaction Of Urobilinogen With A Stable Diazonium Salt In Buffer)	Normal	-	Normal
Urine Leucocyte Esterase (Enzymatic, Indoxyl Ester And Diazonium Salt)	Negative	-	Negative
Blood Urine (Pseudo - Enzymatic Test, Organic Peroxidase And Chromogen)	Trace	-	-
Nitrite (Modified Griess Reaction)	Negative	-	Negative



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### MICROSCOPIC EXAMINATION

Pus Cells	2-4	/hpf	1-2
RBC	0-2	/hpf	0 - 3
Epithelial Cells	1-2	/hpf	2-3
Crystals	NIL	-	-
Casts	NIL	-	-

--End of Report--

Dr. Sanjib Kumar Pattari  
MD, Pathology  
Consultant Pathology MBBS, MD. Reg No : 53635 (WBMC)

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DEPARTMENT OF LABORATORY MEDICINE

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Collected On : 24/06/2023 09:21 AM Received On : 24/06/2023 09:37 AM Reported On : 24/06/2023 11:18 AM

Barcode : 802306240319 Specimen : Whole Blood Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9748029569

CLINICAL CHEMISTRY

Test	Result	Unit	Biological Reference Interval
<b>HBA1C</b>			
HbA1c (HPLC)	<b>5.8 H</b>	%	Normal: 4.0-5.6 Prediabetes: 5.7-6.4 Diabetes: => 6.5 ADA standards 2019 (Carpenter/ Coustan)
Estimated Average Glucose	119.76	-	-

Interpretation:

- HbA1C above 6.5% can be used to diagnose diabetes provided the patient has symptoms. If the patient does not have symptoms with HbA1C>6.5%, repeat measurement on further sample. If the repeat test result is <6.5%, consider as diabetes high risk and repeat measurement after 6 months.
- HbA1C measurement is not appropriate in diagnosing diabetes in children, suspicion of type 1 diabetes, symptoms of diabetes for less than 2 months, pregnancy, hemoglobinopathies, medications that may result sudden increase in glucose, anemia, renal failure, HIV infection, malignancies, severe chronic hepatic, and renal disease.
- Any sample with >15% should be suspected of having a haemoglobin variant.

--End of Report--

Dr. Sujata Ghosh  
PhD, Biochemistry  
Biochemist M.Sc , Ph. D

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Collected On : 24/06/2023 09:21 AM Received On : 24/06/2023 09:37 AM Reported On : 24/06/2023 10:26 AM

Barcode : 802306240318 Specimen : Plasma Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9748029569

CLINICAL CHEMISTRY

Test	Result	Unit	Biological Reference Interval
<b>Fasting Blood Sugar (FBS)</b> (Glucose Oxidase, Peroxidase)	<b>113 H</b>	mg/dL	Normal: 70-99 Pre-diabetes: 100-125 Diabetes: => 126 ADA standards 2019

--End of Report--

Dr. Debasree Biswas  
MD, Biochemistry  
Clinical Biochemist MBBS, MD

Dr. Sujata Ghosh  
PhD, Biochemistry  
Biochemist M.Sc , Ph. D

Note

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(Fasting Blood Sugar (FBS) -> Auto Authorized)



## DEPARTMENT OF LABORATORY MEDICINE

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Patient Name : Ms Suravi Sengupta MRN : 17510001194339 Gender/Age : FEMALE , 36y (24/12/1986)

Collected On : 24/06/2023 09:21 AM Received On : 24/06/2023 05:59 PM Reported On : 26/06/2023 12:53 PM

Barcode : 872306240001 Specimen : Fluid & Swab Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9748029569

### CYTOLOGY

#### CERVICAL SMEAR FOR CYTOLOGY

**LAB NO** GC- 589/23

**SPECIMEN TYPE** Cervical smear

**MICROSCOPIC EXAMINATION** The 2014 Bethesda system Smear's studied are satisfactory for evaluation and show mainly superficial squamous cells, intermediate squamous cell and parabasal cells. Few metaplastic cells seen. Few clusters of endocervical cell are also seen. Monilia and T. vaginalis are absent. Dysplastic and malignant cells are absent. No infiltrate of inflammatory cells are seen in the smears.

**IMPRESSION** Negative for intraepithelial lesion or malignancy

--End of Report--



Dr. Sanjib Kumar Pattari  
MD, Pathology  
Consultant Pathology MBBS, MD. Reg No : 53635 (WBMC)

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Patient Name : Ms Suravi Sengupta MRN : 17510001194339 Gender/Age : FEMALE , 36y (24/12/1986)

Collected On : 24/06/2023 09:21 AM Received On : 24/06/2023 10:02 AM Reported On : 24/06/2023 11:05 AM

Barcode : BR2306240025 Specimen : Whole Blood Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9748029569

IMMUNOHAEMATOLOGY

Test	Result	Unit
<b>BLOOD GROUP &amp; RH TYPING</b>		
Blood Group (Column Agglutination Technology)	A	-
RH Typing (Column Agglutination Technology)	Positive	-

--End of Report--

Dr. Amal Kumar Saha  
MBBS, D.PED, ECFMG  
Blood Bank Officer

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DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Ms Suravi Sengupta MRN : 17510001194339 Gender/Age : FEMALE , 36y (24/12/1986)

Collected On : 24/06/2023 01:55 PM Received On : 24/06/2023 02:15 PM Reported On : 24/06/2023 03:02 PM

Barcode : 802306240695 Specimen : Plasma Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9748029569

CLINICAL CHEMISTRY

Test	Result	Unit	Biological Reference Interval
<b>Post Prandial Blood Sugar (PPBS)</b> (Glucose Oxidase, Peroxidase)	107	mg/dL	Normal: 70-139 Pre-diabetes: 140-199 Diabetes: => 200 ADA standards 2019

**Interpretations:**  
 (ADA Standards Jan 2017)  
 FBS can be less than PPBS in certain conditions like post prandial reactive hypoglycaemia, exaggerated response to insulin, subclinical hypothyroidism, very lean/anxious individuals. In non-diabetic individuals, such patients can be followed up with GTT.

--End of Report--

Dr. Debasree Biswas  
MD, Biochemistry  
Clinical Biochemist MBBS, MD

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PhD, Biochemistry  
Biochemist M.Sc , Ph. D

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(Post Prandial Blood Sugar (PPBS) -> Auto Authorized)



## ADULT TRANS-THORACIC ECHO REPORT

**PATIENT NAME** : Ms Suravi Sengupta  
**GENDER/AGE** : Female, 36 Years  
**LOCATION** : -

**PATIENT MRN** : 17510001194339  
**PROCEDURE DATE** : 24/06/2023 10:56 AM  
**REQUESTED BY** : EXTERNAL



### IMPRESSION

- NO SIGNIFICANT ECHOCARDIOGRAPHIC ABNORMALITY DETECTED.

### FINDINGS

#### CHAMBERS

LEFT ATRIUM : NORMAL SIZED  
RIGHT ATRIUM : NORMAL SIZED  
LEFT VENTRICLE : NORMAL SIZED CAVITY. NO REGIONAL WALL MOTION ABNORMALITY. GOOD SYSTOLIC FUNCTION WITH EJECTION FRACTION: 64 %. NORMAL DIASTOLIC FLOW PATTERN.  
RIGHT VENTRICLE : NORMAL SIZE AND THICKNESS WITH NORMAL FUNCTION

#### VALVES

MITRAL : NORMAL.  
AORTIC : NORMAL.  
TRICUSPID : NORMAL.  
PULMONARY : NORMAL.

#### SEPTAE

IAS : INTACT  
IVS : INTACT

#### ARTERIES AND VEINS

AORTA : NORMAL, LEFT AORTIC ARCH  
PA : NORMAL SIZE  
IVC : NORMAL SIZE & COLLAPSIBILITY  
SVC & CS : NORMAL  
PULMONARY VEINS : NORMAL

**PERICARDIUM** : NORMAL PERICARDIAL THICKNESS. NO EFFUSION

**INTRACARDIAC MASS** : NO TUMOUR, THROMBUS OR VEGETATION SEEN

**OTHERS** : NIL.

*Arnab Paul*

MS SURAVI SENGUPTA (17510001194339)

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DR. ARNAB PAUL  
ASSOCIATE CONSULTANT ECHOCARDIOGRAPHY MBBS, PGDCC.  
REG NO : 57819 WBMC

MINAKSHI SRIVASTAVA  
ASSISTANT MANAGER

24/06/2023 10:56 AM

**PREPARED BY** : SARMISTHA PRAMANIK(335772)  
**GENERATED BY** : BIPASHA BANERJEE(302664)

**PREPARED ON** : 24/06/2023 11:31 AM  
**GENERATED ON** : 27/06/2023 12:51 PM



<b>Patient Name</b>	Suravi Sengupta	<b>Requested By</b>	EXTERNAL
<b>MRN</b>	17510001194339	<b>Procedure DateTime</b>	2023-06-24 12:42:10
<b>Age/Sex</b>	36Y 6M/Female	<b>Hospital</b>	NH-RTIICS

### **USG OF WHOLE ABDOMEN (SCREENING)**

#### **LIVER:**

It is normal in size and echogenicity. No focal SOL is seen. The intrahepatic biliary radicles are not dilated.

#### **PORTAL VEIN:**

The portal vein is normal in calibre measuring 0.8 cm at the porta. There is no intraluminal thrombus. No collaterals are seen.

#### **GALL BLADDER:**

It is not visualised (operated).

#### **CBD:**

The common duct is not dilated measuring 0.5 cm at porta. No intraluminal calculus is seen.

#### **SPLEEN:**

It is normal in size measuring 9.0 cm and echogenicity. No focal SOL is seen. The splenoportal axis is patent and is normal in dimensions.

#### **PANCREAS:**

It is normal in size and echogenicity. The duct is not dilated. No calcification or focal SOL is seen.

#### **KIDNEYS:**

Both kidneys are normal in size, position and echogenicity. The corticomedullary differentiation is maintained. No hydronephrosis, calculus or mass is seen.

Right kidney and left kidney measures 9.3 cm and 10.0 cm respectively.

#### **URINARY BLADDER:**

It is normal in capacity. The wall is not thickened. No intraluminal calculus or mass is seen.

**UTERUS:**

It is anteverted, bulky in size measuring 9.6 x 3.3 x 4.4 cm and normal echopattern. No focal SOL is seen. The endometrial echoline is central in position. Endometrium is not thickened (and measures 0.86 cm). The cervix appears normal.

**OVARIES:**

The ovaries are normal in size, shape and echotexture. Follicles seen.

The right and left ovaries measures 2.7 x 1.2 cm and 1.8 x 0.8 cm respectively.

**IMPRESSION:**

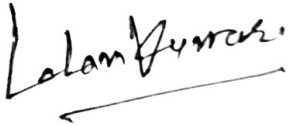
- Bulky uterus.

NOT FOR MEDICO LEGAL PURPOSES

This is only a Radiological Impression and not Diagnosis. Like all diagnostic modalities, USG also has its limitations. Therefore USG report should be interpreted in correlation with clinical and pathological findings.

All typing and topographical error is regretted and if detected at any time is correctable. Please inform us immediately.

Assist By : Sumitra



Dr. Lalan Kumar

Consultant Sonologist  
MBBS CBET (USG)

\* **This is a digitally signed valid document.** Reported Date/Time: 2023-06-24 13:01:10

<b>Patient Name</b>	Suravi Sengupta	<b>Requested By</b>	
<b>MRN</b>	17510001194339	<b>Procedure DateTime</b>	2023-06-24 10:13:51
<b>Age/Sex</b>	36Y 6M/Female	<b>Hospital</b>	NH-RTIICS

### **CHEST RADIOGRAPH (PA VIEW)**

#### **FINDINGS:**

- Trachea is normal and is central.
- The cardiac shadow is normal in contour.
- Mediastinum and great vessels are within normal limits.
- The hilar shadows are within normal limits.
- The lung fields and bronchovascular markings appear normal.
- The costo-phrenic angles are clear.
- Both the diaphragmatic domes appear normal.
- The visualized bones and soft tissue appear normal.

#### **IMPRESSION:**

- **No significant radiological abnormality detected.**

REPORTED BY DR. DEBRUPA DEB

#### **NOT FOR MEDICO LEGAL PURPOSES**

This is only a Radiological Impression and not Diagnosis. Like all diagnostic modalities, X-RAY also has its limitations. Therefore X-RAY report should be interpreted in correlation with clinical and pathological findings.

All typing and topographical error is regretted and if detected at any time is correctable. Please inform us immediately.

*Gobinda Pramanick*

Dr. Gobinda Pramanick

MD(AIIMS, NEW DELHI), DM(PGI, CHANDIGARH)  
CONSULTANT INTERVENTIONAL NEURORADIOLOGIST  
Registration No: 61660(WBMC)