

PATIENT NAME & ADDRESS
SABHYATA PRIYADARSHINI

PATHOLOGY



More, E.M. Bypass, Kasba Golepark, Kolkata-700 107, Ph: 71 222 000, Fax: 2443 6103
 Email: desun@desunhospital.com, Website: www.desunhospital.com
 (A unit of P. N. Memorial Neurocentre & Research Institute Ltd.)

DRAWN : 12-08-2023
 10:40 Hrs.

RECEIVED : 12-08-2023
 10:52 Hrs.

REPORTED : 13-08-2023
 18:34 Hrs.

OPD/IPD DOC NO SD01/OPD/BILL/2023-24/OP40431223

PATIENT CODE SD01/PAT/1000139386



REFERRING DOCTOR

ACCESSION NO DHHI-1/2023-24/0003075

AGE 30 Yrs 1 Mths 15 Dys SEX Female

Results relate only to the samples tested

TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
Glucose - Fasting			
Glucose - Fasting Specimen : Plasma Flouride Methodology : Hexokinase	90	Adult: 74 - 106 Children 60 - 100	mg/dL
Uric Acid			
Uric Acid Specimen : Serum Methodology : Uricase Peroxidase	3.8	Male : 3.5 - 7.2 Female : 2.6 - 6.0	mg/dL
Urea			
Urea Specimen : serum Methodology : Urease, GLDH (UV Method)	14	Adult : 17 - 43 Newborn : 8.4 - 25.8 Infant/Child : 10.8 - 38.4	mg/dL
Creatinine			
Creatinine Specimen : Serum Methodology : Jaffe Method	0.68	Male (<50 years) : 0.84 - 1.25 Male (>50 years): 0.81 - 1.44 Female: 0.66 - 1.09 Neonate: 0.5 - 1.2 Infant: 0.4 - 0.7 Child: 0.5 - 1.2	mg/dL
LFT (Liver Function Test)			
Total Bilirubin Specimen : Serum Methodology : Diazotization	0.55	Adults: 0.3 - 1.2 Children 0-1 day 1.4 - 8.7 1-2 days 3.4 - 11.5 3-5 days 1.5 - 12.0	mg/dL
Direct Bilirubin Specimen : Serum Methodology : Diazotization	0.12	Adults and Children: < 0.2	mg/dL
Indirect Bilirubin Methodology : Calculated Value	0.43		mg/dL
Total Protein Specimen : Serum Methodology : Biuret	7.6	Adult : 6.6 - 8.3 Children (1 - 18 y) : 5.7 - 8.0 Newborns (1 - 30 d) : 4.1 - 6.3	g/dL



Dr. Swapan Pathak
 MD (Path)
 Sr Consultant

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14082023104129

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LFT (Liver Function Test)			
Albumin Specimen : Serum Methodology : Bromocresol Green (BCG)	4.4	Adults: 3.5 - 5.2 Newborn (0 - 4 day) : 2.8 - 4.4	g/dL
Globulin Methodology : Calculated Value	3.2	1.8 - 3.6	g/dL
Aspartate Aminotransferase (SGOT) (AST) Specimen : Serum Methodology : IFCC (UV without P5P)	27	Male (Adult): <50 Female (Adult): <35 Newborn: 25 - 75 Infant: 15 - 60	U/L
Alanine Aminotransferase (SGPT) (ALT) Specimen : Serum Methodology : IFCC (UV without P5P)	22	Male(Adult): <50 Female(Adult): <35 Newborn/Infant: 13 - 45	U/L
Alkaline Phosphatase (ALP) Specimen : Serum Methodology : IFCC (PNPP, AMP buffer)	69	75 - 316	U/L



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TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
Glucose - PP (Post Prandial) Glucose - Post Prandial Specimen : Plasma Flouride Methodology : Hexokinase ** Sample Drawn : 12.08.2023 10:40 Hrs.	102	70.0 - 140.0	mg/dL
	Received : 12.08.2023 16:51 Hrs.	Reported : 12.08.2023 18:31 Hr	



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2330407340

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AGE 30 Yrs 1 Mths 15 Dys SEX Female

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TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
Lipid Profile			
Cholesterol - Total Specimen : Serum Methodology : CHOD-POD	182	<200 : Desirable 200 - 239 : Borderline High >=240 : High	mg/dL
Cholesterol - HDL Specimen : Serum Methodology : Direct Enzymatic Colorimetric	51	40.0 - 59.0	mg/dL
Cholesterol - LDL Methodology : Calculated Value	114	> 160.0 : High Risk 130.0 - 160.0 : Borderline High <= 130.0 : Desirable	mg/dL
Cholesterol - VLDL Methodology : Calculated Value	17	< 40.0	mg/dL
Triglyceride Specimen : Serum Methodology : GPO POD	85	Normal : <150 Borderline high : 150 - 199 High : 200 - 499 Very high : >=500	mg/dL



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TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
Lipid Profile			
Cholesterol - Total/HDL ratio <i>Methodology : Calculated Value</i>	3.57	3.4 : 1/2 Average Risk 5.0 : Average Risk 9.6 : 2 x Average Risk 23.4 : 3 x Average Risk	ratio
Cholesterol - HDL/LDL ratio <i>Methodology : Calculated Value</i>	0.45		



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TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
HbA1c (Glycosylated Haemoglobin)			
Glycosylated Haemoglobin (HBA1C)	5.4	4.6 - 6.2	%
Specimen : Methodology : NGSP			
LFT (Liver Function Test)			
A/G Ratio	1.38	1.1 - 2.2	ratio
Specimen : serum Methodology : Calculated Value			
GGT (Gamma-glutamyltransferase)			
Gamma-glutamyltransferase (GGT)	25	12 - 122	U/L
Specimen : Serum Methodology :			
Microalbuminuria / ACR,			
Spot Microalbumin	3.71		mg/L
Methodology : Immunoturbidimetry			
Creatinine, Urine	10.17		mg/dL
Methodology : Modified Jaffe			
Spot Microalbumin / Creatinine Ratio	36.48	Normal < 30.0 Microalbuminuria : 30 - 299 Clinical albuminuria : 300.0	µg of Albumin /mg Creatinine
Methodology : Calculated Value			



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TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
CBC (Complete Blood Count)			
Haemoglobin (Hb) Specimen : Whole Blood - EDTA Methodology : Colorimetry	11.0	12.0 - 15.0	gm %
RBC Count Specimen : Whole Blood - EDTA Methodology : Electrical Impedance	5.66	3.8 - 4.8	million/cmm
Packed Cell Volume (Hematocrit) (PCV) Specimen : Whole Blood - EDTA Methodology : Pulse height detection	35.7	36.0 - 46.0	%
Mean Cell Volume (MCV) Specimen : Whole Blood - EDTA Methodology : Calculated Value	63.0	83.0 - 101.0	fL
Mean Cell Haemoglobin (MCH) Specimen : Whole Blood - EDTA Methodology : Calculated Value	19.4	27 - 32	pg
Mean Cell Haemoglobin Concentration (MCHC) Specimen : Whole Blood - EDTA Methodology : Calculated Value	30.8	31.5 - 34.5	g/dL
Platelet Count Specimen : Whole Blood - EDTA Methodology : Electrical Impedance	2.77	1.5 - 4.1	lakh/cmm
Total Count			
WBC Count Specimen : Whole Blood - EDTA Methodology : Electrical Impedance	6.1	4.0 - 10.0	thou/cmm
Differential Count (Microscopy)			
Neutrophil	76	40 - 80	%
Lymphocyte	20	20 - 40	%
Monocyte	02	2 - 10	%
Eosinophil	02	1 - 6	%
Basophil	00	<1 - 2	%
Peripheral Blood Smear (Microscopy)			



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TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
CBC (Complete Blood Count)			
RBC	Microcytic and hypochromic with anisocytosis.		
WBC	Normal morphology. No immature cell seen.		
Erythrocyte Sedimentation Rate (ESR) Specimen : Whole Blood - EDTA Methodology : Westergren	42	<=15	mm / hr



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TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
<p>ABO Group & RH Type</p> <p>ABO Blood Group Methodology : Tube Agglutination / Slide method</p> <p>Rh Typing Specimen : Whole Blood - EDTA Methodology : Tube Agglutination / Slide method</p> <p>'H' ANTIGEN PRESENT</p>	<p>O</p> <p>POSITIVE</p> <p>Note : Following factors are responsible for discrepancies in ABO Grouping: 1. Patients may fail to express ABO antigens on red cells due to diseases like Leukaemia & lymphoma. 2. Acquired B antigen can occur due to Infections; gram negative septicaemia, carcinoma colon, Blood Group chimera i.e. an individual with two population of cells which may occur as a result of either Bone marrow transplantation or Transfusion of group 'O' blood to 'A' or 'B' patient. 3. Rouleaux formation: It occurs in patients with abnormal Albumin/globulin concentration or in cord blood samples due to Whartons Jelly contamination. 4. Acquired antibodies i.e. Anti -A1 in A2 persons Anti -H in Bombay phenotype Cold auto - antibodies Unexpected allo-antibodies.</p>		



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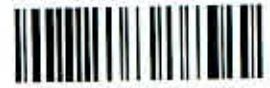
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AGE 30 Yrs 1 Mths 15 Dys SEX Female

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TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
Urinalysis			
<i>Urinalysis</i>			
<i>Physical Examination</i>			
Volume <i>Methodology : By graduated container</i>	35		mL
Colour	Pale Straw		
Appearance <i>Methodology : Visual</i>	Slightly Hazy		
Specific Gravity <i>Methodology : pKa change</i>	1.015		ratio
<i>Chemical Examination</i>			
Reaction <i>Methodology : Double indicator (Strip)</i>	Acidic		
Protein <i>Methodology : Protein-error-of-indicators</i>	Absent		
Glucose <i>Methodology : Glucose oxidase (Strip) Benedict's Test</i>	Absent		
Ketone Bodies <i>Methodology : Nitroprusside method (Strip)/ Tube</i>	Absent		
Bile Salt <i>Methodology : Hay's Method</i>	Absent		
Bile Pigment <i>Methodology : Diazo Method (Strip)</i>	Absent		
Blood <i>Methodology : Benzidine method (Strip) Microscopy</i>	Absent		
<i>Microscopic Examination</i>			
Pus Cells	1-2		/hpf
RBC	Not Seen		/hpf
Epithelial Cells	10-12		/hpf



Dr. Prerana Mondal
 MD (Path)
 Consultant Pathologist

4082023104129

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TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
Urinalysis			
Casts	Not Seen		
Crystals	Not Seen		
----- End of Report -----			



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Consultant Pathologist

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LABORATORY REPORT

CLIENT CODE : DHHI-3

CLIENT NAME : DESUN HOSPITAL & HEART INSTITUTE
720, Anandapur, Kasba Golpark, E.M Bypass,
Kolkata-700107
Ph. No. : (033)71222000



DESUN
REFERENCE LAB

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ACCESSION NO. : DHHI-3/2023-24/0005580

AGE : 30 Yrs 1 Mths 15 Dys SEX : Female

Bed No / IPD ID / OPD ID : OPD

PATIENT ID : 139386



2330407340

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TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
Thyroid Profile - 1 (T3, T4, TSH)			
Triiodothyronine (T3) Specimen : Serum Methodology : Electrochemiluminescence	1.22	0.80 - 2.00	ng/mL
Thyroxine (T4) Specimen : Serum Methodology : Electrochemiluminescence	7.19	5.10 - 14.10	µg/dL
Thyroid Stimulating Hormone (TSH) Specimen : Serum Methodology : Electrochemiluminescence	2.73	Non-Pregnant : 0.27 - 4.20 Pregnant 1st Trimester : 0.10 - 2.5 2nd Trimester : 0.20 - 3.0 3rd Trimester : 0.30 - 3.0	µIU/mL
----- End of Report -----			

14082023103753

Dr. Jayati Gupta
Ph.D (Bio.Chem)
Senior Consultant Biochemist

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CARDIOLOGY

SABHYATA PRIYADARSHINI



PROCEDURE DONE ON : 12.08.2023
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 REFERRING DOCTOR :
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REPORTED : 12.08.2023
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 AGE : 30 Yrs 1 Mths 15 Dys
 SEX : F

ELECTROCARDIOGRAM REPORT - NO.180

SINUS BRADYCARDIA



Sanjib Kumar Patra

Dr. SANJIB KUMAR PATRA
 Reg No: 53571 (WBMC)
 DM CARD
 Dept. of Cardiac Science

Prepared By : ARCHISMAN Checked By : Sumita Bar

S K P

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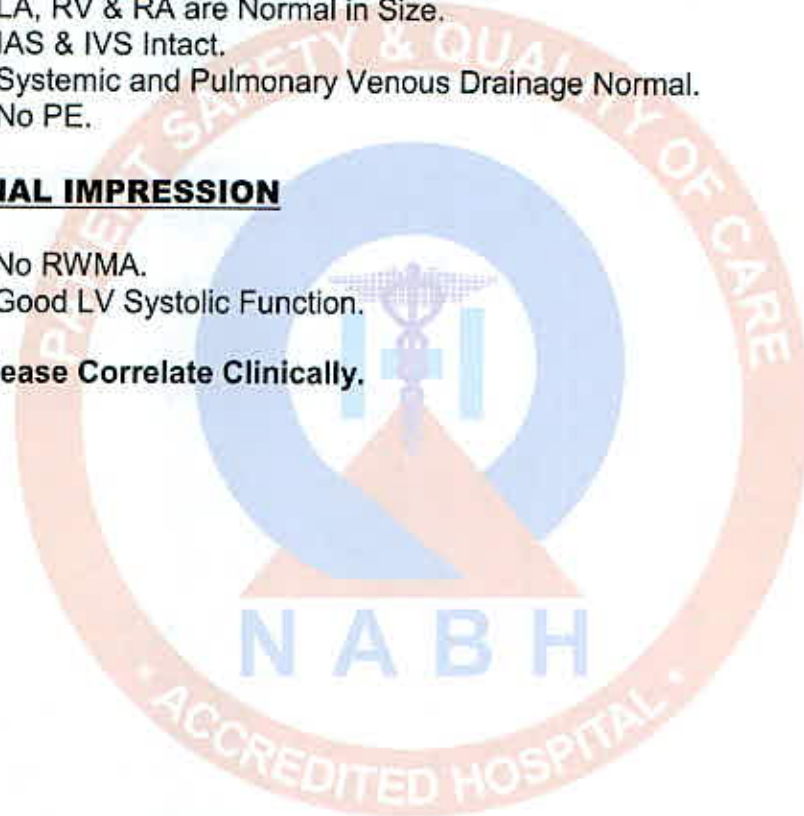
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SEX : F

ECHO CARDIOGRAPHY REPORT**ECHO NO : 172****SUMMARY**

- >> Normal LV Cavity.
- >> No RWMA.
- >> Good LV Systolic Function. LVEF = 60 %.
- >> Great arteries Normal in Size and Relation.
- >> LA, RV & RA are Normal in Size.
- >> IAS & IVS Intact.
- >> Systemic and Pulmonary Venous Drainage Normal.
- >> No PE.

FINAL IMPRESSION

- >> No RWMA.
- >> Good LV Systolic Function.

****Please Correlate Clinically.**

Sanjib Kumar Patra

Dr. SANJIB KUMAR PATRA

Reg No: 53571 (WBMC)
DM CARD
Dept. of Cardiac Science

Prepared By : Sutapa

Checked By :  ATESAI

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CARDIOLOGY

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HOSPITAL
A NABH HOSPITAL

Desun More, E.M. Bypass, Kasba Gopani, Kolkata-700 107, Ph: 71 222 000, Fax: 2443 9000
E-mail: desun@desunhospital.com, Website: www.desunhospital.com
(A unit of P. N. Memorial Neurocentre & Research Institute Ltd.)

PROCEDURE DONE ON : 12.08.2023
OPD / IPD DOC NO : SD01/OPD/BILL/2023-24/OP40431223
REFERRING DOCTOR :
ACCESSION NO : R/DHHI-1/2023-24/0003856

REPORTED : 12.08.2023
PATIENT CODE : SD01/PAT/1000139386
AGE : 30-Yrs 1 Mths 15 Dys
SEX : F

M - mode Measurements Valves :-

Aorta - 2.6 cm LV ed - 4.2 cm
LA - 3.0 cm LV es - 2.4 cm
ACS - cm IVS ed - 1.0 cm
RV ed - cm PW (LV) - 1.0 cm
FS - % LVEF - 60 %

CHAMBERS:-

Left Ventricle : Normal in Size. Walls Normal in Thickness and Motion.

Left Atrium : Normal in Size.

Right Atrium : Normal in Size.

Right Ventricle : Normal in Size.

OTHERS :-

GREAT ARTERIES : Normal in Size and Relation.

PERICARDIUM : Normal.

Sanjib Kumar Patra
Dr. SANJIB KUMAR PATRA

Reg No: 53571 (WBMC)
DM CARD
Dept. of Cardiac Science

Prepared By : Sutapa Checked By : A Esai

S K P

PATIENT NAME & ADDRESS

SABHYATA PRIYADARSHINI

CARDIOLOGY

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VALVES :-**MITRAL VALVE**

Morphology : Normal
Doppler : Normal

TRICUSPID VALVE

Morphology : Normal
Doppler : Normal

AORTIC VALVE

Morphology : Normal
Doppler : Normal

PULMONARY VALVE

Morphology : Normal
Doppler : Normal



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Dr. SANJIB KUMAR PATRA

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SKP

PATIENT NAME & ADDRESS

RADIOLOGY

SABHYATA PRIYADARSHINI



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 OPD / IPD DOC NO : SD01/OPD/BILL/2023-24/OP40431223
 REFERRING DOCTOR :
 ACCESSION NO : R/DHHI-1/2023-24/0003860

REPORTED : 12.08.2023
 PATIENT CODE : SD01/PAT/1000139386
 AGE : 30 Yrs 1 Mths 15 Dys
 SEX : F

(US-3119) USG OF WHOLE ABDOMEN (SCREENING)**LIVER**

Shows normal homogeneous echotexture. Intrahepatic biliary ducts and hepatic vein tributaries are not dilated. No obvious focal lesion seen.

GALL BLADDER

Physiologically distended. Wall thickness is normal. No evidence of any intraluminal lesion seen.

C.B.D.

Normal for age. No obvious intraluminal lesion seen in visible parts.

PORTAL VEIN

Normal for age.

PANCREAS

Normal in size, shape and echotexture. No obvious focal lesion or intraparenchymal calcification seen. Main pancreatic duct is not dilated. No peripancreatic fluid collection seen.

SPLEEN

Spleen is normal in size (10.4 cm. in long axis) shape and echotexture. No focal lesion seen. Spleno-portal axis is normal.

KIDNEYS

Both the kidneys are normal in size, shape and axis. Cortical echotexture and cortico-medullary differentiation are normal in both sides. No evidence of any focal lesion seen in either kidneys. No hydronephrosis detected.

Right Kidney measures: 10.1 cm

Left Kidney measures : 8.8 cm

URETERS

Pelvi-ureteric junction and vesico-ureteric junctions are normal. No obvious intraluminal lesion seen in visible part.

URINARY BLADDER

Optimally distended, normal in shape and wall thickness. No evidence of any intraluminal lesion seen.

PATIENT NAME & ADDRESS

RADIOLOGY

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AGE : 30 Yrs 1 Mths 15 Dys

SEX : F

UTERUS

Measures 4.8 cm x 3.0 cm x 5.9 cm, anteverted and anteflexed. Endometrial thickness is normal (0.6 cm). Myometrial echotexture is homogenous without any focal lesion or abnormal area of focal thickening.

OVARIES

Normal in size, shape and echopattern. Dominant follicle seen in right ovary.

Right Ovary measures: 2.7 x 1.5 cm

Left Ovary measures : 3.7 x 2.1 cm

No adnexal or pelvic SOL seen.

Pouch of Douglas - Clear.

RETROPERITONEUM

No obvious sonological evidence of any retroperitoneal mass lesion or lymphadenopathy seen in visible part. Aorta and I.V.C. appear normal.

PERITONEUM

No free fluid seen in the peritoneal cavity. Mesenteric echogenicity appears normal.

LOWER PLEURAL SPACES

No free fluid seen.

R.I.F.

No obvious mass lesion / localised collection seen.

IMPRESSION:

* Sonological features are within normal limit.



NABH

ACCREDITED HOSPITAL



Dr. SUBINAY SAHA

WBMC-72854

MD (Radiodiagnosis) DNB, EDIR
 Consultant Radiologist

Patient Name :	SABHYATA PRIYADARSHINI 30Y OPD	Patient ID :	6529
Modality :	CR	Sex :	F
Age :	30Y	Study :	CXR PA
Reff. Dr. :		Study Date :	12-08-2023

PA view of the chest

The view is rotated.

Lung parenchyma does not show any definite pathology.

Both costophrenic angles are clear.

Cardiac size is normal.

Clinical correlation is necessary.



Dr. Ajay Aggarwal
M.B.B.S, M.D. (RADIO-DIAGNOSIS)
Reg. No: 6800
Date 12-08-2023 Time 20:55:47



Disclaimer - It is an online interpretation of medical imaging based on clinical data. All modern machines/ procedures have their own limitation. If there is any clinical discrepancy, this investigation may be repeated or reassessed by other tests. Patient's identification in online reporting is not established, so in no way can this report be utilized for any medico legal purpose.

