

DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Mrs SULATA MONDAL MRN : 17650000119016 Gender/Age : FEMALE , 34y (10/07/1988)

Collected On : 20/06/2023 10:56 AM Received On : 20/06/2023 10:59 AM Reported On : 21/06/2023 01:12 AM

Barcode : L12306200008 Specimen : Whole Blood Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-002 Patient Mobile No : 9163245287

NARAYANA SUPERSPECIALITY HOSPITAL BLOOD CENTRE

Test	Result	Unit
BLOOD GROUP & RH TYPING		
Blood Group	A	-
RH Typing	Positive	-

--End of Report--

Dr. Arnab Singha
MEDICAL OFFICER

Note

- Abnormal results are highlighted.
- Results relate to the sample only.
- Kindly correlate clinically.



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 Collected On : 20/06/2023 10:56 AM Received On : 20/06/2023 10:59 AM Reported On : 20/06/2023 11:40 AM
 Barcode : J22306200092 Specimen : Whole Blood Consultant : EXTERNAL(EXTERNAL)
 Sample adequacy : Satisfactory Visit No : OP-002 Patient Mobile No : 9163245287

HAEMATOLOGY

Test	Result	Unit	Biological Reference Interval
COMPLETE BLOOD COUNT (CBC)			
Haemoglobin (Hb%) (sodium Lauryl Sulphate (SLS) Method)	11.5 L	g/dL	12.0-15.0
Red Blood Cell Count (Electrical Impedance)	3.80	millions/ µL	3.8-4.8
PCV (Packed Cell Volume) / Hematocrit (Calculated)	34.9 L	%	36.0-46.0
MCV (Mean Corpuscular Volume) (Derived)	91.8	fL	83.0-101.0
MCH (Mean Corpuscular Haemoglobin) (Calculated)	30.1	pg	27.0-32.0
MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	32.8	%	31.5-34.5
Red Cell Distribution Width (RDW)	14.0	%	11.6-14.0
Platelet Count (Electrical Impedance)	172	Thous/Cumm	150.0-400.0
Mean Platelet Volume (MPV)	12.1 H	fL	7.0-11.7
Total Leucocyte Count(WBC) (Electrical Impedance)	5.6	-	4.0-10.0
DIFFERENTIAL COUNT (DC)			
Neutrophils	56.7	%	40.0-75.0
Lymphocytes (Fluorescent Flow Cytometry)	27.2	%	20.0-40.0
Monocytes (Fluorescent Flow Cytometry)	8.2	%	2.0-10.0
Eosinophils (Fluorescent Flow Cytometry)	7.5 H	%	1.0-6.0

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Basophils (Fluorescent Flow Cytometry)	0.4	%	0.0-2.0
Absolute Neutrophil Count	3.2	-	-
Absolute Lymphocyte Count	1.5	-	-
Absolute Monocyte Count	0.5	-	-
Absolute Eosinophil Count	0.42	-	-
Absolute Basophil Count	0.03	-	-

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

--End of Report--



Dr. Smita Priyam
MBBS, MD, Pathology
REGISTRAR

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180-0309-0309 (Toll Free)

Emergencies
83348 30003

ID: 17650000119016
Name: SULATA MONDAL
Age: 34 Years
Gender: Female

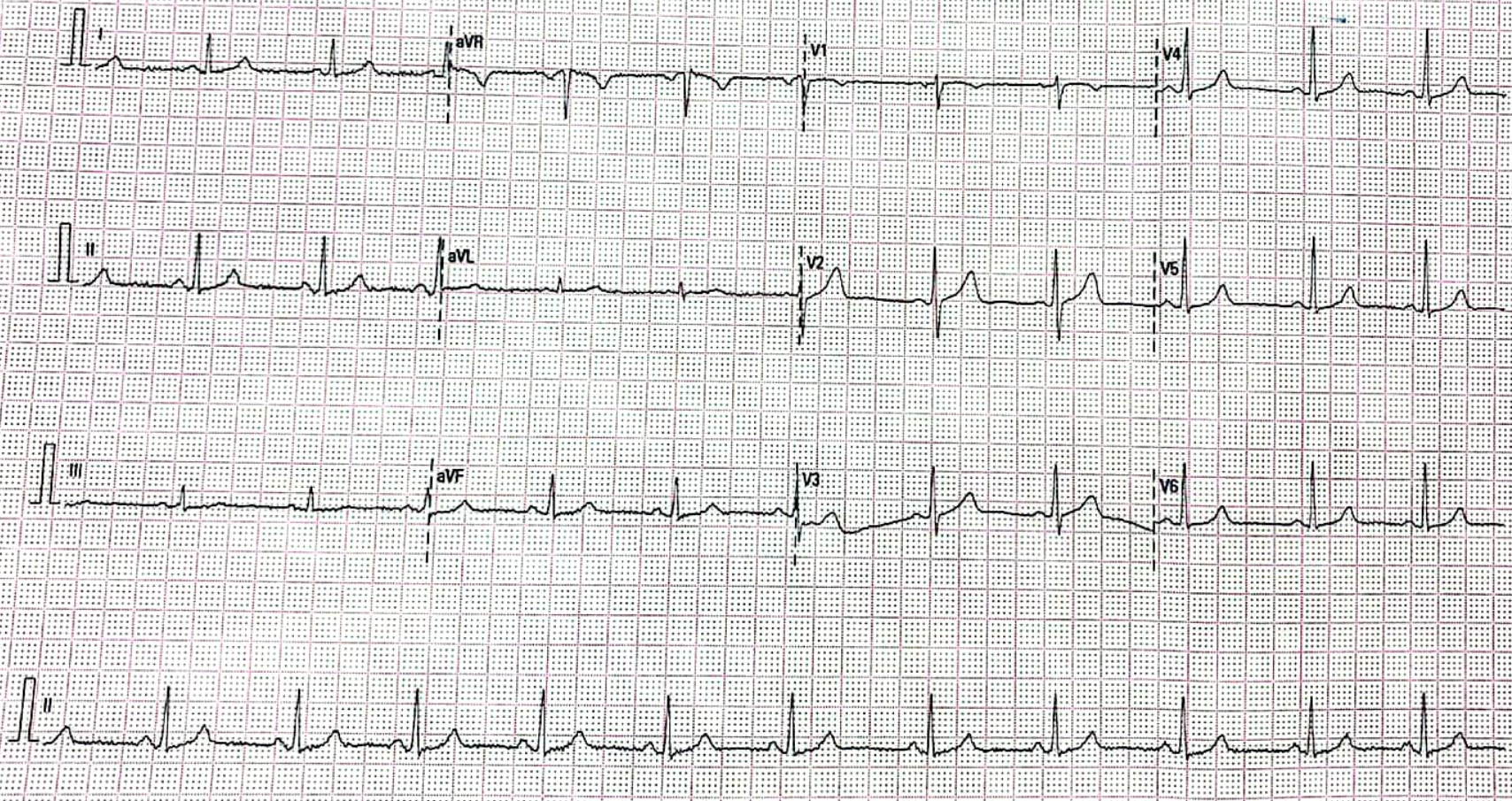
2023-06-20 10:30:53

Vent. Rate	69 bpm
PR Interval	130 ms
QRS Duration	74 ms
QT/QTc Interval	374/390 ms
P/QRS/T Axes	55/51/43 deg
QTcHodges	

Sinus rhythm
Normal ECG

Unconfirmed Diagnosis

PLEASE CORRELATE CLINICALLY



please Keep A Photocopy

25 mm/s 10 mm/mV 50 Hz BDR 35 Hz

02.10.00/V28.4.1 SN:FN-19030337

Patient details:

MRN:17650000119016

Name:MS.SULATA MONDAL

Age: 34 YEARS

Gender: MALE

Examination Date: 20.06.2023

Processed Date: 20.06.2023

Consultant Name:DR.

Patient Location: OPD

ECHOCARDIOGRAPHY REPORT

MEASUREMENT:

AO: 26 (20-40) mm	LVID(d): 44 (36-52) mm	IVS(d): 09 (6-11) mm
LA: 34 (19-40) mm	LVID(s) : 27 (23-39) mm	PWd: 08 (6-11) mm
RVOT: 23 mm		LVEF ~ 62 %

VALVES:

Mitral Valve : Normal

Aortic Valve : Normal

Tricuspid Valve : Normal

Pulmonary Valve : Normal

CHAMBERS (Dimension)

Left Atrium : Normal

Right Atrium : Normal

Left Ventricle : Normal

Right Ventricle : Normal

SEPTAL

IVS : Intact

IAS : Intact

GREAT ARTERIES:

Aorta : Normal

Pulmonary Artery : Normal

DOPPLER DATA:

	Velocity(in m/s)	Peak PG(mmHg)	Mean PG(mmHg)	Regurgitation
Mitral	E - 0.7 , A - 0.5			0/4
Aortic	1.0	4.5		0/4
Tricuspid	2.3	22		Trivial
Pulmonary	0.8	2.9		0/4

LVOT : No significant gradient noted.

Vegetation/Thrombus : Nil

Pericardium : Normal

Other Findings : E/E':10

Final Diagnosis:

Normal size cardiac chambers.

No significant regional wall motion abnormality of LV at rest.

Normal LV systolic function. LV EF~ 62%

Adequate LV diastolic compliance.

Clinical correlation please.

NOTE: Echo of Patient: MS.SULATA MONDAL

MRN: 17650000119016

has been done on 20.06.2023 and reported on 20.06.2023



Dr. Masud Syed mehedi
Associate consultant

TECHNICIAN
ASIS

TB: K. DEB

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Collected On : 20/06/2023 10:56 AM Received On : 20/06/2023 10:59 AM Reported On : 20/06/2023 12:19 PM

Barcode : J22306200091 Specimen : Whole Blood - ESR Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-002 Patient Mobile No : 9163245287

HAEMATOLOGY

Test	Result	Unit	Biological Reference Interval
Erythrocyte Sedimentation Rate (ESR) (Modified Westergren Method)	75 H	mm/1hr	0.0-12.0

--End of Report--



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MBBS, MD, Pathology
REGISTRAR

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Collected On : 20/06/2023 10:56 AM Received On : 20/06/2023 10:59 AM Reported On : 20/06/2023 11:49 AM

Barcode : J12306200165 Specimen : Whole Blood Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-002 Patient Mobile No : 9163245287

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
HBA1C			
HbA1c (HPLC)	4.5	%	Both: Normal: 4.0-5.6 Both: Prediabetes: 5.7-6.4 Both: Diabetes: => 6.5 ADA standards 2019 (Carpenter/ Coustan)
Estimated Average Glucose	82.45	-	-

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. Ritu Priya
MBBS, MD, Biochemistry
Consultant

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Patient Name : Mrs SULATA MONDAL MRN : 17650000119016 Gender/Age : FEMALE , 34y (10/07/1988)

Collected On : 20/06/2023 04:13 PM Received On : 20/06/2023 04:15 PM Reported On : 20/06/2023 05:39 PM

Barcode : J12306200261 Specimen : Plasma Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-002 Patient Mobile No : 9163245287

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
Post Prandial Blood Sugar (PPBS) (Glucose Oxidase, Peroxidase)	118	mg/dL	Normal: 70-139 Pre-diabetes: 140-199 Diabetes: => 200 ADA standards 2019

Interpretations:
(ADA Standards Jan 2017)
PPBS can be less than FBS 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--



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Collected On : 20/06/2023 10:56 AM Received On : 20/06/2023 10:59 AM Reported On : 20/06/2023 11:49 AM

Barcode : J12306200163 Specimen : Serum Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-002 Patient Mobile No : 9163245287

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
SERUM CREATININE			
Serum Creatinine (Two Point Rate - Creatinine Aminohydrolase)	0.66	mg/dL	0.52-1.04
eGFR (Calculated By MDRD Formula)	102.6	mL/min/1.73m ²	Indicative for renal impairment: <60 Note: eGFR is inaccurate for Hemodynamically unstable patients . eGFR is not applicable for less than 18 years of age .
Blood Urea Nitrogen (BUN) (Endpoint /Colorimetric - Urease)	10.28	mg/dL	7.0-17.0
Serum Sodium (Direct ISE - Potentiometric)	144	mmol/L	137.0-145.0
Serum Potassium (Direct ISE - Potentiometric)	4.4	mmol/L	3.5-5.1
LIPID PROFILE (CHOL,TRIG,HDL,LDL,VLDL)			
Cholesterol Total (Colorimetric - Cholesterol Oxidase)	183	mg/dL	Both: Desirable: < 200 Both: Borderline High: 200-239 Both: High: > 240
Triglycerides	208 H	mg/dL	Both: Normal: < 150 Both: Borderline: 150-199 Both: High: 200-499 Both: Very High: > 500
HDL Cholesterol (HDLC) (Colorimetric: Non HDL Precipitation Phosphotungstic Acid Method)	41	mg/dL	40.0-60.0
Non-HDL Cholesterol	142	-	-
LDL Cholesterol (Colorimetric)	110.67 H	mg/dL	Both: Optimal: < 100 Both: Near to above optimal: 100-129 Both: Borderline High: 130-159 Both: High: 160-189 Both: Very High: > 190

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		<p>83348 30003</p>

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VLDL Cholesterol (Calculated)	41.6 H	mg/dL	0.0-40.0
Cholesterol /HDL Ratio	4.5	-	-

LIVER FUNCTION TEST(LFT)

Bilirubin Total (Colorimetric -Diazo Method)	0.9	mg/dL	0.2-1.3
Conjugated Bilirubin (Direct) (Calculated)	0.3	mg/dL	0.0-0.4
Unconjugated Bilirubin (Indirect)	0.6	-	-
Total Protein (Colorimetric - Biuret Method)	8.5 H	g/dL	6.3-8.2
Serum Albumin (Colorimetric - Bromo-Cresol Green)	4.8	gm/dL	3.5-5.0
Serum Globulin (Calculated)	3.7 H	g/dL	2.0-3.5
Albumin To Globulin (A/G)Ratio (Calculated)	1.3	-	1.0-2.1
SGOT (AST) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	52 H	U/L	14.0-36.0
SGPT (ALT) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	70 H	U/L	<35.0
Alkaline Phosphatase (ALP) (Multipoint-Rate - P-nitro Phenyl Phosphate, AMP Buffer)	82	U/L	38.0-126.0
Gamma Glutamyl Transferase (GGT) (Multipoint Rate - L-glutamyl-p-nitroanilide (Szasz Method))	21	U/L	12.0-43.0

--End of Report--



Dr. Ritu Priya
MBBS, MD, Biochemistry
Consultant

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Barcode : J12306200164 Specimen : Plasma Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-002 Patient Mobile No : 9163245287

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
Fasting Blood Sugar (FBS) (Glucose Oxidase, Peroxidase)	90	mg/dL	Both: Normal: 70-99 Both: Pre-diabetes: 100-125 Both: Diabetes: => 126 ADA standards 2019

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MBBS, MD, Biochemistry
Consultant

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Collected On : 20/06/2023 10:56 AM Received On : 20/06/2023 10:59 AM Reported On : 20/06/2023 03:51 PM

Barcode : J32306200017 Specimen : Serum Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-002 Patient Mobile No : 9163245287

IMMUNOLOGY

Test	Result	Unit	Biological Reference Interval
THYROID PROFILE (T3, T4, TSH)			
Tri Iodo Thyronine (T3) (Enhanced Chemiluminescence Immunoassay (CLIA))	1.34	ng/mL	0.97-1.69
Thyroxine (T4) (Enhanced Chemiluminescence Immunoassay (CLIA))	9.22	µg/dl	5.53-11.0
TSH (Thyroid Stimulating Hormone) (Enhanced Chemiluminescence Immunoassay (CLIA))	1.343	µIU/mL	Non Pregnant Euthyroid: 0.4001-4.049 Pregnancy: 1st Trimester: 0.1298-3.120 2nd Trimester: 0.2749-2.652 3rd Trimester: 0.3127-2.947

--End of Report--



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Patient Name	SULATA MONDAL	Requested By	EXTERNAL
MRN	17650000119016	Procedure DateTime	2023-06-20 13:17:26
Age/Sex	34Y 11M / Female	Hospital	NH-NMH & NSH

USG OF WHOLE ABDOMEN (SCREENING)

USG OBSERVATIONS:

LIVER:

Normal in size (12.3 cm), shape and outline. Parenchymal echotexture normal. No focal cystic or solid mass lesion. No intrahepatic biliary dilatation. Intrahepatic portion of IVC is normal. Porta hepatis is normal.

GALL BLADDER:

Wall thickness is normal. Luminal echoes are normal. No calculi. No pericholecystic fluid seen.

C.B.D: Not dilated. It measures 3.4 mm.

PORTAL VEIN: Portal vein is normal. It measures 9.3 mm.

PANCREAS:

Parenchymal echotexture normal. MPD appears normal. No focal lesion.

SPLEEN:

Normal in size (9 cm) and echotexture. No focal or diffuse lesion seen.

KIDNEYS:

Right kidney measures 9.3 cm.

Left kidney measures 10 cm.

Normal in size, shape and outline. Parenchymal echotexture normal. Corticomedullary differentiation is well made out and is normal. Sinus echoes are normal. No hydronephrosis seen in both kidneys.

URINARY BLADDER: Wall thickness normal. Luminal echoes normal. No calculi.

UTERUS:

Measures: 6.6 x 3.2 x 4.5 cm. Anteverted, normal in shape & size. Endometrial & myometrial echoes are normal. Endometrium thickness measures 5.5 mm. Cervix appears normal.

BOTH OVARIES:

Right ovary: 3.0 x 2.4 cm.

Both ovaries are normal in size, shape and echo pattern and show normal follicular pattern.

Left ovary: 4.5 x 2.4 cm.

Left ovary is bulky in size. Showing multiple tiny cysts, arranged at periphery with central echogenic stroma.

POD is clear.

No Ascites/ pleural effusion is seen at present.

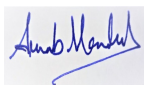
IMPRESSION:

Present study suggests:

- **Bulky left ovary with polycystic ovary.**

---- **Further investigation and follow up.**

Not for medico legal purpose. 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.



Dr Arnab Mandal
MD, Physician, PGDUS (Delhi)
CBET-USG (WBUHS Kolkata)
Fellow of Jefferson Ultrasound
Radiology & Education Institute
Philadelphia Ex-Radiology
Resident (S.E. Railway)
Regd. No. -72022 (WBMC)

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