

Final Report

Patient Name: Ms Rumi Chatterjee MRN: 17600000235076 Gender/Age: FEMALE, 28y (14/07/1994)

Collected On: 11/03/2023 09:53 AM Received On: 11/03/2023 10:00 AM Reported On: 11/03/2023 12:07 PM

Barcode: F12303110072 Specimen: Serum Consultant: Dr. Swarup Paul(CRITICAL CARE MEDICINE)

Sample adequacy: Satisfactory Visit No: OP-001 Patient Mobile No: 7059715359

#### **BIOCHEMISTRY**

Test	Result	Unit	Biological Reference Interval
SERUM CREATININE			
Serum Creatinine (Enzymatic Method)	0.5 L	mg/dL	0.52-1.04
eGFR	147.0	mL/min/1.73m <sup>2</sup>	-
Serum Sodium (ISE Direct )	142	mmol/L	137.0-145.0
Serum Potassium (ISE Direct )	5.0	mmol/L	3.5-5.1
LIPID PROFILE (CHOL,TRIG,HDL,LDL,VLDL)			
Cholesterol Total (Cholesterol Oxidase Esterase Peroxidase)	160	mg/dL	Desirable: < 200 Borderline High: 200-239 High: > 240
Triglycerides (Enzymatic End Point)	272 H	mg/dL	Normal: < 150 Borderline: 150-199 High: 200-499 Very High: > 500
HDL Cholesterol (HDLC) (Direct Measure, PTA /MgCl2)	30 L	mg/dL	Low: <40.0 mg/dL High: >60.0 mg/dL
Non-HDL Cholesterol	130.0	-	-
LDL Cholesterol (End Point)	98.13	mg/dL	Optimal: < 100 Near to above optimal: 100-129 Borderline High: 130-159 High: 160-189 Very High: > 190
VLDL Cholesterol (Calculated)	54 H	mg/dL	0.0-40.0
Cholesterol /HDL Ratio (Calculated)	5.4	-	-
LIVER FUNCTION TEST(LFT)			
Bilirubin Total (Dyphylline, Diazonium Salt)	0.5	mg/dL	0.2-1.3
Conjugated Bilirubin (Direct) (Direct Measure)	0.2	mg/dL	0.0-0.3

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## Narayana Multispeciality Hospital

(A unit of Narayana Hrudayalaya Limited) CIN: L85110KA2000PLC027497

Registered Office: 258/A, Bommasandra Industrial Area, Anekal Taluk, Bangalore 560099

Hospital Address: 78, Jessore Road (South), Kolkata 700127, West Bengal Email: info.brs.kolkata@narayanahealth.org | www.narayanahealth.org

Appointments

1800-309-0309 (Toll Free)

Emergencies



Patient Name: Ms Rumi Chatterjee MRN: 1760000	00235076	Gender/Age : FEMALE ,	28y (14/07/1994)
Unconjugated Bilirubin (Indirect) (Direct Measure)	0.3	mg/dL	0.3-1.3
Total Protein (Biuret, No Serum Blank, End Point)	7.7	g/dL	6.3-8.2
Serum Albumin (Bromcresol Green (BCG))	4.3	gm/dL	3.5-5.0
Serum Globulin (Calculated)	3.4	g/dL	2.0-3.5
Albumin To Globulin (A/G)Ratio (Calculated)	1.26	-	1.0-2.1
SGOT (AST) (Multiple-point Rate)	20	U/L	14.0-36.0
SGPT (ALT) (Uv With P5p)	24	U/L	<35.0
Alkaline Phosphatase (ALP) (PMPP, AMP Buffer)	132 H	IU/L	38.0-126.0
Gamma Glutamyl Transferase (GGT) (G-glutamyl-p-nitroanilide)	22	U/L	12.0-43.0
THYROID PROFILE (T3, T4, TSH)			
Tri Iodo Thyronine (T3) (CLIA)	1.43	ng/mL	0.97-1.69
Thyroxine (T4) (CLIA)	10.6	μg/dl	5.53-11.0
TSH (Thyroid Stimulating Hormone) (CLIA)	5.349 H	μIU/mL	0.4-4.049

-- End of Report-

Dr. Samarpita Mukherjee MBBS, MD Biochemistry CONSULTANT

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Emergencies **9836-75-0808** 



Patient Name: Ms Rumi Chatterjee MRN: 17600000235076 Gender/Age: FEMALE, 28y (14/07/1994)

#### Note

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





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**Final Report** 

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Collected On: 11/03/2023 09:53 AM Received On: 11/03/2023 10:00 AM Reported On: 11/03/2023 11:55 AM

Barcode: F12303110072 Specimen: Serum Consultant: Dr. Swarup Paul(CRITICAL CARE MEDICINE)

Sample adequacy: Satisfactory Visit No: OP-001 Patient Mobile No: 7059715359

#### **BIOCHEMISTRY**

Test Result Unit **Biological Reference Interval** 7.0 mg/dL 7.0-17.0

-- End of Report-

Dr. Samarpita Mukherjee MBBS, MD Biochemistry **CONSULTANT** 

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Blood Urea Nitrogen (BUN) (Urease, UV)

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Collected On: 11/03/2023 09:53 AM Received On: 11/03/2023 10:00 AM Reported On: 11/03/2023 12:30 PM

Barcode: F22303110060 Specimen: Whole Blood Consultant: Dr. Swarup Paul(CRITICAL CARE MEDICINE)

Sample adequacy: Satisfactory Visit No: OP-001 Patient Mobile No: 7059715359

## **HAEMATOLOGY LAB**

Test	Result	Unit	Biological Reference Interval
BLOOD GROUP & RH TYPING			
Blood Group (Slide Technique And Tube Technique)	"B"	-	-
RH Typing (Slide Technique And Tube Technique)	Positive	-	-
COMPLETE BLOOD COUNT (CBC)			
Haemoglobin (Hb%) (Cyanide-free Hemoglobin Method)	11.2 L	g/dL	12.0-15.0
Red Blood Cell Count (Impedance Variation)	5.13 H	millions/ μL	3.8-4.8
PCV (Packed Cell Volume) / Hematocrit (Impedance)	35.1 L	%	36.0-46.0
MCV (Mean Corpuscular Volume) (Calculated)	68 L	fL	83.0-101.0
MCH (Mean Corpuscular Haemoglobin) (Calculated)	21.8 L	pg	27.0-32.0
MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	31.9	g/dL	31.5-34.5
Red Cell Distribution Width (RDW) (Impedance)	17.3 H	%	11.6-14.0
Platelet Count (Impedence Variation/Microscopy)	345	Thousand / $\mu$ L	150.0-410.0
Total Leucocyte Count(WBC) (Impedance Variation)	7.8	x10 <sup>3</sup> cells/μl	4.0-10.0
DIFFERENTIAL COUNT (DC)			
Neutrophils (Impedance Variation And Absorbency /Microscopy)	43.8	%	40.0-80.0
<b>Lymphocytes</b> (Impedance Variation And Absorbency /Microscopy)	44.2 H	%	20.0-40.0

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Patient Name: Ms Rumi Chatterjee MRN: 1760000	00235076	Gender/Age : FEMAL	.E , 28y (14/07/1994)	
Monocytes (Impedance Variation And Absorbency /Microscopy)	6.5	%	2.0-10.0	
Eosinophils (Impedance Variation And Absorbency /Microscopy)	5.5	%	1.0-6.0	
Basophils (Impedance Variation And Absorbency /Microscopy)	0.0 L	%	1.0-2.0	
Absolute Neutrophil Count	3.42	-	-	
Absolute Lympocyte Count	3.45	-	-	
Absolute Monocyte Count	0.51	-	-	
Absolute Eosinophil Count	0.43	-	-	

-- End of Report-

Dr. Prithwijit Ghosh MBBS, MD, Pathology Consultant Pathologist

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Emergencies **9836-75-0808** 

Patient Name	Rumi Chatterjee	Requested By	Dr. Swarup Paul
MRN	17600000235076	Procedure DateTime	2023-03-11 10:47:11
Age/Sex	28Y 7M/Female	Hospital	NH-BARASAT

## **ULTRASONOGRAPHY OF WHOLE ABDOMEN**

<u>LIVER</u>: Liver is mildly enlarged in size (17.0 cm) but has normal shape and outline. There is mild diffuse homogeneous increase of hepatic parenchymal echogenicity. No focal SOL seen. IHBRs are not dilated.

**CBD**: It is not dilated, measuring – 3.2 mm at porta, visualized proximal lumen is clear. Distal CBD is obscured by bowel gas shadow.

PV: It appears normal, measuring - 8.9 mm at porta.

**GALL BLADDER**: It is optimally distended. No evidence of intraluminal calculus or sludge is seen. Gall bladder wall is normal in thickness.

No pericholecystic collection or frank mass formation is seen.

**SPLEEN:** It is normal in size (11.1 cm), shape, outline & echotexture. No focal lesion seen.

<u>PANCREAS</u>: It is normal in size and echotexture. No focal lesion is seen. No calcification is seen. Main pancreatic duct is not dilated.

**ADRENAL GLANDS**: They are not enlarged.

 $\underline{\textbf{KIDNEYS}}$  : Both kidneys are normal in size, shape, position and axis.

Cortical echo is normal. Cortico-medullary differentiation is maintained.

No calculus or hydronephrosis is seen.

Perirenal fascial planes are intact.

Measures: Right kidney - 11.9 cm. Left kidney - 11.5 cm.

**URETERS**: They are not visualized as they are not dilated.

Aorta - Normal.

IVC - Normal

**URINARY BLADDER**: It is well distended. Wall is normal. No intraluminal pathology seen.

<u>UTERUS</u>: It is bulky in size ( 10.7 cm x 4.7 cm x 5.1 cm, volume = 134.7 cc) anteverted. Myometrial echopattern is within normal limits. No focal SOL is seen.

Endometrial echoes are central (4.4 mm) and shows normal echogenecity. Endomyometrial junction appears normal.

The cervix appears normal. Internal os is closed at present.

<u>OVARIES</u>: Left ovary is bulky and right ovary is normal in size. Both ovaries are normal in shape, position & echotexture.

Measures : Right Ovary - 3.1 cm x 1.5 cm ,Left Ovary -4.2 cm x 1.9 cm.

No adnexal lesion is seen.

RIF/ LIF: Appendix is not visualized. No mass lesion or lymphadenopathy seen at RIF/ LIF.

No ascites seen.

No pleural effusion seen.

## **IMPRESSION**:

- Mild hepatomegaly with mild fatty liver.
- Bulky uterus.
- Bulky left ovary.

Advise: Clinical correlation & further relevant investigation suggested.

Dr. Goutam Das

MD (Radiodiagnosis)



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Collected On: 11/03/2023 09:53 AM Received On: 11/03/2023 10:36 AM Reported On: 11/03/2023 11:18 AM

Barcode: F32303110008 Specimen: Urine Consultant: Dr. Swarup Paul(CRITICAL CARE MEDICINE)

Sample adequacy: Satisfactory Visit No: OP-001 Patient Mobile No: 7059715359

#### **CLINICAL PATHOLOGY**

Test	Result	Unit	Biological Reference Interval
URINE ROUTINE & MICROSCOPY			
PHYSICAL EXAMINATION			
Volume (Visible)	30	ml	-
Colour (Visible)	Pale Yellow	-	-
Appearance (Visible)	Clear	-	-
CHEMICAL EXAMINATION			
pH(Reaction) (Dual Wavelength Reflectance)	5.0	-	5.0-8.0
Sp. Gravity (Dual Wavelength Reflectance)	1.020	-	1.002-1.030
Protein (Dual Wavelength Reflectance/Acetic Acid Tes (Heat Test))	Absent	-	-
Urine Glucose (Dual Wavelength Reflectance /Benedict's Test)	Absent	-	-
Ketone Bodies (Dual Wavelength Reflectance /Manual)	Absent	-	Negative
Bile Salts (Dual Wavelength Reflectance/Hay's Test)	Absent	-	Negative
Bile Pigment (Bilirubin) (Dual Wavelength Reflectance/Fouchet's Test)	Absent	-	Negative
Urobilinogen (Dual Wavelength Reflectance /Ehrlich's Method)	Normal	-	-
Urine Leucocyte Esterase (Dual Wavelength Reflectance)	Absent	-	Negative
Blood Urine (Dual Wavelength Reflectance)	Absent	-	-

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Patient Name: Ms Rumi Chatterjee MRN	N: 17600000235076 G	ender/Age : <b>FEMA</b> l	LE , 28y (14/07/1994)	
Nitrite (Dual Wavelength Reflectance)	Absent	-	-	
MICROSCOPIC EXAMINATION				
Pus Cells (Microscopy)	2-3/hpf	-	1 - 2	
RBC (Microscopy)	Not Seen	-	1-2/hpf	
Epithelial Cells (Microscopy)	1-2/hpf	-	2-3	
Crystals (Microscopy)	Not Seen	-	-	
Casts (Microscopy)	Not Seen	-	-	
Others (Microscopy)	Nil	-	-	

-- End of Report-

Dr. Prithwijit Ghosh MBBS, MD, Pathology Consultant Pathologist

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Barcode: F32303110008 Specimen: Urine Consultant: Dr. Swarup Paul (CRITICAL CARE MEDICINE)

Sample adequacy: Satisfactory Visit No: OP-001 Patient Mobile No: 7059715359

**CLINICAL PATHOLOGY** 

Test Result Unit

Urine For Sugar Absent

--End of Report-

Dr. Prithwijit Ghosh MBBS, MD, Pathology Consultant Pathologist

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## ADULT TRANS-THORACIC ECHO REPORT



PATIENT NAME: Ms Rumi ChatterjeePATIENT MRN: 17600000235076GENDER/AGE: Female, 28 YearsPROCEDURE DATE: 11/03/2023 12:21 PM

LOCATION :- REQUESTED BY : Dr. Swarup Paul

MPRESSION
 NORMAL SIZED LEFT VENTRICULAR CAVITY

NO RWMA

GOOD LEFT VENTRICULAR SYSTOLIC FUNCTION WITH LVEF 63 %

NORMAL DIASTOLIC INFLOW PATTERN

GOOD RIGHT VENTRICULAR SYSTOLIC FUNCTION

NO PULMONARY HYPERTENSION

**FINDINGS** 

**CHAMBERS** 

LEFT ATRIUM : NORMAL RIGHT ATRIUM : NORMAL

LEFT VENTRICLE : NORMAL SIZED LEFT VENTRICULAR CAVITY. NO RWMA. GOOD LEFT VENTRICULAR

SYSTOLIC FUNCTION WITH LVEF 63 %. NORMAL DIASTOLIC INFLOW PATTERN.

RIGHT VENTRICLE : NORMAL IN SIZE. GOOD RV SYSTOLIC FUNCTION, TAPSE 25 MM, TASV 13 CM/SEC

**VALVES** 

MITRAL : MORPHOLOGICALLY NORMAL AORTIC : MORPHOLOGICALLY NORMAL

TRICUSPID : MORPHOLOGICALLY NORMAL, TRIVIAL TR, TRPG 22 MMHG

PULMONARY : MORPHOLOGICALLY NORMAL

**SEPTAE** 

IAS : INTACT IVS : INTACT

**ARTERIES AND VEINS** 

AORTA : NORMAL

PA : NORMAL , NO PULMONARY HYPERTENSION

IVC : IVC 10 MM WITH NORMAL RESPIRATORY VARIATION

PERICARDIUM : NORMAL

INTRACARDIAC MASS : NO INTRACARDIAC MASS OR THROMBUS SEEN IN TTE.

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Appointments

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Emergencies





11/03/2023 12:21 PM

ASSOCIATE CONSULTANT

 PREPARED BY
 : SURAJIT BISWAS(353011)
 PREPARED ON
 : 11/03/2023 12:23 PM

 GENERATED BY
 : ANKANA GHOSH(357843)
 GENERATED ON
 : 13/03/2023 01:34 PM

## 601

Patient Name	Rumi Chatterjee	Requested By	Dr. Swarup Paul
MRN	17600000235076	Procedure DateTime	2023-03-11 11:24:03
Age/Sex	28Y 7M/Female	Hospital	NH-BARASAT

# X-RAY - CHEST (PA)

Lung fields appear normal.

Trachea is in situ

CP angles are clear.

Cardiac shadow is normal.

# Suggested clinical correlation and further investigations

Dr. Subrata Sanyal

(Department of Radiology)



Final Report

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Collected On: 11/03/2023 09:53 AM Received On: 11/03/2023 10:00 AM Reported On: 11/03/2023 02:31 PM

Barcode: F12303110073 Specimen: Plasma Consultant: Dr. Swarup Paul(CRITICAL CARE MEDICINE)

Sample adequacy: Satisfactory Visit No: OP-001 Patient Mobile No: 7059715359

#### **BIOCHEMISTRY**

TestResultUnitBiological Reference IntervalFasting Blood Sugar (FBS) (Glucose Oxidase,<br/>Hydrogen Peroxidase)101mg/dLNormal: 70-109<br/>Pre-diabetes: 110-125<br/>Diabetes: => 126

-- End of Report-

Dr. Samarpita Mukherjee MBBS, MD Biochemistry CONSULTANT

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Collected On: 11/03/2023 09:53 AM Received On: 11/03/2023 10:00 AM Reported On: 11/03/2023 11:06 AM

Barcode: F22303110061 Specimen: Whole Blood - ESR Consultant: Dr. Swarup Paul(CRITICAL CARE MEDICINE)

Sample adequacy: Satisfactory Visit No: OP-001 Patient Mobile No: 7059715359

#### **HAEMATOLOGY LAB**

Test Result Unit **Biological Reference Interval** mm/1hr 0.0-20.0 43 H

**Erythrocyte Sedimentation Rate (ESR)** 

(Westergren Method)

-- End of Report-

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Collected On: 11/03/2023 09:53 AM Received On: 11/03/2023 10:00 AM Reported On: 11/03/2023 07:53 PM

Barcode: F12303110074 Specimen: Whole Blood Consultant: Dr. Swarup Paul(CRITICAL CARE MEDICINE)

Sample adequacy: Satisfactory Visit No: OP-001 Patient Mobile No: 7059715359

#### **BIOCHEMISTRY**

Test	Result	Unit	<b>Biological Reference Interval</b>
HBA1C			
HbA1c (HPLC)	6.0 H	%	Both: Normal: 4.0-5.6 Both: Prediabetes: 5.7-6.4 Both: Diabetes: => 6.5 ADA standards 2019 (Carpenter/ Coustan)
Estimated Average Glucose	125.5	-	-

#### Interpretation:

- 1. 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.
- 2. 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.
- 3. Any sample with >15% should be suspected of having a haemoglobin variant.

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