Patient Name : Ms Shivani Krishna
 MRN : 17510001163265
 Gender/Age : FEMALE , 38y (27/01/1985)

 Collected On : 17/02/2023 10:50 AM
 Received On : 17/02/2023 11:08 AM
 Reported On : 17/02/2023 12:27 PM

Barcode : 802302170516 Specimen : Serum Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9284007415

	CLINICAL CHE	MISTRY	
Test	Result	Unit	Biological Reference Interval
SERUM CREATININE			
Serum Creatinine (Two Point Rate - Creatinine Aminohydrolase)	0.57	mg/dL	0.52-1.04
eGFR	118.8	mL/min/1.73m <sup>2</sup>	-
<b>Blood Urea Nitrogen (BUN)</b> (Endpoint /Colorimetric - Urease)	5.57 L	-	7.0-17.0
Serum Sodium (Direct ISE - Potentiometric)	141	mmol/L	137.0-145.0
Serum Potassium (Direct ISE - Potentiometric)	4.1	mmol/L	3.5-5.1
LIPID PROFILE (CHOL,TRIG,HDL,LDL,VLDL)			
<b>Cholesterol Total</b> (Colorimetric - Cholesterol Oxidase)	133	mg/dL	Desirable: < 200 Borderline High: 200-239 High: > 240
Triglycerides (Enzymatic Endpoint Colorimetric )	56	mg/dL	Normal: < 150 Borderline: 150-199 High: 200-499 Very High: > 500
HDL Cholesterol (HDLC) (Colorimetric: Non HDL Precipitation Phosphotungstic Acid Method)	42	mg/dL	40.0-60.0
Non-HDL Cholesterol	91.0	-	-
LDL Cholesterol (Non LDL Selective Elimination, CHOD/POD)	76.4	mg/dL	Optimal: < 100 Near to above optimal: 100-129 Borderline High: 130-159 High: 160-189 Very High: > 190
VLDL Cholesterol (Calculated)	11.2	mg/dL	0.0-40.0
Cholesterol /HDL Ratio	3.2	-	-

LIVER FUNCTION TEST(LFT)

Final Report

Patient Name : Ms Shivani Krishna MRN : 17510001	163265 Gender	/Age : FEMALE , 38y (27/0	01/1985)
Bilirubin Total (Colorimetric -Diazo Method)	1.24	mg/dL	0.2-1.3
Conjugated Bilirubin (Direct) (Calculated)	0.31	mg/dL	0.0-0.4
<b>Unconjugated Bilirubin (Indirect)</b> (Colorimetric Endpoint)	0.94	-	-
Total Protein (Biuret Method)	7.40	g/dL	6.3-8.2
Serum Albumin (Colorimetric - Bromo-Cresol Green)	4.00	gm/dL	3.5-5.0
Serum Globulin (Calculated)	3.5	g/dL	2.0-3.5
Albumin To Globulin (A/G)Ratio (Calculated)	1.15	-	1.0-2.1
SGOT (AST) (Multipoint-Rate With P-5-P (pyridoxal- 5-phosphate))	27	U/L	14.0-36.0
SGPT (ALT) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	26	U/L	<35.0
Alkaline Phosphatase (ALP) (Multipoint-Rate - P- nitro Phenyl Phosphate, AMP Buffer)	64	IU/L	38.0-126.0
Gamma Glutamyl Transferase (GGT) (Multipoint Rate - L-glutamyl-p-nitroanilide ( Szasz Method))	12	U/L	12.0-43.0

--End of Report-

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

Alphosh

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

Patient Name : Ms Shivani Krishna MRN : 17510001163265 Gender/Age : FEMALE , 38y (27/01/1985)

# Note

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

(LFT, -> Auto Authorized)
(Lipid Profile, -> Auto Authorized)
(Blood Urea Nitrogen (Bun), -> Auto Authorized)
(Serum Sodium, -> Auto Authorized)

(Serum Potassium, -> Auto Authorized)

(CR -> Auto Authorized)





Page 3 of 3

Final Report

Patient Name : Ms Shivani Krishna MRN : 17510001163265 Gender/Age : FEMALE , 38y (27/01/1985)

Collected On: 17/02/2023 10:50 AM Received On: 17/02/2023 11:08 AM Reported On: 17/02/2023 01:15 PM

Barcode : 802302170516 Specimen : Serum Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9284007415

	CLINICAL CHEMISTRY		
Test	Result	Unit	<b>Biological Reference Interval</b>
THYROID PROFILE (T3, T4, TSH)			
Tri lodo Thyronine (T3) (Enhanced Chemiluminescence Immunoassay (CLIA))	1.13	ng/mL	0.97-1.69
Thyroxine (T4) (Enhanced Chemiluminescence Immunoassay (CLIA))	8.03	µg/dl	5.53-11.0
TSH (Thyroid Stimulating Hormone) (Enhanced Chemiluminescence Immunoassay (CLIA))	5.650 H	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

# Note

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- Kindly correlate clinically.



 Patient Name : Ms Shivani Krishna
 MRN : 17510001163265
 Gender/Age : FEMALE , 38y (27/01/1985)

 Collected On : 17/02/2023 10:50 AM
 Received On : 17/02/2023 01:17 PM
 Reported On : 17/02/2023 02:23 PM

 Barcode : 822302170046
 Specimen : Urine
 Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9284007415

	CLINICAL PATH	CLINICAL PATHOLOGY			
Test	Result	Unit	<b>Biological Reference Interval</b>		
URINE ROUTINE & MICROSCOPY					
PHYSICAL EXAMINATION					
Volume	40	ml	-		
Colour	Pale Yellow	-	-		
Appearance	Clear	-	-		
CHEMICAL EXAMINATION					
pH(Reaction) (Mixed PH Indicator)	6.5	-	4.8-7.5		
Sp. Gravity (Dual Wavelength Reflectance )	1.005	-	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		
<b>Urobilinogen</b> (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)	Negative	-	Negative		
Nitrite (Modified Griess Reaction)	Negative	-	Negative		

Final Report

Patient Name : Ms Shivani Krishna MRN : 17510001163265 Gender/Age : FEMALE , 38y (27/01/1985)

# MICROSCOPIC EXAMINATION

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

--End of Report-

N ja

Dr. Moumita Panja DNB, Pathology Consultant Pathologist

## Note

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





 Patient Name : Ms Shivani Krishna
 MRN : 17510001163265
 Gender/Age : FEMALE , 38y (27/01/1985)

 Collected On : 17/02/2023 10:50 AM
 Received On : 17/02/2023 11:16 AM
 Reported On : 17/02/2023 02:34 PM

 Barcode : BR2302170047
 Specimen : Whole Blood
 Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9284007415

IMMUNOHAEMATOLOGY		
Test	Result	Unit
BLOOD GROUP & RH TYPING		
Blood Group (Column Agglutination Technology)	А	-
RH Typing (Column Agglutination Technology)	Positive	-

--End of Report-

ach

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

Note

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





 Patient Name : Ms Shivani Krishna MRN : 17510001163265 Gender/Age : FEMALE , 38y (27/01/1985)

 Collected On : 17/02/2023 10:50 AM Received On : 17/02/2023 11:09 AM Reported On : 17/02/2023 11:53 AM

Barcode : 812302170326 Specimen : Whole Blood Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9284007415

	HAEMATOLO	GY LAB	
Test	Result	Unit	<b>Biological Reference Interval</b>
COMPLETE BLOOD COUNT (CBC)			
Haemoglobin (Hb%) (Photometric Measurement)	12.6	g/dL	12.0-15.0
Red Blood Cell Count (Electrical Impedance)	4.04	millions/ µL	3.8-4.8
PCV (Packed Cell Volume) / Hematocrit (Calculated)	37.7	%	36.0-46.0
MCV (Mean Corpuscular Volume) (Derived From RBC Histogram)	93.5	fL	83.0-101.0
MCH (Mean Corpuscular Haemoglobin) (Calculated)	31.3	pg	27.0-32.0
MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	33.5	%	31.5-34.5
Red Cell Distribution Width (RDW) (Calculated)	13.1	%	11.6-14.0
Platelet Count (Electrical Impedance)	190	10 <sup>3</sup> /μL	150.0-400.0
Mean Platelet Volume (MPV) (Derived)	11.7	fL	7.0-11.7
Total Leucocyte Count(WBC) (Electrical Impedance)	5.1	$10^3/\mu L$	4.0-10.0
DIFFERENTIAL COUNT (DC)			
Neutrophils (VCSn Technology)	55.3	%	40.0-75.0
Lymphocytes (VCSn Technology)	31.0	%	20.0-40.0
Monocytes (VCSn Technology)	8.1	%	2.0-10.0
Eosinophils (VCSn Technology)	5.0	%	1.0-6.0

Patient Name : Ms Shivani Krishna MRN : 1751000	01163265	Gender/Age : FEMALE , 38y (27/	/01/1985)
Basophils (VCSn Technology)	0.6	%	0.0-2.0
Absolute Neutrophil Count (Calculated)	2.83	10 <sup>3</sup> /μL	1.8-7.8
Absolute Lympocyte Count (Calculated)	1.59	10 <sup>3</sup> /μL	1.0-4.8
Absolute Monocyte Count (Calculated)	0.42	10 <sup>3</sup> /μL	0.0-0.8
Absolute Eosinophil Count (Calculated)	0.26	10 <sup>3</sup> /µL	0.0-0.45
Absolute Basophil Count (Calculated)	0.04	10 <sup>3</sup> /μL	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-

Marja

Dr. Moumita Panja DNB, Pathology Consultant Pathologist

# Note

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





Patient Name : Ms Shivani Krishna MRN : 17510001163265 Gender/Age : FEMALE , 38y (27/01/1985)

Collected On : 17/02/2023 10:50 AM Received On : 17/02/2023 11:09 AM Reported On : 17/02/2023 01:15 PM

Barcode : 802302170519 Specimen : Whole Blood Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9284007415

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

#### 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.

# --End of Report-

Shooh

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

### Note

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- Results relate to the sample only.
- Kindly correlate clinically.





Patient Name : Ms Shivani Krishna MRN : 17510001163265 Gender/Age : FEMALE , 38y (27/01/1985)

Collected On: 17/02/2023 10:50 AM Received On: 17/02/2023 11:09 AM Reported On: 17/02/2023 12:23 PM

Barcode : 812302170325 Specimen : Whole Blood - ESR Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9284007415

	HAEMATOLOGY LAB			
Test	Result	Unit	<b>Biological Reference Interval</b>	
Erythrocyte Sedimentation Rate (ESR)	54 H	mm/1hr	0.0-12.0	

(Modified Westergren Method)

--End of Report-

Dr. Sanjib Kumar Pattari MD, Pathology Consultant Pathology MBBS, MD

# Note

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





Patient Name : Ms Shivani Krishna MRN : 17510001163265 Gender/Age : FEMALE , 38y (27/01/1985)

Collected On: 17/02/2023 10:50 AM Received On: 17/02/2023 06:01 PM Reported On: 18/02/2023 12:24 PM

Barcode : 872302170003 Specimen : Fluid & Swab Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9284007415

### **CYTOLOGY**

### **CERVICAL SMEAR FOR CYTOLOGY**

LAB NO	GC-148/23
MATERIAL RECEIVED	Received unstained smears
SPECIMEN TYPE	Cervical smear
SMEAR ADEQUACY	Smears are satisfactory for evaluation
MICROSCOPIC EXAMINATION	The 2014 Bethesda system for reporting. Smears studied show mainly superficial squamous cells, intermediate squamous cells and parabasal cells. Few metaplastic cells are seen. Monilia and T. vaginalis are absent. Dysplastic and malignant cells are absent. No 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

### Note

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





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Page 1 of 1

Patient Name : Ms Shivani Krishna MRN : 17510001163265 Gender/Age : FEMALE , 38y (27/01/1985)

Collected On: 17/02/2023 10:50 AM Received On: 17/02/2023 11:08 AM Reported On: 17/02/2023 12:22 PM

Barcode : 802302170518 Specimen : Plasma Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9284007415

	CLINICAL CHEMISTRY			
Test	Result	Unit	<b>Biological Reference Interval</b>	
Fasting Blood Sugar (FBS) (Glucose Oxidase, Peroxidase)	88	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

### Note

- Abnormal results are highlighted.
- Results relate to the sample only.
- Kindly correlate clinically. (Fasting Blood Sugar (FBS) -> Auto Authorized)

Shooh

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





Patient Name : Ms Shivani Krishna MRN : 17510001163265 Gender/Age : FEMALE , 38y (27/01/1985)

Collected On : 17/02/2023 03:39 PM Received On : 17/02/2023 03:59 PM Reported On : 17/02/2023 04:45 PM

Barcode : 802302170851 Specimen : Plasma Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9284007415

	CLINICAL CHEMISTRY		
Test	Result	Unit	<b>Biological Reference Interval</b>
<b>Post Prandial Blood Sugar (PPBS)</b> (Glucose Oxidase, Peroxidase)	98	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

# Note

- Abnormal results are highlighted.
- Results relate to the sample only.
- Kindly correlate clinically.
   (Post Prandial Blood Sugar (PPBS) -> Auto Authorized)

Shooh

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





# ADULT TRANS-THORACIC ECHO REPORT

PATIENT NAME GENDER/AGE LOCATION	: Ms Shivani Krishna : Female, 38 Years : -	PATIENT MRN PROCEDURE DATE REQUESTED BY	: 17510001163265 : 17/02/2023 04:14 PM : EXTERNAL
IMPRESSION FINDINGS	<ul> <li>NO SIGNIFICANT ECHC</li> </ul>	DCARDIOGRAPHIC ABNO	DRMALITY DETECTED.
<b>CHAMBERS</b> LEFT ATRIUM RIGHT ATRIUM LEFT VENTRICLE			OTION ABNORMALITY. GOOD SYSTOLIC RMAL DIASTOLIC FLOW PATTERN.
RIGHT VENTRICLE VALVES MITRAL AORTIC TRICUSPID PULMONARY	: NORMAL SIZE AND THICK : NORMAL. : NORMAL. : NORMAL. : NORMAL.	(NESS WITH NORMAL F	UNCTION
<b>SEPTAE</b> IAS IVS	: INTACT : INTACT		
ARTERIES AND VEI AORTA PA IVC SVC & CS PULMONARY VEINS	: NORMAL, LEFT AORTIC A : NORMAL SIZE : NORMAL SIZE & COLLAPS : NORMAL		
PERICARDIUM			
OTHERS	: NIL.		

Ranget Metchenges

DR. RANJIT MUKHERJEE ASSOCIATE CONSULTANT ECHOCARDIOGRAPHY MBBS, PGDCC RUPA ANTONY TECHNICIAN

17/02/2023 04:14 PM

PREPARED BY	: SARMISTHA PRAMANIK(335772)	PREPARED ON	: 17/02/2023 04:16 PM
GENERATED BY	: MADHUPARNA DASGUPTA(333433)	GENERATED ON	: 23/02/2023 10:35 AM

Patient Name	Shivani Krishna	Requested By	EXTERNAL
MRN	17510001163265	Procedure DateTime	2023-02-17 12:03:15
Age/Sex	38Y/Female	Hospital	NH-RTIICS

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

# LIVER:

Enlarged in size and normal in echogenicity. No focal SOL is seen. Intrahepatic biliary radicles are not dilated.

# **PORTAL VEIN:**

Portal vein is normal in calibre measuring 0.9 cm at porta. There is no intraluminal thrombus.

# GALL BLADDER:

Not visualised (History of operation--Verbal information, OT note not available at the time of scan).

# CBD:

Common duct is not dilated measuring 0.4 cm at porta. No intraluminal calculus is seen.

# SPLEEN:

Normal in size measuring 11.0 cm and echogenicity. No focal SOL is seen.

# **PANCREAS:**

Normal in size and echogenicity. Duct is not dilated. No calcification or focal SOL is seen.

# **KIDNEYS:**

Both kidneys are normal in size, position and echogenicity. Corticomedullary differentiation is maintained. No Page 1 of 3  $\,$ 

hydronephrosis, calculus or mass is seen.

Right kidney and left kidney measures 10.0 cm and 10.9 cm respectively.

# **URINARY BLADDER:**

Normal in capacity. Wall is not thickened. No intraluminal calculus or mass is seen. Post void residual urine is insignificant.

### **UTERUS:**

Normal in size measuring  $7.7 \times 3.3 \times 5.4$  cm with normal echopattern. No focal SOL is seen. Endometrial echoline is central in position, not thickened. Cervix appears normal.

# **OVARIES:**

Both ovaries are normal in size, shape and echotexture.

Right and left ovaries measures 3.5 x 2.0 cm and 2.7 x 2.0 cm respectively.

# POD:

No free fluid seen in POD.

# ADNEXAE:

Both adnexae clear.

# **IMPRESSION:**

• Hepatomegaly.

# NOT FOR MEDICO LEGAL PURPOSES

This is only a Radiological Impression and not Diagnosis. Like all diagnostic modalities, USG also has its Page 2 of 3 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: Sutapa.

Dr. Suranjana Bhattacharjee Consultant Sonologist

Patient Name	Shivani Krishna	Requested By	EXTERNAL
MRN	17510001163265	Procedure DateTime	2023-02-17 14:12:33
Age/Sex	38Y/Female	Hospital	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 costo-phrenic angles are clear.
- No significant lung parenchymal lesion is seen.
- The visualized bones and soft tissue structures appear normal.
- Both the diaphragmatic domes appear normal.

# **IMPRESSION:**

• No significant radiological abnormality detected.

# 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.

Dr. Sarbari Chatterjee

**Consultant Radiologist** 

\* This is a digitally signed valid document. Reported Date/Time: 2023-02-17 19:48:01