Patient Name : Ms Pinki Mondal MRN : 17510001190054 Gender/Age : FEMALE , 38y (29/04/1985)

Collected On : 06/06/2023 10:00 AM Received On : 06/06/2023 10:23 AM Reported On : 06/06/2023 11:22 AM

Barcode : 802306060382 Specimen : Whole Blood Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9831921418

	CLINICAL CHEMISTRY		
Test	Result	Unit	<b>Biological Reference Interval</b>
HBA1C			
HbA1c (HPLC)	5.7 H	%	Normal: 4.0-5.6 Prediabetes: 5.7-6.4 Diabetes: => 6.5 ADA standards 2019 (Carpenter/ Coustan)
Estimated Average Glucose	116.89	-	-

#### 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-

Shosh

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

#### Note

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





#### **Final Report**

 Patient Name : Ms Pinki Mondal
 MRN : 17510001190054
 Gender/Age : FEMALE , 38y (29/04/1985)

 Collected On : 06/06/2023 10:00 AM
 Received On : 06/06/2023 10:23 AM
 Reported On : 06/06/2023 11:32 AM

Barcode : 812306060248 Specimen : Whole Blood Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9831921418

	HAEMATOLO		
Test COMPLETE BLOOD COUNT (CBC)	Result	Unit	Biological Reference Interval
Haemoglobin (Hb%) (Photometric Measurement)	9.9 L	g/dL	12.0-15.0
Red Blood Cell Count (Electrical Impedance)	4.02	millions/ µL	3.8-4.8
PCV (Packed Cell Volume) / Hematocrit (Calculated)	31.4 L	%	36.0-46.0
MCV (Mean Corpuscular Volume) (Derived From RBC Histogram)	78.2 L	fL	83.0-101.0
MCH (Mean Corpuscular Haemoglobin) (Calculated)	24.7 L	pg	27.0-32.0
MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	31.5	%	31.5-34.5
Red Cell Distribution Width (RDW) (Calculated)	16.6 H	%	11.6-14.0
Platelet Count (Electrical Impedance)	175	10 <sup>3</sup> /μL	150.0-400.0
Mean Platelet Volume (MPV) (Derived)	11.1	fL	7.0-11.7
Total Leucocyte Count(WBC) (Electrical Impedance)	6.1	10 <sup>3</sup> /µL	4.0-10.0
DIFFERENTIAL COUNT (DC)			
Neutrophils (VCSn Technology)	60.7	%	40.0-75.0
Lymphocytes (VCSn Technology)	31.6	%	20.0-40.0
Monocytes (VCSn Technology)	4.9	%	2.0-10.0
Eosinophils (VCSn Technology)	2.2	%	1.0-6.0

Patient Name : Ms Pinki Mondal MRN : 17510001	190054 Gender/A	Age : FEMALE , 38y (29/04	4/1985)
Basophils (VCSn Technology)	0.6	%	0.0-2.0
Absolute Neutrophil Count (Calculated)	3.7	10 <sup>3</sup> /μL	1.8-7.8
Absolute Lympocyte Count (Calculated)	1.93	10 <sup>3</sup> /μL	1.0-4.8
Absolute Monocyte Count (Calculated)	0.3	10 <sup>3</sup> /μL	0.0-0.8
Absolute Eosinophil Count (Calculated)	0.13	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-

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

# Note

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





 Patient Name : Ms Pinki Mondal MRN : 17510001190054 Gender/Age : FEMALE , 38y (29/04/1985)

 Collected On : 06/06/2023 10:00 AM Received On : 06/06/2023 10:38 AM Reported On : 06/06/2023 12:47 PM

 Barcode : 802306060380 Specimen : Serum Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9831921418

	CLINICAL CHE	MISTRY	
Test	Result	Unit	Biological Reference Interval
SERUM CREATININE			
<b>Serum Creatinine</b> (Two Point Rate - Creatinine Aminohydrolase)	0.70	mg/dL	0.52-1.04
eGFR	93.7	mL/min/1.73m <sup>2</sup>	-
<b>Blood Urea Nitrogen (BUN)</b> (Endpoint /Colorimetric - Urease)	14.36	-	7.0-17.0
Serum Sodium (Direct ISE - Potentiometric)	140	mmol/L	137.0-145.0
Serum Potassium (Direct ISE - Potentiometric)	3.8	mmol/L	3.5-5.1
LIVER FUNCTION TEST(LFT)			
Bilirubin Total (Colorimetric -Diazo Method)	0.78	mg/dL	0.2-1.3
Conjugated Bilirubin (Direct) (Calculated)	0.24	mg/dL	0.0-0.4
<b>Unconjugated Bilirubin (Indirect)</b> (Colorimetric Endpoint)	0.54	-	-
Total Protein (Biuret Method)	8.40 H	g/dL	6.3-8.2
Serum Albumin (Colorimetric - Bromo-Cresol Green)	4.60	gm/dL	3.5-5.0
Serum Globulin (Calculated)	3.81 H	g/dL	2.0-3.5
Albumin To Globulin (A/G)Ratio (Calculated)	1.21	-	1.0-2.1
SGOT (AST) (Multipoint-Rate With P-5-P (pyridoxal- 5-phosphate))	33	U/L	14.0-36.0
SGPT (ALT) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	25	U/L	<35.0

Patient Name : Ms Pinki Mondal MRN : 1751000119	0054 Gender/A	ge : FEMALE , 38y (29/04	4/1985)
Alkaline Phosphatase (ALP) (Multipoint-Rate - P- nitro Phenyl Phosphate, AMP Buffer)	57	IU/L	38.0-126.0
Gamma Glutamyl Transferase (GGT) (Multipoint Rate - L-glutamyl-p-nitroanilide ( Szasz Method))	11 L	U/L	12.0-43.0
Syhosh		26	

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

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

#### **CLINICAL CHEMISTRY**

Test	Result	Unit	<b>Biological Reference Interval</b>
LIPID PROFILE (CHOL,TRIG,HDL,LDL,VLDL)			
Cholesterol Total (Colorimetric - Cholesterol Oxidase)	218 H	mg/dL	Desirable: < 200 Borderline High: 200-239 High: > 240
Triglycerides (Enzymatic Endpoint Colorimetric )	62	mg/dL	Normal: < 150 Borderline: 150-199 High: 200-499 Very High: > 500
HDL Cholesterol (HDLC) (Colorimetric: Non HDL Precipitation Phosphotungstic Acid Method)	71 H	mg/dL	40.0-60.0
Non-HDL Cholesterol	147.0	-	-
LDL Cholesterol (Non LDL Selective Elimination, CHOD/POD)	101.46 H	mg/dL	Optimal: < 100 Near to above optimal: 100-129 Borderline High: 130-159 High: 160-189 Very High: > 190
VLDL Cholesterol (Calculated)	12.4	mg/dL	0.0-40.0
Cholesterol /HDL Ratio	3.1	-	-
Precipitation Phosphotungstic Acid Method) Non-HDL Cholesterol LDL Cholesterol (Non LDL Selective Elimination, CHOD/POD) VLDL Cholesterol (Calculated)	147.0 <b>101.46 Н</b> 12.4	- mg/dL	- Optimal: < 100 Near to above optimal: 100-129 Borderline High: 130-159 High: 160-189 Very High: > 190

--End of Report-

#### Patient Name : Ms Pinki Mondal MRN : 17510001190054 Gender/Age : FEMALE , 38y (29/04/1985)

Alphosh

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

#### Note

- Abnormal results are highlighted.
- 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)





Patient Name : Ms Pinki Mondal MRN : 17510001190054 Gender/Age : FEMALE , 38y (29/04/1985)

Collected On: 06/06/2023 10:00 AM Received On: 06/06/2023 10:38 AM Reported On: 06/06/2023 12:00 PM

Barcode : 802306060380 Specimen : Serum Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9831921418

	CLINICAL CHE	MISTRY	
Test	Result	Unit	<b>Biological Reference Interval</b>
THYROID PROFILE (T3, T4, TSH)			
Tri lodo Thyronine (T3) (Enhanced Chemiluminescence Immunoassay (CLIA))	1.24	ng/mL	0.97-1.69
Thyroxine (T4) (Enhanced Chemiluminescence Immunoassay (CLIA))	7.29	µg/dl	5.53-11.0
TSH (Thyroid Stimulating Hormone) (Enhanced Chemiluminescence Immunoassay (CLIA))	3.478	ulU/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-

Alphosh

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

#### Note

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

(-> Auto Authorized)

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



# Page 1 of 1

Patient Name: Ms Pinki Mondal MRN: 17510001190054 Gender/Age: FEMALE, 38y (29/04/1985)

Collected On: 06/06/2023 10:00 AM Received On: 06/06/2023 10:23 AM Reported On: 06/06/2023 12:28 PM

Barcode : 812306060247 Specimen : Whole Blood - ESR Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9831921418

	HAEMATOLOGY LAB			
Test	Result	Unit	<b>Biological Reference Interval</b>	
Erythrocyte Sedimentation Rate (ESR)	40 H	mm/1hr	0.0-12.0	

(Modified Westergren Method)

--End of Report-

Dr. Shanaz Latif MD, Pathology Consultant Pathology MBBS, DTM&H, DCP, MD .Reg No 41555 : WBMC

# Note

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





Patient Name: Ms Pinki Mondal MRN: 17510001190054 Gender/Age: FEMALE, 38y (29/04/1985)

Collected On: 06/06/2023 10:00 AM Received On: 06/06/2023 10:23 AM Reported On: 06/06/2023 12:28 PM

Barcode : 812306060247 Specimen : Whole Blood - ESR Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9831921418

	HAEMATOLOGY LAB			
Test	Result	Unit	<b>Biological Reference Interval</b>	
Erythrocyte Sedimentation Rate (ESR)	40 H	mm/1hr	0.0-12.0	

(Modified Westergren Method)

--End of Report-

Dr. Shanaz Latif MD, Pathology Consultant Pathology MBBS, DTM&H, DCP, MD .Reg No 41555 : WBMC

# Note

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





Patient Name : Ms Pinki MondalMRN : 17510001190054Gender/Age : FEMALE , 38y (29/04/1985)Collected On : 06/06/2023 10:00 AMReceived On : 06/06/2023 11:28 AMReported On : 06/06/2023 12:58 PMBarcode : BR2306060039Specimen : Whole BloodConsultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9831921418

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

--End of Report-

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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.





Page 1 of 1

Patient Name : Ms Pinki Mondal MRN : 17510001190054 Gender/Age : FEMALE , 38y (29/04/1985)

Collected On: 06/06/2023 10:00 AM Received On: 06/06/2023 10:39 AM Reported On: 06/06/2023 11:30 AM

Barcode : 802306060381 Specimen : Plasma Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9831921418

	CLINICAL CHEMISTRY		
Test	Result	Unit	<b>Biological Reference Interval</b>
Fasting Blood Sugar (FBS) (Glucose Oxidase, Peroxidase)	84	mg/dL	Normal: 70-99 Pre-diabetes: 100-125 Diabetes: => 126 ADA standards 2019

--End of Report-

Alphosh

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

#### Note

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

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





 Patient Name : Ms Pinki Mondal
 MRN : 17510001190054
 Gender/Age : FEMALE , 38y (29/04/1985)

 Collected On : 06/06/2023 10:00 AM
 Received On : 06/06/2023 04:52 PM
 Reported On : 06/06/2023 05:58 PM

 Barcode : 822306060037
 Specimen : Urine
 Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9831921418

	CLINICAL PATH	HOLOGY	
Test	Result	Unit	<b>Biological Reference Interval</b>
URINE ROUTINE & MICROSCOPY			
PHYSICAL EXAMINATION			
Volume	30	ml	-
Colour	Colorless	-	-
Appearance	Clear	-	-
CHEMICAL EXAMINATION			
pH(Reaction) (Mixed PH Indicator)	6.5	-	4.8-7.5
Sp. Gravity (Dual Wavelength Reflectance )	1.001	-	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)	Trace	-	-
Nitrite (Modified Griess Reaction)	Negative	-	Negative

Final Report

Patient Name : Ms Pinki Mondal MRN : 17510001190054 Gender/Age : FEMALE , 38y (29/04/1985)

#### MICROSCOPIC EXAMINATION

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

--End of Report-

Dr. Shanaz Latif MD, Pathology Consultant Pathology MBBS, DTM&H, DCP, MD .Reg No 41555 : WBMC

#### Note

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





Patient Name : Ms Pinki Mondal MRN : 17510001190054 Gender/Age : FEMALE , 38y (29/04/1985)

Collected On : 06/06/2023 04:05 PM Received On : 06/06/2023 04:42 PM Reported On : 06/06/2023 05:28 PM

Barcode : 802306060887 Specimen : Plasma Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9831921418

	CLINICAL CHEMISTRY		
Test	Result	Unit	<b>Biological Reference Interval</b>
Post Prandial Blood Sugar (PPBS) (Glucose	106	mg/dL	Normal: 70-139 Pre-diabetes: 140-199
Oxidase, Peroxidase)			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-

Shosh

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

#### Note

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

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





# ADULT TRANS-THORACIC ECHO REPORT

PATIENT NAME GENDER/AGE LOCATION	: Ms Pinki Mondal : Female, 38 Years : -	PATIENT MRN PROCEDURE DATE REQUESTED BY	: 17510001190054 : 06/06/2023 04:05 PM : EXTERNAL
IMPRESSION FINDINGS CHAMBERS LEFT ATRIUM RIGHT ATRIUM LEFT VENTRICLE		O REGIONAL WALL MO	OTION ABNORMALITY. GOOD SYSTOLIC
RIGHT VENTRICLE <b>VALVES</b> MITRAL AORTIC TRICUSPID PULMONARY	FUNCTION WITH EJECTION : NORMAL SIZE AND THICK : NORMAL. : NORMAL. : NORMAL. : NORMAL.		RMAL DIASTOLIC FLOW PATTERN.
SEPTAE IAS IVS ARTERIES AND VEIL AORTA PA IVC SVC & CS	: NORMAL, LEFT AORTIC AF : NORMAL SIZE : NORMAL SIZE & COLLAPS : NORMAL		
PULMONARY VEINS PERICARDIUM INTRACARDIAC MA OTHERS	: NORMAL PERICARDIAL TH		

Langerta Das

DR. SANGEETA DAS CONSULTANT GENERAL MEDICINE MBBS SANJOY CHOWDHURY TECHNICIAN

06/06/2023 04:05 PM

PREPARED BY	: NITA PAUL(308573)	PREPARED ON	: 06/06/2023 05:22 PM
GENERATED BY	: MADHUPARNA DASGUPTA(333433	GENERATED ON	: 07/06/2023 02:56 PM

Patient Name	Pinki Mondal	Requested By	EXTERNAL
MRN	17510001190054	Procedure DateTime	2023-06-06 13:35:36
Age/Sex	38Y 1M/Female	Hospital	NH-RTIICS

# USG OF WHOLE ABDOMEN (SCREENING)

# LIVER:

It is normal in size (13.7 cm) and echogenicity. No focal SOL is seen. The intrahepatic biliary radicles are not dilated.

# **PORTAL VEIN:**

The portal vein is normal in calibre at the porta. There is no intraluminal thrombus.

# GALL BLADDER:

It is optimally distended. No calculus or sludge is seen within it. The wall is not thickened.

# CBD:

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

# SPLEEN:

It is normal in size measuring 7.6 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 10.2 cm and 10.2 cm respectively.

# **URINARY BLADDER:**

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

# UTERUS:

It is retroflexed, normal in size measuring  $5.7 \times 7.6 \times 5.1 \text{ cm}$ . No focal SOL is seen. The endometrial echoline is central in position. Endometrium is not thickened. The cervix appears normal.

# **OVARIES:**

The ovaries are normal in size, shape and echotexture.

The right and left ovaries measures  $2.3 \times 1.5$  cm and  $3.0 \times 2.3$  cm respectively.

# **IMPRESSION:**

• Retroflexed 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.

In P

**Dr. Ashish Kumar** Consultant Sonologist

\* This is a digitally signed valid document. Reported Date/Time: 2023-06-06 14:03:08

Patient Name	Pinki Mondal	Requested By	EXTERNAL
MRN	17510001190054	Procedure DateTime	2023-06-06 11:16:12
Age/Sex	38Y 1M/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 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. FARHAN IQUEBAL

# 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.

qu

Dr. Gunjan Gupta MBBS, MD (Radiodiagnosis)