

DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Mrs MAHUA ROY MRN : 17510000620841 Gender/Age : FEMALE , 45y (20/03/1977)

Collected On : 18/01/2023 08:43 AM Received On : 18/01/2023 09:19 AM Reported On : 18/01/2023 09:55 AM

Barcode : 812301180207 Specimen : Whole Blood Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-017 Patient Mobile No : 9903538038

HAEMATOLOGY LAB

Test	Result	Unit	Biological Reference Interval
COMPLETE BLOOD COUNT (CBC)			
Haemoglobin (Hb%) (Photometric Measurement)	12.7	g/dL	12.0-15.0
Red Blood Cell Count (Electrical Impedance)	5.05 H	millions/ μ L	3.8-4.8
PCV (Packed Cell Volume) / Hematocrit (Calculated)	39.7	%	36.0-46.0
MCV (Mean Corpuscular Volume) (Derived From RBC Histogram)	78.6 L	fL	83.0-101.0
MCH (Mean Corpuscular Haemoglobin) (Calculated)	25.2 L	pg	27.0-32.0
MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	32.1	%	31.5-34.5
Red Cell Distribution Width (RDW) (Calculated)	14.1 H	%	11.6-14.0
Platelet Count (Electrical Impedance)	165	$10^3/\mu$ L	150.0-400.0
Mean Platelet Volume (MPV) (Derived)	11.8 H	fL	7.0-11.7
Total Leucocyte Count(WBC) (Electrical Impedance)	4.6	$10^3/\mu$ L	4.0-10.0
DIFFERENTIAL COUNT (DC)			
Neutrophils (VCSn Technology)	52.8	%	40.0-75.0
Lymphocytes (VCSn Technology)	37.5	%	20.0-40.0
Monocytes (VCSn Technology)	5.6	%	2.0-10.0
Eosinophils (VCSn Technology)	3.3	%	1.0-6.0

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Basophils (VCSn Technology)	0.8	%	0.0-2.0
Absolute Neutrophil Count (Calculated)	2.43	$10^3/\mu\text{L}$	1.8-7.8
Absolute Lymphocyte Count (Calculated)	1.73	$10^3/\mu\text{L}$	1.0-4.8
Absolute Monocyte Count (Calculated)	0.26	$10^3/\mu\text{L}$	0.0-0.8
Absolute Eosinophil Count (Calculated)	0.15	$10^3/\mu\text{L}$	0.0-0.45
Absolute Basophil Count (Calculated)	0.04	$10^3/\mu\text{L}$	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.



DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Mrs MAHUA ROY MRN : 17510000620841 Gender/Age : FEMALE , 45y (20/03/1977)

Collected On : 18/01/2023 08:43 AM Received On : 18/01/2023 09:31 AM Reported On : 18/01/2023 11:18 AM

Barcode : 802301180286 Specimen : Serum Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-017 Patient Mobile No : 9903538038

CLINICAL CHEMISTRY

Test	Result	Unit	Biological Reference Interval
SERUM CREATININE			
Serum Creatinine (Two Point Rate - Creatinine Aminohydrolase)	0.68	mg/dL	0.52-1.04
eGFR	93.6	mL/min/1.73m ²	-
Blood Urea Nitrogen (BUN) (Endpoint /Colorimetric - Urease)	9.42	-	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)			
Cholesterol Total (Colorimetric - Cholesterol Oxidase)	170	mg/dL	Desirable: < 200 Borderline High: 200-239 High: > 240
Triglycerides (Enzymatic Endpoint Colorimetric)	153	mg/dL	Normal: < 150 Borderline: 150-199 High: 200-499 Very High: > 500
HDL Cholesterol (HDLC) (Colorimetric: Non HDL Precipitation Phosphotungstic Acid Method)	55	mg/dL	40.0-60.0
Non-HDL Cholesterol	115.0	-	-
LDL Cholesterol (Non LDL Selective Elimination, CHOD/POD)	85.12	mg/dL	Optimal: < 100 Near to above optimal: 100-129 Borderline High: 130-159 High: 160-189 Very High: > 190
VLDL Cholesterol (Calculated)	30.6	mg/dL	0.0-40.0
Cholesterol /HDL Ratio	3.1	-	-

LIVER FUNCTION TEST(LFT)

Patient Name : Mrs MAHUA ROY MRN : 17510000620841 Gender/Age : FEMALE , 45y (20/03/1977)

Bilirubin Total (Colorimetric -Diazo Method)	0.22	mg/dL	0.2-1.3
Conjugated Bilirubin (Direct) (Calculated)	0.16	mg/dL	0.0-0.4
Unconjugated Bilirubin (Indirect) (Colorimetric Endpoint)	0.05	-	-
Total Protein (Biuret Method)	7.40	g/dL	6.3-8.2
Serum Albumin (Colorimetric - Bromo-Cresol Green)	4.10	gm/dL	3.5-5.0
Serum Globulin (Calculated)	3.4	g/dL	2.0-3.5
Albumin To Globulin (A/G)Ratio (Calculated)	1.2	-	1.0-2.1
SGOT (AST) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	28	U/L	14.0-36.0
SGPT (ALT) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	17	U/L	<35.0
Alkaline Phosphatase (ALP) (Multipoint-Rate - P-nitro Phenyl Phosphate, AMP Buffer)	76	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



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

Patient Name : Mrs MAHUA ROY MRN : 17510000620841 Gender/Age : FEMALE , 45y (20/03/1977)

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- 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)



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Collected On : 18/01/2023 08:43 AM Received On : 18/01/2023 09:31 AM Reported On : 18/01/2023 01:36 PM

Barcode : 802301180286 Specimen : Serum Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-017 Patient Mobile No : 9903538038

CLINICAL CHEMISTRY

Test	Result	Unit	Biological Reference Interval
THYROID PROFILE (T3, T4, TSH)			
Tri Iodo Thyronine (T3) (Enhanced Chemiluminescence Immunoassay (CLIA))	1.38	ng/mL	0.97-1.69
Thyroxine (T4) (Enhanced Chemiluminescence Immunoassay (CLIA))	12.6 H	µg/dl	5.53-11.0
TSH (Thyroid Stimulating Hormone) (Enhanced Chemiluminescence Immunoassay (CLIA))	<0.0100 L	µIU/mL	0.4001-4.049

Rechecked

--End of Report--

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Clinical Biochemist MBBS, MD

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Patient Name : Mrs MAHUA ROY MRN : 17510000620841 Gender/Age : FEMALE , 45y (20/03/1977)

Collected On : 18/01/2023 08:43 AM Received On : 18/01/2023 09:17 AM Reported On : 18/01/2023 11:21 AM

Barcode : 812301180206 Specimen : Whole Blood - ESR Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-017 Patient Mobile No : 9903538038

HAEMATOLOGY LAB

Test	Result	Unit	Biological Reference Interval
Erythrocyte Sedimentation Rate (ESR) (Modified Westergren Method)	20 H	mm/1hr	0.0-12.0

--End of Report--

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

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Collected On : 18/01/2023 08:43 AM Received On : 18/01/2023 09:31 AM Reported On : 18/01/2023 10:27 AM

Barcode : 802301180288 Specimen : Plasma Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-017 Patient Mobile No : 9903538038

CLINICAL CHEMISTRY

Test	Result	Unit	Biological Reference Interval
Fasting Blood Sugar (FBS) (Glucose Oxidase, Peroxidase)	96	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

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

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(Fasting Blood Sugar (FBS) -> Auto Authorized)



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Patient Name : Mrs MAHUA ROY MRN : 17510000620841 Gender/Age : FEMALE , 45y (20/03/1977)

Collected On : 18/01/2023 12:47 PM Received On : 18/01/2023 02:33 PM Reported On : 18/01/2023 02:38 PM

Barcode : 802301180703 Specimen : Plasma Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-017 Patient Mobile No : 9903538038

CLINICAL CHEMISTRY

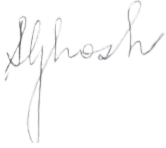
Test	Result	Unit	Biological Reference Interval
Post Prandial Blood Sugar (PPBS) (Glucose Oxidase, Peroxidase)	93	mg/dL	Normal: 70-139 Pre-diabetes: 140-199 Diabetes: => 200 ADA standards 2019

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



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MD, Biochemistry
Clinical Biochemist MBBS, MD

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(Post Prandial Blood Sugar (PPBS) -> Auto Authorized)



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Collected On : 18/01/2023 02:14 PM Received On : 18/01/2023 04:01 PM Reported On : 18/01/2023 05:02 PM

Barcode : 822301180080 Specimen : Stool Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-017 Patient Mobile No : 9903538038

CLINICAL PATHOLOGY

Test	Result	Unit	Biological Reference Interval
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STOOL ROUTINE EXAMINATION**PHYSICAL EXAMINATION**

Colour	Brownish	-	-
Consistency	Semi Solid	-	-
Mucus	Present	-	-
Blood	NIL	-	-

CHEMICAL EXAMINATION

Stool For Occult Blood	Negative	-	-
Reaction	Alkaline	-	-
Others	Nil	-	-

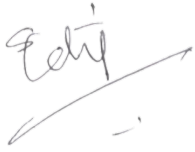
MICROSCOPE EXAMINATION

Ova	Not Seen	-	-
Cyst Of Protozoa	Not Seen	-	-
Trophozoite	Not Seen	-	-
Red Blood Cells (Stool)	Not Found	-	-
Pus Cells	Occasional	/hpf	1 - 2
Starch	Present	-	-
Veg Cells	Present	-	-

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Fat	Not Seen	-	-
Larvae	Not Seen	-	-
Bacteria	Present	-	-

--End of Report--



Dr. Shanaz Latif
MD, Pathology

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

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Final Report

Patient Name : Mrs MAHUA ROY MRN : 17510000620841 Gender/Age : FEMALE , 45y (20/03/1977)

Collected On : 18/01/2023 08:43 AM Received On : 18/01/2023 09:20 AM Reported On : 18/01/2023 11:38 AM

Barcode : 802301180289 Specimen : Whole Blood Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-017 Patient Mobile No : 9903538038

CLINICAL CHEMISTRY

Test	Result	Unit	Biological Reference Interval
HBA1C			
HbA1c (HPLC)	5.3	%	Normal: 4.0-5.6 Prediabetes: 5.7-6.4 Diabetes: => 6.5 ADA standards 2019 (Carpenter/ Coustan)
Estimated Average Glucose	105.41	-	-

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

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DEPARTMENT OF LABORATORY MEDICINE

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Patient Name : Mrs MAHUA ROY MRN : 17510000620841 Gender/Age : FEMALE , 45y (20/03/1977)

Collected On : 18/01/2023 08:43 AM Received On : 18/01/2023 09:43 AM Reported On : 18/01/2023 12:08 PM

Barcode : BR2301180034 Specimen : Whole Blood Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-017 Patient Mobile No : 9903538038

IMMUNOHAEMATOLOGY

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

--End of Report--

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

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Patient Name : Mrs MAHUA ROY MRN : 17510000620841 Gender/Age : FEMALE , 45y (20/03/1977)

Collected On : 18/01/2023 08:43 AM Received On : 18/01/2023 11:13 AM Reported On : 18/01/2023 02:53 PM

Barcode : 822301180024 Specimen : Urine Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-017 Patient Mobile No : 9903538038

CLINICAL PATHOLOGY

Test	Result	Unit	Biological Reference Interval
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URINE ROUTINE & MICROSCOPY**PHYSICAL EXAMINATION**

Volume	30	ml	-
Colour	Pale Yellow	-	-
Appearance	Clear	-	-

CHEMICAL EXAMINATION

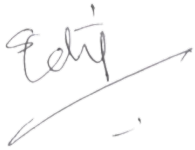
pH(Reaction) (Mixed PH Indicator)	6.5	-	4.8-7.5
Sp. Gravity (Dual Wavelength Reflectance)	1.005	-	1.002-1.030
Protein (Protein Error Of PH Indicator)	Negative	-	-
Urine Glucose (Glucose Oxidase, Peroxidase)	Negative	-	Negative
Ketone Bodies (Legal's Method)	Negative	-	Negative
Bile Salts (Dual Wavelength Reflectance/Manual)	Negative	-	Negative
Bile Pigment (Bilirubin) (Coupling Of Bilirubin With Diazonium Salt)	Negative	-	Negative
Urobilinogen (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

Patient Name : Mrs MAHUA ROY MRN : 17510000620841 Gender/Age : FEMALE , 45y (20/03/1977)

MICROSCOPIC EXAMINATION

Pus Cells	0-2	/hpf	1-2
RBC	3-5	/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

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Patient Name : Mrs MAHUA ROY MRN : 17510000620841 Gender/Age : FEMALE , 45y (20/03/1977)

Collected On : 18/01/2023 08:43 AM Received On : 18/01/2023 04:04 PM Reported On : 19/01/2023 10:07 AM

Barcode : 802301180287 Specimen : Urine Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-017 Patient Mobile No : 9903538038

CLINICAL CHEMISTRY

Test	Result	Unit	Biological Reference Interval
Urine For Sugar	NEGATIVE	mg	ATEST

--End of Report--

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

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ADULT TRANS-THORACIC ECHO REPORT

PATIENT NAME : Mrs MAHUA ROY
GENDER/AGE : Female, 45 Years
LOCATION : -

PATIENT MRN : 17510000620841
PROCEDURE DATE : 18/01/2023 12:50 PM
REQUESTED BY : EXTERNAL



IMPRESSION

- NO SIGNIFICANT ECHOCARDIOGRAPHIC ABNORMALITY DETECTED.

FINDINGS

CHAMBERS

LEFT ATRIUM : NORMAL SIZED
RIGHT ATRIUM : NORMAL SIZED
LEFT VENTRICLE : NORMAL SIZED CAVITY. NO REGIONAL WALL MOTION ABNORMALITY. GOOD LV SYSTOLIC FUNCTION WITH EJECTION FRACTION: 65%. NORMAL DIASTOLIC FLOW PATTERN.
RIGHT VENTRICLE : NORMAL.

VALVES

MITRAL : NORMAL.
AORTIC : NORMAL.
TRICUSPID : NORMAL.
PULMONARY : NORMAL.

SEPTAE

IAS : INTACT
IVS : INTACT

ARTERIES AND VEINS

AORTA : NORMAL, LEFT AORTIC ARCH
PA : NORMAL SIZE
IVC : NORMAL SIZE & COLLAPSIBILITY
SVC & CS : NORMAL
PULMONARY VEINS : NORMAL

PERICARDIUM : NORMAL PERICARDIAL THICKNESS. NO EFFUSION

INTRACARDIAC MASS : NO TUMOUR, THROMBUS OR VEGETATION SEEN

OTHERS : NIL.

MRS MAHUA ROY (17510000620841)



DR. RANJIT MUKHERJEE
ASSOCIATE CONSULTANT ECHOCARDIOGRAPHY MBBS, PGDCC

SHRABONI MONDAL
TECHNICIAN

18/01/2023 12:50 PM

PREPARED BY	: MADHUPARNA DASGUPTA(333433)	PREPARED ON	: 20/01/2023 11:10 AM
GENERATED BY	: MADHUPARNA DASGUPTA(333433)	GENERATED ON	: 03/02/2023 02:03 PM

Patient Name	MAHUA ROY	Requested By	EXTERNAL
MRN	17510000620841	Procedure DateTime	2023-01-18 11:11:15
Age/Sex	45Y 9M/Female	Hospital	NH-RTIICS

USG OF WHOLE ABDOMEN

LIVER:

It is normal in size, contour 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. No collaterals are seen.

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 7.0 cm and echogenicity. No focal SOL is seen. The splenoportal axis is patent and is normal in dimensions.

PANCREAS:

It is normal in size, contour and echogenicity. The duct is not dilated. No calcification or focal SOL is seen.

KIDNEYS:

Both kidneys are normal in size, position, contour and echogenicity. The corticomedullary differentiation is maintained. No hydronephrosis, calculus or mass is seen.

Right kidney and left kidney measures 9.6 x 3.1 cm and 9.9 x 3.3 cm respectively.

URINARY BLADDER:

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

Post void residual urine is insignificant.

UTERUS:

It shows Post menopausal status. It is anteverted, normal in size measuring 6.8 x 3.8 x 3.1 cm with a smooth contour and normal echopattern. 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 2.2 x 1.5 cm and 2.0 x 1.0 cm respectively.

No ascites is seen.

IMPRESSION:

- Normal study.

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.

A handwritten signature in purple ink, appearing to be 'Sc'.

Dr. Sarbari Chatterjee
Consultant Radiologist

Patient Name	MAHUA ROY	Requested By	EXTERNAL
MRN	17510000620841	Procedure DateTime	2023-01-18 09:39:19
Age/Sex	45Y 9M/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: 2023-01-18 12:53:20