

DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Ms Rekha Sahoo MRN : 17650000254795 Gender/Age : FEMALE , 46y (01/06/1977)

Collected On : 14/10/2023 10:36 AM Received On : 14/10/2023 10:41 AM Reported On : 14/10/2023 01:39 PM

Barcode : J32310140013 Specimen : Serum Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8629936859

IMMONOLOGY

Test	Result	Unit	Biological Reference Interval
THYROID PROFILE (T3, T4, TSH)			
Tri Iodo Thyronine (T3) (Enhanced Chemiluminescence Immunoassay (CLIA))	1.49	ng/mL	0.97-1.69
Thyroxine (T4) (Enhanced Chemiluminescence Immunoassay (CLIA))	13.4 H	µg/dl	5.53-11.0
TSH (Thyroid Stimulating Hormone) (Enhanced Chemiluminescence Immunoassay (CLIA))	3.259	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--



Dr. Ritu Priya
MBBS, MD, Biochemistry
Consultant

Note

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



Narayana Superspeciality Hospital

(A Unit of Meridian Medical Research & Hospital Ltd.) CIN U85110W81995PLC071440
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Hospital Address : 120/1, Andul Road, Howrah 711 103
Email: info.nshhowrah@narayanahealth.org | www.narayanahealth.org



Appointments
180-0309-0309 (Toll Free)

Emergencies
83348 30003

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Collected On : 14/10/2023 10:36 AM Received On : 14/10/2023 10:41 AM Reported On : 14/10/2023 12:10 PM

Barcode : J12310140117 Specimen : Plasma Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8629936859

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
FASTING BLOOD GLUCOSE (FBG) (Glucose Oxidase, Peroxidase)	91	mg/dL	Both: Normal: 70-99 Both: Pre-diabetes: 100-125 Both: Diabetes: => 126 ADA standards 2019

--End of Report--



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 Collected On : 14/10/2023 10:36 AM Received On : 14/10/2023 10:41 AM Reported On : 14/10/2023 12:45 PM
 Barcode : J22310140098 Specimen : Whole Blood Consultant : EXTERNAL(EXTERNAL)
 Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8629936859

HAEMATOLOGY

Test	Result	Unit	Biological Reference Interval
COMPLETE BLOOD COUNT (CBC)			
Haemoglobin (Hb%) (sodium Lauryl Sulphate (SLS) Method)	12.4	g/dL	12.0-15.0
Red Blood Cell Count (Electrical Impedance)	4.43	millions/ µL	3.8-4.8
PCV (Packed Cell Volume) / Hematocrit (Calculated)	38.8	%	36.0-46.0
MCV (Mean Corpuscular Volume) (Derived)	87.5	fL	83.0-101.0
MCH (Mean Corpuscular Haemoglobin) (Calculated)	27.9	pg	27.0-32.0
MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	31.9	%	31.5-34.5
Red Cell Distribution Width (RDW)	15.6 H	%	11.6-14.0
Platelet Count (Electrical Impedance)	207	Thous/Cumm	150.0-400.0
Mean Platelet Volume (MPV)	10.4	fL	7.0-11.7
Total Leucocyte Count(WBC) (Electrical Impedance)	8.7	-	4.0-10.0
DIFFERENTIAL COUNT (DC)			
Neutrophils	62.3	%	40.0-75.0
Lymphocytes (Fluorescent Flow Cytometry)	29.4	%	20.0-40.0
Monocytes (Fluorescent Flow Cytometry)	6.7	%	2.0-10.0
Eosinophils (Fluorescent Flow Cytometry)	1.1	%	1.0-6.0

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Patient Name : Ms Rekha Sahoo MRN : 17650000254795 Gender/Age : FEMALE , 46y (01/06/1977)

Basophils (Fluorescent Flow Cytometry)	0.5	%	0.0-2.0
Absolute Neutrophil Count	5.42	-	-
Absolute Lymphocyte Count	2.56	-	-
Absolute Monocyte Count	0.58	-	-
Absolute Eosinophil Count	0.1	-	-
Absolute Basophil Count	0.04	-	-

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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Patient Name : Ms Rekha Sahoo MRN : 17650000254795 Gender/Age : FEMALE , 46y (01/06/1977)

Collected On : 14/10/2023 02:12 PM Received On : 14/10/2023 02:13 PM Reported On : 14/10/2023 04:02 PM

Barcode : J12310140174 Specimen : Plasma Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8629936859

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
POST PRANDIAL BLOOD GLUCOSE (PPBG) (Glucose Oxidase, Peroxidase)	103	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 : 14/10/2023 10:36 AM Received On : 14/10/2023 10:41 AM Reported On : 14/10/2023 01:08 PM

Barcode : J22310140097 Specimen : Whole Blood - ESR Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8629936859

HAEMATOLOGY

Test	Result	Unit	Biological Reference Interval
Erythrocyte Sedimentation Rate (ESR) (Modified Westergren Method)	32 H	mm/1hr	0.0-12.0

--End of Report--



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Collected On : 14/10/2023 10:36 AM Received On : 14/10/2023 10:41 AM Reported On : 14/10/2023 12:41 PM

Barcode : J12310140118 Specimen : Whole Blood Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8629936859

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
HBA1C			
HbA1c (HPLC)	5.9 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	122.63	-	-

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--



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Barcode : J12310140116 Specimen : Serum Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8629936859

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
SERUM CREATININE			
Serum Creatinine (Two Point Rate - Creatinine Aminohydrolase)	0.71	mg/dL	0.52-1.04
eGFR (Calculated By MDRD Formula)	88.7	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)	7.00	mg/dL	7.0-17.0
Serum Sodium (Direct ISE - Potentiometric)	139	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)	182	mg/dL	Both: Desirable: < 200 Both: Borderline High: 200-239 Both: High: > 240
Triglycerides	90	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)	65 H	mg/dL	40.0-60.0
Non-HDL Cholesterol	117	-	-
LDL Cholesterol (Colorimetric)	100.98 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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VLDL Cholesterol (Calculated)	18	mg/dL	0.0-40.0
Cholesterol /HDL Ratio	2.8	-	-


LIVER FUNCTION TEST(LFT)

Bilirubin Total (Colorimetric -Diazo Method)	0.7	mg/dL	0.2-1.3
Conjugated Bilirubin (Direct) (Calculated)	0.1	mg/dL	0.0-0.4
Unconjugated Bilirubin (Indirect)	0.6	-	-
Total Protein (Colorimetric - Biuret Method)	7.8	g/dL	6.3-8.2
Serum Albumin (Colorimetric - Bromo-Cresol Green)	4.4	gm/dL	3.5-5.0
Serum Globulin (Calculated)	3.4	g/dL	2.0-3.5
Albumin To Globulin (A/G)Ratio (Calculated)	1.29	-	1.0-2.1
SGOT (AST) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	25	U/L	14.0-36.0
SGPT (ALT) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	22	U/L	<35.0
Alkaline Phosphatase (ALP) (Multipoint-Rate - P-nitro Phenyl Phosphate, AMP Buffer)	61	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--



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Emergencies
83348 30003

No. 1765000254795
Name: Sahoo, Rekha
Age: 46 Years
Gender: Female

2023-10-14 11:06:43

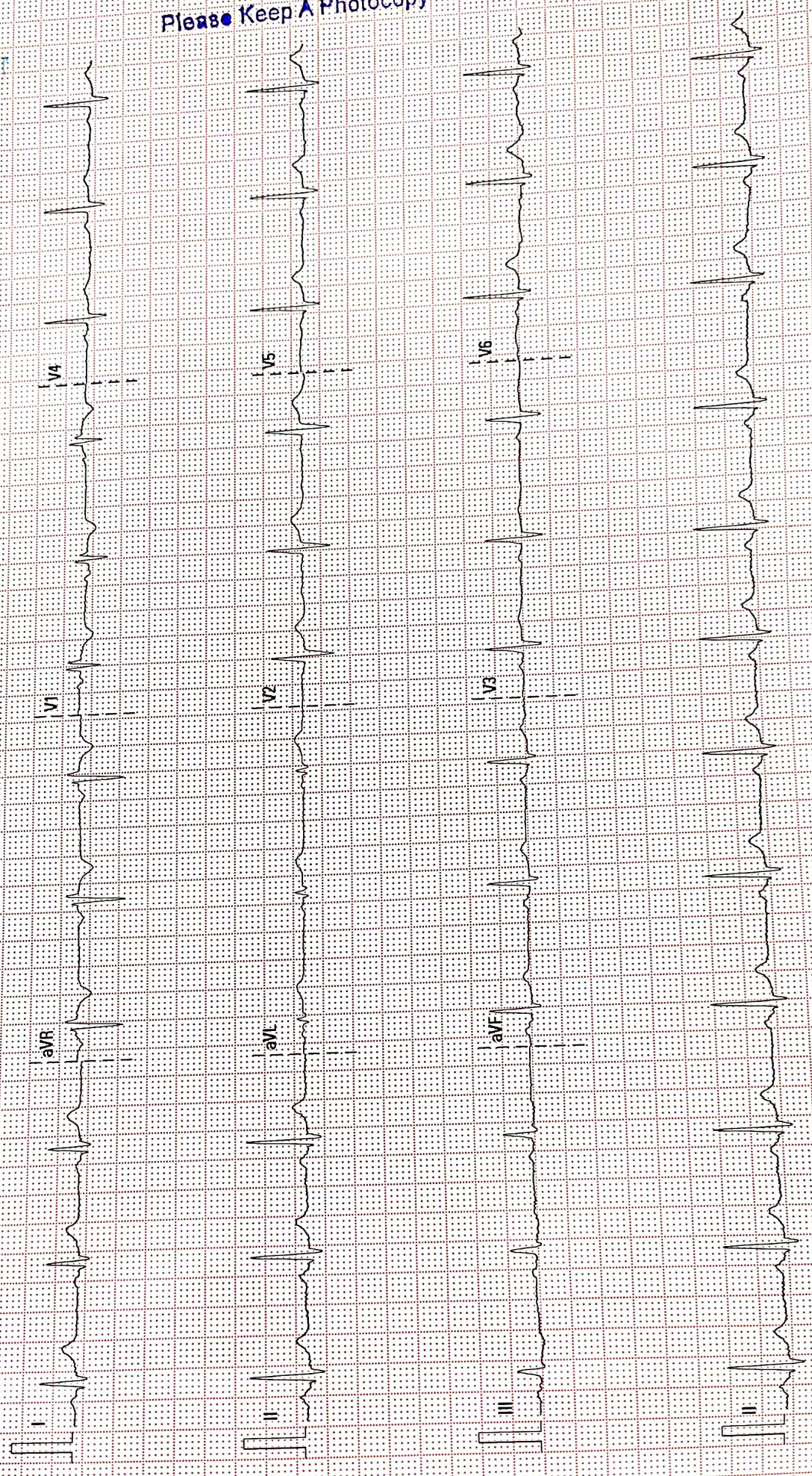
Vent. Rate 70 bpm
PR Interval 146 ms
QRS Duration 94 ms
QT/QTc Interval 362/380 ms
P/QRS/T Axes 60/64/31 deg
QTc Hodges

Sinus rhythm
Anterior T wave abnormality is nonspecific
Borderline ECG

Unconfirmed Diagnosis

PLEASE CORRELATE CLINICALLY

Please Keep A Photocopy



Patient details:
Name: MRS. REKHA SAHOO
Age: 46 YEARS
Examination Date: 14.10.2023
Consultant Name: DR.

MRN: 17650000254795
Gender: FEMALE
Processed Date: 14.10.2023
Patient Location: OPD

ECHOCARDIOGRAPHY REPORT

MEASUREMENT:

AO: 24 (20-40) mm	LVID(d): 46 (36-52) mm	IVS(d): 11 (6-11) mm
LA: 32 (19-40) mm	LVID(s): 27 (23-39) mm	PWd: 10 (6-11) mm
RVOT: 20 mm	TAPSE: 25 mm	LVEF ~ 63 %

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



PATIENT HELPLINE
1800-309-0303

Meridian Medical Research & Hospital
Narayana Superspeciality Hospital

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Tel: 033-7120

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DOPPLER DATA:

	Velocity(in m/s)	Peak PG(mmHg)	Mean PG(mmHg)	Regurgitation
Mitral	E - 0.6 , A - 0.8			Trivial
Aortic	1.1	5.6		0/4
Tricuspid	1.8	13		Trivial
Pulmonary	1.0	4.0		0/4

LVOT : No significant gradient noted.

Vegetation/Thrombus: Nil

Pericardium : Normal

Other Findings : E/E':10

Final Diagnosis:

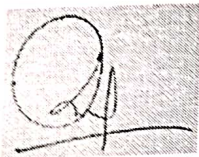
Normal sized cardiac chambers.
No significant regional wall motion abnormality of LV at rest.
Normal LV systolic function. LV EF~ 63%
Gr-I Diastolic dysfunction of LV.

Clinical correlation please.

NOTE: Echo of Patient: MRS.REKHA SAHOO

MRN: 17650000254795

has been done on 14.10.2023 and reported on 14.10.2023



DR. SHAMICK SAHA
Junior consultant

TECHNICIAN
YADAV

TB: K. DEB



PATIENT HELP

1800-309-0

Meridian Medical Research & Hospital
Narayana Superspeciality Hospital

(CIN NO: U85110W81995PLCC)

120/1, Andul Road, Howrah-

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Tel: 033-71

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Patient Name	Rekha Sahoo	Requested By	EXTERNAL
MRN	17650000254795	Procedure DateTime	2023-10-14 12:19:23
Age/Sex	46Y 4M / Female	Hospital	NH-NMH & NSH

USG WHOLE ABDOMEN (Screening)

OBSERVATIONS:

Liver: Normal in size (12.4 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.

Portal Vein: It appears normal. It measures 12.1 mm.

CBD: Not dilated. It measures 4.4 mm.

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

Spleen: Normal in size (8.5 cm) with normal echotexture. No focal or diffuse lesion.

Kidneys:

Right kidney measures 10.6 cm.

Left kidney measures 10.0 cm.

Bilateral kidneys are normal in size, shape and outline. Parenchymal texture normal. Corticomedullary differentiation is well made out and is normal. Sinus echoes are normal. No hydronephrosis / calculus seen in both kidneys.

Urinary Bladder: Wall thickness normal. Luminal echoes normal. No calculi.

Uterus: Anteverted. It measures 7.5 x 6.8 x 11.4 cm. **Bulky in size. Multiple fibroids, largest measuring 4 x 4.5 cm are seen in anterior myometrium.** Endometrial echoes are normal. ET measures 4 mm.

Cervix appears normal.

Both Ovaries:

Right ovary volume ~ 6.4 cc

Left ovary volume ~ 6 cc.

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

- No free fluid in POD.



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IMPRESSION:

Present study shows:

- **Multiple uterine fibroids with bulky uterus.**

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. Angshuman Gupta
MBBS, MD(Radiodiagnosis)
Junior Consultant Radiologist
Reg No : 81273 (WBMC)

This is a digitally signed valid document. Reported Date/Time: 2023-10-14 14:04:10

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