

DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Ms Kamalika Nag MRN : 17510001165250 Gender/Age : FEMALE , 35y (02/01/1988)

Collected On : 25/02/2023 10:09 AM Received On : 25/02/2023 10:37 AM Reported On : 25/02/2023 12:29 PM


Barcode : 802302250503 Specimen : Serum Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9804148430

CLINICAL CHEMISTRY

Test	Result	Unit	Biological Reference Interval
LIVER FUNCTION TEST(LFT)			
Bilirubin Total (Colorimetric -Diazo Method)	0.45	mg/dL	0.2-1.3
Conjugated Bilirubin (Direct) (Calculated)	0.18	mg/dL	0.0-0.4
Unconjugated Bilirubin (Indirect) (Colorimetric Endpoint)	0.27	-	-
Total Protein (Biuret Method)	8.00	g/dL	6.3-8.2
Serum Albumin (Colorimetric - Bromo-Cresol Green)	4.50	gm/dL	3.5-5.0
Serum Globulin (Calculated)	3.5	g/dL	2.0-3.5
Albumin To Globulin (A/G)Ratio (Calculated)	1.29	-	1.0-2.1
SGOT (AST) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	60 H	U/L	14.0-36.0
SGPT (ALT) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	95 H	U/L	<35.0
Alkaline Phosphatase (ALP) (Multipoint-Rate - P-nitro Phenyl Phosphate, AMP Buffer)	123	IU/L	38.0-126.0
Gamma Glutamyl Transferase (GGT) (Multipoint Rate - L-glutamyl-p-nitroanilide (Szasz Method))	55 H	U/L	12.0-43.0

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

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	98.5	mL/min/1.73m ²	-
Blood Urea Nitrogen (BUN) (Endpoint /Colorimetric - Urease)	10.86	-	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
LIPID PROFILE (CHOL,TRIG,HDL,LDL,VLDL)			
Cholesterol Total (Colorimetric - Cholesterol Oxidase)	178	mg/dL	Desirable: < 200 Borderline High: 200-239 High: > 240
Triglycerides (Enzymatic Endpoint Colorimetric)	143	mg/dL	Normal: < 150 Borderline: 150-199 High: 200-499 Very High: > 500
HDL Cholesterol (HDLC) (Colorimetric: Non HDL Precipitation Phosphotungstic Acid Method)	45	mg/dL	40.0-60.0
Non-HDL Cholesterol	133.0	-	-
LDL Cholesterol (Non LDL Selective Elimination, CHOD/POD)	94.11	mg/dL	Optimal: < 100 Near to above optimal: 100-129 Borderline High: 130-159 High: 160-189 Very High: > 190

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VLDL Cholesterol (Calculated)	28.6	mg/dL	0.0-40.0
Cholesterol /HDL Ratio	4.0	-	-

--End of Report--



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



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

Note

- Abnormal results are highlighted.
- Results relate to the sample only.
- Kindly correlate clinically.
(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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Barcode : 802302250503 Specimen : Serum Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9804148430

CLINICAL CHEMISTRY

Test	Result	Unit	Biological Reference Interval
THYROID PROFILE (T3, T4, TSH)			
Tri Iodo Thyronine (T3) (Enhanced Chemiluminescence Immunoassay (CLIA))	1.52	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))	1.333	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--

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Clinical Biochemist MBBS, MD

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Patient Name : Ms Kamalika Nag MRN : 17510001165250 Gender/Age : FEMALE , 35y (02/01/1988)

Collected On : 25/02/2023 10:09 AM Received On : 25/02/2023 10:32 AM Reported On : 25/02/2023 11:49 AM

Barcode : BR2302250031 Specimen : Whole Blood Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9804148430

IMMUNOHAEMATOLOGY

Test	Result	Unit
BLOOD GROUP & RH TYPING		
Blood Group (Column Agglutination Technology)	O	-
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 : Ms Kamalika Nag MRN : 17510001165250 Gender/Age : FEMALE , 35y (02/01/1988)

Collected On : 25/02/2023 10:09 AM Received On : 25/02/2023 11:09 AM Reported On : 25/02/2023 11:42 AM

Barcode : 822302250031 Specimen : Urine Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9804148430

CLINICAL PATHOLOGY

Test	Result	Unit	Biological Reference Interval
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URINE ROUTINE & MICROSCOPY

PHYSICAL EXAMINATION

Volume	40	ml	-
Colour	Pale Yellow	-	-
Appearance	Clear	-	-

CHEMICAL EXAMINATION

pH(Reaction) (Mixed PH Indicator)	6.0	-	4.8-7.5
Sp. Gravity (Dual Wavelength Reflectance)	1.010	-	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)	Present ++	-	Negative
Nitrite (Modified Griess Reaction)	Negative	-	Negative

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MICROSCOPIC EXAMINATION

Pus Cells	5-10	/hpf	1-2
RBC	2-4	/hpf	0 - 3
Epithelial Cells	5-10	/hpf	2-3
Crystals	NIL	-	-
Casts	NIL	-	-

--End of Report--



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

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Patient Name : Ms Kamalika Nag MRN : 17510001165250 Gender/Age : FEMALE , 35y (02/01/1988)

Collected On : 25/02/2023 10:09 AM Received On : 25/02/2023 10:36 AM Reported On : 25/02/2023 11:27 AM

Barcode : 812302250356 Specimen : Whole Blood Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9804148430

HAEMATOLOGY LAB

Test	Result	Unit	Biological Reference Interval
COMPLETE BLOOD COUNT (CBC)			
Haemoglobin (Hb%) (Photometric Measurement)	10.4 L	g/dL	12.0-15.0
Red Blood Cell Count (Electrical Impedance)	5.28 H	millions/ μ L	3.8-4.8
PCV (Packed Cell Volume) / Hematocrit (Calculated)	33.1 L	%	36.0-46.0
MCV (Mean Corpuscular Volume) (Derived From RBC Histogram)	62.6 L	fL	83.0-101.0
MCH (Mean Corpuscular Haemoglobin) (Calculated)	19.6 L	pg	27.0-32.0
MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	31.4 L	%	31.5-34.5
Red Cell Distribution Width (RDW) (Calculated)	16.5 H	%	11.6-14.0
Platelet Count (Electrical Impedance)	235	$10^3/\mu$ L	150.0-400.0
Mean Platelet Volume (MPV) (Derived)	10.7	fL	7.0-11.7
Total Leucocyte Count(WBC) (Electrical Impedance)	7.7	$10^3/\mu$ L	4.0-10.0
DIFFERENTIAL COUNT (DC)			
Neutrophils (VCSn Technology)	58.6	%	40.0-75.0
Lymphocytes (VCSn Technology)	34.1	%	20.0-40.0
Monocytes (VCSn Technology)	3.7	%	2.0-10.0
Eosinophils (VCSn Technology)	3.3	%	1.0-6.0

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Basophils (VCSn Technology)	0.3	%	0.0-2.0
Absolute Neutrophil Count (Calculated)	4.52	$10^3/\mu\text{L}$	1.8-7.8
Absolute Lymphocyte Count (Calculated)	2.63	$10^3/\mu\text{L}$	1.0-4.8
Absolute Monocyte Count (Calculated)	0.29	$10^3/\mu\text{L}$	0.0-0.8
Absolute Eosinophil Count (Calculated)	0.26	$10^3/\mu\text{L}$	0.0-0.45
Absolute Basophil Count (Calculated)	0.03	$10^3/\mu\text{L}$	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--



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MD, Pathology
Consultant Pathology MBBS, MD

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DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Ms Kamalika Nag MRN : 17510001165250 Gender/Age : FEMALE , 35y (02/01/1988)

Collected On : 25/02/2023 10:09 AM Received On : 25/02/2023 10:36 AM Reported On : 25/02/2023 12:44 PM

Barcode : 802302250506 Specimen : Whole Blood Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9804148430

CLINICAL CHEMISTRY

Test	Result	Unit	Biological Reference Interval
HBA1C			
HbA1c (HPLC)	4.7	%	Normal: 4.0-5.6 Prediabetes: 5.7-6.4 Diabetes: => 6.5 ADA standards 2019 (Carpenter/ Coustan)
Estimated Average Glucose	88.2	-	-

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

Final Report

Patient Name : Ms Kamalika Nag MRN : 17510001165250 Gender/Age : FEMALE , 35y (02/01/1988)

Collected On : 25/02/2023 10:09 AM Received On : 25/02/2023 10:31 AM Reported On : 25/02/2023 11:44 AM

Barcode : 812302250355 Specimen : Whole Blood - ESR Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9804148430

HAEMATOLOGY LAB

Test	Result	Unit	Biological Reference Interval
Erythrocyte Sedimentation Rate (ESR) (Modified Westergren Method)	65.0 H	mm/1hr	0.0-12.0

--End of Report--

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

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MC - 2803



DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Ms Kamalika Nag MRN : 17510001165250 Gender/Age : FEMALE , 35y (02/01/1988)

Collected On : 25/02/2023 10:09 AM Received On : 25/02/2023 10:37 AM Reported On : 25/02/2023 11:47 AM

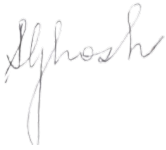
Barcode : 802302250505 Specimen : Plasma Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9804148430

CLINICAL CHEMISTRY

Test	Result	Unit	Biological Reference Interval
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. Sujata Ghosh
PhD, Biochemistry
Biochemist M.Sc , Ph. D



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

Note

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



DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Ms Kamalika Nag MRN : 17510001165250 Gender/Age : FEMALE , 35y (02/01/1988)

Collected On : 25/02/2023 03:38 PM Received On : 25/02/2023 04:10 PM Reported On : 25/02/2023 04:48 PM

Barcode : 802302250918 Specimen : Plasma Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9804148430

CLINICAL CHEMISTRY

Test	Result	Unit	Biological Reference Interval
Post Prandial Blood Sugar (PPBS) (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. Sujata Ghosh
PhD, Biochemistry
Biochemist M.Sc , Ph. D

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

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



ADULT TRANS-THORACIC ECHO REPORT

PATIENT NAME : Ms Kamalika Nag
GENDER/AGE : Female, 35 Years
LOCATION : -

PATIENT MRN : 17510001165250
PROCEDURE DATE : 25/02/2023 02:36 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 SYSTOLIC FUNCTION WITH EJECTION FRACTION: 65 %. NORMAL DIASTOLIC FLOW PATTERN.
RIGHT VENTRICLE : NORMAL SIZE AND THICKNESS WITH NORMAL FUNCTION

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.

MS KAMALIKA NAG (17510001165250)

DR. RANJIT MUKHERJEE
ASSOCIATE CONSULTANT ECHOCARDIOGRAPHY MBBS, PGDCC

POMPA BISWAS
TECHNICIAN

25/02/2023 02:36 PM

PREPARED BY	: SARMISTHA PRAMANIK(335772)	PREPARED ON	: 25/02/2023 02:54 PM
GENERATED BY	: MADHUPARNA DASGUPTA(333433)	GENERATED ON	: 08/03/2023 11:20 AM

Patient Name	Kamalika Nag	Requested By	EXTERNAL
MRN	17510001165250	Procedure DateTime	2023-02-25 12:48:32
Age/Sex	35Y 1M/Female	Hospital	NH-RTIICS

USG OF WHOLE ABDOMEN (SCREENING)

LIVER:

It is normal in size 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 11.3 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 9.4 cm and 9.7 cm respectively.

URINARY BLADDER:

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

UTERUS:

It is anteverted, normal in size measuring 8.1 x 2.9 x 3.9 cm and normal echopattern. No focal SOL is seen. The endometrial echoline is central in position. Endometrium is not thickened. The cervix appears normal.

OVARIES:

Right ovary is bulky in size and left ovary is normal in size. Both ovaries are normal in shape and echotexture. Both ovaries show multiple immature follicles at periphery.

The right and left ovaries measures 3.5 x 1.9 x 3.7 cm (14 cc) and 2.7 x 1.0 x 2.8 cm (4.5 cc) respectively.

IMPRESSION:

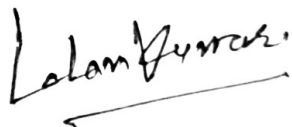
- Both ovaries show polycystic changes.

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.

Assist By : Arpita

A handwritten signature in black ink that reads "Lalan Kumar". The signature is written in a cursive style. Below the signature, there is a horizontal line with an arrow pointing to the left, indicating the direction of the signature.

Dr. Lalan Kumar

Consultant Sonologist
MBBS CBET (USG)

* ***This is a digitally signed valid document.*** Reported Date/Time: 2023-02-25 13:04:39

Patient Name	Kamalika Nag	Requested By	EXTERNAL
MRN	17510001165250	Procedure DateTime	2023-02-25 11:35:11
Age/Sex	35Y 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 costo-phrenic angles are clear.
- The lung fields and bronchovascular markings appear normal.
- Both the diaphragmatic domes appear normal.

IMPRESSION:

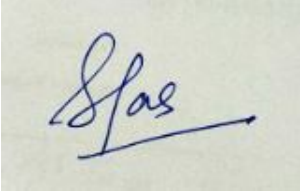
- **No significant radiological abnormality detected.**

REPORTED BY DR. DIPTI D VAGHELA

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.

A square image showing a handwritten signature in blue ink on a light-colored background. The signature is stylized and appears to read 'S Das'.

Dr Subhajt Das
MD,Consultant Radiologist

* ***This is a digitally signed valid document.***Reported Date/Time: 2023-02-25 16:01:39