

NAME OF PATIENT : SARMILA GORAI  
SEX : FEMALE

AGE : 30 YEARS  
DATE : 22.07.2023

**REPORT ON HEAMOTOLOGY EXAMINATION**

INVESTIGATION	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
HAEMOGLOBIN	: 10.8	gm/dl	Male : 14.0-17.5 Female : 11.6-14.5
T.R.B.C. COUNT	: 4.57	million/cumm	M: 4.5 - 6.5 F: 3.8 - 5.8
Total W.B.C. COUNT	: 7,500	cumm	4,000-11,000
Differential Count of W.B. C.			
Neutrophils	: 56	%	Adult: 40-75
Lymphocytes	: 42	%	Adult: 20-40
Eosinophils	: 01	%	Adult: 1-6
Monocytes	: 01	%	Adult: 2-10
Basophils	: 00	%	Adult: 0.2- 1.0
Erythrocyte Sedimentation Rate	: 08	mm	Male : 15mm/hr Female : 20mm/hr
ESR 1 <sup>st</sup> . Hour			
PCV	: 35.6	%	M: 45 -55 % F :37 - 47%
MCV	: 77.3	fL	Adult: 76- 96
MCH	: 23.6	pgm	Adult: 27-32
MCHC	: 30.3	gm/dl	Adult: 30 - 35
PLATELET COUNT	: 2.40	lakhs/cumm	Adult 1.5 - 4.0 lakhs.

**GBP/peripheral blood smear**

**RBC :-** Predominantly normocytic normochromic .  
**WBC:-** Normal in count & morphology.  
**Platelet:-** Adequate on smear.  
**Haemoparasite :-** Not found.



Dr. S. Khatua.  
MBBS(HONS)MD(Path.)



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**URINE RE**

**REPORT ON CLINICAL PATHOLOGY**

**PHYSICAL EXAMINATION**

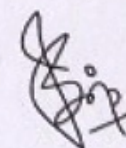
QUANTITY	20 ML	SEDIMENT	NIL
COLOUR	LIGHT STRAW	SPECIFIC GRAVITY	1.015
APPEARANCE	CLEAR		

**CHEMICAL EXAMINATION**

PH	5.5	REACTION	ACIDIC
ALBUMIN	NIL	BILE SALT	-
SUGAR	NIL	BILE PIGMENT	-
PHOSPHATE	NIL	OTHERS	-

**MICROSCOPICAL EXAMINATION**

PUS CELLS	2-3/HPF	CAST	NOT FOUND
EPITHELIAL CELLS	(+)	CRYSTALS	NOT FOUND
RBC	NIL	OTHERS	NIL



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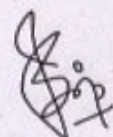


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**REPORT ON THE BIOCHEMICAL EXAMINATION**

<u>INVESTIGATION</u>	<u>RESULT</u>	<u>UNIT</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
TOTAL CHOLESTEROL (CHOD-PAD METHOD)	: 183	mg/dl	Desirable blood cholesterol 200mg/dl Borderline high blood cholesterol 200- 239 mg/dl High blood cholesterol >239 mg/dl
H.D.L. CHOLESTEROL (DIRECT METHOD)	: 60.4	mg/dl	M: 35.3 - 79.5 mg/dl F : 42.0 - 88.0 mg/dl
TRIGLYCERIDE (GPO METHOD)	: 190.8	mg/dl	M : 40-160 mg/dl F :35-135 mg/dl
L.D.L. CHOLESTEROL (DIRECT METHOD)	: 111.1	mg/dl	Optimal - Less than 100 mg/dl Near /Above optimal - 100 - 129 mg/dl Borderline high - 130 - 159 mg/dl High - 160 - 189 mg/dl Very high - $\geq$ 190 mg/dl
V.L.D.L. (CALCULATIVE)	: 38.2	mg/dl	5-40
T. CHOLESTEROL/HDL CHOLESTEROL RATIO: (CALCULATIVE)	3.0	Ratio	3.0-5.0
LDL- CHOLESTEROL /HDL- CHOLESTEROL RATIO: (CALCULATIVE)	1.8	Ratio	1.5-3.5



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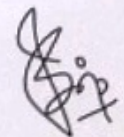
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**REPORT ON THE BIOCHEMICAL EXAMINATION**

<u>INVESTIGATION</u>	<u>RESULT</u>	<u>UNIT</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
BILIRUBIN - TOTAL (DIAZO METHOD)	0.39	mg/dl	<2
BILIRUBIN - DIRCT (DIAZOMETHOD)	0.18	mg/dl	<0.4
BILIRUBIN (INDIRECT)	0.21	mg/dl	<1.6
SGOT (IFCC METHOD)	25.0	U/l	M: 0 to 35 - F: 0 to 31
SGPT (IFCC METHOD)	17.0	U/l	M: 0 to 45 - F: 0 to 34
GGT (Glupa C METHOD)	14.0	U/l	M: 0 to 55 - F: 0 to 38
ALKALINE PHOSPHATASE (AMP METHOD)	73	U/l	M: 53 -128 U/ I F : 42 - 98 U/I
TOTAL PROTEIN (BIURET METHOD)	7.40	gm/dl	6.4 - 8.3
SERUM ALBUMIN (BCG METHOD)	4.41	gm/dl	3.5 - 5.2
SERUM GLOBULIN	2.99	gm/dl	2.50 - 3.40
ALBUMIN /GLOBULIN RATIO	1.4	Ratio	0.9 - 2.0

ALL TEST DONE BY : FULLY AUTOMATED BIO CHEMISTRY ANALYSER (EM - 200 - GERMAN TECHNOLOGY)

\*Kindly co- relate clinically.



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**REPORT ON THE BIOCHEMICAL EXAMINATION**

INVESTIGATION	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
BLOOD SUGAR (F) (GOD-POD METHOD)	: 98.7	mg/dl	70-110
BLOOD SUGAR (PP) (GOD-POD METHOD)	: 119.8	mg/dl	80-140
UREA (UREASE-GLDH METHOD)	: 21.5	mg/dl	Male 18-55 Female 15-43
CREATININE (ENZYMATIC METHOD)	: 0.70	mg/dl	Male 0.7-1.3 Female 0.6-1.1
URIC ACID (URICASE METHOD)	: 4.9	mg/dl	Male: 3.5-7.2 Female : 2.6-6.0
BUN (CALCULATIVE)	: 10.0	mg/dl	7-20

**EXAMINATION OF BLOOD FOR ABO & Rh TYPE**

ABO : "B" Group  
Rh - Type : "+ve" (Positive)



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**REPORT ON THE EXAMINATION OF IMMUNOENZYMOMETRIC ASSAY**

INVESTIGATION	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Total Triiodothyronine (T3) (ELISA METHOD)	: 1.0	ng/dl	0.5 - 2.0
Total Thyroxine (T4) (ELISA METHOD)	: 7.0	µg/dl	M:- 4.4 - 10.8 F :- 4.8 - 11.6
Thyroid Stimulating Hormone(TSH) (ELISA METHOD)	: 0.50	µIU/ml	Adults : 0.39 - 6.16 Children: Age: Range: <3 Days 3.20 - 34.60 3-4 Days 0.70 - 15.40 5 Days - 5 Months 1.70 - 9.10 >5 Months - 12 Years 0.70 - 6.40 Pregnancy women: 1 <sup>st</sup> Trimester = 0.1 - 2.5 2 <sup>nd</sup> Trimester = 0.2 - 3.0 3 <sup>rd</sup> Trimester = 0.3 - 3.0

Test done by *lisascan EM (Erba Mannheim)*.

**Note:-** Thyroid-stimulating hormone(TSH) or thyrotrophin is are glycoprotein with a molecular weight of about 28,000 secreted by the pituitary gland. TSH has a specific site of action which is the thyroid gland. Its main function is to regulate the release of thyroxin(T<sub>4</sub>) and the more biologically active triiodothyronine(T<sub>3</sub>).

\*Kindly co- relate clinically.



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### REPORT ON THE BIOCHEMICAL EXAMINATION

**Glycosylate Hemoglobin (HbA1c) : 5.5 %**  
(Turbidimetric Method)

#### Biological Reference

Excellent	< 4%
Good	4 - 6 %
Fair Control	>6 - 7%
Action Suggested	>7 - 8%
Poor control	>8 %

**Estimated Average Glucose (EAG) : 111**

#### # Biological Reference

Excellent Control	: 90 - 120 mg/dl.
Good Control	: 120 - 150 mg.dl.
Fair control	: > 150 - 180 mg/dl.
Action suggested	: 181 - 210 mg/dl.
Panic value	: >211 mg / dl.

#### Method Standardization :

IFCC : International Federation of clinical chemistry.  
DCCT : Diabetics control and complications trial .  
NGSP : National Glycohemoglobin Standardization program.

#### Note:-

Hemoglobin A1c (HbA1c) is a glycosylated hemoglobin which is formed by the non-enzymatic reaction of glucose with native hemoglobin. This process runs continuously throughout the circulatory life of the red cell (average life time 100 - 120 days). The rate of glycation is directly proportional to the concentration of glucose in the blood. The blood level of HbA1c represents the average blood glucose level over the preceding 6 to 8 weeks (due to the kinetics of erythrocyte turnover this period is more affected by the blood glucose level than the preceding weeks).

Therefore, **HbA1c is suitable for retrospective long-term monitoring of blood glucose concentration in individuals with diabetes mellitus.**

Clinical studies have shown that lowering of HbA1c level can help to prevent or delay the incidence of late diabetic complication.

As the amount of HbA1c also depends on the total quantity of hemoglobin the reported HbA1c value is indicated as a percentage of the total hemoglobin concentration.

Falsely low values (low HbA1c despite high blood glucose) may occur in people with conditions with shortened red blood cell survival (hemolytic diseases) or significant recent blood loss (higher fraction of young erythrocytes). Falsely high values (high HbA1c despite normal blood glucose) have been reported in iron deficiency anemia. These circumstances have to be considered in clinical interpretation of HbA1c values.

*\*Kindly co-relate clinically.*



**Dr. S. Khatua.**  
MBBS(HONS)MD(Path.)



Patient Name/Mrs SARMILA GOSAI 30F

July 22, 2023

Time: 11:53:13

Unaveraged ECG Report

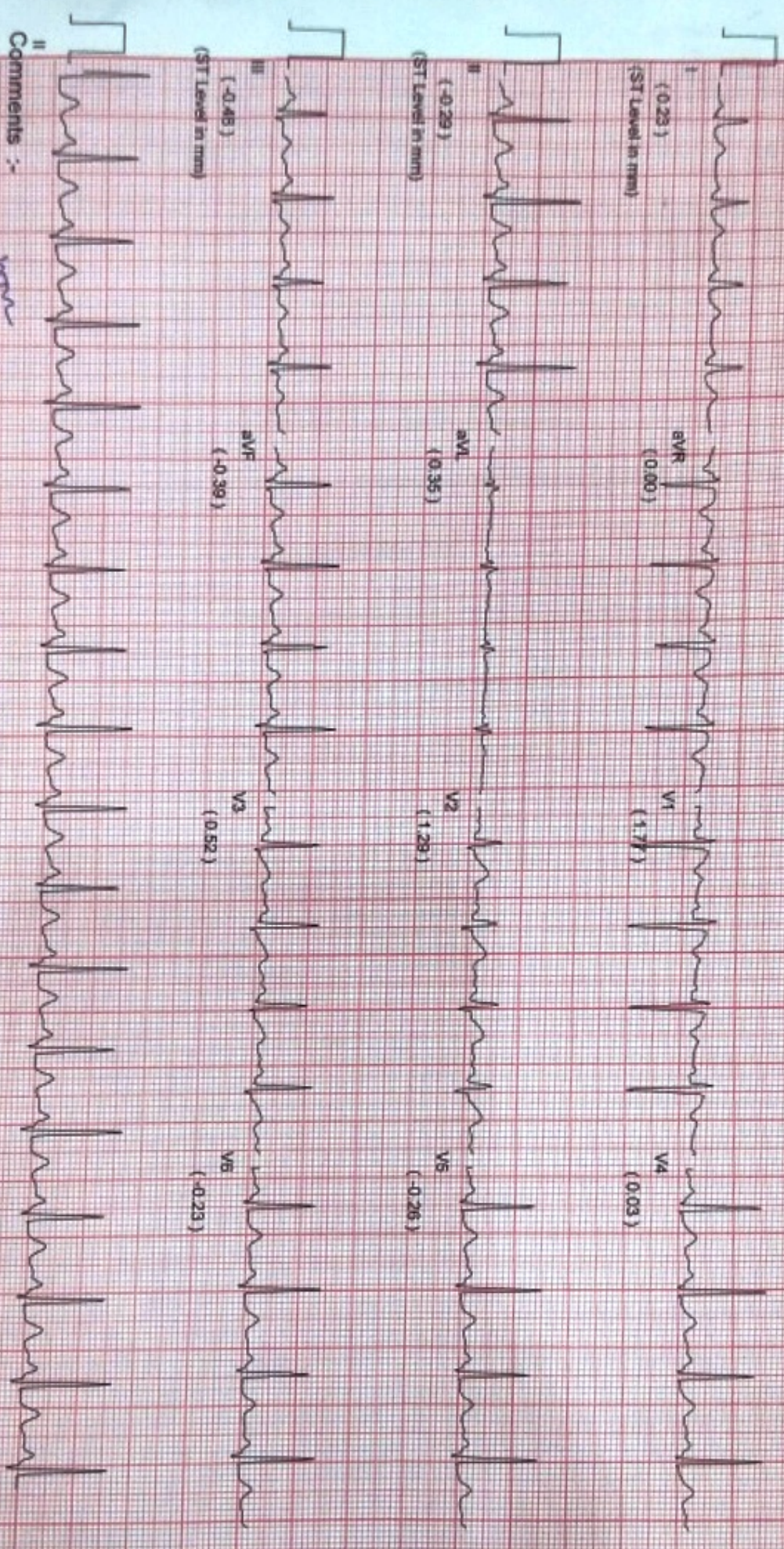
QT / QTc: 0.336 / 0.439 Sec

P-QRS-T Axis: (29)-(64)-(65) deg

PR Interval: 0.14 sec

QRS Duration: 0.076 Sec

HR: 105 bpm BP: 0 / 0 mmHg



Comments :-

norm

*[Signature]*

**Dr. Radha Bindu Paj**  
 M.B.B.S (Genl), M.D. (Paedi), D.M. (Cardio)  
 Consultant Interventional Cardiologist  
 Reg. No.: 60764 (WAMC)



Name of Patient : Sarmila Gorai  
Ref. By :  
Age : 30 Years

ID No. : 001  
Date : 22.07.2023  
Sex : Female

**X-RAY OF CHEST PA VIEW**

No active parenchymal lesion is seen in the lung fields.

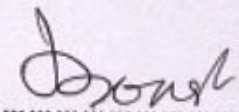
Hila appear normal.

Both domes of the diaphragms are regular in outline.

Costophrenic angles are clear.

Cardio thoracic ratio is normal.

**IMPRSSION: No abnormality seen in skiagram.**



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**Dr. J. K. Bokshi**  
**MBBS, DMRD (Cal)**  
**RADIOLOGIST**



Name of Patient	: Sarmila Gorai	ID No. :	2207202327
Ref. By	:	Date	: 22.07.2023
Age	: 30 Years	Sex	: Female

**ULTRASONOGRAPHY OF WHOLE ABDOMEN**

- LIVER** : Liver is normal in size (127.3 mm) with **mildly increased in echogenicity**. Margin is regular. No SOL seen with in liver. Intra hepatic biliary channels are not dilated. PV measures: 7.6 mm. in width.
- CBD** : It appears normal and 2.3 mm. in diameter. No calculus is seen in the lumen of CBD.
- GALL BLADDER** : Normal in size, shape & position. Wall thickness appears normal. No calculus or SOL seen.
- PANCREAS** : Normal in size, shape and outline. Parenchyma is homogeneous in echotexture. Pancreatic duct is not dilated. No focal parenchymal lesion is visualized in or around the pancreas.
- SPLEEN** : Normal in size, shape and echotexture. Echopattern of spleen appears to be normal. Splenic hilum is normal. Measurement of spleen - 95.1 mm.
- RIGHT KIDNEY** : It is normal in size, shape and position. Normal cortical echotexture. Cortico medullary differentiation is well maintained. Pelvi- calyceal system of right kidney is normal. No hydronephrosis SOL or calculi are seen. Rt. kidney measures - 99.1 mm.
- LEFT KIDNEY** : It is normal in size, shape and position. Normal cortical echotexture. Cortico medullary differentiation is well maintained. Pelvi- calyceal system of left kidney is normal. No hydronephrosis SOL or calculi are seen. Lt. Kidney measures - 105.8 mm.

Contd...



Name of Patient : Sarmila Gorai

ID No. : 2207202327

**URINARY BLADDER** : Normally distended. Wall thickness appears normal.  
No intraluminal calculus or mass seen.

**UTERUS** : Normal in size, shape and echotexture. Anteverted.  
Uterine cavity is empty. Midline endometrial echo is seen.  
No SOL is seen. Endometrial thickness is 6.6 mm.  
Measurement of the uterus 67.5 mm x 54.2 mm x 36.2 mm.

**RIGHT OVARY** : It is normal in shape, size and position.  
No cystic or solid SOL is seen.  
Rt. Ovary size - 25.5 mm x 24.2 mm.

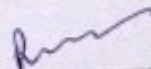
**LEFT OVARY** : It is normal in shape, size and position.  
No cystic or solid SOL is seen.  
Lt. Ovary size - 27.0 mm x 26.3 mm.

**P.O.D.** : Clear.

**PERITONEUM** : No ascites seen.

**IMPRESSION** : Fatty changes (Grade-I) in liver.

Clinical correlation & further investigations may be suggested, if clinically indicated.

  
Dr. Rumpa Banerjee  
MBBS, MD (Radiodiagnosis)