

Patient Name : RUPALI BANERJEE

Age : 40 Y Sex : F
Billing Date : 10/06/2021
Report Date : 01/06/2021

Ref. By : MEDICAL

PAP SMEAR REPORT

Type of specimen : Conventional smear.

Adequacy : Satisfactory for evaluation.

General Categorisation : NILM (Negative for Intraepithelial lesion or Malignancy)

Microscopical Examination : Stained smear shows multiple superficial, intermediate & parabasal cells with normal nuclear features along with multiple acute inflammatory cell infiltrate. Few endocervical cell clusters noted. Background shows normal bacterial flora. No fungi or specific organism seen.

IMPRESSION : Inflammatory smear.

Advised : Clinical Correlation & follow up.

Dr. Barun Gupta
M.B.B.S.FICMCH

Dr. P. R. Chattopadhyay
MD, (Histo-cytopathology)

Dr. S. Kar Roy
M.B.B.S.(CAL)Msc
MED/MICROBIOLOGY(LONDON)

Dr. S. Khatua
MBBS(Hons) M.D. (Path)

NAME OF PATIENT : RUPALI BANERJEE
SEX : FEMALE

AGE : 40 YEARS
DATE : 10.06.2023

URINE RE

REPORT ON CLINICAL PATHOLOGY

PHYSICAL EXAMINATION

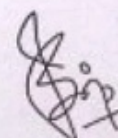
QUANTITY	30 ML	SEDIMENT	NIL
COLOUR	LIGHT STRAW	SPECIFIC GRAVITY	1.010
APPEARANCE	CLEAR		

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	0-1/HPF	CRYSTALS	NOT FOUND
RBC	NIL	OTHERS	NIL



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

NAME OF PATIENT : RUPALI BANERJEE	AGE : 40 YEARS
SEX : FEMALE	DATE : 10.06.2023

REPORT ON HEAMOTOLOGY EXAMINATION

INVESTIGATION	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
HAEMOGLOBIN	: 4.5	gm/dl	Male : 14.0-17.5 Female : 11.6-14.5
T.R.B.C. COUNT	: 2.94	million/cumm	M: 4.5 - 6.5 F : 3.8 - 5.8
Total W.B.C. COUNT	: 4,700	cumm	4,000-11,000
Differential Count of W.B. C.			
Neutrophils	: 67	%	Adult: 40-75
Lymphocytes	: 26	%	Adult : 20-40
Eosinophils	: 05	%	Adult : 1-6
Monocytes	: 02	%	Adult : 2-10
Basophils	: 00	%	Adult: 0.2- 1.0
Erythrocyte Sedimentation Rate : 10		mm	Male : 15mm/hr Female : 20mm/hr
ESR 1 st . Hour			
PCV	: 18.6	%	M : 45 -55 % F : 37 - 47%
MCV	: 63.3	fL	Adult: 76- 96
MCH	: 15.3	pgm	Adult: 27-32
MCHC	: 24.2	gm/dl	Adult: 30 - 35
PLATELET COUNT	: 2.00	lakhs/cumm	Adult 1.5 - 4.0 lakhs.



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

NAME OF PATIENT : RUPALI BANERJEE	AGE : 40 YEARS
SEX : FEMALE	DATE : 10.06.2023

REPORT ON THE BIOCHEMICAL EXAMINATION

INVESTIGATION	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
TOTAL CHOLESTEROL (CHOD-PAD METHOD)	: 130	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)	: 43.4	mg/dl	M: 35.3 - 79.5 mg/dl F : 42.0 - 88.0 mg/dl
TRIGLYCERIDE (GPO METHOD)	: 218.1	mg/dl	M: 40-160 mg/dl F :35-135 mg/dl
L.D.L. CHOLESTEROL (DIRECT METHOD)	: 64.1	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)	: 43.6	mg/dl	5-40
T. CHOLESTEROL/HDL CHOLESTEROL RATIO: (CALCULATIVE)	6.0	Ratio	3.0-5.0
LDL- CHOLESTEROL / HDL- CHOLESTEROL RATIO: (CALCULATIVE)	1.5	Ratio	1.5-3.5



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

NAME OF PATIENT : RUPALI BANERJEE	AGE : 40 YEARS
SEX : FEMALE	DATE : 10.06.2023

REPORT ON THE BIOCHEMICAL EXAMINATION

<u>INVESTIGATION</u>	<u>RESULT</u>	<u>UNIT</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
BILIRUBIN - TOTAL (DIAZO METHOD)	0.77	mg/dl	<2
BILIRUBIN - DIRCT (DIAZO METHOD)	0.34	mg/dl	<0.4
BILIRUBIN (INDIRECT)	0.43	mg/dl	<1.6
SGOT (IFCC METHOD)	15.7	U/l	M: 0 to 35 - F: 0 to 31
SGPT (IFCC METHOD)	17.4	U/l	M: 0 to 45 - F: 0 to 34
GGT (Glupa C METHOD)	11.1	U/l	M: 0 to 55 - F: 0 to 38
ALKALINE PHOSPHATASE (AMP METHOD)	73	U/l	M: 53 - 128 U/l F : 42 - 98 U/l
TOTAL PROTEIN (BIURET METHOD)	6.75	gm/dl	6.4 - 8.3
SERUM ALBUMIN (BCG METHOD)	4.01	gm/dl	3.5 - 5.2
SERUM GLOBULIN	2.74	gm/dl	2.50 - 3.40
ALBUMIN /GLOBULIN RATIO	1.4	Ratio	0.9 - 2.0



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

NAME OF PATIENT : RUPALI BANERJEE	AGE : 40 YEARS
SEX : FEMALE	DATE : 10.06.2023

REPORT ON THE EXAMINATION OF IMMUNOENZYMOMETRIC ASSAY

INVESTIGATION	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Total Triiodothyronine (T3) (ELISA METHOD)	: 1.2	ng/dl	0.5 - 2.0
Total Thyroxine (T4) (ELISA METHOD)	: 8.0	µg/dl	M:- 4.4 - 10.8 F :- 4.8 - 11.6
Thyroid Stimulating Hormone(TSH) : (ELISA METHOD)	8.1	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 st Trimester = 0.1 - 2.5 2 nd Trimester = 0.2 - 3.0 3 rd Trimester = 0.3 - 3.0

Test done by lisascan EM (Erba Mannheim).

Note:- Thyroid-stimulating hormone(TSH) or thyrotrophin is a 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(T₄) and the more biologically active triiodothyronine(T₃).

*Kindly co-relate clinically.



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

NAME OF PATIENT : RUPALI BANERJEE	AGE : 40 YEARS
SEX : FEMALE	DATE : 10.06.2023

REPORT ON THE BIOCHEMICAL EXAMINATION

<u>INVESTIGATION</u>	<u>RESULT</u>	<u>UNIT</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
BLOOD SUGAR (F) (GOD-POD METHOD)	: 99.9	mg/dl	70-110
BLOOD SUGAR (PP) (GOD-POD METHOD)	: 115.4	mg/dl	80-140
UREA (UREASE-GLDH METHOD)	: 15.5	mg/dl	Male 18-55 Female 15-43
CREATININE (ENZYMATIC METHOD)	: 0.51	mg/dl	Male 0.7-1.3 Female 0.6-1.1
URIC ACID (URICASE METHOD)	: 3.8	mg/dl	Male: 3.5-7.2 Female : 2.6-6.0

EXAMINATION OF BLOOD FOR ABO & Rh TYPE

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



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

NAME OF PATIENT : RUPALI BANERJEE
SEX : FEMALE

AGE : 40 YEARS
DATE : 10.06.2023

REPORT ON THE BIOCHEMICAL EXAMINATION

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

<u>Biological Reference</u>	<u>% NGSP</u>
Non - diabetics	4 - 6
Target of therapy	>7
Change of therapy	>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.



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

Patient Name: Mrs. RUPALI BANERJEE 40F

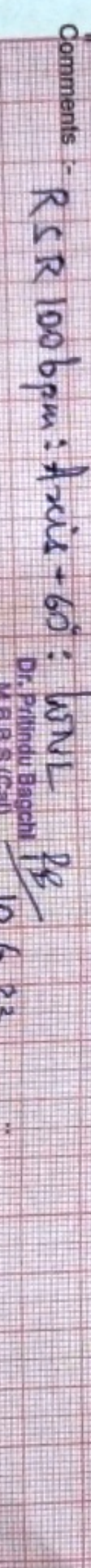
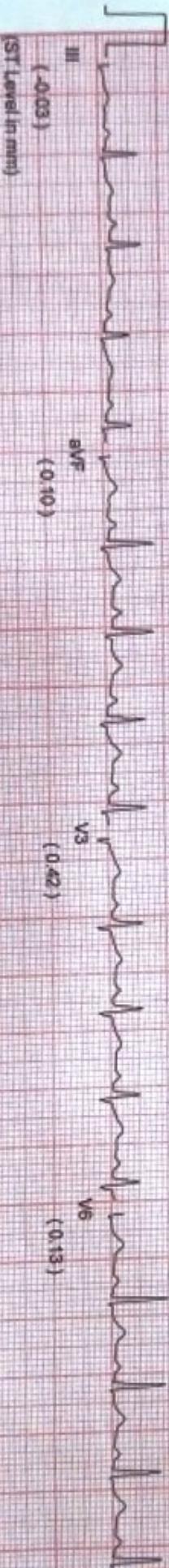
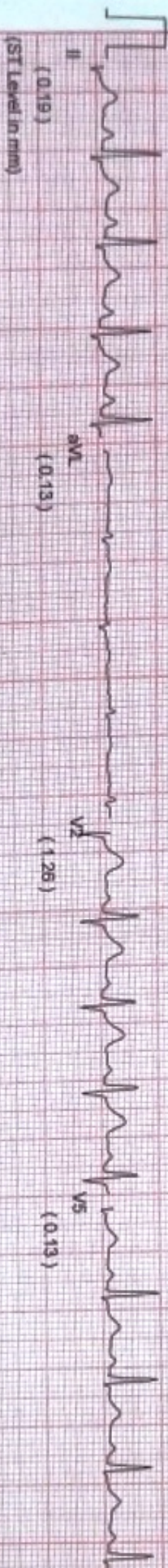
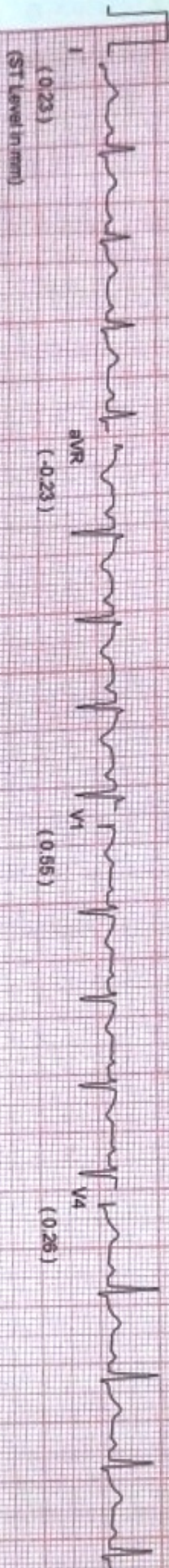
June 10, 2023
Time: 13:33:15

Unaveraged ECG Report

QT / QTc : 0.356 / 0.459 Sec
P-QRS-T Axis: (47)-(55)-(45) deg

PR Interval: 0.12 sec
QRS Duration: 0.072 Sec

HR : 95 bpm
BP : 0 / 0 mmHg



Comments : RSR 100 bpm : Axis - 60 :

WSNL
Dr. Prithvi Bajori
M.B.B.S (Gen)

Ex - D.S.P. Hospital

10.6.23

Regd. No.: 28693 (W.B.)

10am/11m/24am/10p

NASAN (C) Serial: G BL 3.3

Name of Patient	: Rupali Banerjee	ID No. :	004
Ref. By	: M. O. B. O. B	Date :	10.06.2023
Age	: 40Years	Sex :	Female

X-RAY OF CHEST PA VIEW

No active parenchymal lesion is seen in the lung fields.

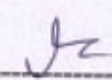
Hila appear normal.

Both domes of the diaphragms are regular in outline.

Costophrenic angles are clear.

Cardio thoracic ratio is normal.

IMPRESSION : No abnormality seen in skiagram.



Dr. Manish Madan
MD Radiodiagnosis
Consultant Radiologist

Name of Patient	: Rupali Banerjee	ID No. :	1006202316
Ref. By	:	Date :	10.06.2023
Age	: 40 Years	Sex :	Female

ULTRASONOGRAPHY OF WHOLE ABDOMEN

- LIVER** : Liver is mildly enlarged in size (154.7 mm) with increased in echogenecity. Margin is regular. No SOL seen with in liver. Intra hepatic biliary channels are not dilated. PV measures: 9.5 mm. in width.
- CBD** : It appears normal and 2.6 mm. in diameter. No calculus is seen in the lumen of CBD.
- GALL BLADDER** : Partially contracted.
- 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** : Enlarged in size and shows normal echotexture. Echopattern of spleen appears to be normal. Splenic hilum is normal. Measurement of spleen - 149.3 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 - 99.3 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 - 102.3 mm.

Contd...

Name of Patient : **Rupali Banerjee** ID No. : **1006202316**

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

UTERUS : Mildly bulky in size and heterogeneous echotexture with
partial loss of endomyometrial junction. Anteverted.
Uterine cavity is empty. No SOL is seen.
Endometrial thickness is 7.0 mm.
Measurement of the uterus 78.7 mm x 60.1 mm x 51.2 mm.

RIGHT OVARY : It is normal in shape, size and position.
No cystic or solid SOL is seen.
Rt. Ovary size - 37.1 mm x 28.9 mm.

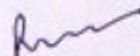
LEFT OVARY : It is normal in shape, size and position.
No cystic or solid SOL is seen.
Lt. Ovary size - 29.3mm x 21.9 mm.

P.O.D. : Clear.

PERITONEUM : No ascites seen.

IMPRESSION : 1. Mild hepatomegaly with fatty changes.
2. Splenomegaly.
3. Early features of Adenomyosis of uterus.

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



Dr. Rumpa Banerjee
MBBS, MD (Radiodiagnosis)

NAME : Rupali Banerjee	AGE : 40 Years	SL. NO : 1006202308
REF.BY :	SEX : Female	DATE : 10.06.2023

REPORT OF THE ECHOCARDIOGRAPHY / COLOUR DOPPLER
(The figure in brackets are normal adults values)

M. MODE DATA

AO	30	(20-37 mm)	DE	19	(15-20mm)
ACS	15	(15-26mm)	EF	153	(50-150mm / sec)
LA	31	(19-40mm)	EPSS	5.8	(0-8mm)
LVID(S)	33	(24-42mm)			
LVID(D)	50	(35-56mm)			
IVS(D)	10	(6-11 mm)	LVEF	60	% (Teich)
LVPW(D)	10	(6-11 mm)	FS	32	%

CONTD.....

NAME : Rupali Banerjee AGE : 40 Years SL. NO : 1006202308

OTHERS FINDINGS:

Transthoracic 2d Study done through parasternal, apical, subcostal & suorasternal windows in Long axis, short axis, 5 chamber & 2 chamber views

Cardiac chambers are normal in size.

L.V wall thickness & wall motion are within normal limits. Normal global L.V systolic function.

R.V shows normal wall motion & wall thickness. Normal R.V systolic function.

Trivial MR. Trivial TR. Other valves are normal in appearance & motion. PASP appears normal.

Intact I.V.S & intact I.A.S.

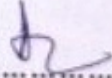
Normal great arteries.

Normal pericardium.

No clot or vegetation.

IMPRESSION : Trivial MR. Trivial TR. Normal PASP.
Good biventricular function.
No RWMA/ vegetation/ clot/ PE.

This report needs clinical co-relation. Interpretation should not be done in isolation.


.....
Dr. Ashish Hota
M.D (Med.), D.M (Cardio)