

DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Ms Sarika Kumari Vimal MRN : 17650000252700 Gender/Age : FEMALE , 34y (12/08/1989)

Collected On : 23/09/2023 09:33 AM Received On : 23/09/2023 09:34 AM Reported On : 23/09/2023 01:57 PM

Barcode : J32309230012 Specimen : Serum Consultant : Dr. Neha Karnani(GENERAL MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 7478145709

IMMONOLOGY

Test	Result	Unit	Biological Reference Interval
THYROID PROFILE (T3, T4, TSH)			
Tri Iodo Thyronine (T3) (Enhanced Chemiluminescence Immunoassay (CLIA))	1.45	ng/mL	0.97-1.69
Thyroxine (T4) (Enhanced Chemiluminescence Immunoassay (CLIA))	13.3 H	µg/dl	5.53-11.0
TSH (Thyroid Stimulating Hormone) (Enhanced Chemiluminescence Immunoassay (CLIA))	2.266	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
Registered office : Andul Road, Podrah, Howrah 711 109
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

DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Ms Sarika Kumari Vimal MRN : 17650000252700 Gender/Age : FEMALE , 34y (12/08/1989)

Collected On : 23/09/2023 02:25 PM Received On : 23/09/2023 02:25 PM Reported On : 23/09/2023 05:55 PM

Barcode : J12309230185 Specimen : Plasma Consultant : Dr. Neha Karnani(GENERAL MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 7478145709

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
Post Prandial Blood Sugar (PPBS) (Glucose Oxidase, Peroxidase)	79	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 : 23/09/2023 09:33 AM Received On : 23/09/2023 09:34 AM Reported On : 23/09/2023 10:52 AM

Barcode : J22309230104 Specimen : Whole Blood Consultant : Dr. Neha Karnani(GENERAL MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 7478145709

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)	4.66	millions/ µL	3.8-4.8
PCV (Packed Cell Volume) / Hematocrit (Calculated)	38.0	%	36.0-46.0
MCV (Mean Corpuscular Volume) (Derived)	81.5 L	fL	83.0-101.0
MCH (Mean Corpuscular Haemoglobin) (Calculated)	26.7 L	pg	27.0-32.0
MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	32.7	%	31.5-34.5
Red Cell Distribution Width (RDW)	14.0	%	11.6-14.0
Platelet Count (Electrical Impedance)	183	Thous/Cumm	150.0-400.0
Mean Platelet Volume (MPV)	11.2	fL	7.0-11.7
Total Leucocyte Count(WBC) (Electrical Impedance)	5.2	-	4.0-10.0
DIFFERENTIAL COUNT (DC)			
Neutrophils	50.8	%	40.0-75.0
Lymphocytes (Fluorescent Flow Cytometry)	33.5	%	20.0-40.0
Monocytes (Fluorescent Flow Cytometry)	6.9	%	2.0-10.0
Eosinophils (Fluorescent Flow Cytometry)	8.2 H	%	1.0-6.0

<p>Narayana Superspeciality Hospital</p>		<p>Appointments</p>
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<p>Hospital Address : 120/1, Andul Road, Howrah 711 103</p>	<p>83348 30003</p>	
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Patient Name : Ms Sarika Kumari Vimal MRN : 17650000252700 Gender/Age : FEMALE , 34y (12/08/1989)

Basophils (Fluorescent Flow Cytometry)	0.6	%	0.0-2.0
NRBC	0.1	-	-
Absolute Neutrophil Count	2.65	-	-
Absolute Lymphocyte Count	1.75	-	-
Absolute Monocyte Count	0.36	-	-
Absolute Eosinophil Count	0.43	-	-
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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Collected On : 23/09/2023 09:33 AM Received On : 23/09/2023 09:34 AM Reported On : 23/09/2023 11:16 AM

Barcode : J22309230103 Specimen : Whole Blood - ESR Consultant : Dr. Neha Karnani(GENERAL MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 7478145709

HAEMATOLOGY

Test	Result	Unit	Biological Reference Interval
Erythrocyte Sedimentation Rate (ESR) (Modified Westergren Method)	10	mm/1hr	0.0-12.0

--End of Report--



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Collected On : 23/09/2023 09:33 AM Received On : 23/09/2023 09:34 AM Reported On : 23/09/2023 12:20 PM

Barcode : J12309230112 Specimen : Plasma Consultant : Dr. Neha Karnani(GENERAL MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 7478145709

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
Fasting Blood Sugar (FBS) (Glucose Oxidase, Peroxidase)	87	mg/dL	Both: Normal: 70-99 Both: Pre-diabetes: 100-125 Both: Diabetes: => 126 ADA standards 2019

--End of Report--



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Consultant

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Collected On : 23/09/2023 09:33 AM Received On : 23/09/2023 09:34 AM Reported On : 23/09/2023 11:33 AM

Barcode : J12309230113 Specimen : Whole Blood Consultant : Dr. Neha Karnani(GENERAL MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 7478145709

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
HBA1C			
HbA1c (HPLC)	4.7	%	Both: Normal: 4.0-5.6 Both: Prediabetes: 5.7-6.4 Both: Diabetes: => 6.5 ADA standards 2019 (Carpenter/ Coustan)
Estimated Average Glucose	88.19	-	-

Interpretation:
1. 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.
2. 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.
3. Any sample with >15% should be suspected of having a haemoglobin variant.

--End of Report--



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Collected On : 23/09/2023 09:33 AM Received On : 23/09/2023 09:34 AM Reported On : 23/09/2023 12:20 PM

Barcode : J12309230111 Specimen : Serum Consultant : Dr. Neha Karnani(GENERAL MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 7478145709

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
SERUM CREATININE			
Serum Creatinine (Two Point Rate - Creatinine Aminohydrolase)	0.60	mg/dL	0.52-1.04
eGFR (Calculated By MDRD Formula)	114.4	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)	8.41	mg/dL	7.0-17.0
Serum Sodium (Direct ISE - Potentiometric)	141	mmol/L	137.0-145.0
Serum Potassium (Direct ISE - Potentiometric)	3.9	mmol/L	3.5-5.1
LIPID PROFILE (CHOL,TRIG,HDL,LDL,VLDL)			
Cholesterol Total (Colorimetric - Cholesterol Oxidase)	105	mg/dL	Both: Desirable: < 200 Both: Borderline High: 200-239 Both: High: > 240
Triglycerides	68	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)	40	mg/dL	40.0-60.0
Non-HDL Cholesterol	65	-	-
LDL Cholesterol (Colorimetric)	66.26	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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Patient Name : Ms Sarika Kumari Vimal MRN : 17650000252700 Gender/Age : FEMALE , 34y (12/08/1989)			
VLDL Cholesterol (Calculated)	13.6	mg/dL	0.0-40.0
Cholesterol /HDL Ratio	2.6	-	-
LIVER FUNCTION TEST(LFT)			
Bilirubin Total (Colorimetric -Diazo Method)	0.6	mg/dL	0.2-1.3
Conjugated Bilirubin (Direct) (Calculated)	0.1	mg/dL	0.0-0.4
Unconjugated Bilirubin (Indirect)	0.5	-	-
Total Protein (Colorimetric - Biuret Method)	7.0	g/dL	6.3-8.2
Serum Albumin (Colorimetric - Bromo-Cresol Green)	3.9	gm/dL	3.5-5.0
Serum Globulin (Calculated)	3.1	g/dL	2.0-3.5
Albumin To Globulin (A/G)Ratio (Calculated)	1.26	-	1.0-2.1
SGOT (AST) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	30	U/L	14.0-36.0
SGPT (ALT) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	36 H	U/L	<35.0
Alkaline Phosphatase (ALP) (Multipoint-Rate - P-nitro Phenyl Phosphate, AMP Buffer)	73	U/L	38.0-126.0
Gamma Glutamyl Transferase (GGT) (Multipoint Rate - L-glutamyl-p-nitroanilide (Szasz Method))	14	U/L	12.0-43.0

--End of Report--



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Consultant

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Emergencies
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Patient Name : Ms Sarika Kumari Vimal MRN : 17650000252700 Gender/Age : FEMALE , 34y (12/08/1989)

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Appointments
180-0309-0309 (Toll Free)

Emergencies
83348 30003

Patient Name	Sarika Kumari Vimal	Requested By	Dr. Neha Karnani
MRN	17650000252700	Procedure DateTime	2023-09-23 11:00:14
Age/Sex	34Y 1M / Female	Hospital	NH-NMH & NSH

USG OF WHOLE ABDOMEN (SCREENING)

USG OBSERVATIONS:

LIVER: Normal in size (11.5 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: Contracted. An echogenic line with posterior acoustic shadow likely noted within gall bladder lumen.

C.B.D: Not dilated. It measures 3.0 mm.

PORTAL VEIN: Portal vein is normal. It measures 8.4 mm.

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

SPLEEN: Normal in size (9.2 cm) and echotexture. No focal or diffuse lesion seen.

KIDNEYS:

Right kidney measures 10.5 cm.

Left kidney measures 9.9 cm.

Both kidneys are normal in size, shape and outline. Parenchymal echotexture normal. Corticomedullary differentiation is well made out and is normal. Sinus echoes are normal. No hydronephrosis seen in both kidneys.

URINARY BLADDER: Wall thickness normal. Luminal echoes normal. No calculi.

UTERUS: Measures: 7.7 x 2.7 x 4.1 cm. Anteverted, normal in shape & size. Endometrial & myometrial echoes are normal. Endometrium thickness measures 2.4 mm. **Cervix measures 2.3 cm. Cervical mucosa appears irregular.**

BOTH OVARIES:

Right ovary: 3.4 x 1.8 x 3.0 cm, Volume : 9.8 cc.

Left ovary: 2.3 x 1.1 x 2.3 cm, Volume : 3.1 cc.

Right ovary is borderline bulky in size. Left ovary is normal in size. Both ovaries are normal in shape and echo pattern and show normal follicular pattern.

POD is clear.

No Ascites/ pleural effusion is seen at present.

Page 1 of 2



PATIENT HELP
1800-309-0

Meridian Medical Research & Hospi
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(CIN NO: U85110W81995PLC
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(Junction of 2nd Hooghly Bridge & And
Tel: 033-7

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IMPRESSION:

Present study suggests:

- Contracted gall bladder with an echogenic line with posterior acoustic shadow likely noted within gall bladder lumen -- likely chronic calculus cholecystitis.
- Borderline bulky right ovary.
- Cervicitis.

--- Further evaluation and clinical correlation suggested.

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.

Maitri

Dr. MAITRI RANG
CONSULTANT SONOLOGIST
MBBS,CBET (IPGMER & SSKM HOSPITAL)
REGISTRATION NO - 89027 WBMC

This is a digitally signed valid document. Reported Date/Time: 2023-09-23 14:21:27

Page 2 of 2



PATIENT HELPLINE
1800-309-0303

Meridian Medical Research & Hospital
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Tel: 033-712

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info.nsrnowran@narayanahealthn.org, www.narayanahealthn.org

Patient details:
Name:MS.SARIKA KUMARI VIMAL
Age: 34 YEARS
Examination Date: 23.09.2023
Consultant Name:DR.N. KARNANI

MRN:17650000252700
Gender:FEMALE
Processed Date: 23.09.2023
Patient Location: OPD

ECHOCARDIOGRAPHY REPORT**MEASUREMENT:**

AO: 24 (20-40) mm	LVID(d): 40 (36-52) mm	IVS(d): 11 (6-11) mm
LA: 30 (19-40) mm	LVID(s) : 26 (23-39) mm	PWd: 10 (6-11) mm
RVOT: 25 mm	TAPSE: 22 mm	LVEF ~ 64 %

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

1800-309-0300

Meridian Medical Research & Hospital
Narayana Superspeciality Hos

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120/1, Andul Road, Howrah-711

(Junction of 2nd Hooghly Bridge & Andul R

Tel: 033-71203

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DOPPLER DATA:

	Velocity(in m/s)	Peak PG(mmHg)	Mean PG(mmHg)	Regurgitation
Mitral	E - 0.7 , A - 0.4			0/4
Aortic	1.1	5.2		0/4
Tricuspid	2.0	16		Trivial
Pulmonary	0.8	2.9		0/4

LVOT : No significant gradient noted.

Vegetation/Thrombus: Nil

Pericardium : Normal

Other Findings : E/E':08

Final Diagnosis:

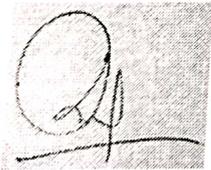
Normal sized cardiac chambers.
No significant regional wall motion abnormality of LV at rest.
Normal LV systolic function. LV EF~ 64%
Adequate LV diastolic compliance.

Clinical correlation please.

NOTE: Echo of Patient: MS.SARIKA KUMARI VIMAL

MRN: 17650000252700

has been done on 23.09.2023 and reported on 23.09.2023



DR. SHAMICK SAHA
Junior consultant

TECHNICIAN
ASIS

TB: K. DEB



PATIENT HELP
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Meridian Medical Research & Hospit
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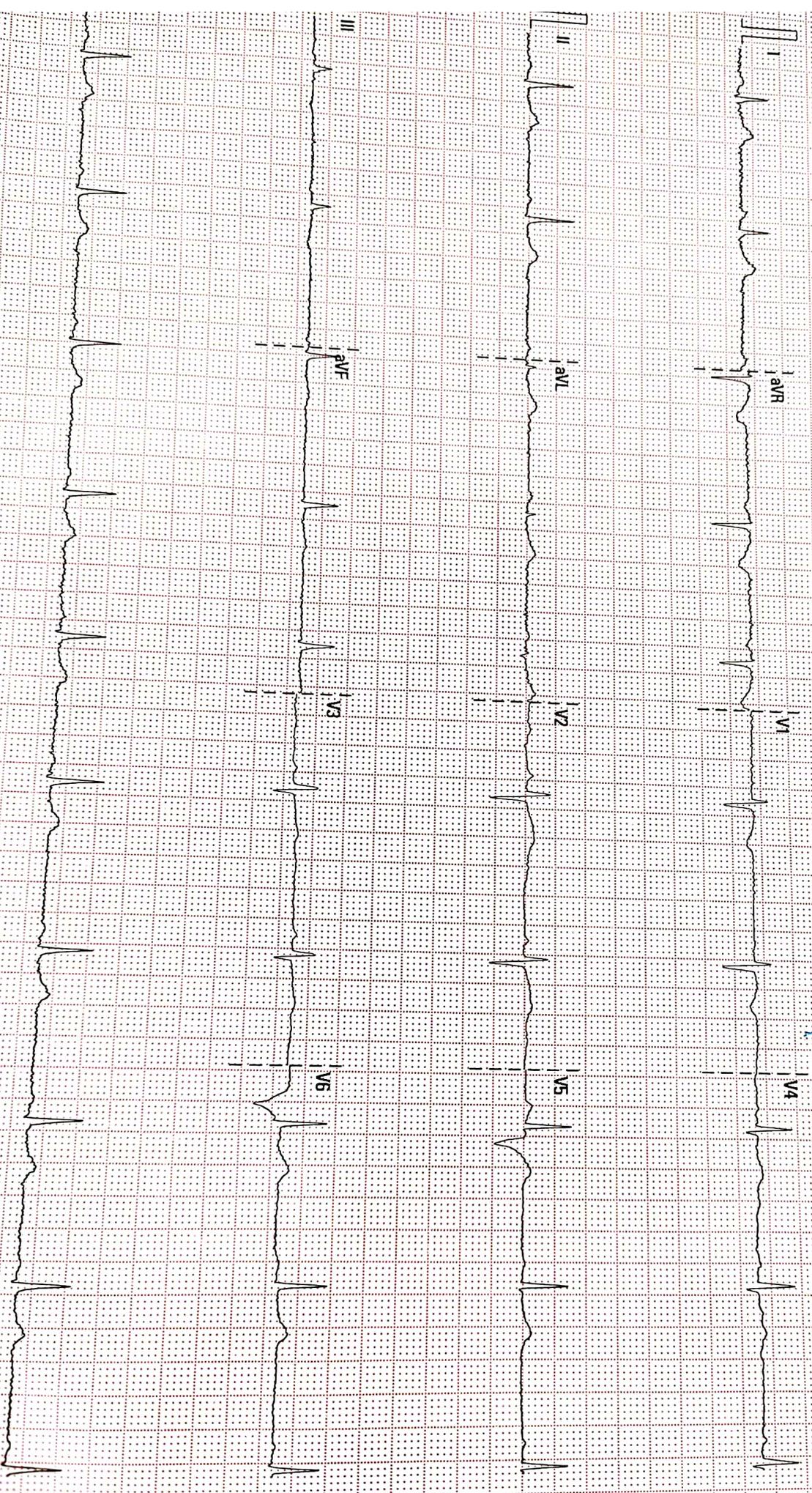
ID: 17650000252700
Name: Kumar Vimal, Sarika
Age: 34 Years
Gender: Female

2023-09-23 10:43:24

Vent. Rate	56 bpm
PR Interval	144 ms
QRS Duration	74 ms
QT/QTc Interval	424/417 ms
P/QRS/T Axes	-6/54/8 deg
QTc-Hodges	

Sinus rhythm
Inferior/lateral T wave abnormality is borderline for age and gender
Borderline ECG
Unconfirmed Diagnosis

PLEASE CORRELATE CLINICALLY



25 mm/s 10 mm/mV 50 Hz BDR 35 Hz

Naxxara Siemens AG

Please refer...