

**DEPARTMENT OF LABORATORY MEDICINE**

Final Report

Patient Name : Ms Sonali Maity MRN : 17510001194121 Gender/Age : FEMALE , 47y (20/09/1975)

Collected On : 23/06/2023 10:30 AM Received On : 23/06/2023 10:55 AM Reported On : 23/06/2023 12:34 PM

Barcode : 802306230455 Specimen : Serum Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9073544992

**CLINICAL CHEMISTRY**

Test	Result	Unit	Biological Reference Interval
<b>SERUM CREATININE</b>			
Serum Creatinine (Two Point Rate - Creatinine Aminohydrolase)	0.58	mg/dL	0.52-1.04
eGFR	111.5	mL/min/1.73m <sup>2</sup>	-
<b>Blood Urea Nitrogen (BUN)</b> (Endpoint /Colorimetric - Urease)	8.87	-	7.0-17.0
<b>Serum Sodium</b> (Direct ISE - Potentiometric)	141	mmol/L	137.0-145.0
<b>Serum Potassium</b> (Direct ISE - Potentiometric)	4.3	mmol/L	3.5-5.1
<b>LIVER FUNCTION TEST(LFT)</b>			
Bilirubin Total (Colorimetric -Diazo Method)	0.73	mg/dL	0.2-1.3
Conjugated Bilirubin (Direct) (Calculated)	0.27	mg/dL	0.0-0.4
Unconjugated Bilirubin (Indirect) (Colorimetric Endpoint)	0.46	-	-
Total Protein (Biuret Method)	7.50	g/dL	6.3-8.2
Serum Albumin (Colorimetric - Bromo-Cresol Green)	4.30	gm/dL	3.5-5.0
Serum Globulin (Calculated)	3.2	g/dL	2.0-3.5
Albumin To Globulin (A/G)Ratio (Calculated)	1.35	-	1.0-2.1
SGOT (AST) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	23	U/L	14.0-36.0
SGPT (ALT) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	26	U/L	<35.0

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Alkaline Phosphatase (ALP) (Multipoint-Rate - P-nitro Phenyl Phosphate, AMP Buffer) 95 IU/L 38.0-126.0

Gamma Glutamyl Transferase (GGT) (Multipoint Rate - L-glutamyl-p-nitroanilide ( Szasz Method)) 13 U/L 12.0-43.0



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



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

#### CLINICAL CHEMISTRY

Test	Result	Unit	Biological Reference Interval
<b>LIPID PROFILE (CHOL,TRIG,HDL,LDL,VLDL)</b>			
Cholesterol Total (Colorimetric - Cholesterol Oxidase)	<b>200 H</b>	mg/dL	Desirable: < 200 Borderline High: 200-239 High: > 240
Triglycerides (Enzymatic Endpoint Colorimetric )	75	mg/dL	Normal: < 150 Borderline: 150-199 High: 200-499 Very High: > 500
HDL Cholesterol (HDLC) (Colorimetric: Non HDL Precipitation Phosphotungstic Acid Method)	<b>38 L</b>	mg/dL	40.0-60.0
Non-HDL Cholesterol	162	-	-
LDL Cholesterol (Non LDL Selective Elimination, CHOD/POD)	<b>147.0 H</b>	mg/dL	Optimal: < 100 Near to above optimal: 100-129 Borderline High: 130-159 High: 160-189 Very High: > 190
VLDL Cholesterol (Calculated)	15	mg/dL	0.0-40.0
Cholesterol /HDL Ratio	5.3	-	-

--End of Report--

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

**Note**

- Abnormal results are highlighted.
- Results relate to the sample only.
- Kindly correlate clinically.  
(LFT, -> Auto Authorized)  
(Blood Urea Nitrogen (Bun), -> Auto Authorized)  
(Serum Sodium, -> Auto Authorized)  
(Serum Potassium, -> Auto Authorized)  
(CR -> Auto Authorized)



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Collected On : 23/06/2023 10:30 AM Received On : 23/06/2023 10:55 AM Reported On : 23/06/2023 12:17 PM

Barcode : 802306230455 Specimen : Serum Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9073544992

**CLINICAL CHEMISTRY**

Test	Result	Unit	Biological Reference Interval
<b>THYROID PROFILE (T3, T4, TSH)</b>			
Tri Iodo Thyronine (T3) (Enhanced Chemiluminescence Immunoassay (CLIA))	1.53	ng/mL	0.97-1.69
Thyroxine (T4) (Enhanced Chemiluminescence Immunoassay (CLIA))	9.33	µg/dl	5.53-11.0
TSH (Thyroid Stimulating Hormone) (Enhanced Chemiluminescence Immunoassay (CLIA))	3.080	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--**

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



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

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( -&gt; Auto Authorized)



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Patient Name : Ms Sonali Maity MRN : 17510001194121 Gender/Age : FEMALE , 47y (20/09/1975)

Collected On : 23/06/2023 10:30 AM Received On : 23/06/2023 10:54 AM Reported On : 23/06/2023 01:19 PM

Barcode : 812306230288 Specimen : Whole Blood - ESR Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9073544992

HAEMATOLOGY LAB

Test	Result	Unit	Biological Reference Interval
<b>Erythrocyte Sedimentation Rate (ESR)</b> (Modified Westergren Method)	<b>35 H</b>	mm/1hr	0.0-12.0

--End of Report--

Dr. Rakhi Mandal  
MD, Pathology  
Consultant Pathology MBBS, MD

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Collected On : 23/06/2023 10:30 AM Received On : 23/06/2023 10:55 AM Reported On : 23/06/2023 11:38 AM

Barcode : 802306230456 Specimen : Plasma Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9073544992

CLINICAL CHEMISTRY

Test	Result	Unit	Biological Reference Interval
<b>Fasting Blood Sugar (FBS)</b> (Glucose Oxidase, Peroxidase)	92	mg/dL	Normal: 70-99 Pre-diabetes: 100-125 Diabetes: => 126 ADA standards 2019

--End of Report--

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

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

Note

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



DEPARTMENT OF LABORATORY MEDICINE

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Patient Name : Ms Sonali Maity MRN : 17510001194121 Gender/Age : FEMALE , 47y (20/09/1975)

Collected On : 23/06/2023 03:07 PM Received On : 23/06/2023 03:14 PM Reported On : 23/06/2023 04:03 PM

Barcode : 802306230819 Specimen : Plasma Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9073544992

CLINICAL CHEMISTRY

Test	Result	Unit	Biological Reference Interval
Post Prandial Blood Sugar (PPBS) (Glucose Oxidase, Peroxidase)	100	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. Debasree Biswas  
MD, Biochemistry  
Clinical Biochemist MBBS, MD

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

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



**DEPARTMENT OF LABORATORY MEDICINE**

Final Report

Patient Name : Ms Sonali Maity MRN : 17510001194121 Gender/Age : FEMALE , 47y (20/09/1975)

Collected On : 23/06/2023 10:30 AM Received On : 23/06/2023 01:15 PM Reported On : 23/06/2023 06:44 PM

Barcode : 822306230048 Specimen : Urine Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9073544992

**CLINICAL PATHOLOGY**

Test	Result	Unit	Biological Reference Interval
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**URINE ROUTINE & MICROSCOPY****PHYSICAL EXAMINATION**

Volume	40	ml	-
Colour	Yellow	-	-
Appearance	Slightly-Cloudy	-	-

**CHEMICAL EXAMINATION**

pH(Reaction) (Mixed PH Indicator)	5.0	-	4.8-7.5
Sp. Gravity (Dual Wavelength Reflectance )	1.024	-	1.002-1.030
Protein (Protein Error Of PH Indicator)	<b>Trace</b>	-	Nil
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)	Negative	-	Negative



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Nitrite (Modified Griess Reaction) Negative - Negative

#### MICROSCOPIC EXAMINATION

Pus Cells	2-4	/hpf	1-2
RBC	NIL	/hpf	0 - 3
Epithelial Cells	4-8	/hpf	2-3
Crystals	Calcium Oxalate	- -	- -
Casts	NIL	-	-

--End of Report--

Dr. Rakhi Mandal  
MD, Pathology  
Consultant Pathology MBBS, MD

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## DEPARTMENT OF LABORATORY MEDICINE

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Collected On : 23/06/2023 10:30 AM Received On : 23/06/2023 10:54 AM Reported On : 23/06/2023 11:30 AM

Barcode : 812306230289 Specimen : Whole Blood Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9073544992

## HAEMATOLOGY LAB

Test	Result	Unit	Biological Reference Interval
<b>COMPLETE BLOOD COUNT (CBC)</b>			
Haemoglobin (Hb%) (Photometric Measurement)	12.7	g/dL	12.0-15.0
Red Blood Cell Count (Electrical Impedance)	<b>4.99 H</b>	millions/ $\mu$ L	3.8-4.8
PCV (Packed Cell Volume) / Hematocrit (Calculated)	38.0	%	36.0-46.0
MCV (Mean Corpuscular Volume) (Derived From RBC Histogram)	<b>76.2 L</b>	fL	83.0-101.0
MCH (Mean Corpuscular Haemoglobin) (Calculated)	<b>25.4 L</b>	pg	27.0-32.0
MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	33.4	%	31.5-34.5
Red Cell Distribution Width (RDW) (Calculated)	<b>15.7 H</b>	%	11.6-14.0
Platelet Count (Electrical Impedance)	261	$10^3/\mu$ L	150.0-400.0
Mean Platelet Volume (MPV) (Derived)	8.6	fL	7.0-11.7
Total Leucocyte Count(WBC) (Electrical Impedance)	7.1	$10^3/\mu$ L	4.0-10.0
<b>DIFFERENTIAL COUNT (DC)</b>			
Neutrophils (VCSn Technology)	59.6	%	40.0-75.0
Lymphocytes (VCSn Technology)	30.6	%	20.0-40.0
Monocytes (VCSn Technology)	6.3	%	2.0-10.0
Eosinophils (VCSn Technology)	3.2	%	1.0-6.0

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Basophils (VCSn Technology)	0.3	%	0.0-2.0
Absolute Neutrophil Count (Calculated)	4.24	$10^3/\mu\text{L}$	1.8-7.8
Absolute Lymphocyte Count (Calculated)	2.18	$10^3/\mu\text{L}$	1.0-4.8
Absolute Monocyte Count (Calculated)	0.45	$10^3/\mu\text{L}$	0.0-0.8
Absolute Eosinophil Count (Calculated)	0.23	$10^3/\mu\text{L}$	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--



Dr. Moumita Panja  
DNB, Pathology  
Consultant Pathologist

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Collected On : 23/06/2023 10:30 AM Received On : 23/06/2023 12:34 PM Reported On : 23/06/2023 02:18 PM

Barcode : BR2306230050 Specimen : Whole Blood Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9073544992

IMMUNOHAEMATOLOGY

Test	Result	Unit
<b>BLOOD GROUP &amp; RH TYPING</b>		
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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Collected On : 23/06/2023 10:30 AM Received On : 23/06/2023 10:54 AM Reported On : 23/06/2023 12:04 PM

Barcode : 802306230457 Specimen : Whole Blood Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9073544992

CLINICAL CHEMISTRY

Test	Result	Unit	Biological Reference Interval
<b>HBA1C</b>			
HbA1c (HPLC)	5.5	%	Normal: 4.0-5.6 Prediabetes: 5.7-6.4 Diabetes: => 6.5 ADA standards 2019 (Carpenter/ Coustan)
Estimated Average Glucose	111.15	-	-

**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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# ADULT TRANS-THORACIC ECHO REPORT

**PATIENT NAME** : Ms Sonali Maity  
**GENDER/AGE** : Female, 47 Years  
**LOCATION** : -

**PATIENT MRN** : 17510001194121  
**PROCEDURE DATE** : 23/06/2023 03:00 PM  
**REQUESTED BY** : EXTERNAL



## IMPRESSION

- GOOD LV SYSTOLIC FUNCTION WITH GRADE I DIASTOLIC DYSFUNCTION.

## 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: 63%. GRADE I DIASTOLIC DYSFUNCTION.  
RIGHT VENTRICLE : NORMAL.

### 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.

*Sangita Das*

MS SONALI MAITY (17510001194121)

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DR. SANGEETA DAS  
CONSULTANT GENERAL MEDICINE MBBS

SHRABONI MONDAL  
TECHNICIAN

23/06/2023 03:00 PM

**PREPARED BY** : SHAWLI MITRA(307739)  
**GENERATED BY** : BIPASHA BANERJEE(302664)

**PREPARED ON** : 23/06/2023 03:35 PM  
**GENERATED ON** : 27/06/2023 12:47 PM

<b>Patient Name</b>	Sonali Maity	<b>Requested By</b>	EXTERNAL
<b>MRN</b>	17510001194121	<b>Procedure DateTime</b>	2023-06-23 14:55:42
<b>Age/Sex</b>	47Y 9M/Female	<b>Hospital</b>	NH-RTIICS

### **ULTRASONOGRAPHY OF BOTH BREASTS (SCREENING)**

All four quadrants of each breast were scanned, followed by evaluation of the subareolar region and axillary tails.

Both breasts parenchyma display a uniform echogenicity and echotexture of the fibrofatty and glandular components, which are in normal proportion for this age and parity.

There is no evidence of any mass lesion, cysts, calcification or ductal dilatation .

Subcutaneous, subareolar and retro mammary soft tissue planes are normal.

Both axillary tails are also normal.

There is no evidence of axillary lymphadenopathy.

#### **IMPRESSION:**

- No significant abnormality detected.

**NB :** Negative sonomammogram does not exclude breast cancer. All imaging results must be considered in the context of the clinical findings. In bulky breasts, an underlying lesion may be obscured.



**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.

A handwritten signature in black ink, appearing to be 'SB', with a horizontal line underneath and three dots to the right.

Dr. Suranjana Bhattacharjee

Consultant Sonologist

\* ***This is a digitally signed valid document.*** Reported Date/Time: 2023-06-23 15:03:19

<b>Patient Name</b>	Sonali Maity	<b>Requested By</b>	EXTERNAL
<b>MRN</b>	17510001194121	<b>Procedure DateTime</b>	2023-06-23 11:06:20
<b>Age/Sex</b>	47Y 9M/Female	<b>Hospital</b>	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.
- The visualized bones and soft tissue structures appear normal.
- Both the diaphragmatic domes appear normal.

#### **IMPRESSION:**

- **No significant radiological abnormality detected.**

### **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 handwritten signature in purple ink, appearing to be 'Sc', located in the upper left quadrant of the page.

Dr. Sarbari Chatterjee  
Consultant Radiologist