

DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Ms Suprita Mitra MRN : 17600000235077 Gender/Age : FEMALE , 36y (10/12/1986)

Collected On : 11/03/2023 10:04 AM Received On : 11/03/2023 10:08 AM Reported On : 11/03/2023 11:57 AM

Barcode : F12303110079 Specimen : Serum Consultant : Dr. Swarup Paul(CRITICAL CARE MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8240059399

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
SERUM CREATININE			
Serum Creatinine (Enzymatic Method)	0.5 L	mg/dL	0.52-1.04
eGFR	139.7	mL/min/1.73m ²	-
Serum Sodium (ISE Direct)	141	mmol/L	137.0-145.0
Serum Potassium (ISE Direct)	4.1	mmol/L	3.5-5.1
LIPID PROFILE (CHOL,TRIG,HDL,LDL,VLDL)			
Cholesterol Total (Cholesterol Oxidase Esterase Peroxidase)	176	mg/dL	Desirable: < 200 Borderline High: 200-239 High: > 240
Triglycerides (Enzymatic End Point)	179	mg/dL	Normal: < 150 Borderline: 150-199 High: 200-499 Very High: > 500
HDL Cholesterol (HDLC) (Direct Measure, PTA /MgCl ₂)	52	mg/dL	Low: <40.0 mg/dL High: >60.0 mg/dL
Non-HDL Cholesterol	124.0	-	-
LDL Cholesterol (End Point)	97.95	mg/dL	Optimal: < 100 Near to above optimal: 100-129 Borderline High: 130-159 High: 160-189 Very High: > 190
VLDL Cholesterol (Calculated)	36	mg/dL	0.0-40.0
Cholesterol /HDL Ratio (Calculated)	3.4	-	-
LIVER FUNCTION TEST(LFT)			
Bilirubin Total (Dyphylline, Diazonium Salt)	0.5	mg/dL	0.2-1.3
Conjugated Bilirubin (Direct) (Direct Measure)	0.2	mg/dL	0.0-0.3

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Emergencies

9836-75-0808

Patient Name : Ms Suprita Mitra MRN : 17600000235077 Gender/Age : FEMALE , 36y (10/12/1986)			
Unconjugated Bilirubin (Indirect) (Direct Measure)	0.3	mg/dL	0.3-1.3
Total Protein (Biuret, No Serum Blank, End Point)	7.9	g/dL	6.3-8.2
Serum Albumin (Bromcresol Green (BCG))	4.4	gm/dL	3.5-5.0
Serum Globulin (Calculated)	3.5	g/dL	2.0-3.5
Albumin To Globulin (A/G)Ratio (Calculated)	1.26	-	1.0-2.1
SGOT (AST) (Multiple-point Rate)	24	U/L	14.0-36.0
SGPT (ALT) (Uv With P5p)	26	U/L	<35.0
Alkaline Phosphatase (ALP) (PMPP, AMP Buffer)	122	IU/L	38.0-126.0
Gamma Glutamyl Transferase (GGT) (G-glutamyl-p-nitroanilide)	31	U/L	12.0-43.0
THYROID PROFILE (T3, T4, TSH)			
Tri Iodo Thyronine (T3) (CLIA)	1.44	ng/mL	0.97-1.69
Thyroxine (T4) (CLIA)	9.28	µg/dl	5.53-11.0
TSH (Thyroid Stimulating Hormone) (CLIA)	2.040	µIU/mL	0.4-4.049

--End of Report--



Dr. Samarпита Mukherjee
MBBS, MD Biochemistry
CONSULTANT

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- Kindly correlate clinically.



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Barcode : F12303110079 Specimen : Serum Consultant : Dr. Swarup Paul(CRITICAL CARE MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8240059399

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
Blood Urea Nitrogen (BUN) (Urease, UV)	7.0	mg/dL	7.0-17.0

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MBBS, MD Biochemistry
CONSULTANT

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ADULT TRANS-THORACIC ECHO REPORT

PATIENT NAME : Ms Suprita Mitra
GENDER/AGE : Female, 36 Years
LOCATION : -

PATIENT MRN : 17600000235077
PROCEDURE DATE : 11/03/2023 12:24 PM
REQUESTED BY : Dr. Swarup Paul



IMPRESSION

- NORMAL SIZED LEFT VENTRICULAR CAVITY
- NO RWMA
- GOOD LEFT VENTRICULAR SYSTOLIC FUNCTION WITH LVEF 67 %
- NORMAL DIASTOLIC INFLOW PATTERN
- GOOD RIGHT VENTRICULAR SYSTOLIC FUNCTION
- NO PULMONARY HYPERTENSION

FINDINGS

CHAMBERS

LEFT ATRIUM : NORMAL
RIGHT ATRIUM : NORMAL
LEFT VENTRICLE : NORMAL SIZED LEFT VENTRICULAR CAVITY. NO RWMA. GOOD LEFT VENTRICULAR SYSTOLIC FUNCTION WITH LVEF 67 %. NORMAL DIASTOLIC INFLOW PATTERN.
RIGHT VENTRICLE : NORMAL IN SIZE. GOOD RV SYSTOLIC FUNCTION, TAPSE 26 MM, TASV 16 CM/SEC

VALVES

MITRAL : MORPHOLOGICALLY NORMAL
AORTIC : MORPHOLOGICALLY NORMAL
TRICUSPID : MORPHOLOGICALLY NORMAL, TRIVIAL TR, TRPG 14 MMHG
PULMONARY : MORPHOLOGICALLY NORMAL

SEPTAE

IAS : INTACT
IVS : INTACT

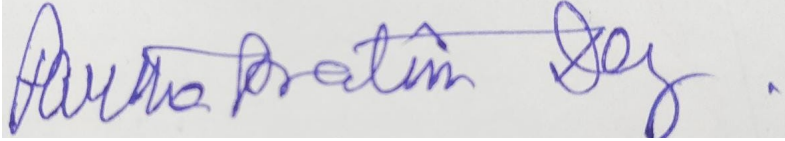
ARTERIES AND VEINS

AORTA : NORMAL
PA : NORMAL , NO PULMONARY HYPERTENSION
IVC : COLLAPSED

PERICARDIUM : NORMAL

INTRACARDIAC MASS : NO INTRACARDIAC MASS OR THROMBUS SEEN IN TTE.

MS SUPRITA MITRA (17600000235077)



DR. PARTHA PRATIM DEY
ASSOCIATE CONSULTANT

11/03/2023 12:24 PM

PREPARED BY : SURAJIT BISWAS(353011)
GENERATED BY : ANKANA GHOSH(357843)

PREPARED ON : 11/03/2023 12:26 PM
GENERATED ON : 13/03/2023 01:43 PM

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Collected On : 11/03/2023 10:04 AM Received On : 11/03/2023 10:08 AM Reported On : 11/03/2023 11:55 AM

Barcode : F12303110080 Specimen : Plasma Consultant : Dr. Swarup Paul(CRITICAL CARE MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8240059399

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
Fasting Blood Sugar (FBS) (Glucose Oxidase, Hydrogen Peroxidase)	95	mg/dL	Normal: 70-109 Pre-diabetes: 110-125 Diabetes: => 126

--End of Report--

Dr. Samarpita Mukherjee
MBBS, MD Biochemistry
CONSULTANT

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Final Report

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Collected On : 11/03/2023 10:04 AM Received On : 11/03/2023 10:08 AM Reported On : 11/03/2023 07:52 PM

Barcode : F12303110081 Specimen : Whole Blood Consultant : Dr. Swarup Paul(CRITICAL CARE MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8240059399

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
HBA1C			
HbA1c (HPLC)	5.5	%	Both: Normal: 4.0-5.6 Both: Prediabetes: 5.7-6.4 Both: 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--

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Collected On : 11/03/2023 10:04 AM Received On : 11/03/2023 10:08 AM Reported On : 11/03/2023 12:31 PM
Barcode : F22303110064 Specimen : Whole Blood Consultant : Dr. Swarup Paul(CRITICAL CARE MEDICINE)
Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8240059399

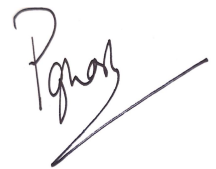
HAEMATOLOGY LAB

Test	Result	Unit	Biological Reference Interval
BLOOD GROUP & RH TYPING			
Blood Group (Slide Technique And Tube Technique)	"O"	-	-
RH Typing (Slide Technique And Tube Technique)	Positive	-	-
COMPLETE BLOOD COUNT (CBC)			
Haemoglobin (Hb%) (Cyanide-free Hemoglobin Method)	12.0	g/dL	12.0-15.0
Red Blood Cell Count (Impedance Variation)	4.69	millions/ μ L	3.8-4.8
PCV (Packed Cell Volume) / Hematocrit (Impedance)	38.1	%	36.0-46.0
MCV (Mean Corpuscular Volume) (Calculated)	81 L	fL	83.0-101.0
MCH (Mean Corpuscular Haemoglobin) (Calculated)	25.6 L	pg	27.0-32.0
MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	31.5	g/dL	31.5-34.5
Red Cell Distribution Width (RDW) (Impedance)	18.3 H	%	11.6-14.0
Platelet Count (Impedance Variation/Microscopy)	169	Thousand / μ L	150.0-410.0
Total Leucocyte Count(WBC) (Impedance Variation)	7.1	$\times 10^3$ cells/ μ l	4.0-10.0
DIFFERENTIAL COUNT (DC)			
Neutrophils (Impedance Variation And Absorbency /Microscopy)	59.5	%	40.0-80.0
Lymphocytes (Impedance Variation And Absorbency /Microscopy)	34.3	%	20.0-40.0

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Monocytes (Impedance Variation And Absorbency /Microscopy)	4.2	%	2.0-10.0
Eosinophils (Impedance Variation And Absorbency /Microscopy)	1.9	%	1.0-6.0
Basophils (Impedance Variation And Absorbency /Microscopy)	0.1 L	%	1.0-2.0
Absolute Neutrophil Count	4.23	-	-
Absolute Lymphocyte Count	2.44	-	-
Absolute Monocyte Count	0.3	-	-
Absolute Eosinophil Count	0.14	-	-
Absolute Basophil Count	0.01	-	-

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. Prithwijiit Ghosh
 MBBS, MD, Pathology
 Consultant Pathologist

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Patient Name	Suprita Mitra	Requested By	Dr. Swarup Paul
MRN	17600000235077	Procedure DateTime	2023-03-11 11:24:02
Age/Sex	36Y 3M/Female	Hospital	NH-BARASAT

X-RAY - CHEST (PA)

Accentuated lung markings seen at both parahilar & paracardiac regions.

Trachea is in situ

CP angles are clear.

Cardiac shadow is normal.

Suggested clinical correlation and further investigations



Dr. Subrata Sanyal
(Department of Radiology)

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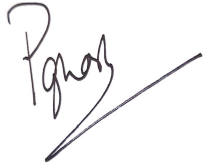
Barcode : F22303110065 Specimen : Whole Blood - ESR Consultant : Dr. Swarup Paul(CRITICAL CARE MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8240059399

HAEMATOLOGY LAB

Test	Result	Unit	Biological Reference Interval
Erythrocyte Sedimentation Rate (ESR) (Westergren Method)	14	mm/1hr	0.0-20.0

--End of Report--



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MC-5371



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9836-75-0808

DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Ms Suprita Mitra MRN : 17600000235077 Gender/Age : FEMALE , 36y (10/12/1986)

Collected On : 11/03/2023 10:04 AM Received On : 11/03/2023 12:28 PM Reported On : 11/03/2023 01:11 PM

Barcode : F32303110010 Specimen : Urine Consultant : Dr. Swarup Paul(CRITICAL CARE MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8240059399

CLINICAL PATHOLOGY

Test	Result	Unit	Biological Reference Interval
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URINE ROUTINE & MICROSCOPY

PHYSICAL EXAMINATION

Volume (Visible)	30	ml	-
Colour (Visible)	Pale Yellow	-	-
Appearance (Visible)	Clear	-	-

CHEMICAL EXAMINATION

pH(Reaction) (Dual Wavelength Reflectance)	6.0	-	5.0-8.0
Sp. Gravity (Dual Wavelength Reflectance)	1.010	-	1.002-1.030
Protein (Dual Wavelength Reflectance/Acetic Acid Tes (Heat Test))	Absent	-	-
Urine Glucose (Dual Wavelength Reflectance /Benedict's Test)	Absent	-	-
Ketone Bodies (Dual Wavelength Reflectance /Manual)	Absent	-	Negative
Bile Salts (Dual Wavelength Reflectance/Hay's Test)	Absent	-	Negative
Bile Pigment (Bilirubin) (Dual Wavelength Reflectance/Fouchet's Test)	Absent	-	Negative
Urobilinogen (Dual Wavelength Reflectance /Ehrlich's Method)	Normal	-	-
Urine Leucocyte Esterase (Dual Wavelength Reflectance)	Absent	-	Negative
Blood Urine (Dual Wavelength Reflectance)	Absent	-	-

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Nitrite (Dual Wavelength Reflectance) Absent - -

MICROSCOPIC EXAMINATION

Pus Cells (Microscopy) 2-3/hpf - 1 - 2

RBC (Microscopy) Not Seen - 1-2/hpf

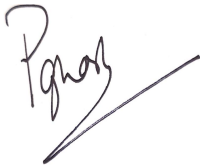
Epithelial Cells (Microscopy) 1-2/hpf - 2-3

Crystals (Microscopy) Not Seen - -

Casts (Microscopy) Not Seen - -

Others (Microscopy) Nil - -

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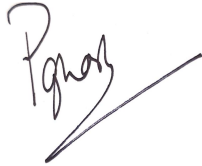
Barcode : F32303110010 Specimen : Urine Consultant : Dr. Swarup Paul(CRITICAL CARE MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8240059399

CLINICAL PATHOLOGY

Test	Result	Unit
Urine For Sugar	Absent	-

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Patient Name	Suprita Mitra	Requested By	Dr. Swarup Paul
MRN	17600000235077	Procedure DateTime	2023-03-11 11:05:43
Age/Sex	36Y 3M/Female	Hospital	NH-BARASAT

ULTRASONOGRAPHY OF WHOLE ABDOMEN

LIVER : Liver is moderately enlarged in size (18.0 cm) but has normal shape and outline. There is moderate diffuse homogeneous increase of hepatic parenchymal echogenicity with slightly impaired visualization of intrahepatic vessels and diaphragm. No focal SOL seen. IHBRs are not dilated.

CBD : It is not dilated, measuring – 3.7 mm at porta, visualized proximal lumen is clear. Distal CBD is obscured by bowel gas shadow.

PV : It appears normal, measuring – 8.7 mm at porta.

GALL BLADDER : It is not visualized (H/o operation). No collection or mass lesion is seen in the GB fossa.

SPLEEN : It is normal in size (10.1 cm), shape, outline & echotexture. No focal lesion seen.

PANCREAS : It is normal in size and echotexture . No focal lesion is seen. No calcification is seen. Main pancreatic duct is not dilated.

ADRENAL GLANDS : They are not enlarged.

KIDNEYS : Both kidneys are normal in size, shape, position and axis. Cortical echo is normal. Cortico-medullary differentiation is maintained. No calculus or hydronephrosis is seen. Perirenal fascial planes are intact. Measures : Right kidney – 11.7 cm. Left kidney – 10.7 cm.

URETERS : They are not visualized as they are not dilated.

Aorta – Normal.

IVC – Normal

URINARY BLADDER : It is well distended. Wall is normal. No intraluminal pathology seen.

UTERUS : It is normal in size (9.5 x 3.4 x 5.0 cm, volume = 83.9 cc), anteverted. Myometrial echopattern is within normal limits. No focal SOL is seen. Endometrial echoes are central (5.2 mm) and shows normal echogenecity. Endomyometrial junction appears normal.

The cervix appears normal. Internal os is closed at present.

OVARIES : Right ovary is bulky in size. Left ovary is normal in size. Both ovaries are normal in shape & outline. Multiple peripherally arranged follicles are seen in both ovaries, no dominant follicle seen.

Right ovary shows a 3.2 cm x 2.3 cm thin walled cystic lesion with couple of tiny follicle like structures inside.

Right ovary measures 4.4 cm x 2.7 cm.

Left ovary measures 3.8 cm x 1.7 cm.

No adnexal lesion is seen.

RIF/ LIF: Appendix is not visualized. No mass lesion or lymphadenopathy seen at RIF/ LIF.

No ascites seen.

No pleural effusion seen.

IMPRESSION :

- **Moderate hepatomegaly with moderate fatty liver.**
- **Bulky right ovary with a cystic lesion as described - likely follicular cyst.**
- **Polycystic follicular morphology of both ovaries.**

Advise : Clinical correlation & further relevant investigation suggested.

Goutam Das

Dr. Goutam Das

MD (Radiodiagnosis)