

Final Report

Patient Name: Ms Piyali Ghosh MRN: 17600000241325 Gender/Age: FEMALE, 34y (07/02/1989)

Collected On: 24/06/2023 09:50 AM Received On: 24/06/2023 11:04 AM Reported On: 24/06/2023 11:35 AM

Barcode: F12306240074 Specimen: Plasma Consultant: Dr. Swarup Paul(CRITICAL CARE MEDICINE)

Sample adequacy: Satisfactory Visit No: OP-001 Patient Mobile No: 9051303476

BIOCHEMISTRY

TestResultUnitBiological Reference IntervalFasting Blood Sugar (FBS) (Glucose Oxidase,
Hydrogen Peroxidase)108mg/dLNormal: 70-109
Pre-diabetes: 110-125
Diabetes: => 126

-- End of Report-

Dr. Prithwijit Ghosh MBBS, MD, Pathology Consultant Pathologist

Note

- Abnormal results are highlighted.
- Results relate to the sample only.
- Kindly correlate clinically.







Diabetes: => 200

DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name: Ms Piyali Ghosh MRN: 17600000241325 Gender/Age: FEMALE, 34y (07/02/1989)

Collected On: 24/06/2023 02:42 PM Received On: 24/06/2023 03:42 PM Reported On: 24/06/2023 05:29 PM

Barcode: F12306240138 Specimen: Plasma Consultant: Dr. Swarup Paul (CRITICAL CARE MEDICINE)

Sample adequacy: Satisfactory Visit No: OP-001 Patient Mobile No: 9051303476

BIOCHEMISTRY

Test Result Unit **Biological Reference Interval**

mg/dL Normal: ≤140 Post Prandial Blood Sugar (PPBS) (Glucose 154 H Pre-diabetes: 141-199

Oxidase, Hydrogen Peroxidase)

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. Samarpita Mukherjee MBBS, MD Biochemistry

CONSULTANT

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Collected On: 24/06/2023 09:50 AM Received On: 24/06/2023 10:51 AM Reported On: 24/06/2023 11:48 AM

Barcode: F22306240053 Specimen: Whole Blood - ESR Consultant: Dr. Swarup Paul(CRITICAL CARE MEDICINE)

Sample adequacy: Satisfactory Visit No: OP-001 Patient Mobile No: 9051303476

HAEMATOLOGY LAB

Test Result Unit Biological Reference Interval

Erythrocyte Sedimentation Rate (ESR) 15 mm/1hr 0.0-20.0

(Westergren Method)

-- End of Report-

Dr. Prithwijit Ghosh MBBS, MD, Pathology Consultant Pathologist

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ADULT TRANS-THORACIC ECHO REPORT



PATIENT NAME : Ms Piyali Ghosh PATIENT MRN : 17600000241325

GENDER/AGE : Female, 34 Years PROCEDURE DATE : 24/06/2023 01:01 PM

LOCATION :- REQUESTED BY : Dr. Swarup Paul

IMPRESSION
 NORMAL SIZED LEFT VENTRICULAR CAVITY

NO RWMA

GOOD LEFT VENTRICULAR SYSTOLIC FUNCTION WITH LVEF 68 %

NORMAL DIASTOLIC INFLOW PATTERN

GOOD RIGHT VENTRICULAR SYSTOLIC FUNCTION

NO PULMONARY HYPERTENSION

FINDINGS

CHAMBERS

LEFT ATRIUM : NORMAL

AP DIAMETER(MM): 32

RIGHT ATRIUM : NORMAL

LEFT VENTRICLE : NORMAL SIZED LEFT VENTRICULAR CAVITY. NO RWMA. GOOD LEFT VENTRICULAR

SYSTOLIC FUNCTION WITH LVEF 68 %. NORMAL DIASTOLIC INFLOW PATTERN.

RIGHT VENTRICLE : NORMAL IN SIZE (18 MM). GOOD RV SYSTOLIC FUNCTION, TAPSE 24 MM

VALVES

MITRAL : MORPHOLOGICALLY NORMAL
AORTIC : MORPHOLOGICALLY NORMAL
TRICUSPID : MORPHOLOGICALLY NORMAL
PULMONARY : MORPHOLOGICALLY NORMAL

SEPTAE

IAS : INTACT IVS : INTACT

ARTERIES AND VEINS

AORTA : NORMAL

SINUS(MM): 26

PA : NORMAL, NO PULMONARY HYPERTENSION. MPA - 26 MM, RPA - 17 MM, LPA 16 MM

IVC : IVC 11 MM WITH NORMAL RESPIRATORY VARIATION

PERICARDIUM : NORMAL

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

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Narayana Multispeciality Hospital

(A unit of Narayana Hrudayalaya Limited) CIN: L85110KA2000PLC027497

Registered Office: 258/A, Bommasandra Industrial Area, Anekal Taluk, Bangalore 560099

Hospital Address: 78, Jessore Road (South), Kolkata 700127, West Bengal Email: info.brs.kolkata@narayanahealth.org | www.narayanahealth.org

Appointments

1800-309-0309 (Toll Free)

Emergencies



OTHERS : DOPPLER DATA MITRAL : E: VELOCITY: 97 CM/SEC, A : VELOCITY : 73 CM/SEC AORTIC :

VMAX: 128 CM/SEC, PEAK PG: 6.5 MMHG TRICUSPID: VMAX: 78 CM/SEC, PEAK PG: 2.4

MMHG PULMONARY: VMAX: 82 CM/SEC, PEAK PG: 2.7 MMHG

DR. SANYAL SOUGATA ASSOCIATE CONSULTANT

24/06/2023 01:01 PM

 PREPARED BY
 : SURAJIT BISWAS(353011)
 PREPARED ON
 : 24/06/2023 01:07 PM

 GENERATED BY
 : ANKANA GHOSH(357843)
 GENERATED ON
 : 01/07/2023 12:34 PM



Final Report

Patient Name: Ms Piyali Ghosh MRN: 17600000241325 Gender/Age: FEMALE, 34y (07/02/1989)

Collected On: 24/06/2023 03:59 PM Received On: 24/06/2023 04:00 PM Reported On: 26/06/2023 05:49 PM

Barcode: F82306240002 Specimen: Fluid & Swab Consultant: Dr. Swarup Paul (CRITICAL CARE MEDICINE)

Sample adequacy: Satisfactory Visit No: OP-001 Patient Mobile No: 9051303476

CYTOLOGY

CERVICAL SMEAR FOR CYTOLOGY

LAB No.	C/29/23
SPECIMEN DETAILS	Conventional PAP smear. Satisfactory for evaluation.
MICROSCOPIC EXAMINATION	Few endocervical cells along with mature squamous epithelial cells noted.
IMPRESSION	Negative for Intraepithelial lesion or Malignancy (NILM).
NOTE	Clinical correlation with close follow up suggested.

-- End of Report-

Dr. Ruby Sarkar

MBBS, MD Pathology Consultant

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Collected On: 24/06/2023 09:50 AM Received On: 24/06/2023 02:06 PM Reported On: 24/06/2023 02:41 PM

Barcode: F32306240007 Specimen: Urine Consultant: Dr. Swarup Paul(CRITICAL CARE MEDICINE)

Sample adequacy: Satisfactory Visit No: OP-001 Patient Mobile No: 9051303476

CLINICAL PATHOLOGY

Test	Result	Unit	Biological Reference Interval
URINE ROUTINE & MICROSCOPY			
PHYSICAL EXAMINATION			
Volume (Visible)	40	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)	4-6/hpf	-	2-3
Crystals (Microscopy)	Not Seen	-	-
Casts (Microscopy)	Absent	-	-
Others (Microscopy)	Nil	-	-

-- End of Report-

Dr. Prithwijit Ghosh MBBS, MD, Pathology Consultant Pathologist

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Barcode: F32306240007 Specimen: Urine Consultant: Dr. Swarup Paul (CRITICAL CARE MEDICINE)

Sample adequacy: Satisfactory Visit No: OP-001 Patient Mobile No: 9051303476

CLINICAL PATHOLOGY

Test Result Unit

Urine For Sugar Negative

-- End of Report-

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Collected On: 24/06/2023 09:50 AM Received On: 24/06/2023 10:51 AM Reported On: 24/06/2023 11:25 AM

Barcode: F22306240052 Specimen: Whole Blood Consultant: Dr. Swarup Paul(CRITICAL CARE MEDICINE)

Sample adequacy: Satisfactory Visit No: OP-001 Patient Mobile No: 9051303476

HAEMATOLOGY LAB

Test	Result	Unit	Biological Reference Interval
BLOOD GROUP & RH TYPING			
Blood Group (Slide Technique And Tube Technique)	"B"	-	-
RH Typing (Slide Technique And Tube Technique)	Positive	-	-
COMPLETE BLOOD COUNT (CBC)			
Haemoglobin (Hb%) (Cyanide-free Hemoglobin Method)	12.3	g/dL	12.0-15.0
Red Blood Cell Count (Impedance Variation)	4.13	millions/ μL	3.8-4.8
PCV (Packed Cell Volume) / Hematocrit (Impedance)	37.4	%	36.0-46.0
MCV (Mean Corpuscular Volume) (Calculated)	91	fL	83.0-101.0
MCH (Mean Corpuscular Haemoglobin) (Calculated)	29.8	pg	27.0-32.0
MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	32.9	g/dL	31.5-34.5
Red Cell Distribution Width (RDW) (Impedance)	14.0	%	11.6-14.0
Platelet Count (Impedence Variation/Microscopy)	221	Thousand / μ L	150.0-410.0
Total Leucocyte Count(WBC) (Impedance Variation)	7.4	x10 ³ cells/μl	4.0-10.0
DIFFERENTIAL COUNT (DC)			
Neutrophils (Impedance Variation And Absorbency /Microscopy)	61.9	%	40.0-80.0
Lymphocytes (Impedance Variation And Absorbency /Microscopy)	32.6	%	20.0-40.0

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Narayana Multispeciality Hospit	2

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Patient Name: Ms Piyali Ghosh MRN: 1760000024	11325 Gender/A	ge · FFMALE 34v (07/02	/1989)
Monocytes (Impedance Variation And Absorbency	3.7	%	2.0-10.0
/Microscopy)			
Eosinophils (Impedance Variation And Absorbency /Microscopy)	1.7	%	1.0-6.0
Basophils (Impedance Variation And Absorbency /Microscopy)	0.1 L	%	1.0-2.0
Absolute Neutrophil Count	4.58	-	2.0-7.0
Absolute Lympocyte Count	2.41	-	1.0-3.0
Absolute Monocyte Count	0.27	-	0.2-1.0
Absolute Eosinophil Count	0.13	-	0.02-0.5
Absolute Basophil Count	0.01 L	-	0.02-0.1

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. Prithwijit Ghosh MBBS, MD, Pathology Consultant Pathologist

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Sample adequacy: Satisfactory Visit No: OP-001 Patient Mobile No: 9051303476

HAEMATOLOGY LAB

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BLOOD GROUP & RH TYPING			
Blood Group (Slide Technique And Tube Technique)	"B"	-	-
RH Typing (Slide Technique And Tube Technique)	Positive	-	-
COMPLETE BLOOD COUNT (CBC)			
Haemoglobin (Hb%) (Cyanide-free Hemoglobin Method)	12.3	g/dL	12.0-15.0
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Neutrophils (Impedance Variation And Absorbency /Microscopy)	61.9	%	40.0-80.0
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/Microscopy)			
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Final Report

Patient Name: Ms Piyali Ghosh MRN: 17600000241325 Gender/Age: FEMALE, 34y (07/02/1989)

Collected On: 24/06/2023 09:50 AM Received On: 24/06/2023 11:04 AM Reported On: 24/06/2023 06:41 PM

Barcode: F12306240075 Specimen: Whole Blood Consultant: Dr. Swarup Paul(CRITICAL CARE MEDICINE)

Sample adequacy: Satisfactory Visit No: OP-001 Patient Mobile No: 9051303476

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
HBA1C			
HbA1c (HPLC)	6.3 H	%	Both: Normal: 4.0-5.6 Both: Prediabetes: 5.7-6.4 Both: Diabetes: => 6.5 ADA standards 2019 (Carpenter/ Coustan)
Estimated Average Glucose	134.11	-	-

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-

Dr. Samarpita Mukherjee MBBS, MD Biochemistry CONSULTANT

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Emergencies



Final Report

Patient Name: Ms Piyali Ghosh MRN: 17600000241325 Gender/Age: FEMALE, 34y (07/02/1989)

Collected On: 24/06/2023 09:50 AM Received On: 24/06/2023 11:04 AM Reported On: 24/06/2023 11:56 AM

Barcode: F12306240073 Specimen: Serum Consultant: Dr. Swarup Paul(CRITICAL CARE MEDICINE)

Sample adequacy: Satisfactory Visit No: OP-001 Patient Mobile No: 9051303476

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
Serum Sodium (ISE Direct)	139	mmol/L	137.0-145.0
Serum Potassium (ISE Direct)	4.3	mmol/L	3.5-5.1
LIPID PROFILE (CHOL,TRIG,HDL,LDL,VLDL)			
Cholesterol Total (Cholesterol Oxidase Esterase Peroxidase)	127	mg/dL	Desirable: < 200 Borderline High: 200-239 High: > 240
Triglycerides (Enzymatic End Point)	52	mg/dL	Normal: < 150 Borderline: 150-199 High: 200-499 Very High: > 500
HDL Cholesterol (HDLC) (Direct Measure, PTA /MgCl2)	50	mg/dL	Low: <40.0 mg/dL High: >60.0 mg/dL
Non-HDL Cholesterol	77.0	-	-
LDL Cholesterol (End Point)	63.42	mg/dL	Optimal: < 100 Near to above optimal: 100-129 Borderline High: 130-159 High: 160-189 Very High: > 190
VLDL Cholesterol (Calculated)	10.4	mg/dL	0.0-40.0
Cholesterol /HDL Ratio (Calculated)	2.6	-	-
LIVER FUNCTION TEST(LFT)			
Bilirubin Total (Dyphylline, Diazonium Salt)	0.7	mg/dL	0.2-1.3
Conjugated Bilirubin (Direct) (Direct Measure)	0.3	mg/dL	0.0-0.3
Unconjugated Bilirubin (Indirect) (Direct Measure)	0.4	mg/dL	0.3-1.3
Total Protein (Biuret, No Serum Blank, End Point)	7.4	g/dL	6.3-8.2

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Serum Albumin (Bromcresol Green (BCG))	4.1	gm/dL	3.5-5.0
Serum Globulin (Calculated)	3.3	g/dL	2.0-3.5
Albumin To Globulin (A/G)Ratio (Calculated)	1.24	-	1.0-2.1
SGOT (AST) (Multiple-point Rate)	97 H	U/L	14.0-36.0
SGPT (ALT) (Uv With P5p)	138 H	U/L	<35.0
Alkaline Phosphatase (ALP) (PMPP, AMP Buffer)	84	IU/L	38.0-126.0
Gamma Glutamyl Transferase (GGT) (G-glutamyl-p-nitroanilide)	34	U/L	12.0-43.0
THYROID PROFILE (T3, T4, TSH)			
Tri Iodo Thyronine (T3) (CLIA)	1.35	ng/mL	0.97-1.69
Thyroxine (T4) (CLIA)	10.4	μg/dl	5.53-11.0
TSH (Thyroid Stimulating Hormone) (CLIA)	0.6851	μIU/mL	0.4-4.049

Dr. Prithwijit Ghosh MBBS, MD, Pathology Consultant Pathologist

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
SERUM CREATININE			
Serum Creatinine (Enzymatic Method)	0.5 L	mg/dL	0.52-1.04
eGFR	141.3	mL/min/1.73m ²	-

-- End of Report-

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Narayana Multispeciality Hospit	Ν	laray	ana	Multis	pecial	ity ŀ	lospi	ita
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Dr. Samarpita Mukherjee MBBS, MD Biochemistry

CONSULTANT

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Barcode: F12306240073 Specimen: Serum Consultant: Dr. Swarup Paul(CRITICAL CARE MEDICINE)

Sample adequacy: Satisfactory Visit No: OP-001 Patient Mobile No: 9051303476

BIOCHEMISTRY

Test Result Unit Biological Reference Interval

Blood Urea Nitrogen (BUN) (Urease, UV) 11.67 mg/dL 7.0-17.0

--End of Report-

Dr. Prithwijit Ghosh MBBS, MD, Pathology Consultant Pathologist

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Patient Name	Piyali Ghosh	Requested By	Dr. Swarup Paul
MRN	17600000241325	Procedure DateTime	2023-06-24 12:21:23
Age/Sex	34Y 4M/Female	Hospital	NH-BARASAT

ULTRASONOGRAPHY OF WHOLE ABDOMEN

<u>LIVER</u>: Liver is enlarged in size (15.3 cm) but has normal shape and outline. There is mild diffuse homogeneous increase of hepatic parenchymal echogenicity. No focal SOL seen. IHBRs are not dilated.

CBD: It is not dilated, measuring – 2.7 mm at porta, visualized proximal lumen is clear. Distal CBD is obscured by bowel gas shadow.

PV: It appears normal, measuring - 8.0 mm at porta.

GALL BLADDER: It is optimally distended. No evidence of intraluminal calculus or sludge is seen. Gall bladder wall is normal in thickness.

No pericholecystic collection or frank mass formation is seen.

SPLEEN: It is normal in size (8.4 cm), shape, outline & echotexture. No focal lesion seen.

<u>PANCREAS</u>: 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.

<u>KIDNEYS</u>: 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 - 9.4 cm. Left kidney - 10.3 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.

<u>UTERUS</u>: It is normal in size ($7.9 \text{ cm} \times 3.8 \text{ cm} \times 6.5 \text{ cm}$, volume = 101 cc), anteverted. Myometrial echopattern is within normal limits. No focal SOL is seen. Endometrial echoes are central (8.3 mm) and shows normal echogenecity. Endomyometrial junction appears normal.

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

OVARIES: Both ovaries are normal in shape, size, position & echotexture. Measures: Right Ovary - 2.4 cm x 1.6 cm, Left Ovary - 2.6 cm x 1.8 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:

• Hepatomegaly with Grade I fatty changes.

Advise : Clinical correlation & further relevant investigation suggested.

Dr. Sukanya Banerjee MD (Radiodiagnosis)

Sukanya Banerjec

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Patient Name	Piyali Ghosh	Requested By	Dr. Swarup Paul
MRN	17600000241325	Procedure DateTime	2023-06-24 10:32:57
Age/Sex	34Y 4M/Female	Hospital	NH-BARASAT

X-RAY - CHEST (PA)

Accentuated lung markings seen in both lung fields.

Trachea is in situ.

CP angles are clear.

Cardiac shadow is normal.

Suggested clinical correlation and further investigations

Dr. Subrata Sanyal

(Department of Radiology)