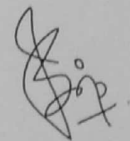


NAME OF PATIENT : PRIYANKA KUMARI	AGE : 29 YEARS
SEX : MALE	DATE : 03.04.2023

REPORT ON HEAMOTOLOGY EXAMINATION

INVESTIGATION	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
HAEMOGLOBIN	: 10.9	gm/dl	Male : 14.0-17.5 Female : 11.6-14.5
T .R. B. C. COUNT	: 3.78	million/cumm	M: 4.5 – 6.5 F : 3.8 – 5.8
Total W.B.C. COUNT	: 8,200	cumm	4,000-11,000
Differential Count of W.B. C.			
Neutrophils	: 66	%	Adult:40-75
Lymphocytes	: 30	%	Adult : 20-40
Eosinophils	: 02	%	Adult :1-6
Monocytes	: 02	%	Adult : 2-10
Basophils	: 00	%	Adult: 0.2- 1.0
Erythrocyte Sedimentation Rate : 10 ESR 1 st . Hour		mm	Male : 15mm/hr Female : 20mm/hr
PCV	: 33.5	%	M : 45 -55 % F :37 - 47%
MCV	: 88.6	fL	Adult: 76- 96
MCH	: 28.8	pgm	Adult: 27-32
MCHC	: 32.5	gm/dl	Adult: 30 - 35
PLATELET COUNT	: 1.90	lakhs/cumm	Adult 1.5 – 4.0 lakhs.



Dr. S. Khatua.
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City Centre, Durgapur - 713216
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NAME OF PATIENT : PRIYANKA KUMARI
SEX : MALE
AGE : 29 YEARS
DATE : 03.04.2023

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	5.0	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	(+)	CRYSTALS	NOT FOUND
RBC	NIL	OTHERS	NIL

Dr. S. Khattar,
MBBS(DHONS)/MD(Path.)

NAME OF PATIENT : PRIYANKA KUMARI
SEX : MALE

AGE : 29 YEARS
DATE : 03.04.2023

REPORT ON THE BIOCHEMICAL EXAMINATION

<u>INVESTIGATION</u>	<u>RESULT</u>	<u>UNIT</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
TOTAL CHOLESTEROL (CHOD-PAD METHOD)	: 127	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)	: 47.9	mg/dl	M: 35.3 - 79.5 mg/dl F : 42.0 - 88.0 mg/dl
TRIGLYCERIDE (GPO METHOD)	: 91.0	mg/dl	M : 40-160 mg/dl F :35-135 mg/dl
L.D.L. CHOLESTEROL (DIRECT METHOD)	: 73.3	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)	: 18.2	mg/dl	5-40
T. CHOLESTEROL/HDL CHOLESTEROL RATIO : (CALCULATIVE)	2.7	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 : PRIYANKA KUMARI
SEX : MALE

AGE : 29 YEARS
DATE : 03.04.2023

REPORT ON THE BIOCHEMICAL EXAMINATION

<u>INVESTIGATION</u>	<u>RESULT</u>	<u>UNIT</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
BILIRUBIN - TOTAL (DIAZO METHOD)	9.20	mg/dl	<2
BILIRUBIN - DIRCT (DIAZO METHOD)	0.30	mg/dl	<0.4
BILIRUBIN (INDIRECT)	8.90	mg/dl	<1.6
SGOT (IFCC METHOD)	13.0	U/1	M: 0 to 35 - F: 0 to 31
SGPT (IFCC METHOD)	18.7	U/1	M: 0 to 45 - F: 0 to 34
GGT (Glupa C METHOD)	13.4	U/1	M: 0 to 55 - F: 0 to 38
ALKALINE PHOSPHATASE (AMP METHOD)	86	U/1	M: 53 -128 U/1 F : 42 - 98 U/1
TOTAL PROTEIN (BIURET METHOD)	7.08	gm/dl	6.4 - 8.3
SERUM ALBUMIN (BCG METHOD)	4.12	gm/dl	3.5 - 5.2
SERUM GLOBULIN	2.96	gm/dl	2.50 - 3.40
ALBUMIN / GLOBULIN RATIO	1.3	Ratio	0.9 - 2.0

ALL TEST DONE BY : FULLY AUTOMATED BIO CHEMISTRY ANALYSER (EM - 200 - GERMAN TECHNOLOGY)

*Kindly co- relate clinically.



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

NAME OF PATIENT : PRIYANKA KUMARI
SEX : MALE

AGE : 29 YEARS
DATE : 03.04.2023

REPORT ON THE BIOCHEMICAL EXAMINATION

INVESTIGATION	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
BLOOD SUGAR (F) (GOD-POD METHOD)	: 102	mg/dl	70-110
BLOOD SUGAR (PP) (GOD-POD METHOD)	: 145	mg/dl	80-140
UREA (UREASE-GLDH METHOD)	: 34.9	mg/dl	Male 18-55 Female 15-43
CREATININE (ENZYMATIC METHOD)	: 0.75	mg/dl	Male 0.7-1.3 Female 0.6-1.1
URIC ACID (URICASE METHOD)	: 6.9	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. Khatusa,
MBBS(HONS),MD(Path.)

NAME OF PATIENT : PRIYANKA KUMARI
SEX : MALE

AGE : 29 YEARS
DATE : 03.04.2023

REPORT ON THE BIOCHEMICAL EXAMINATION

Glycosylate Hemoglobin (HbA1c) : 5.8 %
(Turbidimetric Method)

Biological Reference

Excellent	< 4%
Good	4 - 6 %
Fair Control	>6 - 7%
Action Suggested	>7 - 8%
Poor control	>8 %

Estimated Average Glucose (EAG) : 119

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 (liver 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.

**Kindly co- relate clinically.*

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

Name	: Ms. PRIVANKA KUMARI	Patient UID.	: 2619995
Age/Gender	: 29 Yrs/Female	Visit No.	: 06182304030017
Referred Client	: LDPLW3019-DURGAPUR CC	Collected on	: 03-Apr-2023 04:40PM
Referred By	: THE DIAGNOSTIC	Received on	: 03-Apr-2023 11:16PM
Doctor Name	:	Reported on	: 04-Apr-2023 01:07AM
Sample Type	: Serum - W812654		

IMMUNOLOGY

Test Name	Results	Unit	Bio. Ref. Interval
TRIODOTHYRONINE TOTAL (T3)			
Methodology: ECLIA			
THYROID PROFILE : T3, T4 & TSH(TFT)			
THYROXINE TOTAL (T4)	0.99	ng/mL	0.70-2.04
Methodology: ECLIA			
THYROID STIMULATING HORMONE (TSH)	10.24	ug/dl	5.1-14.1
Methodology: ECLIA			
	0.140	µIU/ml	0.35-5.50

NOTE:TSH levels are subject to circadian variation, reaching peak levels between 2-4 AM and min between 6-10 PM. The variation is the order of 50% hence time of the day has influence on the measures serum TSH concentration. Dose and time of drug intake also influence the test result. Transient increase in TSH levels or abnormal TSH levels can be seen in some non thyroidal conditions, simultaneous measurement of TSH with free T4 is useful in evaluating differential diagnosis.

INTERPRETATION-Urini Sensitive 4th generation assay

- 1 Primary hyperthyroidism is accompanied by ↑ serum T3 & T4 values along with ↓ TSH level.
- 2 Low TSH high FT4 and TSH receptor antibody (TRAb) +ve seen in patients with Graves disease
- 3 Low TSH high FT4 and TSH receptor antibody (TRAb) -ve seen in patients with Toxic adenomatous/Toxic Multinodular goiter
- 4 High TSH Low FT4 and Thyroid microsomal antibody increased seen in patients with Hashimoto's thyroiditis
- 5 High TSH Low FT4 and Thyroid microsomal antibody normal seen in patients with Iodine deficiency thyroiditis
- 6 Low TSH Low FT4 and TRH stimulation test-Delayed response seen in patients with Tertiary hypothyroidism
- 7 Primary hypothyroidism is accompanied by ↓ serum T3 and T4 values & ↑ serum TSH levels
- 8 Normal T4 levels accompanied by ↑ T3 levels and low TSH are seen in patients with T3 Thyrotoxicosis
- 9 Normal or ↑ T3 & ↑T4 levels indicate T4 Thyrotoxicosis (problem is conversion of T4 to T3)
- 10 Normal T3 & T4 along with ↑ TSH indicate mild / Subclinical Hypothyroidism.
- 11 Normal T3 & ↑ T4 along with ↑ TSH is seen in Hypothyroidism.
- 12 Normal T3 & T4 levels with ↑ TSH indicate Mild / Subclinical Hypothyroidism.
- 13 Slightly ↑ T3 levels may be found in pregnancy and in estrogen therapy while ↓ levels may be encountered in severe illness, malnutrition, renal failure and during therapy with drugs like propenolol.
- 14 Although ↑ TSH levels are nearly always indicative of Primary Hypothyroidism, rarely they can result from TSH secreting pituitary tumours.

DURING PREGNANCY - REFERENCE RANGE for TSH IN uIU/mL (As per American Thyroid Association)

- 1st Trimester - 0.10-2.50 uIU/mL
- 2nd Trimester - 0.20-3.00 uIU/mL
- 3rd Trimester - 0.30-3.00 uIU/mL

The production, circulation, and disintegration of thyroid hormones are altered throughout the stages of pregnancy.

REMARK: Assay results should be interpreted in context to the clinical condition and associated results of other investigations. Previous treatment with corticosteroid therapy may result in lower TSH levels while thyroid hormone levels are normal. Results are invalidated if the client has undergone a radioiodine scan within 7-14 days before the test. Abnormal thyroid test findings often found in critically ill patients should be repeated after the critical nature of the condition is resolved. TSH is an important marker for the diagnosis of thyroid dysfunction. Recent studies have shown that the TSH distribution progressively shifts to a higher concentration with age and it is debatable whether this is due to a real change with age or an increasing proportion of unrecognized thyroid disease in the elderly.

Abil Scope

*** End Of Report ***

DR. MD ARIF
MBBS, MD(PATHOLOGY)

LAB DIRECTOR

DR. PANKAJ VARSHNEY
MBBS, MD
CONSULTANT PATHOLOGIST

DR. SAUNYA GUPTA
MD DNB PATHOLOGY
CONSULTANT HISTOPATHOLOGIST
Reg No. 50898



Unaveraged ECG Report

Patient Name Mrs PRIYANKA KUMARI 29/F

April 03, 2023

QT / QTc : 0.412 / 0.507 Sec

PR Interval: 0.14 sec

HR

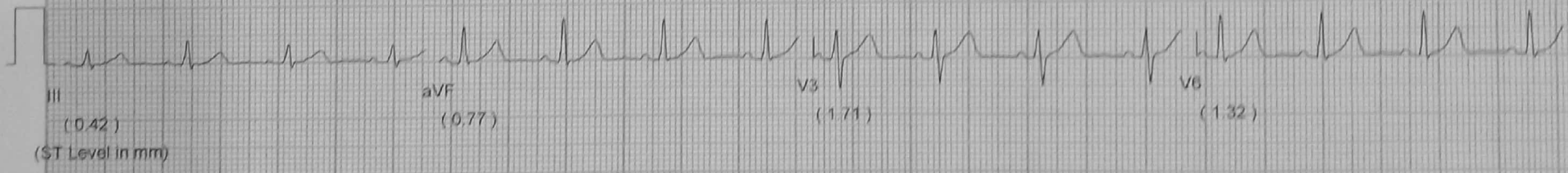
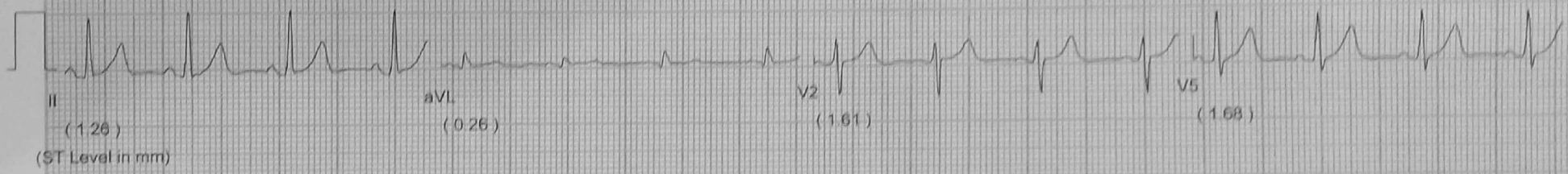
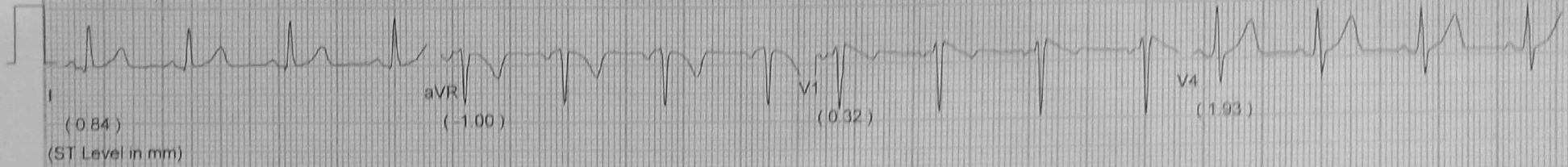
90 bpm

BP : 0 / 0 mmHg

Time: 11:30:55

P-QRS-T Axis (54)-(41)-(44) deg

QRS Duration : 0.064 Sec



Comments - R SE 90 bpm, Axis +55° LHR

PK
3.4.23

Dr. Prindu Bagchi
M.B.B.S (Cal)
Ex - D.S.P. Hospital
Regd. No. - 28693 (W.B.)

10mm/mv, 25mm/sec

NASAR (C) Simul-G BL3.3

Name of Patient	: Priyanka Kumari	ID No.	: 0304202332
Ref. By	:	Date	: 03.04.2023
Age	: 29 Years	Sex	: Female

USG OF ABDOMEN AND PELVIS

LIVER: The liver is of normal size (Right lobe measures: 135.1 mm), shape, outline and shows normal echotexture. No focal lesion is seen in liver. No IHBRD is seen. Portal venous radicles and hepatic veins appear normal.

GALL BLADDER: Gall bladder appears normal, shows clear contents. No evidence of calculus or SOL. Wall thickness is normal. No pericholecystic collection noted.

PORTA HEPATIS: Appears normal. Portal vein is normal in caliber, measures 7.8 mm. No evidence of periportal lymphadenopathy.

CBD: CBD appears normal, measures 4.3 mm in its maximum luminal caliber. No calculus or SOL.

PANCREAS: Pancreas appears normal in size, shape and echopattern. No evidence of SOL or parenchymal calcifications. Pancreatic duct appears normal in caliber.

SPLEEN: Spleen appears enlarged in size (measures: 142.2 mm) and shows normal echopattern. No evidence of any focal lesion. Splenic vein appears normal in caliber.

KIDNEYS: Rt.: 100.3 mm Lt.: 109.6 mm

Both kidneys appear normal in size, shape, location and are smooth in outlines. Corticomedullary differentiation is normal. No signs of obstruction or large calculus are seen.

Contd.....

Name of Patient : Priyanka Kumari

ID No. : 0304202332

URINARY BLADDER: Urinary bladder appears normal, shows clear contents.
No evidence of calculus or SOL.

UTERUS: The uterus is of normal size, shape and shows homogeneous myometrial echopattern. No focal lesion is seen arising from the uterus.
Uterine size: 80.8 mm x 39.9 mm x 35.7 mm.

ENDOMETRIUM: Midline echo appears normal and measures: 8.6 mm. No evidence of focal lesion or collection.

CERVIX: Cervix is normal in size. No evidence of any focal lesion. Endocervical canal appears unremarkable.

OVARIES: Both ovaries show multiple small peripherally placed follicles with central echogenic stroma within. Rt. Ovary: 34.8 mm x 22.4 mm. Lt. Ovary: 32.8 mm x 18.9 mm.
No adnexal pathology is noted.

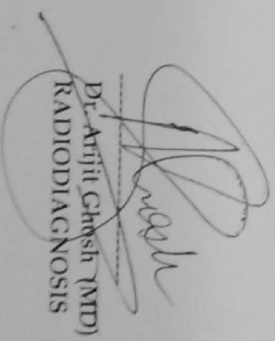
POD: No evidence of any fluid.

OTHERS: There are no signs of ascites/paraortic adenopathy. Visualized bowel loops show normal peristalsis. No evidence of obvious abnormal bowel dilatation or bowel wall thickening.

IMPRESSION:

- Splenomegaly.
- Polycystic morphology of both ovaries.

Correlate clinically.



Dr. Arjit Ghosh (MD)
RADIOLOGIST

Name of Patient : Priyanka Kumari
Ref. By :
Age : 29 Years

Code : 002
Date : 03.04.2023
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. J. K. Bokshi
MBBS, DMRD (Cal)
RADIOLOGIST

