

DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Ms Geetali Naskar MRN : 17510001158633 Gender/Age : FEMALE , 57y (01/05/1965)

Collected On : 30/01/2023 10:34 AM Received On : 30/01/2023 11:05 AM Reported On : 30/01/2023 12:43 PM

Barcode : 802301300361 Specimen : Serum Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9836599508

CLINICAL CHEMISTRY

Test	Result	Unit	Biological Reference Interval
LIVER FUNCTION TEST(LFT)			
Bilirubin Total (Colorimetric -Diazo Method)	0.34	mg/dL	0.2-1.3
Conjugated Bilirubin (Direct) (Calculated)	0.22	mg/dL	0.0-0.4
Unconjugated Bilirubin (Indirect) (Colorimetric Endpoint)	0.12	-	-
Total Protein (Biuret Method)	8.00	g/dL	6.3-8.2
Serum Albumin (Colorimetric - Bromo-Cresol Green)	4.60	gm/dL	3.5-5.0
Serum Globulin (Calculated)	3.4	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))	29	U/L	14.0-36.0
SGPT (ALT) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	34	U/L	<35.0
Alkaline Phosphatase (ALP) (Multipoint-Rate - P-nitro Phenyl Phosphate, AMP Buffer)	89	IU/L	38.0-126.0
Gamma Glutamyl Transferase (GGT) (Multipoint Rate - L-glutamyl-p-nitroanilide (Szasz Method))	21	U/L	12.0-43.0



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

CLINICAL CHEMISTRY

Test	Result	Unit	Biological Reference Interval
SERUM CREATININE			
Serum Creatinine (Two Point Rate - Creatinine Aminohydrolase)	0.80	mg/dL	0.52-1.04
eGFR	74.0	mL/min/1.73m ²	-
Blood Urea Nitrogen (BUN) (Endpoint /Colorimetric - Urease)	16.01	-	7.0-17.0
Serum Sodium (Direct ISE - Potentiometric)	144	mmol/L	137.0-145.0
Serum Potassium (Direct ISE - Potentiometric)	4.6	mmol/L	3.5-5.1
LIPID PROFILE (CHOL,TRIG,HDL,LDL,VLDL)			
Cholesterol Total (Colorimetric - Cholesterol Oxidase)	242 H	mg/dL	Desirable: < 200 Borderline High: 200-239 High: > 240
Triglycerides (Enzymatic Endpoint Colorimetric)	176	mg/dL	Normal: < 150 Borderline: 150-199 High: 200-499 Very High: > 500
HDL Cholesterol (HDLC) (Colorimetric: Non HDL Precipitation Phosphotungstic Acid Method)	64 H	mg/dL	40.0-60.0
Non-HDL Cholesterol	178.0	-	-
LDL Cholesterol (Non LDL Selective Elimination, CHOD/POD)	127.27 H	mg/dL	Optimal: < 100 Near to above optimal: 100-129 Borderline High: 130-159 High: 160-189 Very High: > 190

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VLDL Cholesterol (Calculated)	35.2	mg/dL	0.0-40.0
Cholesterol /HDL Ratio	3.8	-	-

--End of Report--



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



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

Note

- Abnormal results are highlighted.
- Results relate to the sample only.
- Kindly correlate clinically.
(Lipid Profile, -> 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 : 30/01/2023 10:34 AM Received On : 30/01/2023 11:05 AM Reported On : 30/01/2023 01:15 PM

Barcode : 802301300361 Specimen : Serum Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9836599508

CLINICAL CHEMISTRY

Test	Result	Unit	Biological Reference Interval
THYROID PROFILE (T3, T4, TSH)			
Tri Iodo Thyronine (T3) (Enhanced Chemiluminescence Immunoassay (CLIA))	1.61	ng/mL	0.97-1.69
Thyroxine (T4) (Enhanced Chemiluminescence Immunoassay (CLIA))	11.7 H	µg/dl	5.53-11.0
TSH (Thyroid Stimulating Hormone) (Enhanced Chemiluminescence Immunoassay (CLIA))	1.789	µIU/mL	0.4001-4.049

--End of Report--

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

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Collected On : 30/01/2023 10:34 AM Received On : 30/01/2023 11:02 AM Reported On : 30/01/2023 11:59 AM

Barcode : 812301300240 Specimen : Whole Blood Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9836599508

HAEMATOLOGY LAB

Test	Result	Unit	Biological Reference Interval
COMPLETE BLOOD COUNT (CBC)			
Haemoglobin (Hb%) (Photometric Measurement)	13.5	g/dL	12.0-15.0
Red Blood Cell Count (Electrical Impedance)	4.93 H	millions/ μ L	3.8-4.8
PCV (Packed Cell Volume) / Hematocrit (Calculated)	40.9	%	36.0-46.0
MCV (Mean Corpuscular Volume) (Derived From RBC Histogram)	82.9 L	fL	83.0-101.0
MCH (Mean Corpuscular Haemoglobin) (Calculated)	27.3	pg	27.0-32.0
MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	32.9	%	31.5-34.5
Red Cell Distribution Width (RDW) (Calculated)	15.1 H	%	11.6-14.0
Platelet Count (Electrical Impedance)	150	$10^3/\mu$ L	150.0-400.0
Mean Platelet Volume (MPV) (Derived)	11.5	fL	7.0-11.7
Total Leucocyte Count(WBC) (Electrical Impedance)	6.4	$10^3/\mu$ L	4.0-10.0
DIFFERENTIAL COUNT (DC)			
Neutrophils (VCSn Technology)	70.0	%	40.0-75.0
Lymphocytes (VCSn Technology)	22.5	%	20.0-40.0
Monocytes (VCSn Technology)	6.0	%	2.0-10.0
Eosinophils (VCSn Technology)	1.2	%	1.0-6.0

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Basophils (VCSn Technology)	0.3	%	0.0-2.0
Absolute Neutrophil Count (Calculated)	4.48	$10^3/\mu\text{L}$	1.8-7.8
Absolute Lymphocyte Count (Calculated)	1.44	$10^3/\mu\text{L}$	1.0-4.8
Absolute Monocyte Count (Calculated)	0.38	$10^3/\mu\text{L}$	0.0-0.8
Absolute Eosinophil Count (Calculated)	0.08	$10^3/\mu\text{L}$	0.0-0.45
Absolute Basophil Count (Calculated)	0.02	$10^3/\mu\text{L}$	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. Rakhi Mandal
MD, Pathology
Consultant Pathology MBBS, MD

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MC - 2803



DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Ms Geetali Naskar MRN : 17510001158633 Gender/Age : FEMALE , 57y (01/05/1965)

Collected On : 30/01/2023 10:34 AM Received On : 30/01/2023 01:05 PM Reported On : 30/01/2023 02:35 PM

Barcode : 822301300037 Specimen : Urine Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9836599508

CLINICAL PATHOLOGY

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

Volume	40	ml	-
Colour	Straw	-	-
Appearance	Clear	-	-

CHEMICAL EXAMINATION

pH(Reaction) (Mixed PH Indicator)	6.0	-	4.8-7.5
Sp. Gravity (Dual Wavelength Reflectance)	1.004	-	1.002-1.030
Protein (Protein Error Of PH Indicator)	Negative	-	-
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)	Trace	-	-
Nitrite (Modified Griess Reaction)	Negative	-	Negative

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MICROSCOPIC EXAMINATION

Pus Cells	0-2	/hpf	1-2
RBC	0-2	/hpf	0 - 3
Epithelial Cells	1-2	/hpf	2-3
Crystals	NIL	-	-
Casts	NIL	-	-

--End of Report--



Dr. Sanjib Kumar Pattari
MD, Pathology
Consultant Pathology MBBS, MD

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Collected On : 30/01/2023 10:34 AM Received On : 30/01/2023 11:02 AM Reported On : 30/01/2023 12:30 PM

Barcode : 802301300364 Specimen : Whole Blood Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9836599508

CLINICAL CHEMISTRY

Test	Result	Unit	Biological Reference Interval
HBA1C			
HbA1c (HPLC)	6.0 H	%	Normal: 4.0-5.6 Prediabetes: 5.7-6.4 Diabetes: => 6.5 ADA standards 2019 (Carpenter/ Coustan)
Estimated Average Glucose	125.5	-	-

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. Debasree Biswas
MD, Biochemistry
Clinical Biochemist MBBS, MD

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Patient Name : Ms Geetali Naskar MRN : 17510001158633 Gender/Age : FEMALE , 57y (01/05/1965)

Collected On : 30/01/2023 10:34 AM Received On : 30/01/2023 11:03 AM Reported On : 30/01/2023 12:21 PM

Barcode : BR2301300027 Specimen : Whole Blood Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9836599508

IMMUNOHAEMATOLOGY

Test	Result	Unit
BLOOD GROUP & RH TYPING		
Blood Group (Column Agglutination Technology)	B	-
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 : 30/01/2023 10:34 AM Received On : 30/01/2023 11:05 AM Reported On : 30/01/2023 11:31 AM

Barcode : 802301300363 Specimen : Plasma Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9836599508

CLINICAL CHEMISTRY

Test	Result	Unit	Biological Reference Interval
Fasting Blood Sugar (FBS) (Glucose Oxidase, Peroxidase)	103 H	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)



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Patient Name : Ms Geetali Naskar MRN : 17510001158633 Gender/Age : FEMALE , 57y (01/05/1965)

Collected On : 30/01/2023 03:31 PM Received On : 30/01/2023 03:51 PM Reported On : 30/01/2023 05:08 PM

Barcode : 802301300734 Specimen : Plasma Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9836599508

CLINICAL CHEMISTRY

Test	Result	Unit	Biological Reference Interval
Post Prandial Blood Sugar (PPBS) (Glucose Oxidase, Peroxidase)	138	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. Sujata Ghosh
PhD, Biochemistry
Biochemist M.Sc , Ph. D

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

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



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Patient Name : Ms Geetali Naskar MRN : 17510001158633 Gender/Age : FEMALE , 57y (01/05/1965)

Collected On : 30/01/2023 10:34 AM Received On : 30/01/2023 11:02 AM Reported On : 30/01/2023 01:08 PM

Barcode : 812301300239 Specimen : Whole Blood - ESR Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9836599508

HAEMATOLOGY LAB

Test	Result	Unit	Biological Reference Interval
Erythrocyte Sedimentation Rate (ESR) (Modified Westergren Method)	30.0 H	mm/1hr	0.0-12.0

--End of Report--

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

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MC - 2803



ADULT TRANS-THORACIC ECHO REPORT

PATIENT NAME : Ms Geetali Naskar
GENDER/AGE : Female, 57 Years
LOCATION : -

PATIENT MRN : 17510001158633
PROCEDURE DATE : 30/01/2023 04:09 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: 66%. GRADE I DIASTOLIC DYSFUNCTION.
RIGHT VENTRICLE : NORMAL SIZE AND THICKNESS WITH NORMAL FUNCTION

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.

Geetali Das

MS GEETALI NASKAR (17510001158633)

DR. SANGEETA DAS
CONSULTANT GENERAL MEDICINE MBBS

MINAKSHI SRIVASTAVA
ASSISTANT MANAGER

30/01/2023 04:09 PM

PREPARED BY	: NAFISHA KHATUN(333472)	PREPARED ON	: 30/01/2023 05:02 PM
GENERATED BY	: MADHUPARNA DASGUPTA(333433)	GENERATED ON	: 04/02/2023 11:53 AM

Patient Name	Geetali Naskar	Requested By	EXTERNAL
MRN	17510001158633	Procedure DateTime	2023-01-30 12:39:28
Age/Sex	57Y 8M/Female	Hospital	NH-RTIICS

USG OF WHOLE ABDOMEN (SCREENING)

LIVER:

It is normal in size measuring 13.7 cm and echogenicity. No focal SOL is seen. The intrahepatic biliary radicles are not dilated.

PORTAL VEIN:

The portal vein is normal in calibre at the porta. There is no intraluminal thrombus.

GALL BLADDER:

Not visualised (History of cholecystectomy - OT note not available).

CBD:

The common duct is mildly dilated measuring 0.7 cm at porta. No intraluminal calculus is seen.

SPLEEN:

It is normal in size measuring 8.0 cm and echogenicity. No focal SOL is seen. The splenoportal axis is patent and is normal in dimensions.

PANCREAS:

It is normal in size and echogenicity. The duct is not dilated. No calcification or focal SOL is seen.

KIDNEYS:

Both kidneys are normal in size, position and echogenicity. The corticomedullary differentiation is maintained. No hydronephrosis, calculus or mass is seen.

Right kidney and left kidney measures 9.1 cm and 10.0 cm respectively.

URINARY BLADDER:

It is normal in capacity. The wall is not thickened. No intraluminal calculus or mass is seen.

UTERUS:

Post menopausal status measuring 8.3 x 2.6 x 3.2 cm . No focal SOL is seen. The endometrial echoline is central in position. Endometrium is not thickened . The cervix appears normal.

OVARIES:

Not visualised (? Atrophied).

IMPRESSION:

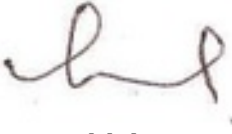
- Mildly dilated CBD probably due to post cholecystectomy status - OT note not available.

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.

Assist By : Srabani



Dr. Ashish Kumar
Consultant Sonologist

* ***This is a digitally signed valid document.*** Reported Date/Time: 2023-01-30 13:11:52

Patient Name	Geetali Naskar	Requested By	EXTERNAL
MRN	17510001158633	Procedure DateTime	2023-01-30 12:39:30
Age/Sex	57Y 8M/Female	Hospital	NH-RTIICS

ULTRASONOGRAPHY OF BOTH BREASTS

(Case of right breast partial mastectomy - **verbal information**).

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.

Right nipple retracted..

There is no evidence of any mass lesion, 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:

- Retracted right nipple.

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.

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A handwritten signature in black ink, consisting of stylized initials 'S' and 'B' followed by a horizontal line and three dots.

Dr. Suranjana Bhattacharjee

Consultant Sonologist

* ***This is a digitally signed valid document.*** Reported Date/Time: 2023-01-30 13:51:22

Patient Name	Geetali Naskar	Requested By	
MRN	17510001158633	Procedure DateTime	2023-01-30 13:08:33
Age/Sex	57Y 8M/Female	Hospital	NH-RTIICS

CHEST RADIOGRAPH (PA VIEW)

FINDINGS:

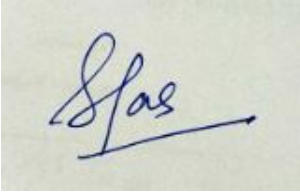
- Aortic knuckle calcification is seen.
- Trachea is normal and is central.
- The cardiac shadow is normal in contour.
- Mediastinum and great vessels are within normal limits.
- The hilar shadows are within normal limits.
- The costo-phrenic angles are clear.
- The lung fields and bronchovascular markings appear normal.
- The visualized bones and soft tissue structures appear normal.
- Both the diaphragmatic domes appear normal.

REPORTED BY DR. P. GAMBHIRA

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 square image showing a handwritten signature in blue ink on a light-colored background. The signature is stylized and appears to read 'S Das'.

Dr Subhajt Das
MD,Consultant Radiologist

* ***This is a digitally signed valid document.***Reported Date/Time: 2023-01-30 18:07:06