

**DEPARTMENT OF LABORATORY MEDICINE**

Final Report

Patient Name : Ms Bimala Sen MRN : 17510001158637 Gender/Age : FEMALE , 59y (11/01/1964)

Collected On : 30/01/2023 10:46 AM Received On : 30/01/2023 11:05 AM Reported On : 30/01/2023 12:44 PM

Barcode : 802301300374 Specimen : Serum Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8240602816

**CLINICAL CHEMISTRY**

Test	Result	Unit	Biological Reference Interval
<b>LIVER FUNCTION TEST(LFT)</b>			
Bilirubin Total (Colorimetric -Diazo Method)	0.71	mg/dL	0.2-1.3
Conjugated Bilirubin (Direct) (Calculated)	0.36	mg/dL	0.0-0.4
Unconjugated Bilirubin (Indirect) (Colorimetric Endpoint)	0.35	-	-
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))	33	U/L	14.0-36.0
SGPT (ALT) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	28	U/L	<35.0
Alkaline Phosphatase (ALP) (Multipoint-Rate - P-nitro Phenyl Phosphate, AMP Buffer)	111	IU/L	38.0-126.0
Gamma Glutamyl Transferase (GGT) (Multipoint Rate - L-glutamyl-p-nitroanilide ( Szasz Method))	34	U/L	12.0-43.0



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

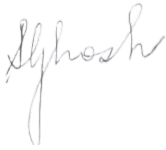
### CLINICAL CHEMISTRY

Test	Result	Unit	Biological Reference Interval
<b>SERUM CREATININE</b>			
Serum Creatinine (Two Point Rate - Creatinine Aminohydrolase)	0.63	mg/dL	0.52-1.04
eGFR	96.8	mL/min/1.73m <sup>2</sup>	-
<b>Blood Urea Nitrogen (BUN)</b> (Endpoint /Colorimetric - Urease)	9.75	-	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)	4.2	mmol/L	3.5-5.1
<b>LIPID PROFILE (CHOL,TRIG,HDL,LDL,VLDL)</b>			
Cholesterol Total (Colorimetric - Cholesterol Oxidase)	<b>222 H</b>	mg/dL	Desirable: < 200 Borderline High: 200-239 High: > 240
Triglycerides (Enzymatic Endpoint Colorimetric )	168	mg/dL	Normal: < 150 Borderline: 150-199 High: 200-499 Very High: > 500
HDL Cholesterol (HDLC) (Colorimetric: Non HDL Precipitation Phosphotungstic Acid Method)	57	mg/dL	40.0-60.0
Non-HDL Cholesterol	165.0	-	-
LDL Cholesterol (Non LDL Selective Elimination, CHOD/POD)	<b>126.29 H</b>	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)	33.6	mg/dL	0.0-40.0
Cholesterol /HDL Ratio	3.9	-	-

--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 10:46 AM Received On : 30/01/2023 11:05 AM Reported On : 30/01/2023 01:15 PM

Barcode : 802301300374 Specimen : Serum Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8240602816

CLINICAL CHEMISTRY

Test	Result	Unit	Biological Reference Interval
<b>THYROID PROFILE (T3, T4, TSH)</b>			
Tri Iodo Thyronine (T3) (Enhanced Chemiluminescence Immunoassay (CLIA))	1.27	ng/mL	0.97-1.69
Thyroxine (T4) (Enhanced Chemiluminescence Immunoassay (CLIA))	<b>12.5 H</b>	µg/dl	5.53-11.0
TSH (Thyroid Stimulating Hormone) (Enhanced Chemiluminescence Immunoassay (CLIA))	2.446	µIU/mL	0.4001-4.049

--End of Report--

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

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Patient Name : Ms Bimala Sen MRN : 17510001158637 Gender/Age : FEMALE , 59y (11/01/1964)

Collected On : 30/01/2023 10:46 AM Received On : 30/01/2023 11:02 AM Reported On : 30/01/2023 01:08 PM

Barcode : 812301300250 Specimen : Whole Blood - ESR Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8240602816

HAEMATOLOGY LAB

Test	Result	Unit	Biological Reference Interval
<b>Erythrocyte Sedimentation Rate (ESR)</b> (Modified Westergren Method)	<b>37.0 H</b>	mm/1hr	0.0-12.0

--End of Report--

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

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DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Ms Bimala Sen MRN : 17510001158637 Gender/Age : FEMALE , 59y (11/01/1964)

Collected On : 30/01/2023 10:46 AM Received On : 30/01/2023 11:05 AM Reported On : 30/01/2023 11:31 AM

Barcode : 802301300376 Specimen : Plasma Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8240602816

CLINICAL CHEMISTRY

Test	Result	Unit	Biological Reference Interval
<b>Fasting Blood Sugar (FBS)</b> (Glucose Oxidase, Peroxidase)	<b>116 H</b>	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

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



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Final Report

Patient Name : Ms Bimala Sen MRN : 17510001158637 Gender/Age : FEMALE , 59y (11/01/1964)

Collected On : 30/01/2023 03:35 PM Received On : 30/01/2023 03:51 PM Reported On : 30/01/2023 05:09 PM

Barcode : 802301300744 Specimen : Plasma Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8240602816

CLINICAL CHEMISTRY

Test	Result	Unit	Biological Reference Interval
Post Prandial Blood Sugar (PPBS) (Glucose Oxidase, Peroxidase)	143 H	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)



DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Ms Bimala Sen MRN : 17510001158637 Gender/Age : FEMALE , 59y (11/01/1964)

Collected On : 30/01/2023 10:46 AM Received On : 30/01/2023 11:03 AM Reported On : 30/01/2023 12:23 PM

Barcode : BR2301300030 Specimen : Whole Blood Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8240602816

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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DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Ms Bimala Sen MRN : 17510001158637 Gender/Age : FEMALE , 59y (11/01/1964)

Collected On : 30/01/2023 10:46 AM Received On : 30/01/2023 11:02 AM Reported On : 30/01/2023 12:33 PM

Barcode : 802301300377 Specimen : Whole Blood Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8240602816

CLINICAL CHEMISTRY

Test	Result	Unit	Biological Reference Interval
<b>HBA1C</b>			
HbA1c (HPLC)	<b>5.7 H</b>	%	Normal: 4.0-5.6 Prediabetes: 5.7-6.4 Diabetes: => 6.5 ADA standards 2019 (Carpenter/ Coustan)
Estimated Average Glucose	116.89	-	-

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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## DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Ms Bimala Sen MRN : 17510001158637 Gender/Age : FEMALE , 59y (11/01/1964)

Collected On : 30/01/2023 10:46 AM Received On : 30/01/2023 11:01 AM Reported On : 30/01/2023 11:59 AM

Barcode : 812301300251 Specimen : Whole Blood Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8240602816

## HAEMATOLOGY LAB

Test	Result	Unit	Biological Reference Interval
<b>COMPLETE BLOOD COUNT (CBC)</b>			
Haemoglobin (Hb%) (Photometric Measurement)	13.3	g/dL	12.0-15.0
Red Blood Cell Count (Electrical Impedance)	4.32	millions/ $\mu$ L	3.8-4.8
PCV (Packed Cell Volume) / Hematocrit (Calculated)	39.8	%	36.0-46.0
MCV (Mean Corpuscular Volume) (Derived From RBC Histogram)	92.2	fL	83.0-101.0
MCH (Mean Corpuscular Haemoglobin) (Calculated)	30.9	pg	27.0-32.0
MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	33.5	%	31.5-34.5
Red Cell Distribution Width (RDW) (Calculated)	13.5	%	11.6-14.0
Platelet Count (Electrical Impedance)	<b>110 L</b>	$10^3/\mu$ L	150.0-400.0
Mean Platelet Volume (MPV) (Derived)	<b>14.0 H</b>	fL	7.0-11.7
Total Leucocyte Count(WBC) (Electrical Impedance)	5.9	$10^3/\mu$ L	4.0-10.0
<b>DIFFERENTIAL COUNT (DC)</b>			
Neutrophils (VCSn Technology)	61.1	%	40.0-75.0
Lymphocytes (VCSn Technology)	25.6	%	20.0-40.0
Monocytes (VCSn Technology)	7.2	%	2.0-10.0
Eosinophils (VCSn Technology)	4.9	%	1.0-6.0

Patient Name : Ms Bimala Sen MRN : 17510001158637 Gender/Age : FEMALE , 59y (11/01/1964)

Basophils (VCSn Technology)	1.2	%	0.0-2.0
Absolute Neutrophil Count (Calculated)	3.61	$10^3/\mu\text{L}$	1.8-7.8
Absolute Lymphocyte Count (Calculated)	1.52	$10^3/\mu\text{L}$	1.0-4.8
Absolute Monocyte Count (Calculated)	0.43	$10^3/\mu\text{L}$	0.0-0.8
Absolute Eosinophil Count (Calculated)	0.29	$10^3/\mu\text{L}$	0.0-0.45
Absolute Basophil Count (Calculated)	0.08	$10^3/\mu\text{L}$	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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- Kindly correlate clinically.



# ADULT TRANS-THORACIC ECHO REPORT

**PATIENT NAME** : Ms Bimala Sen  
**GENDER/AGE** : Female, 59 Years  
**LOCATION** : -

**PATIENT MRN** : 17510001158637  
**PROCEDURE DATE** : 30/01/2023 04:11 PM  
**REQUESTED BY** : EXTERNAL



## IMPRESSION

- NO SIGNIFICANT ECHOCARDIOGRAPHIC ABNORMALITY DETECTED.
- N.B: POOR ECHO WINDOW.

## FINDINGS

### CHAMBERS

LEFT ATRIUM : NORMAL SIZED  
RIGHT ATRIUM : NORMAL SIZED  
LEFT VENTRICLE : NORMAL SIZED CAVITY. NO REGIONAL WALL MOTION ABNORMALITY. GOOD LV SYSTOLIC FUNCTION WITH EJECTION FRACTION: 67%. NORMAL DIASTOLIC FLOW PATTERN.  
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.

MS BIMALA SEN (17510001158637)

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DR. SUNANDA JANA  
JUNIOR CONSULTANT ECHOCARDIOGRAPHY MBBS, PGDCC

SOVA DAS  
ASSISTANT MANAGER

30/01/2023 04:11 PM

<b>PREPARED BY</b>	: SHAWLI MITRA(307739)	<b>PREPARED ON</b>	: 30/01/2023 04:13 PM
<b>GENERATED BY</b>	: MADHUPARNA DASGUPTA(333433)	<b>GENERATED ON</b>	: 04/02/2023 11:46 AM

<b>Patient Name</b>	Bimala Sen	<b>Requested By</b>	EXTERNAL
<b>MRN</b>	17510001158637	<b>Procedure DateTime</b>	2023-01-30 12:46:27
<b>Age/Sex</b>	59Y/Female	<b>Hospital</b>	NH-RTIICS

### **USG OF WHOLE ABDOMEN (SCREENING)**

#### **LIVER:**

It is normal in size and mild increased in 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. No collaterals are seen.

#### **GALL BLADDER:**

It is optimally distended. No calculus or sludge is seen within it. The wall is not thickened.

#### **CBD:**

The common duct is not dilated at porta. No intraluminal calculus is seen.

#### **SPLEEN:**

It is normal in size measuring 9.0 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 9.6 cm and 9.3 cm respectively.

#### **URINARY BLADDER:**

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

**UTERUS:**

It is anteverted, normal in size measuring 7.3 x 2.0 x 3.4 cm and normal echopattern. No focal SOL is seen. The endometrial echoline is central in position. Endometrium is not thickened (and measures 0.56 cm). The cervix appears normal.

**OVARIES:**

The ovaries are normal in size, shape and echotexture.

The right and left ovaries measures 2.1 x 1.2 cm and 2.2 x 1.0 cm respectively.

**IMPRESSION:**

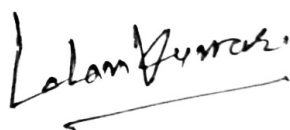
- Grade I fatty changes in liver.

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 : Manju

A handwritten signature in black ink that reads "Lalan Kumar". The signature is written in a cursive style and is underlined with a single horizontal line.

**Dr. Lalan Kumar**

Consultant Sonologist  
MBBS CBET (USG)

\* **This is a digitally signed valid document.** Reported Date/Time: 2023-01-30 13:00:51

<b>Patient Name</b>	Bimala Sen	<b>Requested By</b>	EXTERNAL
<b>MRN</b>	17510001158637	<b>Procedure DateTime</b>	2023-01-30 13:32:54
<b>Age/Sex</b>	59Y/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 seen.

The subcutaneous, subareolar and retro mammary soft tissue planes are normal.

Both axillary tails are also normal.

There is no evidence of axillary or supraclavicular lymphadenopathy.

#### **IMPRESSION:**

- No significant abnormality detected.

NB: Mild probe pressure tenderness right subareolar region at the time of scan.

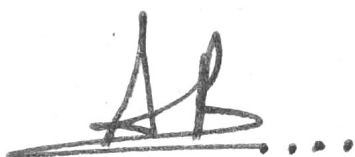


**NB** : Negative sonomammogram does not exclude breast cancer. All imaging results must be considered in the context of the clinical findings. In bulky breasts, an underlying lesion may be obscured.

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A handwritten signature in black ink, consisting of stylized initials 'SB' 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 13:46:13

<b>Patient Name</b>	Bimala Sen	<b>Requested By</b>	EXTERNAL
<b>MRN</b>	17510001158637	<b>Procedure DateTime</b>	2023-01-30 12:21:01
<b>Age/Sex</b>	59Y/Female	<b>Hospital</b>	NH-RTIICS

### **CHEST RADIOGRAPH (PA VIEW)**

#### **FINDINGS:**

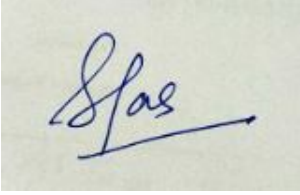
- Positional rotation is seen.
- Homogeneous opacification seen in right upper lung zone with deviation of trachea, likely to be right upper lobe collapse
- Elevated right dome of diaphragm with focal tenting.
- Mild bilateral perihilar markings is prominent.
- The cardiac shadow is normal in contour.
- The hilar shadows are within normal limits.
- The visualized bones and soft tissue structures 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.

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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 19:16:12