

DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Ms Kakali Chakraborty MRN : 17600000241322 Gender/Age : FEMALE , 36y (22/04/1987)

Collected On : 24/06/2023 10:03 AM Received On : 24/06/2023 10:18 AM Reported On : 24/06/2023 11:22 AM

Barcode : F22306240059 Specimen : Whole Blood Consultant : Dr. Swarup Paul(CRITICAL CARE MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9875576780

HAEMATOLOGY LAB

Test	Result	Unit	Biological Reference Interval
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BLOOD GROUP & RH TYPING

Blood Group (Slide Technique And Tube Technique)	"B"	-	-
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RH Typing (Slide Technique And Tube Technique)	Positive	-	-
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COMPLETE BLOOD COUNT (CBC)

Haemoglobin (Hb%) (Cyanide-free Hemoglobin Method)	12.7	g/dL	12.0-15.0
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Red Blood Cell Count (Impedance Variation)	4.82 H	millions/ μ L	3.8-4.8
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PCV (Packed Cell Volume) / Hematocrit (Impedance)	40.4	%	36.0-46.0
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MCV (Mean Corpuscular Volume) (Calculated)	84	fL	83.0-101.0
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MCH (Mean Corpuscular Haemoglobin) (Calculated)	26.4 L	pg	27.0-32.0
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MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	31.5	g/dL	31.5-34.5
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Red Cell Distribution Width (RDW) (Impedance)	16.5 H	%	11.6-14.0
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Platelet Count (Impedance Variation/Microscopy)	165	Thousand / μ L	150.0-410.0
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Total Leucocyte Count(WBC) (Impedance Variation)	8.0	$\times 10^3$ cells/ μ l	4.0-10.0
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DIFFERENTIAL COUNT (DC)

Neutrophils (Impedance Variation And Absorbency /Microscopy)	62.7	%	40.0-80.0
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Lymphocytes (Impedance Variation And Absorbency /Microscopy)	32.4	%	20.0-40.0
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Narayana Multispeciality Hospital

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Appointments

1800-309-0309 (Toll Free)

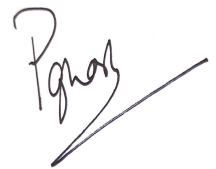
Emergencies

9836-75-0808

Patient Name : Ms Kakali Chakraborty MRN : 17600000241322 Gender/Age : FEMALE , 36y (22/04/1987)			
Monocytes (Impedance Variation And Absorbency /Microscopy)	3.1	%	2.0-10.0
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	5.02	-	2.0-7.0
Absolute Lymphocyte Count	2.6	-	1.0-3.0
Absolute Monocyte Count	0.25	-	0.2-1.0
Absolute Eosinophil Count	0.14	-	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. Prithwijiit Ghosh
 MBBS, MD, Pathology
 Consultant Pathologist

Note

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Collected On : 24/06/2023 10:03 AM Received On : 24/06/2023 10:18 AM Reported On : 24/06/2023 11:32 AM

Barcode : F12306240085 Specimen : Serum Consultant : Dr. Swarup Paul(CRITICAL CARE MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9875576780

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
Serum Sodium (ISE Direct)	140	mmol/L	137.0-145.0
Serum Potassium (ISE Direct)	4.8	mmol/L	3.5-5.1
LIVER FUNCTION TEST(LFT)			
Bilirubin Total (Dyphylline, Diazonium Salt)	0.5	mg/dL	0.2-1.3
Conjugated Bilirubin (Direct) (Direct Measure)	0.3	mg/dL	0.0-0.3
Unconjugated Bilirubin (Indirect) (Direct Measure)	0.2 L	mg/dL	0.3-1.3
Total Protein (Biuret, No Serum Blank, End Point)	8.3 H	g/dL	6.3-8.2
Serum Albumin (Bromcresol Green (BCG))	4.6	gm/dL	3.5-5.0
Serum Globulin (Calculated)	3.7 H	g/dL	2.0-3.5
Albumin To Globulin (A/G)Ratio (Calculated)	1.24	-	1.0-2.1
SGOT (AST) (Multiple-point Rate)	30	U/L	14.0-36.0
SGPT (ALT) (Uv With P5p)	30	U/L	<35.0
Alkaline Phosphatase (ALP) (PMPP, AMP Buffer)	93	IU/L	38.0-126.0
Gamma Glutamyl Transferase (GGT) (G-glutamyl-p-nitroanilide)	16	U/L	12.0-43.0

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Patient Name : Ms Kakali Chakraborty MRN : 17600000241322 Gender/Age : FEMALE , 36y (22/04/1987)



Dr. Samarpita Mukherjee
MBBS, MD Biochemistry
CONSULTANT

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
SERUM CREATININE			
Serum Creatinine (Enzymatic Method)	0.6	mg/dL	0.52-1.04
eGFR	113.2	mL/min/1.73m ²	-
LIPID PROFILE (CHOL,TRIG,HDL,LDL,VLDL)			
Cholesterol Total (Cholesterol Oxidase Esterase Peroxidase)	206 H	mg/dL	Desirable: < 200 Borderline High: 200-239 High: > 240
Triglycerides (Enzymatic End Point)	269 H	mg/dL	Normal: < 150 Borderline: 150-199 High: 200-499 Very High: > 500
HDL Cholesterol (HDLC) (Direct Measure, PTA /MgCl ₂)	44	mg/dL	Low: <40.0 mg/dL High: >60.0 mg/dL
Non-HDL Cholesterol	162.0	-	-
LDL Cholesterol (End Point)	130.86 H	mg/dL	Optimal: < 100 Near to above optimal: 100-129 Borderline High: 130-159 High: 160-189 Very High: > 190
VLDL Cholesterol (Calculated)	54 H	mg/dL	0.0-40.0
Cholesterol /HDL Ratio (Calculated)	4.7	-	-
THYROID PROFILE (T3, T4, TSH)			
Tri Iodo Thyronine (T3) (CLIA)	1.34	ng/mL	0.97-1.69

Page 2 of 3

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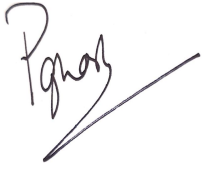
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Thyroxine (T4) (CLIA)	9.43	µg/dl	5.53-11.0
TSH (Thyroid Stimulating Hormone) (CLIA)	0.6472	µIU/mL	0.4-4.049

--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 : 9875576780

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
Blood Urea Nitrogen (BUN) (Urease, UV)	7.47	mg/dL	7.0-17.0

--End of Report--

Dr. Samarpita Mukherjee
MBBS, MD Biochemistry
CONSULTANT

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ADULT TRANS-THORACIC ECHO REPORT

PATIENT NAME : Ms Kakali Chakraborty
GENDER/AGE : Female, 36 Years
LOCATION : -

PATIENT MRN : 17600000241322
PROCEDURE DATE : 24/06/2023 12:46 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
AP DIAMETER(MM): 35

RIGHT ATRIUM : NORMAL

LEFT VENTRICLE : NORMAL SIZED LEFT VENTRICULAR CAVITY. NO RWMA. GOOD LEFT VENTRICULAR SYSTOLIC FUNCTION WITH LVEF 67 %. NORMAL DIASTOLIC INFLOW PATTERN.

LVIDD(MM)	: 41	IVSD(MM)	: 8	EDV(ML)	:
LVIDS(MM)	: 26	LVPWD(MM)	: 8	ESV(ML)	:
E/A RATIO	:	E/E'(AVERAGE)	:	LVEF(%)	: 67

RIGHT VENTRICLE : NORMAL IN SIZE. 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): 24

PA : NORMAL, NO PULMONARY HYPERTENSION
IVC : IVC 7 MM WITH NORMAL RESPIRATORY VARIATION

PERICARDIUM : NORMAL

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

OTHERS : DOPPLER DATA MITRAL : E: VELOCITY: 97 CM/SEC, A : VELOCITY : 79 CM/SEC AORTIC :
VMAX : 167 CM/SEC, PEAK PG : 11 MMHG TRICUSPID : VMAX : 91 CM/SEC, PEAK PG : 3.3
MMHG PULMONARY : VMAX : 114 CM/SEC, PEAK PG : 5 MMHG



DR. SANYAL SOUGATA
ASSOCIATE CONSULTANT

24/06/2023 12:46 PM

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

PREPARED ON : 24/06/2023 12:49 PM
GENERATED ON : 01/07/2023 12:54 PM

Patient Name	Kakali Chakraborty	Requested By	Dr. Swarup Paul
MRN	17600000241322	Procedure DateTime	2023-06-24 11:16:07
Age/Sex	36Y 2M/Female	Hospital	NH-BARASAT

ULTRASONOGRAPHY OF WHOLE ABDOMEN

LIVER : It is normal in size (13.7 cm), 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 – 3.2 mm at porta, visualized proximal lumen is clear. Distal CBD is obscured by bowel gas shadow.

PV : It appears normal, measuring – 8.9 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 (9.6 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 – 9.4 cm. Left kidney – 10.6 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 (8.3 cm x 3.7 cm x 4.6 cm, volume = 75.0 cc), anteverted. Myometrial echopattern is within normal limits. No focal SOL is seen. Endometrial echoes are central (3.2 mm) and shows normal echogenicity. 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 – 2.1 cm x 1.3 cm ,Left Ovary – 2.0 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.

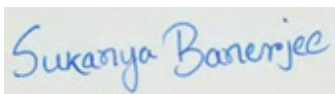
No ascites seen.

No pleural effusion seen.

IMPRESSION :

- **Grade I fatty changes of liver.**

Advise : Clinical correlation & further relevant investigation suggested.



Dr. Sukanya Banerjee
MD (Radiodiagnosis)

DEPARTMENT OF LABORATORY MEDICINE

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Barcode : F12306240087 Specimen : Whole Blood Consultant : Dr. Swarup Paul(CRITICAL CARE MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9875576780

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
HBA1C			
HbA1c (HPLC)	5.4	%	Both: Normal: 4.0-5.6 Both: Prediabetes: 5.7-6.4 Both: Diabetes: => 6.5 ADA standards 2019 (Carpenter/ Coustan)
Estimated Average Glucose	108.28	-	-

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. Samarпита Mukherjee
MBBS, MD Biochemistry
CONSULTANT

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Collected On : 24/06/2023 10:03 AM Received On : 24/06/2023 10:18 AM Reported On : 24/06/2023 11:48 AM

Barcode : F22306240060 Specimen : Whole Blood - ESR Consultant : Dr. Swarup Paul(CRITICAL CARE MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9875576780

HAEMATOLOGY LAB

Test	Result	Unit	Biological Reference Interval
Erythrocyte Sedimentation Rate (ESR) (Westergren Method)	26 H	mm/1hr	0.0-20.0

--End of Report--

Dr. Prithwijit Ghosh
MBBS, MD, Pathology
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MC-5371



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Collected On : 24/06/2023 02:59 PM Received On : 24/06/2023 03:38 PM Reported On : 24/06/2023 05:28 PM

Barcode : F12306240144 Specimen : Plasma Consultant : Dr. Swarup Paul(CRITICAL CARE MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9875576780

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
Post Prandial Blood Sugar (PPBS) (Glucose Oxidase, Hydrogen Peroxidase)	121	mg/dL	Normal: ≤140 Pre-diabetes: 141-199 Diabetes: => 200

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--

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MBBS, MD Biochemistry
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Barcode : F22306240060 Specimen : Whole Blood - ESR Consultant : Dr. Swarup Paul(CRITICAL CARE MEDICINE)

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3. Any sample with >15% should be suspected of having a haemoglobin variant.

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MBBS, MD Biochemistry
CONSULTANT

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Barcode : F12306240086 Specimen : Plasma Consultant : Dr. Swarup Paul(CRITICAL CARE MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9875576780

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
Fasting Blood Sugar (FBS) (Glucose Oxidase, Hydrogen Peroxidase)	94	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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Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9875576780

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
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Collected On : 24/06/2023 10:03 AM Received On : 24/06/2023 02:07 PM Reported On : 24/06/2023 02:46 PM

Barcode : F32306240013 Specimen : Urine Consultant : Dr. Swarup Paul(CRITICAL CARE MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9875576780

CLINICAL PATHOLOGY

Test	Result	Unit	Biological Reference Interval
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URINE ROUTINE & MICROSCOPY

PHYSICAL EXAMINATION

Volume (Visible)	40	ml	-
Colour (Visible)	Pale Yellow	-	-
Appearance (Visible)	Clear	-	-

CHEMICAL EXAMINATION

pH(Reaction) (Dual Wavelength Reflectance)	5.5	-	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	-	-

Narayana Multispeciality Hospital

(A unit of Narayana Hrudayalaya Limited) CIN: L85110KA2000PLC027497

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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

9836-75-0808

Patient Name : Ms Kakali Chakraborty MRN : 17600000241322 Gender/Age : FEMALE , 36y (22/04/1987)

Nitrite (Dual Wavelength Reflectance) Absent - -

MICROSCOPIC EXAMINATION

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

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

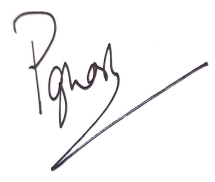
Epithelial Cells (Microscopy) 4-6/hpf - 2-3

Crystals (Microscopy) Not Seen - -

Casts (Microscopy) **Absent** - -

Others (Microscopy) Nil - -

--End of Report--



Dr. Prithwjit Ghosh
 MBBS, MD, Pathology
 Consultant Pathologist

Note

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



DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Ms Kakali Chakraborty MRN : 17600000241322 Gender/Age : FEMALE , 36y (22/04/1987)

Collected On : 24/06/2023 10:03 AM Received On : 24/06/2023 02:07 PM Reported On : 24/06/2023 02:44 PM

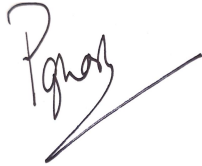
Barcode : F32306240013 Specimen : Urine Consultant : Dr. Swarup Paul(CRITICAL CARE MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9875576780

CLINICAL PATHOLOGY

Test	Result	Unit
Urine For Sugar	Negative	-

--End of Report--



Dr. Prithwijit Ghosh
MBBS, MD, Pathology
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9836-75-0808

1437

Patient Name	Kakali Chakraborty	Requested By	Dr. Swarup Paul
MRN	17600000241322	Procedure DateTime	2023-06-24 10:47:35
Age/Sex	36Y 2M/Female	Hospital	NH-BARASAT

X-RAY - CHEST (PA)

Lung fields appear normal.

Trachea is in situ

CP angles are clear.

Cardiac shadow is normal.

Suggested clinical correlation and further investigations



Dr. Subrata Sanyal
(Department of Radiology)

DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Ms Kakali Chakraborty MRN : 17600000241322 Gender/Age : FEMALE , 36y (22/04/1987)

Collected On : 24/06/2023 03:59 PM Received On : 24/06/2023 04:00 PM Reported On : 26/06/2023 05:43 PM

Barcode : F82306240004 Specimen : Fluid & Swab Consultant : Dr. Swarup Paul(CRITICAL CARE MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9875576780

CYTOLOGY

CERVICAL SMEAR FOR CYTOLOGY

LAB No. C/31/23

SPECIMEN DETAILS Conventional PAP smear.

MICROSCOPIC EXAMINATION Mostly superficial and intermedeate squamous cells with few parabasal cells seen.
No endocervical cells seen. Plenty of polymorphs noted.

IMPRESSION Inadequate for final evaluation.

NOTE Clinical correlation with follow up suggested.

--End of Report--



Dr. Ruby Sarkar
MBBS, MD Pathology Consultant

Note

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- Results relate to the sample only.
- Kindly correlate clinically.

