DEPARTMENT OF LABORATORY MEDICINE

Patient Name : Ms Archana Mishra   MRN : 17510001178383   Gender/Age : FEMALE , 49y (30/09/1973)

Collected On : 20/04/2023 08:50 AM   Received On : 20/04/2023 09:17 AM   Reported On : 20/04/2023 12:17 PM

Barcode : 812304200214   Specimen : Whole Blood - ESR   Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory   Visit No : OP-001   Patient Mobile No : 9903693614

HAEMATOLOGY LAB

Test	Result	Unit	Biological Reference Interval
Erythrocyte Sedimentation Rate (ESR)	**150 H**	mm/1hr	0.0-12.0
(Modified Westergren Method)			

--End of Report-

Dr. Moumita Panja
DNB, Pathology
Consultant Pathologist

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

MC - 2803

DEPARTMENT OF LABORATORY MEDICINE

Patient Name : **Ms Archana Mishra**   MRN : **17510001178383**   Gender/Age : **FEMALE , 49y (30/09/1973)**

Collected On : **20/04/2023 08:50 AM**   Received On : **20/04/2023 09:16 AM**   Reported On : **20/04/2023 10:07 AM**

Barcode : **802304200268**   Specimen : **Whole Blood**   Consultant : **EXTERNAL(EXTERNAL)**

Sample adequacy : **Satisfactory**   Visit No : **OP-001**   Patient Mobile No : **9903693614**

CLINICAL CHEMISTRY

Test	Result	Unit	Biological Reference Interval
HBA1C			
HbA1c (HPLC)	4.8	%	Normal: 4.0-5.6 Prediabetes: 5.7-6.4 Diabetes: => 6.5 ADA standards 2019 (Carpenter/ Coustan)
Estimated Average Glucose	91.06	-	-

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

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

MC - 2803

DEPARTMENT OF LABORATORY MEDICINE

Patient Name : **Ms Archana Mishra**   MRN : **17510001178383**   Gender/Age : **FEMALE , 49y (30/09/1973)**

Collected On : **20/04/2023 08:50 AM**   Received On : **20/04/2023 09:39 AM**   Reported On : **20/04/2023 12:33 PM**

Barcode : **802304200265**   Specimen : **Serum**   Consultant : **EXTERNAL(EXTERNAL)**

Sample adequacy : **Satisfactory**   Visit No : **OP-001**   Patient Mobile No : **9903693614**

CLINICAL CHEMISTRY

Test	Result	Unit	Biological Reference Interval
Blood Urea Nitrogen (BUN) (Endpoint /Colorimetric - Urease)	**4.05 L**	-	7.0-17.0

LIVER FUNCTION TEST(LFT)

Test	Result	Unit	Biological Reference Interval
Bilirubin Total (Colorimetric -Diazo Method)	0.42	mg/dL	0.2-1.3
Conjugated Bilirubin (Direct) (Calculated)	0.18	mg/dL	0.0-0.4
Unconjugated Bilirubin (Indirect) (Colorimetric Endpoint)	0.24	-	-
Total Protein (Biuret Method)	8.00	g/dL	6.3-8.2
Serum Albumin (Colorimetric - Bromo-Cresol Green)	4.20	gm/dL	3.5-5.0
Serum Globulin (Calculated)	**3.8 H**	g/dL	2.0-3.5
Albumin To Globulin (A/G)Ratio (Calculated)	1.11	-	1.0-2.1
SGOT (AST) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	24	U/L	14.0-36.0
SGPT (ALT) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	14	U/L	<35.0
Alkaline Phosphatase (ALP) (Multipoint-Rate - P-nitro Phenyl Phosphate, AMP Buffer)	99	IU/L	38.0-126.0
Gamma Glutamyl Transferase (GGT) (Multipoint Rate - L-glutamyl-p-nitroanilide (Szasz Method))	**<10 L**	U/L	12.0-43.0

Rechecked

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

CLINICAL CHEMISTRY

Test	Result	Unit	Biological Reference Interval
SERUM CREATININE			
Serum Creatinine (Two Point Rate - Creatinine Aminohydrolase)	0.62	mg/dL	0.52-1.04
eGFR	102.4	$mL/min/1.73m^2$	-
Serum Sodium (Direct ISE - Potentiometric)	138	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)	**219 H**	mg/dL	Desirable: < 200 Borderline High: 200-239 High: > 240
Triglycerides (Enzymatic Endpoint Colorimetric)	118	mg/dL	Normal: < 150 Borderline: 150-199 High: 200-499 Very High: > 500
HDL Cholesterol (HDLC) (Colorimetric: Non HDL Precipitation Phosphotungstic Acid Method)	**39 L**	mg/dL	40.0-60.0
Non-HDL Cholesterol	180.0	-	-
LDL Cholesterol (Non LDL Selective Elimination, CHOD/POD)	**133.7 H**	mg/dL	Optimal: < 100 Near to above optimal: 100-129 Borderline High: 130-159 High: 160-189 Very High: > 190
VLDL Cholesterol (Calculated)	23.6	mg/dL	0.0-40.0
Cholesterol /HDL Ratio	5.7	-	-

--End of Report-

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

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

Note

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

  (Lipid Profile, -> Auto Authorized)

  (Serum Sodium, -> Auto Authorized)

  (Serum Potassium, -> Auto Authorized)

  (CR -> Auto Authorized)

MC - 2803

DEPARTMENT OF LABORATORY MEDICINE

Patient Name : **Ms Archana Mishra**   MRN : **17510001178383**   Gender/Age : **FEMALE , 49y (30/09/1973)**

Collected On : **20/04/2023 08:50 AM**   Received On : **20/04/2023 09:39 AM**   Reported On : **20/04/2023 10:56 AM**

Barcode : **802304200265**   Specimen : **Serum**   Consultant : **EXTERNAL(EXTERNAL)**

Sample adequacy : **Satisfactory**   Visit No : **OP-001**   Patient Mobile No : **9903693614**

CLINICAL CHEMISTRY

Test	Result	Unit	Biological Reference Interval
THYROID PROFILE (T3, T4, TSH)			
Tri Iodo Thyronine (T3) (Enhanced Chemiluminescence Immunoassay (CLIA))	1.30	ng/mL	0.97-1.69
Thyroxine (T4) (Enhanced Chemiluminescence Immunoassay (CLIA))	10.3	µg/dl	5.53-11.0
TSH (Thyroid Stimulating Hormone) (Enhanced Chemiluminescence Immunoassay (CLIA))	2.103	uIU/ml	Non Pregnant: 0.4001-4.049 1st Trimester: 0.1298-3.10 2nd Trimester: 0.2749-2.652 3rd Trimester: 0.3127-2.947

--End of Report-

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

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

Note

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

(-> Auto Authorized)

DEPARTMENT OF LABORATORY MEDICINE

Patient Name : **Ms Archana Mishra**   MRN : **17510001178383**   Gender/Age : **FEMALE , 49y (30/09/1973)**

Collected On : **20/04/2023 12:39 PM**   Received On : **20/04/2023 12:55 PM**   Reported On : **20/04/2023 01:44 PM**

Barcode : **802304200646**   Specimen : **Plasma**   Consultant : **EXTERNAL(EXTERNAL)**

Sample adequacy : **Satisfactory**   Visit No : **OP-001**   Patient Mobile No : **9903693614**

CLINICAL CHEMISTRY

Test	Result	Unit	Biological Reference Interval
Post Prandial Blood Sugar (PPBS) (Glucose Oxidase, Peroxidase)	96	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. Debasree Biswas
MD, Biochemistry
Clinical Biochemist MBBS, MD

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

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

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

MC - 2803

DEPARTMENT OF LABORATORY MEDICINE

Patient Name : **Ms Archana Mishra**   MRN : **17510001178383**   Gender/Age : **FEMALE , 49y (30/09/1973)**

Collected On : **20/04/2023 08:50 AM**   Received On : **20/04/2023 09:36 AM**   Reported On : **20/04/2023 10:29 AM**

Barcode : **802304200267**   Specimen : **Plasma**   Consultant : **EXTERNAL(EXTERNAL)**

Sample adequacy : **Satisfactory**   Visit No : **OP-001**   Patient Mobile No : **9903693614**

CLINICAL CHEMISTRY

Test	Result	Unit	Biological Reference Interval
Fasting Blood Sugar (FBS) (Glucose Oxidase, Peroxidase)	91	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
- Abnormal results are highlighted.
- Results relate to the sample only.
- Kindly correlate clinically.

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

MC - 2803

DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : **Ms Archana Mishra**   MRN : **17510001178383**   Gender/Age : **FEMALE , 49y (30/09/1973)**

Collected On : **20/04/2023 08:50 AM**   Received On : **20/04/2023 09:38 AM**   Reported On : **20/04/2023 11:17 AM**

Barcode : **BR2304200016**   Specimen : **Whole Blood**   Consultant : **EXTERNAL(EXTERNAL)**

Sample adequacy : **Satisfactory**   Visit No : **OP-001**   Patient Mobile No : **9903693614**

IMMUNOHAEMATOLOGY

Test	Result	Unit
BLOOD GROUP & RH TYPING		
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

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

MC - 2803

DEPARTMENT OF LABORATORY MEDICINE

Patient Name : **Ms Archana Mishra**   MRN : **17510001178383**   Gender/Age : **FEMALE , 49y (30/09/1973)**

Collected On : **20/04/2023 08:50 AM**   Received On : **20/04/2023 11:04 AM**   Reported On : **20/04/2023 11:33 AM**

Barcode : **822304200018**   Specimen : **Urine**   Consultant : **EXTERNAL(EXTERNAL)**

Sample adequacy : **Satisfactory**   Visit No : **OP-001**   Patient Mobile No : **9903693614**

CLINICAL PATHOLOGY

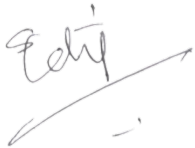| Test	Result	Unit	Biological Reference Interval
URINE ROUTINE & MICROSCOPY			
PHYSICAL EXAMINATION			
Volume	50	ml	-
Colour	Colorless	-	-
Appearance	Clear	-	-
CHEMICAL EXAMINATION			
pH(Reaction) (Mixed PH Indicator)	6.5	-	4.8-7.5
Sp. Gravity (Dual Wavelength Reflectance)	1.002	-	1.002-1.030
Protein (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

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. Shanaz Latif
MD, Pathology
Consultant Pathology MBBS, DTM&H, DCP, MD .Reg No 41555 : WBMC

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

MC - 2803

DEPARTMENT OF LABORATORY MEDICINE

Patient Name : **Ms Archana Mishra**   MRN : **17510001178383**   Gender/Age : **FEMALE , 49y (30/09/1973)**

Collected On : **20/04/2023 08:50 AM**   Received On : **20/04/2023 09:17 AM**   Reported On : **20/04/2023 09:51 AM**

Barcode : **812304200215**   Specimen : **Whole Blood**   Consultant : **EXTERNAL(EXTERNAL)**

Sample adequacy : **Satisfactory**   Visit No : **OP-001**   Patient Mobile No : **9903693614**

HAEMATOLOGY LAB

Test	Result	Unit	Biological Reference Interval
COMPLETE BLOOD COUNT (CBC)			
Haemoglobin (Hb%) (Photometric Measurement)	**10.6 L**	g/dL	12.0-15.0
Red Blood Cell Count (Electrical Impedance)	**3.38 L**	millions/ μL	3.8-4.8
PCV (Packed Cell Volume) / Hematocrit (Calculated)	**32.2 L**	%	36.0-46.0
MCV (Mean Corpuscular Volume) (Derived From RBC Histogram)	95.2	fL	83.0-101.0
MCH (Mean Corpuscular Haemoglobin) (Calculated)	31.2	pg	27.0-32.0
MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	32.8	%	31.5-34.5
Red Cell Distribution Width (RDW) (Calculated)	**14.6 H**	%	11.6-14.0
Platelet Count (Electrical Impedance)	193	$10^3/\mu L$	150.0-400.0
Mean Platelet Volume (MPV) (Derived)	**11.8 H**	fL	7.0-11.7
Total Leucocyte Count(WBC) (Electrical Impedance)	5.9	$10^3/\mu L$	4.0-10.0
DIFFERENTIAL COUNT (DC)			
Neutrophils (VCSn Technology)	58.4	%	40.0-75.0
Lymphocytes (VCSn Technology)	32.0	%	20.0-40.0
Monocytes (VCSn Technology)	8.4	%	2.0-10.0
Eosinophils (VCSn Technology)	**0.8 L**	%	1.0-6.0

Basophils (VCSn Technology)	0.4	%	0.0-2.0
NRBC (VCSn Technology)	0.0	/100 WBC	-
Absolute Neutrophil Count (Calculated)	3.45	$10^3/\mu L$	1.8-7.8
Absolute Lympocyte Count (Calculated)	1.89	$10^3/\mu L$	1.0-4.8
Absolute Monocyte Count (Calculated)	0.5	$10^3/\mu L$	0.0-0.8
Absolute Eosinophil Count (Calculated)	0.05	$10^3/\mu L$	0.0-0.45
Absolute Basophil Count (Calculated)	0.03	$10^3/\mu L$	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

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

MC - 2803

ADULT TRANS-THORACIC ECHO REPORT

PATIENT NAME	: Ms Archana Mishra	**PATIENT MRN**	: 17510001178383
GENDER/AGE	: Female, 49 Years	**PROCEDURE DATE**	: 20/04/2023 11:39 AM
LOCATION	: -	**REQUESTED BY**	: EXTERNAL

IMPRESSION

- NO SIGNIFICANT ECHOCARDIOGRAPHIC ABNORMALITY DETECTED.

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: 65%. NORMAL DIASTOLIC FLOW PATTERN.
RIGHT VENTRICLE	:	NORMAL.

VALVES

MITRAL	:	NORMAL.
AORTIC	:	NORMAL.
TRICUSPID	:	NORMAL.
PULMONARY	:	NORMAL.

SEPTAE

IAS	:	INTACT
IVS	:	INTACT

ARTERIES AND VEINS

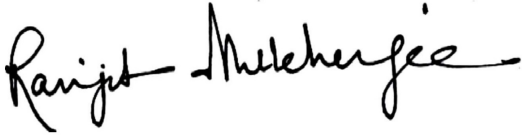|		
AORTA	:	NORMAL, LEFT AORTIC ARCH
PA	:	NORMAL SIZE
IVC	:	NORMAL SIZE & COLLAPSIBILITY
SVC & CS	:	NORMAL
PULMONARY VEINS	:	NORMAL

PERICARDIUM	:	NORMAL PERICARDIAL THICKNESS. NO EFFUSION
INTRACARDIAC MASS	:	NO TUMOUR, THROMBUS OR VEGETATION SEEN
OTHERS	:	NIL.

MS ARCHANA MISHRA (17510001178383)

DR. RANJIT MUKHERJEE
ASSOCIATE CONSULTANT ECHOCARDIOGRAPHY MBBS, PGDCC

RUPALI SARDAR
SENIOR TECHNICIAN

20/04/2023 11:39 AM

PREPARED BY   : SHAWLI MITRA(307739)   **PREPARED ON**   : 20/04/2023 12:45 PM
GENERATED BY : MADHUPARNA DASGUPTA(333433) **GENERATED ON** : 21/04/2023 04:07 PM

Patient Name	Archana Mishra	Requested By	EXTERNAL
MRN	17510001178383	Procedure DateTime	2023-04-20 11:50:54
Age/Sex	49Y 6M/Female	Hospital	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:

- Normal study.

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

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.

Dr. Sarbari Chatterjee

Consultant Radiologist

* *This is a digitally signed valid document.*Reported Date/Time: 2023-04-20 12:27:25

Patient Name	Archana Mishra	Requested By	EXTERNAL
MRN	17510001178383	**Procedure DateTime**	2023-04-20 09:46:10
Age/Sex	49Y 6M/Female	**Hospital**	NH-RTIICS

CHEST RADIOGRAPH (PA VIEW)

FINDINGS:

- Cardio thoracic ratio is apparently increased.
- Trachea is normal and is central.
- Mediastinum and great vessels are within normal limits.
- The hilar shadows are within normal limits.
- The lung fields and bronchovascular markings appear normal.
- The costo-phrenic angles are clear.
- Both the diaphragmatic domes appear normal.
- The visualized bones and soft tissue appear normal.

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.

Dr. Sarbari Chatterjee

Consultant Radiologist

Page 1 of 1