

Lab No. : ASN/27-07-2024/SR9435032	Lab Add. : CITY CENTER, DURGAPUR PIN-713211
Patient Name : BOIPAYE SABITA	Ref Dr. : Dr.MEDICAL OFFICER
Age : 33 Y 3 M 7 D	Collection Date : 27/Jul/2024 10:23AM
Gender : F	Report Date : 27/Jul/2024 07:34PM



DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
-----------	--------	-------------------	------

GLUCOSE,FASTING , BLOOD, NAF PLASMA <small>(Method:GOD POD)</small>	86	(70 - 110 mg/dl)	mg/dL
---	----	------------------	-------

SODIUM,BLOOD <small>(Method:ISE DIRECT)</small>	142	136 - 145	mEq/L
---	-----	-----------	-------

POTASSIUM,BLOOD <small>(Method:ISE DIRECT)</small>	4.50	3.1-5.5 mEq/L	mEq/L
--	------	---------------	-------

URIC ACID,BLOOD <small>(Method:URICASE)</small>	3.60	2.6 - 6.0	mg/dl
---	------	-----------	-------

*LIPID PROFILE , GEL SERUM			
CHOLESTEROL-TOTAL <small>(Method:CHOD PAP Method)</small>	157	Desirable: < 200 mg/dL Borderline high: 200-239 High: > or =240 mg/dL	mg/dL
TRIGLYCERIDES <small>(Method:GPO-PAP)</small>	218	NORMAL < 150 BORDERLINE HIGH 150-199 HIGH 200-499 VERY HIGH > 500	mg/dL
HDL CHOLESTEROL <small>(Method:DIRECT METHOD)</small>	41	42-88 mg/dl	mg/dL
LDL CHOLESTEROL DIRECT <small>(Method:Direct Method)</small>	81	OPTIMAL : <100 mg/dL, Near optimal/ above optimal : 100-129 mg/dL, Borderline high : 130-159 mg/dL, High : 160-189 mg/dL, Very high : >=190 mg/dL	mg/dL
VLDL <small>(Method:Calculated)</small>	35	< 40 mg/dl	mg/dL
CHOL HDL Ratio <small>(Method:Calculated)</small>	3.8	LOW RISK 3.3-4.4 AVERAGE RISK 4.47-7.1 MODERATE RISK 7.1-11.0 HIGH RISK >11.0	

GLUCOSE,PP <small>(Method:GOD POD)</small>	105	(70 - 140 mg/dl)	mg/dL
--	-----	------------------	-------

*LIVER FUNCTION TEST , GEL SERUM			
BILIRUBIN (TOTAL) <small>(Method:Diazotized DCA Method)</small>	1.20	< 1.2	mg/dL
BILIRUBIN (DIRECT) <small>(Method:Diazotized DCA Method)</small>	0.50	< 0.3	mg/dL
BILIRUBIN (INDIRECT) <small>(Method:Calculated)</small>	0.7	0.0 - 0.9	mg/dl
SGPT/ALT <small>(Method:IFCC Kinetic Method)</small>	10	< 41	U/L
SGOT/AST <small>(Method:IFCC Kinetic Method)</small>	16	< 40	U/L
ALKALINE PHOSPHATASE <small>(Method:AMP)</small>	124	42-98 U/L	U/L
TOTAL PROTEIN <small>(Method:BIURET METHOD)</small>	7.10	6.6 - 8.7	g/dL
ALBUMIN,BLOOD <small>(Method:BCG)</small>	5.00	3.5 - 5.2	g/dL
GLOBULIN <small>(Method:Calculated)</small>	2.10	1.8-3.2	g/dl

Lab No. : ASN/27-07-2024/SR9435032	Lab Add. : CITY CENTER, DURGAPUR PIN-713211
Patient Name : BOIPAYE SABITA	Ref Dr. : Dr.MEDICAL OFFICER
Age : 33 Y 3 M 7 D	Collection Date : 27/Jul/2024 10:23AM
Gender : F	Report Date : 27/Jul/2024 07:34PM



DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
AG Ratio (Method:Calculated)	2.38	1.0 - 2.5	

*THYROID PANEL (T3, T4, TSH) , GEL SERUM			
T3-TOTAL (TRI IODOTHYRONINE) (Method:CLIA)	1.20	0.9 - 2.2 ng/ml	ng/ml
T4-TOTAL (THYROXINE) (Method:CLIA)	10.3	5.5-16 microgram/dl	5.5-16 microgram/dl
TSH (THYROID STIMULATING HORMONE) (Method:CLIA)	3.10	0.5-4.7	µIU/mL

BIOLOGICAL REFERENCE INTERVAL : [ONLY FOR PREGNANT MOTHERS]

Trimester specific TSH LEVELS during pregnancy:

FIRST TRIMESTER : 0.10 - 2.50 µ IU/mL
 SECOND TRIMESTER : 0.20 - 3.00 µ IU/mL
 THIRD TRIMESTER : 0.30 - 3.00 µ IU/mL

References :

- 1.Indian Thyroid Society guidelines for management of thyroid dysfunction during pregnancy. *Clinical Practice Guidelines, New Delhi: Elsevier; 2012.*
- 2.Stagnaro-Green A, Abalovich M, Alexander E, Azizi F, Mestman J, Negro R, et al. *Guidelines of the American Thyroid Association for the Diagnosis and Management of Thyroid Disease During Pregnancy and Postpartum. Thyroid 2011;21: 1081-25.*
- 3.Dave A, Maru L, Tripathi M. *Importance of Universal screening for thyroid disorders in first trimester of pregnancy. Indian J Endocr Metab [serial online] 2014 [cited 2014 Sep 25]; 18: 735-8. Available from: <http://www.ijem.in/text.asp?2014/18/5/735/139221>.*

CREATININE, BLOOD (Method:ENZYMATIC)	0.34	0.60 - 1.1 mg/dl	mg/dL
--	-------------	------------------	-------

*UREA NITROGEN (BUN), BLOOD , GEL SERUM			
UREA,BLOOD (Method:UREASE-GLDH)	10.9	12.8-42.8	mg/dl
ESTIMATED TWICE WITH DILUTION			
UREA NITROGEN (BUN) (Method:Calculated)	5	6-20 mg/dL	mg/dL

*** End Of Report ***

Dr Sayak Biswas
MBBS, MD (Pathology)
 Consultant Pathologist
 Reg No. WBMC 74506

Lab No. : ASN/27-07-2024/SR9435032	Lab Add. : CITY CENTER, DURGAPUR PIN-713211
Patient Name : BOIPAYE SABITA	Ref Dr. : Dr.MEDICAL OFFICER
Age : 33 Y 3 M 7 D	Collection Date : 27/Jul/2024 10:23AM
Gender : F	Report Date : 27/Jul/2024 04:50PM



DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Bio Ref. Interval	Unit
-----------	--------	-------------------	------

*CBC WITH PLATELET (THROMBOCYTE) COUNT , EDTA WHOLE BLOOD			
HEMOGLOBIN (Method:PHOTOMETRIC)	9.6	12 - 15	g/dL
WBC (Method:DC detection method)	4.2	4 - 10	*10 ³ /μL
RBC (Method:DC detection method)	3.29	3.8 - 4.8	*10 ⁶ /μL
PLATELET (THROMBOCYTE) COUNT (Method:DC detection method/Microscopy)	196	150 - 450*10 ³	*10 ³ /μL
<u>DIFFERENTIAL COUNT</u>			
NEUTROPHILS (Method:Flowcytometry/Microscopy)	68	40 - 80 %	%
LYMPHOCYTES (Method:Flowcytometry/Microscopy)	22	20 - 40 %	%
MONOCYTES (Method:Flowcytometry/Microscopy)	05	2 - 10 %	%
EOSINOPHILS (Method:Flowcytometry/Microscopy)	05	1 - 6 %	%
BASOPHILS (Method:Flowcytometry/Microscopy)	00	0-0.9%	%
<u>CBC SUBGROUP</u>			
HEMATOCRIT / PCV (Method:Calculated)	31.1	36 - 46 %	%
MCV (Method:Calculated)	94.6	83 - 101 fl	fl
MCH (Method:Calculated)	29.2	27 - 32 pg	pg
MCHC (Method:Calculated)	30.9	31.5-34.5 gm/dl	gm/dl
RDW - RED CELL DISTRIBUTION WIDTH (Method:Calculated)	18.3	11.6-14%	%
PDW-PLATELET DISTRIBUTION WIDTH (Method:Calculated)	41.6	8.3 - 25 fL	fL
MPV-MEAN PLATELET VOLUME (Method:Calculated)	15.6	7.5 - 11.5 fl	

*ESR (ERYTHROCYTE SEDIMENTATION RATE) , EDTA WHOLE BLOOD			
1stHour (Method:Westergren)	32	0.00 - 20.00 mm/hr	mm/hr

*** End Of Report ***

Dr Sayak Biswas
 MBBS, MD (Pathology)
 Consultant Pathologist
 Reg No. WBMC 74506



Lab No.	: ASN/27-07-2024/SR9435032	Lab Add.	: Newtown,Kolkata-700156
Patient Name	: BOIPAYE SABITA	Ref Dr.	: Dr.MEDICAL OFFICER
Age	: 33 Y 3 M 7 D	Collection Date	: 27/Jul/2024 10:23AM
Gender	: F	Report Date	: 27/Jul/2024 07:39PM



DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Bio Ref. Interval	Unit
-----------	--------	-------------------	------

BLOOD GROUP ABO+RH [GEL METHOD] , EDTA WHOLE BLOOD			
ABO (Method:Gel Card)	O		
RH (Method:Gel Card)	POSITIVE		

TECHNOLOGY USED: GEL METHOD

ADVANTAGES :

- Gel card allows simultaneous forward and reverse grouping.
- Card is scanned and record is preserved for future reference.
- Allows identification of Bombay blood group.
- Daily quality controls are run allowing accurate monitoring.

Historical records check not performed.

*** End Of Report ***

Kaushik Dey
 Dr. KAUSHIK DEY
 MD (PATHOLOGY)
 CONSULTANT PATHOLOGIST
 Reg No. WBMC 66405

Lab No. : ASN/27-07-2024/SR9435032
Patient Name : BOIPAYE SABITA
Age : 33 Y 3 M 7 D
Gender : F

Lab Add. : ASANSOL
Ref Dr. : Dr.MEDICAL OFFICER
Collection Date :
Report Date : 27/Jul/2024 05:53PM



DEPARTMENT OF X-RAY

DEPARTMENT OF RADIOLOGY

X-RAY REPORT OF CHEST (PA) VIEW

FINDINGS:-

- Both lung fields are clear.
- Trachea is central.
- Cardiac shadow appears normal.
- Domes of diaphragm are normal in position and contour.
- Both Costo-phrenic angles are clear.
- Both hila appear normal.
- Bony cage appear normal.

IMPRESSION:

Normal study.

**Please correlate clinically.

*** End Of Report ***



Dr. Panchanan Dey
MBBS , DMRD
Reg No. – 43017 WBMC

Lab No. : ASN/27-07-2024/SR9435032	Lab Add. : CITY CENTER, DURGAPUR PIN-713211
Patient Name : BOIPAYE SABITA	Ref Dr. : Dr.MEDICAL OFFICER
Age : 33 Y 3 M 7 D	Collection Date : 27/Jul/2024 10:23AM
Gender : F	Report Date : 27/Jul/2024 05:47PM



DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Bio Ref. Interval	Unit
-----------	--------	-------------------	------

*URINE ROUTINE ALL, ALL , URINE			
<u>PHYSICAL EXAMINATION</u>			
COLOUR	PALE YELLOW		
APPEARANCE	SLIGHTLY HAZY		
<u>CHEMICAL EXAMINATION</u>			
pH (Method:Dipstick (triple indicator method))	7.0	4.6 - 8.0	
SPECIFIC GRAVITY (Method:Dipstick (ion concentration method))	1.020	1.005 - 1.030	
PROTEIN (Method:Dipstick (protein error of pH indicators)/Manual)	NOT DETECTED	NOT DETECTED	
GLUCOSE (Method:Dipstick(glucose-oxidase-peroxidase method)/Manual)	NOT DETECTED	NOT DETECTED	
KETONES (ACETOACETIC ACID, ACETONE) (Method:Dipstick (Legals test)/Manual)	NOT DETECTED	NOT DETECTED	
BLOOD (Method:Dipstick (pseudoperoxidase reaction))	TRACE	NOT DETECTED	
BILIRUBIN (Method:Dipstick (azo-diazo reaction)/Manual)	NEGATIVE	NEGATIVE	
UROBILINOGEN (Method:Dipstick (diazonium ion reaction)/Manual)	NEGATIVE	NEGATIVE	
NITRITE (Method:Dipstick (Griess test))	NEGATIVE	NEGATIVE	
LEUCOCYTE ESTERASE (Method:Dipstick (ester hydrolysis reaction))	NEGATIVE	NEGATIVE	
<u>MICROSCOPIC EXAMINATION</u>			
LEUKOCYTES (PUS CELLS) (Method:Microscopy)	3-4	0-5	/hpf
EPITHELIAL CELLS (Method:Microscopy)	1-2	0-5	/hpf
RED BLOOD CELLS (Method:Microscopy)	0-1	0-2	/hpf
CAST (Method:Microscopy)	NOT DETECTED	NOT DETECTED	
CRYSTALS (Method:Microscopy)	NOT DETECTED	NOT DETECTED	
BACTERIA (Method:Microscopy)	NOT DETECTED	NOT DETECTED	
YEAST (Method:Microscopy)	NOT DETECTED	NOT DETECTED	

Note:

1. All urine samples are checked for adequacy and suitability before examination.
2. Analysis by urine analyzer of dipstick is based on reflectance photometry principle. Abnormal results of chemical examinations are confirmed by manual methods.
3. The first voided morning clean-catch midstream urine sample is the specimen of choice for chemical and microscopic analysis.
4. Negative nitrite test does not exclude urinary tract infections.
5. Trace proteinuria can be seen in many physiological conditions like exercise, pregnancy, prolonged recumbency etc.
6. False positive results for glucose, protein, nitrite, urobilinogen, bilirubin can occur due to use of certain drugs, therapeutic dyes, ascorbic acid, cleaning agents used in urine collection container.
7. Discrepancy between results of leukocyte esterase and blood obtained by chemical methods with corresponding pus cell and red blood cell count by microscopy can occur due to cell lysis.
8. Contamination from perineum and vaginal discharge should be avoided during collection, which may falsely elevate epithelial cell count and show presence of bacteria

Lab No. : ASN/27-07-2024/SR9435032

Page 6 of 12

Lab No. : ASN/27-07-2024/SR9435032	Lab Add. : CITY CENTER, DURGAPUR PIN-713211
Patient Name : BOIPAYE SABITA	Ref Dr. : Dr.MEDICAL OFFICER
Age : 33 Y 3 M 7 D	Collection Date : 27/Jul/2024 10:23AM
Gender : F	Report Date : 27/Jul/2024 05:47PM



DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Bio Ref. Interval	Unit
-----------	--------	-------------------	------

and/or yeast in the urine.

*** End Of Report ***

Dr Sayak Biswas
MBBS, MD (Pathology)
Consultant Pathologist
Reg No. WBMC 74506

Lab No. : ASN/27-07-2024/SR9435032
Patient Name : BOIPAYE SABITA
Age : 33 Y 3 M 7 D
Gender : F

Lab Add. : ASANSOL
Ref Dr. : Dr.MEDICAL OFFICER
Collection Date :
Report Date : 27/Jul/2024 03:41PM



DEPARTMENT OF CARDIOLOGY

REPORT OF ELECTROCARDIOGRAM

RATE	91/M
STANDARDIZATION	10 mm
RHYTHM	Sinus Rhythm
VOLTAGE	Normal
P/QRS/TAXIS	Normal
PR INTERVAL	Normal
P WAVES	Normal
Q WAVES	Not present
T WAVES	Normal
QRS INTERVAL	Normal
ST SEGMENT	Isoelectric
T INTERVAL	Normal
ARRHYTHMIA	Nil.

IMPRESSION: Within normal limit.

*** End Of Report ***


DR. S. BHAGAT
MBBS, MD
(NON-INVASIVE CARDIOLOGIST)

Lab No. : ASN/27-07-2024/SR9435032	Lab Add. : ASANSOL
Patient Name : BOIPAYE SABITA	Ref Dr. : Dr.MEDICAL OFFICER
Age : 33 Y 3 M 7 D	Collection Date :
Gender : F	Report Date : 27/Jul/2024 03:48PM



DEPARTMENT OF CARDIOLOGY

ECHOCARDIOGRAPHY M-MODE STUDY

	Observed value in mm	Normal value for adult		Observed value in mm	Normal value for adult
LEFT VENTRICLE:			MITRAL VALVE:		
LVIDD	36 mm.	(35-56 mm.)	Prolapse/ SAM		
LVIDS	21 mm.	(24-42 mm.)	Anterior leaflet		
LVEF	74 %		DE	17 mm.	(15-22 mm.)
FS	42 %		EF SLOPE	100 mm./sec	(50-150 mm/sec.)
LVPWD	10 mm.	(6-11 mm.)	EPSS	03 mm.	(< 10 mm.)
IVSD	08 mm.	(6-11 mm.)	Posterior leaflet		
RIGHT VENTRICLE			TRICUSPID VALVE		
Internal Dimension	20 mm.	(7-25 mm.)	AORTA		
TAPSE			Root diameter	24 mm.	(20-37 mm.)
LEFT ATRIUM			Valve excursion	18 mm.	(15-26 mm.)
Internal Dimension	29 mm.	(19-40 mm.)			

COLOUR DOPPLER STUDY

	Peak vel. Cm/Sec	PG mm Hg	Regurgitation
TV	84	2.83	NIL
PV	109	4.78	NIL
MV	E-104 A-70	E- 4.31 A-1.97	NIL
AV	135	7.24	NIL
TR JET	----	----	----

2-D OBSERVATION:-

- The cardiac chambers are in normal dimension.
- The cardiac valves are in normal morphology.
- Resting global LV systolic function is normal. No diastolic dysfunction seen.
- No regional or global left ventricular wall motion abnormality seen.
- No LV clot noted.

Lab No. : ASN/27-07-2024/SR9435032
Patient Name : BOIPAYE SABITA
Age : 33 Y 3 M 7 D
Gender : F

Lab Add. : ASANSOL
Ref Dr. : Dr.MEDICAL OFFICER
Collection Date :
Report Date : 27/Jul/2024 03:48PM



DEPARTMENT OF CARDIOLOGY

- The IVS and IAS are intact.
- The pericardium is normal.

Colour Flow Mapping:- Normal.

Patient History and Clinical Findings:-

[1] Past History:- **Not significant.**

[2] Present Complaint: **No complain.**

(a)SPO₂- 98% (b)Pulse- 90 bpm (c) CVS - Normal on auscultation.

ECG: Within normal limit.

Reason for Echocardiography- Evaluation of heart.

**Conclusion and Final Impression:-2D, M - MODE, COLOUR DOPPLER ECHOCARDIOGRAPHY STUDY
NORMAL.LVEF : 74%.**

Formerly trained at:-(1) Appolo Gleneagles Hospital Ko

Formerly trained at:-(1) Appolo Gleneagles Hospital Kolkata Department of Non Invasive Cardiology. (2) JROP INSTITUTE of Echocardiography, Ashok Bihar Delhi. (3) Echo Master class Echocardiography course endorsed by the medical University of Vienna and Austrian Society of Cardiology. Course director Thomas Binder, M.D., Professor of Medicine. 123 Sonographycourse. (4) Ex specialist cardiologist 'International Hospital Bahrain'.

*** End Of Report ***

DR. S. BHAGAT
MBBS, MD
(NON-INVASIVE CARDIOLOGIST)

Lab No.	: ASN/27-07-2024/SR9435032	Lab Add.	: ASANSOL
Patient Name	: BOIPAYE SABITA	Ref Dr.	: Dr.MEDICAL OFFICER
Age	: 33 Y 3 M 7 D	Collection Date	:
Gender	: F	Report Date	: 27/Jul/2024 03:49PM



DEPARTMENT OF ULTRASONOGRAPHY

ULTRASONOGRAPHY OF WHOLE ABDOMEN

LIVER: Normal in shape, size (13.5 cm) and parenchymal echopattern. No focal lesion is seen. Intrahepatic biliary radicles are not dilated. The portal vein branches and hepatic veins are normal.

GALL BLADDER: Well distended lumen shows no intra-luminal calculus or mass. Wall thickness is normal. No pericholecystic collection or mass formation is noted.

PORTA HEPATIS: The portal vein is normal in caliber (0.85 cm) with clear lumen. The common bile duct is normal in caliber. Visualized lumen is clear. Common bile duct measures approx 0.34 cm in diameter.

PANCREAS: It is normal in shape, size and echopattern. Main pancreatic duct is not dilated. No focal lesion is seen. The peripancreatic region shows no abnormal fluid collection.

SPLEEN: It is normal in shape, size (8.6 cm) and shows homogeneous echopattern. No focal lesion is seen. No abnormal venous dilatation is seen in the splenic hilum.

KIDNEYS: Both Kidneys are normal in shape, size and position. Cortical echogenicity and thickness are normal with normal cortico-medullary differentiation in both kidneys. No calculus, hydronephrosis or mass is noted. The perinephric region shows no abnormal fluid collection.

RIGHT KIDNEY measures 9.3 cm. **LEFT KIDNEY** measures 10.9 cm.

URETER: Both ureters are not dilated. No calculus is noted in either side.

PERITONEUM & RETROPERITONEUM: The aorta and IVC are normal. Lymph nodes are not enlarged. No free fluid is seen in peritoneum.

URINARY BLADDER: It is adequately distended providing optimum scanning window. The lumen is clear and wall thickness is normal. Post voiding study shows insignificant residual urine volume.

UTERUS: It is normal in shape, size (7.5 x 4.6 x 3.7 cm) and echopattern. No focal myometrial lesion is seen. Endometrial echo is in midline. Double layer of endometrial echo measures 0.76 cm. Endometrial cavity is empty. Cervix is normal.

RIGHT OVARY is bulky in size. Multiple tiny cysts are noted in periphery with central echogenic increased stroma.

Right ovary measures 4.2 x 2.9 x 2.3 cm, vol: 15 cc.

LEFT OVARY is bulky in size. Multiple tiny cysts are noted in periphery with central echogenic increased stroma.

Left ovary measures 3.6 x 3.1 x 2.8 cm, vol: 16 cc.

POD : No fluid is seen.

IMPRESSION:

**** Bulky both ovaries with polycystic changes.**

Adv: Hormonal correlation.

Lab No. : ASN/27-07-2024/SR9435032
Patient Name : BOIPAYE SABITA
Age : 33 Y 3 M 7 D
Gender : F

Lab Add. : ASANSOL
Ref Dr. : Dr.MEDICAL OFFICER
Collection Date :
Report Date : 27/Jul/2024 03:49PM



DEPARTMENT OF ULTRASONOGRAPHY

Kindly note

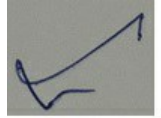
Ø *Ultrasound is not the modality of choice to rule out subtle bowel lesion.*

Ø *Please Intimate us for any typing mistakes and send the report for correction within 7 days.*

Ø *The science of Radiological diagnosis is based on the interpretation of various shadows produced by both the normal and abnormal tissues and are not always conclusive. Further biochemical and radiological investigation & clinical correlation is required to enable the clinician to reach the final diagnosis.*

The report and films are not valid for medico-legal purpose.

Patient Identity not verified.



Dr. Panchanan Dey
MBBS , DMRD
Reg No. – 43017 WBMC