



Patient Name : MS. NILIMA SARKAR
Age / Gender : 50 years / Female
Mobile No. : 9088491125
Patient ID : 70919
Bill ID : 73489
Referral : DR SELF
Source : ALLIANCE & PROJECT

Optional ID : -
Collection Time : 24/02/2024, 12:29 PM
Receiving Time : 24/02/2024, 01:00 PM
Reporting Time : 26/02/2024, 05:00 PM
Sample ID : 1924012856
Sample Type : Fluid/Cervical/Vaginal/Vault

Test Description	Value(s)	Unit(s)	Reference Range
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Pap Smear

C Y T O L O G Y R E P O R T

Brief History :
 Mentrual problem

Specimen Type :
 Cervical smear

Specimen Identified :
 Yes

Specimen Adequacy :
 Specimen adequate with presence of endocervical cells.

Descriptive Interpretation :
 Smears show intermediate cells with occasional superficial cells. Background show infective infiltrate.

Organisms :
 Gardnerella vaginalis.

Epithelial abnormalities :
 Negative for intraepithelial lesion / malignancy.

Impression :
Cervical smear -----Inflammatory changes

****END OF REPORT****



Reported By : -

Registered By : SUJATA AHCARYA



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Checked by
Payel Mitra

Nabanita Banerjee
 Dr. Nabanita Banerjee
 MBBS (Cal), DNB (I), MIAPM
 Pathologist



Reported By : -

Registered By : SUJATA AHCARYA



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Optional ID : -
Collection Time : 24/02/2024, 10:22 AM
Receiving Time : 24/02/2024, 01:00 PM
Reporting Time : 24/02/2024, 05:45 PM
Sample ID : 1924012856
Sample Type : Urine

Test Description	Value(s)	Unit(s)	Reference Range
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Urine Fasting Sugar

URINE FOR SUGAR
 Result

Absent

****END OF REPORT****

Checked by
 Sudipta Halder

Nabanita
 Dr. Nabanita Banerjee
 MBBS (Cal), DNB (I), MIAPM
 Pathologist



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Source : ALLIANCE & PROJECT

Optional ID : -

Collection Time : 24/02/2024, 10:22 AM

Receiving Time : 24/02/2024, 01:00 PM

Reporting Time : 24/02/2024, 03:48 PM

Sample ID : 1924012856

Sample Type : Urine

Test Description	Value(s)	Unit(s)	Reference Range
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Urine Routine

PHYSICAL EXAMINATION

Volume	20 ml
Colour	Pale Straw
Appearance	Slightly hazy
Deposit	Present
Specific Gravity	1.015

CHEMICAL EXAMINATION

Reaction	Acidic (PH: 5.0)
Protein	Absent
Sugar	Absent
Ketones Bodies	Absent
Urobilinogen	Normal
Blood	Absent

MICROSCOPIC EXAMINATION

Pus Cells	3 - 4 /hpf
R.B.C	Not found
Epithelial Cells	10 - 15 /hpf
Casts	Not found
Crystals	Not found
Others	Microorganisms present

METHOD : SEDIMENTATION AND MICROSCOPE

Terms and conditions:

Test results released pertain to the specimen/sample submitted.

The tests results are dependent on the quality of the sample received by the Laboratory.

The test results are released with the presumption that the specimen/sample belongs to the patient as mentioned on the bill/ vials/TRF/booking ID Laboratory investigations test results are only a tool to facilitate in arriving at a diagnosis and should always be clinically correlated by the Referring Physician.

Repeat samples/specimens are accepted on request of Referring Physician within 7 days of reporting.

Due to some unforeseen circumstances reports may be delayed. Inconvenience is regretted.

Test result may show inter laboratory variations.



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Registered By : SUJATA AHCARYA



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Sample Type : Urine

Test Description	Value(s)	Unit(s)	Reference Range
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The test results are not valid for medico legal purposes.

****END OF REPORT****

Checked by
Anupriya Roychowdhury


 Dr. Nabanita Banerjee
 MBBS (Cal), DNB (I), MIAPM
 Pathologist



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Registered By : SUJATA AHCARYA



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Optional ID : -
Collection Time : 24/02/2024, 10:22 AM
Receiving Time : 24/02/2024, 01:00 PM
Reporting Time : 24/02/2024, 05:37 PM
Sample ID : 1924012856
Sample Type : Edta Blood

Test Description	Value(s)	Unit(s)	Reference Range
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Complete Blood Count

HAEMOGLOBIN	8.2	gm/dl	12 - 15
TOTAL LEUCOCYTE COUNT	4900	/cumm	4000 - 10000
HCT	29.2	Vol%	36 - 46
R B C	3.79	millions/cumm	3.8 - 4.8
M C V	77.0	Femtolitre(fl)	80 - 100
M C H	21.6	Picograms(pg)	27 - 31
M C H C	28.1	gm/dl	32 - 36
PLATELET COUNT	1,83,000	/cumm	150000 - 410000

DIFFERENTIAL COUNT

Neutrophils	72	%	40 - 80
Lymphocytes	23	%	20 - 40
Monocytes	02	%	2 - 10
Eosinophils	03	%	1 - 6
Basophils	00	%	0 - 1
ESR	71	mm	2 - 17

Remarks: Mild Microcytic Hypochromic anaemia. Platelets adequate.

Note
 XN 1000, SYSMEX
 METHOD : FLOWCYTOMETRY
 ESR : AUTOMATED VESCUBE - 30 TOUCH

Blood Group & RH Typing

BLOOD GROUP	"O"
RH TYPING	POSITIVE

H1 lectin agglutinated

FORWARD & REVERSE BLOOD GROUPING,
 GEL CARD BY BIO-RAD



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Sample ID : 1924012856

Sample Type : Edta Blood

Test Description	Value(s)	Unit(s)	Reference Range
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****END OF REPORT****

Checked by
Sharmistha Das

Meenakshi
Dr. Meenakshi Mohan
MD (Pathology)
Consultant Pathologist
Regn. No. : WBMC 54631



Reported By : -

Registered By : SUJATA AHCARYA





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Source : ALLIANCE & PROJECT

Optional ID : -
Collection Time : 24/02/2024, 12:43 PM
Receiving Time : 24/02/2024, 02:26 PM
Reporting Time : 24/02/2024, 03:40 PM
Sample ID : 1924012856P
Sample Type : Fluoride Plasma

Test Description	Value(s)	Unit(s)	Reference Range
<u>Glucose Fasting Plasma</u>			
GLUCOSE FASTING PLASMA Method : Hexokinase	85	mg/dL	74 - 109
<u>Uric Acid, Serum</u>			
URIC ACID Method : Uricase PAP	4.40	mg/dL	2.6 - 6
<u>T3,T4 & TSH</u>			
T3 Method : Chemiluminescent Microparticle Immunoassay (CMIA)	0.71	ng/mL	1 - 30 days: 1 - 7.4 1m - 11m: 1.05 - 2.45 1yr - 5yrs: 1.05 - 2.69 6yrs - 10yrs: 0.94 - 2.41 11yrs - 15yrs: 0.82 - 2.13 16yrs- 20yrs: 0.8 - 2.1 Adult: 0.58 - 1.59
T4 Method : Chemiluminescent Microparticle Immunoassay (CMIA)	6.12	µg/dL	1d - 6d : 11.8 - 22.6 7d - 14d : 9.9 - 16.6 15d - 4m : 7.2 - 14.4 4m - 12m : 7.8 - 16.5 1yr - 5yr : 7.2 - 15.0 5yr - 10yr : 6.4 - 13.6 > 10yr : 4.87 - 11.72 Adult : 4.87 - 11.72
TSH Method : Chemiluminescent Microparticle Immunoassay (CMIA)	3.63	µIU/ml	0.35 - 4.94

Interpretation :

T3
Triiodothyronine (3,5,3' triiodothyronine or T3) is the thyroid hormone principally responsible for the regulation of metabolism of the various target organs. T3 is mainly formed extrathyroidally, particularly in the liver, by enzymatic 5' deiodination of T4 (thyroxine). A reduction in the conversion of T4 to T3 results in a decrease in the T3 concentration. It occurs under the influence of medicaments such as propranolol, glucocorticoids or amiodarone and in severe non thyroidal illness (NTI), and is referred to as "low T3 syndrome". The determination of T3 is utilized in the diagnosis of T3 hyperthyroidism, the detection of early stages of hyperthyroidism and for indicating a diagnosis of thyrotoxicosis factitia.



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Optional ID : -

Collection Time : 24/02/2024, 12:43 PM

Receiving Time : 24/02/2024, 02:26 PM

Reporting Time : 24/02/2024, 03:40 PM

Sample ID : 1924012856P

Sample Type : Fluoride Plasma

Test Description	Value(s)	Unit(s)	Reference Range
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T4

The hormone thyroxine (T4) is the main product secreted by the thyroid gland and is an integral component of the hypothalamus anterior pituitary thyroid regulating system. The major part (> 99 %) of total thyroxine in serum is present in proteinbound form. As the concentrations of the transport proteins in serum are subject to exogenous and endogenous effects, the status of the binding proteins must also be taken into account in the assessment of the thyroid hormone concentration in serum. If this is ignored, changes in the binding proteins (e.g. due to estrogen containing preparations, during pregnancy or in the presence of a nephrotic syndrome etc.) can lead to erroneous assessments of the thyroid metabolic state. The determination of T4 can be utilized for the following indications: the detection of hyperthyroidism, the detection of primary and secondary hypothyroidism, and the monitoring of TSH suppression therapy.

TSH

TSH is formed in specific basophil cells of the anterior pituitary and is subject to a circadian secretion sequence. The hypophyseal release of TSH (thyrotropic hormone) is the central regulating mechanism for the biological action of thyroid hormones. The determination of TSH serves as the initial test in thyroid diagnostics. Even very slight changes in the concentrations of the free thyroid hormones bring about much greater opposite changes in the TSH level. Accordingly, TSH is a very sensitive and specific parameter for assessing thyroid function and is particularly suitable for early detection or exclusion of disorders in the central regulating circuit between the hypothalamus, pituitary and thyroid.

Glucose Post Prandial Plasma

GLUCOSE POST PRANDIAL PLASMA	119	mg/dL	70 - 140
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Method : Hexokinase

****END OF REPORT****

Checked by
Barun Jana

Supratik Biswas
Dr. Supratik Biswas
MBBS, MD,
Consultant Biochemist



Reported By : -

Registered By : SUJATA AHCARYA





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Sample Type : Edta Blood

Test Description	Value(s)	Unit(s)	Reference Range
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HbA1c HPLC

HbA1c HPLC Method : High Performance Liquid Chromatography (HPLC)	4.8	%	Normal : < 5.7 Pre Diabetes : 5.7 - 6.4 Diabetes : >= 6.5
Estimated Average Glucose	91	mg/dL	70 - 116

NOTE :

1. Glucose combines with haemoglobin(Hb) continuously and nearly irreversibly during life span of RBC(120 days); thus glycosylated Hb is proportional to mean plasma glucose level during the previous 2-3 months. Therefore A1c assay is a useful mean of evaluation of success of long term diabetic control by monitoring diabetic patient~s compliance with therapeutic regimen used and long-term blood glucose level control. Added advantage is its ability to predict progression of diabetic complications.
2. Presence of Hb variant may interfere with accurate estimation of HbA1c. Please do Hb HPLC test to identify Haemoglobinopathy if any and also do Glycated albumin or Fructosamine tests to assess glycemic status if required.
3. Inappropriately low value may be seen in anemia due to iron deficiency or due to other causes, acute blood loss, recent blood transfusion, hemoglobinopathies, CLD, Hypertriglyceridemia, intake of Vitamin E & C, Aspirin, Co-trimoxazole etc.



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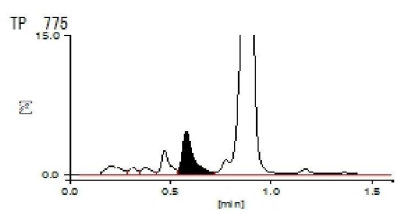
Chromatogram Report

TOSOH G8 VAR V05.29 490206 2024-02-24 17:41:04
 ID 1924012856
 Sample No. 02240038 SL 0002 - 09
 Patient ID
 Name
 Comment

CALIB Y = 1.1437X + 0.5765

Name	%	Time	Area
A1A	1.1	0.20	12.91
A1B	0.4	0.31	5.13
F	0.6	0.37	6.80
LA1C+	1.5	0.47	18.25
SA1C	4.8	0.58	45.00
AO	93.2	0.88	1105.80
H-V0			
H-V1			
H-V2			

Total Area 1193.89
HbA1c 4.8 % **IFCC 29 mmol/mol**
 HbA1 6.3 % HbF 0.6 %



24-02-2024 17:41:04 TOSOH

NEUBERG PULSE DIAGNOSTIC CENTRE
 75,SARAT BOSE RD, KOL - 26

1 / 1

****END OF REPORT****



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Registered By : SUJATA AHCARYA



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Sample ID : 1924012856
Sample Type : Edta Blood

Test Description	Value(s)	Unit(s)	Reference Range
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Checked by
Nisha Malakar

N.Banerjee
 Dr. Nabanita Banerjee
 MBBS (Cal), DNB (I), MIAPM
 Pathologist



Reported By : -

Registered By : SUJATA AHCARYA



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Source : ALLIANCE & PROJECT

Optional ID : -

Collection Time : 24/02/2024, 10:14 AM

Receiving Time : 24/02/2024, 11:50 AM

Reporting Time : 24/02/2024, 11:55 AM

Sample ID : 1924012856

Sample Type : 2D Echo

Echocardiography/TMT

	Patient value (cm)	Normal value (cm)
Aortic Root Diameter (AOD)	2.7	2.0 – 3.7 cm
Left atrial Diameter (LAD)	3.4	2.0 – 4.0 cm
Aortic Cusp separation (ACS)	1.7	1.5 - 2.6 cm
MITRAL VALVE		
DE Excursion	1.7	1.5 - 2.5 cm
EF Slope	0.11	0 – 0.8 M/Sec.
EPSS	0.3	0.5 – 1.5 cm
LEFT VENTRICLE		
IVS Thickness (d)	1.0	0.6 – 1.1 cm
LVPW Thickness (d)	1.0	0.6 – 1.1 cm
LV Internal dimension (d)	4.1	3.5 – 5.6 cm
LV Internal dimension (s)	2.8	2.5 – 4.1 cm
LV Ejection fraction	61 %	55% - 75%
FS	32 %	%

2D Observation :

- *Left ventricle :*
Cavity size : within normal limit.
Wall thickness : within normal limit.
LV wall motion study : no regional wall motion abnormality at rest.
Global LV systolic function : normal with LVEF 61 %.
LV diastolic compliance : Normal
- *Left atrium :* Normal in size. No clot / mass in the body / appendage.
- *Right ventricle and right atrium :* Normal in size. Good RV systolic function.
- *Mitral valve :* Annulus : normal; Leaflets: Normal; Subvalvular apparatus : normal. Good excursion.
- *Aortic valve :* Annulus : normal; Leaflets : normal; Three cusps. Opening adequate.
- *Tricuspid valve:* Annulus : normal; Leaflets : Normal.
- *Pulmonic valve :* Annulus : normal; cusps :normal, good systolic excursion.
- *InterVentricular septum (IVS) :* Intact.
- *Interatrial septum (IAS)) :* Intact.



Reported By : SOMEN CHAKRABORTY

Registered By : SUJATA AHCARYA



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Mobile No. : 9088491125

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Bill ID : 73489

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Source : ALLIANCE & PROJECT

Optional ID : -

Collection Time : 24/02/2024, 10:14 AM

Receiving Time : 24/02/2024, 11:50 AM

Reporting Time : 24/02/2024, 11:55 AM

Sample ID : 1924012856

Sample Type : 2D Echo

- *Pericardium : Normal.*
- *Pulmonary arterial systolic pressure : normal.*
- *Others : No intracardiac mass/ clot / vegetation.*

Conclusion : 2D & M-Mode studies reveal :-

- **All chambers size are within normal limit.**
- **No obvious RWMA at rest**
- **Global Resting LVEF 61 %**
- **Left ventricular diastolic compliance normal.**

(NB : Aforesaid Echocardiographic findings should be correlated & corroborated with the clinical findings. TEE and other related modalities of investigations may be done accordingly for confirmation & further evaluation)

****END OF REPORT****

Dr. Manas Layek
MD, (Medicine)
DM (Cardiology)
Regn. 65567

Checked by
Chandra Pramanik



Reported By : SOMEN CHAKRABORTY

Registered By : SUJATA AHCARYA



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Mobile No. : 9088491125

Patient ID : 70919

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Source : ALLIANCE & PROJECT

Optional ID : -

Collection Time : 24/02/2024, 10:14 AM

Receiving Time : 24/02/2024, 01:00 PM

Reporting Time : 25/02/2024, 02:09 PM

Sample ID : 1924012856

Sample Type : Stool

Test Description	Value(s)	Unit(s)	Reference Range
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Stool Routine

Physical Examination

Colour	Brownish
Consistency	Soft
Reaction	Acidic
Mucus	Absent

Chemical Examination

Stool for Occult Blood	NEGATIVE
------------------------	----------

Microscopical Examination

Pus Cells	3 - 4 /hpf
RBC	Not found
Ova	Not found
Parasite	Not found
Cyst	Not found
Vegetable cells	Present
Starch Granules	Absent

****END OF REPORT****

Checked by
Gouranga Bera

Shaheena Perween
Dr. Shaheena Perween
MBBS, MD (Path)
Pathologist
Regn. No. : WBMC 71326



Reported By : -

Registered By : SUJATA AHCARYA





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Referral : DR SELF

Source : ALLIANCE & PROJECT

Optional ID : -

Collection Time : 24/02/2024, 10:14 AM

Receiving Time : 24/02/2024, 12:25 PM

Reporting Time : 26/02/2024, 02:28 PM

Sample ID : 1924012856

Sample Type : X Ray

USG Whole Abdomen

LIVER

It is enlarged in size. Echogenicity is diffusely raised with indistinct intra-hepatic biliary radicals & vascular channels. Portal vein 7 mm. in calibre.

GALL BLADDER

Is seen normal in size, shape, outline, position & wall thickness. No intraluminal calculus or any mass lesion is seen. No pericholecystic fluid collection is seen.

CBD

Is not seen dilated and measures 2 mm.

PANCREAS

Is normal in size, shape, outline and echotexture. No definite focal lesion is evident. Pancreatic duct is not seen dilated. No tenderness is seen over the region.

SPLEEN

Is normal in shape, size, position and echotexture. No focal lesion is seen. No abnormal vessels are seen at the splenic hilum. Spleen measures 92mm. in length.

KIDNEYS

Are normal in size, position, outline and echogenicity with maintained cortico-medullary differentiation. No focal lesion is seen involving either kidneys. Central echocomplexes of both kidneys appear normal. There is no evidence of hydronephrosis or calculus.

Right kidney measures 93 mm.

Left kidney measures 105 mm.

URETERS

Ureters are not seen dilated.





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Sample ID : 1924012856

Sample Type : X Ray

URINARY BLADDER

Urinary bladder appears optimally distended. It appears smooth in outline. No mass lesion or any calculus is seen within the urinary bladder.

UTERUS

Uterus is anteverted in position, regular in outline and **elongated, bulky** in size. Myometrial echotexture is homogeneous & normal. No focal lesion is seen. **Endometrial echoes is thickened (14 mm) and echogenic.** . Cervix is normal in size & echotexture.

Uterus measures 111 x 46 x 66 mm.

ADNEXA

Both ovaries are visualized. They appear normal in size & echotexture. No adnexal mass lesion is seen.

Right ovary measures 21 x 9 mm.

Left ovary measures 32 x 7 mm.

No evidence of ascitis, pleural effusion or abdominal lymphadenopathy.

IMPRESSION

- **Hepatomegaly with Grade II steatosis - LFT and Lipid Profile correlation suggested.**
- **Elongated, bulky uterus with thickened and echogenic endometrium.**

Dr. Saurav Sarawgi
Consultant Radiologist

Checked by
KRISHNA HALDER

Mammography (Both Breast)

MAMMOGRAPHY OF BOTH BREAST (FIBROADENOSIS)

PROCEDURE

Film screen mammography of both breasts has been performed using very low radiation dose. Mediolateral oblique and craniocaudal projections have been obtained. Markers are placed in the axillary / lateral portion of the breast.



Reported By : ARPITA ROY CHOUDHURY

Registered By : SUJATA AHCARYA



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Optional ID : -

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Reporting Time : 26/02/2024, 02:28 PM

Sample ID : 1924012856

Sample Type : X Ray

FINDINGS

Contour of both the breasts are smooth, regular and symmetrical.

Breast parenchyma shows normal symmetrical fibroglandular pattern with heterogeneously dense areas bilaterally.

No obvious focal spiculated mass lesion, retraction of tissues or cluster of micro-calcification are observed.

The skin, subcutaneous fat, nipples and subareolar tissue appears unremarkable.

No axillary lymph nodes seen in either axilla.

Impression

**Suggestion of fibrocystic changes in both breasts. BIRADS II Both Breasts.
No suspicious abnormality.**

Category 0 : Need additional imaging evaluation.

Category 1 : Negative

Category 2 : Benign finding

Category 3 : Probably benign finding – short interval follow up suggested.

Category 4 : Suspicious abnormality – Biopsy should be considered.

Category 5 : Highly suggestive of malignancy – appropriate action should be taken.

Category 6 : Known biopsy proven malignancy.

**BIRADS Density Classification :
Heterogeneously dense**

N.B

Negative mammogram does not exclude breast cancer. All imaging results must be considered in the context of the clinical findings.

In dense breasts, an underlying mass lesion may be obscured.

****END OF REPORT****



Reported By : ARPITA ROY CHOUDHURY

Registered By : SUJATA AHCARYA



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Sample ID : 1924012856

Sample Type : X Ray

Dr. Saurav Sarawgi
Consultant Radiologist

Checked by
Sudipta Mondal



Reported By : ARPITA ROY CHOUDHURY

Registered By : SUJATA AHCARYA



Patient Name : MS. NILIMA SARKAR

Age / Gender : 50 years / Female

Mobile No. : 9088491125

Patient ID : 70919

Bill ID : 73489

Referral : DR SELF

Source : ALLIANCE & PROJECT

Optional ID : -

Collection Time : 24/02/2024, 10:22 AM

Receiving Time : 24/02/2024, 01:00 PM

Reporting Time : 24/02/2024, 03:51 PM

Sample ID : 1924012856

Sample Type : Serum

Test Description	Value(s)	Unit(s)	Reference Range
<u>Liver Function Test</u>			
TOTAL BILIRUBIN Method : DPD	1.47	mg/dL	<1.2
CONJUGATED BILIRUBIN Method : DPD	0.48	mg/dl	< 0.2
UNCONJUGATED BILIRUBIN Method : Calculation	0.99	mg/dL	
SGPT Method : IFCC (without pyridoxal phosphate activation)	14	U/L	< 35
SGOT Method : IFCC (without pyridoxal phosphate activation)	22	U/L	< 35
ALKALINE PHOSPHATASE Method : IFCC AMP Buffer	118	U/L	30 - 120
TOTAL PROTEIN Method : Biuret	8.05	g/dL	6.6 - 8.3
ALBUMIN Method : Bromocresol Green	4.61	g/dL	Adults: 3.5 - 5.2 Newborn (1-4 days): 2.8 - 4.4
GLOBULIN Method : Calculation	3.44	g/dL	1.80 - 3.60
A/G RATIO Method : Calculation	1.34		1.2 - 2
GAMMA-GLUTAMYL TRANSFERASE Method : IFCC	20	U/L	< 38
<u>Lipid Profile</u>			
TRIGLYCERIDES Method : Enzymatic Colorimetric Assay using GPO-POD	55	mg/dL	Normal : < 150 Borderline High : 150 - 199 High : 200 - 499 Very High : >= 500
CHOLESTEROL Method : Enzymatic Colorimetric Assay using CHOD-POD	151	mg/dl	Desirable : < 200 Borderline High : 200 - 240 High Risk : > 240
HDL CHOLESTEROL Method : Enzymatic Immunoinhibition	52	mg/dl	Low HDL : <40 High HDL : >= 60



Reported By : -

Registered By : SUJATA AHCARYA





Patient Name : MS. NILIMA SARKAR

Age / Gender : 50 years / Female

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Sample ID : 1924012856

Sample Type : Serum

Test Description	Value(s)	Unit(s)	Reference Range
LDL CHOLESTEROL Method : Enzymatic Selective Protection	82	mg/dl	Optimal : < 100 Above Optimal : 100 - 129 Borderline High : 130 - 159 High : 160 - 189 Very High : > 190
VLDL / CHOLESTEROL REMNANTS Method : Calculation	17	mg/dl	< 30
NON HDL CHOLESTEROL Method : Calculation	99	mg/dl	<130
TOTAL CHOLESTEROL / HDL CHOLESTEROL RATIO	2.90	Ratio	
LDL CHOLESTEROL / HDL CHOLESTEROL RATIO	1.58	Ratio	

Remark :

* National Cholesterol Education Programme Adult Treatment Panel III Guidelines (US)

Urea Nitrogen (Bun)

Urea Method : GLDH Kinetic assay	27	mg/dl	Adult : 17 - 43 Newborn: 8.4 - 25.8
UREA NITROGEN (BUN) Method : GLDH Kinetic assay (AU480), calculation.	12.62	mg/dl	6 - 20

Bun / Creatinine Ratio

BUN/Creatinine ratio Method : Calculation	19.21		12 - 20
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Total Proteins, Serum

TOTAL PROTEIN Method : Biuret	8.05	g/dl	6.6 - 8.3
ALBUMIN Method : Bromocresol green	4.61	g/dl	Adults: 3.5 - 5.2 Newborn(0-4days): 2.8 - 4.4
GLOBULIN Method : Calculation	3.44	g/dl	1.8 - 3.6
A/G RATIO Method : Calculation	1.34		1.2 - 2.0

****END OF REPORT****



Reported By : -

Registered By : SUJATA AHCARYA





Patient Name : MS. NILIMA SARKAR
Age / Gender : 50 years / Female
Mobile No. : 9088491125
Patient ID : 70919
Bill ID : 73489
Referral : DR SELF
Source : ALLIANCE & PROJECT

Optional ID : -
Collection Time : 24/02/2024, 10:22 AM
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Sample ID : 1924012856
Sample Type : Serum

Test Description	Value(s)	Unit(s)	Reference Range
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Checked by
Pritam Nandy

N Banerjee
 Dr. Nabanita Banerjee
 MBBS (Cal), DNB (I), MIAPM
 Pathologist



Reported By : -

Registered By : SUJATA AHCARYA





NILIMA SARKAR
ID 24022024

50 Years

Female

QRS	68 ms
QT / QTcBaz	366 / 411 ms
PR	150 ms
P	80 ms
RR / PP	790 / 789 ms
P / QRS / T	22 / 64 / 39 degrees

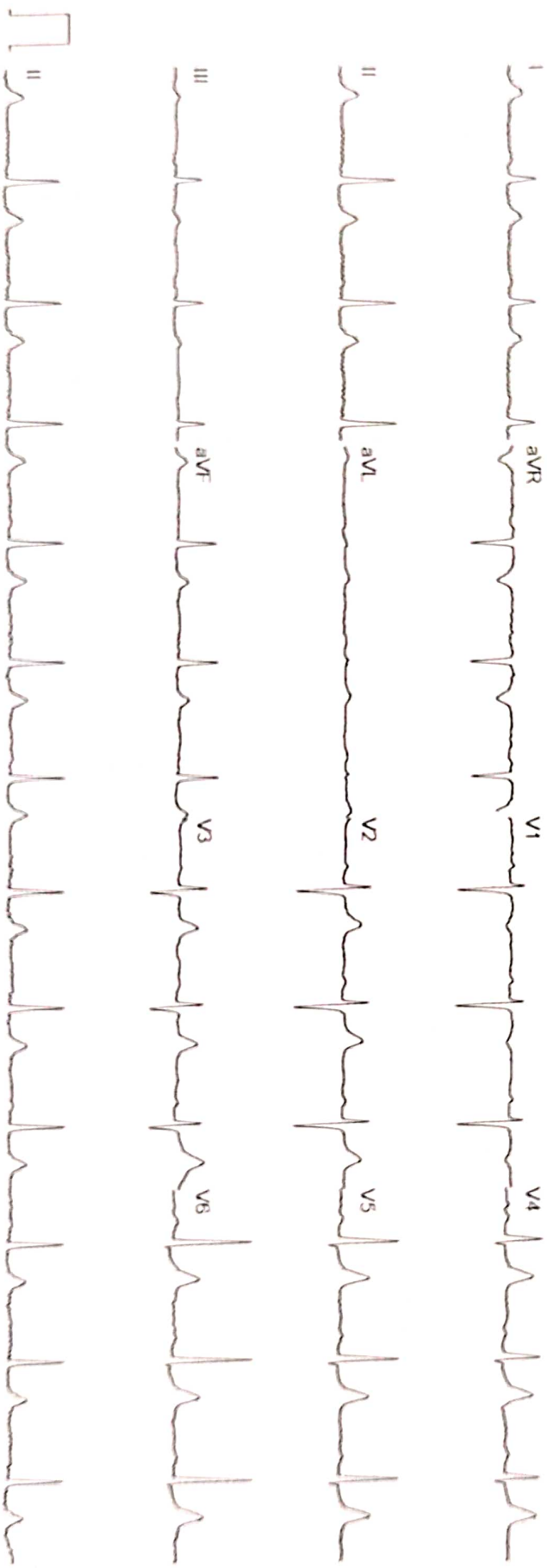
24.02.2024 9:59:06
PULSE DIAGNOSTIC PVT LTD
JAMES LONG SARKAR
KOLKATA-700008

Normal sinus rhythm
Nonspecific ST abnormality
Abnormal ECG

DR. MANMO HAYEK
MD (MEDICINE)
DM (CARDIOLOGY)
REGN. NO. - 65557

Technician:
Ordering Ph: SELF
Referring Ph:
Attending Ph:

76 bpm
- / - mmHg



GE MAC2000 1 1 12SL™ V241 25 mm/s 10 mm/mV ADS 0.56-20 Hz 50 Hz 4x2.5x3_25_R1

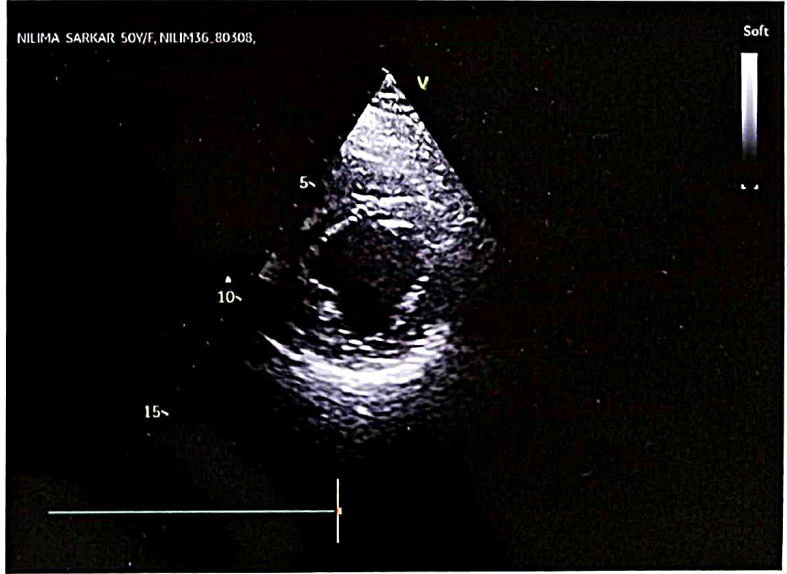
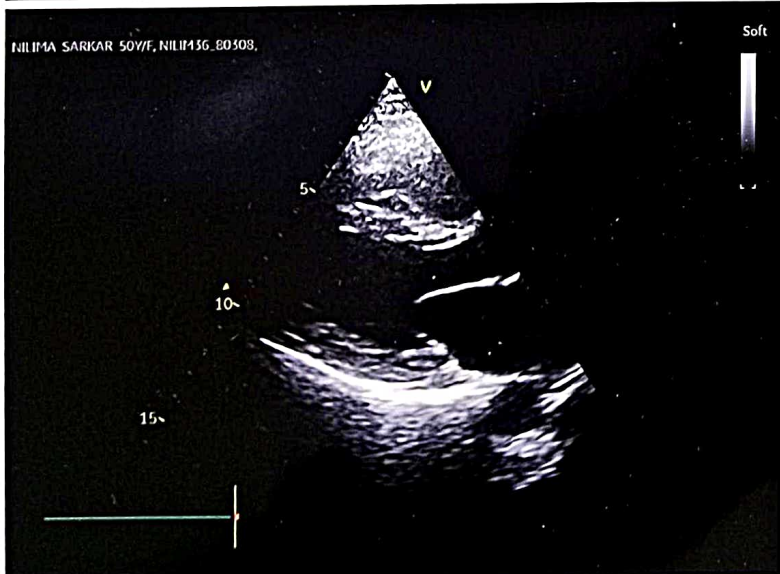
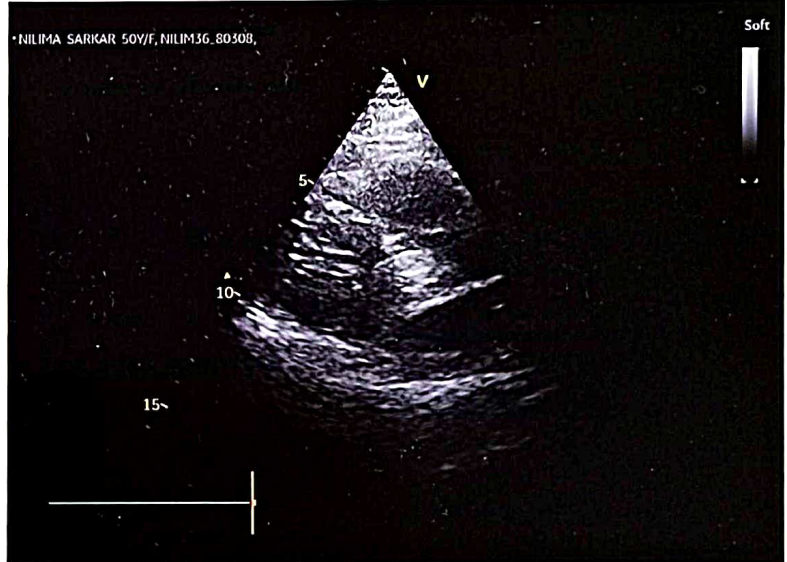
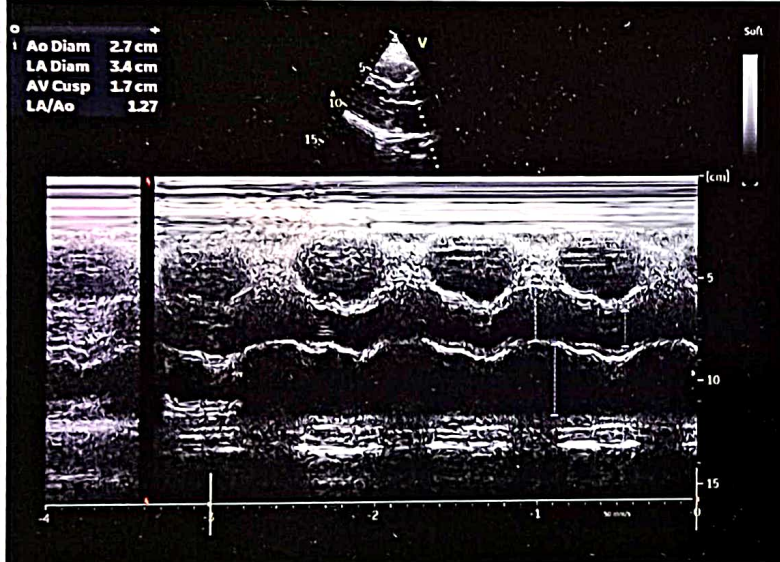
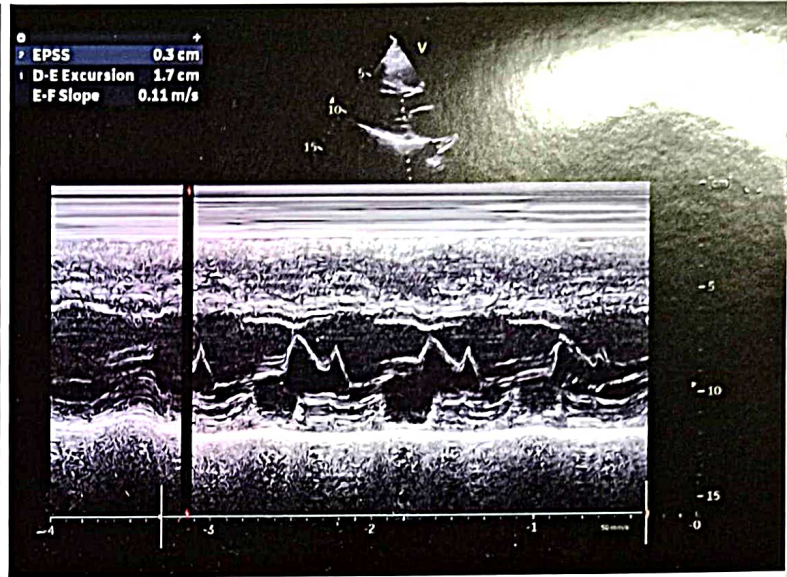
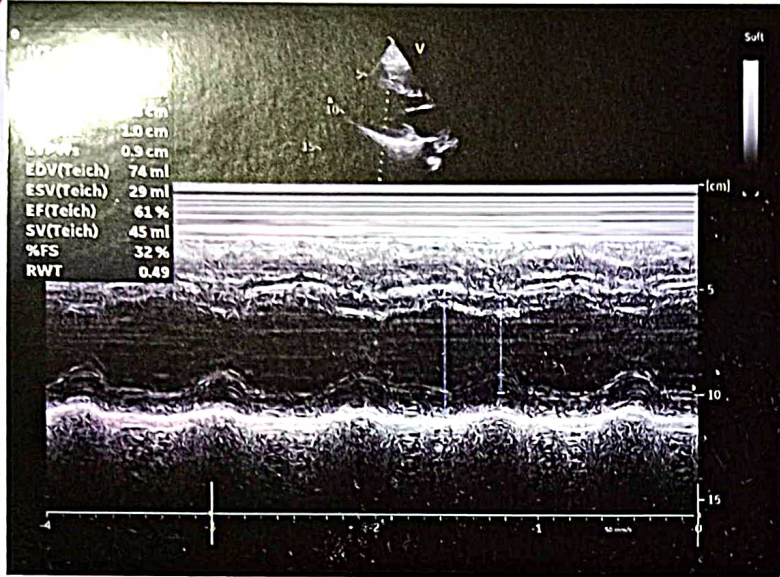
Unconfirmed



PULSE DIAGNOSTIC CENTRE

Name : NILIMA SARKAR 50Y/F

24 Feb 2024



NILIMA SARKAR 50/F,
73489

Pulse Diagnostic

TIs 0.1 25.02.2024
TIB 0.1 9:47:52 AM
MI 1.1 C1 S RS

25Hz/15.6cm

GENERAL ABD/ABD
HEM PI 7.00 2.10
AQ 98.1
Gr. 1
C6/M6
11.3/1.2

NILIMA SARKAR 50/F,
73489

Pulse Diagnostic

TIs 0.1 25.02.2024
TIB 0.1 9:47:59 AM
MI 1.1 C1 S RS

25Hz/15.6cm

GENERAL ABD/ABD
HEM PI 7.00 2.10
AQ 98.1
Gr. 1
C6/M6
11.3/1.2

NILIMA SARKAR 50/F,
73489

Pulse Diagnostic

TIs 0.1 25.02.2024
TIB 0.1 9:48:07 AM
MI 1.1 C1 S RS

25Hz/15.6cm

GENERAL ABD/ABD
HEM PI 7.00 2.10
AQ 98.1
Gr. 1
C6/M6
11.3/1.2

NILIMA SARKAR 50/F,
73489

Pulse Diagnostic

TIs 0.1 25.02.2024
TIB 0.1 9:48:12 AM
MI 1.1 C1 S RS

25Hz/15.6cm

GENERAL ABD/ABD
HEM PI 7.00 2.10
AQ 98.1
Gr. 1
C6/M6
11.3/1.2

NILIMA SARKAR 50/F,
73489

Pulse Diagnostic

TIs 0.1 25.02.2024
TIB 0.1 9:48:19 AM
MI 1.1 C1 S RS

25Hz/15.6cm

GENERAL ABD/ABD
HEM PI 7.00 2.10
AQ 98.1
Gr. 1
C6/M6
11.3/1.2

NILIMA SARKAR 50/F,
73489

Pulse Diagnostic

TIs 0.1 25.02.2024
TIB 0.1 9:48:25 AM
MI 1.1 C1 S RS

25Hz/15.6cm

GENERAL ABD/ABD
HEM PI 7.00 2.10
AQ 98.1
Gr. 1
C6/M6
11.3/1.2

NILIMA SARKAR 50/F
73489

Pulse Diagnostic

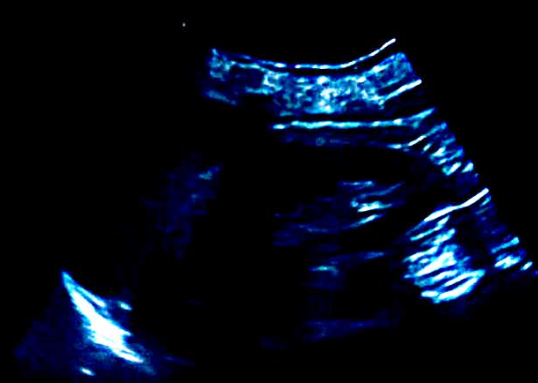
Tls 0.1 25.02.2024
Tlb 0.1 9:48:28 AM
MI 1.1 C1 S RS



NILIMA SARKAR 50/F
73489

Pulse Diagnostic

Tls 0.1 25.02.2024
Tlb 0.1 9:48:35 AM
MI 1.1 C1 S RS



NILIMA SARKAR 50/F
73489

Pulse Diagnostic

Tls 0.1 25.02.2024
Tlb 0.1 9:48:56 AM
MI 1.2 C1 S RS
2712/12.9cm

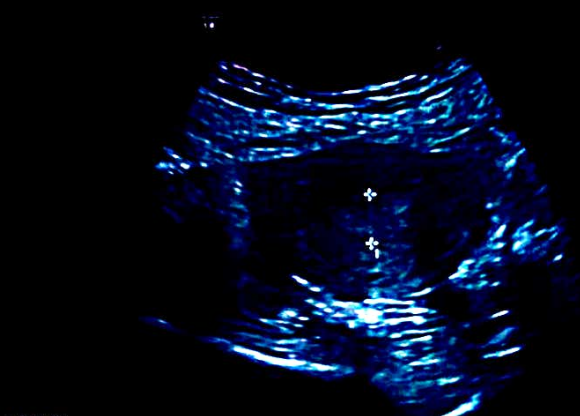


1 L TTL15mm
2 L 46.27mm

NILIMA SARKAR 50/F
73489

Pulse Diagnostic

Tls 0.1 25.02.2024
Tlb 0.1 9:49:11 AM
MI 1.1 C1 S RS

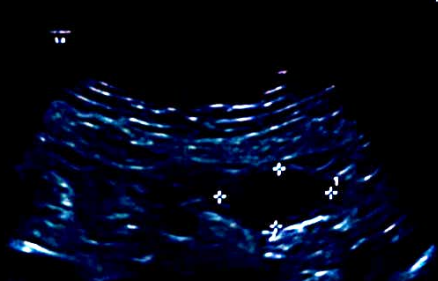


1 D 1.41cm

NILIMA SARKAR 50/F
73489

Pulse Diagnostic

Tls <0.1 25.02.2024
Tlb <0.1 9:49:43 AM
MI 1.1 C1 S RS
2911/12.9cm



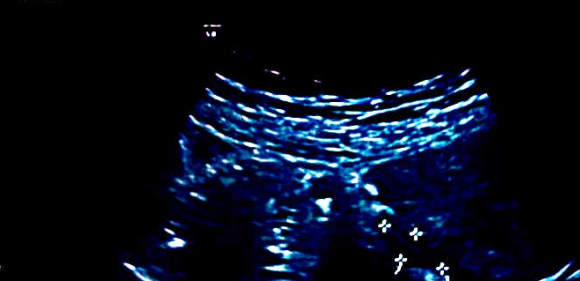
LT OVARY

1 D 3.18cm
2 D 1.66cm

NILIMA SARKAR 50/F
73489

Pulse Diagnostic

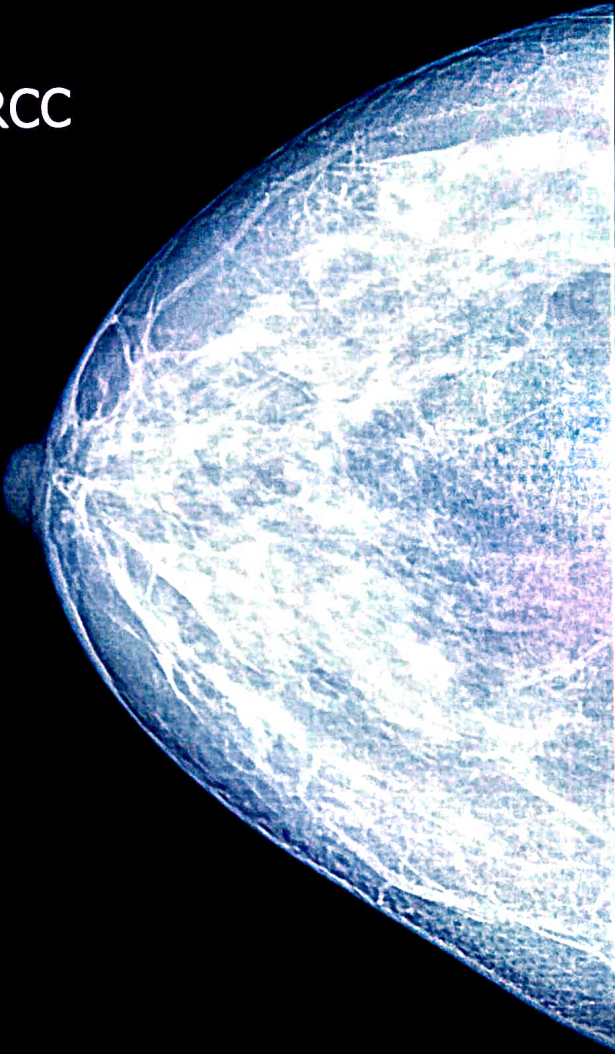
Tls <0.1 25.02.2024
Tlb <0.1 9:49:55 AM
MI 1.1 C1 S RS



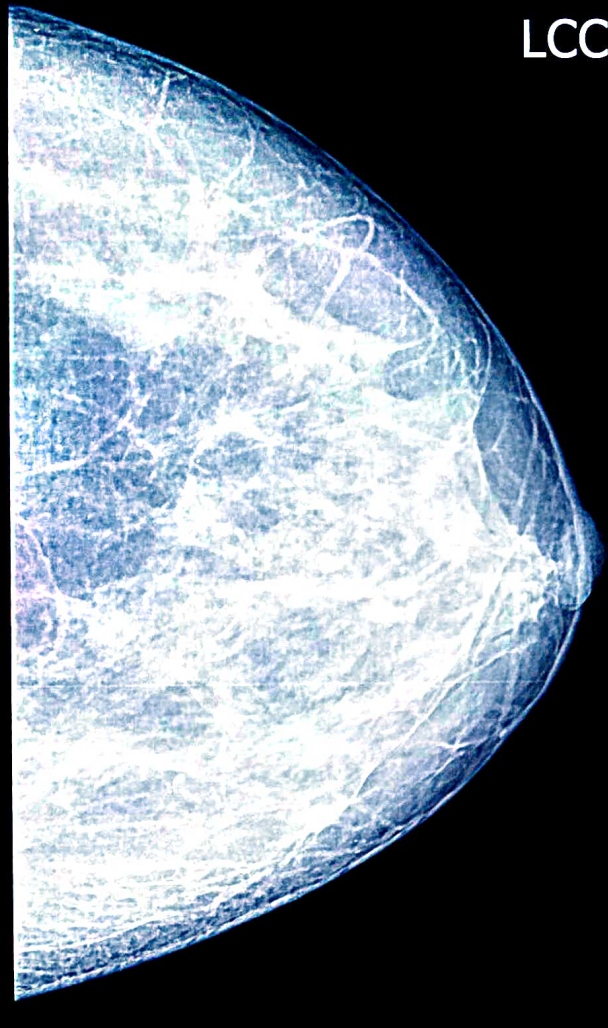
RT OVARY

1 D 2.06cm
2 D 0.87cm

RCC



LCC



True size
NILIMA SARKAR
Mammography
PULSE DIAGNOSTICS PVT. LTD. KOLKATA-700008

RCC

50 YRS
09:43:57

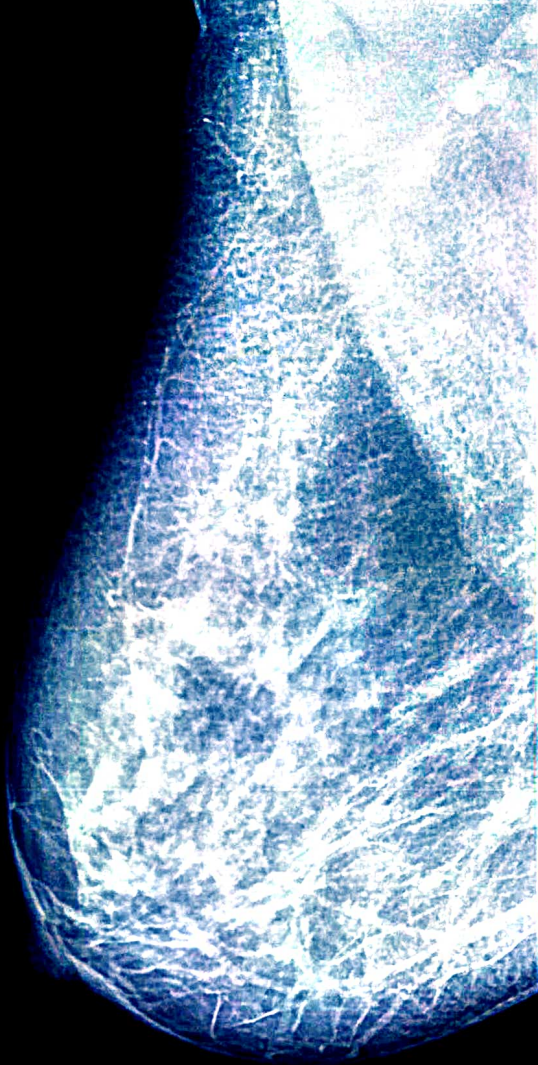
True size

Female
24/02/2024

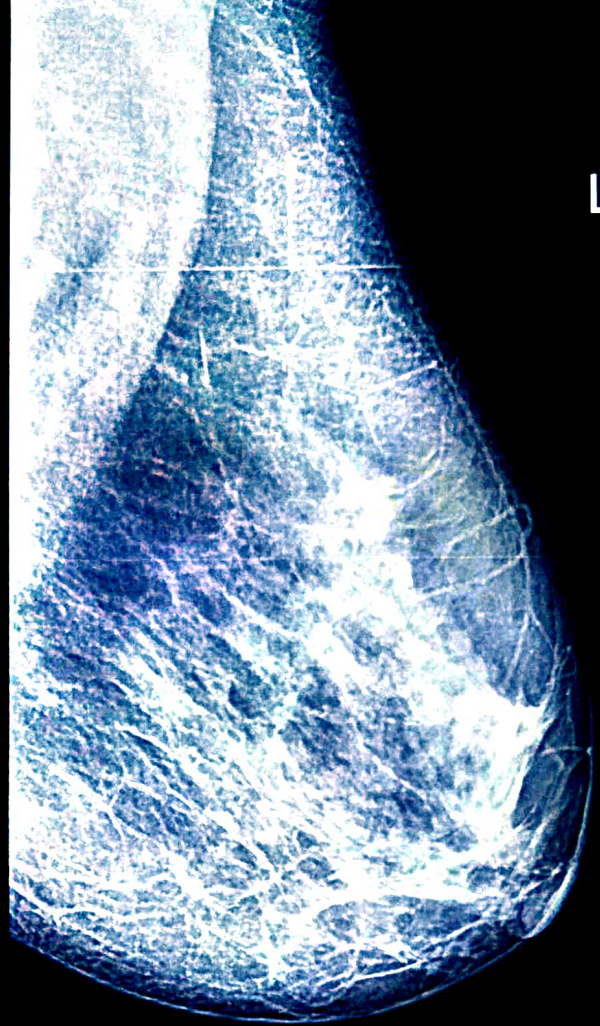
LCC

73489
SELF

RMLO



LMLO



85.7 %
NILIMA SARKAR
Mammography
PULSE DIAGNOSTICS PVT. LTD. KOLKATA-700008

RMLO

50 YRS
09:43:57

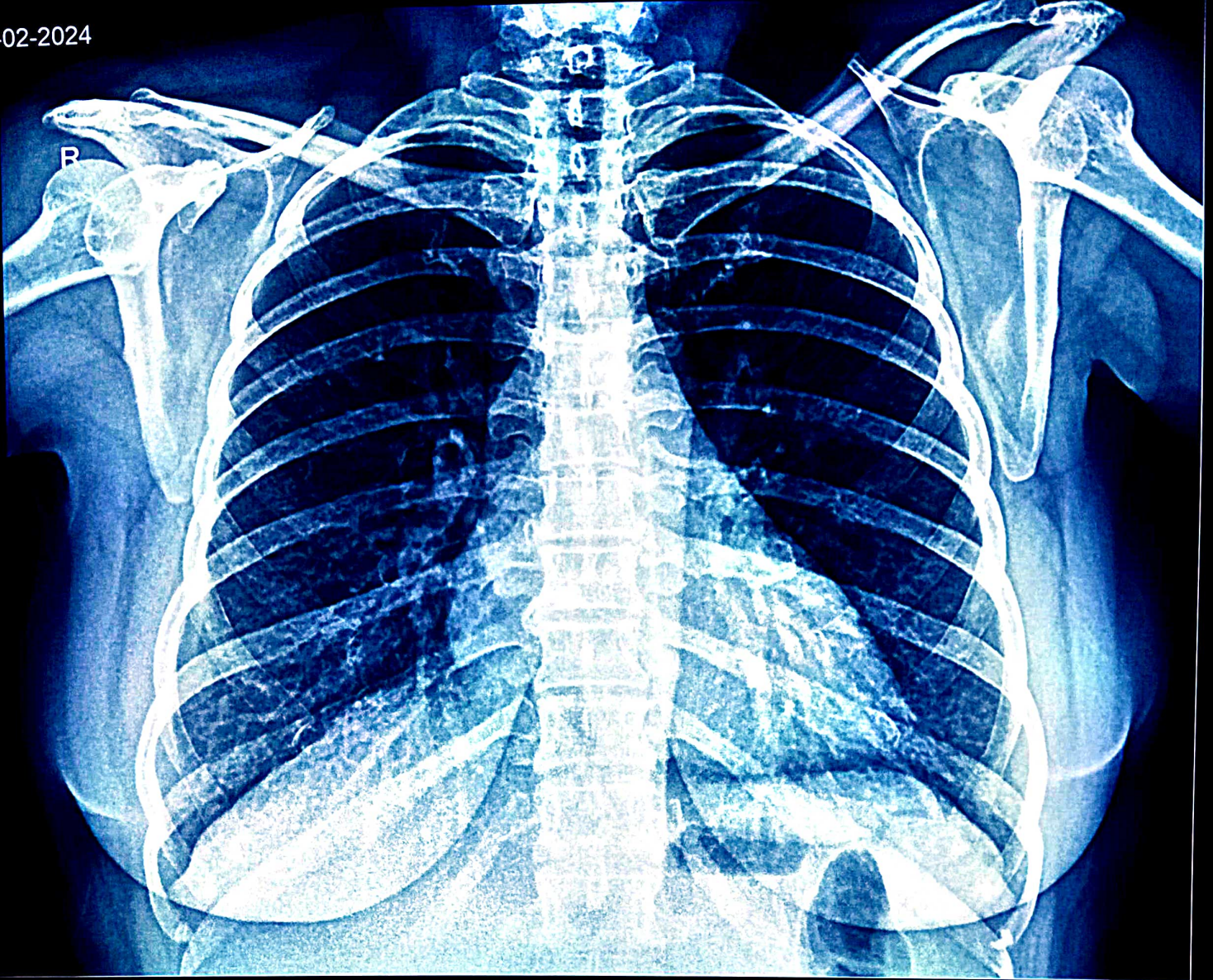
85.7 %

Female
24/02/2024

LMLO

73489
SELF

24-02-2024



73489, NILIMA SARKAR, F, 50 years

PULSE DIAGNOSTIC PVT LTD JAMES LONG SARANI

BANK OF BORODA (ME)

Patient Name :	NILIMA SARKAR	Patient ID :	73489
Modality :	DX	Sex :	F
Age :	050Y	Study :	CHEST PA
Reff. Dr. :	SELF	Study Date :	24-02-2024

X-RAY CHEST PA VIEW

Bilateral lung fields appear normal.
Bilateral costophrenic angles are unremarkable.
Bilateral hila and vascular markings are unremarkable.
Domes of diaphragm are normal in morphology and contour.
Cardiac size appear mildly enlarged.
Bony thoracic cage appears normal.

*Recommended clinical correlation with other investigation**



Dr. Manish Kumar Jha
MBBS, MD (Radio-diagnosis)
Registration No. 77237 (WBMC)