



LABORATORY REPORT



Name : Mrs. SHILPI JANA	Sex/Age : Female / 36 Years	Case ID : 40935501521
Ref. By : Self	Reg Date : 14-Sep-2024 18:01	Pt. ID : 4419510
Bill. Loc. : Howrah Direct		Mob.No : 9163217039
Sample Date and Time : 14-Sep-2024 18:06	Sample Type : Whole Blood EDTA	Ref Id1 :
Report Date and Time : 14-Sep-2024 22:22		Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	TEST REMARK
COMPLETE BLOOD COUNT				
Haemoglobin	12.0	gm/dL	12 - 15	
RBC	4.26	millions/cumm	3.8 - 4.8	
PCV	40.0	Vol%	36.0 to 46.0	
MCV	93.9	fL	83 - 101	
MCH	28.2	pg	27 - 32	
MCHC	L 30.0	gm/dL	32 - 36	
RDW	H 15.3	%	11.6 - 14.6	
TOTAL AND DIFFERENTIAL WBC COUNT				
Total WBC Count	8900	/cumm	4000 to 10000	
Neutrophil	55	%	40 - 80	
Lymphocyte	40	%	20 - 40	
Eosinophil	01	%	1 - 6	
Monocytes	04	%	2 - 10	
Basophil	00	%	0 -	
Neutrophil	4895	/cumm	2000 - 7000	
Lymphocyte	H 3560	/cumm	1000 - 3000	
Eosinophil	89	/cumm	20 - 500	
Monocyte	356	/cumm	200 - 1000	
Basophil	0	/cumm	00 - 100	
Neut/Lympho Ratio (NLR)	1.38		0.78 - 3.53	
PLATELETS				
Platelet Count	236000	/cumm	1,50,000 - 4,10,000	
MPV	13.9	fL	7.5 - 12.0	
PDW	H 21.4		10.0 - 17.9	

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

Bappa Karmakar

Verified by



Shaheena Perween

Dr. Shaheena Perween
MBBS, MD (Path)
Pathologist
WBMC 71326



MC - 2167



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TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
ESR	H 32	mm	0 - 12	
Instrument - Cube 30				

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

Rupam Chatterjee

Verified by



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Sample Date and Time : 14-Sep-2024 18:06	Sample Type : Plasma Fluoride F	Ref Id1 :
Report Date and Time : 14-Sep-2024 21:23		Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Plasma Glucose - F <i>Hexokinase</i>	84	mg/dL	74 - 109	

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

Barun Jana

Verified by



Supratik Biswas

DR Supratik Biswas
MBBS, MD
Consultant Biochemist
WBMC 64600



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Bill. Loc. : Howrah Direct		Mob.No : 9163217039
Sample Date and Time : 14-Sep-2024 18:06	Sample Type : Whole Blood EDTA	Ref Id1 :
Report Date and Time : 15-Sep-2024 11:57		Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
HbA1C <i>HPLC</i>	5.30	%	Normal : <5.7 Pre diabetes : 5.7-6.4 Diabetes : >6.5	
Average Plasma Glucose <i>Calculated</i>	105	mg/dL		

Interpretation :

HbA1C level reflects the mean glucose concentration over previous 8-12 weeks and provides better indication of long term glycemic control.
Levels of HbA1C may be low as result of shortened RBC life span in case of hemolytic anemia.
Increased HbA1C values may be found in patients with polycythemia or post splenectomy patients.
Patients with Homozygous forms of rare variant Hb(CC,SS,EE,SC) HbA1c can not be quantitated as there is no HbA.
In such circumstances glycemic control can be monitored using plasma glucose levels or serum Fructosamine.
The A1c target should be individualized based on numerous factors, such as age, life expectancy, comorbid conditions, duration of diabetes, risk of hypoglycemia or adverse consequences from hypoglycemia, patient motivation and adherence.

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

Nisha Malakar

Verified by



Meenakshi

Dr Meenakshi Mohan
MD (Pathology)
Consultant Pathologist
WBMC 54631



MC - 2167

Chromatogram Report

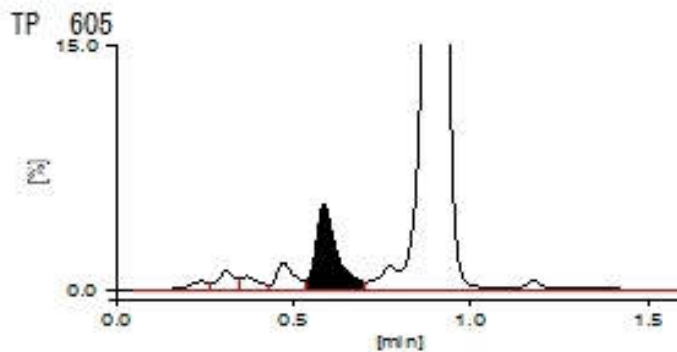
TOSOH G8 VAR V05.29 490206 2024-09-15 11:41:03
ID 240935501521
Sample No. 09150020 SL 0001 - 04
Patient ID
Name
Comment

CALIB $Y = 1.1318X + 0.6771$

Name	%	Time	Area
A1A	0.4	0.24	6.66
A1B	0.7	0.31	11.45
F	0.6	0.37	9.04
LA1C+	1.1	0.47	17.57
SA1C	5.3	0.59	62.13
A0	93.6	0.89	1441.49
H-V0			
H-V1			
H-V2			

Total Area 1548.34

HbA1c 5.3 % **IFCC 35 mmol/mol**
HbA1 6.5 % HbF 0.6 %





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Sample Date and Time : 14-Sep-2024 18:06	Sample Type : Serum	Ref Id1 :
Report Date and Time : 15-Sep-2024 00:32		Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
LIPID PROFILE				
Triglyceride <i>GPO-POD</i>	99	mg/dL	Normal: < 150 Borderline High: 150 -199 High: 200 - 499 Very High: >= 500	
Cholesterol <i>Colorimetric, CHOD-POD</i>	202	mg/dL	Desirable : < 200 Borderline High : 200 - 240 High Risk : > 240	
HDL Cholesterol <i>CHOD-POD</i>	47	mg/dL	Low HDL: < 40 High HDL : >= 60	
LDL Cholesterol (Direct) <i>CHOD-POD</i>	147	mg/dL	Optimal : <100 Above Optimal: 100 - 129 Borderline high : 130 - 159 High : 160 - 189 Very High : >190	
VLDL <i>Calculated</i>	L 8	mg/dL	10 - 40	
Non-HDL Cholesterol <i>Calculated</i>	H 155	mg/dL	<130	
Chol/HDL <i>Calculated</i>	4.30		1 - 5.2	
LDL/HDL Ratio	3.13			

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

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

Barun Jana

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Report Date and Time : 15-Sep-2024 00:32		Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Liver Function Test

Bilirubin Total <i>DPD</i>	0.79	mg/dL	0.3-1.2	
Bilirubin Conjugated <i>DPD</i>	H 0.32	mg/dL	0.0 - 0.2	
Bilirubin Unconjugated <i>Calculated</i>	0.47	mg/dL	0 - 0.8	
S.G.P.T. <i>IFCC</i>	H 42	U/L	0-35	
S.G.O.T. <i>IFCC</i>	32	U/L	0-35	
Alkaline Phosphatase <i>IFCC</i>	112	U/L	30-120	
Proteins (Total) <i>Biuret</i>	7.18	g/dL	6.6-8.3	
Albumin <i>Bromo Cresol Green</i>	4.47	g/dL	3.5-5.2	
Globulin <i>Calculated</i>	2.71	g/dL	1.80 - 3.60	
A/G Ratio <i>Calculated</i>	1.65		1.2 - 2.0	
Gamma Glutamyl Transferase <i>IFCC</i>	15	U/L	0-38	

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

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Sample Date and Time : 14-Sep-2024 18:06	Sample Type : Serum	Ref Id1 :
Report Date and Time : 15-Sep-2024 00:32		Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Thyroid Function Test				
Triiodothyronine (T3) ECLIA	1.03	ng/mL	0.58 - 1.59	
Thyroxine (T4) ECLIA	6.27	µg/dL	4.87 - 11.72	
TSH ECLIA	2.77	µIU/mL	0.35-4.94	

INTERPRETATIONS

- Circulating TSH measurement has been used for screening for euthyroidism, screening and diagnosis for hyperthyroidism & hypothyroidism. Suppressed TSH (<0.01 µIU/mL) suggests a diagnosis of hyperthyroidism and elevated concentration (>7 µIU/mL) suggest hypothyroidism. TSH levels may be affected by acute illness and several medications including dopamine and glucocorticoids. Decreased (low or undetectable) in Graves disease. Increased in TSH secreting pituitary adenoma (secondary hyperthyroidism), PRTH and in hypothalamic disease thyrotropin (tertiary hyperthyroidism). Elevated in hypothyroidism (along with decreased T4) except for pituitary & hypothalamic disease.
- Mild to modest elevations in patient with normal T3 & T4 levels indicates impaired thyroid hormone reserves & incipient hypothyroidism (subclinical hypothyroidism).
- Mild to modest decrease with normal T3 & T4 indicates subclinical hyperthyroidism.
- Degree of TSH suppression does not reflect the severity of hyperthyroidism, therefore, measurement of free thyroid hormone levels is required in patient with a suppressed TSH level.

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Sample Date and Time : 14-Sep-2024 18:06	Sample Type : Urine	Ref Id1 :
Report Date and Time : 14-Sep-2024 22:21		Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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URINE EXAMINATION

Physical examination

Urine Volume	40	mL		
Colour	Pale Straw		Pale Straw to Dark Yellow	
Appearance	Slight Hazy		Clear	
Deposit	Present		Absent	

Chemical Examination

Sp.Gravity	1.010		1.010-1.030	
pH	6.0		5-8.5	
Protein	Absent		Absent	
Glucose	Absent		Absent	
Ketone Bodies Urine	Absent		Absent	
Urobilinogen	Normal		Normal	
Blood	Absent		Absent	
Bilirubin	Absent		Absent	
Nitrite	Absent		Absent	

Microscopic examination

Pus Cells	5-6	/HPF	<=5 /HPF	
Red Blood Cell	Absent	/HPF	Nil	
Epithelial Cell	14-16	/HPF	A Few	
Bacteria	Present (+)	/µL	Nil	
Cast	Nil	/HPF	Nil	
Crystals	Nil	/HPF	Nil	

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Anupriya Roy Chowdhury

Verified by



Shaheena Perween

Dr.Shaheena Perween

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Pathologist
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Sample Date and Time : 14-Sep-2024 18:06	Sample Type : Urine	Ref Id1 :
Report Date and Time : 14-Sep-2024 22:21		Ref Id2 :

**METHOD : SEDIMENTATION AND
MICROSCOPE / CLINITEK ADVANTUS URINE ANALYSER**

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.

The test results are not valid for medico legal purposes

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

**Anupriya Roy
Chowdhury**

Verified by



Shaheena Perween

Dr. Shaheena Perween

MBBS, MD (Path)

Pathologist

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Sample Date and Time : 14-Sep-2024 18:06	Sample Type : Urine F	Ref Id1 :
Report Date and Time : 15-Sep-2024 11:57		Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Urine Glucose (Fasting)	Absent		Absent	

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

**Anupriya Roy
Chowdhury**
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Dr Meenakshi Mohan

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Consultant Pathologist
WBMC 54631



MC - 2167

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Ref. By : Self	Reg Date : 14-Sep-2024 18:01	Pt. ID : 4419510
Bill. Loc. : Howrah Direct		Mob.No : 9163217039
Sample Date and Time : 14-Sep-2024 18:06	Sample Type : Health Check	Ref Id1 :
Report Date and Time : 27-Sep-2024 15:38		Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	TEST REMARK
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Physician Examination

Present History	Nil Particular
Past History	Nil Particular
Family History	Nil Particular
Personal History	Nil Particular
C V S	S1, S2+
RS	B/L NVBS
Abdomen	SOFT
CNS	NFND

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)



....



Patient Name :	SHILPI JANA	Patient ID :	ID1521
Modality :	DX	Sex :	F
Age :	36Yrs	Study :	CHEST PA
Reff. Dr. :	SELF	Study Date :	14-09-2024

X-RAY CHEST PA VIEW

FINDINGS :

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 is within normal limits.
Bony thoracic cage appears normal.

IMPRESSION:

No obvious abnormality detected.
No evidence of fracture or dislocation.

Recommended clinical correlation.*



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



RADIOLOGY REPORT



Name :	Mrs. SHILPI JANA	Patient ID :	40935501521
Gender / Age :	Female / 36 Years	Registration Date & Time :	14-Sep-2024 18:01
Ref Id :		Receiving Date & Time :	14-Sep-2024 18:06
Bill Location :	Pulse Howrah	Report Date & Time :	14-Sep-2024 18:21
Ref By :	Self		

USG STUDY OF WHOLE ABDOMEN

LIVER

Is borderline enlarged in size (14.71 cm) and diffuse increase in echogenicity. No focal lesion is seen. Intrahepatic biliary radicles are not dilated. Portal vein measures 0.95 cm 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 dilated and measures 0.37 cm.

PANCREAS

Is normal in size, shape, outline and echotexture. No definite focal lesion is evident. Pancreatic duct is not 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 8.91 cm in length.

KIDNEYS

Both kidneys appear normal in size, shape, position and echotexture. Cortico-medullary differentiation is normal. Central echocomplexes of both kidneys appear normal. No focal lesion is seen. A pinpoint calcification is seen in mid pole of left kidney. No evidence of hydronephrosis is seen in either kidneys. Right kidney measures 10.88 cm. Left kidney measures 10.17 cm.

URETERS

Ureters are not dilated.

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 normal in size. Myometrial echotexture is homogeneous & normal. No focal lesion is seen. Endometrial echo measures 0.82 cm.



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Bill Location :	Pulse Howrah	Report Date & Time :	14-Sep-2024 18:21
Ref By :	Self		

Uterus measures 7.6 x 3.8 x 6.5 cm.

CERVIX

Cervix is normal in size & echotexture.

ADNEXA

Both ovaries are normal in size & echotexture. No focal lesion is seen.

Right ovary measures 2.43 x 1.50 cm.

Left ovary measures 3.20 x 1.17 cm.

No evidence of free fluid in P.O.D.

IMPRESSION :

1. **Borderline hepatomegaly with moderate hepatic steatosis.**
2. **Left renal pinpoint calcification.**

Advice : Further investigation and follow up.

Dr. Arnab Mandal
MD, Physician PGDUS (Delhi) CBET-
USG (WBUHS Kolkata) Fellow Of
Jefferson Ultrasound Radiology and
Education Institution Philadelphia Ex-
Radiology Resident (S.E. Railway)
WBMC 72022

Jhumpa Halder
Verified BY



RADIOLOGY REPORT



Name :	Mrs. SHILPI JANA	Patient ID :	40935501521
Gender / Age :	Female / 36 Years	Registration Date & Time :	14-Sep-2024 18:01
Ref Id :		Receiving Date & Time :	14-Sep-2024 18:11
Bill Location :	Pulse Howrah	Report Date & Time :	14-Sep-2024 18:44
Ref By :	Self		

2D ECHOCARDIOGRAPHY

Mode Data :Parameter	Test Value	Normal Range(Adults)	Unit
Aortic Root Diameter	2.3	2.0 – 4.0	cm
Left atrial diameter	3.1	2.0 – 4.0	cm
RV internal diameter	2.2	2.2 – 3.0	cm
IV septal thickness (diastole)	0.8	0.60 – 1.10	cm
LV Internal diameter (diastole)	4.3	3.50 – 5.4	cm
Post. Wall thickness (diastole)	0.8	0.60 – 1.10	cm
Internal diameter (systole)	2.7	2.4 – 4.20	cm
LV Ejection fraction	65 %	55 – 65	%

LV shows:

Normal size cardiac chambers.
 No RWMA.
 Normal diastolic flow pattern. E/E' - 7
 Good LV systolic function with LVEF – 65 %
 Normal RV systolic function.
 All valve morphology normal..
 IAS & IVS intact.
 No PDA/COA.
 Trivial TR (15 mmHg).
 No PE / PAH.
 IVC normal in size, collapsing well.



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Ref Id :		Receiving Date & Time :	14-Sep-2024 18:11
Bill Location :	Pulse Howrah	Report Date & Time :	14-Sep-2024 18:44
Ref By :	Self		

CONCLUSION:

Normal size cardiac chambers.
Good biventricular systolic function.
Normal diastolic flow pattern.
Trivial TR.
No PE / PAH.

----- End Of Report -----

Dr. Abhinay Tibdewal
MD, DM (Cardiologist)
WBMC 85811

Arpita Chatterjee
Verified BY



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Bill. Loc. : Howrah Direct		Mob.No : 9163217039
Sample Date and Time : 14-Sep-2024 18:06	Sample Type : Serum	Ref Id1 :
Report Date and Time : 15-Sep-2024 00:32		Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	TEST REMARK
Kidney Function Test				
Urea <i>GLDH</i>	22	mg/dL	17-43	
Creatinine <i>Jaffe - Kinetic</i>	0.72	mg/dL	<0.9	
Uric Acid <i>Uricase</i>	3.70	mg/dL	2.4 - 5.7	
Blood Urea Nitrogen ,Serum <i>Urease/GLDH</i>	10.2	mg/dL		
Calcium <i>BAPTA</i>	9.67	mg/dL	8.6-10	
Sodium <i>ISE, Indirect</i>	140	mmol/L	136.0 - 145.0	
Potassium <i>Ion Selective Electrode</i>	4.51	mmol/L	3.5 - 5.1	
Chloride <i>ISE, Indirect</i>	105	mmol/L	97 - 111	

Pending Services
Glucose - Post Prandial
Papsmear Conventional

----- End Of Report -----

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

Barun Jana

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Dr Meenakshi Mohan
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MC - 2167

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PREVENTIVE HEALTH CHECKS

Mr./Mrs./Ms. Shilpi Jana Date: 14/9/2024
 Age: 36 Sex: Male Female ID No: 175212
 Case Examined by Dr. Saurav Ghosh
 Ref. by Dr. _____

Present Complaint: Severe Heartburn, Indigestion, Right side chest pain sometimes

Known Case of DM: Yes No HTN: Yes No CAD: Yes No Asthma: Yes No
 Anyothers _____

Present Medication None

Past History

Medical -

Surgical C-Section

Gynaec & Obstetric -

Family History

a) Allergy Yes No
 b) Pressure Yes No
 c) Diabetes Yes No
 d) Thyroid Yes No
 e) Cancer Yes No
 f) Other _____

Personal History Status

Smoking Non-smoker Smoker Since: _____ Yes
 Alcohol Nil Social Habitual
 Diet Vegetarian Non-Vegetarian
 Physical Activity Exercise Regular Irregular No

Centre Lansdowne Behala James Long Sarani Shyambazar Howrah Erbalpu

PHYSICAL EXAMINATION

Height : 151 cm

Weight : 75 kg

Gen. Examination : Anaemia Oedema Jaundice Others Normal

Blood Pressure : 120/80 mmHg Pulse Rate _____/min Normal

C.V.S. : 1st & 2nd Sound, Murmurs Yes No

Abdomen : C.N.S.: All. R.S.: All.

Breast Examination : All.

Laboratory Investigations

Haematology : All.

Biochemistry : All.

Clinical Pathology : All.
Urine Routine

ECG (Resting) : All.

X-Ray (Chest) : All.

Echocardiogram : All.

Treadmill (CST) : All.

SPIROMETRY : All.

PAP SMEAR : Normal.

Others : All.

Clinical Impression : Normal Health

Empty box for notes or observations.

Advice :

Clinically fit.

DR. SOURAV GOSWAMI
M.B.B.S.
Reg. No. 10489



PULSE DIAGNOSTIC CENTRE

107/1, G. T. ROAD(South), Sandhya Bazar, Howrah-711101

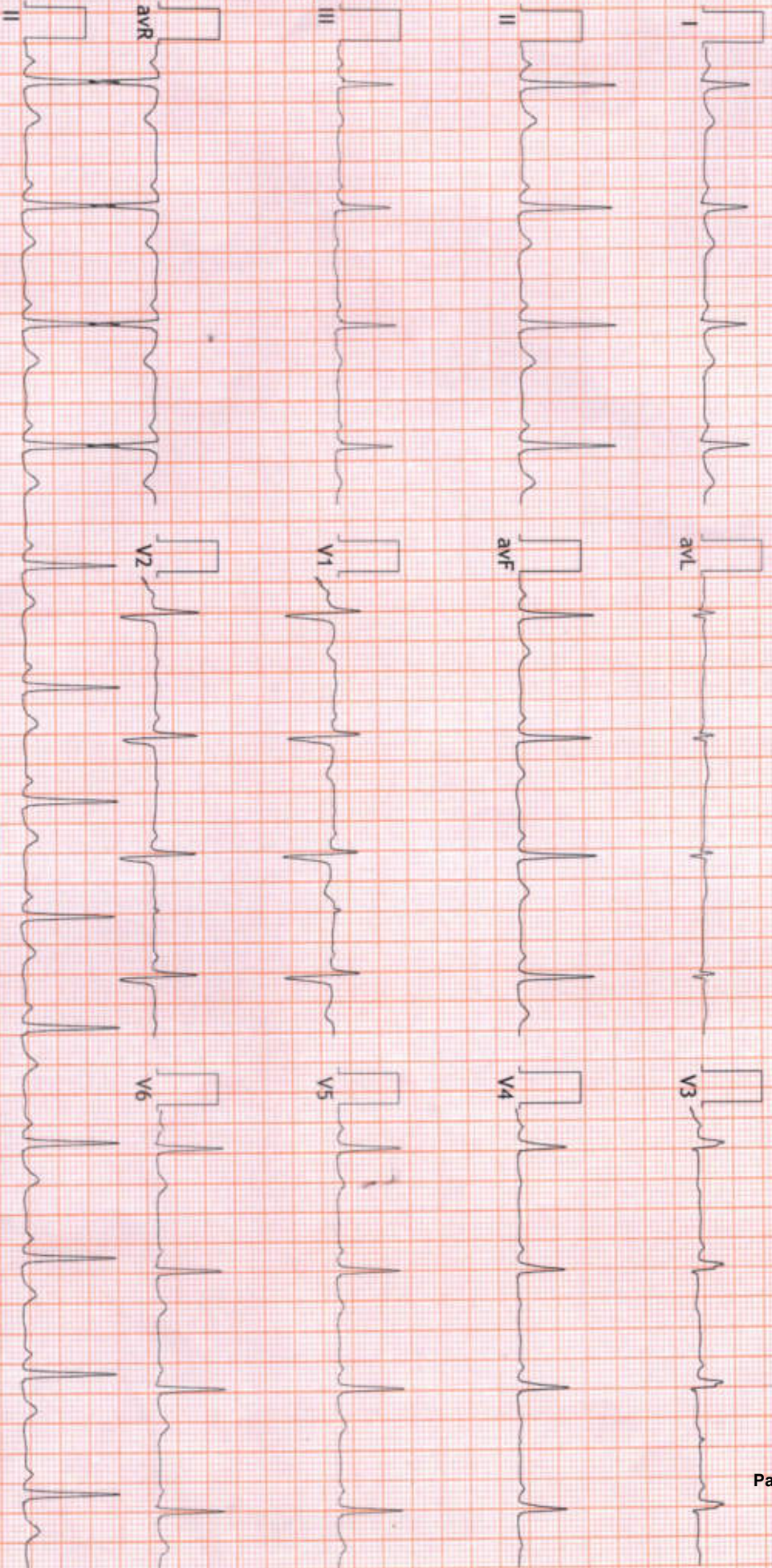
23450/Shilpi Jana 36Yrs/Female 75 Kgs/151 Cms

Ref.: SELF Test Date: 14-Sep-2024(12:33:17) Notch: 50Hz 0.05Hz - 100Hz

BP: / mmHg
10mm/mV 25mm/Sec

HR: 78 bpm

PR Interval: 110 ms
QRS Duration: 142 ms
QT/QTc: 387/442ms
P-QRS-T Axis: 48 - 55 - 29 (Deg)



FINDINGS: Normal Sinus Rhythm with Abnormal QTc Interval

Vent Rate : 78 bpm; PR Interval : 110 ms; QRS Duration: 142 ms; QT/QTc Int : 387/442 ms

P-QRS-T axis: 48 • 55 • 29 • (Deg)

Comments :

*Normal sinus rhythm
ECG with an normal limbly.*

*Dr. Abhinav Tibdewal
Consultant Cardiologist
MBBS, MD, DM (Cardio)*

Abhinav Tibdewal





Patient Name : MS. SHILPI JANA
Age / Gender : 36 Years / Female
Branch : - Pulse-Howrah
Doctor : SELF

Invoice No : 40935501521
Invoice Date : 14-Sep-2024, 06:01 PM
Contact No : 9163217039
Sample Type : BMI

BLOOD PRESSURE WEIGHT, HEIGHT & BMI

BLOOD PRESSURE: 120/80 mmHg

WEIGHT : 75 kg.

HEIGHT : 151 cm.

BMI – 32.9 KG/M²

****END OF REPORT****

Checked by
Mousumi Das Sharma