

LABORATORY INVESTIGATION REPORT

Patient Name : Mrs. RUPALI PRADHAN	Age/Sex : 25 Year(s)/Female
UHID : NMHK.2208458	Order Date : 09/06/2022 09:41
Episode : OP	
Ref. Doctor : NMH	Mobile No : 9078151673
	DOB : 01/01/1997
Address : SAKHERBAZAR , BEHALA ,Kolkata,West Bengal 700008	Facility : NARAYAN MEMORIAL HOSPITAL

Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0065821	Collection Date : 09/06/22 10:09	Ack Date : 09/06/2022 10:32	Report Date : 09/06/22 18:04

SERUM CREATININE

SAMPLE : SERUM

SERUM CREATININE	0.6	mg/dl	0.5 - 0.9
<i>Jaffe Gen2 Compensated</i>			

LIVER FUNCTION TEST (LFT)

SAMPLE : SERUM

TOTAL BILIRUBIN	0.5	mg/dl	0 - 1.1
<i>Diazo Method</i>			
DIRECT BILIRUBIN	0.2	mg/dl	0 - 0.2
<i>Diazo Method</i>			
INDIRECT BILIRUBIN	0.3	mg/dl	0.2 - 0.9
<i>Calculated</i>			
SGPT (ALT)	10	U/L	0 - 34
<i>IFCC Without Pyridoxal Phosphate</i>			
SGOT (AST)	13	U/L	0 - 31
<i>IFCC Without Pyridoxal Phosphate</i>			
ALKALINE PHOSPHATASE	131 ▲	U/L	53 - 128
<i>IFCC</i>			
TOTAL PROTEIN	7.7	g/dl	6.4 - 8.2
<i>Biuret</i>			
ALBUMIN	5	gm/dl	3.5 - 5.2
<i>Bromocresol Green</i>			
GLOBULIN	2.7	g/dl	2 - 3.5
<i>Calculated</i>			
ALBUMIN:GLOBULIN	1.9	-	1.1 - 2.5
<i>Calculated</i>			
GGT	8	U/L	5 - 36
<i>Enzymatic colorimetric assay</i>			

BLOOD UREA NITROGEN

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Interpretation & Remark:

- HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose.
- HbA1c has been endorsed by clinical groups & American Diabetes Association guidelines 2017, for diagnosis of diabetes using a cut-off point of 6.5%.
- Trends in HbA1c are a better indicator of diabetic control than a solitary test.
- Low HbA1c in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (Specially severe iron deficiency anaemia & haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
- Interference of Haemoglobinopathies in HbA1c estimation.
A. For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
B. Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status.
C. Heterozygous state detected (D10/ turbo is corrected for HbS and HbC trait).
- For known diabetic patients, following values can be considered as a tool for monitoring the glycemic control :

Excellent Control - 6 - 7 %
Fair to Good Control - 7 - 8 %
Unsatisfactory Control - 8 - 10 %
Poor Control - > 10 % .

Note : Hemoglobin electrophoresis (HPLC method) is recommended for detecting hemoglobinopathy.

Sample No : 07H0065822B Collection Date : 09/06/22 10:10 Ack Date : 09/06/2022 10:36 Report Date : 09/06/22 15:06

BLOOD SUGAR(F)

SAMPLE : PLASMA

BLOOD SUGAR FASTING 90 mg/dl 70 - 109
Hexokinase

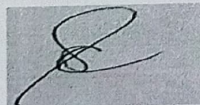
Sample No : 07H0065835B Collection Date : 09/06/22 12:38 Ack Date : 09/06/2022 13:03 Report Date : 09/06/22 15:07

BLOOD SUGAR(PP)

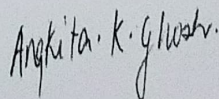
SAMPLE : PLASMA

BLOOD SUGAR PP 102 mg/dl 70 - 140
Hexokinase

End of Report



Dr.S. Chatterjee
MD, MBBS, FAACC
(CONSULTANT BIOCHEMIST)



Dr.ANGKITA K. GHOSH
MBBS, MD(PATH)
(CONSULTANT PATHOLOGIST)

RegNo: 82734

Checked By

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Address : SAKHERBAZAR , BEHALA ,Kolkata,West Bengal 700008	Facility : NARAYAN MEMORIAL HOSPITAL

Hematology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0065822	Collection Date : 09/06/22 10:10	Ack Date : 09/06/2022 10:35	Report Date : 09/06/22 15:03

COMPLETE HAEMOGRAM (CBC)

SAMPLE : EDTA BLOOD

HAEMOGLOBIN (HB) <i>Colorimetric method (Cyn Meth)</i>	11.1 ▼	gm/dl	12 - 15
RBC COUNT <i>Electrical Impedance Method</i>	4.47	x10 ⁶ /ul	3.8 - 4.8
TOTAL WBC COUNT <i>Electrical Impedance Method</i>	6.0	10 ³ /cmm	4 - 10
PLATELET COUNT <i>Electrical Impedance Method</i>	210	10 ³ /cmm	150 - 410
PCV <i>RBC pulse ht. detection method</i>	35 ▼	%	36 - 46
MCV <i>calculated</i>	77 ▼	fl	83 - 101
MCH <i>Calculated</i>	25 ▼	pg	27 - 32
MCHC <i>Calculated</i>	32	gm/dl	31.5 - 34.5
ESR <i>Modified Westergren Method</i>	32 ▲	%	0 - 12
DIFFERENTIAL COUNT			
NEUTROPHILS <i>Microscopy</i>	60	%	40 - 80
LYMPHOCYTES <i>Microscopy</i>	36	%	20 - 40
MONOCYTES <i>Microscopy</i>	02	%	2 - 10
EOSINOPHILS <i>Microscopy</i>	02 ▼	%	1 - 6

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% 0 - 2

BASOPHILS

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Microscopy

PERIPHERAL BLOOD SMEAR

RBC

Microcytic Hypochromic

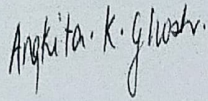
WBC

Within normal limits

PLATELET

Adequate

End of Report



Dr. ANGKITA K. GHOSH
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Immunology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0065821	Collection Date : 09/06/22 10:09	Ack Date : 09/06/2022 10:32	Report Date : 09/06/22 17:59

THYROID FUNCTION TEST

SAMPLE : SERUM

T3	0.89	ng/ml	0.6 - 1.8
<i>ECLIA</i>			
T4	6.5	ug/dL	5.4 - 11.7
<i>ECLIA</i>			
TSH	2.61	uIU/ml	Adult Male – 0.27-5.50 Adult Female – 0.27-5.50 Newborns - <25 Upto 12 years – 0.3-5

ECLIA

Interpretations:

- For diagnostic purposes, the result should always be assessed in conjunction with the patient's medical history, clinical examinations and other findings.
- The assay is unaffected by icterus (Bilirubin < 701 µmol/L or < 41 mg/dL), hemolysis (Hb < 0.621 mmol/L or < 1 g/dL), lipemia (Intralipid < 1500 mg/dL), biotin (<102 nmol/L or < 25 ng/ml), IgG < 2 g/dL and IgM < 0.5 g/dL)
- There is no high dose hook effect at TSH concentrations upto 1000 µmol/ml.
- TSH values may be transiently altered because of non thyroidal illness like several infections, liver disease, renal and heart failure, several burns, trauma and surgery etc. Drugs that decrease TSH values e.g. L-dopa, Glucocorticoid drugs that increase TSH values e.g. Iodine, Lithium, Amiodarone.
- The assay is unaffected by icterus (bilirubin < 633 µmol/L or < 37 mg/dl), hemolysis (Hb < 1.4 mmol/L or < 2.3 g/dl), lipemia (triglycerides < 28.5 mmol/L or 2500 mg/dl) and biotin (< 409 nmol or < 100 ng/ml).
- The assay is unaffected by icterus (bilirubin < 599 µmol/L or < 35 mg/dl), hemolysis (Hb < 1.2 mmol/L or < 2.0 g/dl), lipemia (Intralipid < 1800 mg/dl) and biotin (< 123 nmol or < 30 ng/ml).

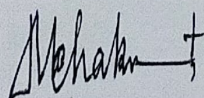
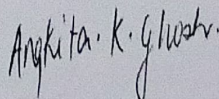
Sample No : 07H0065822	Collection Date : 09/06/22 10:10	Ack Date : 09/06/2022 10:35	Report Date : 09/06/22 16:42
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BLOOD GROUPING & Rh TYPING

SAMPLE : EDTA BLOOD

BLOOD GROUP	' B '
<i>Agglutination forward & Reverse</i>	
RH TYPE	POSITIVE

End of Report

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Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0065821	Collection Date : 09/06/22 10:09	Ack Date : 09/06/2022 11:12	Report Date : 09/06/22 15:05

URINE FOR R/E

SAMPLE : URINE

PHYSICAL EXAMINATION

VOLUME	35	ml	
COLOUR	PALE YELLOW		
APPEARANCE	SLIGHTLY HAZY		1.010 - 1.030
SPECIFIC GRAVITY	1.010		
REACTION(pH)	ACIDIC 6.5		

CHEMICAL EXAMINATION

SUGAR	ABSENT	ABSENT
ALBUMIN.	ABSENT	ABSENT
BLOOD	ABSENT	ABSENT
KETONE	ABSENT	ABSENT
BILE SALT	ABSENT	ABSENT
BILE PIGMENTS	ABSENT	ABSENT

MICROSCOPIC EXAMINATION

PUS CELLS	2-3 / HPF	<5/HPF
EPITHELIAL CELLS	3-5 / HPF	<20/HPF
RBC	NIL	ABSENT
CAST	ABSENT	ABSENT
CRYSTAL	ABSENT	

Please correlate clinically.

URINE FOR SUGAR FASTING

SAMPLE : URINE

RESULT	ABSENT
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URINE FOR SUGAR PP

SAMPLE : URINE

RESULT	ABSENT
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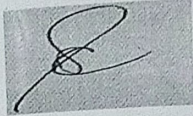
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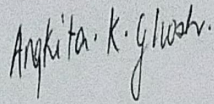
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End of Report



Dr.S. Chatterjee
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(CONSULTANT BIOCHEMIST)



Dr.ANGKITA K. GHOSH
MBBS, MD(PATH)
(CONSULTANT PATHOLOGIST)

RegNo: 82734

Checked By

Narayan Memorial Hospital

(A Unit of Narayan Health Services Pvt. Ltd.)



DIAGNOSTICS REPORT

Patient Name	: Mrs. RUPALI PRADHAN	Order Date	: 09/06/2022 09:41
Age/Sex	: 25 Year(s)/Female	Report Date	: 09/06/2022 18:46
UHID	: NMHK.2208458	IP No	:
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Address	: SAKHERBAZAR, BEHALA, Kolkata, West Bengal, 700008	Mobile	: 9078151673

X-RAY CHEST PA VIEW

No active lung parenchymal lesion is seen.
Both hila are normal in position, size and density.
Cardiothoracic ratio appear normal.
Trachea and mediastinum are normal in position.
Both costo-phrenic angles are clear.
Domes of diaphragm are normal in position and outlines are well delineated.
Bony thorax appears unremarkable .

IMPRESSION

No significant lung parenchyma abnormality.

Needs clinical correlation.

Handwritten signature of Dr. Subrata Nag.

**Dr. SUBRATA NAG , MBBS,DNB,Fellow
intervention/endovascular surgery**

RegNo: 66718

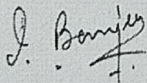
DIAGNOSTICS REPORT

Patient Name	: Mrs. RUPALI PRADHAN	Order Date	: 09/06/2022 09:41
Age/Sex	: 25 Year(s)/Female	Report Date	: 09/06/2022 18:33
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ECHOCARDIOGRAPHY (SCREENING)

Status of Patient :

- * No regional wall motion abnormality at rest.
- * Good LV systolic function (EF = 64 %).
- * Good RV systolic function (TAPSE = 22 mm).
- * TR gradient = 14 mmHg.
- * Normal valve morphology.
- * Normal LV diastolic function.
- * No pericardial effusion.
- * No pulmonary arterial hypertension.
- * IVC normal diameter & > 50% respiratory variation.
- * No thrombus, mass, vegetation seen.



Dr.INDIRA BANERJEE ,
MD,DNB,MRCPC (UK)

Board Certified Comprehensive
Echocardiographer (USA)

DIAGNOSTICS REPORT

Patient Name	: Mrs. RUPALI PRADHAN	Order Date	: 09/06/2022 09:41
Age/Sex	: 25 Year(s)/Female	Report Date	: 09/06/2022 14:06
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USG REPORT OF WHOLE ABDOMEN (SCREENING)

LIVER : Liver is normal in size and parenchymal echotexture. Intrahepatic biliary radicles are not dilated. No focal mass lesion is seen.

PORTA :PV : Normal. PV measures 0.8 cm.

CD : Normal . CD measures 0.4 cm.

GALL BLADDER : Gall bladder is normal in size, contour, outline and position. No calculus is seen. Wall thickness is normal.

PANCREAS : Pancreas is normal in size and parenchymal echogenicity. Pancreatic duct is not dilated.

SPLEEN : Spleen is not enlarged and parenchyma shows normal homogeneous pattern. Spleen measures : 11 cm.

KIDNEYS : Both kidneys are normal in size, shape, outline, position and parenchymal echogenicity. Cortico medullary differentiation maintained. No evidence of any mass / hydronephrosis is seen. **An echogenic focus measuring 4 mm is noted in middle calyx of right kidney.** Right kidney measures : 9.2 cm & Left kidney measures : 9.9 cm.

DIAGNOSTICS REPORT

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URINARY BLADDER : Urinary bladder is normal in contour, outline and distension. No vesical lesion is seen.

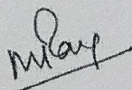
UTERUS : Anteverted normal in size, shape, outline, position and parenchymal echogenicity. Cavity is empty. Uterus measures 6.6 cm x 4.3 cm x 3.1 cm.

OVARIES : Both ovaries are normal in size, shape and echopattern. Right ovary : measures 2.9 cm x 1.7 cm. Left ovary : measures 2.7 cm x 1.5 cm.

PERITONEUM : No free fluid is noted.

RETROPERITONEUM : IVC and aorta appear normal. No lymphadenopathy is seen.

IMPRESSION : An echogenic focus in middle calyx of right kidney -- Suggestive of calcular shadow.



Dr. MADHUSHREE RAY NASKAR ,
MBBS, DMRD

Consultant Radiologist

RegNo: 57032