

LABORATORY INVESTIGATION REPORT

Patient Name : Mrs. Bhaswati Saha **Age/Sex** : 45 Year(s) / Female
UHID : NMHK.2202460 **Order Date** : 26/02/2022 10:18
Episode : OP
Ref. Doctor : NMH **Mobile No** : 8436301382
Address : 431 M.G ROAD , ,Kolkata,West Bengal ,700082 **Facility** : NARAYAN MEMORIAL HOSPITAL

Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0058127	Collection Date : 26/02/22 10:42	Ack Date : 26/02/2022 12:55	Report Date : 27/02/22 20:34

URINE FOR R/E

SAMPLE : URINE

PHYSICAL EXAMINATION

VOLUME	40	ml	
COLOUR	STRAW		
APPEARANCE	SLIGHTLY HAZY		
SPECIFIC GRAVITY	1.010		1.010 - 1.030
REACTION(pH)	ALKALINE 7.5		

CHEMICAL EXAMINATION

SUGAR	ABSENT	ABSENT
ALBUMIN.	ABSENT	ABSENT
BLOOD	PRESENT(+)	ABSENT
KETONE	ABSENT	ABSENT
BILE SALT	ABSENT	ABSENT
BILE PIGMENTS	ABSENT	ABSENT

MICROSCOPIC EXAMINATION

PUS CELLS	3-4 / HPF	<5/HPF
EPITHELIAL CELLS	4-6 / HPF	<20/HPF
RBC	10-12 / HPF	
CAST	ABSENT	ABSENT
CRYSTAL	ABSENT	ABSENT

Please correlate clinically.

End of Report



Dr. MAINAK CHAKRABORTY
MBBS, MD(PATH)
(CONSULTANT PATHOLOGIST)

Checked By

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Biochemistry

TEST INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0058127	Collection Date : 26/02/22 10:42	Ack Date : 26/02/2022 12:58	Report Date : 26/02/22 17:35

KIDNEY FUNCTION TEST

SERUM CREATININE

SAMPLE : SERUM

SERUM CREATININE	0.7	mg/dl	0.5 - 0.9
<i>Method - Jaffe Gen2 Compensated</i>			

BLOOD UREA NITROGEN

BLOOD UREA NITROGEN	11	mg/dl	6 - 20
<i>Method - Calculated</i>			

SERUM URIC ACID

SAMPLE : SERUM

SERUM URIC ACID	5.2	mg/dl	2.4 - 5.7
<i>Method - Enzymatic Colorimetric</i>			

LIVER FUNCTION TEST (LFT)

SAMPLE : SERUM

TOTAL BILIRUBIN	0.7	mg/dl	0 - 1.1
<i>Method - Diazo Method</i>			
INDIRECT BILIRUBIN	0.2	mg/dl	0 - 0.2
<i>Method - Diazo Method</i>			

DIRECT BILIRUBIN	0.5	mg/dl	0.2 - 0.9
<i>Method - Calculated</i>			

ALP (ALP)	26	U/L	0 - 34
<i>Method - IFCC Without Pyridoxal Phosphate</i>			

ASAT (AST)	24	U/L	0 - 31
<i>Method - IFCC Without Pyridoxal Phosphate</i>			

ALP (ALP)	52 ▼	U/L	53 - 128
<i>Method - IFCC</i>			

ALBUMIN	7.2	g/dl	6.4 - 8.2
<i>Method - Biuret</i>			

ALBUMIN	5.0	gm/dl	3.5 - 5.2
<i>Method - Bromocresol Green</i>			

GLOBULIN	2.2	g/dl	2 - 3.5
<i>Method - Calculated</i>			

ALBUMIN:GLOBULIN	2.3	-	1.1 - 2.5
<i>Method - Calculated</i>			

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Urea	14	U/L	5 - 36
<i>Method - Enzymatic colorimetric assay</i>			

LIPID PROFILE

SAMPLE : SERUM			
TOTAL CHOLESTEROL	203	mg/dl	Desirable <200 Borderline 200-239 High >=240
<i>Method - CHOD-PAP</i>			
LDL CHOLESTEROL	60	mg/dl	40 - 60
<i>Method - Homogenous Enzymatic Colorimetric</i>			
HDL CHOLESTEROL	127	mg/dl	Optimal < 100 Borderline 130
<i>Method - Homogenous Enzymatic Colorimetric</i>			
LDL	13.60	mg/dl	0 - 30
<i>Method - CALCULATED</i>			
CHOLESTEROL-HDL RATIO	3.38	-	
LDL-HDL RATIO	2.12	-	
TRIGLYCERIDES	68	mg/dl	Desirable <150 Borderline 150 - 200 High >200
<i>Method - Enzymatic Colorimetric</i>			

Sample No : 07H0058127A Collection Date : 26/02/22 10:42 Ack Date : 26/02/2022 13:02 Report Date : 26/02/22 16:28

GLYCOSYLATED HAEMOGLOBIN (HBA1C)

SAMPLE : EDTA BLOOD			
HBA1C	5.3	%	Non-diabetic : 4-6
<i>Method - By HPLC</i>			

1. HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose.
 2. HbA1c has been endorsed by clinical group & American Diabetes Association guidelines 2017, for diagnosis of Diabetes using a cut-off point of 6.5%.
 3. Trends in HbA1c are a better indicator of diabetic control than a solitary test.
 4. Low HbA1c in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (Specially in Severe iron deficiency anaemia and hemolytic), chronic renal failure and liver disease. Clinical correlation suggested.
 5. 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.
 Note: Hemoglobin electrophoresis (HPLC method) is recommended for detecting hemoglobinopathy.
 c) Heterozygous state detected (D10/turbo is corrected for HbS and HbC trait).
 6. 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%

Sample No : 07H0058128B Collection Date : 26/02/22 10:43 Ack Date : 26/02/2022 13:03 Report Date : 26/02/22 17:35

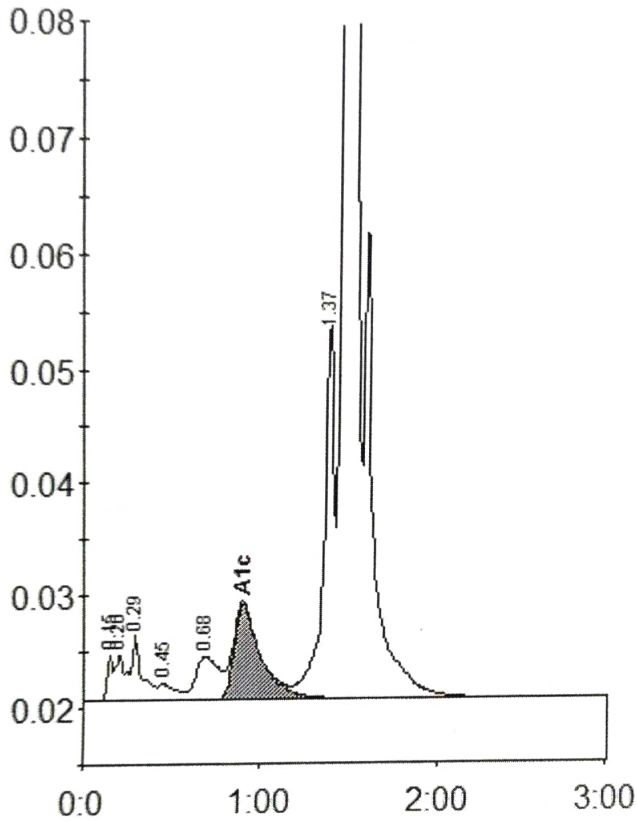
Patient report

Bio-Rad DATE: 26/02/2022
 D-10 TIME: 16:00
 S/N: #DJ0A467747 Software version: 4.30-2
 Sample ID: 07H0058127A
 Injection date 26/02/2022 15:11
 Injection #: 11 Method: HbA1c
 Rack #: --- Rack position: 1

Mrs. Bhaswati Saha
 (R)NMHK.2202460 45y/ F



07H0058127A
 EDTA Wh 26-02 10:42



Peak table - ID: 07H0058127A

Peak	R.time	Height	Area	Area %
Unknown	0.15	3966	8777	0.4
A1a	0.20	4149	16493	0.7
A1b	0.29	5875	23885	1.0
F	0.45	1519	10122	0.4
LA1c/CHb-1	0.68	3868	35254	1.5
A1c	0.90	8449	88859	5.3
P3	1.37	33487	131072	5.7
A0	1.44	700763	2001662	86.4
Total Area:			2316124	

Concentration:	%	mmol/mol
A1c	5.3	35

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GLUCOSE SUGAR(F)

SAMPLE : PLASMA

GLUCOSE SUGAR FASTING

100

mg/dl

70 - 109

Method - Hexokinase

End of Report



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

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Immunology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0058127	Collection Date : 26/02/22 10:42	Ack Date : 26/02/2022 12:58	Report Date : 27/02/22 20:32

BLOOD GROUPING & Rh TYPING

SAMPLE : EDTA BLOOD

BLOOD GROUP

' A '

Method - Agglutination forward & Reverse

TYPE

POSITIVE

End of Report



Dr. MAINAK CHAKRABORTY
MBBS, MD(PATH)
(CONSULTANT PATHOLOGIST)

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Hematology

STIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
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COMPLETE HAEMOGRAM (CBC)

EMPLE : EDTA BLOOD

HEMOGLOBIN (HB)	12.8	gm/dl	12 - 15
<i>Method - Colorimetric method (Cyn Meth)</i>			
PLATELET COUNT	4.78	x10 ⁶ /ul	3.8 - 4.8
<i>Method - Electrical Impedance Method</i>			
TOTAL WBC COUNT	3.9 ▼	10 ³ /cmm	4 - 10
<i>Method - Electrical Impedance Method</i>			
NEUTROPHIL COUNT	200	10 ³ /cmm	150 - 410
<i>Method - Electrical Impedance Method</i>			
RDW	40	%	36 - 46
<i>Method - RBC pulse ht. detection method</i>			
MCV	83	fl	83 - 101
<i>Method - calculated</i>			
MCH	27	pg	27 - 32
<i>Method - Calculated</i>			
MCHC	32	gm/dl	31.5 - 34.5
<i>Method - Calculated</i>			
ESR	35 ▲	%	0 - 12
<i>Method - Modified Westergren Method</i>			

DIFFERENTIAL COUNT

NEUTROPHILS	59	%	40 - 80
<i>Method - Microscopy</i>			
LYMPHOCYTES	37	%	20 - 40
<i>Method - Microscopy</i>			
MONOCYTES	02	%	2 - 10
<i>Method - Microscopy</i>			
EOSINOPHILS	02	%	1 - 6
<i>Method - Microscopy</i>			
BASOPHILS	00	%	0 - 2
<i>Method - Microscopy</i>			

PERIPHERAL BLOOD SMEAR

RBC : Normocytic normochromic
 WBC : Within normal limits

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SMALLER THAN
POLYBLASTIC
LEUKOCYTES
PLATELET

Adequate

End of Report



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Immunology

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BLOOD GROUPING & Rh TYPING

SAMPLE : EDTA BLOOD

BLOOD GROUP

Method - Agglutination forward & Reverse

RH TYPE

' A '

POSITIVE

End of Report



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Immunoassay

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0058127	Collection Date : 26/02/22 10:42	Ack Date : 26/02/2022 12:58	Report Date : 26/02/22 17:45

THYROID FUNCTION TEST

SAMPLE : SERUM

3	0.95	ng/ml	0.6 - 1.8
Method - ECLIA			
4	7.92	ug/dL	5.4 - 11.7
Method - ECLIA			
SH	2.77	uIU/ml	Adult Male - 0.27-5.50 Adult Female - 0.27-5.50 Newborns - <25 Upto 12 years - 0.3-5

Method - 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).

End of Report



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

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DIAGNOSTICS REPORT

Patient Name	: Mrs. Bhaswati Saha	Order Date	: 26/02/2022 10:18
Age/Sex	: 45 Year(s)/Female	Report Date	: 26/02/2022 17:19
UHID	: NMHK.2202460	IP No	:
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ELECTROCARDIOGRAM REPORT (ECG)

HR	: 64 bpm
Rhythm	: Sinus
P wave	: Normal
PR Interval	: 140 msec
QRS axis	: Normal (33 Degree)
QRS duration	: 116 msec
QRS configuration	: Normal
T wave	: Non specific changes
ST segment	: Non specific changes
QTc	: 437 msec
QT	: 424 msec

IMPRESSION:

- Sinus rhythm. Normal QRS axis.

- Non specific ST-T changes.

Clinical correlation please.



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

Board Certified Comprehensive
Echocardiographer (USA)

BHARSWATI SARHA
2202460

45 years M / F
..... cm / kg

HR 64/min

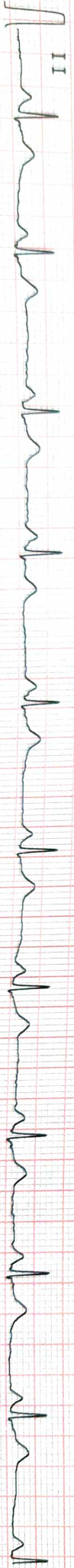
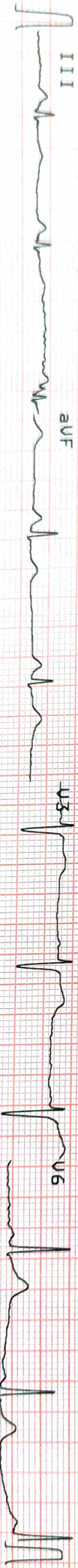
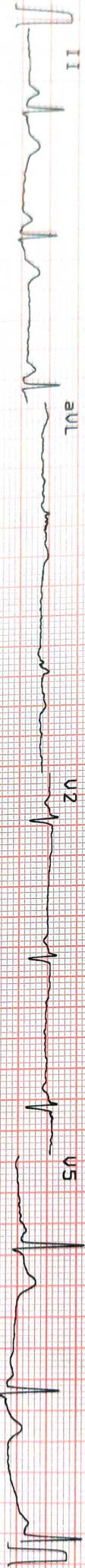
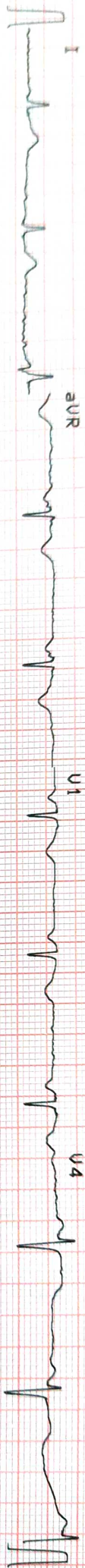
Intervals:
RR 943 ms
P 92 ms
PR 96 ms
QRS 116 ms
QT 424 ms
QTc 437 ms
(Bazett)
10 mm/mV

Axis:
P 56 °
QRS 33 °
T 36 °
P (II) 0.22 mV
S (V1) -0.66 mV
R (V5) 1.10 mV
Sokol. 1.83 mV

SINUS RHYTHM
LEFT ATRIAL ABNORMALITY
QRS(T) CONTOUR ABNORMALITY
CONSIDER INFERIOR MYOCARDIAL DAMAGE
T ABNORMALITY IN ANTERIOR LEADS

UNCONFIRMED REPORT

10 mm/mV



10 mm/mV

0.05-25 Hz FS0 5SF 5BS 26.02.2022 11:53:35

NRRAYAN MEMORIAL
HOSPITAL, BEHALA

AT-102plus 1.25.61

DIAGNOSTICS REPORT

Patient Name	: Mrs. Bhaswati Saha	Order Date	: 26/02/2022 10:18
Age/Sex	: 45 Year(s)/Female	Report Date	: 26/02/2022 15:56
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2D ECHOCARDIOGRAPHY WITH M-MODE

MEASUREMENTS

2D and M-Mode :

IVS (d)	10 mm	Aorta (at sinuses)	24 mm
LVID (d)	40 mm	LA diameter	30 mm
LVPW (d)	9 mm	RVID (d) - basal	16 mm
LVID (s)	25 mm	TAPSE	23 mm
LVEF	60 %		

Estimated PASP = 27 mmHg

FINDINGS

Left Ventricle :

Cavity size : Normal.

Wall thickness : Normal.

Segmental wall motion : No abnormality found.

Global systolic function : Normal. (EF = 60 %)

Diastolic function : Adequate.

Left Atrium :Normal sized; no clot in body of appendage.

Right Ventricle and Right Atrium :Normal sized; normal RV systolic function.

Mitral Valve :Normal leaflets, good excursion, normal subvalvular apparatus. Trivial regurgitation / No MS.

Aortic valve :Structurally normal, trileaflet, normal motion, no regurgitation.

Pulmonary Valve :Normal structure, adequate opening.

Tricuspid Valve :Normal structure, normal excursion. Mild TR. TR gradient = 22 mmHg.

DIAGNOSTICS REPORT

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Interartial and Interventricular Septum :No breech could be seen.

Aorta :Normal sized root and proximal aorta.

Pulmonary Artery :Normal, no pulmonary arterial hypertension.

Pericardium :Normal, no effusion.

Inferior Vena Cava :IVC normal diameter, > 50% respiratory variation.

Others :No thrombus, mass, vegetation seen.

IMPRESSION:

Status of Patient :

- * No regional wall motion abnormality at rest.
- * Good LV systolic function (EF = 60 %).
- * Good RV systolic function (TAPSE = 23 mm).
- * Normal valve morphology.
- * Adequate LV diastolic function.
- * No pericardial effusion.
- * No pulmonary arterial hypertension.



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

Board Certified Comprehensive
Echocardiographer (USA)

DIAGNOSTICS REPORT

Patient Name	: Mrs. Bhaswati Saha	Order Date	: 26/02/2022 10:18
Age/Sex	: 45 Year(s)/Female	Report Date	: 26/02/2022 13:59
UHID	: NMHK.2202460	IP No	:
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Address	: 431 M.G ROAD, ,Kolkata, West Bengal, 700082	Mobile	: 8436301382

USG WHOLE ABDOMEN

LIVER : Liver is normal in size. Liver measures 14 cm. Parenchymal echotexture is normal. Intrahepatic biliary radicles & hepatic veins are not dilated. No focal mass lesion seen.

PORTA :PV : Normal. PV measures 0.9 cm.

CBD : Normal. CBD measures 0.4 cm. No calculus or SOL seen within its visualised part.

GALL BLADDER : Gall bladder is well distended. No calculus or SOL seen. Wall thickness is normal. Ultrasonographic Murphy's sign is negative.

PANCREAS : Pancreas is normal in size and parenchymal echogenicity. Pancreatic duct is not dilated. No focal SOL / peripancreatic collection seen.

SPLEEN : Spleen is normal in size. Spleen measures : 8.5 cm. Parenchyma shows normal homogeneous pattern. No focal SOL seen. Splenic vein is normal.

KIDNEYS : Both kidneys are normal in size, shape, outline, position and parenchymal echogenicity. Corticomedullary differentiation is maintained. No evidence of any calculus / SOL / hydronephrosis seen.

Right kidney measures : 9.4 cm & Left kidney measures : 9.8 cm.

URETERS : Not seen dilated.

G

URINARY BLADDER : Urinary bladder is normal in contour, outline and distension.

DIAGNOSTICS REPORT

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Walls are of normal thickness. No vesical calculus or mass lesion seen.

POST VOID BLADDER : No significant residual urine seen.

UTERUS : Bulky, anteverted. Myometrium is homogeneous. **A 1.6 cm mural myoma seen in right lateral wall.** Endometrium is of normal thickness (0.8 cm). Uterus measures 7.9 cm x 5.4 cm x 4.2 cm. Cervix appears normal.

OVARIES : Both ovaries are normal in size, shape and echopattern. No SOL seen. Right ovary : measures 3.5 cm x 1.4 cm. Left ovary : measures 3.0 cm x 1.6 cm.

POD : No collection seen.

PERITONEUM : No free fluid seen.

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

IMPRESSION : Bulky uterus with single small myoma.



Dr.G.MITRA SENGUPTA,
MBBS,,DCH.CBET(WB)DNB -1(RD)

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USG OF BREAST

Both breasts were scanned quadrantwise using a high frequency probe.

Both breasts revealed normal parenchymal echotexture.

No obvious focal mass lesion seen.

No microcalcifications are seen.

Bilateral retroareolar regions appear normal.

No significant enlarged lymph nodes seen in either axillary region.

IMPRESSION : No obvious abnormality seen in either breast.

Please correlate clinically.



Dr.G.MITRA SENGUPTA ,
MBBS,,DCH.CBET(WB)DNB -1(RD)

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CHEST X-RAY REPORT OF PA VIEW

Lung fields are clear. No focal parenchymal opacity is seen.

No appreciable pleural thickening / calcification is noted.

Costo-phrenic angles are normal.

Cardiac shadow appears normal.

Bilateral hilar shadows are normal.

No obvious bony abnormality is seen.



Dr.MADHUSHREE RAY NASKAR ,
MBBS,DMRD

Consultant Radiologist

RegNo: 57032