# Narayan Memorial Hospital

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

### LABORATORY INVESTIGATION REPORT

Patient Name : Mrs. Supriya CHANDA

Age/Sex

: 40 Year(s)/Female

UHID

: NMHK.2200968

Order Date

: 22/01/2022 13:55

Episode

: OP

: 8250553117

Ref. Doctor Address

: NMH

Mobile No

Facility

: NARAYAN MEMORIAL HOSPITAL

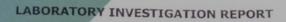
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: NIMPURA NATUN PALLY , ,Kolkata,West Bengal

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INVESTIGATION	RESULTS		UNITS	I I I WAR TO SHARE THE PARTY OF
Sample No : 07H0055511 Co	ollection Date : 22/01/22 14:19	Ack Date :		BIOLOGICAL REF RANGE
KIDNEY FUNCTION TEST		ACK Date :	Repo	ort Date : 23/01/22 01:16
SERUM CREATININE				
SAMPLE : SERUM				
SERUM CREATININE	0.6			
Jaffe Gen2 Compensated	***		mg/dl	0.5 - 0.9
BLOOD UREA NITROGEN				
BLOOD UREA NITROGEN	07			
Calculated URIC ACID			mg/dl	6 - 20
SAMPLE : SERUM URIC ACID				
Enzymatic Colorimetric	4.6			
LIVER FUNCTION TEST ( LFT )			mg/dl	2.4 - 5.7
SAMPLE : SERUM				
TOTAL BILIRUBIN				
Diazo Method	0.5			
DIRECT BILIRUBIN			mg/dl	0 - 1.1
Diazo Method	0.2			
INDIRECT BILIRUBIN			mg/dl	0 - 0.2
Calculated	0.3			
SGPT (ALT)			mg/dl	0.2 - 0.9
IFCC Without Pyridoxal Phosphate	49 🛦			
SGOT (AST)			U/L	0 - 34
IFCC Without Pyridoxal Phosphate	46 🛦			
ALKALINE PHOSPHATASE			U/L	0 - 31
AFCC	92			- 51
TOTAL PROTEIN			U/L	52 420
Bluret	7.3			53 - 128
ALBUMIN			g/dl	
Bromocresol Green	4.6			6.4 - 8.2
GLOBULIN			gm/dl	
Calculated	2.7		911/01	3.5 - 5.2
ALBUMIN:GLOBULIN			nter	
calculated	1.7		g/dl	2 - 3.5
GGT				
Manton, 601 Diamond Harbon 3 6640 0000   Mob : +91 6292	82 A		* 1	1.1 - 2.5
act @ prote   Mob	ur Road Is			
org.in +91 6292	1 9505 Kolkata 70000		U/L	5 - 20

Narayan Health Services Pvt. Ltd.)



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: NIMPURA NATUN PALLY , ,Kolkata,West Bengal ,721304

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: 40 Year(s)/Female

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Enzymatic colorimetric assay

LIPID PROFILE

SAMPLE: SERUM

TOTAL CHOLESTEROL

207

mg/dl

Desirable < 200 | Borderline 200-239 |

High >=240

CHOD-PAP

HDL CHOLESTEROL

37 ▼

mg/dl

40 - 60

Homogenous Enzymatic Colorimetric LDL CHOLESTEROL

145

mg/dl

Optimal < 100 | Borderline 130

Homogenous Enzymatic Colorimetric

VLDL

33.40 ▲

mg/dl

0 - 30

CALCULATED

CHOLESTEROL-HDL RATIO

5.59 3.92

LDL-HDL RATIO TRIGLYCERIDES

167

mg/dl

Desirable <150 | Borderline 150 - 200 |

High > 200

Enzymatic Colorimetric

Sample No: 07H0055511B

Collection Date :

22/01/22 14:19

Ack Date

Report Date:

23/01/22 01:18

BLOOD SUGAR(F)

SAMPLE: PLASMA

BLOOD SUGAR FASTING

103

mg/dl

70 - 109

Hexokinase

Sample No: 07H0055519B

Collection Date : 22/01/22 14:41

Ack Date

Report Date: 23/01/22 01:18

BLOOD SUGAR(PP)

SAMPLE: PLASMA

**BLOOD SUGAR PP** 

196 ▲

mg/dl

70 - 140

Hexokinase

End of Report

Dr.S. Chatterjee MD, MBBS, FAACC

(CONSULTANT BIOCHEMIST)

arayan Health Services Pvt. Ltd.)

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#### **Immunoassay**

The state of the s				
INVESTIGATION	RESULTS		Unite	
Sample No : 07H0055511	Collection Date : 22/01/22 14:19		UNITS	BIOLOGICAL REF RANGE
THYROID FUNCTION TES	-1-1-1	Ack Date :	Repo	rt Date : 23/01/22 01:19
SAMPLE : SERUM				
T3	1.75			
ECLIA			ng/ml	0.6 - 1.8
T4	11.70			
ECLIA			ug/dL	5.4 - 11.7
TSH	2.67		· TII/I	A MINISTER OF
			uIU/ml	Adult Male - 0.27-5.50
				Adult Female – 0.27-5.50 Newborns - <25
ECLIA				Upto 12 years - 0.3-5

#### Interpretations:

- 1. For diagnostic purposes, the result should always be assessed in conjunction with the patient's medical history, clinical examinations and
- 2. The assay is unaffected by icterus (Bilirubun < 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)
- 3. There is no high dose hook effect at TSH concentrations upto 1000 µmol/ml.
- 4. 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.
- 5. 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).
- 6. 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, FAACC

(CONSULTANT BIOCHEMIST)

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INVESTIGATION

: NIMPURA NATUN PALLY , ,Kolkata,West Bengal Address

,721304

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#### Hematology

INVESTIGATION	RESULTS		
Sample No : 07H0055511	Collection Date : 22/01/22 14:19	UNITS	BIOLOGICAL REF RANGE
COMPLETE HAEMOGRAM (		Ack Date : Report	Date: 23/01/22 20:01
SAMPLE : EDTA BLOOD			
HAEMOGLOBIN (HB)  Colorimetric method (Cyn Meth)	11.7 v	gm/dl	12 - 15
RBC COUNT  Electrical Impedance Method	4.74	×10^6/ul	3.8 - 4.8
TOTAL WBC COUNT  Electrical Impedance Method	6.7	10^3/cmm	4 - 10
PLATELET COUNT  Electrical Impedance Method	400	10^3/cmm	150 - 410
PCV  RBC pulse ht. detection method	35 ▼	%	36 - 46
MCV calculated	74 ▼	fl	83 - 101
MCH Calculated	25 ▼	pg	27 - 32
MCHC Calculated	33	gm/dl	31.5 - 34.5
ESR	90 ▲	%	0 - 12
Modified Westergren Method			
DIFFERENTIAL COUNT NEUTROPHILS	66	%	40 - 80
Microscopy  LYMPHOCYTES	30	%	20 - 40
Microscopy  MONOCYTES	02	%	2 - 10
Microscopy EOSINOPHILS	02 ▼	%	1 - 6
Microscopy BASOPHILS	00	%	0 - 2
Microscopy  PERIPHERAL BLOOD SMEA	R		
DDC	Microcytic hypochromi	c	

Microcytic hypochromic RBC Within normal limits WBC Adequate PLATELET

Behala Manton, 601 Diamond Harbour Road, Kolkata 700034

Ph: 033 6640 0000 | Mob: +91 62921 95051

E: contact@nmh.org.in

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: NMHK.2200968 UHID

: OP Episode : NMH Ref. Doctor

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Order Date

Mobile No : 8250553117 : NARAYAN MEMORIAL HOSPITAL Facility

End of Report

Age/Sex

: 40 Year(s)/Female

: 22/01/2022 13:55

Dr.MAINAK CHAKRABORTY MBBS, MD(PATH)

(CONSULTANT PATHOLOGIST)

Patient Name : Mrs. Supriya CHANDA

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,721304

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Facility

: NARAYAN MEMORIAL HOSPITAL

#### **Immunology**

Ack Date :

INVESTIGATION

RESULTS

Collection Date : 22/01/22 14:19

UNITS

BIOLOGICAL REF RANGE

Report Date: 22/01/22 18:31

#### **BLOOD GROUPING & Rh TYPING**

#### SAMPLE: EDTA BLOOD

Sample No : 07H0055511

**BLOOD GROUP** 

'B'

Agglutinationforward & Reverse

RH TYPE

POSITIVE

End of Report

Angkita. K. glush.

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

(CONSULTANT PATHOLOGIST)

RegNo: 82734

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Order Date

: 8250553117

Mobile No Facility

: NARAYAN MEMORIAL HOSPITAL

#### Clinical Pathology

INVESTIGATIO	ON	RE	SULTS		UNITS	BIOL	OGICAL PEF RANGE	
Sample No :	07H0055511	Collection Date :	22/01/22 14:19	Ack Date :	Repor	t Date :	23/01/22 20:01	

URINE FOR R/E

SAMPLE : URINE

PHYSICAL EXAMINATION

VOLUME

COLOUR

APPEARANCE

SPECIFIC GRAVITY

REACTION(PH)

CHEMICAL EXAMINATION

SUGAR ALBUMIN.

BLOOD KETONE

BILE SALT

BILE PIGMENTS

**PUS CELLS** EPITHELIAL CELLS

RBC

CAST

CRYSTAL Please correlate clinically.

ml

1.010 - 1.030

**ABSENT** 

**ABSENT ABSENT** 

**ABSENT** 

**ABSENT** 

**ABSENT** 

MICROSCOPIC EXAMINATION

2-4 / HPF

60

HAZY

1.015

**ABSENT** 

**ABSENT** 

**ABSENT** 

ABSENT

ABSENT

PALE STRAW

ACIDIC 6.5

PRESENT(+)

3-4 / HPF

NIL

**ABSENT** 

**ABSENT** 

<5/HPF

<20/HPF

ABSENT

**ABSENT** 

End of Report

Dr.MAINAK CHAKRABORTY MBBS, MD(PATH)

(CONSULTANT PATHOLOGIST)

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#### **Biochemistry**

INVESTIGATION

RESULTS

BIOLOGICAL REF RANGE

Sample No: 07H0055511A

Collection Date :

22/01/22 14:19

Ack Date

%

Report Date: 22/01/22 17:47

#### GLYCOSYLATED HAEMOGLOBIN (HBA1C)

#### SAMPLE : EDTA BLOOD

HBA1C

7.4

Non-diabetic: 4-6

BY HPLC

- 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
- 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 difficiency 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 plateform(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%

End of Report

Dr.S. Chatterjee MD, MBBS, FAACC

(CONSULTANT BIOCHEMIST)

gent report

Bio-Rad D-10 S/N: #DJ0A467747 Sample ID:

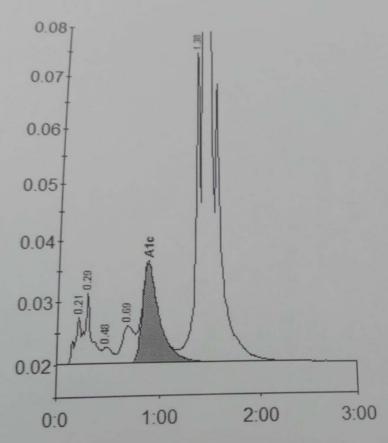
Injection date Injection #: 10 Rack #: ---

DATE: 22/01/2022 TIME: 17:11

Software version: 4.30-2 07H0055511A 22/01/2022 17:07

Method: HbA1c Rack position: 10





Peak table - ID: 07H0055511A

Peak	R.time	Height	Area	Area %
Ala	0.21	7448	28002	0.9
Alb	0.29	11463	56561	1.7
F	0.48	2674	18255	0.6
LA1c/CHb-1	0.69	5921	49462	1.5
Alc	0.88	16315	186112	7.4
P3	1.38	56121	197323	6.1
A0	1.44	963562	2720819	83.5
Total Area:	3256534			

Concentration:	%	mmol/mol	
Alc	7.4	57	

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#### **ELECTROCARDIOGRAM REPORT (ECG)**

HR

84 bpm

Rhythm

Sinus

P wave

Normal

PR Interval

136 msec

QRS axis

Normal (68 Degree)

QRS duration

78 msec

QRS configuration

Normal

T wave

Non specific changes

Non specific changes

ST segment

429 msec

QTC

360 msec

QT

#### IMPRESSION:

- Sinus rhythm. Normal QRS axis.

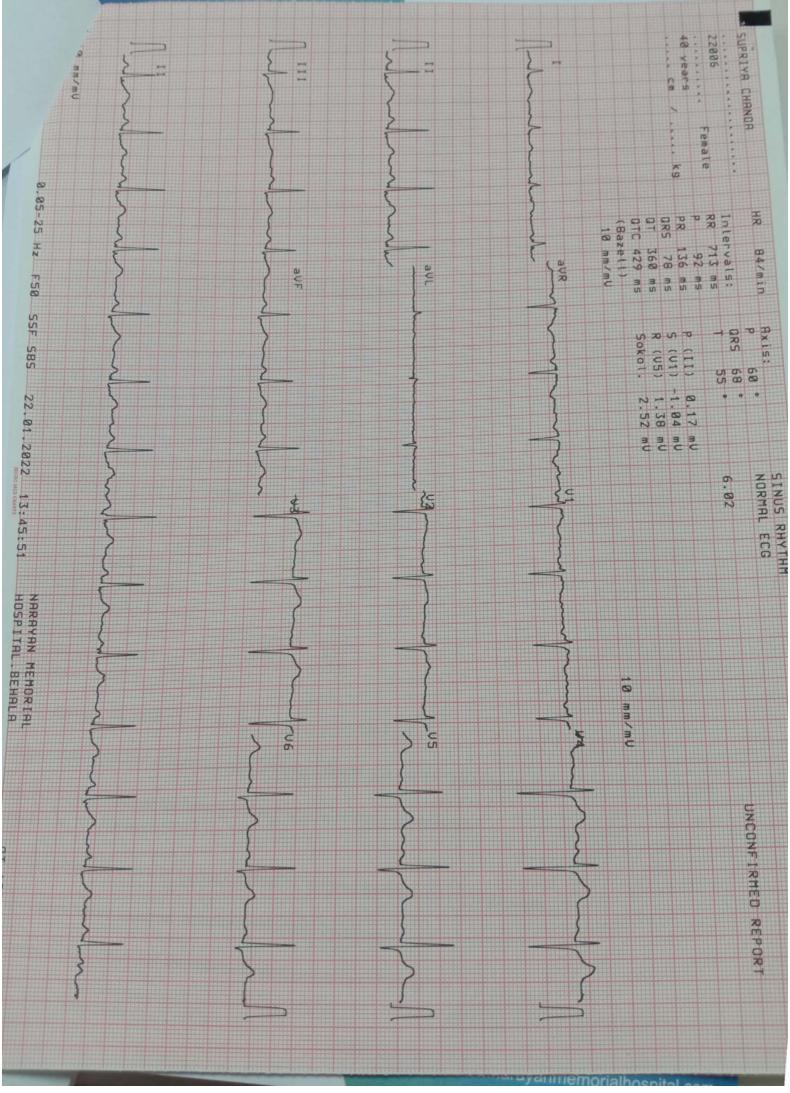
- Non specific ST-T changes.

Clinical correlation please.

Dr.MUNNA DAS, MD

(MEDICINE), DM(CARDIOLOGY)

Consultant Cardiologist



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### 2D ECHOCARDIOGRAPHY WITH M-MODE **MEASUREMENTS**

#### 2D and M-Mode:

IVS (d)	10 mm	Aorta (at sinuses)	25 mm
LVID (d)		LA diameter	33 mm
LVPW (d)	10 mm	RVID (d) - basal	15 mm
LVID (s)		TAPSE	21 mm
LVEF	62 %		

Estimated PASP = 20 mmHg

#### **FINDINGS**

#### Left Ventricle:

Cavity size: Normal. Wall thickness: Normal.

Segmental wall motion: No abnormality found. Global systolic function: Normal. (EF = 62 %)

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. No regurgitation / No MS.

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

Pulmonary Valve : Normal structure, adequate opening.

Tricuspid Valve: Normal structure, normal excursion. Trivial TR. TR gradient = 15

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mmHg.

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 = 62 %).
- \* Good RV systolic function (TAPSE = 21 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)