



## LABORATORY INVESTIGATION REPORT

<b>Patient Name</b> : Mrs. Supriya CHANDA	<b>Age/Sex</b> : 40 Year(s)/Female
<b>UHID</b> : NMHK.2200968	<b>Order Date</b> : 22/01/2022 13:55
<b>Episode</b> : OP	<b>Mobile No</b> : 8250553117
<b>Ref. Doctor</b> : NMH	<b>Facility</b> : NARAYAN MEMORIAL HOSPITAL
<b>Address</b> : NIMPURA NATUN PALLY , ,Kolkata,West Bengal 721304	

### Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0055511	Collection Date : 22/01/22 14:19	Ack Date :	Report Date : 23/01/22 01:16

#### KIDNEY FUNCTION TEST

<b>SERUM CREATININE</b>			
<b>SAMPLE : SERUM</b>			
SERUM CREATININE	0.6	mg/dl	0.5 - 0.9
<i>Jaffe Gen2 Compensated</i>			
<b>BLOOD UREA NITROGEN</b>			
BLOOD UREA NITROGEN	07	mg/dl	6 - 20
<i>Calculated</i>			
<b>URIC ACID</b>			
<b>SAMPLE : SERUM</b>			
URIC ACID	4.6	mg/dl	2.4 - 5.7
<i>Enzymatic Colorimetric</i>			

#### LIVER FUNCTION TEST ( LFT )

<b>SAMPLE : SERUM</b>			
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)	49 ▲	U/L	0 - 34
<i>IFCC Without Pyridoxal Phosphate</i>			
SGOT (AST)	46 ▲	U/L	0 - 31
<i>IFCC Without Pyridoxal Phosphate</i>			
ALKALINE PHOSPHATASE	92	U/L	53 - 128
<i>IFCC</i>			
TOTAL PROTEIN	7.3	g/dl	6.4 - 8.2
<i>Biuret</i>			
ALBUMIN	4.6	gm/dl	3.5 - 5.2
<i>Bromocresol Green</i>			
GLOBULIN	2.7	g/dl	2 - 3.5
<i>Calculated</i>			
ALBUMIN:GLOBULIN	1.7	-	1.1 - 2.5
<i>Calculated</i>			
GGT	82 ▲	U/L	5 - 30



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**Immunoassay**

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**THYROID FUNCTION TEST**

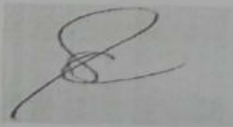
**SAMPLE : SERUM**

T3 ECLIA	1.75	ng/ml	0.6 - 1.8
T4 ECLIA	11.70	ug/dL	5.4 - 11.7
TSH ECLIA	2.67	uIU/ml	Adult Male – 0.27-5.50 Adult Female – 0.27-5.50 Newborns - <25 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 other findings.
2. 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)
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)

Checked By

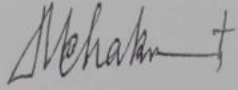




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End of Report



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

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**Clinical Pathology**

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0055511	Collection Date : 22/01/22 14:19	Ack Date :	Report Date : 23/01/22 20:01

**URINE FOR R/E**

**SAMPLE : URINE**

**PHYSICAL EXAMINATION**

VOLUME	60	ml	
COLOUR	PALE STRAW		
APPEARANCE	HAZY		
SPECIFIC GRAVITY	1.015		1.010 - 1.030
REACTION(pH)	ACIDIC 6.5		

**CHEMICAL EXAMINATION**

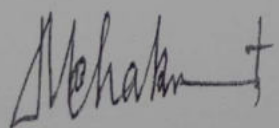
SUGAR	ABSENT	ABSENT
ALBUMIN.	PRESENT(+)	ABSENT
BLOOD	ABSENT	ABSENT
KETONE	ABSENT	ABSENT
BILE SALT	ABSENT	ABSENT
BILE PIGMENTS	ABSENT	ABSENT

**MICROSCOPIC EXAMINATION**

PUS CELLS	2-4 / HPF	<5/HPF
EPITHELIAL CELLS	3-4 / HPF	<20/HPF
RBC	NIL	
CAST	ABSENT	ABSENT
CRYSTAL	ABSENT	ABSENT

Please correlate clinically.

End of Report



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

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### Biochemistry

INVESTIGATION	RESULTS	UNITS	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 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 glycemc control:  
 Excellent control:- 6 - 7%,  
 Fair to good control:- 7 - 8%,  
 Unsatisfactory control:- 8 - 10%  
 Poor control >10%

End of Report



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**MD, MBBS, FAACC**  
 (CONSULTANT BIOCHEMIST)

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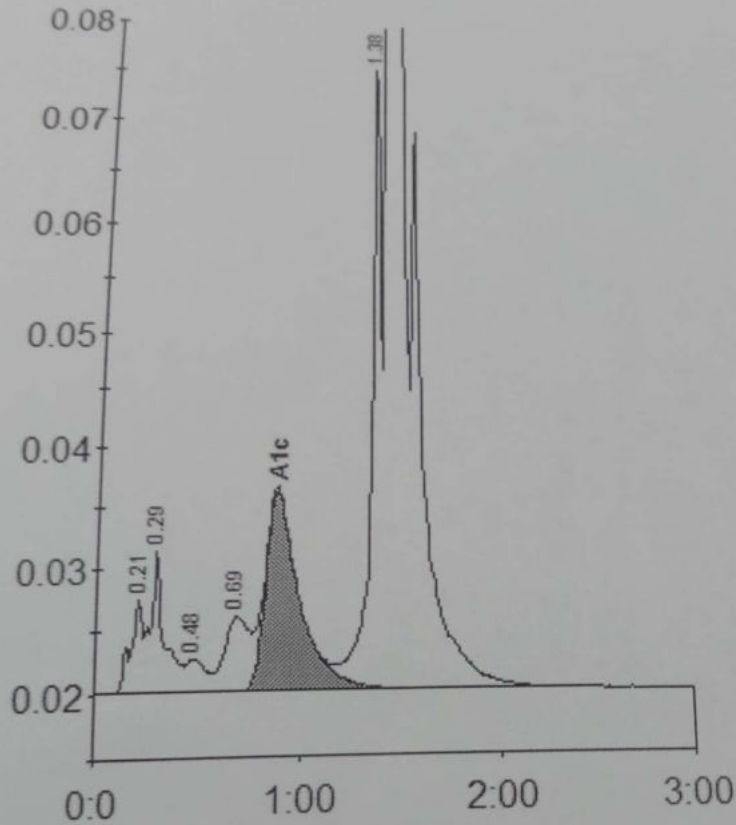


atient report

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

Mrs. Supriya CHANDG  
(R)NHK 2200968 46y/ F  
07H0055511A  
EDTA 10 22-01-14 10



Peak table - ID: 07H0055511A

Peak	R.time	Height	Area	Area %
A1a	0.21	7448	28002	0.9
A1b	0.29	11463	56561	1.7
F	0.48	2674	18255	0.6
LA1c/CHb-1	0.69	5921	49462	1.5
A1c	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
A1c	7.4	57

## DIAGNOSTICS REPORT

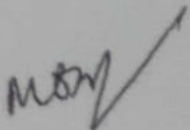
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### ELECTROCARDIOGRAM REPORT (ECG)

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
ST segment	: Non specific changes
QTc	: 429 msec
QT	: 360 msec

### IMPRESSION:

- Sinus rhythm. Normal QRS axis.
  - Non specific ST-T changes.
- Clinical correlation please.



Dr. MUNNA DAS, MD  
(MEDICINE), DM(CARDIOLOGY)

Consultant Cardiologist



SUPRIYA CHANDR

22086

Female

48 years

kg

HR 84/min

Axis: 60°

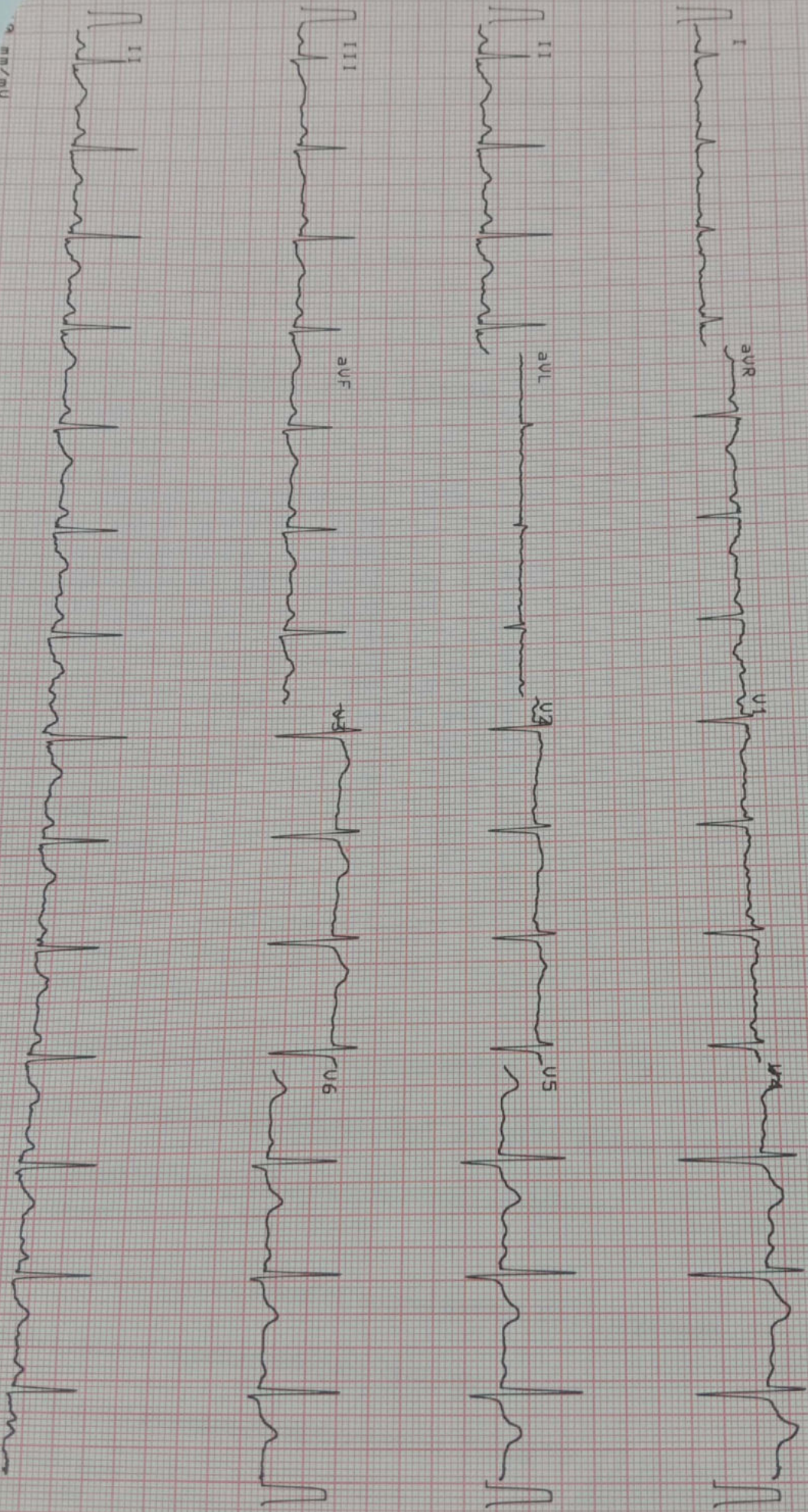
SINUS RHYTHM  
NORMAL ECG

UNCONFIRMED REPORT

Intervals:			
RR	713 ms	P (II)	0.17 mV
P	92 ms	S (V1)	-1.04 mV
PR	136 ms	R (V5)	1.38 mV
QR5	78 ms	Sokol.	2.52 mV
QT	360 ms		
QTc	429 ms		
(Bazett)			
	10 mm/mV		

6.02

10 mm/mV



0.05-25 Hz FS0 SSF S85

22.01.2022 13:45:51

NARAYAN MEMORIAL HOSPITAL, BEHALUR



**DIAGNOSTICS REPORT**

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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)	38 mm	LA diameter	33 mm
LVPW (d)	10 mm	RVID (d) - basal	15 mm
LVID (s)	18 mm	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.

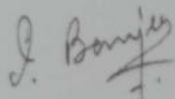
**Inferior Vena Cava** :IVC normal diameter, > 50% respiratory variation.

**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,MRCPC (UK)

Board Certified Comprehensive  
Echocardiographer (USA)