

LABORATORY INVESTIGATION REPORT

Patient Name : Mrs. Mithu Jana	Age/Sex : 41 Year(s)/Female
UHID : NMHK.2203361	Order Date : 12/03/2022 13:54
Episode : OP	Mobile No : 8436944246
Ref. Doctor : NMH	Facility : NARAYAN MEMORIAL HOSPITAL
Address : 291A, BENIMASTER LANE , SAKUNTALA PARK Kolkata, West Bengal , 700061	

Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0059262	Collection Date : 12/03/22 14:10	Ack Date :	Report Date : 13/03/22 13:16

LIPID PROFILE

SAMPLE : SERUM

TOTAL CHOLESTEROL	142	mg/dl	Desirable <200 Borderline 200-239 High >=240
<i>CHOD-PAP</i>			
HDL CHOLESTEROL	47	mg/dl	40 - 60
<i>Homogenous Enzymatic Colorimetric</i>			
LDL CHOLESTEROL	81	mg/dl	Optimal < 100 Borderline 130
<i>Homogenous Enzymatic Colorimetric</i>			
VLDL	12	mg/dl	0 - 30
<i>CALCULATED</i>			
CHOLESTEROL-HDL RATIO	3.02	-	
LDL-HDL RATIO	1.72	-	
TRIGLYCERIDES	59	mg/dl	Desirable <150 Borderline 150 - 200 High >200
<i>Enzymatic Colorimetric</i>			

End of Report



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

Checked By

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SERUM CREATININE

SAMPLE : SERUM
 SERUM CREATININE 0.6 mg/dl 0.5 - 0.9
Jaffe Gen2 Compensated

BLOOD UREA NITROGEN

BLOOD UREA NITROGEN 6.1 mg/dl 6 - 20
Calculated

URIC ACID

SAMPLE : SERUM
 URIC ACID 2.8 mg/dl 2.4 - 5.7
Enzymatic Colorimetric

SAMPLE : SERUM

RESULT 10.2
 Sample No : 07H0059262B Collection Date : 12/03/22 14:10 Ack Date : Report Date : 13/03/22 13:16

BLOOD SUGAR(F)

SAMPLE : PLASMA
 BLOOD SUGAR FASTING 82 mg/dl 70 - 109
Hexokinase

Sample No : 07H0059287B Collection Date : 12/03/22 16:22 Ack Date : Report Date : 13/03/22 13:16

BLOOD SUGAR(PP)

SAMPLE : PLASMA
 BLOOD SUGAR PP 87 mg/dl 70 - 140
Hexokinase

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Biochemistry

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Sample No : 07H0059262A	Collection Date : 12/03/22 14:10	Ack Date :	Report Date : 12/03/22 18:50

GLYCOSYLATED HAEMOGLOBIN (HBA1C)

SAMPLE : EDTA BLOOD

HBA1C	6.0	%	Non-diabetic : 4-6
By HPLC			

- HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose.
- HbA1c has been endorsed by clinical group & 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 in Severe iron deficiency anaemia and hemolytic), chronic renal failure and liver disease. Clinical correlation suggested.
- Interference of Haemoglobinopathies in HbA1c estimation.
 - For HbF > 25%, an alternate platform (fructosamine) is recommended for testing of HbA1c.
 - 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



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Patient report

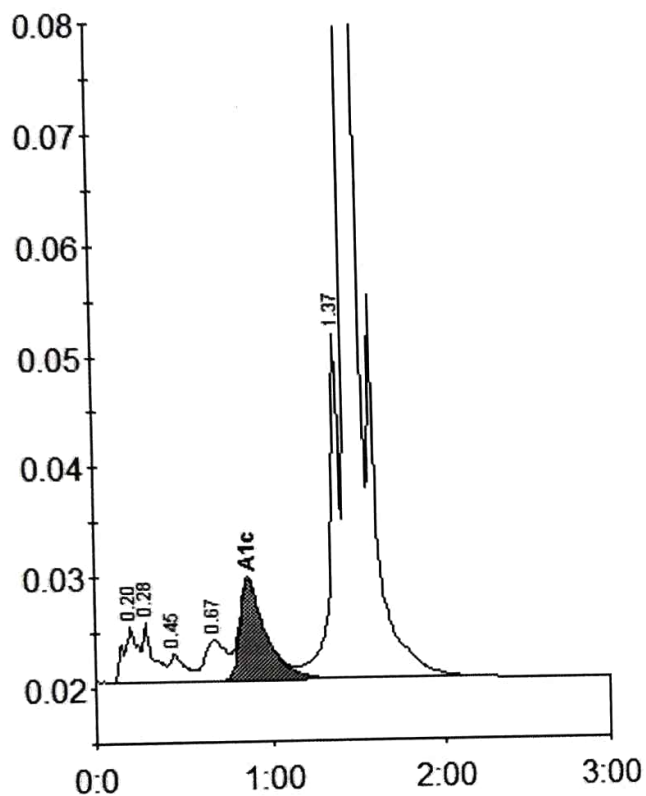
Bio-Rad
 D-10
 S/N: #DJ0A467747
 Sample ID:
 Injection date
 Injection #: 24
 Rack #: ---

DATE: 12/03/2022
 TIME: 16:39
 Software version: 4.30-2
 07H0059262A
 12/03/2022 16:24
 Method: HbA1c
 Rack position: 4

Mrs. Mithu Jana
 (R)NMHK.2203361 41y/ F



07H0059262A
 EDTA Wh 12-03 14:10



Peak table - ID: 07H0059262A

Peak	R.time	Height	Area	Area %
A1a	0.20	5056	27696	1.3
A1b	0.28	5311	22041	1.0
F	0.45	2399	15746	0.7
LA1c/CHb-1	0.67	3720	31639	1.5
A1c	0.87	9131	93069	6.0
P3	1.37	32205	128817	6.1
A0	1.44	651416	1809382	85.0
Total Area:			2128389	

Concentration:	%	mmol/mol
A1c	6.0	42

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LIVER FUNCTION TEST (LFT)

SAMPLE : SERUM

TOTAL BILIRUBIN	0.4	mg/dl	0 - 1.1
<i>Diazo Method</i>			
DIRECT BILIRUBIN	0.2	mg/dl	0 - 0.2
<i>Diazo Method</i>			
INDIRECT BILIRUBIN	0.2	mg/dl	0.2 - 0.9
<i>Calculated</i>			
SGPT (ALT)	16	U/L	0 - 34
<i>IFCC Without Pyridoxal Phosphate</i>			
SGOT (AST)	22	U/L	0 - 31
<i>IFCC Without Pyridoxal Phosphate</i>			
ALKALINE PHOSPHATASE	74	U/L	53 - 128
<i>IFCC</i>			
TOTAL PROTEIN	7.6	g/dl	6.4 - 8.2
<i>Biuret</i>			
ALBUMIN	4.9	gm/dl	3.5 - 5.2
<i>Bromocresol Green</i>			
GLOBULIN	2.7	g/dl	2 - 3.5
<i>Calculated</i>			
ALBUMIN:GLOBULIN	1.8	-	1.1 - 2.5
<i>Calculated</i>			
GGT	08	U/L	5 - 36
<i>Enzymatic colorimetric assay</i>			

End of Report



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 (CONSULTANT BIOCHEMIST)

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Hematology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0059262	Collection Date : 12/03/22 14:10	Ack Date :	Report Date : 12/03/22 17:41

COMPLETE HAEMOGRAM (CBC)

SAMPLE : EDTA BLOOD

HAEMOGLOBIN (HB)	11.4 ▼	gm/dl	12 - 15
<i>Colorimetric method (Cyn Meth)</i>			
RBC COUNT	4.36	x10 ⁶ /ul	3.8 - 4.8
<i>Electrical Impedance Method</i>			
TOTAL WBC COUNT	7.0	10 ³ /cmm	4 - 10
<i>Electrical Impedance Method</i>			
PLATELET COUNT	210	10 ³ /cmm	150 - 410
<i>Electrical Impedance Method</i>			
PCV	34 ▼	%	36 - 46
<i>RBC pulse ht. detection method</i>			
MCV	78 ▼	fl	83 - 101
<i>calculated</i>			
MCH	26 ▼	pg	27 - 32
<i>Calculated</i>			
MCHC	34	gm/dl	31.5 - 34.5
<i>Calculated</i>			
ESR	53 ▲	%	0 - 12
<i>Modified Westergren Method</i>			

DIFFERENTIAL COUNT

NEUTROPHILS	65	%	40 - 80
<i>Microscopy</i>			
LYMPHOCYTES	29	%	20 - 40
<i>Microscopy</i>			
MONOCYTES	03	%	2 - 10
<i>Microscopy</i>			
EOSINOPHILS	03	%	1 - 6
<i>Microscopy</i>			
BASOPHILS	00	%	0 - 2
<i>Microscopy</i>			

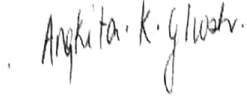
PERIPHERAL BLOOD SMEAR

RBC	Microcytic Hypochromic
WBC	Within normal limits
PLATELET	Adequate

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End of Report



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

RegNo: 82734

Checked By



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Age/Sex : 41 Year(s)/Female	IP No :
UHIID : NMHK.2203361	Order/Collection Date : 12/03/2022 13:54 / 12/03/2
Ref. Doctor : NMH	Report Date : 13/03/2022

Immunoassay

	Date	Units	Reference
TSH	12-03-2022	uIU/ml	Adult Male – 0.27-5.50 Adult Female – 0.27-5.50 Newborns - <25 Upto 12 years – 0.3-5
T3	1.03	ng/ml	0.60 - 1.80
T4	6.5	ug/dL	5.40 - 11.70

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, FAACC

(CONSULTANT BIOCHEMIST)

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Immunology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0059262	Collection Date : 12/03/22 14:10	Ack Date :	Report Date : 13/03/22 12:52

BLOOD GROUPING & Rh TYPING

SAMPLE : EDTA BLOOD

BLOOD GROUP

Agglutination forward & Reverse

RH TYPE

' B '

POSITIVE

End of Report

Angkita K. Ghosh.
Dr. ANGKITA K. GHOSH
MBBS, MD(PATH)
(CONSULTANT PATHOLOGIST)
RegNo: 82734
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Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0059262	Collection Date : 12/03/22 14:10	Ack Date :	Report Date : 13/03/22 11:42

URINE FOR R/E

SAMPLE : URINE

PHYSICAL EXAMINATION

VOLUME	40	ml	
COLOUR	PALE YELLOW		
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	2-3 / HPF	<5/HPF
EPITHELIAL CELLS	4-5 / HPF	<20/HPF
RBC	15-20 / HPF	
CAST	ABSENT	ABSENT
CRYSTAL	ABSENT	ABSENT

Please correlate clinically.

URINE FOR SUGAR FASTING

SAMPLE : URINE

RESULT	ABSENT
--------	--------

End of Report



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



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

Checked By

DIAGNOSTICS REPORT

Patient Name	: Mrs. Mithu Jana	Order Date	: 12/03/2022 13:54
Age/Sex	: 41 Year(s)/Female	Report Date	: 12/03/2022 18:56
UHID	: NMHK.2203361	IP No	:
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Address	: 291A, BENIMASTER LANE, SAKUNTALA PARK,Kolkata, West Bengal, 700061	Mobile	: 8436944246

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

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)	43 mm	LA diameter	33 mm
LVPW (d)	10 mm	RVID (d) - basal	13 mm
LVID (s)	24 mm	TAPSE	21 mm
LVEF	62 %		

Estimated PASP = 30 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. Mild TR. TR gradient = 25 mmHg.

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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 = 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)

DIAGNOSTICS REPORT

Patient Name	: Mrs. Mithu Jana	Order Date	: 12/03/2022 13:54
Age/Sex	: 41 Year(s)/Female	Report Date	: 12/03/2022 16:17
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ELECTROCARDIOGRAM REPORT (ECG)

HR	: 71 bpm
Rhythm	: Sinus
P wave	: Normal
PR Interval	: 148 msec
QRS axis	: Left (- 19 Degree)
QRS duration	: 78 msec
QRS configuration	: Normal
T wave	: Non specific ST-T changes
ST segment	: Non specific ST-T changes
QTc	: 420 msec
QT	: 386 msec

IMPRESSION:

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



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

Board Certified Comprehensive
Echocardiographer (USA)

MITHU JANNA

2203361

41 years Female

HR 71/min

Intervals:

RR 847 ms

P 106 ms

PR 148 ms

QR5 78 ms

QT 386 ms

QTc 420 ms (Bazett)

Axis: P 51°

QR5 -19°

T 26°

P (II) 0.14 mV

S (U1) -0.94 mV

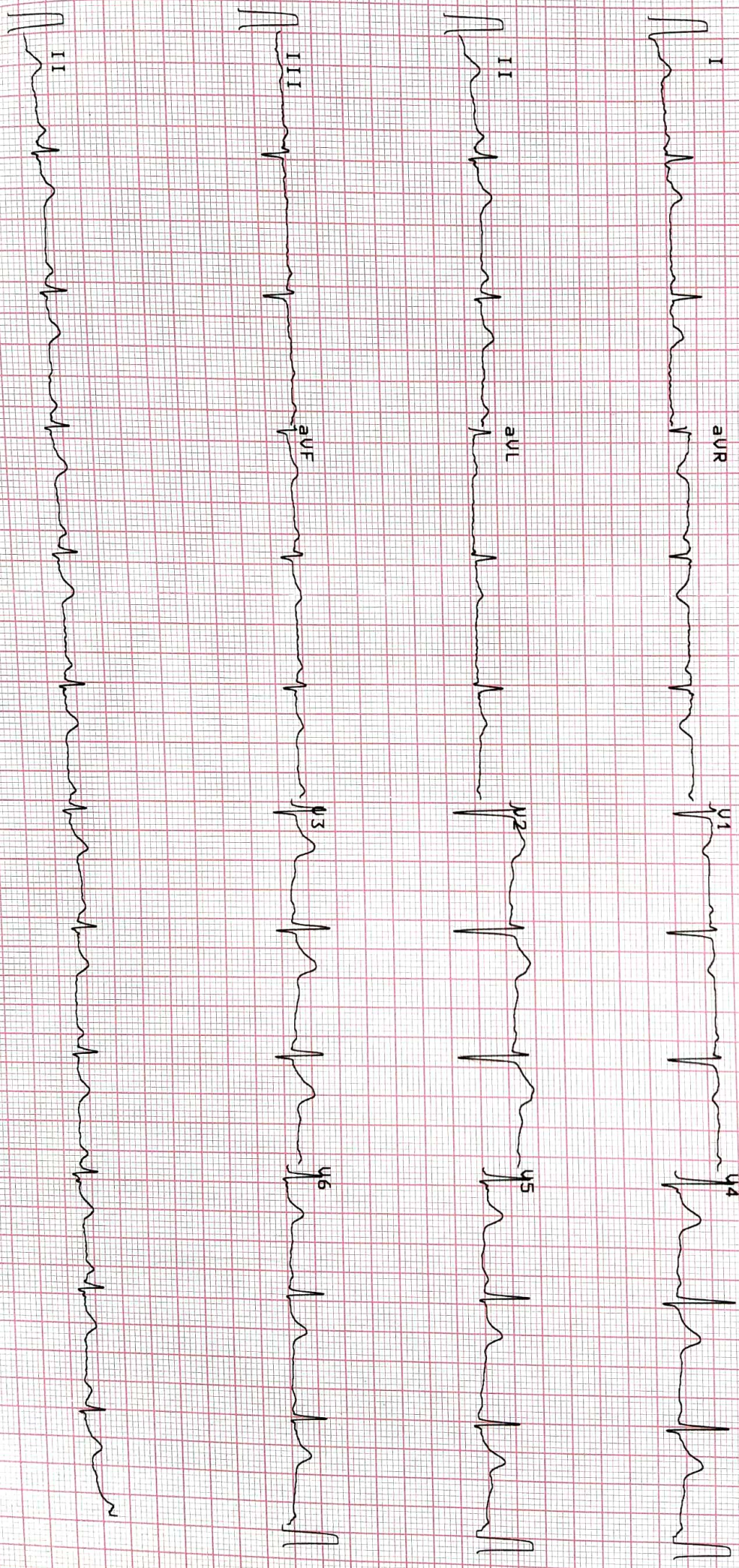
R (U5) 0.93 mV

Sokol. 2.08 mV

SINUS RHYTHM
LEFTWARD AXIS
OTHERWISE NORMAL ECG

6.02

UNCONFIRMED REPORT



mm/mV

0.05-25 Hz FS0 55F 585 12.03.2022 12:39:11

NARAYAN MEMORIAL HOSPITAL, BEHALA

AT-102plus 1.25

DIAGNOSTICS REPORT

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USG BOTH BREASTS

HRUSG of both breasts shows mixed glandular and fatty elements.

Right breast shows two small, well capsulated, ovoid, wider - than - tall, hypochoic, hypovascular SOLs (0.6 x 0.4) cm and (0.7 x 0.4) cm in upper outer quadrant.

No micro/macro-calcification seen.

No ductal dilatation seen.

Skin and nipples are normal.

Axilla shows few lymph nodes with normal fatty hilum.

**IMPRESSION : SOLs in right breast with F/S/O fibroadenoma.
BIRADS : 2.**



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

DIAGNOSTICS REPORT

Patient Name	: Mrs. Mithu Jana	Order Date	: 12/03/2022 13:54
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USG WHOLE ABDOMEN

LIVER : Liver is normal in size. Liver measures 12 cm. Parenchymal echotexture is normal. Intrahepatic biliary radicles & hepatic veins are not dilated. No focal mass lesion seen.

PORTA :PV : Normal. PV measures 1.0 cm.

CBD : Normal. CBD measures 0.3 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 : 7.3 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 : 10.1 cm & Left kidney measures : 10.5 cm.

URETERS : Not seen dilated.

URINARY BLADDER : Urinary bladder is normal in contour, outline and distension. Walls are of normal thickness. No vesical calculus or mass lesion seen.

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POST VOID BLADDER : No significant residual urine seen.

UTERUS : Normal in size, anteverted. Myometrium is homogeneous. **Two mural myomas seen (0.8 cm and 1.2 cm) in anterior & posterior wall. Another 0.8 cm SOL seen in submucous region.** Endometrium is of normal thickness (1.2 cm). Uterus measures 8.6 cm x 4.6 cm x 3.7 cm. Cervix appears normal.

OVARIES : Both ovaries are normal in size, shape and echopattern. No SOL seen. Right ovary : measures 3.0 cm x 1.9 cm. Left ovary : measures 3.3 cm x 1.3 cm.

FREE FLUID SEEN : Within normal limits.

PERITONEUM : No free fluid seen.

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

IMPRESSION : Small uterine myomas.



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