

LABORATORY INVESTIGATION REPORT

Patient Name : Mrs. Jhumpa Bhattacharjee	Age/Sex : 45 Year(s)/Female
UHID : NMHK.2115309	Order Date : 10/01/2022 10:39
Episode : OP	Mobile No : 8085581257
Ref. Doctor : NMH	Facility : NARAYAN MEMORIAL HOSPITAL
Address : 53/3, NAFAR CH. DAS LANE , BEHALA Kolkata, West Bengal ,700034	

Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0054085	Collection Date : 10/01/22 11:15	Ack Date :	Report Date : 10/01/22 17:26

KIDNEY FUNCTION TEST

SERUM CREATININE

SAMPLE : SERUM

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

BLOOD UREA NITROGEN

BLOOD UREA NITROGEN 09 mg/dl 6 - 20
Calculated

URIC ACID

SAMPLE : SERUM

URIC ACID 4.6 mg/dl 2.4 - 5.7
Enzymatic Colorimetric

LIVER FUNCTION TEST (LFT)

SAMPLE : SERUM

TOTAL BILIRUBIN 0.4 ▲ mg/dl <1.1
Diazo Method

DIRECT BILIRUBIN 0.2 mg/dl 0 - 0.2
Diazo Method

INDIRECT BILIRUBIN 0.2 mg/dl 0.2 - 0.9
Calculated

SGPT (ALT) 16 U/L 0 - 34
IFCC Without Pyridoxal Phosphate

SGOT (AST) 15 U/L 0 - 31
IFCC Without Pyridoxal Phosphate

ALKALINE PHOSPHATASE 80 U/L 53 - 128
IFCC

TOTAL PROTEIN 6.7 g/dl 6.4 - 8.2
Biuret

ALBUMIN 4.2 gm/dl 3.5 - 5.2
Bromocresol Green

GLOBULIN 2.5 g/dl 2 - 3.5
Calculated

ALBUMIN:GLOBULIN 1.7 - 1.1 - 2.5
Calculated

GGT 30 U/L 5 - 36

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Enzymatic colorimetric assay

LIPID PROFILE

SAMPLE : SERUM

TOTAL CHOLESTEROL	206	mg/dl	Desirable <200 Borderline 200-239 High >=240
<i>CHOD-PAP</i>			
HDL CHOLESTEROL	70 ▲	mg/dl	40 - 60
<i>Homogenous Enzymatic Colorimetric</i>			
LDL CHOLESTEROL	124	mg/dl	Optimal < 100 Borderline 130
<i>Homogenous Enzymatic Colorimetric</i>			
VLDL	16.80	mg/dl	0 - 30
<i>CALCULATED</i>			
CHOLESTEROL-HDL RATIO	2.94	-	
LDL-HDL RATIO	1.79	-	
TRIGLYCERIDES	84	mg/dl	Desirable <150 Borderline 150 - 200 High >200

Enzymatic Colorimetric

Sample No : 07H0054085B Collection Date : 10/01/22 11:15 Ack Date : Report Date : 10/01/22 17:26

BLOOD SUGAR(F)

SAMPLE : PLASMA

BLOOD SUGAR FASTING	92	mg/dl	70 - 109
<i>Hexokinase</i>			

Sample No : 07H0054108B Collection Date : 10/01/22 14:10 Ack Date : Report Date : 10/01/22 20:01

BLOOD SUGAR(PP)

SAMPLE : PLASMA

BLOOD SUGAR PP	100	mg/dl	70 - 140
<i>Hexokinase</i>			

End of Report


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

Checked By

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Immunoassay

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0054085	Collection Date : 10/01/22 11:15	Ack Date :	Report Date : 11/01/22 11:07

THYROID FUNCTION TEST

SAMPLE : SERUM

T3 ECLIA	1.17	ng/ml	0.60 - 1.80
T4 ECLIA	7.82	ug/dL	5.40 - 11.70
TSH ECLIA	2.76	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. MAINAK CHAKRABORTY
MBBS, MD(PATH)
(CONSULTANT PATHOLOGIST)

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Hematology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0054085	Collection Date : 10/01/22 11:15	Ack Date :	Report Date : 11/01/22 11:07

COMPLETE HAEMOGRAM (CBC)

SAMPLE : EDTA BLOOD

HAEMOGLOBIN (HB) <i>Colorimetric method (Cyn Meth)</i>	12.1	gm/dl	12 - 15
RBC COUNT <i>Electrical Impedance Method</i>	4.1	x10 ⁶ /ul	3.8 - 4.8
TOTAL WBC COUNT <i>Electrical Impedance Method</i>	6.5 ▼	10 ³ /cmm	4000 - 10000
PLATELET COUNT <i>Electrical Impedance Method</i>	290 ▼	10 ³ /cmm	150000 - 410000
PCV <i>RBC pulse ht. detection method</i>	35 ▼	%	36 - 46
MCV <i>calculated</i>	86	fl	83 - 101
MCH <i>Calculated</i>	30	pg	27 - 32
MCHC <i>Calculated</i>	34	gm/dl	31.5 - 34.5
ESR <i>Modified Westergren Method</i>	35 ▲	%	0 - 12

DIFFERENTIAL COUNT

NEUTROPHILS <i>Microscopy</i>	78	%	40 - 80
LYMPHOCYTES <i>Microscopy</i>	18 ▼	%	20 - 40
MONOCYTES <i>Microscopy</i>	02	%	2 - 10
EOSINOPHILS <i>Microscopy</i>	02	%	1 - 6
BASOPHILS <i>Microscopy</i>	00 ▼	%	1 - 6

PERIPHERAL BLOOD SMEAR

RBC	Normocytic normochromic.
WBC	Within normal limits
PLATELET	Adequate

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End of Report



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Clinical Pathology

INVESTIGATION

RESULTS

UNITS

BIOLOGICAL REF RANGE

Sample No : 07H0054086

Collection Date : 10/01/22 11:16

Ack Date :

Report Date : 11/01/22 11:07

URINE FOR R/E

SAMPLE : URINE

PHYSICAL EXAMINATION

VOLUME	25	ml	
COLOUR	PALE STRAW		
APPEARANCE	SLIGHTLY HAZY		
SPECIFIC GRAVITY	1.015		
REACTION(pH)	ALKALINE (7.5)		1.010 - 1.030

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	2-4/HPF		<5/HPF
EPITHELIAL CELLS	7-8/HPF		<20/HPF
RBC	20-25/HPF		
CAST	ABSENT		ABSENT
CRYSTAL	ABSENT		ABSENT

Please correlate clinically.

End of Report



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Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0054085A	Collection Date : 10/01/22 11:15	Ack Date :	Report Date : 10/01/22 20:01

GLYCOSYLATED HAEMOGLOBIN (HBA1C)

SAMPLE : EDTA BLOOD


HBA1C 6.3 ▲ % 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.
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%

End of Report


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Checked By

Patient report

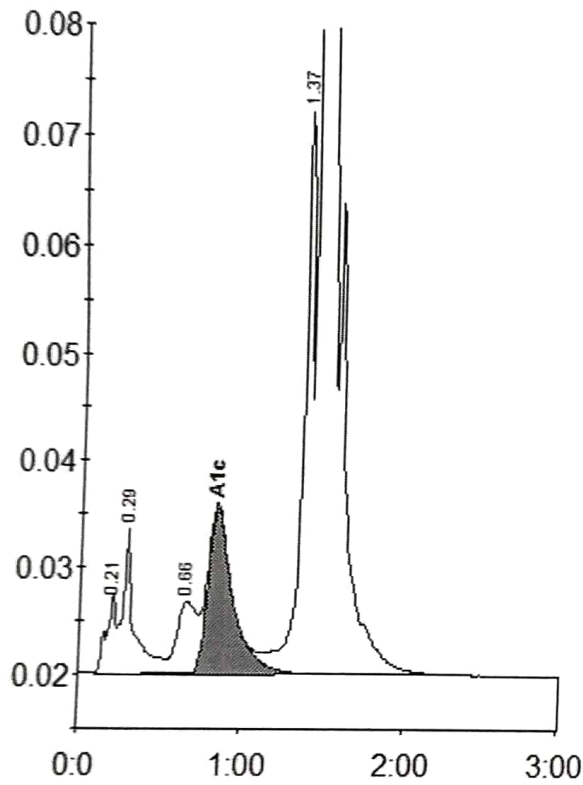
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 D-10 TIME: 16:52
 S/N: #DJ0A467747 Software version: 4.30-2
 Sample ID: 07H0054085A
 Injection date 10/01/2022 16:48
 Injection #: 9 Method: HbA1c
 Rack #: --- Rack position: 9

Mrs. Jhumpa Bhattacharjee
 R)NMHK.2115309 45y/ F



07H0054085A

DTA Wh 10-01 11:15



Peak table - ID: 07H0054085A

Peak	R.time	Height	Area	Area %
A1a	0.21	7471	29223	0.8
A1b	0.29	13782	68457	2.0
LA1c/CHb-1	0.66	6717	52405	1.5
A1c	0.83	15529	165163	6.3
P3	1.37	52662	198100	5.8
A0	1.43	978846	2927063	85.1
Total Area:		3440413		

Concentration:	%	mmol/mol
A1c	6.3	45

DIAGNOSTICS REPORT

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2D ECHOCARDIOGRAPHY WITH M-MODE

MEASUREMENTS

2D and M-Mode :

IVS (d)	11 mm	Aorta (at sinuses)	24 mm
LVID (d)	37 mm	LA diameter	31 mm
LVPW (d)	11 mm	RVID (d) - basal	13 mm
LVID (s)	19 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 : Grade I diastolic dysfunction.

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.

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Tricuspid Valve :Normal structure, normal excursion. Trivial TR. TR gradient = 15 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.
- * Grade I LV diastolic dysfunction.
- * No pericardial effusion.
- * No pulmonary arterial hypertension.



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

Board Certified Comprehensive
Echocardiographer (USA)

DIAGNOSTICS REPORT

Patient Name	: Mrs. Jhumpa Bhattacharjee	Order Date	: 10/01/2022 10:39
Age/Sex	: 45 Year(s)/Female	Report Date	: 10/01/2022 15:57
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ELECTROCARDIOGRAM REPORT (ECG)

HR	: 115 bpm
Rhythm	: Sinus
P wave	: Normal
PR Interval	: 144 msec
QRS axis	: Normal (24 Degree)
QRS duration	: 66 msec
QRS configuration	: Normal
T wave	: Non specific changes
ST segment	: Non specific changes
QTc	: 508 msec
QT	: 366 msec

IMPRESSION:

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



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

Board Certified Comprehensive
Echocardiographer (USA)

JHUMPA BHATTACHARYA

2115309

Female

45 years / cm / kg

HR 115/min

Intervals:

RR 521 ms

P 110 ms

PR 144 ms

QRS 66 ms

QT 366 ms

QTc 508 ms

(Bazett)

10 mm/mV

Axis:

P 38°

QRS 24°

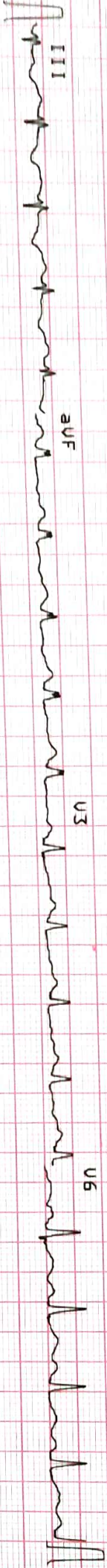
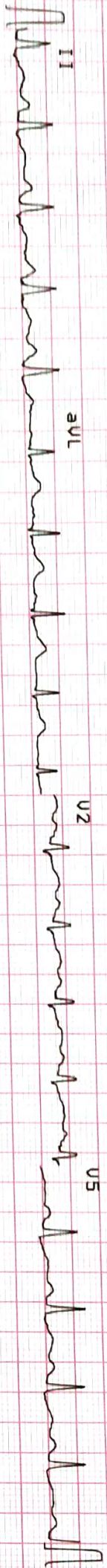
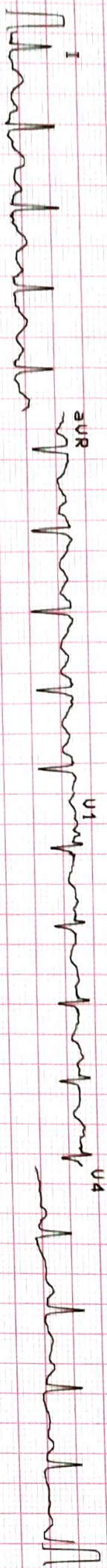
T 13°

SINUS TACHYCARDIA
OTHERWISE NORMAL ECG

UNCONFIRMED REPORT

10 mm/mV

10 mm/mV



Q mm/mV

NARAYAN MEMORIAL
HOSPITAL, BEHALLA

AT-102plus 1.25 Ct
1 2180

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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 0.9 cm.

CD : Normal . CD measures 0.3 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.

KIDNEYS :Both kidneys are normal in size, shape, outline, position and parenchymal echogenicity. Cortico medullary differentiation maintained. No evidence of any calculus/ mass / hydronephrosis is seen. Right kidney measures : 10.7 cm & Left kidney measures : 11.0 cm.

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

UTERUS : Antverted bulky in size, shape, outline, position and parenchymal echogenicity. Cavity is empty. Uterus measures 9.9 cm x 6.0 cm x 4.8 cm.

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OVARIES : Both ovaries are enlarged in size with cysts seen. Right ovary : measures 5.6 cm x 3.3 cm. Left ovary : measures 4.8 cm x 3.8 cm.

PERITONEUM : :No free fluid is noted.

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

IMPRESSION : * Bulky uterus.
* Enlarged & cystic ovaries.
TVS is suggested for better evaluation.



Dr. MADHUSHREE RAY NASKAR ,
MBBS,DMRD

Consultant Radiologist

RegNo: 57032

DIAGNOSTICS REPORT

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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 ,
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Consultant Radiologist

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