

LABORATORY INVESTIGATION REPORT

Patient Name : Mrs. MITALI SARKAR	Age/Sex : 47 Year(s)/Female
UHID : NMHK.2303740	Order Date : 15/02/2023 10:32
Episode : OP	Mobile No : 9474597805
Ref. Doctor : NMH	DOB : 01/01/1976
Address : KHARIDA , KHARAGPUR ,Kolkata,West Bengal ,721301	Facility : NARAYAN MEMORIAL HOSPITAL

Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0102264	Collection Date : 15/02/23 10:43	Ack Date : 15/02/2023 12:41	Report Date : 16/02/23 16:37

URINE FOR SUGAR FASTING

SAMPLE : URINE

RESULT ABSENT

Sample No : 07H0102296	Collection Date : 15/02/23 14:23	Ack Date : 15/02/2023 15:19	Report Date : 16/02/23 16:37
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URINE FOR SUGAR PP

SAMPLE : URINE

RESULT ABSENT

End of Report



Dr.DIP NARAYAN MUKHERJEE

MD(Microbiology)

RegNo: Reg no. 57062

Checked By



ভারতীয় বিশিষ্ট পরিচয় প্রাধিকরণ

ভারত সরকার

Unique Identification Authority of India
Government of India

নথীভুক্তকরণ নং/Enrolment No.: 2017/01205/06430

To: Mitali Sarkar
(মিতালী সরকার)
W/O Parimal Kumar Sarkar
H NO 107A/80
KHARIDA, BANGALI PARA, WARD NO 8
Kharagpur
West Midnapore
West Bengal - 721301
Mobile : 9474597805

Date: 21/11/2011

Ref. No : 00008732-00119318-00091238-Kharagpur



UA 07856470 2 IN

আপনার আধার সংখ্যা/Your Aadhaar No. :

4865 5371 2273

আধার – সাধারণ মানুষের অধিকার

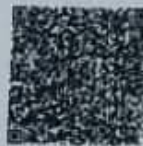


ভারত সরকার
GOVERNMENT OF INDIA



মিতালী সরকার
Mitali Sarkar
জন্ম সাল / Year of Birth : 1975
মহিলা / Female

4865 5371 2273



আধার – সাধারণ মানুষের অধিকার



Government of India

নির্দেশ

- আধার পরিচয়ের প্রমাণ, ন
- পরিচয়ের প্রমাণ অনলাইন অর্থে
- কোনো প্রকার সাহায্যের জন্য :-
ফোন নং. 1800 180 1947-এ
পি.ও. বক্স নং. 1947, ব্যাঙ্গালুরু
অথবা help@uidai.gov.in

INSTRUCTIONS

- Aadhaar is proof of identity, not
- To establish identity, authenticate
- In case any help is required :-
Call 1800 180 1947 or;
Write to P.O. Box No. 1947, Bengaluru
Email at help@uidai.gov.in



ভারতীয় বিশিষ্ট পরিচয় প্রাধিকরণ
UNIQUE IDENTIFICATION AUTHORITY

ঠিকানা: W/O পরিমল কুমার সরকার, এইচ নং ১০৭এ/৮০, খারিদা, বা
বাংলা প্যারাম, ওয়ার্ড নং ৮, খারাগপুর, খারাগপুর, পশ্চিম মেদিনীপুর, পশ্চিম বঙ্গ, ৭২১৩০১

Address: W/O Parimal Kumar Sarkar, H NO 107A/80, KHARIDA, BA
PANA, WARD NO 8, Kharagpur, Kharagpur, West Midnapore, West
721301

Aadhaar – Sadharan Manusher A

Mitali Sarkar





DIAGNOSTICS REPORT

Patient Name	: Mrs. MITALI SARKAR	Order Date	: 15/02/2023 10:32
Age/Sex	: 47 Year(s)/Female	Report Date	: 15/02/2023 16:38
UHID	: NMHK.2303740	IP No	:
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
Address	: KHARIDA, KHARAGPUR, Kolkata, West Bengal, 721301	Mobile	: 9474597805

ECHOCARDIOGRAPHY (SCREENING)

Status of Patient :

- * No regional wall motion abnormality at rest.
- * Good LV systolic function (EF = 62%).
- * Good RV systolic function (TAPSE =21 mm).
- * Mild TR, TR gradient = 26 mmHg.
- * Normal valve morphology.
- * Grade I LV diastolic dysfunction.
- * No pericardial effusion.
- * No pulmonary arterial hypertension
- * IVC normal diameter & > 50% respiratory variation
- * No thrombus, mass, vegetation seen.

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

Board Certified Comprehensive
Echocardiographer (USA)



DIAGNOSTICS REPORT

HCO

Patient Name : Mrs. MITALI SARKAR
Age/Sex : 47 Year(s)/Female
UHID : NMHK.2303740
Ref. Doctor : NMH

Order Date
Report Date
IP No
Facility

: 15/02/2023 10:32
: 15/02/2023 13:39
:
: NARAYAN MEMORIAL
HOSPITAL
: 9474597805

Address : KHARIDA, KHARAGPUR, Kolkata, West Bengal, 721301

Mobile

ELECTROCARDIOGRAM REPORT (ECG)

HR : 82 bpm
Rhythm : Sinus
P wave : Normal
PR Interval : 138 msec
QRS axis : Normal (57 Degree)
QRS duration : 88 msec
QRS configuration : Normal
T wave : Non specific changes
ST segment : Non specific changes
QTc : 440 msec
QT : 374 msec

IMPRESSION:

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

Dr. SOUMYA KANTI DUTTA ,
MBBS, MD(GEN. MED), DM(CARDIOLOGY)

RegNo: 63887

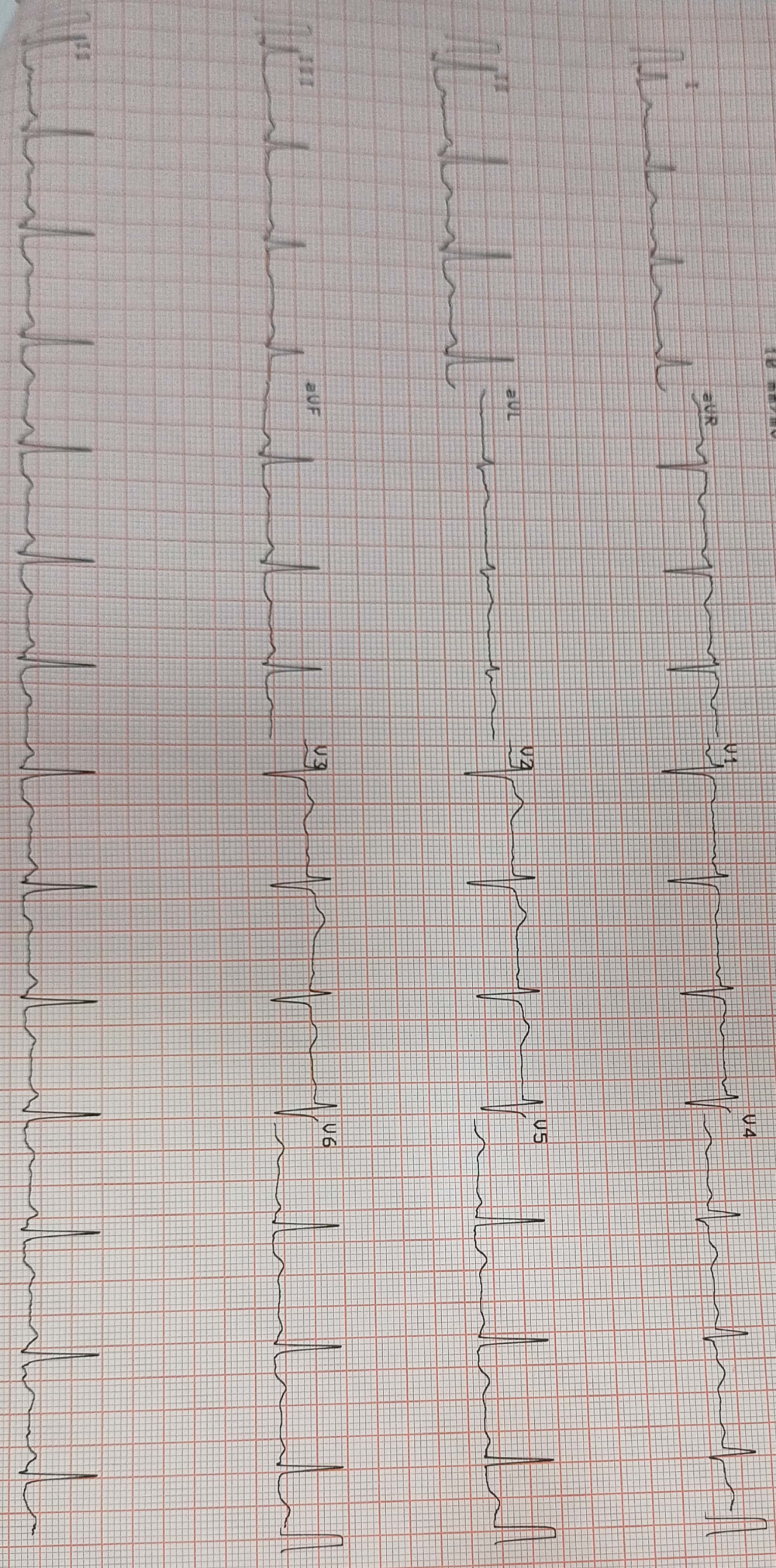
PATIENT SQRXR
2303748
47 years
cm / kg
Female

HR 82/min
Intervals:
RR 736 ms
P 110 ms
PR 138 ms
QRS 88 ms
QT 374 ms
QTc 448 ms
(Bazett)
10 mm/mV

Rx IS: 54
DRS 57
T 14
P (I1) 0.16 mV
S (V1) -0.94 mV
R (V5) 1.35 mV
Sokol. 2.29 mV

6.02

10 mm/mV



05-25 M2 FS0 SSF SBS 15.02.2023 13:36:48

NARAYAN MEMORIAL HOSPITAL, BEHALA

RT-102plus 1.25 CH

62180



DIAGNOSTICS REPORT

Patient Name	: Mrs. MITALI SARKAR	Order Date	: 15/02/2023 10:32
Age/Sex	: 47 Year(s)/Female	Report Date	: 16/02/2023 09:59
UHID	: NMHK.2303740	IP No	:
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
Address	: KHARIDA, KHARAGPUR, Kolkata, West Bengal, 721301	Mobile	: 9474597805

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

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Clinical Pathology

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URINE FOR SUGAR FASTING

SAMPLE : URINE

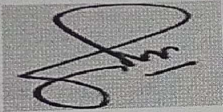
RESULT	ABSENT		
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URINE FOR SUGAR PP

SAMPLE : URINE

RESULT	ABSENT
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End of Report



Dr.DIP NARAYAN MUKHERJEE

MD(Microbiology)

RegNo: Reg no. 57062

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Clinical Pathology

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URINE FOR R/E

SAMPLE : URINE

PHYSICAL EXAMINATION

VOLUME	35	ml	
COLOUR	PALE YELLOW		
APPEARANCE	SLIGHTLY HAZY		
SPECIFIC GRAVITY	1.010		1.010 - 1.030
REACTION(pH)	ACIDIC (pH-6.5)		

CHEMICAL EXAMINATION

SUGAR	ABSENT	ABSENT
ALBUMIN.	ABSENT	ABSENT
BLOOD	ABSENT	ABSENT
KETONE	ABSENT	ABSENT
BILE SALT	ABSENT	ABSENT
BILE PIGMENTS	ABSENT	ABSENT

MICROSCOPIC EXAMINATION

PUS CELLS	1-2/HPF	<5/HPF
EPITHELIAL CELLS	3-4/HPF	<20/HPF
RBC	ABSENT	ABSENT
CAST	ABSENT	ABSENT
CRYSTAL	ABSENT	ABSENT

Please correlate clinically.

End of Report

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MD(Microbiology)

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Immunology

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THYROID FUNCTION TEST

SAMPLE : SERUM

T3 ECLIA	1.02	ng/ml	0.60 - 1.80
T4 ECLIA	9.13	ug/dL	5.40 - 11.70
TSH	2.03	uIU/ml	Adult Male – 0.27-5.50 Adult Female – 0.27-5.50 Newborns - <25 Upto 12 years – 0.3-5

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, FAACC
(CONSULTANT BIOCHEMIST)

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Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0102264	Collection Date : 15/02/23 10:43	Ack Date : 15/02/2023 12:00	Report Date : 15/02/23 18:08

LIPID PROFILE

SAMPLE : SERUM

TOTAL CHOLESTEROL	229	mg/dl	Desirable <200 Borderline 200-239 High >=240
<i>CHOD-PAP</i>			
HDL CHOLESTEROL	52	mg/dl	40 - 60
<i>Homogenous Enzymatic Colorimetric</i>			
LDL CHOLESTEROL	150	mg/dl	Optimal < 100 Borderline 130
<i>Homogenous Enzymatic Colorimetric</i>			
VLDL	20	mg/dl	0 - 30
<i>CALCULATED</i>			
CHOLESTEROL-HDL RATIO	4.40	-	
LDL-HDL RATIO	2.88	-	
TRIGLYCERIDES	98	mg/dl	Desirable <150 Borderline 150 - 200 High >200
<i>Enzymatic Colorimetric</i>			

End of Report

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Hematology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0102264	Collection Date : 15/02/23 10:43	Ack Date : 15/02/2023 11:21	Report Date : 15/02/23 18:21

COMPLETE HAEMOGRAM (CBC)

SAMPLE : EDTA BLOOD

HAEMOGLOBIN (HB) <i>Colorimetric method (Cym Meth)</i>	13.5	gm/dl	12 - 15
RBC COUNT <i>Electrical Impedance Method</i>	4.5	$\times 10^6/\mu\text{l}$	3.8 - 4.8
TOTAL WBC COUNT <i>Electrical Impedance Method</i>	8.5	$10^3/\text{cmm}$	4 - 10
PLATELET COUNT <i>Electrical Impedance Method</i>	250	$10^3/\text{cmm}$	150 - 410
PCV <i>RBC pulse ht. detection method</i>	40	%	36 - 46
MCV <i>calculated</i>	89	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>	40 ▲	%	0 - 12

DIFFERENTIAL COUNT

NEUTROPHILS <i>Microscopy</i>	67	%	40 - 80
LYMPHOCYTES <i>Microscopy</i>	27	%	20 - 40
MONOCYTES <i>Microscopy</i>	04	%	2 - 10

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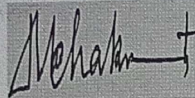
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EOSINOPHILS	02	%	1 - 6
<i>Microscopy</i>			
BASOPHILS	00	%	0 - 2
<i>Microscopy</i>			

PERIPHERAL BLOOD SMEAR

RBC Normocytic normochromic.
WBC Within normal limits.
PLATELET Adequate.

End of Report



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

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Immunology

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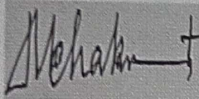
BLOOD GROUPING & Rh TYPING

SAMPLE : EDTA BLOOD

BLOOD GROUP : ' B '
Agglutination forward & Reverse

RH TYPE : POSITIVE

End of Report



Dr. MAINAK CHAKRABORTY
MBBS, MD(PATH)
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Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0102264A	Collection Date : 15/02/23 10:43	Ack Date : 15/02/2023 12:47	Report Date : 15/02/23 18:08

GLYCOSYLATED HAEMOGLOBIN (HBA1C)

SAMPLE : EDTA BLOOD

HBA1C 5.8

Interpretation & Remark:

- HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose.
- HbA1c has been endorsed by clinical groups & 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 severe iron deficiency anaemia & haemolytic), chronic renal failure and liver diseases. 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.
C. Heterozygous state detected (D10/ turbo is corrected for HbS and HbC trait).
- 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 % .

Note : Hemoglobin electrophoresis (HPLC method) is recommended for detecting hemoglobinopathy.

End of Report

Dr.S. Chatterjee
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Biochemistry

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Sample No : 07H0102264	Collection Date : 15/02/23 10:43	Ack Date : 15/02/2023 12:00	Report Date : 15/02/23 18:08

LIVER FUNCTION TEST (LFT)

SAMPLE : SERUM

TOTAL BILIRUBIN <i>Diazo Method</i>	0.5	mg/dl	0 - 1.1
DIRECT BILIRUBIN <i>Diazo Method</i>	0.2	mg/dl	0 - 0.2
INDIRECT BILIRUBIN <i>Calculated</i>	0.3	mg/dl	0.2 - 0.9
SGPT (ALT) <i>IFCC Without Pyridoxal Phosphate</i>	17	U/L	0 - 34
SGOT (AST) <i>IFCC Without Pyridoxal Phosphate</i>	19	U/L	0 - 31
ALKALINE PHOSPHATASE <i>IFCC</i>	186 ▲	U/L	53 - 128
TOTAL PROTEIN <i>Biuret</i>	7.2	g/dl	6.4 - 8.2
ALBUMIN <i>Bromocresol Green</i>	4.6	gm/dl	3.5 - 5.2
GLOBULIN <i>Calculated</i>	2.6	g/dl	2 - 3.5
ALBUMIN:GLOBULIN <i>Calculated</i>	1.8	-	1.1 - 2.5
GGT <i>Enzymatic colorimetric assay</i>	10	U/L	5 - 36



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Biochemistry

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SERUM CREATININE

SAMPLE : SERUM

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

BLOOD UREA NITROGEN

BLOOD UREA NITROGEN 07 mg/dl 6 - 20
Calculated

URIC ACID

SAMPLE : SERUM

URIC ACID 3.9 mg/dl 2.4 - 5.7
Enzymatic Colorimetric

SAMPLE : SERUM

RESULT 14.0

Sample No : 07H0102264B	Collection Date : 15/02/23 10:43	Ack Date : 15/02/2023 12:01	Report Date : 15/02/23 18:08
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BLOOD SUGAR(F)

SAMPLE : PLASMA

BLOOD SUGAR FASTING 95 mg/dl 70 - 109
Hexokinase

Sample No : 07H0102296B	Collection Date : 15/02/23 14:23	Ack Date : 15/02/2023 14:57	Report Date : 15/02/23 18:08
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BLOOD SUGAR(PP)

SAMPLE : PLASMA

BLOOD SUGAR PP 119 mg/dl 70.00 - 140.00
Hexokinase

End of Report

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Address	: KHARIDA, KHARAGPUR, Kolkata, West Bengal, 721301	Mobile	: 9474597805

USG REPORT OF WHOLE ABDOMEN (SCREENING)

LIVER : Liver is normal in size and parenchymal echotexture. Intrahepatic biliary radicles are not dilated. **A well defined clear cyst measuring 1.9 cm x 1.5 cm is noted in left lobe, in subcapsular location.**

PORTA :PV : Normal. PV measures 0.9 cm.

CBD : Normal . CBD 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.



DIAGNOSTICS REPORT

Patient Name	: Mrs. MITALI SARKAR	Order Date	: 15/02/2023 10:32
Age/Sex	: 47 Year(s)/Female	Report Date	: 15/02/2023 17:59
UHID	: NMHK.2303740	IP No	:
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
Address	: KHARIDA, KHARAGPUR, Kolkata, West Bengal, 721301	Mobile	: 9474597805

UTERUS : Not visualised (Operated).

OVARIES : Not visualised.

PERITONEUM : No free fluid is noted.

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

IMPRESSION :

- A cyst in left lobe of liver.

Dr. MADHUSHREE RAY NASKAR ,
MBBS, DMRD

Consultant Radiologist

RegNo: 57032

