

LABORATORY INVESTIGATION REPORT

Patient Name : Mrs. RAJNI PRASAD	Age/Sex : 40 Year(s)/Female
UHID : NMHK.2208576	Order Date : 11/06/2022 12:19
Episode : OP	Mobile No : 9903690071
Ref. Doctor : NMH	DOB : 01/01/1982
Address : 4/1 NAZIR LANE , KHIDDIRPORE ,Kolkata,West Bengal ,700023	Facility : NARAYAN MEMORIAL HOSPITAL

Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0066002	Collection Date : 11/06/22 12:34	Ack Date : 11/06/2022 12:41	Report Date : 11/06/22 16:05

SERUM CREATININE

SAMPLE : SERUM

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

BLOOD UREA NITROGEN

BLOOD UREA NITROGEN 10.3 mg/dl 6 - 20
Calculated

URIC ACID

SAMPLE : SERUM

URIC ACID 4.1 mg/dl 2.4 - 5.7
Enzymatic Colorimetric

SAMPLE : SERUM

RESULT 17.13

Sample No : 07H0066002B Collection Date : 11/06/22 12:34 Ack Date : 11/06/2022 12:51 Report Date : 11/06/22 16:05

BLOOD SUGAR(F)

SAMPLE : PLASMA

BLOOD SUGAR FASTING 99 mg/dl 70 - 109
Hexokinase

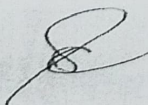
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BLOOD SUGAR(PP)

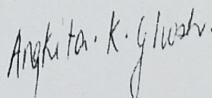
SAMPLE : PLASMA

BLOOD SUGAR PP 105 mg/dl 70 - 140
Hexokinase

End of Report



Dr.S. Chatterjee
MD, MBBS, FAACC



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

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Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
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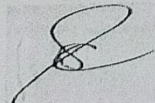
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LIVER FUNCTION TEST (LFT)

SAMPLE : SERUM

TOTAL BILIRUBIN	1.2 ▲	mg/dl	0 - 1.1
<i>Diazo Method</i>			
DIRECT BILIRUBIN	0.4 ▲	mg/dl	0 - 0.2
<i>Diazo Method</i>			
INDIRECT BILIRUBIN	0.8	mg/dl	0.2 - 0.9
<i>Calculated</i>			
SGPT (ALT)	17	U/L	0 - 34
<i>IFCC Without Pyridoxal Phosphate</i>			
SGOT (AST)	18	U/L	0 - 31
<i>IFCC Without Pyridoxal Phosphate</i>			
ALKALINE PHOSPHATASE	105	U/L	53 - 128
<i>IFCC</i>			
TOTAL PROTEIN	7.7	g/dl	6.4 - 8.2
<i>Biuret</i>			
ALBUMIN	4.4	gm/dl	3.5 - 5.2
<i>Bromocresol Green</i>			
GLOBULIN	3.3	g/dl	2 - 3.5
<i>Calculated</i>			
ALBUMIN:GLOBULIN	1.3	-	1.1 - 2.5
<i>Calculated</i>			
GGT	10	U/L	5 - 36
<i>Enzymatic colorimetric assay</i>			

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Biochemistry

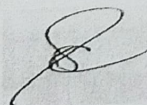
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Sample No : 07H0066002	Collection Date : 11/06/22 12:34	Ack Date : 11/06/2022 12:41	Report Date : 11/06/22 16:05

LIPID PROFILE

SAMPLE : SERUM

TOTAL CHOLESTEROL	124	mg/dl	Desirable <200 Borderline 200-239 High >=240
<i>CHOD-PAP</i>			
HDL CHOLESTEROL	30 ▼	mg/dl	40 - 60
<i>Homogenous Enzymatic Colorimetric</i>			
LDL CHOLESTEROL	59	mg/dl	Optimal < 100 Borderline 130
<i>Homogenous Enzymatic Colorimetric</i>			
VLDL	53 ▲	mg/dl	0 - 30
<i>CALCULATED</i>			
CHOLESTEROL-HDL RATIO	4.13	-	
LDL-HDL RATIO	1.97	-	
TRIGLYCERIDES	268	mg/dl	Desirable <150 Borderline 150 - 200 High >200
<i>Enzymatic Colorimetric</i>			

End of Report



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(CONSULTANT BIOCHEMIST)

Checked By

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Hematology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0066002	Collection Date : 11/06/22 12:34	Ack Date : 11/06/2022 12:41	Report Date : 11/06/22 15:31

COMPLETE HAEMOGRAM (CBC)

SAMPLE : EDTA BLOOD

HAEMOGLOBIN (HB)	9.6 ▼	gm/dl	12 - 15
<i>Colorimetric method (Cyn Meth)</i>			
RBC COUNT	3.92	x10 ⁶ /ul	3.8 - 4.8
<i>Electrical Impedance Method</i>			
TOTAL WBC COUNT	8.9	10 ³ /cmm	4 - 10
<i>Electrical Impedance Method</i>			
PLATELET COUNT	220	10 ³ /cmm	150 - 410
<i>Electrical Impedance Method</i>			
PCV	30 ▼	%	36 - 46
<i>RBC pulse ht. detection method</i>			
MCV	76 ▼	fl	83 - 101
<i>calculated</i>			
MCH	25 ▼	pg	27 - 32
<i>Calculated</i>			
MCHC	32	gm/dl	31.5 - 34.5
<i>Calculated</i>			
ESR	24 ▲	%	0 - 12
<i>Modified Westergren Method</i>			
DIFFERENTIAL COUNT			
NEUTROPHILS	62	%	40 - 80
<i>Microscopy</i>			
LYMPHOCYTES	32	%	20 - 40
<i>Microscopy</i>			
MONOCYTES	02	%	2 - 10
<i>Microscopy</i>			
EOSINOPHILS	04	%	1 - 6
<i>Microscopy</i>			

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BASOPHILS

00

%

0 - 2

Microscopy

PERIPHERAL BLOOD SMEAR

RBC

Microcytic Hypochromic

WBC

Within normal limit

PLATELET

Adequate

End of Report

Angkita K. Ghosh

Dr. ANGKITA K. GHOSH

MBBS, MD(PATH)

(CONSULTANT PATHOLOGIST)

RegNo: 82734

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Immunology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0066002	Collection Date : 11/06/22 12:34	Ack Date : 11/06/2022 12:41	Report Date : 11/06/22 15:34

BLOOD GROUPING & Rh TYPING

SAMPLE : EDTA BLOOD

BLOOD GROUP	' B '
Agglutinationforward & Reverse	
RH TYPE	POSITIVE

End of Report

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Immunology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0066002	Collection Date : 11/06/22 12:34	Ack Date : 11/06/2022 12:41	Report Date : 11/06/22 16:06

THYROID FUNCTION TEST

SAMPLE : SERUM

T3	1.40	ng/ml	0.6 - 1.8
ECLIA			
T4	9.31	ug/dL	5.4 - 11.7
ECLIA			
TSH	4.55	uIU/ml	Adult Male – 0.27-5.50 Adult Female – 0.27-5.50 Newborns - <25 Upto 12 years – 0.3-5

ECLIA

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)

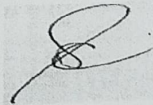
3. There is no high dose hook effect at TSH concentrations upto 1000 µmol/ml.

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



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Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0066005	Collection Date : 11/06/22 12:46	Ack Date : 11/06/2022 13:42	Report Date : 11/06/22 16:14

URINE FOR R/E

SAMPLE : URINE

PHYSICAL EXAMINATION

VOLUME	45	ml	
COLOUR	STRAW		
APPEARANCE	SLIGHTLY HAZY		
SPECIFIC GRAVITY	1.010		1.010 - 1.030
REACTION(pH)	ACIDIC (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	2-3 / HPF	<5/HPF
EPITHELIAL CELLS	5-6 / HPF	<20/HPF
RBC	NIL	
CAST	ABSENT	ABSENT
CRYSTAL	ABSENT	ABSENT

Please correlate clinically.

End of Report

Angkita K. Ghosh

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Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0066005	Collection Date : 11/06/22 12:46	Ack Date : 11/06/2022 13:42	Report Date : 11/06/22 16:06

URINE FOR SUGAR FASTING

SAMPLE : URINE

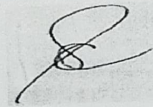
RESULT	ABSENT		
Sample No : 07H0066037	Collection Date : 11/06/22 15:38	Ack Date : 11/06/2022 16:26	Report Date : 11/06/22 17:27

URINE FOR SUGAR PP

SAMPLE : URINE

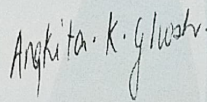
RESULT	ABSENT
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End of Report



Dr.S. Chatterjee
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(CONSULTANT BIOCHEMIST)

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Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0066002A	Collection Date : 11/06/22 12:34	Ack Date : 11/06/2022 12:50	Report Date : 12/06/22 19:18

GLYCOSYLATED HAEMOGLOBIN (HBA1C)

SAMPLE : EDTA BLOOD

HBA1C 4.4

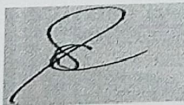
Interpretation & Remark:

- 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 glycemic 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



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DIAGNOSTICS REPORT

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Age/Sex	: 40 Year(s)/Female	Report Date	: 11/06/2022 14:18
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USG WHOLE ABDOMEN (SCREENING)

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

PORTA :PV : Normal. PV measures 0.9 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 enlarged. Spleen measures : 14.3 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 : 11.4 cm & Left kidney measures : 12.3 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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UTERUS : Bulky, anteverted. Myometrium is homogeneous. No focal SOL seen.
Endometrium is of normal thickness (0.7 cm). Uterus measures 9.1 cm x 4.9 cm x 3.8 cm.
Cervix appears normal.

OVARIES : Both ovaries are normal in size, shape and echopattern. No SOL seen.
Right ovary : measures 3.5 cm x 1.6 cm. Left ovary : measures 3.7 cm x 1.6 cm.

POD : No collection seen.

PERITONEUM : No free fluid seen.

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

IMPRESSION : * Splenomegaly.
* Bulky uterus.

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

DIAGNOSTICS REPORT

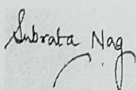
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Age/Sex	: 40 Year(s)/Female	Report Date	: 11/06/2022 18:02
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X-RAY CHEST PA VIEW

No active lung parenchymal lesion is seen.
Both hila are normal in position, size and density.
Cardiothoracic ratio appear normal.
Trachea and mediastinum are normal in position.
Both costo-phrenic angles are clear.
Domes of diaphragm are normal in position and outlines are well delineated.
Bony thorax appears unremarkable .

IMPRESSION :-

No significant lung parenchyma abnormality.
Needs clinical correlation.



**Dr.SUBRATA NAG , MBBS,DNB,Fellow
intervention/endovascular surgery**

RegNo: 66718

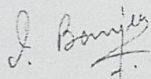
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ECHOCARDIOGRAPHY (SCREENING)

Status of Patient :

- * No regional wall motion abnormality at rest.
- * Good LV systolic function (EF = 62 %).
- * Good RV systolic function (TAPSE = 22 mm).
- * Normal valve morphology.
- * Normal LV diastolic function.
- * 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)

Narayan Memorial Hospital

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



DIAGNOSTICS REPORT

Patient Name	: Mrs. RAJNI PRASAD	Order Date	: 11/06/2022 12:19
Age/Sex	: 40 Year(s)/Female	Report Date	: 11/06/2022 17:31
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ELECTROCARDIOGRAM REPORT (ECG)

HR	: 76 bpm
Rhythm	: Sinus
P wave	: Normal
PR Interval	: 148 msec
QRS axis	: Normal (15 Degree)
QRS duration	: 88 msec
QRS configuration	: Normal
T wave	: Non specific changes
ST segment	: Non specific changes
QTc	: 443 msec
QT	: 390 msec

IMPRESSION:

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

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

Board Certified Comprehensive
Echocardiographer (USA)



RHJNI PRASAD

2208576

40 years Female

..... cm / kg

HR 76/min

Intervals:

RR 788 ms

P 108 ms

PR 148 ms

QRS 88 ms

QT 390 ms

QTc 443 ms (Bazett)

Axis: 45°

P 15°

T 34°

P (I1) 0.09 mV

S (V1) -0.30 mV

R (V5) 0.99 mV

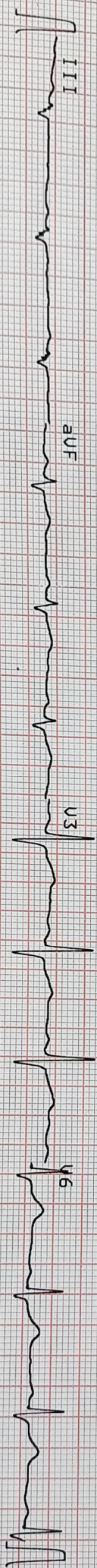
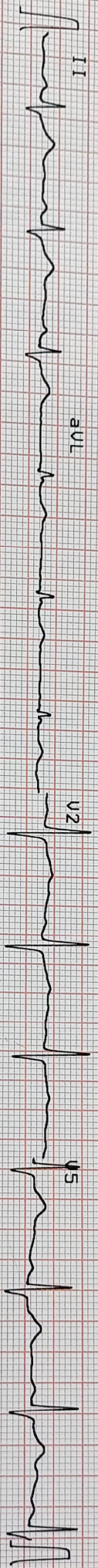
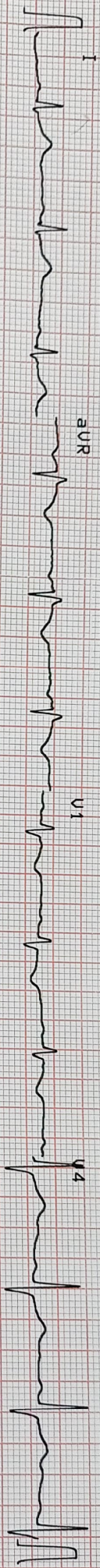
Sokol. 1.94 mV

SINUS RHYTHM
NORMAL ECG

6.02

UNCONFIRMED REPORT

10 mm/mV



HIC



NARAYAN MEMORIAL HOSPITAL

601, Diamond Harbour Road, Kolkata 700034 | Call: 6640 0000
Email: contact@nmh.org.in | Visit: www.narayanmemorialhospital.com

OPD

UHID : NMHK.2208576
 Patient Name : Mrs. RAJNI PRASAD
 Age / Sex : 40 Year(s) / Female
 Mobile : 9903690071
 Bill No/Date time : OPCS71006 / 11-06-2022 13:55
 Address : 4/1 NAZIR LANE Kolkata KHIDDIRPORE

Visit type/Token No. : Health Check-up Reporting /
 Card validity Date :
 Doctor : Dr. DIPANKAR RAY (EYE)
 Department : OPHTHALMOLOGY
 Registration No. : 39800
 Qualification : MBBS, DO



Referred By : NMH

BP _____
 Temperature _____
 Pulse _____
 Respiration _____
 Height _____ cm
 Weight _____ kg

Chief complaints

Physical examination

Treatment

Handwritten notes: 7/6, 6/9

Dr. Dipankar Ray
 Eye Surgeon
 Reg. 39800
 9831090788
 8420563124

Handwritten notes:
 As
 Ac
 Ia - 0.25 Densl
 60° ↓
 6/6
 Signature

Investigations

Next visit

Dietary assessment : Done Not Done

Signature