

## LABORATORY INVESTIGATION REPORT

<b>Patient Name</b> : Mrs. JHUMPA BHATTACHARJEE	<b>Age/Sex</b> : 45 Year(s)/Female
<b>UHID</b> : NMHK.2115309	<b>Order Date</b> : 27/06/2022 09:42
<b>Episode</b> : OP	<b>Mobile No</b> : 8085581257
<b>Ref. Doctor</b> : SELF	<b>DOB</b> : 23/12/1976
<b>Address</b> : 53/3, NAFAR CH. DAS LANE , BEHALA Kolkata, West Bengal , 700034	<b>Facility</b> : NARAYAN MEMORIAL HOSPITAL

### Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0067518A	Collection Date : 27/06/22 09:54	Ack Date : 27/06/2022 10:25	Report Date : 27/06/22 18:19

#### GLYCOSYLATED HAEMOGLOBIN (HBA1C)

##### SAMPLE : EDTA BLOOD

HBA1C 6.2

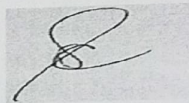
##### Interpretation & Remark:

- 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



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

Checked By



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### Biochemistry

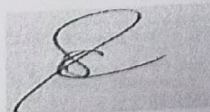
INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0067517	Collection Date : 27/06/22 09:54	Ack Date : 27/06/2022 10:21	Report Date : 27/06/22 18:19

#### LIVER FUNCTION TEST ( LFT )

##### SAMPLE : SERUM

TOTAL BILIRUBIN	0.3	mg/dl	0 - 1.1
<i>Diazo Method</i>			
DIRECT BILIRUBIN	0.1	mg/dl	0 - 0.2
<i>Diazo Method</i>			
INDIRECT BILIRUBIN	0.2	mg/dl	0.2 - 0.9
<i>Calculated</i>			
SGPT (ALT)	28	U/L	0 - 34
<i>IFCC Without Pyridoxal Phosphate</i>			
SGOT (AST)	34 ▲	U/L	0 - 31
<i>IFCC Without Pyridoxal Phosphate</i>			
ALKALINE PHOSPHATASE	83	U/L	53 - 128
<i>IFCC</i>			
TOTAL PROTEIN	7.4	g/dl	6.4 - 8.2
<i>Biuret</i>			
ALBUMIN	4.4	gm/dl	3.5 - 5.2
<i>Bromocresol Green</i>			
GLOBULIN	3.0	g/dl	2 - 3.5
<i>Calculated</i>			
ALBUMIN:GLOBULIN	1.5	-	1.1 - 2.5
<i>Calculated</i>			
GGT	45 ▲	U/L	5 - 36
<i>Enzymatic colorimetric assay</i>			

End of Report



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MD, MBBS, FAACC



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### Biochemistry

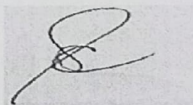
INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0067517	Collection Date : 27/06/22 09:54	Ack Date : 27/06/2022 10:21	Report Date : 27/06/22 18:19

#### LIPID PROFILE

##### SAMPLE : SERUM

TOTAL CHOLESTEROL	192	mg/dl	Desirable <200   Borderline 200-239   High $\geq$ 240
<i>CHOD-PAP</i>			
HDL CHOLESTEROL	49	mg/dl	40 - 60
<i>Homogenous Enzymatic Colorimetric</i>			
LDL CHOLESTEROL	121	mg/dl	Optimal < 100   Borderline 130
<i>Homogenous Enzymatic Colorimetric</i>			
VLDL	25	mg/dl	0 - 30
<i>CALCULATED</i>			
CHOLESTEROL-HDL RATIO	3.92	-	
LDL-HDL RATIO	2.47	-	
TRIGLYCERIDES	124	mg/dl	Desirable <150   Borderline 150 - 200   High >200
<i>Enzymatic Colorimetric</i>			

End of Report



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### Biochemistry

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#### SERUM CREATININE

##### SAMPLE : SERUM

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

#### BLOOD UREA NITROGEN

BLOOD UREA NITROGEN	12.1	mg/dl	6 - 20
<i>Calculated</i>			

#### URIC ACID

##### SAMPLE : SERUM

URIC ACID	5.6	mg/dl	2.4 - 5.7
<i>Enzymatic Colorimetric</i>			

##### SAMPLE : SERUM

RESULT	15.0
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Sample No : 07H0067518B      Collection Date : 27/06/22 09:54      Ack Date : 27/06/2022 10:24      Report Date : 27/06/22 18:19

#### BLOOD SUGAR(F)

##### SAMPLE : PLASMA

BLOOD SUGAR FASTING	108	mg/dl	70 - 109
<i>Hexokinase</i>			

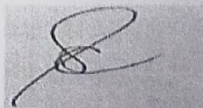
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#### BLOOD SUGAR(PP)

##### SAMPLE : PLASMA

BLOOD SUGAR PP	112	mg/dl	70.00 - 140.00
<i>Hexokinase</i>			

End of Report



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### Hematology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
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#### COMPLETE HAEMOGRAM ( CBC )

##### SAMPLE : EDTA BLOOD

HAEMOGLOBIN (HB) <i>Colorimetric method (Cyn Meth)</i>	12.5	gm/dl	12 - 15
RBC COUNT <i>Electrical Impedance Method</i>	4.59	$\times 10^6/\mu\text{l}$	3.8 - 4.8
TOTAL WBC COUNT <i>Electrical Impedance Method</i>	6.1	$10^3/\text{cmm}$	4 - 10
PLATELET COUNT <i>Electrical Impedance Method</i>	300	$10^3/\text{cmm}$	150 - 410
PCV <i>RBC pulse ht. detection method</i>	37	%	36 - 46
MCV <i>calculated</i>	<b>81 ▼</b>	fl	83 - 101
MCH <i>Calculated</i>	27	pg	27 - 32
MCHC <i>Calculated</i>	34	gm/dl	31.5 - 34.5
ESR <i>Modified Westergren Method</i>	<b>30 ▲</b>	%	0 - 12
<b>DIFFERENTIAL COUNT</b>			
NEUTROPHILS <i>Microscopy</i>	68	%	40 - 80
LYMPHOCYTES <i>Microscopy</i>	28	%	20 - 40
MONOCYTES <i>Microscopy</i>	02	%	2 - 10
EOSINOPHILS <i>Microscopy</i>	02	%	1 - 6



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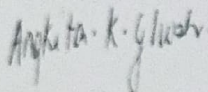
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BASOPHILS 00 % 0 - 2  
*Microscopy*

### PERIPHERAL BLOOD SMEAR

RBC	Normocytic Normochromic
WBC	Within normal limits
PLATELET	Adequate

End of Report



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

RegNo: 62734

Checked By



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### Immunology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0067518	Collection Date : 27/06/22 09:54	Ack Date : 27/06/2022 10:23	Report Date : 27/06/22 13:18

#### BLOOD GROUPING & Rh TYPING

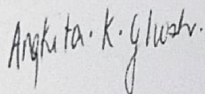
##### SAMPLE : EDTA BLOOD

BLOOD GROUP ' A '

*Agglutination forward & Reverse*

RH TYPE POSITIVE

End of Report



**Dr. ANGKITA K. GHOSH**  
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### Immunology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0067517	Collection Date : 27/06/22 09:54	Ack Date : 27/06/2022 10:21	Report Date : 27/06/22 18:20

#### THYROID FUNCTION TEST

##### SAMPLE : SERUM

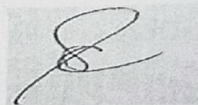
T3	1.46	ng/ml	0.6 - 1.8
<i>ECLIA</i>			
T4	10.0	ug/dL	5.4 - 11.7
<i>ECLIA</i>			
TSH	4.0	uIU/ml	Adult Male – 0.27-5.50 Adult Female – 0.27-5.50 Newborns - <25 Upto 12 years – 0.3-5

*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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### Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
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Sample No : 07H0067517      Collection Date : 27/06/22 09:54      Ack Date : 27/06/2022 14:26      Report Date : 27/06/22 17:21

#### URINE FOR R/E

##### SAMPLE : URINE

##### PHYSICAL EXAMINATION

VOLUME	25	ml	
COLOUR	PALE YELLOW		
APPEARANCE	SLIGHTLY HAZY		
SPECIFIC GRAVITY	1.010		1.010 - 1.030
REACTION(pH)	ACIDIC (6.0)		

##### 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	5-7 / HPF	<20/HPF
RBC	1-2 / HPF	
CAST	ABSENT	ABSENT
CRYSTAL	ABSENT	ABSENT

*Please correlate clinically.*

#### URINE FOR SUGAR FASTING

##### SAMPLE : URINE

RESULT	ABSENT
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End of Report

*Angkita K. Ghosh*



## DIAGNOSTICS REPORT

Patient Name	: Mrs. JHUMPA BHATTACHARJEE	Order Date	: 27/06/2022 09:42
Age/Sex	: 45 Year(s)/Female	Report Date	: 27/06/2022 16:03
UHID	: NMHK.2115309	IP No	:
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Address	: 53/3, NAFAR CH. DAS LANE, BEHALA, Kolkata, West Bengal, 700034	Mobile	: 8085581257

### USG REPORT OF WHOLE ABDOMEN (SCREENING)

**LIVER** : Liver is enlarged in size and parenchymal echogenicity is raised. Intrahepatic biliary radicles are not dilated. No focal mass lesion is seen.

**PORTA :PV** : Normal. PV measures 0.9 cm.

**CBD** : Normal . CBD measures 0.4 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 : 11.1 cm & Left kidney measures : 11.3 cm.

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

**POST VOID BLADDER** : No significant residual urine is seen.



DIAGNOSTICS REPORT

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**UTERUS** : Anteverted normal in size, shape, outline, position and parenchymal echogenicity. Cavity is empty. Uterus measures 6.2 cm x 4.4 cm x 10.5 cm.

**OVARIES** : **Left ovary is enlarged in size.** Right ovary is normal in size, shape and echopattern.

Right ovary : measures 3.6 cm x 1.7 cm.

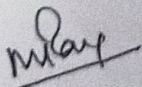
Left ovary : measures 4.4 cm x 3.8 cm.

**PERITONEUM** : No free fluid is noted.

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

**IMPRESSION :**

- **Hepatomegaly with diffuse fatty changes.**
- **Enlarged left ovary.**



**Dr. MADHUSHREE RAY NASKAR ,**  
**MBBS, DMRD**

Consultant Radiologist

RegNo: 57032



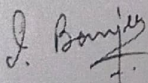
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### ECHOCARDIOGRAPHY (SCREENING)

#### Status of Patient :

- \* No regional wall motion abnormality at rest.
- \* Good LV systolic function (EF = 62%).
- \* Good RV systolic function (TAPSE = 21 mm).
- \* Normal valve morphology.
- \* Adequate 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)



## DIAGNOSTICS REPORT

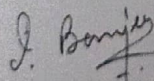
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### ELECTROCARDIOGRAM REPORT (ECG)

HR	: 106 bpm
Rhythm	: Sinus
P wave	: Normal
PR Interval	: 148 msec
QRS axis	: Normal (26 Degree)
QRS duration	: 66 msec
QRS configuration	: Normal
T wave	: Non specific changes
ST segment	: Non specific changes
QTc	: 453 msec
QT	: 340 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)



HUMPA  
IHATTACHARJEE  
115309

Female  
15 years  
CM ✓ kg

HR 106/min

Intervals:

RR 564 ms  
P 106 ms  
PR 148 ms  
QR5 66 ms  
QT 340 ms  
QTc 453 ms  
(Bazett)  
10 mm/mV

Axis:

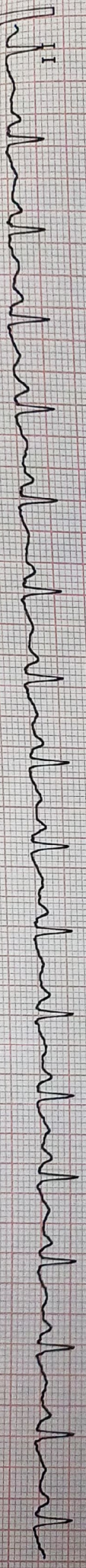
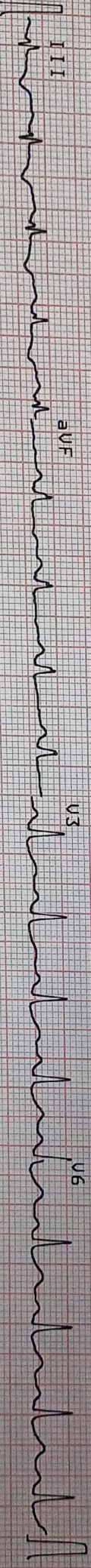
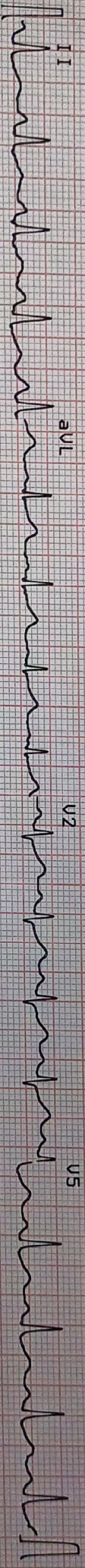
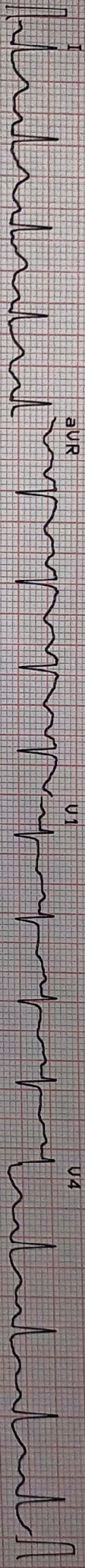
P 36 °  
QRS 26 °  
T 11 °  
P (II) 0.16 mV  
S (V1) -0.54 mV  
R (V5) 0.90 mV  
Sokol. 1.43 mV

SINUS TACHYCARDIA  
OTHERWISE NORMAL ECG

6.02

UNCONFIRMED REPORT

10 mm/mV





## DIAGNOSTICS REPORT

Patient Name	: Mrs. JHUMPA BHATTACHARJEE	Order Date	: 27/06/2022 09:42
Age/Sex	: 45 Year(s)/Female	Report Date	: 27/06/2022 12:49
UHID	: NMHK.2115309	IP No	:
Ref. Doctor	: SELF	Facility	: NARAYAN MEMORIAL HOSPITAL
Address	: 53/3, NAFAR CH. DAS LANE, BEHALA, Kolkata, West Bengal, 700034	Mobile	: 8085581257

### CHEST X-RAY REPORT OF PA VIEW

Lung fields are clear. No focal parenchymal opacity is seen.

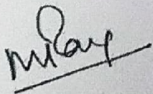
No appreciable pleural thickening / calcification is noted.

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