

## LABORATORY INVESTIGATION REPORT

|   |   |
|---|---|
| <b>Patient Name</b> : Mrs. SAMANWITA DAS  | <b>Age/Sex</b> : 27 Year(s)/Female          |
| <b>UHID</b> : NMHK.2207919  | <b>Order Date</b> : 31/05/2022 10:02        |
| <b>Episode</b> : OP   | <b>Mobile No</b> : 9681493161               |
| <b>Ref. Doctor</b> : NMH  | <b>DOB</b> : 24/05/1995                     |
| <b>Address</b> : 146/33HARIDEVBPUR ROAD , HARIDEVBPUR<br>Kolkata, West Bengal ,700082 | <b>Facility</b> : NARAYAN MEMORIAL HOSPITAL |

### Biochemistry

| INVESTIGATION           | RESULTS                          | UNITS                       | BIOLOGICAL REF RANGE         |
|-------------------------|----------------------------------|-----------------------------|------------------------------|
| Sample No : 07H0065067A | Collection Date : 31/05/22 10:14 | Ack Date : 31/05/2022 10:45 | Report Date : 31/05/22 17:33 |

### GLYCOSYLATED HAEMOGLOBIN (HBA1C)

#### SAMPLE : EDTA BLOOD

HBA1C 4.9

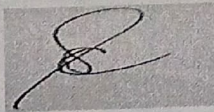
#### Interpretation & Remark:

- 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 : 07H0065067      Collection Date : 31/05/22 10:14      Ack Date : 31/05/2022 10:42      Report Date : 31/05/22 11:52

#### SERUM CREATININE

##### SAMPLE : SERUM

|                  |     |       |           |
|------------------|-----|-------|-----------|
| SERUM CREATININE | 0.6 | mg/dl | 0.5 - 0.9 |
|------------------|-----|-------|-----------|

*Jaffe Gen2 Compensated*

#### BLOOD UREA NITROGEN

|                     |    |       |        |
|---------------------|----|-------|--------|
| BLOOD UREA NITROGEN | 08 | mg/dl | 6 - 20 |
|---------------------|----|-------|--------|

*Calculated*

#### URIC ACID

##### SAMPLE : SERUM

|           |     |       |           |
|-----------|-----|-------|-----------|
| URIC ACID | 5.5 | mg/dl | 2.4 - 5.7 |
|-----------|-----|-------|-----------|

*Enzymatic Colorimetric*

##### SAMPLE : SERUM

|        |      |
|--------|------|
| RESULT | 13.3 |
|--------|------|

Sample No : 07H0065067B      Collection Date : 31/05/22 10:14      Ack Date : 31/05/2022 10:45      Report Date : 31/05/22 11:57

#### BLOOD SUGAR(F)

##### SAMPLE : PLASMA

|                     |    |       |          |
|---------------------|----|-------|----------|
| BLOOD SUGAR FASTING | 93 | mg/dl | 70 - 109 |
|---------------------|----|-------|----------|

*Hexokinase*

Sample No : 07H0065089B      Collection Date : 31/05/22 13:34      Ack Date : 31/05/2022 14:04      Report Date : 31/05/22 15:55

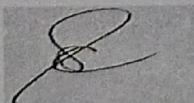
#### BLOOD SUGAR(PP)

##### SAMPLE : PLASMA

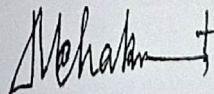
|                |     |       |                |
|----------------|-----|-------|----------------|
| BLOOD SUGAR PP | 133 | mg/dl | 70.00 - 140.00 |
|----------------|-----|-------|----------------|

*Hexokinase*

End of Report



Dr.S. Chatterjee  
MD, MBBS, FAACC



Dr.MAINAK CHAKRABORTY  
MBBS, MD(PATH)

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## Biochemistry

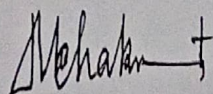
| INVESTIGATION          | RESULTS                          | UNITS                       | BIOLOGICAL REF RANGE         |
|------------------------|----------------------------------|-----------------------------|------------------------------|
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##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

## SAMPLE : SERUM

|   |     |       |           |
|---|-----|-------|-----------|
| TOTAL BILIRUBIN<br><i>Diazo Method</i>                | 0.5 | mg/dl | 0 - 1.1   |
| DIRECT BILIRUBIN<br><i>Diazo Method</i>               | 0.2 | mg/dl | 0 - 0.2   |
| INDIRECT BILIRUBIN<br><i>Calculated</i>               | 0.3 | mg/dl | 0.2 - 0.9 |
| SGPT (ALT)<br><i>IFCC Without Pyridoxal Phosphate</i> | 15  | U/L   | 0 - 34    |
| SGOT (AST)<br><i>IFCC Without Pyridoxal Phosphate</i> | 13  | U/L   | 0 - 31    |
| ALKALINE PHOSPHATASE<br><i>IFCC</i>                   | 100 | U/L   | 53 - 128  |
| TOTAL PROTEIN<br><i>Biuret</i>                        | 7.7 | g/dl  | 6.4 - 8.2 |
| ALBUMIN<br><i>Bromocresol Green</i>                   | 4.6 | gm/dl | 3.5 - 5.2 |
| GLOBULIN<br><i>Calculated</i>                         | 3.1 | g/dl  | 2 - 3.5   |
| ALBUMIN:GLOBULIN<br><i>Calculated</i>                 | 1.5 | -     | 1.1 - 2.5 |
| GGT<br><i>Enzymatic colorimetric assay</i>            | 22  | U/L   | 5 - 36    |

End of Report



Dr. MAINAK CHAKRABORTY  
MBBS, MD(PATH)

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### Immunoassay

| INVESTIGATION          | RESULTS                          | UNITS                       | BIOLOGICAL REF RANGE         |
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#### THYROID FUNCTION TEST

##### SAMPLE : SERUM

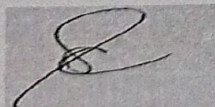
|              |      |        |   |
|--------------|------|--------|---|
| T3<br>ECLIA  | 1.26 | ng/ml  | 0.60 - 1.80   |
| T4<br>ECLIA  | 8.98 | ug/dL  | 5.40 - 11.70  |
| TSH<br>ECLIA | 1.01 | uIU/ml | Adult Male – 0.27-5.50<br>Adult Female – 0.27-5.50<br>Newborns - <25<br>Upto 12 years – 0.3-5 |

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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### Hematology

| INVESTIGATION          | RESULTS                          | UNITS                       | BIOLOGICAL REF RANGE         |
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| Sample No : 07H0065067 | Collection Date : 31/05/22 10:14 | Ack Date : 31/05/2022 10:42 | Report Date : 31/05/22 13:51 |

#### COMPLETE HAEMOGRAM ( CBC )

##### SAMPLE : EDTA BLOOD

|                                       |             |                      |             |
|---------------------------------------|-------------|----------------------|-------------|
| HAEMOGLOBIN (HB)                      | 13.5        | gm/dl                | 12 - 15     |
| <i>Colorimetric method (Cyn Meth)</i> |             |                      |             |
| RBC COUNT                             | 4.50        | x10 <sup>6</sup> /ul | 3.8 - 4.8   |
| <i>Electrical Impedance Method</i>    |             |                      |             |
| TOTAL WBC COUNT                       | 8.9         | 10 <sup>3</sup> /cmm | 4 - 10      |
| <i>Electrical Impedance Method</i>    |             |                      |             |
| PLATELET COUNT                        | 250         | 10 <sup>3</sup> /cmm | 150 - 410   |
| <i>Electrical Impedance Method</i>    |             |                      |             |
| PCV                                   | 42          | %                    | 36 - 46     |
| <i>RBC pulse ht. detection method</i> |             |                      |             |
| MCV                                   | 93          | fl                   | 83 - 101    |
| <i>calculated</i>                     |             |                      |             |
| MCH                                   | 30          | pg                   | 27 - 32     |
| <i>Calculated</i>                     |             |                      |             |
| MCHC                                  | 32          | gm/dl                | 31.5 - 34.5 |
| <i>Calculated</i>                     |             |                      |             |
| ESR                                   | <b>25 ▲</b> | %                    | 0 - 12      |
| <i>Modified Westergren Method</i>     |             |                      |             |
| <b><u>DIFFERENTIAL COUNT</u></b>      |             |                      |             |
| NEUTROPHILS                           | 69          | %                    | 40 - 80     |
| <i>Microscopy</i>                     |             |                      |             |
| LYMPHOCYTES                           | 27          | %                    | 20 - 40     |
| <i>Microscopy</i>                     |             |                      |             |
| MONOCYTES                             | 02          | %                    | 2 - 10      |
| <i>Microscopy</i>                     |             |                      |             |
| EOSINOPHILS                           | 02          | %                    | 1 - 6       |
| <i>Microscopy</i>                     |             |                      |             |

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BASOPHILS

00

%

0 - 2

*Microscopy*

### PERIPHERAL BLOOD SMEAR

RBC

Normocytic Normochromic

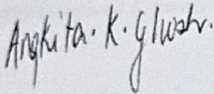
WBC

Within normal limit

PLATELET

Adequate

End of Report



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

RegNo: 82734

Checked By

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### Immunology

| INVESTIGATION          | RESULTS                          | UNITS                       | BIOLOGICAL REF RANGE         |
|------------------------|----------------------------------|-----------------------------|------------------------------|
| Sample No : 07H0065067 | Collection Date : 31/05/22 10:14 | Ack Date : 31/05/2022 10:42 | Report Date : 31/05/22 15:29 |

#### BLOOD GROUPING & Rh TYPING

##### SAMPLE : EDTA BLOOD

BLOOD GROUP

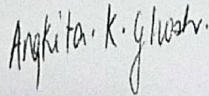
' AB '

*Agglutination forward & Reverse*

RH TYPE

POSITIVE

End of Report



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

RegNo: 82734

Checked By

## DIAGNOSTICS REPORT

|              |  |             |                             |
|--------------|--|-------------|-----------------------------|
| Patient Name | : Mrs. SAMANWITA DAS   | Order Date  | : 31/05/2022 10:02          |
| Age/Sex      | : 27 Year(s)/Female  | Report Date | : 31/05/2022 12:31          |
| UHID         | : NMHK.2207919   | IP No       | :                           |
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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 : 12.1 cm & Left kidney measures : 11.9 cm.

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

**UTERUS** : Anteverted normal in size, shape, outline, position and parenchymal echogenicity. Cavity is empty. Uterus measures 7.1 cm x 4.2 cm x 3.5 cm.



**DIAGNOSTICS REPORT**

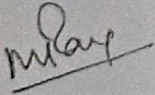
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**OVARIES** : Both ovaries are normal in size, shape and echopattern. Right ovary : measures 2.9 cm x 1.7 cm. Left ovary : measures 2.6 cm x 2.0 cm.

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

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

**IMPRESSION** : Normal study.



**Dr.MADHUSHREE RAY NASKAR ,**  
**MBBS,DMRD**  
Consultant Radiologist  
RegNo: 57032

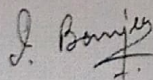
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| Age/Sex      | : 27 Year(s)/Female   | Report Date | : 31/05/2022 16:41          |
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### ECHOCARDIOGRAPHY (SCREENING)

#### Status of Patient :

- \* No regional wall motion abnormality at rest.
- \* Good LV systolic function (EF = 65%).
- \* Good RV systolic function (TAPSE = 20 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)

## DIAGNOSTICS REPORT

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| Patient Name | : Mrs. SAMANWITA DAS  | Order Date  | : 31/05/2022 10:02          |
| Age/Sex      | : 27 Year(s)/Female   | Report Date | : 31/05/2022 12:44          |
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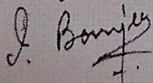
### ELECTROCARDIOGRAM REPORT (ECG)

HR : 98 bpm  
Rhythm : Sinus  
P wave : Normal  
PR Interval : 142 msec  
QRS axis : Normal (49 Degree)  
QRS duration : 82 msec  
QRS configuration : Normal  
T wave : Non specific changes  
ST segment : Non specific changes  
QTc : 431 msec  
QT : 336 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)

SMBRWITA DRS

2207919

Female

27 years

..... cm / ..... kg

HR 98/min

Axis: P 45 °

SINUS RHYTHM  
NORMAL ECG

QRS 49 °

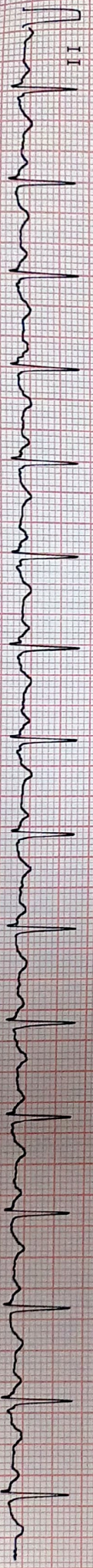
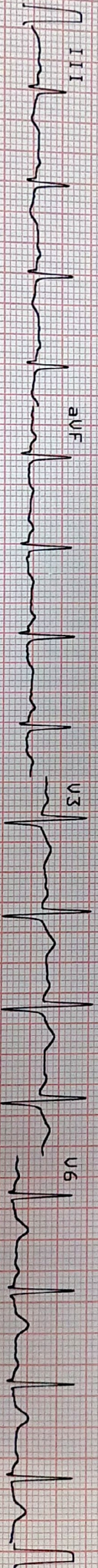
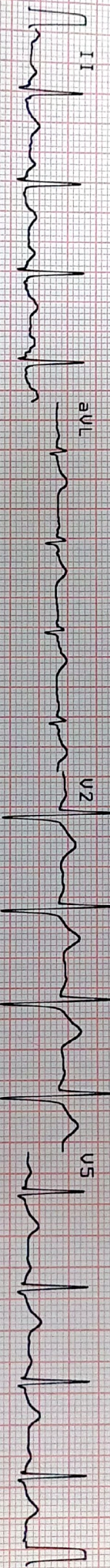
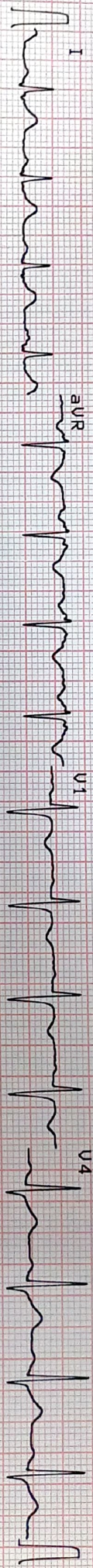
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UNCONFIRMED REPORT

|            |        |
|------------|--------|
| Intervals: |        |
| RR         | 611 ms |
| P          | 114 ms |
| PR         | 142 ms |
| QR5        | 82 ms  |
| QT         | 336 ms |
| QTc        | 431 ms |
| (Bazett)   |        |
| 10 mm/mV   |        |

10 mm/mV



0.05-25 Hz F50 SSF 5BS 31.05.2022 12:23:44

NARAYAN MEMORIAL HOSPITAL, BEHALA

PT-102plus 1.25Vct3

## DIAGNOSTICS REPORT

|              |   |             |                             |
|--------------|---|-------------|-----------------------------|
| Patient Name | : Mrs. SAMANWITA DAS  | Order Date  | : 31/05/2022 10:02          |
| Age/Sex      | : 27 Year(s)/Female   | Report Date | : 31/05/2022 11:21          |
| UHID         | : NMHK.2207919  | IP No       | :                           |
| Ref. Doctor  | : NMH   | Facility    | : NARAYAN MEMORIAL HOSPITAL |
| Address      | : 146/33HARIDEVBPUR ROAD,<br>HARIDEVBPUR, Kolkata, West Bengal,<br>700082 | Mobile      | : 9681493161                |

### CHEST X-RAY REPORT OF PA VIEW

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

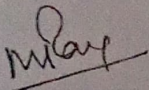
No appreciable pleural thickening / calcification is noted.

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