

### CHECK LIST

NAME		PATHOLOGY/PP
OP		ECG/PFT
AGE		ECHO/TMT
DATE		USG / CXR
PACKAGE		URINE / STOOL
REFERRED BY		MAMMO/ PAP
HT	161.6cm	EYE/ DENTAL
WT	63.5 kg	GP CONSULTATION
BP	110/80mmHg	DIETITION
PULSE	95 bpm	CARDIOLOGIST
WAIST	86.5	GYNECOLOGIST
HIP	95cm	DENTAL
RESPIRATORY RATE		
CHEST (INHALE)	89cm	
CHEST (EXHALE)	88cm	
ABDOMEN	77cm	

SpO<sub>2</sub> - 98 %



भारतीय विशिष्ट पहचान प्राधिकरण

भारत सरकार  
Unique Identification Authority of India  
Government of India

नामांकन क्रम/ Enrolment No.: 2090/75281/07986

To  
नीलम कुमारी  
Neelam Kumari  
W/O Amit Kumar  
patna city  
c/o jittu lal exmlc mohalla chaughara noon ka chauraha  
Patna City  
Patna Bihar - 800008  
7828612600

Download Date: 19/12/2017

Generation Date: 15/12/2017

Signature valid

Digitally signed by  
UNIQUE IDENTIFICATION  
AUTHORITY OF INDIA 01  
Date: 2017.12.19 21:28:37  
IST



आधिका आधार क्रमांक / Your Aadhaar No. :

6116 5689 2678

मेरा आधार, मेरी पहचान



भारत सरकार  
Government of India



नीलम कुमारी  
Neelam Kumari  
जन्म तिथि/DOB: 05/10/1985  
महिला/ FEMALE

6116 6689 2678

मेरा आधार, मेरी पहचान



Neelam Kumari

Scanned by CamScanner



## DIAGNOSTICS REPORT

Patient Name	: Mrs. NEELAM KUMARI	Order Date	: 25/03/2023 09:24
Age/Sex	: 37 Year(s)/Female	Report Date	: 25/03/2023 15:29
UHID	: NMHK.2111793	IP No	:
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
Address	: SHREERAM ESTATES, BLOCK-3,FLAT NO-2, BEHALA CHOWRASTA,Kolkata, West Bengal, 700008	Mobile	: 7828612600

### USG REPORT OF WHOLE ABDOMEN (SCREENING)

**LIVER :** Liver is enlarged in size (17.4 cm) and normal parenchymal echotexture. Intrahepatic biliary radicles are not dilated.No focal mass lesion is seen.

**PORTA :PV :** Normal. PV measures 1.0 cm.  
**CD :** Normal. CD 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 : 10.2 cm & Left kidney measures : 9.9 cm.

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



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**UTERUS** : Anteverted normal in size, shape, outline, position and parenchymal echogenicity. **A small hypoechoic lesion measuring 1.7 x 0.8 cm is noted in anterior myometrium.** Cavity is empty. Uterus measures 7.7 cm x 4.7 cm x 3.7 cm.

**OVARIES** : Both ovaries are normal in size, shape and echopattern. Right ovary : measures 2.5 x 2.1 cm. Left ovary : measures 2.6 x 1.6 cm.

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

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

### IMPRESSION :

- Hepatomegaly.
- A small fibroid in anterior myometrium of uterus.

Dr.MADHUSHREE RAY NASKAR , MBBS  
,DMRD

Consultant Radiologist

RegNo: 57032





## LABORATORY INVESTIGATION REPORT

**Patient Name** : Mrs. NEELAM KUMARI

**Age/Sex** : 37 Year(s)/Female

**UHID** : NMHK.2111793

**Order Date** : 25/03/2023 09:24

**Episode** : OP

**Ref. Doctor** : NMH

**Mobile No** : 7828612600

**DOB** : 01/01/1986

**Address** : SHREERAM ESTATES, BLOCK-3, FLAT NO-2,  
BEHALA CHOWRASTA, Kolkata, West Bengal, 700  
008

**Facility** : NARAYAN MEMORIAL HOSPITAL

### Hematology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0108329	Collection Date : 25/03/23 09:56	Ack Date : 25/03/2023 10:47	Report Date : 27/03/23 11:18

#### COMPLETE HAEMOGRAM ( CBC )

##### SAMPLE : EDTA BLOOD

HAEMOGLOBIN (HB) <i>Colorimetric method (Cyn Meth)</i>	12.8	gm/dl	12 - 15
RBC COUNT <i>Electrical Impedance Method</i>	4.7	$\times 10^6/\text{ul}$	3.8 - 4.8
TOTAL WBC COUNT <i>Electrical Impedance Method</i>	5.3	$10^3/\text{cmm}$	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>	84	fl	83 - 101
MCH <i>Calculated</i>	27	pg	27 - 32
MCHC <i>Calculated</i>	32	gm/dl	31.5 - 34.5
ESR <i>Modified Westergren Method</i>	15 ▲	%	0 - 12

#### DIFFERENTIAL COUNT

NEUTROPHILS <i>Microscopy</i>	59	%	40 - 80
LYMPHOCYTES <i>Microscopy</i>	32	%	20 - 40
MONOCYTES <i>Microscopy</i>	05	%	2 - 10



## LABORATORY INVESTIGATION REPORT

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EOSINOPHILS	04	%	1 - 6
<i>Microscopy</i>			
BASOPHILS	00	%	0 - 2
<i>Microscopy</i>			

### **PERIPHERAL BLOOD SMEAR**

RBC

WBC

PLATELET

Normocytic normochromic

Within normal limits

Adequate

End of Report

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

Checked By





## LABORATORY INVESTIGATION REPORT

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### Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0108329	Collection Date : 25/03/23 09:56	Ack Date : 25/03/2023 11:02	Report Date : 25/03/23 16:15
<b>SERUM CREATININE</b>			
<b>SAMPLE : SERUM</b>			
SERUM CREATININE	0.6	mg/dl	0.5 - 0.9
<i>Jaffe Gen2 Compensated</i>			
<b>LIVER FUNCTION TEST ( LFT )</b>			
<b>SAMPLE : SERUM</b>			
TOTAL BILIRUBIN	0.5	mg/dl	0 - 1.1
<i>Diazo Method</i>			
DIRECT BILIRUBIN	0.2	mg/dl	0 - 0.2
<i>Diazo Method</i>			
INDIRECT BILIRUBIN	0.3	mg/dl	0.2 - 0.9
<i>Calculated</i>			
SGPT (ALT)	19	U/L	0 - 34
<i>IFCC Without Pyridoxal Phosphate</i>			
SGOT (AST)	16	U/L	0 - 31
<i>IFCC Without Pyridoxal Phosphate</i>			
ALKALINE PHOSPHATASE	67	U/L	53 - 128
<i>IFCC</i>			
TOTAL PROTEIN	7.2	g/dl	6.4 - 8.2
<i>Biuret</i>			
ALBUMIN	4.6	gm/dl	3.5 - 5.2
<i>Bromocresol Green</i>			
GLOBULIN	2.6	g/dl	2 - 3.5
<i>Calculated</i>			
ALBUMIN:GLOBULIN	1.8	-	1.1 - 2.5
<i>Calculated</i>			
GGT	11	U/L	5 - 36



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BEHALA CHOWRASTA , Kolkata, West Bengal , 700  
008

**Age/Sex** : 37 Year(s)/Female  
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**DOB** : 01/01/1986  
**Facility** : NARAYAN MEMORIAL HOSPITAL

Enzymatic colorimetric assay

### BLOOD UREA NITROGEN

BLOOD UREA NITROGEN 8.4 mg/dl 6 - 20

Calculated

### LIPID PROFILE

#### SAMPLE : SERUM

TOTAL CHOLESTEROL 192 mg/dl Desirable <200 |  
Borderline 200-239 |  
High >=240

CHOD-PAP

HDL CHOLESTEROL 46 mg/dl 40 - 60

Homogenous Enzymatic Colorimetric

LDL CHOLESTEROL 125 mg/dl Optimal < 100 |  
Borderline 130

Homogenous Enzymatic Colorimetric

VLDL 21 mg/dl 0 - 30

CALCULATED

CHOLESTEROL-HDL RATIO 4.17

LDL-HDL RATIO 2.72

TRIGLYCERIDES 107 mg/dl Desirable <150 |  
Borderline 150 - 200 |  
High >200

Enzymatic Colorimetric

### URIC ACID

#### SAMPLE : SERUM

URIC ACID 4.7 mg/dl 2.4 - 5.7

Enzymatic Colorimetric

#### SAMPLE : SERUM

RESULT 14

Sample No : 07H0108329A

Collection Date : 25/03/23 09:56

Ack Date : 25/03/2023 11:24

Report Date : 25/03/23 16:15

### GLYCOSYLATED HAEMOGLOBIN (HBA1C)

#### SAMPLE : EDTA BLOOD



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HBA1C

5.4

### 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.

Sample No : 07H0108329B

Collection Date : 25/03/23 09:56

Ack Date : 25/03/2023 12:03

Report Date : 25/03/23 16:15

### BLOOD SUGAR(F)

#### SAMPLE : PLASMA

BLOOD SUGAR FASTING

94

mg/dl

70 - 109

Hexokinase

Sample No : 07H0108386B

Collection Date : 25/03/23 13:35

Ack Date : 25/03/2023 14:10

Report Date : 25/03/23 16:15

### BLOOD SUGAR(PP)

#### SAMPLE : PLASMA

BLOOD SUGAR PP

88

mg/dl

70.00 - 140.00

Hexokinase

End of Report



Dr.S. Chatterjee  
MD, MBBS, FAACC



## LABORATORY INVESTIGATION REPORT

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**Mobile No** : 7828612600

**DOB** : 01/01/1986

**Facility** : NARAYAN MEMORIAL HOSPITAL

(CONSULTANT BIOCHEMIST)

Checked By







## LABORATORY INVESTIGATION REPORT

<b>Patient Name</b> : Mrs. NEELAM KUMARI	<b>Age/Sex</b> : 37 Year(s)/Female
<b>UHID</b> : NMHK.2111793	<b>Order Date</b> : 25/03/2023 09:24
<b>Episode</b> : OP	
<b>Ref. Doctor</b> : NMH	<b>Mobile No</b> : 7828612600
	<b>DOB</b> : 01/01/1986
<b>Address</b> : SHREERAM ESTATES, BLOCK-3,FLAT NO-2 , BEHALA CHOWRASTA ,Kolkata,West Bengal ,700 008	<b>Facility</b> : NARAYAN MEMORIAL HOSPITAL

### Immunology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0108329	Collection Date : 25/03/23 09:56	Ack Date : 25/03/2023 10:47	Report Date : 25/03/23 17:22

#### BLOOD GROUPING & Rh TYPING

##### SAMPLE : EDTA BLOOD

BLOOD GROUP ' O '   
*Agglutination forward & Reverse*

RH TYPE POSITIVE

#### THYROID FUNCTION TEST

##### SAMPLE : SERUM

T3 ECLIA	1.37	ng/ml	0.60 - 1.80
T4 ECLIA	10.47	ug/dL	5.40 - 11.70
TSH ECLIA	0.25	uIU/ml	Adult Male – 0.27-5.50 Adult Female – 0.27-5.50 Newborns - <25 Upto 12 years – 0.3-5

#### 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 (triglycerid es < 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).



## LABORATORY INVESTIGATION REPORT

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End of Report

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

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

Checked By





## LABORATORY INVESTIGATION REPORT

<b>Patient Name</b> : Mrs. NEELAM KUMARI	<b>Age/Sex</b> : 37 Year(s)/Female
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<b>Address</b> : SHREERAM ESTATES, BLOCK-3,FLAT NO-2 , BEHALA CHOWRASTA ,Kolkata,West Bengal ,700 008	<b>Facility</b> : NARAYAN MEMORIAL HOSPITAL

### Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0108327	Collection Date : 25/03/23 09:54	Ack Date : 25/03/2023 12:54	Report Date : 27/03/23 11:18

#### URINE FOR R/E

#### SAMPLE : URINE

#### PHYSICAL EXAMINATION

VOLUME	25	ml	
COLOUR	STRAW		
APPEARANCE	SLIGHTLY HAZY		
SPECIFIC GRAVITY	1.015		1.010 - 1.030
REACTION(pH)	ACIDIC (pH-6.0)		

#### 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	2-3/HPF	<20/HPF
RBC	ABSENT	ABSENT
CAST	ABSENT	ABSENT
CRYSTAL	ABSENT	

Please correlate clinically.

#### STOOL FOR R/E

#### SAMPLE : STOOL

#### PHYSICAL EXAMINATION

COLOUR.	YELLOW
CONSISTENCY	SOFT
MUCUS	PRESENT



## LABORATORY INVESTIGATION REPORT

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VISIBLE BLOOD NOT FOUND

ADULT PARASITE NOT FOUND

### CHEMICAL EXAMINATION

REACTION ACIDIC

### MICROSCOPIC EXAMINATION

PUS CELLS 1-2 <5/HPF

VEG CELL PRESENT

RBC ABSENT

OVA NOT FOUND

PARASITES NOT FOUND

CYSTS NOT FOUND

BACTERIAL FLORA PRESENT

FAT GLOBULES ABSENT

STARCH GRANULES PRESENT

*Please correlate clinically.*

### URINE FOR SUGAR FASTING

#### SAMPLE : URINE

RESULT ABSENT

Sample No : 07H0108386

Collection Date : 25/03/23 13:35

Ack Date : 25/03/2023 17:14

Report Date : 26/03/23 12:20

### URINE FOR SUGAR PP

#### SAMPLE : URINE

RESULT ABSENT

End of Report

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

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

Checked By





## DIAGNOSTICS REPORT

Patient Name	: Mrs. NEELAM KUMARI	Order Date	: 25/03/2023 09:24
Age/Sex	: 37 Year(s)/Female	Report Date	: 25/03/2023 14:59
UHID	: NMHK.2111793	IP No	:
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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.Sayani Mahal , MD Radiology (AIIMS),PDCC (AIIMS)

RegNo: 74369



## DIAGNOSTICS REPORT

Patient Name	: Mrs. NEELAM KUMARI	Order Date	: 25/03/2023 09:24
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### ECHOCARDIOGRAPHY (SCREENING)

#### Status of Patient :

- \* No regional wall motion abnormality at rest.
- \* Good LV systolic function (EF = 60 %).
- \* Good RV systolic function (TAPSE = 21 mm).
- \* Trivial TR, TR gradient = 18 mmHg.
- \* 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,MRCP

CH (UK)

Board Certified Comprehensive  
Echocardiographer (USA)





## DIAGNOSTICS REPORT

*Hee*

Patient Name	: Mrs. NEELAM KUMARI	Order Date	: 25/03/2023 09:24
Age/Sex	: 37 Year(s)/Female	Report Date	: 25/03/2023 14:15
UHID	: NMHK.2111793	IP No	:
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### ELECTROCARDIOGRAM REPORT (ECG)

HR : 88 bpm  
Rhythm : Sinus  
P wave : Normal  
PR Interval : 142 msec  
QRS axis : Normal ( 64 Degree)  
QRS duration : 78 msec  
QRS configuration : Normal  
T wave : Non specific changes  
ST segment : Non specific changes  
QTc : 451 msec  
QT : 370 msec

#### IMPRESSION:

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

Clinical correlation please.

**Dr.SOUMYA KANTI DUTTA , MBBS,MD(G EN.MED),DM(CARDIOLOGY)**

RegNo: 63887



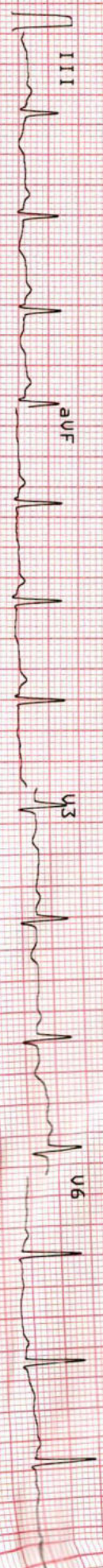
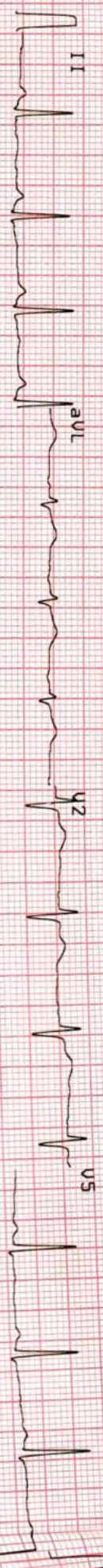
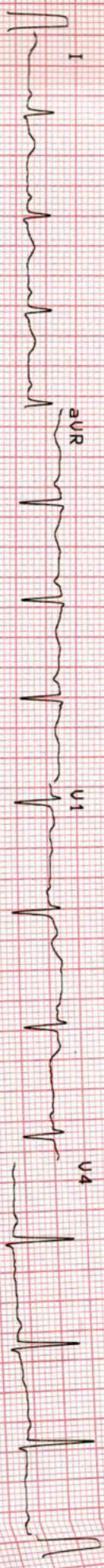
KUMARI  
 93  
 Female  
 years / cm / kg

HR 88/min  
 Axis: P 55°  
 QRS 64°  
 T -2°  
 Intervals:  
 RR 681 ms  
 P 94 ms  
 PR 142 ms  
 QRS 78 ms  
 QT 370 ms  
 QTc 451 ms  
 (Bazett)  
 10 mm/mV

SINUS RHYTHM  
 NORMAL ECG  
 6.02

UNCONFIRMED REPORT

10 mm/mV



10 mm/mV

10 mm/mV