

LABORATORY INVESTIGATION REPORT

Patient Name : Mrs. NAMITA AZAD	Age/Sex : 29 Year(s)/Female
UHID : NMHK.2208585	Order Date : 11/06/2022 11:53
Episode : OP	Mobile No : 7080036164
Ref. Doctor : NMH	DOB : 01/01/1993
Address : FLAT NO 11 SREERAM ESTATE , BEHALA ,Kolkata,West Bengal ,700008	Facility : NARAYAN MEMORIAL HOSPITAL

Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0065997A	Collection Date : 11/06/22 12:29	Ack Date : 11/06/2022 13:47	Report Date : 12/06/22 19:16

GLYCOSYLATED HAEMOGLOBIN (HBA1C)

SAMPLE : EDTA BLOOD

HBA1C 5.1


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.
 - For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
 - Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status.
 - 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 : 07H0065996	Collection Date : 11/06/22 12:28	Ack Date : 11/06/2022 13:43	Report Date : 11/06/22 16:21

SERUM CREATININE

SAMPLE : SERUM

SERUM CREATININE

Jaffe Gen2 Compensated

0.5

mg/dl

0.5 - 0.9

BLOOD UREA NITROGEN

BLOOD UREA NITROGEN

Calculated

5.6 ▼

mg/dl

6 - 20

URIC ACID

SAMPLE : SERUM

URIC ACID

Enzymatic Colorimetric

4.7

mg/dl

2.4 - 5.7

BLOOD SUGAR(F)

RESULT

11.2

Sample No : 07H0065996A

Collection Date : 11/06/22 12:28

Ack Date : 11/06/2022 13:45

Report Date : 11/06/22 16:21

BLOOD SUGAR(F)

SAMPLE : PLASMA

BLOOD SUGAR FASTING

Hexokinase

84

mg/dl

70 - 109

Sample No : 07H0066025B

Collection Date : 11/06/22 14:33

Ack Date : 11/06/2022 15:13

Report Date : 11/06/22 16:21

BLOOD SUGAR(PP)

SAMPLE : PLASMA

BLOOD SUGAR PP

Hexokinase

105

mg/dl

70.00 - 140.00

End of Report



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Biochemistry

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LIVER FUNCTION TEST (LFT)

SAMPLE : SERUM

TOTAL BILIRUBIN	0.4	mg/dl	0 - 1.1
<i>Diazo Method</i>			
DIRECT BILIRUBIN	0.2	mg/dl	0 - 0.2
<i>Diazo Method</i>			
INDIRECT BILIRUBIN	0.2	mg/dl	0.2 - 0.9
<i>Calculated</i>			
SGPT (ALT)	82 ▲	U/L	0 - 34
<i>IFCC Without Pyridoxal Phosphate</i>			
SGOT (AST)	39 ▲	U/L	0 - 31
<i>IFCC Without Pyridoxal Phosphate</i>			
ALKALINE PHOSPHATASE	172 ▲	U/L	53 - 128
<i>IFCC</i>			
TOTAL PROTEIN	7.3	g/dl	6.4 - 8.2
<i>Biuret</i>			
ALBUMIN	4.9	gm/dl	3.5 - 5.2
<i>Bromocresol Green</i>			
GLOBULIN	2.4	g/dl	2 - 3.5
<i>Calculated</i>			
ALBUMIN:GLOBULIN	2.0	-	1.1 - 2.5
<i>Calculated</i>			
GGT	99 ▲	U/L	5 - 36
<i>Enzymatic colorimetric assay</i>			

End of Report



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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 : 07H0065997	Collection Date : 11/06/22 12:29	Ack Date : 11/06/2022 13:46	Report Date : 11/06/22 15:39


BLOOD GROUPING & Rh TYPING

SAMPLE : EDTA BLOOD

BLOOD GROUP : 'O'
Agglutination forward & Reverse

RH TYPE : POSITIVE

End of Report



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Immunology

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THYROID FUNCTION TEST

SAMPLE : SERUM

T3 ECLIA	1.1	ng/ml	0.60 - 1.80
T4 ECLIA	10.26	ug/dL	5.40 - 11.70
TSH	0.91	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/mi
- 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



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Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0066009	Collection Date : 11/06/22 12:48	Ack Date : 11/06/2022 13:47	Report Date : 11/06/22 16:09

URINE FOR R/E

SAMPLE : URINE

PHYSICAL EXAMINATION

VOLUME	20	ml	
COLOUR	Watery		
APPEARANCE	SLIGHTLY HAZY		1.010 - 1.030
SPECIFIC GRAVITY	1.005		
REACTION(pH)	ACIDIC (6.5)		

CHEMICAL EXAMINATION

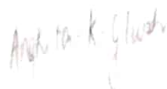
SUGAR	ABSENT	ABSENT
ALBUMIN.	ABSENT	ABSENT
BLOOD	ABSENT	ABSENT
KETONE	ABSENT	ABSENT
BILE SALT	ABSENT	ABSENT
BILE PIGMENTS	ABSENT	ABSENT

MICROSCOPIC EXAMINATION

PUS CELLS	2-3 / HPF	<5/HPF
EPITHELIAL CELLS	10-12 / HPF	<20/HPF
RBC	NIL	ABSENT
CAST	ABSENT	ABSENT
CRYSTAL	ABSENT	

Please correlate clinically.

End of Report



Dr. ANGKITA K. GHOSH
MBBS, MD(PATH)
(CONSULTANT PATHOLOGIST)
RegNo: 82734

DIAGNOSTICS REPORT

Patient Name	: Mrs. NAMITA AZAD	Order Date	: 11/06/2022 11:53
Age/Sex	: 29 Year(s)/Female	Report Date	: 11/06/2022 14:18
UHID	: NMHK.2208585	IP No	:
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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 0.4 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 normal in size. Spleen measures : 8.8 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 : 10.1 cm & Left kidney measures : 10.5 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.

DIAGNOSTICS REPORT

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POST VOID BLADDER : No significant residual urine seen.

UTERUS : Normal in size, anteverted. Myometrium is homogeneous. No focal SOL seen. Endometrium is of normal thickness (0.9 cm). Uterus measures 7.8 cm x 4.4 cm x 2.8 cm. Cervix appears normal.

OVARIES : Ovaries are bulky showing multiple small follicles.
Right ovary : measures 4.7 cm x 2.3 cm x 2.4 cm; Volume : 13.6 cc
Left ovary : measures 4.9 cm x 2.1 cm x 1.6 cm; Volume : 8.6 cc

POD : No collection seen.

PERITONEUM : No free fluid seen.

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

IMPRESSION : Bulky multifollicular ovaries s/o PCOD.



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

DIAGNOSTICS REPORT

Patient Name	: Mrs. NAMITA AZAD	Order Date	: 11/06/2022 11:53
Age/Sex	: 29 Year(s)/Female	Report Date	: 11/06/2022 17:01
UHID	: NMHK.2208585	IP No	:
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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)

DIAGNOSTICS REPORT

Patient Name	: Mrs. NAMITA AZAD	Order Date	: 11/06/2022 11:53
Age/Sex	: 29 Year(s)/Female	Report Date	: 11/06/2022 17:25
UHID	: NMHK.2208585	IP No	:
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ELECTROCARDIOGRAM REPORT (ECG)

HR	: 85 bpm
Rhythm	: Sinus
P wave	: Normal
PR Interval	: 142 msec
QRS axis	: Normal (65 Degree)
QRS duration	: 92 msec
QRS configuration	: Normal
T wave	: Non specific changes
ST segment	: Non specific changes
QTc	: 419 msec
QT	: 348 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)

2208585

29 years Female

cm / kg

HR 85/min

Axis: P 58°

SINUS RHYTHM
NORMAL ECG

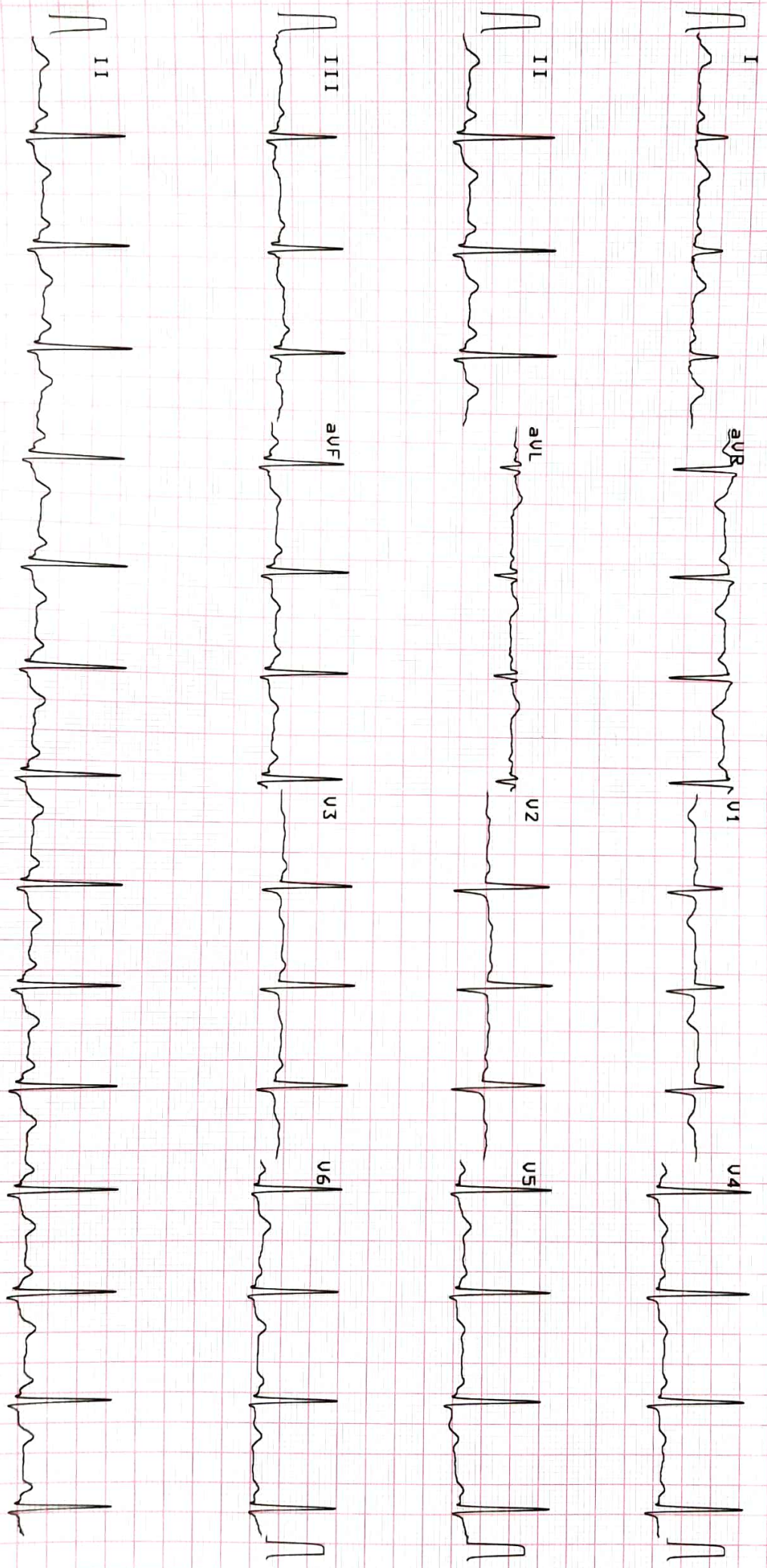
6.02

UNCONFIRMED REPORT

Intervals:
 RR 705 ms
 P 102 ms
 PR 142 ms
 QR5 92 ms
 QT 348 ms
 QTc 419 ms (Bazett)
 10 mm/mV

Axis:
 T 23°
 P (II) 0.18 mV
 S (V1) -0.57 mV
 R (V5) 1.81 mV
 Sokol. 2.63 mV

10 mm/mV



10 mm/mV
25 mm/s

0.05-25 Hz F50 SSF 585 11.06.2022 14:02:09