



LABORATORY INVESTIGATION REPORT

Patient Name : Mrs. Srirupa Biswas	Age/Sex : 45 Year(s)/Female
UHID : NMHK.2119554	Order Date : 21/12/2021 10:16
Episode : OP	Mobile No : 8250470930
Ref. Doctor : NMH	Facility : NARAYAN MEMORIAL HOSPITAL
Address : 55/A SATYAJIT ROY SARANI , BEHALA ,Kolkata,West Bengal ,700060	

Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0051808	Collection Date : 21/12/21 10:42	Ack Date :	Report Date : 22/12/21 17:02

STOOL FOR R/E

SAMPLE : STOOL

PHYSICAL EXAMINATION

COLOUR.	BROWNISH
CONSISTENCY	SOLID
MUCUS	PRESENT
VISIBLE BLOOD	ABSENT
ADULT PARASITE	ABSENT

CHEMICAL EXAMINATION

REACTION	ACIDIC
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MICROSCOPIC EXAMINATION

PUS CELLS	1-2 / HPF
VEG CELL	PRESENT
RBC	NIL
OVA	NOT FOUND
PARASITES	NOT FOUND
CYSTS	NOT FOUND
BACTERIAL FLORA	ABSENT
FAT GLOBULES	ABSENT
STARCH GRANULES	ABSENT

<5/HPF

Please correlate clinically.

End of Report

Angkita K. Ghosh

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

LABORATORY INVESTIGATION REPORT

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Address : 55/A SATYAJIT ROY SARANI , BEHALA Kolkata, West Bengal ,700060	

Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0051804	Collection Date : 21/12/21 10:31	Ack Date :	Report Date : 21/12/21 18:01

KIDNEY FUNCTION TEST

SERUM CREATININE

SAMPLE : SERUM

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

BLOOD UREA NITROGEN

BLOOD UREA NITROGEN	5.1 ▼	mg/dl	6 - 20
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Calculated

URIC ACID

SAMPLE : SERUM

URIC ACID	4.8	mg/dl	2.4 - 5.7
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Enzymatic Colorimetric

LIVER FUNCTION TEST (LFT)

SAMPLE : SERUM

TOTAL BILIRUBIN	0.4 ▲	mg/dl	<1.1
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Diazo Method

DIRECT BILIRUBIN	0.2	mg/dl	0 - 0.2
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Diazo Method

INDIRECT BILIRUBIN	0.2	mg/dl	0.2 - 0.9
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Calculated

SGPT (ALT)	10	U/L	0 - 34
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IFCC Without Pyridoxal Phosphate

SGOT (AST)	12	U/L	0 - 31
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IFCC Without Pyridoxal Phosphate

ALKALINE PHOSPHATASE	72	U/L	53 - 128
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IFCC

TOTAL PROTEIN	7.0	g/dl	6.4 - 8.2
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Biuret

ALBUMIN	4.7	gm/dl	3.5 - 5.2
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Bromocresol Green

GLOBULIN	2.3	g/dl	2 - 3.5
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Calculated

ALBUMIN:GLOBULIN	2.0	-	1.1 - 2.5
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Calculated

GGT	10	U/L	5 - 36
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Enzymatic colorimetric assay

LIPID PROFILE

SAMPLE : SERUM

TOTAL CHOLESTEROL	217	mg/dl	Desirable <200 Borderline 200-239 High >=240
<i>CHOD-PAP</i>			
HDL CHOLESTEROL	53	mg/dl	40 - 60
<i>Homogenous Enzymatic Colorimetric</i>			
LDL CHOLESTEROL	142	mg/dl	Optimal < 100 Borderline 130
<i>Homogenous Enzymatic Colorimetric</i>			
VLDL	27.40	mg/dl	0 - 30
<i>CALCULATED</i>			
CHOLESTEROL-HDL RATIO	4.09	-	
LDL-HDL RATIO	2.68	-	
TRIGLYCERIDES	137	mg/dl	Desirable <150 Borderline 150 - 200 High >200

Enzymatic Colorimetric

Sample No : 07H0051804B	Collection Date : 21/12/21 10:31	Ack Date :	Report Date : 21/12/21 18:01
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BLOOD SUGAR(F)

SAMPLE : PLASMA

BLOOD SUGAR FASTING	88	mg/dl	70 - 109
<i>Hexokinase</i>			


Sample No : 07H0051845B	Collection Date : 21/12/21 13:49	Ack Date :	Report Date : 21/12/21 18:01
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BLOOD SUGAR(PP)

SAMPLE : PLASMA

BLOOD SUGAR PP	101	mg/dl	70.00 - 140.00
<i>Hexokinase</i>			

End of Report



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

Checked By

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Immunoassay

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0051804	Collection Date : 21/12/21 10:31	Ack Date :	Report Date : 21/12/21 18:55

THYROID FUNCTION TEST

SAMPLE : SERUM

T3 ECLIA	0.84	ng/ml	0.6 - 1.8
T4 ECLIA	8.54	ug/dL	5.4 - 11.7
TSH ECLIA	3.81	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 $\mu\text{mol/L}$ 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 $\mu\text{mol/ml}$.
- 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 $\mu\text{mol/L}$ 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 $\mu\text{mol/L}$ 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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Hematology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0051804	Collection Date : 21/12/21 10:31	Ack Date :	Report Date : 21/12/21 16:47

COMPLETE HAEMOGRAM (CBC)

SAMPLE : EDTA BLOOD

HAEMOGLOBIN (HB)	12.4	gm/dl	12 - 15
<i>Colorimetric method (Cyn Meth)</i>			
RBC COUNT	4.36	$\times 10^6/\mu\text{l}$	3.8 - 4.8
<i>Electrical Impedance Method</i>			
TOTAL WBC COUNT	8.0	$10^3/\text{cmm}$	
<i>Electrical Impedance Method</i>			
PLATELET COUNT	240	$10^3/\text{cmm}$	150 - 410
<i>Electrical Impedance Method</i>			
PCV	37	%	36 - 46
<i>RBC pulse ht. detection method</i>			
MCV	84	fl	
<i>calculated</i>			
MCH	28	pg	
<i>Calculated</i>			
MCHC	34	gm/dl	
<i>Calculated</i>			
ESR	26	mm/hr	≤ 12
<i>Modified Westergren Method</i>			

DIFFERENTIAL COUNT

NEUTROPHILS	74	%	40 - 80
<i>Microscopy</i>			
LYMPHOCYTES	23	%	20 - 40
<i>Microscopy</i>			
MONOCYTES	02	%	
EOSINOPHILS	01	%	
<i>Microscopy</i>			
BASOPHILS	00	%	0 - 2
<i>Microscopy</i>			

PERIPHERAL BLOOD SMEAR

RBC	Normocytic normochromic.
WBC	Within normal limits
<i>Electrical Impedance Method</i>	
PLATELET	Adequate

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Immunology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0051804	Collection Date : 21/12/21 10:31	Ack Date :	Report Date : 21/12/21 16:47

BLOOD GROUPING & Rh TYPING

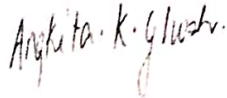
SAMPLE : EDTA BLOOD

BLOOD GROUP ' A ' .

Agglutination forward & Reverse

RH TYPE NEGATIVE

End of Report



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

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Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0051805	Collection Date : 21/12/21 10:32	Ack Date :	Report Date : 21/12/21 17:28

URINE FOR R/E

SAMPLE : URINE

PHYSICAL EXAMINATION

VOLUME	50	ml	
COLOUR	PALE STRAW		
APPEARANCE	CLEAR		
SPECIFIC GRAVITY	1.015		1.010 - 1.030

CHEMICAL EXAMINATION

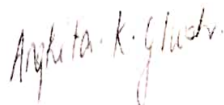
SUGAR	ABSENT	ABSENT
ALBUMIN.	ABSENT	ABSENT
BLOOD	ABSENT	ABSENT
KETONE	ABSENT	ABSENT
BILE SALT	ABSENT	ABSENT
BILE PIGMENTS	ABSENT	ABSENT

MICROSCOPIC EXAMINATION

PUS CELLS	2-3/ HPF	<5/HPF
EPITHELIAL CELLS	6-8/ HPF	<20/HPF
RBC	2-3/ HPF	
CAST	ABSENT	ABSENT
CRYSTAL	ABSENT	ABSENT

Please correlate clinically.

End of Report



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Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0051804A	Collection Date : 21/12/21 10:31	Ack Date :	Report Date : 21/12/21 18:01

GLYCOSYLATED HAEMOGLOBIN (HBA1C)

SAMPLE : EDTA BLOOD

HBA1C

5.5

%

Non-diabetic : 4-6

By HPLC

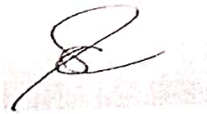
- HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose.
- HbA1c has been endorsed by clinical group & American Diabetes Association guidelines 2017, for diagnosis of Diabetes using a cut-off point of 6.5%.
- Trends in HbA1c are a better indicator of diabetic control than a solitary test.
- Low HbA1c in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (Specially in Severe iron deficiency anaemia and hemolytic), chronic renal failure and liver disease. 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.

Note: Hemoglobin electrophoresis (HPLC method) is recommended for detecting hemoglobinopathy.
 c) Heterozygous state detected (D10/turbo is corrected for HbS and HbC trait).

6. For known diabetic patients, following values can be considered as a tool for monitoring the glycemic control:

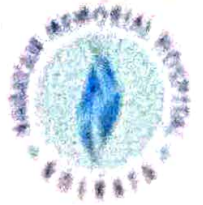
Excellent control:- 6 - 7%,
 Fair to good control:- 7 - 8%,
 Unsatisfactory control:- 8 - 10%
 Poor control > 10%

End of Report



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

Checked By



DIAGNOSTICS REPORT

Patient Name	Mrs. Sangeeta Ghosh	Order Date	20/05/2024 09:38
Age/Sex	40 Year(s) Female	Request Code	20000001 12 00
UPDR	20000001 12 00	IP No.	
Ref Doctor	Dr. N.	Facility	DIAGNOSTIC CENTRE, NARAYAN MEMORIAL HOSPITAL
Address	25/8 SAFARI, 27 ACW SECTOR, BEHALA, S. BEHALA, WEST BENGAL, INDIA	Room	2000000000

X-RAY CHEST PA VIEW

No active parenchymal lesion is seen in the lung fields.

Both domes of the diaphragm are regular in outline.

Costophrenic angles on both sides are clear.

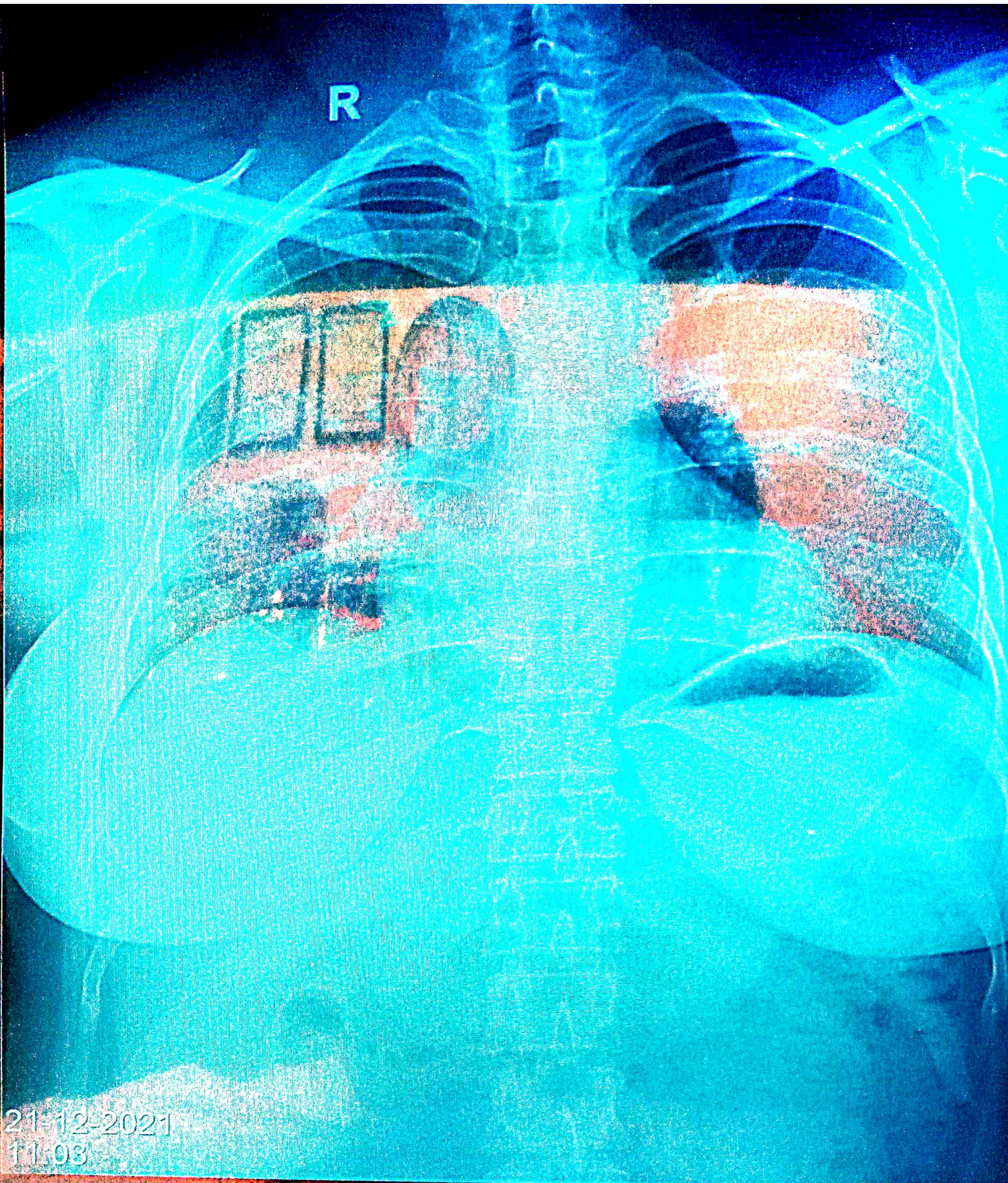
Cardiac shadow is normal.

IMPRESSION : NORMAL STUDY.

Suggest follow up, after investigations and clinical correlation.

DR. RANJU CHAKRABARTI
MD (RADIOLOGY) (MCh)

Page No. 7021



21-12-2021
11:03



NMHK2119554, SRIRUPA BISWAS, F, 45 years
NARAYAN MEMORIAL HOSPITAL

DIAGNOSTICS REPORT

Patient Name	: Mrs. Srirupa Biswas	Order Date	: 21/12/2021 10:16
Age/Sex	: 45 Year(s)/Female	Report Date	: 21/12/2021 14:26
UHID	: NMHK.2119554	IP No	:
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
Address	: 55/A SATYAJIT ROY SARANI, BEHALA, Kolkata, West Bengal, 700060	Mobile	: 8250470930

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 0.4 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. **A cortical cyst measuring 4.8 cm x 4.3 cm is noted in left kidney.** No evidence of any calculus/ mass / hydronephrosis is seen. Right kidney measures : 10.5 cm & Left kidney measures : 11.2 cm.

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

DIAGNOSTICS REPORT

Patient Name	: Mrs. Srirupa Biswas	Order Date	: 21/12/2021 10:16
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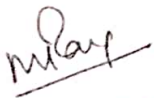
UTERUS : Anteverted normal in size, shape, outline, position and parenchymal echogenicity. Cavity is empty. Uterus measures 8.8 cm x 5.7 cm x 4.1 cm.

OVARIES : Both ovaries are normal in size, shape and echopattern.
Right ovary : measures 2.9 cm x 2.0 cm
Left ovary : measures 2.7 cm x 1.5 cm.

PERITONEUM : :No free fluid is noted.

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

IMPRESSION : A cortical cyst in left kidney.



Dr. MADHUSHREE RAY NASKAR,
MBBS, DMRD

Consultant Radiologist

RegNo: 57032

DIAGNOSTICS REPORT

Patient Name	: Mrs. Srirupa Biswas	Order Date	: 21/12/2021 10:16
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2D ECHOCARDIOGRAPHY WITH M-MODE MEASUREMENTS

2D and M-Mode :

IVS (d)	10 mm	Aorta (at sinuses)	26 mm
LVID (d)	44 mm	LA diameter	33 mm
LVPW (d)	10 mm	RVID (d) - basal	14 mm
LVID (s)	25 mm	TAPSE	21 mm
LVEF	62 %		

Estimated PASP = 27 mmHg

FINDINGS

Left Ventricle :

Cavity size : Normal.

Wall thickness : Normal.

Segmental wall motion : No abnormality found.

Global systolic function : Normal. (EF = 62 %)

Diastolic function : Adequate.

Left Atrium : Normal sized; no clot in body of appendage.

Right Ventricle and Right Atrium : Normal sized; normal RV systolic function.

Mitral Valve : Normal leaflets, good excursion, normal subvalvular apparatus. No regurgitation / No MS.

Aortic valve : Structurally normal, trileaflet, normal motion, no regurgitation.

Pulmonary Valve : Normal structure, adequate opening.

Tricuspid Valve : Normal structure, normal excursion. TR gradient = 22 mmHg.

DIAGNOSTICS REPORT

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Interartial and Interventricular Septum :No breech could be seen.

Aorta :Normal sized root and proximal aorta.

Pulmonary Artery :Normal, no pulmonary arterial hypertension.

Pericardium :Normal, no effusion.

Inferior Vena Cava :IVC normal diameter, > 50% respiratory variation.

Others :No thrombus, mass, vegetation seen.

IMPRESSION:

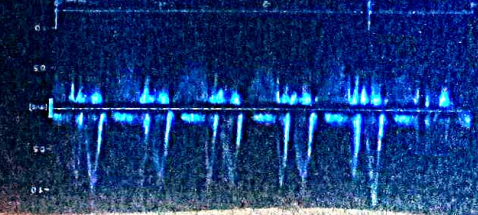
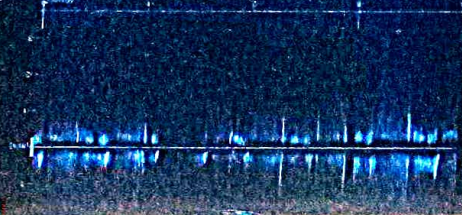
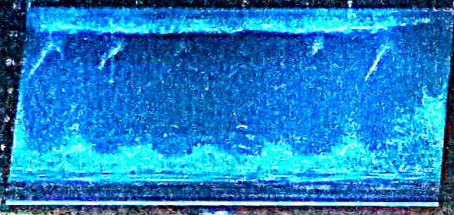
Status of Patient :

- * No regional wall motion abnormality at rest.
- * Good LV systolic function (EF = 62 %).
- * Good RV systolic function (TAPSE = 21 mm).
- * Normal valve morphology.
- * Normal LV diastolic function.
- * No pericardial effusion.
- * No pulmonary arterial hypertension.

J. Banerjee

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

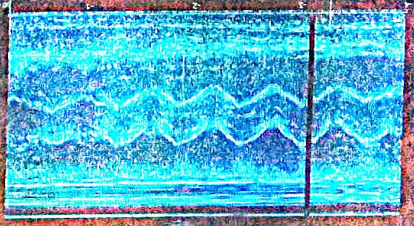
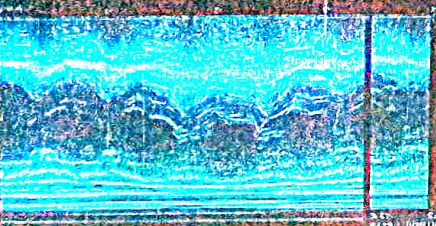
Board Certified Comprehensive
Echocardiographer (USA)



36
MAYANI MEMORIAL HOSPITAL
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21/12/2021 13:45:35 PM
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DIAGNOSTICS REPORT

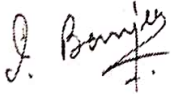
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ELECTROCARDIOGRAM REPORT (ECG)

HR : 71 bpm
Rhythm : Sinus
P wave : Normal
PR Interval : 148 msec
QRS axis : Normal (29 Degree)
QRS duration : 82 msec
QRS configuration : Normal
T wave : Non specific changes
ST segment : Non specific changes
QTc : 396 msec
QT : 360 msec

IMPRESSION:

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



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Echocardiographer (USA)

SRIKUPA
 SISWS
 119554
 Female
 45 years
 kg

HR 71/min
 Axes: P 36°, QRS 29°, T 30°
 6.02
 SINUS RHYTHM
 NORMAL ECG
 UNCONFIRMED REPORT
 10 mm/mV

