



LABORATORY INVESTIGATION REPORT

Patient Name : Ms. Shruti Samanta	Age/Sex : 31 Year(s) / Female
UHID : NMHK.2117538	Order Date : 14/04/2023 08:56
Episode : OP	
Ref. Doctor : NMH	Mobile No : 9830349872
	DOB : 10/01/1992
Address : 6/22A KAILASH GHOSH ROAD , BARISHA ,Kolkata ,West Bengal ,700008	Facility : NARAYAN MEMORIAL HOSPITAL

Immunology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0111530	Collection Date : 14/04/23 09:15	Ack Date : 14/04/2023 10:55	Report Date : 14/04/23 13:05

BLOOD GROUPING & Rh TYPING

SAMPLE : EDTA BLOOD

BLOOD GROUP ' B '

Method - Agglutinationforward & Reverse

RH TYPE POSITIVE

THYROID FUNCTION TEST

SAMPLE : SERUM

T3	1.11	ng/ml	0.6 - 1.8
Method - ECLIA			
T4	9.73	ug/dL	5.4 - 11.7
Method - ECLIA			
TSH	2.39	uIU/ml	Adult Male - 0.27-5.50 Adult Female - 0.27-5.50 Newborns - <25 Upto 12 years - 0.3-5
Method - 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 μ 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 μ 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 μ mol/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 μ 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).



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Order Date : 14/04/2023 08:56

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Facility : NARAYAN MEMORIAL HOSPITAL

End of Report

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

Checked By

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

RegNo: 82734



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Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0111530	Collection Date : 14/04/23 09:15	Ack Date : 14/04/2023 10:54	Report Date : 14/04/23 19:15

SERUM CREATININE

SAMPLE : SERUM

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

LIVER FUNCTION TEST (LFT)

SAMPLE : SERUM

TOTAL BILIRUBIN	0.5	mg/dl	0 - 1.1
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Method - Diazo Method

DIRECT BILIRUBIN	0.3 ▲	mg/dl	0 - 0.2
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Method - Diazo Method

INDIRECT BILIRUBIN	0.2	mg/dl	0.2 - 0.9
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Method - Calculated

SGPT (ALT)	60 ▲	U/L	0 - 34
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Method - IFCC Without Pyridoxal Phosphate

SGOT (AST)	32 ▲	U/L	0 - 31
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Method - IFCC Without Pyridoxal Phosphate

ALKALINE PHOSPHATASE	97	U/L	53 - 128
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Method - IFCC

TOTAL PROTEIN	6.7	g/dl	6.4 - 8.2
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Method - Biuret

ALBUMIN	4.1	gm/dl	3.5 - 5.2
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Method - Bromocresol Green

GLOBULIN	2.6	g/dl	2 - 3.5
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Method - Calculated

ALBUMIN:GLOBULIN	1.6	-	1.1 - 2.5
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Method - Calculated

GGT	41 ▲	U/L	5 - 36
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Method - Enzymatic colorimetric assay

BLOOD UREA NITROGEN

BLOOD UREA NITROGEN 07 mg/dl 6 - 20

Method - Calculated

LIPID PROFILE

SAMPLE : SERUM

TOTAL CHOLESTEROL 153 mg/dl Desirable <200 |
Borderline 200-239 |
High >=240

Method - CHOD-PAP

HDL CHOLESTEROL 72 ▲ mg/dl 40 - 60

Method - Homogenous Enzymatic Colorimetric

LDL CHOLESTEROL 55 mg/dl Optimal < 100 |
Borderline 130

Method - Homogenous Enzymatic Colorimetric

VLDL 26 mg/dl 0 - 30

Method - CALCULATED

CHOLESTEROL-HDL RATIO 2.13 -

LDL-HDL RATIO 0.76 -

TRIGLYCERIDES 142 mg/dl Desirable <150 |
Borderline 150 - 200 |
High >200

Method - Enzymatic Colorimetric

URIC ACID

SAMPLE : SERUM

URIC ACID 4.8 mg/dl 2.4 - 5.7

Method - Enzymatic Colorimetric

BUN / CREATINE RATIO^a

SAMPLE : SERUM

BUN / CREATINE RATIO 11.6

Sample No : 07H0111530A Collection Date : 14/04/23 09:15 Ack Date : 14/04/2023 15:14 Report Date : 14/04/23 19:15

GLYCOSYLATED HAEMOGLOBIN (HBA1C)



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SAMPLE : EDTA BLOOD

HbA1C 5.3

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 : 07H0111530B Collection Date : 14/04/23 09:15 Ack Date : 14/04/2023 10:55 Report Date : 14/04/23 19:15

BLOOD SUGAR(F)

SAMPLE : PLASMA

BLOOD SUGAR FASTING 80 mg/dl 70 - 109

Method - Hexokinase

Sample No : 07H0111577B Collection Date : 14/04/23 12:53 Ack Date : 14/04/2023 13:28 Report Date : 14/04/23 19:15

BLOOD SUGAR(PP)

SAMPLE : PLASMA

BLOOD SUGAR PP 106 mg/dl 70.00 - 140.00

Method - Hexokinase

End of Report



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

Checked By



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Hematology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0111530	Collection Date : 14/04/23 09:15	Ack Date : 14/04/2023 10:55	Report Date : 14/04/23 14:48

COMPLETE HAEMOGRAM (CBC)

SAMPLE : EDTA BLOOD

HAEMOGLOBIN (HB) <i>Method - Colorimetric method (Cyn Meth)</i>	10.6 ▼	gm/dl	12 - 15
RBC COUNT <i>Method - Electrical Impedance Method</i>	4.5	x10 ⁶ /ul	3.8 - 4.8
TOTAL WBC COUNT <i>Method - Electrical Impedance Method</i>	8.8	10 ³ /cmm	4 - 10
PLATELET COUNT <i>Method - Electrical Impedance Method</i>	280	10 ³ /cmm	150 - 410
PCV <i>Method - RBC pulse ht. detection method</i>	34 ▼	%	36 - 46
MCV <i>Method - calculated</i>	75 ▼	fl	83 - 101
MCH <i>Method - Calculated</i>	23 ▼	pg	27 - 32
MCHC <i>Method - Calculated</i>	31 ▼	gm/dl	31.5 - 34.5
ESR <i>Method - Modified Westergren Method</i>	05	%	0 - 12
<u>DIFFERENTIAL COUNT</u>			
NEUTROPHILS <i>Method - Microscopy</i>	70	%	40 - 80
LYMPHOCYTES <i>Method - Microscopy</i>	27	%	20 - 40
MONOCYTES <i>Method - Microscopy</i>	02	%	2 - 10

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EOSINOPHILS 01 % 1 - 6
Method - Microscopy

BASOPHILS 00 % 0 - 2
Method - Microscopy

PERIPHERAL BLOOD SMEAR

RBC Microcytes(+) Hypochromia(++)
WBC Within normal limits
PLATELET Adequate

End of Report

Angkita K. Ghosh

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

RegNo: 82734

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Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0111530	Collection Date : 14/04/23 09:15	Ack Date : 14/04/2023 12:56	Report Date : 14/04/23 19:34

URINE FOR R/E

SAMPLE : URINE

PHYSICAL EXAMINATION

VOLUME	45	ml	
COLOUR	PALE STRAW		
APPEARANCE	SLIGHTLY HAZY		
SPECIFIC GRAVITY	1.010		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	4-6/HPF	<5/HPF
EPITHELIAL CELLS	3-5/HPF	<20/HPF
RBC	ABSENT	
CAST	ABSENT	ABSENT
CRYSTAL	ABSENT	ABSENT

Please correlate clinically.

URINE FOR SUGAR FASTING^a

SAMPLE : URINE

RESULT ABSENT

Sample No : 07H0111577	Collection Date : 14/04/23 12:53	Ack Date : 14/04/2023 16:32	Report Date : 14/04/23 19:15
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URINE FOR SUGAR PP



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SAMPLE : URINE

RESULT

ABSENT

End of Report

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

Checked By

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

DIAGNOSTICS REPORT

Patient Name	: Ms. Shruti Samanta	Order Date	: 14/04/2023 08:56
Age/Sex	: 31 Year(s)/Female	Report Date	: 14/04/2023 16:25
UHID	: NMHK.2117538	IP No	:
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
Address	: 6/22A KAILASH GHOSH ROAD, BARISHA, Kolkata, West Bengal, 700008	Mobile	: 9830349872

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 : 9.7 cm & Left kidney measures : 9.9 cm.

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

UTERUS : Anteverted, **mildly bulky**. Normal in shape, outline, position and parenchymal echogenicity. Cavity is empty. Uterus measures 9.4 cm x 4.2 cm x 4.1 cm.



DIAGNOSTICS REPORT

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OVARIES : Both ovaries are enlarged in size. Multiple tiny follicles are seen in both ovaries. Right ovary : measures 3.5 cm x 2.3 cm x 2.6 cm = 11 cc. Left ovary : measures 3.2 cm x 2.1 cm x 2.3 cm = 9.1 cc.

PERITONEUM : No free fluid is noted.

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

IMPRESSION :

- Mildly bulky uterus.
- Polycystic ovaries.

Dr. MADHUSHREE RAY NASKAR , MBBS
,DMRD

Consultant Radiologist

RegNo: 57032



DIAGNOSTICS REPORT

Meo

Patient Name	: Ms. Shruti Samanta	Order Date	: 14/04/2023 08:56
Age/Sex	: 31 Year(s)/Female	Report Date	: 14/04/2023 12:16
UHID	: NMHK.2117538	IP No	:
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ELECTROCARDIOGRAM REPORT (ECG)

HR	: 82 bpm
Rhythm	: Sinus
P wave	: Normal
PR Interval	: 142 msec
QRS axis	: Normal (26 Degree)
QRS duration	: 78 msec
QRS configuration	: Normal
T wave	: Non specific changes
ST segment	: Non specific changes
QTc	: 412 msec
QT	: 350 msec

IMPRESSION:

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

Dr. MUNNA DAS, MD (MEDICINE), DM (CARDIOLOGY)

Consultant Cardiologist

RegNo: 55696

SHRUTI SAMANTA

217538

Female

31 years

55 cm / 50 kg

HR 82/min

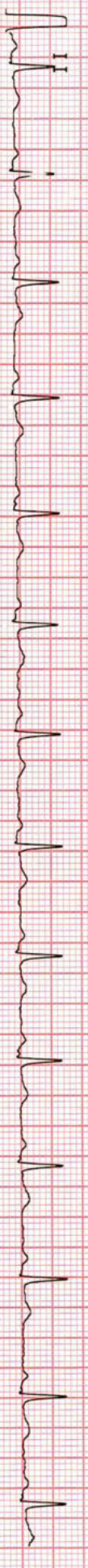
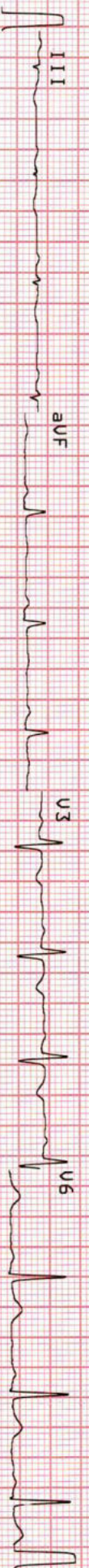
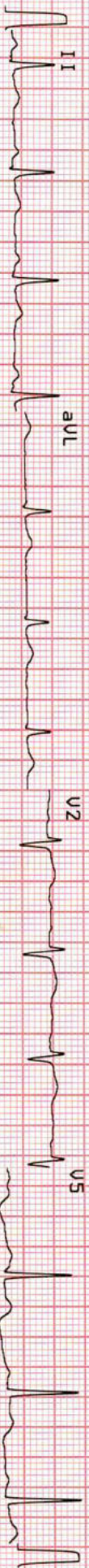
Axis: P 48°

SINUS RHYTHM
NORMAL ECG

6.02

UNCONFIRMED REPORT

Intervals:	RR	733 ms	T	24°
	P	88 ms		
	PR	142 ms	P (II)	0.10 mV
	QR5	78 ms	S (V1)	-1.09 mV
	QT	350 ms	R (V5)	1.44 mV
	QTc	412 ms	Sokol.	2.53 mV
			(Bazett)	
				10 mm/mV



10 mm/mV

0.05-25 Hz

F50

SF 585

14.04.2023

12:13:29

NARAYAN MEMORIAL
HOSPITAL, BEHALA

AT-102plus 1.25 Ct

62180



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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 = 15 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,FNB,M
RCPCH (UK)**

Board Certified Comprehensive
Echocardiographer (USA)



DIAGNOSTICS REPORT

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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

CHECK LIST

NAME		PATHOLOGY/PP
OP		ECG/PFT
AGE		ECHO/TMT
DATE		USG / CXR
PACKAGE		URINE / STOOL
REFERRED BY		MAMMO/ PAP
HT	159.4 cm	EYE/ DENTAL
WT	55 kg	GP CONSULTATION
BP	100/70 mm/hg	DIETITION
PULSE	93 b/w	CARDIOLOGIST
WAIST	72.5 cm	GYNECOLOGIST
HIP	93.5 cm	DENTAL
RESPIRATORY RATE		
CHEST (INHALE)	82.5 cm	
CHEST (EXHALE)	82.5 cm	
ABDOMEN	71.5 cm	

SpO₂ 99%

भारत सरकार
Government of India

आधार

Issue Date: 12/03/2013



SHRUTI SAMANTA
DOB: 10/01/1992
Female



2071 0342 5665



2071 0342 5665

मेरा आधार, मेरी पहचान

Shruti Samanta

14/04/2023

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

आधार
AADHAAR

Print Date: 08/02/2022

Address: D/O Mahadeb Samanta, 6/22A,
KAILASH GHOSH ROAD, RAMKRISHNA
MATH, KOLKATA, Purba Barisha, South
24 Parganas, West Bengal, 700008



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