



## LABORATORY INVESTIGATION REPORT

<b>Patient Name</b> : Mrs. Jagnyasmita Giri	<b>Age/Sex</b> : 27 Year(s) / Female
<b>ID</b> : NMHK.2202469	<b>Order Date</b> : 26/02/2022 11:15
<b>Episode</b> : OP	
<b>Ref. Doctor</b> : NMH	<b>Mobile No</b> : 9583776071
<b>Address</b> : 35/10 SATYEN PARK , THAKURPUKUR Kolkata, West Bengal ,700104	<b>Facility</b> : NARAYAN MEMORIAL HOSPITAL

### Hematology

TESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0058150	Collection Date : 26/02/22 11:28	Ack Date : 26/02/2022 12:33	Report Date : 26/02/22 16:03

#### COMPLETE HAEMOGRAM ( CBC )

##### SAMPLE : EDTA BLOOD

HAEMOGLOBIN (HB)	12.0	gm/dl	12 - 15
<i>Method - Colorimetric method (Cyn Meth)</i>			
BC COUNT	<b>4.92 ▲</b>	x10 <sup>6</sup> /ul	3.8 - 4.8
<i>Method - Electrical Impedance Method</i>			
TOTAL WBC COUNT	8.5	10 <sup>3</sup> /cmm	4 - 10
<i>Method - Electrical Impedance Method</i>			
PLATELET COUNT	250	10 <sup>3</sup> /cmm	150 - 410
<i>Method - Electrical Impedance Method</i>			
MCV	39	%	36 - 46
<i>Method - RBC pulse ht. detection method</i>			
MCH	<b>79 ▼</b>	fl	83 - 101
<i>Method - calculated</i>			
MCH	<b>24 ▼</b>	pg	27 - 32
<i>Method - Calculated</i>			
MCHC	<b>31 ▼</b>	gm/dl	31.5 - 34.5
<i>Method - Calculated</i>			
ESR	<b>37 ▲</b>	%	0 - 12
<i>Method - Modified Westergren Method</i>			

#### DIFFERENTIAL COUNT

NEUTROPHILS	62	%	40 - 80
<i>Method - Microscopy</i>			
LYMPHOCYTES	34	%	20 - 40
<i>Method - Microscopy</i>			
MONOCYTES	02	%	2 - 10
<i>Method - Microscopy</i>			
EOSINOPHILS	02	%	1 - 6
<i>Method - Microscopy</i>			
BASOPHILS	00	%	0 - 2
<i>Method - Microscopy</i>			

#### PERIPHERAL BLOOD SMEAR

RBC Predominantly normocytic normochromic;  
Few microcytes seen.

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TELET Within normal limits  
Adequate

End of Report



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

Checked By

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### Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0058149	Collection Date : 26/02/22 11:28	Ack Date : 26/02/2022 12:31	Report Date : 26/02/22 16:39

#### 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	0.4	mg/dl	0 - 1.1
Method - Diazo Method			
DIRECT BILIRUBIN	0.1	mg/dl	0 - 0.2
Method - Diazo Method			
INDIRECT BILIRUBIN	0.30	mg/dl	0.2 - 0.9
Method - Calculated			
SGPT (ALT)	<b>47 ▲</b>	U/L	0 - 34
Method - IFCC Without Pyridoxal Phosphate			
SGOT (AST)	<b>34 ▲</b>	U/L	0 - 31
Method - IFCC Without Pyridoxal Phosphate			
ALKALINE PHOSPHATASE	123	U/L	53 - 128
Method - IFCC			
TOTAL PROTEIN	<b>8.4 ▲</b>	g/dl	6.4 - 8.2
Method - Biuret			
ALBUMIN	<b>5.3 ▲</b>	gm/dl	3.5 - 5.2
Method - Bromocresol Green			
GLOBULIN	3.1	g/dl	2 - 3.5
Method - Calculated			
ALBUMIN:GLOBULIN	1.7	-	1.1 - 2.5
Method - Calculated			
GGT	12	U/L	5 - 36
Method - Enzymatic colorimetric assay			
<b>BLOOD UREA NITROGEN</b>			
BLOOD UREA NITROGEN	08	mg/dl	6 - 20
Method - Calculated			

#### LIPID PROFILE

##### SAMPLE : SERUM

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TOTAL CHOLESTEROL	183	mg/dl	Desirable <200   Borderline 200-239   High >=240
<i>Method - CHOD-PAP</i>			
LDL CHOLESTEROL	48	mg/dl	40 - 60
<i>Method - Homogenous Enzymatic Colorimetric</i>			
HDL CHOLESTEROL	119	mg/dl	Optimal < 100   Borderline 130
<i>Method - Homogenous Enzymatic Colorimetric</i>			
VLDL	16.40	mg/dl	0 - 30
<i>Method - CALCULATED</i>			
CHOLESTEROL-HDL RATIO	3.81	-	
LDL-HDL RATIO	2.48	-	
TRIGLYCERIDES	82	mg/dl	Desirable <150   Borderline 150 - 200   High >200
<i>Method - Enzymatic Colorimetric</i>			

### URIC ACID

#### SAMPLE : SERUM

URIC ACID	5.3	mg/dl	2.4 - 5.7
<i>Method - Enzymatic Colorimetric</i>			

#### SAMPLE : SERUM

RESULT 13.3

Sample No : 07H0058150A      Collection Date : 26/02/22 11:28      Ack Date : 26/02/2022 12:35      Report Date : 26/02/22 16:39

### GLYCOSYLATED HAEMOGLOBIN (HBA1C)

#### SAMPLE : EDTA BLOOD

HBA1C	5.4	%	Non-diabetic : 4-6
<i>Method - By HPLC</i>			

- 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%

# Patient report

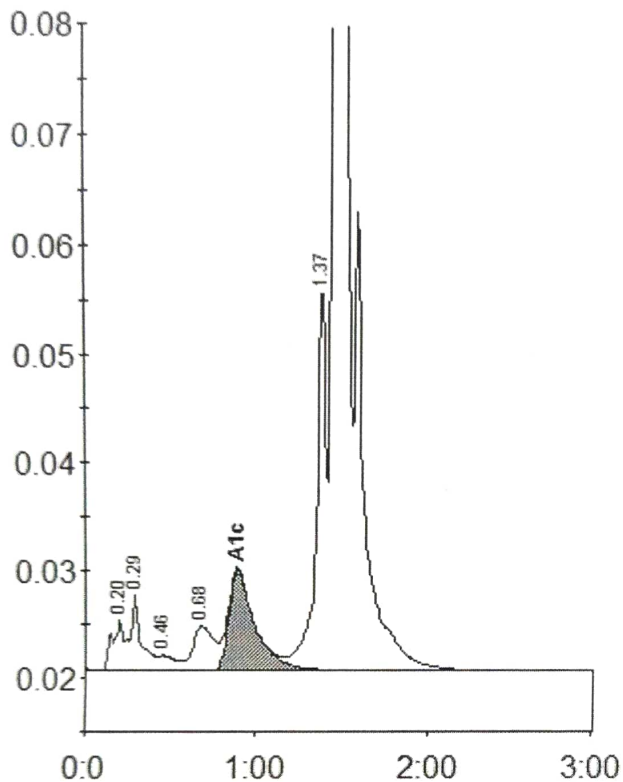
Mrs. Jagnyasmita Giri  
(R)NMHK.2202469 27y/ F



07H0058150A

EDTA Wh 26-02 11:28

Bio-Rad DATE: 26/02/2022  
 D-10 TIME: 16:00  
 S/N: #DJ0A467747 Software version: 4.30-2  
 Sample ID: 07H0058150A  
 Injection date 26/02/2022 15:32  
 Injection #: 18 Method: HbA1c  
 Rack #: --- Rack position: 8



Peak table - ID: 07H0058150A

Peak	R.time	Height	Area	Area %
A1a	0.20	4677	26148	1.0
A1b	0.29	7180	27979	1.1
F	0.46	1396	10082	0.4
LA1c/CHb-1	0.68	4089	34025	1.3
A1c	0.89	9377	98441	5.4
P3	1.37	35619	140107	5.5
A0	1.44	742654	2189128	86.7
Total Area:		2525909		

Concentration:	%	mmol/mol
A1c	5.4	35

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<b>Address</b>	: 35/10 SATYEN PARK , THAKURPUKUR Kolkata, West Bengal , 700104		

Sample No : 07H0058150B      Collection Date : 26/02/22 11:28      Ack Date : 26/02/2022 12:34      Report Date : 26/02/22 16:39

### FOOD SUGAR(F)

#### SAMPLE : PLASMA

FOOD SUGAR FASTING      79      mg/dl      70 - 109

Method - Hexokinase

Sample No : 07H0058181B      Collection Date : 26/02/22 14:10      Ack Date : 26/02/2022 14:53      Report Date : 26/02/22 16:39

### FOOD SUGAR(PP)

#### SAMPLE : PLASMA

FOOD SUGAR PP      86      mg/dl      70 - 140

Method - Hexokinase

End of Report



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

Checked By

## LABORATORY INVESTIGATION REPORT

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### Immunoassay

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0058149	Collection Date : 26/02/22 11:28	Ack Date : 26/02/2022 12:31	Report Date : 27/02/22 18:47

### THYROID FUNCTION TEST

#### SAMPLE : SERUM

<b>T3</b>	0.89	ng/ml	0.6 - 1.8
Method - ECLIA			
<b>T4</b>	<b>5.36 ▼</b>	ug/dL	5.4 - 11.7
Method - ECLIA			
<b>TSH</b>	29.23	uIU/ml	Adult Male – 0.27-5.50 Adult Female – 0.27-5.50 Newborns - <25 Upto 12 years – 0.3-5
Method - ECLIA			

COMMENT:  
RECHECKED

#### 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



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(CONSULTANT BIOCHEMIST)

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### Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0058149	Collection Date : 26/02/22 11:28	Ack Date : 26/02/2022 12:56	Report Date : 27/02/22 19:01

#### URINE FOR R/E

##### SAMPLE : URINE

##### PHYSICAL EXAMINATION

VOLUME	60	ml	
COLOUR	STRAW		
APPEARANCE	SLIGHTLY HAZY		
SPECIFIC GRAVITY	1.010		1.010 - 1.030
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	1-2 / HPF	<5/HPF
EPITHELIAL CELLS	3-4 / HPF	<20/HPF
RBC	NIL	
CAST	ABSENT	ABSENT
CRYSTAL	ABSENT	ABSENT

Please correlate clinically.

End of Report



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

Checked By

## DIAGNOSTICS REPORT

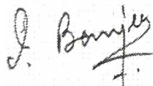
Patient Name	: Mrs. Jagnyasmita Giri	Order Date	: 26/02/2022 11:15
Age/Sex	: 27 Year(s)/Female	Report Date	: 26/02/2022 17:34
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### ELECTROCARDIOGRAM REPORT (ECG)

HR	: 75 bpm
Rhythm	: Sinus
P wave	: Normal
PR Interval	: 136 msec
QRS axis	: Normal (43 Degree)
QRS duration	: 84 msec
QRS configuration	: Normal
T wave	: Non specific changes
ST segment	: Non specific changes
QTc	: 384 msec
QT	: 342 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)

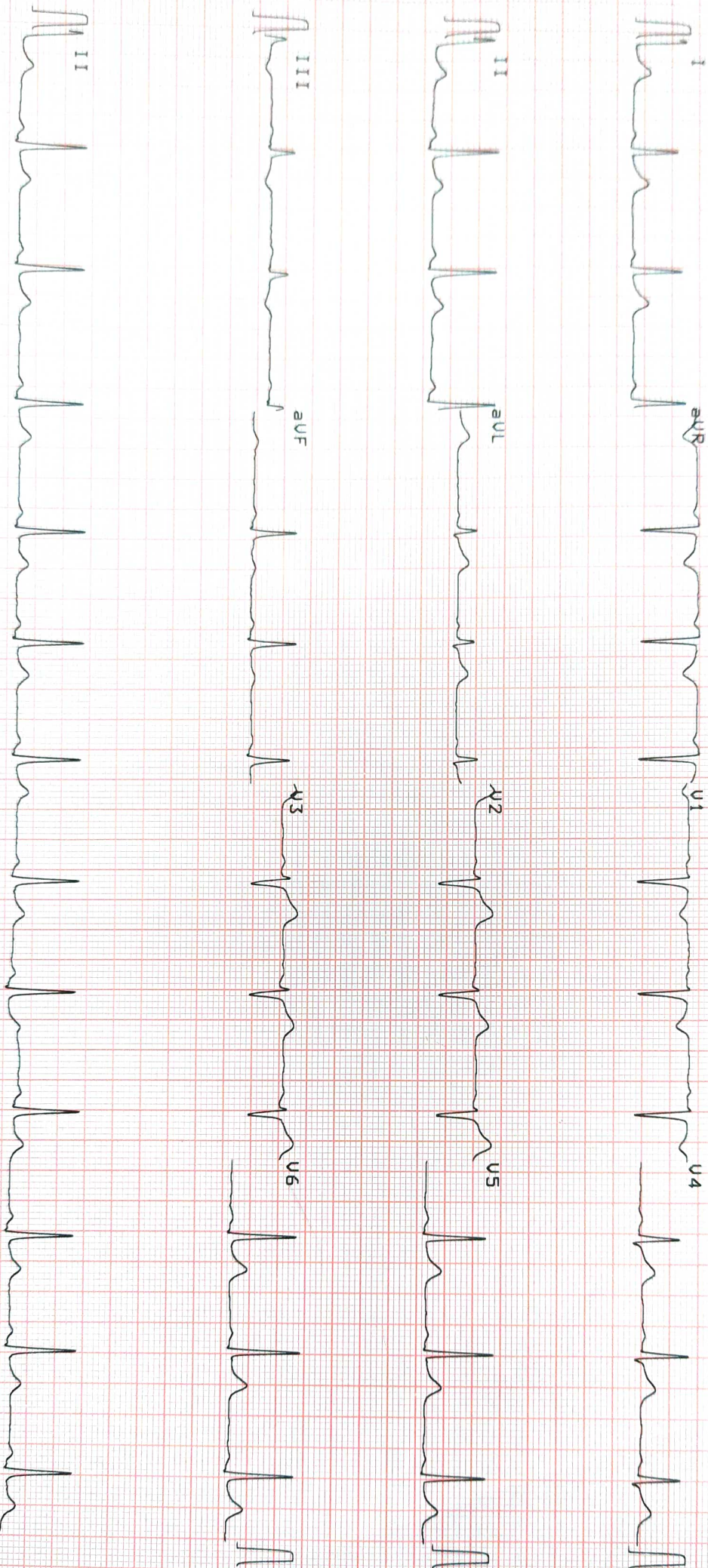
JRGNVRSMITA GIRI  
NMHK 2202469  
27 years Female  
..... cm / ..... kg

HR 75/min  
Intervals:  
RR 799 ms  
P 102 ms  
PR 136 ms  
QRS 84 ms  
QT 342 ms  
QTc 384 ms  
(Bazett)  
10 mm/mV

Axis:  
P 41°  
QRS 43°  
T 14°  
P (II) 0.09 mV  
S (V1) -1.07 mV  
R (V5) 1.38 mV  
Sokol. 2.54 mV

SINUS RHYTHM  
NORMAL ECG  
6.02

UNCONFIRMED REPORT



10 mm/mV

10 mm/mV

m/s

0.05-25 Hz F50 55F 5B5 26.02.2022 12:30:09

NARAYAN MEMORIAL  
HOSPITAL, BEHALA

AT-102plus 1.250G1

## DIAGNOSTICS REPORT

Patient Name	: Mrs. Jagnyasmita Giri	Order Date	: 26/02/2022 11:15
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### 2D ECHOCARDIOGRAPHY WITH M-MODE

#### MEASUREMENTS

##### 2D and M-Mode :

IVS (d)	10 mm	Aorta (at sinuses)	21 mm
LVID (d)	38 mm	LA diameter	27 mm
LVPW (d)	10 mm	RVID (d) - basal	14 mm
LVID (s)	24 mm	TAPSE	20 mm
LVEF	62 %		

Estimated PASP = 19 mmHg

#### FINDINGS

##### **Left Ventricle :**

Cavity size : Normal.

Wall thickness : Normal.

Segmental wall motion : No abnormality found.

Global systolic function : Normal (EF = 62%)

Diastolic function : Normal.

**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. Trivial TR. TR gradient = 14

**DIAGNOSTICS REPORT**

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mmHg.

**Interarterial 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 = 20 mm).
- \* Normal valve morphology.
- \* Normal LV diastolic function.
- \* No pericardial effusion.
- \* No pulmonary arterial hypertension.



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

Board Certified Comprehensive  
Echocardiographer (USA)

## DIAGNOSTICS REPORT

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Age/Sex	: 27 Year(s)/Female	Report Date	: 27/02/2022 14:57
UHID	: NMHK.2202469	IP No	:
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### USG WHOLE ABDOMEN

**LIVER** : Liver is normal in size. Liver measures 14 cm. **Parenchymal echotexture is homogeneously bright.** 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 0.3 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 : 9.5 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 : 10.6 cm.



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**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.

**UTERUS** : Normal in size, anteverted. Myometrium is homogeneous. No focal SOL seen. Endometrium is of normal thickness (0.6 cm). Cervix appears normal. Uterus measures 8.7 cm x 4.1 cm x 2.2 cm

**OVARIES** : Both ovaries are bulky showing multiple small 6-8 mm follicles.

Right ovary : measures 4.6 cm x 1.9 cm x 2.9 cm. Volume- 13.8 cc

Left ovary : measures 4.5 cm x 1.6 cm x 2.5 cm. Volume- 9.4 cc

**POD** : No collection seen.

**PERITONEUM** : No free fluid seen.

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

#### IMPRESSION :

- Grade I fatty liver

- Ovarian morphology S/o PCOD: suggested clinico-hormonal correlation.



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

## DIAGNOSTICS REPORT

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Age/Sex	: 27 Year(s)/Female	Report Date	: 26/02/2022 20:32
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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. MADHUSHREE RAY NASKAR ,**  
**MBBS,DMRD**

Consultant Radiologist

RegNo: 57032