



भारत सरकार  
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

Enrolment No.: 0651/99240/00696

To  
Kakali Kayal  
C/O: Anup Kayal  
Mala  
Mohirampur  
South 24 Parganas West Bengal - 743504  
7318679837

Signature valid

Digitally signed by  
UNIQUE IDENTIFICATION  
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Date: 2022.07.13 09:57  
UTC



आपका आधार क्रमांक / Your Aadhaar No. :

9257 6453 8629

VID : 9117 7429 5197 1971

मेरा आधार, मेरी पहचान



भारत सरकार  
Government of India



Kakali Kayal  
Date of Birth/DOB: 20/02/1986  
Female/ FEMALE

Issue Date: 12/08/2014

9257 6453 8629

VID : 9117 7429 5197 1971

मेरा आधार, मेरी पहचान



सत्यमेव जयते  
Government of India



सूचना

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- सुरक्षित QR कोड / ऑफलाइन XML / ऑनलाइन ऑथेंटिकेशन से पहचान प्रमाणित करें।
- यह एक इलेक्ट्रॉनिक प्रक्रिया द्वारा बना हुआ पत्र है।

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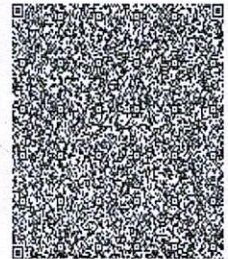


भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India



Address:  
C/O: Anup Kayal, Mala, Mohirampur, South  
24 Parganas,  
West Bengal - 743504

Download Date: 17/03/2022



9257 6453 8629

VID : 9117 7429 5197 1971



1947



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www.uidai.gov.in

Kakali Kayal









5112  
1911





## LABORATORY INVESTIGATION REPORT

<b>Patient Name</b> : Mrs. KAKALI KAYAL	<b>Age/Sex</b> : 37 Year(s)/Female
<b>UHID</b> : NMHK.2312599	<b>Order Date</b> : 01/06/2023 09:45
<b>Episode</b> : OP	
<b>Ref. Doctor</b> : NMH	<b>Mobile No</b> : 9875400404
	<b>DOB</b> : 01/01/1986
<b>Address</b> : MOHIRAMPUR , FALTA ,Kolkata,West Bengal ,0	<b>Facility</b> : NARAYAN MEMORIAL HOSPITAL

### Hematology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
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Sample No : 07H0118716	Collection Date : 01/06/23 10:23	Ack Date : 01/06/2023 10:41	Report Date : 01/06/23 16:10
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#### COMPLETE HAEMOGRAM ( CBC )

##### SAMPLE : EDTA BLOOD

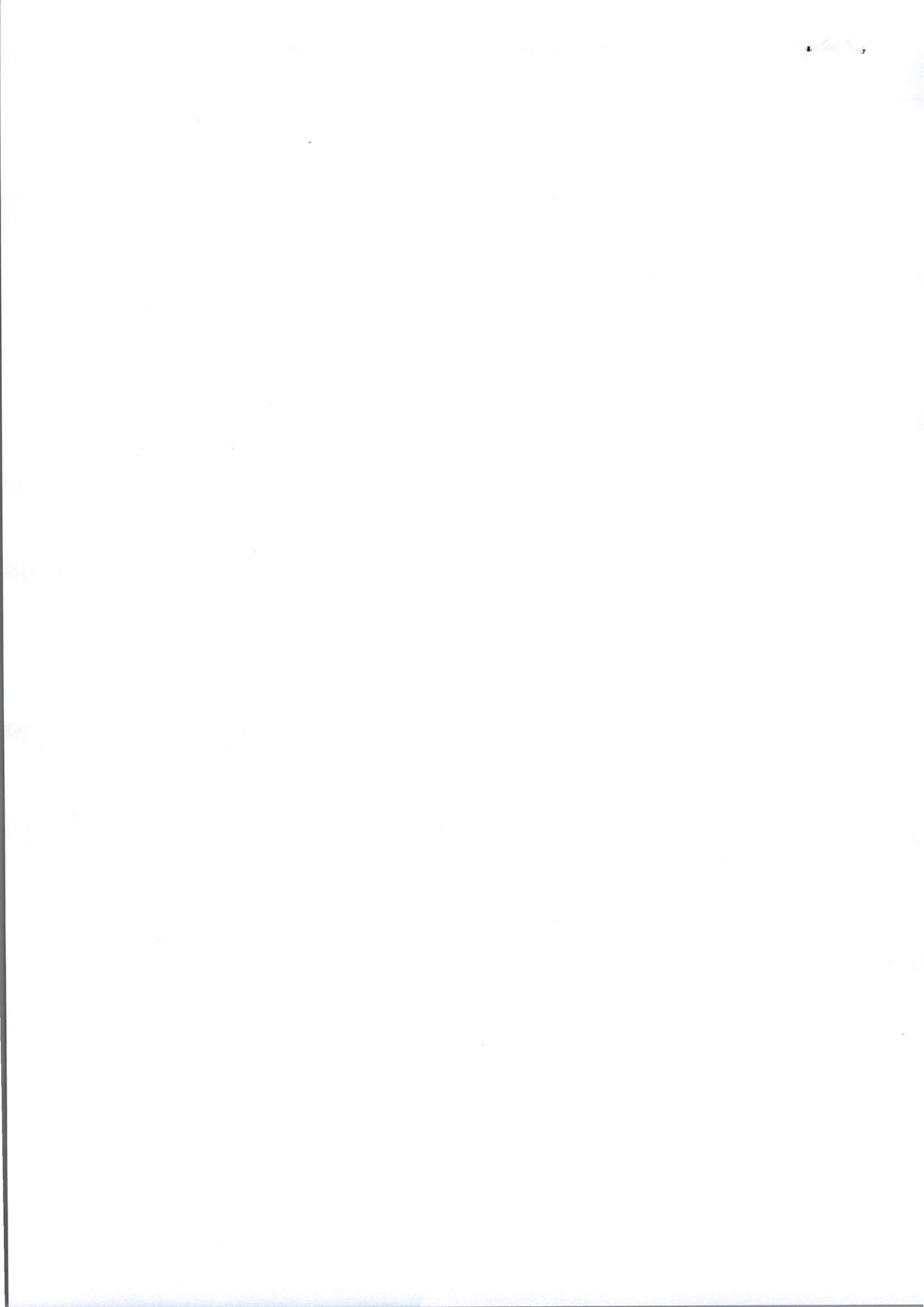
HAEMOGLOBIN (HB) <i>Colorimetric method (Cyn Meth)</i>	<b>10.8 ▼</b>	gm/dl	12 - 15
RBC COUNT <i>Electrical Impedance Method</i>	4.2	x10 <sup>6</sup> /ul	3.8 - 4.8
TOTAL WBC COUNT <i>Electrical Impedance Method</i>	8.3	10 <sup>3</sup> /cm <sup>3</sup>	4 - 10
PLATELET COUNT <i>Electrical Impedance Method</i>	240	10 <sup>3</sup> /cm <sup>3</sup>	150 - 410
PCV <i>RBC pulse ht. detection method</i>	<b>33 ▼</b>	%	36 - 46
MCV <i>calculated</i>	<b>80 ▼</b>	fl	83 - 101
MCH <i>Calculated</i>	<b>26 ▼</b>	pg	27 - 32
MCHC <i>Calculated</i>	32	gm/dl	31.5 - 34.5
ESR <i>Modified Westergren Method</i>	<b>35 ▲</b>	%	0 - 12

#### DIFFERENTIAL COUNT

NEUTROPHILS <i>Microscopy</i>	57	%	40 - 80
LYMPHOCYTES <i>Microscopy</i>	34	%	20 - 40
MONOCYTES <i>Microscopy</i>	05	%	2 - 10
EOSINOPHILS <i>Microscopy</i>	04	%	1 - 6
BASOPHILS <i>Microscopy</i>	00	%	0 - 2

#### PERIPHERAL BLOOD SMEAR

RBC Normocytic normochromic







## LABORATORY INVESTIGATION REPORT

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**Episode** : OP

**Ref. Doctor** : NMH

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

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**DOB** : 01/01/1986

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WBC

PLATELET

Within normal limits

Adequate

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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### Hematology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0118716	Collection Date : 01/06/23 10:23	Ack Date : 01/06/2023 10:41	Report Date : 01/06/23 13:09

#### BLOOD GROUPING & Rh TYPING

##### SAMPLE : EDTA BLOOD

BLOOD GROUP  
Agglutination forward & Reverse  
RH TYPE

' B '

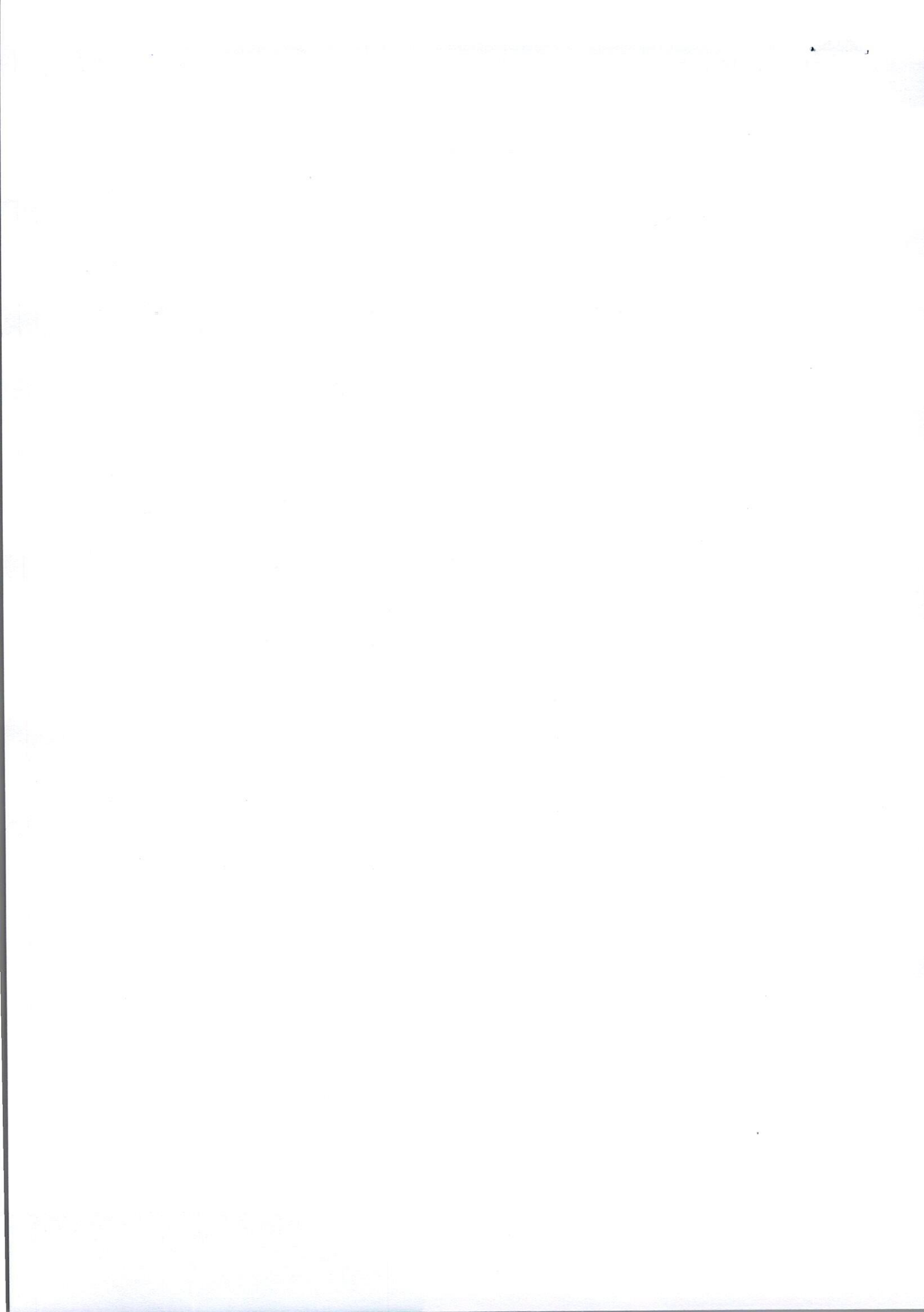
POSITIVE

End of Report

*Angkita K. Ghosh*

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(CONSULTANT PATHOLOGIST)  
RegNo: 82734

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## LABORATORY INVESTIGATION REPORT

<b>Patient Name</b> : Mrs. KAKALI KAYAL	<b>Age/Sex</b> : 37 Year(s)/Female
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### Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0118716	Collection Date : 01/06/23 10:23	Ack Date : 01/06/2023 11:22	Report Date : 01/06/23 17:35

#### LIPID PROFILE

##### SAMPLE : SERUM

TOTAL CHOLESTEROL	168	mg/dl	Desirable <200   Borderline 200-239   High >=240
<i>CHOD-PAP</i> HDL CHOLESTEROL	66 ▲	mg/dl	40 - 60
<i>Homogenous Enzymatic Colorimetric</i> LDL CHOLESTEROL	90	mg/dl	Optimal < 100   Borderline 130 - 159   High >160
<i>Homogenous Enzymatic Colorimetric</i> VLDL	12	mg/dl	0 - 30
<i>CALCULATED</i> CHOLESTEROL-HDL RATIO	2.55	-	
LDL-HDL RATIO	1.36	-	
TRIGLYCERIDES	109	mg/dl	Desirable <150   Borderline 150 - 200   High >200

*Enzymatic Colorimetric*

End of Report

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







## LABORATORY INVESTIGATION REPORT

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### Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0118716	Collection Date : 01/06/23 10:23	Ack Date : 01/06/2023 11:22	Report Date : 01/06/23 17:35

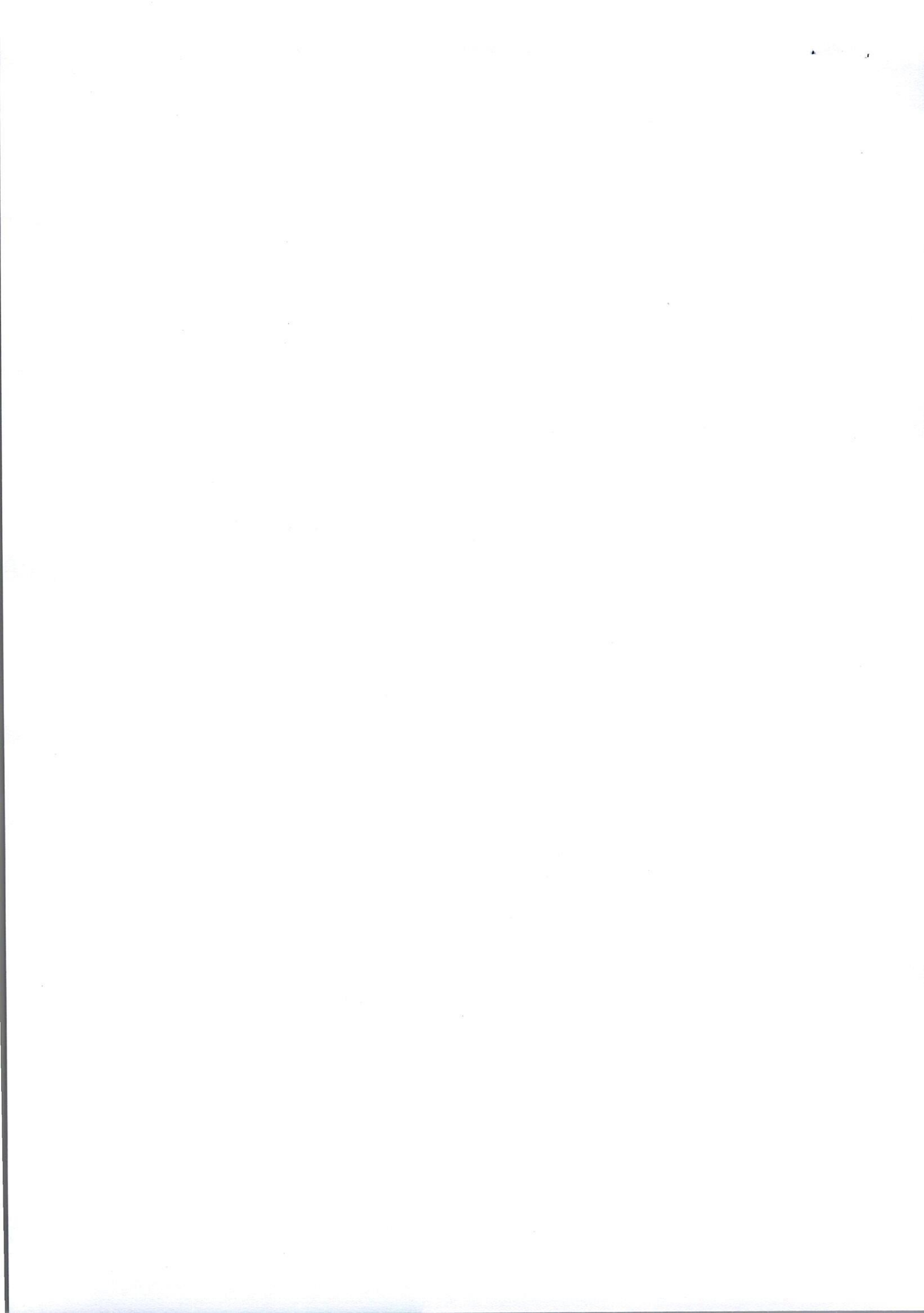
#### LIVER FUNCTION TEST ( LFT )

##### SAMPLE : SERUM

TOTAL BILIRUBIN <i>Diazo Method</i>	0.5	mg/dl	0 - 1.1
DIRECT BILIRUBIN <i>Diazo Method</i>	0.2	mg/dl	0 - 0.2
INDIRECT BILIRUBIN <i>Calculated</i>	0.3	mg/dl	0.2 - 0.9
SGPT (ALT) <i>IFCC Without Pyridoxal Phosphate</i>	20	U/L	0 - 34
SGOT (AST) <i>IFCC Without Pyridoxal Phosphate</i>	24	U/L	0 - 31
ALKALINE PHOSPHATASE <i>IFCC</i>	69	U/L	53 - 128
TOTAL PROTEIN <i>Biuret</i>	7.9	g/dl	6.4 - 8.2
ALBUMIN <i>Bromocresol Green</i>	4.6	gm/dl	3.5 - 5.2
GLOBULIN <i>Calculated</i>	3.3	g/dl	2 - 3.5
ALBUMIN:GLOBULIN <i>Calculated</i>	1.4	-	1.1 - 2.5
GGT <i>Enzymatic colorimetric assay</i>	16	U/L	5 - 36

End of Report

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**MD, MBBS, FAACC**  
(CONSULTANT BIOCHEMIST)







## LABORATORY INVESTIGATION REPORT

**Patient Name** : Mrs. KAKALI KAYAL  
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### Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
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Sample No : 07H0118716 Collection Date : 01/06/23 10:23 Ack Date : 01/06/2023 11:22 Report Date : 01/06/23 17:35

#### SERUM CREATININE

##### SAMPLE : SERUM

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

#### BLOOD UREA NITROGEN

BLOOD UREA NITROGEN 06 mg/dl 6 - 20  
*Calculated*

#### URIC ACID

##### SAMPLE : SERUM

URIC ACID 2.7 mg/dl 2.4 - 5.7  
*Enzymatic Colorimetric*

Sample No : 07H0118716B Collection Date : 01/06/23 10:23 Ack Date : 01/06/2023 11:22 Report Date : 01/06/23 17:35

#### BLOOD SUGAR(F)

##### SAMPLE : PLASMA

BLOOD SUGAR FASTING 88 mg/dl 70 - 109  
*Hexokinase*

Sample No : 07H0118747B Collection Date : 01/06/23 13:28 Ack Date : 01/06/2023 16:09 Report Date : 01/06/23 17:35

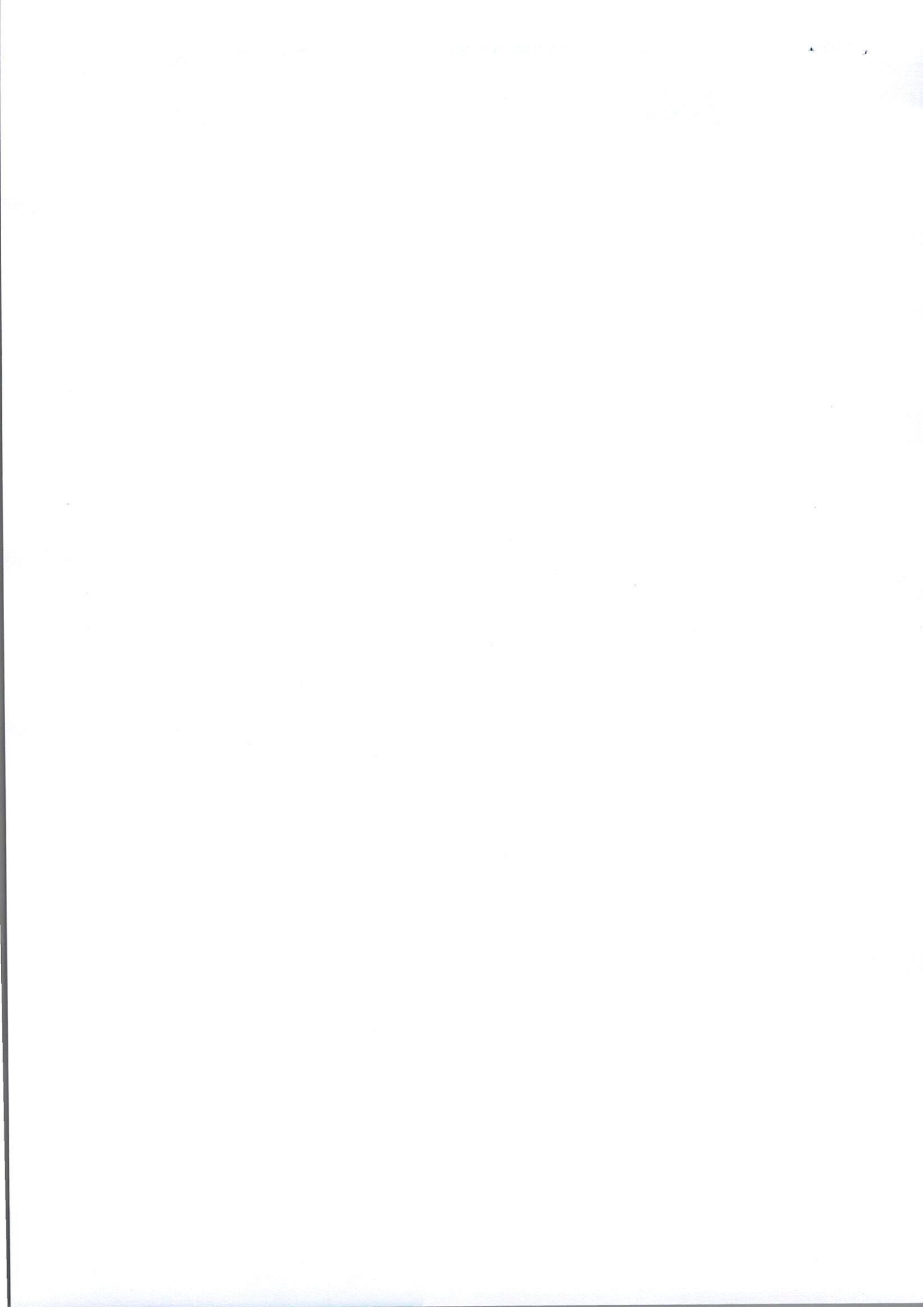
#### BLOOD SUGAR(PP)

##### SAMPLE : PLASMA

BLOOD SUGAR PP 95 mg/dl 70 - 140  
*Hexokinase*

End of Report

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







## LABORATORY INVESTIGATION REPORT

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**Episode** : OP

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**Order Date** : 01/06/2023 09:45

**Mobile No** : 9875400404

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### Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0118716	Collection Date : 01/06/23 10:23	Ack Date : 01/06/2023 11:22	Report Date : 01/06/23 17:35

#### BUN / CREATINE RATIO

##### SAMPLE : SERUM

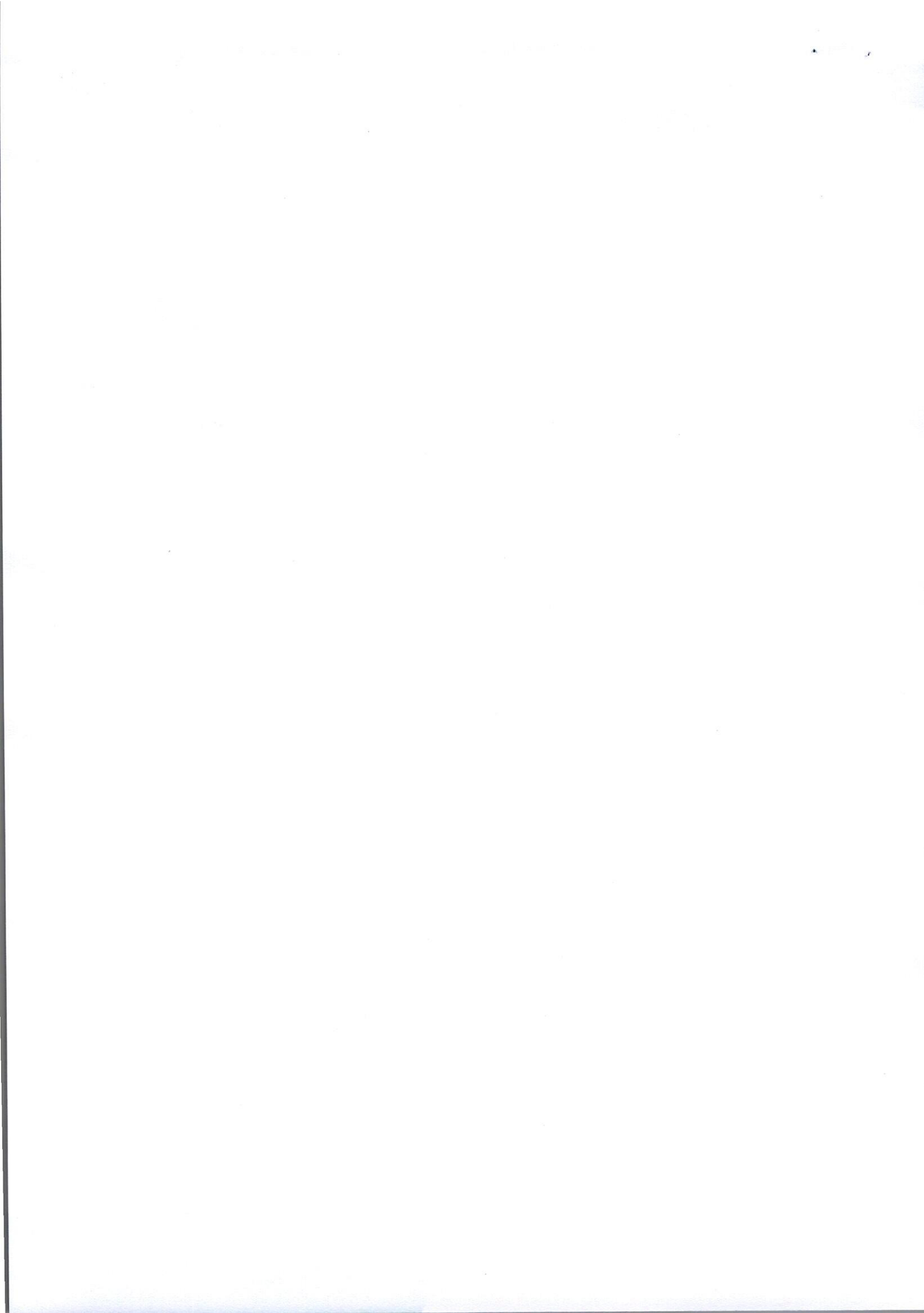
BUN / CREATINE RATIO

12.0

End of Report

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(CONSULTANT BIOCHEMIST)

Checked By







## LABORATORY INVESTIGATION REPORT

**Patient Name** : Mrs. KAKALI KAYAL  
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**DOB** : 01/01/1986  
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### Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0118716A	Collection Date : 01/06/23 10:23	Ack Date : 01/06/2023 16:08	Report Date : 01/06/23 17:35

#### GLYCOSYLATED HAEMOGLOBIN (HBA1C)

##### SAMPLE : EDTA BLOOD

HBA1C 5.0

##### 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.

End of Report

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## LABORATORY INVESTIGATION REPORT

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### Immunology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0118716	Collection Date : 01/06/23 10:23	Ack Date : 01/06/2023 11:22	Report Date : 01/06/23 17:35

#### THYROID FUNCTION TEST

##### SAMPLE : SERUM

T3 ECLIA	1.36	ng/ml	0.60 - 1.80
T4 ECLIA	8.8	ug/dL	5.40 - 11.70
TSH	3.63	uIU/ml	Adult Male – 0.27-5.5 0 Adult Female – 0.27- 5.50 Newborns - <25 Upto 12 years – 0.3- 5

##### ECLIA

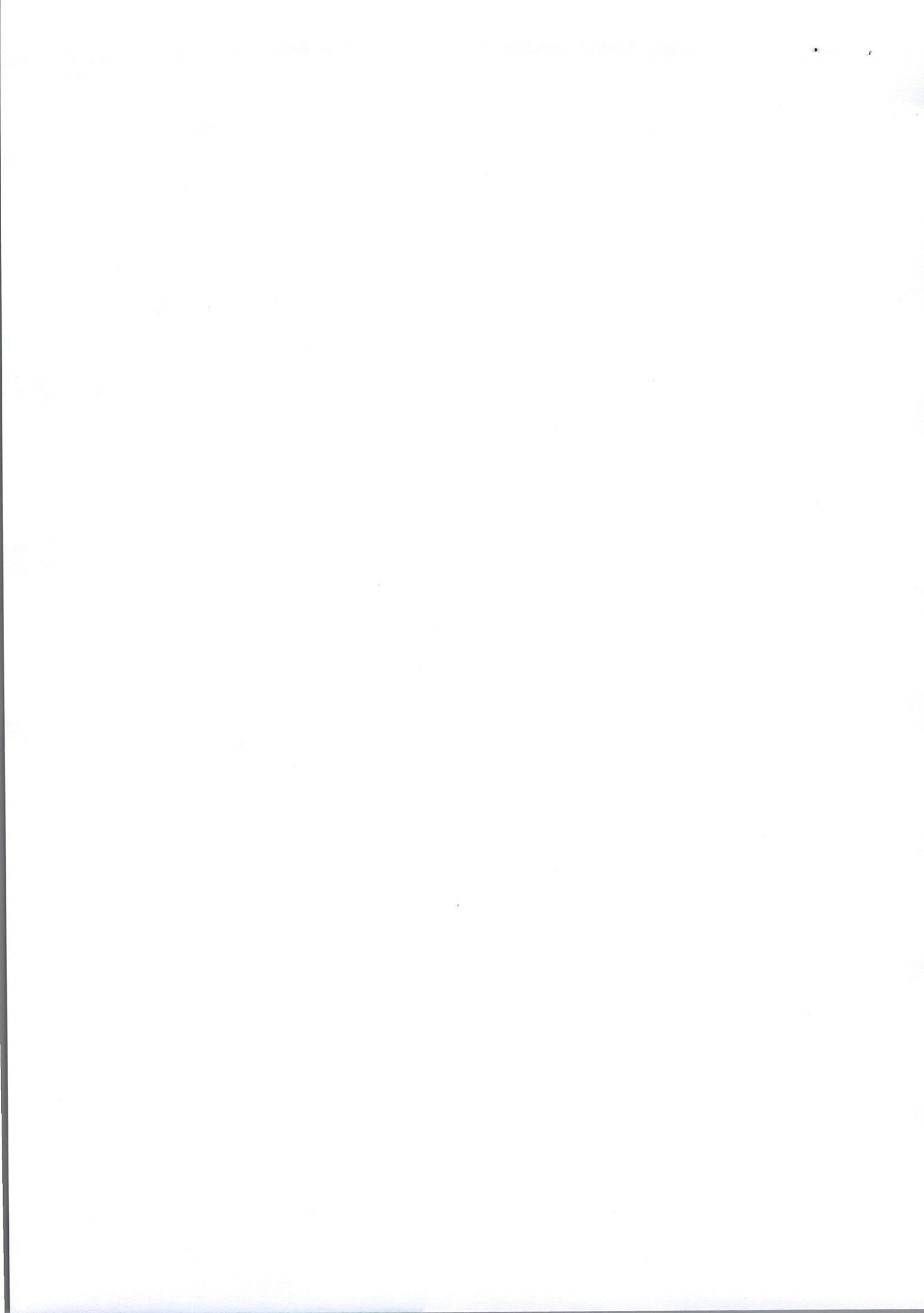
##### Interpretations:

1. For diagnostic purposes, the result should always be assessed in conjunction with the patient's medical history, clinical examinations and other findings.
2. 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)
3. There is no high dose hook effect at TSH concentrations upto 1000  $\mu\text{mol/ml}$ .
4. 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.
5. 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).
6. 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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### Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0118716	Collection Date : 01/06/23 10:23	Ack Date : 01/06/2023 14:50	Report Date : 01/06/23 17:09

#### URINE FOR R/E

##### SAMPLE : URINE

##### PHYSICAL EXAMINATION

VOLUME	30	ml	
COLOUR	PALE YELLOW		
APPEARANCE	SLIGHTLY HAZY		
SPECIFIC GRAVITY	1.005		1.010 - 1.030
REACTION(pH)	ALKALINE (pH-7.5)		

##### 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	2-4/HPF		<20/HPF
RBC	ABSENT		
CAST	ABSENT		ABSENT
CRYSTAL	ABSENT		ABSENT

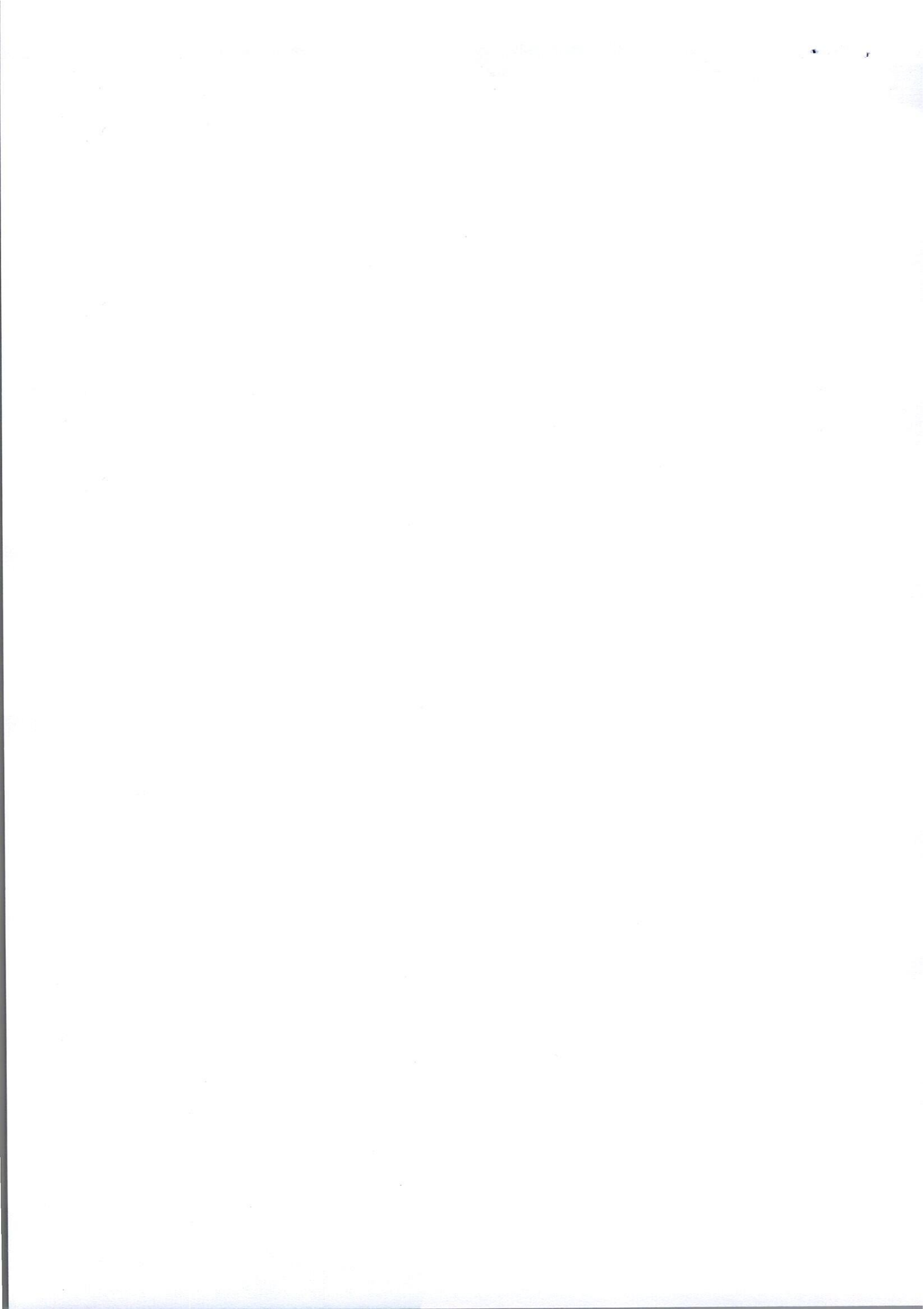
Please correlate clinically.

End of Report

*Angkita K. Ghosh*

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**MBBS, MD(PATH)**  
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## LABORATORY INVESTIGATION REPORT

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### Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0118747	Collection Date : 01/06/23 13:28	Ack Date : 01/06/2023 14:51	Report Date : 01/06/23 17:36

#### URINE FOR SUGAR PP

##### SAMPLE : URINE

RESULT

ABSENT

End of Report

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

Checked By





## LABORATORY INVESTIGATION REPORT

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### Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0118716	Collection Date : 01/06/23 10:23	Ack Date : 01/06/2023 14:50	Report Date : 01/06/23 17:36

#### URINE FOR SUGAR FASTING

##### SAMPLE : URINE

RESULT

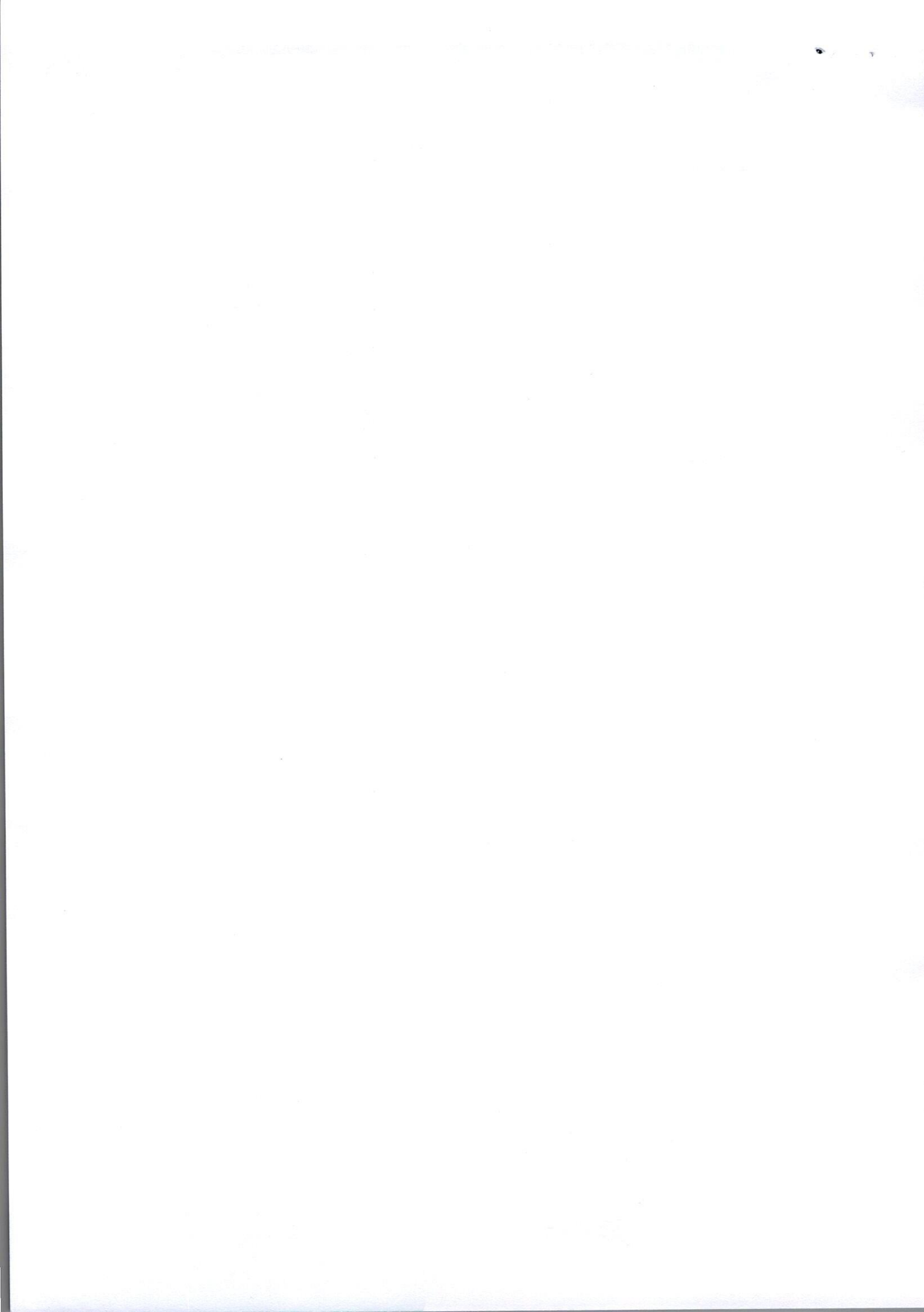
ABSENT

End of Report

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## DIAGNOSTICS REPORT

Patient Name	: Mrs. KAKALI KAYAL	Order Date	: 01/06/2023 09:45
Age/Sex	: 37 Year(s)/Female	Report Date	: 01/06/2023 15:21
UHID	: NMHK.2312599	IP No	:
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
		Mobile	: 9875400404
Address	: MOHIRAMPUR, FALTA, Kolkata, West Bengal, 0		

### 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 0.8 cm.

**CBD** : Normal . CBD measures 0.2 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. Corticomedullary differentiation maintained. No evidence of any calculus/ mass / hydronephrosis is seen.

Right kidney measures : 10.8 cm & Left kidney measures : 10.8 cm.

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







## DIAGNOSTICS REPORT

Patient Name	: Mrs. KAKALI KAYAL	Order Date	: 01/06/2023 09:45
Age/Sex	: 37 Year(s)/Female	Report Date	: 01/06/2023 15:21
UHID	: NMHK.2312599	IP No	:
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
		Mobile	: 9875400404
Address	: MOHIRAMPUR, FALTA, Kolkata, West Bengal, 0		

**UTERUS** : Anteverted normal in size, shape, outline, position and parenchymal echogenicity. Cavity is empty. Uterus measures 8.8 cm x 4.9 cm x 3.4 cm.

**OVARIES** : Both ovaries are normal in size, shape and echopattern.  
Right ovary : measures 4.0 cm x 1.6 cm.  
Left ovary : measures 3.2 cm x 1.7 cm.

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

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

**IMPRESSION** : Normal study.

Dr.MADHUSHREE RAY NASKAR , MBBS  
,DMRD

Consultant Radiologist

RegNo: 57032





## DIAGNOSTICS REPORT

Patient Name	: Mrs. KAKALI KAYAL	Order Date	: 01/06/2023 09:45
Age/Sex	: 37 Year(s)/Female	Report Date	: 01/06/2023 19:22
UHID	: NMHK.2312599	IP No	:
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
		Mobile	: 9875400404
Address	: MOHIRAMPUR, FALTA, Kolkata, West Bengal, 0		

### X-RAY CHEST PA VIEW

No active lung parenchymal lesion is seen.  
Both hila are normal in position, size and density.  
Cardiothoracic ratio appear normal.  
Trachea and mediastinum are normal in position.  
Both costo-phrenic angles are clear.  
Domes of diaphragm are normal in position and outlines are well delineated.  
Bony thorax appears unremarkable .

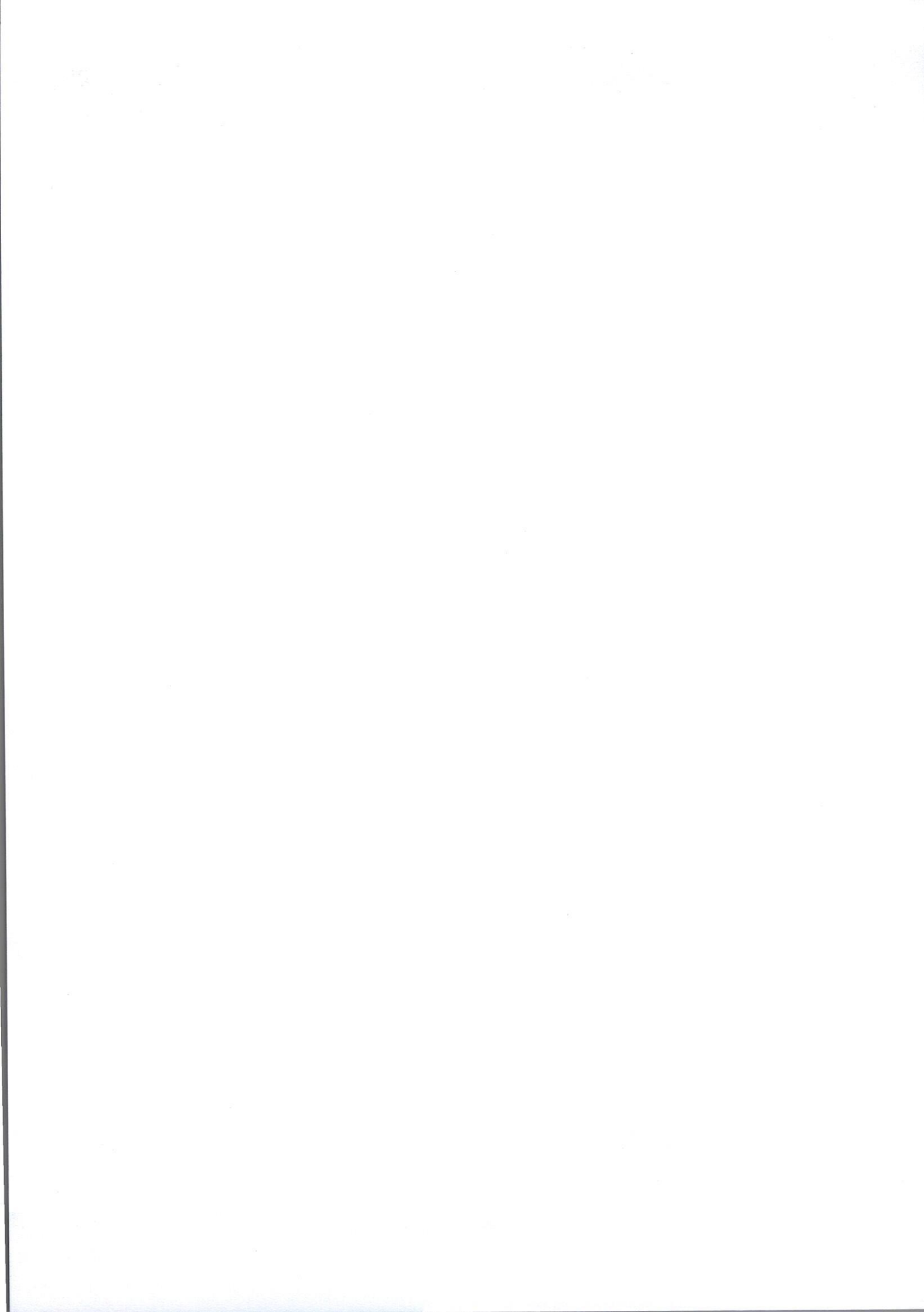
**IMPRESSION : - No significant lung parenchyma abnormality.**

**Needs clinical correlation.**

Dr.SUBRATA NAG , MBBS,DNB,Feilow  
intervention/endovascular surgery

RegNo: 66718







## DIAGNOSTICS REPORT

Patient Name	: Mrs. KAKALI KAYAL	Order Date	: 01/06/2023 09:23
Age/Sex	: 37 Year(s)/Female	Report Date	: 01/06/2023 14:19
UHID	: NMHK.2312599	IP No	:
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
		Mobile	: 9875400404
Address	: MOHIRAMPUR, FALTA, Kolkata, West Bengal, 0		

## ECHOCARDIOGRAPHY REPORT (SCREENING)

### FINDINGS :

- Normal sized cardiac chambers.
- No significant wall motion abnormality at rest.
- Normal LV systolic function.
- LVEF 68 %.
- Normal LV diastolic function.
- All cardiac valves are normal.
- IAS/IVS are intact.
- No vegetation or clot seen.
- Normal pericardium.
- No PAH.

### **IMPRESSION:**

**- Normal Study.**

**Dr. ANKUSH DUTTA , MBBS, DIP CARD, M  
RCP, FCCP**

RegNo: 55979







## DIAGNOSTICS REPORT

*Hes*

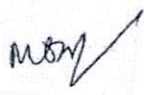
Patient Name	: Mrs. KAKALI KAYAL	Order Date	: 01/06/2023 09:23
Age/Sex	: 37 Year(s)/Female	Report Date	: 01/06/2023 13:18
UHID	: NMHK.2312599	IP No	:
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
		Mobile	: 9875400404
Address	: MOHIRAMPUR, FALTA, Kolkata, West Bengal, 0		

### ELECTROCARDIOGRAM REPORT (ECG)

HR : 88 bpm  
Rhythm : Sinus  
P wave : Normal  
PR Interval : 130 msec  
QRS axis : Normal ( 31 Degree)  
QRS duration : 80 msec  
QRS configuration : Normal  
T wave : Non specific changes  
ST segment : Non specific changes  
QTc : 522 msec  
QT : 428 msec

#### IMPRESSION:

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

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

Consultant Cardiologist

RegNo: 55696





2312599

KAKALI KAYAL

Female

37 years

..... cm / ..... kg

HR 88/min

Axis: P 28 °

SINUS RHYTHM  
T ABNORMALITY IN ANTERIOR LEADS  
INFERIOR LEADS  
PROLONGED QT

Intervals:

RR 678 ms

P 78 ms

PR 150 ms

QRS 80 ms

QT 428 ms

QTc 522 ms

(Bazett)

T -31 °

P (II) 0.11 mV

S (V1) -1.97 mV

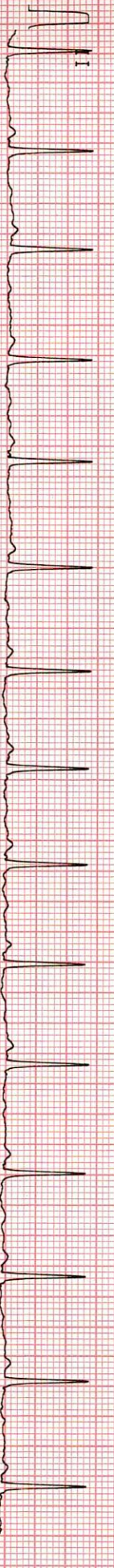
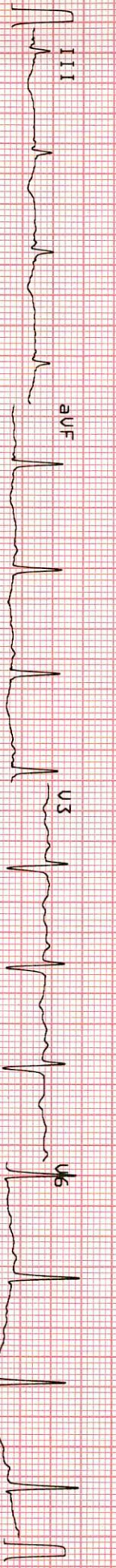
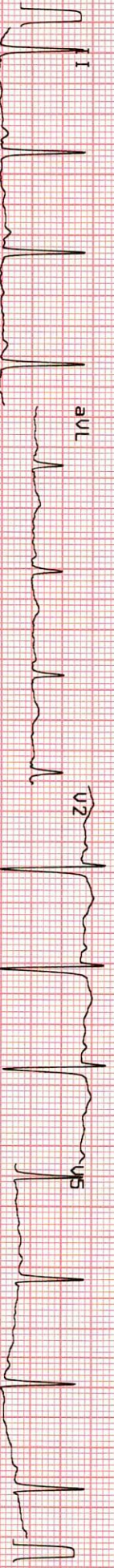
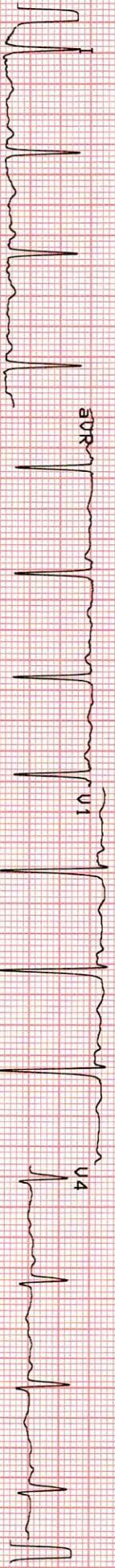
R (V5) 1.36 mV

Sokol. 3.36 mV

6.02

UNCONFIRMED REPORT

10 mm/mV



10 mm/mV

25 mm/s

0.05-25 Hz

F50

55F

SBS

01.06.2023

11:55:20

NARAYAN MEMORIAL

HOSPITAL, BEHALA

AT-102plus

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