

## LABORATORY INVESTIGATION REPORT

<b>Patient Name</b> : Mrs. Susmita Subarno	<b>Age/Sex</b> : 29 Year(s) / Female
<b>UHID</b> : NMHK.2202456	<b>Order Date</b> : 26/02/2022 09:47
<b>Episode</b> : OP	
<b>Ref. Doctor</b> : NMH	<b>Mobile No</b> : 7003519358
<b>Address</b> : DAKSHIN PALLY , ,Kolkata,West Bengal ,711403	<b>Facility</b> : NARAYAN MEMORIAL HOSPITAL

### Biochemistry

TESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
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Sample No : 07H0058118	Collection Date : 26/02/22 10:06	Ack Date : 26/02/2022 11:58	Report Date : 26/02/22 16:23
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#### SERUM CREATININE

##### SAMPLE : SERUM

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

#### LIVER FUNCTION TEST ( LFT )

##### SAMPLE : SERUM

TOTAL BILIRUBIN	1	mg/dl	0 - 1.1
Method - Diazo Method			
DIRECT BILIRUBIN	0.2	mg/dl	0 - 0.2
Method - Diazo Method			
INDIRECT BILIRUBIN	0.80	mg/dl	0.2 - 0.9
Method - Calculated			
SGPT (ALT)	14	U/L	0 - 34
Method - IFCC Without Pyridoxal Phosphate			
SGOT (AST)	21	U/L	0 - 31
Method - IFCC Without Pyridoxal Phosphate			
ALKALINE PHOSPHATASE	111	U/L	53 - 128
Method - IFCC			
TOTAL PROTEIN.	7.7	g/dl	6.4 - 8.2
Method - Biuret			
ALBUMIN	4.8	gm/dl	3.5 - 5.2
Method - Bromocresol Green			
GLOBULIN	2.9	g/dl	2 - 3.5
Method - Calculated			
ALBUMIN:GLOBULIN	1.7	-	1.1 - 2.5
Method - Calculated			
GGT	10	U/L	5 - 36
Method - Enzymatic colorimetric assay			

#### BLOOD UREA NITROGEN

BLOOD UREA NITROGEN	08	mg/dl	6 - 20
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Method - Calculated

#### LIPID PROFILE

##### SAMPLE : SERUM

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**TOTAL CHOLESTEROL** 191 mg/dl Desirable <200 |  
Borderline 200-239 |  
High >=240

Method - CHOD-PAP

**LDL CHOLESTEROL** 52 mg/dl 40 - 60

Method - Homogenous Enzymatic Colorimetric

**HDL CHOLESTEROL** 121 mg/dl Optimal < 100 |  
Borderline 130

Method - Homogenous Enzymatic Colorimetric

**LDL** 17.20 mg/dl 0 - 30

Method - CALCULATED

**CHOLESTEROL-HDL RATIO** 3.67 -

**LDL-HDL RATIO** 2.33 -

**TRIGLYCERIDES** 86 mg/dl Desirable <150 |  
Borderline 150 - 200 |  
High >200

Method - Enzymatic Colorimetric

### URIC ACID

#### SAMPLE : SERUM

**URIC ACID** 3.8 mg/dl 2.4 - 5.7

Method - Enzymatic Colorimetric

#### SAMPLE : SERUM

**RESULT** 16.0

Sample No : 07H0058121A Collection Date : 26/02/22 10:06 Ack Date : 26/02/2022 12:00 Report Date : 26/02/22 16:23

### GLYCOSYLATED HAEMOGLOBIN (HBA1C)

#### SAMPLE : EDTA BLOOD

**HBA1C** 5.1 % Non-diabetic : 4-6

Method - 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%

# Patient report

Bio-Rad  
 D-10  
 S/N: #DJ0A467747  
 Sample ID:  
 Injection date  
 Injection #: 6  
 Rack #: ---

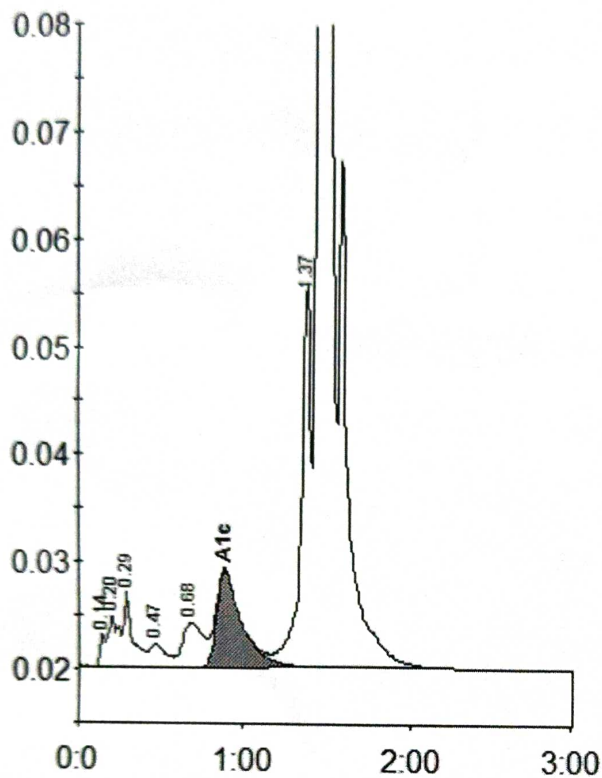
DATE: 26/02/2022  
 TIME: 16:00  
 Software version: 4.30-2  
 07H0058121A  
 26/02/2022 14:47  
 Method: HbA1c  
 Rack position: 6

Mrs. Susmita Subarno  
 (R)NMHK.2202456 29y/ F



07H0058121A

EDTA Wt 26-02 10:06



Peak table - ID: 07H0058121A

Peak	R.time	Height	Area	Area %
Unknown	0.14	3026	7346	0.3
A1a	0.20	4709	19515	0.7
A1b	0.29	7034	27443	1.1
F	0.47	2119	14376	0.6
LA1c/CHb-1	0.68	4124	35891	1.4
A1c	0.89	8902	94719	5.1
P3	1.37	35773	142488	5.5
A0	1.44	768354	2260853	86.9
Total Area:			2602630	

Concentration:	%	mmol/mol
A1c	5.1	32

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<b>Address</b>	: DAKSHIN PALLY , ,Kolkata,West Bengal ,711403		

Sample No : 07H0058121B    Collection Date : 26/02/22 10:06    Ack Date : 26/02/2022 12:00    Report Date : 26/02/22 16:23

### LOOD SUGAR(F)

#### SAMPLE : PLASMA

LOOD SUGAR FASTING                      87                                      mg/dl                      70 - 109

Method - Hexokinase

Sample No : 07H0058167B    Collection Date : 26/02/22 13:13    Ack Date : 26/02/2022 14:45    Report Date : 26/02/22 16:23

### LOOD SUGAR(PP)

#### SAMPLE : PLASMA

LOOD SUGAR PP                              80                                      mg/dl                      70 - 140

Method - Hexokinase

End of Report



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

Checked By

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### Immunology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0058121	Collection Date : 26/02/22 10:06	Ack Date : 26/02/2022 11:59	Report Date : 27/02/22 20:18

#### BLOOD GROUPING & Rh TYPING

##### SAMPLE : EDTA BLOOD

BLOOD GROUP ' A '  
Method - Agglutination forward & Reverse  
Rh TYPE POSITIVE

End of Report



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

Checked By

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### Hematology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0058121	Collection Date : 26/02/22 10:06	Ack Date : 26/02/2022 11:59	Report Date : 26/02/22 16:04

#### COMPLETE HAEMOGRAM ( CBC )

##### SAMPLE : EDTA BLOOD

HAEMOGLOBIN (HB)	12.2	gm/dl	12 - 15
<i>Method - Colorimetric method (Cyn Meth)</i>			
PLATELET COUNT	5.33 ▲	x10 <sup>6</sup> /ul	3.8 - 4.8
<i>Method - Electrical Impedance Method</i>			
TOTAL WBC COUNT	6.8	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	40	%	36 - 46
<i>Method - RBC pulse ht. detection method</i>			
MCH	75 ▼	fl	83 - 101
<i>Method - calculated</i>			
MCHC	23 ▼	pg	27 - 32
<i>Method - Calculated</i>			
RDW	31 ▼	gm/dl	31.5 - 34.5
<i>Method - Calculated</i>			
ESR	17 ▲	%	0 - 12
<i>Method - Modified Westergren Method</i>			

#### DIFFERENTIAL COUNT

NEUTROPHILS	61	%	40 - 80
<i>Method - Microscopy</i>			
LYMPHOCYTES	34	%	20 - 40
<i>Method - Microscopy</i>			
MONOCYTES	02	%	2 - 10
<i>Method - Microscopy</i>			
EOSINOPHILS	03	%	1 - 6
<i>Method - Microscopy</i>			
PLASMAPHILS	00	%	0 - 2
<i>Method - Microscopy</i>			

#### PERIPHERAL BLOOD SMEAR

RBC Normocytic normochromic; Few microcytes seen.

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**Episode** : OP

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**Address** : DAKSHIN PALLY , ,Kolkata,West Bengal ,711403 .

**Age/Sex** : 29 Year(s) / Female

**Order Date** : 26/02/2022 09:47

**Mobile No** : 7003519358

**Facility** : NARAYAN MEMORIAL HOSPITAL

WBC Within normal limits

PLATELET Adequate

End of Report



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

Checked By

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### Immunoassay

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0058118	Collection Date : 26/02/22 10:06	Ack Date : 26/02/2022 11:58	Report Date : 26/02/22 17:45

### THYROID FUNCTION TEST


#### SAMPLE : SERUM

T3	1.13	ng/ml	0.6 - 1.8
Method - ECLIA			
T4	8.54	ug/dL	5.4 - 11.7
Method - ECLIA			
TSH	1.42	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 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



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

Checked By .



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### Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0058118	Collection Date : 26/02/22 10:06	Ack Date : 26/02/2022 12:54	Report Date : 27/02/22 20:18

#### URINE FOR R/E

#### SAMPLE : URINE

#### PHYSICAL EXAMINATION

VOLUME	60	ml
COLOUR	STRAW	
APPEARANCE	SLIGHTLY HAZY	
SPECIFIC GRAVITY	1.015	1.010 - 1.030
REACTION(pH)	ACIDIC 6.0	

#### CHEMICAL EXAMINATION

GLUCOSE	ABSENT	ABSENT
BILIRUBIN	ABSENT	ABSENT
BLOOD	ABSENT	ABSENT
KETONE	ABSENT	ABSENT
BILE SALT	ABSENT	ABSENT
BILE PIGMENTS	ABSENT	ABSENT

#### MICROSCOPIC EXAMINATION

WBC	2-4 / HPF	<5/HPF
EPITHELIAL CELLS	6-8 / HPF	<20/HPF
BC	NIL	ABSENT
CAST	ABSENT	ABSENT
CRYSTAL	ABSENT	

Please correlate clinically.

End of Report



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

Checked By

## DIAGNOSTICS REPORT

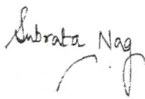
Patient Name	: Mrs. Susmita Subarno	Order Date	: 26/02/2022 09:47
Age/Sex	: 29 Year(s)/Female	Report Date	: 27/02/2022 09:35
UHID	: NMHK.2202456	IP No	:
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
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### X-RAY CHEST PA VIEW

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,Fellow  
intervention/endovascular surgery**

RegNo: 66718

## DIAGNOSTICS REPORT

Patient Name	: Mrs. Susmita Subarno	Order Date	: 26/02/2022 09:47
Age/Sex	: 29 Year(s)/Female	Report Date	: 26/02/2022 12:19
UHID	: NMHK.2202456	IP No	:
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### USG REPORT OF WHOLE ABDOMEN

**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 0.7 cm.

**CD** : Normal . CD 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 is maintained. No evidence of any calculus/ mass / hydronephrosis is seen. Right kidney measures : 9.9 cm & Left kidney measures : 10.1 cm.

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

## DIAGNOSTICS REPORT

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**UTERUS** : Anteverted normal in size, shape, outline, position and parenchymal echogenicity. Cavity is empty. Uterus measures 7.2 cm x 4.2 cm x 3.0 cm.

**OVARIES** : Both ovaries are normal in size, shape and echopattern.  
Right ovary : measures 2.7 cm x 1.4 cm.  
Left ovary : measures 3.1 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

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### 2D ECHOCARDIOGRAPHY WITH M-MODE MEASUREMENTS

#### 2D and M-Mode :

IVS (d)	10 mm	Aorta (at sinuses)	24 mm
LVID (d)	36 mm	LA diameter	30 mm
LVPW (d)	9 mm	RVID (d) - basal	15 mm
LVID (s)	23 mm	TAPSE	23 mm
LVEF	62 %		

Estimated PASP = 22 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 = 17 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 = 23 mm).
- \* Normal valve morphology.
- \* Normal LV diastolic function.
- \* No pericardial effusion.
- \* No pulmonary arterial hypertension.



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

Board Certified Comprehensive  
Echocardiographer (USA)

## DIAGNOSTICS REPORT

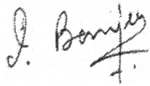
Patient Name	: Mrs. Susmita Subarno	Order Date	: 26/02/2022 09:47
Age/Sex	: 29 Year(s)/Female	Report Date	: 26/02/2022 17:28
UHID	: NMHK.2202456	IP No	:
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### ELECTROCARDIOGRAM REPORT (ECG)

HR	: 84 bpm
Rhythm	: Sinus
P wave	: Normal
PR Interval	: 140 msec
QRS axis	: Normal (52 Degree)
QRS duration	: 86 msec
QRS configuration	: Normal
T wave	: Non specific changes
ST segment	: Non specific changes
QTc	: 405 msec
QT	: 340 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)

SUSMITA SUBARNDO

2202456

Female

29 years

..... kg

HR 84/min

Intervals:

RR 717 ms

P 140 ms

PR 140 ms

QRS 86 ms

QT 340 ms

QTc 405 ms

(Bazett)

10 mm/mV

Axis: 39°

P QRS T

52° 31°

P (II) 0.13 mV

S (V1) -1.00 mV

R (V5) 1.55 mV

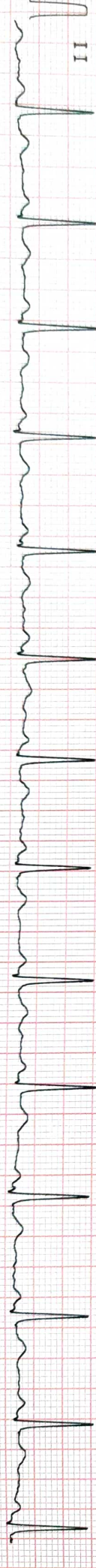
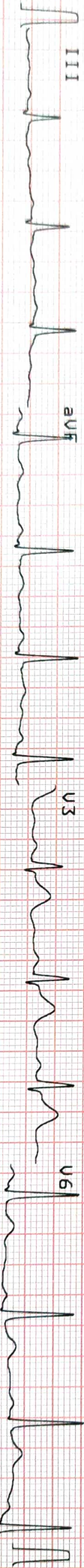
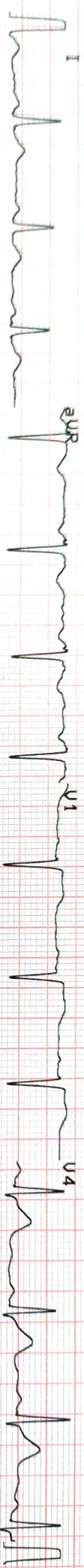
Sokol. 2.55 mV

SINUS RHYTHM  
NORMAL ECG

6.02

UNCONFIRMED REPORT

10 mm/mV



10 mm/mV

0.05-25 Hz F50 55F 5B5 26.02.2022 12:25:16

NPRARYN MEMORIAL HOSPITAL, BEHLAL

PT-102plus 1:25:01