

DIAGNOSTICS REPORT

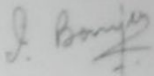
Patient Name	: Mrs. Sampa Das	Order Date	: 25/03/2022 12:49
Age/Sex	: 39 Year(s)/Female	Report Date	: 25/03/2022 19:23
UHID	: NMHK.2204143	IP No	:
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
Address	: NATUN PALLY PURBA PUTIARY, HARIDEBPUR, Kolkata, West Bengal, 700093	Mobile	: 9883289603

ELECTROCARDIOGRAM REPORT (ECG)

HR	: 88 bpm
Rhythm	: Sinus
P wave	: Normal
PR Interval	: 166 msec
QRS axis	: Normal (39 Degree)
QRS duration	: 78 msec
QRS configuration	: Normal
T wave	: Non specific changes
ST segment	: Non specific changes
QTc	: 427 msec
QT	: 350 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)

SRHPR 095

2204143

Female

Age: 39 cm / 58 kg

HR 88/min

Axis: P 51°

SINUS RHYTHM
OTHERWISE NORMAL ECG

Intervals:

RR 680 ms

P 120 ms

PR 166 ms

QRS 78 ms

QT 350 ms

QTc 427 ms (Bazett)

10 mm/mV

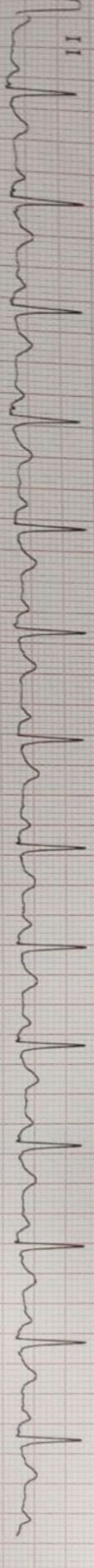
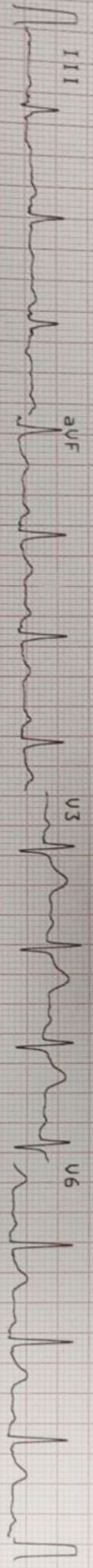
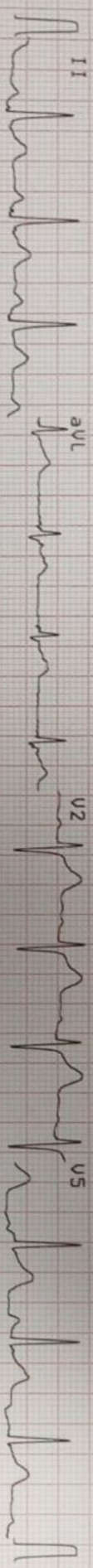
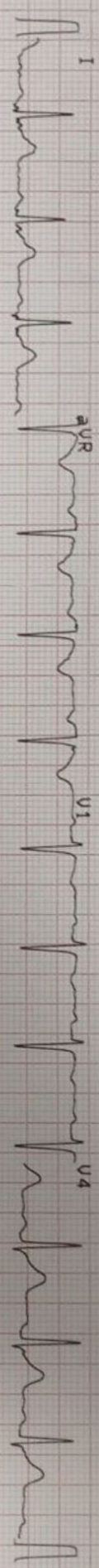
T 34°

6.02

UNCONFIRMED REPORT

P (II) 0.16 mV
S (V1) -1.11 mV
R (V5) 1.28 mV
Sokol. 2.39 mV

10 mm/mV



mm/mV

DIAGNOSTICS REPORT

Patient Name	: Mrs. Sampa Das	Order Date	: 25/03/2022 12:49
Age/Sex	: 39 Year(s)/Female	Report Date	: 25/03/2022 18:52
UHID	: NMHK.2204143	IP No	:
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
Address	: NATUN PALLY PURBA PUTIARY, HARIDEBPUR,Kolkata, West Bengal, 700093	Mobile	: 9883289603

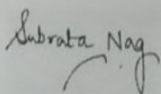
X-RAY CHEST PA VIEW

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

LABORATORY INVESTIGATION REPORT

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UHID : NMHK.2204143	Order Date : 25/03/2022 12:49
Episode : OP	Mobile No : 9883289603
Ref. Doctor : NMH	Facility : NARAYAN MEMORIAL HOSPITAL
Address : NATUN PALLY PURBA PUTIARY , HARIDEBPUR Kolkata, West Bengal ,700093	

Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
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Sample No : 07H0060200B Collection Date : 25/03/22 13:05 Ack Date : Report Date : 25/03/22 17:09

BLOOD SUGAR(F)

SAMPLE : PLASMA

BLOOD SUGAR FASTING	98	mg/dl	70 - 109
<i>Hexokinase</i>			

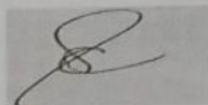
Sample No : 07H0060209B Collection Date : 25/03/22 14:52 Ack Date : Report Date : 25/03/22 17:09

BLOOD SUGAR(PP)

SAMPLE : PLASMA

BLOOD SUGAR PP	108	mg/dl	70.00 - 140.00
<i>Hexokinase</i>			

End of Report



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

Checked By

LABORATORY INVESTIGATION REPORT

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Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0060200A	Collection Date : 25/03/22 13:05	Ack Date :	Report Date : 25/03/22 17:09

GLYCOSYLATED HAEMOGLOBIN (HBA1C)

SAMPLE : EDTA BLOOD

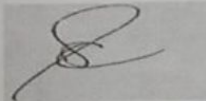
HBA1C	5.7	%	Non-diabetic : 4-6
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By HPLC

1. HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose.
2. HbA1c has been endorsed by clinical group & American Diabetes Association guidelines 2017, for diagnosis of Diabetes using a cut-off point of 6.5%.
3. Trends in HbA1c are a better indicator of diabetic control than a solitary test.
4. 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.
5. 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.

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



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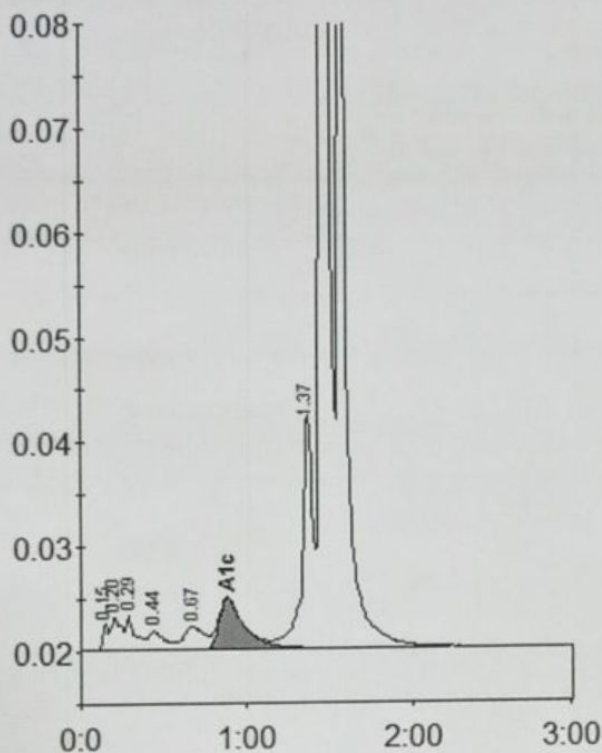
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Patient report

Bio-Rad DATE: 25/03/2022
 D-10 TIME: 14:13
 S/N: #DJ0A467747 Software version: 4.30-2
 Sample ID: 07H0060200A
 Injection date 25/03/2022 14:06
 Injection #: 8 Method: HbA1c
 Rack #: --- Rack position: 1

Mrs. Sampa Das
 (R)NMHK.2204143 39y/ F

 07H0060200A
 EDTA Wh 25-03 13:05



Peak table - ID: 07H0060200A

Peak	R.time	Height	Area	Area %
Unknown	0.15	2503	5883	0.4
A1a	0.20	3120	13094	0.8
A1b	0.29	3267	13795	0.8
F	0.44	1729	12145	0.7
LA1c/CHb-1	0.67	2117	18804	1.1
A1c	0.88	4827	49498	5.7
P3	1.37	22431	98001	5.9
A0	1.45	371265	999628	60.4
Variant-Window	1.56	169933	444076	26.8
Total Area:		1654925		

Concentration:	%	mmol/mol
A1c	5.7	39

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Biochemistry

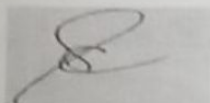
INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0060200	Collection Date : 25/03/22 13:05	Ack Date :	Report Date : 25/03/22 17:09

LIVER FUNCTION TEST (LFT)

SAMPLE : SERUM

TOTAL BILIRUBIN <i>Diazo Method</i>	0.7	mg/dl	0 - 1.1
DIRECT BILIRUBIN <i>Diazo Method</i>	0.2	mg/dl	0 - 0.2
INDIRECT BILIRUBIN <i>Calculated</i>	0.5	mg/dl	0.2 - 0.9
SGPT (ALT) <i>IFCC Without Pyridoxal Phosphate</i>	11	U/L	0 - 34
SGOT (AST) <i>IFCC Without Pyridoxal Phosphate</i>	17	U/L	0 - 31
ALKALINE PHOSPHATASE <i>IFCC</i>	73	U/L	53 - 128
TOTAL PROTEIN <i>Buret</i>	7.4	g/dl	6.4 - 8.2
ALBUMIN <i>Bromocresol Green</i>	4.5	gm/dl	3.5 - 5.2
GLOBULIN <i>Calculated</i>	2.9	g/dl	2 - 3.5
ALBUMIN:GLOBULIN <i>Calculated</i>	1.6	-	1.1 - 2.5
GGT <i>Enzymatic colorimetric assay</i>	12	U/L	5 - 36

End of Report



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Hematology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0060200	Collection Date : 25/03/22 13:05	Ack Date :	Report Date : 25/03/22 15:41

COMPLETE HAEMOGRAM (CBC)

SAMPLE : EDTA BLOOD

HAEMOGLOBIN (HB) <i>Colorimetric method (Cyn Meth)</i>	10.7 ▼	gm/dl	12 - 15
RBC COUNT <i>Electrical Impedance Method</i>	4.68	$\times 10^6/\mu\text{l}$	3.8 - 4.8
TOTAL WBC COUNT <i>Electrical Impedance Method</i>	10.0	$10^3/\text{cmm}$	4 - 10
PLATELET COUNT <i>Electrical Impedance Method</i>	210	$10^3/\text{cmm}$	150 - 410
PCV <i>RBC pulse ht. detection method</i>	34 ▼	%	36 - 46
MCV <i>calculated</i>	72 ▼	fl	83 - 101
MCH <i>Calculated</i>	23 ▼	pg	27 - 32
MCHC <i>Calculated</i>	32	gm/dl	31.5 - 34.5
ESR <i>Modified Westergren Method</i>	35 ▲	%	0 - 12

DIFFERENTIAL COUNT

NEUTROPHILS <i>Microscopy</i>	64	%	40 - 80
LYMPHOCYTES <i>Microscopy</i>	32	%	20 - 40
MONOCYTES <i>Microscopy</i>	02	%	2 - 10
EOSINOPHILS <i>Microscopy</i>	02	%	1 - 6
BASOPHILS <i>Microscopy</i>	00	%	0 - 2

PERIPHERAL BLOOD SMEAR

RBC	Microcytic hypochromic
WBC	Within normal limits
PLATELET	Adequate

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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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Immunology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0060200	Collection Date : 25/03/22 13:05	Ack Date :	Report Date : 25/03/22 15:44

BLOOD GROUPING & Rh TYPING

SAMPLE : EDTA BLOOD

BLOOD GROUP

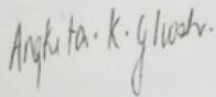
Agglutination forward & Reverse

'A'

RH TYPE

POSITIVE

End of Report



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

LABORATORY INVESTIGATION REPORT

Patient Name	: Mrs. Sampa Das	Age/Sex	: 39 Year(s) / Female
UHID	: NMHK.2204143	Order Date	: 25/03/2022 12:49
Episode	: OP	Mobile No	: 9883289603
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
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Immunoassay

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0060200	Collection Date : 25/03/22 13:05	Ack Date : 25/03/2022 13:16	Report Date : 29/03/22 10:35

THYROID FUNCTION TEST

SAMPLE : SERUM

T3	1.5	ng/ml	0.6 - 1.8
<i>Method - ECLIA</i>			
T4	11.3	ug/dL	5.4 - 11.7
<i>Method - ECLIA</i>			
TSH	2.16	uIU/ml	Adult Male – 0.27-5.50 Adult Female – 0.27-5.50 Newborns – <25 Upto 12 years – 0.3-5
<i>Method - ECLIA</i>			

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 $\mu\text{mol/L}$ 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

Angkita K. Ghosh

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

DIAGNOSTICS REPORT

Patient Name	: Mrs. Sampa Das	Order Date	: 25/03/2022 12:49
Age/Sex	: 39 Year(s)/Female	Report Date	: 25/03/2022 16:11
UHID	: NMHK.2204143	IP No	:
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
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USG REPORT OF WHOLE ABDOMEN (SCREENING)

LIVER : Liver is mildly enlarged in size. Parenchymal echogenicity is mildly raised. Intrahepatic biliary radicles are not dilated. No focal mass lesion is seen.

PORTA :PV : Normal. PV measures 0.9 cm.

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

Right kidney measures : 11.1 cm & Left kidney measures : 11.6 cm.

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

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UTERUS : Anteverted, **mildly bulky in size**. Normal in shape, outline, position and parenchymal echogenicity. Cavity is empty. Uterus measures 9.2 cm x 4.2 cm x 3.9 cm.

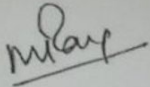
OVARIES : Both ovaries are normal in size, shape and echopattern.
Right ovary : measures 2.7 cm x 1.6 cm. Left ovary : measures 2.5 cm x 1.8 cm.

PERITONEUM : No free fluid is noted.

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

IMPRESSION :

- Mild hepatomegaly with mild fatty changes in liver.
- Mildly bulky uterus.



Dr. MADHUSHREE RAY NASKAR,
MBBS, DMRD

Consultant Radiologist

RegNo: 57032

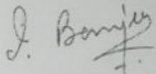
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Patient Name	: Mrs. Sampa Das	Order Date	: 25/03/2022 12:49
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UHID	: NMHK.2204143	IP No	:
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ECHOCARDIOGRAPHY (SCREENING)

Status of Patient :

- * No regional wall motion abnormality at rest.
- * Adequate LV systolic function (EF = 52%).
- * Good RV systolic function (TAPSE = 24 mm).
- * Normal valve morphology.
- * Grade I LV diastolic dysfunction.
- * No pericardial effusion.
- * No pulmonary arterial hypertension.
- * IVC normal diameter & > 50% respiratory variation.
- * No thrombus, mass, vegetation seen.



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

Board Certified Comprehensive
Echocardiographer (USA)