



सत्यमेव जयते
भारत सरकार



आधार

भारत सरकार
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

Enrollment No. : 0648/02332/57136

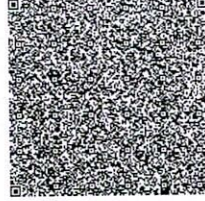
To
Anjana Das

C/O: Khokan Das,
7/4, Sashi Sekhar Bose Row,
VTC: Bhawanipore, PO: Bhawanipore,
Sub District: Kolkata, District: Kolkata,
State: West Bengal, PIN Code: 700025,
Mobile: 9674519285

54598395



KF545983957FI



आपका आधार क्रमांक / Your Aadhaar No. :

8575 1797 8001

मेरा आधार, मेरी पहचान



भारत सरकार
Government of India



आधार

Issue Date: 29/12/2016



Anjana Das
DOB: 06/09/1973
Female

8575 1797 8001

मेरा आधार, मेरी पहचान

Anjana Das



सूचना

- आधार पहचान का प्रमाण है, नागरिकता का नहीं।
- सुरक्षित QR कोड/ऑफलाइन XML/ ऑनलाइन ऑथेंटिकेशन से पहचान प्रमाणित करें।

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- आधार देश भर में मान्य है।
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- आधार में मोबाइल नंबर और ईमेल ID अपडेट रखें।
- आधार को अपने स्मार्ट फोन पर रखें, mAadhaar App के साथ।
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- Aadhaar helps you avail various Government and non-Government services easily.
- Keep your mobile number & email ID updated in Aadhaar.
- Carry Aadhaar in your smart phone – use mAadhaar App.

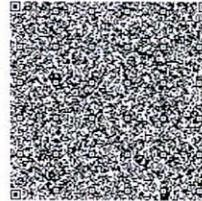


भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



Print Date: 09/07/2021

Address: C/O: Khokan Das, 7/4, Sashi
Sekhar Bose Row, Bhawanipore, Kolkata,
West Bengal, 700025



8575 1797 8001



1947



help@uidai.gov.in



www.uidai.gov.in

DIAGNOSTICS REPORT

Patient Name	: Mrs. ANJANA DAS	Order Date	: 13/05/2023 10:18
Age/Sex	: 48 Year(s)/Female	Report Date	: 13/05/2023 18:06
UHID	: NMHK.2311126	IP No	:
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
		Mobile	: 9674519285
Address	: 7/4 S.B.ROAD, ,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 0.7 cm.

CBD : Normal . CBD measures 0.4 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 : 9.9 cm & Left kidney measures : 10.3 cm.

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

POST VOID BLADDER : No significant residual urine is seen.

DIAGNOSTICS REPORT

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Age/Sex	: 48 Year(s)/Female	Report Date	: 13/05/2023 18:06
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UTERUS : Anteverted normal in size, shape, outline, position and parenchymal echogenicity. Cavity is empty. Uterus measures 8.2 cm x 3.8 cm x 3.1 cm.

OVARIES : Both ovaries are normal in size, shape and echopattern.

Right ovary : measures 2.3 x 1.8 cm.

Left ovary : measures 2.4 x 1.4 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



LABORATORY INVESTIGATION REPORT

Patient Name : Mrs. ANJANA DAS

UHID : NMHK.2311126

Episode : OP

Ref. Doctor : NMH

Address : 7/4 S.B.ROAD , ,Kolkata,West Bengal ,0

Age/Sex : 48 Year(s)/Female

Order Date : 13/05/2023 10:18

Mobile No : 9674519285

DOB : 01/01/1975

Facility : NARAYAN MEMORIAL HOSPITAL

Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0115925	Collection Date : 13/05/23 10:40	Ack Date : 13/05/2023 11:26	Report Date : 13/05/23 19:18

SERUM CREATININE

SAMPLE : SERUM

SERUM CREATININE

Jaffe Gen2 Compensated

URIC ACID

SAMPLE : SERUM

URIC ACID

Enzymatic Colorimetric

Sample No : 07H0115925B

Collection Date : 13/05/23 10:40

Ack Date : 13/05/2023 11:27

Report Date : 13/05/23 19:18

BLOOD SUGAR(F)

SAMPLE : PLASMA

BLOOD SUGAR FASTING

Hexokinase

Sample No : 07H0115981B

Collection Date : 13/05/23 14:29

Ack Date : 13/05/2023 16:01

Report Date : 13/05/23 19:18

BLOOD SUGAR(PP)

SAMPLE : PLASMA

BLOOD SUGAR PP

Hexokinase

Sample No : 07H0115981B

Collection Date : 13/05/23 14:29

Ack Date : 13/05/2023 16:01

Report Date : 13/05/23 19:18

0.5 mg/dl 0.5 - 0.9

5.6 mg/dl 2.4 - 5.7

106 mg/dl 70 - 109

137 mg/dl 70.00 - 140.00

End of Report

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



LABORATORY INVESTIGATION REPORT

Patient Name : Mrs. ANJANA DAS

UHID : NMHK.2311126

Episode : OP

Ref. Doctor : NMH

Address : 7/4 S.B.ROAD , ,Kolkata,West Bengal ,0

Age/Sex : 48 Year(s)/Female

Order Date : 13/05/2023 10:18

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DOB : 01/01/1975

Facility : NARAYAN MEMORIAL HOSPITAL

Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0115925	Collection Date : 13/05/23 10:40	Ack Date : 13/05/2023 11:26	Report Date : 13/05/23 19:18

BLOOD UREA NITROGEN

BLOOD UREA NITROGEN

Calculated

9.3

mg/dl

6 - 20

End of Report

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

Checked By



LABORATORY INVESTIGATION REPORT

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UHID : NMHK.2311126

Episode : OP

Ref. Doctor : NMH

Address : 7/4 S.B.ROAD , ,Kolkata,West Bengal ,0

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Order Date : 13/05/2023 10:18

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DOB : 01/01/1975

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Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0115925	Collection Date : 13/05/23 10:40	Ack Date : 13/05/2023 11:26	Report Date : 13/05/23 19:18

BUN / CREATINE RATIO

SAMPLE : SERUM

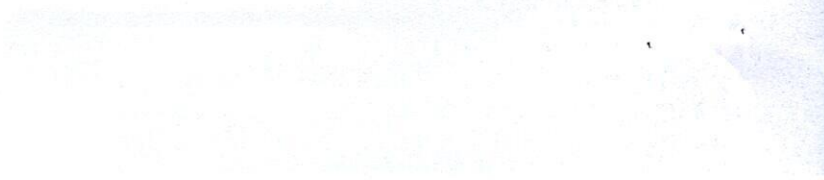
BUN / CREATINE RATIO

18.6

End of Report

Dr.S. Chatterjee
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(CONSULTANT BIOCHEMIST)

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LABORATORY INVESTIGATION REPORT

Patient Name : Mrs. ANJANA DAS

UHID : NMHK.2311126

Episode : OP

Ref. Doctor : NMH

Address : 7/4 S.B.ROAD , ,Kolkata,West Bengal ,0

Age/Sex : 48 Year(s)/Female

Order Date : 13/05/2023 10:18

Mobile No : 9674519285

DOB : 01/01/1975

Facility : NARAYAN MEMORIAL HOSPITAL

Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0115925A	Collection Date : 13/05/23 10:40	Ack Date : 13/05/2023 13:46	Report Date : 13/05/23 19:18

GLYCOSYLATED HAEMOGLOBIN (HBA1C)

SAMPLE : EDTA BLOOD

HBA1C

5.7

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.
 - For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
 - Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status.
 - 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 glycemc 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



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



LABORATORY INVESTIGATION REPORT

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Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0115925	Collection Date : 13/05/23 10:40	Ack Date : 13/05/2023 11:26	Report Date : 13/05/23 19:18

LIVER FUNCTION TEST (LFT)

SAMPLE : SERUM

TOTAL BILIRUBIN	0.8	mg/dl	0 - 1.1
<i>Diazo Method</i>			
DIRECT BILIRUBIN	0.3 ▲	mg/dl	0 - 0.2
<i>Diazo Method</i>			
INDIRECT BILIRUBIN	0.5	mg/dl	0.2 - 0.9
<i>Calculated</i>			
SGPT (ALT)	16	U/L	0 - 34
<i>IFCC Without Pyridoxal Phosphate</i>			
SGOT (AST)	16	U/L	0 - 31
<i>IFCC Without Pyridoxal Phosphate</i>			
ALKALINE PHOSPHATASE	108	U/L	53 - 128
<i>IFCC</i>			
TOTAL PROTEIN	7.3	g/dl	6.4 - 8.2
<i>Biuret</i>			
ALBUMIN	4.7	gm/dl	3.5 - 5.2
<i>Bromocresol Green</i>			
GLOBULIN	2.6	g/dl	2 - 3.5
<i>Calculated</i>			
ALBUMIN:GLOBULIN	1.8	-	1.1 - 2.5
<i>Calculated</i>			
GGT	17	U/L	5 - 36
<i>Enzymatic colorimetric assay</i>			

End of Report

Dr.S. Chatterjee
MD, MBBS, FAACC
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Address : 7/4 S.B.ROAD , ,Kolkata,West Bengal ,0

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Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0115925	Collection Date : 13/05/23 10:40	Ack Date : 13/05/2023 11:26	Report Date : 13/05/23 19:18

LIPID PROFILE

SAMPLE : SERUM

TOTAL CHOLESTEROL

173

mg/dl

Desirable <200 |
Borderline 200-239 |
High >=240

CHOD-PAP

HDL CHOLESTEROL

57

mg/dl

40 - 60

Homogenous Enzymatic Colorimetric

LDL CHOLESTEROL

98

mg/dl

Optimal < 100 |
Borderline 130 - 159
| High >160

Homogenous Enzymatic Colorimetric

VLDL

18

mg/dl

0 - 30

CALCULATED

CHOLESTEROL-HDL RATIO

3.04

-

LDL-HDL RATIO

1.72

-

TRIGLYCERIDES

92

mg/dl

Desirable <150 |
Borderline 150 - 200
|
High >200

Enzymatic Colorimetric

End of Report

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





LABORATORY INVESTIGATION REPORT

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Ref. Doctor : NMH

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Order Date : 13/05/2023 10:18

Mobile No : 9674519285

DOB : 01/01/1975

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Hematology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0115925	Collection Date : 13/05/23 10:40	Ack Date : 13/05/2023 11:21	Report Date : 13/05/23 16:30

COMPLETE HAEMOGRAM (CBC)

SAMPLE : EDTA BLOOD

HAEMOGLOBIN (HB)	11.1 ▼	gm/dl	12 - 15
<i>Colorimetric method (Cyn Meth)</i>			
RBC COUNT	3.8	$\times 10^6/\text{ul}$	3.8 - 4.8
<i>Electrical Impedance Method</i>			
TOTAL WBC COUNT	6.0	$10^3/\text{cm}^3$	4 - 10
<i>Electrical Impedance Method</i>			
PLATELET COUNT	230	$10^3/\text{cm}^3$	150 - 410
<i>Electrical Impedance Method</i>			
PCV	33 ▼	%	36 - 46
<i>RBC pulse ht. detection method</i>			
MCV	87	fl	83 - 101
<i>calculated</i>			
MCH	29	pg	27 - 32
<i>Calculated</i>			
MCHC	33	gm/dl	31.5 - 34.5
<i>Calculated</i>			
ESR	35 ▲	%	0 - 12
<i>Modified Westergren Method</i>			

DIFFERENTIAL COUNT

NEUTROPHILS	50	%	40 - 80
<i>Microscopy</i>			
LYMPHOCYTES	44 ▲	%	20 - 40
<i>Microscopy</i>			
MONOCYTES	04	%	2 - 10
<i>Microscopy</i>			
EOSINOPHILS	02	%	1 - 6
<i>Microscopy</i>			
BASOPHILS	00	%	0 - 2
<i>Microscopy</i>			

PERIPHERAL BLOOD SMEAR

RBC Normocytic normochromic



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Age/Sex : 48 Year(s)/Female

Order Date : 13/05/2023 10:18

Mobile No : 9674519285

DOB : 01/01/1975

Facility : NARAYAN MEMORIAL HOSPITAL

WBC

Within normal limits

PLATELET

Adequate

End of Report

Angkita K. Ghosh

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

RegNo: 82734

Checked By



LABORATORY INVESTIGATION REPORT

Patient Name : Mrs. ANJANA DAS
UHID : NMHK.2311126
Episode : OP
Ref. Doctor : NMH
Address : 7/4 S.B.ROAD , ,Kolkata,West Bengal ,0

Age/Sex : 48 Year(s)/Female
Order Date : 13/05/2023 10:18
Mobile No : 9674519285
DOB : 01/01/1975
Facility : NARAYAN MEMORIAL HOSPITAL

Immunology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0115925	Collection Date : 13/05/23 10:40	Ack Date : 13/05/2023 11:21	Report Date : 13/05/23 16:30

BLOOD GROUPING & Rh TYPING

SAMPLE : EDTA BLOOD

BLOOD GROUP

Agglutination forward & Reverse

RH TYPE

THYROID FUNCTION TEST

SAMPLE : SERUM

T3

ECLIA

T4

ECLIA

TSH

' B '

POSITIVE

1.28

11.93 ▲

2.77

ng/ml

ug/dL

uIU/ml

0.60 - 1.80

5.40 - 11.70

Adult Male - 0.27-5.5

0

Adult Female - 0.27-5.50

Newborns - <25

Upto 12 years - 0.3-

5

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

Anshika K. Ghosh



LABORATORY INVESTIGATION REPORT

Patient Name : Mrs. ANJANA DAS

UHID : NMHK.2311126

Episode : OP

Ref. Doctor : NMH

Address : 7/4 S.B.ROAD , ,Kolkata,West Bengal ,0

Age/Sex : 48 Year(s)/Female

Order Date : 13/05/2023 10:18

Mobile No : 9674519285

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Facility : NARAYAN MEMORIAL HOSPITAL

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

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

Checked By



LABORATORY INVESTIGATION REPORT

Patient Name : Mrs. ANJANA DAS

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Age/Sex : 48 Year(s)/Female

Order Date : 13/05/2023 10:18

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Facility : NARAYAN MEMORIAL HOSPITAL

Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0115925	Collection Date : 13/05/23 10:40	Ack Date : 13/05/2023 12:54	Report Date : 13/05/23 17:28

URINE FOR R/E

SAMPLE : URINE

PHYSICAL EXAMINATION

VOLUME	50	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	1-2/HPF	<5/HPF
EPITHELIAL CELLS	2-4/HPF	<20/HPF
RBC	ABSENT	ABSENT
CAST	ABSENT	ABSENT
CRYSTAL	ABSENT	ABSENT

Please correlate clinically.

End of Report

Angkita K. Ghosh

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

RegNo: 82734



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Facility : NARAYAN MEMORIAL HOSPITAL

Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0115925	Collection Date : 13/05/23 10:40	Ack Date : 13/05/2023 12:54	Report Date : 13/05/23 19:20

URINE FOR SUGAR FASTING

SAMPLE : URINE

RESULT

ABSENT

End of Report

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

Checked By



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UHID : NMHK.2311126

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Ref. Doctor : NMH

Address : 7/4 S.B.ROAD , ,Kolkata,West Bengal ,0

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DOB : 01/01/1975

Facility : NARAYAN MEMORIAL HOSPITAL

Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0115981	Collection Date : 13/05/23 14:29	Ack Date : 13/05/2023 17:31	Report Date : 13/05/23 19:20

URINE FOR SUGAR PP

SAMPLE : URINE

RESULT

ABSENT

End of Report

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

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DIAGNOSTICS REPORT

Patient Name	: Mrs. ANJANA DAS	Order Date	: 13/05/2023 10:18
Age/Sex	: 48 Year(s)/Female	Report Date	: 13/05/2023 18:00
UHID	: NMHK.2311126	IP No	:
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
		Mobile	: 9674519285
Address	: 7/4 S.B.ROAD, ,Kolkata, West Bengal, 0		

USG OF BREAST (SCREENING)

Both breasts were scanned quadrantwise using a high frequency probe.

Both breasts revealed normal parenchymal echotexture.

No obvious focal mass lesion seen.

No microcalcifications are seen.

Bilateral retroareolar regions appear normal.

No significant enlarged lymph nodes seen in either axillary region.

IMPRESSION : No obvious abnormality seen in either breast.

Please correlate clinically.



**Dr. MADHUSHREE RAY NASKAR , MBBS
,DMRD**

Consultant Radiologist

RegNo: 57032





DIAGNOSTICS REPORT

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Age/Sex	: 48 Year(s)/Female	Report Date	: 13/05/2023 17:29
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Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
		Mobile	: 9674519285
Address	: 7/4 S.B.ROAD, ,Kolkata, West Bengal, 0		

ECHOCARDIOGRAPHY (SCREENING)

Status of Patient :

- * No regional wall motion abnormality at rest.
- * Good LV systolic function (EF = 62%).
- * Good RV systolic function (TAPSE = 21 mm).
- * Mild TR, TR gradient = 25 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

Handwritten initials

Patient Name	: Mrs. ANJANA DAS	Order Date	: 13/05/2023 10:18
Age/Sex	: 48 Year(s)/Female	Report Date	: 13/05/2023 15:34
UHID	: NMHK.2311126	IP No	:
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
		Mobile	: 9674519285
Address	: 7/4 S.B.ROAD, ,Kolkata, West Bengal, 0		

ELECTROCARDIOGRAM REPORT (ECG)

HR	: 77 bpm
Rhythm	: Sinus
P wave	: Normal
PR Interval	: 134 msec
QRS axis	: Normal (24 Degree)
QRS duration	: 68 msec
QRS configuration	: Normal
T wave	: Non specific changes
ST segment	: Non specific changes
QTc	: 411 msec
QT	: 362 msec

IMPRESSION:

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

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

Consultant Cardiologist

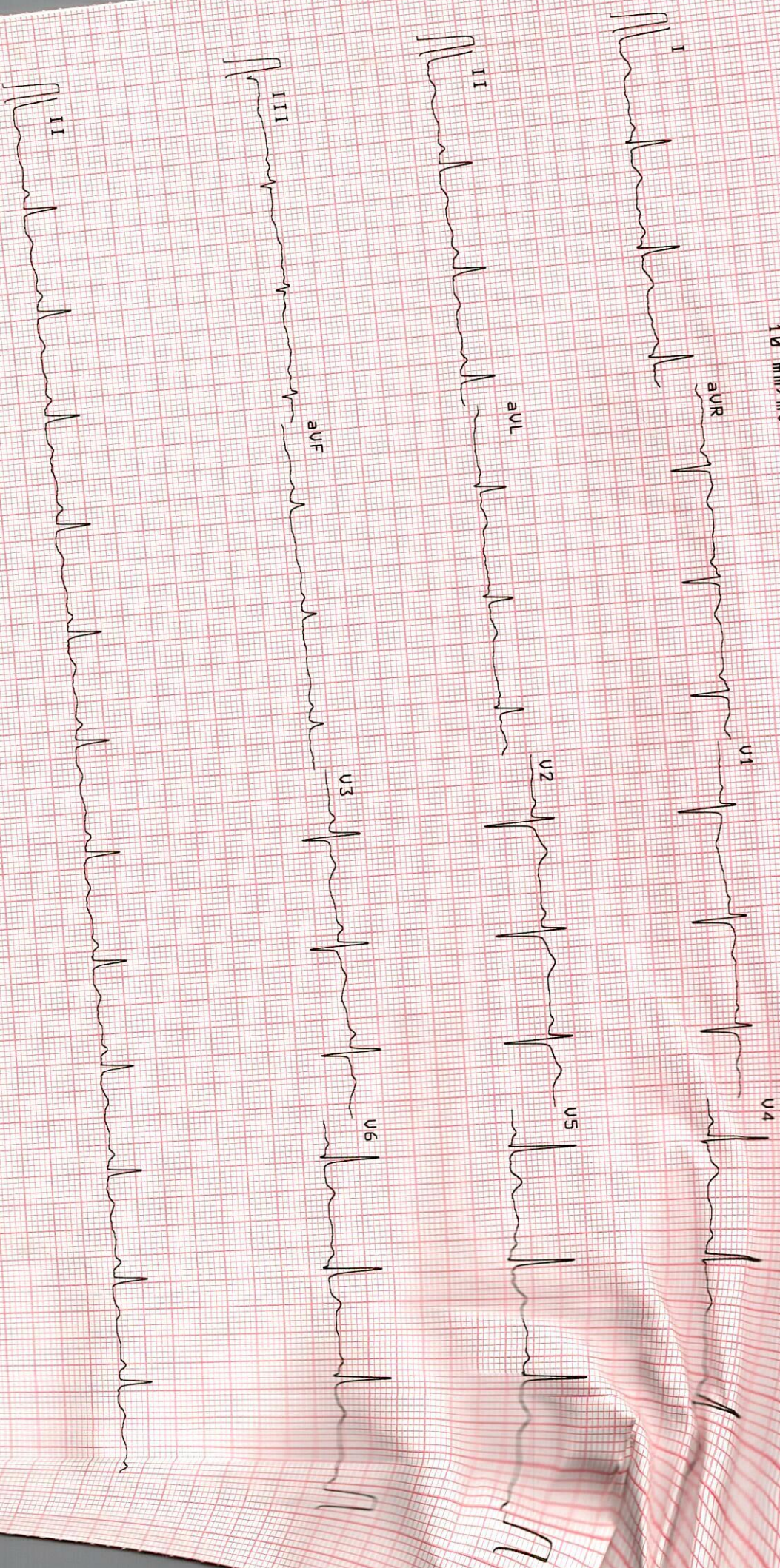
RegNo: 55696

RNJRNA DHS
 2311126
 48 years / kg
 Female

HR 77/min
 Intervals:
 RR 776 ms
 P 92 ms
 PR 134 ms
 QR5 68 ms
 QT 362 ms
 QTc 411 ms
 (Bazett)
 10 mm/mV

Axis: 43°
 P 24°
 QR5 -1°
 T
 Sokol. 2.62 mV

UNCONFIRMED
 5 LINDA
 NORMAL ECG
 6.02

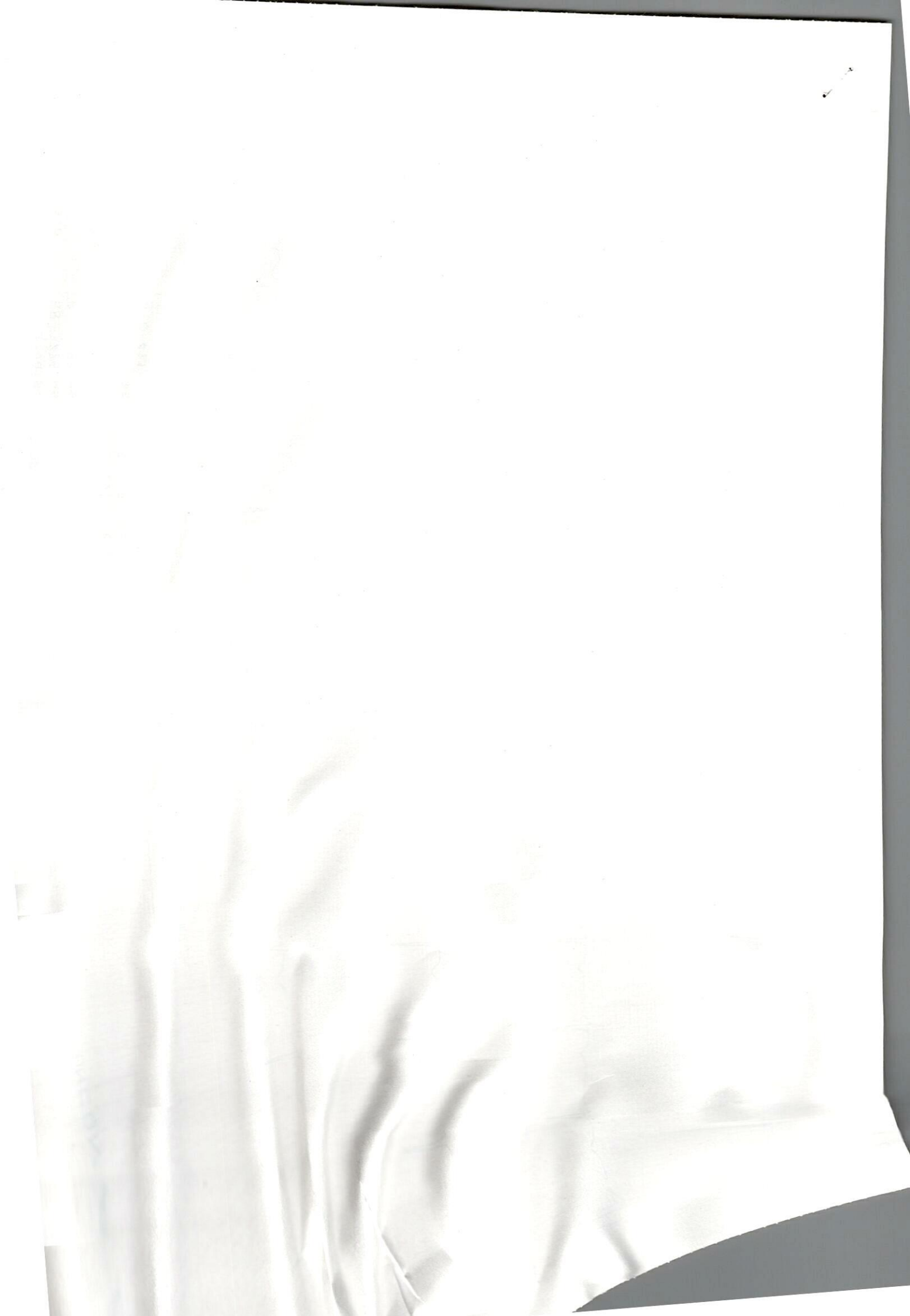


10 mm/mV
 25 mm/s

0.05-25 Hz F50 SSF SBS 13.05.2023 13:32:06

NARAYAN MEMORIAL
 HOSPITAL, BEHALR

RT-102plus 1.25 CI





DIAGNOSTICS REPORT

Patient Name	: Mrs. ANJANA DAS	Order Date	: 13/05/2023 10:18
Age/Sex	: 48 Year(s)/Female	Report Date	: 13/05/2023 16:50
UHID	: NMHK.2311126	IP No	:
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
		Mobile	: 9674519285
Address	: 7/4 S.B.ROAD, ,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 .
Needs clinical correlation.

Subrata Nag

**Dr.SUBRATA NAG , MBBS,DNB,Fellow
intervention/endovascular surgery**

RegNo: 66718

