



LABORATORY INVESTIGATION REPORT

Patient Name : Mrs. MAMATA NASKAR
UHID : NMHK.2313334
Episode : OP
Ref. Doctor : NMH
Address : VILL KHARIBERIA , BISHNUPUR ,Kolkata,West Bengal ,700145

Age/Sex : 36 Year(s)/Female
Order Date : 10/06/2023 09:39
Mobile No : 6291788156
DOB : 01/01/1987
Facility : NARAYAN MEMORIAL HOSPITAL

Hematology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0120098	Collection Date : 10/06/23 10:05	Ack Date : 10/06/2023 11:23	Report Date : 10/06/23 16:30

BLOOD GROUPING & Rh TYPING

Sample- EDTA Whole Blood

SAMPLE : EDTA BLOOD

BLOOD GROUP

Agglutination forward & Reverse

RH TYPE

'O'

POSITIVE

End of Report

Angkita K. Ghosh

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

RegNo: 82734

Checked By



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Hematology

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Sample No : 07H0120098	Collection Date : 10/06/23 10:05	Ack Date : 10/06/2023 11:23	Report Date : 10/06/23 16:31
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COMPLETE HAEMOGRAM (CBC)

Sample- EDTA Whole Blood

SAMPLE : EDTA BLOOD

HAEMOGLOBIN (HB)	12.0	gm/dl	12 - 15
<i>Colorimetric method (Cyn Meth)</i>			
RBC COUNT	3.8	x10 ⁶ /ul	3.8 - 4.8
<i>Electrical Impedance Method</i>			
TOTAL WBC COUNT	6.5	10 ³ /cm ³	4 - 10
<i>Electrical Impedance Method</i>			
PLATELET COUNT	180	10 ³ /cm ³	150 - 410
<i>Electrical Impedance Method</i>			
PCV	36	%	36 - 46
<i>RBC pulse ht. detection method</i>			
MCV	94	fl	83 - 101
<i>calculated</i>			
MCH	32	pg	27 - 32
<i>Calculated</i>			
MCHC	34	gm/dl	31.5 - 34.5
<i>Calculated</i>			
ESR	10	%	0 - 12
<i>Modified Westergren Method</i>			
<u>DIFFERENTIAL COUNT</u>			
NEUTROPHILS	69	%	40 - 80
<i>Microscopy</i>			
LYMPHOCYTES	24	%	20 - 40
<i>Microscopy</i>			
MONOCYTES	06	%	2 - 10
<i>Microscopy</i>			
EOSINOPHILS	01	%	1 - 6



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Microscopy

BASOPHILS

00

%

0 - 2

Microscopy

PERIPHERAL BLOOD SMEAR

RBC

Normocytic normochromic

WBC

Within normal limits.

PLATELET

Adequate.

End of Report

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(CONSULTANT PATHOLOGIST)

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Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
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BUN / CREATINE RATIO

Sample- Serum

SAMPLE : SERUM

BUN / CREATINE RATIO

12.8

End of Report

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

Checked By



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SERUM CREATININE

Sample- Serum

SAMPLE : SERUM

SERUM CREATININE	0.7	mg/dl	0.5 - 0.9
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Jaffe Gen2 Compensated

LIVER FUNCTION TEST (LFT)

Sample- Serum

SAMPLE : SERUM

TOTAL BILIRUBIN	0.7	mg/dl	0 - 1.1
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Diazo Method

DIRECT BILIRUBIN	0.2	mg/dl	0 - 0.2
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Diazo Method

INDIRECT BILIRUBIN	0.5	mg/dl	0.2 - 0.9
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Calculated

SGPT (ALT)	14	U/L	0 - 34
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IFCC Without Pyridoxal Phosphate

SGOT (AST)	16	U/L	0 - 31
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IFCC Without Pyridoxal Phosphate

ALKALINE PHOSPHATASE	66	U/L	53 - 128
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IFCC

TOTAL PROTEIN	7.0	g/dl	6.4 - 8.2
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Biuret

ALBUMIN	5.1	gm/dl	3.5 - 5.2
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Bromocresol Green

GLOBULIN	1.9 ▼	g/dl	2 - 3.5
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Calculated

ALBUMIN:GLOBULIN	2.7 ▲	-	1.1 - 2.5
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Calculated

GGT	10	U/L	5 - 36
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Enzymatic colorimetric assay



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BLOOD UREA NITROGEN

Sample- Serum

BLOOD UREA NITROGEN 09 mg/dl 6 - 20

Calculated

LIPID PROFILE

Sample- Serum

SAMPLE : SERUM

TOTAL CHOLESTEROL 183 mg/dl Desirable <200 |
Borderline 200-239 |
High >=240

CHOD-PAP

HDL CHOLESTEROL 44 mg/dl 40 - 60

Homogenous Enzymatic Colorimetric

LDL CHOLESTEROL 118 mg/dl Optimal < 100 |
Borderline 130 - 159
| High >160

Homogenous Enzymatic Colorimetric

VLDL 21 mg/dl 0 - 30

CALCULATED

CHOLESTEROL-HDL RATIO 4.16 -

LDL-HDL RATIO 2.68 -

TRIGLYCERIDES 143 mg/dl Desirable <150 |
Borderline 150 - 200
| High >200

Enzymatic Colorimetric

URIC ACID

Sample- Serum

SAMPLE : SERUM

URIC ACID 5.4 mg/dl 2.4 - 5.7

Enzymatic Colorimetric

GLYCOSYLATED HAEMOGLOBIN (HBA1C)

Sample- EDTA Whole Blood A

SAMPLE : EDTA BLOOD

HBA1C 4.9

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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.

BLOOD SUGAR(F)

Sample- Plasma

SAMPLE : PLASMA

BLOOD SUGAR FASTING 92 mg/dl 70 - 109
Hexokinase

BLOOD SUGAR(PP)

Sample- Plasma

SAMPLE : PLASMA

BLOOD SUGAR PP 87 mg/dl 70.00 - 140.00
Hexokinase

End of Report



Dr.S. Chatterjee
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Immunology

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Sample No : 07H0120098	Collection Date : 10/06/23 10:05	Ack Date : 10/06/2023 12:21	Report Date : 10/06/23 16:47

THYROID FUNCTION TEST

Sample-	Serum		
SAMPLE : SERUM			
T3	1.54	ng/ml	0.60 - 1.80
ECLIA			
T4	11.08	ug/dL	5.40 - 11.70
ECLIA			
TSH	1.57	uIU/ml	Adult Male – 0.27-5.50 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



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Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0120098	Collection Date : 10/06/23 10:05	Ack Date : 10/06/2023 15:03	Report Date : 11/06/23 12:02

URINE FOR R/E

Sample- Urine

SAMPLE : URINE

PHYSICAL EXAMINATION

VOLUME	45	ml	
COLOUR	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	3-4/HPF		<20/HPF
RBC	ABSENT		
CAST	ABSENT		ABSENT
CRYSTAL	ABSENT		ABSENT

Please correlate clinically.

End of Report

Mehak



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

Checked By





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Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0120098	Collection Date : 10/06/23 10:05	Ack Date : 10/06/2023 15:03	Report Date : 11/06/23 11:52

URINE FOR SUGAR FASTING

Sample- Urine

SAMPLE : URINE

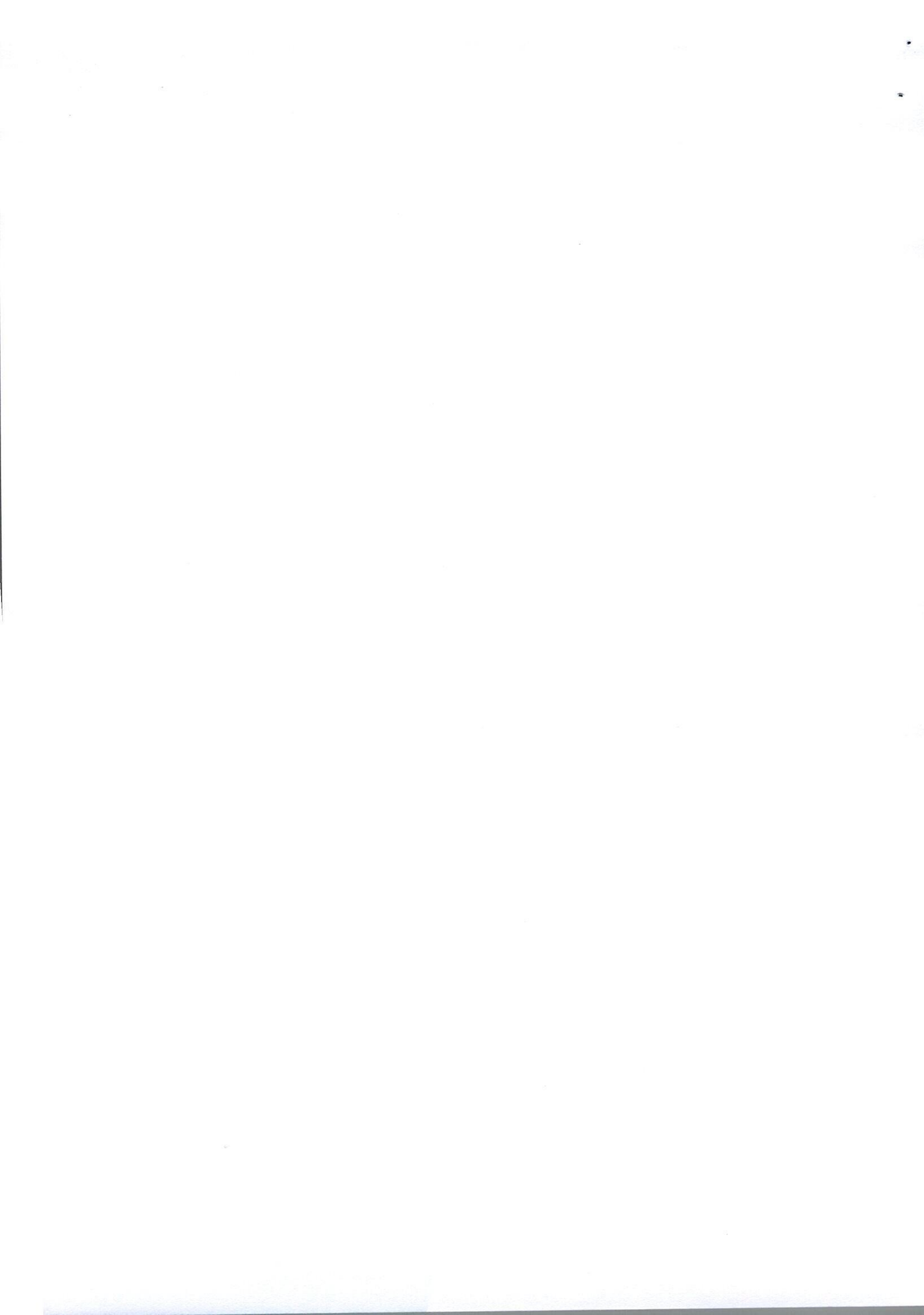
RESULT

ABSENT

End of Report

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

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Facility : NARAYAN MEMORIAL HOSPITAL

Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0120147	Collection Date : 10/06/23 14:29	Ack Date : 11/06/2023 13:50	Report Date : 11/06/23 16:19

URINE FOR SUGAR PP

Sample- Urine

SAMPLE : URINE

RESULT

ABSENT

End of Report

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

Checked By





DIAGNOSTICS REPORT

Patient Name	: Mrs. MAMATA NASKAR	Order Date	: 10/06/2023 09:39
Age/Sex	: 36 Year(s)/Female	Report Date	: 10/06/2023 12:18
UHID	: NMHK.2313334	IP No	:
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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 1.1 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. Spleen measures : 9.5 cm.

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 : 10.5 cm & Left kidney measures : 9.5 cm.

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



DIAGNOSTICS REPORT

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POST VOID BLADDER : No significant residual urine is seen.

UTERUS : Anteverted normal in size, shape, outline, position and parenchymal echogenicity. Cavity is empty. Uterus measures 7.0 cm x 4.4 cm x 5.3 cm.

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

Right ovary : measures 3.0 cm x 2.2 cm.

Left ovary : measures 3.2 cm x 1.8 cm.

PERITONEUM : :No free fluid is noted.

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

IMPRESSION : USG abdomen do not reveal any obvious morphological abnormality.

Dr. Arun Kumar Mazumder ,

MBBS, MD (Radiodiagnosis)

RegNo: WBMC 48861





DIAGNOSTICS REPORT

Patient Name	: Mrs. MAMATA NASKAR	Order Date	: 10/06/2023 09:39
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Address	: VILL KHARIBERIA, BISHNUPUR, Kolkata, West Bengal, 700145		

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).
- * Trivial TR. TR gradient = 18 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

HCU

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ELECTROCARDIOGRAM REPORT (ECG)

HR : 69 bpm
Rhythm : Sinus
P wave : Normal
PR Interval : 122 msec
QRS axis : Normal (48 Degree)
QRS duration : 80 msec
QRS configuration : Normal
T wave : Non specific changes
ST segment : Non specific changes
QTc : 387 msec
QT : 360 msec

IMPRESSION:

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

**Dr.INDIRA BANERJEE , MD,DNB,FNB,M
RCPCH (UK)**

Board Certified Comprehensive
Echocardiographer (USA)

MAMATA NRSKAR

HR 69/min

Axis: P 53°

SINUS RHYTHM
NORMAL ECG

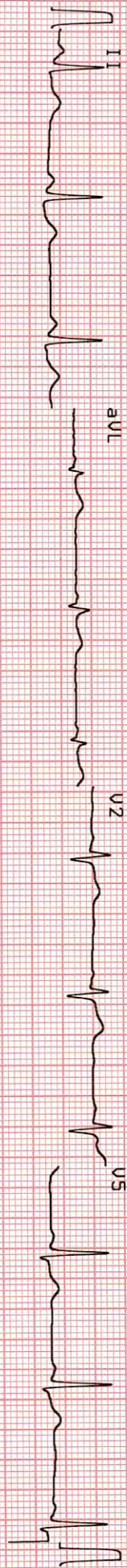
2313334
36 years
Female

..... kg

Intervals:	RR 871 ms	QR5 48°
P	106 ms	T 19°
PR	122 ms	P (II) 0.12 mV
QR5	80 ms	S (V1) -0.62 mV
QT	360 ms	R (V5) 1.29 mV
QTc	387 ms	Sokol. 1.91 mV
(Bazett)		

UNCONFIRMED REPORT

10 mm/mV



10 mm/mV

25 mm/s

0.05-25 Hz

F50

5SF 585

10.06.2023

12:55:41

NARAYAN MEMORIAL
HOSPITAL, BEHALLA

RT-102Plus 1.25 Ct
102180





DIAGNOSTICS REPORT

Patient Name	: Mrs. MAMATA NASKAR	Order Date	: 10/06/2023 09:39
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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 .

Needs clinical correlation.

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

RegNo: 66718

