

LABORATORY INVESTIGATION REPORT

Patient Name : Mrs. Sangeeta Chakraborty	Age/Sex : 32 Year(s) / Female
UHID : NMHK.2202463	Order Date : 26/02/2022 10:39
Episode : OP	
Ref. Doctor : NMH	Mobile No : 9073342235
Address : 3 , ,Kolkata,West Bengal ,700063	Facility : NARAYAN MEMORIAL HOSPITAL

Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0058144	Collection Date : 26/02/22 11:20	Ack Date : 26/02/2022 12:18	Report Date : 26/02/22 16:32

SERUM CREATININE

SAMPLE : SERUM

SERUM CREATININE	0.6	mg/dl	0.5 - 0.9
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Method - Jaffe Gen2 Compensated

LIVER FUNCTION TEST (LFT)

SAMPLE : SERUM

TOTAL BILIRUBIN	0.5	mg/dl	0 - 1.1
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Method - Diazo Method

DIRECT BILIRUBIN	0.2	mg/dl	0 - 0.2
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Method - Diazo Method

INDIRECT BILIRUBIN	0.3	mg/dl	0.2 - 0.9
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Method - Calculated

SGPT (ALT)	59 ▲	U/L	0 - 34
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Method - IFCC Without Pyridoxal Phosphate

SGOT (AST)	41 ▲	U/L	0 - 31
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Method - IFCC Without Pyridoxal Phosphate

ALKALINE PHOSPHATASE	91	U/L	53 - 128
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Method - IFCC

TOTAL PROTEIN	7.2	g/dl	6.4 - 8.2
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Method - Biuret

ALBUMIN	4.9	gm/dl	3.5 - 5.2
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Method - Bromocresol Green

GLOBULIN	2.3	g/dl	2 - 3.5
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Method - Calculated

ALBUMIN:GLOBULIN	2.1	-	1.1 - 2.5
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Method - Calculated

GGT	24	U/L	5 - 36
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Method - Enzymatic colorimetric assay

BLOOD UREA NITROGEN

BLOOD UREA NITROGEN	8.8	mg/dl	6 - 20
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Method - Calculated

LIPID PROFILE

SAMPLE : SERUM

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TOTAL CHOLESTEROL	203	mg/dl	Desirable <200 Borderline 200-239 High >=240
<i>Method - CHOD-PAP</i>			
HDL CHOLESTEROL	45	mg/dl	40 - 60
<i>Method - Homogenous Enzymatic Colorimetric</i>			
LDL CHOLESTEROL	138	mg/dl	Optimal < 100 Borderline 130
<i>Method - Homogenous Enzymatic Colorimetric</i>			
VLDL	17.40	mg/dl	0 - 30
<i>Method - CALCULATED</i>			
CHOLESTEROL-HDL RATIO	4.51	-	
LDL-HDL RATIO	3.07	-	
TRIGLYCERIDES	87	mg/dl	Desirable <150 Borderline 150 - 200 High >200
<i>Method - Enzymatic Colorimetric</i>			

URIC ACID

SAMPLE : SERUM

URIC ACID	4.6	mg/dl	2.4 - 5.7
<i>Method - Enzymatic Colorimetric</i>			

SAMPLE : SERUM

RESULT	14.6
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Sample No : 07H0058144A	Collection Date : 26/02/22 11:20	Ack Date : 26/02/2022 12:20	Report Date : 26/02/22 16:32
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GLYCOSYLATED HAEMOGLOBIN (HBA1C)

SAMPLE : EDTA BLOOD

HBA1C	5.1	%	Non-diabetic : 4-6
<i>Method - By HPLC</i>			

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%

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Immunology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
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BLOOD GROUPING & Rh TYPING

SAMPLE : EDTA BLOOD

BLOOD GROUP : ' O ' End of Report

Method - Agglutinationforward & Reverse

RH TYPE : POSITIVE



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

Checked By

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Hematology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0058144	Collection Date : 26/02/22 11:20	Ack Date : 26/02/2022 12:18	Report Date : 27/02/22 20:41

COMPLETE HAEMOGRAM (CBC)

SAMPLE : EDTA BLOOD

HAEMOGLOBIN (HB)	12.0	gm/dl	12 - 15
<i>Method - Colorimetric method (Cyn Meth)</i>			
RBC COUNT	4.43	$\times 10^6/\mu\text{l}$	3.8 - 4.8
<i>Method - Electrical Impedance Method</i>			
TOTAL WBC COUNT	4.9	$10^3/\text{cmm}$	4 - 10
<i>Method - Electrical Impedance Method</i>			
PLATELET COUNT	200	$10^3/\text{cmm}$	150 - 410
<i>Method - Electrical Impedance Method</i>			
PCV	37	%	36 - 46
<i>Method - RBC pulse ht. detection method</i>			
MCV	84	fl	83 - 101
<i>Method - calculated</i>			
MCH	27	pg	27 - 32
<i>Method - Calculated</i>			
MCHC	32	gm/dl	31.5 - 34.5
<i>Method - Calculated</i>			
ESR	22 ▲	%	0 - 12
<i>Method - Modified Westergren Method</i>			

DIFFERENTIAL COUNT

NEUTROPHILS	62	%	40 - 80
<i>Method - Microscopy</i>			
LYMPHOCYTES	34	%	20 - 40
<i>Method - Microscopy</i>			
MONOCYTES	02	%	2 - 10
<i>Method - Microscopy</i>			
EOSINOPHILS	02	%	1 - 6
<i>Method - Microscopy</i>			
BASOPHILS	00	%	0 - 2
<i>Method - Microscopy</i>			

PERIPHERAL BLOOD SMEAR

RBC Normocytic normochromic
WBC Within normal limits

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PLATELET

Adequate

End of Report



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Immunoassay

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0058144	Collection Date : 26/02/22 11:20	Ack Date : 26/02/2022 12:18	Report Date : 27/02/22 18:38

THYROID FUNCTION TEST

SAMPLE : SERUM

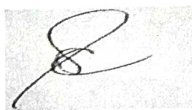
T3 Method - ECLIA	1.07	ng/ml	0.6 - 1.8
T4 Method - ECLIA	9.59	ug/dL	5.4 - 11.7
TSH Method - ECLIA	1.57	uIU/ml	Adult Male – 0.27-5.50 Adult Female – 0.27-5.50 Newborns - <25 Upto 12 years – 0.3-5

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)

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Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0058144	Collection Date : 26/02/22 11:20	Ack Date : 26/02/2022 17:45	Report Date : 27/02/22 20:44

URINE FOR R/E

SAMPLE : URINE

PHYSICAL EXAMINATION

VOLUME	40	ml	
COLOUR	PALE YELLOW		
APPEARANCE	SLIGHTLY HAZY		
SPECIFIC GRAVITY	1.010		1.010 - 1.030
REACTION(pH)	ACIDIC 6.5		

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	2-4 / HPF	<5/HPF
EPITHELIAL CELLS	10-12 / HPF	<20/HPF
RBC	NIL	
CAST	ABSENT	ABSENT
CRYSTAL	ABSENT	ABSENT

Please correlate clinically.

End of Report



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

Checked By

DIAGNOSTICS REPORT

Patient Name	: Mrs. Sangeeta Chakraborty	Order Date	: 26/02/2022 10:39
Age/Sex	: 32 Year(s)/Female	Report Date	: 26/02/2022 20:30
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CHEST X-RAY REPORT OF PA VIEW

Lung fields are clear. No focal parenchymal opacity is seen.

No appreciable pleural thickening / calcification is noted.

Costo-phrenic angles are normal.

Cardiac shadow appears normal.

Bilateral hilar shadows are normal.

No obvious bony abnormality is seen.



Dr.MADHUSHREE RAY NASKAR,
MBBS,DMRD

Consultant Radiologist

RegNo: 57032

DIAGNOSTICS REPORT

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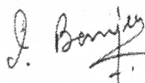
ELECTROCARDIOGRAM REPORT (ECG)

HR	: 73 bpm
Rhythm	: Sinus
P wave	: Normal
PR Interval	: 134 msec
QRS axis	: Normal (45 Degree)
QRS duration	: 80 msec
QRS configuration	: Normal
T wave	: Non specific changes
ST segment	: Non specific changes
QTc	: 416 msec
QT	: 374 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)

SANGEETA CHAKRABORTY

NMHKZZ02463

Female

31 years

..... cm / kg

HR 73/min

Intervals:

RR 819 ms

P 96 ms

PR 134 ms

QRS 80 ms

QT 374 ms

QTc 416 ms

(Bazett)

10 mm/mV

Axis:

P 54 °

QRS 45 °

T 34 °

P (II) 0.11 mV

S (V1) -0.98 mV

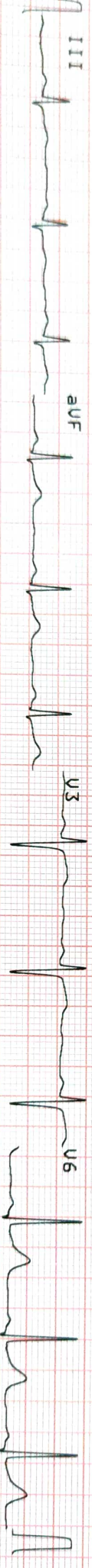
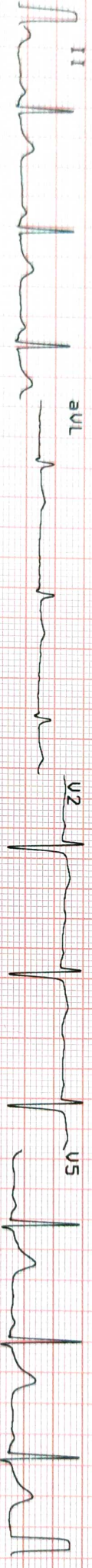
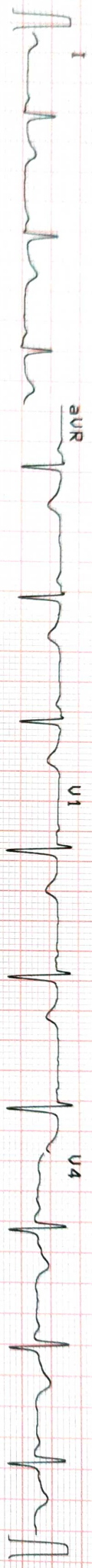
R (V5) 1.47 mV

Sokol. 2.67 mV

SINUS RHYTHM
NORMAL ECG

6.02

UNCONFIRMED REPORT



10 mm/mV

0.05-25 Hz F50 55F SBS 26.02.2022 12:34:36

NARAYAN MEMORIAL HOSPITAL, BEHALA

RT-102plus 1.250C1

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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)	39 mm	LA diameter	32 mm
LVPW (d)	10 mm	RVID (d) - basal	14 mm
LVID (s)	24 mm	TAPSE	22 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.

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Interarterial and Interventricular Septum :No breach 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 = 22 mm).
- * Normal valve morphology.
- * Normal LV diastolic function.
- * No pericardial effusion.
- * No pulmonary arterial hypertension.



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

Board Certified Comprehensive
Echocardiographer (USA)

DIAGNOSTICS REPORT

Patient Name	: Mrs. Sangeeta Chakraborty	Order Date	: 26/02/2022 10:39
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USG WHOLE ABDOMEN

LIVER : Liver is normal in size. Liver measures 12 cm. Parenchymal echotexture is normal. Intrahepatic biliary radicles & hepatic veins are not dilated. No focal mass lesion seen.

PORTA :PV : Normal. PV measures 0.9 cm.

CBD : Normal. CBD measures 0.3 cm. No calculus or SOL seen within its visualised part.

GALL BLADDER : Gall bladder is well distended. No calculus or SOL seen. Wall thickness is normal. Ultrasonographic Murphy's sign is negative.

PANCREAS :Pancreas is normal in size and parenchymal echogenicity. Pancreatic duct is not dilated. No focal SOL / peripancreatic collection seen.

SPLEEN : Spleen is normal in size. Spleen measures : 8.5 cm. Parenchyma shows normal homogeneous pattern. No focal SOL seen. Splenic vein is normal.

KIDNEYS :Both kidneys are normal in size, shape, outline, position and parenchymal echogenicity. Corticomedullary differentiation is maintained. No evidence of any calculus / SOL / hydronephrosis seen.

Right kidney measures : 9.5 cm & Left kidney measures : 9.9 cm.

URETERS : Not seen dilated.

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DIAGNOSTICS REPORT

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URINARY BLADDER : Urinary bladder is normal in contour, outline and distension. Walls are of normal thickness. No vesical calculus or mass lesion seen.

UTERUS : Normal in size, anteverted. Myometrium is homogeneous. No focal SOL seen. Endometrium is of normal thickness (0.8 cm). Uterus measures 6.7 cm x 3.7 cm x 2.2 cm. Cervix appears normal.

OVARIES : Ovaries are bulky showing multiple small 6 - 8 mm peripheral follicles.

Right ovary : measures 2.8 cm x 1.5 cm x 1.8 cm = 4.2 cc.

Left ovary : measures 2.2 cm x 1.8 cm x 2.1 = 4.6 cc.

POD : No collection seen.

PERITONEUM : No free fluid seen.

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

IMPRESSION : * Normal study of upper abdomen.

* Ovarian morphology suggests PCOD ; further evaluation suggested.



Dr.G.MITRA SENGUPTA,
MBBS,,DCH.CBET(WB)DNB -1(RD)