

LABORATORY INVESTIGATION REPORT

Patient Name : Mrs. Pampa Bhattacharjee	Age/Sex : 41 Year(s)/Female
UHID : NMHK.2201429	Order Date : 02/02/2022 10:17
Episode : OP	Mobile No : 7980020096
Ref. Doctor : NMH	Facility : NARAYAN MEMORIAL HOSPITAL
Address : A3/11 SAIDHAM, DIAMOND PARK , JOKA Kolkata, West Bengal , 700104	

Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0056381	Collection Date : 02/02/22 10:38	Ack Date :	Report Date : 02/02/22 19:10

KIDNEY FUNCTION TEST

SERUM CREATININE

SAMPLE : SERUM			
SERUM CREATININE	0.5	mg/dl	0.5 - 0.9
<i>Jaffe Gen2 Compensated</i>			

BLOOD UREA NITROGEN

BLOOD UREA NITROGEN	6.5	mg/dl	6 - 20
<i>Calculated</i>			

URIC ACID

SAMPLE : SERUM			
URIC ACID	3.3	mg/dl	2.4 - 5.7
<i>Enzymatic Colorimetric</i>			

Sample No : 07H0056381A	Collection Date : 02/02/22 10:38	Ack Date :	Report Date : 02/02/22 19:10
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BLOOD SUGAR(F)

SAMPLE : PLASMA

BLOOD SUGAR FASTING	102	mg/dl	70 - 109
<i>Hexokinase</i>			

Sample No : 07H0056408B	Collection Date : 02/02/22 14:05	Ack Date :	Report Date : 02/02/22 19:10
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BLOOD SUGAR(PP)

SAMPLE : PLASMA

BLOOD SUGAR PP	107	mg/dl	70 - 140
<i>Hexokinase</i>			

End of Report



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

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GLYCOSYLATED HAEMOGLOBIN (HBA1C)

SAMPLE : EDTA BLOOD

HBA1C 5.1 % Non-diabetic : 4-6
 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%

End of Report



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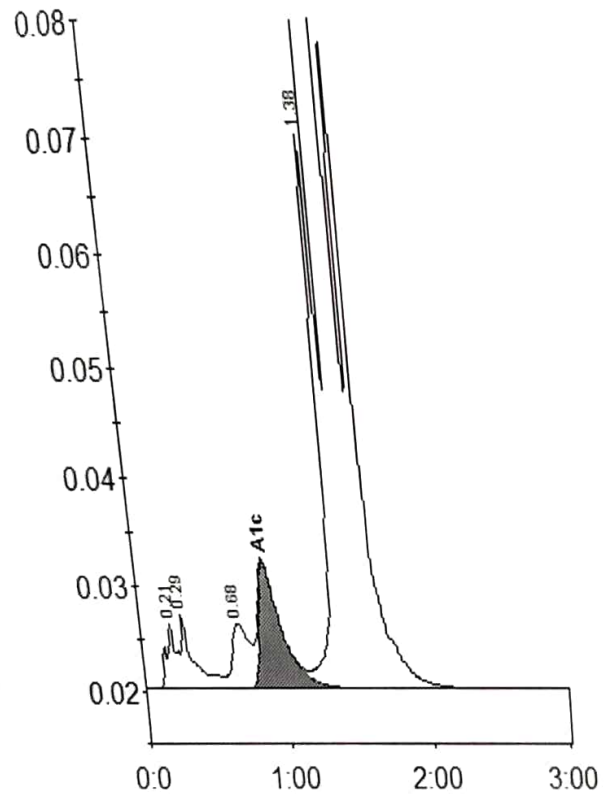
atient report

-Rad
 ID: #DJ0A467747
 Sample ID:
 Injection date
 Injection #: 7
 Rack #: ---

DATE: 02/02/2022
 TIME: 15:46
 Software version: 4.30-2
 07H0056382A
 02/02/2022 15:30
 Method: HbA1c
 Rack position: 7

Mrs. Pampa Bhattacharjee
 (R)NMHK.2201429 41y/ F

 07H0056382A
 EDTA Wh 02-02 10:39



Peak table - ID: 07H0056382A

Peak	R.time	Height	Area	Area %
A1a	0.21	6087	32245	0.9
A1b	0.29	7194	40966	1.2
LA1c/CHb-1	0.68	6227	55357	1.6
A1c	0.89	12012	130388	5.1
P3	1.38	50471	183769	5.3
A0	1.44	1015867	3044470	87.3
Total Area:			3487196	

Concentration:	%	mmol/mol
A1c	5.1	32

Patient report

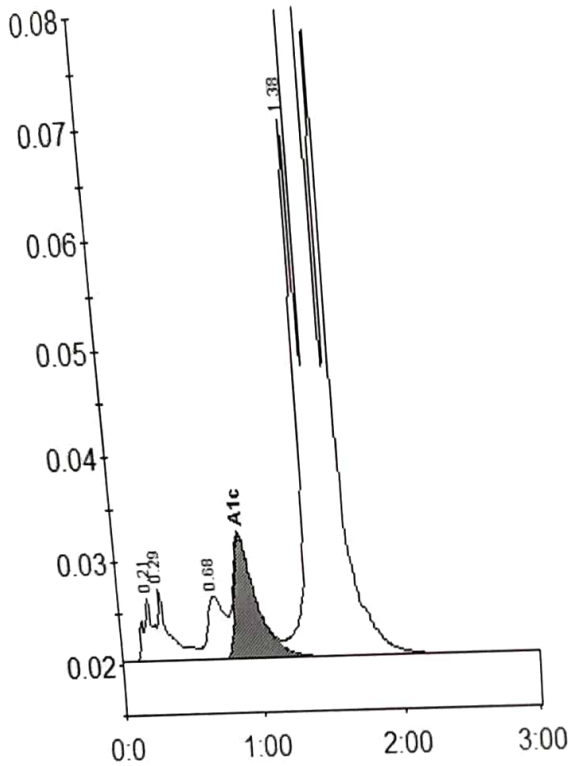
Bio-Rad
 D-10
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LIVER FUNCTION TEST (LFT)

SAMPLE : SERUM

TOTAL BILIRUBIN <i>Diazo Method</i>	0.5	mg/dl	0 - 1.1
DIRECT BILIRUBIN <i>Diazo Method</i>	0.2	mg/dl	0 - 0.2
INDIRECT BILIRUBIN <i>Calculated</i>	0.3	mg/dl	0.2 - 0.9
SGPT (ALT) <i>IFCC Without Pyridoxal Phosphate</i>	20	U/L	0 - 34
SGOT (AST) <i>IFCC Without Pyridoxal Phosphate</i>	27	U/L	0 - 31
ALKALINE PHOSPHATASE <i>IFCC</i>	86	U/L	53 - 128
TOTAL PROTEIN <i>Biuret</i>	7.1	g/dl	6.4 - 8.2
ALBUMIN <i>Bromocresol Green</i>	4.7	gm/dl	3.5 - 5.2
GLOBULIN <i>Calculated</i>	2.4	g/dl	2 - 3.5
ALBUMIN:GLOBULIN <i>Calculated</i>	2.0	-	1.1 - 2.5
GGT <i>Enzymatic colorimetric assay</i>	11	U/L	5 - 36

End of Report



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Hematology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
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COMPLETE HAEMOGRAM (CBC)

SAMPLE : EDTA BLOOD

HAEMOGLOBIN (HB)	12.8	gm/dl	12 - 15
<i>Colorimetric method (Cyn Meth)</i>			
RBC COUNT	3.99	x10 ⁶ /ul	3.8 - 4.8
<i>Electrical Impedance Method</i>			
TOTAL WBC COUNT	5.5	10 ³ /cmm	4 - 10
<i>Electrical Impedance Method</i>			
PLATELET COUNT	240	10 ³ /cmm	150 - 410
<i>Electrical Impedance Method</i>			
PCV	37	%	36 - 46
<i>RBC pulse ht. detection method</i>			
MCV	92	fl	83 - 101
<i>calculated</i>			
MCH	32	pg	27 - 32
<i>Calculated</i>			
MCHC	35 ▲	gm/dl	31.5 - 34.5
<i>Calculated</i>			
ESR	25 ▲	%	0 - 12
<i>Modified Westergren Method</i>			

DIFFERENTIAL COUNT

NEUTROPHILS	68	%	40 - 80
<i>Microscopy</i>			
LYMPHOCYTES	29	%	20 - 40
<i>Microscopy</i>			
MONOCYTES	02	%	2 - 10
<i>Microscopy</i>			
EOSINOPHILS	01	%	1 - 6
<i>Microscopy</i>			
BASOPHILS	00	%	0 - 2
<i>Microscopy</i>			

PERIPHERAL BLOOD SMEAR

RBC	Normocytic normochromic
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

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LIPID PROFILE

SAMPLE : SERUM

TOTAL CHOLESTEROL	149	mg/dl	Desirable <200 Borderline 200-239 High >=240
<i>CHOD-PAP</i>			
HDL CHOLESTEROL	60	mg/dl	40 - 60
<i>Homogenous Enzymatic Colorimetric</i>			
LDL CHOLESTEROL	76	mg/dl	Optimal < 100 Borderline 130
<i>Homogenous Enzymatic Colorimetric</i>			
VLDL	18.40	mg/dl	0 - 30
<i>CALCULATED</i>			
CHOLESTEROL-HDL RATIO	2.48	-	
LDL-HDL RATIO	1.27	-	
TRIGLYCERIDES	92	mg/dl	Desirable <150 Borderline 150 - 200 High >200
<i>Enzymatic Colorimetric</i>			

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Immunology

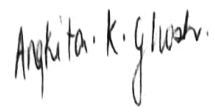
INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
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BLOOD GROUPING & Rh TYPING

SAMPLE : EDTA BLOOD

BLOOD GROUP : ' O '
Agglutination forward & Reverse
RH TYPE : POSITIVE

End of Report



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(CONSULTANT PATHOLOGIST)
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Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0056381	Collection Date : 02/02/22 10:38	Ack Date :	Report Date : 02/02/22 15:44

URINE FOR R/E

SAMPLE : URINE

PHYSICAL EXAMINATION

VOLUME	30	ml	
COLOUR	PALE STRAW		
APPEARANCE	SLIGHTLY HAZY		
SPECIFIC GRAVITY	1.015		1.010 - 1.030
REACTION(pH)	ACIDIC(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	NIL	
CAST	ABSENT	ABSENT
CRYSTAL	ABSENT	ABSENT

Please correlate clinically.

End of Report

Angkita K. Ghosh

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DIAGNOSTICS REPORT

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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 1.0 cm.
CD : Normal. CD measures 0.5 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 : 10.1 cm & Left kidney measures : 10.7 cm.

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

UTERUS : Anteverted normal in size, shape, outline, position and parenchymal echogenicity. Cavity is empty. Uterus measures 8.4 cm x 5.2 cm x 4.0 cm.

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OVARIES : Both ovaries are normal in size, shape and echopattern. Right ovary : measures 2.9 cm x 1.4 cm. Left ovary : measures 2.8 cm x 1.9 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

Patient Name	: Mrs. Pampa Bhattacharjee	Order Date	: 02/02/2022 10:17
Age/Sex	: 41 Year(s)/Female	Report Date	: 02/02/2022 19:42
UHID	: NMHK.2201429	IP No	:
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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

Patient Name	: Mrs. Pampa Bhattacharjee	Order Date	: 02/02/2022 10:17
Age/Sex	: 41 Year(s)/Female	Report Date	: 02/02/2022 14:47
UHID	: NMHK.2201429	IP No	:
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2D ECHOCARDIOGRAPHY WITH M-MODE

MEASUREMENTS

2D and M-Mode :

IVS (d)	10 mm	Aorta (at sinuses)	26 mm
LVID (d)	37 mm	LA diameter	31 mm
LVPW (d)	10 mm	RVID (d) - basal	14 mm
LVID (s)	23 mm	TAPSE	23 mm
LVEF	64 %		

Estimated PASP = 17 mmHg

FINDINGS

Left Ventricle :

Cavity size : Normal.

Wall thickness : Normal.

Segmental wall motion : No abnormality found.

Global systolic function : Normal (EF = 64 %)

Diastolic function : Adequate.

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.

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Tricuspid Valve :Normal structure, normal excursion. Trivial TR. TR gradient = 17 mmHg.

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 = 64 %).
- * Good RV systolic function (TAPSE = 23 mm).
- * Normal valve morphology.
- * Adequate LV diastolic function.
- * No pericardial effusion.
- * No pulmonary arterial hypertension.



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

Board Certified Comprehensive
Echocardiographer (USA)

Narayan Memorial Hospital

(A Unit of Narayan Health Services Pvt. Ltd.)



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ELECTROCARDIOGRAM REPORT (ECG)

HR	: 84 bpm
Rhythm	: Sinus
P wave	: Normal
PR Interval	: 142 msec
QRS axis	: Normal (78 Degree)
QRS duration	: 74 msec
QRS configuration	: Normal
T wave	: Non specific changes
ST segment	: Non specific changes
QTc	: 407 msec
QT	: 342 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)

PANNA BHATTARJEE

2201429

Female

41 years / 50 kg

HR 84/min

Axis:

SINUS RHYTHM
NORMAL ECG

6.02

UNCONFIRMED REPORT

Intervals:	P	59 °	
	QR5	78 °	
	T	34 °	
PR	142 ms	P (II)	0.16 mV
QR5	74 ms	S (V1)	-0.64 mV
QT	342 ms	R (V5)	0.98 mV
QTc	407 ms	Sokol.	2.34 mV
(Bazett)			
10 mm/mV			

