

LABORATORY INVESTIGATION REPORT

Patient Name	: Mrs. Baishakhi Malik	Age/Sex	: 39 Year(s) / Female
UHID	: NMHK.2202448	Order Date	: 26/02/2022 12:46
Episode	: OP	Mobile No	: 9007974299
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
Address	: JADURBERIA , HOWRAH ,HOWRAH,West Bengal ,711316		

Immunology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0058169	Collection Date : 26/02/22 13:14	Ack Date : 26/02/2022 14:37	Report Date : 27/02/22 18:56

BLOOD GROUPING & Rh TYPING

SAMPLE : EDTA BLOOD

BLOOD GROUP

' B '

Method - Agglutinationforward & Reverse

RH TYPE

POSITIVE

End of Report



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

Checked By

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Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
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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
<i>Method - Diazo Method</i>			
DIRECT BILIRUBIN	0.1	mg/dl	0 - 0.2
<i>Method - Diazo Method</i>			
INDIRECT BILIRUBIN	0.4	mg/dl	0.2 - 0.9
<i>Method - Calculated</i>			
SGPT (ALT)	25	U/L	0 - 34
<i>Method - IFCC Without Pyridoxal Phosphate</i>			
SGOT (AST)	23	U/L	0 - 31
<i>Method - IFCC Without Pyridoxal Phosphate</i>			
ALKALINE PHOSPHATASE	86	U/L	53 - 128
<i>Method - IFCC</i>			
TOTAL PROTEIN	7.7	g/dl	6.4 - 8.2
<i>Method - Biuret</i>			
ALBUMIN	5.0	gm/dl	3.5 - 5.2
<i>Method - Bromocresol Green</i>			
GLOBULIN	2.7	g/dl	2 - 3.5
<i>Method - Calculated</i>			
ALBUMIN:GLOBULIN	1.9	-	1.1 - 2.5
<i>Method - Calculated</i>			
GGT	15	U/L	5 - 36
<i>Method - Enzymatic colorimetric assay</i>			
BLOOD UREA NITROGEN			
BLOOD UREA NITROGEN	10	mg/dl	6 - 20
<i>Method - Calculated</i>			

LIPID PROFILE

SAMPLE : SERUM

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TOTAL CHOLESTEROL	206	mg/dl	Desirable <200 Borderline 200-239 High >=240
<i>Method - CHOD-PAP</i>			
HDL CHOLESTEROL	47	mg/dl	40 - 60
<i>Method - Homogenous Enzymatic Colorimetric</i>			
LDL CHOLESTEROL	134	mg/dl	Optimal < 100 Borderline 130
<i>Method - Homogenous Enzymatic Colorimetric</i>			
VLDL	28.20	mg/dl	0 - 30
<i>Method - CALCULATED</i>			
CHOLESTEROL-HDL RATIO	4.38	-	
LDL-HDL RATIO	2.85	-	
TRIGLYCERIDES	141	mg/dl	Desirable <150 Borderline 150 - 200 High >200
<i>Method - Enzymatic Colorimetric</i>			

URIC ACID

SAMPLE : SERUM

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

SAMPLE : SERUM

RESULT 16.6

Sample No : 07H0058169A Collection Date : 26/02/22 13:14 Ack Date : 26/02/2022 14:37 Report Date : 26/02/22 16:37

GLYCOSYLATED HAEMOGLOBIN (HBA1C)

SAMPLE : EDTA BLOOD

HBA1C	6.0	%	Non-diabetic : 4-6
<i>Method - By HPLC</i>			

- 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%

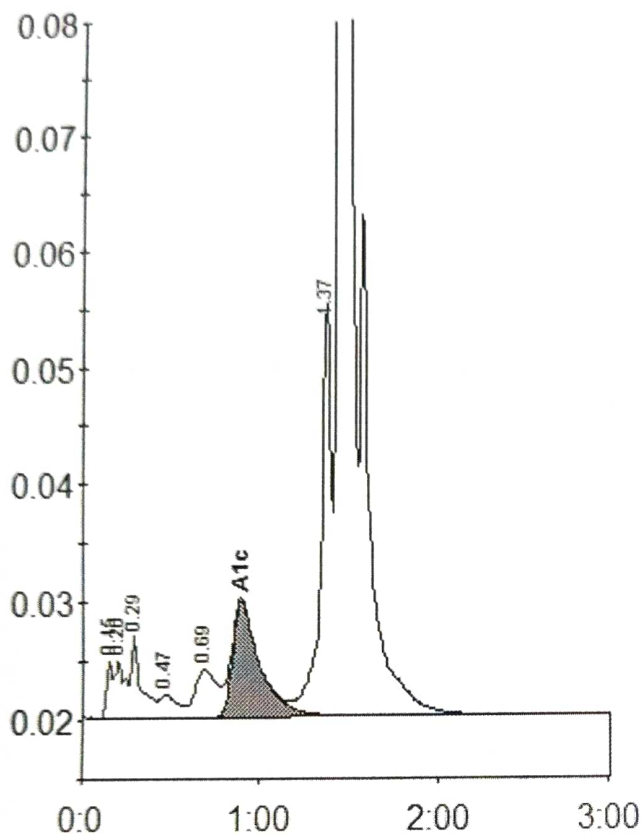
Patient report

Mrs. Baishakhi Malik
(R)NMHK.2202448 39y/ F



07H0058169A
EDTA Wh 26-02 13:14

Bio-Rad DATE: 26/02/2022
D-10 TIME: 16:00
S/N: #DJ0A467747 Software version: 4.30-2
Sample ID: 07H0058169A
Injection date: 26/02/2022 15:54
Injection #: 21 Method: HbA1c
Rack #: --- Rack position: 1



Peak table - ID: 07H0058169A

Peak	R.time	Height	Area	Area %
Unknown	0.15	4934	10489	0.4
A1a	0.20	4960	20013	0.8
A1b	0.29	7158	29526	1.2
F	0.47	1964	13875	0.6
LA1c/CHb-1	0.69	4009	34289	1.4
A1c	0.90	9779	104590	6.0
P3	1.37	35283	140451	5.9
A0	1.44	715272	2029519	85.2
Total Area:			2382754	

Concentration:	%	mmol/mol
A1c	6.0	42

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Sample No : 07H0058169B Collection Date : 26/02/22 13:14 Ack Date : 26/02/2022 14:36 Report Date : 26/02/22 17:33

BLOOD SUGAR(F)

SAMPLE : PLASMA

BLOOD SUGAR FASTING 94 mg/dl 70 - 109

Method - Hexokinase

Sample No : 07H0058173B Collection Date : 26/02/22 13:19 Ack Date : 26/02/2022 14:36 Report Date : 26/02/22 17:33

BLOOD SUGAR(PP)

SAMPLE : PLASMA

BLOOD SUGAR PP 111 mg/dl 70 - 140

Method - Hexokinase

End of Report



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

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Hematology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0058169	Collection Date : 26/02/22 13:14	Ack Date : 26/02/2022 14:37	Report Date : 27/02/22 18:57

COMPLETE HAEMOGRAM (CBC)

SAMPLE : EDTA BLOOD

HAEMOGLOBIN (HB) <i>Method - Colorimetric method (Cyn Meth)</i>	12.3	gm/dl	12 - 15
RBC COUNT <i>Method - Electrical Impedance Method</i>	4.17	x10 ⁶ /ul	3.8 - 4.8
TOTAL WBC COUNT <i>Method - Electrical Impedance Method</i>	9.8	10 ³ /cmm	4 - 10
PLATELET COUNT <i>Method - Electrical Impedance Method</i>	210	10 ³ /cmm	150 - 410
PCV <i>Method - RBC pulse ht. detection method</i>	38	%	36 - 46
MCV <i>Method - calculated</i>	91	fl	83 - 101
MCH <i>Method - Calculated</i>	30	pg	27 - 32
MCHC <i>Method - Calculated</i>	33	gm/dl	31.5 - 34.5
ESR <i>Method - Modified Westergren Method</i>	25 ▲	%	0 - 12

DIFFERENTIAL COUNT

NEUTROPHILS <i>Method - Microscopy</i>	75	%	40 - 80
LYMPHOCYTES <i>Method - Microscopy</i>	20	%	20 - 40
MONOCYTES <i>Method - Microscopy</i>	03	%	2 - 10
EOSINOPHILS <i>Method - Microscopy</i>	02	%	1 - 6
BASOPHILS <i>Method - Microscopy</i>	00	%	0 - 2

PERIPHERAL BLOOD SMEAR

RBC	Normocytic normochromic
WBC	Within normal limits

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PLATELET

Adequate

End of Report



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Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0058169	Collection Date : 26/02/22 13:14	Ack Date : 26/02/2022 17:44	Report Date : 27/02/22 18:59

URINE FOR R/E

SAMPLE : URINE

PHYSICAL EXAMINATION

VOLUME	60	ml	
COLOUR	STRAW		
APPEARANCE	SLIGHTLY HAZY		
SPECIFIC GRAVITY	1.015		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	2-3 / HPF	<5/HPF
EPITHELIAL CELLS	4-6 / HPF	<20/HPF
RBC	NIL	
CAST	ABSENT	ABSENT
CRYSTAL	ABSENT	ABSENT

Please correlate clinically.

End of Report



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Immunoassay

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
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THYROID FUNCTION TEST

SAMPLE : SERUM

T3 <i>Method - ECLIA</i>	1.08	ng/ml	0.6 - 1.8
T4 <i>Method - ECLIA</i>	8.14	ug/dL	5.4 - 11.7
TSH <i>Method - ECLIA</i>	4.42	uIU/ml	Adult Male – 0.27-5.50 Adult Female – 0.27-5.50 Newborns - <25 Upto 12 years – 0.3-5

Interpretations:

1. For diagnostic purposes, the result should always be assessed in conjunction with the patient's medical history, clinical examinations and other findings.
2. 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)
3. There is no high dose hook effect at TSH concentrations upto 1000 µmol/ml.
4. 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.
5. 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).
6. 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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DIAGNOSTICS REPORT

Patient Name	: Mrs. Baishakhi Malik	Order Date	: 26/02/2022 12:46
Age/Sex	: 39 Year(s)/Female	Report Date	: 26/02/2022 20:43
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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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USG REPORT OF WHOLE ABDOMEN

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

PORTA :PV : Normal. PV measures 0.8 cm.

CD : Normal . CD 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 : 10.1 cm & Left kidney measures : 9.4 cm.

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

DIAGNOSTICS REPORT

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UTERUS : Anteverted normal in size, shape, outline, position and parenchymal echogenicity. Cavity is empty. Uterus measures 8.4 cm x 4.6 cm x 4.1 cm.

OVARIES : Both ovaries are normal in size, shape and echopattern.
Right ovary : measures 2.2 cm x 1.2 cm.
Left ovary : measures 2.4 cm x 1.4 cm.

PERITONEUM : No free fluid is noted.

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

IMPRESSION : * Hepatomegaly with diffuse fatty changes.



Dr. MADHUSHREE RAY NASKAR ,
MBBS, DMRD

Consultant Radiologist

RegNo: 57032

DIAGNOSTICS REPORT

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2D ECHOCARDIOGRAPHY WITH M-MODE

MEASUREMENTS

2D and M-Mode :

IVS (d)	10 mm	Aorta (at sinuses)	23 mm
LVID (d)	40 mm	LA diameter	27 mm
LVPW (d)	10 mm	RVID (d) - basal	15 mm
LVID (s)	24 mm	TAPSE	25 mm
LVEF	62 %		

Estimated PASP = 20 mmHg

FINDINGS

Left Ventricle :

Cavity size : Normal.
Wall thickness : Normal.
Segmental wall motion : No abnormality found.
Global systolic function : Normal (EF = 62%)
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.

Tricuspid Valve : Normal structure, normal excursion. Trivial TR. TR gradient = 15 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 = 25 mm).
- * Normal valve morphology.
- * Adequate LV diastolic function.
- * No pericardial effusion.
- * No pulmonary arterial hypertension.

Tachycardia noted during echo study.



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

Board Certified Comprehensive
Echocardiographer (USA)

DIAGNOSTICS REPORT

Patient Name	: Mrs. Baishakhi Malik	Order Date	: 26/02/2022 12:46
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ELECTROCARDIOGRAM REPORT (ECG)

HR	: 101 bpm
Rhythm	: Sinus
P wave	: Normal
PR Interval	: 126 msec
QRS axis	: Normal (36 Degree)
QRS duration	: 86 msec
QRS configuration	: Normal
T wave	: Non specific changes
ST segment	: Non specific changes
QTc	: 429 msec
QT	: 330 msec

IMPRESSION:

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



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

Board Certified Comprehensive
Echocardiographer (USA)

BRISHAKHI MALIK
2202448

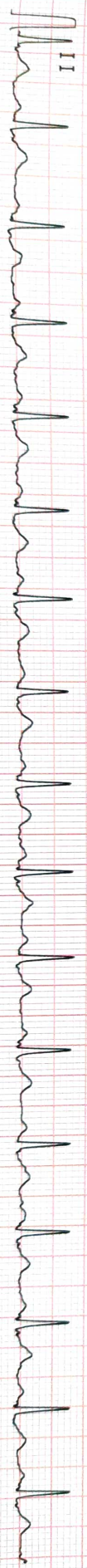
39 years M / F
..... kg

HR 101/min

Intervals:
RR 596 ms
P 104 ms
PR 126 ms
QRS 86 ms
QT 330 ms
QTc 429 ms
(Bazett)
10 mm/mV

SINUS TACHYCARDIA
OTHERWISE NORMAL ECG

UNCONFIRMED REPORT



10 mm/mV

0.05-25 Hz FS0 SSF SBS 26.02.2022 10:57:36

NARAYAN MEMORIAL HOSPITAL, BEHALA

AT-102plus 1:25:01