


### CHECK LIST


|                  |            |                 |
|------------------|------------|-----------------|
| NAME             |            | PATHOLOGY/PP    |
| OP               |            | EKG/PFT         |
| AGE              |            | ECHO/TMT        |
| DATE             |            | USG / CXR       |
| PACKAGE          |            | URINE / STOOL   |
| REFERRED BY      |            | MAMMO/ PAP      |
| HT               | 155.2cm    | EYE/ DENTAL     |
| WT               | 57 kg      | GP CONSULTATION |
| BP               | 90/70mm/hg | DIETITION       |
| PULSE            | 87b/w      | CARDIOLOGIST    |
| WAIST            | 82.5cm     | GYNECOLOGIST    |
| HIP              | 98.5cm     | DENTAL          |
| RESPIRATORY RATE |            |                 |
| CHEST (INHALE)   | 86.5cm     |                 |
| CHEST (EXHALE)   | 86.5cm     |                 |
| ABDOMEN          | 76.5cm     |                 |

SPO2: 99%







 भारत सरकार  
Government of India

 सायली डोईफोडे  
Sayali Doifode  
जन्म तिथि/DOB: 19/02/1991  
महिला/ FEMALE

2258 5725 2070  
VID: 9192 7803 1812 0105

मेरा आधार, मेरी पहचान



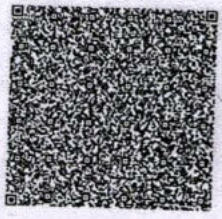
 भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

पता:  
C/O विजय कुमार डोईफोडे, 1154, सत्यानन्द विहार  
कालोनी, रामपुर, शंकर शाह नगर वार्ड, गौरीघाट, जबलपुर,  
मध्य प्रदेश - 482008

**Address:**  
C/O Vijay Kumar Doifode, 1154, Satyanand  
Vihar Colony, Rampur, Shankar Shah Nagar  
Ward, Gaurighat, Jabalpur,  
Madhya Pradesh - 482008

2258 5725 2070  
VID: 9192 7803 1812 0105

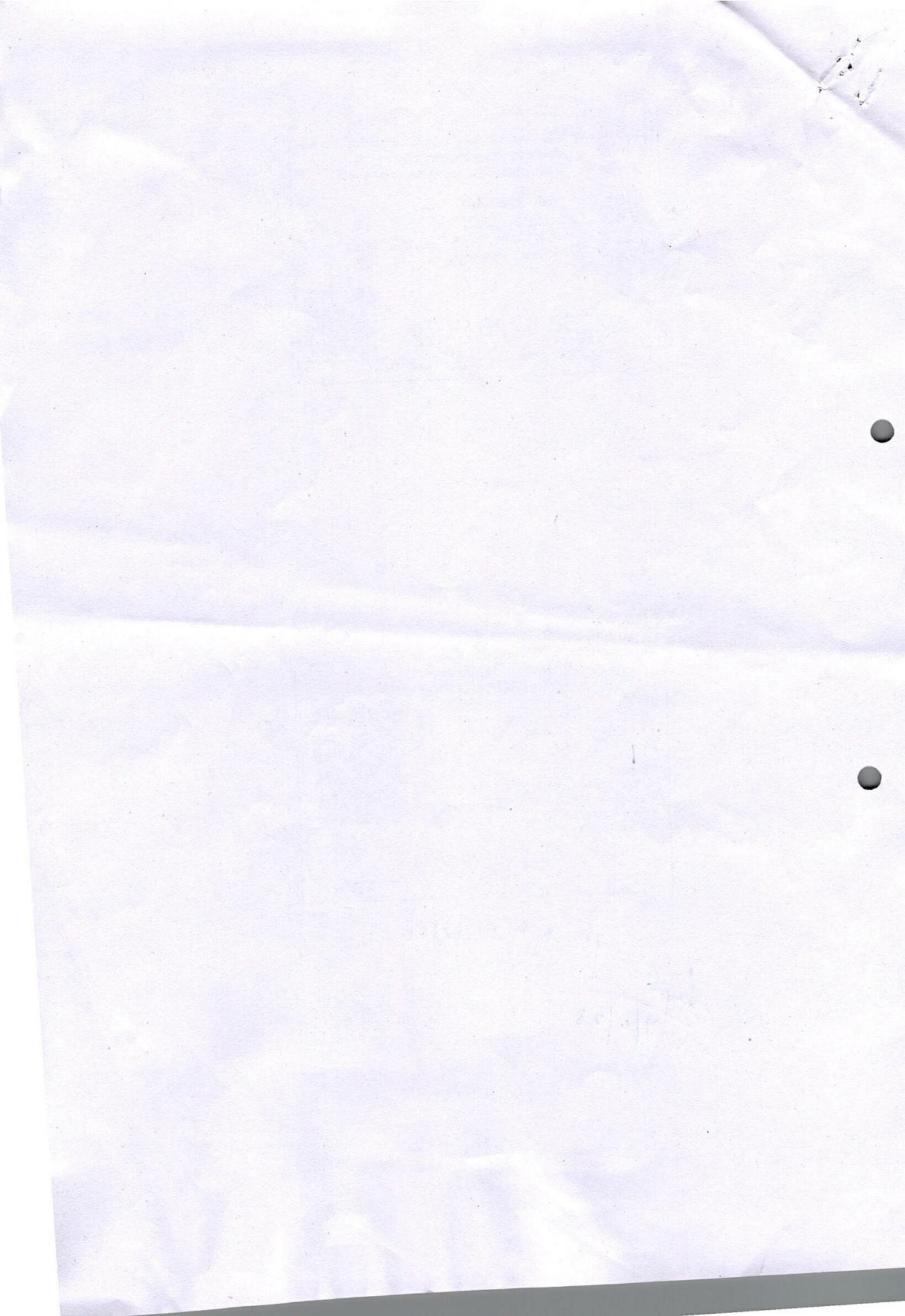
QR Code with Photograph



for N.M. Hospital

Sayali  
7/4/23







## DIAGNOSTICS REPORT

*HEC*

|              |   |             |                             |
|--------------|---|-------------|-----------------------------|
| Patient Name | : Mrs. SAYALI DOIFODE   | Order Date  | : 07/04/2023 09:49          |
| Age/Sex      | : 32 Year(s)/Female   | Report Date | : 07/04/2023 15:41          |
| UHID         | : NMHK.2308190  | IP No       | :                           |
| Ref. Doctor  | : NMH   | Facility    | : NARAYAN MEMORIAL HOSPITAL |
| Address      | : FLAT NO-16,SREERAM ESTAE,<br>BEHALA,Kolkata, West Bengal,<br>700008 | Mobile      | : 9424678851                |

### ELECTROCARDIOGRAM REPORT (ECG)

|                   |                        |
|-------------------|------------------------|
| HR                | : 83 bpm               |
| Rhythm            | : Sinus                |
| P wave            | : Normal               |
| PR Interval       | : 140 msec             |
| QRS axis          | : Normal ( 67 Degree)  |
| QRS duration      | : 70 msec              |
| QRS configuration | : Normal               |
| T wave            | : Non specific changes |
| ST segment        | : Non specific changes |
| QTc               | : 424 msec             |
| QT                | : 360 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



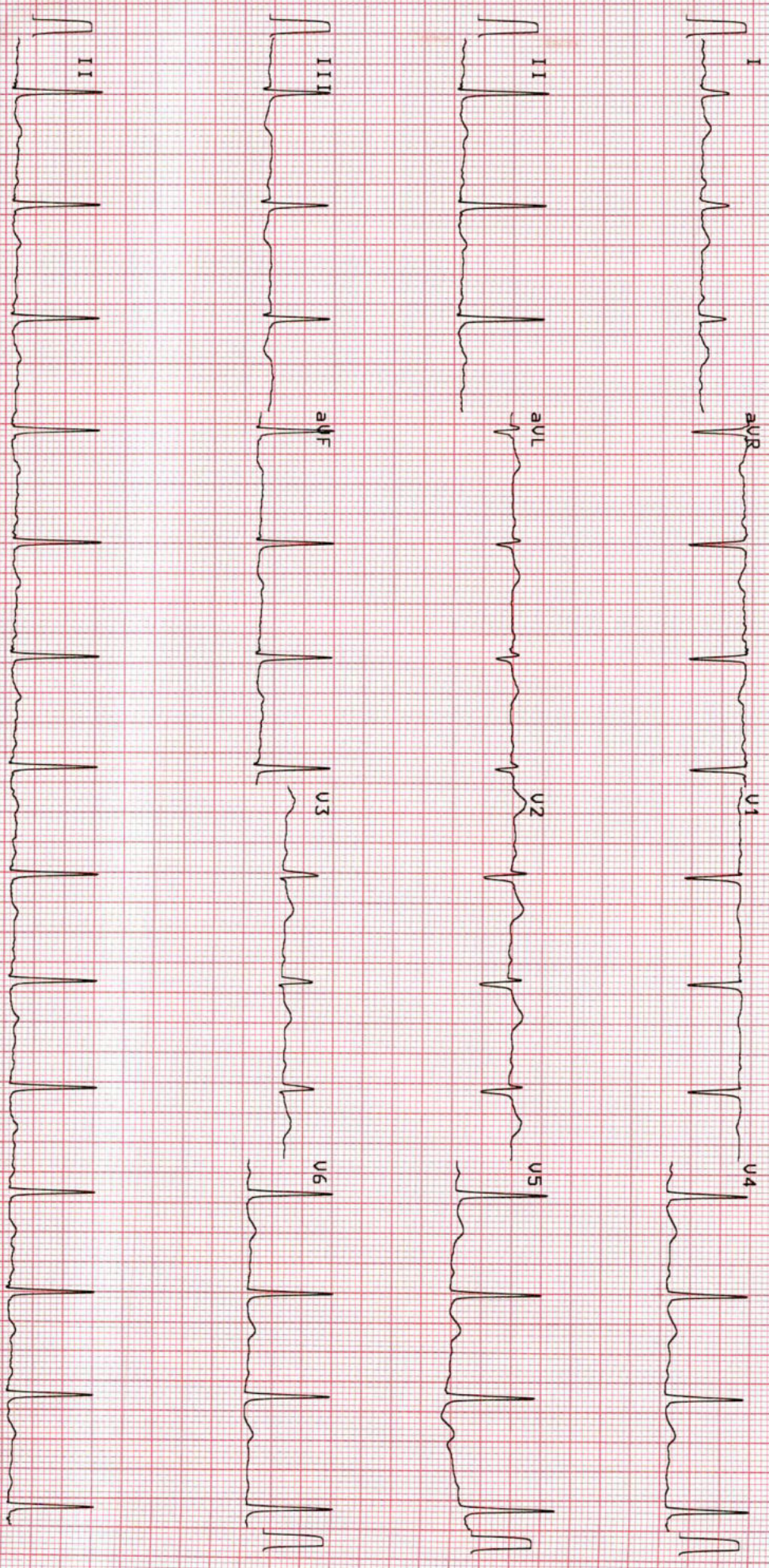


SRYALI DOI FODE  
 2308190  
 32 years Female  
 ..... kg

HR 83/min  
 Intervals:  
 RR 726 ms  
 P 52 ms  
 PR 140 ms  
 QR5 70 ms  
 QT 360 ms  
 QTc 424 ms  
 (Bazett)  
 10 mm/mV

SINUS RHYTHM  
 NORMAL ECG  
 6.02

UNCONFIRMED REPORT



10 μm/mV  
 25 mm/s

0.05-25 Hz F50 SSF 5B5 07.04.2023 12:24:58

NARAYAN MEMORIAL  
 HOSPITAL, BEHALA

RT-102plus 1.25 CI  
 72180









## DIAGNOSTICS REPORT

|              |   |             |                             |
|--------------|---|-------------|-----------------------------|
| Patient Name | : Mrs. SAYALI DOIFODE   | Order Date  | : 07/04/2023 09:49          |
| Age/Sex      | : 32 Year(s)/Female   | Report Date | : 07/04/2023 15:35          |
| UHID         | : NMHK.2308190  | IP No       | :                           |
| Ref. Doctor  | : NMH   | Facility    | : NARAYAN MEMORIAL HOSPITAL |
| Address      | : FLAT NO-16,SREERAM ESTAE,<br>BEHALA,Kolkata, West Bengal,<br>700008 | Mobile      | : 9424678851                |

### ECHOCARDIOGRAPHY (SCREENING)

#### Status of Patient :

- \* No regional wall motion abnormality at rest.
- \* Good LV systolic function (EF = 60 %).
- \* Good RV systolic function (TAPSE = 20 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,MRCP  
CH (UK)

Board Certified Comprehensive  
Echocardiographer (USA)





## LABORATORY INVESTIGATION REPORT

**Patient Name** : Mrs. SAYALI DOIFODE **Age/Sex** : 32 Year(s)/Female  
**UHID** : NMHK.2308190 **Order Date** : 07/04/2023 09:49  
**Episode** : OP  
**Ref. Doctor** : NMH **Mobile No** : 9424678851  
**DOB** : 01/01/1991  
**Address** : FLAT NO-16,SREERAM ESTAE , BEHALA ,Kolkata,  
West Bengal ,700008 **Facility** : NARAYAN MEMORIAL HOSPITAL

### Biochemistry

| INVESTIGATION           | RESULTS                          | UNITS                       | BIOLOGICAL REF RANGE         |
|-------------------------|----------------------------------|-----------------------------|------------------------------|
| Sample No : 07H0110492A | Collection Date : 07/04/23 11:35 | Ack Date : 07/04/2023 13:39 | Report Date : 07/04/23 19:44 |

#### GLYCOSYLATED HAEMOGLOBIN (HBA1C)

##### SAMPLE : EDTA BLOOD

HBA1C 6.0

##### 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.

End of Report



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

Checked By







## LABORATORY INVESTIGATION REPORT

|   |   |
|---|---|
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| <b>UHID</b> : NMHK.2308190  | <b>Order Date</b> : 07/04/2023 09:49        |
| <b>Episode</b> : OP   |   |
| <b>Ref. Doctor</b> : NMH  | <b>Mobile No</b> : 9424678851               |
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### Biochemistry

| INVESTIGATION                           | RESULTS                          | UNITS                       | BIOLOGICAL REF RANGE         |
|---|----------------------------------|-----------------------------|------------------------------|
| Sample No : 07H0110492                  | Collection Date : 07/04/23 11:35 | Ack Date : 07/04/2023 12:14 | Report Date : 07/04/23 19:44 |
| <b>SERUM CREATININE</b>                 |                                  |                             |                              |
| <b>SAMPLE : SERUM</b>                   |                                  |                             |                              |
| SERUM CREATININE                        | 0.6                              | mg/dl                       | 0.5 - 0.9                    |
| <i>Jaffe Gen2 Compensated</i>           |                                  |                             |                              |
| <b>LIVER FUNCTION TEST ( LFT )</b>      |                                  |                             |                              |
| <b>SAMPLE : SERUM</b>                   |                                  |                             |                              |
| TOTAL BILIRUBIN                         | 0.5                              | mg/dl                       | 0 - 1.1                      |
| <i>Diazo Method</i>                     |                                  |                             |                              |
| DIRECT BILIRUBIN                        | 0.2                              | mg/dl                       | 0 - 0.2                      |
| <i>Diazo Method</i>                     |                                  |                             |                              |
| INDIRECT BILIRUBIN                      | 0.3                              | mg/dl                       | 0.2 - 0.9                    |
| <i>Calculated</i>                       |                                  |                             |                              |
| SGPT (ALT)                              | 25                               | U/L                         | 0 - 34                       |
| <i>IFCC Without Pyridoxal Phosphate</i> |                                  |                             |                              |
| SGOT (AST)                              | 17                               | U/L                         | 0 - 31                       |
| <i>IFCC Without Pyridoxal Phosphate</i> |                                  |                             |                              |
| ALKALINE PHOSPHATASE                    | 80                               | U/L                         | 53 - 128                     |
| <i>IFCC</i>                             |                                  |                             |                              |
| TOTAL PROTEIN                           | 7.4                              | g/dl                        | 6.4 - 8.2                    |
| <i>Biuret</i>                           |                                  |                             |                              |
| ALBUMIN                                 | 4.5                              | gm/dl                       | 3.5 - 5.2                    |
| <i>Bromocresol Green</i>                |                                  |                             |                              |
| GLOBULIN                                | 2.9                              | g/dl                        | 2 - 3.5                      |
| <i>Calculated</i>                       |                                  |                             |                              |
| ALBUMIN:GLOBULIN                        | 1.6                              | -                           | 1.1 - 2.5                    |
| <i>Calculated</i>                       |                                  |                             |                              |
| GGT                                     | 18                               | U/L                         | 5 - 36                       |







## LABORATORY INVESTIGATION REPORT

|   |   |
|---|---|
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| <b>UHID</b> : NMHK.2308190  | <b>Order Date</b> : 07/04/2023 09:49        |
| <b>Episode</b> : OP   |   |
| <b>Ref. Doctor</b> : NMH  | <b>Mobile No</b> : 9424678851               |
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*Enzymatic colorimetric assay*

### BLOOD UREA NITROGEN

BLOOD UREA NITROGEN 6.1 mg/dl 6 - 20

*Calculated*

### LIPID PROFILE

#### SAMPLE : SERUM

TOTAL CHOLESTEROL 192 mg/dl Desirable <200 |  
Borderline 200-239 |  
High >=240

*CHOD-PAP*

HDL CHOLESTEROL 53 mg/dl 40 - 60

*Homogenous Enzymatic Colorimetric*

LDL CHOLESTEROL 120 mg/dl Optimal < 100 |  
Borderline 130

*Homogenous Enzymatic Colorimetric*

VLDL 19 mg/dl 0 - 30

*CALCULATED*

CHOLESTEROL-HDL RATIO 3.62 -

LDL-HDL RATIO 2.26 -

TRIGLYCERIDES 94 mg/dl Desirable <150 |  
Borderline 150 - 200 |  
High >200

*Enzymatic Colorimetric*

### URIC ACID

#### SAMPLE : SERUM

URIC ACID 5.1 mg/dl 2.4 - 5.7

*Enzymatic Colorimetric*

### BUN / CREATINE RATIO

#### SAMPLE : SERUM

BUN / CREATINE RATIO 10.2

Sample No : 07H0110492B

Collection Date : 07/04/23 11:35

Ack Date : 07/04/2023 12:16

Report Date : 07/04/23 19:44

### BLOOD SUGAR(F)







## LABORATORY INVESTIGATION REPORT

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**Address** : FLAT NO-16,SREERAM ESTAE , BEHALA ,Kolkata,  
West Bengal ,700008

**Age/Sex** : 32 Year(s)/Female  
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**DOB** : 01/01/1991  
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### SAMPLE : PLASMA

BLOOD SUGAR FASTING 86 mg/dl 70 - 109

Hexokinase

Sample No : 07H0110520B Collection Date : 07/04/23 12:59 Ack Date : 07/04/2023 14:33 Report Date : 07/04/23 19:44

### BLOOD SUGAR(PP)

### SAMPLE : PLASMA

BLOOD SUGAR PP 115 mg/dl 70.00 - 140.00

Hexokinase

End of Report

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

Checked By





## LABORATORY INVESTIGATION REPORT

**Patient Name** : Mrs. SAYALI DOIFODE **Age/Sex** : 32 Year(s)/Female  
**UHID** : NMHK.2308190 **Order Date** : 07/04/2023 09:49  
**Episode** : OP  
**Ref. Doctor** : NMH **Mobile No** : 9424678851  
**Address** : FLAT NO-16,SREERAM ESTAE , BEHALA ,Kolkata, West Bengal ,700008 **DOB** : 01/01/1991  
**Facility** : NARAYAN MEMORIAL HOSPITAL

### Hematology

INVESTIGATION RESULTS UNITS BIOLOGICAL REF RANGE  
Sample No : 07H0110492 Collection Date : 07/04/23 11:35 Ack Date : 07/04/2023 11:48 Report Date : 07/04/23 15:42

#### COMPLETE HAEMOGRAM ( CBC )

##### SAMPLE : EDTA BLOOD

|   |        |                      |             |
|---|--------|----------------------|-------------|
| HAEMOGLOBIN (HB)<br><i>Colorimetric method (Cyn Meth)</i> | 11.8 ▼ | gm/dl                | 12 - 15     |
| RBC COUNT<br><i>Electrical Impedance Method</i>           | 4.7    | x10 <sup>6</sup> /ul | 3.8 - 4.8   |
| TOTAL WBC COUNT<br><i>Electrical Impedance Method</i>     | 10.9 ▲ | 10 <sup>3</sup> /cmm | 4 - 10      |
| PLATELET COUNT<br><i>Electrical Impedance Method</i>      | 430 ▲  | 10 <sup>3</sup> /cmm | 150 - 410   |
| PCV<br><i>RBC pulse ht. detection method</i>              | 37     | %                    | 36 - 46     |
| MCV<br><i>calculated</i>                                  | 78 ▼   | fl                   | 83 - 101    |
| MCH<br><i>Calculated</i>                                  | 25 ▼   | pg                   | 27 - 32     |
| MCHC<br><i>Calculated</i>                                 | 32     | gm/dl                | 31.5 - 34.5 |
| ESR<br><i>Modified Westergren Method</i>                  | 25 ▲   | %                    | 0 - 12      |

#### DIFFERENTIAL COUNT

|                                  |    |   |         |
|----------------------------------|----|---|---------|
| NEUTROPHILS<br><i>Microscopy</i> | 59 | % | 40 - 80 |
| LYMPHOCYTES<br><i>Microscopy</i> | 33 | % | 20 - 40 |
| MONOCYTES<br><i>Microscopy</i>   | 05 | % | 2 - 10  |







## LABORATORY INVESTIGATION REPORT

|   |   |
|---|---|
| <b>Patient Name</b> : Mrs. SAYALI DOIFODE   | <b>Age/Sex</b> : 32 Year(s)/Female          |
| <b>UHID</b> : NMHK.2308190  | <b>Order Date</b> : 07/04/2023 09:49        |
| <b>Episode</b> : OP   | <b>Mobile No</b> : 9424678851               |
| <b>Ref. Doctor</b> : NMH  | <b>DOB</b> : 01/01/1991                     |
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|                   |    |   |       |
|-------------------|----|---|-------|
| EOSINOPHILS       | 03 | % | 1 - 6 |
| <i>Microscopy</i> |    |   |       |
| BASOPHILS         | 00 | % | 0 - 2 |
| <i>Microscopy</i> |    |   |       |

### PERIPHERAL BLOOD SMEAR

|          |  |
|----------|--|
| RBC      | Predominantly normocytic normochromic,<br>few microcytes seen. |
| 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. SAYALI DOIFODE

**UHID** : NMHK.2308190

**Episode** : OP

**Ref. Doctor** : NMH

**Address** : FLAT NO-16,SREERAM ESTAE , BEHALA ,Kolkata,  
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**Age/Sex** : 32 Year(s)/Female

**Order Date** : 07/04/2023 09:49

**Mobile No** : 9424678851

**DOB** : 01/01/1991

**Facility** : NARAYAN MEMORIAL HOSPITAL

### Immunology

| INVESTIGATION          | RESULTS                          | UNITS                       | BIOLOGICAL REF RANGE         |
|------------------------|----------------------------------|-----------------------------|------------------------------|
| Sample No : 07H0110492 | Collection Date : 07/04/23 11:35 | Ack Date : 07/04/2023 11:48 | Report Date : 07/04/23 13:29 |

#### BLOOD GROUPING & Rh TYPING

##### SAMPLE : EDTA BLOOD

BLOOD GROUP

Agglutinationforward & Reverse

RH TYPE

' O '

POSITIVE

End of Report

*Angkita K. Ghosh*

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

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Checked By





## LABORATORY INVESTIGATION REPORT

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**UHID** : NMHK.2308190  
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**Order Date** : 07/04/2023 09:49  
**Mobile No** : 9424678851  
**DOB** : 01/01/1991  
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### Immunology

| INVESTIGATION                | RESULTS                          | UNITS                       | BIOLOGICAL REF RANGE  |
|------------------------------|----------------------------------|-----------------------------|---|
| Sample No : 07H0110492       | Collection Date : 07/04/23 11:35 | Ack Date : 07/04/2023 12:14 | Report Date : 08/04/23 13:35  |
| <b>THYROID FUNCTION TEST</b> |                                  |                             |   |
| <b>SAMPLE : SERUM</b>        |                                  |                             |   |
| T3<br>ECLIA                  | 1.72                             | ng/ml                       | 0.60 - 1.80   |
| T4<br>ECLIA                  | 10.63                            | ug/dL                       | 5.40 - 11.70  |
| TSH<br>ECLIA                 | 1.58                             | uIU/ml                      | Adult Male – 0.27-5.50<br>Adult Female – 0.27-5.50<br>Newborns - <25<br>Upto 12 years – 0.3-5 |

#### 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  $\mu\text{mol/L}$  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  $\mu\text{mol/ml}$ .
- 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 (billirubin < 633  $\mu\text{mol/L}$  or < 37 mg/dl), hemolysis (Hb < 1.4 mmol/L or < 2.3 g/dl), lipemia (triglycerid es < 28.5 mmol/L or 2500 mg/dl) and biotin (< 409 nmol or < 100 ng/ml).
- The assay is unaffected by icterus (bilirubin < 599  $\mu\text{mol/L}$  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)

Checked By





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### Clinical Pathology

| INVESTIGATION          | RESULTS                          | UNITS                       | BIOLOGICAL REF RANGE         |
|------------------------|----------------------------------|-----------------------------|------------------------------|
| Sample No : 07H0110492 | Collection Date : 07/04/23 11:35 | Ack Date : 07/04/2023 12:39 | Report Date : 08/04/23 10:48 |

#### URINE FOR R/E

##### SAMPLE : URINE

##### PHYSICAL EXAMINATION

|                  |                   |    |               |
|------------------|-------------------|----|---------------|
| VOLUME           | 50                | ml |               |
| COLOUR           | PALE YELLOW       |    |               |
| APPEARANCE       | SLIGHTLY HAZY     |    |               |
| SPECIFIC GRAVITY | 1.005             |    | 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 | 5-7/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)







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### Clinical Pathology

| INVESTIGATION          | RESULTS                          | UNITS                       | BIOLOGICAL REF RANGE         |
|------------------------|----------------------------------|-----------------------------|------------------------------|
| Sample No : 07H0110492 | Collection Date : 07/04/23 11:35 | Ack Date : 07/04/2023 12:39 | Report Date : 08/04/23 10:49 |

#### URINE FOR SUGAR FASTING

##### SAMPLE : URINE

RESULT ABSENT

|                        |                                  |                             |                              |
|------------------------|----------------------------------|-----------------------------|------------------------------|
| Sample No : 07H0110520 | Collection Date : 07/04/23 12:59 | Ack Date : 07/04/2023 18:21 | Report Date : 08/04/23 10:49 |
|------------------------|----------------------------------|-----------------------------|------------------------------|

#### URINE FOR SUGAR PP

##### SAMPLE : URINE

RESULT ABSENT

End of Report

*Angkita K. Ghosh*

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

RegNo: 82734

Checked By







## DIAGNOSTICS REPORT

|              |   |             |                             |
|--------------|---|-------------|-----------------------------|
| Patient Name | : Mrs. SAYALI DOIFODE   | Order Date  | : 07/04/2023 09:49          |
| Age/Sex      | : 32 Year(s)/Female   | Report Date | : 07/04/2023 14:45          |
| UHID         | : NMHK.2308190  | IP No       | :                           |
| Ref. Doctor  | : NMH   | Facility    | : NARAYAN MEMORIAL HOSPITAL |
| Address      | : FLAT NO-16,SREERAM ESTAE,<br>BEHALA,Kolkata, West Bengal,<br>700008 | Mobile      | : 9424678851                |

### 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. Sayani Mahal,

MD Radiology (AIIMS), PDCC (AIIMS)

RegNo: 74369





## DIAGNOSTICS REPORT

|              |   |             |                             |
|--------------|---|-------------|-----------------------------|
| Patient Name | : Mrs. SAYALI DOIFODE   | Order Date  | : 07/04/2023 09:49          |
| Age/Sex      | : 32 Year(s)/Female   | Report Date | : 07/04/2023 17:22          |
| UHID         | : NMHK.2308190  | IP No       | :                           |
| Ref. Doctor  | : NMH   | Facility    | : NARAYAN MEMORIAL HOSPITAL |
| Address      | : FLAT NO-16,SREERAM ESTAE,<br>BEHALA,Kolkata, West Bengal,<br>700008 | Mobile      | : 9424678851                |

### 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 (0.2 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 : 10.2 cm & Left kidney measures : 9.2 cm.

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







## DIAGNOSTICS REPORT

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| Age/Sex      | : 32 Year(s)/Female   | Report Date | : 07/04/2023 17:22          |
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**UTERUS** : Anteverted normal in size, shape, outline, position and parenchymal echogenicity. Cavity is empty. Uterus measures 7.2 cm x 4.4 cm x 4.1 cm.

**OVARIES** : Both ovaries are normal in size, shape and echopattern.  
Right ovary : measures ( 2.7 cm x 1.1 cm) with normal echopattern.  
Left ovary : measures ( 3.0 cm x 1.6 cm) with normal echopattern.

**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

