

LABORATORY INVESTIGATION REPORT

Patient Name	: Mrs. Pampa Mistry	Age/Sex	: 42 Year(s)/Female
UHID	: NMHK.2203359	Order Date	: 12/03/2022 14:08
Episode	: OP	Mobile No	: 8436313163
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
Address	: JALGUOHI , FALTA ,Kolkata,West Bengal ,743375		

Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0059271	Collection Date : 12/03/22 14:33	Ack Date :	Report Date : 13/03/22 13:14

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	11.2	mg/dl	6 - 20
<i>Calculated</i>			

URIC ACID

SAMPLE : SERUM

URIC ACID	5.0	mg/dl	2.4 - 5.7
<i>Enzymatic Colorimetric</i>			

SAMPLE : SERUM

RESULT	22.4		
Sample No : 07H0059271B	Collection Date : 12/03/22 14:33	Ack Date :	Report Date : 13/03/22 13:14

BLOOD SUGAR(F)

SAMPLE : PLASMA

BLOOD SUGAR FASTING	80	mg/dl	70 - 109
<i>Hexokinase</i>			

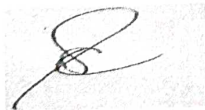
Sample No : 07H0059288B	Collection Date : 12/03/22 16:25	Ack Date :	Report Date : 13/03/22 13:14
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BLOOD SUGAR(PP)

SAMPLE : PLASMA

BLOOD SUGAR PP	107	mg/dl	70.00 - 140.00
<i>Hexokinase</i>			

End of Report



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

Checked By

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Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0059271A	Collection Date : 12/03/22 14:33	Ack Date :	Report Date : 12/03/22 18:44

GLYCOSYLATED HAEMOGLOBIN (HBA1C)


SAMPLE : EDTA BLOOD

HBA1C 5.6 % Non-diabetic : 4-6

By HPLC

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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Biochemistry

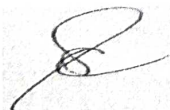
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LIVER FUNCTION TEST (LFT)

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>	27	U/L	0 - 34
SGOT (AST) <i>IFCC Without Pyridoxal Phosphate</i>	25	U/L	0 - 31
ALKALINE PHOSPHATASE <i>IFCC</i>	93	U/L	53 - 128
TOTAL PROTEIN <i>Biuret</i>	7.8	g/dl	6.4 - 8.2
ALBUMIN <i>Bromocresol Green</i>	4.6	gm/dl	3.5 - 5.2
GLOBULIN <i>Calculated</i>	3.2	g/dl	2 - 3.5
ALBUMIN:GLOBULIN <i>Calculated</i>	1.4	-	1.1 - 2.5
GGT <i>Enzymatic colorimetric assay</i>	16	U/L	5 - 36

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LIPID PROFILE

SAMPLE : SERUM

TOTAL CHOLESTEROL	140	mg/dl	Desirable <200 Borderline 200-239 High >=240
<i>CHOD-PAP</i>			
HDL CHOLESTEROL	58	mg/dl	40 - 60
<i>Homogenous Enzymatic Colorimetric</i>			
LDL CHOLESTEROL	64	mg/dl	Optimal < 100 Borderline 130
<i>Homogenous Enzymatic Colorimetric</i>			
VLDL	14	mg/dl	0 - 30
<i>CALCULATED</i>			
CHOLESTEROL-HDL RATIO	2.41	-	
LDL-HDL RATIO	1.10	-	
TRIGLYCERIDES	70	mg/dl	Desirable <150 Borderline 150 - 200 High >200
<i>Enzymatic Colorimetric</i>			

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Immunoassay

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0059271	Collection Date : 12/03/22 14:33	Ack Date :	Report Date : 12/03/22 19:20

THYROID FUNCTION TEST

SAMPLE : SERUM

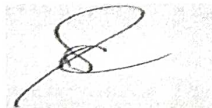
T3 ECLIA	0.97	ng/ml	0.60 - 1.80
T4 ECLIA	8.36	ug/dL	5.40 - 11.70
TSH	4.41	uIU/ml	Adult Male – 0.27-5.50 Adult Female – 0.27-5.50 Newborns - <25 Upto 12 years – 0.3-5

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).

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Hematology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
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COMPLETE HAEMOGRAM (CBC)

SAMPLE : EDTA BLOOD

HAEMOGLOBIN (HB) <i>Colorimetric method (Cyn Meth)</i>	13.9	gm/dl	12 - 15
RBC COUNT <i>Electrical Impedance Method</i>	5.10 ▲	x10 ⁶ /ul	3.8 - 4.8
TOTAL WBC COUNT <i>Electrical Impedance Method</i>	7.6	10 ³ /cmm	4 - 10
PLATELET COUNT <i>Electrical Impedance Method</i>	250	10 ³ /cmm	150 - 410
PCV <i>RBC pulse ht. detection method</i>	42	%	36 - 46
MCV <i>calculated</i>	82 ▼	fl	83 - 101
MCH <i>Calculated</i>	27	pg	27 - 32
MCHC <i>Calculated</i>	33	gm/dl	31.5 - 34.5
ESR <i>Modified Westergren Method</i>	41 ▲	%	0 - 12

DIFFERENTIAL COUNT

NEUTROPHILS <i>Microscopy</i>	65	%	40 - 80
LYMPHOCYTES <i>Microscopy</i>	31	%	20 - 40
MONOCYTES <i>Microscopy</i>	02	%	2 - 10
EOSINOPHILS <i>Microscopy</i>	02	%	1 - 6
BASOPHILS <i>Microscopy</i>	00	%	0 - 2

PERIPHERAL BLOOD SMEAR

RBC	Normocytic Normochromic
WBC	Within normal limit
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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Immunology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0059271	Collection Date : 12/03/22 14:33	Ack Date :	Report Date : 14/03/22 10:20

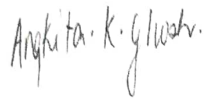
BLOOD GROUPING & Rh TYPING

SAMPLE : EDTA BLOOD

BLOOD GROUP : ' B '
Agglutination forward & Reverse

RH TYPE : POSITIVE

End of Report



Dr. ANGKITA K. GHOSH
MBBS, MD(PATH)
(CONSULTANT PATHOLOGIST)
RegNo: 82734
Checked By

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Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0059271	Collection Date : 12/03/22 14:33	Ack Date :	Report Date : 13/03/22 11:42

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	2-3 / HPF	<5/HPF
EPITHELIAL CELLS	2-4 / 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

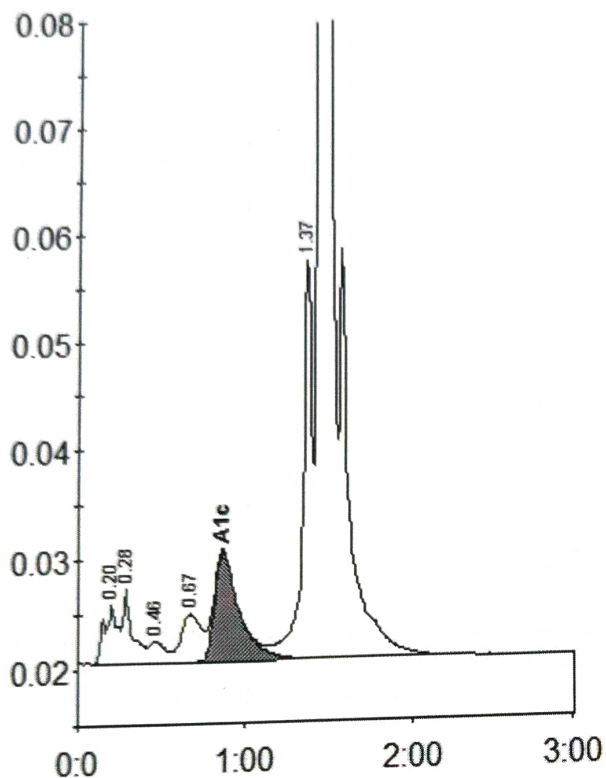
Patient report

Bio-Rad DATE: 12/03/2022
 D-10 TIME: 16:39
 S/N: #DJ0A467747 Software version: 4.30-2
 Sample ID: 07H0059271A
 Injection date: 12/03/2022 16:30
 Injection #: 26 Method: HbA1c
 Rack #: --- Rack position: 6

Mrs. Pampa Mistry
 (R)NMHK.2203359 42y/ F



07H0059271A
 EDTA Wh 12-03 14:33



Peak table - ID: 07H0059271A

Peak	R.time	Height	Area	Area %
A1a	0.20	5266	29256	1.2
A1b	0.28	6783	27011	1.1
F	0.46	1981	12717	0.5
LA1c/CHb-1	0.67	4306	35851	1.4
A1c	0.86	10041	101721	5.6
P3	1.37	37209	147575	5.9
A0	1.44	752437	2164162	85.9
Total Area:		2518293		

Concentration:	%	mmol/mol
A1c	5.6	37

DIAGNOSTICS REPORT

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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)	43 mm	LA diameter	33 mm
LVPW (d)	10 mm	RVID (d) - basal	14 mm
LVID (s)	25 mm	TAPSE	24 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 : 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.

DIAGNOSTICS REPORT

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

Interartial and Interventricular Septum :No breech 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 = 24 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)

DIAGNOSTICS REPORT

Patient Name	: Mrs. Pampa Mistry	Order Date	: 12/03/2022 14:08
Age/Sex	: 42 Year(s)/Female	Report Date	: 12/03/2022 18:12
UHID	: NMHK.2203359	IP No	:
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ELECTROCARDIOGRAM REPORT (ECG)

HR	: 72 bpm
Rhythm	: Sinus
P wave	: Normal
PR Interval	: 120 msec
QRS axis	: Normal (12 Degree)
QRS duration	: 70 msec
QRS configuration	: Normal
T wave	: Non specific changes
ST segment	: Non specific changes
QTc	: 426 msec
QT	: 388 msec

IMPRESSION:

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



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

Board Certified Comprehensive
Echocardiographer (USA)

PAMPA MISTRY

2203359

Female

42 years

..... cm / kg

HR 72/min

Intervals:
RR 839 ms

P - ms

PR - ms

QR5 70 ms

QT 388 ms

QTc 426 ms

(Bazett)

10 mm/mV

Axis: - °

P OR5 12 °

T 5 °

P (II) - mV

S (V1) -0.94 mV

R (V5) 1.15 mV

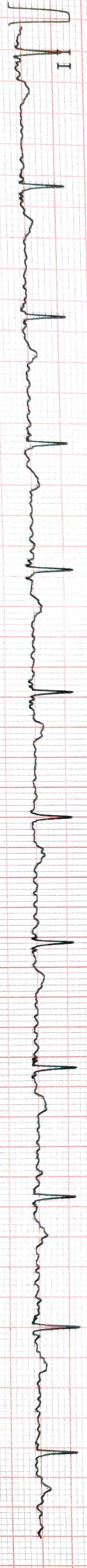
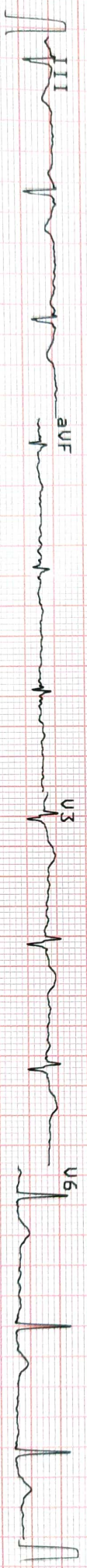
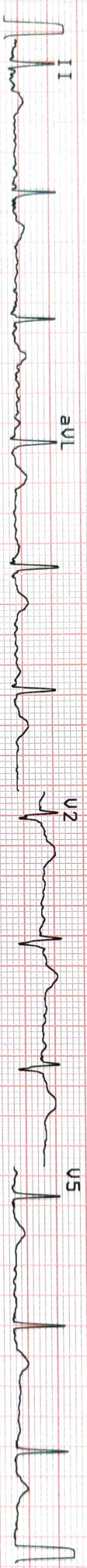
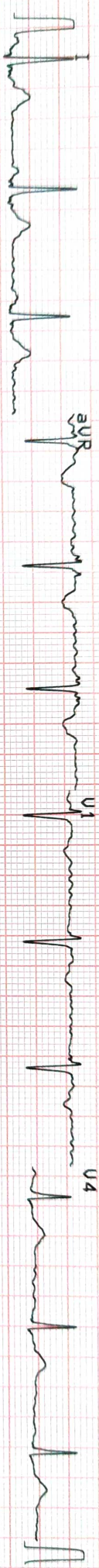
Sokol. 2.12 mV

IRREGULAR RHYTHM, NO P-WAVE FOUND
OTHERWISE NORMAL ECG

6.02

UNCONFIRMED REPORT

10 mm/mV



mm/mV

0.05-25 Hz F50 55F 5BS 12.03.2022 12:44:17

NARRAYAN MEMORIAL HOSPITAL, BEHALA

AT-102plus 1:25 Ct

DIAGNOSTICS REPORT

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USG BOTH BREASTS

HRUSG of both breasts shows scant fatty & predominant glandular elements.

No focal SOL seen.

No micro/macro calcification seen.

No ductal dilatation seen.

Skin and nipples are normal.

Axilla shows few lymph nodes with normal fatty hilum.

IMPRESSION : Normal study (Predominantly fatty breasts).

BIRADS : 0 / 1 / 2 / 3 / 4 / 5 / 6



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

DIAGNOSTICS REPORT

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USG WHOLE ABDOMEN

LIVER : Liver is normal in size. Liver measures 14 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 0.4 cm. No calculus or SOL seen within its visualised part.

GALL BLADDER : Not visualized. (History of surgery)

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

SPLEEN : Spleen is normal in size. Spleen measures : 7.4 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 : 9.6 cm.

URETERS : Not seen dilated.

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



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POST VOID BLADDER : No significant residual urine seen.

UTERUS : Normal in size, anteverted. Myometrium is homogeneous. No focal SOL seen. Endometrium is of normal thickness (0.8 cm). Uterus measures 8.2 cm x 3.9 cm x 2.9 cm. Cervix appears normal.

OVARIES : Both ovaries are normal in size, shape and echopattern. No SOL seen. Right ovary : measures 2.5 cm x 1.3 cm. Left ovary : measures 3.2 cm x 1.2 cm.

POD : No collection seen.

PERITONEUM : No free fluid seen.

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

IMPRESSION : * Post-Cholecystectomy status.
* Fatty Pancreas.



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Patient Name	: Mrs. Pampa Mistry	Order Date	: 12/03/2022 14:08
Age/Sex	: 42 Year(s)/Female	Report Date	: 12/03/2022 18:57
UHID	: NMHK.2203359	IP No	:
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
Address	: JALGUOHI, FALTA, Kolkata, West Bengal, 743375	Mobile	: 8436313163

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