

LABORATORY INVESTIGATION REPORT

Patient Name : Mrs. Moupi Mukherjee
UHID : NMHK.2204269
Episode : OP
Ref. Doctor : NMH
Address : 4D, ETSP, HARIDEVPUR, Kolkata, West Bengal, 700104

Age/Sex : 45 Year(s)/Female
Order Date : 28/03/2022 15:32
Mobile No : 9414936897
Facility : NARAYAN MEMORIAL HOSPITAL

Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0060455A	Collection Date : 28/03/22 15:45	Ack Date :	Report Date : 28/03/22 19:54

GLYCOSYLATED HAEMOGLOBIN (HBA1C)

SAMPLE : EDTA BLOOD

HBA1C 5.4 % 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



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

Checked By



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SERUM CREATININE

SAMPLE : SERUM

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

BLOOD UREA NITROGEN

BLOOD UREA NITROGEN 09 mg/dl 6 - 20
Calculated

URIC ACID

SAMPLE : SERUM

URIC ACID 4.1 mg/dl 2.4 - 5.7
Enzymatic Colorimetric

SAMPLE : SERUM

RESULT 15.0

Sample No : 07H0060455B	Collection Date : 28/03/22 15:45	Ack Date :	Report Date : 28/03/22 19:54
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BLOOD SUGAR(F)

SAMPLE : PLASMA

BLOOD SUGAR FASTING 90 mg/dl 70 - 109
Hexokinase

Sample No : 07H0060463B	Collection Date : 28/03/22 15:53	Ack Date :	Report Date : 28/03/22 19:54
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BLOOD SUGAR(PP)

SAMPLE : PLASMA

BLOOD SUGAR PP 103 mg/dl 70 - 140
Hexokinase

End of Report



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LIVER FUNCTION TEST (LFT)

SAMPLE : SERUM

TOTAL BILIRUBIN <i>Diazo Method</i>	0.6	mg/dl	0 - 1.1
DIRECT BILIRUBIN <i>Diazo Method</i>	0.3 ▲	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>	44 ▲	U/L	0 - 34
SGOT (AST) <i>IFCC Without Pyridoxal Phosphate</i>	27	U/L	0 - 31
ALKALINE PHOSPHATASE <i>IFCC</i>	73	U/L	53 - 128
TOTAL PROTEIN <i>Biuret</i>	6.7	g/dl	6.4 - 8.2
ALBUMIN <i>Bromocresol Green</i>	4.5	gm/dl	3.5 - 5.2
GLOBULIN <i>Calculated</i>	2.2	g/dl	2 - 3.5
ALBUMIN:GLOBULIN <i>Calculated</i>	2.0	-	1.1 - 2.5
GGT <i>Enzymatic colorimetric assay</i>	21	U/L	5 - 36

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LIPID PROFILE

SAMPLE : SERUM

TOTAL CHOLESTEROL	183	mg/dl	Desirable<200 Borderline 200-239 High >=240
<i>CHOD-PAP</i>			
HDL CHOLESTEROL	45	mg/dl	40 - 60
<i>Homogenous Enzymatic Colorimetric</i>			
LDL CHOLESTEROL	111	mg/dl	Optimal < 100 Borderline 130
<i>Homogenous Enzymatic Colorimetric</i>			
VLDL	23	mg/dl	0 - 30
<i>CALCULATED</i>			
CHOLESTEROL-HDL RATIO	4.07	-	
LDL-HDL RATIO	2.47	-	
TRIGLYCERIDES	117	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 : 07H0060455	Collection Date : 28/03/22 15:45	Ack Date :	Report Date : 29/03/22 16:09

THYROID FUNCTION TEST

SAMPLE : SERUM

T3 ECLIA	1.2	ng/ml	0.6 - 1.8
T4 ECLIA	9.34	ug/dL	5.4 - 11.7
TSH ECLIA	2.01	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).

End of Report



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

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Hematology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0060455	Collection Date : 28/03/22 15:45	Ack Date :	Report Date : 29/03/22 14:05

COMPLETE HAEMOGRAM (CBC)

SAMPLE : EDTA BLOOD

HAEMOGLOBIN (HB) <i>Colorimetric method (Cyn Meth)</i>	13.3	gm/dl	12 - 15
RBC COUNT <i>Electrical Impedance Method</i>	4.59	$\times 10^6/\mu\text{l}$	3.8 - 4.8
TOTAL WBC COUNT <i>Electrical Impedance Method</i>	5.4	$10^3/\text{cmm}$	4 - 10
PLATELET COUNT <i>Electrical Impedance Method</i>	210	$10^3/\text{cmm}$	150 - 410
PCV <i>RBC pulse ht. detection method</i>	39	%	36 - 46
MCV <i>calculated</i>	85	fl	83 - 101
MCH <i>Calculated</i>	29	pg	27 - 32
MCHC <i>Calculated</i>	34	gm/dl	31.5 - 34.5
ESR <i>Modified Westergren Method</i>	20 ▲	%	0 - 12

DIFFERENTIAL COUNT

NEUTROPHILS <i>Microscopy</i>	69	%	40 - 80
LYMPHOCYTES <i>Microscopy</i>	27	%	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 : 07H0060455	Collection Date : 28/03/22 15:45	Ack Date :	Report Date : 29/03/22 11:01

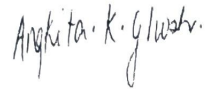
BLOOD GROUPING & Rh TYPING

SAMPLE : EDTA BLOOD

BLOOD GROUP ' B '
Agglutination forward & Reverse

RH TYPE POSITIVE

End of Report



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

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0060914	Collection Date : 02/04/22 15:20	Ack Date : 02/04/2022 15:25	Report Date : 04/04/22 11:16

OBSERVATION

CY-56/22

CYTOLOGY / PAP SMEAR REPORT

Bethesda Classification 2014

SPECIMEN – Cervicovaginal smear.
 GROSS – Two smears received. Stained with PAP stain.
 Adequacy of Specimen – Adequate.
 General Classification – Benign.
 Cell Type –
 · Mixture of superficial and intermediate squamous cells seen.

 Endocervical cells – Few clusters seen.
 Metaplastic Cells – Absent.
 No intraepithelial lesion or malignant cell seen.
 Degenerative changes – Absent.
 T. Vaginalis/ Candida/ other organism- Absent
 Neutrophils – Few.
 Bacteria – Present.

IMPRESSION :

· Negative for intraepithelial lesion or malignancy.

Remarks : It is a screening test. Negative report do not excluded presence of neoplasia.

End of Report



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

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DIAGNOSTICS REPORT

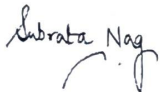
Patient Name	: Mrs. Moupi Mukherjee	Order Date	: 28/03/2022 15:32
Age/Sex	: 45 Year(s)/Female	Report Date	: 28/03/2022 16:47
UHID	: NMHK.2204269	IP No	:
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X-RAY CHEST PA VIEW

No active lung parenchymal lesion is seen.
Both hila are normal in position, size and density.
Cardiothoracic ratio appear normal.
Trachea and mediastinum are normal in position.
Both costo-phrenic angles are clear.
Domes of diaphragm are normal in position and outlines are well delineated.
Bony thorax appears unremarkable .

IMPRESSION : - No significant lung parenchyma abnormality.

Needs clinical correlation.



**Dr.SUBRATA NAG , MBBS,DNB,Fellow
intervention/endovascular surgery**

RegNo: 66718



DIAGNOSTICS REPORT

Patient Name	: Mrs. Moupi Mukherjee	Order Date	: 28/03/2022 15:32
Age/Sex	: 45 Year(s)/Female	Report Date	: 02/04/2022 14:25
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USG BOTH BREASTS (SCREENING)

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

No focal SOL seen.

No micro/macro calcification seen.

Ducts are not dilated.

Bilateral fatty axillary tails seen.

Axilla shows few lymph nodes with normal fatty hilum.

IMPRESSION : Normal study.

BIRADS : 1



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

DIAGNOSTICS REPORT

Patient Name	: Mrs. Moupi Mukherjee	Order Date	: 28/03/2022 15:32
Age/Sex	: 45 Year(s)/Female	Report Date	: 02/04/2022 15:17
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USG WHOLE ABDOMEN (SCREENING)

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 0.3 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. **Parenchymal echogenicity is bright.** Pancreatic duct is not dilated. No focal SOL / peripancreatic collection seen.

SPLEEN : Spleen is normal in size. Spleen measures : 8.8 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 : 10.4 cm & Left kidney measures : 10.2 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.

POST VOID BLADDER : No significant residual urine seen.



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UTERUS : Mildly bulky, anteverted. Myometrium is homogeneous. No focal SOL seen. Endometrium is of normal thickness (0.7 cm). Uterus measures 8.7 cm x 4.8 cm x 3.3 cm. Cervix appears normal.

OVARIES : Left ovary is normal in size, shape and echopattern. No SOL seen. Left ovary : measures 3.6 cm x 1.8 cm.

Right ovary is not visualised. In its place a large 6.0 cm thin-walled clear cyst seen.

POD : No collection seen.

PERITONEUM : No free fluid seen.

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

IMPRESSION : - Fatty pancreas.

- Mildly bulky uterus.

- Large right adnexal cyst - ? ovarian cyst.

Suggested further evaluation.



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



DIAGNOSTICS REPORT

Patient Name	: Mrs. Moupi Mukherjee	Order Date	: 28/03/2022 15:32
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ECHOCARDIOGRAPHY (SCREENING)

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.
- * Grade I LV diastolic dysfunction.
- * No pericardial effusion.
- * No pulmonary arterial hypertension.
- * IVC normal diameter & > 50% respiratory variation.
- * No thrombus, mass, vegetation seen.



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

Board Certified Comprehensive
Echocardiographer (USA)

DIAGNOSTICS REPORT

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ELECTROCARDIOGRAM REPORT (ECG)

HR	: 88 bpm
Rhythm	: Sinus
P wave	: Normal
PR Interval	: 122 msec
QRS axis	: Normal (65 Degree)
QRS duration	: 88 msec
QRS configuration	: Normal
T wave	: Non specific changes
ST segment	: Non specific changes
QTc	: 459 msec
QT	: 376 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)

MOOP I MUKHERJEE

2284269

45 years Female

cm / kg

HR 88/min

Axis: P 39°

SINUS RHYTHM
NORMAL ECG

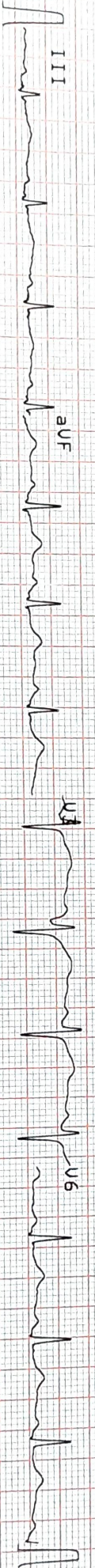
6.02

UNCONFIRMED REPORT

Intervals:
 RR 684 ms
 P 98 ms
 PR 122 ms
 QR5 88 ms
 QT 376 ms
 QTc 459 ms (Bazett)
 10 mm/mV

Axis:
 P 39°
 QR5 65°
 T 57°

P (II) 0.13 mV
 S (V1) -0.82 mV
 R (V5) 0.90 mV
 Sokol. 1.73 mV



0 mm/mV

0.05-25 Hz F50 SSF 5B5 28.03.2022 RO 12:37:05

NARAYAN MEMORIAL HOSPITAL, BEHALA

PT-102plus 1.25V