

LABORATORY INVESTIGATION REPORT

Patient Name : Mrs. Jhuma Chatterjee	Age/Sex : 47 Year(s)/Female
UHID : NMHK.2200693	Order Date : 15/01/2022 11:38
Episode : OP	
Ref. Doctor : NMH	Mobile No : 9874917688
Address : 4/4 , ,Kolkata,West Bengal ,700032	Facility : NARAYAN MEMORIAL HOSPITAL

Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0054758	Collection Date : 15/01/22 11:46	Ack Date :	Report Date : 15/01/22 17:28

KIDNEY FUNCTION TEST

SERUM CREATININE

SAMPLE : SERUM

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

BLOOD UREA NITROGEN

BLOOD UREA NITROGEN	09	mg/dl	6 - 20
<i>Calculated</i>			

URIC ACID

SAMPLE : SERUM

URIC ACID	4.2	mg/dl	2.4 - 5.7
<i>Enzymatic Colorimetric</i>			

LIVER FUNCTION TEST (LFT)

SAMPLE : SERUM

TOTAL BILIRUBIN	0.3 ▲	mg/dl	<1.1
<i>Diazo Method</i>			

DIRECT BILIRUBIN	0.2	mg/dl	0 - 0.2
<i>Diazo Method</i>			

INDIRECT BILIRUBIN	0.1 ▼	mg/dl	0.2 - 0.9
<i>Calculated</i>			

SGPT (ALT)	17	U/L	0 - 34
<i>IFCC Without Pyridoxal Phosphate</i>			

SGOT (AST)	18	U/L	0 - 31
<i>IFCC Without Pyridoxal Phosphate</i>			

ALKALINE PHOSPHATASE	59	U/L	53 - 128
<i>IFCC</i>			

TOTAL PROTEIN	6.4	g/dl	6.4 - 8.2
<i>Biuret</i>			

ALBUMIN	4.4	gm/dl	3.5 - 5.2
<i>Bromocresol Green</i>			

GLOBULIN	2.0	g/dl	2 - 3.5
<i>Calculated</i>			

ALBUMIN:GLOBULIN	2.2	-	1.1 - 2.5
<i>Calculated</i>			

GGT	12	U/L	5 - 36
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Enzymatic colorimetric assay

LIPID PROFILE

SAMPLE : SERUM

TOTAL CHOLESTEROL	218	mg/dl	Desirable <200 Borderline 200-239 High >=240
<i>CHOD-PAP</i>			
HDL CHOLESTEROL	36 ▼	mg/dl	40 - 60
<i>Homogenous Enzymatic Colorimetric</i>			
LDL CHOLESTEROL	160	mg/dl	Optimal < 100 Borderline 130
<i>Homogenous Enzymatic Colorimetric</i>			
VLDL	29.80	mg/dl	0 - 30
<i>CALCULATED</i>			
CHOLESTEROL-HDL RATIO	6.06	-	
LDL-HDL RATIO	4.44	-	
TRIGLYCERIDES	149	mg/dl	Desirable <150 Borderline 150 - 200 High >200

Enzymatic Colorimetric

Sample No : 07H0054758B Collection Date : 15/01/22 11:46 Ack Date : Report Date : 15/01/22 17:28

BLOOD SUGAR(F)

SAMPLE : PLASMA

BLOOD SUGAR FASTING	105	mg/dl	70 - 109
<i>Hexokinase</i>			

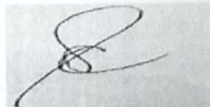
Sample No : 07H0054774B Collection Date : 15/01/22 13:37 Ack Date : Report Date : 15/01/22 21:52

BLOOD SUGAR(PP)

SAMPLE : PLASMA

BLOOD SUGAR PP	96	mg/dl	70.00 - 140.00
<i>Hexokinase</i>			

End of Report



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

Checked By

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Immunoassay

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0054758	Collection Date : 15/01/22 11:46	Ack Date :	Report Date : 15/01/22 17:52

THYROID FUNCTION TEST

SAMPLE : SERUM

T3 ECLIA	1.16	ng/ml	0.60 - 1.80
T4 ECLIA	8.33	ug/dL	5.40 - 11.70
TSH ECLIA	2.51	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).

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Hematology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0054758	Collection Date : 15/01/22 11:46	Ack Date :	Report Date : 15/01/22 16:00

COMPLETE HAEMOGRAM (CBC)

SAMPLE : EDTA BLOOD

HAEMOGLOBIN (HB)	12.8	gm/dl	12 - 15
<i>Colorimetric method (Cyn Meth)</i>			
RBC COUNT	4.21	x10 ⁶ /ul	3.8 - 4.8
<i>Electrical Impedance Method</i>			
TOTAL WBC COUNT	6.1	10 ³ /cmm	4 - 10
<i>Electrical Impedance Method</i>			
PLATELET COUNT	350	10 ³ /cmm	150 - 410
<i>Electrical Impedance Method</i>			
PCV	37	%	36 - 46
<i>RBC pulse ht. detection method</i>			
MCV	88	fl	83 - 101
<i>calculated</i>			
MCH	30	pg	27 - 32
<i>Calculated</i>			
MCHC	35 ▲	gm/dl	31.5 - 34.5
<i>Calculated</i>			
ESR	09	%	0 - 12
<i>Modified Westergren Method</i>			

DIFFERENTIAL COUNT

NEUTROPHILS	74	%	40 - 80
<i>Microscopy</i>			
LYMPHOCYTES	18 ▼	%	20 - 40
<i>Microscopy</i>			
MONOCYTES	03	%	2 - 10
<i>Microscopy</i>			
EOSINOPHILS	05	%	1 - 6
<i>Microscopy</i>			
BASOPHILS	00 ▼	%	1 - 6
<i>Microscopy</i>			

PERIPHERAL BLOOD SMEAR

RBC	Normocytic normochromic
WBC	Within normal limits
PLATELET	Adequate

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End of Report



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

Checked By

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Cytopathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0054758	Collection Date : 15/01/22 11:46	Ack Date :	Report Date : 17/01/22 13:17

OBSERVATION

CY-05/22

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 – Occasional clusters seen.

Metaplastic Cells – Absent.

No intraepithelial lesion or malignant cell seen.

Degenerative changes – Absent.

T. Vaginalis/ Candida/other organism- Absent

Neutrophils – Plenty.

Bacteria – Absent.

IMPRESSION :

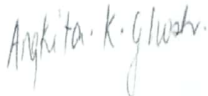
· Negative for intraepithelial lesion or malignancy.

· Inflammatory Smear.

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

Advice : Repeat after a course of antibiotics.

End of Report



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 : 07H0054758	Collection Date : 15/01/22 11:46	Ack Date :	Report Date : 17/01/22 13:59

BLOOD GROUPING & Rh TYPING

SAMPLE : EDTA BLOOD

BLOOD GROUP

Agglutination forward & Reverse

RH TYPE

' A '

POSITIVE

End of Report

Angkita K. Ghosh

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

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0054774	Collection Date : 15/01/22 13:37	Ack Date :	Report Date : 16/01/22 11:57

URINE FOR R/E

SAMPLE : URINE

PHYSICAL EXAMINATION

VOLUME	50	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	2-3 / 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)

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Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0054758A	Collection Date : 15/01/22 11:46	Ack Date :	Report Date : 15/01/22 18:10

GLYCOSYLATED HAEMOGLOBIN (HBA1C)

SAMPLE : EDTA BLOOD

HBA1C 6.0 % 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%

End of Report




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

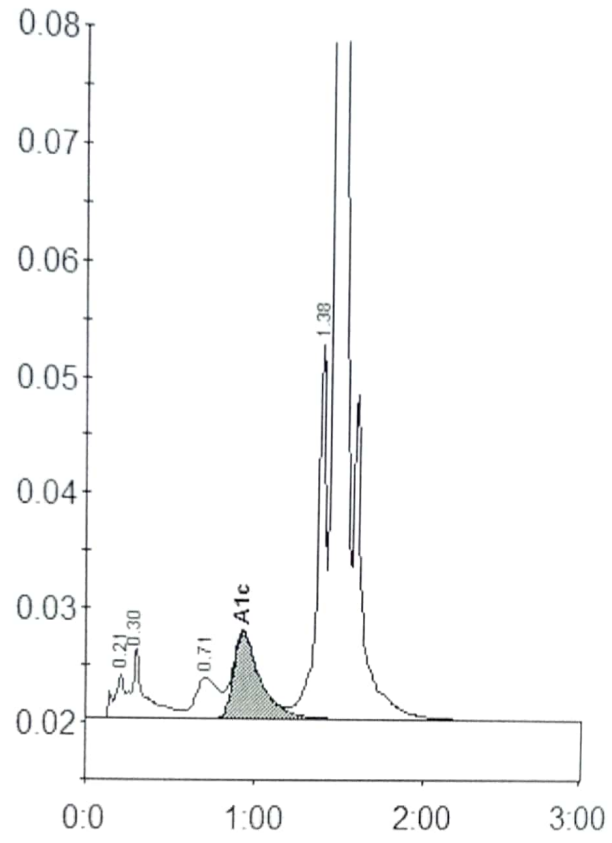
Checked By

Report

Bio-Rad
 D-10
 S/N: #DJ0A467747
 Sample ID:
 Injection date
 Injection #: 4
 Rack #: ---

DATE: 15/01/2022
 TIME: 17:07
 Software version: 4.30-2
 07H0054758A
 15/01/2022 16:50
 Method: HbA1c
 Rack position: 4

Mrs. Jhuma Chatterjee
 (R)NPHK 2200693 47y/ F

 07H0054758A
 EDTA Wh 15 01 11:46



Peak table - ID: 07H0054758A

Peak	R.time	Height	Area	Area %
A1a	0.21	3829	16487	0.9
A1b	0.30	6121	34830	1.8
LA1c/CHb-1	0.71	3575	33145	1.7
A1c	0.92	7707	84140	6.0
P3	1.38	33145	113264	6.0
A0	1.44	594172	1614436	85.1
Total Area:			1896304	

Concentration:	%	mmol/mol
A1c	6.0	42

DIAGNOSTICS REPORT

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ELECTROCARDIOGRAM REPORT (ECG)

HR	:	86 bpm
Rhythm	:	Sinus
P wave	:	Normal
PR Interval	:	162 msec
QRS axis	:	Normal (52 Degree)
QRS duration	:	68 msec
QRS configuration	:	Normal
T wave	:	Non specific changes
ST segment	:	Non specific changes
QTc	:	398 msec
QT	:	330 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

DIAGNOSTICS REPORT

Patient Name	: Mrs. Jhuma Chatterjee	Order Date	: 15/01/2022 11:38
Age/Sex	: 47 Year(s)/Female	Report Date	: 15/01/2022 14:02
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2D ECHOCARDIOGRAPHY WITH M-MODE

MEASUREMENTS

2D and M-Mode :

IVS (d)	11 mm	Aorta (at sinuses)	25 mm
LVID (d)	44 mm	LA diameter	32 mm
LVPW (d)	11 mm	RVID (d) - basal	16 mm
LVID (s)	22 mm	TAPSE	22 mm
LVEF	62%		

Estimated PASP = 19 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.

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Tricuspid Valve :Normal structure, normal excursion. Trivial TR. TR gradient = 14 mmHg.

Interarterial 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 = 22 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. Jhuma Chatterjee	Order Date	: 15/01/2022 11:38
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X-RAY REPORT OF CHEST PA

FINDINGS:

- * Lung parenchyma shows no focal lesion. No general alteration of radiographic density. Apices are clear. Bronchovascular lung markings are within normal limits.
- * Both the hila are normal in size, density and position.
- * Mediastinum is central. Trachea is in midline.
- * Domes of diaphragm are smoothly outlined. Position is within normal limits.
- * Lateral costo-phrenic angles are clear.
- * Cardiac size appears within normal limits. Margin is well visualised and cardiac silhouette is smoothly outlined. Shape is within normal limit.
- * Bony thorax reveals no definite abnormality.

IMPRESSION: Normal Study.



Dr.MUNMUN CHANDA ,

MBBS, DMRD

RegNo: Reg no. 69993

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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 0.8 cm.

CD : Normal . CD measures 0.4 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 : 9.0 cm & Left kidney measures : 9.3 cm.

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

UTERUS : Anteverted **mildly bulky in size**, normal in shape, outline, position and parenchymal echogenicity. Cavity is empty. Uterus measures 9.0 cm x 5.8 cm x 4.4 cm.

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OVARIES : Both ovaries are normal in size, shape and echopattern. Right ovary : measures 2.1 cm x 1.0 cm. Left ovary : measures 1.9 cm x 1.0 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

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USG REPORT OF BREAST

Both breasts were scanned quadrantwise using a high frequency probe.

Both breasts revealed normal parenchymal echotexture.

No obvious focal mass lesion seen.

No microcalcifications are seen.

Bilateral retroareolar regions appear normal.

No significant enlarged lymph nodes seen in either axillary region.

IMPRESSION : No obvious abnormality seen in either breast.

Please correlate clinically.



Dr. MADHUSHREE RAY NASKAR ,
MBBS,DMRD

Consultant Radiologist

RegNo: 57032