



LABORATORY INVESTIGATION REPORT

Patient Name : Mrs. ARCHANA SHRIVASTAVA

UHID : NMHK.2213982

Episode : OP

Ref. Doctor : NMH

Address : 53A, BAMACHARAN ROY ROAD , BEHALA
,Kolkata,West Bengal ,700034

Age/Sex : 57 Year(s)/Female

Order Date : 27/08/2022 09:28

Mobile No : 7435022334

DOB : 11/09/1964

Facility : NARAYAN MEMORIAL HOSPITAL

Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0074892A	Collection Date : 27/08/22 09:53	Ack Date : 27/08/2022 12:29	Report Date : 27/08/22 21:31

GLYCOSYLATED HAEMOGLOBIN (HBA1C)

SAMPLE : EDTA BLOOD

HBA1C

6.7

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, FAAC
(CONSULTANT BIOCHEMIST)

Checked By



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Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0074892	Collection Date : 27/08/22 09:53	Ack Date : 27/08/2022 12:26	Report Date : 27/08/22 17:03

SERUM CREATININE

SAMPLE : SERUM

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

LIVER FUNCTION TEST (LFT)

SAMPLE : SERUM

TOTAL BILIRUBIN 0.7 mg/dl 0 - 1.1 <i>Diazo Method</i>
DIRECT BILIRUBIN 0.3 ▲ mg/dl 0 - 0.2 <i>Diazo Method</i>
INDIRECT BILIRUBIN 0.40 mg/dl 0.2 - 0.9 <i>Calculated</i>
SGPT (ALT) 20 U/L 0 - 34 <i>IFCC Without Pyridoxal Phosphate</i>
SGOT (AST) 27 U/L 0 - 31 <i>IFCC Without Pyridoxal Phosphate</i>
ALKALINE PHOSPHATASE 112 U/L 53 - 128 <i>IFCC</i>
TOTAL PROTEIN 7.4 g/dl 6.4 - 8.2 <i>Biluret</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 10 U/L 5 - 36



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Enzymatic colorimetric assay

BLOOD UREA NITROGEN

BLOOD UREA NITROGEN 8.8 mg/dl 6 - 20

Calculated

URIC ACID

SAMPLE : SERUM

URIC ACID 5.6 mg/dl 2.4 - 5.7

Enzymatic Colorimetric

SAMPLE : SERUM

RESULT 14.7

Sample No : 07H0074893B Collection Date : 27/08/22 09:53 Ack Date : 27/08/2022 12:29 Report Date : 27/08/22 17:03

BLOOD SUGAR(F)

SAMPLE : PLASMA

BLOOD SUGAR FASTING 111 ▲ mg/dl 70 - 109

Hexokinase

Sample No : 07H0074935B Collection Date : 27/08/22 13:23 Ack Date : 27/08/2022 14:04 Report Date : 27/08/22 16:21

BLOOD SUGAR(PP)

SAMPLE : PLASMA

BLOOD SUGAR PP 127 mg/dl 70.00 - 140.00

Hexokinase

End of Report

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

Checked By

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

RegNo: 82734



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Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0074892	Collection Date : 27/08/22 09:53	Ack Date : 27/08/2022 12:26	Report Date : 27/08/22 17:03

LIPID PROFILE

SAMPLE : SERUM

TOTAL CHOLESTEROL	184	mg/dl	Desirable <200 Borderline 200-239 High ≥240
<i>CHOD-PAP</i>			
HDL CHOLESTEROL	55	mg/dl	40 - 60
<i>Homogenous Enzymatic Colorimetric</i>			
LDL CHOLESTEROL	106	mg/dl	Optimal < 100 Borderline 130
<i>Homogenous Enzymatic Colorimetric</i>			
VLDL	19.00	mg/dl	0 - 30
<i>CALCULATED</i>			
CHOLESTEROL-HDL RATIO	3.35	-	
LDL-HDL RATIO	1.93	-	
TRIGLYCERIDES	95	mg/dl	Desirable <150 Borderline 150 - 200 High >200
<i>Enzymatic Colorimetric</i>			

End of Report

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Hematology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0074892	Collection Date : 27/08/22 09:53	Ack Date : 27/08/2022 12:26	Report Date : 27/08/22 14:40

COMPLETE HAEMOGRAM (CBC)

SAMPLE : EDTA BLOOD

HAEMOGLOBIN (HB)	12.0	gm/dl	12 - 15
<i>Colorimetric method (Cyn Meth)</i>			
RBC COUNT	4.17	x10 ⁶ /ul	3.8 - 4.8
<i>Electrical Impedance Method</i>			
TOTAL WBC COUNT	8.7	10 ³ /cmm	4 - 10
<i>Electrical Impedance Method</i>			
PLATELET COUNT	220	10 ³ /cmm	150 - 410
<i>Electrical Impedance Method</i>			
PCV	36	%	36 - 46
<i>RBC pulse ht. detection method</i>			
MCV	86	fl	83 - 101
<i>calculated</i>			
MCH	29	pg	27 - 32
<i>Calculated</i>			
MCHC	34	gm/dl	31.5 - 34.5
<i>Calculated</i>			
ESR	65 ▲	%	0 - 19
<i>Modified Westergren Method</i>			

DIFFERENTIAL COUNT

NEUTROPHILS	67	%	40 - 80
<i>Microscopy</i>			
LYMPHOCYTES	28	%	20 - 40
<i>Microscopy</i>			
MONOCYTES	02	%	2 - 10
<i>Microscopy</i>			



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EOSINOPHILS 03 % 1 - 6
Microscopy

BASOPHILS 00 % 0 - 2
Microscopy

PERIPHERAL BLOOD SMEAR

RBC Normocytic normochromic
WBC Within normal limit
PLATELET Adequate

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 : 07H0074892	Collection Date : 27/08/22 09:53	Ack Date : 27/08/2022 14:50	Report Date : 30/08/22 12:50

OBSERVATION

CY-159/22

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 –

Intermediate squamous and parabasal cells seen. Few squamous cells show mildly enlarged nuclei with slightly clumped chromatin.

Endocervical cells – Occasional.

Metaplastic Cells – Absent.

Degenerative changes – Present.

T. Vaginalis/ Candida/other organism- Absent

Neutrophils – Fair number.

Bacteria – Absent.

IMPRESSION : Atypical squamous cells of undetermined significance (ASCUS) seen.

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

End of Report

Angkita K. Ghosh

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

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Immunology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0074892	Collection Date : 27/08/22 09:53	Ack Date : 27/08/2022 12:26	Report Date : 27/08/22 14:42

BLOOD GROUPING & Rh TYPING

SAMPLE : EDTA BLOOD

BLOOD GROUP : ' A '
Agglutination forward & Reverse

RH TYPE : POSITIVE

THYROID FUNCTION TEST

SAMPLE : SERUM

T3 <i>ECLIA</i>	1.17	ng/ml	0.6 - 1.8
T4 <i>ECLIA</i>	11.39	ug/dL	5.4 - 11.7
TSH <i>ECLIA</i>	1.84	uIU/ml	Adult Male – 0.27-5.50 Adult Female – 0.27-5.50 Newborns - <25 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 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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End of Report

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

Checked By

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

RegNo: 62734



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Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0074892	Collection Date : 27/08/22 09:53	Ack Date : 27/08/2022 13:32	Report Date : 27/08/22 17:13

URINE FOR R/E

SAMPLE : URINE

PHYSICAL EXAMINATION

VOLUME	30	ml	
COLOUR	PALE YELLOW		
APPEARANCE	SLIGHTLY HAZY		
SPECIFIC GRAVITY	1.010		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		
EPITHELIAL CELLS	5-7 / HPF		<5/HPF
RBC	NIL		<20/HPF
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 : 07H0074892	Collection Date : 27/08/22 09:53	Ack Date : 27/08/2022 13:32	Report Date : 27/08/22 17:04

URINE FOR SUGAR FASTING

SAMPLE : URINE

RESULT ABSENT

Sample No : 07H0074935	Collection Date : 27/08/22 13:23	Ack Date : 27/08/2022 17:35	Report Date : 29/08/22 01:49
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URINE FOR SUGAR PP

SAMPLE : URINE

RESULT ABSENT

End of Report

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

Checked By



DIAGNOSTICS REPORT

Patient Name	: Mrs. ARCHANA SHRIVASTAVA	Order Date	: 27/08/2022 09:28
Age/Sex	: 57 Year(s)/Female	Report Date	: 27/08/2022 12:45
UHID	: NMHK.2213982	IP No	:
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
Address	: 53A, BAMACHARAN ROY ROAD, BEHALA, Kolkata, West Bengal, 700034	Mobile	: 7435022334

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 0.5 cm.

GALL BLADDER : Operated.

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 : 8.4 cm & Left kidney measures : 8.7 cm.

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

UTERUS : Anteverted normal in size, shape, outline, position and parenchymal echogenicity. Cavity is empty. Uterus measures 5.6 cm x 3.5 cm x 3.0 cm.



DIAGNOSTICS REPORT

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OVARIES : Not visualized.

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



DIAGNOSTICS REPORT

Patient Name	: Mrs. ARCHANA SHRIVASTAVA	Order Date	: 27/08/2022 09:28
Age/Sex	: 57 Year(s)/Female	Report Date	: 27/08/2022 12:48
UHID	: NMHK.2213982	IP No	:
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
Address	: 53A, BAMACHARAN ROY ROAD, BEHALA, Kolkata, West Bengal, 700034	Mobile	: 7435022334

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



DIAGNOSTICS REPORT

Patient Name	: Mrs. ARCHANA SHRIVASTAVA	Order Date	: 27/08/2022 09:28
Age/Sex	: 57 Year(s)/Female	Report Date	: 27/08/2022 14:10
UHID	: NMHK.2213982	IP No	:
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ECHOCARDIOGRAPHY (SCREENING)

Status of Patient :

- * No regional wall motion abnormality at rest.
- * Good LV systolic function (EF = 60 %).
- * Good RV systolic function (TAPSE = 22 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

Patient Name	: Mrs. ARCHANA SHRIVASTAVA	Order Date	: 27/08/2022 09:28
Age/Sex	: 57 Year(s)/Female	Report Date	: 27/08/2022 11:59
UHID	: NMHK.2213982	IP No	:
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ELECTROCARDIOGRAM REPORT (ECG)

HR : 92 bpm
Rhythm : Sinus
P wave : Normal
PR Interval : 152 msec
QRS axis : Left axis (-6 Degree)
QRS duration : 80 msec
QRS configuration : Normal
T wave : Non specific changes
ST segment : Non specific changes
QTc : 435 msec
QT : 348 msec

IMPRESSION:

- Sinus rhythm. Left QRS axis.
- Non specific ST-T changes.
Clinical correlation please.

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

Board Certified Comprehensive
Echocardiographer (USA)

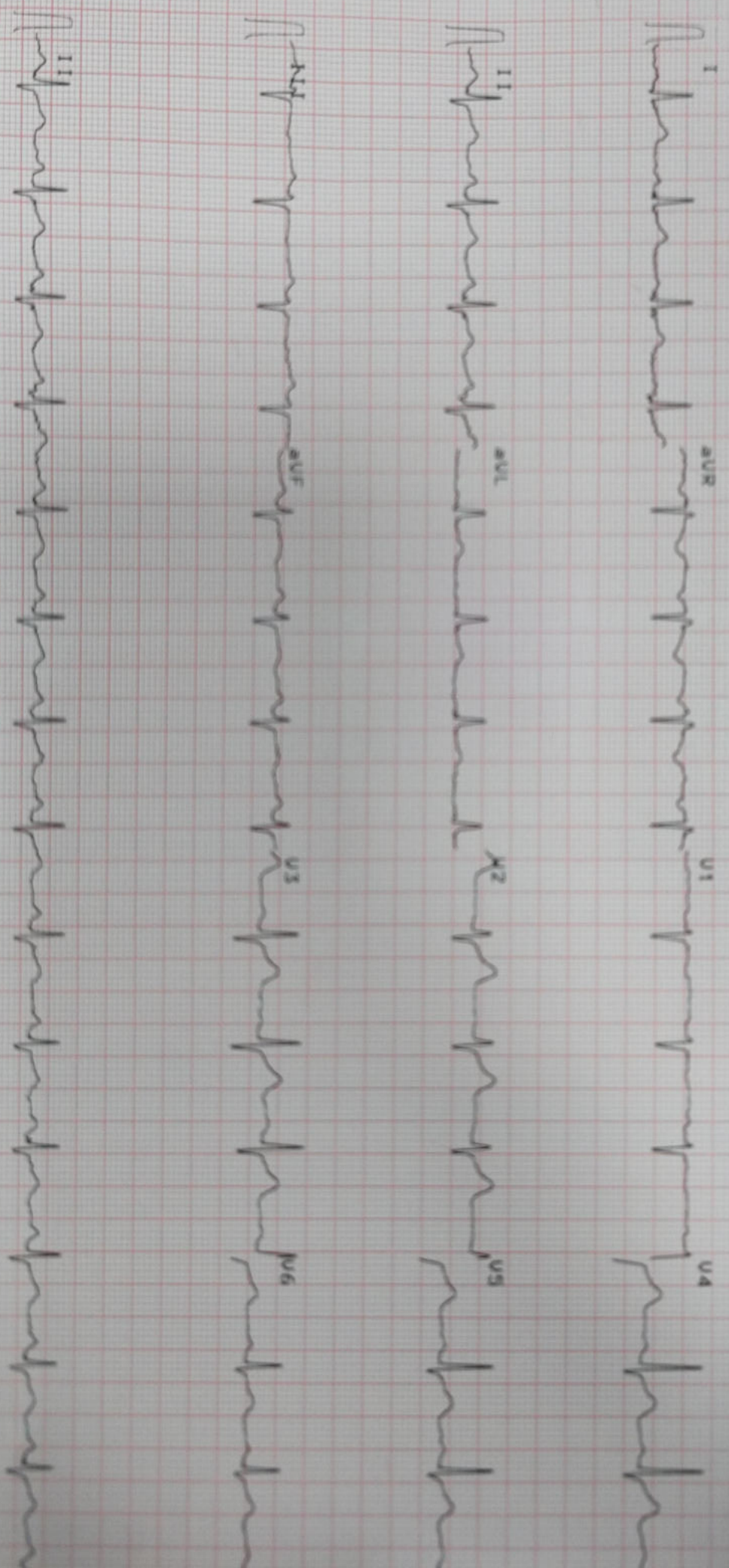
ARCHANA SRIJESTHVA
 2213982
 58 years female
 58 years cm / kg

HR 92/min
 Intervals:
 RR 653 ms
 P 102 ms
 PR 152 ms
 QRS 80 ms
 QT 348 ms
 QTc 435 ms
 (Bazett)
 100 ms/mV

Axis:
 P 52°
 QRS -6°
 T 30°
 P (II) 0.16 mV
 S (U1) -0.79 mV
 R (U5) 1.22 mV
 Sokolj. 2.01 mV

SINUS RHYTHM
 LEFTWARD AXIS
 OTHERWISE NORMAL ECG
 6.02

UNCONFIRMED



2.05-25 Hz FS2 SSF 585 27.28.2027 11:57:46

NARAYAN MEMORIAL HOSPITAL BANGALORE