

LABORATORY INVESTIGATION REPORT

Patient Name : Mrs. Arunima Biswas	Age/Sex : 37 Year(s) / Female
UHID : NMHK.2202835	Order Date : 05/03/2022 14:09
Episode : OP	
Ref. Doctor : NMH	Mobile No : 9433204388
Address : SAMBHU DHAM FLAT N-3 , PATULI ,Kolkata,West Bengal ,700084	Facility : NARAYAN MEMORIAL HOSPITAL

Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0058630	Collection Date : 05/03/22 14:24	Ack Date : 05/03/2022 14:55	Report Date : 05/03/22 19:21

SERUM CREATININE

SAMPLE : SERUM

SERUM CREATININE 0.6 mg/dl 0.5 - 0.9

Method - Jaffe Gen2 Compensated

LIVER FUNCTION TEST (LFT)

SAMPLE : SERUM

TOTAL BILIRUBIN 0.5 mg/dl 0 - 1.1

Method - Diazo Method

DIRECT BILIRUBIN 0.2 mg/dl 0 - 0.2

Method - Diazo Method

INDIRECT BILIRUBIN 0.3 mg/dl 0.2 - 0.9

Method - Calculated

SGPT (ALT) 11 U/L 0 - 34

Method - IFCC Without Pyridoxal Phosphate

SGOT (AST) 12 U/L 0 - 31

Method - IFCC Without Pyridoxal Phosphate

ALKALINE PHOSPHATASE 105 U/L 53 - 128

Method - IFCC

TOTAL PROTEIN 6.6 g/dl 6.4 - 8.2

Method - Biuret

ALBUMIN 4.1 gm/dl 3.5 - 5.2

Method - Bromocresol Green

GLOBULIN 2.5 g/dl 2 - 3.5

Method - Calculated

ALBUMIN:GLOBULIN 1.6 - 1.1 - 2.5

Method - Calculated

GGT 10 U/L 5 - 36

Method - Enzymatic colorimetric assay

BLOOD UREA NITROGEN

BLOOD UREA NITROGEN 07 mg/dl 6 - 20

Method - Calculated

LIPID PROFILE

SAMPLE : SERUM



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TOTAL CHOLESTEROL	189	mg/dl	Desirable <200 Borderline 200-239 High >=240
<i>Method - CHOD-PAP</i>			
HDL CHOLESTEROL	39 ▼	mg/dl	40 - 60
<i>Method - Homogenous Enzymatic Colorimetric</i>			
LDL CHOLESTEROL	123	mg/dl	Optimal < 100 Borderline 130
<i>Method - Homogenous Enzymatic Colorimetric</i>			
VLDL	23.2	mg/dl	0 - 30
<i>Method - CALCULATED</i>			
CHOLESTEROL-HDL RATIO	4.87	-	
LDL-HDL RATIO	3.15	-	
TRIGLYCERIDES	116	mg/dl	Desirable <150 Borderline 150 - 200 High >200
<i>Method - Enzymatic Colorimetric</i>			

URIC ACID

SAMPLE : SERUM

URIC ACID	3.9	mg/dl	2.4 - 5.7
<i>Method - Enzymatic Colorimetric</i>			

SAMPLE : SERUM

RESULT	11.6
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Sample No : 07H0058630A Collection Date : 05/03/22 14:24 Ack Date : 05/03/2022 14:58 Report Date : 05/03/22 19:21

GLYCOSYLATED HAEMOGLOBIN (HBA1C)

SAMPLE : EDTA BLOOD

HBA1C	5.2	%	Non-diabetic : 4-6
<i>Method - By HPLC</i>			

- 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%

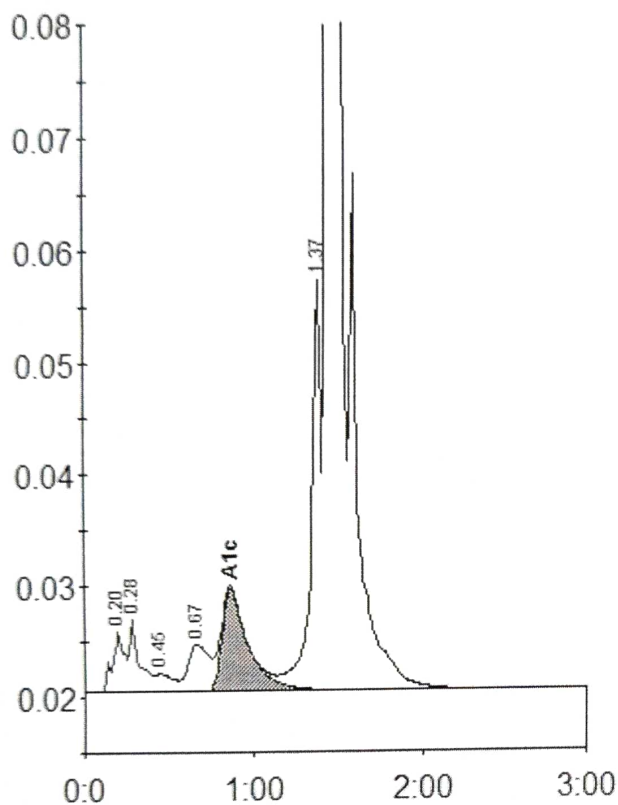
Patient report

Bio-Rad DATE: 05/03/2022
 D-10 TIME: 16:30
 S/N: #DJ0A467747 Software version: 4.30-2
 Sample ID: 07H0058630A
 Injection date: 05/03/2022 15:51
 Injection #: 3 Method: HbA1c
 Rack #: --- Rack position: 3

Mrs. Arunima Biswas
 (R)NMHK.2202835 37y/ F



07H0058630A
 EDTA Wt 05-03 14:24



Peak table - ID: 07H0058630A

Peak	R.time	Height	Area	Area %
A1a	0.20	5520	27184	1.1
A1b	0.28	6468	27261	1.1
F	0.45	1655	11508	0.4
LA1c/CHb-1	0.67	4174	37096	1.4
A1c	0.87	9127	95983	5.2
P3	1.37	37043	142712	5.6
A0	1.43	768860	2224382	86.7
Total Area:			2566126	

Concentration:	%	mmol/mol
A1c	5.2	33

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Sample No : 07H0058630B Collection Date : 05/03/22 14:24 Ack Date : 05/03/2022 14:58 Report Date : 05/03/22 19:21

BLOOD SUGAR(F)

SAMPLE : PLASMA

BLOOD SUGAR FASTING 80 mg/dl 70 - 109

Method - Hexokinase

Sample No : 07H0058634B Collection Date : 05/03/22 15:05 Ack Date : 05/03/2022 15:27 Report Date : 05/03/22 19:21

BLOOD SUGAR(PP)

SAMPLE : PLASMA

BLOOD SUGAR PP 89 mg/dl 70 - 140

Method - Hexokinase

End of Report



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

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Immunology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0058630	Collection Date : 05/03/22 14:24	Ack Date : 05/03/2022 14:55	Report Date : 07/03/22 10:57

BLOOD GROUPING & Rh TYPING

SAMPLE : EDTA BLOOD

BLOOD GROUP

' O '

Method - Agglutination forward & Reverse

RH TYPE

POSITIVE

End of Report



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

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Hematology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0058630	Collection Date : 05/03/22 14:24	Ack Date : 05/03/2022 14:55	Report Date : 05/03/22 18:18

COMPLETE HAEMOGRAM (CBC)

SAMPLE : EDTA BLOOD

HAEMOGLOBIN (HB) <i>Method - Colorimetric method (Cym Meth)</i>	11.7 ▼	gm/dl	12 - 15
RBC COUNT <i>Method - Electrical Impedance Method</i>	4.54	$\times 10^6/\mu\text{l}$	3.8 - 4.8
TOTAL WBC COUNT <i>Method - Electrical Impedance Method</i>	6.6	$10^3/\text{cmm}$	4 - 10
PLATELET COUNT <i>Method - Electrical Impedance Method</i>	350	$10^3/\text{cmm}$	150 - 410
PCV <i>Method - RBC pulse ht. detection method</i>	38	%	36 - 46
MCV <i>Method - calculated</i>	83	fl	83 - 101
MCH <i>Method - Calculated</i>	26 ▼	pg	27 - 32
MCHC <i>Method - Calculated</i>	31 ▼	gm/dl	31.5 - 34.5
ESR <i>Method - Modified Westergren Method</i>	67 ▲	%	0 - 12
DIFFERENTIAL COUNT			
NEUTROPHILS <i>Method - Microscopy</i>	53	%	40 - 80
LYMPHOCYTES <i>Method - Microscopy</i>	42 ▲	%	20 - 40
MONOCYTES <i>Method - Microscopy</i>	03	%	2 - 10
EOSINOPHILS <i>Method - Microscopy</i>	02	%	1 - 6
BASOPHILS <i>Method - Microscopy</i>	00	%	0 - 2

PERIPHERAL BLOOD SMEAR

RBC	Predominantly normocytic normochromic
WBC	Within normal limits



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PLATELET

Adequate

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Immunoassay

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
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THYROID FUNCTION TEST

SAMPLE : SERUM

T3 <i>Method - ECLIA</i>	0.9	ng/ml	0.6 - 1.8
T4 <i>Method - ECLIA</i>	7.71	ug/dL	5.4 - 11.7
TSH <i>Method - ECLIA</i>	3.19	uIU/ml	Adult Male – 0.27-5.50 Adult Female – 0.27-5.50 Newborns - <25 Upto 12 years – 0.3-5

Method - 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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Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0058630	Collection Date : 05/03/22 14:24	Ack Date : 05/03/2022 16:43	Report Date : 07/03/22 11:50

URINE FOR R/E

SAMPLE : URINE**PHYSICAL EXAMINATION**

VOLUME	20	ml	
COLOUR	REDDISH		
APPEARANCE	HAZY		
SPECIFIC GRAVITY	1.025		1.010 - 1.030
REACTION(pH)	ACIDIC 6.5		

CHEMICAL EXAMINATION

SUGAR	ABSENT	ABSENT
ALBUMIN.	PRESENT(TRACE)	ABSENT
BLOOD	PRESENT(++++)	ABSENT
KETONE	ABSENT	ABSENT
BILE SALT	ABSENT	ABSENT
BILE PIGMENTS	ABSENT	ABSENT

MICROSCOPIC EXAMINATION

PUS CELLS	8-10 / HPF	<5/HPF
EPITHELIAL CELLS	5-6 / HPF	<20/HPF
RBC	PLENTY	
CAST	ABSENT	ABSENT
CRYSTAL	ABSENT	ABSENT

Please correlate clinically.

URINE FOR SUGAR FASTING

SAMPLE : URINE

RESULT ABSENT

Sample No : 07H0058634	Collection Date : 05/03/22 15:05	Ack Date : 05/03/2022 16:43	Report Date : 07/03/22 11:50
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URINE FOR SUGAR PP

SAMPLE : URINE

RESULT ABSENT

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End of Report



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DIAGNOSTICS REPORT

Patient Name	: Mrs. Arunima Biswas	Order Date	: 05/03/2022 14:09
Age/Sex	: 37 Year(s)/Female	Report Date	: 08/03/2022 17:10
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USG REPORT OF WHOLE ABDOMEN

LIVER : Liver is normal in size. **Parenchymal echogenicity is mildly raised.**
Intrahepatic biliary radicles are not dilated. No focal mass lesion is seen.

PORTA :PV : Normal. PV measures 1.0 cm.

CD : Normal . CD measures 0.4 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.
Spleen measures : 10.0 cm.

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 : 10.9 cm & Left kidney measures : 11.2 cm.

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

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UTERUS : Anteverted normal in size, shape, outline, position and parenchymal echogenicity. Cavity is empty. Uterus measures 8.6 cm x 4.7 cm x 3.8 cm.

A small hypoechoic lesion measuring 1.0 cm x 0.9 cm is noted in anterior myometrium.

OVARIES : Both ovaries are normal in size, shape and echopattern. Right ovary : measures 3.0 cm x 1.5 cm. Left ovary : measures 3.5 cm x 1.5 cm cm.

PERITONEUM : No free fluid is noted.

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

IMPRESSION :

- Mild fatty changes in liver.
- A small fibroid in anterior myometrium of uterus



Dr. MADHUSHREE RAY NASKAR,
MBBS, DMRD

Consultant Radiologist

RegNo: 57032

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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 ,
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