

LABORATORY INVESTIGATION REPORT

Patient Name : Mrs. Priti Shil	Age/Sex : 38 Year(s) / Female
UHID : NMHK.2204176	Order Date : 20/03/2023 08:30
Episode : OP	
Ref. Doctor : NMH	Mobile No : 9864050832
	DOB : 01/01/1985
Address : FLAT-5A, BLOCK-41 , GREENFIELD CITY ,Kolkata, West Bengal ,700141	Facility : NARAYAN MEMORIAL HOSPITAL

Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
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Sample No : 07H0107519	Collection Date : 20/03/23 08:37	Ack Date : 20/03/2023 10:30	Report Date : 20/03/23 17:14
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SERUM CREATININE

SAMPLE : SERUM

SERUM CREATININE	0.7	mg/dl		0.5 - 0.9
<i>Method - Jaffe Gen2 Compensated</i>				

LIVER FUNCTION TEST (LFT)

SAMPLE : SERUM

TOTAL BILIRUBIN	0.4	mg/dl		0 - 1.1
<i>Method - Diazo Method</i>				
DIRECT BILIRUBIN	0.2	mg/dl		0 - 0.2
<i>Method - Diazo Method</i>				
INDIRECT BILIRUBIN	0.2	mg/dl		0.2 - 0.9
<i>Method - Calculated</i>				
SGPT (ALT)	12	U/L		0 - 34
<i>Method - IFCC Without Pyridoxal Phosphate</i>				
SGOT (AST)	17	U/L		0 - 31
<i>Method - IFCC Without Pyridoxal Phosphate</i>				
ALKALINE PHOSPHATASE	88	U/L		53 - 128
<i>Method - IFCC</i>				
TOTAL PROTEIN	7.4	g/dl		6.4 - 8.2
<i>Method - Biuret</i>				
ALBUMIN	4.6	gm/dl		3.5 - 5.2
<i>Method - Bromocresol Green</i>				
GLOBULIN	2.8	g/dl		2 - 3.5
<i>Method - Calculated</i>				
ALBUMIN:GLOBULIN	1.6	-		1.1 - 2.5
<i>Method - Calculated</i>				
GGT	10	U/L		5 - 36

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Method - Enzymatic colorimetric assay

BLOOD UREA NITROGEN

BLOOD UREA NITROGEN 09 mg/dl 6 - 20

Method - Calculated

LIPID PROFILE

SAMPLE : SERUM

TOTAL CHOLESTEROL 125 mg/dl Desirable <200 |
Borderline 200-239 |
High >=240

Method - CHOD-PAP

HDL CHOLESTEROL 53 mg/dl 40 - 60

Method - Homogenous Enzymatic Colorimetric

LDL CHOLESTEROL 60 mg/dl Optimal < 100 |
Borderline 130

Method - Homogenous Enzymatic Colorimetric

VLDL 12 mg/dl 0 - 30

Method - CALCULATED

CHOLESTEROL-HDL RATIO 2.36 -

LDL-HDL RATIO 1.13 -

TRIGLYCERIDES 84 mg/dl Desirable <150 |
Borderline 150 - 200 |
High >200

Method - Enzymatic Colorimetric

URIC ACID

SAMPLE : SERUM

URIC ACID 3.4 mg/dl 2.4 - 5.7

Method - Enzymatic Colorimetric

BUN / CREATINE RATIO^a

SAMPLE : SERUM

RESULT 12.8

Sample No : 07H0107519A

Collection Date : 20/03/23 08:37

Ack Date : 20/03/2023 16:16

Report Date : 20/03/23 20:31

GLYCOSYLATED HAEMOGLOBIN (HBA1C)

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SAMPLE : EDTA BLOOD

HBA1C 5.1

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.*
 - For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.*
 - Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status.*
 - 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 glycemc 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.

Sample No : 07H0107519B Collection Date : 20/03/23 08:37 Ack Date : 20/03/2023 10:31 Report Date : 20/03/23 17:14

BLOOD SUGAR(F)

SAMPLE : PLASMA

BLOOD SUGAR FASTING 81 mg/dl 70 - 109

Method - Hexokinase

Sample No : 07H0108057B Collection Date : 23/03/23 09:33 Ack Date : 23/03/2023 14:31 Report Date : 23/03/23 17:24

BLOOD SUGAR(PP)

SAMPLE : PLASMA

BLOOD SUGAR PP 93 mg/dl 70.00 - 140.00

Method - Hexokinase

End of Report

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Dr.S. Chatterjee
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(CONSULTANT BIOCHEMIST)

Checked By

DIAGNOSTICS REPORT

Patient Name	: Mrs. Priti Shil	Order Date	: 20/03/2023 08:30
Age/Sex	: 38 Year(s)/Female	Report Date	: 21/03/2023 10:21
UHID	: NMHK.2204176	IP No	:
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ELECTROCARDIOGRAM REPORT (ECG)

HR	: 69 bpm
Rhythm	: Sinus
P wave	: Normal
PR Interval	: 110 msec
QRS axis	: Normal (88 Degree)
QRS duration	: 76 msec
QRS configuration	: Normal
T wave	: Non specific changes
ST segment	: Non specific changes
QTc	: 396 msec
QT	: 368 msec

IMPRESSION:

- Sinus rhythm. Normal QRS axis.
- Non specific ST-T changes.

Clinical correlation please.



Dr.SOUMYA KANTI DUTTA , MBBS,MD(G EN.MED),DM(CARDIOLOGY)

RegNo: 63887

DIAGNOSTICS REPORT

Patient Name	: Mrs. Priti Shil	Order Date	: 20/03/2023 08:30
Age/Sex	: 38 Year(s)/Female	Report Date	: 20/03/2023 13:44
UHID	: NMHK.2204176	IP No	:
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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 = 22 mm).
- * Mild TR. TR gradient = 21 mmHg.
- * Normal valve morphology.
- * Normal LV diastolic function.
- * No pericardial effusion.
- * No pulmonary arterial hypertension.
- * IVC normal diameter & > 50% respiratory variation.
- * No thrombus, mass, vegetation seen.



**Dr.INDIRA BANERJEE , MD,DNB,FNB,M
RCPCH (UK)**

Board Certified Comprehensive
Echocardiographer (USA)

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Hematology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0107519	Collection Date : 20/03/23 08:37	Ack Date : 20/03/2023 10:13	Report Date : 20/03/23 17:01

COMPLETE HAEMOGRAM (CBC)

SAMPLE : EDTA BLOOD

HAEMOGLOBIN (HB) <i>Method - Colorimetric method (Cyn Meth)</i>	11.7 ▼	gm/dl	12 - 15
RBC COUNT <i>Method - Electrical Impedance Method</i>	4.0	$\times 10^6/\text{ul}$	3.8 - 4.8
TOTAL WBC COUNT <i>Method - Electrical Impedance Method</i>	5.7	$10^3/\text{cmm}$	4 - 10
PLATELET COUNT <i>Method - Electrical Impedance Method</i>	210	$10^3/\text{cmm}$	150 - 410
PCV <i>Method - RBC pulse ht. detection method</i>	36	%	36 - 46
MCV <i>Method - calculated</i>	90	fl	83 - 101
MCH <i>Method - Calculated</i>	30	pg	27 - 32
MCHC <i>Method - Calculated</i>	33	gm/dl	31.5 - 34.5
ESR <i>Method - Modified Westergren Method</i>	30 ▲	%	0 - 12

DIFFERENTIAL COUNT

NEUTROPHILS <i>Method - Microscopy</i>	59	%	40 - 80
LYMPHOCYTES <i>Method - Microscopy</i>	32	%	20 - 40
MONOCYTES <i>Method - Microscopy</i>	05	%	2 - 10

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EOSINOPHILS 04 % 1 - 6

Method - Microscopy

BASOPHILS 00 % 0 - 2

Method - Microscopy

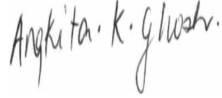
PERIPHERAL BLOOD SMEAR

RBC Normocytic normochromic.

WBC Within normal limits.

PLATELET Adequate.

End of Report



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Immunology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
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BLOOD GROUPING & Rh TYPING

SAMPLE : EDTA BLOOD

BLOOD GROUP ' O '

Method - Agglutinationforward & Reverse

RH TYPE POSITIVE

THYROID FUNCTION TEST

SAMPLE : SERUM

T3	1.05	ng/ml	0.6 - 1.8
Method - ECLIA			
T4	7.55	ug/dL	5.4 - 11.7
Method - ECLIA			
TSH	3.0	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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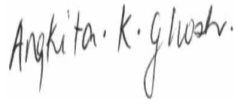
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End of Report



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Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0107519	Collection Date : 20/03/23 08:37	Ack Date : 20/03/2023 12:48	Report Date : 20/03/23 17:10

URINE FOR R/E

SAMPLE : URINE

PHYSICAL EXAMINATION

VOLUME	45	ml	
COLOUR	PALE YELLOW		
APPEARANCE	CLEAR		
SPECIFIC GRAVITY	1.010		1.010 - 1.030
REACTION(pH)	ACIDIC (pH - 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	2-4/HPF	<20/HPF
RBC	ABSENT	
CAST	ABSENT	ABSENT
CRYSTAL	ABSENT	ABSENT

Please correlate clinically.

URINE FOR SUGAR FASTING^a

SAMPLE : URINE

RESULT	ABSENT
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Sample No : 07H0108057	Collection Date : 23/03/23 09:33	Ack Date : 23/03/2023 12:44	Report Date : 23/03/23 16:24
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URINE FOR SUGAR PP

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SAMPLE : URINE

RESULT

ABSENT

End of Report



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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 0.9 cm.

CD : Normal . CD measures 0.3 cm.

GALL BLADDER : Gall bladder is normal in size, contour, outline and position. No calculus is seen. Wall thickness is normal. **Cholesterol deposits are seen along GB walls**

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 : 9.9 cm & Left kidney measures : 9.8 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 7.4 cm x 4.7 cm x 4.4 cm.

OVARIES : Both ovaries are normal in size, shape and echopattern. Right ovary : measures 2.7 cm x 1.6 cm . Left ovary : measures 2.4 cm x 1.5 cm.

PERITONEUM : :No free fluid is noted.

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

IMPRESSION : Cholesterosis of GB.



**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.Sayani Mahal ,

MD Radiology (AIIMS), PDCC (AIIMS)

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