



ভারত সরকার  
Government of India



সুচরিতা ঘোষ  
Sucharita Ghosh  
পিতা : পার্থ সারথী ঘোষ  
Father : Partha Sarathi Ghosh  
জন্মতারিখ / DOB : 18/03/1992  
মহিলা / Female



7434 5069 9841

আধার - সাধারণ মানুষের অধিকার

Sucharita Ghosh.



### CHECK LIST

|                  |             |                 |
|------------------|-------------|-----------------|
| NAME             |             | PATHOLOGY/PP    |
| OP               |             | EKG/PFT         |
| AGE              |             | ECHO/TMT        |
| DATE             |             | USG / CXR       |
| PACKAGE          |             | URINE / STOOL   |
| REFERRED BY      |             | MAMMO/ PAP      |
| HT               | 161cm       | EYE/ DENTAL     |
| WT               | 56kg        | GP CONSULTATION |
| BP               | 110/80mm/hg | DIETITION       |
| PULSE            | 88b/m       | CARDIOLOGIST    |
| WAIST            | 84cm        | GYNECOLOGIST    |
| HIP              | 88cm        | DENTAL          |
| RESPIRATORY RATE |             |                 |
| CHEST (INHALE)   | 86cm        |                 |
| CHEST (EXHALE)   | 84.5        |                 |
| ABDOMEN          | 79.5cm      |                 |

SpO2 - 98%



## DIAGNOSTICS REPORT

|              |  |             |                             |
|--------------|--|-------------|-----------------------------|
| Patient Name | : Mrs. SUCHARITA GHOSH                             | Order Date  | : 14/04/2023 08:37          |
| Age/Sex      | : 29 Year(s)/Female                                | Report Date | : 14/04/2023 15:31          |
| UHID         | : NMHK.2308810                                     | IP No       | :                           |
| Ref. Doctor  | : NMH  | Facility    | : NARAYAN MEMORIAL HOSPITAL |
| Address      | : HALDIA TOWNSHIP, ,Midnapore, West Bengal, 721605 | Mobile      | : 6297071178                |

### 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)

RegNo: 74369





## DIAGNOSTICS REPORT

HCO

|              |  |             |                             |
|--------------|--|-------------|-----------------------------|
| Patient Name | : Mrs. SUCHARITA GHOSH                             | Order Date  | : 14/04/2023 08:37          |
| Age/Sex      | : 29 Year(s)/Female                                | Report Date | : 14/04/2023 12:19          |
| UHID         | : NMHK.2308810                                     | IP No       | :                           |
| Ref. Doctor  | : NMH  | Facility    | : NARAYAN MEMORIAL HOSPITAL |
| Address      | : HALDIA TOWNSHIP, ,Midnapore, West Bengal, 721605 | Mobile      | : 6297071178                |

### ELECTROCARDIOGRAM REPORT (ECG)

|                   |                        |
|-------------------|------------------------|
| HR                | : 92 bpm               |
| Rhythm            | : Sinus                |
| P wave            | : Normal               |
| PR Interval       | : 128 msec             |
| QRS axis          | : Normal ( 64 Degree)  |
| QRS duration      | : 82 msec              |
| QRS configuration | : Normal               |
| T wave            | : Inverted in V3 to V6 |
| ST segment        | : Non specific changes |
| QTc               | : 443 msec             |
| QT                | : 354 msec             |

#### IMPRESSION:

- Sinus rhythm. Normal QRS axis.
  - Rule out Lateral wall Ischaemia.
- Clinical correlation please.

Dr. MUNNA DAS, MD (MEDICINE), DM(CARDIOLOGY)

Consultant Cardiologist

RegNo: 55696



SUCHRITHR GHOSH

2308810

29 years Female

..... cm / ..... kg

HR 92/min

Axis: P 62°

RR 655 ms

PR 102 ms

QRS 82 ms

QT 354 ms

QTc 443 ms (Bazett)

T 7°

P (II) 0.13 mV

S (V1) -1.01 mV

R (V5) 1.90 mV

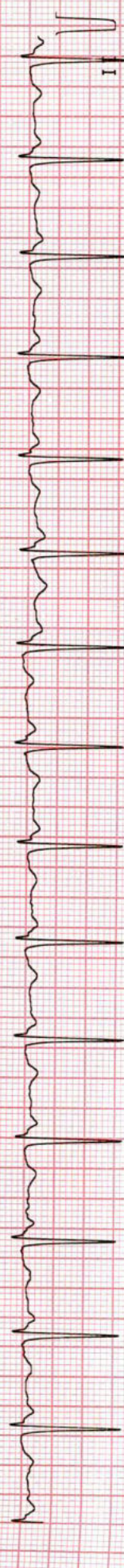
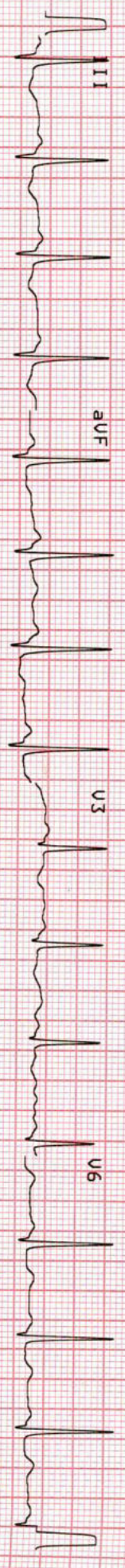
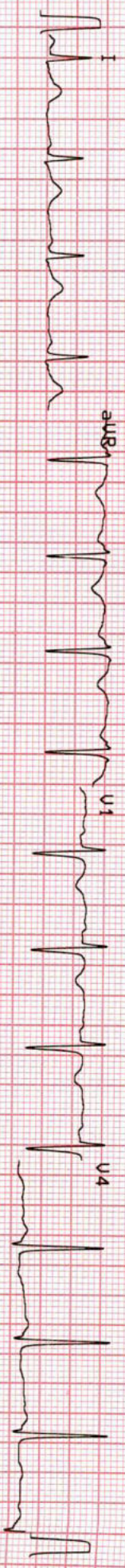
Sokol. 2.91 mV

SINUS RHYTHM  
T ABNORMALITY IN ANTERIOR LEADS

6.02

UNCONFIRMED REPORT

10 mm/mV



10 mm/mV

0.05-25 Hz

FS0

55F

585

14.04.2023

NRRAYAN MEMORIAL HOSPITAL, BEHALLA

AT-102plus 1.25 Ct





## DIAGNOSTICS REPORT

|              |  |             |                             |
|--------------|--|-------------|-----------------------------|
| Patient Name | : Mrs. SUCHARITA GHOSH                             | Order Date  | : 14/04/2023 08:37          |
| Age/Sex      | : 29 Year(s)/Female                                | Report Date | : 14/04/2023 13:06          |
| UHID         | : NMHK.2308810                                     | IP No       | :                           |
| Ref. Doctor  | : NMH  | Facility    | : NARAYAN MEMORIAL HOSPITAL |
| Address      | : HALDIA TOWNSHIP, ,Midnapore, West Bengal, 721605 | Mobile      | : 6297071178                |

### ECHOCARDIOGRAPHY (SCREENING)

#### Status of Patient :

- \* No regional wall motion abnormality at rest.
- \* Good LV systolic function (EF = 62%).
- \* Good RV systolic function (TAPSE = 21 mm).
- \* Mild TR, TR gradient = 23 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)



## DIAGNOSTICS REPORT

|              |  |             |                             |
|--------------|--|-------------|-----------------------------|
| Patient Name | : Mrs. SUCHARITA GHOSH                             | Order Date  | : 14/04/2023 08:37          |
| Age/Sex      | : 29 Year(s)/Female                                | Report Date | : 14/04/2023 16:30          |
| UHID         | : NMHK.2308810                                     | IP No       | :                           |
| Ref. Doctor  | : NMH  | Facility    | : NARAYAN MEMORIAL HOSPITAL |
| Address      | : HALDIA TOWNSHIP, ,Midnapore, West Bengal, 721605 | Mobile      | : 6297071178                |

### 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. Wall thickness is normal. **Two echogenic calculi measuring 12 mm & 13 mm approx are noted in GB lumen.**

**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 : 10.0 cm & Left kidney measures : 10.5 cm.

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





## DIAGNOSTICS REPORT

|              |  |             |                             |
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| Age/Sex      | : 29 Year(s)/Female                                | Report Date | : 14/04/2023 16:30          |
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**UTERUS** : Anteverted normal in size, shape, outline, position and parenchymal echogenicity. Cavity is empty. Uterus measures 8.6 cm x 4.0 cm x 2.9 cm.

**OVARIES** : Both ovaries are normal in size, shape and echopattern. Right ovary : measures 2.8 cm x 1.5 cm. Left ovary : measures 2.6 cm x 1.6 cm.

**PERITONEUM** : :No free fluid is noted.

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

**IMPRESSION** : Cholelithiasis.

Dr.MADHUSHREE RAY NASKAR , MBBS  
,DMRD

Consultant Radiologist

RegNo: 57032





## LABORATORY INVESTIGATION REPORT

|   |   |
|---|---|
| <b>Patient Name</b> : Mrs. SUCHARITA GHOSH                            | <b>Age/Sex</b> : 29 Year(s) / Female        |
| <b>UHID</b> : NMHK.2308810  | <b>Order Date</b> : 14/04/2023 08:37        |
| <b>Episode</b> : OP   | <b>Mobile No</b> : 6297071178               |
| <b>Ref. Doctor</b> : NMH  | <b>DOB</b> : 01/01/1994                     |
| <b>Address</b> : HALDIA TOWNSHIP , ,Midnapore,West Bengal ,7<br>21605 | <b>Facility</b> : NARAYAN MEMORIAL HOSPITAL |

### Immunology

| INVESTIGATION          | RESULTS                          | UNITS                       | BIOLOGICAL REF RANGE         |
|------------------------|----------------------------------|-----------------------------|------------------------------|
| Sample No : 07H0111526 | Collection Date : 14/04/23 09:08 | Ack Date : 14/04/2023 10:45 | Report Date : 14/04/23 13:05 |

#### BLOOD GROUPING & Rh TYPING

##### SAMPLE : EDTA BLOOD

BLOOD GROUP 'A'  
Method - Agglutination forward & Reverse

RH TYPE POSITIVE

#### THYROID FUNCTION TEST

##### SAMPLE : SERUM

|                       |       |        |   |
|-----------------------|-------|--------|---|
| T3<br>Method - ECLIA  | 1.18  | ng/ml  | 0.6 - 1.8   |
| T4<br>Method - ECLIA  | 10.03 | ug/dL  | 5.4 - 11.7  |
| TSH<br>Method - ECLIA | 2.72  | uIU/ml | Adult Male - 0.27-5.50<br>Adult Female - 0.27-5.50<br>Newborns - <25<br>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 (triglycerid < 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 (triglycerid es < 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).





## LABORATORY INVESTIGATION REPORT

|                     |  |                   |                             |
|---------------------|--|-------------------|-----------------------------|
| <b>Patient Name</b> | : Mrs. SUCHARITA GHOSH                                 | <b>Age/Sex</b>    | : 29 Year(s) / Female       |
| <b>UHID</b>         | : NMHK.2308810   | <b>Order Date</b> | : 14/04/2023 08:37          |
| <b>Episode</b>      | : OP   | <b>Mobile No</b>  | : 6297071178                |
| <b>Ref. Doctor</b>  | : NMH  | <b>DOB</b>        | : 01/01/1994                |
| <b>Address</b>      | : HALDIA TOWNSHIP , ,Midnapore,West Bengal ,7<br>21605 | <b>Facility</b>   | : NARAYAN MEMORIAL HOSPITAL |

End of Report

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

Checked By

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

RegNo: 82734





## LABORATORY INVESTIGATION REPORT

|   |   |
|---|---|
| <b>Patient Name</b> : Mrs. SUCHARITA GHOSH                            | <b>Age/Sex</b> : 29 Year(s) / Female        |
| <b>UHID</b> : NMHK.2308810  | <b>Order Date</b> : 14/04/2023 08:37        |
| <b>Episode</b> : OP   |   |
| <b>Ref. Doctor</b> : NMH  | <b>Mobile No</b> : 6297071178               |
|   | <b>DOB</b> : 01/01/1994                     |
| <b>Address</b> : HALDIA TOWNSHIP , ,Midnapore,West Bengal ,7<br>21605 | <b>Facility</b> : NARAYAN MEMORIAL HOSPITAL |

### Biochemistry

| INVESTIGATION          | RESULTS                          | UNITS                       | BIOLOGICAL REF RANGE         |
|------------------------|----------------------------------|-----------------------------|------------------------------|
| Sample No : 07H0111526 | Collection Date : 14/04/23 09:08 | Ack Date : 14/04/2023 10:56 | Report Date : 14/04/23 19:16 |

#### 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) 13 U/L 0 - 34

Method - IFCC Without Pyridoxal Phosphate

SGOT (AST) 19 U/L 0 - 31

Method - IFCC Without Pyridoxal Phosphate

ALKALINE PHOSPHATASE 53 U/L 53 - 128

Method - IFCC

TOTAL PROTEIN 7.8 g/dl 6.4 - 8.2

Method - Biuret

ALBUMIN 4.9 gm/dl 3.5 - 5.2

Method - Bromocresol Green

GLOBULIN 2.9 g/dl 2 - 3.5

Method - Calculated

ALBUMIN:GLOBULIN 1.7 - 1.1 - 2.5

Method - Calculated

GGT 10 U/L 5 - 36



## LABORATORY INVESTIGATION REPORT

|                     |  |                   |                             |
|---------------------|--|-------------------|-----------------------------|
| <b>Patient Name</b> | : Mrs. SUCHARITA GHOSH                                 | <b>Age/Sex</b>    | : 29 Year(s) / Female       |
| <b>UHID</b>         | : NMHK.2308810   | <b>Order Date</b> | : 14/04/2023 08:37          |
| <b>Episode</b>      | : OP   | <b>Mobile No</b>  | : 6297071178                |
| <b>Ref. Doctor</b>  | : NMH  | <b>DOB</b>        | : 01/01/1994                |
| <b>Address</b>      | : HALDIA TOWNSHIP , ,Midnapore,West Bengal ,7<br>21605 | <b>Facility</b>   | : NARAYAN MEMORIAL HOSPITAL |

Method - Enzymatic colorimetric assay

### BLOOD UREA NITROGEN

BLOOD UREA NITROGEN 08 mg/dl 6 - 20

Method - Calculated

### LIPID PROFILE

#### SAMPLE : SERUM

TOTAL CHOLESTEROL 156 mg/dl Desirable <200 |  
Borderline 200-239 |  
High >=240

Method - CHOD-PAP

HDL CHOLESTEROL 56 mg/dl 40 - 60

Method - Homogenous Enzymatic Colorimetric

LDL CHOLESTEROL 85 mg/dl Optimal < 100 |  
Borderline 130

Method - Homogenous Enzymatic Colorimetric

VLDL 15 mg/dl 0 - 30

Method - CALCULATED

CHOLESTEROL-HDL RATIO 2.79 -

LDL-HDL RATIO 1.52 -

TRIGLYCERIDES 88 mg/dl Desirable <150 |  
Borderline 150 - 200 |  
High >200

Method - Enzymatic Colorimetric

### URIC ACID

#### SAMPLE : SERUM

URIC ACID 4.1 mg/dl 2.4 - 5.7

Method - Enzymatic Colorimetric

### BUN / CREATINE RATIO<sup>a</sup>

#### SAMPLE : SERUM

BUN / CREATINE RATIO 13.3

Sample No : 07H0111526A

Collection Date : 14/04/23 09:08

Ack Date : 14/04/2023 14:26

Report Date : 14/04/23 19:16

### GLYCOSYLATED HAEMOGLOBIN (HBA1C)





## LABORATORY INVESTIGATION REPORT

**Patient Name** : Mrs. SUCHARITA GHOSH  
**UHID** : NMHK.2308810  
**Episode** : OP  
**Ref. Doctor** : NMH  
**Address** : HALDIA TOWNSHIP , ,Midnapore,West Bengal ,7 21605

**Age/Sex** : 29 Year(s) / Female  
**Order Date** : 14/04/2023 08:37  
**Mobile No** : 6297071178  
**DOB** : 01/01/1994  
**Facility** : NARAYAN MEMORIAL HOSPITAL

### 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.  
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.

Sample No : 07H0111526B Collection Date : 14/04/23 09:08 Ack Date : 14/04/2023 10:57 Report Date : 14/04/23 19:16

### **BLOOD SUGAR(F)**

#### SAMPLE : PLASMA

BLOOD SUGAR FASTING 85 mg/dl 70 - 109  
Method - Hexokinase

Sample No : 07H0111575B Collection Date : 14/04/23 12:48 Ack Date : 14/04/2023 13:27 Report Date : 14/04/23 19:16

### **BLOOD SUGAR(PP)**

#### SAMPLE : PLASMA

BLOOD SUGAR PP 84 mg/dl 70.00 - 140.00  
Method - Hexokinase

End of Report





## LABORATORY INVESTIGATION REPORT

|   |   |
|---|---|
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| <b>UHID</b> : NMHK.2308810  | <b>Order Date</b> : 14/04/2023 08:37        |
| <b>Episode</b> : OP   |   |
| <b>Ref. Doctor</b> : NMH  | <b>Mobile No</b> : 6297071178               |
|   | <b>DOB</b> : 01/01/1994                     |
| <b>Address</b> : HALDIA TOWNSHIP , ,Midnapore,West Bengal ,7<br>21605 | <b>Facility</b> : NARAYAN MEMORIAL HOSPITAL |

### Hematology

| INVESTIGATION          | RESULTS                          | UNITS                       | BIOLOGICAL REF RANGE         |
|------------------------|----------------------------------|-----------------------------|------------------------------|
| Sample No : 07H0111526 | Collection Date : 14/04/23 09:08 | Ack Date : 14/04/2023 10:45 | Report Date : 14/04/23 14:31 |

#### COMPLETE HAEMOGRAM ( CBC )

##### SAMPLE : EDTA BLOOD

|  |               |                      |             |
|--|---------------|----------------------|-------------|
| HAEMOGLOBIN (HB)                               | <b>11.5 ▼</b> | gm/dl                | 12 - 15     |
| <i>Method - Colorimetric method (Cyn Meth)</i> |               |                      |             |
| RBC COUNT                                      | 4.0           | x10 <sup>6</sup> /ul | 3.8 - 4.8   |
| <i>Method - Electrical Impedance Method</i>    |               |                      |             |
| TOTAL WBC COUNT                                | 7.5           | 10 <sup>3</sup> /cmm | 4 - 10      |
| <i>Method - Electrical Impedance Method</i>    |               |                      |             |
| PLATELET COUNT                                 | 180           | 10 <sup>3</sup> /cmm | 150 - 410   |
| <i>Method - Electrical Impedance Method</i>    |               |                      |             |
| PCV  | 36            | %                    | 36 - 46     |
| <i>Method - RBC pulse ht. detection method</i> |               |                      |             |
| MCV  | 89            | fl                   | 83 - 101    |
| <i>Method - calculated</i>                     |               |                      |             |
| MCH  | 29            | pg                   | 27 - 32     |
| <i>Method - Calculated</i>                     |               |                      |             |
| MCHC   | 32            | gm/dl                | 31.5 - 34.5 |
| <i>Method - Calculated</i>                     |               |                      |             |
| ESR  | <b>20 ▲</b>   | %                    | 0 - 12      |
| <i>Method - Modified Westergren Method</i>     |               |                      |             |
| <b>DIFFERENTIAL COUNT</b>                      |               |                      |             |
| NEUTROPHILS                                    | 66            | %                    | 40 - 80     |
| <i>Method - Microscopy</i>                     |               |                      |             |
| LYMPHOCYTES                                    | 29            | %                    | 20 - 40     |
| <i>Method - Microscopy</i>                     |               |                      |             |
| MONOCYTES                                      | 03            | %                    | 2 - 10      |
| <i>Method - Microscopy</i>                     |               |                      |             |





## LABORATORY INVESTIGATION REPORT

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|                            |    |   |       |
|----------------------------|----|---|-------|
| EOSINOPHILS                | 02 | % | 1 - 6 |
| <i>Method - Microscopy</i> |    |   |       |
| BASOPHILS                  | 00 | % | 0 - 2 |
| <i>Method - Microscopy</i> |    |   |       |

### PERIPHERAL BLOOD SMEAR

|          |                         |
|----------|-------------------------|
| RBC      | Normocytic normochromic |
| WBC      | Within normal limits    |
| PLATELET | Adequate                |
|          | End of Report           |

*Angkita K. Ghosh*

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

RegNo: 82734

Checked By



## LABORATORY INVESTIGATION REPORT

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|---|---|
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### Clinical Pathology

| INVESTIGATION          | RESULTS                          | UNITS                       | BIOLOGICAL REF RANGE         |
|------------------------|----------------------------------|-----------------------------|------------------------------|
| Sample No : 07H0111526 | Collection Date : 14/04/23 09:08 | Ack Date : 14/04/2023 12:54 | Report Date : 14/04/23 19:34 |

#### URINE FOR R/E

##### SAMPLE : URINE

##### PHYSICAL EXAMINATION

|                  |                 |    |               |
|------------------|-----------------|----|---------------|
| VOLUME           | 45              | ml |               |
| COLOUR           | PALE STRAW      |    |               |
| APPEARANCE       | SLIGHTLY HAZY   |    |               |
| 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 | 2-3/HPF | <20/HPF |
| RBC              | ABSENT  |         |
| CAST             | ABSENT  | ABSENT  |
| CRYSTAL          | ABSENT  | ABSENT  |

Please correlate clinically.

#### URINE FOR SUGAR FASTING<sup>a</sup>

##### SAMPLE : URINE

|        |        |
|--------|--------|
| RESULT | ABSENT |
|--------|--------|

|                        |                                  |                             |                              |
|------------------------|----------------------------------|-----------------------------|------------------------------|
| Sample No : 07H0111575 | Collection Date : 14/04/23 12:48 | Ack Date : 14/04/2023 16:38 | Report Date : 14/04/23 19:17 |
|------------------------|----------------------------------|-----------------------------|------------------------------|

#### URINE FOR SUGAR PP





## LABORATORY INVESTIGATION REPORT

|   |   |
|---|---|
| <b>Patient Name</b> : Mrs. SUCHARITA GHOSH                            | <b>Age/Sex</b> : 29 Year(s) / Female        |
| <b>UHID</b> : NMHK.2308810  | <b>Order Date</b> : 14/04/2023 08:37        |
| <b>Episode</b> : OP   | <b>Mobile No</b> : 6297071178               |
| <b>Ref. Doctor</b> : NMH  | <b>DOB</b> : 01/01/1994                     |
| <b>Address</b> : HALDIA TOWNSHIP , ,Midnapore,West Bengal ,7<br>21605 | <b>Facility</b> : NARAYAN MEMORIAL HOSPITAL |

### SAMPLE : URINE

RESULT

ABSENT

End of Report

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

Checked By

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