

## DIAGNOSTICS REPORT

Patient Name	: Mrs. Solanki Banerjee Maiti	Order Date	: 25/01/2022 09:56
Age/Sex	: 32 Year(s)/Female	Report Date	: 25/01/2022 15:16
UHID	: NMHK.2201097	IP No	:
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
Address	: AMARNATH RESIDENCY,C-16 SARATPALLY, PASCHIM MEDINIPUR, Medinipur, West Bengal, 721101	Mobile	: 9851204214

### USG REPORT OF WHOLE ABDOMEN (SCREENING)

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

**PORTA :PV** : Normal. PV measures 0.8 cm.  
**CD** : Normal . CD measures 0.3 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 mildly enlarged and parenchyma shows normal homogeneous pattern. Spleen measures : 12.5 cm.

**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 : 10.7 cm & Left kidney measures : 11.1 cm.

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

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**UTERUS** : Anteverted bulky in size, normal in shape, outline, position and parenchymal echogenicity. Cavity is empty. Uterus measures 10.3 cm x 4.9 cm x 4.2 cm.

**OVARIES** : Both ovaries are normal in size, shape and echopattern.

Right ovary : measures (4.1 cm x 3.2 cm) with normal echopattern.

Left ovary : measures (3.9 cm x 2.0 cm) with normal echopattern.

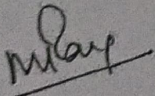
**PERITONEUM** : :No free fluid is noted.

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

**IMPRESSION** : \* Mild Hepatosplenomegaly.

\* Fatty changes in liver.

\* Bulky uterus.



**Dr.MADHUSHREE RAY NASKAR ,**  
MBBS,DMRD

Consultant Radiologist

RegNo: 57032

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## 2D ECHOCARDIOGRAPHY WITH M-MODE

### MEASUREMENTS

#### 2D and M-Mode :

IVS (d)	11 mm	Aorta (at sinuses)	30 mm
LVID (d)	46 mm	LA diameter	32 mm
LVPW (d)	11 mm	RVID (d) - basal	16 mm
LVID (s)	23 mm	TAPSE	18 mm
LVEF	62 %		

Estimated PASP = 17 mmHg

### FINDINGS

#### Left Ventricle :

Cavity size : Normal.

Wall thickness : Normal.

Segmental wall motion : No abnormality found.

Global systolic function : Normal (EF = 62 %)

Diastolic function : Normal.

**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 = 12 mmHg.

**Interartial 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.

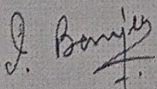
**Inferior Vena Cava** :IVC normal diameter, > 50% respiratory variation.

**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 = 18 mm).
- \* Normal valve morphology.
- \* Normal LV diastolic function.
- \* No pericardial effusion.
- \* No pulmonary arterial hypertension.



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

Board Certified Comprehensive  
Echocardiographer (USA)

## DIAGNOSTICS REPORT

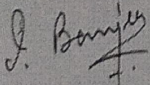
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## ELECTROCARDIOGRAM REPORT (ECG)

HR : 74 bpm  
Rhythm : Sinus  
P wave : Normal  
PR Interval : 152 msec  
QRS axis : Left axis (-9 Degree)  
QRS duration : 80 msec  
QRS configuration : Normal  
T wave : Non specific changes  
ST segment : Non specific changes  
QTc : 447 msec  
QT : 398 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)

SOLANKI BARNERJEE MAI  
2201097

M / F

32 years

kg

HR 74/min

P axis: 0°

SINUS RHYTHM

LEFTWARD AXIS

OTHERWISE NORMAL ECG

Intervals:

RR 807 ms

P 85 ms

PR 152 ms

QR5 80 ms

QT 398 ms

QTc 447 ms  
(Bazett)

QRS -9°

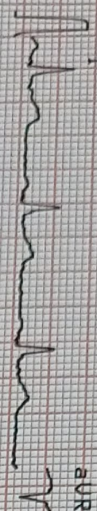
T 8°

6.02

UNCONFIRMED REPORT

P (II)	0.04 mV
S (V1)	-0.79 mV
R (V5)	0.81 mV
Sokol.	1.80 mV

10 mm/mV



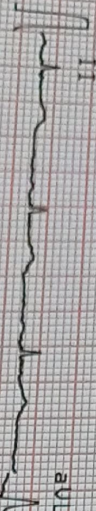
aVR



V1



V4



aVL



V2



V5



aVF



V3



V6



I



II



III

0 mm/mV  
0.05-25 Hz FS0

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**Biochemistry**

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0055778A	Collection Date : 25/01/22 10:01	Ack Date :	Report Date : 25/01/22 18:58

**GLYCOSYLATED HAEMOGLOBIN (HBA1C)**

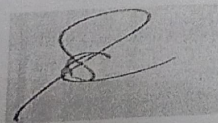
**SAMPLE : EDTA BLOOD**

HBA1C 5.9  
By HPLC

% Non-diabetic : 4-6

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

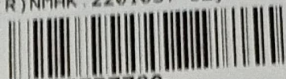


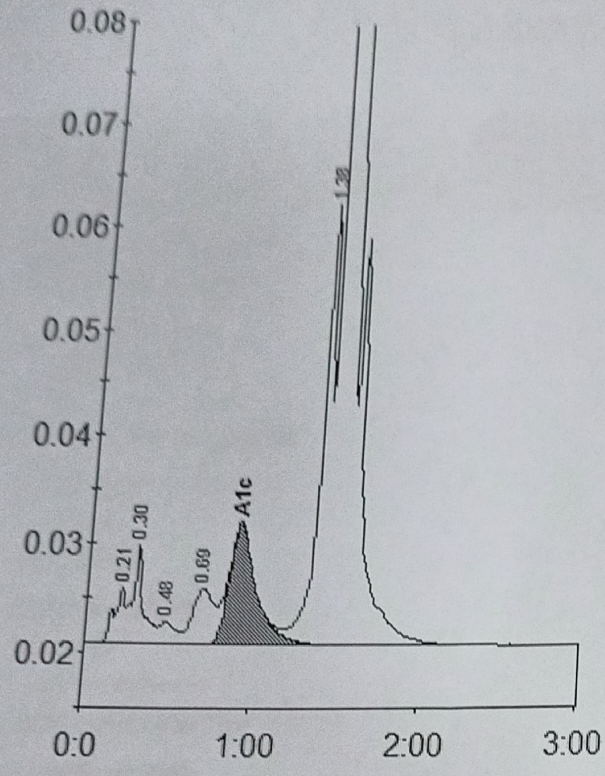
**Dr.S. Chatterjee**  
**MD, MBBS, FAACC**  
(CONSULTANT BIOCHEMIST)

Checked By

Rad  
 D-10  
 S/N: #DJ0A467747  
 Sample ID:  
 Injection date  
 Injection #: 9  
 Rack #: ---

DATE: 25/01/2022  
 TIME: 15:59  
 Software version: 4.30-2  
 07H0055778A  
 25/01/2022 15:13  
 Method: HbA1c  
 Rack position: 9

Mrs. Solanki Banerjee Maiti  
 (R)NMHK.2201097 32y/ F  
  
 07H0055778A  
 EDTA Wh 25-01 10:01



Peak table - ID: 07H0055778A

Peak	R.time	Height	Area	Area %
A1a	0.21	5088	21640	0.8
A1b	0.30	9114	41834	1.5
F	0.48	2014	13540	0.5
LA1c/CHb-1	0.69	5090	44776	1.6
A1c	0.90	10997	122952	5.9
P3	1.38	41482	143899	5.1
A0	1.44	798495	2417087	86.1
Total Area:		2805729		

Concentration:	%	mmol/mol
A1c	5.9	41



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**Biochemistry**

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0055777	Collection Date : 25/01/22 10:00	Ack Date :	Report Date : 25/01/22 18:58

**KIDNEY FUNCTION TEST**

**SERUM CREATININE**

**SAMPLE : SERUM**

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

**BLOOD UREA NITROGEN**

BLOOD UREA NITROGEN	6.54	mg/dl	6 - 20
<i>Calculated</i>			

**URIC ACID**

**SAMPLE : SERUM**

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

**LIVER FUNCTION TEST ( LFT )**

**SAMPLE : SERUM**

TOTAL BILIRUBIN	0.5	mg/dl	0 - 1.1
<i>Diazo Method</i>			

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

INDIRECT BILIRUBIN	0.3	mg/dl	0.2 - 0.9
<i>Calculated</i>			

SGPT (ALT)	<b>109 ▲</b>	U/L	0 - 34
<i>IFCC Without Pyridoxal Phosphate</i>			

SGOT (AST)	<b>107 ▲</b>	U/L	0 - 31
<i>IFCC Without Pyridoxal Phosphate</i>			

ALKALINE PHOSPHATASE	116	U/L	53 - 128
<i>IFCC</i>			

TOTAL PROTEIN	7.4	g/dl	6.4 - 8.2
<i>Biuret</i>			

ALBUMIN	4.8	gm/dl	3.5 - 5.2
<i>Bromocresol Green</i>			

GLOBULIN	2.6	g/dl	2 - 3.5
<i>Calculated</i>			

ALBUMIN:GLOBULIN	1.8	-	1.1 - 2.5
<i>Calculated</i>			

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GGT **39 ▲** U/L 5 - 36  
*Enzymatic colorimetric assay*

**LIPID PROFILE**

**SAMPLE : SERUM**

TOTAL CHOLESTEROL 217 mg/dl Desirable <200 | Borderline 200-239 | High >=240

*CHOD-PAP*

HDL CHOLESTEROL **34 ▼** mg/dl 40 - 60  
*Homogenous Enzymatic Colorimetric*

LDL CHOLESTEROL 146 mg/dl Optimal < 100 | Borderline 130  
*Homogenous Enzymatic Colorimetric*

VLDL **44 ▲** mg/dl 0 - 30  
*CALCULATED*

CHOLESTEROL-HDL RATIO 6.38 -

LDL-HDL RATIO 4.29 -

TRIGLYCERIDES 221 mg/dl Desirable <150 | Borderline 150 - 200 | High >200  
*Enzymatic Colorimetric*

Sample No : 07H0055778B Collection Date : 25/01/22 10:01 Ack Date : Report Date : 25/01/22 18:58

**BLOOD SUGAR(F)**

**SAMPLE : PLASMA**

BLOOD SUGAR FASTING 102 mg/dl 70 - 109  
*Hexokinase*

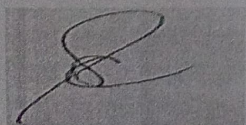
Sample No : 07H0055796B Collection Date : 25/01/22 13:02 Ack Date : Report Date : 25/01/22 18:58

**BLOOD SUGAR(PP)**

**SAMPLE : PLASMA**

BLOOD SUGAR PP 128 mg/dl 70.00 - 140.00  
*Hexokinase*

End of Report



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MD, MBBS, FAACC  
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**Immunoassay**

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0055777	Collection Date : 25/01/22 10:00	Ack Date :	Report Date : 25/01/22 18:58

**THYROID FUNCTION TEST**

**SAMPLE : SERUM**

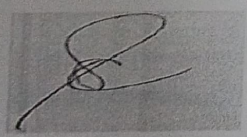
T3 ECLIA	1.09	ng/ml	0.6 - 1.8
T4 ECLIA	9.77	ug/dL	5.4 - 11.7
TSH	6.41	uIU/ml	Adult Male – 0.27-5.50 Adult Female – 0.27-5.50 Newborns - <25 Upto 12 years – 0.3-5

ECLIA

**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).

End of Report



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(CONSULTANT BIOCHEMIST)

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**Hematology**

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
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**COMPLETE HAEMOGRAM ( CBC )**

**SAMPLE : EDTA BLOOD**

HAEMOGLOBIN (HB) <i>Colorimetric method (Cyn Meth)</i>	12.7	gm/dl	12 - 15
RBC COUNT <i>Electrical Impedance Method</i>	4.72	x10 <sup>6</sup> /ul	3.8 - 4.8
TOTAL WBC COUNT <i>Electrical Impedance Method</i>	10.1 ▲	10 <sup>3</sup> /cmm	4 - 10
PLATELET COUNT <i>Electrical Impedance Method</i>	220	10 <sup>3</sup> /cmm	150 - 410
PCV <i>RBC pulse ht. detection method</i>	38	%	36 - 46
MCV <i>calculated</i>	80 ▼	fl	83 - 101
MCH <i>Calculated</i>	27	pg	27 - 32
MCHC <i>Calculated</i>	34	gm/dl	31.5 - 34.5
ESR <i>Modified Westergren Method</i>	22 ▲	%	0 - 12
<b>DIFFERENTIAL COUNT</b>			
NEUTROPHILS <i>Microscopy</i>	66	%	40 - 80
LYMPHOCYTES <i>Microscopy</i>	28	%	20 - 40
MONOCYTES <i>Microscopy</i>	02	%	2 - 10
EOSINOPHILS <i>Microscopy</i>	04	%	1 - 6
BASOPHILS <i>Microscopy</i>	00	%	0 - 2

**PERIPHERAL BLOOD SMEAR**

RBC : Normocytic normochromic.  
WBC : Within normal limits  
PLATELET : Adequate

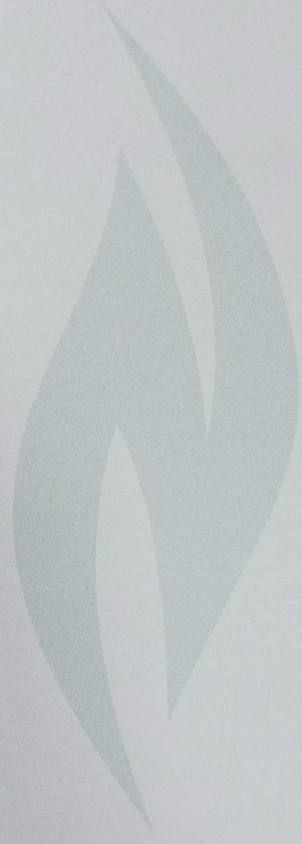
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End of Report

*Angkita K. Ghosh*

**Dr. ANGKITA K. GHOSH**  
**MBBS, MD(PATH)**  
(CONSULTANT PATHOLOGIST)  
RegNo: 82734  
Checked By



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**Immunology**

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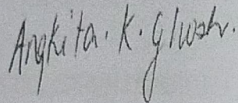
**BLOOD GROUPING & Rh TYPING**

**SAMPLE : EDTA BLOOD**

BLOOD GROUP : ' O '   
*Agglutination forward & Reverse*

RH TYPE : POSITIVE

End of Report



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

RegNo: 82734

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<b>Patient Name</b> : Mrs. Solanki Banerjee Maiti	<b>Age/Sex</b> : 32 Year(s)/Female
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<b>Episode</b> : OP	<b>Mobile No</b> : 9851204214
<b>Ref. Doctor</b> : NMH	<b>Facility</b> : NARAYAN MEMORIAL HOSPITAL
<b>Address</b> : AMARNATH RESIDENCY,C-16 SARATPALLY , PASCHIM MEDINIPUR ,Medinipur,West Bengal ,721101	

**Clinical Pathology**

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0055777	Collection Date : 25/01/22 10:00	Ack Date :	Report Date : 25/01/22 17:01

**URINE FOR R/E**

**SAMPLE : URINE**

**PHYSICAL EXAMINATION**

VOLUME	60	ml	
COLOUR	PALE STRAW		
APPEARANCE	SLIGHTLY HAZY		
SPECIFIC GRAVITY	1.010		1.010 - 1.030
REACTION(pH)	ACIDIC(6.5)		

**CHEMICAL EXAMINATION**

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

**MICROSCOPIC EXAMINATION**

PUS CELLS	6-7/HPF	<5/HPF
EPITHELIAL CELLS	8-10/HPF	<20/HPF
RBC	NIL	ABSENT
CAST	ABSENT	ABSENT
CRYSTAL	ABSENT	ABSENT
OTHERS	YEAST CELL: PRESENT(+)	

Please correlate clinically.

End of Report

*Angkita K. Ghosh*

**Dr. ANGKITA K. GHOSH**  
**MBBS, MD(PATH)**  
(CONSULTANT PATHOLOGIST)  
RegNo: 82734  
Checked By

## DIAGNOSTICS REPORT

Patient Name	: Mrs. Solanki Banerjee Maiti	Order Date	: 25/01/2022 09:56
Age/Sex	: 32 Year(s)/Female	Report Date	: 25/01/2022 19:16
UHID	: NMHK.2201097	IP No	:
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
Address	: AMARNATH RESIDENCY,C-16 SARATPALLY, PASCHIM MEDINIPUR, Medinipur, West Bengal, 721101	Mobile	: 9851204214

### CHEST X-RAY REPORT OF PA VIEW

Lung fields are clear. No focal parenchymal opacity is seen.

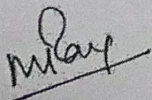
No appreciable pleural thickening / calcification is noted.

Costo-phrenic angles are normal.

Cardiac shadow appears normal.

Bilateral hilar shadows are normal.

No obvious bony abnormality is seen.



**Dr. MADHUSHREE RAY NASKAR ,**  
MBBS,DMRD

Consultant Radiologist

RegNo: 57032