

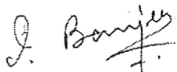
DIAGNOSTICS REPORT

| | | | |
|--------------|--|-------------|-----------------------------|
| Patient Name | : Mrs. Priti Shil | Order Date | : 26/03/2022 13:51 |
| Age/Sex | : 37 Year(s)/Female | Report Date | : 26/03/2022 17:24 |
| UHID | : NMHK.2204176 | IP No | : |
| Ref. Doctor | : NMH | Facility | : NARAYAN MEMORIAL HOSPITAL |
| Address | : FLAT-5A, BLOCK-41, GREENFIELD CITY, Kolkata, West Bengal, 700141 | Mobile | : 9864050832 |

ECHOCARDIOGRAPHY (SCREENING)

Status of Patient :

- * No regional wall motion abnormality at rest.
- * Good LV systolic function (EF = 65 %).
- * Good RV systolic function (TAPSE = 25 mm).
- * 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,MRCPCH (UK)**

Board Certified Comprehensive
Echocardiographer (USA)

DIAGNOSTICS REPORT

| | | | |
|--------------|---|-------------|--------------------|
| Patient Name | : Mrs. Priji Shil | Order Date | : 26/03/2022 13:51 |
| Age/Sex | : 37 Year(s)/Female | Report Date | : 26/03/2022 16:01 |
| UHID | : NMHK:2204176 | IP No | : NARAYAN MEMORIAL |
| Ref. Doctor | : NMH | Facility | : HOSPITAL |
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ELECTROCARDIOGRAM REPORT (ECG)

HR : 69 bpm

Rhythm : Sinus

P wave : Normal

PR Interval : 120 msec

QRS axis : Normal (89 Degree)

QRS duration : 78 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.INDIRA BANERJEE,
MD,DNB,MRCPC (UK)

Board Certified Comprehensive
Echocardiographer (USA)

PRITI SHIL

1204176
Female
37 years
..... cm / kg

HR 69/min

Intervals:
RR 860 ms
P 90 ms
PR 120 ms
QRS 70 ms
QT 360 ms
QTc 396 ms
(Bazett)
10 mm/mV

Axis:

P 61°
QRS 89°
T 46°

SINUS RHYTHM
NORMAL ECG

6.02

UNCONFIRMED REPORT

P (II) 0.11 mV
S (V1) -0.23 mV
R (V5) 1.46 mV
Sokol. 2.23 mV

10 mm/mV



10 mm/mV

DIAGNOSTICS REPORT

| | | | |
|--------------|--|-------------|-----------------------------|
| Patient Name | : Mrs. Priti Shil | Order Date | : 26/03/2022 13:51 |
| Age/Sex | : 37 Year(s)/Female | Report Date | : 26/03/2022 14:37 |
| UHID | : NMHK.2204176 | IP No | : |
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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 0.4 cm.
CBD : Normal . CBD 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 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 : 9.8 cm & Left kidney measures : 10.3 cm.

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

DIAGNOSTICS REPORT

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UTERUS : Retroflexed, normal in size, shape, outline, position and parenchymal echogenicity. Cavity is empty. Uterus measures 6.5 cm x 4.4 cm x 4.1 cm.

OVARIES : Both ovaries are normal in size, shape and echopattern.
Right ovary : measures 2.8 cm x 1.9 cm.
Left ovary : measures 2.4 cm x 2.1 cm.

PERITONEUM : :No free fluid is noted.

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

IMPRESSION : **Retroflexed uterus.**



Dr. MADHUSHREE RAY NASKAR,
MBBS, DMRD

Consultant Radiologist

RegNo: 57032

LABORATORY INVESTIGATION REPORT

| | | | |
|---------------------|---|-------------------|-----------------------------|
| Patient Name | : Mrs. Priti Shil | Age/Sex | : 37 Year(s)/Female |
| UHID | : NMHK.2204176 | Order Date | : 26/03/2022 13:51 |
| Episode | : OP | Mobile No | : 9864050832 |
| Ref. Doctor | : NMH | Facility | : NARAYAN MEMORIAL HOSPITAL |
| Address | : FLAT-5A, BLOCK-41 , GREENFIELD CITY ,Kolkata,West Bengal ,700141 | | |

Biochemistry

| INVESTIGATION | RESULTS | UNITS | BIOLOGICAL REF RANGE |
|-------------------------|----------------------------------|------------|------------------------------|
| Sample No : 07H0060279A | Collection Date : 26/03/22 13:52 | Ack Date : | Report Date : 26/03/22 18:43 |

GLYCOSYLATED HAEMOGLOBIN (HBA1C)

SAMPLE : EDTA BLOOD

| | | | |
|-------|-----|---|--------------------|
| HBA1C | 5.4 | % | Non-diabetic : 4-6 |
|-------|-----|---|--------------------|

By HPLC

- 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%

End of Report



Dr.S. Chatterjee
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(CONSULTANT BIOCHEMIST)

Checked By

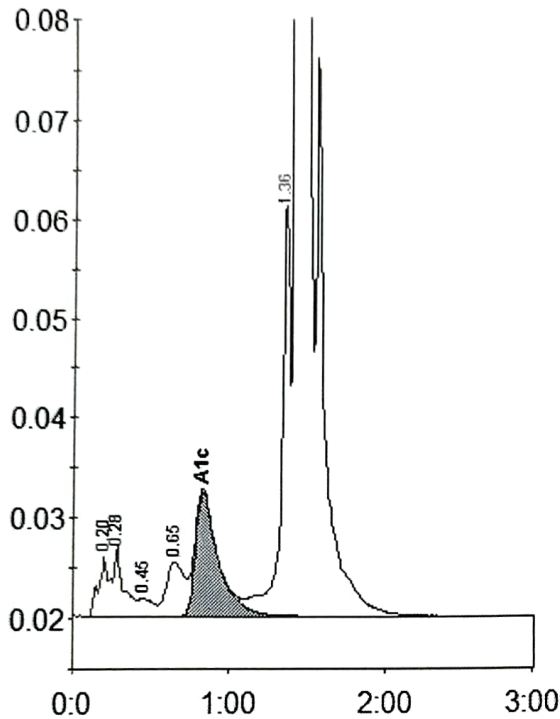
Patient report

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

DATE: 26/03/2022
 TIME: 16:28
 Software version: 4.30-2
 07H0060279A
 26/03/2022 15:54
 Method: HbA1c
 Rack position: 9

REF: P111 3011
 (R)NMHK.2204176 37y/ F

 07H0060279A
 EDTA Wh 26-03 13:52



Peak table - ID: 07H0060279A

| Peak | R.time | Height | Area | Area % |
|-------------|--------|---------|---------|--------|
| A1a | 0.20 | 5830 | 29300 | 0.9 |
| A1b | 0.28 | 6927 | 28469 | 0.9 |
| F | 0.45 | 1743 | 11872 | 0.4 |
| LA1c/CHb-1 | 0.65 | 5320 | 42626 | 1.3 |
| A1c | 0.83 | 12329 | 124692 | 5.4 |
| P3 | 1.36 | 41484 | 161343 | 5.1 |
| A0 | 1.43 | 916974 | 2763225 | 87.4 |
| Total Area: | | 3161527 | | |

| Concentration: | % | mmol/mol |
|----------------|-----|----------|
| A1c | 5.4 | 35 |

LABORATORY INVESTIGATION REPORT

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Biochemistry

| INVESTIGATION | RESULTS | UNITS | BIOLOGICAL REF RANGE |
|-------------------------------|----------------------------------|------------|------------------------------|
| Sample No : 07H0060279 | Collection Date : 26/03/22 13:52 | Ack Date : | Report Date : 26/03/22 18:43 |
| SERUM CREATININE | | | |
| SAMPLE : SERUM | | | |
| SERUM CREATININE | 0.7 | mg/dl | 0.5 - 0.9 |
| <i>Jaffe Gen2 Compensated</i> | | | |
| BLOOD UREA NITROGEN | | | |
| BLOOD UREA NITROGEN | 8.8 | mg/dl | 6 - 20 |
| <i>Calculated</i> | | | |
| URIC ACID | | | |
| SAMPLE : SERUM | | | |
| URIC ACID | 3.8 | mg/dl | 2.4 - 5.7 |
| <i>Enzymatic Colorimetric</i> | | | |
| SAMPLE : SERUM | | | |
| RESULT | 12.6 | | |
| Sample No : 07H0060279B | Collection Date : 26/03/22 13:52 | Ack Date : | Report Date : 26/03/22 18:43 |
| BLOOD SUGAR(F) | | | |
| SAMPLE : PLASMA | | | |
| BLOOD SUGAR FASTING | 82 | mg/dl | 70 - 109 |
| <i>Hexokinase</i> | | | |
| Sample No : 07H0060281B | Collection Date : 26/03/22 13:59 | Ack Date : | Report Date : 26/03/22 18:43 |
| BLOOD SUGAR(PP) | | | |
| SAMPLE : PLASMA | | | |
| BLOOD SUGAR PP | 112 | mg/dl | 70 - 140 |
| <i>Hexokinase</i> | | | |

End of Report



Dr.S. Chatterjee
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(CONSULTANT BIOCHEMIST)

Checked By

LABORATORY INVESTIGATION REPORT

| | |
|--|---|
| Patient Name : Mrs. Priti Shil | Age/Sex : 37 Year(s)/Female |
| UHID : NMHK.2204176 | Order Date : 26/03/2022 13:51 |
| Episode : OP | |
| Ref. Doctor : NMH | Mobile No : 9864050832 |
| Address : FLAT-5A, BLOCK-41 , GREENFIELD CITY ,Kolkata,West Bengal ,700141 | Facility : NARAYAN MEMORIAL HOSPITAL |

Biochemistry

| INVESTIGATION | RESULTS | UNITS | BIOLOGICAL REF RANGE |
|------------------------|----------------------------------|------------|------------------------------|
| Sample No : 07H0060279 | Collection Date : 26/03/22 13:52 | Ack Date : | Report Date : 26/03/22 18:43 |

LIVER FUNCTION TEST (LFT)

SAMPLE : SERUM

| | | | |
|---|-----|-------|-----------|
| TOTAL BILIRUBIN <i>Diazo Method</i> | 0.5 | mg/dl | 0 - 1.1 |
| DIRECT BILIRUBIN <i>Diazo Method</i> | 0.2 | mg/dl | 0 - 0.2 |
| INDIRECT BILIRUBIN <i>Calculated</i> | 0.3 | mg/dl | 0.2 - 0.9 |
| SGPT (ALT) <i>IFCC Without Pyridoxal Phosphate</i> | 18 | U/L | 0 - 34 |
| SGOT (AST) <i>IFCC Without Pyridoxal Phosphate</i> | 21 | U/L | 0 - 31 |
| ALKALINE PHOSPHATASE <i>IFCC</i> | 91 | U/L | 53 - 128 |
| TOTAL PROTEIN <i>Biuret</i> | 7.2 | g/dl | 6.4 - 8.2 |
| ALBUMIN <i>Bromocresol Green</i> | 4.5 | gm/dl | 3.5 - 5.2 |
| GLOBULIN <i>Calculated</i> | 2.7 | g/dl | 2 - 3.5 |
| ALBUMIN:GLOBULIN <i>Calculated</i> | 1.7 | - | 1.1 - 2.5 |
| GGT <i>Enzymatic colorimetric assay</i> | 11 | U/L | 5 - 36 |

End of Report



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LABORATORY INVESTIGATION REPORT

| | |
|---|---|
| Patient Name : Mrs. Priti Shil | Age/Sex : 37 Year(s)/Female |
| UHDID : NMHK.2204176 | Order Date : 26/03/2022 13:51 |
| Episode : OP | Mobile No : 9864050832 |
| Ref. Doctor : NMH | Facility : NARAYAN MEMORIAL HOSPITAL |
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Biochemistry

| INVESTIGATION | RESULTS | UNITS | BIOLOGICAL REF RANGE |
|--|----------------------------------|-------|---|
| Sample No : 07H0060279 | Collection Date : 26/03/22 13:52 | | Report Date : 26/03/22 18:43 |
| LIPID PROFILE | | | |
| SAMPLE : SERUM | | | |
| TOTAL CHOLESTEROL | 129 | mg/dl | Desirable <200 Borderline 200-239 High >=240 |
| <i>CHOD-PAP</i> | | mg/dl | 40 - 60 |
| HDL CHOLESTEROL | 46 | mg/dl | Optimal < 100 Borderline 130 |
| <i>Homogenous Enzymatic Colorimetric</i> | | | |
| LDL CHOLESTEROL | 68 | mg/dl | 0 - 30 |
| <i>Homogenous Enzymatic Colorimetric</i> | | | |
| VLDL | 14 | - | |
| <i>CALCULATED</i> | | | |
| CHOLESTEROL-HDL RATIO | 2.80 | - | |
| LDL-HDL RATIO | 1.48 | mg/dl | Desirable <150 Borderline 150 - 200 High >200 |
| TRIGLYCERIDES | 72 | | |
| <i>Enzymatic Colorimetric</i> | | | |

End of Report



Dr.S. Chatterjee
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LABORATORY INVESTIGATION REPORT

| | |
|--|---|
| Patient Name : Mrs. Priti Shil | Age/Sex : 37 Year(s)/Female |
| UHID : NMHK.2204176 | Order Date : 26/03/2022 13:51 |
| Episode : OP | |
| Ref. Doctor : NMH | Mobile No : 9864050832 |
| Address : FLAT-5A, BLOCK-41 , GREENFIELD CITY ,Kolkata,West Bengal ,700141 | Facility : NARAYAN MEMORIAL HOSPITAL |

Immunoassay

| INVESTIGATION | RESULTS | UNITS | BIOLOGICAL REF RANGE |
|------------------------|----------------------------------|------------|------------------------------|
| Sample No : 07H0060279 | Collection Date : 26/03/22 13:52 | Ack Date : | Report Date : 28/03/22 11:10 |

THYROID FUNCTION TEST

SAMPLE : SERUM

| | | | |
|--------------|------|--------|---|
| T3 ECLIA | 0.75 | ng/ml | 0.6 - 1.8 |
| T4 ECLIA | 5.7 | ug/dL | 5.4 - 11.7 |
| TSH ECLIA | 3.21 | uIU/ml | Adult Male – 0.27-5.50 Adult Female – 0.27-5.50 Newborns - <25 Upto 12 years – 0.3-5 |

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 $\mu\text{mol/L}$ 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 $\mu\text{mol/ml}$.
- 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 $\mu\text{mol/L}$ 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 $\mu\text{mol/L}$ 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



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

Checked By

LABORATORY INVESTIGATION REPORT

| | |
|---|---|
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Hematology

| INVESTIGATION | RESULTS | UNITS | BIOLOGICAL REF RANGE |
|------------------------|----------------------------------|------------|------------------------------|
| Sample No : 07H0060279 | Collection Date : 26/03/22 13:52 | Ack Date : | Report Date : 26/03/22 16:49 |

COMPLETE HAEMOGRAM (CBC)

SAMPLE : EDTA BLOOD

| | | | |
|---------------------------------------|-------------|----------------------|-------------|
| HAEMOGLOBIN (HB) | 13.1 | gm/dl | 12 - 15 |
| <i>Colorimetric method (Cyn Meth)</i> | | | |
| RBC COUNT | 4.34 | x10 ⁶ /ul | 3.8 - 4.8 |
| <i>Electrical Impedance Method</i> | | | |
| TOTAL WBC COUNT | 5.5 | 10 ³ /cmm | 4 - 10 |
| <i>Electrical Impedance Method</i> | | | |
| PLATELET COUNT | 220 | 10 ³ /cmm | 150 - 410 |
| <i>Electrical Impedance Method</i> | | | |
| PCV | 38 | % | 36 - 46 |
| <i>RBC pulse ht. detection method</i> | | | |
| MCV | 88 | fl | 83 - 101 |
| <i>calculated</i> | | | |
| MCH | 30 | pg | 27 - 32 |
| <i>Calculated</i> | | | |
| MCHC | 34 | gm/dl | 31.5 - 34.5 |
| <i>Calculated</i> | | | |
| ESR | 20 ▲ | % | 0 - 12 |
| <i>Modified Westergren Method</i> | | | |

DIFFERENTIAL COUNT

| | | | |
|-------------------|----|---|---------|
| NEUTROPHILS | 54 | % | 40 - 80 |
| <i>Microscopy</i> | | | |
| LYMPHOCYTES | 39 | % | 20 - 40 |
| <i>Microscopy</i> | | | |
| MONOCYTES | 04 | % | 2 - 10 |
| <i>Microscopy</i> | | | |
| EOSINOPHILS | 03 | % | 1 - 6 |
| <i>Microscopy</i> | | | |
| BASOPHILS | 00 | % | 0 - 2 |
| <i>Microscopy</i> | | | |

PERIPHERAL BLOOD SMEAR

| | |
|----------|-------------------------|
| RBC | Normocytic normochromic |
| WBC | Within normal limits |
| PLATELET | Adequate |

LABORATORY INVESTIGATION REPORT

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 ,Kolkata,West Bengal ,700141

Age/Sex : 37 Year(s)/Female
Order Date : 26/03/2022 13:51
Mobile No : 9864050832
Facility : NARAYAN MEMORIAL HOSPITAL

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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Immunology

| INVESTIGATION | RESULTS | UNITS | BIOLOGICAL REF RANGE |
|------------------------|----------------------------------|------------|------------------------------|
| Sample No : 07H0060279 | Collection Date : 26/03/22 13:52 | Ack Date : | Report Date : 26/03/22 16:54 |

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)
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LABORATORY INVESTIGATION REPORT

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Clinical Pathology

| INVESTIGATION | RESULTS | UNITS | BIOLOGICAL REF RANGE |
|------------------------|----------------------------------|------------|------------------------------|
| Sample No : 07H0060284 | Collection Date : 26/03/22 14:02 | Ack Date : | Report Date : 28/03/22 10:32 |

URINE FOR R/E

SAMPLE : URINE

PHYSICAL EXAMINATION

| TEST | RESULT | UNIT | REF RANGE |
|------------------|--------------|------|---------------|
| VOLUME | 40 | ml | |
| COLOUR | STRAW | | |
| APPEARANCE | CLEAR | | |
| SPECIFIC GRAVITY | 1.015 | | 1.010 - 1.030 |
| REACTION(pH) | ACIDIC (6.5) | | |

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 | <5/HPF |
| EPITHELIAL CELLS | 3-4 / HPF | <20/HPF |
| RBC | NIL | ABSENT |
| CAST | ABSENT | ABSENT |
| CRYSTAL | ABSENT | ABSENT |

Please correlate clinically.

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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Clinical Pathology

| INVESTIGATION | RESULTS | UNITS | BIOLOGICAL REF RANGE |
|------------------------|----------------------------------|------------|------------------------------|
| Sample No : 07H0060284 | Collection Date : 26/03/22 14:02 | Ack Date : | Report Date : 26/03/22 18:42 |

URINE FOR SUGAR FASTING

SAMPLE : URINE

RESULT ABSENT

URINE FOR SUGAR PP

SAMPLE : URINE

RESULT ABSENT

End of Report



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Checked By