

LABORATORY INVESTIGATION REPORT

Patient Name : Mrs. Shyamlati Bharti	Age/Sex : 31 Year(s)/Female
UHID : NMHK.2118323	Order Date : 27/11/2021 11:22
Episode : OP	
Ref. Doctor : NMH	Mobile No : 7633877880
Address : AKSHARA NILOY FLAT - 1G BLOCK 5 , PARNASREE ,Kolkata,West Bengal ,700060	Facility : NARAYAN MEMORIAL HOSPITAL

Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0049075	Collection Date : 27/11/21 11:53	Ack Date :	Report Date : 27/11/21 18:33

KIDNEY FUNCTION TEST

SERUM CREATININE

SAMPLE : SERUM

SERUM CREATININE	0.6	mg/dl	0.5 - 0.9
<i>Jaffe Gen2 Compensated</i>			

BLOOD UREA NITROGEN

BLOOD UREA NITROGEN	8.87	mg/dl	6 - 20
<i>Calculated</i>			

URIC ACID

SAMPLE : SERUM

URIC ACID	4.4	mg/dl	2.4 - 5.7
<i>Enzymatic Colorimetric</i>			

LIVER FUNCTION TEST (LFT)

SAMPLE : SERUM

TOTAL BILIRUBIN	0.8 ▲	mg/dl	<1.1
<i>Diazo Method</i>			
DIRECT BILIRUBIN	0.3 ▲	mg/dl	0 - 0.2
<i>Diazo Method</i>			
INDIRECT BILIRUBIN	0.50	mg/dl	0.2 - 0.9
<i>Calculated</i>			
SGPT (ALT)	87 ▲	U/L	0 - 34
<i>IFCC Without Pyridoxal Phosphate</i>			
SGOT (AST)	27	U/L	0 - 31
<i>IFCC Without Pyridoxal Phosphate</i>			
ALKALINE PHOSPHATASE	112	U/L	53 - 128
<i>IFCC</i>			
TOTAL PROTEIN	7.3	g/dl	6.4 - 8.2
<i>Biuret</i>			
ALBUMIN	4.9	gm/dl	3.5 - 5.2
<i>Bromocresol Green</i>			
GLOBULIN	2.4	g/dl	2 - 3.5
<i>Calculated</i>			
ALBUMIN:GLOBULIN	2.0	-	1.1 - 2.5
<i>Calculated</i>			
GGT	63 ▲	U/L	5 - 36

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Enzymatic colorimetric assay

LIPID PROFILE

SAMPLE : SERUM

TOTAL CHOLESTEROL	231	mg/dl	Desirable <200 Borderline 200-239 High >=240
<i>CHOD-PAP</i>			
HDL CHOLESTEROL	63 ▲	mg/dl	40 - 60
<i>Homogenous Enzymatic Colorimetric</i>			
LDL CHOLESTEROL	153	mg/dl	Optimal < 100 Borderline 130
<i>Homogenous Enzymatic Colorimetric</i>			
VLDL	17.80	mg/dl	0 - 30
<i>CALCULATED</i>			
CHOLESTEROL-HDL RATIO	3.67	-	
LDL-HDL RATIO	2.43	-	
TRIGLYCERIDES	89	mg/dl	Desirable <150 Borderline 150 - 200 High >200
<i>Enzymatic Colorimetric</i>			

Sample No : 07H0049075B Collection Date : 27/11/21 11:53 Ack Date : Report Date : 27/11/21 18:33

BLOOD SUGAR(F)

SAMPLE : PLASMA

BLOOD SUGAR FASTING	84	mg/dl	70 - 109
<i>Hexokinase</i>			

Sample No : 07H0049115B Collection Date : 27/11/21 14:58 Ack Date : Report Date : 27/11/21 18:33

BLOOD SUGAR(PP)

SAMPLE : PLASMA

BLOOD SUGAR PP	116	mg/dl	70 - 140
<i>Hexokinase</i>			

End of Report



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

Checked By

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Enzymatic colorimetric assay

LIPID PROFILE

SAMPLE : SERUM

TOTAL CHOLESTEROL	231	mg/dl	Desirable <200 Borderline 200-239 High >=240
<i>CHOD-PAP</i>			
HDL CHOLESTEROL	63 ▲	mg/dl	40 - 60
<i>Homogenous Enzymatic Colorimetric</i>			
LDL CHOLESTEROL	153	mg/dl	Optimal < 100 Borderline 130
<i>Homogenous Enzymatic Colorimetric</i>			
VLDL	17.80	mg/dl	0 - 30
<i>CALCULATED</i>			
CHOLESTEROL-HDL RATIO	3.67	-	
LDL-HDL RATIO	2.43	-	
TRIGLYCERIDES	89	mg/dl	Desirable <150 Borderline 150 - 200 High >200

Enzymatic Colorimetric

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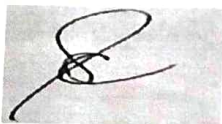
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Immunoassay

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0049075	Collection Date : 27/11/21 11:53	Ack Date :	Report Date : 27/11/21 18:45

THYROID FUNCTION TEST

SAMPLE : SERUM

T3 ECLIA	1.63	ng/ml	0.60 - 1.80
T4 ECLIA	8.25	ug/dL	5.40 - 11.70
TSH ECLIA	0.8	uIU/ml	Adult Male – 0.27-5.50 Adult Female – 0.27-5.50 Newborns - <25 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 (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).

End of Report

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Hematology

INVESTIGATION RESULTS UNITS BIOLOGICAL REF RANGE
 Sample No : 07H0049075 Collection Date : 27/11/21 11:53 Ack Date : Report Date : 27/11/21 16:57

COMPLETE HAEMOGRAM (CBC)

SAMPLE : EDTA BLOOD

TEST	RESULT	UNIT	BIOLOGICAL REF RANGE
HAEMOGLOBIN (HB)	13.6	gm/dl	12 - 15
RBC COUNT	4.29	x10 ⁶ /ul	3.8 - 4.8
TOTAL WBC COUNT	6.7	10 ³ /cmm	4 - 10
PLATELET COUNT	170	10 ³ /cmm	150 - 410
PCV	41	%	36 - 46
MCV	95	fl	83 - 101
MCH	32	pg	27 - 32
MCHC	33	gm/dl	31.5 - 34.5
ESR	07	mm/hr	<=12
DIFFERENTIAL COUNT			
NEUTROPHILS	64	%	40 - 80
LYMPHOCYTES	32	%	20 - 40
MONOCYTES	02	%	2 - 10
EOSINOPHILS	02 ▼	%	1 - 6
BASOPHILS	00	%	0 - 2

PERIPHERAL BLOOD SMEAR

RBC Normocytic normochromic

End of Report

Angkita K. Ghosh

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

RegNo: 82734

Checked By



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INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0049076	Collection Date : 27/11/21 11:55	Ack Date :	Report Date : 27/11/21 16:59

URINE FOR R/E

SAMPLE : URINE

PHYSICAL EXAMINATION

VOLUME	50	ml	
COLOUR	PALE STRAW		
APPEARANCE	SLIGHTLY HAZY		
SPECIFIC GRAVITY	1.015		1.010 - 1.030
REACTION(pH)	ACIDIC 6.0		

CHEMICAL EXAMINATION

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

MICROSCOPIC EXAMINATION

PUS CELLS	4-6 / HPF	<5/HPF
EPITHELIAL CELLS	18-20 / HPF	<20/HPF
RBC	3-4 / HPF	
CAST	ABSENT	ABSENT
CRYSTAL	ABSENT	ABSENT

Please correlate clinically.

End of Report

Angkita K. Ghosh

Dr.ANGKITA K. GHOSH
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(CONSULTANT PATHOLOGIST)

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Immunology

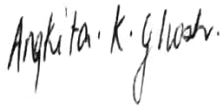
INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
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BLOOD GROUPING & Rh TYPING

SAMPLE : EDTA BLOOD

BLOOD GROUP : 'A'
RH TYPE : NEGATIVE

End of Report



Dr. ANGKITA K. GHOSH
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Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0049075A	Collection Date : 27/11/21 11:53	Ack Date :	Report Date : 27/11/21 18:33

GLYCOSYLATED HAEMOGLOBIN (HBA1C)

SAMPLE : EDTA BLOOD

HBA1C	5.0	%	Non-diabetic : 4-6
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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.
- 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 glycemc 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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Report

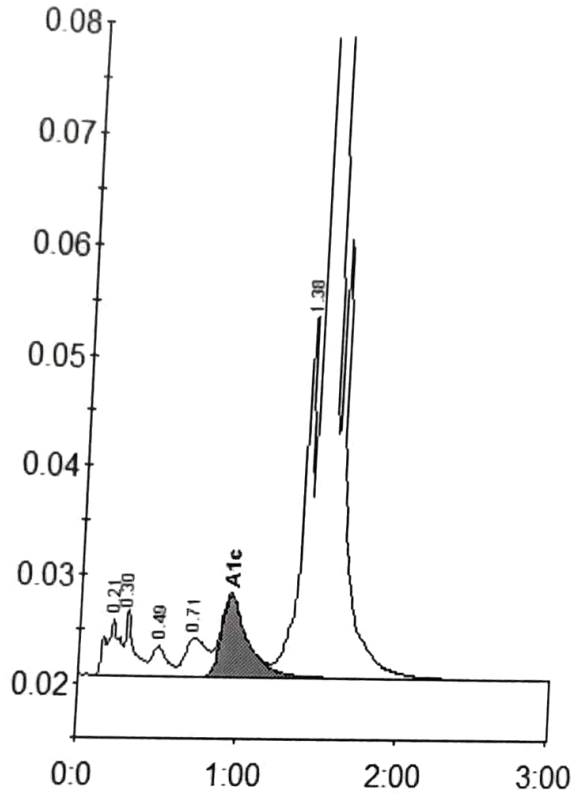
6-Rad
 D-10
 S/N: #DJ0A467747
 Sample ID:
 Injection date
 Injection #: 5
 Rack #: ---

DATE: 28/11/2021
 TIME: 12:27
 Software version: 4.30-2
 07H0049075A
 27/11/2021 17:48
 Method: HbA1c
 Rack position: 5

Mrs Shyamata Bharti
 (R)NMHK 2118323 31y/ F



07H0049075A
 FNTA LB 27-11 11:53



Peak table - ID: 07H0049075A

Peak	R.time	Height	Area	Area %
A1a	0.21	5139	30593	1.3
A1b	0.30	6118	23940	1.0
F	0.49	2766	19338	0.8
LA1c/CHb-1	0.71	3589	33929	1.4
A1c	0.93	7623	87580	5.0
P3	1.38	34100	124482	5.2
A0	1.44	688925	2078450	86.7
Total Area:		2398311		

Concentration:	%	mmol/mol
A1c	5.0	32

DIAGNOSTICS REPORT

Patient Name	: Mrs. Shyamlati Bharti	Order Date	: 27/11/2021 11:22
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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 1.0 cm.
CD : Normal . CD measures 0.4 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 : 10.2 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	: 31 Year(s)/Female	Report Date	: 27/11/2021 15:21
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UTERUS : Anteverted normal in size, shape, outline, position and parenchymal echogenicity. Cavity is empty. Uterus measures 6.6 cm x 3.7 cm x 2.4 cm.

OVARIES : Both ovaries are normal in size, shape and echopattern.
Right ovary : measures 2.5 cm x 1.4 cm.
Left ovary : measures 2.3 cm x 1.5 cm.

PERITONEUM : :No free fluid is noted.

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

IMPRESSION : Normal study.



Dr.MADHUSHREE RAY NASKAR ,
MBBS,DMRD

Consultant Radiologist

RegNo: 57032

DIAGNOSTICS REPORT

Patient Name	: Mrs. Shyamlati Bharti	Order Date	: 27/11/2021 18:22
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USG REPORT OF BREAST

CA breast left operated.

Operative scan noted in upper outer quadrant of left breast.

A welldefined hypoechoic lesion measuring 0.5 cm x 0.4 cm is noted in retroareolar region of left breast.

Right breast revealed normal parenchymal echotexture.

No obvious focal mass lesion seen.

No microcalcifications are seen.

Right retroareolar regions appear normal.

No significant enlarged lymph nodes seen in either axillary region.

**IMPRESSION : USG of breasts shows --
A small fibroadenoma in left retroareolar region.**

Please correlate clinically.



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

Consultant Radiologist

RegNo: 57032

DIAGNOSTICS REPORT

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2D ECHOCARDIOGRAPHY WITH M-MODE MEASUREMENTS

2D and M-Mode :

IVS (d)	10 mm	Aorta (at sinuses)	22 mm
LVID (d)	37 mm	LA diameter	30 mm
LVPW (d)	9 mm	RVID (d) - basal	15 mm
LVID (s)	22 mm	TAPSE	22 mm
LVEF	62 %		

Estimated PASP = 20 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.

Tricuspid Valve :Normal structure, normal excursion. Trivial TR. TR gradient = 15

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mmHg.

Interarterial 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.

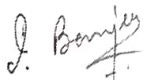
Inferior Vena Cava :IVC normal diameter, > 50% respiratory variation.

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 = 22 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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: 7633877880

Address : AKSHARA NILOY FLAT - 1G BLOCK 5,
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700060

Mobile

ELECTROCARDIOGRAM REPORT (ECG)

HR : 69 bpm
Rhythm : Sinus
P wave : Normal
PR Interval : 112 msec
QRS axis : Normal (68 Degree)
QRS duration : 74 msec
QRS configuration : Normal
T wave : Non specific changes
ST segment : Non specific changes
QTc : 445 msec
QT : 414 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)

THARTI
HYANMLATA
118523
Female
11 years
61 cm / 18 kg

HR 69/min
Axis: P 56°
 QR5 68°
 T 42°
Intervals:
RR 874 ms
P 90 ms
PR 112 ms
QRS 74 ms
QT 414 ms
QTc 445 ms
(Bazett)
10 mm/mV

SINUS RHYTHM
NORMAL ECG
6.02

UNCONFIRMED REPORT

