

LABORATORY INVESTIGATION REPORT

Patient Name : Mrs. Tapti Chatterjee	Age/Sex : 34 Year(s)/Female
UHID : NMHK.2204194	Order Date : 26/03/2022 14:54
Episode : OP	Mobile No : 9830334710
Ref. Doctor : NMH	Facility : NARAYAN MEMORIAL HOSPITAL
Address : 56, PURNA DAS RD. GOLPARK , GARIAHAT ,Kolkata,West Bengal ,700029	

Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0060289A	Collection Date : 26/03/22 14:56	Ack Date :	Report Date : 26/03/22 18:53

GLYCOSYLATED HAEMOGLOBIN (HBA1C)

SAMPLE : EDTA BLOOD

HBA1C	5.3	%	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.
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

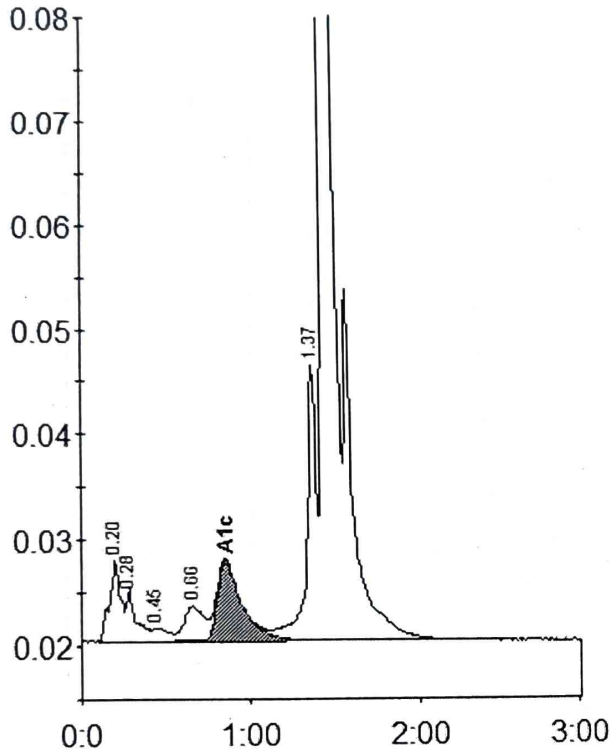
Patient report

Bio-Rad DATE: 26/03/2022
 D-10 TIME: 16:28
 S/N: #DJ0A467747 Software version: 4.30-2
 Sample ID: 07H0060289A
 Injection date 26/03/2022 16:19
 Injection #: 15 Method: HbA1c
 Rack #: --- Rack position: 5

Mrs. Iapti Chatterjee
 (R)NMHK 2204194 34y/ F



07H0060289A
 EDTA Wh 26-03 14:56



Peak table - ID: 07H0060289A

Peak	R.time	Height	Area	Area %
A1a	0.20	7720	35255	1.8
A1b	0.28	4885	20225	1.0
F	0.45	1230	7862	0.4
LA1c/CHb-1	0.66	3247	26506	1.3
A1c	0.85	7636	75940	5.3
P3	1.37	26242	109918	5.6
A0	1.44	611778	1697869	86.0
Total Area:			1973575	

Concentration:	%	mmol/mol
A1c	5.3	35

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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	4.7 ▼	mg/dl	6 - 20
<i>Calculated</i>			

SAMPLE : SERUM

RESULT	7.8
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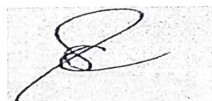
Sample No : 07H0060289B	Collection Date : 26/03/22 14:56	Ack Date :	Report Date : 26/03/22 18:53
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BLOOD SUGAR(F)

SAMPLE : PLASMA

BLOOD SUGAR FASTING	83	mg/dl	70 - 109
<i>Hexokinase</i>			

End of Report



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

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Biochemistry


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LIVER FUNCTION TEST (LFT)

SAMPLE : SERUM

TOTAL BILIRUBIN <i>Diazo Method</i>	0.9	mg/dl	0 - 1.1
DIRECT BILIRUBIN <i>Diazo Method</i>	0.3 ▲	mg/dl	0 - 0.2
INDIRECT BILIRUBIN <i>Calculated</i>	0.6	mg/dl	0.2 - 0.9
SGPT (ALT) <i>IFCC Without Pyridoxal Phosphate</i>	11	U/L	0 - 34
SGOT (AST) <i>IFCC Without Pyridoxal Phosphate</i>	19	U/L	0 - 31
ALKALINE PHOSPHATASE <i>IFCC</i>	65	U/L	53 - 128
TOTAL PROTEIN <i>Biuret</i>	7.4	g/dl	6.4 - 8.2
ALBUMIN <i>Bromocresol Green</i>	4.4	gm/dl	3.5 - 5.2
GLOBULIN <i>Calculated</i>	3.0	g/dl	2 - 3.5
ALBUMIN:GLOBULIN <i>Calculated</i>	1.5	-	1.1 - 2.5
GGT <i>Enzymatic colorimetric assay</i>	08	U/L	5 - 36

End of Report



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Biochemistry

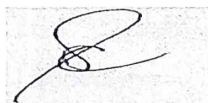
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LIPID PROFILE

SAMPLE : SERUM

TOTAL CHOLESTEROL	130	mg/dl	Desirable <200 Borderline 200-239 High ≥240
<i>CHOD-PAP</i>			
HDL CHOLESTEROL	51	mg/dl	40 - 60
<i>Homogenous Enzymatic Colorimetric</i>			
LDL CHOLESTEROL	68	mg/dl	Optimal < 100 Borderline 130
<i>Homogenous Enzymatic Colorimetric</i>			
VLDL	17	mg/dl	0 - 30
<i>CALCULATED</i>			
CHOLESTEROL-HDL RATIO	2.55	-	
LDL-HDL RATIO	1.33	-	
TRIGLYCERIDES	83	mg/dl	Desirable <150 Borderline 150 - 200 High >200
<i>Enzymatic Colorimetric</i>			

End of Report



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Immunoassay

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0060289	Collection Date : 26/03/22 14:56	Ack Date :	Report Date : 28/03/22 11:09

THYROID FUNCTION TEST

SAMPLE : SERUM

T3 ECLIA	0.95	ng/ml	0.6 - 1.8
T4 ECLIA	8.67	ug/dL	5.4 - 11.7
TSH	4.09	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 μ 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 μ 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 μ 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 μ 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



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Hematology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0060289	Collection Date : 26/03/22 14:56	Ack Date :	Report Date : 28/03/22 10:52

COMPLETE HAEMOGRAM (CBC)

SAMPLE : EDTA BLOOD

HAEMOGLOBIN (HB) <i>Colorimetric method (Cyn Meth)</i>	11.2 ▼	gm/dl	12 - 15
RBC COUNT <i>Electrical Impedance Method</i>	3.93	x10 ⁶ /ul	3.8 - 4.8
TOTAL WBC COUNT <i>Electrical Impedance Method</i>	4.3	10 ³ /cmm	4 - 10
PLATELET COUNT <i>Electrical Impedance Method</i>	210	10 ³ /cmm	150 - 410
PCV <i>RBC pulse ht. detection method</i>	33 ▼	%	36 - 46
MCV <i>calculated</i>	85	fl	83 - 101
MCH <i>Calculated</i>	29	pg	27 - 32
MCHC <i>Calculated</i>	34	gm/dl	31.5 - 34.5
ESR <i>Modified Westergren Method</i>	25 ▲	%	0 - 12

DIFFERENTIAL COUNT

NEUTROPHILS <i>Microscopy</i>	55	%	40 - 80
LYMPHOCYTES <i>Microscopy</i>	39	%	20 - 40
MONOCYTES <i>Microscopy</i>	03	%	2 - 10
EOSINOPHILS <i>Microscopy</i>	03	%	1 - 6
BASOPHILS <i>Microscopy</i>	00	%	0 - 2

PERIPHERAL BLOOD SMEAR

RBC	Normocytic Normochromic
WBC	Within normal limit
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

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
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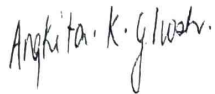
BLOOD GROUPING & Rh TYPING

SAMPLE : EDTA BLOOD

BLOOD GROUP : ' B '
Agglutination forward & Reverse

RH TYPE : POSITIVE

End of Report



Dr. ANGKITA K. GHOSH
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(CONSULTANT PATHOLOGIST)
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Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0060295	Collection Date : 26/03/22 15:04	Ack Date :	Report Date : 28/03/22 10:27

URINE FOR R/E

SAMPLE : URINE

PHYSICAL EXAMINATION

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	3-5 / HPF	<20/HPF
RBC	OCCASIONAL	
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

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Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0060295	Collection Date : 26/03/22 15:04	Ack Date :	Report Date : 28/03/22 10:25

STOOL FOR R/E

SAMPLE : STOOL

PHYSICAL EXAMINATION

COLOUR.	BROWNISH
CONSISTENCY	SOFT
MUCUS	PRESENT
VISIBLE BLOOD	ABSENT
ADULT PARASITE	ABSENT

CHEMICAL EXAMINATION

REACTION	ACIDIC
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MICROSCOPIC EXAMINATION

PUS CELLS	0-2 / HPF	<5/HPF
VEG CELL	PRESENT(+)	
RBC	NIL	
OVA	NOT FOUND	
PARASITES	NOT FOUND	
CYSTS	NOT FOUND	
BACTERIAL FLORA	PRESENT	
STARCH GRANULES	PRESENT	

Please correlate clinically.

End of Report

Angkita K. Ghosh

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

RegNo: 82734

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Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0060295	Collection Date : 26/03/22 15:04	Ack Date :	Report Date : 26/03/22 13:52

URINE FOR SUGAR FASTING

SAMPLE : URINE

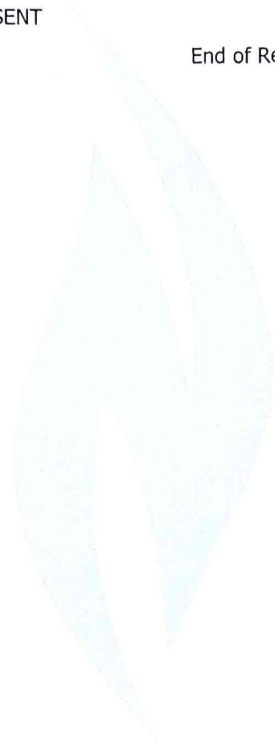
RESULT ABSENT

End of Report



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

Checked By



DIAGNOSTICS 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 0.4 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 : 10.9 cm & Left kidney measures : 9.8 cm.

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

DIAGNOSTICS REPORT

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UTERUS : Anteverted normal in size, shape, outline, position and parenchymal echogenicity. Cavity is empty. Uterus measures 7.0 cm x 3.6 cm x 3.6 cm.

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

Right ovary : measures 2.3 cm x 1.3 cm.

Left ovary : measures 2.3 cm x 1.0 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. Tapti Chatterjee	Order Date	: 26/03/2022 14:54
Age/Sex	: 34 Year(s)/Female	Report Date	: 26/03/2022 20:57
UHID	: NMHK.2204194	IP No	:
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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.MADHUSHREE RAY NASKAR ,
MBBS,DMRD**

Consultant Radiologist

RegNo: 57032

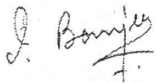
DIAGNOSTICS REPORT

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ECHOCARDIOGRAPHY (SCREENING)

Status of Patient :

- * No regional wall motion abnormality at rest.
- * Good LV systolic function (EF = 65 %).
- * Good RV systolic function (TAPSE = 26 mm).
- * Normal valve morphology. Trivial TR (gradient 15 mmHg)
- * 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. Tapti Chatterjee	Order Date	: 26/03/2022 14:54
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ELECTROCARDIOGRAM REPORT (ECG)

HR	: 77 bpm
Rhythm	: Sinus
P wave	: Normal
PR Interval	: 130 msec
QRS axis	: Normal (66 Degree)
QRS duration	: 80 msec
QRS configuration	: Normal
T wave	: Non specific changes
ST segment	: Non specific changes
QTc	: 391 msec
QT	: 344 msec

IMPRESSION:

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



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

Board Certified Comprehensive
Echocardiographer (USA)

TRPTI CHATTERJEE

HR 77/min

Axis:

SINUS RHYTHM
NORMAL ECG

2204194
Female
34 years

Intervals:
RR 783 ms
P 78 ms
PR 130 ms
QRS 80 ms
QT 344 ms
QTc 391 ms
(Bazett)

P 0°
QRS 66°
T 57°

6:02

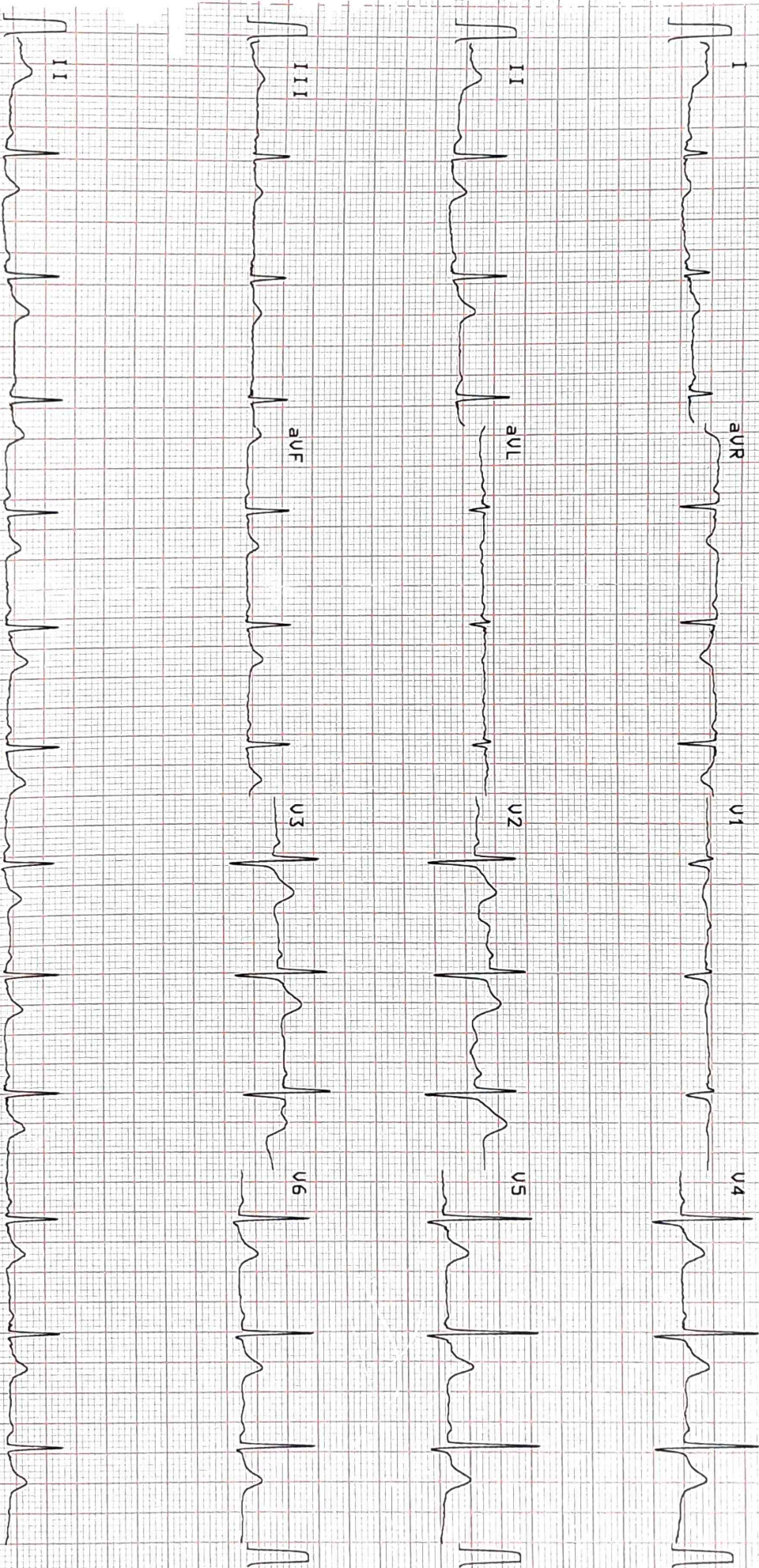
cm / kg

P (II) 0.10 mV
S (V1) -0.39 mV
R (V5) 1.83 mV
Sokol. 2.88 mV

10 mm/mV

10 mm/mV

UNCONFIRMED REPORT



10 mm/mV

0.05-25 Hz FS0 SSF 585 26.03.2022 12:31:50

NARAYAN MEMORIAL
HOSPITAL, BEHALA

HT-102plus 1.250ct

