

LABORATORY INVESTIGATION REPORT

Patient Name	: Ms. POUSHALI MOOKHOPADHYAY	Age/Sex	: 36 Year(s)/Female
UHID	: NMHK.2210445	Order Date	: 09/07/2022 09:56
Episode	: OP	Mobile No	: 9836241162
Ref. Doctor	: NMH	DOB	: 03/01/1986
Address	: 101A SANTOSH ROY ROAD , SAKHERBAZAR ,Kolkata,West Bengal ,700008	Facility	: NARAYAN MEMORIAL HOSPITAL

Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0068904	Collection Date : 09/07/22 13:30	Ack Date : 09/07/2022 17:05	Report Date : 11/07/22 10:35

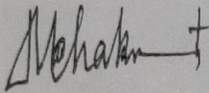
URINE FOR SUGAR PP

SAMPLE : URINE

RESULT

ABSENT

End of Report



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

Checked By

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Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0068877	Collection Date : 09/07/22 09:59	Ack Date : 09/07/2022 11:01	Report Date : 09/07/22 13:05

SERUM CREATININE

SAMPLE : SERUM

SERUM CREATININE	0.7	mg/dl	0.5 - 0.9
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Method - Jaffe Gen2 Compensated

LIVER FUNCTION TEST (LFT)

SAMPLE : SERUM

TOTAL BILIRUBIN	1.1	mg/dl	0 - 1.1
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Method - Diazo Method

DIRECT BILIRUBIN	0.4 ▲	mg/dl	0 - 0.2
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Method - Diazo Method

INDIRECT BILIRUBIN	0.7	mg/dl	0.2 - 0.9
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Method - Calculated

SGPT (ALT)	35 ▲	U/L	0 - 34
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Method - IFCC Without Pyridoxal Phosphate

SGOT (AST)	22	U/L	0 - 31
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Method - IFCC Without Pyridoxal Phosphate

ALKALINE PHOSPHATASE	74	U/L	53 - 128
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Method - IFCC

TOTAL PROTEIN	7.9	g/dl	6.4 - 8.2
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Method - Biuret

ALBUMIN	5.2	gm/dl	3.5 - 5.2
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Method - Bromocresol Green

GLOBULIN	2.7	g/dl	2 - 3.5
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Method - Calculated

ALBUMIN:GLOBULIN	1.9	-	1.1 - 2.5
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Method - Calculated

GGT	27	U/L	5 - 36
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Method - Enzymatic colorimetric assay

BLOOD UREA NITROGEN

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BLOOD UREA NITROGEN 7.9 mg/dl 6 - 20
Method - Calculated

LIPID PROFILE

SAMPLE : SERUM

TOTAL CHOLESTEROL 204 mg/dl Desirable <200 |
Borderline 200-239 |
High >=240

Method - CHOD-PAP

HDL CHOLESTEROL 46 mg/dl 40 - 60

Method - Homogenous Enzymatic Colorimetric

LDL CHOLESTEROL 136 mg/dl Optimal < 100 |
Borderline 130

Method - Homogenous Enzymatic Colorimetric

VLDL 37 ▲ mg/dl 0 - 30
Method - CALCULATED

CHOLESTEROL-HDL RATIO 4.43

LDL-HDL RATIO 2.96

TRIGLYCERIDES 187 mg/dl Desirable <150 |
Borderline 150 - 200 |
High >200

Method - Enzymatic Colorimetric

URIC ACID

SAMPLE : SERUM

URIC ACID 6.0 ▲ mg/dl 2.4 - 5.7

Method - Enzymatic Colorimetric

SAMPLE : SERUM

RESULT 11.2

Sample No : 07H0068877A Collection Date : 09/07/22 09:59 Ack Date : 09/07/2022 11:02 Report Date : 09/07/22 13:05

BLOOD SUGAR(F)

SAMPLE : PLASMA

BLOOD SUGAR FASTING 109 mg/dl 70 - 109

Method - Hexokinase

Sample No : 07H0068878A Collection Date : 09/07/22 09:59 Ack Date : 09/07/2022 11:00 Report Date : 09/07/22 18:49

GLYCOSYLATED HAEMOGLOBIN (HBA1C)

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SAMPLE : EDTA BLOOD

HBA1C 4.8

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 glycaemic 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 : 07H0068904B

Collection Date : 09/07/22 13:30

Ack Date : 09/07/2022 14:29

Report Date : 09/07/22 16:15

BLOOD SUGAR(PP)

SAMPLE : PLASMA

BLOOD SUGAR PP

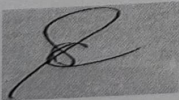
102

mg/dl

70.00 - 140.00

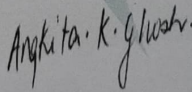
Method - Hexokinase

End of Report



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

Checked By



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

RegNo: 82734

LABORATORY INVESTIGATION REPORT

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Immunology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0068877	Collection Date : 09/07/22 09:59	Ack Date : 09/07/2022 11:01	Report Date : 09/07/22 18:49

THYROID FUNCTION TEST

SAMPLE : SERUM

T3	1.32	ng/ml	0.60 - 1.80
<i>Method - ECLIA</i>			
T4	12.2 ▲	ug/dL	5.40 - 11.70
<i>Method - ECLIA</i>			
TSH	2.25	uIU/ml	Adult Male - 0.27-5.50 Adult Female - 0.27-5.50 Newborns - <25 Upto 12 years - 0.3-5

Method - 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).

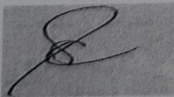
Sample No : 07H0068878	Collection Date : 09/07/22 09:59	Ack Date : 09/07/2022 11:03	Report Date : 09/07/22 15:17
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BLOOD GROUPING & Rh TYPING

SAMPLE : EDTA BLOOD

BLOOD GROUP	' B '
<i>Method - Agglutination forward & Reverse</i>	
RH TYPE	POSITIVE

End of Report



Angkita K. Ghosh

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Dr.ANGITA K. GHOSH
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RegNo: 82734

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Hematology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
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COMPLETE HAEMOGRAM (CBC)

TEST NAME	RESULT	UNIT	REF RANGE
SAMPLE : EDTA BLOOD			
HAEMOGLOBIN (HB)	13.0	gm/dl	12 - 15
<i>Method - Colorimetric method (Cyn Meth)</i>			
RBC COUNT	4.06	$\times 10^6/\text{ul}$	3.8 - 4.8
<i>Method - Electrical Impedance Method</i>			
TOTAL WBC COUNT	7.7	$10^3/\text{cmm}$	4 - 10
<i>Method - Electrical Impedance Method</i>			
PLATELET COUNT	250	$10^3/\text{cmm}$	150 - 410
<i>Method - Electrical Impedance Method</i>			
PCV	38	%	36 - 46
<i>Method - RBC pulse ht. detection method</i>			
MCV	94	fl	83 - 101
<i>Method - calculated</i>			
MCH	32	pg	27 - 32
<i>Method - Calculated</i>			
MCHC	34	gm/dl	31.5 - 34.5
<i>Method - Calculated</i>			
ESR	25 ▲	%	0 - 12
<i>Method - Modified Westergren Method</i>			
DIFFERENTIAL COUNT			
NEUTROPHILS	69	%	40 - 80
<i>Method - Microscopy</i>			
LYMPHOCYTES	27	%	20 - 40
<i>Method - Microscopy</i>			
MONOCYTES	02	%	2 - 10
<i>Method - Microscopy</i>			
EOSINOPHILS	02	%	1 - 6
<i>Method - Microscopy</i>			



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Facility : NARAYAN MEMORIAL HOSPITAL

BASOPHILS

00

%

0 - 2

Method - Microscopy

PERIPHERAL BLOOD SMEAR

RBC

Normocytic Normochromic

WBC

Within normal limit

PLATELET

Adequate

End of Report

Angkita K. Ghosh

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

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Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0068877	Collection Date : 09/07/22 09:59	Ack Date : 09/07/2022 13:01	Report Date : 09/07/22 15:13

URINE FOR R/E

SAMPLE : URINE

PHYSICAL EXAMINATION

VOLUME	35	ml	
COLOUR	PALE YELLOW		
APPEARANCE	SLIGHTLY HAZY		1.010 - 1.030
SPECIFIC GRAVITY	1.010		
REACTION(PH)	ACIDIC 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	2-3 / HPF	<5/HPF
EPITHELIAL CELLS	8-10 / HPF	<20/HPF
RBC	NIL	ABSENT
CAST	ABSENT	ABSENT
CRYSTAL	ABSENT	
OTHERS	MICRO-ORGANISM - PRESENT	

Please correlate clinically.

URINE FOR SUGAR FASTING^a

SAMPLE : URINE

RESULT ABSENT

End of Report

Ankita K. Ghosh

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

RegNo: 82734

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DIAGNOSTICS REPORT

Patient Name	: Ms. POUSHALI MOOKHOPADHYAY	Order Date	: 09/07/2022 09:56
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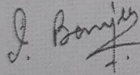
STRESS TEST (TREAD MILL)

Interpretation

Summary: Resting ECG: normal. Functional capacity: normal. HR response to Exercise: appropriate. BP response to Exercise: appropriate. Chest pain: none. Arrhythmia: none. ST changes: no significant changes.

Conclusion

**EXERCISE STRESS TEST IS NEGATIVE FOR EVIDENCE OF PROVOCABLE MYOCARDIAL ISCHAEMIA.
GOOD EFFORT TOLERANCE.**
Please correlate clinically.



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

Board Certified Comprehensive
Echocardiographer (USA)

ame - Poushali Mookhopadhyay

POUSHALI MOKHOPADHYA
Z210445
36 years Female
cm / kg

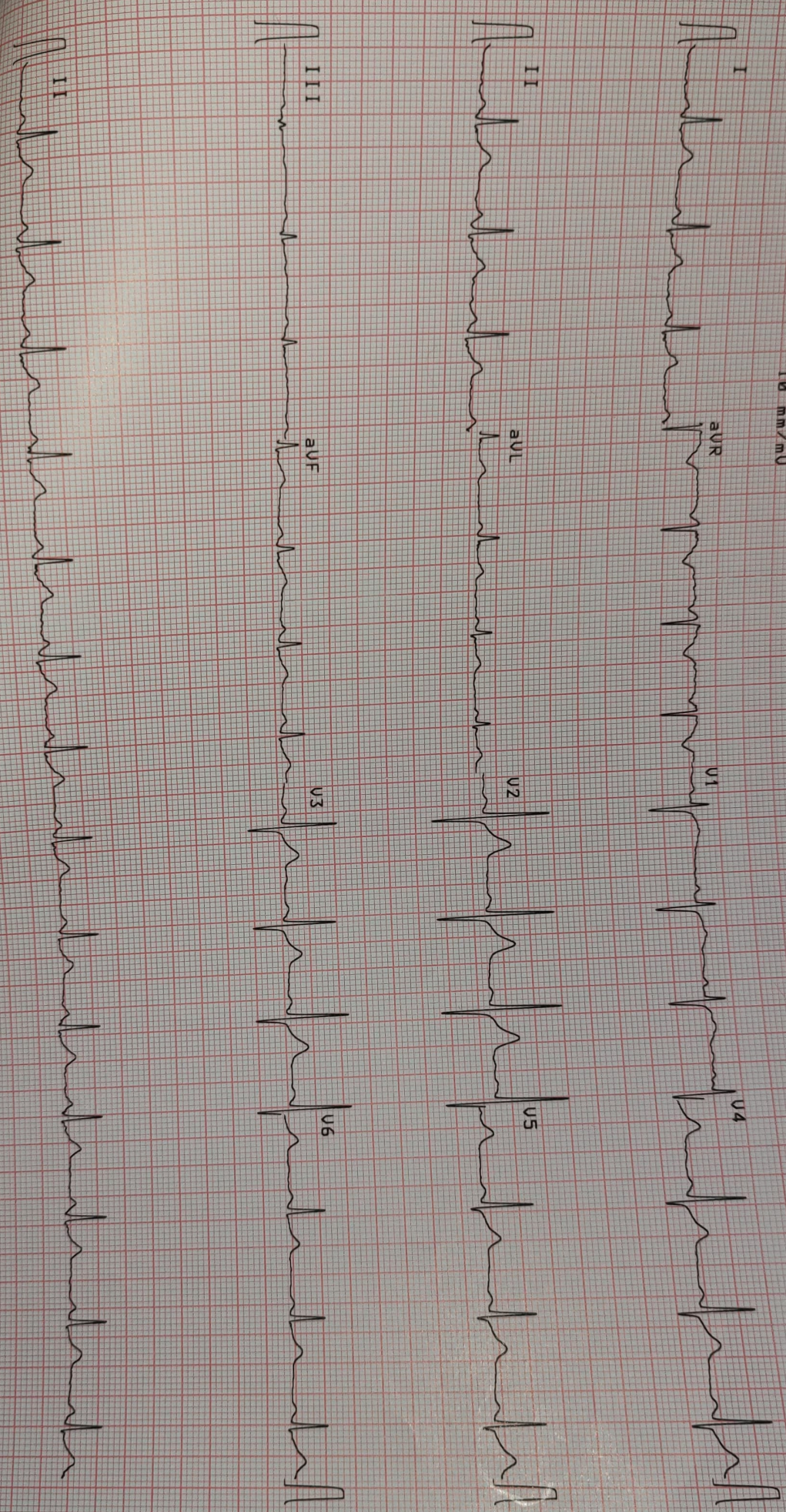
HR 85/min
Intervals:
RR 706 ms
P 112 ms
PR 126 ms
QRS 82 ms
QT 344 ms
QTc 410 ms
(Bazett)
10 mm/mV

Axis:
P 34°
QRS 28°
T 37°

P (II) 0.16 mV
S (V1) -0.86 mV
R (V5) 1.16 mV
Sokol. 2.55 mV

SINUS RHYTHM
NORMAL ECG
6.02

UNCONFIRMED REPORT



Narayan Memorial Hospital

(A Unit of Narayan Health Services Pvt. Ltd.)



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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.

A handwritten signature in black ink, appearing to read "M. Ray".

Dr. MADHUSHREE RAY NASKAR ,
MBBS, DMRD

Consultant Radiologist

RegNo: 57032