

LABORATORY INVESTIGATION REPORT

Patient Name	: Mrs. Archana Singh	Age/Sex	: 52 Year(s)/Female
UHID	: NMHK.2203907	Order Date	: 21/03/2022 12:48
Episode	: OP	Mobile No	: 9051841894
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
Address	: 25, BANK GARDEN , BASDRONI ,Kolkata,West Bengal ,700070		

Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0059930	Collection Date : 21/03/22 12:53	Ack Date :	Report Date : 21/03/22 18:03

BLOOD UREA NITROGEN

BLOOD UREA NITROGEN 9.8 mg/dl 6 - 20
Calculated

URIC ACID

SAMPLE : SERUM
URIC ACID 3.8 mg/dl 2.4 - 5.7
Enzymatic Colorimetric

SAMPLE : SERUM

RESULT 19.6

Sample No : 07H0059930B	Collection Date : 21/03/22 12:53	Ack Date :	Report Date : 21/03/22 18:03
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BLOOD SUGAR(F)

SAMPLE : PLASMA

BLOOD SUGAR FASTING 82 mg/dl 70 - 109
Hexokinase

Sample No : 07H0059942B	Collection Date : 21/03/22 15:33	Ack Date :	Report Date : 21/03/22 18:05
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BLOOD SUGAR(PP)

SAMPLE : PLASMA

BLOOD SUGAR PP 104 mg/dl 70.00 - 140.00
Hexokinase

End of Report



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

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Biochemistry

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Sample No : 07H0059930A	Collection Date : 21/03/22 12:53	Ack Date :	Report Date : 21/03/22 18:03

GLYCOSYLATED HAEMOGLOBIN (HBA1C)

SAMPLE : EDTA BLOOD

HBA1C 5.3 % Non-diabetic : 4-6

By HPLC

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



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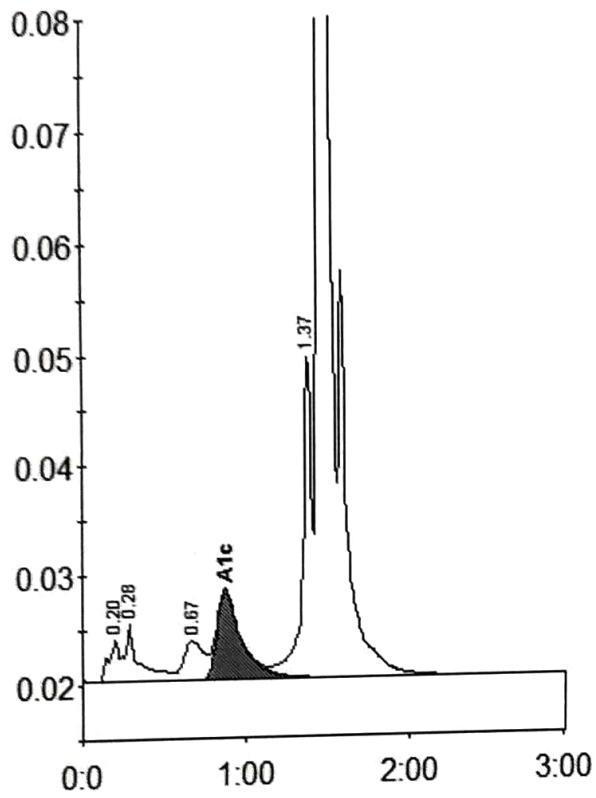
Patient report

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

DATE: 21/03/2022
 TIME: 14:41
 Software version: 4.30-2
 07H0059930A
 21/03/2022 14:23
 Method: HbA1c
 Rack position: 6

Mrs. Archana Singh
 (R)NMHK.2203907 52y/ F

 07H0059930A
 EDTA Wh 21-03 12:53



Peak table - ID: 07H0059930A

Peak	R.time	Height	Area	Area %
A1a	0.20	3820	19918	0.9
A1b	0.28	5144	27013	1.2
LA1c/CHb-1	0.67	3565	30617	1.4
A1c	0.87	8132	83124	5.3
P3	1.37	29795	115483	5.3
A0	1.44	664148	1890595	87.3
Total Area:			2166750	

Concentration:	%	mmol/mol
A1c	5.3	34

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LIVER FUNCTION TEST (LFT)

SAMPLE : SERUM

TOTAL BILIRUBIN <i>Diazo Method</i>	0.6	mg/dl	0 - 1.1
DIRECT BILIRUBIN <i>Diazo Method</i>	0.2	mg/dl	0 - 0.2
INDIRECT BILIRUBIN <i>Calculated</i>	0.4	mg/dl	0.2 - 0.9
SGPT (ALT) <i>IFCC Without Pyridoxal Phosphate</i>	21	U/L	0 - 34
SGOT (AST) <i>IFCC Without Pyridoxal Phosphate</i>	22	U/L	0 - 31
ALKALINE PHOSPHATASE <i>IFCC</i>	90	U/L	53 - 128
TOTAL PROTEIN <i>Biuret</i>	6.9	g/dl	6.4 - 8.2
ALBUMIN <i>Bromocresol Green</i>	4.5	gm/dl	3.5 - 5.2
GLOBULIN <i>Calculated</i>	2.4	g/dl	2 - 3.5
ALBUMIN:GLOBULIN <i>Calculated</i>	1.9	-	1.1 - 2.5
GGT <i>Enzymatic colorimetric assay</i>	11	U/L	5 - 36

End of Report



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LIPID PROFILE

SAMPLE : SERUM

TOTAL CHOLESTEROL	182	mg/dl	Desirable <200 Borderline 200-239 High >=240
<i>CHOD-PAP</i>			
HDL CHOLESTEROL	50	mg/dl	40 - 60
<i>Homogenous Enzymatic Colorimetric</i>			
LDL CHOLESTEROL	114	mg/dl	Optimal < 100 Borderline 130
<i>Homogenous Enzymatic Colorimetric</i>			
VLDL	25	mg/dl	0 - 30
<i>CALCULATED</i>			
CHOLESTEROL-HDL RATIO	3.64	-	
LDL-HDL RATIO	2.28	-	
TRIGLYCERIDES	125	mg/dl	Desirable <150 Borderline 150 - 200 High >200

Enzymatic Colorimetric

End of Report



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Immunoassay

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0059930	Collection Date : 21/03/22 12:53	Ack Date :	Report Date : 22/03/22 10:33

THYROID FUNCTION TEST

SAMPLE : SERUM

T3 ECLIA	1.05	ng/ml	0.60 - 1.80
T4 ECLIA	10.3	ug/dL	5.40 - 11.70
TSH	4.94	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 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



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

Checked By

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Hematology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0059930	Collection Date : 21/03/22 12:53	Ack Date :	Report Date : 21/03/22 17:31

COMPLETE HAEMOGRAM (CBC)

SAMPLE : EDTA BLOOD

HAEMOGLOBIN (HB)	12.0	gm/dl	12 - 15
<i>Colorimetric method (Cyn Meth)</i>			
RBC COUNT	4.23	$\times 10^6/\text{ul}$	3.8 - 4.8
<i>Electrical Impedance Method</i>			
TOTAL WBC COUNT	6.5	$10^3/\text{cmm}$	4 - 10
<i>Electrical Impedance Method</i>			
PLATELET COUNT	220	$10^3/\text{cmm}$	150 - 410
<i>Electrical Impedance Method</i>			
PCV	38	%	36 - 46
<i>RBC pulse ht. detection method</i>			
MCV	90	fl	83 - 101
<i>calculated</i>			
MCH	28	pg	27 - 32
<i>Calculated</i>			
MCHC	31 ▼	gm/dl	31.5 - 34.5
<i>Calculated</i>			
ESR	35 ▲	%	0 - 19
<i>Modified Westergren Method</i>			

DIFFERENTIAL COUNT

NEUTROPHILS	61	%	40 - 80
<i>Microscopy</i>			
LYMPHOCYTES	34	%	20 - 40
<i>Microscopy</i>			
MONOCYTES	03	%	2 - 10
<i>Microscopy</i>			
EOSINOPHILS	02	%	1 - 6
<i>Microscopy</i>			
BASOPHILS	00	%	0 - 2
<i>Microscopy</i>			

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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Cytopathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0059946	Collection Date : 21/03/22 15:53	Ack Date :	Report Date : 22/03/22 13:05

OBSERVATION

CY-43/22

CYTOLOGY / PAP SMEAR REPORT

Bethesda Classification 2014

SPECIMEN –Vaginal smear.

GROSS –Two smears received. Stained with PAP stain.

Adequacy of Specimen –Paucicellular.

General Classification – Benign.

Cell Type –

·Superficial squamous and parabasal cells seen.

Endocervical cells – Occasional.

Metaplastic Cells –Absent.

No intraepithelial lesion or malignant cell seen.

Degenerative changes –Absent.

Plenty of RBC seen.

Bacteria – Absent.

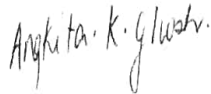
IMPRESSION :

·Negative for intraepithelial lesion or malignancy.

·Atrophic smear.

Remarks : It is a screening test. Negative report do not excluded presence of neoplasia.

End of Report



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Immunology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0059931	Collection Date : 21/03/22 12:54	Ack Date :	Report Date : 21/03/22 15:09

BLOOD GROUPING & Rh TYPING

SAMPLE : EDTA BLOOD

BLOOD GROUP ' A '

Agglutination forward & Reverse

RH TYPE POSITIVE

End of Report

Angkita K. Ghosh

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Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0059930	Collection Date : 21/03/22 12:53	Ack Date :	Report Date : 21/03/22 15:51

URINE FOR R/E

SAMPLE : URINE

PHYSICAL EXAMINATION

VOLUME	60	ml	
COLOUR	PALE STRAW		
APPEARANCE	HAZY		
SPECIFIC GRAVITY	1.010		1.010 - 1.030
REACTION(pH)	ACIDIC (6.0)		

CHEMICAL EXAMINATION

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

MICROSCOPIC EXAMINATION

PUS CELLS	10-15 / HPF	<5/HPF
EPITHELIAL CELLS	15-20 / HPF	<20/HPF
RBC	4-5 / HPF	
CAST	ABSENT	ABSENT
CRYSTAL	ABSENT	ABSENT

Please correlate clinically.

End of Report

Angkita K. Ghosh

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Clinical Pathology

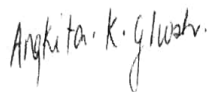
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Sample No : 07H0059930	Collection Date : 21/03/22 12:53	Ack Date :	Report Date : 21/03/22 15:51

URINE FOR SUGAR FASTING

SAMPLE : URINE

RESULT ABSENT

End of Report



Dr. ANGKITA K. GHOSH
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(CONSULTANT PATHOLOGIST)

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DIAGNOSTICS REPORT

Patient Name	: Mrs. Archana Singh	Order Date	: 21/03/2022 12:48
Age/Sex	: 52 Year(s)/Female	Report Date	: 21/03/2022 14:52
UHID	: NMHK.2203907	IP No	:
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USG BOTH BREASTS (SCREENING)

HRUSG of both breasts shows mixed fatty & glandular elements.
No focal SOL seen.
No micro/macro calcification seen.
Ducts are not dilated.
Bilateral fatty axillary tails seen.
Axilla shows few lymph nodes with normal fatty hilum.

IMPRESSION : Study does not reveal any abnormality.



Dr.G.MITRA SENGUPTA,
MBBS,,DCH.CBET(WB)DNB -1(RD)

DIAGNOSTICS REPORT

Patient Name	: Mrs. Archana Singh	Order Date	: 21/03/2022 12:48
Age/Sex	: 52 Year(s)/Female	Report Date	: 21/03/2022 16:08
UHID	: NMHK.2203907	IP No	:
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Address	: 25, BANK GARDEN, BASDRONI, Kolkata, West Bengal, 700070	Mobile	: 9051841894

USG REPORT OF WHOLE ABDOMEN (SCREENING)

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

PORTA :PV : Normal. PV measures 0.7 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. Spleen measures : 9.7 cm.

KIDNEYS : Both kidneys are normal in size, shape, outline, position and parenchymal echogenicity. Corticomedullary differentiation is maintained. No evidence of any calculus/ mass / hydronephrosis is seen.

Right kidney measures : 9.0 cm & Left kidney measures : 9.6 cm.

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

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UTERUS : Not visualised (Consistent with History of surgery).

OVARIES : Not visualised.

PERITONEUM : No free fluid is noted.

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

IMPRESSION : Mild fatty changes in liver.



Dr. MADHUSHREE RAY NASKAR ,
MBBS,DMRD

Consultant Radiologist

RegNo: 57032