



भारत सरकार
Government of India



Issue Date: 11/08/2015



अनुजा आचार्य पाहारी
Anuja Acharya Pahari
जन्म तिथि / DOB: 15/12/1991
महिला / FEMALE



3311 4437 0814

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



Print Date: 08/05/2015

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CHANDPUR, Dublaasi, Purba Medinipur,
West Bengal, 721423

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1947



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Anuja Acharya,



DIAGNOSTICS REPORT

Patient Name	: Mrs. ANUJA ACHARYA PAHARI	Order Date	: 26/08/2023 09:20
Age/Sex	: 32 Year(s)/Female	Report Date	: 27/08/2023 13:32
UHID	: NMHK.2319199	IP No	:
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
		Mobile	: 9593425907
Address	: DUBLABARI, ,Kolkata, West Bengal, 0		

ECHOCARDIOGRAPHY (SCREENING)

Status of Patient :

- * No regional wall motion abnormality at rest.
- * Good LV systolic function (EF = 60%).
- * Good RV systolic function (TAPSE = 16 mm).
- * Normal valve morphology.
- * Normal LV diastolic function.
- * No pericardial effusion.
- * No pulmonary arterial hypertension(PASP= 17 mmHg).
- * IVC normal diameter(1.3 cm) & > 50% respiratory variation.
- * No thrombus, mass, vegetation seen.

Dr. Sudip Chakraborty , MBBS,DIP (Preventative Cardiology) fellow Clinical

RegNo: 56285



LABORATORY INVESTIGATION REPORT

Patient Name : Mrs. ANUJA ACHARYA PAHARI	Age/Sex : 32 Year(s) / Female
UHID : NMHK.2319199	Order Date : 26/08/2023 09:20
Episode : OP	Mobile No : 9593425907
Ref. Doctor : NMH	DOB : 01/01/1991
Address : DUBLABARI , ,Kolkata,West Bengal ,0	Facility : NARAYAN MEMORIAL HOSPITAL

Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
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Sample No : 07H0132323	Collection Date : 26/08/23 09:36	Ack Date : 26/08/2023 11:35	Report Date : 26/08/23 14:03
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SERUM CREATININE

Sample- Serum

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

SAMPLE : SERUM

TOTAL BILIRUBIN	0.4	mg/dl	0 - 1.1
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Method - Diazo Method

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

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

SGPT (ALT)	16	U/L	0 - 34
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Method - IFCC Without Pyridoxal Phosphate

SGOT (AST)	17	U/L	0 - 31
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Method - IFCC Without Pyridoxal Phosphate

ALKALINE PHOSPHATASE	114	U/L	53 - 128
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Method - IFCC

TOTAL PROTEIN	7.2	g/dl	6.4 - 8.2
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Method - Biuret

ALBUMIN	4.4	gm/dl	3.5 - 5.2
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Method - Bromocresol Green

GLOBULIN	2.8	g/dl	2 - 3.5
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Method - Calculated

ALBUMIN:GLOBULIN	1.6	-	1.1 - 2.5
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Method - Calculated

GGT	10	U/L	5 - 36
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Method - Enzymatic colorimetric assay

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BLOOD UREA NITROGEN

Sample- Serum

SAMPLE:- SERUM
 BLOOD UREA NITROGEN 8.4 mg/dl 6 - 20

Method - Calculated

LIPID PROFILE

Sample- Serum

SAMPLE : SERUM

TOTAL CHOLESTEROL 166 mg/dl Desirable <200 |
 Borderline 200-239 |
 High >=240

Method - CHOD-PAP

HDL CHOLESTEROL 53 mg/dl 40 - 60

Method - Homogenous Enzymatic Colorimetric

LDL CHOLESTEROL 90 mg/dl Optimal < 100 |
 Borderline 130 - 159 |
 High >160

Method - Homogenous Enzymatic Colorimetric

VLDL 23 mg/dl 0 - 30

Method - CALCULATED

CHOLESTEROL-HDL RATIO 3.13 -

LDL-HDL RATIO 1.70 -

TRIGLYCERIDES 113 mg/dl Desirable <150 |
 Borderline 150 - 200 |
 High >200

Method - Enzymatic Colorimetric

URIC ACID

Sample- Serum

SAMPLE : SERUM

URIC ACID 5.5 mg/dl 2.4 - 5.7

Method - Enzymatic Colorimetric

BUN / CREATINE RATIO

Sample- Serum

SAMPLE : SERUM

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BUN / CREATINE RATIO 12.0

GLYCOSYLATED HAEMOGLOBIN (HBA1C)

Sample- EDTA Whole Blood A

SAMPLE : EDTA BLOOD

HBA1C 5.4

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.
 - For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
 - Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status.
 - Heterozygous state detected (D10/ turbo is corrected for Hb5 and HbC trait).
- 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 % .

Note : Hemoglobin electrophoresis (HPLC method) is recommended for detecting hemoglobinopathy.

BLOOD SUGAR(F)

Sample- Plasma

SAMPLE : PLASMA

BLOOD SUGAR FASTING 81 mg/dl 70 - 109

Method - Hexokinase

BLOOD SUGAR(PP)

Sample- Plasma

SAMPLE : PLASMA

BLOOD SUGAR PP 78 mg/dl 70.00 - 140.00

Method - Hexokinase



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Mobile No : 9593425907
DOB : 01/01/1991
Facility : NARAYAN MEMORIAL HOSPITAL

End of Report

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

Checked By

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Address : DUBLABARI , Kolkata, West Bengal, J	Facility : NARAYAN MEMORIAL HOSPITAL

Hematology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0132323	Collection Date : 26/08/23 09:36	Ack Date : 26/08/2023 11:29	Report Date : 26/08/23 16:12

BLOOD GROUPING & Rh TYPING

Sample- EDTA Whole Blood

SAMPLE : EDTA BLOOD

BLOOD GROUP

' A '

Method - Agglutination forward & Reverse

RH TYPE

POSITIVE

COMPLETE HAEMOGRAM (CBC)

Sample- EDTA Whole Blood

SAMPLE : EDTA BLOOD

HAEMOGLOBIN (HB)

13.1

gm/dl

12 - 15

Method - Colorimetric method (Cyn Meth)

RBC COUNT

4.5

x10⁶/ul

3.8 - 4.8

Method - Electrical Impedance Method

TOTAL WBC COUNT

7.0

10³/cm³
m

4 - 10

Method - Electrical Impedance Method

PLATELET COUNT

170

10³/cm³
m

150 - 410

Method - Electrical Impedance Method

PCV

41

%

36 - 46

Method - RBC pulse ht. detection method

MCV

92

fl

83 - 101

Method - calculated

MCH

29

pg

27 - 32

Method - Calculated

MCHC

32

gm/dl

31.5 - 34.5

Method - Calculated

ESR

10

%

0 - 12

Method - Modified Westergren Method

DIFFERENTIAL COUNT

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NEUTROPHILS	65	%	40 - 80
<i>Method - Microscopy</i>			
LYMPHOCYTES	30	%	20 - 40
<i>Method - Microscopy</i>			
MONOCYTES	02	%	2 - 10
<i>Method - Microscopy</i>			
EOSINOPHILS	03	%	1 - 6
<i>Method - Microscopy</i>			
BASOPHILS	00	%	0 - 2
<i>Method - Microscopy</i>			

PERIPHERAL BLOOD SMEAR

RBC Normocytic normochromic.
WBC Within normal limits.
PLATELET Adequate.

End of Report



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

Checked By

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Immunology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0132323	Collection Date : 26/08/23 09:36	Ack Date : 26/08/2023 11:35	Report Date : 26/08/23 16:33

THYROID FUNCTION TEST

Sample- Serum

SAMPLE : SERUM

T3	1.14	ng/ml	0.60 - 1.80
Method - ECLIA			
T4	8.77	ug/dL	5.40 - 11.70
Method - ECLIA			
TSH	2.15	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:

- 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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Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0132323	Collection Date : 26/08/23 09:36	Ack Date : 26/08/2023 13:01	Report Date : 26/08/23 16:51

URINE FOR R/E

Sample- Urine

SAMPLE : URINE

PHYSICAL EXAMINATION

VOLUME	35	ml	
COLOUR	PALE STRAW		
APPEARANCE	SLIGHTLY HAZY		
SPECIFIC GRAVITY	1.010		1.010 - 1.030
REACTION(pH)	ACIDIC (pH - 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	8-10/HPF	<5/HPF
EPITHELIAL CELLS	6-8/HPF	<20/HPF
RBC	ABSENT	
CAST	ABSENT	ABSENT
CRYSTAL	ABSENT	ABSENT

Please correlate clinically.

URINE FOR SUGAR FASTING

Sample- Urine

SAMPLE : URINE

RESULT	ABSENT
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URINE FOR SUGAR PP

Sample- Urine

SAMPLE : URINE

RESULT ABSENT

STOOL FOR R/E

Sample- Stool

SAMPLE : STOOL

PHYSICAL EXAMINATION

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

CHEMICAL EXAMINATION

REACTION ACIDIC
REDUCING SUBSTANCES ABSENT
OBT NEGATIVE

MICROSCOPIC EXAMINATION

PUS CELLS 0-2/HPF
VEG CELL PRESENT
RBC ABSENT
OVA NOT FOUND
PARASITES NOT FOUND
CYSTS NOT FOUND
BACTERIAL FLORA PRESENT
FAT GLOBULES ABSENT
STARCH GRANULES PRESENT

Please correlate clinically.

End of Report



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End of Report



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

Checked By



Dr.DIP NARAYAN MUKHERJEE
MD(Microbiology)
RegNo: Reg no. 57062



DIAGNOSTICS REPORT

Patient Name	: Mrs. ANUJA ACHARYA PAHARI	Order Date	: 26/08/2023 09:20
Age/Sex	: 32 Year(s)/Female	Report Date	: 26/08/2023 16:01
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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 0.26 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 : 9.0 cm & Left kidney measures : 9.8 cm.

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

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UTERUS : Anteverted normal in size, shape, outline, position and parenchymal echogenicity. Cavity is empty. Uterus measures 6.9 cm x 3.6 cm x 2.8 cm.

OVARIES : Both ovaries are normal in size, shape and echopattern. **Multiple small follicles are seen in both ovaries.**

Right ovary : measures 2.6 cm x 2.3 cm x 1.9 cm = 6.2 cc.

Left ovary : measures 2.6 cm x 2.2 cm x 1.3 cm = 3.9 cc.

PERITONEUM : :No free fluid is noted.

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

IMPRESSION : Normal sized ovaries with multiple small follicles - Possibility of PCOD to be ruled out.



Dr. MADHUSHREE RAY NASKAR, MBBS
,DMRD

Consultant Radiologist

RegNo: 57032



DIAGNOSTICS REPORT

Handwritten initials

Patient Name	: Mrs. ANUJA ACHARYA PAHARI	Order Date	: 26/08/2023 09:20
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Address	: DUBLABARI, ,Kolkata, West Bengal, 0		

ELECTROCARDIOGRAM REPORT (ECG)

HR : 58 bpm
Rhythm : Sinus
P wave : Normal
PR Interval : 146 msec
QRS axis : Normal (62 Degree)
QRS duration : 100 msec
QRS configuration : Incomplete RBBB
T wave : Non specific changes
ST segment : Non specific changes
QTc : 410 msec
QT : 414 msec

IMPRESSION:

- Sinus rhythm. Normal QRS axis.
 - Incomplete Right Bundle Branch Block (RBBB).
 - Non specific ST-T changes.
- Clinical correlation please.

Handwritten signature

Dr.Sudip Chakraborty , MBBS,DIP (Preventative Cardiology) fellow Clinical

RegNo: 56285

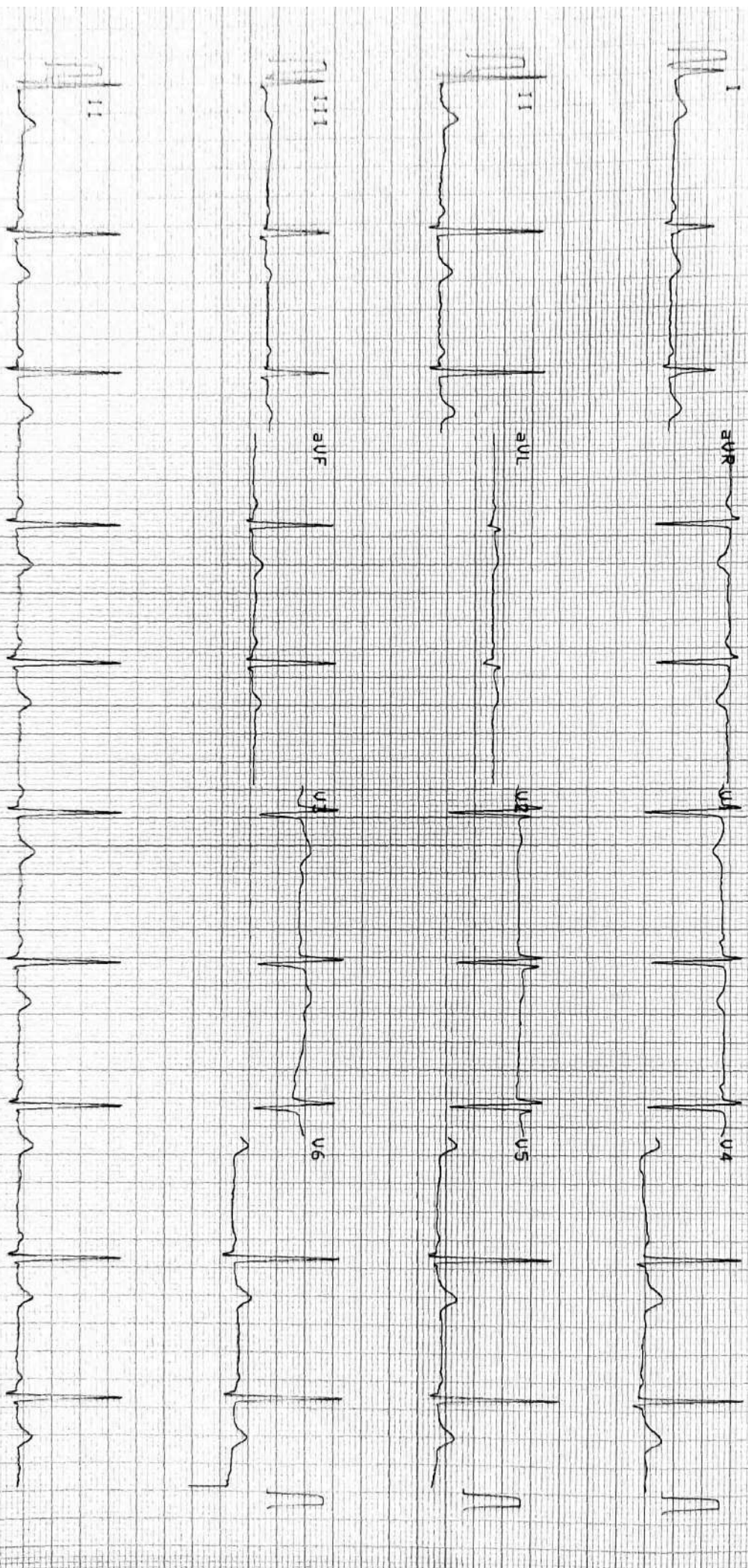
ARRR
 69 years
 Female
 50 kg

HR 58/min
 Intervals:
 RR 1033 ms
 P 104 ms
 PR 146 ms
 QRS 100 ms
 QT 414 ms
 QTc 410 ms (Bazett)
 10 mm/mV

Axis:
 P 42°
 QRS 62°
 T 31°

SINUS RHYTHM
 INCOMPLETE RIGHT BUNDLE BRANCH BLOCK
 AMPLITUDE CRITERIA FOR LVH

6.02
 UNCONFIRMED REPORT



10 mm/mV

SCHILLER

0.05-25 Hz F50 55F 585 26.08.2023 11:47:36

NARAYAN MEMORIAL HOSPITAL, BEHALA

RT-102plus 1.25 CI L8D



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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. Arun Kumar Mazumder,

MBBS, MD (Radiodiagnosis)

RegNo: WBMC 48861