

# Narayan Memorial Hospital

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



## LABORATORY INVESTIGATION REPORT

<b>Patient Name</b> : Mrs. MANOSHI CHOWDHURY	<b>Age/Sex</b> : 48 Year(s)/Female
<b>UHID</b> : NMHK.2215097	<b>Order Date</b> : 10/09/2022 09:57
<b>Episode</b> : OP	<b>Mobile No</b> : 9804501944
<b>Ref. Doctor</b> : NMH	<b>DOB</b> : 03/04/1974
<b>Address</b> : T-3/10B D C W , BAKULTALA ,Kolkata,West Bengal ,700061	<b>Facility</b> : NARAYAN MEMORIAL HOSPITAL

### Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0077047A	Collection Date : 10/09/22 10:06	Ack Date : 10/09/2022 10:28	Report Date : 10/09/22 18:48

#### GLYCOSYLATED HAEMOGLOBIN (HBA1C)

##### SAMPLE : EDTA BLOOD

HBA1C 6.6

##### 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.

End of Report

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

Checked By





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### Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0077047	Collection Date : 10/09/22 10:06	Ack Date : 10/09/2022 11:26	Report Date : 10/09/22 18:48

#### LIVER FUNCTION TEST ( LFT )

##### SAMPLE : SERUM

TOTAL BILIRUBIN	0.5	mg/dl	0 - 1.1
<i>Diazo Method</i>			
DIRECT BILIRUBIN	0.2	mg/dl	0 - 0.2
<i>Diazo Method</i>			
INDIRECT BILIRUBIN	0.3	mg/dl	0.2 - 0.9
<i>Calculated</i>			
SGPT (ALT)	26	U/L	0 - 34
<i>IFCC Without Pyridoxal Phosphate</i>			
SGOT (AST)	19	U/L	0 - 31
<i>IFCC Without Pyridoxal Phosphate</i>			
ALKALINE PHOSPHATASE	87	U/L	53 - 128
<i>IFCC</i>			
TOTAL PROTEIN	7.9	g/dl	6.4 - 8.2
<i>Biuret</i>			
ALBUMIN	4.9	gm/dl	3.5 - 5.2
<i>Bromocresol Green</i>			
GLOBULIN	3.0	g/dl	2 - 3.5
<i>Calculated</i>			
ALBUMIN:GLOBULIN	1.6	-	1.1 - 2.5
<i>Calculated</i>			
GGT	11	U/L	5 - 36
<i>Enzymatic colorimetric assay</i>			



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End of Report

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**Biochemistry**

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
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**LIPID PROFILE**

**SAMPLE : SERUM**

TOTAL CHOLESTEROL	206	mg/dl	Desirable <200   Borderline 200-239   High ≥240
CHOD-PAP HDL CHOLESTEROL	47	mg/dl	40 - 60
Homogenous Enzymatic Colorimetric LDL CHOLESTEROL	128	mg/dl	Optimal < 100   Borderline 130
Homogenous Enzymatic Colorimetric VLDL	25	mg/dl	0 - 30
CALCULATED CHOLESTEROL-HDL RATIO	4.38	-	-
LDL-HDL RATIO	2.72	mg/dl	Desirable <150   Borderline 150 - 200   High >200
TRIGLYCERIDES	129	mg/dl	

Enzymatic Colorimetric

End of Report

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### Biochemistry

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#### SERUM CREATININE

##### SAMPLE : SERUM

SERUM CREATININE

0.6

mg/dl

0.5 - 0.9

*Jaffe Gen2 Compensated*

#### BLOOD UREA NITROGEN

BLOOD UREA NITROGEN

9.81

mg/dl

6 - 20

*Calculated*

Sample No : 07H0077102B	Collection Date : 10/09/22 13:36	Ack Date : 10/09/2022 15:54	Report Date : 10/09/22 18:48
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#### BLOOD SUGAR(PP)

##### SAMPLE : PLASMA

BLOOD SUGAR PP

206 ▲

mg/dl

70.00 - 140.00

*Hexokinase*

End of Report

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### Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0077047	Collection Date : 10/09/22 10:06	Ack Date : 10/09/2022 11:26	Report Date : 10/09/22 18:48

#### URIC ACID

**SAMPLE : SERUM**

URIC ACID

*Enzymatic Colorimetric*

6.1 ▲

mg/dl

2.4 - 5.7

**SAMPLE : SERUM**

RESULT

16.35

Sample No : 07H0077047B	Collection Date : 10/09/22 10:06	Ack Date : 10/09/2022 11:25	Report Date : 10/09/22 18:48
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#### BLOOD SUGAR(F)

**SAMPLE : PLASMA**

BLOOD SUGAR FASTING

*Hexokinase*

123 ▲

mg/dl

70 - 109

End of Report

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### Hematology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0077047	Collection Date : 10/09/22 10:06	Ack Date : 10/09/2022 10:26	Report Date : 10/09/22 14:46

#### COMPLETE HAEMOGRAM ( CBC )

##### SAMPLE : EDTA BLOOD

HAEMOGLOBIN (HB) <i>Colorimetric method (Cyn Meth)</i>	9.2 ▼	gm/dl	12 - 15
RBC COUNT <i>Electrical Impedance Method</i>	4.87 ▲	$\times 10^6/\text{ul}$	3.8 - 4.8
TOTAL WBC COUNT <i>Electrical Impedance Method</i>	10.6 ▲	$10^3/\text{cmm}$	4 - 10
PLATELET COUNT <i>Electrical Impedance Method</i>	240	$10^3/\text{cmm}$	150 - 410
PCV <i>RBC pulse ht. detection method</i>	30 ▼	%	36 - 46
MCV <i>calculated</i>	62 ▼	fl	83 - 101
MCH <i>Calculated</i>	19 ▼	pg	27 - 32
MCHC <i>Calculated</i>	31 ▼	gm/dl	31.5 - 34.5
ESR <i>Modified Westergren Method</i>	35 ▲	%	0 - 12
<b>DIFFERENTIAL COUNT</b>			
NEUTROPHILS <i>Microscopy</i>	72	%	40 - 80
LYMPHOCYTES <i>Microscopy</i>	23	%	20 - 40
MONOCYTES <i>Microscopy</i>	02	%	2 - 10





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EOSINOPHILS	03	%	1 - 6
<i>Microscopy</i>			
BASOPHILS	00	%	0 - 2
<i>Microscopy</i>			

### PERIPHERAL BLOOD SMEAR

RBC Microcytic hypochromic  
WBC Within normal limit  
PLATELET Adequate

End of Report

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

RegNo: 82734

Checked By





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### Immunology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0077047	Collection Date : 10/09/22 10:06	Ack Date : 10/09/2022 12:39	Report Date : 10/09/22 15:06

#### BLOOD GROUPING & Rh TYPING

##### SAMPLE : EDTA BLOOD

BLOOD GROUP

' A '

Agglutination forward & Reverse

RH TYPE

POSITIVE

#### THYROID FUNCTION TEST

##### SAMPLE : SERUM

T3

1.07

ng/ml

0.60 - 1.80

ECLIA

T4

6.47

ug/dL

5.40 - 11.70

ECLIA

TSH

2.19

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).





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End of Report

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

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

RegNo: 82734

Checked By





## LABORATORY INVESTIGATION REPORT

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### Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0077047	Collection Date : 10/09/22 10:06	Ack Date : 10/09/2022 12:30	Report Date : 10/09/22 16:43

#### URINE FOR R/E

#### SAMPLE : URINE

#### PHYSICAL EXAMINATION

VOLUME	50	ml	
COLOUR	PALE YELLOW		
APPEARANCE	SLIGHTLY HAZY		
SPECIFIC GRAVITY	1.005		1.010 - 1.030
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

WBC	1-2 / HPF	<5/HPF
EPITHELIAL CELLS	4-6 / HPF	<20/HPF
RBC	NIL	ABSENT
CAST	ABSENT	ABSENT
CRYSTAL	ABSENT	

Please correlate clinically.

#### URINE FOR SUGAR FASTING

#### SAMPLE : URINE

RESULT	ABSENT	Report Date : 12/09/22 09:05
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Sample No : 07H0077102	Collection Date : 10/09/22 13:36	Ack Date : 10/09/2022 17:33
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#### URINE FOR SUGAR PP



**LABORATORY INVESTIGATION REPORT**

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**SAMPLE : URINE**

RESULT

ABSENT

End of Report

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

Checked By

**Dr.ANGKITA K. GHOSH**  
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(CONSULTANT PATHOLOGIST)

RegNo: 82734





**DIAGNOSTICS REPORT**

Patient Name	: Mrs. MANOSHI CHOWDHURY	Order Date	: 10/09/2022 09:57
Age/Sex	: 48 Year(s)/Female	Report Date	: 10/09/2022 18:17
UHID	: NMHK.2215097	IP No	:
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**USG OF BREAST (SCREENING)**

Both breasts were scanned quadrantwise using a high frequency probe.  
Both breasts revealed normal parenchymal echotexture.  
No obvious focal mass lesion seen.  
No microcalcifications are seen.  
Bilateral retroareolar regions appear normal.  
No significant enlarged lymph nodes seen in either axillary region.

**IMPRESSION** : No obvious abnormality seen in either breast.

Please correlate clinically.

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

Consultant Radiologist

RegNo: 57032

**DIAGNOSTICS REPORT**

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**USG REPORT OF WHOLE ABDOMEN (SCREENING)**

**LIVER :** Liver is enlarged in size. Parenchymal echogenicity is raised. Intrahepatic biliary radicles are not dilated. No focal mass lesion is seen.  
Liver measures : 14.8 cm.

**PORTA :PV :** Normal. PV measures 0.7 cm.  
**CD :** Normal . CD 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 : 9.6 cm.

**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 : 10.1 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**

MR. NAME	== MRS. NARAYSHI CHOWDHURY	Order Date	== 10/09/2022 09:57
MR. AGE	== 46 Year(s) Female	Report Date	== 10/09/2022 12:09
MR. ID	== NNAHC20215057	IP No	==
MR. Doctor	== NPH	Facility	== NARAYAN MEMORIAL HOSPITAL
MR. Address	== T-3/11B D C W, BAKULTALA, Kolkata, West Bengal, 700161	Mobile	== 9804501944

**CHEST X-RAY REPORT OF PA VIEW**

Illdefined calcified opacities are seen scattered in left upper zone. 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 prominent.

No obvious bony abnormality is seen.

Dr. MADHUSHREE RAY NASKAR,  
MBBS, DARRD  
Consultant Radiologist  
Reg No: 51052

Patient Name  
Age/Sex  
Unit  
Ref. Doctor

: Mrs. MANOJKA CHOWDHURY  
: 46 Year (S/F) Female  
: N/A  
: N/A

Order Date  
Report Date  
IP No  
Facility

Address

: T-3/10B D C W, BAKULATA, Kolkata,  
West Bengal, 700061

Mobile

### ELECTROCARDIOGRAM REPORT (ECG)

HR : 90 bpm  
Rhythm : Sinus  
P wave : Normal  
PR Interval : 148 msec  
QRS axis : Normal (22 Degree)  
QRS duration : 74 msec  
QRS configuration : Normal  
T wave : Non specific changes  
ST segment : Non specific changes  
QTc : 427 msec  
QT : 346 msec

#### IMPRESSION:

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

J. Banerjee





### DIAGNOSTICS REPORT

Patient Name	: Mrs. MANOSHI CHOWDHURY	Order Date	: 10/09/2022 09:57
Age-Sex	: 48 Year(s)/Female	Report Date	: 10/09/2022 19:03
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### ECHOCARDIOGRAPHY (SCREENING)

#### Status of Patient :

- \* No regional wall motion abnormality at rest.
- \* Good LV systolic function (EF = 62 %).
- \* Good RV systolic function (TAPSE = 21 mm).
- \* Normal valve morphology.
- \* Grade I LV diastolic dysfunction.
- \* 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)



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**UTERUS** : Anteverted normal in size, shape, outline, position and parenchymal echogenicity. Cavity is empty. Uterus measures 8.9 cm x 4.7 cm x 3.6 cm.

**OVARIES** : Both ovaries are normal in size, shape and echopattern. Right ovary : measures 2.5 cm x 0.99 cm. Left ovary : measures 2.8 cm x 1.8 cm.

**PERITONEUM** : :No free fluid is noted.

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

**IMPRESSION** : Hepatomegaly with diffuse fatty changes (Grade II).

**Dr. MADHUSHREE RAY NASKAR,**  
MBBS, DMRD  
Consultant Radiologist  
RegNo: 57032





UNCONFIRMED REPORT

SINUS RHYTHM

Axis: 61°  
 P 22°  
 QRS 42°  
 T

P (II) 0.20 mV  
 S (U1) -0.41 mV  
 R (U5) 1.18 mV  
 Sokol. 1.77 mV

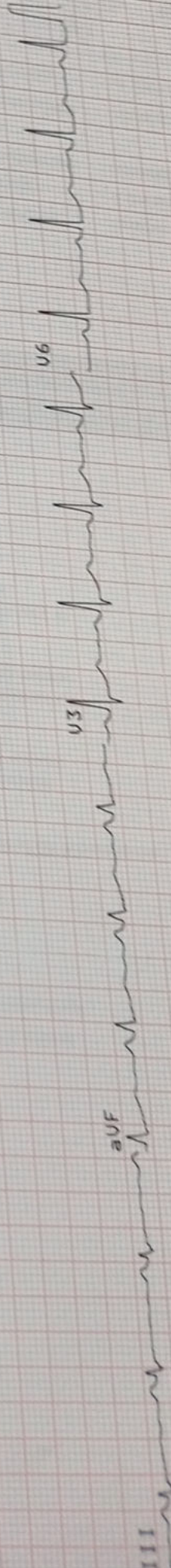
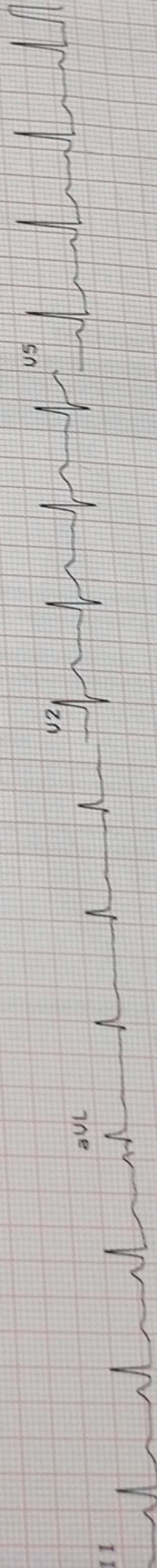
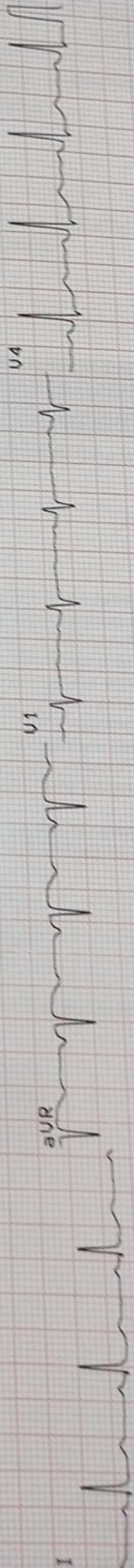
HR 90/min

Intervals:  
 RR 663 ms  
 P 114 ms  
 PR 148 ms  
 QRS 74 ms  
 QT 346 ms  
 QTc 427 ms  
 (Bazett)  
 10 mm/mV

ROSHI CHOWDHURY

5097  
 Female  
 years  
 cm / kg

10 mm/mV



U1

U4

U2

U5

U6

U3

aVR

aVL

aVF