



DIAGNOSTICS REPORT

Patient Name	: Mrs. IPSITA MANDAL	Order Date	: 21/02/2023 09:05
Age/Sex	: 29 Year(s)/Female	Report Date	: 21/02/2023 15:37
UHID	: NMHK.2304248	IP No	:
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
Address	: DTC,SOUTHEN HIGHTA, JOKA,Kolkata, West Bengal, 700104	Mobile	: 9679798507

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.Sayani Mahal, MD Radiology
(AIIMS),PDCC (AIIMS)

RegNo: 74369

LABORATORY INVESTIGATION REPORT

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UHID : NMHK.2304248	Order Date : 21/02/2023 09:05
Episode : OP	
Ref. Doctor : NMH	Mobile No : 9679798507
Address : DTC,SOUTHEN HIGHTA , JOKA ,Kolkata,West Bengal ,700104	DOB : 01/01/1994
	Facility : NARAYAN MEMORIAL HOSPITAL

Hematology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0103126	Collection Date : 21/02/23 09:48	Ack Date : 21/02/2023 11:32	Report Date : 21/02/23 17:36

COMPLETE HAEMOGRAM (CBC)

SAMPLE : EDTA BLOOD

HAEMOGLOBIN (HB)	10.5 ▼		
<i>Colorimetric method (Cym Meth)</i>		gm/dl	12 - 15
RBC COUNT	4.4		
<i>Electrical Impedance Method</i>		x10 ⁶ /ul	3.8 - 4.8
TOTAL WBC COUNT	4.8		
<i>Electrical Impedance Method</i>		10 ³ /cmm	4 - 10
PLATELET COUNT	295		
<i>Electrical Impedance Method</i>		10 ³ /cmm	150 - 410
PCV	33 ▼		
<i>RBC pulse ht. detection method</i>		%	36 - 46
MCV	76 ▼		
<i>calculated</i>		fl	83 - 101
MCH	24 ▼		
<i>Calculated</i>		pg	27 - 32
MCHC	32		
<i>Calculated</i>		gm/dl	31.5 - 34.5
ESR	25 ▲		
<i>Modified Westergren Method</i>		%	0 - 12

DIFFERENTIAL COUNT

NEUTROPHILS	62		
<i>Microscopy</i>		%	40 - 80
LYMPHOCYTES	31		
<i>Microscopy</i>		%	20 - 40
MONOCYTES	05		
<i>Microscopy</i>		%	2 - 10



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EOSINOPHILS	02	%	1 - 6
<i>Microscopy</i>			
BASOPHILS	00	%	0 - 2
<i>Microscopy</i>			

PERIPHERAL BLOOD SMEAR

RBC	Microcytes (+) Hypochromia (+).
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 : 07H0103126	Collection Date : 21/02/23 09:48	Ack Date : 21/02/2023 11:32	Report Date : 22/02/23 11:30

BLOOD GROUPING & Rh TYPING

SAMPLE : EDTA BLOOD

BLOOD GROUP : ' B '

Agglutination forward & Reverse

RH TYPE : POSITIVE

THYROID FUNCTION TEST

SAMPLE : SERUM

T3 <i>ECLIA</i>	1.21	ng/ml	0.6 - 1.8
T4 <i>ECLIA</i>	7.15	ug/dL	5.4 - 11.7
TSH	3.54	uIU/ml	Adult Male – 0.27-5.50 Adult Female – 0.27-5.50 Newborns - <25 Upto 12 years – 0.3-5

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).

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Blochemistry

INVESTIGATION

RESULTS

UNITS

BIOLOGICAL REF RANGE

Sample No : 07H0103126

Collection Date : 21/02/23 09:48

Ack Date : 21/02/2023 11:34

Report Date : 21/02/23 19:22

SERUM CREATININE

SAMPLE : SERUM

SERUM CREATININE	0.6	mg/dl	0.5 - 0.9
<i>Jaffe Gen2 Compensated</i>			

LIVER FUNCTION TEST (LFT)

SAMPLE : SERUM

TOTAL BILIRUBIN	0.5	mg/dl	0 - 1.1
<i>Diazo Method</i>			
DIRECT BILIRUBIN	0.3 ▲	mg/dl	0 - 0.2
<i>Diazo Method</i>			
INDIRECT BILIRUBIN	0.2	mg/dl	0.2 - 0.9
<i>Calculated</i>			
SGPT (ALT)	12	U/L	0 - 34
<i>IFCC Without Pyridoxal Phosphate</i>			
SGOT (AST)	21	U/L	0 - 31
<i>IFCC Without Pyridoxal Phosphate</i>			
ALKALINE PHOSPHATASE	100	U/L	53 - 128
<i>IFCC</i>			
TOTAL PROTEIN	7.0	g/dl	6.4 - 8.2
<i>Biuret</i>			
ALBUMIN	4.6	gm/dl	3.5 - 5.2
<i>Bromocresol Green</i>			
GLOBULIN	2.4	g/dl	2 - 3.5
<i>Calculated</i>			
ALBUMIN:GLOBULIN	1.9	-	1.1 - 2.5
<i>Calculated</i>			
GGT	21	U/L	5 - 36

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*Enzymatic colorimetric assay***BLOOD UREA NITROGEN**

BLOOD UREA NITROGEN	6.5	mg/dl	6 - 20
<i>Calculated</i>			

LIPID PROFILE**SAMPLE : SERUM**

TOTAL CHOLESTEROL	168	mg/dl	Desirable <200 Borderline 200-239 High >=240
<i>CHOD-PAP</i>			
HDL CHOLESTEROL	70 ▲	mg/dl	40 - 60
<i>Homogenous Enzymatic Colorimetric</i>			
LDL CHOLESTEROL	82	mg/dl	Optimal < 100 Borderline 130
<i>Homogenous Enzymatic Colorimetric</i>			
VLDL	16	mg/dl	0 - 30
<i>CALCULATED</i>			
CHOLESTEROL-HDL RATIO	2.40	-	
LDL-HDL RATIO	1.17	-	
TRIGLYCERIDES	87	mg/dl	Desirable <150 Borderline 150 - 200 High >200
<i>Enzymatic Colorimetric</i>			

URIC ACID**SAMPLE : SERUM**

URIC ACID	3.6	mg/dl	2.4 - 5.7
<i>Enzymatic Colorimetric</i>			

SAMPLE : SERUM

RESULT	10.8		
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Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0103126A	Collection Date : 21/02/23 09:48	Ack Date : 21/02/2023 13:42	Report Date : 21/02/23 19:22

GLYCOSYLATED HAEMOGLOBIN (HBA1C)

SAMPLE : EDTA BLOOD

HBA1C 5.8

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.
 - 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 HbS 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.

Sample No : 07H0103126B	Collection Date : 21/02/23 09:48	Ack Date : 21/02/2023 11:42	Report Date : 21/02/23 19:22
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BLOOD SUGAR(F)

SAMPLE : PLASMA

BLOOD SUGAR FASTING 91 mg/dl 70 - 109

Hexokinase

Sample No : 07H0103323B	Collection Date : 22/02/23 10:12	Ack Date : 22/02/2023 11:01	Report Date : 22/02/23 13:05
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BLOOD SUGAR(PP)

SAMPLE : PLASMA

BLOOD SUGAR PP 89 mg/dl 70.00 - 140.00



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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 0.8 cm.

CBD : Normal . CBD measures 0.4 cm.

GALL BLADDER : Operated.

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 : 8.6 cm & Left kidney measures : 9.3 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 6.7 cm x 3.9 cm x 3.2 cm.

OVARIES : Both ovaries are normal in size, shape and echopattern.
Right ovary : measures 2.3 cm x 1.0 cm.
Left ovary : measures 2.3 cm x 0.9 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



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Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0103126	Collection Date : 21/02/23 09:48	Ack Date : 21/02/2023 13:05	Report Date : 21/02/23 17:29

URINE FOR R/E

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	1-2/HPF	<5/HPF
EPITHELIAL CELLS	2-3/HPF	<20/HPF
RBC	ABSENT	ABSENT
CAST	ABSENT	ABSENT
CRYSTAL	ABSENT	

Please correlate clinically.

URINE FOR SUGAR FASTING

SAMPLE : URINE

RESULT	ABSENT		
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Sample No : 07H0103323	Collection Date : 22/02/23 10:12	Ack Date : 22/02/2023 12:27	Report Date : 22/02/23 15:52
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URINE FOR SUGAR PP



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SAMPLE : URINE

RESULT

ABSENT

End of Report

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

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

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

RegNo: 82734

Checked By

Narayan Memorial Hospital

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



DIAGNOSTICS REPORT

Hed

Patient Name	: Mrs. IPSITA MANDAL	Order Date	: 21/02/2023 09:05
Age/Sex	: 29 Year(s)/Female	Report Date	: 21/02/2023 12:03
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ELECTROCARDIOGRAM REPORT (ECG)

HR	: 73 bpm
Rhythm	: Sinus
P wave	: Normal
PR Interval	: 140 msec
QRS axis	: Normal (46 Degree)
QRS duration	: 82 msec
QRS configuration	: Incomplete RBBB
T wave	: Non specific changes
ST segment	: Non specific changes
QTc	: 413 msec
QT	: 372 msec

IMPRESSION:

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

Dr.SOUMYA KANTI DUTTA,
MBBS,MD(GEN.MED),DM(CARDIOLOGY)

RegNo: 63887

IPSITA MONDAL
 2304248
 29 years Male
 kg

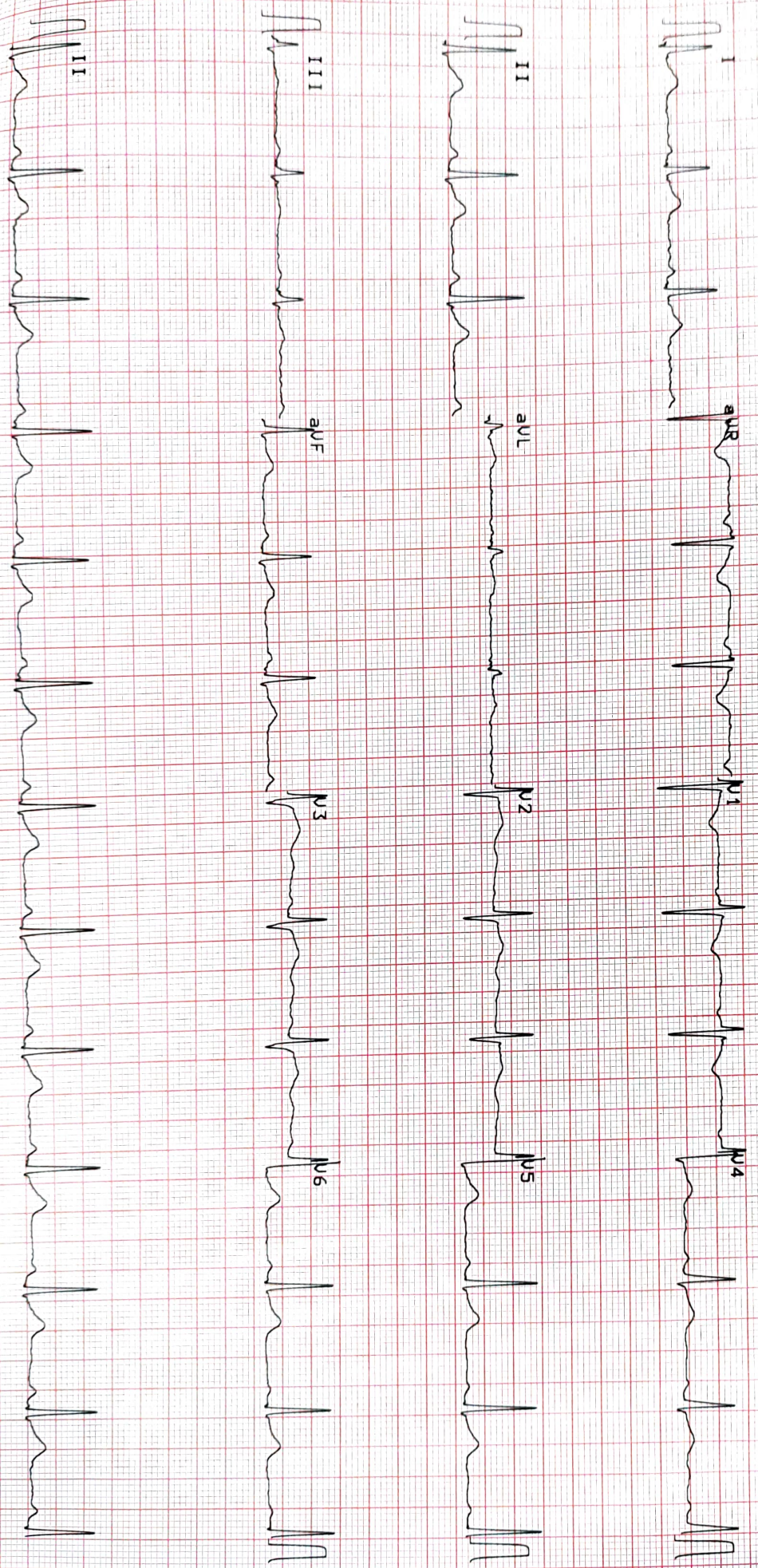
HR 73/min
 Axis: P 44°
 QRS 46°
 T 47°
 Intervals:
 RR 827 ms
 P 92 ms
 PR 140 ms
 QRS 82 ms
 QT 372 ms
 QTc 413 ms
 (Bazett)
 10 mm/mV

SINUS RHYTHM
 NORMAL ECG

6.02

UNCONFIRMED REPORT

10 mm/mV



9.95-25 Hz F50 SSF 585 21.02.2023 12:00:40

NARAYAN MEMORIAL
 HOSPITAL, BEHALA

AT-102plus 1.25 250



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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 = 21 mm).
- * Mild TR. TR gradient = 27 mmHg.
- * Normal valve morphology.
- * 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,MRCPC (UK)

Board Certified Comprehensive
Echocardiographer (USA)