

## LABORATORY INVESTIGATION REPORT

**Patient Name** : Mrs. Poulami Dutta  
**UHID** : NMHK.2203325  
**Episode** : OP  
**Ref. Doctor** : NMH  
**Address** : NANGI JELE PARA , BATANAGAR ,Kolkata,West Bengal ,700140  
**Age/Sex** : 34 Year(s)/Female  
**Order Date** : 12/03/2022 13:10  
**Mobile No** : 8777460759  
**Facility** : NARAYAN MEMORIAL HOSPITAL

### Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
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Sample No : 07H0059244	Collection Date : 12/03/22 13:11	Ack Date :	Report Date : 13/03/22 13:32
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#### SERUM CREATININE

##### SAMPLE : SERUM

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

#### BLOOD UREA NITROGEN

BLOOD UREA NITROGEN	7.5	mg/dl	6 - 20
<i>Calculated</i>			

#### URIC ACID

##### SAMPLE : SERUM

URIC ACID	4.4	mg/dl	2.4 - 5.7
<i>Enzymatic Colorimetric</i>			

##### SAMPLE : SERUM

RESULT	12.5
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Sample No : 07H0059244B	Collection Date : 12/03/22 13:11	Ack Date :	Report Date : 13/03/22 13:32
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#### BLOOD SUGAR(F)

##### SAMPLE : PLASMA

BLOOD SUGAR FASTING	104	mg/dl	70 - 109
<i>Hexokinase</i>			

Sample No : 07H0059246B	Collection Date : 12/03/22 13:14	Ack Date :	Report Date : 13/03/22 13:32
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#### BLOOD SUGAR(PP)

##### SAMPLE : PLASMA

BLOOD SUGAR PP	173 ▲	mg/dl	70 - 140
<i>Hexokinase</i>			

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 : 07H0059244A	Collection Date : 12/03/22 13:11	Ack Date :	Report Date : 12/03/22 19:01

GLYCOSYLATED HAEMOGLOBIN (HBA1C)

SAMPLE : EDTA BLOOD

HBA1C

6.4 ▲

%

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

Dr.S. Chatterjee  
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(CONSULTANT BIOCHEMIST)

Checked By

# atient report

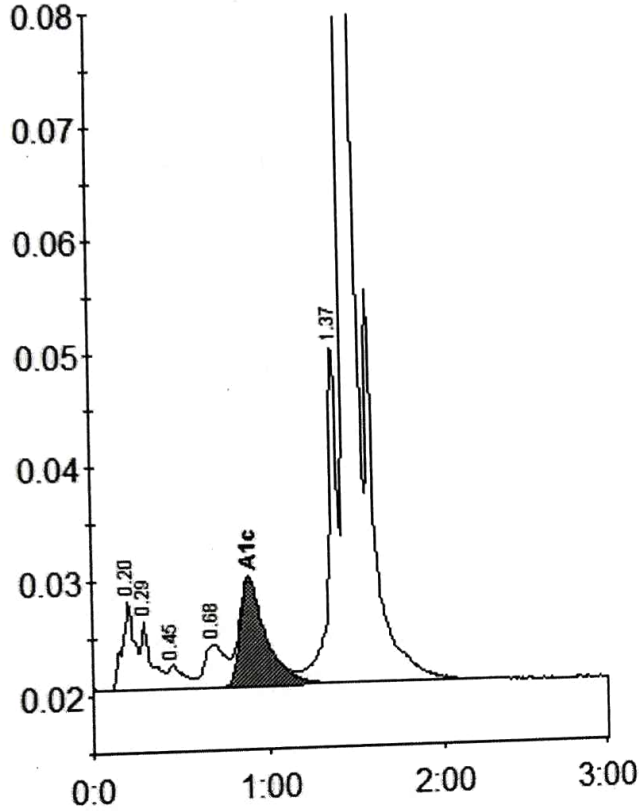
Bio-Rad  
 D-10  
 S/N: #DJ0A467747  
 Sample ID:  
 Injection date  
 Injection #: 14  
 Rack #: ---

DATE: 12/03/2022  
 TIME: 16:39  
 Software version: 4.30-2  
 07H0059244A  
 12/03/2022 15:48  
 Method: HbA1c  
 Rack position: 4

Mrs. Poujami Dutta  
 (R)NMHK.2203325 34y/ F



07H0059244A  
 EDTA Wh 12-03 13:11



Peak table - ID: 07H0059244A

Peak	R.time	Height	Area	Area %
A1a	0.20	7757	38175	1.8
A1b	0.29	5979	22959	1.1
F	0.45	2025	12858	0.6
LA1c/CHb-1	0.68	3782	31131	1.5
A1c	0.88	9633	98051	6.4
P3	1.37	30778	118915	5.7
A0	1.44	633563	1764232	84.6
Total Area:	2086321			

Concentration:	%	mmol/mol
A1c	6.4	47

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**Biochemistry**

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**LIVER FUNCTION TEST ( LFT )**

**SAMPLE : SERUM**

TOTAL BILIRUBIN <i>Diazo Method</i>	0.5	mg/dl	0 - 1.1
DIRECT BILIRUBIN <i>Diazo Method</i>	0.2	mg/dl	0 - 0.2
INDIRECT BILIRUBIN <i>Calculated</i>	0.3	mg/dl	0.2 - 0.9
SGPT (ALT) <i>IFCC Without Pyridoxal Phosphate</i>	24	U/L	0 - 34
SGOT (AST) <i>IFCC Without Pyridoxal Phosphate</i>	27	U/L	0 - 31
ALKALINE PHOSPHATASE <i>IFCC</i>	83	U/L	53 - 128
TOTAL PROTEIN <i>Biuret</i>	7.1	g/dl	6.4 - 8.2
ALBUMIN <i>Bromocresol Green</i>	4.7	gm/dl	3.5 - 5.2
GLOBULIN <i>Calculated</i>	2.4	g/dl	2 - 3.5
ALBUMIN:GLOBULIN <i>Calculated</i>	2.0	-	1.1 - 2.5
GGT <i>Enzymatic colorimetric assay</i>	11	U/L	5 - 36

End of Report



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

Checked By





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#### LIPID PROFILE

##### SAMPLE : SERUM

TOTAL CHOLESTEROL	131	mg/dl	Desirable <200   Borderline 200-239   High >=240
<i>CHOD-PAP</i>			
HDL CHOLESTEROL	42	mg/dl	40 - 60
<i>Homogenous Enzymatic Colorimetric</i>			
LDL CHOLESTEROL	69	mg/dl	Optimal < 100   Borderline 130
<i>Homogenous Enzymatic Colorimetric</i>			
VLDL	20	mg/dl	0 - 30
<i>CALCULATED</i>			
CHOLESTEROL-HDL RATIO	3.12	-	
LDL-HDL RATIO	1.64	-	
TRIGLYCERIDES	98	mg/dl	Desirable <150   Borderline 150 - 200   High >200
<i>Enzymatic Colorimetric</i>			

End of Report

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**Immunoassay**

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0059244	Collection Date : 12/03/22 13:11	Ack Date :	Report Date : 12/03/22 19:24

**THYROID FUNCTION TEST**

**SAMPLE : SERUM**

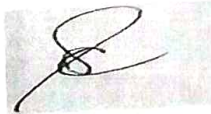
T3 ECLIA	0.94	ng/ml	0.60 - 1.80
T4 ECLIA	6.02	ug/dL	5.40 - 11.70
TSH	2.77	uIU/ml	Adult Male – 0.27-5.50 Adult Female – 0.27-5.50 Newborns - <25 Upto 12 years – 0.3-5

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



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### Hematology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0059244	Collection Date : 12/03/22 13:11	Ack Date :	Report Date : 12/03/22 17:50

#### COMPLETE HAEMOGRAM ( CBC )

##### SAMPLE : EDTA BLOOD

HAEMOGLOBIN (HB) <i>Colorimetric method (Cyn Meth)</i>	12.2	gm/dl	12 - 15
RBC COUNT <i>Electrical Impedance Method</i>	4.41	$\times 10^6/\text{ul}$	3.8 - 4.8
TOTAL WBC COUNT <i>Electrical Impedance Method</i>	8.0	$10^3/\text{cmm}$	4 - 10
PLATELET COUNT <i>Electrical Impedance Method</i>	185	$10^3/\text{cmm}$	150 - 410
PCV <i>RBC pulse ht. detection method</i>	37	%	36 - 46
MCV <i>calculated</i>	84	fl	83 - 101
MCH <i>Calculated</i>	28	pg	27 - 32
MCHC <i>Calculated</i>	33	gm/dl	31.5 - 34.5
ESR <i>Modified Westergren Method</i>	<b>70 ▲</b>	%	0 - 12

##### DIFFERENTIAL COUNT

NEUTROPHILS <i>Microscopy</i>	67	%	40 - 80
LYMPHOCYTES <i>Microscopy</i>	28	%	20 - 40
MONOCYTES <i>Microscopy</i>	02	%	2 - 10
EOSINOPHILS <i>Microscopy</i>	03	%	1 - 6
BASOPHILS <i>Microscopy</i>	00	%	0 - 2

##### PERIPHERAL BLOOD SMEAR

RBC	Normocytic Normochromic
WBC	Within normal limits
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





## LABORATORY INVESTIGATION REPORT

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### Immunology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0059244	Collection Date : 12/03/22 13:11	Ack Date :	Report Date : 14/03/22 10:19

### BLOOD GROUPING & Rh TYPING

#### SAMPLE : EDTA BLOOD

BLOOD GROUP

Agglutination forward & Reverse

RH TYPE

' B '

POSITIVE

End of Report

**Dr. ANGKITA K. GHOSH**  
**MBBS, MD(PATH)**  
(CONSULTANT PATHOLOGIST)  
RegNo: 82734  
Checked By



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**Clinical Pathology**

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0059244	Collection Date : 12/03/22 13:11	Ack Date :	Report Date : 14/03/22 10:48

**URINE FOR R/E**

**SAMPLE : URINE**

**PHYSICAL EXAMINATION**

VOLUME	50	ml
COLOUR	PALE YELLOW	
APPEARANCE	SLIGHTLY HAZY	
SPECIFIC GRAVITY	1.010	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**

PUS CELLS	3-4 / HPF	<5/HPF
EPITHELIAL CELLS	3-4 / HPF	<20/HPF
RBC	NIL	
CAST	ABSENT	ABSENT
CRYSTAL	ABSENT	ABSENT

*Please correlate clinically.*

**URINE FOR SUGAR FASTING**

**SAMPLE : URINE**

RESULT	ABSENT
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End of Report



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



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

Checked By

## DIAGNOSTICS REPORT

Patient Name	: Mrs. Poulami Dutta	Order Date	: 12/03/2022 13:10
Age/Sex	: 34 Year(s)/Female	Report Date	: 13/03/2022 11:07
UHID	: NMHK.2203325	IP No	:
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## 2D ECHOCARDIOGRAPHY WITH M-MODE

### MEASUREMENTS

#### 2D and M-Mode :

IVS (d)	09 mm	Aorta (at sinuses)	22 mm
LVID (d)	40 mm	LA diameter	33 mm
LVPW (d)	08 mm	RVID (d) - basal	11 mm
LVID (s)	17 mm	TAPSE	22 mm
LVEF	62 %		

Estimated PASP = 15 mmHg

### FINDINGS

#### Left Ventricle :

Cavity size : Normal.

Wall thickness : Normal.

Segmental wall motion : No abnormality found.

Global systolic function : Normal (EF = 62 %)

Diastolic function : Normal

**Left Atrium** : Normal sized; no clot in body of appendage.

**Right Ventricle and Right Atrium** : Normal sized; normal RV systolic function.

**Mitral Valve** : Normal leaflets, good excursion, normal subvalvular apparatus. No regurgitation / No MS.

**Aortic valve** : Structurally normal, trileaflet, normal motion, no regurgitation.

**Pulmonary Valve** : Normal structure, adequate opening.

847



## DIAGNOSTICS REPORT

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**Tricuspid Valve** :Normal structure, normal excursion. Trivial TR. TR gradient = 10 mmHg.

**Interarterial and Interventricular Septum** :No breach could be seen.

**Aorta** :Normal sized root and proximal aorta.

**Pulmonary Artery** :Normal, no pulmonary arterial hypertension.

**Pericardium** :Normal, no effusion.

**Inferior Vena Cava** :IVC normal diameter, > 50% respiratory variation.

**Others** :No thrombus, mass, vegetation seen.

### IMPRESSION:

#### Status of Patient :

- \* No regional wall motion abnormality at rest.
- \* Good LV systolic function (EF = 62 %).
- \* Good RV systolic function (TAPSE = 22 mm).
- \* Normal valve morphology.
- \* Normal LV diastolic function.
- \* No pericardial effusion.
- \* No pulmonary arterial hypertension.



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

Board Certified Comprehensive  
Echocardiographer (USA)



## DIAGNOSTICS REPORT

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Order Date : 12/03/2022 13:10  
Report Date : 12/03/2022 18:21  
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Mobile : 8777460759

Address : NANGI JELE PARA,  
BATANAGAR, Kolkata, West Bengal,  
700140

## ELECTROCARDIOGRAM REPORT (ECG)

HR : 77 bpm  
Rhythm : Sinus  
P wave : Normal  
PR Interval : 132 msec  
QRS axis : Normal (52 Degree)  
QRS duration : 76 msec  
QRS configuration : Normal  
T wave : Non specific changes  
ST segment : Non specific changes  
QTc : 409 msec  
QT : 360 msec

### IMPRESSION:

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



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

Board Certified Comprehensive  
Echocardiographer (USA)



POULRMI DUTRA

2203325

Female

34 years

cm / kg

HR 77/min

Axis: 30°

SINUS RHYTHM  
NORMAL ECG

6.02

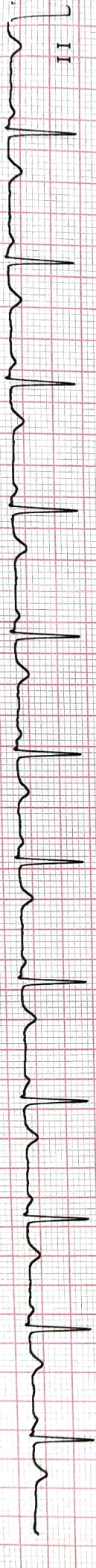
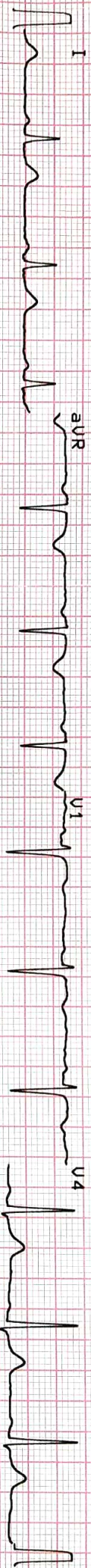
UNCONFIRMED REPORT

Intervals:

RR	783 ms	P	86 ms
PR	132 ms	P (II)	0.08 mV
QRS	76 ms	S (V1)	-1.10 mV
QT	360 ms	R (V5)	1.29 mV
QTc	409 ms	Sokol.	2.40 mV

(Bazett)  
10 mm/mV

10 mm/mV



0 mm/mV

0.05-25 Hz FS0 55F 5B5 12.03.2022CRO 10:36:34  
 NRRRYAN MEMORIAL HOSPITAL: BEHALR  
 RT-102plus-1.25uCF3



## DIAGNOSTICS REPORT

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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. MADHUSHREE RAY NASKAR,**  
MBBS, DMRD

Consultant Radiologist

RegNo: 57032

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### USG REPORT OF WHOLE ABDOMEN

**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 0.9 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.

**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 : 10.6 cm & Left kidney measures : 9.7 cm.

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



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Address	: NANGI JELE PARA, BATANAGAR, Kolkata, West Bengal, 700140	Mobile	: 8777460759

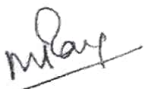
**UTERUS** : Anteverted normal in size, shape, outline, position and parenchymal echogenicity. Cavity is empty. Uterus measures 8.3 cm x 5.0 cm x 4.0 cm.

**OVARIES** : Both ovaries are normal in size, shape and echopattern. Right ovary : measures 2.5 cm x 1.5 cm. Left ovary : measures 2.0 cm x 1.9 cm.

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

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

**IMPRESSION** : Normal study.



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