

DIAGNOSTICS REPORT

Patient Name	: Mrs. Taniya Bilui	Order Date	: 27/11/2021 10:59
Age/Sex	: 27 Year(s)/Female	Report Date	: 27/11/2021 16:52
UHID	: NMHK.2118331	IP No	:
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
Address	: BANGLA HAYETPUR, BATANAGAR, Kolkata, West Bengal, 700140	Mobile	: 9007326661

2D ECHOCARDIOGRAPHY WITH M-MODE

MEASUREMENTS

2D and M-Mode :

IVS (d)	09 mm	Aorta (at sinuses)	21 mm
LVID (d)	37 mm	LA diameter	29 mm
LVPW (d)	08 mm	RVID (d) - basal	14 mm
LVID (s)	24 mm	TAPSE	23 mm
LVEF	62%		

Estimated PASP = 27 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.



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Pulmonary Valve :Normal structure, adequate opening.

Tricuspid Valve :Normal structure, normal excursion. Trivial TR. TR gradient = 22 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 = 23 mm).
- * Normal valve morphology.
- * Normal LV diastolic function.
- * No pericardial effusion.
- * No pulmonary arterial hypertension.

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

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ELECTROCARDIOGRAM REPORT (ECG)

HR	: 84 bpm
Rhythm	: Sinus
P wave	: Normal
PR Interval	: 134 msec
QRS axis	: Normal (62 Degree)
QRS duration	: 70 msec
QRS configuration	: Normal
T wave	: Non specific changes
ST segment	: Non specific changes
QTc	: 383 msec
QT	: 322 msec

IMPRESSION:

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



Dr.INDIRA BANERJEE ,
MD,DNB,MRCPCH (UK)

Board Certified Comprehensive
Echocardiographer (USA)

7019.81.02

2718337

Female

27 years
ca kg

HR 84/min

Intervals:
 RR 716 ms
 P 184 ms
 PQ 134 ms
 QS 78 ms
 QT 322 ms
 QTc 181 ms
 (Base11)
 18 mm/s

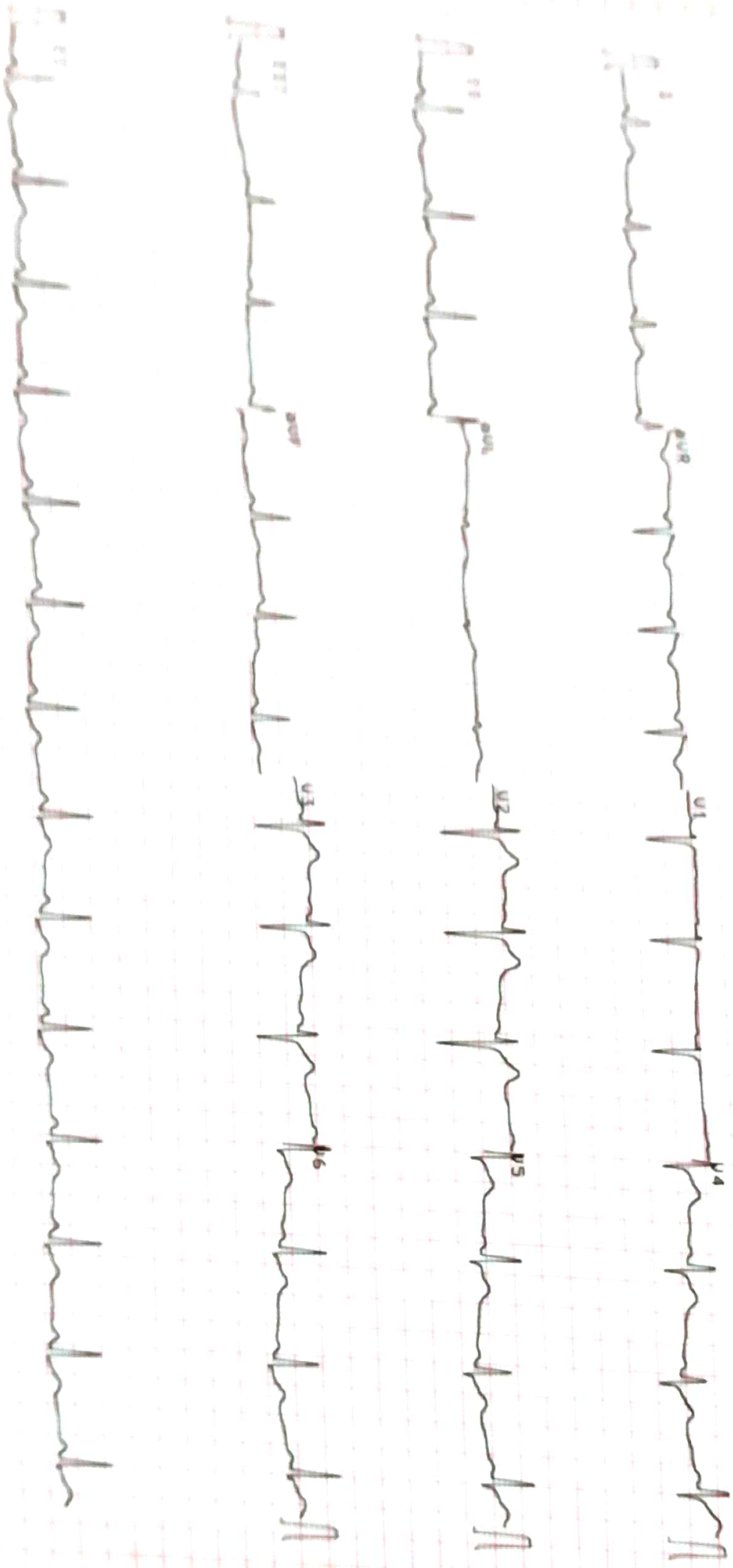
Axis:
 P 47°
 QRS 62°
 T 25°

6.82

Sokol. 2.28 mV

SINUS RHYTHM
NORMAL ECG

UNCONFIRMED REPORT



27 11 2021 12:15:14

NORRMAN MEMORIAL
HOSPITAL, BETHLEHEM

AT-1022100 1.25 CT

LABORATORY INVESTIGATION REPORT

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Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0049072	Collection Date : 27/11/21 11:50	Ack Date :	Report Date : 27/11/21 18:37

KIDNEY FUNCTION TEST

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	6.54	mg/dl	6 - 20
<i>Calculated</i>			

URIC ACID

SAMPLE : SERUM

URIC ACID	4.7	mg/dl	2.4 - 5.7
<i>Enzymatic Colorimetric</i>			

LIVER FUNCTION TEST (LFT)

SAMPLE : SERUM

TOTAL BILIRUBIN	0.4 ▲	mg/dl	<1.1
<i>Diazo Method</i>			
DIRECT BILIRUBIN	0.2	mg/dl	0 - 0.2
<i>Diazo Method</i>			
INDIRECT BILIRUBIN	0.2	mg/dl	0.2 - 0.9
<i>Calculated</i>			
SGPT (ALT)	39 ▲	U/L	0 - 34
<i>IFCC Without Pyridoxal Phosphate</i>			
SGOT (AST)	25	U/L	0 - 31
<i>IFCC Without Pyridoxal Phosphate</i>			
ALKALINE PHOSPHATASE	84	U/L	53 - 128
<i>IFCC</i>			
TOTAL PROTEIN	7.4	g/dl	6.4 - 8.2
<i>Biuret</i>			
ALBUMIN	4.8	gm/dl	3.5 - 5.2
<i>Bromocresol Green</i>			
GLOBULIN	2.6	g/dl	2 - 3.5
<i>Calculated</i>			
ALBUMIN:GLOBULIN	1.8	-	1.1 - 2.5
<i>Calculated</i>			
GGT	24	U/L	5 - 36

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Enzymatic colorimetric assay

LIPID PROFILE

SAMPLE : SERUM

TOTAL CHOLESTEROL	174	mg/dl	Desirable <200 Borderline 200-239 High >=240
<i>CHOD-PAP</i>			
HDL CHOLESTEROL	44	mg/dl	40 - 60
<i>Homogenous Enzymatic Colorimetric</i>			
LDL CHOLESTEROL	107	mg/dl	Optimal < 100 Borderline 130
<i>Homogenous Enzymatic Colorimetric</i>			
VLDL	39.00 ▲	mg/dl	0 - 30
<i>CALCULATED</i>			
CHOLESTEROL-HDL RATIO	3.95	-	
LDL-HDL RATIO	2.43	-	
TRIGLYCERIDES	195	mg/dl	Desirable <150 Borderline 150 - 200 High >200

Enzymatic Colorimetric

Sample No : 07H0049072B Collection Date : 27/11/21 11:50 Ack Date : Report Date : 27/11/21 18:37

BLOOD SUGAR(F)

SAMPLE : PLASMA

BLOOD SUGAR FASTING	84	mg/dl	70 - 109
<i>Hexokinase</i>			

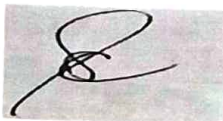
Sample No : 07H0049120B Collection Date : 27/11/21 15:15 Ack Date : Report Date : 27/11/21 18:37

BLOOD SUGAR(PP)

SAMPLE : PLASMA

BLOOD SUGAR PP	94	mg/dl	70.00 - 140.00
<i>Hexokinase</i>			

End of Report



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

Checked By

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Immunoassay

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0049072	Collection Date : 27/11/21 11:50	Ack Date :	Report Date : 27/11/21 18:47

THYROID FUNCTION TEST

SAMPLE : SERUM

T3 ECLIA	1.17	ng/ml	0.60 - 1.80
T4 ECLIA	8.49	ug/dL	5.40 - 11.70
TSH ECLIA	6.31	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).

Immunology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
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BLOOD GROUPING & Rh TYPING

SAMPLE : EDTA BLOOD

BLOOD GROUP	' B '
RH TYPE	POSITIVE

End of Report



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

Checked By

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Hematology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
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COMPLETE HAEMOGRAM (CBC)

SAMPLE : EDTA BLOOD

HAEMOGLOBIN (HB)	14.2	gm/dl	12 - 15
RBC COUNT	5.34 ▲	x10 ⁶ /ul	3.8 - 4.8
TOTAL WBC COUNT	6.4	10 ³ /cmm	4 - 10
PLATELET COUNT	155	10 ³ /cmm	150 - 410
PCV	43	%	36 - 46
MCV	81 ▼	fl	83 - 101
MCH	27	pg	27 - 32
MCHC	33	gm/dl	31.5 - 34.5
ESR	10	mm/hr	<=12

DIFFERENTIAL COUNT

NEUTROPHILS	51	%	40 - 80
LYMPHOCYTES	44 ▲	%	20 - 40
MONOCYTES	02	%	2 - 10
EOSINOPHILS	03	%	1 - 6
BASOPHILS	00	%	0 - 2

PERIPHERAL BLOOD SMEAR

RBC Normocytic normochromic

End of Report

Angkita K. Ghosh

Dr. ANGKITA K. GHOSH
MBBS, MD(PATH)
 (CONSULTANT PATHOLOGIST)
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Sample No : 07H0049072A	Collection Date : 27/11/21 11:50	Ack Date :	Report Date : 27/11/21 18:37

GLYCOSYLATED HAEMOGLOBIN (HBA1C)

SAMPLE : EDTA BLOOD

HBA1C 5.3 % Non-diabetic : 4-6
 By HPLC

- HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose.
- HbA1c has been endorsed by clinical group & 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 in Severe iron deficiency anaemia and hemolytic), chronic renal failure and liver disease. 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.

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:

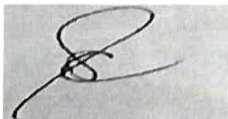
Excellent control:- 6 - 7%,

Fair to good control:- 7 - 8%,

Unsatisfactory control:- 8 - 10%

Poor control >10%

End of Report



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Report

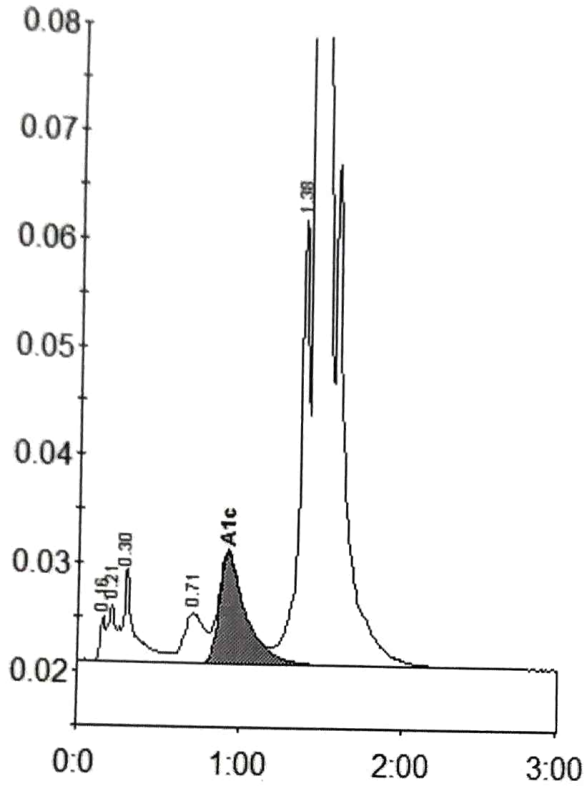
Bio-Rad
 D-10
 S/N: #DJ0A467747
 Sample ID:
 Injection date
 Injection #: 9
 Rack #: ---

DATE: 28/11/2021
 TIME: 12:27
 Software version: 4.30-2
 07H0049072A
 27/11/2021 18:00
 Method: HbA1c
 Rack position: 9

Mrs Taniya Bilal
 (R)NMHK 2118331 27y/ F



07H0049072A
 EDTA Wh 27-11 11.50



Peak table - ID: 07H0049072A

Peak	R.time	Height	Area	Area %
Unknown	0.16	4269	9581	0.3
A1a	0.21	5288	15552	0.5
A1b	0.30	8764	47902	1.6
LA1c/CHb-1	0.71	4632	41641	1.4
A1c	0.92	10408	119658	5.3
P3	1.38	42192	160378	5.3
A0	1.44	845496	2646215	87.0
Total Area:			3040928	

Concentration:	%	mmol/mol
A1c	5.3	34

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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 0.3 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. Cortico medullary differentiation maintained. No evidence of any calculus/ mass / hydronephrosis is seen. Right kidney measures : 9.9 cm & Left kidney measures : 9.3 cm.

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

UTERUS : Anteverted normal in size, shape, outline, position and parenchymal echogenicity. Cavity is empty. Uterus measures 7.0 cm x 3.4 cm x 2.7 cm.

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OVARIES : Both ovaries are mildly enlarged in size. Multiple tiny follicles are seen in both ovaries. Right ovary : measures 3.6 cm x 2.2 cm x 2.0 cm = 8.5 cc. Left ovary : measures 3.9 cm x 2.7 cm x 1.7 cm = 9.4 cc.

PERITONEUM : :No free fluid is noted.

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

IMPRESSION : Polycystic ovaries.



Dr. MADHUSHREE RAY NASKAR ,
MBBS,DMRD

Consultant Radiologist

RegNo: 57032

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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

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