

LABORATORY INVESTIGATION REPORT

Patient Name : Mrs. Susmita Banerjee	Age/Sex : 29 Year(s)/Female
UHID : NMHK.2118326	Order Date : 27/11/2021 11:04
Episode : OP	
Ref. Doctor : NMH	Mobile No : 9163318160
Address : ANANDA NAGAR SOCIETY , BATANAGAR Kolkata, West Bengal , 700140	Facility : NARAYAN MEMORIAL HOSPITAL

Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0049068	Collection Date : 27/11/21 11:48	Ack Date :	Report Date : 27/11/21 18:37

KIDNEY FUNCTION TEST

SERUM CREATININE

SAMPLE : SERUM

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

BLOOD UREA NITROGEN

BLOOD UREA NITROGEN	7.0	mg/dl	6 - 20
<i>Calculated</i>			

URIC ACID

SAMPLE : SERUM

URIC ACID	6.1 ▲	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	0.1	mg/dl	0 - 0.2
<i>Diazo Method</i>			
INDIRECT BILIRUBIN	0.3	mg/dl	0.2 - 0.9
<i>Calculated</i>			
SGPT (ALT)	52 ▲	U/L	0 - 34
<i>IFCC Without Pyridoxal Phosphate</i>			
SGOT (AST)	37 ▲	U/L	0 - 31
<i>IFCC Without Pyridoxal Phosphate</i>			
ALKALINE PHOSPHATASE	78	U/L	53 - 128
<i>IFCC</i>			
TOTAL PROTEIN	7.2	g/dl	6.4 - 8.2
<i>Biuret</i>			
ALBUMIN	4.6	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	185	mg/dl	Desirable <200 Borderline 200-239 High >=240
<i>CHOD-PAP</i>			
HDL CHOLESTEROL	40	mg/dl	40 - 60
<i>Homogenous Enzymatic Colorimetric</i>			
LDL CHOLESTEROL	122	mg/dl	Optimal < 100 Borderline 130
<i>Homogenous Enzymatic Colorimetric</i>			
VLDL	28.80	mg/dl	0 - 30
<i>CALCULATED</i>			
CHOLESTEROL-HDL RATIO	4.63	-	
LDL-HDL RATIO	3.05	-	
TRIGLYCERIDES	144	mg/dl	Desirable <150 Borderline 150 - 200 High >200

Enzymatic Colorimetric

Sample No : 07H0049068B Collection Date : 27/11/21 11:48 Ack Date : Report Date : 27/11/21 18:37

BLOOD SUGAR(F)

SAMPLE : PLASMA

BLOOD SUGAR FASTING	85	mg/dl	70 - 109
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Hexokinase

Sample No : 07H0049118B Collection Date : 27/11/21 15:09 Ack Date : Report Date : 27/11/21 18:37

BLOOD SUGAR(PP)

SAMPLE : PLASMA

BLOOD SUGAR PP	116	mg/dl	70.00 - 140.00
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Hexokinase

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 : 07H0049068	Collection Date : 27/11/21 11:48	Ack Date :	Report Date : 27/11/21 18:47

THYROID FUNCTION TEST

SAMPLE : SERUM

TEST	RESULTS	UNITS	BIOLOGICAL REF RANGE
T3 ECLIA	1.23	ng/ml	0.60 - 1.80
T4 ECLIA	6.12	ug/dL	5.40 - 11.70
TSH	5.05	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
Sample No : 07H0049068	Collection Date : 27/11/21 11:48	Ack Date :	Report Date : 27/11/21 16:02

BLOOD GROUPING & Rh TYPING

SAMPLE : EDTA BLOOD

BLOOD GROUP	' B '
RH TYPE	POSITIVE

End of Report

Angkita K. Ghosh

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

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

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Hematology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0049068	Collection Date : 27/11/21 11:48	Ack Date :	Report Date : 27/11/21 16:03

COMPLETE HAEMOGRAM (CBC)

SAMPLE : EDTA BLOOD

HAEMOGLOBIN (HB)	12.7	gm/dl	12 - 15
RBC COUNT	4.30	$\times 10^6/\text{ul}$	3.8 - 4.8
TOTAL WBC COUNT	6.1	$10^3/\text{cmm}$	4 - 10
PLATELET COUNT	210	$10^3/\text{cmm}$	150 - 410
PCV	38	%	36 - 46
MCV	87	fl	83 - 101
MCH	30	pg	27 - 32
MCHC	34	gm/dl	31.5 - 34.5
ESR	10	mm/hr	≤ 12
DIFFERENTIAL COUNT		%	40 - 80
NEUTROPHILS	59	%	20 - 40
LYMPHOCYTES	36	%	2 - 10
MONOCYTES	03	%	1 - 6
EOSINOPHILS	02	%	0 - 2
BASOPHILS	00		

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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Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0049088	Collection Date : 27/11/21 12:47	Ack Date :	Report Date : 27/11/21 16:58

URINE FOR R/E

SAMPLE : URINE

PHYSICAL EXAMINATION

VOLUME	40	ml	
COLOUR	PALE STRAW		
APPEARANCE	SLIGHTLY HAZY		1.010 - 1.030
SPECIFIC GRAVITY	1.015		
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	8-10 / HPF	<20/HPF
RBC	NIL	ABSENT
CAST	ABSENT	ABSENT
CRYSTAL	ABSENT	

Please correlate clinically.

End of Report

Angkita K. Ghosh

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Biochemistry

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Sample No : 07H0049068A	Collection Date : 27/11/21 11:48	Ack Date :	Report Date : 27/11/21 18:37

GLYCOSYLATED HAEMOGLOBIN (HBA1C)

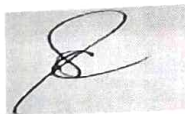
SAMPLE : EDTA BLOOD

HBA1C 5.1 % 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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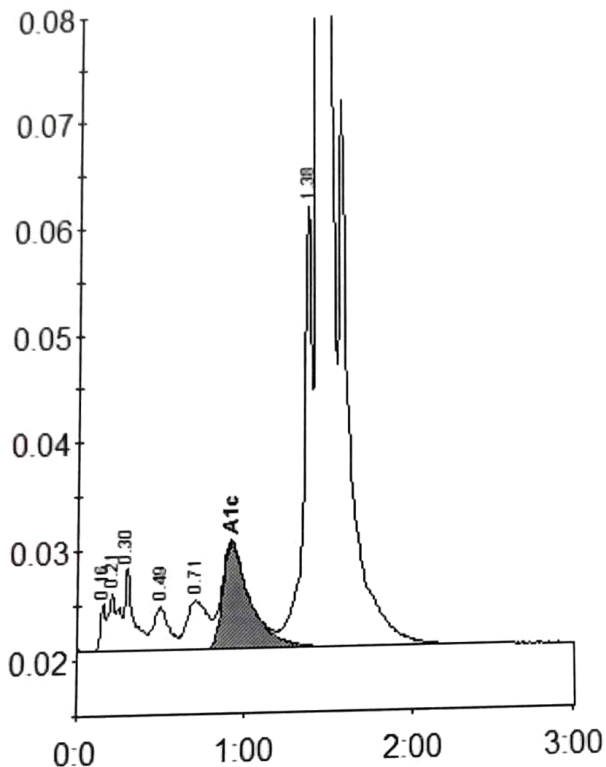
Report

Bio-Rad
 D-10
 S/N: #DJ0A467747
 Sample ID:
 Injection date
 Injection #: 8
 Rack #: ---

DATE: 28/11/2021
 TIME: 12:27
 Software version: 4.30-2
 07H0049068A
 27/11/2021 17:57
 Method: HbA1c
 Rack position: 8

Mrs Susmita Banerjee
 (R)NMHK 2118326 29y/ F

 07H0049068A
 EDIA Wh 27-11 11 49



Peak table - ID: 07H0049068A

Peak	R.time	Height	Area	Area %
Unknown	0.16	4523	10204	0.3
A1a	0.21	5204	21642	0.7
A1b	0.30	7761	31051	1.0
F	0.49	3936	26335	0.9
LA1c/CHb-1	0.71	4492	39282	1.3
A1c	0.92	9745	111637	5.1
P3	1.38	41294	141591	4.7
A0	1.44	859954	2638783	87.4
Total Area:	3020523			

Concentration:	%	mmol/mol
A1c	5.1	32

DIAGNOSTICS REPORT

Patient Name	: Mrs. Susmita Banerjee	Order Date	: 27/11/2021 11:04
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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 0.9 cm.

CD : Normal . CD measures 0.4 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 : 9.8 cm & Left kidney measures : 10.6 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 5.8 cm x 3.8 cm x 2.6 cm.

OVARIES : Both ovaries are normal in size, shape and echopattern.
Right ovary : measures 2.6 cm x 1.7 cm.
Left ovary : measures 3.2 cm x 1.4 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



DIAGNOSTICS REPORT

Patient Name	: Mrs. Susmita Banerjee	Order Date	: 27/11/2021 11:04
Age/Sex	: 29 Year(s)/Female	Report Date	: 27/11/2021 17:07
UHID	: NMHK.2118326	IP No	: 27/11/2021 17:07
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
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2D ECHOCARDIOGRAPHY WITH M-MODE

MEASUREMENTS

2D and M-Mode :

IVS (d)	09 mm	Aorta (at sinuses)	25 mm
LVID (d)	44 mm	LA diameter	28 mm
LVPW (d)	09 mm	RVID (d) - basal	16 mm
LVID (s)	25 mm	TAPSE	22 mm
LVEF	62%		

Estimated PASP = 35 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. Mild TR. TR gradient = 30 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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ELECTROCARDIOGRAM REPORT (ECG)

HR	: 77 bpm
Rhythm	: Sinus
P wave	: Normal
PR Interval	: 134 msec
QRS axis	: Normal (69 Degree)
QRS duration	: 66 msec
QRS configuration	: Normal
T wave	: Non specific changes
ST segment	: Non specific changes
QTc	: 391 msec
QT	: 344 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)

SUSMITA BANERJEE

2118326

Female

29 years

56 kg

HR 77/min

Intervals:
RR 777 ms

P 96 ms

PR 134 ms

QRS 66 ms

QT 344 ms

QTc 391 ms

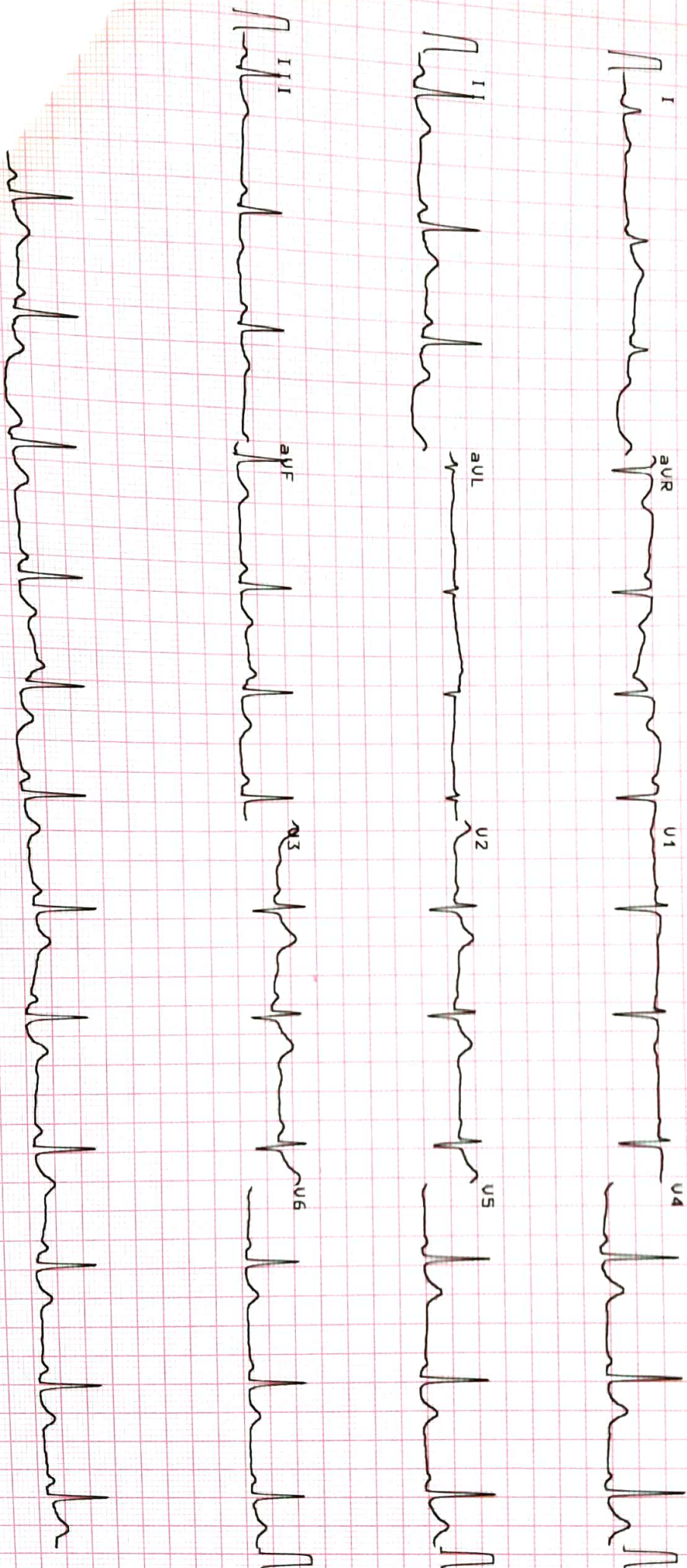
(Bazett)

10 mm/mV

Axis:
P 97°
QRS 69°
T 56°

SINUS RHYTHM
NORMAL ECG
6.02

UNCONFIRMED REPORT



DIAGNOSTICS REPORT

Patient Name	: Mrs. Susmita Banerjee	Order Date	: 27/11/2021 11:04
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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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