



ভারত সরকার  
Government of India



নিতু বাম্বিকী  
Nitu Balmiki

জন্মতারিখ/ DOB: 27/07/1988  
মহিলা / FEMALE



8777 4432 2831

আমার আধার, আমার পরিচয়

*Nitu Balmiki*



ভারতীয় বিশিষ্ট পরিচয় প্রাধিকরণ  
Unique Identification Authority of India

**ঠিকানা:**

W/O সঞ্জীব কুমার বাম্বিকী, সী-10,  
দীনেশ পল্লী, কোলকাতা, পূর্ব  
পুড়িয়া, দক্ষিণ ২৪ পরগনা,  
পশ্চিম বঙ্গ - 700093

**Address:**

W/O Sanjib Kumar Balmiki, C-  
10, DINESH PALLY, KOLKATA,  
Purba Putiary, South 24  
Parganas,  
West Bengal - 700093

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1947



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## DIAGNOSTICS REPORT

Patient Name	: Mrs. NITU BALMIKI	Order Date	: 05/05/2023 09:19
Age/Sex	: 35 Year(s)/Female	Report Date	: 05/05/2023 14:30
UHID	: NMHK.2310424	IP No	:
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
Address	: DINESH PALLY, TOLLYGANGE, Kolkata, West Bengal, 700040	Mobile	: 8910890632

### ECHOCARDIOGRAPHY (SCREENING)

#### Status of Patient :

- \* No regional wall motion abnormality at rest.
- \* Good LV systolic function (EF = 62%).
- \* Good RV systolic function (TAPSE =20mm).
- \* Trivial TR, TR Gradient - 15 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,FNB,M  
RCPCH (UK)**

Board Certified Comprehensive  
Echocardiographer (USA)





## DIAGNOSTICS REPORT

HCU

Patient Name	: Mrs. NITU BALMIKI	Order Date	: 05/05/2023 09:19
Age/Sex	: 35 Year(s)/Female	Report Date	: 05/05/2023 11:56
UHID	: NMHK.2310424	IP No	:
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
Address	: DINESH PALLY, TOLLYGANGE, Kolkata, West Bengal, 700040	Mobile	: 8910890632

### ELECTROCARDIOGRAM REPORT (ECG)

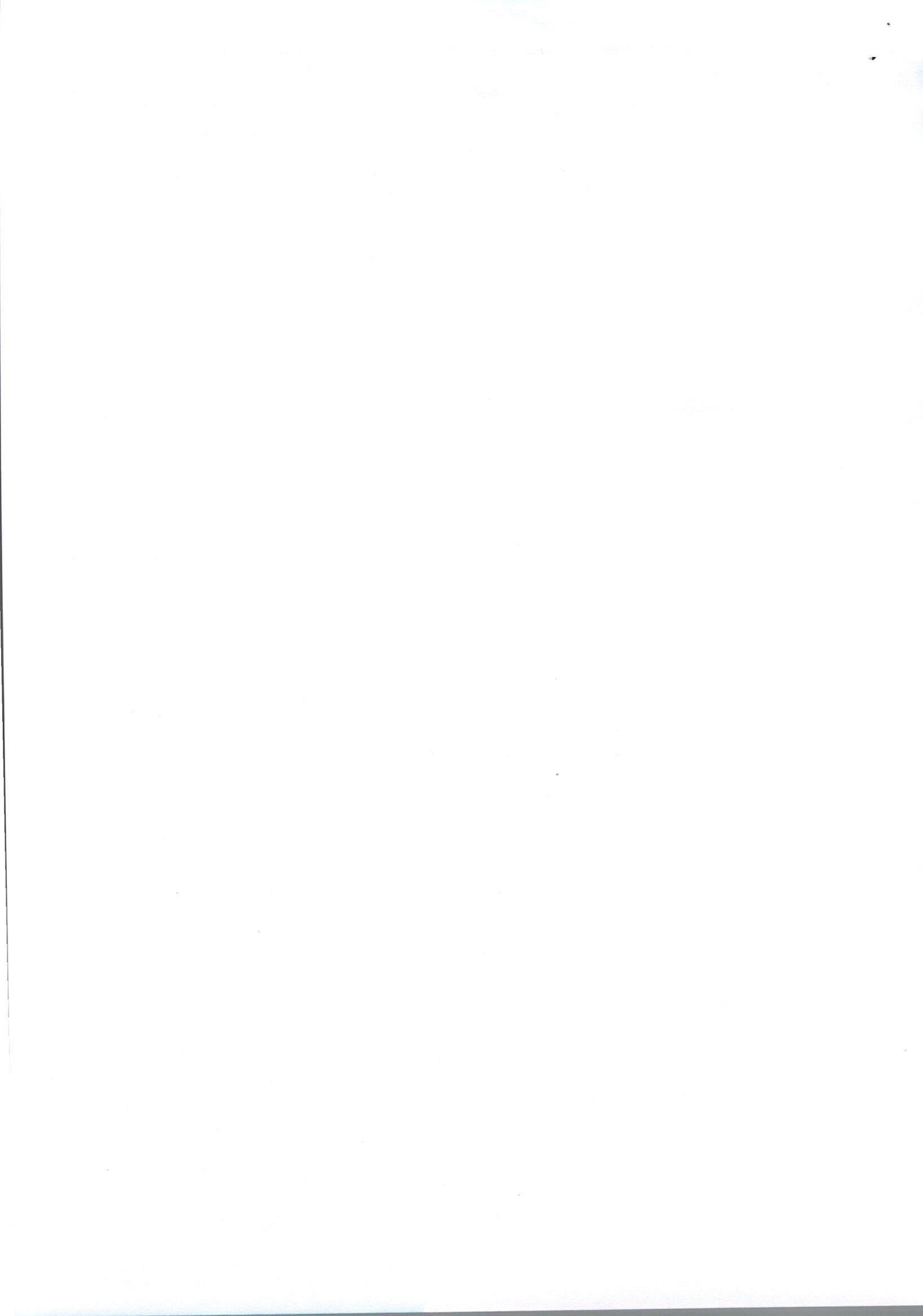
HR	: 74 bpm
Rhythm	: Sinus
P wave	: Normal
PR Interval	: 156 msec
QRS axis	: Normal (26 Degree)
QRS duration	: 88 msec
QRS configuration	: Normal
T wave	: Non specific changes
ST segment	: Non specific changes
QTc	: 391 msec
QT	: 352 msec

#### IMPRESSION:

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

**Dr.INDIRA BANERJEE , MD,DNB,FNB,M RCPCH (UK)**

Board Certified Comprehensive  
Echocardiographer (USA)





NITU BRLMIKI

2310423

Female

35 years

..... cm / ..... kg

HR 74/min

Axis: P 51°

SINUS RHYTHM  
NORMAL ECG

QRS 26°

6.02

T 7°

Intervals:

RR 813 ms

P 106 ms

PR 156 ms

QR5 88 ms

QT 352 ms

QTc 391 ms  
(Bazett)

P (II) 0.16 mV

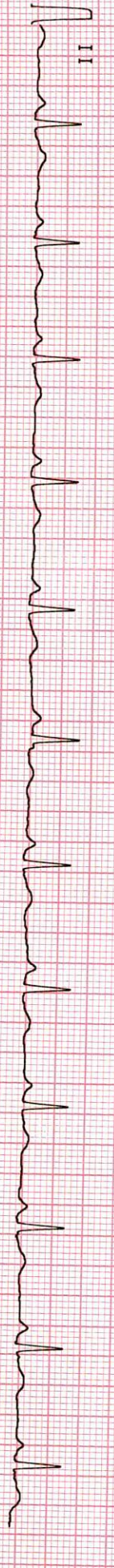
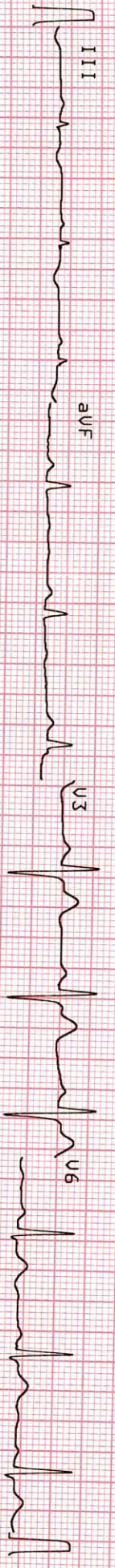
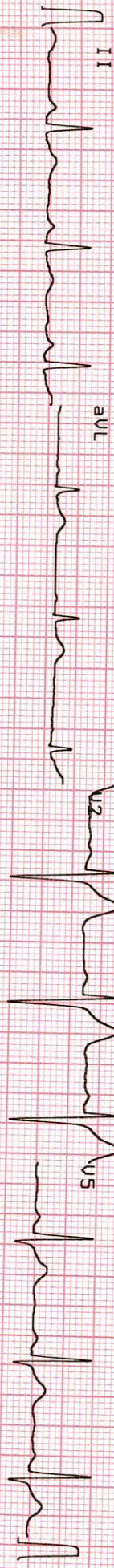
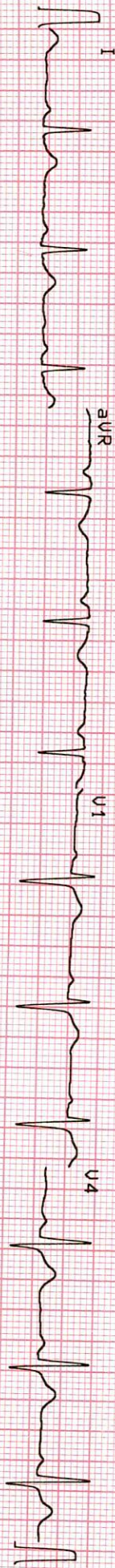
S (V1) -0.97 mV

R (V5) 1.14 mV

Sokol. 2.62 mV

10 mm/mV

UNCONFIRMED REPORT



10 mm/mV  
25 mm/s  
0.05-25 Hz F50 SSF 585  
05.05.2023 10:20:10  
NARRAYAN MEMORIAL HOSPITAL, BEHARLA  
RT-102plur 1 25 01







## DIAGNOSTICS REPORT

Patient Name	: Mrs. NITU BALMIKI	Order Date	: 05/05/2023 09:19
Age/Sex	: 35 Year(s)/Female	Report Date	: 06/05/2023 10:11
UHID	: NMHK.2310424	IP No	:
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
Address	: DINESH PALLY, TOLLYGANGE, Kolkata, West Bengal, 700040	Mobile	: 8910890632

### X-RAY CHEST PA VIEW

No active lung parenchymal lesion is seen.  
Both hila are normal in position, size and density.  
Cardiothoracic ratio appear normal.  
Trachea and mediastinum are normal in position.  
Both costo-phrenic angles are clear.  
Domes of diaphragm are normal in position and outlines are well delineated.  
Bony thorax appears unremarkable.

**Needs clinical correlation.**

*Subrata Nag*

**Dr. SUBRATA NAG , MBBS,DNB,Fellow  
intervention/endovascular surgery**

RegNo: 66718







## DIAGNOSTICS REPORT

Patient Name	: Mrs. NITU BALMIKI	Order Date	: 05/05/2023 09:19
Age/Sex	: 35 Year(s)/Female	Report Date	: 05/05/2023 17:52
UHID	: NMHK.2310424	IP No	:
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
Address	: DINESH PALLY, TOLLYGANGE, Kolkata, West Bengal, 700040	Mobile	: 8910890632

### 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 0.3 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 mildly enlarged and parenchyma shows normal homogeneous pattern. Spleen measures : 12.8 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 : 10.3 cm & Left kidney measures : 10.8 cm.

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

**POST VOID BLADDER** : No significant residual urine is seen.





## DIAGNOSTICS REPORT

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**UTERUS** : Anteverted, mildly bulky in size, normal in shape, outline, position and parenchymal echogenicity. Cavity is empty. Uterus measures 9.2 cm x 5.7 cm x 4.8 cm.

**OVARIES** : Both ovaries are normal in size, shape and echopattern.  
Right ovary : measures 3.8 x 2.4 cm.  
Left ovary : measures 3.7 x 1.9 cm.

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

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

### IMPRESSION :

- \* Mild splenomegaly.
- \* Mild bulky uterus.

Dr. MADHUSHREE RAY NASKAR, MBBS  
, DMRD

Consultant Radiologist

RegNo: 57032





## LABORATORY INVESTIGATION REPORT

<b>Patient Name</b> : Mrs. NITU BALMIKI	<b>Age/Sex</b> : 35 Year(s)/Female
<b>UHID</b> : NMHK.2310424	<b>Order Date</b> : 05/05/2023 09:19
<b>Episode</b> : OP	<b>Mobile No</b> : 8910890632
<b>Ref. Doctor</b> : NMH	<b>DOB</b> : 01/01/1988
<b>Address</b> : DINESH PALLY , TOLLYGANGE ,Kolkata,West Bengal ,700040	<b>Facility</b> : NARAYAN MEMORIAL HOSPITAL

### Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0114661	Collection Date : 05/05/23 09:53	Ack Date : 05/05/2023 14:07	Report Date : 05/05/23 17:37

#### URINE FOR SUGAR FASTING

##### SAMPLE : URINE

RESULT ABSENT

Sample No : 07H0114684	Collection Date : 05/05/23 12:54	Ack Date : 05/05/2023 14:33	Report Date : 05/05/23 17:37
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#### URINE FOR SUGAR PP

##### SAMPLE : URINE

RESULT ABSENT

End of Report



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

Checked By



## LABORATORY INVESTIGATION REPORT

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<b>UHID</b> : NMHK.2310424	<b>Order Date</b> : 05/05/2023 09:19
<b>Episode</b> : OP	<b>Mobile No</b> : 8910890632
<b>Ref. Doctor</b> : NMH	<b>DOB</b> : 01/01/1988
<b>Address</b> : DINESH PALLY , TOLLYGANGE ,Kolkata,West Bengal ,700040	<b>Facility</b> : NARAYAN MEMORIAL HOSPITAL

### Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0114661	Collection Date : 05/05/23 09:53	Ack Date : 05/05/2023 11:01	Report Date : 05/05/23 13:06
<b>SERUM CREATININE</b>			
<b>SAMPLE : SERUM</b>			
SERUM CREATININE	0.6	mg/dl	0.5 - 0.9
<i>Jaffe Gen2 Compensated</i>			
<b>BLOOD UREA NITROGEN</b>			
SAMPLE:-	Serum		
BLOOD UREA NITROGEN	6.1	mg/dl	6 - 20
<i>Calculated</i>			
<b>URIC ACID</b>			
<b>SAMPLE : SERUM</b>			
URIC ACID	5.2	mg/dl	2.4 - 5.7
<i>Enzymatic Colorimetric</i>			
<b>BUN / CREATINE RATIO</b>			
<b>SAMPLE : SERUM</b>			
BUN / CREATINE RATIO	10.1		
Sample No : 07H0114661B	Collection Date : 05/05/23 09:53	Ack Date : 05/05/2023 11:01	Report Date : 05/05/23 13:06
<b>BLOOD SUGAR(F)</b>			
<b>SAMPLE : PLASMA</b>			
BLOOD SUGAR FASTING	93	mg/dl	70 - 109
<i>Hexokinase</i>			
Sample No : 07H0114684B	Collection Date : 05/05/23 12:54	Ack Date : 05/05/2023 14:21	Report Date : 05/05/23 17:37
<b>BLOOD SUGAR(PP)</b>			
<b>SAMPLE : PLASMA</b>			
BLOOD SUGAR PP	94	mg/dl	70.00 - 140.00
<i>Hexokinase</i>			





## LABORATORY INVESTIGATION REPORT

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<b>Address</b>	: DINESH PALLY , TOLLYGANGE ,Kolkata,West Bengal ,700040	<b>Facility</b>	: NARAYAN MEMORIAL HOSPITAL

End of Report



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

Checked By



## LABORATORY INVESTIGATION REPORT

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### Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0114661	Collection Date : 05/05/23 09:53	Ack Date : 05/05/2023 11:01	Report Date : 05/05/23 13:06

#### 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>	18	U/L	0 - 34
SGOT (AST) <i>IFCC Without Pyridoxal Phosphate</i>	28	U/L	0 - 31
ALKALINE PHOSPHATASE <i>IFCC</i>	59	U/L	53 - 128
TOTAL PROTEIN <i>Biuret</i>	7.5	g/dl	6.4 - 8.2
ALBUMIN <i>Bromocresol Green</i>	4.7	gm/dl	3.5 - 5.2
GLOBULIN <i>Calculated</i>	2.8	g/dl	2 - 3.5
ALBUMIN:GLOBULIN <i>Calculated</i>	1.7	-	1.1 - 2.5
GGT <i>Enzymatic colorimetric assay</i>	8	U/L	5 - 36





## LABORATORY INVESTIGATION REPORT

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<b>UHID</b>	: NMHK.2310424	<b>Order Date</b>	: 05/05/2023 09:19
<b>Episode</b>	: OP	<b>Mobile No</b>	: 8910890632
<b>Ref. Doctor</b>	: NMH	<b>DOB</b>	: 01/01/1988
<b>Address</b>	: DINESH PALLY , TOLLYGANGE ,Kolkata,West Bengal ,700040	<b>Facility</b>	: NARAYAN MEMORIAL HOSPITAL

End of Report



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

Checked By



## LABORATORY INVESTIGATION REPORT

<b>Patient Name</b> : Mrs. NITU BALMIKI	<b>Age/Sex</b> : 35 Year(s)/Female
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### Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0114661	Collection Date : 05/05/23 09:53	Ack Date : 05/05/2023 11:01	Report Date : 05/05/23 13:06

#### LIPID PROFILE

##### SAMPLE : SERUM

TOTAL CHOLESTEROL	109	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	48	mg/dl	Optimal < 100   Borderline 130
<i>Homogenous Enzymatic Colorimetric</i>			
VLDL	19	mg/dl	0 - 30
<i>CALCULATED</i>			
CHOLESTEROL-HDL RATIO	2.60	-	
LDL-HDL RATIO	1.14	-	
TRIGLYCERIDES	97	mg/dl	Desirable <150   Borderline 150 - 200   High >200

*Enzymatic Colorimetric*

End of Report



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

Checked By





## LABORATORY INVESTIGATION REPORT

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### Hematology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0114661	Collection Date : 05/05/23 09:53	Ack Date : 05/05/2023 10:28	Report Date : 05/05/23 15:03

#### COMPLETE HAEMOGRAM ( CBC )

##### SAMPLE : EDTA BLOOD

HAEMOGLOBIN (HB) <i>Colorimetric method (Cyn Meth)</i>	<b>7.8 ▼</b>	gm/dl	12 - 15
RBC COUNT <i>Electrical Impedance Method</i>	<b>3.7 ▼</b>	x10 <sup>6</sup> /ul	3.8 - 4.8
TOTAL WBC COUNT <i>Electrical Impedance Method</i>	6.0	10 <sup>3</sup> /cmm	4 - 10
PLATELET COUNT <i>Electrical Impedance Method</i>	350	10 <sup>3</sup> /cmm	150 - 410
PCV <i>RBC pulse ht. detection method</i>	<b>26 ▼</b>	%	36 - 46
MCV <i>calculated</i>	<b>70 ▼</b>	fl	83 - 101
MCH <i>Calculated</i>	<b>21 ▼</b>	pg	27 - 32
MCHC <i>Calculated</i>	<b>30 ▼</b>	gm/dl	31.5 - 34.5
ESR <i>Modified Westergren Method</i>	10	%	0 - 12
<b>DIFFERENTIAL COUNT</b>			
NEUTROPHILS <i>Microscopy</i>	67	%	40 - 80
LYMPHOCYTES <i>Microscopy</i>	25	%	20 - 40
MONOCYTES <i>Microscopy</i>	05	%	2 - 10



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<b>Ref. Doctor</b> : NMH	<b>DOB</b> : 01/01/1988
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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 limits.
PLATELET	Adequate.

End of Report

*Angkita K. Ghosh*

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

RegNo: 82734

Checked By





## LABORATORY INVESTIGATION REPORT

<b>Patient Name</b> : Mrs. NITU BALMIKI	<b>Age/Sex</b> : 35 Year(s)/Female
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### Immunology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0114661	Collection Date : 05/05/23 09:53	Ack Date : 05/05/2023 10:28	Report Date : 05/05/23 12:22

#### BLOOD GROUPING & Rh TYPING

##### SAMPLE : EDTA BLOOD

BLOOD GROUP ' B '  
*Agglutinationforward & Reverse*

RH TYPE POSITIVE

#### THYROID FUNCTION TEST

##### SAMPLE : SERUM

T3 <i>ECLIA</i>	1.58	ng/ml	0.60 - 1.80
T4 <i>ECLIA</i>	11.57	ug/dL	5.40 - 11.70
TSH <i>ECLIA</i>	0.74	uIU/ml	Adult Male – 0.27-5.50 Adult Female – 0.27-5.50 Newborns - <25 Upto 12 years – 0.3-5

#### 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 (triglycerid es< 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).



## LABORATORY INVESTIGATION REPORT

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End of Report



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

Checked By



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

RegNo: 82734





## LABORATORY INVESTIGATION REPORT

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### Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0114661	Collection Date : 05/05/23 09:53	Ack Date : 05/05/2023 14:07	Report Date : 05/05/23 16:26

#### URINE FOR R/E

##### SAMPLE : URINE

##### PHYSICAL EXAMINATION

VOLUME	45	ml	
COLOUR	PALE STRAW		
APPEARANCE	SLIGHTLY HAZY		
SPECIFIC GRAVITY	1.010		1.010 - 1.030
REACTION(pH)	ACIDIC (pH-6.0)		

##### CHEMICAL EXAMINATION

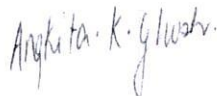
SUGAR	ABSENT		ABSENT
ALBUMIN.	ABSENT		ABSENT
BLOOD	ABSENT		ABSENT
KETONE	ABSENT		ABSENT
BILE SALT	ABSENT		ABSENT
BILE PIGMENTS	ABSENT		ABSENT

##### MICROSCOPIC EXAMINATION

PUS CELLS	1-2/HPF		<5/HPF
EPITHELIAL CELLS	5-7/HPF		<20/HPF
RBC	ABSENT		
CAST	ABSENT		ABSENT
CRYSTAL	ABSENT		ABSENT

Please correlate clinically.

End of Report



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## LABORATORY INVESTIGATION REPORT

<b>Patient Name</b> : Mrs. NITU BALMIKI	<b>Age/Sex</b> : 35 Year(s)/Female
<b>UHID</b> : NMHK.2310424	<b>Order Date</b> : 05/05/2023 09:19
<b>Episode</b> : OP	<b>Mobile No</b> : 8910890632
<b>Ref. Doctor</b> : NMH	<b>DOB</b> : 01/01/1988
<b>Address</b> : DINESH PALLY , TOLLYGANGE ,Kolkata,West Bengal ,700040	<b>Facility</b> : NARAYAN MEMORIAL HOSPITAL

### Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0114661A	Collection Date : 05/05/23 09:53	Ack Date : 05/05/2023 12:50	Report Date : 05/05/23 17:37

#### GLYCOSYLATED HAEMOGLOBIN (HBA1C)

##### SAMPLE : EDTA BLOOD

HBA1C 4.5

##### *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.

End of Report



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Checked By



