

LABORATORY INVESTIGATION REPORT

Patient Name : Mrs. MINA ROY
UHID : NMHK.2211487
Episode : OP
Ref. Doctor : NMH
Address : 150/10 GOPAL MISHRA ROAD , BEHALA
 ,Kolkata,West Bengal ,700034

Age/Sex : 41 Year(s)/Female
Order Date : 25/07/2022 09:16
Mobile No : 8697404022
DOB : 01/01/1981
Facility : NARAYAN MEMORIAL HOSPITAL

Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0070577A	Collection Date : 25/07/22 10:13	Ack Date : 25/07/2022 10:36	Report Date : 25/07/22 18:29

GLYCOSYLATED HAEMOGLOBIN (HBA1C)

SAMPLE : EDTA BLOOD

HBA1C 5.4

Interpretation & Remark:

1. HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose.
2. HbA1c has been endorsed by clinical groups & 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 severe iron deficiency anaemia & haemolytic), chronic renal failure and liver diseases. 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.
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 % .

Note : Hemoglobin electrophoresis (HPLC method) is recommended for detecting hemoglobinopathy.

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 : 07H0070576	Collection Date : 25/07/22 10:12	Ack Date : 25/07/2022 10:34	Report Date : 25/07/22 14:07

LIVER FUNCTION TEST (LFT)

SAMPLE : SERUM

TOTAL BILIRUBIN	0.6	mg/dl	0 - 1.1
<i>Diazo Method</i>			
DIRECT BILIRUBIN	0.2	mg/dl	0 - 0.2
<i>Diazo Method</i>			
INDIRECT BILIRUBIN	0.4	mg/dl	0.2 - 0.9
<i>Calculated</i>			
SGPT (ALT)	15	U/L	0 - 34
<i>IFCC Without Pyridoxal Phosphate</i>			
SGOT (AST)	20	U/L	0 - 31
<i>IFCC Without Pyridoxal Phosphate</i>			
ALKALINE PHOSPHATASE	76	U/L	53 - 128
<i>IFCC</i>			
TOTAL PROTEIN	7.8	g/dl	6.4 - 8.2
<i>Biuret</i>			
ALBUMIN	4.7	gm/dl	3.5 - 5.2
<i>Bromocresol Green</i>			
GLOBULIN	3.1	g/dl	2 - 3.5
<i>Calculated</i>			
ALBUMIN:GLOBULIN	1.5	-	1.1 - 2.5
<i>Calculated</i>			
GGT	10	U/L	5 - 36
<i>Enzymatic colorimetric assay</i>			

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End of Report

A handwritten signature in black ink, appearing to be "S. Chatterjee", on a light blue background.

Dr.S. Chatterjee
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(CONSULTANT BIOCHEMIST)

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LIPID PROFILE

SAMPLE : SERUM

TOTAL CHOLESTEROL	136	mg/dl	Desirable <200 Borderline 200-239 High \geq 240
<i>CHOD-PAP</i>			
HDL CHOLESTEROL	53	mg/dl	40 - 60
<i>Homogenous Enzymatic Colorimetric</i>			
LDL CHOLESTEROL	73	mg/dl	Optimal < 100 Borderline 130
<i>Homogenous Enzymatic Colorimetric</i>			
VLDL	24	mg/dl	0 - 30
<i>CALCULATED</i>			
CHOLESTEROL-HDL RATIO	2.57	-	
LDL-HDL RATIO	1.38	-	
TRIGLYCERIDES	119	mg/dl	Desirable <150 Borderline 150 - 200 High >200

Enzymatic Colorimetric

End of Report

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SAMPLE : SERUM

RESULT 12.7

Sample No : 07H0070576A	Collection Date : 25/07/22 10:12	Ack Date : 25/07/2022 10:35	Report Date : 25/07/22 14:07
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BLOOD SUGAR(F)

SAMPLE : PLASMA

BLOOD SUGAR FASTING 110 ▲ mg/dl 70 - 109
Hexokinase

Sample No : 07H0070599B	Collection Date : 25/07/22 12:48	Ack Date : 25/07/2022 13:54	Report Date : 25/07/22 16:03
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BLOOD SUGAR(PP)

SAMPLE : PLASMA

BLOOD SUGAR PP 113 mg/dl 70.00 - 140.00
Hexokinase

End of Report

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

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

RegNo: 82734

Checked By



LABORATORY INVESTIGATION REPORT

Patient Name	: Mrs. MEHA ROY	Age/Sex	: 41 Years/Female
UHID	: NPHS/ 2111407	Order Date	: 25/07/2022 09:14
Episode	: CR	Mobile No	: 8697824022
Ref. Doctor	: NPHS	DOB	: 01/01/1981
Address	: 150/10 GOPAL KESABA ROAD, BEHALA Kolkata West Bengal, 700034	Facility	: NARAYAN MEMORIAL HOSPITAL

Hematology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No.: QN0070516	Collection Date: 25/07/22 10:12	Ask Date: 25/07/2022 10:14	Report Date: 25/07/22 12:09

COMPLETE HAEMOGRAM (CBC)

SAMPLE : EDTA BLOOD

HAEMOGLOBIN (Hb)	8.9 v	gm/dl	12 - 15
<i>Colorimetric method (Cyan Meth.)</i>			
RBC COUNT	3.90	$\times 10^{12}/\text{L}$	3.8 - 4.8
<i>Electrical Impedance Method</i>			
TOTAL WBC COUNT	5.6	$10^9/\text{mm}^3$	4 - 10
<i>Electrical Impedance Method</i>			
PLATELET COUNT	210	$10^9/\text{mm}^3$	150 - 400
<i>Electrical Impedance Method</i>			
PCV	29 v	%	36 - 46
<i>EDTA gel to detector method</i>			
MCV	74 v	fL	83 - 101
<i>Calculated</i>			
MCH	23 v	pg	27 - 32
<i>Calculated</i>			
MCHC	31 v	gm/dl	31.1 - 36.3
<i>Calculated</i>			
ESR	20 a	%	0 - 15
<i>Modified Westergren Method</i>			
DIFFERENTIAL COUNT		%	40 - 80
NEUTROPHILS	65	%	20 - 80
<i>Microscopic</i>			
LYMPHOCYTES	20	%	2 - 10
<i>Microscopic</i>			
MONOCYTES	02	%	
<i>Microscopic</i>			

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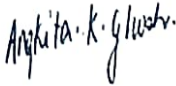
Facility : NARAYAN MEMORIAL HOSPITAL

EOSINOPHILS	03	%	1 - 6
<i>Microscopy</i>			
BASOPHILS	00	%	0 - 2
<i>Microscopy</i>			

PERIPHERAL BLOOD SMEAR

RBC Microcytic hypochromic
WBC Within normal limit
PLATELET Adequate

End of Report



Dr. ANGKITA K. GHOSH
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Immunology

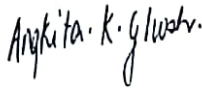
INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0070577	Collection Date : 25/07/22 10:13	Ack Date : 25/07/2022 10:36	Report Date : 25/07/22 15:49

BLOOD GROUPING & Rh TYPING

SAMPLE : EDTA BLOOD

BLOOD GROUP	' A '
<i>Agglutination forward & Reverse</i>	
RH TYPE	NEGATIVE

End of Report



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Immunology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0070576	Collection Date : 25/07/22 10:12	Ack Date : 25/07/2022 10:34	Report Date : 25/07/22 14:11

THYROID FUNCTION TEST

SAMPLE : SERUM

T3 ECLIA	1.31	ng/ml	0.60 - 1.80
T4 ECLIA	8.29	ug/dL	5.40 - 11.70
TSH	2.05	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).

End of Report



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Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0070576	Collection Date : 25/07/22 10:12	Ack Date : 25/07/2022 14:56	Report Date : 26/07/22 10:24

URINE FOR R/E

SAMPLE : URINE

PHYSICAL EXAMINATION

VOLUME	60	ml	
COLOUR	STRAW		
APPEARANCE	SLIGHTLY HAZY		
SPECIFIC GRAVITY	1.015		1.010 - 1.030
REACTION(pH)	ACIDIC (6.5)		

CHEMICAL EXAMINATION

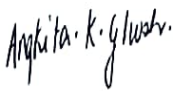
SUGAR	ABSENT	ABSENT
ALBUMIN.	ABSENT	ABSENT
BLOOD	ABSENT	ABSENT
KETONE	ABSENT	ABSENT
BILE SALT	ABSENT	ABSENT
BILE PIGMENTS	ABSENT	ABSENT

MICROSCOPIC EXAMINATION

PUS CELLS	2-4 / HPF	<5/HPF
EPITHELIAL CELLS	3-5 / HPF	<20/HPF
RBC	NIL	
CAST	ABSENT	ABSENT
CRYSTAL	ABSENT	ABSENT

Please correlate clinically.

End of Report



Dr. ANKITA K. GHOSH
MBBS, MD(PATH)

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Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0070576	Collection Date : 25/07/22 10:12	Ack Date : 25/07/2022 14:56	Report Date : 25/07/22 19:41

URINE FOR SUGAR FASTING

SAMPLE : URINE

RESULT ABSENT

Sample No : 07H0070599	Collection Date : 25/07/22 12:48	Ack Date : 25/07/2022 14:59	Report Date : 25/07/22 19:41
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URINE FOR SUGAR PP

SAMPLE : URINE

RESULT ABSENT

End of Report

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

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DIAGNOSTICS REPORT

Patient Name	: MRS. MINA ROY	Order Date	: 25/07/2022 09:16
Age/Sex	: 41 Year(s)/Female	Report Date	: 25/07/2022 19:15
UHID	: NMHKL2211487	IP No	:
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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

DIAGNOSTICS REPORT

Patient Name	: Mrs. MINA ROY	Order Date	: 25/07/2022 09:16
Age/Sex	: 41 Year(s)/Female	Report Date	: 25/07/2022 12:46
UHID	: NMHK.2211487	IP No	:
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USG REPORT OF BREAST(SCREENING)

Both breasts were scanned quadrantwise using a high frequency probe.

Both breasts revealed normal parenchymal echotexture.

No obvious focal mass lesion seen.

No microcalcifications are seen.

Bilateral retroareolar regions appear normal.

No significant enlarged lymph nodes seen in either axillary region.

IMPRESSION : No obvious abnormality seen in either breast.

Please correlate clinically.



Dr.MADHUSHREE RAY NASKAR ,
MBBS,DMRD
Consultant Radiologist
RegNo: 57032

DIAGNOSTICS REPORT

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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.

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. Spleen measures : 10.6 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 : 10.1 cm & Left kidney measures : 10.1 cm.

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

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UTERUS : Anteverted , bulky. Normal shape, outline, position and parenchymal echogenicity. Small hypoechoic lesions measuring (1.4 x 0.7) cm & (2.2 x 2.1) cm approx are noted at uterine fundus. Cavity is empty. Uterus measures 11.0 cm x 5.2 cm x 3.7 cm.

RIGHT OVARY : Right ovary is normal in size, shape and echopattern.
Right ovary : measures 3.4 cm x 1.8 cm.

LEFT OVARY : Not visualized.

PERITONEUM : :No free fluid is noted.

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

IMPRESSION : Bulky uterus with small fibroids at fundus.



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DIAGNOSTICS REPORT

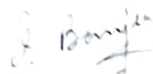
Patient Name	Mrs. MINA ROY	Order Date	25/07/2022 09:16
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Ref. Doctor	NMH	Facility	NARAYAN MEMORIAL HOSPITAL
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ELECTROCARDIOGRAM REPORT (ECG)

HR	94 bpm
Rhythm	Sinus
P wave	Normal
PR Interval	150 msec
QRS axis	Normal (13 Degree)
QRS duration	64 msec
QRS configuration	Normal
T wave	Non specific changes
ST segment	Non specific changes
QTc	403 msec
QT	318 msec

IMPRESSION:

- Sinus rhythm. Normal QRS axis.
 - Poor 'R' wave progression from V1 - V3.
 - Non specific ST-T changes.
- Clinical correlation please.



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

Board Certified Comprehensive
Echocardiographer (USA)

MTNA REV HR 94/min Axis: P 55° QRS 13°

ZZ1487 Female RR 636 ms P (II) 0.19 mV 6.02

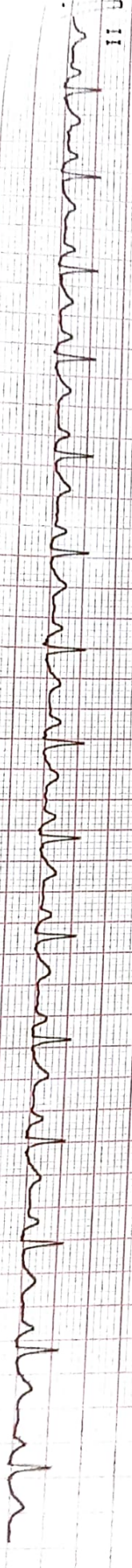
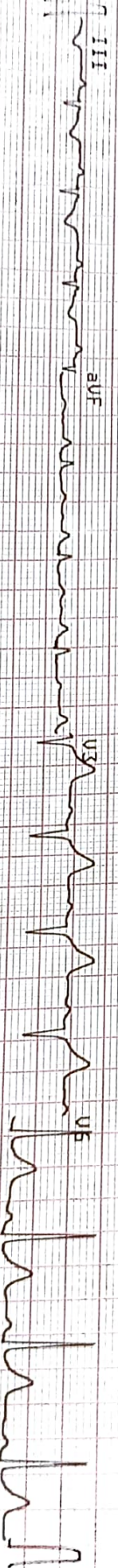
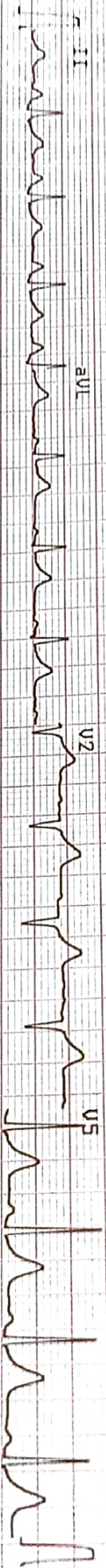
41 years RR 92 ms PR 158 ms P (V1) - mV

cm / kg QRS 64 ms R (V5) 1.56 mV

QT 318 ms QTc 483 ms Sokol. 1.59 mV

(Bazett) 10 mm/mV

QRS(T) CONTINUED FROM ANTEROSEPTAL INFARCT
CONSISTENT WITH ANTEROSEPTAL INFARCT
AGE UNDETERMINED
UNCONFIRMED REPORT



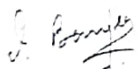
DIAGNOSTICS REPORT

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ECHOCARDIOGRAPHY (SCREENING)

Status of Patient :

- * No regional wall motion abnormality at rest.
- * Good LV systolic function (EF = 62%).
- * Good RV systolic function (TAPSE = 21 mm).
- * 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.



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