

Narayan Memorial Hospital

(A Unit of Narayan Health Services Pvt. Ltd.)

CIN No. : U85110WB2005PTC104884

GSTIN No. : 19AACCN1707E1ZS



DIAGNOSTICS REPORT

Patient Name	: Mrs. BANTI BISWAS	Order Date	: 20/01/2024 09:26
Age/Sex	: 33 Year(s)/Female	Report Date	: 20/01/2024 15:19
UHID	: NMHK.2305846	IP No	:
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
		Mobile	: 6289558097
Address	: 57/7 R.N. TAGORE ROAD, THAKURPUKUR, Kolkata, West Bengal, 700063		

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.

IMPRESSION :-

No significant lung parenchyma abnormality.
Needs clinical correlation.

Subrata Nag

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

: RegNo: 66718

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DIAGNOSTICS REPORT

Patient Name	: Mrs. BANTI BISWAS	Order Date	: 20/01/2024 09:26
Age/Sex	: 33 Year(s)/Female	Report Date	: 20/01/2024 18:52
UHID	: NMHK.2305846	IP No	:
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
		Mobile	: 6289558097
Address	: 57/7 R.N. TAGORE ROAD, THAKURPUKUR, Kolkata, West Bengal, 700063		

ECHOCARDIOGRAPHY (SCREENING)

Status of Patient :

- * No regional wall motion abnormality at rest.
- * Good LV systolic function (EF = 68%).
- * Good RV systolic function (TAPSE = 1.7 cm) (RVS' - 0.10 m/s).
- * Normal valve morphology.
- * Normal LV diastolic function (E/e' = 9.03)
- * No pericardial effusion.
- * No pulmonary arterial hypertension.
- * IVC normal diameter & > 50% respiratory variation.
- * No thrombus, mass, vegetation seen.

Dr. Sudip Chakraborty, MBBS, DIP (Preventative Cardiology) fellow Clinical

RegNo: 56285

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Patient Name	: Mrs. BANTI BISWAS	Order Date	: 20/01/2024 09:26
Age/Sex	: 33 Year(s)/Female	Report Date	: 20/01/2024 13:45
UHID	: NMHK.2305846	IP No	:
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
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Address	: 57/7 R.N. TAGORE ROAD, THAKURPUKUR, Kolkata, West Bengal, 700063		

ELECTROCARDIOGRAM REPORT (ECG)

HR : 87 bpm
Rhythm : Sinus
P wave : Normal
PR Interval : 154 msec
QRS axis : Normal (74 Degree)
QRS duration : 76 msec
QRS configuration : Normal
T wave : Normal
ST segment : Isoelectric
QTc : 395 msec
QT : 328 msec

IMPRESSION:

- Sinus rhythm.
- Normal ECG.
- Clinical correlation please.

Dr. Sudip Chakraborty, MBBS, DIP (Preventative Cardiology) fellow Clinical

RegNo: 56285

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DIAGNOSTICS REPORT

Patient Name	: Mrs. BANTI BISWAS	Order Date	: 20/01/2024 09:26
Age/Sex	: 33 Year(s)/Female	Report Date	: 20/01/2024 13:50
UHID	: NMHK.2305846	IP No	:
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
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Address	: 57/7 R.N. TAGORE ROAD, THAKURPUKUR, Kolkata, West Bengal, 700063		

USG REPORT OF WHOLE ABDOMEN (SCREENING)

LIVER : Liver is normal in size. **Parenchymal echogenicity is raised.** Intrahepatic biliary radicles are not dilated. No focal mass lesion is seen.

PORTA :PV : Normal. PV measures 0.8 cm.
CD : Normal . CD measures 0.2 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 : 10.4 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 8.6 cm x 4.4 cm x 4.8 cm.

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OVARIES : Both ovaries are normal in size, shape and echopattern.
Right ovary : measures 3.6 cm x 1.5 cm. Left ovary : measures 3.2 cm x 1.6 cm.

PERITONEUM : :No free fluid is noted.

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

IMPRESSION : Fatty changes in liver (Grade I).

Dr. MADHUSHREE RAY NASKAR, MBBS
,DMRD

Consultant Radiologist

RegNo: 57032

Print Date Time : 22/01/2024 14:18:33

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LABORATORY INVESTIGATION REPORT

Patient Name : Mrs. BANTI BISWAS
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Episode : OP
Ref. Doctor : NMH

Address : 57/7 R.N. TAGORE ROAD , THAKURPUKUR ,Kolkata,West Bengal ,700063

Age/Sex : 33 Year(s) / Female
Order Date : 20/01/2024 09:26
Mobile No : 6289558097
DOB : 10/03/1990
Facility : NARAYAN MEMORIAL HOSPITAL

Immunology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0157629	Collection Date : 20/01/24 09:40	Ack Date : 20/01/2024 10:49	Report Date : 20/01/24 12:55

THYROID FUNCTION TEST

Sample- Serum

SAMPLE : SERUM

T3	1.29	ng/ml	0.60 - 1.80
Method - ECLIA			
T4	9.14	ug/dL	5.40 - 11.70
Method - ECLIA			
TSH	1.04	uIU/ml	Adult Male – 0.27-5.5 0 Adult Female – 0.27-5.50 Newborns - <25 Upto 12 years – 0.3-5

Method - 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

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

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DOB : 10/03/1990

Facility : NARAYAN MEMORIAL HOSPITAL

Hematology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0157629	Collection Date : 20/01/24 09:40	Ack Date : 20/01/2024 10:02	Report Date : 20/01/24 16:18

BLOOD GROUPING & Rh TYPING

Sample- EDTA Whole Blood

SAMPLE : EDTA BLOOD

BLOOD GROUP

Method - Agglutination forward & Reverse

RH TYPE

COMPLETE HAEMOGRAM (CBC)

Sample- EDTA Whole Blood

SAMPLE : EDTA BLOOD

HAEMOGLOBIN (HB)

Method - Colorimetric method (Cyn Meth)

RBC COUNT

Method - Electrical Impedance Method

TOTAL WBC COUNT

Method - Electrical Impedance Method

PLATELET COUNT

Method - Electrical Impedance Method

PCV

Method - RBC pulse ht. detection method

MCV

Method - calculated

MCH

Method - Calculated

MCHC

Method - Calculated

ESR

Method - Modified Westergren Method

DIFFERENTIAL COUNT

NEUTROPHILS

Method - Microscopy

LYMPHOCYTES

Method - Microscopy

'A'

POSITIVE

11.6 ▼

4.8

9.2

320

37

77 ▼

24 ▼

32

45 ▲

64

29

gm/dl	12 - 15
x10 ⁶ /ul	3.8 - 4.8
10 ³ /cm ³	4 - 10
m	
10 ³ /cm ³	150 - 410
m	
%	36 - 46
fl	83 - 101
pg	27 - 32
gm/dl	31.5 - 34.5
%	0 - 12
%	40 - 80
%	20 - 40

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Mobile No : 6289558097

DOB : 10/03/1990

Facility : NARAYAN MEMORIAL HOSPITAL

MONOCYTES	04	%	2 - 10
<i>Method - Microscopy</i>			
EOSINOPHILS	03	%	1 - 6
<i>Method - Microscopy</i>			
BASOPHILS	00	%	0 - 2
<i>Method - Microscopy</i>			

PERIPHERAL BLOOD SMEAR

RBC

WBC

PLATELET

Normocytic normochromic.

Within normal limits.

Adequate.

End of Report

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

Checked By

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DOB : 10/03/1990
Facility : NARAYAN MEMORIAL HOSPITAL

Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0157629	Collection Date : 20/01/24 09:40	Ack Date : 20/01/2024 10:49	Report Date : 20/01/24 12:44

SERUM CREATININE

Sample-	Serum			
SAMPLE : SERUM		0.6	mg/dl	0.5 - 0.9
SERUM CREATININE				
Method - Jaffe Gen2 Compensated				

LIVER FUNCTION TEST (LFT)

Sample-	Serum			
SAMPLE : SERUM		0.5	mg/dl	0 - 1.1
TOTAL BILIRUBIN				
Method - Diazo Method				
DIRECT BILIRUBIN		0.2	mg/dl	0 - 0.2
Method - Diazo Method				
INDIRECT BILIRUBIN		0.3	mg/dl	0.2 - 0.9
Method - Calculated				
SGPT (ALT)		43 ▲	U/L	0 - 34
Method - IFCC Without Pyridoxal Phosphate				
SGOT (AST)		34 ▲	U/L	0 - 31
Method - IFCC Without Pyridoxal Phosphate				
ALKALINE PHOSPHATASE		112	U/L	53 - 128
Method - IFCC				
TOTAL PROTEIN		7.5	g/dl	6.4 - 8.2
Method - Biuret				
ALBUMIN		4.6	gm/dl	3.5 - 5.2
Method - Bromocresol Green				
GLOBULIN		2.9	g/dl	2 - 3.5
Method - Calculated				
ALBUMIN:GLOBULIN		1.6	-	1.1 - 2.5
Method - Calculated				
GGT		15	U/L	5 - 36
Method - Enzymatic colorimetric assay				

BLOOD UREA NITROGEN

Sample-	Serum			
BLOOD UREA NITROGEN		6.1	mg/dl	6 - 20

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LABORATORY INVESTIGATION REPORT

MC-623

Patient Name : Mrs. BANTI BISWAS
UHID : NMHK.2305846
Episode : OP
Ref. Doctor : NMH

Age/Sex : 33 Year(s) / Female
Order Date : 20/01/2024 09:26

Mobile No : 6289558097
DOB : 10/03/1990
Facility : NARAYAN MEMORIAL HOSPITAL

Address : 57/7 R.N. TAGORE ROAD , THAKURPUKUR ,Kolkata,West Bengal ,700063

Method - Calculated

LIPID PROFILE

Sample- Serum

SAMPLE : SERUM

TOTAL CHOLESTEROL 149 mg/dl Desirable <200 |
Borderline 200-239 |
High >=240

Method - CHOD-PAP

HDL CHOLESTEROL 36 ▼ mg/dl 40 - 60

Method - Homogenous Enzymatic Colorimetric

LDL CHOLESTEROL 82 mg/dl Optimal < 100 |
Borderline 130 - 159
| High >160

Method - Homogenous Enzymatic Colorimetric

VLDL 31 ▲ mg/dl 0 - 30

Method - CALCULATED

CHOLESTEROL-HDL RATIO 4.14 -

LDL-HDL RATIO 2.28 -

TRIGLYCERIDES 156 mg/dl Desirable <150 |
Borderline 150 - 200
| High >200

Method - Enzymatic Colorimetric

URIC ACID

Sample- Serum

SAMPLE : SERUM

URIC ACID 5.3 mg/dl 2.4 - 5.7

Method - Enzymatic Colorimetric

BUN / CREATINE RATIO

Sample- Serum

SAMPLE : SERUM

BUN / CREATINE RATIO 10.1

GLYCOSYLATED HAEMOGLOBIN (HBA1C)

Sample- EDTA Whole Blood A

SAMPLE : EDTA BLOOD

HBA1C 5.7

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Print DateTime : 22/01/2024 14:16:01

Print By : PRAJNA DHAR

Registered Office :

Corporate Office :

Narayan Memorial Hospital

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Order Date : 20/01/2024 09:26

Mobile No : 6289558097

DOB : 10/03/1990

Facility : NARAYAN MEMORIAL HOSPITAL

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.
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).
- 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.

BLOOD SUGAR(F)

Sample- Plasma

SAMPLE : PLASMA

106

mg/dl

70 - 109

BLOOD SUGAR FASTING

Method - Hexokinase

BLOOD SUGAR(PP)

Sample- Plasma

SAMPLE : PLASMA

116

mg/dl

70.00 - 140.00

BLOOD SUGAR PP

Method - Hexokinase

End of Report

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

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DOB : 10/03/1990

Facility : NARAYAN MEMORIAL HOSPITAL

Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0157629	Collection Date : 20/01/24 09:40	Ack Date : 20/01/2024 11:12	Report Date : 20/01/24 12:33

URINE FOR R/E

Sample- Urine

SAMPLE : URINE

PHYSICAL EXAMINATION

VOLUME	20	ml	
COLOUR	PALE STRAW		
APPEARANCE	SLIGHTLY HAZY		
SPECIFIC GRAVITY	1.015		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	3-4/HPF	<20/HPF
RBC	ABSENT	ABSENT
CAST	ABSENT	ABSENT
CRYSTAL	ABSENT	ABSENT

Please correlate clinically.

STOOL FOR R/E

Sample- Stool

SAMPLE : STOOL

PHYSICAL EXAMINATION

COLOUR.	BROWNISH
CONSISTENCY	SOFT
MUCUS	PRESENT

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VISIBLE BLOOD ABSENT
ADULT PARASITE ABSENT

CHEMICAL EXAMINATION

REACTION

ACIDIC

MICROSCOPIC EXAMINATION

PUS CELLS

0-2/HPF

VEG CELL

PRESENT

RBC

ABSENT

OVA

NOT FOUND

PARASITES

NOT FOUND

CYSTS

NOT FOUND

BACTERIAL FLORA

PRESENT

FAT GLOBULES

ABSENT

STARCH GRANULES

PRESENT

Please correlate clinically.

URINE FOR SUGAR FASTING

Sample- Urine

SAMPLE : URINE

RESULT

ABSENT

URINE FOR SUGAR PP

Sample- Urine

SAMPLE : URINE

RESULT

ABSENT

End of Report

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

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

Checked By