

Narayan Memorial Hospital

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

CIN No. : U85110WB2005PTC104884

GSTIN No. : 19AAGCN1707E1Z9



LABORATORY INVESTIGATION REPORT

Patient Name : Mrs. CHAITALI CHOWDHURY	Age/Sex : 34 Year(s) / Female
UHID : NMHK.2405869	Order Date : 23/03/2024 09:39
Episode : OP	Mobile No : 9134586615
Ref. Doctor : NMH	DOB : 01/01/1990
Address : SOUTH 24 PARGANAS , , Kolkata, West Bengal ,700034	Facility : NARAYAN MEMORIAL HOSPITAL

Hematology

INVESTIGATION RESULTS UNITS BIOLOGICAL REF RANGE

Sample No : 07H0167831 Collection Date : 23/03/24 09:52 Ack Date : 23/03/2024 10:16 Report Date : 23/03/24 11:44

BLOOD GROUPING & Rh TYPING

SAMPLE : EDTA BLOOD

BLOOD GROUP 'O'

Method - Agglutination forward & Reverse

RH TYPE POSITIVE

COMPLETE HAEMOGRAM (CBC)

SAMPLE : EDTA BLOOD

HAEMOGLOBIN (HB)	11.5 ▼ (L)	gm/dl	12 - 15
Method - Colorimetric method (Cyn Meth)			
RBC COUNT	4.8	x10 ⁶ /ul	3.8 - 4.8
Method - Electrical Impedance Method			
TOTAL WBC COUNT	8.2	10 ³ /cmm	4 - 10
Method - Electrical Impedance Method			
PLATELET COUNT	300	10 ³ /cmm	150 - 410
Method - Electrical Impedance Method			
PCV	36	%	36 - 46
Method - RBC pulse ht. detection method			
MCV	76 ▼ (L)	fl	83 - 101
Method - calculated			
MCH	24 ▼ (L)	pg	27 - 32
Method - Calculated			
MCHC	32	gm/dl	31.5 - 34.5
Method - Calculated			
ESR	50 ▲ (H)	%	0 - 12
Method - Modified Westergren Method			

DIFFERENTIAL COUNT

Method - Microscopy

NEUTROPHILS	49	%	40 - 80
Method - Microscopy			
LYMPHOCYTES	40	%	20 - 40
Method - Microscopy			
MONOCYTES	05	%	2 - 10
Method - Microscopy			
EOSINOPHILS	06	%	1 - 6
Method - Microscopy			
BASOPHILS	00	%	0 - 2
Method - Microscopy			

PERIPHERAL BLOOD SMEAR

RBC Normocytic normochromic.

WBC Within normal limits.

ice :

Corporate Office :



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	DOB : 01/01/1990
Address : SOUTH 24 PARGANAS , . ,Kolkata,West Bengal ,70 0034	Facility : NARAYAN MEMORIAL HOSPITAL

PLATELET

Adequate.

End of Report

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

Checked By



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Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0167831	Collection Date : 23/03/24 09:52	Ack Date : 23/03/2024 10:48	Report Date : 23/03/24 14:14
SERUM CREATININE			
SAMPLE : SERUM			
SERUM CREATININE <i>Method - Jaffe Gen2 Compensated</i>	0.5	mg/dl	0.5 - 0.9
LIVER FUNCTION TEST (LFT)			
SAMPLE : SERUM			
TOTAL BILIRUBIN <i>Method - Diazo Method</i>	0.6	mg/dl	0 - 1.1
DIRECT BILIRUBIN <i>Method - Diazo Method</i>	0.2	mg/dl	0 - 0.2
INDIRECT BILIRUBIN <i>Method - Calculated</i>	0.4	mg/dl	0.2 - 0.9
SGPT (ALT) <i>Method - IFCC Without Pyridoxal Phosphate</i>	21	U/L	0 - 34
SGOT (AST) <i>Method - IFCC Without Pyridoxal Phosphate</i>	19	U/L	0 - 31
ALKALINE PHOSPHATASE <i>Method - IFCC</i>	78	U/L	53 - 128
TOTAL PROTEIN <i>Method - Biuret</i>	7.5	g/dl	6.4 - 8.2
ALBUMIN <i>Method - Bromocresol Green</i>	4.2	gm/dl	3.5 - 5.2
GLOBULIN <i>Method - Calculated</i>	3.3	g/dl	2 - 3.5
ALBUMIN:GLOBULIN <i>Method - Calculated</i>	1.3	-	1.1 - 2.5
GGT <i>Method - Enzymatic colorimetric assay</i>	23	U/L	5 - 36
BLOOD UREA NITROGEN			
BLOOD UREA NITROGEN <i>Method - Calculated</i>	7.5	mg/dl	6 - 20
LIPID PROFILE			
SAMPLE : SERUM			
TOTAL CHOLESTEROL <i>Method - CHOD-PAP</i>	167	mg/dl	Desirable <200 Borderline 200 - 239 High >=240
HDL CHOLESTEROL <i>Method - Homogenous Enzymatic Colorimetric</i>	43	mg/dl	40 - 60



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LDL CHOLESTEROL <i>Method - Homogenous Enzymatic Colorimetric</i>	102	mg/dl	Optimal < 100 Borderline 130 - 159 High > 160
VLDL <i>Method - CALCULATED</i>	22	mg/dl	0 - 30
CHOLESTEROL-HDL RATIO	3.88	-	
LDL-HDL RATIO	2.37	-	
TRIGLYCERIDES <i>Method - Enzymatic Colorimetric</i>	110	mg/dl	Desirable < 150 Borderline 150 - 200 High > 200
URIC ACID			
SAMPLE : SERUM			
URIC ACID <i>Method - Enzymatic Colorimetric</i>	4.7	mg/dl	2.4 - 5.7
BUN / CREATINE RATIO			
SAMPLE : SERUM			
BUN / CREATINE RATIO	15.0		
GLYCOSYLATED HAEMOGLOBIN (HBA1C)			
SAMPLE : EDTA BLOOD			
HBA1C	5.8		

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 glycemc control :

Excellent Control - 6 - 7 %,
 Fair to Good Control - 7 - 8 %,
 Satisfactory Control - 8 - 10 %
 Poor Control - > 10 % .

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



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BLOOD SUGAR(F)

SAMPLE : PLASMA

BLOOD SUGAR FASTING 96 mg/dl 70 - 109
Method - Hexokinase

BLOOD SUGAR(PP)

SAMPLE : PLASMA

BLOOD SUGAR PP 107 mg/dl 70 - 140
Method - Hexokinase

End of Report

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

Checked By



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Immunology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0167831	Collection Date : 23/03/24 09:52	Ack Date : 23/03/2024 10:48	Report Date : 23/03/24 14:16
THYROID FUNCTION TEST			
SAMPLE : SERUM			
T3 Method - ECLIA	1.25	ng/ml	0.60 - 1.80
T4 Method - ECLIA	9.85	ug/dL	5.40 - 11.70
TSH Method - ECLIA	0.82	uIU/ml	Adult Male - 0.27-5.50 Adult Female - 0.27-5.50 Newborns - <25 Upto 12 years - 0.3-5

Interpretations:

1. For diagnostic purposes, the result should always be assessed in conjunction with the patient's medical history, clinical examinations and other findings.
2. 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)
3. There is no high dose hook effect at TSH concentrations upto 1000 µmol/ml.
4. 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.
5. 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).
6. 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, FAAC
 (CONSULTANT BIOCHEMIST)

Checked By

Head Office :
 Diamond Harbour Road
 Kolkata - 700 034

Corporate Office :
 Behala Manton, 85, (Mail - 601)
 Diamond Harbour Road, Kolkata - 700 024



LABORATORY INVESTIGATION REPORT

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Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
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Sample No : 07H0167831 Collection Date : 23/03/24 09:52 Ack Date : 23/03/2024 14:39 Report Date : 23/03/24 16:14

URINE FOR R/E

SAMPLE : URINE

PHYSICAL EXAMINATION

VOLUME	30	ml	
COLOUR	PALE STRAW		
APPEARANCE	SLIGHTLY HAZY		
SPECIFIC GRAVITY	1.010		1.010 - 1.030
REACTION(pH)	ACIDIC (pH - 6.5)		

CHEMICAL EXAMINATION

SUGAR	ABSENT		ABSENT
ALBUMIN.	ABSENT		ABSENT
BLOOD	PRESENT(++)		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	20-25/HPF		
CAST	ABSENT		ABSENT
CRYSTAL	ABSENT		ABSENT

Please correlate clinically.

URINE FOR SUGAR FASTING

SAMPLE : URINE

RESULT ABSENT

Sample No : 07H0167911 Collection Date : 23/03/24 13:58 Ack Date : 23/03/2024 19:12 Report Date : 24/03/24 13:57

URINE FOR SUGAR PP

SAMPLE : URINE

RESULT ABSENT

End of Report

Mehak



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

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

Checked By



DIAGNOSTICS REPORT

Patient Name	: Mrs. CHAITALI CHOWDHURY	Order Date	: 23/03/2024 09:39
Age/Sex	: 34 Year(s)/Female	Report Date	: 23/03/2024 19:57
UHID	: NMHK.2405869	Facility	: NARAYAN MEMORIAL HOSPITAL
Ref. Doctor	:	Mobile	: 9134586615
Address	: SOUTH 24 PARGANAS, .,Kolkata, West Bengal, 700034		

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.
Both domes of diaphragm are normal.
No obvious bony abnormality is seen.

Dr.KANISHKA MUKHERJEE
MBBS,MD(Rad. Diag.)

RegNo: 74523





DIAGNOSTICS REPORT

Patient Name	: Mrs. CHAITALI CHOWDHURY	Order Date	: 23/03/2024 09:39
Age/Sex	: 34 Year(s)/Female	Report Date	: 24/03/2024 11:14
UHID	: NMHK.2405869	Facility	: NARAYAN MEMORIAL HOSPITAL
Ref. Doctor	:	Mobile	: 9134586615
Address	: SOUTH 24 PARGANAS, ,Kolkata, West Bengal, 700034		

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.
CBD : Normal.

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. Corticomedullary differentiation maintained. No evidence of any calculus/ mass / hydronephrosis is seen.
 Right kidney measures : 10.5 cm & Left kidney measures : 10.7 cm.

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



DIAGNOSTICS REPORT

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UTERUS : Anteverted normal in size, shape, outline, position and parenchymal echogenicity. Cavity is empty. Uterus measures 7.0 cm x 4.7 cm x 3.6 cm.

OVARIES : Both ovaries are normal in size, shape and echopattern.

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. CHAITALI CHOWDHURY	Order Date	: 23/03/2024 09:39
Age/Sex	: 34 Year(s)/Female	Report Date	: 23/03/2024 17:29
UHID	: NMHK.2405869	Facility	: NARAYAN MEMORIAL HOSPITAL
Ref. Doctor	:	Mobile	: 9134586615
Address	: SOUTH 24 PARGANAS, ,Kolkata, West Bengal, 700034		

REPORT OF ECHO SCREENING

No regional wall motion abnormality at rest.
Normal LV systolic function (LVEF = 66%).
Normal RV systolic function. (TAPSE = 1.8 cm).
Adequate diastolic compliance.
No pericardial effusion.
Mild TR. Estimated PASP -20 mmHg.
IVC normal diameter &> 50 % respiratory compressibility.
No thrombus, mass / vegetation.

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

RegNo: 56285

Narayan Memorial Hospital

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

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ELECTROCARDIOGRAM REPORT (ECG)

HR : 83 bpm
Rhythm : Sinus
P wave : Normal
PR Interval : 134 msec
QRS axis : Normal
QRS duration : 74 msec
QRS configuration : Normal
T wave : Non specific changes
ST segment : Non specific changes
QTc : 431 msec
QT : 362 msec

IMPRESSION

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

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

Board Certified Comprehensive
Echocardiographer (USA)

Registered Office : 582, Diamond Harbour Road, Behala, Kolkata - 700034
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Female

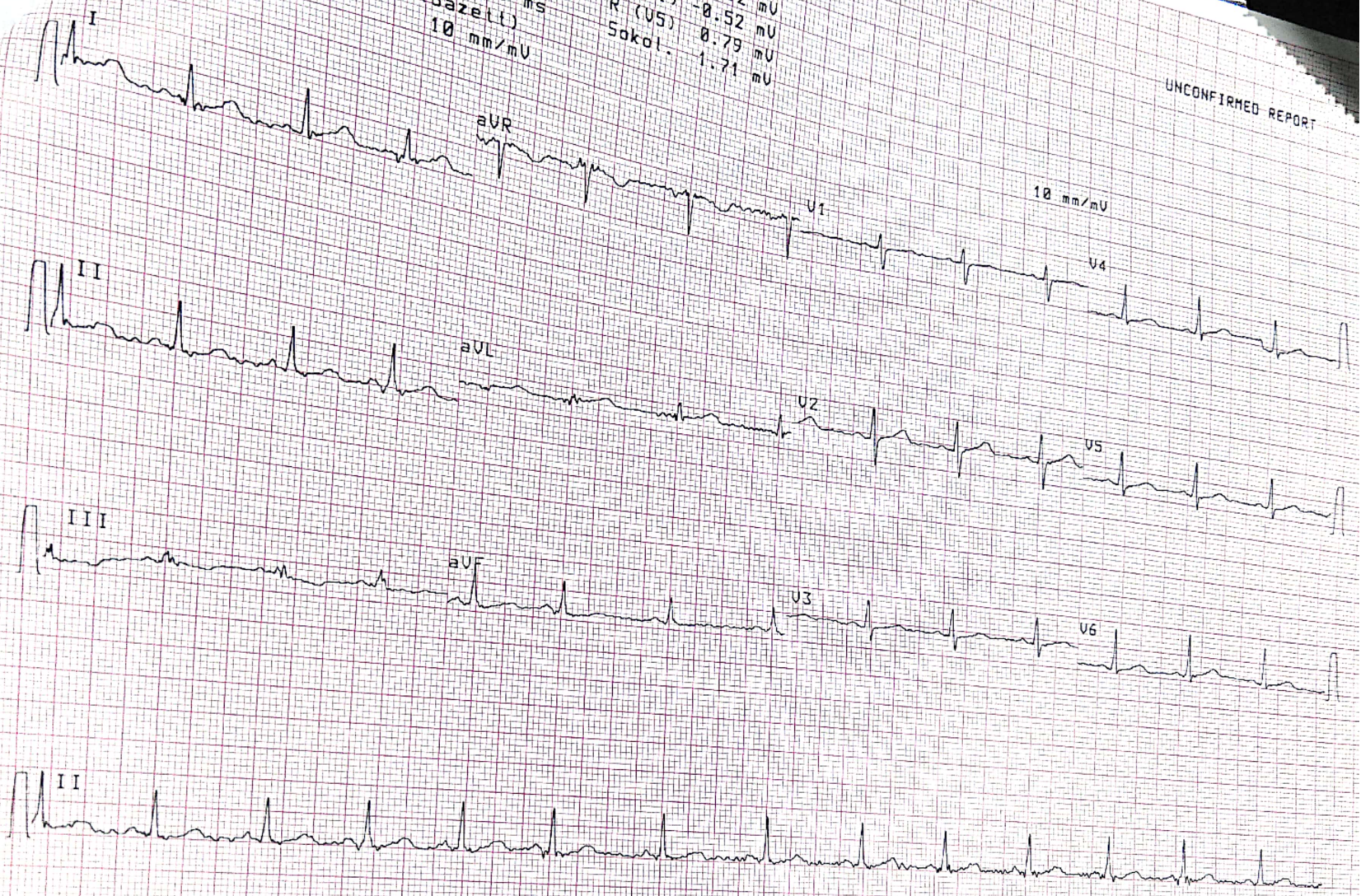
US/min
 Intervals:
 RR 720 ms
 P 104 ms
 PR 134 ms
 QRS 74 ms
 QT 362 ms
 QTc 431 ms
 (Bazett)
 10 mm/mV

Axis:
 P 45°
 QRS 53°
 T 14°
 P (II) 0.12 mV
 S (VI) -0.52 mV
 R (V5) 0.79 mV
 Sokol. 1.71 mV

SINUS RHYTHM
 NORMAL ECG

6.02

UNCONFIRMED REPORT



10 mm/mV

25 mm/s

SCHILLER

0.05-25 Hz F50 SSF S85 23.03.2024 11:46:25

NARAYAN MEMORIAL
 HOSPITAL, BEHALA

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