





**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 : 43 Year(s) / Female  
 Order Date : 23/03/2024 10:11  
 Mobile No : 8697404022  
 DOB : 01/01/1981  
 Facility : NARAYAN MEMORIAL HOSPITAL

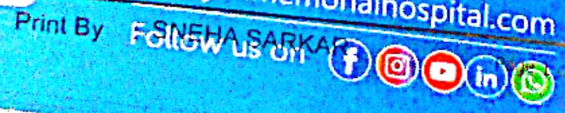
INVESTIGATION: Hematology  
 Sample No: 27-0187848  
 Collection Date: 23/03/24 10:31  
 Ack Date: 23/03/2024 11:22  
 UNITS: BIOLOGICAL REF RANGE  
 Report Date: 23/03/24 16:40

TEST	RESULTS	UNITS	BIOLOGICAL REF RANGE
<b>BLOOD GROUPING &amp; Rh TYPING</b>			
<b>SAMPLE : EDTA BLOOD</b>			
BLOOD GROUP	'A'		
Method - Agglutination forward & Reverse			
RH TYPE			
<b>COMPLETE HAEMOGRAM ( CBC )</b>			
<b>SAMPLE : EDTA BLOOD</b>			
HAEMOGLOBIN (HB)	11.0 ▼ (L)	gm/dl	12 - 15
Method - Colorimetric method (Gm Meth)			
RBC COUNT	4.5	x10 <sup>6</sup> /ul	3.8 - 4.8
Method - Electrical Impedance Method			
TOTAL WBC COUNT	5.8	10 <sup>3</sup> /cmm	4 - 10
Method - Electrical Impedance Method			
PLATELET COUNT	220	10 <sup>3</sup> /cmm	150 - 410
Method - Electrical Impedance Method			
PCV	35 ▼ (L)	%	36 - 46
Method - RBC pulse ht. detection method			
MCV	78 ▼ (L)	fl	83 - 101
Method - Calculated			
MCH	25 ▼ (L)	pg	27 - 32
Method - Calculated			
MCHC	31 ▼ (L)	gm/dl	31.5 - 34.5
Method - Calculated			
ESR	05	%	0 - 12
Method - Modified Westergren Method			
<b>DIFFERENTIAL COUNT</b>			
Method - Microscopy			
NEUTROPHILS	65	%	40 - 80
Method - Microscopy			
LYMPHOCYTES	27	%	20 - 40
Method - Microscopy			
MONOCYTES	05	%	2 - 10
Method - Microscopy			
EOSINOPHILS	03	%	1 - 6
Method - Microscopy			
BASOPHILS	00	%	0 - 2
Method - Microscopy			
<b>PERIPHERAL BLOOD SMEAR</b>			
RBC			

Microcytes(+) Hypochromia(+)

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WBC  
PLATELET

Within normal limits.  
Adequate.  
End of Report

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

Checked By





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**Biochemistry**

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No: UH0187945    Collection Date: 23/03/24 10:31    Ask Date: 23/03/2024 12:09    Report Date: 23/03/24 14:12			
<b>SERUM CREATININE</b>			
<b>SAMPLE : SERUM</b>			
SERUM CREATININE	0.7	mg/dl	0.5 - 0.9
<i>Method - Jaffe Gen2 Compensated</i>			
<b>LIVER FUNCTION TEST ( LFT )</b>			
<b>SAMPLE : SERUM</b>			
TOTAL BILIRUBIN	0.5	mg/dl	0 - 1.1
<i>Method - Diazo Method</i>			
DIRECT BILIRUBIN	0.2	mg/dl	0 - 0.2
<i>Method - Diazo Method</i>			
INDIRECT BILIRUBIN	0.3	mg/dl	0.2 - 0.9
<i>Method - Calculated</i>			
SGPT (ALT)	17	U/L	0 - 34
<i>Method - JEC Without Pyridoxal Phosphate</i>			
SGOT (AST)	18	U/L	0 - 31
<i>Method - JEC Without Pyridoxal Phosphate</i>			
ALKALINE PHOSPHATASE	75	U/L	53 - 128
<i>Method - JEC</i>			
TOTAL PROTEIN	7.8	g/dl	6.4 - 8.2
<i>Method - Buret</i>			
ALBUMIN	4.6	gm/dl	3.5 - 5.2
<i>Method - Bromocresol Green</i>			
GLOBULIN	3.2	g/dl	2 - 3.5
<i>Method - Calculated</i>			
ALBUMIN:GLOBULIN	1.4	-	1.1 - 2.5
<i>Method - Calculated</i>			
GGT	13	U/L	5 - 36
<i>Method - Enzymatic colorimetric assay</i>			
<b>BLOOD UREA NITROGEN</b>			
BLOOD UREA NITROGEN	10.2	mg/dl	6 - 20
<i>Method - Calculated</i>			
<b>LIPID PROFILE</b>			
<b>SAMPLE : SERUM</b>			
TOTAL CHOLESTEROL	142	mg/dl	Desirable <200 Borderline 200 - 239 High >=240
<i>Method - CHOD-PAP</i>			
HDL CHOLESTEROL	57	mg/dl	40 - 60
<i>Method - Homogenous Enzymatic Colorimetric</i>			

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**BLOOD SUGAR(F)**

**SAMPLE : PLASMA**

BLOOD SUGAR FASTING **119 ▲ (H)** mg/dl 70 - 109  
*Method - Hexokinase*

**BLOOD SUGAR(PP)**

**SAMPLE : PLASMA**

BLOOD SUGAR PP **96** mg/dl 70 - 140  
*Method - Hexokinase*

End of Report

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

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<b>LDL CHOLESTEROL</b> <i>Method - Homogenous Enzymatic Colorimetric</i>	69	mg/dl	Optimal < 100 Borderline 130 - 159 High > 160
<b>VLDL</b> <i>Method - CALCULATED</i>	16		
<b>CHOLESTEROL-HDL RATIO</b>		mg/dl	0 - 30
<b>LDL-HDL RATIO</b>	2.49	-	
<b>TRIGLYCERIDES</b> <i>Method - Enzymatic Colorimetric</i>	82	mg/dl	Desirable <150 Borderline 150 - 200 High >200
<b>URIC ACID</b> <u>SAMPLE : SERUM</u>			
<b>URIC ACID</b> <i>Method - Enzymatic Colorimetric</i>	5.1	mg/dl	2.4 - 5.7
<b>BUN / CREATINE RATIO</b> <u>SAMPLE : SERUM</u>			
<b>BUN / CREATINE RATIO</b>	14.5		
<b>GLYCOSYLATED HAEMOGLOBIN (HBA1C)</b> <u>SAMPLE : EDTA BLOOD</u>			
<b>HBA1C</b>	5.4		

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 Haemoglobinopathics 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.

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**Episode** : OP  
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**Address** : 150/10 GOPAL MISHRA ROAD, BEHALA, Kolkata, West Bengal, 700034

**Age/Sex** : 1.43 Year(s) / Female  
**Order Date** : 23/03/2024 10:11  
**Mobile No** : 8697409027  
**DOB** : 01/01/1981  
**Facility** : NARAYAN MEMORIAL HOSPITAL

#### INVESTIGATION

Sample No : 07H0167845

Collection Date : 23/03/24 10:31

#### Immunology

##### RESULTS

AVA Date : 23/03/2024 12:09

##### UNITS

##### BIOLOGICAL REF RANGE

Report Date : 23/03/24 14:19

#### THYROID FUNCTION TEST

##### SAMPLE : SERUM

Parameter	Result	Unit	Biological Ref Range
T3	1.36	ng/ml	0.60 - 1.80
Method - ECLIA			
T4	10.49	ug/dL	5.40 - 11.70
Method - ECLIA			
TSH	2.5	uIU/ml	Adult Male - 0.27-5.50 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  
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## LABORATORY INVESTIGATION REPORT

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### Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0167845	Collection Date : 23/03/24 10:31	Ack Date : 23/03/2024 14:32	Report Date : 23/03/24 16:21

#### URINE FOR R/E

#### SAMPLE : URINE

#### PHYSICAL EXAMINATION

VOLUME	35	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	
EPITHELIAL CELLS	6-7/HPF	<5/HPF
RBC	ABSENT	<20/HPF
CAST	ABSENT	
CRYSTAL	ABSENT	ABSENT

Please correlate clinically.

#### URINE FOR SUGAR FASTING

#### SAMPLE : URINE

#### RESULT

ABSENT

Sample No : 07H0167885

Collection Date : 23/03/24 13:32

Ack Date : 23/03/2024 15:01

Report Date : 23/03/24 16:41

#### URINE FOR SUGAR PP

#### SAMPLE : URINE

#### RESULT

ABSENT

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Dr. MAINAK CHAKRABORTY  
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(CONSULTANT PATHOLOGIST)

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NMHR-2211487

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**DIAGNOSTICS REPORT**

Patient Name	: Mrs. MINA ROY	Order Date	: 23/03/2024 10:11
Age/Sex	: 43 Year(s)/Female	Report Date	: 23/03/2024 19:32
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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.  
Both domes of diaphragm are normal.  
No obvious bony abnormality is seen.

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

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(A Unit of Narayan Health Services Pvt. Ltd.)  
CIN No. : U85110WB2005PTC104884  
GSTIN No. : 19AAAGN1707E1ZS



## DIAGNOSTICS REPORT

Patient Name	: Mrs. MINA ROY	Order Date	: 23/03/2024 10:11
Age/Sex	: 43 Year(s)/Female	Report Date	: 24/03/2024 10:09
UHID	: NMHK.2211487	Facility	: NARAYAN MEMORIAL HOSPITAL
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Address	: 150/10 GOPAL MISHRA ROAD, BEHALA, Kolkata, West Bengal, 700034		

### USG OF BREAST

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

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**DIAGNOSTICS REPORT**

Patient Name	: Mrs. MINA ROY	Order Date	: 23/03/2024 10:11
Age/Sex	: 43 Year(s)/Female	Report Date	: 24/03/2024 10:08
UHID	: NMHK.2211487	Facility	: NARAYAN MEMORIAL HOSPITAL
Ref. Doctor	:	Mobile	: 8697404022
Address	: 150/10 GOPAL MISHRA ROAD, BEHALA, 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. PV measures 0.9 cm.  
**CBD** : Normal. CBD 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. Corticomedullary differentiation maintained. No evidence of any calculus/mass / hydronephrosis is seen.  
 Right kidney measures : 10.2 cm & Left kidney measures : 10.5 cm.

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



**DIAGNOSTICS REPORT**

Patient Name	: Mrs. MINA ROY	Order Date	: 23/03/2024 10:11
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**REPORT OF ECHO SCREENING**

No regional wall motion abnormality at rest.  
Normal LV systolic function (LVEF = 67%).  
Normal RV systolic function. ( TAPSE = 1.6 cm).  
Mild concentric left ventricular hypertrophy.  
Grade II diastolic dysfunction (E/e' = 8.98) (E/A - 1.22).  
No pericardial effusion.  
Mild TR. Estimated PASP = 31 mmHg.  
IVC normal diameter &> 50 % respiratory compressibility.  
No thrombus, mass / vegetation.

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

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Mina Roy  
NMHK-2211487

### ELECTROCARDIOGRAM REPORT (ECG)

HR : 88 bpm  
Rhythm : Sinus  
P wave : Normal  
PR Interval : 158 msec  
QRS axis : Normal  
QRS duration : 68 msec  
QRS configuration : Normal  
T wave : Normal  
ST segment : Isoelectric  
QTc : 410 msec  
QT : 336 msec

### IMPRESSION

- Sinus rhythm.  
- Within normal limits.  
Clinical correlation please.

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

RegNo: 56285



HR 88/min  
 Intervals:  
 RR 684 ms  
 P 106 ms  
 PR 158 ms  
 QRS 68 ms  
 QT 336 ms  
 QTc 410 ms  
 (Bazett)  
 10 mm/mV

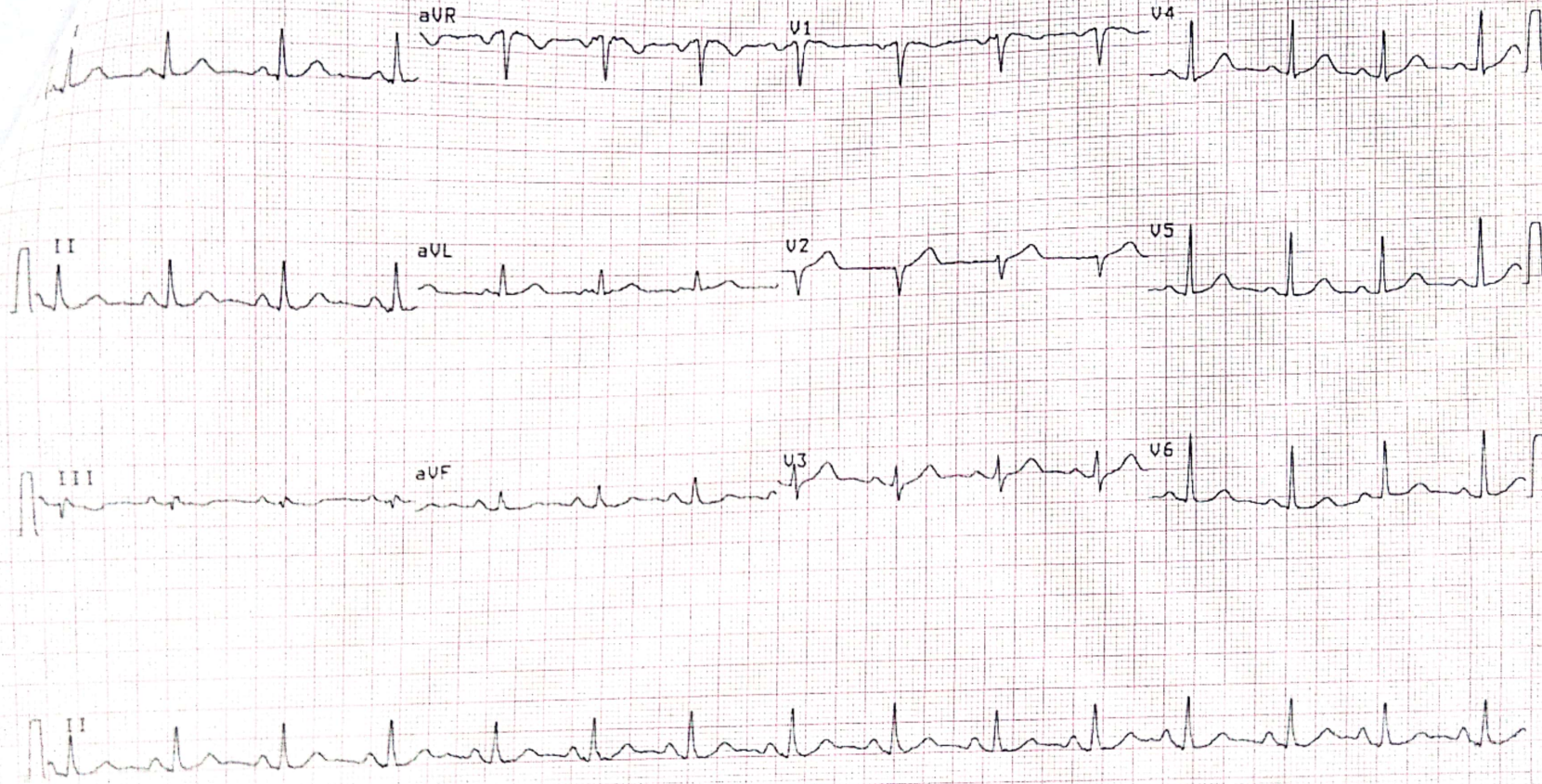
Axis:  
 P 51°  
 QRS 30°  
 T 25°

SINUS RHYTHM  
 6.02

P (II) 0.18 mV  
 S (V1) - mV  
 R (V5) 1.33 mV  
 Sokol. 1.79 mV

UNCONFIRMED REPORT

female  
 kg



OKR PA  
 <211487

10 mm/mV

25 mm/s

SCHILLER

2.05-25 Hz F52 S5F S5S 23.03.2024 12:41:10

NARAYAN MEMORIAL  
 HOSPITAL, BEHALA

AT-102plus 1.25 Cl

Part No.2.157025M

CE 0123

M.80