





## DIAGNOSTICS REPORT

Patient Name	: Mrs. KOMAL KUMARI	Order Date	: 23/03/2024 10:05
Age/Sex	: 34 Year(s)/Female	Report Date	: 24/03/2024 14:20
UHID	: NMHK.2405874	Facility	: NARAYAN MEMORIAL HOSPITAL
Ref. Doctor	:	Mobile	: 6239498097
Address	: SHREE RAM ESTATE, FLAT 14,, BEHALA,Kolkata, West Bengal, 700034		

## ELECTROCARDIOGRAM REPORT (ECG)

HR : 61 bpm  
Rhythm : Sinus  
P wave : Normal  
PR Interval : 182 msec  
QRS axis : Normal  
QRS duration : 82 msec  
QRS configuration : Normal  
T wave : Normal  
ST segment : Isoelectric  
QTc : 418msec  
QT : 414msec

### IMPRESSION

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

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

RegNo: 56285

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Corporate Office : Behala Manton, 85, (Mail - 601) Diamond Harbour Road, Kolkata - 700 034  
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HR 61/min

Axis:

SINUS RHYTHM  
NORMAL ECG

Mobile No : 6239498097

Intervals:

P 56

6.02

UNCONFIRMED REPORT

RR 990 ms

QRS 70

P 106 ms

T 40

PR 182 ms

P (II) 0.15 mV

QRS 82 ms

S (V1) -0.52 mV

QT 414 ms

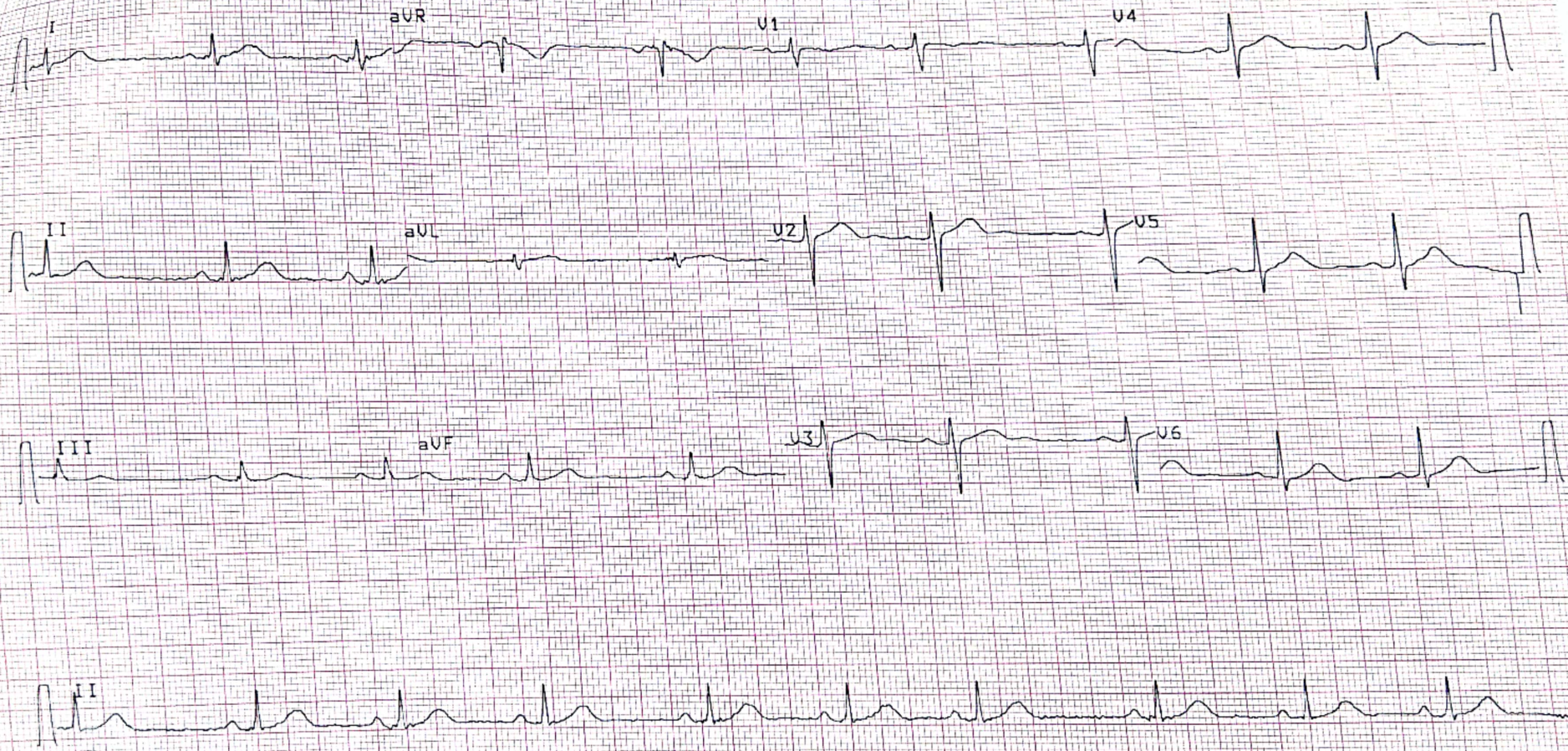
R (V5) 1.12 mV

QTc 418 ms (Bazett)

Sokol. 2.28 mV

10 mm/mV

10 mm/mV



10 mm/mV

25 mm/s

0.05-25 Hz F50 SSF SBS 23.03.2024 11:50:37

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HOSPITAL, BEHALA

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### LABORATORY INVESTIGATION REPORT

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West Bengal ,700034

WBC  
PLATELET

Within normal limits.  
Adequate.

End of Report

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

**Dr. SHAHEENA PERWEEN**  
MBBS, MD (Path)  
Consultant Pathologist  
RegNo: 71326

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**Biochemistry**

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0167842 Collection Date : 23/03/24 10:23 Ack Date : 23/03/2024 12:01 Report Date : 23/03/24 14:13			
<b>SERUM CREATININE</b> SAMPLE : SERUM	0.9	mg/dl	0.5 - 0.9
SERUM CREATININE Method - Jaffe Gen2 Compensated			
<b>LIVER FUNCTION TEST ( LFT )</b> SAMPLE : SERUM			
TOTAL BILIRUBIN Method - Diazo Method	0.2	mg/dl	0 - 1.1
DIRECT BILIRUBIN Method - Diazo Method	0.3	mg/dl	0 - 0.2
INDIRECT BILIRUBIN Method - Calculated	40 ▲ (H)	U/L	0.2 - 0.9
SGPT (ALT) Method - IFCC Without Pyridoxal Phosphate	42 ▲ (H)	U/L	0 - 34
SGOT (AST) Method - IFCC Without Pyridoxal Phosphate	119	U/L	0 - 31
ALKALINE PHOSPHATASE Method - IFCC	7.4	g/dl	53 - 128
TOTAL PROTEIN Method - Buret	4.4	gm/dl	6.4 - 8.2
ALBUMIN Method - Bromocresol Green	3.0	g/dl	3.5 - 5.2
GLOBULIN Method - Calculated	1.5	-	2 - 3.5
ALBUMIN:GLOBULIN Method - Calculated	33	U/L	1.1 - 2.5
GGT Method - Enzymatic colorimetric assay			5 - 36
<b>BLOOD UREA NITROGEN</b>	10.2	mg/dl	6 - 20
BLOOD UREA NITROGEN Method - Calculated			
<b>LIPID PROFILE</b> SAMPLE : SERUM			
TOTAL CHOLESTEROL Method - CHOD-PAP	154	mg/dl	Desirable <200 Borderline 200 - 239 High >=240
HDL CHOLESTEROL Method - Homogeneous Enzymatic Colorimetric	44	mg/dl	40 - 60

Komal Kumari  
 NMHK- 2405874  
 CKR PA

OP

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 Behala Main Rd, 85, (Mail - 601)  
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<b>BLOOD SUGAR(F)</b>			
<b>SAMPLE : PLASMA</b>		mg/dl	70 - 109
<b>BLOOD SUGAR FASTING</b>	110 ▲ (H)		
<i>Method - Hexokinase</i>			
<b>BLOOD SUGAR(PP)</b>			
<b>SAMPLE : PLASMA</b>		mg/dl	70 - 140
<b>BLOOD SUGAR PP</b>	126		
<i>Method - Hexokinase</i>			

End of Report

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

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<b>LDL CHOLESTEROL</b> Method - Homogenous Enzymatic Colorimetric	72	mg/dl	Optimal < 100 Borderline 130 - 159 High >160
<b>VLDL</b> Method - CALCULATED	38 ▲ (H)	mg/dl	0 - 30
<b>CHOLESTEROL-HDL RATIO</b>	3.50	-	
<b>LDL-HDL RATIO</b>	1.64	-	
<b>TRIGLYCERIDES</b> Method - Enzymatic Colorimetric	191 ▲ (H)	mg/dl	Desirable <150 Borderline 150 - 200 High >200
<b>URIC ACID</b> <u>SAMPLE : SERUM</u>	6.4 ▲ (H)	mg/dl	2.4 - 5.7
<b>URIC ACID</b> Method - Enzymatic Colorimetric			
<b>BUN / CREATINE RATIO</b> <u>SAMPLE : SERUM</u>	11.3		
<b>BUN / CREATINE RATIO</b>			
<b>GLYCOSYLATED HAEMOGLOBIN (HBA1C)</b> <u>SAMPLE : EDTA BLOOD</u>	5.9		
<b>HBA1C</b>			

**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 %,  
 Unsatisfactory Control - 8 - 10 %  
 Poor Control - > 10 % .

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

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### Immunology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0167842	Collection Date : 23/03/24 10:23	Ack Date : 23/03/2024 12:01	Report Date : 23/03/24 14:15
<b>THYROID FUNCTION TEST</b>			
<b>SAMPLE : SERUM</b>			
T3 Method - ECLIA	1.38	ng/ml	0.60 - 1.80
T4 Method - ECLIA	9.53	ug/dL	5.40 - 11.70
TSH Method - ECLIA	3.02	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 (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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### Clinical Pathology

**INVESTIGATION** : URINE FOR R/E  
**RESULTS** :  
**UNITS** : ml  
**BIOLOGICAL REF RANGE** :  
**Collection Date** : 23/03/24 10:23  
**Ack Date** : 23/03/2024 14:34  
**Report Date** : 23/03/24 16:15  
**Sample No** : 07H0167842

#### URINE FOR R/E SAMPLE : URINE

#### PHYSICAL EXAMINATION

**VOLUME** : 45 ml  
**COLOUR** : PALE STRAW  
**APPEARANCE** : SLIGHTLY HAZY  
**SPECIFIC GRAVITY** : 1.010  
**REACTION(pH)** : ACIDIC (pH - 6.5)

#### CHEMICAL EXAMINATION

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

#### MICROSCOPIC EXAMINATION

**PUS CELLS** : 1-2/HPF  
**EPITHELIAL CELLS** : 12-14/HPF  
**RBC** : ABSENT  
**CAST** : ABSENT  
**CRYSTAL** : ABSENT

Please correlate clinically.

#### URINE FOR SUGAR FASTING SAMPLE : URINE

**RESULT** : ABSENT

End of Report

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

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

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### DIAGNOSTICS REPORT

Patient Name	: Mrs. KOMAL KUMARI	Order Date	: 23/03/2024 10:05
Age/Sex	: 34 Year(s)/Female	Report Date	: 23/03/2024 19:55
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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.  
**Focal tenting in right hemidiaphragm is noted.** Left hemidiaphragm is normal.  
No obvious bony abnormality is seen.

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

RegNo: 74523



### DIAGNOSTICS REPORT

Patient Name	: Mrs. KOMAL KUMARI	Order Date	: 23/03/2024 10:05
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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 1.0 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 enlarged and parenchyma shows normal homogeneous pattern. Spleen measures : 13.3 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 : 9.7 cm & Left kidney measures : 10.4 cm.

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

**UTERUS** : Anteverted, mildly bulky, shape, outline, position and parenchymal echogenicity. Cavity is empty. Uterus measures 9.7 cm x 4.9 cm x 3.7 cm.

**OVARIES** : Both ovaries are normal in size, shape and echopattern.  
Right ovary : measures 3.0 cm x 1.7 cm.  
Left ovary : measures 2.7 cm x 1.3 cm.

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

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

### IMPRESSION :

- Splenomegaly.
- Mildly bulky uterus.

Dr. MADHUSHREE RAY NASKAR  
MBBS, DMRD

Consultant Radiologist  
RegNo: 57032