

LABORATORY INVESTIGATION REPORT

Patient Name : Mr. Rohit Goswami	Age/Sex : 32 Year(s)/Male
UHID : NMHK.2204195	Order Date : 26/03/2022 14:51
Episode : OP	Mobile No : 9038885839
Ref. Doctor : NMH	Facility : NARAYAN MEMORIAL HOSPITAL
Address : 21, BABURAM GHOSH , TOLLYGANGE ,Kolkata,West Bengal ,700040	

Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0060288A	Collection Date : 26/03/22 14:54	Ack Date :	Report Date : 26/03/22 18:50

GLYCOSYLATED HAEMOGLOBIN (HBA1C)

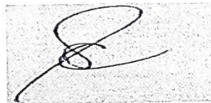
SAMPLE : EDTA BLOOD

HBA1C 5.3 % Non-diabetic : 4-6

By HPLC

1. HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose.
 2. HbA1c has been endorsed by clinical group & 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 in Severe iron deficiency anaemia and hemolytic), chronic renal failure and liver disease. 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.
- Note: Hemoglobin electrophoresis (HPLC method) is recommended for detecting hemoglobinopathy.
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%

End of Report



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

Checked By

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Sample No : 07H0060288	Collection Date : 26/03/22 14:54	Ack Date :	Report Date : 26/03/22 18:50

SERUM CREATININE

SAMPLE : SERUM

SERUM CREATININE 0.7 mg/dl 0.7 - 1.2
Jaffe Gen2 Compensated

BLOOD UREA NITROGEN

BLOOD UREA NITROGEN 7.0 mg/dl 6 - 20
Calculated

URIC ACID

SAMPLE : SERUM

URIC ACID 5.7 mg/dl 3.4 - 7
Enzymatic Colorimetric

SAMPLE : SERUM

RESULT 10.0

Sample No : 07H0060288B	Collection Date : 26/03/22 14:54	Ack Date :	Report Date : 26/03/22 18:50
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BLOOD SUGAR(F)

SAMPLE : PLASMA

BLOOD SUGAR FASTING 70 mg/dl 70 - 109
Hexokinase

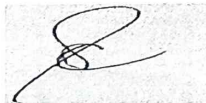
Sample No : 07H0060293B	Collection Date : 26/03/22 15:02	Ack Date :	Report Date : 26/03/22 18:50
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BLOOD SUGAR(PP)

SAMPLE : PLASMA

BLOOD SUGAR PP 87 mg/dl 70 - 140
Hexokinase

End of Report



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Biochemistry

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Sample No : 07H0060288	Collection Date : 26/03/22 14:54	Ack Date :	Report Date : 26/03/22 18:50

LIVER FUNCTION TEST (LFT)

SAMPLE : SERUM

TOTAL BILIRUBIN <i>Diazo Method</i>	2.6 ▲	mg/dl	0 - 1.1
DIRECT BILIRUBIN <i>Diazo Method</i>	0.9 ▲	mg/dl	0 - 0.2
INDIRECT BILIRUBIN <i>Calculated</i>	1.7 ▲	mg/dl	0.2 - 0.9
SGPT (ALT) <i>IFCC Without Pyridoxal Phosphate</i>	28	U/L	0 - 34
SGOT (AST) <i>IFCC Without Pyridoxal Phosphate</i>	26	U/L	0 - 31
ALKALINE PHOSPHATASE <i>IFCC</i>	178 ▲	U/L	53 - 128
TOTAL PROTEIN <i>Biuret</i>	6.7	g/dl	6.4 - 8.2
ALBUMIN <i>Bromocresol Green</i>	4.8	gm/dl	3.5 - 5.2
GLOBULIN <i>Calculated</i>	1.9 ▼	g/dl	2 - 3.5
ALBUMIN:GLOBULIN <i>Calculated</i>	2.5	-	1.1 - 2.5
GGT <i>Enzymatic colorimetric assay</i>	18	U/L	8 - 61

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Biochemistry

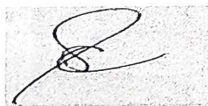
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LIPID PROFILE

SAMPLE : SERUM

TOTAL CHOLESTEROL	151	mg/dl	Desirable <200 Borderline 200-239 High >=240
<i>CHOD-PAP</i>			
HDL CHOLESTEROL	62 ▲	mg/dl	40 - 60
<i>Homogenous Enzymatic Colorimetric</i>			
LDL CHOLESTEROL	78	mg/dl	Optimal < 100 Borderline 130
<i>Homogenous Enzymatic Colorimetric</i>			
VLDL	14	mg/dl	0 - 30
<i>CALCULATED</i>			
CHOLESTEROL-HDL RATIO	2.44	-	
LDL-HDL RATIO	1.26	-	
TRIGLYCERIDES	70	mg/dl	Desirable <150 Borderline 150 - 200 High >200
<i>Enzymatic Colorimetric</i>			

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Immunoassay

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0060288	Collection Date : 26/03/22 14:54	Ack Date :	Report Date : 28/03/22 11:09

THYROID FUNCTION TEST

SAMPLE : SERUM

T3 ECLIA	1.01	ng/ml	0.60 - 1.80
T4 ECLIA	6.87	ug/dL	5.40 - 11.70
TSH ECLIA	1.34	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



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

Checked By

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Hematology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0060288	Collection Date : 26/03/22 14:54	Ack Date :	Report Date : 28/03/22 10:53

COMPLETE HAEMOGRAM (CBC)

SAMPLE : EDTA BLOOD

HAEMOGLOBIN (HB) <i>Colorimetric method (Cyn Meth)</i>	14.5	gm/dl	13 - 17
RBC COUNT <i>Electrical Impedance Method</i>	5.37	x10 ⁶ /ul	4.5 - 5.5
TOTAL WBC COUNT <i>Electrical Impedance Method</i>	5.4	10 ³ /cmm	4 - 10
PLATELET COUNT <i>Electrical Impedance Method</i>	240	10 ³ /cmm	150 - 410
PCV <i>RBC pulse ht. detection method</i>	43	%	40 - 50
MCV <i>calculated</i>	79 ▼	fl	83 - 101
MCH <i>Calculated</i>	27	pg	27 - 32
MCHC <i>Calculated</i>	34	gm/dl	31.5 - 34.5
ESR <i>Modified Westergren Method</i>	04	%	0 - 10

DIFFERENTIAL COUNT

NEUTROPHILS <i>Microscopy</i>	60	%	40 - 80
LYMPHOCYTES <i>Microscopy</i>	33	%	20 - 40
MONOCYTES <i>Microscopy</i>	03	%	2 - 10
EOSINOPHILS <i>Microscopy</i>	04	%	1 - 6
BASOPHILS <i>Microscopy</i>	00	%	0 - 2

PERIPHERAL BLOOD SMEAR

RBC	Normocytic Normochromic
WBC	Within normal limit
PLATELET	Adequate

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,Kolkata,West Bengal ,700040

Facility : NARAYAN MEMORIAL HOSPITAL

End of Report

Angkita K. Ghosh

Dr. ANGKITA K. GHOSH
MBBS, MD(PATH)
(CONSULTANT PATHOLOGIST)
RegNo: 82734
Checked By

LABORATORY INVESTIGATION REPORT

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Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0060294	Collection Date : 26/03/22 15:03	Ack Date :	Report Date : 28/03/22 10:33

STOOL FOR R/E

SAMPLE : STOOL

PHYSICAL EXAMINATION

COLOUR.	BROWNISH
CONSISTENCY	SOFT
MUCUS	PRESENT
VISIBLE BLOOD	ABSENT
ADULT PARASITE	ABSENT

CHEMICAL EXAMINATION

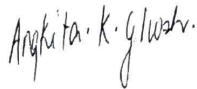
REACTION	ACIDIC
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MICROSCOPIC EXAMINATION

PUS CELLS	1-2 / HPF	<5/HPF
VEG CELL	PRESENT(+)	
RBC	NIL	
OVA	NOT FOUND	
PARASITES	NOT FOUND	
CYSTS	NOT FOUND	
BACTERIAL FLORA	PRESENT	
STARCH GRANULES	PRESENT	

Please correlate clinically.

End of Report



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

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0060293	Collection Date : 26/03/22 15:02	Ack Date :	Report Date : 26/03/22 18:51

URINE FOR SUGAR FASTING

SAMPLE : URINE

RESULT ABSENT

URINE FOR SUGAR PP

SAMPLE : URINE

RESULT ABSENT

End of Report



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

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Patient report

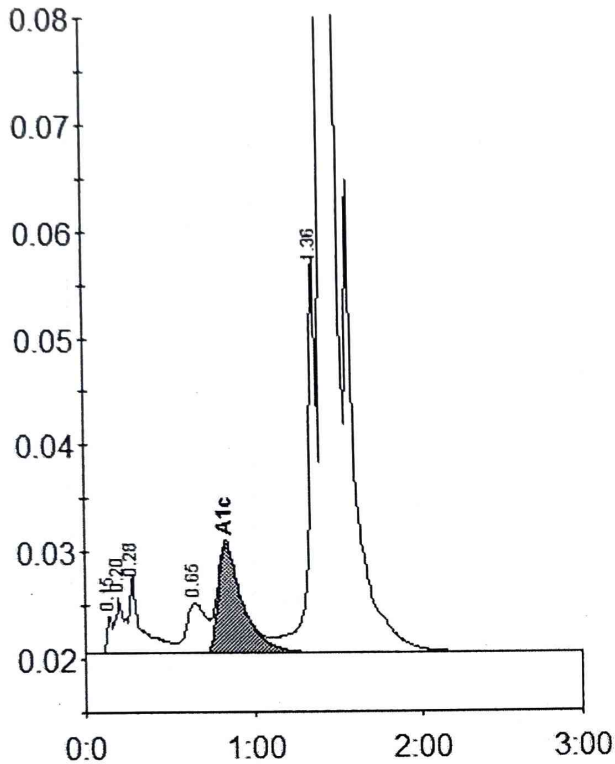
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 D-10
 S/N: #DJ0A467747
 Sample ID:
 Injection date
 Injection #: 16
 Rack #: ---

DATE: 26/03/2022
 TIME: 16:28
 Software version: 4.30-2
 07H0060288A
 26/03/2022 16:22
 Method: HbA1c
 Rack position: 6

MR. KONIT GOSWAMI
 (R)NMHK.2204195 32y/ M



07H0060288A
 EDTA Wh 26-03 14:54



Peak table - ID: 07H0060288A

Peak	R.time	Height	Area	Area %
Unknown	0.15	3649	8700	0.3
A1a	0.20	5215	18159	0.7
A1b	0.28	7441	38825	1.4
LA1c/CHb-1	0.65	4718	38822	1.4
A1c	0.84	10335	104132	5.3
P3	1.36	37252	150423	5.6
A0	1.43	810682	2347079	86.7
Total Area:			2706141	

Concentration:	%	mmol/mol
A1c	5.3	34

DIAGNOSTICS REPORT

Patient Name	: Mr. Rohit Goswami	Order Date	: 26/03/2022 14:51
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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 0.9 cm.

CD : Normal . CD 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 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 : 11.0 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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PROSTATE : Prostate is normal size, outline and echotexture appear normal. No focal lesion is seen. Prostate measures 2.6 cm x 3.9 cm x 2.4 cm. It weight approx 13 gm.

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	: Mr. Rohit Goswami	Order Date	: 26/03/2022 14:51
Age/Sex	: 32 Year(s)/Male	Report Date	: 26/03/2022 20:57
UHID	: NMHK.2204195	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	: Mr. Rohit Goswami	Order Date	: 26/03/2022 14:51
Age/Sex	: 32 Year(s)/Male	Report Date	: 26/03/2022 17:16
UHID	: NMHK.2204195	IP No	:
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ECHOCARDIOGRAPHY (SCREENING)**Status of Patient :**

- * No regional wall motion abnormality at rest.
- * Good LV systolic function (EF = 65 %).
- * Good RV systolic function (TAPSE = 25 mm).
- * Normal valve morphology, Trivial TR (gradient 16 mmHg)
- * Normal LV diastolic function.
- * No pericardial effusion.
- * No pulmonary arterial hypertension.
- * IVC normal diameter & > 50% respiratory variation.
- * No thrombus, mass, vegetation seen.



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

Board Certified Comprehensive
Echocardiographer (USA)

DIAGNOSTICS REPORT

Patient Name	: Mr. Rohit Goswami	Order Date	: 26/03/2022 14:51
Age/Sex	: 32 Year(s)/Male	Report Date	: 26/03/2022 15:41
UHID	: NMHK.2204195	IP No	:
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ELECTROCARDIOGRAM REPORT (ECG)

HR	: 56 bpm
Rhythm	: Sinus
P wave	: Normal
PR Interval	: 144 msec
QRS axis	: Normal (5 Degree)
QRS duration	: 88 msec
QRS configuration	: Normal
T wave	: Non specific changes
ST segment	: Non specific changes
QTc	: 383 msec
QT	: 394 msec

IMPRESSION:

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



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

Board Certified Comprehensive
Echocardiographer (USA)

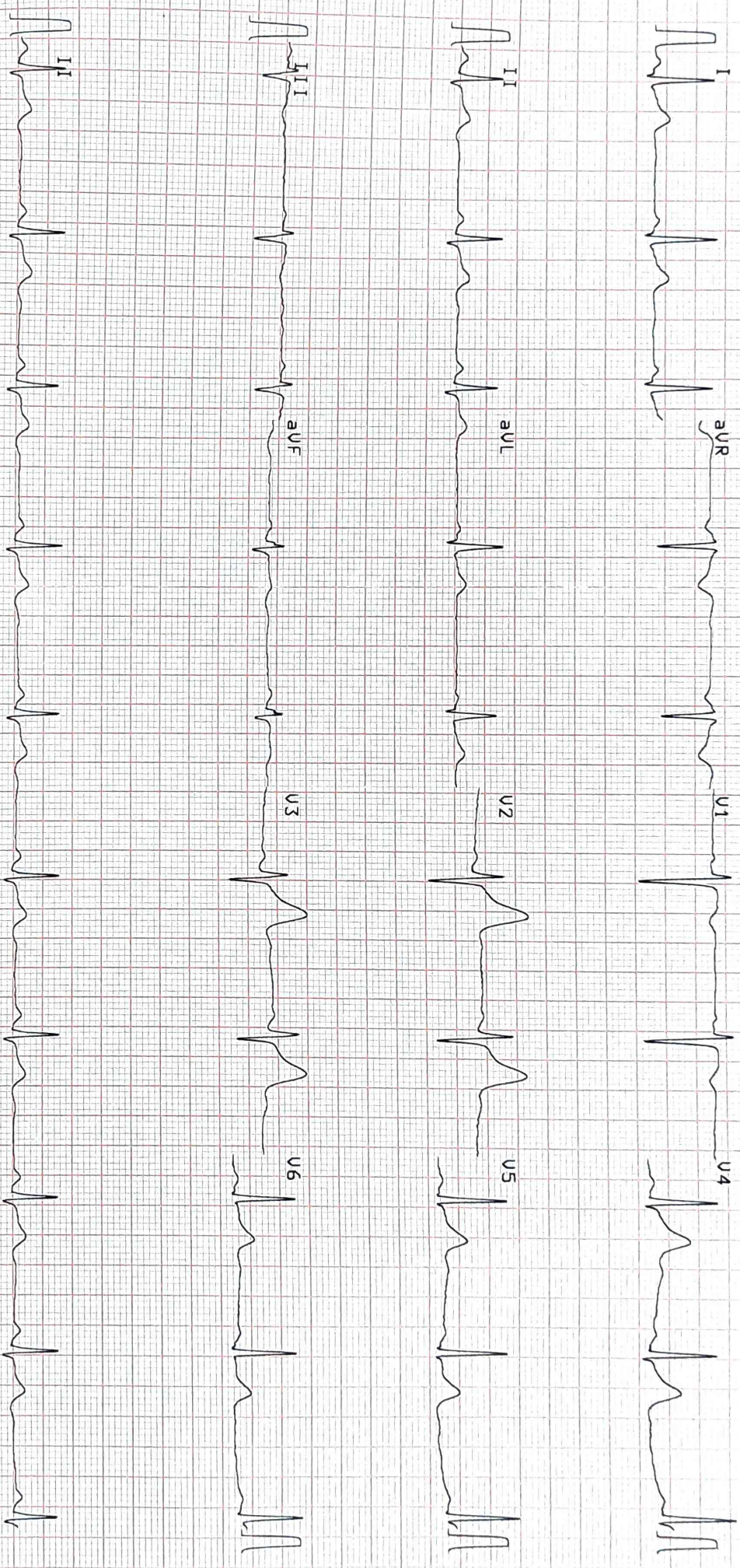
ROHIT GOSWAMI
 2204195
 32 years Male
 cm / kg

HR 56/min
 Intervals:
 RR 1077 ms
 P 116 ms
 PR 144 ms
 QR5 88 ms
 QT 394 ms
 QTc 383 ms
 (Bazett)
 10 mm/mV

Axis:
 P 31°
 QR5 5°
 T 18°
 P (II) 0.12 mV
 S (V1) -1.41 mV
 R (V5) 1.36 mV
 Sokol. 2.77 mV

SINUS RHYTHM
 NORMAL ECG
 6.02

UNCONFIRMED REPORT



10 mm/mV

01.05-25 HZ F50 SSF SBS 26.03.2022 12:27:44

NARAYAN MEMORIAL HOSPITAL, BEHALA

AT-102plus 1.25vCts