

## DIAGNOSTICS REPORT

Patient Name	: Mr. Neelabjo Paul	Order Date	: 26/03/2022 13:48
Age/Sex	: 31 Year(s)/Male	Report Date	: 26/03/2022 17:25
UHID	: NMHK.2204173	IP No	:
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
Address	: 69, HARIDAS DAW ROAD, NEW ALIPORE, Kolkata, West Bengal, 700053	Mobile	: 9930680117

### 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 0.9 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. Corticomedullary differentiation maintained. No evidence of any calculus/ mass / hydronephrosis is seen.

Right kidney measures : 10.4 cm & Left kidney measures : 10.0 cm.

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



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**PROSTATE** : Prostate is normal size, outline and echotexture appear normal. No focal lesion is seen. Prostate measures 2.9 cm x 3.3 cm x 3.0 cm. It weight approx 15 gm.

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

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

**IMPRESSION** : Fatty changes in liver.

**Dr. MADHUSHREE RAY NASKAR ,**  
**MBBS,DMRD**

Consultant Radiologist

RegNo: 57032



## DIAGNOSTICS REPORT

Patient Name	: Mr. Neelabjo Paul	Order Date	: 26/03/2022 13:48
Age/Sex	: 31 Year(s)/Male	Report Date	: 26/03/2022 21:02
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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



R

26-03-2022  
09:03

2204173; NEELABJO PAUL. M. 31 years  
NARAYAN MEMORIAL HOSPITAL

Dr

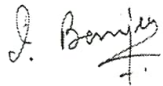
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## ECHOCARDIOGRAPHY (SCREENING)

### Status of Patient :

- \* No regional wall motion abnormality at rest.
- \* Good LV systolic function (EF = 62 %).
- \* Good RV systolic function (TAPSE = 20 mm).
- \* Normal valve morphology.
- \* 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,MRCPCH (UK)**

Board Certified Comprehensive  
Echocardiographer (USA)

## DIAGNOSTICS REPORT

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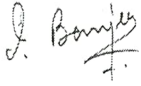
### ELECTROCARDIOGRAM REPORT (ECG)

HR	: 64 bpm
Rhythm	: Sinus
P wave	: Normal
PR Interval	: 128 msec
QRS axis	: Normal (33 Degree)
QRS duration	: 76 msec
QRS configuration	: R - S transition zone shifted to right
T wave	: Non specific changes
ST segment	: Non specific changes
QTc	: 375 msec
QT	: 360 msec

#### IMPRESSION:

- Sinus rhythm. Normal QRS axis.
- R - S transition zone shifted to right.
- Non specific ST-T changes.

Clinical correlation please.



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

Board Certified Comprehensive  
Echocardiographer (USA)



NEELABJO PAUL

2204173

Male

31 years

cm / kg

HR 64/min

Intervals:

RR 935 ms

P 110 ms

PR 128 ms

QRS 76 ms

QT 360 ms

QTc 375 ms

(Bazett)

10 mm/mV

Axis:

P 36 °

QRS 33 °

T 11 °

P (II) 0.11 mV

S (V1) -0.52 mV

R (V5) 1.72 mV

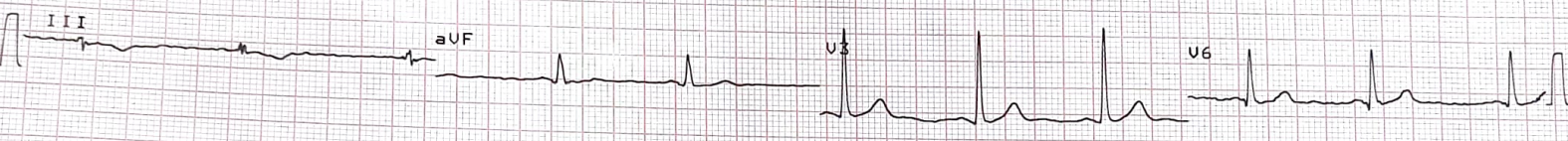
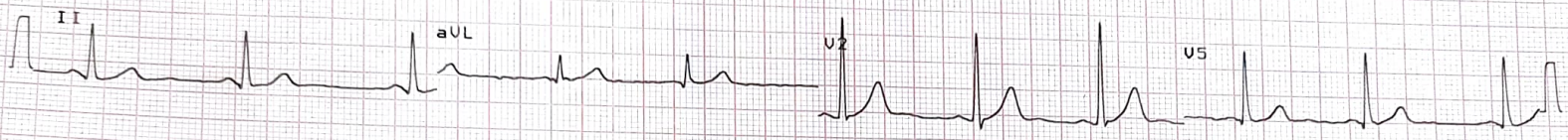
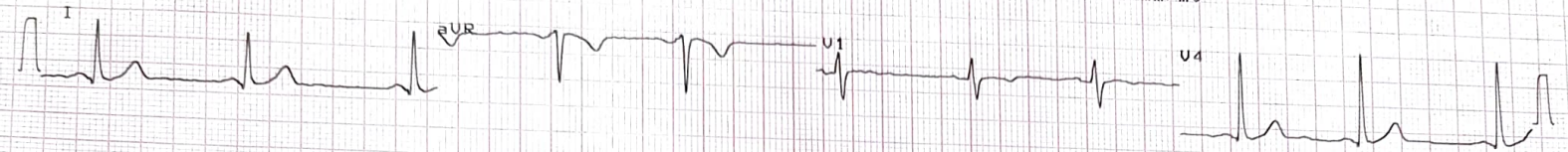
Sokol. 2.23 mV

SINUS RHYTHM  
R-S TRANSITION ZONE IN V LEADS DISPLACED TO THE RIGHT  
OTHERWISE NORMAL ECG

6.02

UNCONFIRMED REPORT

10 mm/mV



10 mm/mV

## LABORATORY INVESTIGATION REPORT

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 ,Kolkata, West Bengal, 700053

### Biochemistry

**INVESTIGATION**      **RESULTS**

Sample No : 07H0060277A      Collection Date : 26/03/22 13:49      Ack Date :      **UNITS**      **BIOLOGICAL REF RANGE**  
 Report Date : 26/03/22 18:40

#### GLYCOSYLATED HAEMOGLOBIN (HBA1C)

**SAMPLE : EDTA BLOOD**  
 HBA1C      5.5      %      Non-diabetic : 4-6

By HPLC

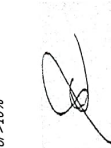
- HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose.
- HbA1c has been endorsed by clinical group & American Diabetes Association guidelines 2017, for diagnosis of Diabetes using a cut-off point of 6.5%.
- Trends in HbA1c are a better indicator of diabetic control than a solitary test.
- Low HbA1c in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia/Specially in Severe iron deficiency anaemia and hemolytic, chronic renal failure and liver disease. Clinical correlation suggested.
- Interference of Haemoglobinopathies in HbA1c estimation.
  - For HbF>25%, an alternate plateform(fructosamine) is recommended for testing of HbA1c.
  - 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%



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

Checked By

End of Report

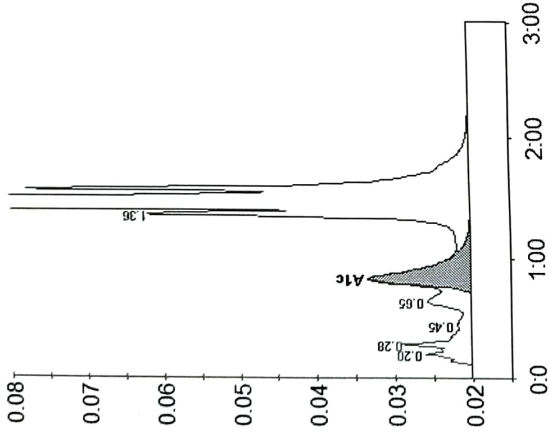


# Patient report

Bio-Rad  
 D-10  
 S/N: #D10A467747  
 Sample ID:  
 Injection date  
 Injection #: 7  
 Rack #: ---

DATE: 26/03/2022  
 TIME: 16:28  
 Software version: 4.30-2  
 07H0060277A  
 26/03/2022 15:48  
 Method: HbA1c  
 Rack position: 7

Dr. Neelajyo Paul  
 (R)NHK.2204173 319/ M  
 07H0060277A  
 EDTA Wt 26-03 13:49



Peak table - ID: 07H0060277A

Peak	R.time	Height	Area	Area %
A1a	0.20	6008	23053	0.7
A1b	0.28	9092	42718	1.3
F	0.45	1780	11429	0.4
L:A1c/CHb-1	0.65	5533	44652	1.4
A1c	0.83	12986	132099	5.5
P3	1.36	42330	166456	5.1
A0	1.43	939375	2843332	87.1
Total Area:		3263939		

Concentration:	%	mmol/mol
A1c	5.5	37

**LIVER FUNCTION TEST ( LFT )****SAMPLE : SERUM**

TOTAL BILIRUBIN	1.0	mg/dl	0 - 1.1
<i>Diazo Method</i>			
DIRECT BILIRUBIN	<b>0.3 ▲</b>	mg/dl	0 - 0.2
<i>Diazo Method</i>			
INDIRECT BILIRUBIN	0.7	mg/dl	0.2 - 0.9
<i>Calculated</i>			
SGPT (ALT)	33	U/L	0 - 34
<i>IFCC Without Pyridoxal Phosphate</i>			
SGOT (AST)	<b>44 ▲</b>	U/L	0 - 31
<i>IFCC Without Pyridoxal Phosphate</i>			
ALKALINE PHOSPHATASE	94	U/L	53 - 128
<i>IFCC</i>		g/dl	6.4 - 8.2
TOTAL PROTEIN	7.0	gm/dl	3.5 - 5.2
<i>Biuuret</i>			
ALBUMIN	4.6	g/dl	2 - 3.5
<i>Bromocresol Green</i>			
GLOBULIN	2.4	-	1.1 - 2.5
<i>Calculated</i>			
ALBUMIN:GLOBULIN	1.9	U/L	8 - 61
<i>Calculated</i>			
GGT	30		
<i>Enzymatic colorimetric assay</i>			

End of Report



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

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**Facility** : NARAYAN MEMORIAL HOSPITAL

### Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No. : 0710060277	Collection Date : 26/03/22 13:49	Ack Date :	Report Date : 26/03/22 18:40

#### LIPID PROFILE

#### SAMPLE : SERUM

TOTAL CHOLESTEROL

193

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

#### CHOD-PAP

HDL CHOLESTEROL

30 ▼

mg/dl  
 40 - 60

#### Homogenous Enzymatic Colorimetric

LDL CHOLESTEROL

129

mg/dl  
 Optimal < 100 |  
 Borderline 130

#### Homogenous Enzymatic Colorimetric

VLDL

35 ▲

mg/dl  
 0 - 30

#### CALCULATED

CHOLESTEROL-HDL RATIO

6.43

LDL-HDL RATIO

4.30

TRIGLYCERIDES

177

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

#### Enzymatic Colorimetric

End of Report



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### Biochemistry

#### INVESTIGATION

#### RESULTS

UNITS BIOLOGICAL REF RANGE

Sample No : 07H0060277

Collection Date : 26/03/22 13:49

Report Date : 26/03/22 18:40

#### LIPID PROFILE

##### SAMPLE : SERUM

##### TOTAL CHOLESTEROL

193

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

##### CHOD-PAP

##### HDL CHOLESTEROL

30 ▼

mg/dl

40 - 60

##### Homogenous Enzymatic Colorimetric

##### LDL CHOLESTEROL

129

mg/dl  
Optimal < 100 |  
Borderline 130

##### Homogenous Enzymatic Colorimetric

##### VLDL

35 ▲

mg/dl

0 - 30

##### CALCULATED

##### CHOLESTEROL-HDL RATIO

6.43

##### LDL-HDL RATIO

4.30

##### TRIGLYCERIDES

177

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

##### Enzymatic Colorimetric

End of Report



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

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## LABORATORY INVESTIGATION REPORT

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**Order Date** : 26/03/2022 13:48

**Mobile No** : 9930680117  
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### Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0060277	Collection Date : 26/03/22 13:49	Ack Date :	Report Date : 26/03/22 18:40
<b>SERUM CREATININE</b>			
<b>SAMPLE : SERUM</b>			
SERUM CREATININE	0.8	mg/dl	0.7 - 1.2
<i>Jaffe Genz Compensated</i>			
<b>BLOOD UREA NITROGEN</b>			
BLOOD UREA NITROGEN	7.9	mg/dl	6 - 20
<i>Calculated</i>			
<b>URIC ACID</b>			
<b>SAMPLE : SERUM</b>			
URIC ACID	5.9	mg/dl	3.4 - 7
<i>Enzymatic Colorimetric</i>			
<b>SAMPLE : SERUM</b>			
RESULT	9.9		

Sample No : 07H0060277B

Collection Date : 26/03/22 13:49

Ack Date :

Report Date : 26/03/22 18:40

**BLOOD SUGAR(F)**

**SAMPLE : PLASMA**

BLOOD SUGAR FASTING

*Hexokinase*

87

mg/dl

70 - 109

End of Report



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

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**Immunoassay****INVESTIGATION****RESULTS**

Sample No : 07H0060277

Collection Date : 26/03/22 13:49

Ack Date :

**UNITS** **BIOLOGICAL REF RANGE**

Report Date : 26/03/22 11:10

**THYROID FUNCTION TEST****SAMPLE : SERUM**

T3	ECLIA	0.92	ng/ml	0.6 - 1.8
T4	ECLIA	9.36	ug/dL	5.4 - 11.7
TSH	ECLIA	5.18	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 (triglycerid < 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 (triglycerid < 1800 mg/dl) and biotin (< 123 nmol or < 30 ng/ml).

End of Report



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

Checked By



**COMPLETE HAEMOGRAM ( CBC )****SAMPLE : EDTA BLOOD**

HAEMOGLOBIN (HB)

13.4

gm/dl 13 - 17

*Colorimetric method (Cyn Meth)*

RBC COUNT

4.41 ▼

x10<sup>^6</sup>/ul 4.5 - 5.5*Electrical Impedance Method*

TOTAL WBC COUNT

8.2

10<sup>^3</sup>/cmm 4 - 10*Electrical Impedance Method*

PLATELET COUNT

300

10<sup>^3</sup>/cmm 150 - 410*Electrical Impedance Method*

PCV

39 ▼

% 40 - 50

*RBC pulse ht. detection method*

MCV

88

fl 83 - 101

*calculated*

MCH

30

pg 27 - 32

*Calculated*

MCHC

34

gm/dl 31.5 - 34.5

*Calculated*

ESR

20 ▲

% 0 - 10

*Modified Westergren Method***DIFFERENTIAL COUNT**

NEUTROPHILS

64

% 40 - 80

*Microscopy*

LYMPHOCYTES

31

% 20 - 40

*Microscopy*

MONOCYTES

03

% 2 - 10

*Microscopy*

EOSINOPHILS

02

% 1 - 6

*Microscopy*

BASOPHILS

00

% 0 - 2

*Microscopy***PERIPHERAL BLOOD SMEAR**

RBC

Normocytic normochromic

WBC

Within normal limits

PLATELET

Adequate

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End of Report



**Dr-ANGKITA K. GHOSH**  
**MBBS, MD(PATH)**  
(CONSULTANT PATHOLOGIST)

RegNo: 82734

Checked By

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**Immunology**

**INVESTIGATION**

**RESULTS**

**UNITS**

**BIOLOGICAL REF RANGE**

Sample No : 07H0060277

Collection Date : 26/03/22 13:49

Report Date : 26/03/22 16:51

**BLOOD GROUPING & RH TYPING**

**SAMPLE : EDTA BLOOD**

BLOOD GROUP

' B '

Agglutination forward & Reverse

RH TYPE

POSITIVE

End of Report



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

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
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Sample No : 07H060315

Collection Date : 26/03/22 17:38

Report Date : 28/03/22 10:28

#### URINE FOR R/E

#### SAMPLE - URINE

#### PHYSICAL EXAMINATION

VOLUME	35	ml	
COLOUR	PALE STRAW		
APPEARANCE	SLIGHTLY HAZY		
SPECIFIC GRAVITY	1.015		1.010 - 1.030
REACTION(pH)	ACIDIC (6.5)		

#### CHEMICAL EXAMINATION

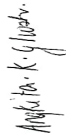
SUGAR	ABSENT		ABSENT
ALBUMIN	ABSENT		ABSENT
BLOOD	ABSENT		ABSENT
KETONE	ABSENT		ABSENT
BILE SALT	ABSENT		ABSENT
BILE PIGMENTS	ABSENT		ABSENT

#### MICROSCOPIC EXAMINATION

PUS CELLS	1-2 / HPF		<5/HPF
EPITHELIAL CELLS	0-2 / HPF		<20/HPF
RBC	NIL		
CAST	ABSENT		ABSENT
CRYSTAL	ABSENT		ABSENT

Please correlate clinically.

End of Report



**DR. ANGKITA K. GHOSH**  
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(CONSULTANT PATHOLOGIST)

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**Facility** : NARAYAN MEMORIAL HOSPITAL

**Clinical Pathology**

**INVESTIGATION**

**RESULTS**

Sample No : 0740060315

Collection Date : 26/03/22 17:38

Ask Date :

Report Date : 28/03/22 11:11

**URINE FOR SUGAR FASTING**

**SAMPLE : URINE**

**RESULT**

ABSENT

End of Report



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

Checked By

**UNITS** **BIOLOGICAL REF RANGE**