

LABORATORY INVESTIGATION REPORT

Patient Name : Mr. MUNNA BHAGAT
UHID : NMHK.2212984
Episode : OP
Ref. Doctor : NMH
Address : 184, BANSDRONI, BANSDRONI., Kolkata, West Bengal, 700070

Age/Sex : 34 Year(s)/Male
Order Date : 13/08/2022 12:54
Mobile No : 7980046797
DOB : 01/01/1988
Facility : NARAYAN MEMORIAL HOSPITAL

Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0072881A	Collection Date : 13/08/22 13:01	Ack Date : 13/08/2022 13:18	Report Date : 13/08/22 16:06

GLYCOSYLATED HAEMOGLOBIN (HBA1C)

SAMPLE : EDTA BLOOD

HBA1C 5.4

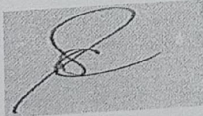
Interpretation & Remark:

- 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 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.
C. 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.

End of Report




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

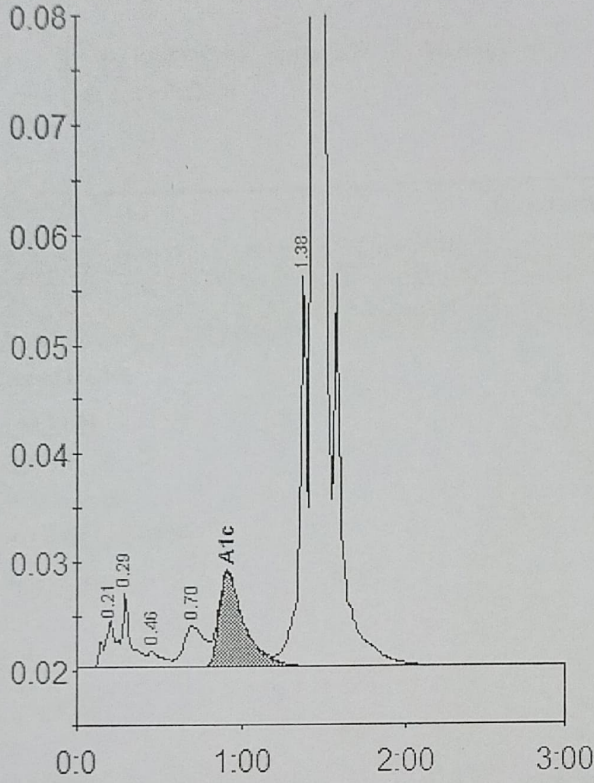
Checked By

Patient report

Bio-Rad
 D-10
 S/N: #DJ0A467747
 Sample ID:
 Injection date
 Injection #: 6
 Rack #: ---

DATE: 13/08/2022
 TIME: 15:28
 Software version: 4.30-2
 07H0072881A
 13/08/2022 14:58
 Method: HbA1c
 Rack position: 6

Mr. MUNNA BHAGAT
 (R)NMHK.2212984 34y/ M

 07H0072881A
 EDTA Whole Blood 13-08 13:0



Peak table - ID: 07H0072881A

Peak	R.time	Height	Area	Area %
A1a	0.21	4372	18069	0.8
A1b	0.29	6858	29489	1.3
F	0.46	1480	9860	0.4
LA1c/CHb-1	0.70	3834	34379	1.5
A1c	0.92	8806	92830	5.4
P3	1.38	35906	123579	5.4
A0	1.44	698068	1996474	86.6
Total Area:	2304680			

Concentration:	%	mmol/mol
A1c	5.4	35



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 UNITS : BIOLOGICAL REF RANGE

SERUM CREATININE

SAMPLE : SERUM

SERUM CREATININE

Jaffe Gen2 Compensated

1.0

mg/dl

0.7 - 1.2

BLOOD UREA NITROGEN

BLOOD UREA NITROGEN

Calculated

13.07

mg/dl

6 - 20

URIC ACID

SAMPLE : SERUM

URIC ACID

Enzymatic Colorimetric

7.9 ▲

mg/dl

3.4 - 7

SAMPLE : SERUM

RESULT

13.1

End of Report

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LIVER FUNCTION TEST (LFT)

SAMPLE : SERUM

TOTAL BILIRUBIN	1.2 ▲	mg/dl	0 - 1.1
<i>Diazo Method</i>			
DIRECT BILIRUBIN	0.4 ▲	mg/dl	0 - 0.2
<i>Diazo Method</i>			
INDIRECT BILIRUBIN	0.80	mg/dl	0.2 - 0.9
<i>Calculated</i>			
SGPT (ALT)	27	U/L	0 - 34
<i>IFCC Without Pyridoxal Phosphate</i>			
SGOT (AST)	20	U/L	0 - 31
<i>IFCC Without Pyridoxal Phosphate</i>			
ALKALINE PHOSPHATASE	66	U/L	53 - 128
<i>IFCC</i>			
TOTAL PROTEIN	7.5	g/dl	6.4 - 8.2
<i>Biuret</i>			
ALBUMIN	5	gm/dl	3.5 - 5.2
<i>Bromocresol Green</i>			
GLOBULIN	2.5	g/dl	2 - 3.5
<i>Calculated</i>			
ALBUMIN:GLOBULIN	2.0	-	1.1 - 2.5
<i>Calculated</i>			
GGT	24	U/L	8 - 61
<i>Enzymatic colorimetric assay</i>			



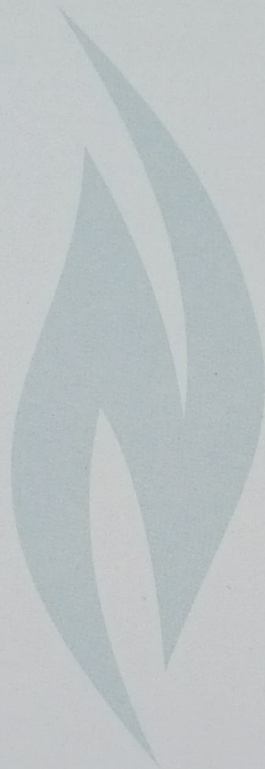
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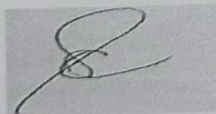
LIPID PROFILE

SAMPLE : SERUM

TOTAL CHOLESTEROL	161	mg/dl	Desirable <200 Borderline 200-239 High >=240
<i>CHOD-PAP</i>			
HDL CHOLESTEROL	42	mg/dl	40 - 60
<i>Homogenous Enzymatic Colorimetric</i>			
LDL CHOLESTEROL	102	mg/dl	Optimal < 100 Borderline 130
<i>Homogenous Enzymatic Colorimetric</i>			
VLDL	24	mg/dl	0 - 30
<i>CALCULATED</i>			
CHOLESTEROL-HDL RATIO	3.83	-	
LDL-HDL RATIO	2.43	-	
TRIGLYCERIDES	120	mg/dl	Desirable <150 Borderline 150 - 200 High >200

Enzymatic Colorimetric

End of Report



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Hematology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
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Sample No : 07H0072881 Collection Date : 13/08/22 13:01 Ack Date : 13/08/2022 13:14 Report Date : 13/08/22 15:59

COMPLETE HAEMOGRAM (CBC)

SAMPLE : EDTA BLOOD

HAEMOGLOBIN (HB) <i>Colorimetric method (Cyn Meth)</i>	14.2	gm/dl	13 - 17
RBC COUNT <i>Electrical Impedance Method</i>	5.02	$\times 10^6/\mu\text{l}$	4.5 - 5.5
TOTAL WBC COUNT <i>Electrical Impedance Method</i>	6.0	$10^3/\text{cmm}$	4 - 10
PLATELET COUNT <i>Electrical Impedance Method</i>	195	$10^3/\text{cmm}$	150 - 410
PCV <i>RBC pulse ht. detection method</i>	44	%	40 - 50
MCV <i>calculated</i>	88	fl	83 - 101
MCH <i>Calculated</i>	28	pg	27 - 32
MCHC <i>Calculated</i>	32	gm/dl	31.5 - 34.5
ESR <i>Modified Westergren Method</i>	07	%	0 - 10
DIFFERENTIAL COUNT			
NEUTROPHILS <i>Microscopy</i>	44	%	40 - 80
LYMPHOCYTES <i>Microscopy</i>	52 ▲	%	20 - 40
MONOCYTES <i>Microscopy</i>	02	%	2 - 10



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EOSINOPHILS	02	%	1 - 6
<i>Microscopy</i>			
BASOPHILS	00	%	0 - 2
<i>Microscopy</i>			

PERIPHERAL BLOOD SMEAR

RBC

WBC

PLATELET

Predominantly normocytic normochromic
No abnormal cells seen
Adequate

End of Report

Angkita K. Ghosh

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

RegNo: 82734

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Immunology

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Sample No : 07H0072881	Collection Date : 13/08/22 13:01	Ack Date : 13/08/2022 13:14	Report Date : 13/08/22 16:09

THYROID FUNCTION TEST

SAMPLE : SERUM

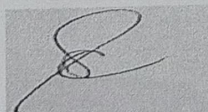
T3 ECLIA	1.52	ng/ml	0.60 - 1.80
T4 ECLIA	10.65	ug/dL	5.40 - 11.70
TSH ECLIA	3.21	uIU/ml	Adult Male – 0.27-5.50 Adult Female – 0.27-5.50 Newborns - <25 Upto 12 years – 0.3-5

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 $\mu\text{mol/L}$ 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 $\mu\text{mol/ml}$.
- 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 $\mu\text{mol/L}$ 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 $\mu\text{mol/L}$ 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
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Immunology

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Sample No : 07H0072881	Collection Date : 13/08/22 13:01	Ack Date : 13/08/2022 13:14	Report Date : 13/08/22 16:10

BLOOD GROUPING & Rh TYPING

SAMPLE : EDTA BLOOD

BLOOD GROUP

'O'

Agglutinationforward & Reverse

RH TYPE

POSITIVE

End of Report

Angkita K. Ghosh

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

RegNo: 82734

Checked By

Narayan Memorial Hospital

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



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Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
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Sample No : 07H0072881	Collection Date : 13/08/22 13:01	Ack Date : 13/08/2022 13:14	Report Date : 13/08/22 20:13
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URINE FOR SUGAR FASTING

SAMPLE : URINE

RESULT ABSENT

Sample No : 07H0072882	Collection Date : 13/08/22 13:01	Ack Date : 13/08/2022 13:18	Report Date : 13/08/22 20:13
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URINE FOR SUGAR PP

SAMPLE : URINE

RESULT ABSENT

End of Report

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

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Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0072881	Collection Date : 13/08/22 13:01	Ack Date : 13/08/2022 13:14	Report Date : 13/08/22 17:06

URINE FOR R/E

SAMPLE : URINE

PHYSICAL EXAMINATION

VOLUME	25	ml	
COLOUR	PALE YELLOW		
APPEARANCE	SLIGHTLY HAZY		
SPECIFIC GRAVITY	1.005		1.010 - 1.030
REACTION(pH)	ACIDIC (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		<5/HPF
EPITHELIAL CELLS	0-1 / HPF		<20/HPF
RBC	NIL		
CAST	ABSENT		ABSENT
CRYSTAL	ABSENT		ABSENT

Please correlate clinically.

End of Report

Angkita K. Ghosh

Dr. ANGKITA K. GHOSH
MBBS, MD(PATH)

DIAGNOSTICS REPORT

Patient Name	: Mr. MUNNA BHAGAT	Order Date	: 13/08/2022 12:54
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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 1.1 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. Spleen measures : 11.7 cm.

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 : 10.8 cm & Left kidney measures : 10.6 cm.

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

POST VOID BLADDER : 34 cc significant residual urine is seen.

DIAGNOSTICS REPORT

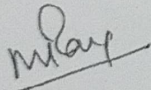
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PROSTATE : Prostate is mildly enlarged in size, outline and echotexture appear normal. No focal lesion is seen. Prostate measures 4.5 cm x 3.3 cm x 3.2 cm. It weight approx 26.2 gm.

PERITONEUM : : No free fluid is noted.

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

IMPRESSION : Grade I prostatomegaly.



Dr. MADHUSHREE RAY NASKAR,
MBBS,DMRD
Consultant Radiologist
RegNo: 57032



DIAGNOSTICS REPORT

Patient Name	: Mr. MUNNA BHAGAT	Order Date	: 13/08/2022 12:54
Age/Sex	: 34 Year(s)/Male	Report Date	: 14/08/2022 13:31
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X-RAY CHEST PA VIEW

No active lung parenchymal lesion is seen.
Both hila are normal in position, size and density.
Cardiothoracic ratio appear normal.
Trachea and mediastinum are normal in position.
Both costo-phrenic angles are clear.
Domes of diaphragm are normal in position and outlines are well delineated.
Bony thorax appears unremarkable.

IMPRESSION : - No significant lung parenchyma abnormality.

Needs clinical correlation.

Dr.SUBRATA NAG , MBBS,DNB,Fellow
intervention/endovascular surgery

RegNo: 66718

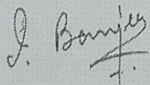
DIAGNOSTICS REPORT

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UHID	: NMHK.2212984	IP No	:
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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 = 21 mm).
- * Trivial TR, TR gradient = 15 mmHg.
- * 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,MRCPC (UK)

Board Certified Comprehensive
Echocardiographer (USA)

DIAGNOSTICS REPORT

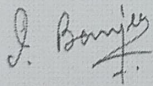
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ELECTROCARDIOGRAM REPORT (ECG)

HR	: 80 bpm
Rhythm	: Sinus
P wave	: Normal
PR Interval	: 160 msec
QRS axis	: Normal (32 Degree)
QRS duration	: 92 msec
QRS configuration	: Normal
T wave	: Non specific changes
ST segment	: Non specific changes
QTc	: 402 msec
QT	: 346 msec

IMPRESSION:

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



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

Board Certified Comprehensive
Echocardiographer (USA)

MUNNA BHAGAT

2212984

Male

34 years

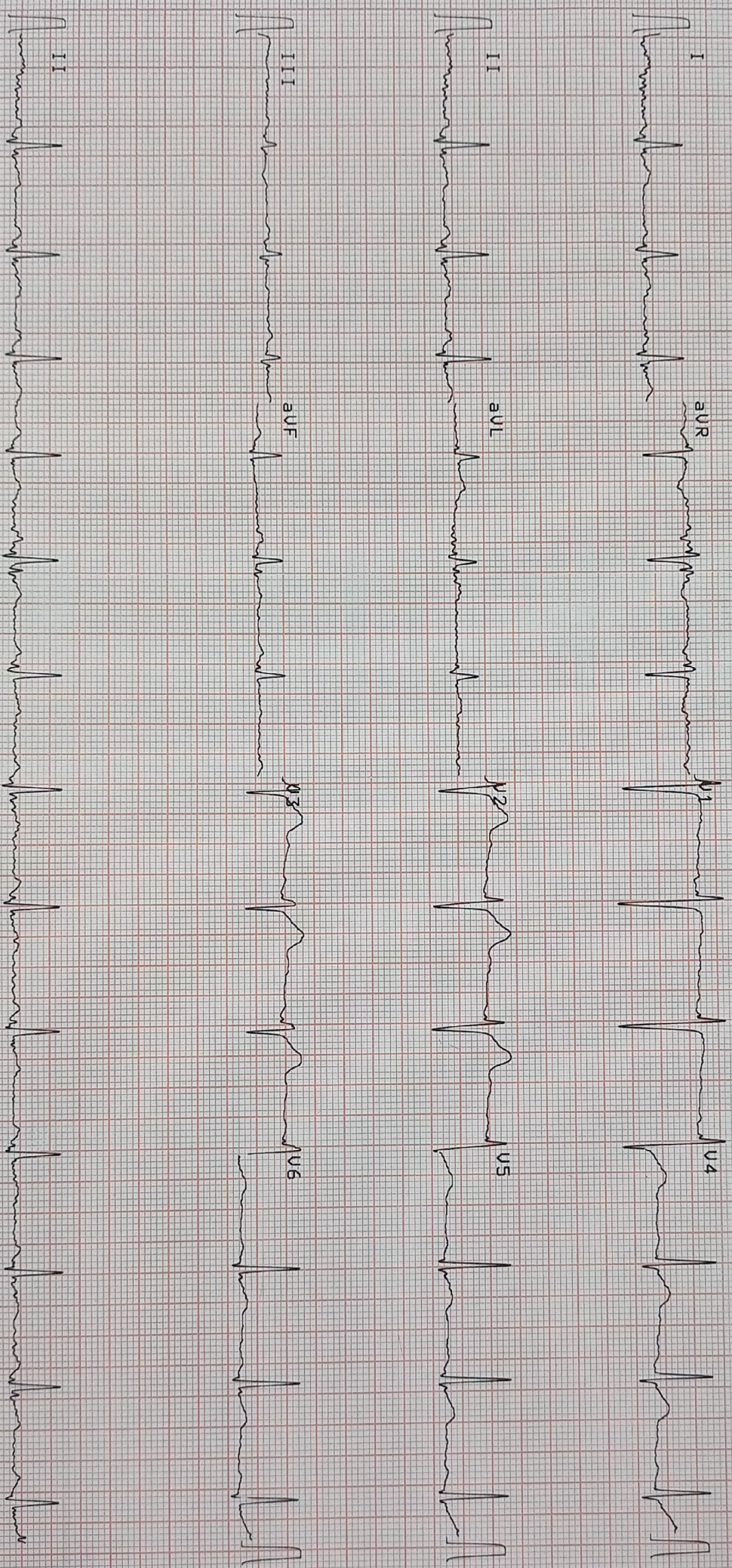
56 cm / 65 kg

HR 80/min

SINUS RHYTHM

UNCONFIRMED REPORT

Intervals:	RR 747 ms	PR 142 ms	QRS 92 ms	QT 346 ms	QTc 402 ms (Bazett)
Axis:	P 12°	QRS 32°	T 24°	P (I1) 0.11 mV	S (V1) -1.53 mV
				R (V5) 1.33 mV	Sokol. 2.85 mV



10 mm/mV

10 mm/mV

0.05-25 Hz F50 SSF SBS

13.08.2022 11:42:39

NARAYAN MEMORIAL HOSPITAL, BEHALA

PT-102plus 1.25