



## LABORATORY INVESTIGATION REPORT

<b>Patient Name</b> : Mr. SANJAY KUMAR	<b>Age/Sex</b> : 60 Year(s)/Male
<b>UHID</b> : NMHK.2213981	<b>Order Date</b> : 27/08/2022 09:26
<b>Episode</b> : OP	<b>Mobile No</b> : 8780850581
<b>Ref. Doctor</b> : NMH	<b>DOB</b> : 04/08/1962
<b>Address</b> : 53A, BAMACHARAN ROY ROAD , BEHALA Kolkata, West Bengal , 700034	<b>Facility</b> : NARAYAN MEMORIAL HOSPITAL

### Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 0740074894A	Collection Date : 27/08/22 09:55	Acc Date : 27/08/2022 12:31	Report Date : 27/08/22 21:20

#### GLYCOSYLATED HAEMOGLOBIN (HBA1C)

##### SAMPLE : EDTA BLOOD

HBA1C 5.2

##### 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 hemoglobinopathies 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.

End of Report.

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

Checked By

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**Biochemistry**

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0074894	Collection Date : 27/08/22 09:55	Ack Date : 27/08/2022 12:30	Report Date : 27/08/22 17:02

**SERUM CREATININE**

**SAMPLE : SERUM**

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

**BLOOD UREA NITROGEN**

BLOOD UREA NITROGEN 11 mg/dl 6 - 20  
*Calculated*

**LIPID PROFILE**

**SAMPLE : SERUM**

TOTAL CHOLESTEROL 233 mg/dl Desirable <200 |  
Borderline 200-239 |  
High >=240

HDL CHOLESTEROL 52 mg/dl 40 - 60  
*CHOD-PAP*

LDL CHOLESTEROL 153 mg/dl Optimal < 100 |  
Borderline 130  
*Homogenous Enzymatic Colorimetric*

VLDL 24 mg/dl 0 - 30  
*Homogenous Enzymatic Colorimetric*

CHOLESTEROL-HDL RATIO 4.48 -

LDL-HDL RATIO 2.94 -

TRIGLYCERIDES 120 mg/dl Desirable <150 |  
Borderline 150 - 200 |  
High >200  
*Enzymatic Colorimetric*

**URIC ACID**

**SAMPLE : SERUM**

URIC ACID 7.7 ▲ mg/dl 3.4 - 7

LABORATORY INVESTIGATION REPORT

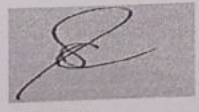
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Enzymatic Colorimetric  
COMMENT RECHECKED  
**SAMPLE : SERUM**  
RESULT 15.7  
Sample No : 07H0074894B Collection Date : 27/08/22 09:55 Ack Date : 27/08/2022 12:31 Report Date : 27/08/22 17:02

**BLOOD SUGAR(F)**  
**SAMPLE : PLASMA**  
BLOOD SUGAR FASTING 92 mg/dl 70 - 109  
Hexokinase  
Sample No : 07H0074937B Collection Date : 27/08/22 13:25 Ack Date : 27/08/2022 14:06 Report Date : 27/08/22 16:21

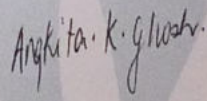
**BLOOD SUGAR(PP)**  
**SAMPLE : PLASMA**  
BLOOD SUGAR PP 88 mg/dl 70.00 - 140.00  
Hexokinase

End of Report



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

Checked By



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



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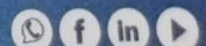
### Biochemistry

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#### LIVER FUNCTION TEST ( LFT )

##### SAMPLE : SERUM

TOTAL BILIRUBIN	0.9	mg/dl	0 - 1.1
<i>Diazo Method</i>			
DIRECT BILIRUBIN	0.4 ▲	mg/dl	0 - 0.2
<i>Diazo Method</i>			
INDIRECT BILIRUBIN	0.5	mg/dl	0.2 - 0.9
<i>Calculated</i>			
SGPT (ALT)	32	U/L	0 - 34
<i>IFCC Without Pyridoxal Phosphate</i>			
SGOT (AST)	34 ▲	U/L	0 - 31
<i>IFCC Without Pyridoxal Phosphate</i>			
ALKALINE PHOSPHATASE	123	U/L	53 - 128
<i>IFCC</i>			
TOTAL PROTEIN	8.1	g/dl	6.4 - 8.2
<i>Biuret</i>			
ALBUMIN	5.1	gm/dl	3.5 - 5.2
<i>Bromocresol Green</i>			
GLOBULIN	3.0	g/dl	2 - 3.5
<i>Calculated</i>			
ALBUMIN:GLOBULIN	1.7	-	1.1 - 2.5
<i>Calculated</i>			
GGT	30	U/L	8 - 61
<i>Enzymatic colorimetric assay</i>			





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End of Report

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

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**Hematology**

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0074894	Collection Date : 27/08/22 09:55	Ack Date : 27/08/2022 12:30	Report Date : 27/08/22 14:39

**COMPLETE HAEMOGRAM ( CBC )**

**SAMPLE : EDTA BLOOD**

HAEMOGLOBIN (HB)	14.7	gm/dl	13 - 17
<i>Colorimetric method (Cym Meth)</i>			
RBC COUNT	4.93	x10 <sup>6</sup> /ul	4.5 - 5.5
<i>Electrical Impedance Method</i>			
TOTAL WBC COUNT	7.2	10 <sup>3</sup> /cmm	4 - 10
<i>Electrical Impedance Method</i>			
PLATELET COUNT	200	10 <sup>3</sup> /cmm	150 - 410
<i>Electrical Impedance Method</i>			
PCV	43	%	40 - 50
<i>RBC pulse ht. detection method</i>			
MCV	88	fl	83 - 101
<i>calculated</i>			
MCH	30	pg	27 - 32
<i>Calculated</i>			
MCHC	34	gm/dl	31.5 - 34.5
<i>Calculated</i>			
ESR	<b>35 ▲</b>	%	0 - 12
<i>Modified Westergren Method</i>			

**DIFFERENTIAL COUNT**

NEUTROPHILS	51	%	40 - 80
<i>Microscopy</i>			
LYMPHOCYTES	<b>44 ▲</b>	%	20 - 40
<i>Microscopy</i>			
MONOCYTES	02	%	2 - 10
<i>Microscopy</i>			



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EOSINOPHILS	03	%	1 - 6
<i>Microscopy</i>			
BASOPHILS	00	%	0 - 2
<i>Microscopy</i>			

**PERIPHERAL BLOOD SMEAR**

RBC Normocytic normochromic  
WBC Within normal limit  
PLATELET Adequate

End of Report

*Angkita K. Ghosh*

**Dr. ANGITA K. GHOSH**  
MBBS, MD(PATH)  
(CONSULTANT PATHOLOGIST)  
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**Immunology**

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0074894	Collection Date : 27/08/22 09:55	Ack Date : 27/08/2022 12:30	Report Date : 27/08/22 14:42

**BLOOD GROUPING & Rh TYPING**

**SAMPLE : EDTA BLOOD**

BLOOD GROUP : 'O'

*Agglutination forward & Reverse*

RH TYPE : POSITIVE

**THYROID FUNCTION TEST**

**SAMPLE : SERUM**

T3 <i>ECLIA</i>	1.58	ng/ml	0.60 - 1.80
T4 <i>ECLIA</i>	12.95 ▲	ug/dL	5.40 - 11.70
TSH <i>ECLIA</i>	1.44	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).



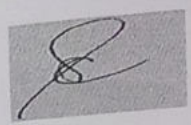
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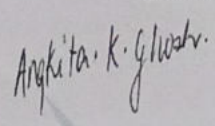
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End of Report



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

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

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0074894	Collection Date : 27/08/22 09:55	Ack Date : 27/08/2022 13:33	Report Date : 27/08/22 17:12

**URINE FOR R/E**

**SAMPLE : URINE**

**PHYSICAL EXAMINATION**

VOLUME	45	ml	
COLOUR	PALE YELLOW		
APPEARANCE	SLIGHTLY HAZY		1.010 - 1.030
SPECIFIC GRAVITY	1.015		
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	2-3 / 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)



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**Clinical Pathology**

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0074894	Collection Date : 27/08/22 09:55	Ack Date : 27/08/2022 13:33	Report Date : 27/08/22 17:03

**URINE FOR SUGAR FASTING**

**SAMPLE : URINE**

**RESULT**

Sample No : 07H0074937	Collection Date : 27/08/22 13:25	Ack Date : 27/08/2022 17:33	Report Date : 29/08/22 01:48
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**URINE FOR SUGAR PP**

**SAMPLE : URINE**

**RESULT**

ABSENT

End of Report

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

Checked By

**DIAGNOSTICS REPORT**

Patient Name	: Mr. SANJAY KUMAR	Order Date	: 27/08/2022 09:26
Age/Sex	: 60 Year(s)/Male	Report Date	: 27/08/2022 15:17
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**USG REPORT OF WHOLE ABDOMEN (SCREENING)**

**LIVER** : Liver is normal in size. Parenchymal echogenicity is raised except for a small hypoechoic area near porta. Intrahepatic biliary radicles are not dilated. No focal mass lesion is seen.

**PORTA :PV** : Normal. PV measures 0.7 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 : 9.9 cm & Left kidney measures : 9.1 cm.

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

**POST VOID BLADDER** : No significant residual urine is seen.

### DIAGNOSTICS REPORT

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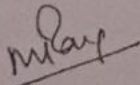
**PROSTATE** : Prostate is grossly enlarged in size. Median lobes are projecting in bladder neck. Normal outline and echotexture appear normal. No focal lesion is seen. Prostate measures 5.4 cm x 5.0 cm x 4.8 cm. It weight approx 71 gm.

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

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

#### IMPRESSION :

- Fatty changes in liver with a small area of fat sparing near porta.
- Grade II prostatomegaly.



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



## DIAGNOSTICS REPORT

Patient Name	: Mr. SANJAY KUMAR	Order Date	: 27/08/2022 09:26
Age/Sex	: 60 Year(s)/Male	Report Date	: 27/08/2022 14:11
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### ECHOCARDIOGRAPHY (SCREENING)

#### Status of Patient :

- \* No regional wall motion abnormality at rest.
- \* Good LV systolic function (EF = 60 %).
- \* Good RV systolic function (TAPSE = 22 mm).
- \* Normal valve morphology.
- \* Grade I LV diastolic dysfunction.
- \* 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**

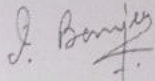
Patient Name	: Mr. SANJAY KUMAR	Order Date	: 27/08/2022 09:26
Age/Sex	: 60 Year(s)/Male	Report Date	: 27/08/2022 11:43
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**ELECTROCARDIOGRAM REPORT (ECG)**

HR	:	83 bpm
Rhythm	:	Sinus
P wave	:	Normal
PR Interval	:	150 msec
QRS axis	:	Normal (64 Degree)
QRS duration	:	104 msec
QRS configuration	:	RBBB
T wave	:	Non specific changes
ST segment	:	Non specific changes
QTc	:	436 msec
QT	:	366 msec

**IMPRESSION:**

- Sinus rhythm. Normal QRS axis.
  - Right Bundle Branch Block.
  - Non specific ST-T changes.
- Clinical correlation please.



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

Board Certified Comprehensive  
Echocardiographer (USA)

SANJAY KUMAR

2213981

60 years

Male

..... cm

..... kg

HR 83/min

Intervals:

RR 721 ms

P 110 ms

PR 150 ms

QR5 104 ms

QT 366 ms

QTc 436 ms

(Bazett)

10 mm/mV

Axis:

P 56 °

QRS 64 °

T 43 °

P (II) 0.17 mV

S (U1) -0.26 mV

R (U5) 1.77 mV

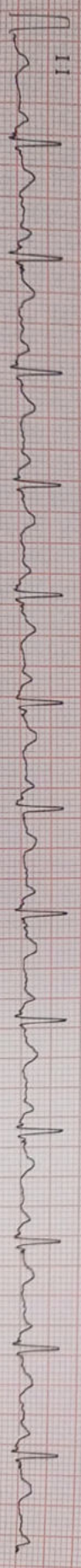
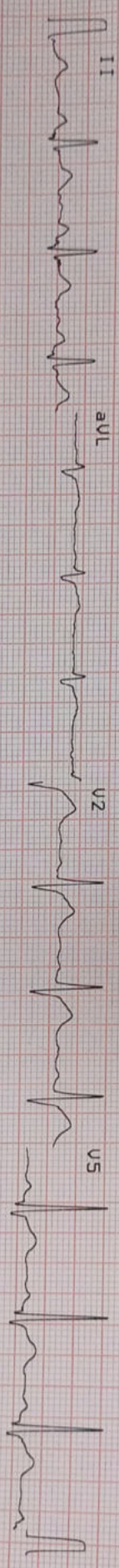
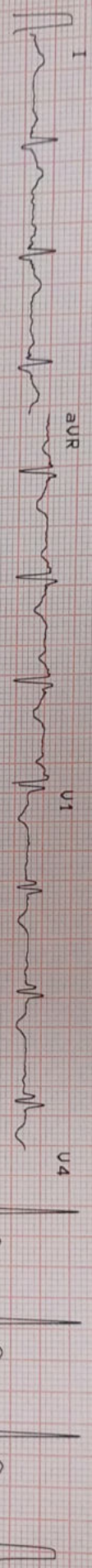
Sokol. 2.44 mV

SINUS RHYTHM  
INCOMPLETE RIGHT BUNDLE BRANCH BLOCK  
OTHERWISE NORMAL ECG

6.02

UNCONFIRMED REPORT

10 mm/mV



0.05-25 Hz FS0 SSF SB5 27.08.2022 11:54:16

NARAYAN MEMORIAL HOSPITAL, BEHRLA

AT-102plus 1.250 C153