

LABORATORY INVESTIGATION REPORT

Patient Name	: Mr. Md. Tausif .	Age/Sex	: 31 Year(s)/Male
UHID	: NMHK.2203334	Order Date	: 12/03/2022 12:40
Episode	: OP		
Ref. Doctor	: NMH	Mobile No	: 8961146726
Address	: CHALKMIR , MAHESHTALA ,Kolkata,West Bengal ,700141	Facility	: NARAYAN MEMORIAL HOSPITAL

Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0059239	Collection Date : 12/03/22 12:56	Ack Date :	Report Date : 12/03/22 19:06

SERUM CREATININE

SAMPLE : SERUM

SERUM CREATININE 0.8 mg/dl 0.7 - 1.2

Jaffe Gen2 Compensated

BLOOD UREA NITROGEN

BLOOD UREA NITROGEN 7.4 mg/dl 6 - 20

Calculated

URIC ACID

SAMPLE : SERUM

URIC ACID 5.9 mg/dl 3.4 - 7

Enzymatic Colorimetric

SAMPLE : SERUM

RESULT 9.25

Sample No : 07H0059239B	Collection Date : 12/03/22 12:56	Ack Date :	Report Date : 12/03/22 19:06
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BLOOD SUGAR(F)

SAMPLE : PLASMA

BLOOD SUGAR FASTING 90 mg/dl 70 - 109

Hexokinase

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 : 07H0059239A	Collection Date : 12/03/22 12:56	Ack Date :	Report Date : 12/03/22 19:06

GLYCOSYLATED HAEMOGLOBIN (HBA1C)

SAMPLE : EDTA BLOOD

HBA1C 5.2 % 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




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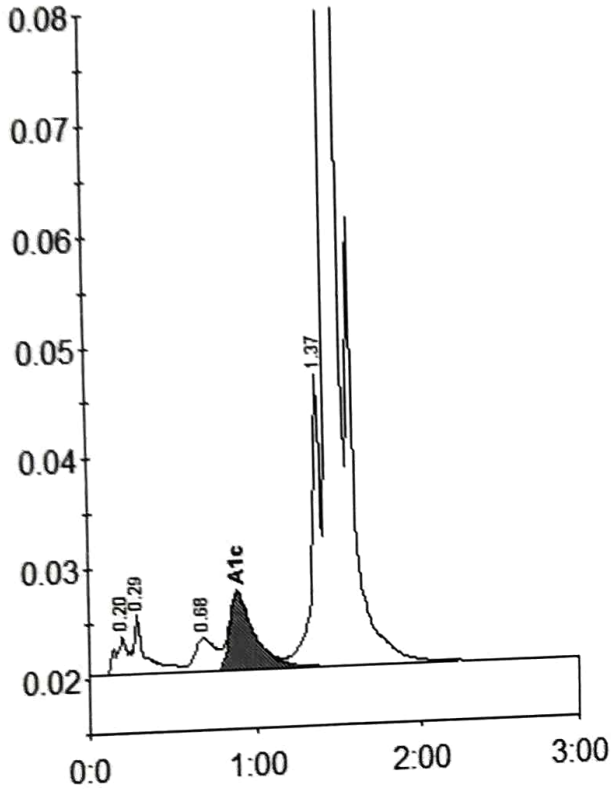
Checked By

Patient report

Bio-Rad
 D-10
 S/N: #DJ0A467747
 Sample ID:
 Injection date
 Injection #: 12
 Rack #: ---

DATE: 12/03/2022
 TIME: 16:39
 Software version: 4.30-2
 07H0059239A
 12/03/2022 15:42
 Method: HbA1c
 Rack position: 2

Mr. Md. Iqbal
 (R)NMHK.2203334 31y/ M

 07H0059239A
 EDTA Wh 12-03 12:56



Peak table - ID: 07H0059239A

Peak	R.time	Height	Area	Area %
A1a	0.20	3538	16009	0.8
A1b	0.29	5499	29620	1.5
LA1c/CHb-1	0.68	3037	26780	1.4
A1c	0.89	7060	72736	5.2
P3	1.37	26985	103988	5.3
A0	1.44	611198	1701998	87.2
Total Area:		1951131		

Concentration:	%	mmol/mol
A1c	5.2	33

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LIPID PROFILE

SAMPLE : SERUM

TOTAL CHOLESTEROL	234	mg/dl	Desirable <200 Borderline 200-239 High >=240
<i>CHOD-PAP</i> HDL CHOLESTEROL	35 ▼	mg/dl	40 - 60
<i>Homogenous Enzymatic Colorimetric</i> LDL CHOLESTEROL	143	mg/dl	Optimal < 100 Borderline 130
<i>Homogenous Enzymatic Colorimetric</i> VLDL	60.40 ▲	mg/dl	0 - 30
<i>CALCULATED</i> CHOLESTEROL-HDL RATIO	6.69	-	-
LDL-HDL RATIO	4.09	-	-
TRIGLYCERIDES	302	mg/dl	Desirable <150 Borderline 150 - 200 High >200

Enzymatic Colorimetric

End of Report


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Immunoassay

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0059239	Collection Date : 12/03/22 12:56	Ack Date :	Report Date : 12/03/22 19:22

THYROID FUNCTION TEST

SAMPLE : SERUM

T3 ECLIA	1.04	ng/ml	0.6 - 1.8
T4 ECLIA	8.0	ug/dL	5.4 - 11.7
TSH	2.06	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



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Hematology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0059239	Collection Date : 12/03/22 12:56	Ack Date :	Report Date : 12/03/22 17:49

COMPLETE HAEMOGRAM (CBC)

SAMPLE : EDTA BLOOD

HAEMOGLOBIN (HB)	14.6	gm/dl	13 - 17
<i>Colorimetric method (Cyn Meth)</i>			
RBC COUNT	4.63	x10 ⁶ /ul	4.5 - 5.5
<i>Electrical Impedance Method</i>			
TOTAL WBC COUNT	6.4	10 ³ /cmm	4 - 10
<i>Electrical Impedance Method</i>			
PLATELET COUNT	210	10 ³ /cmm	150 - 410
<i>Electrical Impedance Method</i>			
PCV	43	%	40 - 50
<i>RBC pulse ht. detection method</i>			
MCV	92	fl	83 - 101
<i>calculated</i>			
MCH	32	pg	27 - 32
<i>Calculated</i>			
MCHC	34	gm/dl	31.5 - 34.5
<i>Calculated</i>			
ESR	12 ▲	%	0 - 10
<i>Modified Westergren Method</i>			

DIFFERENTIAL COUNT

NEUTROPHILS	62	%	40 - 80
<i>Microscopy</i>			
LYMPHOCYTES	34	%	20 - 40
<i>Microscopy</i>			
MONOCYTES	02	%	2 - 10
<i>Microscopy</i>			
EOSINOPHILS	02	%	1 - 6
<i>Microscopy</i>			
BASOPHILS	00	%	0 - 2
<i>Microscopy</i>			

PERIPHERAL BLOOD SMEAR

RBC	Normocytic Normochromic
WBC	Within normal limit
PLATELET	Adequate

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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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Ref. Doctor : NMH	Facility : NARAYAN MEMORIAL HOSPITAL
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Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0059239	Collection Date : 12/03/22 12:56	Ack Date :	Report Date : 13/03/22 11:45

URINE FOR R/E

SAMPLE : URINE

PHYSICAL EXAMINATION

VOLUME	20	ml
COLOUR	Watery	
APPEARANCE	SLIGHTLY HAZY	1.010 - 1.030
SPECIFIC GRAVITY	1.010	
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	2-3 / HPF	<5/HPF
EPITHELIAL CELLS	1-2 / HPF	<20/HPF
RBC	NIL	ABSENT
CAST	ABSENT	ABSENT
CRYSTAL	ABSENT	

Please correlate clinically.

End of Report



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

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Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0059239	Collection Date : 12/03/22 12:56	Ack Date :	Report Date : 12/03/22 19:07

URINE FOR SUGAR FASTING

SAMPLE : URINE

RESULT

ABSENT

End of Report



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

Checked By

DIAGNOSTICS REPORT

Patient Name	: Mr. Md. Tausif .	Order Date	: 12/03/2022 12:40
Age/Sex	: 31 Year(s)/Male	Report Date	: 12/03/2022 15:01
UHID	: NMHK.2203334	IP No	:
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USG REPORT OF WHOLE ABDOMEN

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 0.7 cm.

CBD : Normal.

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 is maintained . No evidence of any calculus/ mass / hydronephrosis is seen.

Right kidney measures : 10.2 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

Patient Name	: Mr. Md. Tausif .	Order Date	: 12/03/2022 12:40
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UHID	: NMHK.2203334	IP No	:
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PROSTATE : Prostate is normal size, outline and echotexture appear normal. No focal lesion is seen. Prostate measures 2.8 cm x 3.4 cm x 2.6 cm. It weight approx 13.6 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. Md. Tausif .	Order Date	: 12/03/2022 12:40
Age/Sex	: 31 Year(s)/Male	Report Date	: 12/03/2022 18:52
UHID	: NMHK.2203334	IP No	:
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Address	: CHALKMIR, MAHESHTALA, Kolkata, West Bengal, 700141	Mobile	: 8961146726

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. Md. Tausif .	Order Date	: 12/03/2022 12:40
Age/Sex	: 31 Year(s)/Male	Report Date	: 13/03/2022 11:08
UHID	: NMHK.2203334	IP No	:
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Address	: CHALKMIR, MAHESHTALA, Kolkata, West Bengal, 700141	Mobile	: 8961146726

2D ECHOCARDIOGRAPHY WITH M-MODE MEASUREMENTS

2D and M-Mode :

IVS (d)	11 mm	Aorta (at sinuses)	26 mm
LVID (d)	50 mm	LA diameter	34 mm
LVPW (d)	11 mm	RVID (d) - basal	16 mm
LVID (s)	27 mm	TAPSE	26 mm
LVEF	62 %		

Estimated PASP = 20 mmHg

FINDINGS

Left Ventricle :

Cavity size : Normal.

Wall thickness : Normal.

Segmental wall motion : No abnormality found.

Global systolic function : Normal (EF = 62 %)

Diastolic function : Normal.

Left Atrium : Normal sized; no clot in body of appendage.

Right Ventricle and Right Atrium : Normal sized; normal RV systolic function.

Mitral Valve : Normal leaflets, good excursion, normal subvalvular apparatus. No regurgitation / No MS.

Aortic valve : Structurally normal, trileaflet, normal motion, no regurgitation.

Pulmonary Valve : Normal structure, adequate opening.

Tricuspid Valve : Normal structure, normal excursion. Trivial TR. TR gradient = 15 mmHg.

DIAGNOSTICS REPORT

Patient Name	: Mr. Md. Tausif .	Order Date	: 12/03/2022 12:40
Age/Sex	: 31 Year(s)/Male	Report Date	: 13/03/2022 11:08
UHID	: NMHK.2203334	IP No	:
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Interartial and Interventricular Septum :No breech could be seen.

Aorta :Normal sized root and proximal aorta.

Pulmonary Artery :Normal, no pulmonary arterial hypertension.

Pericardium :Normal, no effusion.

Inferior Vena Cava :IVC normal diameter, > 50% respiratory variation.

Others :No thrombus, mass, vegetation seen.

IMPRESSION:

Status of Patient :

- * No regional wall motion abnormality at rest.
- * Good LV systolic function (EF = 62 %).
- * Good RV systolic function (TAPSE = 26 mm).
- * Normal valve morphology.
- * Normal LV diastolic function.
- * No pericardial effusion.
- * No pulmonary arterial hypertension.



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

Board Certified Comprehensive
Echocardiographer (USA)

DIAGNOSTICS REPORT

Patient Name	: Mr. Md. Tausif .	Order Date	: 12/03/2022 12:40
Age/Sex	: 31 Year(s)/Male	Report Date	: 12/03/2022 16:11
UHID	: NMHK.2203334	IP No	:
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
Address	: CHALKMIR, MAHESHTALA,Kolkata, West Bengal, 700141	Mobile	: 8961146726

ELECTROCARDIOGRAM REPORT (ECG)

HR : 73 bpm

Rhythm : Sinus

P wave : Normal

PR Interval : 124 msec

QRS axis : Normal (44 Degree)

QRS duration : 96 msec

QRS configuration : Normal

T wave : Non specific ST-T changes

ST segment : Non specific ST-T changes

QTc : 380 msec

QT : 342 msec

IMPRESSION:

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



Dr.INDIRA BANERJEE ,
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Board Certified Comprehensive
Echocardiographer (USA)

MO. TRAUSIF
2203334
31 years
Male
kg

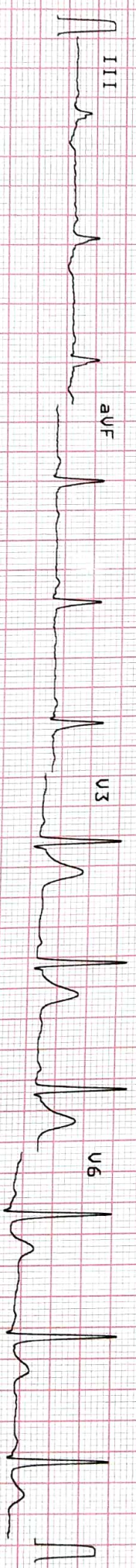
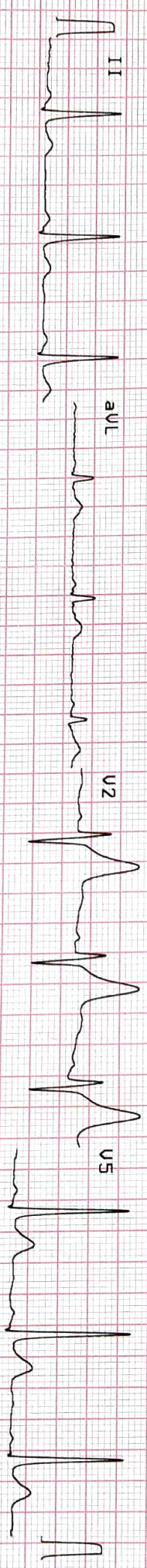
HR 73/min
Intervals:
RR 817 ms
P 104 ms
PR 124 ms
QR5 96 ms
QT 342 ms
QTc 380 ms
(Bazett)
10 mm/mV

Axis:
P 39 °
QR5 44 °
T 13 °

P (II) 0.09 mV
S (V1) -1.48 mV
R (V5) 2.14 mV
Sokol. 3.62 mV

SINUS RHYTHM
OTHERWISE NORMAL ECG

UNCONFIRMED REPORT



10 mm/mV
0.05-25 Hz FS0 55F 585 12:03:2022 RO 11:11:59
NRRAYAN MEMORIAL HOSPITAL - BEHRLER