



1992-1993

1992-1993

1992-1993



ভারত সরকার  
Government of India



শংকর নারায়ন সিংহ  
Shankar Narayan Singha  
জন্মতারিখ / DOB : 28/09/1971  
পুরুষ / Male



4124 7298 0474

আধার - সাধারণ মানুষের অধিকার

*Shankar Narayan Singha*



आधार

ভারতীয় বিশিষ্ট পরিচয় প্রাধিকরণ

Unique Identification Authority of India

ঠিকানা: এস/ও: হরি নারায়ন সিংহ,  
সী 1/16, দক্ষিণী হাউসিং এস্টেট  
ফেজ-2, বড়তলা, কোলকাতা,  
বড়তলা, পশ্চিম বঙ্গ, 700018

Address: S/O: Hari Narayan  
Singha, C 1/16, DAKSHINEE  
HOUSING ESTATE PHASE-2,  
Maheshtala (M), South 24  
Parganas, Bartala, West Bengal,  
700018

4124 7298 0474



1947  
1800 300 1947



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SHANKAR NARAYAN SINGHA-2311447


PID NO: P2162300415040  
Age: 52.0 Year(s) Sex: Male



Reference: Dr.SELF  
Sample Collected At:  
Narayan Memorial Hospital  
601 Diamond Harbour Road 700034  
Processing Location:-MHL RAJARHAT  
(KRL) Kolkata: 700136

VID: 230216000379699  
Registered On:  
17/05/2023 04:57 PM  
Collected On:  
17/05/2023 4:57PM  
Reported On:  
17/05/2023 07:51 PM

# Medical Laboratory Report

Investigation	Observed Value	Unit	Biological Reference Interval
 <b>PSA- Prostate Specific Antigen</b> (Serum,ECLIA)	0.716	ng/mL	Conventional for all ages: 0 - 4 50 - 59 yrs: 0 - 3.5

**Interpretation:** Prostate-specific antigen (PSA) is a glycoprotein that is produced by the prostate gland, the lining of the urethra, and the bulbourethral gland. PSA exists in serum mainly in two forms, complexed to alpha-1-anti-chymotrypsin (PSA-ACT complex) and unbound (free PSA). Increases in prostatic glandular size and tissue damage caused by benign prostatic hypertrophy, prostatitis, or prostate cancer may increase circulating PSA levels. Transient increase in PSA can also be seen following per rectal digital or sonological examinations.

**Comments:** Patients on Biotin supplement may have interference in some immunoassays.

**Reference:** Arch Pathol Lab Med—Vol 141, November 2017. With individuals taking high dose Biotin (more than 5 mg per day) supplements, at least 8-hour wait time before blood draw is recommended.

-- End of Report --



Tests marked with NABL symbol are accredited by NABL vide Certificate no MC-2576

*Saha*

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## DIAGNOSTICS REPORT

Patient Name	: Mr. SHANKAR NARAYAN SINGHA	Order Date	: 17/05/2023 08:45
Age/Sex	: 52 Year(s)/Male	Report Date	: 17/05/2023 15:15
UHID	: NMHK.2311447	IP No	:
Ref. Doctor	: SELF	Facility	: NARAYAN MEMORIAL HOSPITAL
		Mobile	: 9433231567
Address	: DA HOUSING ESTATE, akra,Kolkata, West Bengal, 700066		

### 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 0.8 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 : 11.1 cm & Left kidney measures : 10.7 cm.

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

**POST VOID BLADDER** : Residual urine is seen (40 cc).







## 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 3.4 cm x 4.0 cm x 3.4 cm. It weight approx 25 gm.

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

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

### IMPRESSION :

- \* Grade I prostatomegaly.
- \* 40 cc post void residual urine.

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





## LABORATORY INVESTIGATION REPORT

**Patient Name** : Mr. SHANKAR NARAYAN SINGHA  
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**Mobile No** : 9433231567  
**DOB** : 01/01/1971  
**Facility** : NARAYAN MEMORIAL HOSPITAL

### Immunology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0116455	Collection Date : 17/05/23 09:25	Ack Date : 17/05/2023 10:52	Report Date : 18/05/23 10:24

#### BLOOD GROUPING & Rh TYPING

##### SAMPLE : EDTA BLOOD

BLOOD GROUP

Agglutinationforward & Reverse

RH TYPE

' A '

POSITIVE

End of Report

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

Checked By





## LABORATORY INVESTIGATION REPORT

<b>Patient Name</b> : Mr. SHANKAR NARAYAN SINGHA	<b>Age/Sex</b> : 52 Year(s)/Male
<b>UHID</b> : NMHK.2311447	<b>Order Date</b> : 17/05/2023 08:45
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### Hematology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0116455	Collection Date : 17/05/23 09:25	Ack Date : 17/05/2023 10:52	Report Date : 18/05/23 10:20

#### COMPLETE HAEMOGRAM ( CBC )

##### SAMPLE : EDTA BLOOD

HAEMOGLOBIN (HB) <i>Colorimetric method (Cyn Meth)</i>	16.5	gm/dl	13 - 17
RBC COUNT <i>Electrical Impedance Method</i>	5.2	$\times 10^6/\mu\text{l}$	4.5 - 5.5
TOTAL WBC COUNT <i>Electrical Impedance Method</i>	7.4	$10^3/\text{cm}^3$	4 - 10
PLATELET COUNT <i>Electrical Impedance Method</i>	250	$10^3/\text{cm}^3$	150 - 410
PCV <i>RBC pulse ht. detection method</i>	49	%	40 - 50
MCV <i>calculated</i>	95	fl	83 - 101
MCH <i>Calculated</i>	32	pg	27 - 32
MCHC <i>Calculated</i>	34	gm/dl	31.5 - 34.5
ESR <i>Modified Westergren Method</i>	06	%	0 - 12
<b><u>DIFFERENTIAL COUNT</u></b>			
NEUTROPHILS <i>Microscopy</i>	55	%	40 - 80
LYMPHOCYTES <i>Microscopy</i>	36	%	20 - 40
MONOCYTES <i>Microscopy</i>	05	%	2 - 10
EOSINOPHILS <i>Microscopy</i>	04	%	1 - 6
BASOPHILS <i>Microscopy</i>	00	%	0 - 2
<b><u>PERIPHERAL BLOOD SMEAR</u></b>			
RBC	Normocytic normochromic.		





## LABORATORY INVESTIGATION REPORT

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**DOB** : 01/01/1971

**Address** : DA HOUSING ESTATE , akra ,Kolkata,West Bengal ,700066

**Facility** : NARAYAN MEMORIAL HOSPITAL

WBC

Within normal limits.

PLATELET

Adequate.

End of Report

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

Checked By







## LABORATORY INVESTIGATION REPORT

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### Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
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Sample No : 07H0116455    Collection Date : 17/05/23 09:25    Ack Date : 17/05/2023 11:23    Report Date : 17/05/23 18:36

#### SERUM CREATININE

##### SAMPLE : SERUM

SERUM CREATININE    0.9    mg/dl    0.7 - 1.2  
*Jaffe Gen2 Compensated*

#### BLOOD UREA NITROGEN

BLOOD UREA NITROGEN    6.5    mg/dl    6 - 20  
*Calculated*

#### URIC ACID

##### SAMPLE : SERUM

URIC ACID    4.9    mg/dl    3.4 - 7  
*Enzymatic Colorimetric*

Sample No : 07H0116455B    Collection Date : 17/05/23 09:25    Ack Date : 17/05/2023 11:24    Report Date : 17/05/23 18:36

#### BLOOD SUGAR(F)

##### SAMPLE : PLASMA

BLOOD SUGAR FASTING    92    mg/dl    70 - 109  
*Hexokinase*

Sample No : 07H0116505B    Collection Date : 17/05/23 13:44    Ack Date : 17/05/2023 14:59    Report Date : 17/05/23 18:36

#### BLOOD SUGAR(PP)

##### SAMPLE : PLASMA

BLOOD SUGAR PP    85    mg/dl    70.00 - 140.00  
*Hexokinase*

End of Report

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



## LABORATORY INVESTIGATION REPORT

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### Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0116455	Collection Date : 17/05/23 09:25	Ack Date : 17/05/2023 11:23	Report Date : 17/05/23 18:36

#### LIPID PROFILE

##### SAMPLE : SERUM

TOTAL CHOLESTEROL	123	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	62	mg/dl	Optimal < 100   Borderline 130 - 159   High >160
<i>Homogenous Enzymatic Colorimetric</i> VLDL	26	mg/dl	0 - 30
<i>CALCULATED</i> CHOLESTEROL-HDL RATIO	3.51	-	
LDL-HDL RATIO	1.77	-	
TRIGLYCERIDES	129	mg/dl	Desirable <150   Borderline 150 - 200   High >200
<i>Enzymatic Colorimetric</i>			

End of Report



**Dr.S. Chatterjee**  
MD, MBBS, FAACC  
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## LABORATORY INVESTIGATION REPORT

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### Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0116455	Collection Date : 17/05/23 09:25	Ack Date : 17/05/2023 11:23	Report Date : 17/05/23 18:36

#### LIVER FUNCTION TEST ( LFT )

##### SAMPLE : SERUM

TOTAL BILIRUBIN <i>Diazo Method</i>	1.0	mg/dl	0 - 1.1
DIRECT BILIRUBIN <i>Diazo Method</i>	0.3 ▲	mg/dl	0 - 0.2
INDIRECT BILIRUBIN <i>Calculated</i>	0.7	mg/dl	0.2 - 0.9
SGPT (ALT) <i>IFCC Without Pyridoxal Phosphate</i>	20	U/L	0 - 34
SGOT (AST) <i>IFCC Without Pyridoxal Phosphate</i>	19	U/L	0 - 31
ALKALINE PHOSPHATASE <i>IFCC</i>	59	U/L	53 - 128
TOTAL PROTEIN <i>Biuret</i>	6.9	g/dl	6.4 - 8.2
ALBUMIN <i>Bromocresol Green</i>	4.7	gm/dl	3.5 - 5.2
GLOBULIN <i>Calculated</i>	2.2	g/dl	2 - 3.5
ALBUMIN:GLOBULIN <i>Calculated</i>	2.1	-	1.1 - 2.5
GGT <i>Enzymatic colorimetric assay</i>	17	U/L	8 - 61

End of Report



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



## LABORATORY INVESTIGATION REPORT

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### Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0116455A	Collection Date : 17/05/23 09:25	Ack Date : 17/05/2023 14:51	Report Date : 17/05/23 18:36

#### GLYCOSYLATED HAEMOGLOBIN (HBA1C)

##### SAMPLE : EDTA BLOOD

HBA1C 5.2

##### *Interpretation & Remark:*

1. HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose.
2. HbA1c has been endorsed by clinical groups & 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 severe iron deficiency anaemia & haemolytic), chronic renal failure and liver diseases. 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.  
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 % .

Note : Hemoglobin electrophoresis (HPLC method) is recommended for detecting hemoglobinopathy.

End of Report



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### Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0116455	Collection Date : 17/05/23 09:25	Ack Date : 17/05/2023 11:23	Report Date : 17/05/23 18:36

#### BUN / CREATINE RATIO

##### SAMPLE : SERUM

BUN / CREATINE RATIO

7.2

End of Report

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

Checked By



## LABORATORY INVESTIGATION REPORT

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### Immunology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0116455	Collection Date : 17/05/23 09:25	Ack Date : 17/05/2023 11:23	Report Date : 17/05/23 18:54

#### THYROID FUNCTION TEST

##### SAMPLE : SERUM

T3 ECLIA	1.2	ng/ml	0.60 - 1.80
T4 ECLIA	9.73	ug/dL	5.40 - 11.70
TSH	1.9	uIU/ml	Adult Male – 0.27-5.5 0 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**  
MD, MBBS, FAACC  
(CONSULTANT BIOCHEMIST)





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### Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0116455	Collection Date : 17/05/23 09:25	Ack Date : 17/05/2023 12:40	Report Date : 18/05/23 10:20

#### URINE FOR R/E

##### SAMPLE : URINE

##### PHYSICAL EXAMINATION

VOLUME	40	ml	
COLOUR	STRAW		
APPEARANCE	SLIGHTLY HAZY		
SPECIFIC GRAVITY	1.010		1.010 - 1.030
REACTION(pH)	ACIDIC (pH-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	1-2/HPF		<20/HPF
RBC	ABSENT		
CAST	ABSENT		ABSENT
CRYSTAL	ABSENT		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 : 07H0116455	Collection Date : 17/05/23 09:25	Ack Date : 17/05/2023 12:40	Report Date : 17/05/23 18:37

#### URINE FOR SUGAR FASTING

##### SAMPLE : URINE

RESULT

ABSENT

End of Report

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

Checked By







## LABORATORY INVESTIGATION REPORT

**Patient Name** : Mr. SHANKAR NARAYAN SINGHA  
**UHID** : NMHK.2311447  
**Episode** : OP  
**Ref. Doctor** : SELF  
**Address** : DA HOUSING ESTATE , akra ,Kolkata,West Bengal ,700066

**Age/Sex** : 52 Year(s)/Male  
**Order Date** : 17/05/2023 08:45  
**Mobile No** : 9433231567  
**DOB** : 01/01/1971  
**Facility** : NARAYAN MEMORIAL HOSPITAL

### Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0116505	Collection Date : 17/05/23 13:44	Ack Date : 17/05/2023 17:17	Report Date : 17/05/23 18:37

#### URINE FOR SUGAR PP

##### SAMPLE : URINE

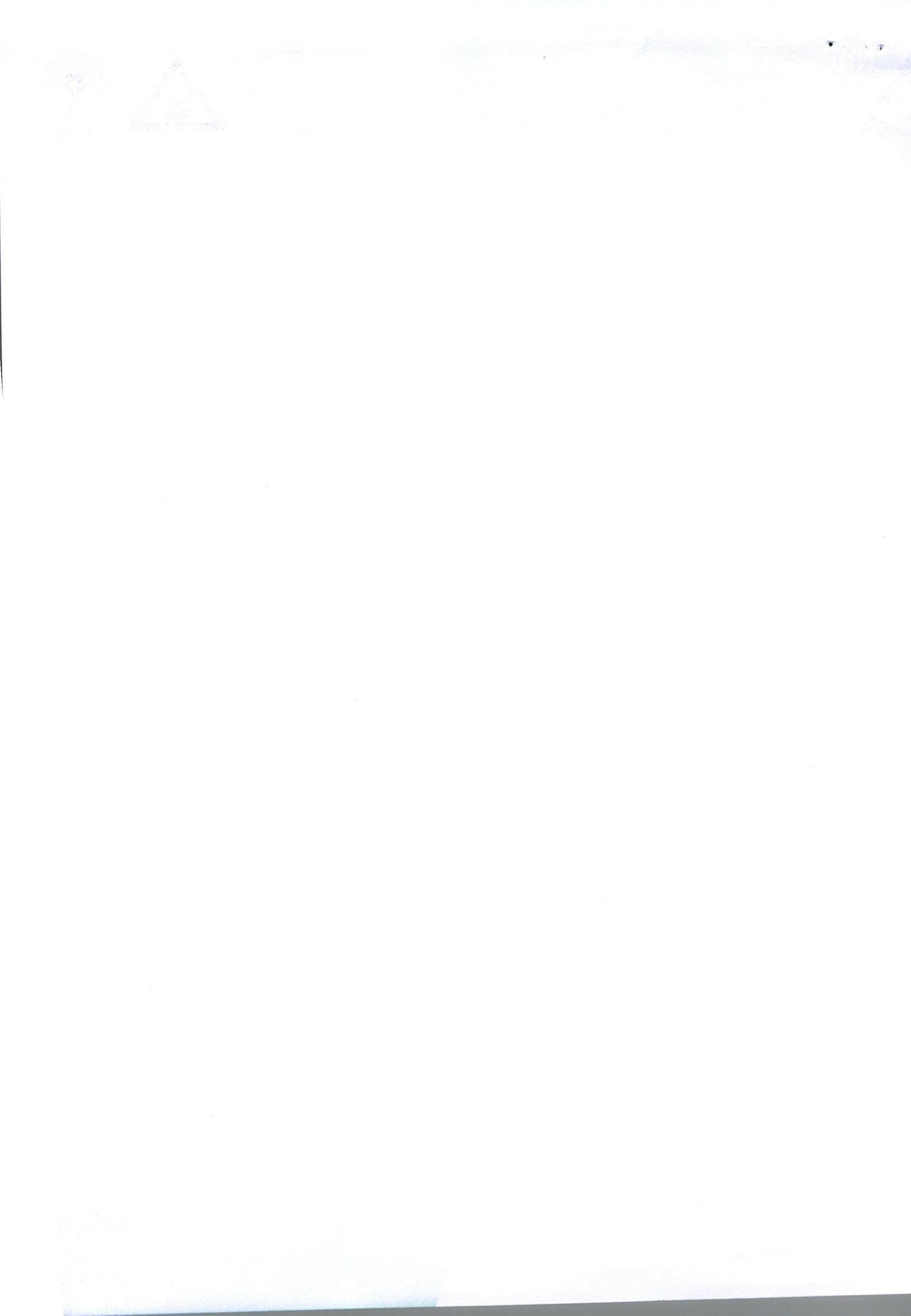
RESULT

ABSENT

End of Report

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

Checked By





## DIAGNOSTICS REPORT

Patient Name	: Mr. SHANKAR NARAYAN SINGHA	Order Date	: 17/05/2023 08:45
Age/Sex	: 52 Year(s)/Male	Report Date	: 17/05/2023 14:15
UHID	: NMHK.2311447	IP No	:
Ref. Doctor	: SELF	Facility	: NARAYAN MEMORIAL HOSPITAL
		Mobile	: 9433231567
Address	: DA HOUSING ESTATE, akra,Kolkata, West Bengal, 700066		

### ELECTROCARDIOGRAM REPORT (ECG)

HR	: 77 bpm
Rhythm	: Sinus
P wave	: Normal
PR Interval	: 158 msec
QRS axis	: Normal (6 Degree)
QRS duration	: 88 msec
QRS configuration	: Normal
T wave	: Non specific changes
ST segment	: Non specific changes
QTc	: 409 msec
QT	: 360 msec

#### IMPRESSION:

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

**Dr.INDIRA BANERJEE , MD,DNB,FNB,M RCPCH (UK)**

Board Certified Comprehensive  
Echocardiographer (USA)



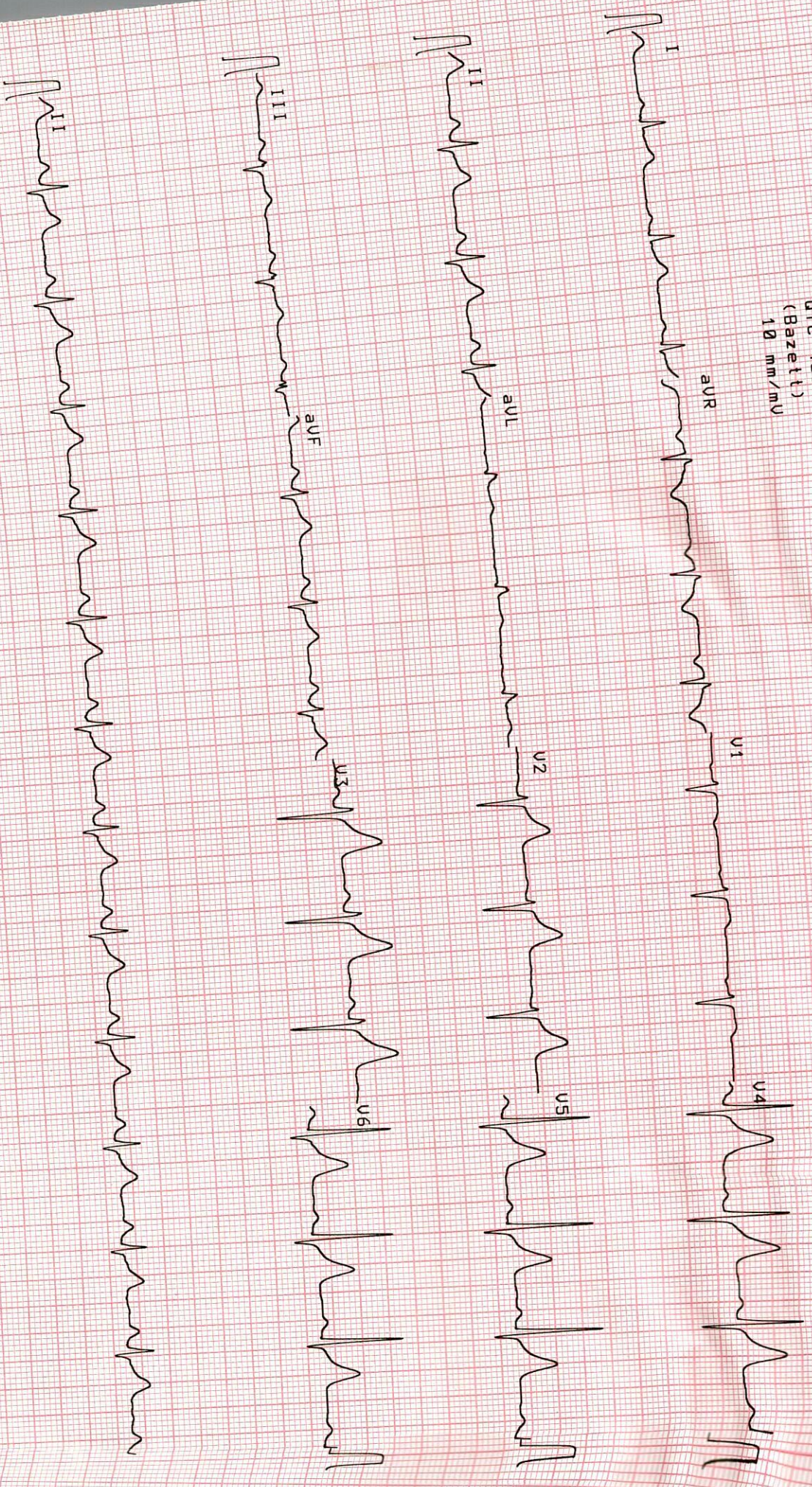
SHANKAR NARRAYAN  
 SINGHA  
 2311447  
 52 years / ..... kg  
 Male

HR 77/min  
 Intervals:  
 RR 777 ms  
 P 112 ms  
 PR 158 ms  
 QRS 88 ms  
 QT 360 ms  
 QTc 409 ms  
 (Bazett)  
 10 mm/mV

Axis: 58°  
 P 6°  
 QRS 49°  
 T  
 P (II) 0.18 mV  
 S (V1) -0.66 mV  
 R (V5) 1.91 mV  
 Sokol. 2.83 mV

SINUS RHYTHM  
 OTHERWISE NORMAL ECG  
 6.02

UNCONFIRMED REPORT



10 mm/mV  
 25 mm/s

0.05-25 Hz F50 5SF 5BS 17.05.2023 11:51:11

NARRAYAN MEMORIAL  
 HOSPITAL, BEHALA

RT-102plus 1.25 Cl





## DIAGNOSTICS REPORT

Patient Name	: Mr. SHANKAR NARAYAN SINGHA	Order Date	: 17/05/2023 08:41
Age/Sex	: 52 Year(s)/Male	Report Date	: 17/05/2023 11:31
UHID	: NMHK.2311447	IP No	:
Ref. Doctor	: SELF	Facility	: NARAYAN MEMORIAL HOSPITAL
		Mobile	: 9433231567
Address	: DA HOUSING ESTATE, akra,Kolkata, West Bengal, 700066		

## ECHOCARDIOGRAPHY REPORT (SCREENING)

### FINDINGS :

- Normal sized cardiac chambers.
- No significant wall motion abnormality at rest.
- Normal LV systolic function.
- LVEF 62 %.
- Grade I LV diastolic dysfunction.
- All cardiac valves are normal.
- IAS/IVS are intact.
- No vegetation or clot seen.
- Normal pericardium.
- No PAH.

### **IMPRESSION:**

**Good biventricular systolic function with Grade I diastolic dysfunction.**

**Dr. ANKUSH DUTTA , MBBS,DIP CARD,M  
RCP,FCCP**

RegNo: 55979







## DIAGNOSTICS REPORT

Patient Name : Mr. SHANKAR NARAYAN SINGHA  
Age/Sex : 52 Year(s)/Male  
UHID : NMHK.2311447  
Ref. Doctor : SELF

Order Date  
Report Date  
IP No  
Facility  
Mobile

: 17/05/2023 08:45  
: 17/05/2023 12:04  
: NARAYAN MEMORIAL  
HOSPITAL  
: 9433231567

Address : DA HOUSING ESTATE, akra, Kolkata, West Bengal, 700066

### 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.**

*Subrata Nag*

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

RegNo: 66718

