

LABORATORY INVESTIGATION REPORT

Patient Name : Mr. KANCHAN RAY	Age/Sex : 50 Year(s) / Male
UHID : NMHK.2208154	Order Date : 04/06/2022 12:45
Episode : OP	Mobile No : 8474808114
Ref. Doctor : NMH	DOB : 01/01/1972
Address : FLAT 1/3 ,B3 ,SHREERAM GUPTA , BEHALA ,Kolkata,West Bengal ,700008	Facility : NARAYAN MEMORIAL HOSPITAL

Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0065402	Collection Date : 04/06/22 12:58	Ack Date : 04/06/2022 13:20	Report Date : 04/06/22 15:28

SERUM CREATININE

SAMPLE : SERUM

SERUM CREATININE 0.8 mg/dl 0.7 - 1.2

Method - Jaffe Gen2 Compensated

LIVER FUNCTION TEST (LFT)

SAMPLE : SERUM

TOTAL BILIRUBIN 0.5 mg/dl 0 - 1.1

Method - Diazo Method

DIRECT BILIRUBIN 0.2 mg/dl 0 - 0.2

Method - Diazo Method

INDIRECT BILIRUBIN 0.3 mg/dl 0.2 - 0.9

Method - Calculated

SGPT (ALT) 44 ▲ U/L 0 - 34

Method - IFCC Without Pyridoxal Phosphate

SGOT (AST) 32 ▲ U/L 0 - 31

Method - IFCC Without Pyridoxal Phosphate

ALKALINE PHOSPHATASE 92 U/L 53 - 128

Method - IFCC

TOTAL PROTEIN 7.4 g/dl 6.4 - 8.2

Method - Biuret

ALBUMIN 4.7 gm/dl 3.5 - 5.2

Method - Bromocresol Green

GLOBULIN 2.7 g/dl 2 - 3.5

Method - Calculated

ALBUMIN:GLOBULIN 1.7 - 1.1 - 2.5

Method - Calculated

GGT 44 U/L 8 - 61

Method - Enzymatic colorimetric assay

BLOOD UREA NITROGEN

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BLOOD UREA NITROGEN	11	mg/dl	6 - 20
<i>Method - Calculated</i>			
LIPID PROFILE			
SAMPLE : SERUM			
TOTAL CHOLESTEROL	212	mg/dl	Desirable <200 Borderline 200-239 High >=240
<i>Method - CHOD-PAP</i>			
HDL CHOLESTEROL	39 ▼	mg/dl	40 - 60
<i>Method - Homogenous Enzymatic Colorimetric</i>			
LDL CHOLESTEROL	146	mg/dl	Optimal < 100 Borderline 130
<i>Method - Homogenous Enzymatic Colorimetric</i>			
VLDL	48 ▲	mg/dl	0 - 30
<i>Method - CALCULATED</i>			
CHOLESTEROL-HDL RATIO	5.44	-	-
LDL-HDL RATIO	3.74	-	-
TRIGLYCERIDES	242	mg/dl	Desirable <150 Borderline 150 - 200 High >200
<i>Method - Enzymatic Colorimetric</i>			

URIC ACID

SAMPLE : SERUM			
URIC ACID	8.6 ▲	mg/dl	3.4 - 7
<i>Method - Enzymatic Colorimetric</i>			

COMMENT

RECHECKED

SAMPLE : SERUM

RESULT	13.7
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Sample No : 07H0065403A Collection Date : 04/06/22 12:59 Ack Date : 04/06/2022 13:27 Report Date : 04/06/22 19:12

GLYCOSYLATED HAEMOGLOBIN (HBA1C)

SAMPLE : EDTA BLOOD

HBA1C	5.4
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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.

Sample No : 07H0065404B Collection Date : 04/06/22 12:59 Ack Date : 04/06/2022 13:27 Report Date : 04/06/22 15:28

BLOOD SUGAR(F)

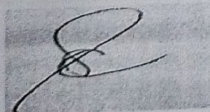
SAMPLE : PLASMA
BLOOD SUGAR FASTING 101 mg/dl 70 - 109
Method - Hexokinase

Sample No : 07H0065410B Collection Date : 04/06/22 13:47 Ack Date : 04/06/2022 14:08 Report Date : 04/06/22 19:13

BLOOD SUGAR(PP)

SAMPLE : PLASMA
BLOOD SUGAR PP 96 mg/dl 70.00 - 140.00
Method - Hexokinase

End of Report



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

Checked By

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Immunology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0065402	Collection Date : 04/06/22 12:58	Ack Date : 04/06/2022 13:20	Report Date : 04/06/22 19:22

THYROID FUNCTION TEST

SAMPLE : SERUM

T3	0.98	ng/ml	0.60 - 1.80
<i>Method - ECLIA</i>			
T4	6.2	ug/dL	5.40 - 11.70
<i>Method - ECLIA</i>			
TSH	2.29	uIU/ml	Adult Male - 0.27-5.50 Adult Female - 0.27-5.50 Newborns - <25 Upto 12 years - 0.3-5

Method - ECLIA

Interpretations:

1. For diagnostic purposes, the result should always be assessed in conjunction with the patient's medical history, clinical examinations and other findings.

2. 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)

3. There is no high dose hook effect at TSH concentrations upto 1000 µmol/ml.

4. 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.

5. 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).

6. 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).

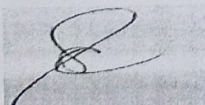
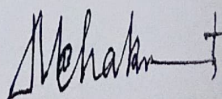
Sample No : 07H0065403	Collection Date : 04/06/22 12:59	Ack Date : 04/06/2022 13:24	Report Date : 06/06/22 11:05
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BLOOD GROUPING & Rh TYPING

SAMPLE : EDTA BLOOD

BLOOD GROUP	' B '
<i>Method - Agglutination forward & Reverse</i>	
RH TYPE	POSITIVE

End of Report

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Hematology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0065403	Collection Date : 04/06/22 12:59	Ack Date : 04/06/2022 13:24	Report Date : 04/06/22 15:28

COMPLETE HAEMOGRAM (CBC)

SAMPLE : EDTA BLOOD

HAEMOGLOBIN (HB) <i>Method - Colorimetric method (Cyn Meth)</i>	15.4	gm/dl	13 - 17
RBC COUNT <i>Method - Electrical Impedance Method</i>	4.85	$\times 10^6/\text{ul}$	4.5 - 5.5
TOTAL WBC COUNT <i>Method - Electrical Impedance Method</i>	5.3	$10^3/\text{cmm}$	4 - 10
PLATELET COUNT <i>Method - Electrical Impedance Method</i>	225	$10^3/\text{cmm}$	150 - 410
PCV <i>Method - RBC pulse ht. detection method</i>	44	%	40 - 50
MCV <i>Method - calculated</i>	91	fl	83 - 101
MCH <i>Method - Calculated</i>	32	pg	27 - 32
MCHC <i>Method - Calculated</i>	35 ▲	gm/dl	31.5 - 34.5
ESR <i>Method - Modified Westergren Method</i>	10	%	0 - 10

DIFFERENTIAL COUNT

NEUTROPHILS <i>Method - Microscopy</i>	57	%	40 - 80
LYMPHOCYTES <i>Method - Microscopy</i>	39	%	20 - 40
MONOCYTES <i>Method - Microscopy</i>	02	%	2 - 10
EOSINOPHILS <i>Method - Microscopy</i>	02	%	1 - 6

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Facility : NARAYAN MEMORIAL HOSPITAL

BASOPHILS

00

%

0 - 2

Method - Microscopy

PERIPHERAL BLOOD SMEAR

RBC

Normocytic Normochromic

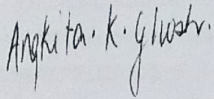
WBC

Within normal limit

PLATELET

Adequate

End of Report



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

RegNo: 82734

Checked By

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Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0065404	Collection Date : 04/06/22 12:59	Ack Date : 04/06/2022 15:42	Report Date : 06/06/22 11:06

URINE FOR R/E

SAMPLE : URINE

PHYSICAL EXAMINATION

VOLUME	50	ml	
COLOUR	Watery		
APPEARANCE	SLIGHTLY HAZY		
SPECIFIC GRAVITY	1.005		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.

URINE FOR SUGAR FASTING^a

SAMPLE : URINE

RESULT ABSENT

Sample No : 07H0065410 Collection Date : 04/06/22 13:47 Ack Date : 04/06/2022 18:05 Report Date : 04/06/22 19:13

URINE FOR SUGAR PP

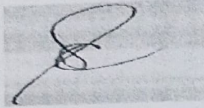
SAMPLE : URINE

RESULT ABSENT

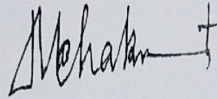
LABORATORY INVESTIGATION REPORT

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End of Report



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



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

Checked By

LABORATORY INVESTIGATION REPORT

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Age/Sex : 50 Year(s) / Male

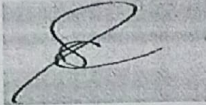
Order Date : 04/06/2022 12:45

Mobile No : 8474808114

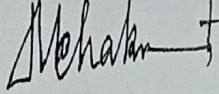
DOB : 01/01/1972

Facility : NARAYAN MEMORIAL HOSPITAL

End of Report



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



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

Checked By



KANCHAN RAY 2208154

PID NO: P2162200065172
Age: 50.0 Year(s) Sex: Male



Reference: Dr. SEL **Medical Laboratory Report**

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

VID: 220216000035960
Registered On:
04/06/2022 08:01 PM
Collected On:
04/06/2022 8:01PM
Reported On:
04/06/2022 10:25 PM

<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
PSA- Prostate Specific Antigen (Serum,ECLIA)	0.605	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 --

Page 1 of 1

Dr. Saurav Sarkar
MBBS, DCH, MD(Pathology)

*This is computer generated medical diagnostics report that has been validated by an Authorized Medical Practitioner/Doctor.
The report does not need physical signature. Results relate only to the sample as received. Refer to conditions of reporting overleaf.
**Referred Test*

DIAGNOSTICS REPORT

Patient Name	: Mr. KANCHAN RAY	Order Date	: 04/06/2022 12:45
Age/Sex	: 50 Year(s)/Male	Report Date	: 04/06/2022 14:07
UHID	: NMHK.2208154	IP No	:
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Address	: FLAT 1/3 ,B3 ,SHREERAM GUPTA, BEHALA,Kolkata, West Bengal, 700008	Mobile	: 8474808114

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 0.6 cm.

CD : Normal . CD measures 0.4 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 : 9.5 cm & Left kidney measures : 11.4 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

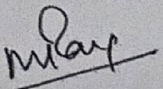
Patient Name	: Mr. KANCHAN RAY	Order Date	: 04/06/2022 12:45
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PROSTATE : Prostate is mildly enlarged. Outline and echotexture appear normal. No focal lesion is seen. Prostate measures 3.3 cm x 4.3 cm x 3.3 cm. It weight approx 25 gm.

PERITONEUM : : No free fluid is noted.

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

IMPRESSION : * Diffuse fatty changes in liver.
*** Grade I prostatomegaly.**



Dr.MADHUSHREE RAY NASKAR ,
MBBS,DMRD

Consultant Radiologist

RegNo: 57032

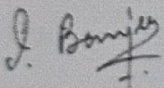
DIAGNOSTICS REPORT

Patient Name	: Mr. KANCHAN RAY	Order Date	: 04/06/2022 12:45
Age/Sex	: 50 Year(s)/Male	Report Date	: 04/06/2022 14:36
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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.
- * 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,MRCPC (UK)

Board Certified Comprehensive
Echocardiographer (USA)

DIAGNOSTICS REPORT

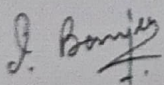
Patient Name	: Mr. KANCHAN RAY	Order Date	: 04/06/2022 12:45
Age/Sex	: 50 Year(s)/Male	Report Date	: 04/06/2022 13:35
UHID	: NMHK.2208154	IP No	:
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ELECTROCARDIOGRAM REPORT (ECG)

HR	: 71 bpm
Rhythm	: Sinus
P wave	: Normal
PR Interval	: 138 msec
QRS axis	: Normal (49 Degree)
QRS duration	: 104 msec
QRS configuration	: Normal
T wave	: Non specific changes
ST segment	: Non specific changes
QTc	: 400 msec
QT	: 364 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)

KANCHAN RAY

HCU

2208154

48 years Male

..... cm / kg

HR 71/min

Axis: P 36°

QRS 49°

T 15°

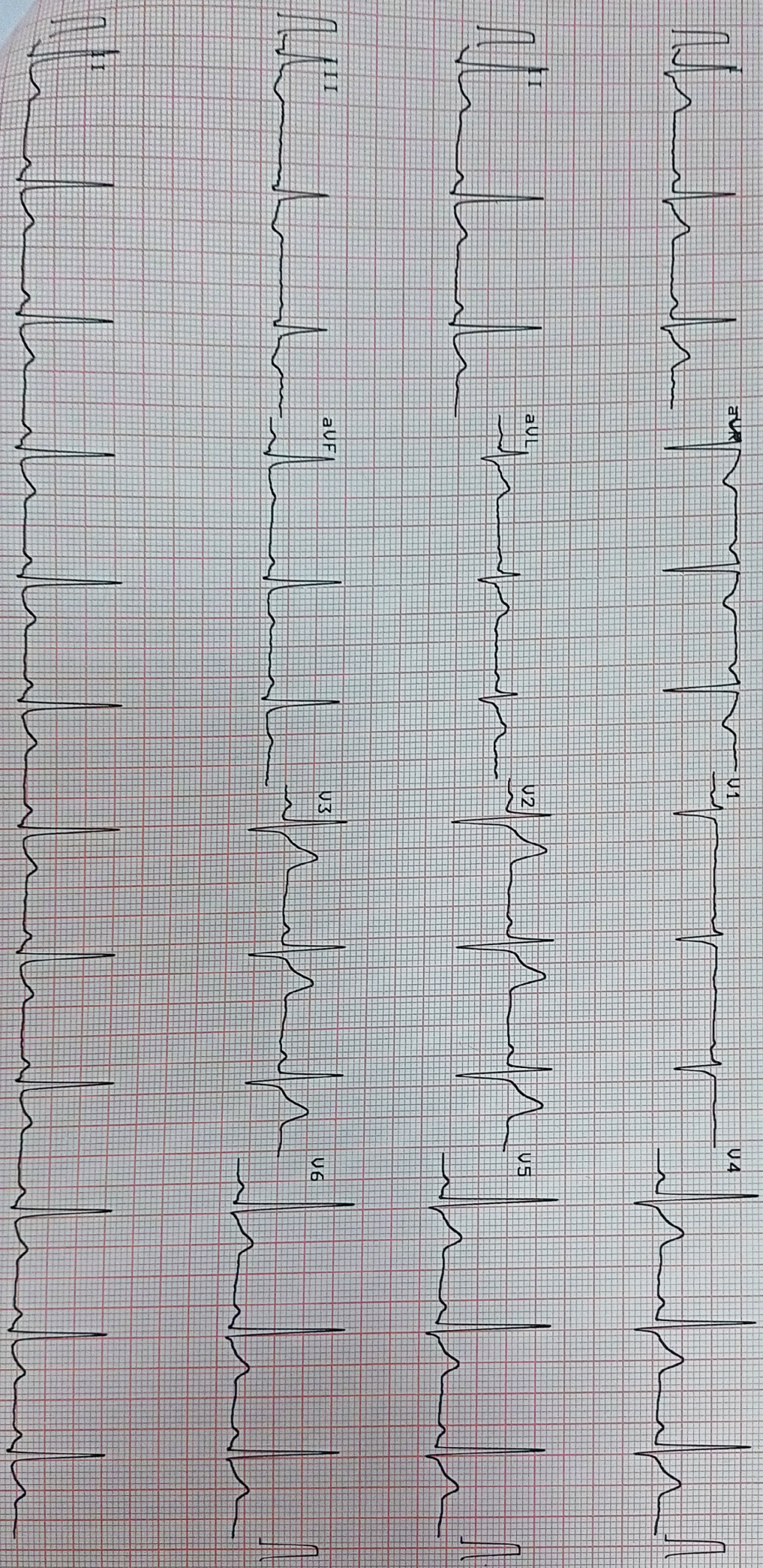
SINUS RHYTHM
NORMAL ECG

6.02

UNCONFIRMED REPORT

Intervals:	
RR	846 ms
P	104 ms
PR	138 ms
QR5	104 ms
QT	364 ms
QTc	400 ms (Bazett)
P (II)	0.16 mV
S (V1)	-0.82 mV
R (V5)	2.21 mV
Sokol.	3.37 mV

10 mm/mV



DIAGNOSTICS REPORT

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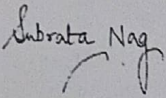
X-RAY CHEST PA VIEW

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.



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