

## LABORATORY INVESTIGATION REPORT

<b>Patient Name</b>	: Mr. Narayan Chandra Malik	<b>Age/Sex</b>	: 51 Year(s) / Male
<b>UHID</b>	: NMHK.2202447	<b>Order Date</b>	: 26/02/2022 12:44
<b>Episode</b>	: OP	<b>Mobile No</b>	: 9007974299
<b>Ref. Doctor</b>	: NMH	<b>Facility</b>	: NARAYAN MEMORIAL HOSPITAL
<b>Address</b>	: JADURBERIA , HOWRAH ,HOWRAH,West Bengal ,711316		

### Immunology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0058170	Collection Date : 26/02/22 13:16	Ack Date : 26/02/2022 14:27	Report Date : 27/02/22 19:00

#### BLOOD GROUPING & Rh TYPING

##### SAMPLE : EDTA BLOOD

BLOOD GROUP

' A '

*Method - Agglutination forward & Reverse*

RH TYPE

POSITIVE

End of Report



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

Checked By

**LABORATORY INVESTIGATION REPORT**

<b>Patient Name</b> : Mr. Narayan Chandra Malik	<b>Age/Sex</b> : 51 Year(s) / Male
<b>UHID</b> : NMHK.2202447	<b>Order Date</b> : 26/02/2022 12:44
<b>Episode</b> : OP	
<b>Ref. Doctor</b> : NMH	<b>Mobile No</b> : 9007974299
<b>Address</b> : JADURBERIA , HOWRAH ,HOWRAH,West Bengal 711316	<b>Facility</b> : NARAYAN MEMORIAL HOSPITAL

**Biochemistry**

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0058170	Collection Date : 26/02/22 13:16	Ack Date : 26/02/2022 14:27	Report Date : 26/02/22 17:34

**KIDNEY FUNCTION TEST**

**SERUM CREATININE**

**SAMPLE : SERUM**

SERUM CREATININE	0.7	mg/dl	0.7 - 1.2
<i>Method - Jaffe Gen2 Compensated</i>			

**BLOOD UREA NITROGEN**

BLOOD UREA NITROGEN	13	mg/dl	6 - 20
<i>Method - Calculated</i>			

**URIC ACID**

**SAMPLE : SERUM**

URIC ACID	3.0 ▼	mg/dl	3.4 - 7
<i>Method - Enzymatic Colorimetric</i>			

**LIVER FUNCTION TEST ( LFT )**

**SAMPLE : SERUM**

TOTAL BILIRUBIN	1.2 ▲	mg/dl	0 - 1.1
<i>Method - Diazo Method</i>			

DIRECT BILIRUBIN	0.4 ▲	mg/dl	0 - 0.2
<i>Method - Diazo Method</i>			

INDIRECT BILIRUBIN	0.8	mg/dl	0.2 - 0.9
<i>Method - Calculated</i>			

SGPT (ALT)	37 ▲	U/L	0 - 34
<i>Method - IFCC Without Pyridoxal Phosphate</i>			

SGOT (AST)	24	U/L	0 - 31
<i>Method - IFCC Without Pyridoxal Phosphate</i>			

ALKALINE PHOSPHATASE	95	U/L	53 - 128
<i>Method - IFCC</i>			

TOTAL PROTEIN	7.2	g/dl	6.4 - 8.2
<i>Method - Biuret</i>			

ALBUMIN	5.0	gm/dl	3.5 - 5.2
<i>Method - Bromocresol Green</i>			

GLOBULIN	2.2	g/dl	2 - 3.5
<i>Method - Calculated</i>			

ALBUMIN:GLOBULIN	2.3	-	1.1 - 2.5
<i>Method - Calculated</i>			

## LABORATORY INVESTIGATION REPORT

<b>Patient Name</b> : Mr. Narayan Chandra Malik	<b>Age/Sex</b> : 51 Year(s) / Male
<b>UHID</b> : NMHK.2202447	<b>Order Date</b> : 26/02/2022 12:44
<b>Episode</b> : OP	
<b>Ref. Doctor</b> : NMH	<b>Mobile No</b> : 9007974299
<b>Address</b> : JADURBERIA , HOWRAH ,HOWRAH,West Bengal ,711316	<b>Facility</b> : NARAYAN MEMORIAL HOSPITAL

GGT 22 U/L 8 - 61

Method - Enzymatic colorimetric assay

### LIPID PROFILE

#### SAMPLE : SERUM

TOTAL CHOLESTEROL 153 mg/dl Desirable <200 |  
Borderline 200-239 |  
High >=240

Method - CHOD-PAP

HDL CHOLESTEROL 46 mg/dl 40 - 60

Method - Homogenous Enzymatic Colorimetric

LDL CHOLESTEROL 76 mg/dl Optimal < 100 |  
Borderline 130

Method - Homogenous Enzymatic Colorimetric

VLDL 42.40 ▲ mg/dl 0 - 30

Method - CALCULATED

CHOLESTEROL-HDL RATIO 3.33 -

LDL-HDL RATIO 1.65 -

TRIGLYCERIDES 212 mg/dl Desirable <150 |  
Borderline 150 - 200 |  
High >200

Method - Enzymatic Colorimetric

Sample No : 07H0058170A Collection Date : 26/02/22 13:16 Ack Date : 26/02/2022 14:30 Report Date : 26/02/22 17:34

### GLYCOSYLATED HAEMOGLOBIN (HBA1C)

#### SAMPLE : EDTA BLOOD

HBA1C 13.1 ▲ % Non-diabetic : 4-6

Method - By HPLC

- HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose.
- HbA1c has been endorsed by clinical group & 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 in Severe iron deficiency anaemia and hemolytic), chronic renal failure and liver disease. Clinical correlation suggested.
- Interference of Haemoglobinopathies 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.

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%

Sample No : 07H0058171B Collection Date : 26/02/22 13:16 Ack Date : 26/02/2022 14:30 Report Date : 26/02/22 17:34

# Patient report

Mr. Narayan Chandra Mallik  
(R) NMHK. 2202447 51y/ M



07H0058170A  
EDTA Wt 26-02 13:16

Bio-Rad

DATE: 26/02/2022

D-10

TIME: 16:00

S/N: #DJ0A467747

Software version: 4.30-2

Sample ID:

07H0058170A

Injection date

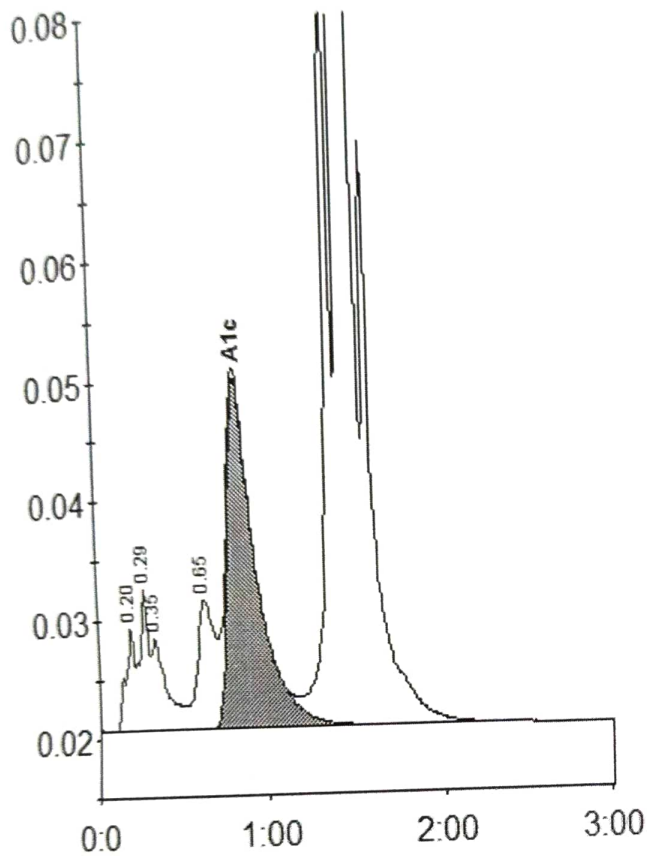
26/02/2022 15:38

Injection #: 20

Method: HbA1c

Rack #: ---

Rack position: 10



Peak table - ID: 07H0058170A

Peak	R.time	Height	Area	Area %
A1a	0.20	8884	37020	1.2
A1b	0.29	12087	43491	1.4
Unknown	0.35	7685	48226	1.5
LA1c/CHb-1	0.65	10847	78855	2.5
A1c	0.84	29356	325975	13.1
P3	1.37	71780	229214	7.3
A0	1.44	801350	2376575	75.7
Total Area:			3139356	

Concentration:	%	mmol/mol
A1c	13.1	120





**LABORATORY INVESTIGATION REPORT**

<b>Patient Name</b> : Mr. Narayan Chandra Malik	<b>Age/Sex</b> : 51 Year(s) / Male
<b>UHID</b> : NMHK.2202447	<b>Order Date</b> : 26/02/2022 12:44
<b>Episode</b> : OP	
<b>Ref. Doctor</b> : NMH	<b>Mobile No</b> : 9007974299
<b>Address</b> : JADURBERIA , HOWRAH ,HOWRAH,West Bengal 711316	<b>Facility</b> : NARAYAN MEMORIAL HOSPITAL

**Immunoassay**

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0058170	Collection Date : 26/02/22 13:16	Ack Date : 26/02/2022 14:27	Report Date : 26/02/22 17:46

**THYROID FUNCTION TEST**

**SAMPLE : SERUM**

T3 Method - ECLIA	<b>0.52 ▼</b>	ng/ml	0.6 - 1.8
T4 Method - ECLIA	5.44	ug/dL	5.4 - 11.7
TSH Method - ECLIA	1.59	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:**

- 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



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

Checked By

**LABORATORY INVESTIGATION REPORT**

<b>Patient Name</b>	: Mr. Narayan Chandra Malik	<b>Age/Sex</b>	: 51 Year(s) / Male
<b>UHID</b>	: NMHK.2202447	<b>Order Date</b>	: 26/02/2022 12:44
<b>Episode</b>	: OP	<b>Mobile No</b>	: 9007974299
<b>Ref. Doctor</b>	: NMH	<b>Facility</b>	: NARAYAN MEMORIAL HOSPITAL
<b>Address</b>	: JADURBERIA , HOWRAH ,HOWRAH,West Bengal ,711316		

**Clinical Pathology**

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0058170	Collection Date : 26/02/22 13:16	Ack Date : 26/02/2022 17:44	Report Date : 27/02/22 19:00

**URINE FOR R/E**

**SAMPLE : URINE**

**PHYSICAL EXAMINATION**

VOLUME	35	ml	
COLOUR	STRAW		
APPEARANCE	SLIGHTLY HAZY		
SPECIFIC GRAVITY	1.010		1.010 - 1.030
REACTION(pH)	ACIDIC 6.5		

**CHEMICAL EXAMINATION**

SUGAR	PRESENT(+++)	ABSENT
ALBUMIN.	ABSENT	ABSENT
BLOOD	ABSENT	ABSENT
KETONE	ABSENT	ABSENT
BILE SALT	ABSENT	ABSENT
BILE PIGMENTS	ABSENT	ABSENT

**MICROSCOPIC EXAMINATION**

PUS CELLS	2-4/ HPF	<5/HPF
EPITHELIAL CELLS	1-2/HPF	<20/HPF
RBC	NIL	
CAST	ABSENT	ABSENT
CRYSTAL	ABSENT	ABSENT

*Please correlate clinically.*

End of Report



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

Checked By

# Test Report

NARAYAN CHANDRA MALIK-2202447

PID NO: P562100472978  
Age: 51.0 Year(s) Sex: Male



**Reference:**

Sample Collected At:  
Narayan memorial hospital  
601 diamond harbour road 700034  
PROCESSING LOCATION:-MHL  
RAJARHAT(KRL) Kolkata: 700136

VID: 562110000503203

Registered On:  
27/02/2022 04:53 PM  
Collected On:  
27/02/2022 4:53PM  
Reported On:  
27/02/2022 07:12 PM

**Investigation**

**PSA- Prostate Specific Antigen**  
(Serum,ECLIA)

**Observed Value**

0.599

**Unit**

ng/mL

**Biological Reference Interval**

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 --

Dr. Subhasish Saha  
MD Pathology

Results relate only to the sample as received. Refer to conditions of reporting overleaf

This test was outsourced to Metropolis Healthcare Ltd. Mumbai



## DIAGNOSTICS REPORT

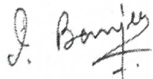
Patient Name	: Mr. Narayan Chandra Malik	Order Date	: 26/02/2022 12:44
Age/Sex	: 51 Year(s)/Male	Report Date	: 26/02/2022 17:26
UHID	: NMHK.2202447	IP No	:
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
Address	: JADURBERIA, HOWRAH, HOWRAH, West Bengal, 711316	Mobile	: 9007974299

### ELECTROCARDIOGRAM REPORT (ECG)

HR	: 82 bpm
Rhythm	: Sinus
P wave	: Normal
PR Interval	: 190 msec
QRS axis	: Normal (-9 Degree)
QRS duration	: 126 msec
QRS configuration	: RBBB
T wave	: Non specific changes
ST segment	: Non specific changes
QTc	: 447 msec
QT	: 380 msec

#### IMPRESSION:

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



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

Board Certified Comprehensive  
Echocardiographer (USA)

NARAYAN CH MALIK

2202447

Male

51 years

..... cm / ..... kg

HR 82/min

Axis: 28°

SINUS RHYTHM  
LEFTWARD AXIS

RIGHT BUNDLE BRANCH BLOCK

RVH WITH REPOLARIZATION ABNORMALITY

Intervals:

RR 729 ms

P 114 ms

PR 190 ms

QRS 126 ms

QT 380 ms

QTc 447 ms  
(Bazett)

T 5°

P (II) 0.10 mV

S (V1) -0.60 mV

R (V5) 1.10 mV

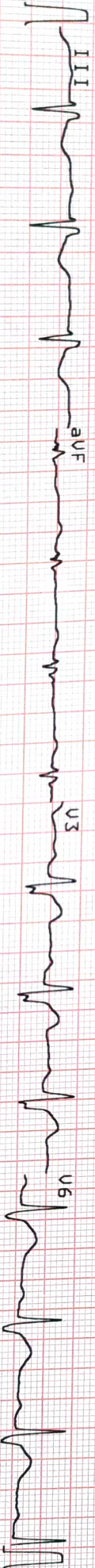
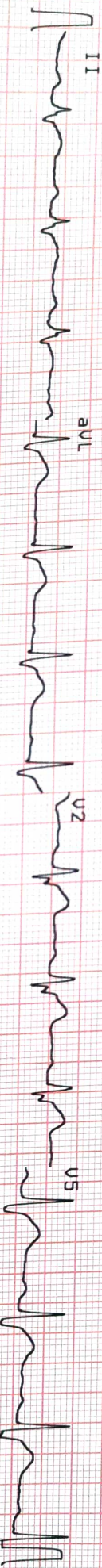
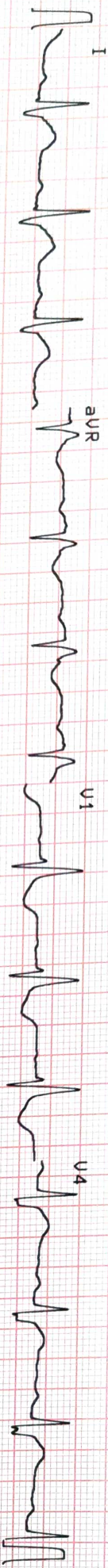
Sokol. 1.70 mV

6.02

UNCONFIRMED REPORT

10 mm/mV

10 mm/mV



10 mm/mV

0.05-25 Hz FS0 SSF 585 26.02.2022 10:49:57

NARAYAN MEMORIAL HOSPITAL, BEHOLA

AI-102plus 1.25 Ct

## DIAGNOSTICS REPORT

Patient Name	: Mr. Narayan Chandra Malik	Order Date	: 26/02/2022 12:44
Age/Sex	: 51 Year(s)/Male	Report Date	: 26/02/2022 13:30
UHID	: NMHK.2202447	IP No	:
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
Address	: JADURBERIA, HOWRAH, HOWRAH, West Bengal, 711316	Mobile	: 9007974299

### USG REPORT OF WHOLE ABDOMEN (SCREENING)

**LIVER** : Liver is normal in size and **parenchymal echogenicity is raised**. Intrahepatic biliary radicles are not dilated. No focal mass lesion is seen.

**PORTA :PV** : Normal. PV measures 0.9 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 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** : No significant residual urine is seen.

**DIAGNOSTICS REPORT**

Patient Name	: Mr. Narayan Chandra Malik	Order Date	: 26/02/2022 12:44
Age/Sex	: 51 Year(s)/Male	Report Date	: 26/02/2022 13:30
UHID	: NMHK.2202447	IP No	:
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
Address	: JADURBERIA, HOWRAH, HOWRAH, West Bengal, 711316	Mobile	: 9007974299

**PROSTATE** : Prostate is mildly enlarged in size. Echotexture appear normal. No focal lesion is seen. Prostate measures 3.4 cm x 4.0 cm x 3.4 cm. It weight approx 24 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. Narayan Chandra Malik	Order Date	: 26/02/2022 12:44
Age/Sex	: 51 Year(s)/Male	Report Date	: 26/02/2022 20:44
UHID	: NMHK.2202447	IP No	:
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
Address	: JADURBERIA, HOWRAH, HOWRAH, West Bengal, 711316	Mobile	: 9007974299

### 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