

LABORATORY INVESTIGATION REPORT

Patient Name : Mr. Mihir Kanti Sarkar

Age/Sex : 53 Year(s)/Male

UHID : NMHK.2203327

Order Date : 12/03/2022 13:14

Episode : OP

Ref. Doctor : NMH

Mobile No : 9088042271

Address : 49D MAJHI PARA ROAD , THAKURPUKUR
,Kolkata,West Bengal ,700063

Facility : NARAYAN MEMORIAL HOSPITAL

Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
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Sample No : 07H0059247

Collection Date : 12/03/22 13:15

Ack Date :

Report Date : 13/03/22 13:31

SERUM CREATININE

SAMPLE : SERUM

SERUM CREATININE

0.9

mg/dl

0.7 - 1.2

Jaffe Gen2 Compensated

BLOOD UREA NITROGEN

BLOOD UREA NITROGEN

10.3

mg/dl

6 - 20

Calculated

URIC ACID

SAMPLE : SERUM

URIC ACID

4.5

mg/dl

3.4 - 7

Enzymatic Colorimetric

SAMPLE : SERUM

RESULT

11.8

Sample No : 07H0059247B

Collection Date : 12/03/22 13:15

Ack Date :

Report Date : 13/03/22 13:31

BLOOD SUGAR(F)

SAMPLE : PLASMA

BLOOD SUGAR FASTING

127 ▲

mg/dl

70 - 109

Hexokinase

Sample No : 07H0059248B

Collection Date : 12/03/22 13:17

Ack Date :

Report Date : 13/03/22 13:31

BLOOD SUGAR(PP)

SAMPLE : PLASMA

BLOOD SUGAR PP

206 ▲

mg/dl

70 - 140

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 : 07H0059247A	Collection Date : 12/03/22 13:15	Ack Date :	Report Date : 12/03/22 19:00

GLYCOSYLATED HAEMOGLOBIN (HBA1C)

SAMPLE : EDTA BLOOD

HBA1C **7.6 ▲** % Non-diabetic : 4-6

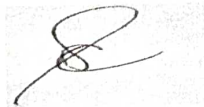
By HPLC

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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Patient report

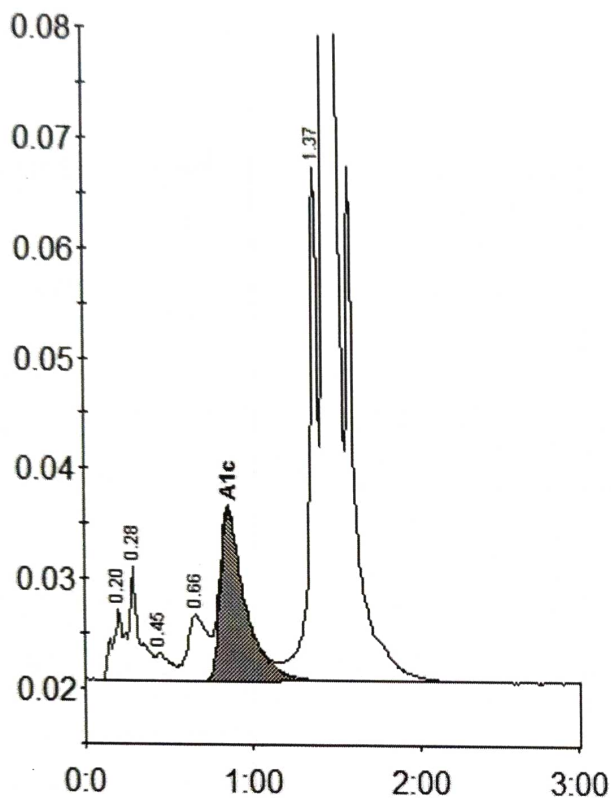
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 D-10
 S/N: #DJ0A467747
 Sample ID:
 Injection date
 Injection #: 16
 Rack #: ---

DATE: 12/03/2022
 TIME: 16:39
 Software version: 4.30-2
 07H0059247A
 12/03/2022 15:54
 Method: HbA1c
 Rack position: 6

Dr. Eminir Kanti Sarkar
 (R)NMHK.2203327 53y/ M



07H0059247A
 EDTA Wh 12-03 13:15



Peak table - ID: 07H0059247A

Peak	R.time	Height	Area	Area %
A1a	0.20	6526	25616	0.9
A1b	0.28	10332	49398	1.8
F	0.45	2445	14693	0.5
LA1c/CHb-1	0.66	5991	48747	1.7
A1c	0.85	15592	160858	7.6
P3	1.37	46931	172780	6.1
A0	1.43	813785	2337857	83.2
Total Area:		2809948		

Concentration:	%	mmol/mol
A1c	7.6	60

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Immunoassay

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0059247	Collection Date : 12/03/22 13:15	Ack Date :	Report Date : 12/03/22 19:25

THYROID FUNCTION TEST

SAMPLE : SERUM

T3 ECLIA	0.69	ng/ml	0.60 - 1.80
T4 ECLIA	5.06 ▼	ug/dL	5.40 - 11.70
TSH	1.72	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



Dr.S. Chatterjee
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(CONSULTANT BIOCHEMIST)

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Hematology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0059247	Collection Date : 12/03/22 13:15	Ack Date :	Report Date : 12/03/22 17:52

COMPLETE HAEMOGRAM (CBC)

SAMPLE : EDTA BLOOD

HAEMOGLOBIN (HB) <i>Colorimetric method (Cyn Meth)</i>	15.1	gm/dl	13 - 17
RBC COUNT <i>Electrical Impedance Method</i>	5.33	x10 ⁶ /ul	4.5 - 5.5
TOTAL WBC COUNT <i>Electrical Impedance Method</i>	7.0	10 ³ /cmm	4 - 10
PLATELET COUNT <i>Electrical Impedance Method</i>	180	10 ³ /cmm	150 - 410
PCV <i>RBC pulse ht. detection method</i>	46	%	40 - 50
MCV <i>calculated</i>	86	fl	83 - 101
MCH <i>Calculated</i>	28	pg	27 - 32
MCHC <i>Calculated</i>	33	gm/dl	31.5 - 34.5
ESR <i>Modified Westergren Method</i>	10	%	0 - 12

DIFFERENTIAL COUNT

NEUTROPHILS <i>Microscopy</i>	64	%	40 - 80
LYMPHOCYTES <i>Microscopy</i>	31	%	20 - 40
MONOCYTES <i>Microscopy</i>	02	%	2 - 10
EOSINOPHILS <i>Microscopy</i>	03	%	1 - 6
BASOPHILS <i>Microscopy</i>	00	%	0 - 2

PERIPHERAL BLOOD SMEAR

RBC	Normocytic Normochromic
WBC	Within normal limits
PLATELET	Adequate

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Address	: 49D MAJHI PARA ROAD , THAKURPUKUR ,Kolkata,West Bengal ,700063		

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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Immunology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0059247	Collection Date : 12/03/22 13:15	Ack Date :	Report Date : 14/03/22 10:21

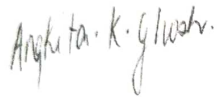
BLOOD GROUPING & Rh TYPING

SAMPLE : EDTA BLOOD

BLOOD GROUP ' A '
Agglutination forward & Reverse

RH TYPE POSITIVE

End of Report



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

Test Report



MIHIR KANTI SARKAR-2203327

PID NO: P562100481643
Age: 53.0 Year(s) Sex: Male



Reference:

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

VID: 562110000512483

Registered On:
13/03/2022 06:27 PM
Collected On:
13/03/2022 6:27PM
Reported On:
13/03/2022 08:55 PM

Investigation

PSA- Prostate Specific Antigen
(Serum,ECLIA)

Observed Value

0.646

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 --

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

Page 1 of 1


Dr. Rajat Mukherjee
M.D (Pathology)

† This test was outsourced to Metropolis Healthcare Ltd. Mumbai

DIAGNOSTICS REPORT

Patient Name	: Mr. Mihir Kanti Sarkar	Order Date	: 12/03/2022 13:14
Age/Sex	: 53 Year(s)/Male	Report Date	: 12/03/2022 18:47
UHID	: NMHK.2203327	IP No	:
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
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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. Mihir Kanti Sarkar	Order Date	: 12/03/2022 13:14
Age/Sex	: 53 Year(s)/Male	Report Date	: 12/03/2022 14:22
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USG REPORT OF WHOLE ABDOMEN

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 0.3 cm.

CBD : Normal. CBD measures 0.9 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 is maintained. No evidence of any calculus/mass / hydronephrosis is seen. Right kidney measures : 10.1 cm & Left kidney measures : 10.8 cm.

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

DIAGNOSTICS REPORT

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PROSTATE : Prostate is normal size, outline and echotexture appear normal. No focal lesion is seen. Prostate measures 3.2 cm x 2.4 cm x 2.4 cm. It weight approx 10.1 gm.

PERITONEUM : No free fluid is noted.

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

IMPRESSION : Diffuse fatty changes in liver.



Dr. MADHUSHREE RAY NASKAR ,
MBBS,DMRD

Consultant Radiologist

RegNo: 57032

DIAGNOSTICS REPORT

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2D ECHOCARDIOGRAPHY WITH M-MODE

MEASUREMENTS

2D and M-Mode :

IVS (d)	13 mm	Aorta (at sinuses)	22 mm
LVID (d)	39 mm	LA diameter	36 mm
LVPW (d)	12 mm	RVID (d) - basal	20 mm
LVID (s)	19 mm	TAPSE	28 mm
LVEF	62 %		

Estimated PASP = 20 mmHg

FINDINGS

Left Ventricle :

Cavity size : Normal.

Wall thickness : Concentric hypertrophy.

Segmental wall motion : No abnormality found.

Global systolic function : Normal (EF = 62 %)

Diastolic function : Grade I diastolic dysfunction.

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.

DIAGNOSTICS REPORT

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

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.

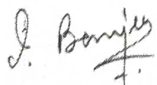
Inferior Vena Cava :IVC normal diameter, > 50% respiratory variation.

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 = 28 mm).
- * Concentric left ventricular hypertrophy.
- * Normal valve morphology.
- * Grade I LV diastolic dysfunction.
- * No pericardial effusion.
- * No pulmonary arterial hypertension.



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

Board Certified Comprehensive
Echocardiographer (USA)

DIAGNOSTICS REPORT

Patient Name	: Mr. Mihir Kanti Sarkar	Order Date	: 12/03/2022 13:14
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ELECTROCARDIOGRAM REPORT (ECG)

HR	: 66 bpm
Rhythm	: Sinus
P wave	: Normal
PR Interval	: 148 msec
QRS axis	: Normal (56 Degree)
QRS duration	: 130 msec
QRS configuration	: RBBB
T wave	: Non specific changes
ST segment	: Non specific changes
QTc	: 440 msec
QT	: 418 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)

MIHIR KANTI SARKAR

2203327

Male

53 years / kg

HR 66/min

Axis: 3°

SINUS RHYTHM
RIGHT BUNDLE BRANCH BLOCK
RVH WITH REPOLARIZATION ABNORMALITY

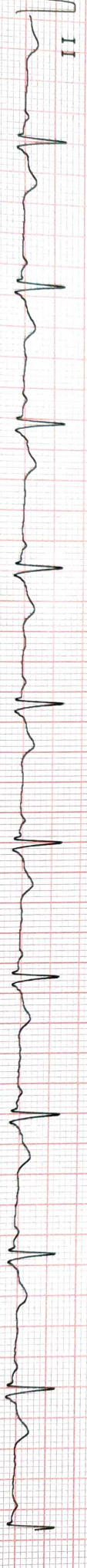
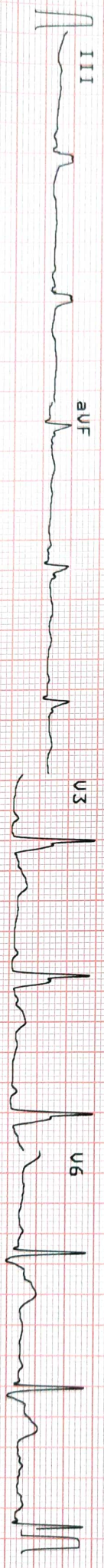
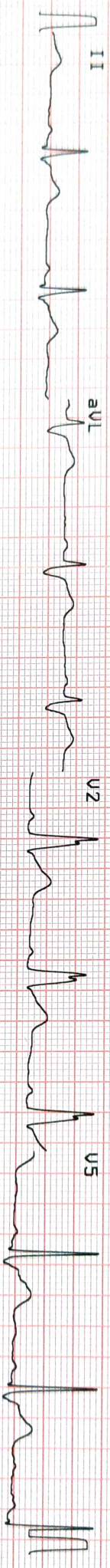
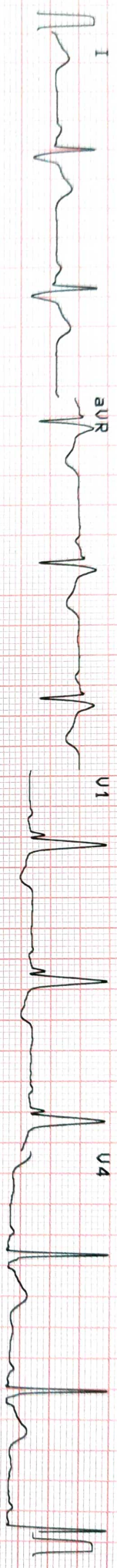
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UNCONFIRMED REPORT

Intervals:
RR 916 ms
P 116 ms
PR 148 ms
QRS 130 ms
QT 418 ms
QTc 440 ms
(Bazett)
10 mm/mV

P (II) 0.08 mV
S (U1) -0.08 mV
R (U5) 1.86 mV
Sokol. 1.94 mV

10 mm/mV



10 mm/mV

mm/s

0.05-25 Hz F50 SSF 5B5 12.03.2022 10:45:08

NARAYAN MEMORIAL HOSPITAL, BEHALA

AT-102plus 1.25VCF3