

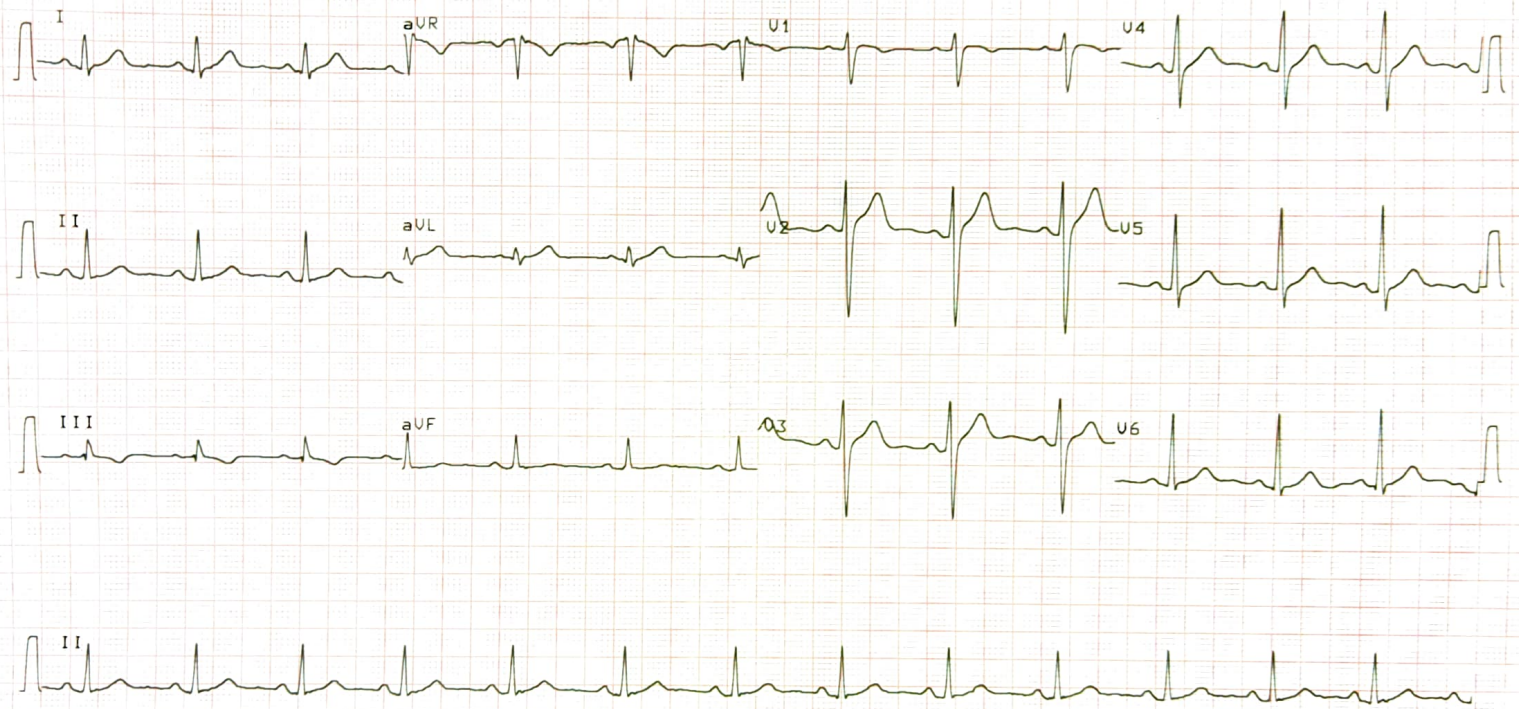
DILIP KUMAR SINGH  
2214338  
Male  
36 years  
..... cm / ..... kg

HR 80/min  
Intervals:  
RR 750 ms  
P 112 ms  
PR 144 ms  
QRS 90 ms  
QT 350 ms  
QTc 407 ms  
(Bazett)  
10 mm/mV

Axis:  
P 40°  
QRS 66°  
T 12°  
P (II) 0.13 mV  
S (U1) -0.83 mV  
R (U5) 1.74 mV  
Sokol. 3.61 mV

SINUS RHYTHM  
OTHERWISE NORMAL ECG  
6.02

UNCONFIRMED REPORT



10 mm/mV

25 mm/s

0.05-25 Hz F50 SSF S85 31.08.2022 09:48:34

NARAYAN MEMORIAL  
HOSPITAL.BEHALA

AT-102plus 1.25 Ct

## LABORATORY INVESTIGATION REPORT

<b>Patient Name</b> : Mr. DILIP KUMAR SINGH	<b>Age/Sex</b> : 36 Year(s) / Male
<b>UHID</b> : NMHK.2214338	<b>Order Date</b> : 31/08/2022 09:25
<b>Episode</b> : OP	<b>Mobile No</b> : 9073158252
<b>Ref. Doctor</b> : NMH	<b>DOB</b> : 16/03/1986
<b>Address</b> : 4A, GITANJALI APPT. 29/1, SATYEN ROY RD. , BEHALA ,Kolkata,West Bengal ,700060	<b>Facility</b> : NARAYAN MEMORIAL HOSPITAL

### Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0075549	Collection Date : 31/08/22 09:50	Ack Date : 31/08/2022 12:38	Report Date : 31/08/22 15:33

#### SERUM CREATININE

##### SAMPLE : SERUM

SERUM CREATININE	0.8	mg/dl	0.7 - 1.2
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Method - Jaffe Gen2 Compensated

#### LIVER FUNCTION TEST ( LFT )

##### SAMPLE : SERUM

TOTAL BILIRUBIN	0.5	mg/dl	0 - 1.1
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Method - Diazo Method

DIRECT BILIRUBIN	0.2	mg/dl	0 - 0.2
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Method - Diazo Method

INDIRECT BILIRUBIN	0.3	mg/dl	0.2 - 0.9
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Method - Calculated

SGPT (ALT)	17	U/L	0 - 34
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Method - IFCC Without Pyridoxal Phosphate

SGOT (AST)	16	U/L	0 - 31
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Method - IFCC Without Pyridoxal Phosphate

ALKALINE PHOSPHATASE	104	U/L	53 - 128
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Method - IFCC

TOTAL PROTEIN	7.9	g/dl	6.4 - 8.2
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Method - Biuret

ALBUMIN	5.0	gm/dl	3.5 - 5.2
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Method - Bromocresol Green

GLOBULIN	2.9	g/dl	2 - 3.5
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Method - Calculated

ALBUMIN:GLOBULIN	1.7	-	1.1 - 2.5
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Method - Calculated

GGT	16	U/L	8 - 61
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## LABORATORY INVESTIGATION REPORT

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Method - Enzymatic colorimetric assay

### BLOOD UREA NITROGEN

BLOOD UREA NITROGEN 7 mg/dl 6 - 20

Method - Calculated

### LIPID PROFILE

#### SAMPLE : SERUM

TOTAL CHOLESTEROL 177 mg/dl Desirable <200 |  
Borderline 200-239 |  
High >=240

Method - CHOD-PAP

HDL CHOLESTEROL 39 ▼ mg/dl 40 - 60

Method - Homogenous Enzymatic Colorimetric

LDL CHOLESTEROL 105 mg/dl Optimal < 100 |  
Borderline 130

Method - Homogenous Enzymatic Colorimetric

VLDL 25 mg/dl 0 - 30

Method - CALCULATED

CHOLESTEROL-HDL RATIO 4.54 -

LDL-HDL RATIO 2.69 -

TRIGLYCERIDES 128 mg/dl Desirable <150 |  
Borderline 150 - 200 |  
High >200

Method - Enzymatic Colorimetric

### URIC ACID

#### SAMPLE : SERUM

URIC ACID 6.1 mg/dl 3.4 - 7

Method - Enzymatic Colorimetric

#### SAMPLE : SERUM

RESULT 8.75

Sample No : 07H0075549A Collection Date : 31/08/22 09:50 Ack Date : 31/08/2022 12:37 Report Date : 31/08/22 18:23

### GLYCOSYLATED HAEMOGLOBIN (HBA1C)

#### SAMPLE : EDTA BLOOD

**LABORATORY INVESTIGATION REPORT**

<b>Patient Name</b> : Mr. DILIP KUMAR SINGH	<b>Age/Sex</b> : 36 Year(s) / Male
<b>UHID</b> : NMHK.2214338	<b>Order Date</b> : 31/08/2022 09:25
<b>Episode</b> : OP	
<b>Ref. Doctor</b> : NMH	<b>Mobile No</b> : 9073158252
	<b>DOB</b> : 16/03/1986
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HBA1C 5.5

*Interpretation & Remark:*

- HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose.
- HbA1c has been endorsed by clinical groups & 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 severe iron deficiency anaemia & haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
- 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).
- For known diabetic patients, following values can be considered as a tool for monitoring the glycaemic 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 : 07H0075549B      Collection Date : 31/08/22 09:50      Ack Date : 31/08/2022 12:37      Report Date : 31/08/22 15:33

**BLOOD SUGAR(F)**

**SAMPLE : PLASMA**

BLOOD SUGAR FASTING 96 mg/dl 70 - 109

Method - Hexokinase

Sample No : 07H0075603B      Collection Date : 31/08/22 13:22      Ack Date : 31/08/2022 13:52      Report Date : 31/08/22 17:29

**BLOOD SUGAR(PP)**

**SAMPLE : PLASMA**


BLOOD SUGAR PP 133 mg/dl 70.00 - 140.00

Method - Hexokinase

End of Report



Dr. S. Chatterjee  
MD, MBBS, FAACC



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



**LABORATORY INVESTIGATION REPORT**

<b>Patient Name</b> : Mr. DILIP KUMAR SINGH	<b>Age/Sex</b> : 36 Year(s) / Male
<b>UHID</b> : NMHK.2214338	<b>Order Date</b> : 31/08/2022 09:25
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**Clinical Pathology**

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0075549	Collection Date : 31/08/22 09:50	Ack Date : 31/08/2022 16:57	Report Date : 01/09/22 10:16

**URINE FOR R/E**

**SAMPLE : URINE**

**PHYSICAL EXAMINATION**

VOLUME	35	ml	
COLOUR	PALE STRAW		
APPEARANCE	CLEAR		
SPECIFIC GRAVITY	1.010		1.010 - 1.030
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	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<sup>a</sup>**

**SAMPLE : URINE**

RESULT ABSENT

Sample No : 07H0075603	Collection Date : 31/08/22 13:22	Ack Date : 31/08/2022 16:57	Report Date : 01/09/22 10:22
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**URINE FOR SUGAR PP**



**LABORATORY INVESTIGATION REPORT**

<b>Patient Name</b>	: Mr. DILIP KUMAR SINGH	<b>Age/Sex</b>	: 36 Year(s) / Male
<b>UHID</b>	: NMHK.2214338	<b>Order Date</b>	: 31/08/2022 09:25
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**SAMPLE : URINE**

RESULT

ABSENT

End of Report

*Angkita K. Ghosh*

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

RegNo: 82734

Checked By

**LABORATORY INVESTIGATION REPORT**

<b>Patient Name</b> : Mr. DILIP KUMAR SINGH	<b>Age/Sex</b> : 36 Year(s) / Male
<b>UHID</b> : NMHK.2214338	<b>Order Date</b> : 31/08/2022 09:25
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**Immunology**

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0075549	Collection Date : 31/08/22 09:50	Ack Date : 31/08/2022 12:38	Report Date : 31/08/22 18:02

**BLOOD GROUPING & Rh TYPING**

**SAMPLE : EDTA BLOOD**

BLOOD GROUP : ' O ' Method - Agglutinationforward & Reverse

RH TYPE : POSITIVE

**THYROID FUNCTION TEST**

**SAMPLE : SERUM**

T3	1.17	ng/ml	0.60 - 1.80
<i>Method - ECLIA</i>			
T4	9.72	ug/dL	5.40 - 11.70
<i>Method - ECLIA</i>			
TSH	1.95	uIU/ml	Adult Male – 0.27-5.50 Adult Female – 0.27-5.50 Newborns - <25 Upto 12 years – 0.3-5
<i>Method - ECLIA</i>			

*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).



**LABORATORY INVESTIGATION REPORT**

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End of Report

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

Checked By

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

RegNo: 82734



**LABORATORY INVESTIGATION REPORT**

<b>Patient Name</b> : Mr. DILIP KUMAR SINGH	<b>Age/Sex</b> : 36 Year(s) / Male
<b>UHID</b> : NMHK.2214338	<b>Order Date</b> : 31/08/2022 09:25
<b>Episode</b> : OP	<b>Mobile No</b> : 9073158252
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<b>Address</b> : 4A, GITANJALI APPT. 29/1, SATYEN ROY RD. , BEHALA ,Kolkata,West Bengal ,700060	<b>Facility</b> : NARAYAN MEMORIAL HOSPITAL

**Hematology**

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0075549	Collection Date : 31/08/22 09:50	Ack Date : 31/08/2022 12:38	Report Date : 31/08/22 17:24

**COMPLETE HAEMOGRAM ( CBC )**

**SAMPLE : EDTA BLOOD**

HAEMOGLOBIN (HB) <i>Method - Colorimetric method (Cyn Meth)</i>	14.8	gm/dl	13 - 17
RBC COUNT <i>Method - Electrical Impedance Method</i>	<b>4.38 ▼</b>	x10 <sup>6</sup> /ul	4.5 - 5.5
TOTAL WBC COUNT <i>Method - Electrical Impedance Method</i>	6.9	10 <sup>3</sup> /cmm	4 - 10
PLATELET COUNT <i>Method - Electrical Impedance Method</i>	250	10 <sup>3</sup> /cmm	150 - 410
PCV <i>Method - RBC pulse ht. detection method</i>	44	%	40 - 50
MCV <i>Method - calculated</i>	100	fl	83 - 101
MCH <i>Method - Calculated</i>	<b>34 ▲</b>	pg	27 - 32
MCHC <i>Method - Calculated</i>	34	gm/dl	31.5 - 34.5
ESR <i>Method - Modified Westergren Method</i>	<b>25 ▲</b>	%	0 - 10
<b>DIFFERENTIAL COUNT</b>			
NEUTROPHILS <i>Method - Microscopy</i>	60	%	40 - 80
LYMPHOCYTES <i>Method - Microscopy</i>	34	%	20 - 40
MONOCYTES <i>Method - Microscopy</i>	02	%	2 - 10



**LABORATORY INVESTIGATION REPORT**

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<b>Episode</b>	: OP	<b>Mobile No</b>	: 9073158252
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EOSINOPHILS	04	%	1 - 6
<i>Method - Microscopy</i>			
BASOPHILS	00	%	0 - 2
<i>Method - Microscopy</i>			

**PERIPHERAL BLOOD SMEAR**

RBC	Normocytic normochromic
WBC	Within normal limit
PLATELET	Adequate

End of Report

*Angkita K. Ghosh*

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

RegNo: 82734

Checked By



**LABORATORY INVESTIGATION REPORT**

<b>Patient Name</b> : Mr. DILIP KUMAR SINGH	<b>Age/Sex</b> : 36 Year(s) / Male
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**Clinical Pathology**

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0075549	Collection Date : 31/08/22 09:50	Ack Date : 31/08/2022 16:57	Report Date : 01/09/22 10:16

**URINE FOR R/E**

**SAMPLE : URINE**

**PHYSICAL EXAMINATION**

VOLUME	35	ml	
COLOUR	PALE STRAW		
APPEARANCE	CLEAR		
SPECIFIC GRAVITY	1.010		1.010 - 1.030
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	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<sup>®</sup>**

**SAMPLE : URINE**

RESULT	ABSENT
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Sample No : 07H0075603	Collection Date : 31/08/22 13:22	Ack Date : 31/08/2022 16:57	Report Date : 01/09/22 10:22
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**URINE FOR SUGAR PP**



### LABORATORY INVESTIGATION REPORT

<b>Patient Name</b> : Mr. DILIP KUMAR SINGH	<b>Age/Sex</b> : 36 Year(s) / Male
<b>UHID</b> : NMHK.2214338	<b>Order Date</b> : 31/08/2022 09:25
<b>Episode</b> : OP	<b>Mobile No</b> : 9073158252
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#### SAMPLE : URINE

RESULT

ABSENT

End of Report

*Angkita K. Ghosh*

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

RegNo: 82734

Checked By



### DIAGNOSTICS REPORT

Patient Name	: Mr. DILIP KUMAR SINGH	Order Date	: 31/08/2022 09:25
Age/Sex	: 36 Year(s)/Male	Report Date	: 31/08/2022 13:12
UHID	: NMHK.2214338	IP No	:
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
Address	: 4A, GITANJALI APPT. 29/1, SATYEN ROY RD., BEHALA, Kolkata, West Bengal, 700060	Mobile	: 9073158252

### 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 1.0 cm.

**CD** : Normal. CD measures 0.5 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 : 9.9 cm.

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

**PROSTATE** : Prostate is normal size, outline and echotexture appear normal. No focal lesion is seen. Prostate measures 4.0 cm x 2.9 cm x 2.8 cm. It weight approx 17 gm.

## DIAGNOSTICS REPORT

Patient Name	: Mr. DILIP KUMAR SINGH	Order Date	: 31/08/2022 09:25
Age/Sex	: 36 Year(s)/Male	Report Date	: 31/08/2022 13:12
UHID	: NMHK.2214338	IP No	:
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
Address	: 4A, GITANJALI APPT. 29/1, SATYEN ROY RD., BEHALA, Kolkata, West Bengal, 700060	Mobile	: 9073158252

**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. DILIP KUMAR SINGH	Order Date	: 31/08/2022 09:25
Age/Sex	: 36 Year(s)/Male	Report Date	: 31/08/2022 18:07
UHID	: NMHK.2214338	IP No	:
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
Address	: 4A, GITANJALI APPT. 29/1, SATYEN ROY RD., BEHALA, Kolkata, West Bengal, 700060	Mobile	: 9073158252

### 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. Sayani Mahal, MD Radiology  
(AIIMS), PDCC (AIIMS)

RegNo: 74369

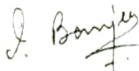
### DIAGNOSTICS REPORT

Patient Name	: Mr. DILIP KUMAR SINGH	Order Date	: 31/08/2022 09:25
Age/Sex	: 36 Year(s)/Male	Report Date	: 31/08/2022 13:03
UHID	: NMHK.2214338	IP No	:
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
Address	: 4A, GITANJALI APPT. 29/1, SATYEN ROY RD., BEHALA, Kolkata, West Bengal, 700060	Mobile	: 9073158252

### ECHOCARDIOGRAPHY (SCREENING)

#### Status of Patient :

- \* No regional wall motion abnormality at rest.
- \* Good LV systolic function (EF = 62%).
- \* Good RV systolic function (TAPSE = 21 mm).
- \* Normal valve morphology.
- \* Trivial TR, TR Gradient = 16 mmHg.
- \* Normal LV diastolic function.
- \* No pericardial effusion.
- \* No pulmonary arterial hypertension.
- \* IVC normal diameter & > 50% respiratory variation.
- \* No thrombus, mass, vegetation seen.



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**MD,DNB,MRCPC (UK)**  
Board Certified Comprehensive  
Echocardiographer (USA)





### DIAGNOSTICS REPORT

Patient Name	: Mr. DILIP KUMAR SINGH	Order Date	: 31/08/2022 09:25
Age/Sex	: 36 Year(s)/Male	Report Date	: 31/08/2022 13:27
UHID	: NMHK.2214338	IP No	:
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
Address	: 4A, GITANJALI APPT. 29/1, SATYEN ROY RD., BEHALA, Kolkata, West Bengal, 700060	Mobile	: 9073158252

### ELECTROCARDIOGRAM REPORT (ECG)

HR : 80 bpm  
Rhythm : Sinus  
P wave : Normal  
PR Interval : 144 msec  
QRS axis : Normal (66 Degree)  
QRS duration : 90 msec  
QRS configuration : Normal  
T wave : Non specific changes  
ST segment : Non specific changes  
QTc : 407 msec  
QT : 350 msec

#### IMPRESSION:

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

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