

## LABORATORY INVESTIGATION REPORT

<b>Patient Name</b> : Mr. AMIT SAHA	<b>Age/Sex</b> : 59 Year(s) / Male
<b>UHID</b> : NMHK.2207983	<b>Order Date</b> : 01/06/2022 12:58
<b>Episode</b> : OP	
<b>Ref. Doctor</b> : NMH	<b>Mobile No</b> : 9051227024
	<b>DOB</b> : 01/01/1963
<b>Address</b> : 7/7, I BLOCK ROAD , BAGHAJATIN ,Kolkata,West Bengal ,700104	<b>Facility</b> : NARAYAN MEMORIAL HOSPITAL

### Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
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Sample No : 07H0065160	Collection Date : 01/06/22 13:01	Ack Date : 01/06/2022 13:56	Report Date : 01/06/22 19:06
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#### SERUM CREATININE

##### SAMPLE : SERUM

SERUM CREATININE	<b>0.6 ▼</b>	mg/dl	0.7 - 1.2
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Method - Jaffe Gen2 Compensated

#### LIVER FUNCTION TEST ( LFT )

##### SAMPLE : SERUM

TOTAL BILIRUBIN	0.9	mg/dl	0 - 1.1
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Method - Diazo Method

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

INDIRECT BILIRUBIN	0.5	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)	17	U/L	0 - 31
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Method - IFCC Without Pyridoxal Phosphate

ALKALINE PHOSPHATASE	60	U/L	53 - 128
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Method - IFCC

TOTAL PROTEIN	7.6	g/dl	6.4 - 8.2
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Method - Biuret

ALBUMIN	4.7	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	1.6	-	1.1 - 2.5
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Method - Calculated

GGT	14	U/L	8 - 61
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Method - Enzymatic colorimetric assay

#### BLOOD UREA NITROGEN

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BLOOD UREA NITROGEN 9.8 mg/dl 6 - 20  
 Method - Calculated

### LIPID PROFILE

#### SAMPLE : SERUM

TOTAL CHOLESTEROL 131 mg/dl Desirable <200 |  
 Borderline 200-239 |  
 High >=240  
 Method - CHOD-PAP

HDL CHOLESTEROL 43 mg/dl 40 - 60  
 Method - Homogenous Enzymatic Colorimetric

LDL CHOLESTEROL 68 mg/dl Optimal < 100 |  
 Borderline 130  
 Method - Homogenous Enzymatic Colorimetric

VLDL 24 mg/dl 0 - 30  
 Method - CALCULATED

CHOLESTEROL-HDL RATIO 3.05 -

LDL-HDL RATIO 1.58 -

TRIGLYCERIDES 120 mg/dl Desirable <150 |  
 Borderline 150 - 200 |  
 High >200  
 Method - Enzymatic Colorimetric

### URIC ACID

#### SAMPLE : SERUM

URIC ACID 4.7 mg/dl 3.4 - 7  
 Method - Enzymatic Colorimetric

#### SAMPLE : SERUM

RESULT 16.3

Sample No : 07H0065161A Collection Date : 01/06/22 13:02 Ack Date : 01/06/2022 13:57 Report Date : 01/06/22 19:05

### GLYCOSYLATED HAEMOGLOBIN (HBA1C)

#### SAMPLE : EDTA BLOOD

HBA1C 8.2



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### Immunology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0065161	Collection Date : 01/06/22 13:02	Ack Date : 01/06/2022 13:56	Report Date : 01/06/22 16:06

#### BLOOD GROUPING & Rh TYPING

##### SAMPLE : EDTA BLOOD

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

End of Report

*Angkita K. Ghosh*

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

RegNo: 82734

Checked By

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### Hematology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0065161	Collection Date : 01/06/22 13:02	Ack Date : 01/06/2022 13:56	Report Date : 01/06/22 16:01

#### COMPLETE HAEMOGRAM ( CBC )

##### SAMPLE : EDTA BLOOD

HAEMOGLOBIN (HB)	10.5 ▼	gm/dl	13 - 17
<i>Method - Colorimetric method (Cyn Meth)</i>			
RBC COUNT	4.35 ▼	x10 <sup>6</sup> /ul	4.5 - 5.5
<i>Method - Electrical Impedance Method</i>			
TOTAL WBC COUNT	6.5	10 <sup>3</sup> /cmm	4 - 10
<i>Method - Electrical Impedance Method</i>			
PLATELET COUNT	280	10 <sup>3</sup> /cmm	150 - 410
<i>Method - Electrical Impedance Method</i>			
PCV	32 ▼	%	40 - 50
<i>Method - RBC pulse ht. detection method</i>			
MCV	74 ▼	fl	83 - 101
<i>Method - calculated</i>			
MCH	24 ▼	pg	27 - 32
<i>Method - Calculated</i>			
MCHC	32	gm/dl	31.5 - 34.5
<i>Method - Calculated</i>			
ESR	44 ▲	%	0 - 12
<i>Method - Modified Westergren Method</i>			
<b><u>DIFFERENTIAL COUNT</u></b>			
NEUTROPHILS	65	%	40 - 80
<i>Method - Microscopy</i>			
LYMPHOCYTES	30	%	20 - 40
<i>Method - Microscopy</i>			
MONOCYTES	02	%	2 - 10
<i>Method - Microscopy</i>			
EOSINOPHILS	03	%	1 - 6
<i>Method - Microscopy</i>			

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Bengal ,700104

**Age/Sex** : 59 Year(s) / Male

**Order Date** : 01/06/2022 12:58

**Mobile No** : 9051227024

**DOB** : 01/01/1963

**Facility** : NARAYAN MEMORIAL HOSPITAL

BASOPHILS

00

%

0 - 2

Method - Microscopy

### PERIPHERAL BLOOD SMEAR

RBC

Microcytic hypochromic

WBC

Within normal limits

PLATELET

Adequate

End of Report

*Angkita K. Ghosh*

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

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### Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0065161	Collection Date : 01/06/22 13:02	Ack Date : 01/06/2022 13:56	Report Date : 01/06/22 16:49

#### URINE FOR R/E

##### SAMPLE : URINE

##### PHYSICAL EXAMINATION

VOLUME	30	ml	
COLOUR	PALE YELLOW		
APPEARANCE	SLIGHTLY HAZY		
SPECIFIC GRAVITY	1.010		1.010 - 1.030
REACTION(pH)	ACIDIC (6.0)		

##### 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	1-2 / HPF	<5/HPF
EPITHELIAL CELLS	2-4 / HPF	<20/HPF
RBC	NIL	
CAST	ABSENT	ABSENT
CRYSTAL	ABSENT	ABSENT
OTHERS	MICRO-ORGANISM - PRESENT (FEW) YEAST CELL - PRESENT (FEW)	

Please correlate clinically.

#### URINE FOR SUGAR FASTING<sup>a</sup>

##### SAMPLE : URINE

RESULT PRESENT

#### URINE FOR SUGAR PP

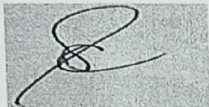
##### SAMPLE : URINE

RESULT PRESENT(+++)

## LABORATORY INVESTIGATION REPORT

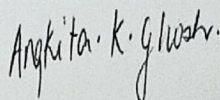
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End of Report



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

Checked By



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

RegNo: 82734



## LABORATORY INVESTIGATION REPORT

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### Immunoassay

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0065160	Collection Date : 01/06/22 13:01	Ack Date : 01/06/2022 13:56	Report Date : 01/06/22 19:15

### THYROID FUNCTION TEST

#### SAMPLE : SERUM

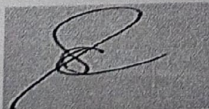
T3 <i>Method - ECLIA</i>	1.3	ng/ml	0.60 - 1.80
T4 <i>Method - ECLIA</i>	10.01	ug/dL	5.40 - 11.70
TSH <i>Method - ECLIA</i>	2.08	uIU/ml	Adult Male – 0.27-5.50 Adult Female – 0.27-5.50 Newborns - <25 Upto 12 years – 0.3-5

*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



AMIT SAHA OP-2207983

PID NO: P2162200062095  
Age: 59.0 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

# Medical Laboratory Report

Registered On:  
01/06/2022 08:37 PM  
Collected On:  
01/06/2022 8:37PM  
Reported On:  
02/06/2022 07:14 AM

Investigation	Observed Value	Unit	Biological Reference Interval
PSA- Prostate Specific Antigen (Serum,ECLIA)	4.21	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

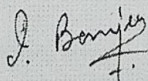
## DIAGNOSTICS REPORT

Patient Name	: Mr. AMIT SAHA	Order Date	: 01/06/2022 12:58
Age/Sex	: 59 Year(s)/Male	Report Date	: 01/06/2022 13:44
UHID	: NMHK.2207983	IP No	:
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Address	: 7/7, I BLOCK ROAD, BAGHAJATIN, Kolkata, West Bengal, 700104	Mobile	: 9051227024

### ECHOCARDIOGRAPHY (SCREENING)

#### Status of Patient :

- \* No regional wall motion abnormality at rest except jerky IVS.
- \* Adequate LV systolic function (EF = 58 %).
- \* 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. AMIT SAHA	Order Date	: 01/06/2022 12:58
Age/Sex	: 59 Year(s)/Male	Report Date	: 01/06/2022 13:02
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### ELECTROCARDIOGRAM REPORT (ECG)

HR : 74 bpm

Rhythm : Sinus

P wave : Normal

PR Interval : 170 msec

QRS axis : Left ( - 10 Degree)

QRS duration : 122 msec

QRS configuration : LBBB

T wave : Non specific changes

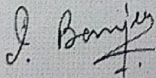
ST segment : Non specific changes

QTc : 418 msec

QT : 376 msec

#### IMPRESSION:

- Sinus rhythm. Left QRS axis.
  - Left Bundle Branch Block (LBBB).
  - Non specific ST-T changes.
- Clinical correlation please.



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

Board Certified Comprehensive  
Echocardiographer (USA)

AMIT SRHA

2207983

59 years

Male

kg

HR 74/min

Intervals:

RR 812 ms

P 102 ms

PR 120 ms

QRS 122 ms

QT 376 ms

QTc 418 ms (Bazett)

10 mm/mV

Axis:

P 41°

QRS -10°

T 61°

P (II) 0.07 mV

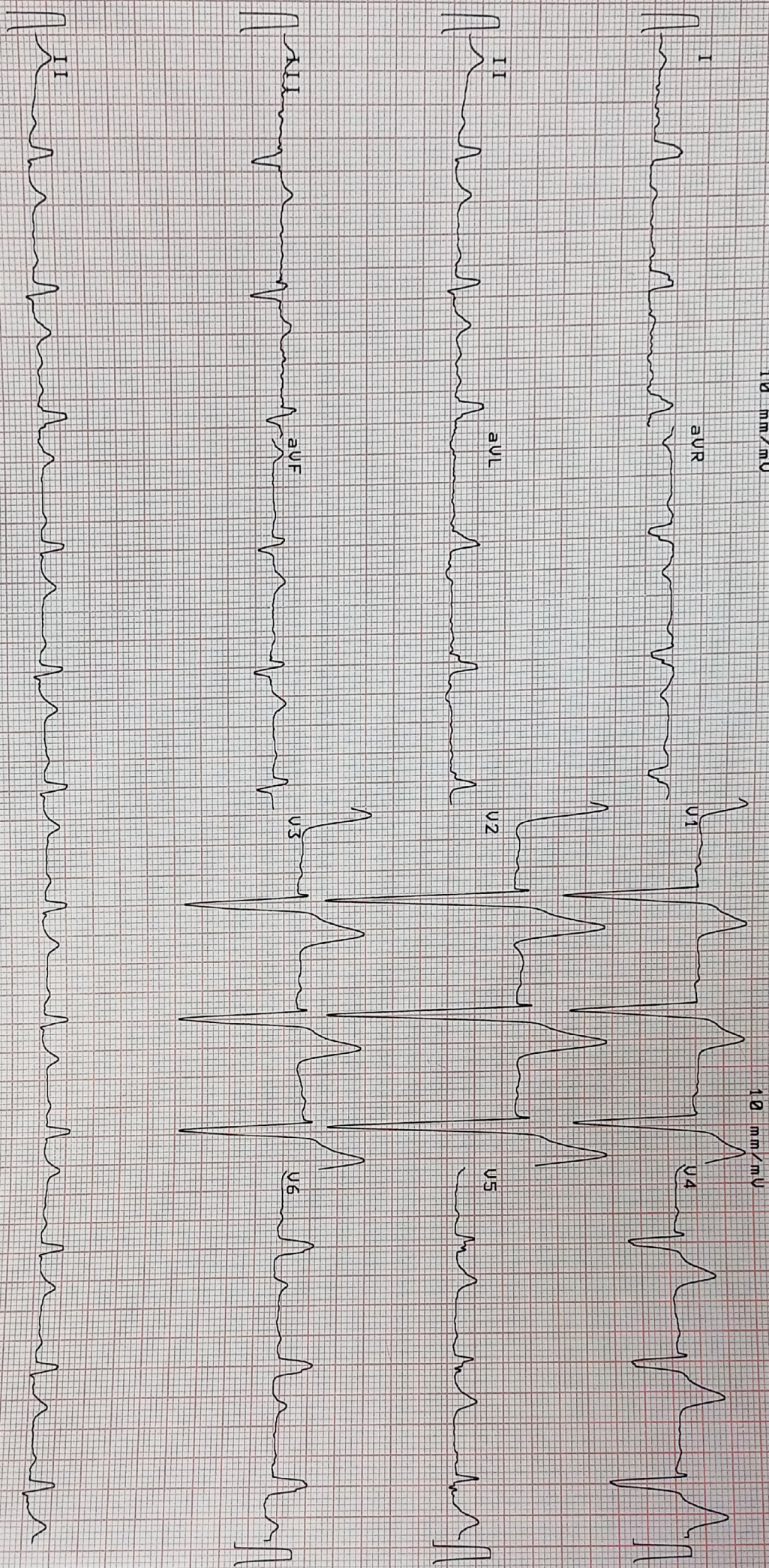
S (V1) -2.42 mV

R (V5) 0.43 mV

Sokol. 4.40 mV

SINUS RHYTHM  
LEFTWARD AXIS  
INCOMPLETE LEFT BUNDLE BRANCH BLOCK  
T ABNORMALITY IN LATERAL LEADS

UNCONFIRMED REPORT



0.05-25 Hz FS0 SSF 585 01.06.2022 09:43:57

NARAYAN MEMORIAL HOSPITAL, BEHALA

RT-102plus 1.25

## DIAGNOSTICS REPORT

Patient Name	: Mr. AMIT SAHA	Order Date	: 01/06/2022 12:58
Age/Sex	: 59 Year(s)/Male	Report Date	: 01/06/2022 13:08
UHID	: NMHK.2207983	IP No	:
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Address	: 7/7, I BLOCK ROAD, BAGHAJATIN, Kolkata, West Bengal, 700104	Mobile	: 9051227024

### 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 0.4 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 : 11.5 cm & Left kidney measures : 11.4 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 3.1 cm x 3.3 cm x 2.8 cm. It weight approx 15.9 gm.

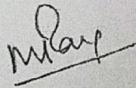
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**PERITONEUM** : No free fluid is noted.

**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

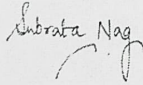
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### X-RAY CHEST PA VIEW

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.**



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

RegNo: 66718