

## CHECK LIST

NAME	ABHINAV SARDAR	PATHOLOGY/PP
OP		ECG/PFT
AGE		ECHO/TMT
DATE		USG / CXR
PACKAGE		URINE / STOOL
REFERRED BY		MAMMO/ PAP
HT	177	EYE/ DENTAL
WT	93	GP CONSULTATION
BP	140/80	DIETITION
PULSE	88	CARDIOLOGIST
WAIST	102	GYNECOLOGIST
HIP	106	DENTAL
RESPIRATORY RATE		
CHEST (INHALE)	117	
CHEST (EXHALE)	111	
ABDOMEN	109	



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Unique Identification Authority of India  
Government of India

ই-আই ডি / Enrollment No.: 1040/20220/00429

তথ্য

- আধার পরিচয়ের প্রমাণ, নাগরিকত্বের প্রমাণ নয়।
- পরিচয়ের প্রমাণ অনলাইন প্রমাণীকরণ দ্বারা লাভ করুন।

INFORMATION

- Aadhaar is proof of identity, not of citizenship.
- To establish identity, authenticate online.

To  
অভিজিৎ সর্দার  
Abhijit Sardar  
RAJARAMPUR PARBATPARA  
Bethuabati Rajarampur  
Paschim Rameswarpur  
South Twenty Four Parganas  
West Bengal 700140



- আধার সারা দেশে মান্য।
- আধার ভবিষ্যতে সরকারী ও বেসরকারী পরিষেবা প্রাপ্তির সহায়ক হবে।
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আধার - সাধারণ মানুষের অধিকার

ভারত সরকার  
Government of India



অভিজিৎ সর্দার  
Abhijit Sardar  
পিতা : অজিত কুমার সর্দার  
Father : AJIT KUMAR SARDAR  
জন্মতারিখ / DOB : 12/10/1984  
পুরুষ / Male



**3917 6319 9179**

আধার - সাধারণ মানুষের অধিকার

ভারতীয় বিশিষ্ট পরিচয়-প্রমাণকরণ  
Unique Identification Authority of India



ঠিকানা:  
রাজারামপুর পর্বতপাড়া,  
বেথুয়াবাটি রাজারামপুর, পশ্চিম  
রামেশ্বরপুর, দক্ষিণ ২৪ পরগণা,  
পশ্চিমবঙ্গ, 700140

Address:  
RAJARAMPUR PARBATPARA,  
Bethuabati Rajarampur, Paschim  
Rameswarpur, South Twenty Four  
Parganas, West Bengal, 700140

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**DIAGNOSTICS REPORT**

Patient Name	: Mr. ABHIJIT SARDAR	Order Date	: 28/01/2023 09:49
Age/Sex	: 38 Year(s)/Male	Report Date	: 28/01/2023 16:16
UHID	: NMHK.2302132	IP No	:
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
Address	: RAJARAMPUR, BUDGE BUDGE, Kolkata, West Bengal, 700140	Mobile	: 9874738413

**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 0.8 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 : 10.0 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 2.6 cm x 3.7 cm x 2.4 cm. It weight approx 12.5 gm.

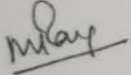
### DIAGNOSTICS REPORT

Patient Name	: Mr. ABHIJIT SARDAR	Order Date	: 28/01/2023 09:49
Age/Sex	: 38 Year(s)/Male	Report Date	: 28/01/2023 16:16
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**PERITONEUM** : : No free fluid is noted.

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

**IMPRESSION** : Fatty changes in liver (Grade I).



**Dr. MADHUSHREE RAY NASKAR,**  
MBBS, DMRD  
Consultant Radiologist  
RegNo: 57032

### DIAGNOSTICS REPORT

Patient Name	: Mr. ABHJIT SARDAR	Order Date	: 28/01/2023 09:49
Age/Sex	: 38 Year(s)/Male	Report Date	: 28/01/2023 18:58
UHID	: NMHK.2302132	IP No	:
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
Address	: RAJARAMPUR, BUDGE BUDGE, Kolkata, West Bengal, 700140	Mobile	: 9874738413

### CHEST X-RAY REPORT OF PA VIEW

Lung fields are clear. No focal parenchymal opacity is seen.

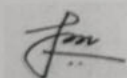
No appreciable pleural thickening / calcification is noted.

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



**LABORATORY INVESTIGATION REPORT**

<b>Patient Name</b> : Mr. ABHIJIT SARDAR	<b>Age/Sex</b> : 38 Year(s) / Male
<b>UHID</b> : NMHK.2302132	<b>Order Date</b> : 28/01/2023 09:49
<b>Episode</b> : OP	<b>Mobile No</b> : 9874738413
<b>Ref. Doctor</b> : NMH	<b>DOB</b> : 01/01/1985
<b>Address</b> : RAJARAMPUR , BUDGE BUDGE ,Kolkata,West Bengal ,700140	<b>Facility</b> : NARAYAN MEMORIAL HOSPITAL

**Immunology**

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0099062	Collection Date : 28/01/23 09:55	Ack Date : 28/01/2023 10:16	Report Date : 28/01/23 15:45

**BLOOD GROUPING & Rh TYPING**

**SAMPLE : EDTA BLOOD**

**BLOOD GROUP** : 'O'

*Method - Agglutination forward & Reverse*

**RH TYPE** : POSITIVE

**THYROID FUNCTION TEST**

**SAMPLE : SERUM**

<b>T3</b>	1.27	ng/ml	0.60 - 1.80
<i>Method - ECLIA</i>			
<b>T4</b>	8.49	ug/dL	5.40 - 11.70
<i>Method - ECLIA</i>			
<b>TSH</b>	0.52	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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**Address** : RAJARAMPUR , BUDGE BUDGE ,Kolkata,West Bengal ,700140

**Age/Sex** : 38 Year(s) / Male

**Order Date** : 28/01/2023 09:49

**Mobile No** : 9874738413

**DOB** : 01/01/1985

**Facility** : NARAYAN MEMORIAL HOSPITAL

End of Report

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

Checked By

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

### LABORATORY INVESTIGATION REPORT

<b>Patient Name</b> : Mr. ABHJIT SARDAR	<b>Age/Sex</b> : 38 Year(s) / Male
<b>UHID</b> : NMHK.2302132	<b>Order Date</b> : 28/01/2023 09:49
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### Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0099082	Collection Date : 28/01/23 09:55	Ack Date : 28/01/2023 11:42	Report Date : 28/01/23 17:35

#### SERUM CREATININE

##### SAMPLE : SERUM

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

#### LIVER FUNCTION TEST ( LFT )

##### SAMPLE : SERUM

TOTAL BILIRUBIN	0.6	mg/dl	0 - 1.1
<i>Method - Diazo Method</i>			
DIRECT BILIRUBIN	0.2	mg/dl	0 - 0.2
<i>Method - Diazo Method</i>			
INDIRECT BILIRUBIN	0.4	mg/dl	0.2 - 0.9
<i>Method - Calculated</i>			
SGPT (ALT)	17	U/L	0 - 34
<i>Method - IFCC Without Pyridoxal Phosphate</i>			
SGOT (AST)	15	U/L	0 - 31
<i>Method - IFCC Without Pyridoxal Phosphate</i>			
ALKALINE PHOSPHATASE	105	U/L	53 - 128
<i>Method - IFCC</i>			
TOTAL PROTEIN	7.8	g/dl	6.4 - 8.2
<i>Method - Biuret</i>			
ALBUMIN	4.9	gm/dl	3.5 - 5.2
<i>Method - Bromocresol Green</i>			
GLOBULIN	2.9	g/dl	2 - 3.5
<i>Method - Calculated</i>			
ALBUMIN:GLOBULIN	1.7	-	1.1 - 2.5
<i>Method - Calculated</i>			
GGT	25	U/L	8 - 61





**LABORATORY INVESTIGATION REPORT**

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**Age/Sex** : 38 Year(s) / Male

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**Facility** : NARAYAN MEMORIAL HOSPITAL

*Method - Enzymatic colorimetric assay*

**BLOOD UREA NITROGEN**

BLOOD UREA NITROGEN 14.0

*Method - Calculated*

mg/dl 6 - 20

**LIPID PROFILE**

**SAMPLE : SERUM**

TOTAL CHOLESTEROL 188

*Method - CHOD-PAP*

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

HDL CHOLESTEROL 52

*Method - Homogenous Enzymatic Colorimetric*

mg/dl 40 - 60

LDL CHOLESTEROL 87

*Method - Homogenous Enzymatic Colorimetric*

mg/dl Optimal < 100 |  
Borderline 130

VLDL 49 ▲

*Method - CALCULATED*

mg/dl 0 - 30

CHOLESTEROL-HDL RATIO 3.61

LDL-HDL RATIO 1.67

TRIGLYCERIDES 245

*Method - Enzymatic Colorimetric*

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

**URIC ACID**

**SAMPLE : SERUM**

URIC ACID 5.2

*Method - Enzymatic Colorimetric*

mg/dl 3.4 - 7

**SAMPLE : SERUM**

RESULT 17.5

Sample No : 07H0099082A

Collection Date : 28/01/23 09:55

Ack Date : 28/01/2023 10:16

Report Date : 28/01/23 17:34

**GLYCOSYLATED HAEMOGLOBIN (HBA1C)**

**SAMPLE : EDTA BLOOD**



### LABORATORY INVESTIGATION REPORT

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Age/Sex : 38 Year(s) / Male

UHID : NMHK.2302132

Order Date : 28/01/2023 09:49

Episode : OP

Ref. Doctor : NMH

Mobile No : 9874738413

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DOB : 01/01/1985

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HBA1C 7.5

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 : 07H0099082B Collection Date : 28/01/23 09:55 Ack Date : 28/01/2023 11:49 Report Date : 28/01/23 17:35

#### BLOOD SUGAR(F)

##### SAMPLE : PLASMA

BLOOD SUGAR FASTING 131 ▲ mg/dl 70 - 109

Method - Hexokinase

Sample No : 07H0099119B Collection Date : 28/01/23 13:09 Ack Date : 28/01/2023 14:22 Report Date : 28/01/23 17:35

#### BLOOD SUGAR(PP)

##### SAMPLE : PLASMA

BLOOD SUGAR PP 237 ▲ mg/dl 70.00 - 140.00

Method - Hexokinase

End of Report

Dr.S. Chatterjee  
MD, MBBS, FAAC



## LABORATORY INVESTIGATION REPORT

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<b>UHID</b> : NMHK.2302132	<b>Order Date</b> : 28/01/2023 09:49
<b>Episode</b> : OP	<b>Mobile No</b> : 9874738413
<b>Ref. Doctor</b> : NMH	<b>DOB</b> : 01/01/1985
<b>Address</b> : RAJARAMPUR , BUDGE BUDGE ,Kolkata,West Bengal ,700140	<b>Facility</b> : NARAYAN MEMORIAL HOSPITAL

### Hematology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0099082	Collection Date : 28/01/23 09:55	Ack Date : 28/01/2023 10:16	Report Date : 28/01/23 14:21

#### COMPLETE HAEMOGRAM ( CBC )

##### SAMPLE : EDTA BLOOD

HAEMOGLOBIN (HB)	15.6	gm/dl	13 - 17
<i>Method - Colorimetric method (Cym Meth)</i>			
RBC COUNT	6.3 ▲	$\times 10^6/\mu\text{l}$	4.5 - 5.5
<i>Method - Electrical Impedance Method</i>			
TOTAL WBC COUNT	15.3 ▲	$10^3/\text{cmm}$	4 - 10
<i>Method - Electrical Impedance Method</i>			
PLATELET COUNT	230	$10^3/\text{cmm}$	150 - 410
<i>Method - Electrical Impedance Method</i>			
PCV	48	%	40 - 50
<i>Method - RBC pulse ht. detection method</i>			
MCV	76 ▼	fl	83 - 101
<i>Method - calculated</i>			
MCH	25 ▼	pg	27 - 32
<i>Method - Calculated</i>			
MCHC	33	gm/dl	31.5 - 34.5
<i>Method - Calculated</i>			
ESR	15 ▲	%	0 - 10
<i>Method - Modified Westergren Method</i>			
<b>DIFFERENTIAL COUNT</b>			
NEUTROPHILS	81 ▲	%	40 - 80
<i>Method - Microscopy</i>			
LYMPHOCYTES	15 ▼	%	20 - 40
<i>Method - Microscopy</i>			
MONOCYTES	03	%	2 - 10
<i>Method - Microscopy</i>			



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EOSINOPHILS	01	%	1 - 6
<i>Method - Microscopy</i>			
BASOPHILS	00	%	0 - 2
<i>Method - Microscopy</i>			

### PERIPHERAL BLOOD SMEAR

**RBC** Predominantly Normocytic Normochromic, few Microcytes seen.

**WBC** Neutrophilic leukocytosis

**PLATELET** Adequate

End of Report

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

RegNo: 82734

Checked By



**LABORATORY INVESTIGATION REPORT**

<b>Patient Name</b> : Mr. ABHIJIT SARDAR	<b>Age/Sex</b> : 38 Year(s) / Male
<b>UHID</b> : NMHK.2302132	<b>Order Date</b> : 28/01/2023 09:49
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**Clinical Pathology**

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0099082	Collection Date : 28/01/23 09:55	Ack Date : 28/01/2023 13:13	Report Date : 29/01/23 18:00

**URINE FOR R/E**

**SAMPLE : URINE**

**PHYSICAL EXAMINATION**

VOLUME	35	ml	
COLOUR	PALE STRAW		
APPEARANCE	SLIGHTLY HAZY		
SPECIFIC GRAVITY	1.020		1.010 - 1.030
REACTION(pH)	ACIDIC (pH-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	0-2/HPF	<20/HPF
RBC	ABSENT	
CAST	ABSENT	ABSENT
CRYSTAL	ABSENT	ABSENT

*Please correlate clinically.*

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

**SAMPLE : URINE**

RESULT PRESENT

Sample No : 07H0099119	Collection Date : 28/01/23 13:09	Ack Date : 28/01/2023 15:18	Report Date : 28/01/23 17:35
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**URINE FOR SUGAR PP**



### LABORATORY INVESTIGATION REPORT

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**SAMPLE : URINE**

RESULT

PRESENT

End of Report

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

Checked By

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



## DIAGNOSTICS REPORT

Patient Name	: Mr. ABHIJIT SARDAR	Order Date	: 28/01/2023 09:49
Age/Sex	: 38 Year(s)/Male	Report Date	: 28/01/2023 16:28
UHID	: NMHK.2302132	IP No	:
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### ELECTROCARDIOGRAM REPORT (ECG)

HR : 79 bpm

Rhythm : Sinus

P wave : Normal

PR Interval : 134 msec

QRS axis : Left axis ( - 12 Degree)

QRS duration : 100 msec

QRS configuration : R - S transition zone shifted to Left

T wave : Non specific changes

ST segment : Non specific changes

QTc : 395 msec

QT : 344 msec

#### IMPRESSION:

- Sinus rhythm. Left QRS axis.
- R - S transition zone shifted to Left
- Non specific ST-T changes.

Clinical correlation please.

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

Board Certified Comprehensive  
Echocardiographer (USA)

0001337 SARTER

2302132

Note

38 years

kg

HR 79/min

Intervals:  
PR 174 ms  
QR5 100 ms  
QT 344 ms  
QTc 395 ms  
(Bazett)

10 mm/mV

QRS: 42°

T: 18°

P (II) 0.14 mV  
S (V1) -1.09 mV  
R (V5) 0.68 mV  
Sokol, 2.46 mV

SINUS RHYTHM

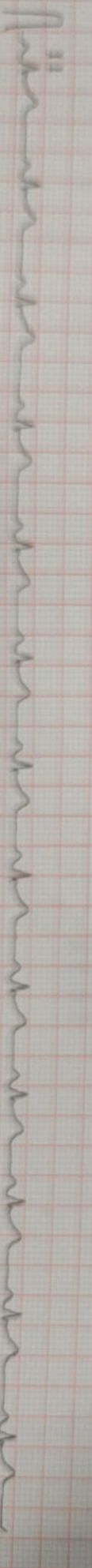
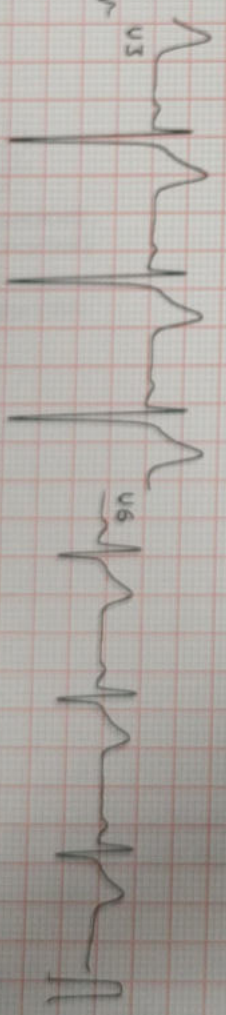
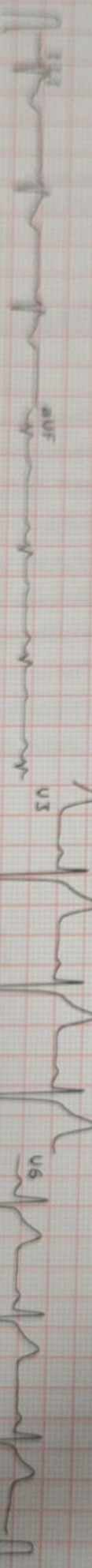
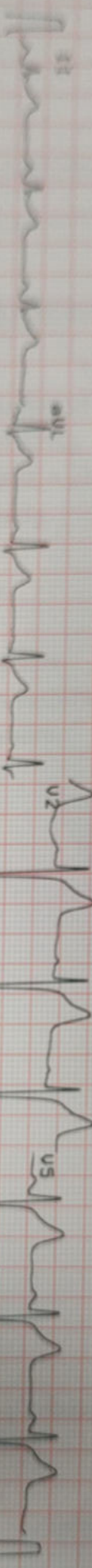
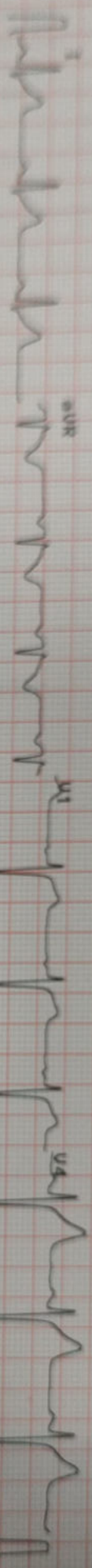
LEFTWARD AXIS

R-S TRANSITION ZONE IN V LEADS DISPLACED TO THE LEFT  
OTHERWISE NORMAL ECG

6.02

UNCONFIRMED REPORT

10 mm/mV



10 mm/mV

NOBBYRN MEMORIAL





## DIAGNOSTICS REPORT

Patient Name	: Mr. ABHIJIT SARDAR	Order Date	: 28/01/2023 09:49
Age/Sex	: 38 Year(s)/Male	Report Date	: 28/01/2023 15:50
UHID	: NMHK.2302132	IP No	:
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
Address	: RAJARAMPUR, BUDGE BUDGE, Kolkata, West Bengal, 700140	Mobile	: 9874738413

### ECHOCARDIOGRAPHY (SCREENING)

#### Status of Patient :

- \* No regional wall motion abnormality at rest.
- \* Good LV systolic function (EF = 62%).
- \* Good RV systolic function (TAPSE = 22 mm).
- \* Mild TR. TR Gradient = 21 mmHg.
- \* Normal valve morphology.
- \* Adequate LV diastolic function.
- \* 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)