

## LABORATORY INVESTIGATION REPORT

**Patient Name** : Mr. Debaprasad Mistry  
**UHID** : NMHK.2203358  
**Episode** : OP  
**Ref. Doctor** : NMH  
**Address** : FALTA , FALTA ,Kolkata,West Bengal ,743375

**Age/Sex** : 53 Year(s)/Male  
**Order Date** : 12/03/2022 14:04  
**Mobile No** : 8436313163  
**Facility** : NARAYAN MEMORIAL HOSPITAL

### Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0059273	Collection Date : 12/03/22 14:36	Ack Date :	Report Date : 13/03/22 13:14

#### SERUM CREATININE

##### SAMPLE : SERUM

SERUM CREATININE 1.1 mg/dl 0.7 - 1.2  
*Jaffe Gen2 Compensated*

#### BLOOD UREA NITROGEN

BLOOD UREA NITROGEN 13.5 mg/dl 6 - 20  
*Calculated*

#### URIC ACID

##### SAMPLE : SERUM

URIC ACID 6.3 mg/dl 3.4 - 7  
*Enzymatic Colorimetric*

##### SAMPLE : SERUM

RESULT 12.27  
Sample No : 07H0059273B Collection Date : 12/03/22 14:36 Ack Date : Report Date : 13/03/22 13:14

#### BLOOD SUGAR(F)

##### SAMPLE : PLASMA

BLOOD SUGAR FASTING 92 mg/dl 70 - 109  
*Hexokinase*

Sample No : 07H0059289B Collection Date : 12/03/22 16:30 Ack Date : Report Date : 13/03/22 13:14

#### BLOOD SUGAR(PP)

##### SAMPLE : PLASMA

BLOOD SUGAR PP 141 ▲ 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 : 07H0059273A	Collection Date : 12/03/22 14:36	Ack Date :	Report Date : 12/03/22 18:46

GLYCOSYLATED HAEMOGLOBIN (HBA1C)

SAMPLE : EDTA BLOOD

HBA1C 5.6 % 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



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

Checked By

# Patient report

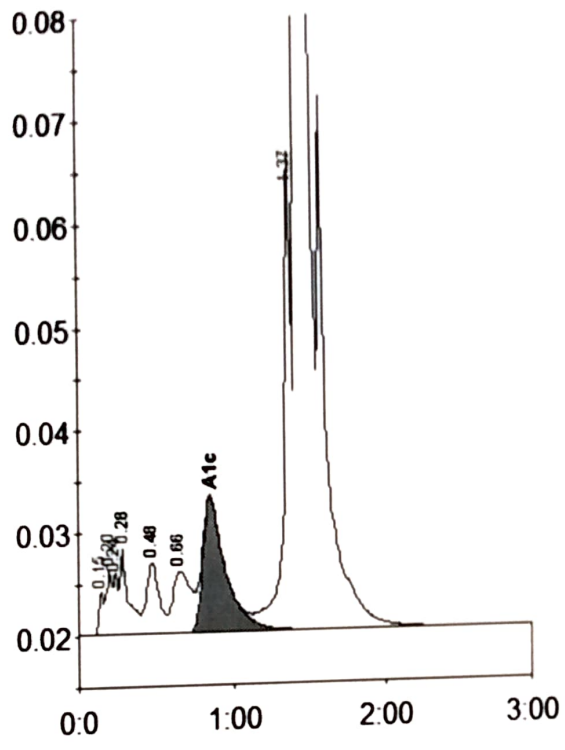
Bio-Rad  
 D-10  
 S/N: #DJ0A467747  
 Sample ID:  
 Injection date  
 Injection #: 19  
 Rack #: ---

DATE: 12/03/2022  
 TIME: 16:39  
 Software version: 4.30-2  
 07H0059273A  
 12/03/2022 16:03  
 Method: HbA1c  
 Rack position: 9

Dr. Debaprasad Mishra  
 (R)MMHK 2203358 53y/ M



07H0059273A  
 EDTA Wh 12-03 14 36



Peak table - ID: 07H0059273A

Peak	R.time	Height	Area	Area %
Unknown	0.15	4131	9949	0.3
A1a	0.20	6167	17082	0.5
Unknown	0.24	5932	10470	0.3
A1b	0.28	8201	32434	1.0
F	0.48	6926	41179	1.2
LA1c/CHb-1	0.66	6023	47922	1.4
A1c	0.85	13170	134688	5.6
P3	1.37	46592	177429	5.4
A0	1.43	948736	2843562	85.8
Total Area:			3314715	

Concentration:	%	mmol/mol
A1c	5.6	37

DEBAPRASAD MISTRY 2203358

**Reference:**

VID: 562110000512482

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

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

PID NO: P562100481642  
Age: 53.0 Year(s) Sex: Male



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<b>PSA- Prostate Specific Antigen</b> (Serum,ECLIA)	1.26	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 --

Results relate only to the sample as received. Refer to conditions of reporting **Dr. Deep Mukherjee**  
M.D (Pathology)

† This test was outsourced to Metropolis Healthcare Ltd. Mumbai



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**Biochemistry**

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**LIVER FUNCTION TEST ( LFT )**

**SAMPLE : SERUM**

TOTAL BILIRUBIN	0.6	mg/dl	0 - 1.1
<i>Diazo Method</i>			
DIRECT BILIRUBIN	0.2	mg/dl	0 - 0.2
<i>Diazo Method</i>			
INDIRECT BILIRUBIN	0.4	mg/dl	0.2 - 0.9
<i>Calculated</i>			
SGPT (ALT)	28	U/L	0 - 34
<i>IFCC Without Pyridoxal Phosphate</i>			
SGOT (AST)	22	U/L	0 - 31
<i>IFCC Without Pyridoxal Phosphate</i>			
ALKALINE PHOSPHATASE	86	U/L	53 - 128
<i>IFCC</i>			
TOTAL PROTEIN	7.2	g/dl	6.4 - 8.2
<i>Biuret</i>			
ALBUMIN	4.5	gm/dl	3.5 - 5.2
<i>Bromocresol Green</i>			
GLOBULIN	2.7	g/dl	2 - 3.5
<i>Calculated</i>			
ALBUMIN:GLOBULIN	1.7	-	1.1 - 2.5
<i>Calculated</i>			
GGT	33	U/L	8 - 61
<i>Enzymatic colorimetric assay</i>			

End of Report



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

Checked By

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### Biochemistry

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#### LIPID PROFILE

##### SAMPLE : SERUM

TOTAL CHOLESTEROL	205	mg/dl	Desirable <200   Borderline 200-239   High >=240
<i>CHOD-PAP</i>			
HDL CHOLESTEROL	50	mg/dl	40 - 60
<i>Homogenous Enzymatic Colorimetric</i>			
LDL CHOLESTEROL	132	mg/dl	Optimal < 100   Borderline 130
<i>Homogenous Enzymatic Colorimetric</i>			
VLDL	25	mg/dl	0 - 30
<i>CALCULATED</i>			
CHOLESTEROL-HDL RATIO	4.10	-	
LDL-HDL RATIO	2.64	-	
TRIGLYCERIDES	127	mg/dl	Desirable <150   Borderline 150 - 200   High >200
<i>Enzymatic Colorimetric</i>			

End of Report



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**MD, MBBS, FAAC**  
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**Immunoassay**

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0059273	Collection Date : 12/03/22 14:36	Ack Date :	Report Date : 12/03/22 19:20

**THYROID FUNCTION TEST**

**SAMPLE : SERUM**

TEST	RESULTS	UNITS	BIOLOGICAL REF RANGE
T3 ECLIA	0.81	ng/ml	0.60 - 1.80
T4 ECLIA	10.01	ug/dL	5.40 - 11.70
TSH ECLIA	1.54	uIU/ml	Adult Male – 0.27-5.50 Adult Female – 0.27-5.50 Newborns - <25 Upto 12 years – 0.3-5

ECLIA

*Interpretations:*

1. For diagnostic purposes, the result should always be assessed in conjunction with the patient's medical history, clinical examinations and other findings.
2. 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)
3. There is no high dose hook effect at TSH concentrations upto 1000 µmol/ml.
4. 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.
5. 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).
6. 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)

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**Hematology**

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0059273	Collection Date : 12/03/22 14:36	Ack Date :	Report Date : 12/03/22 17:45

**COMPLETE HAEMOGRAM ( CBC )**

**SAMPLE : EDTA BLOOD**

HAEMOGLOBIN (HB) <i>Colorimetric method (Cyn Meth)</i>	13.4	gm/dl	13 - 17
RBC COUNT <i>Electrical Impedance Method</i>	4.59	x10 <sup>6</sup> /ul	4.5 - 5.5
TOTAL WBC COUNT <i>Electrical Impedance Method</i>	6.8	10 <sup>3</sup> /cmm	4 - 10
PLATELET COUNT <i>Electrical Impedance Method</i>	180	10 <sup>3</sup> /cmm	150 - 410
PCV <i>RBC pulse ht. detection method</i>	40	%	40 - 50
MCV <i>calculated</i>	87	fl	83 - 101
MCH <i>Calculated</i>	29	pg	27 - 32
MCHC <i>Calculated</i>	34	gm/dl	31.5 - 34.5
ESR <i>Modified Westergren Method</i>	<b>58 ▲</b>	%	0 - 12

**DIFFERENTIAL COUNT**

NEUTROPHILS <i>Microscopy</i>	63	%	40 - 80
LYMPHOCYTES <i>Microscopy</i>	32	%	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 limit
PLATELET	Adequate



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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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**Clinical Pathology**

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0059273	Collection Date : 12/03/22 14:36	Ack Date :	Report Date : 13/03/22 11:42

**URINE FOR R/E**

**SAMPLE : URINE**

**PHYSICAL EXAMINATION**

VOLUME	35	ml	
COLOUR	Watery		
APPEARANCE	CLEAR		
SPECIFIC GRAVITY	1.010		1.010 - 1.030
REACTION(pH)	ACIDIC (6.5)		

**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	2-4 / HPF	<20/HPF
RBC	NIL	ABSENT
CAST	ABSENT	ABSENT
CRYSTAL	ABSENT	ABSENT

Please correlate clinically.

End of Report



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

Checked By

## DIAGNOSTICS REPORT

Patient Name	: Mr. Debaprasad Mistry	Order Date	: 12/03/2022 14:04
Age/Sex	: 53 Year(s)/Male	Report Date	: 13/03/2022 11:10
UHID	: NMHK.2203358	IP No	:
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Address	: FALTA, FALTA, Kolkata, West Bengal, 743375	Mobile	: 8436313163

### 2D ECHOCARDIOGRAPHY WITH M-MODE MEASUREMENTS

#### 2D and M-Mode :

IVS (d)	11 mm	Aorta (at sinuses)	25 mm
LVID (d)	41 mm	LA diameter	35 mm
LVPW (d)	10 mm	RVID (d) - basal	14 mm
LVID (s)	21 mm	TAPSE	21 mm
LVEF	62 %		

Estimated PASP = 21 mmHg

### FINDINGS

#### Left Ventricle :

Cavity size : Normal.

Wall thickness : Normal.

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.

**Tricuspid Valve** :Normal structure, normal excursion. Trivial TR. TR gradient = 16 mmHg.

**DIAGNOSTICS REPORT**

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**Interarterial 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.

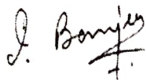
**Inferior Vena Cava** :IVC normal diameter, > 50% respiratory variation.

**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 = 21 mm).
- \* 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. Debaprasad Mistry	Order Date	: 12/03/2022 14:04
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### ELECTROCARDIOGRAM REPORT (ECG)

HR : 70 bpm

Rhythm : Sinus

P wave : Normal

PR Interval : 168 msec

QRS axis : Normal (56 Degree)

QRS duration : 94 msec

QRS configuration : Normal

T wave : Non specific changes

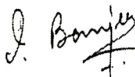
ST segment : Non specific changes

QTc : 389 msec

QT : 358 msec

#### IMPRESSION:

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



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

Board Certified Comprehensive  
Echocardiographer (USA)



DEBAPRASAD MISTRY

2203358

52 years

M / F

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

HR 70/min

Axis: 58°

P 56°

T 51°

SINUS RHYTHM  
OTHERWISE NORMAL ECG

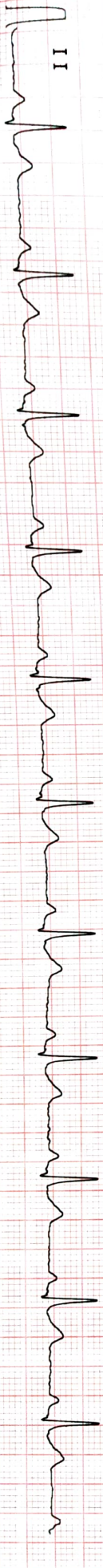
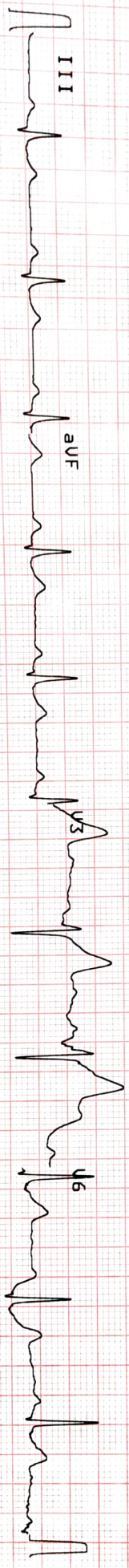
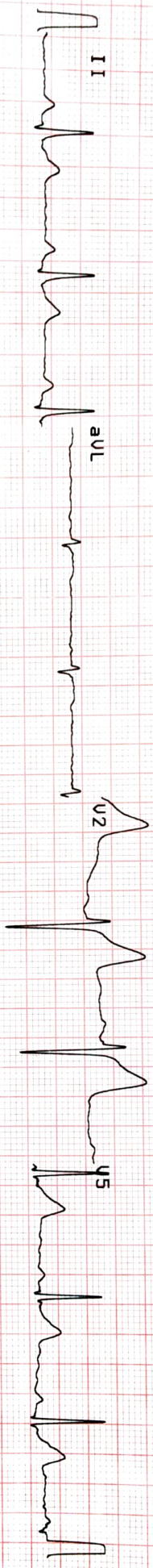
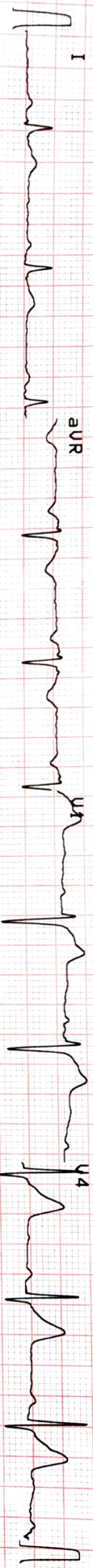
6.02

UNCONFIRMED REPORT

Intervals:  
 RR 863 ms  
 P 130 ms  
 PR 168 ms  
 QRS 94 ms  
 QT 358 ms  
 QTc 389 ms  
 (Bazett)  
 10 mm/mV

P (II) 0.19 mV  
 S (V1) -1.13 mV  
 R (V5) 1.54 mV  
 Sokol. 3.37 mV

10 mm/mV



mV

12-03-2022 12:51:10

NARAYAN MEMORIAL  
HOSPITAL, BEHALA

RT-102plus 1.25 Ct



# Narayan Memorial Hospital

(A Unit of Narayan Health Services Pvt. Ltd.)



## DIAGNOSTICS REPORT

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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.

A handwritten signature in black ink, appearing to read "m. ray".

**Dr. MADHUSHREE RAY NASKAR ,**  
**MBBS, DMRD**

Consultant Radiologist

RegNo: 57032

## DIAGNOSTICS REPORT

Patient Name	: Mr. Debaprasad Mistry	Order Date	: 12/03/2022 14:04
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### USG WHOLE ABDOMEN

**LIVER** : Liver is normal in size. Liver measures 12 cm. Parenchymal echotexture is normal. Intrahepatic biliary radicles & hepatic veins are not dilated. No focal mass lesion seen.

**PORTA :PV** : Normal. PV measures 0.9 cm.

**CBD** : Normal. CBD measures 0.4 cm. No calculus or SOL seen within its visualised part.

**GALL BLADDER** :Gall bladder is well distended. Wall thickness is normal. No calculus seen. **A tiny echogenic focus seen within GB cap -- ? polyp / ? cholesterol deposit.** Ultrasonographic Murphy's sign is negative.

**PANCREAS** :Pancreas is normal in size and parenchymal echogenicity. Pancreatic duct is not dilated. No focal SOL / peripancreatic collection seen.

**SPLEEN** :Spleen is normal in size. Spleen measures : 7.0 cm. Parenchyma shows normal homogeneous pattern. No focal SOL seen. Splenic vein is normal.

**KIDNEYS** :Both kidneys are normal in size, shape, outline, position and parenchymal echogenicity. Corticomedullary differentiation is maintained . No evidence of any calculus / SOL / hydronephrosis seen.

Right kidney measures : 10.4 cm & Left kidney measures : 10.0 cm.

**URETERS** : Not seen dilated.





### DIAGNOSTICS REPORT

Patient Name	: Mr. Debaprasad Mistry	Order Date	: 12/03/2022 14:04
Age/Sex	: 53 Year(s)/Male	Report Date	: 12/03/2022 15:44
UHID	: NMHK.2203358	IP No	:
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
Address	: FALTA, FALTA, Kolkata, West Bengal, 743375	Mobile	: 8436313163

**URINARY BLADDER** : Urinary bladder is normal in contour, outline and distension. Walls are of normal thickness. No vesical calculus or mass lesion seen.

**POST VOID BLADDER** : No significant residual urine seen.

**PROSTATE** : Prostate is enlarged. Capsule appears intact. No focal lesion seen. Prostate measures 3.9 cm x 4.3 cm x 3.4 cm. It weigh approx 31 gm.

**PERITONEUM** : No free fluid seen.

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

**IMPRESSION** : \* ? Tiny polyp / ? cholesterol deposit in GB cap.  
\* Prostatomegaly.



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