

DIAGNOSTICS REPORT

| | | | |
|--------------|---|-------------|-----------------------------|
| Patient Name | : Mr. Vikash Kumar | Order Date | : 27/11/2021 11:14 |
| Age/Sex | : 31 Year(s)/Male | Report Date | : 27/11/2021 17:06 |
| UHID | : NMHK.2118325 | IP No | : |
| Ref. Doctor | : NMH | Facility | : NARAYAN MEMORIAL HOSPITAL |
| Address | : FLAT-1G, BLOCK-5 AKSHARA NILOY, PARNARSREE,Kolkata, West Bengal, 700060 | Mobile | : 9601645588 |

2D ECHOCARDIOGRAPHY WITH M-MODE

MEASUREMENTS

2D and M-Mode :

| | | | |
|----------|-------|--------------------|-------|
| IVS (d) | 10 mm | Aorta (at sinuses) | 27 mm |
| LVID (d) | 50 mm | LA diameter | 35 mm |
| LVPW (d) | 10 mm | RVID (d) - basal | 16 mm |
| LVID (s) | 31 mm | TAPSE | 25 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 : Normal

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. Trivial PR.

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

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 = 25 mm).
- * Normal valve morphology.
- * Normal LV diastolic function.
- * No pericardial effusion.
- * No pulmonary arterial hypertension.

J. Banerjee

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

Board Certified Comprehensive
Echocardiographer (USA)

DIAGNOSTICS REPORT

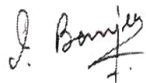
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|--------------|---|-------------|-----------------------------|
| Patient Name | : Mr. Vikash Kumar | Order Date | : 27/11/2021 11:14 |
| Age/Sex | : 31 Year(s)/Male | Report Date | : 27/11/2021 16:35 |
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ELECTROCARDIOGRAM REPORT (ECG)

| | |
|-------------------|------------------------|
| HR | : 65 bpm |
| Rhythm | : Sinus |
| P wave | : Normal |
| PR Interval | : 150 msec |
| QRS axis | : Normal (39 Degree) |
| QRS duration | : 86 msec |
| QRS configuration | : Normal |
| T wave | : Non specific changes |
| ST segment | : Non specific changes |
| QTc | : 348 msec |
| QT | : 334 msec |

IMPRESSION:

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



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

Board Certified Comprehensive
Echocardiographer (USA)

VIKASH KUMAR

2118325

Male

31 years

kg

HR 65/min

Intervals:

RR 928 ms

P 186 ms

PR 150 ms

QR5 86 ms

QT 334 ms

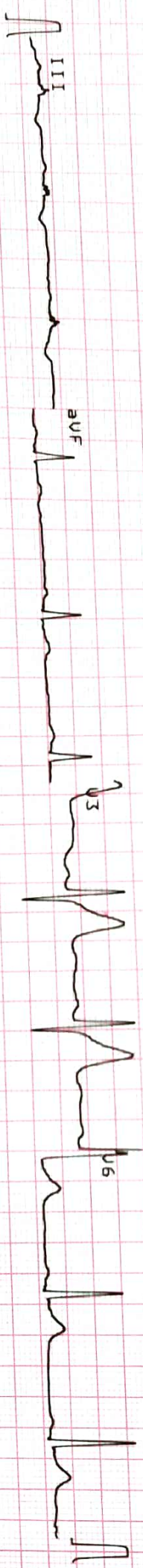
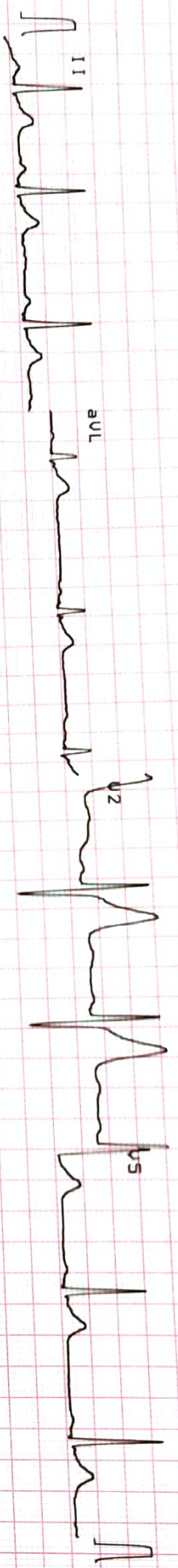
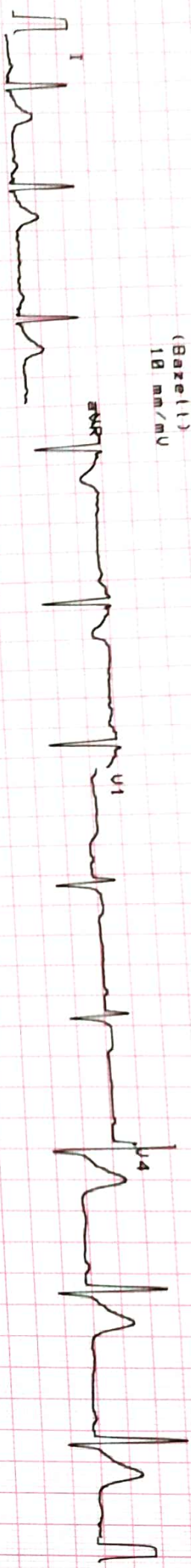
QTc 348 ms (Bazett)

| | | |
|--------|-------|----|
| Rx15: | 38 | . |
| P | 39 | . |
| QR5 | 9 | . |
| T | | . |
| P (II) | 0.10 | mV |
| S (U1) | -0.91 | mV |
| R (U5) | 1.79 | mV |
| Sokol. | 3.21 | mV |

SINUS RHYTHM
OTHERWISE NORMAL ECG

UNCONFIRMED REPORT

10 mm/mV



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USG REPORT OF WHOLE ABDOMEN (SCREENING)

LIVER : Liver is normal in size. **Parenchymal echogenicity is mildly 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 0.3 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 : 9.3 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 3.3 cm x 2.7 cm x 2.6 cm. It weight approx 12.5 gm.

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PERITONEUM : : No free fluid is noted.

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

IMPRESSION : Mild fatty changes in liver.



Dr.MADHUSHREE RAY NASKAR ,
MBBS,DMRD

Consultant Radiologist

RegNo: 57032



Patient Name : Mr. Vikash Kumar

UHID : NMHK.2118325

Episode : OP

Ref. Doctor : NMH

Address : FLAT-1G, BLOCK-5 AKSHARA NILOY,
PARNARSREE, Kolkata, West Bengal, 700060

Age/Sex : 31 Year(s)/Male

Order Date : 27/11/2021 11:14

Mobile No : 9601645588

Facility : NARAYAN MEMORIAL HOSPITAL

Immunoassay

| INVESTIGATION | RESULTS | UNITS | BIOLOGICAL REF RANGE |
|------------------------|----------------------------------|------------|------------------------------|
| Sample No : 07H0049074 | Collection Date : 27/11/21 11:52 | Ack Date : | Report Date : 27/11/21 18:45 |

THYROID FUNCTION TEST

SAMPLE : SERUM

| | | | |
|-------------|------|--------|---|
| T3 ECLIA | 1.18 | ng/ml | 0.60 - 1.80 |
| T4 ECLIA | 7.38 | ug/dL | 5.40 - 11.70 |
| TSH | 1.41 | 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).

Immunology

| INVESTIGATION | RESULTS | UNITS | BIOLOGICAL REF RANGE |
|------------------------|----------------------------------|------------|------------------------------|
| Sample No : 07H0049074 | Collection Date : 27/11/21 11:52 | Ack Date : | Report Date : 27/11/21 16:00 |

BLOOD GROUPING & Rh TYPING

SAMPLE : EDTA BLOOD

| | |
|-------------|----------|
| BLOOD GROUP | 'O' |
| RH TYPE | POSITIVE |

End of Report

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

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

Checked By

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Episode : OP

Ref. Doctor : NMH

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Age/Sex : 31 Year(s)/Male

Order Date : 27/11/2021 11:14

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Hematology

| INVESTIGATION | RESULTS | UNITS | BIOLOGICAL REF RANGE |
|------------------------|----------------------------------|------------|------------------------------|
| Sample No : 07H0049074 | Collection Date : 27/11/21 11:52 | Ack Date : | Report Date : 27/11/21 16:00 |

COMPLETE HAEMOGRAM (CBC)

SAMPLE : EDTA BLOOD

| | | | |
|------------------|------|-------------------------|-------------|
| HAEMOGLOBIN (HB) | 14.1 | gm/dl | 13 - 17 |
| RBC COUNT | 4.71 | $\times 10^6/\text{ul}$ | 4.5 - 5.5 |
| TOTAL WBC COUNT | 5.9 | $10^3/\text{cmm}$ | 4 - 10 |
| PLATELET COUNT | 175 | $10^3/\text{cmm}$ | 150 - 410 |
| PCV | 42 | % | 40 - 50 |
| MCV | 89 | fl | 83 - 101 |
| MCH | 30 | pg | 27 - 32 |
| MCHC | 34 | gm/dl | 31.5 - 34.5 |
| ESR | 05 | mm/hr | ≤ 10 |

DIFFERENTIAL COUNT

| | | | |
|-------------|----|---|---------|
| NEUTROPHILS | 65 | % | 40 - 80 |
| LYMPHOCYTES | 30 | % | 20 - 40 |
| MONOCYTES | 02 | % | 2 - 10 |
| EOSINOPHILS | 03 | % | 1 - 6 |
| BASOPHILS | 00 | % | 0 - 2 |

PERIPHERAL BLOOD SMEAR

RBC Normocytic normochromic

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 : 07H0049077 | Collection Date : 27/11/21 11:56 | Ack Date : | Report Date : 27/11/21 16:59 |

URINE FOR R/E

SAMPLE : URINE

PHYSICAL EXAMINATION

| | | | |
|------------------|------------|----|---------------|
| VOLUME | 40 | 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 | 3-4 / HPF | <5/HPF |
| EPITHELIAL CELLS | 2-3 / HPF | <20/HPF |
| RBC | NIL | |
| CAST | ABSENT | ABSENT |
| CRYSTAL | ABSENT | ABSENT |

Please correlate clinically.

End of Report

Angkita K. Ghosh

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

RegNo: 82734

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Clinical Pathology

| INVESTIGATION | RESULTS | UNITS | BIOLOGICAL REF RANGE |
|------------------------|----------------------------------|------------|------------------------------|
| Sample No : 07H0049114 | Collection Date : 27/11/21 14:55 | Ack Date : | Report Date : 28/11/21 12:26 |

STOOL FOR R/E

SAMPLE : STOOL

PHYSICAL EXAMINATION

| | |
|----------------|-----------|
| COLOUR. | BROWNISH |
| CONSISTENCY | SOFT |
| MUCUS | PRESENT |
| VISIBLE BLOOD | NOT FOUND |
| ADULT PARASITE | NOT FOUND |

CHEMICAL EXAMINATION

| | |
|----------|--------|
| REACTION | ACIDIC |
|----------|--------|

MICROSCOPIC EXAMINATION

| | | |
|-----------------|-----------------------|--------|
| PUS CELLS | 1-2/HPF | <5/HPF |
| VEG CELL | PRESENT(+) | |
| RBC | NIL | |
| OVA | NOT FOUND | |
| PARASITES | NOT FOUND | |
| CYSTS | NOT FOUND | |
| BACTERIAL FLORA | PRESENT | |
| OTHERS | STARCH FIBRE: PRESENT | |

Please correlate clinically.

End of Report



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

Checked By



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Biochemistry

| INVESTIGATION | RESULTS | UNITS | BIOLOGICAL REF RANGE |
|------------------------|----------------------------------|------------|------------------------------|
| Sample No : 07H0049074 | Collection Date : 27/11/21 11:52 | Ack Date : | Report Date : 27/11/21 18:33 |

KIDNEY FUNCTION TEST

SERUM CREATININE

SAMPLE : SERUM

| | | | |
|-------------------------------|-----|-------|-----------|
| SERUM CREATININE | 0.9 | mg/dl | 0.7 - 1.2 |
| <i>Jaffe Gen2 Compensated</i> | | | |

BLOOD UREA NITROGEN

| | | | |
|---------------------|-----|-------|--------|
| BLOOD UREA NITROGEN | 8.4 | mg/dl | 6 - 20 |
| <i>Calculated</i> | | | |

URIC ACID

SAMPLE : SERUM

| | | | |
|-------------------------------|-----|-------|---------|
| URIC ACID | 6.2 | mg/dl | 3.4 - 7 |
| <i>Enzymatic Colorimetric</i> | | | |

LIVER FUNCTION TEST (LFT)

SAMPLE : SERUM

| | | | |
|---|-------|-------|-----------|
| TOTAL BILIRUBIN | 0.4 ▲ | mg/dl | <1.1 |
| <i>Diazo Method</i> | | | |
| DIRECT BILIRUBIN | 0.2 | mg/dl | 0 - 0.2 |
| <i>Diazo Method</i> | | | |
| INDIRECT BILIRUBIN | 0.2 | mg/dl | 0.2 - 0.9 |
| <i>Calculated</i> | | | |
| SGPT (ALT) | 49 ▲ | U/L | 0 - 34 |
| <i>IFCC Without Pyridoxal Phosphate</i> | | | |
| SGOT (AST) | 31 | U/L | 0 - 31 |
| <i>IFCC Without Pyridoxal Phosphate</i> | | | |
| ALKALINE PHOSPHATASE | 98 | U/L | 53 - 128 |
| <i>IFCC</i> | | | |
| TOTAL PROTEIN | 7.7 | g/dl | 6.4 - 8.2 |
| <i>Biuret</i> | | | |
| ALBUMIN | 5.1 | gm/dl | 3.5 - 5.2 |
| <i>Bromocresol Green</i> | | | |
| GLOBULIN | 2.6 | g/dl | 2 - 3.5 |
| <i>Calculated</i> | | | |
| ALBUMIN:GLOBULIN | 2.0 | - | 1.1 - 2.5 |
| <i>Calculated</i> | | | |
| GGT | 44 | U/L | 8 - 61 |



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Facility : NARAYANA MEMORIAL HOSPITAL

Enzymatic colorimetric assay

LIPID PROFILE

SAMPLE : SERUM

| | | | |
|--|---------|-------|---|
| TOTAL CHOLESTEROL | 217 | mg/dl | Desirable <200 Borderline 200-239 High >=240 |
| <i>CHOD-PAP</i> | | | |
| HDL CHOLESTEROL | 37 ▼ | mg/dl | 40 - 60 |
| <i>Homogenous Enzymatic Colorimetric</i> | | | |
| LDL CHOLESTEROL | 147 | mg/dl | Optimal < 100 Borderline 130 |
| <i>Homogenous Enzymatic Colorimetric</i> | | | |
| VLDL | 41.60 ▲ | mg/dl | 0 - 30 |
| <i>CALCULATED</i> | | | |
| CHOLESTEROL-HDL RATIO | 5.86 | - | |
| LDL-HDL RATIO | 3.97 | - | |
| TRIGLYCERIDES | 208 | mg/dl | Desirable <150 Borderline 150 - 200 High >200 |

Enzymatic Colorimetric

Sample No : 07H0049074B Collection Date : 27/11/21 11:52 Ack Date : Report Date : 27/11/21 18:33

BLOOD SUGAR(F)

SAMPLE : PLASMA

| | | | |
|---------------------|----|-------|----------|
| BLOOD SUGAR FASTING | 91 | mg/dl | 70 - 109 |
| <i>Hexokinase</i> | | | |

Sample No : 07H0049114B Collection Date : 27/11/21 14:55 Ack Date : Report Date : 27/11/21 18:33

BLOOD SUGAR(PP)

SAMPLE : PLASMA

| | | | |
|-------------------|----|-------|----------|
| BLOOD SUGAR PP | 98 | mg/dl | 70 - 140 |
| <i>Hexokinase</i> | | | |

End of Report

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

Checked By

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Biochemistry

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| Sample No : 07H0049074A | Collection Date : 27/11/21 11:52 | Ack Date : | Report Date : 27/11/21 18:33 |

GLYCOSYLATED HAEMOGLOBIN (HBA1C)

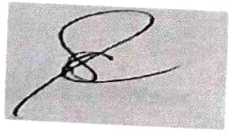
SAMPLE : EDTA BLOOD

HBA1C 5.0 % 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)

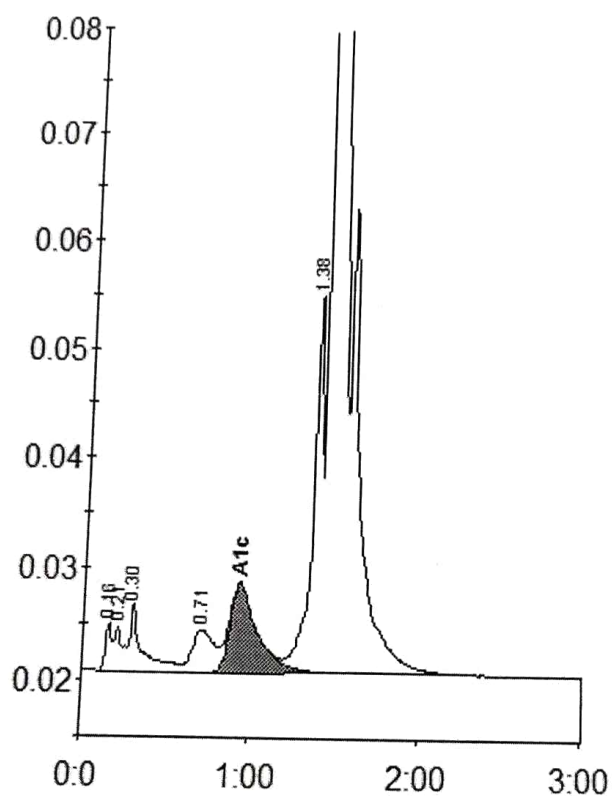
Checked By



6-Rad
 D-10
 S/N: #DJ0A467747
 Sample ID:
 Injection date
 Injection #: 6
 Rack #: ---

DATE: 28/11/2021
 TIME: 12:27
 Software version: 4.30-2
 07H0049074A
 27/11/2021 17:51
 Method: HbA1c
 Rack position: 6

Mr. Vikash Kumar
 (R)NMHK.2118325 31y/ M

 07H0049074A
 27-11-2021 11:52



Peak table - ID: 07H0049074A

| Peak | R.time | Height | Area | Area % |
|-------------|--------|---------|---------|--------|
| Unknown | 0.16 | 4274 | 9775 | 0.4 |
| A1a | 0.21 | 3891 | 14930 | 0.6 |
| A1b | 0.30 | 5996 | 31833 | 1.3 |
| LA1c/CHb-1 | 0.71 | 3773 | 33368 | 1.3 |
| A1c | 0.93 | 7949 | 90049 | 5.0 |
| P3 | 1.38 | 34896 | 125957 | 5.1 |
| A0 | 1.44 | 714202 | 2166480 | 87.6 |
| Total Area: | | 2472392 | | |

| Concentration: | % | mmol/mol |
|----------------|-----|----------|
| A1c | 5.0 | 31 |

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| | | | |
|--------------|---|-------------|-----------------------------|
| Patient Name | : Mr. Vikash Kumar | Order Date | : 27/11/2021 11:14 |
| Age/Sex | : 31 Year(s)/Male | Report Date | : 27/11/2021 19:56 |
| UHID | : NMHK.2118325 | IP No | : |
| Ref. Doctor | : NMH | Facility | : NARAYAN MEMORIAL HOSPITAL |
| Address | : FLAT-1G, BLOCK-5 AKSHARA NILOY, PARNARSREE,Kolkata, West Bengal, 700060 | Mobile | : 9601645588 |

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