



LABORATORY INVESTIGATION REPORT

Patient Name : Mr. MD. ASIF
UHID : NMHK.2215094
Episode : OP
Ref. Doctor : NMH
Address : 33, KAVI MD EKBAL ROAD , EKBALPORE
 ,Kolkata,West Bengal ,700023

Age/Sex : 35 Year(s)/Male
Order Date : 10/09/2022 10:02
Mobile No : 9091134947
DOB : 04/12/1986
Facility : NARAYAN MEMORIAL HOSPITAL

Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0077048A	Collection Date : 10/09/22 10:13	Ack Date : 10/09/2022 10:31	Report Date : 10/09/22 19:06

GLYCOSYLATED HAEMOGLOBIN (HBA1C)

SAMPLE : EDTA BLOOD

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.
 - For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
 - Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status.
 - 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 glycemic 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.

End of Report

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

Checked By



MD. ASIF
2215094
35 years
..... cm / kg

Male

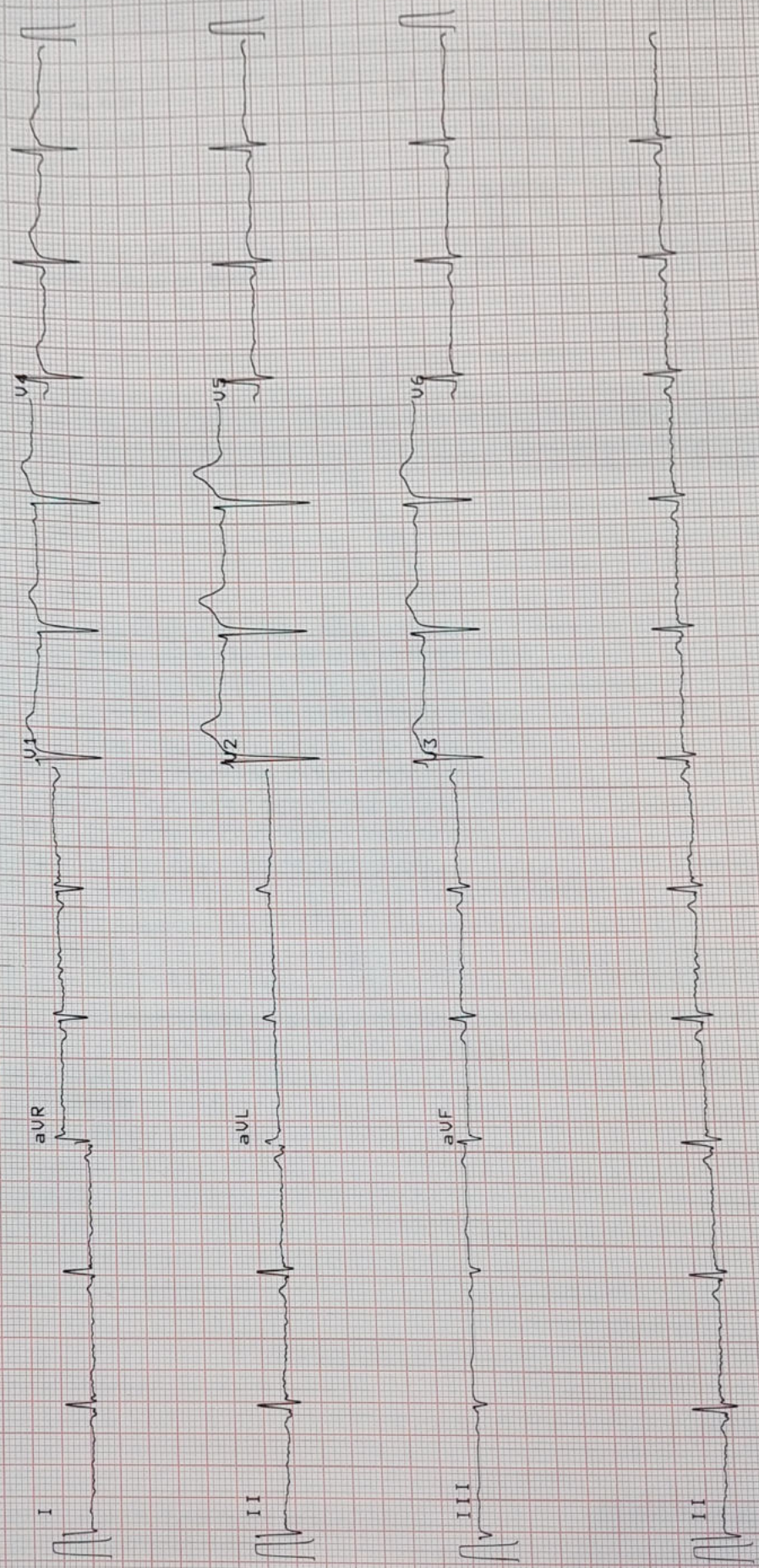
HR 71/min
Intervals:
RR 842 ms
P 102 ms
PR 136 ms
QRS 78 ms
QT 366 ms
QTc 402 ms (Bazett)
10 mm/mV

Axis:
P 46°
QRS 11°
T 68°

SINUS RHYTHM
OTHERWISE NORMAL ECG
6.02

UNCONFIRMED REPORT

10 mm/mV



10 mm/mV
3.25 mm/s

10.09.2022 12:01:03

NARAYAN MEMORIAL HOSPITAL - BEHALA

AT-102plus 1.25-653

0.05-25 Hz F50 SSF S85

GR



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Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0077048	Collection Date : 10/09/22 10:13	Ack Date : 10/09/2022 11:35	Report Date : 10/09/22 19:06

LIVER FUNCTION TEST (LFT)

SAMPLE : SERUM

TOTAL BILIRUBIN	0.6	mg/dl	0 - 1.1
<i>Diazo Method</i>			
DIRECT BILIRUBIN	0.3 ▲	mg/dl	0 - 0.2
<i>Diazo Method</i>			
INDIRECT BILIRUBIN	0.3	mg/dl	0.2 - 0.9
<i>Calculated</i>			
SGPT (ALT)	95 ▲	U/L	0 - 34
<i>IFCC Without Pyridoxal Phosphate</i>			
SGOT (AST)	47 ▲	U/L	0 - 31
<i>IFCC Without Pyridoxal Phosphate</i>			
ALKALINE PHOSPHATASE	89	U/L	53 - 128
<i>IFCC</i>			
TOTAL PROTEIN	7.2	g/dl	6.4 - 8.2
<i>Biuret</i>			
ALBUMIN	4.9	gm/dl	3.5 - 5.2
<i>Bromocresol Green</i>			
GLOBULIN	2.3	g/dl	2 - 3.5
<i>Calculated</i>			
ALBUMIN:GLOBULIN	2.1	-	1.1 - 2.5
<i>Calculated</i>			
GGT	84 ▲	U/L	8 - 61
<i>Enzymatic colorimetric assay</i>			



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End of Report

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

Checked By



LABORATORY INVESTIGATION REPORT

Patient Name : Mr. MD. ASIF	Age/Sex : 135 Year(s)/Male
UNID : NMHK.2215094	Order Date : 10/09/2022 10:02
Episode : OP	Mobile No : 19091134947
Ref. Doctor : NMH	DOB : 04/12/1986
Address : 33, KAVI MD EXBAL ROAD, EXBALPORE Kolkata, West Bengal, 700023	Facility : NARAYAN MEMORIAL HOSPITAL

Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 076007048	Collection Date : 10/09/22 10:13	Acc Date : 10/09/2022 11:35	Report Date : 10/09/22 19:06

LIPID PROFILE

SAMPLE : SERUM

TOTAL CHOLESTEROL	131	mg/dl	Desirable <200 Borderline 200-239 High ≥240
<i>CHOD-PAP</i>			
HDL CHOLESTEROL	36 ▼	mg/dl	40 - 60
<i>Homogenous Enzymatic Colorimetric</i>			
LDL CHOLESTEROL	66	mg/dl	Optimal < 100 Borderline 130
<i>Homogenous Enzymatic Colorimetric</i>			
VLDL	36 ▲	mg/dl	0 - 30
<i>CALCULATED</i>			
CHOLESTEROL-HDL RATIO	3.64	-	
LDL-HDL RATIO	1.83	-	
TRIGLYCERIDES	181	mg/dl	Desirable <150 Borderline 150 - 200 High >200
<i>Enzymatic Colorimetric</i>			

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Biochemistry

INVESTIGATION	RESULTS	UNITS	REF. RANGE
Sample No : 07H007704B	Collection Date : 10/09/22 10:13	Rec Date : 10/09/2022 11:35	Ref. Range : 10/09/22 10:13

SERUM CREATININE

SAMPLE : SERUM
 SERUM CREATININE
Jaffe Gen2 Compensated
 0.9 mg/dl 0.7 - 1.2

BLOOD UREA NITROGEN

BLOOD UREA NITROGEN
Calculated
 10.3 mg/dl 6 - 20

URIC ACID

SAMPLE : SERUM
 URIC ACID
Enzymatic Colorimetric
 6.6 mg/dl 3.4 - 7

SAMPLE : SERUM

RESULT 12.0

End of Report

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Hematology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0077048	Collection Date : 10/09/22 10:13	Ack Date : 10/09/2022 10:29	Report Date : 10/09/22 14:49

COMPLETE HAEMOGRAM (CBC)

SAMPLE : EDTA BLOOD

HAEMOGLOBIN (HB)	14.1	gm/dl	13 - 17
<i>Colorimetric method (Cyn Meth)</i>			
RBC COUNT	5.09	$\times 10^6/\mu\text{l}$	4.5 - 5.5
<i>Electrical Impedance Method</i>			
TOTAL WBC COUNT	7.4	$10^3/\text{cmm}$	4 - 10
<i>Electrical Impedance Method</i>			
PLATELET COUNT	200	$10^3/\text{cmm}$	150 - 410
<i>Electrical Impedance Method</i>			
PCV	42	%	40 - 50
<i>RBC pulse ht. detection method</i>			
MCV	83	fl	83 - 101
<i>calculated</i>			
MCH	28	pg	27 - 32
<i>Calculated</i>			
MCHC	33	gm/dl	31.5 - 34.5
<i>Calculated</i>			
ESR	12 ▲	%	0 - 10
<i>Modified Westergren Method</i>			
DIFFERENTIAL COUNT			
NEUTROPHILS	52	%	40 - 80
<i>Microscopy</i>			
LYMPHOCYTES	43 ▲	%	20 - 40
<i>Microscopy</i>			
MONOCYTES	02	%	2 - 10
<i>Microscopy</i>			



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EOSINOPHILS	03	%	1 - 6
<i>Microscopy</i>			
BASOPHILS	00	%	0 - 2
<i>Microscopy</i>			

PERIPHERAL BLOOD SMEAR

RBC Normocytic normochromic
WBC Within normal limit
PLATELET Adequate

End of Report

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

RegNo: 82734

Checked By



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Immunology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0077048	Collection Date : 10/09/22 10:13	Ack Date : 10/09/2022 12:36	Report Date : 10/09/22 15:06

BLOOD GROUPING & Rh TYPING

SAMPLE : EDTA BLOOD

BLOOD GROUP : 'O'
Agglutination forward & Reverse

RH TYPE : POSITIVE

THYROID FUNCTION TEST

SAMPLE : SERUM

T3 <i>ECLIA</i>	1.14	ng/ml	0.60 - 1.80
T4 <i>ECLIA</i>	5.77	ug/dL	5.40 - 11.70
TSH <i>ECLIA</i>	3.6	uIU/ml	Adult Male – 0.27-5.50 Adult Female – 0.27-5.50 Newborns - <25 Upto 12 years – 0.3-5

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).



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Order Date : 10/09/2022 10:02

Mobile No : 9091134947

DOB : 04/12/1986

Facility : NARAYAN MEMORIAL HOSPITAL

End of Report

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

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

RegNo: 82734

Checked By



DIAGNOSTICS REPORT

Order Name	: Mr. MD. ASIF	Order Date	: 10/09/2022 10:02
Age-Sex	: 35 Year(s)/Male	Report Date	: 10/09/2022 19:04
ENID	: NMHK.2215094	IP No	:
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
Address	: 33, KAVI MD EKBAL ROAD, EKBALPORE, Kolkata, West Bengal, 700023	Mobile	: 9091134947

ECHOCARDIOGRAPHY (SCREENING)

Status of Patient :

- No regional wall motion abnormality at rest.
- Good LV systolic function (EF = 62 %).
- Good RV systolic function (TAPSE = 23 mm).
- Normal valve morphology.
- Normal LV diastolic function.
- No pericardial effusion.
- No pulmonary arterial hypertension.
- IVC normal diameter & > 50% respiratory variation.
- No thrombus, mass, vegetation seen.

BIDRA BANERJEE,
MB,MRCPCH (UK)
Certified Comprehensive
Echocardiographer (USA)



DIAGNOSTICS REPORT

Patient Name	: Mr. MD. ASIF	Order Date	: 10/09/2022 10:02
Age/Sex	: 35 Year(s)/Male	Report Date	: 10/09/2022 18:15
UHID	: NMHK.2215094	IP No	:
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
Address	: 33, KAVI MD EKBAL ROAD, EKBALPORE, Kolkata, West Bengal, 700023	Mobile	: 9091134947

ELECTROCARDIOGRAM REPORT (ECG)

HR	: 71 bpm
Rhythm	: Sinus
P wave	: Normal
PR Interval	: 136 msec
QRS axis	: Normal (11 Degree)
QRS duration	: 78 msec
QRS configuration	: Normal
T wave	: Non specific changes
ST segment	: Non specific changes
QTc	: 402 msec
QT	: 366 msec

IMPRESSION:

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

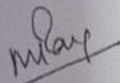
Dr.INDIRA BANERJEE ,
MD,DNB,MRCPC (UK)
Board Certified Comprehensive
Echocardiographer (USA)

DIAGNOSTICS REPORT

Order Date	: 10/09/2022 10:02
Report Date	: 10/09/2022 12:06
IP No	:
Facility	: NARAYAN MEMORIAL HOSPITAL
Mobile	: 9091134947
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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.



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



DIAGNOSTICS REPORT

Patient Name	: Mr. MD. ASIF	Order Date	: 10/09/2022 10:02
Age/Sex	: 35 Year(s)/Male	Report Date	: 10/09/2022 13:43
UHID	: NMHK.2215094	IP No	:
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
Address	: 33, KAVI MD EKBAL ROAD, EKBALPORE, Kolkata, West Bengal, 700023	Mobile	: 9091134947

PERITONEUM : No free fluid is noted.

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

IMPRESSION : Diffuse fatty changes in liver (Grade II).

Dr. MADHUSHREE RAY NASKAR ,
MBBS, DMRD
Consultant Radiologist
Reg No: 57032

DIAGNOSTICS REPORT

Patient Name	: Mr. MD. ASIF	Order Date	: 10/09/2022 10:02
Age/Sex	: 35 Year(s)/Male	Report Date	: 10/09/2022 13:43
UHID	: NMHK.2215094	IP No	:
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USG REPORT OF WHOLE ABDOMEN (SCREENING)

LIVER : Liver is normal in size and parenchymal echogenicity is raised. Intrahepatic biliary radicles are not dilated. No focal mass lesion is seen.

PORTA :PV : Normal. PV measures 0.9 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. Spleen measures : 11.5 cm.

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 : 9.8 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 2.9 cm x 4.5 cm x 2.8 cm. It weight approx 20.5 gm.



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DOB : 04/12/1986
Facility : NARAYAN MEMORIAL HOSPITAL

Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0077048	Collection Date : 10/09/22 10:13	Ack Date : 10/09/2022 12:24	Report Date : 10/09/22 19:09

URINE FOR SUGAR FASTING

SAMPLE : URINE

RESULT ABSENT

Sample No : 07H0077100	Collection Date : 10/09/22 13:27	Ack Date : 10/09/2022 17:29	Report Date : 12/09/22 09:06
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URINE FOR SUGAR PP

SAMPLE : URINE

RESULT ABSENT

End of Report

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

Checked By



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Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0077224	Collection Date : 11/09/22 12:34	Ack Date : 11/09/2022 19:07	Report Date : 12/09/22 09:50

STOOL FOR R/E

SAMPLE : STOOL

PHYSICAL EXAMINATION

COLOUR. BROWNISH
CONSISTENCY SOFT
MUCUS PRESENT
VISIBLE BLOOD ABSENT
ADULT PARASITE ABSENT

CHEMICAL EXAMINATION

REACTION ACIDIC

MICROSCOPIC EXAMINATION

PUS CELLS 0-2 / HPF <5/HPF
VEG CELL PRESENT(+)
RBC NIL
OVA NOT FOUND
PARASITES NOT FOUND
CYSTS NOT FOUND
BACTERIAL FLORA PRESENT
FAT GLOBULES ABSENT
STARCH GRANULES PRESENT

Please correlate clinically.

End of Report

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



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Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0077048	Collection Date : 10/09/22 10:13	Ack Date : 10/09/2022 12:24	Report Date : 10/09/22 16:42

URINE FOR R/E

SAMPLE : URINE

PHYSICAL EXAMINATION

VOLUME	50	ml	
COLOUR	PALE YELLOW		
APPEARANCE	SLIGHTLY HAZY		
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	2-4 / HPF	<5/HPF
EPITHELIAL CELLS	1-2 / 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)