



## LABORATORY INVESTIGATION REPORT

<b>Patient Name</b> : Mr. SUDIP RUDRA	<b>Age/Sex</b> : 51 Year(s)/Male
<b>UHID</b> : NMHK.2314243	<b>Order Date</b> : 24/06/2023 08:51
<b>Episode</b> : OP	<b>Mobile No</b> : 9433035382
<b>Ref. Doctor</b> : NMH	<b>DOB</b> : 01/01/1972
<b>Address</b> : 257/3, TALPUKUR ROAD, , SARSUNA ,Kolkata,West Bengal ,700061	<b>Facility</b> : NARAYAN MEMORIAL HOSPITAL

### Hematology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0121926	Collection Date : 24/06/23 10:04	Ack Date : 24/06/2023 10:18	Report Date : 24/06/23 11:13

#### BLOOD GROUPING & Rh TYPING

Sample- EDTA Whole Blood

##### SAMPLE : EDTA BLOOD

BLOOD GROUP

'O'

Agglutination forward & Reverse

RH TYPE

POSITIVE

#### COMPLETE HAEMOGRAM ( CBC )

Sample- EDTA Whole Blood

##### SAMPLE : EDTA BLOOD

HAEMOGLOBIN (HB)

14.4

gm/dl

13 - 17

Colorimetric method (Cyn Meth)

RBC COUNT

4.6

x10<sup>6</sup>/ul

4.5 - 5.5

Electrical Impedance Method

TOTAL WBC COUNT

6.2

10<sup>3</sup>/cm

4 - 10

m

Electrical Impedance Method

PLATELET COUNT

260

10<sup>3</sup>/cm

150 - 410

m

Electrical Impedance Method

PCV

44

%

40 - 50

RBC pulse ht. detection method

MCV

95

fl

83 - 101

calculated

MCH

31

pg

27 - 32

Calculated

MCHC

33

gm/dl

31.5 - 34.5

Calculated

ESR

10

%

0 - 12

Modified Westergren Method

##### DIFFERENTIAL COUNT





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NEUTROPHILS	61	%	40 - 80
<i>Microscopy</i>			
LYMPHOCYTES	30	%	20 - 40
<i>Microscopy</i>			
MONOCYTES	05	%	2 - 10
<i>Microscopy</i>			
EOSINOPHILS	04	%	1 - 6
<i>Microscopy</i>			
BASOPHILS	00	%	0 - 2
<i>Microscopy</i>			

### **PERIPHERAL BLOOD SMEAR**

RBC

Normocytic normochromic.

WBC

Within normal limits.

PLATELET

Adequate.

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 : 07H0121926	Collection Date : 24/06/23 10:04	Ack Date : 24/06/2023 13:08	Report Date : 24/06/23 16:34

#### BUN / CREATINE RATIO

Sample- Serum

#### SAMPLE : SERUM

BUN / CREATINE RATIO

10.3

End of Report

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

Checked By





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### Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
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Sample No : 07H0121926	Collection Date : 24/06/23 10:04	Ack Date : 24/06/2023 13:08	Report Date : 24/06/23 16:34
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#### SERUM CREATININE

Sample- Serum

##### SAMPLE : SERUM

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

#### LIVER FUNCTION TEST ( LFT )

Sample- Serum

##### 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)	41 ▲	U/L	0 - 34
<i>IFCC Without Pyridoxal Phosphate</i>			
SGOT (AST)	19	U/L	0 - 31
<i>IFCC Without Pyridoxal Phosphate</i>			
ALKALINE PHOSPHATASE	92	U/L	53 - 128
<i>IFCC</i>			
TOTAL PROTEIN	7.2	g/dl	6.4 - 8.2
<i>Biuret</i>			
ALBUMIN	4.7	gm/dl	3.5 - 5.2
<i>Bromocresol Green</i>			
GLOBULIN	2.5	g/dl	2 - 3.5
<i>Calculated</i>			
ALBUMIN:GLOBULIN	1.9	-	1.1 - 2.5
<i>Calculated</i>			
GGT	28	U/L	8 - 61
<i>Enzymatic colorimetric assay</i>			







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### BLOOD UREA NITROGEN

Sample- Serum

SAMPLE:- SERUM  
BLOOD UREA NITROGEN 9.3 mg/dl 6 - 20

Calculated

### LIPID PROFILE

Sample- Serum

#### SAMPLE : SERUM

TOTAL CHOLESTEROL 170 mg/dl Desirable <200 |  
Borderline 200-239 |  
High >=240

CHOD-PAP

HDL CHOLESTEROL 40 mg/dl 40 - 60

Homogenous Enzymatic Colorimetric

LDL CHOLESTEROL 89 mg/dl Optimal < 100 |  
Borderline 130 - 159  
| High >160

Homogenous Enzymatic Colorimetric

VLDL 41 ▲ mg/dl 0 - 30

CALCULATED

CHOLESTEROL-HDL RATIO 4.25 -

LDL-HDL RATIO 2.23 -

TRIGLYCERIDES 206 mg/dl Desirable <150 |  
Borderline 150 - 200  
| High >200

Enzymatic Colorimetric

### URIC ACID

Sample- Serum

#### SAMPLE : SERUM

URIC ACID 6.8 mg/dl 3.4 - 7

Enzymatic Colorimetric

### GLYCOSYLATED HAEMOGLOBIN (HBA1C)

Sample- EDTA Whole Blood A

#### SAMPLE : EDTA BLOOD



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HBA1C

5.7

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.

### BLOOD SUGAR(F)

Sample- Plasma

#### **SAMPLE : PLASMA**

BLOOD SUGAR FASTING 107 mg/dl 70 - 109

Hexokinase

### BLOOD SUGAR(PP)

Sample- Plasma

#### **SAMPLE : PLASMA**

BLOOD SUGAR PP 136 mg/dl 70 - 140

Hexokinase

End of Report



Dr.S. Chatterjee  
MD, MBBS, FAACC







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### Immunology

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#### THYROID FUNCTION TEST

Sample- Serum

##### SAMPLE : SERUM

T3	1.22	ng/ml	0.60 - 1.80
ECLIA			
T4	9.52	ug/dL	5.40 - 11.70
ECLIA			
TSH	5.4	uIU/ml	Adult Male – 0.27-5.5 0 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).

End of Report





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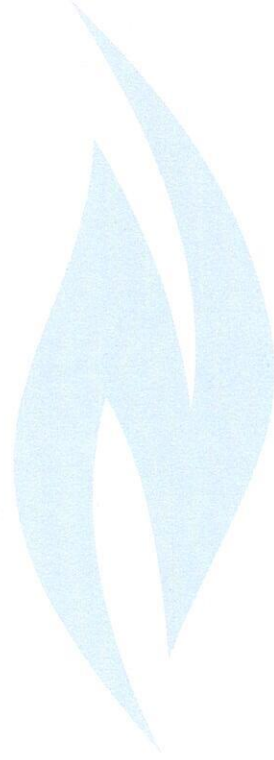
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**MD, MBBS, FAACC**  
(CONSULTANT BIOCHEMIST)

Checked By









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### Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0121926	Collection Date : 24/06/23 10:04	Ack Date : 24/06/2023 13:12	Report Date : 24/06/23 17:23

#### URINE FOR R/E

Sample- Urine

#### SAMPLE : URINE

#### PHYSICAL EXAMINATION

VOLUME	35	ml	
COLOUR	PALE STRAW		
APPEARANCE	SLIGHTLY HAZY		
SPECIFIC GRAVITY	1.010		1.010 - 1.030
REACTION(pH)	ACIDIC (pH - 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	1-2/HPF		<5/HPF
EPITHELIAL CELLS	0-2/HPF		<20/HPF
RBC	ABSENT		
CAST	ABSENT		ABSENT
CRYSTAL	ABSENT		ABSENT

Please correlate clinically.

End of Report

*Mehak*



# Narayan Memorial Hospital

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



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

Checked By



Page 2 of 2







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### Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0121959	Collection Date : 24/06/23 12:43	Ack Date : 24/06/2023 18:24	Report Date : 25/06/23 11:47

#### URINE FOR SUGAR PP

Sample- Urine

#### **SAMPLE : URINE**

RESULT

ABSENT

End of Report

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

Checked By





## LABORATORY INVESTIGATION REPORT

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### Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0121926	Collection Date : 24/06/23 10:04	Ack Date : 24/06/2023 13:12	Report Date : 24/06/23 16:34

#### URINE FOR SUGAR FASTING

Sample- Urine

#### **SAMPLE : URINE**

RESULT

ABSENT

End of Report

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

Checked By







## DIAGNOSTICS REPORT

Patient Name	: Mr. SUDIP RUDRA	Order Date	: 24/06/2023 08:51
Age/Sex	: 51 Year(s)/Male	Report Date	: 24/06/2023 14:58
UHID	: NMHK.2314243	IP No	:
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
		Mobile	: 9433035382
Address	: 257/3, TALPUKUR ROAD,, SARSUNA,Kolkata, West Bengal, 700061		

### 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 : 10.5 cm & Left kidney measures : 10.6 cm.

**URINARY BLADDER** : Urinary bladder is normal in contour, outline and distension. No vesical lesion is seen.





## DIAGNOSTICS REPORT

Patient Name	: Mr. SUDIP RUDRA	Order Date	: 24/06/2023 08:51
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UHID	: NMHK.2314243	IP No	:
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
		Mobile	: 9433035382
Address	: 257/3, TALPUKUR ROAD,, SARSUNA,Kolkata, West Bengal, 700061		

**PROSTATE** : Prostate is normal size, outline and echotexture appear normal. No focal lesion is seen. Prostate measures 3.0 cm x 4.4 cm x 2.9 cm. It weight approx 21 gm.

**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

Patient Name	: Mr. SUDIP RUDRA	Order Date	: 24/06/2023 08:51
Age/Sex	: 51 Year(s)/Male	Report Date	: 24/06/2023 11:15
UHID	: NMHK.2314243	IP No	:
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Address	: 257/3, TALPUKUR ROAD,, SARSUNA,Kolkata, West Bengal, 700061		

### CHEST X-RAY REPORT OF PA VIEW

Patient is rotated. However,  
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.

Fixation plate & screws are noted in the left clavicle.

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

RegNo: 66718





## DIAGNOSTICS REPORT

Patient Name	: Mr. SUDIP RUDRA	Order Date	: 24/06/2023 08:51
Age/Sex	: 51 Year(s)/Male	Report Date	: 24/06/2023 13:16
UHID	: NMHK.2314243	IP No	:
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Address	: 257/3, TALPUKUR ROAD,, SARSUNA,Kolkata, West Bengal, 700061		

### ECHOCARDIOGRAPHY (SCREENING)

#### Status of Patient :

- \* No regional wall motion abnormality at rest.
- \* Good LV systolic function (EF = 60%).
- \* Good RV systolic function (TAPSE = 21 mm).
- \* Mild TR. TR gradient = 25 mmHg.
- \* 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,FNB,M  
RCPCH (UK)**

Board Certified Comprehensive  
Echocardiographer (USA)







## DIAGNOSTICS REPORT

HCO

Patient Name	: Mr. SUDIP RUDRA	Order Date	: 24/06/2023 08:51
Age/Sex	: 51 Year(s)/Male	Report Date	: 24/06/2023 12:07
UHID	: NMHK.2314243	IP No	:
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### ELECTROCARDIOGRAM REPORT (ECG)

HR : 70 bpm  
Rhythm : Sinus  
P wave : Normal  
PR Interval : 204 msec  
QRS axis : Normal ( 62 Degree)  
QRS duration : 86 msec  
QRS configuration : Normal  
T wave : Non specific changes  
ST segment : Non specific changes  
QTc : 422 msec  
QT : 388 msec

#### IMPRESSION:

- Sinus rhythm with Prolonged PR interval.
  - Normal QRS axis.
  - Non specific ST-T changes.
- Clinical correlation please.

**Dr. MUNNA DAS , MD (MEDICINE),DM(CARDIOLOGY)**

Consultant Cardiologist

RegNo: 55696





SUDIP RUORA

2314243

51 years

Male

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

HR 70/min

SINUS RHYTHM

6.02

UNCONFIRMED REPORT

Intervals:

RR 857 ms

P 142 ms

PR 204 ms

QRS 86 ms

QT 388 ms

QTc 422 ms (Bazett)

Axis:

P 36 °

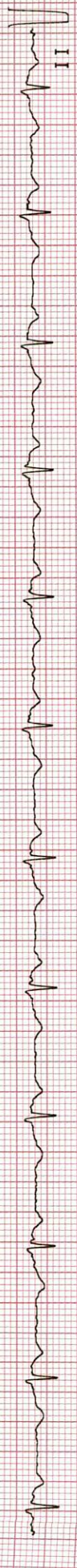
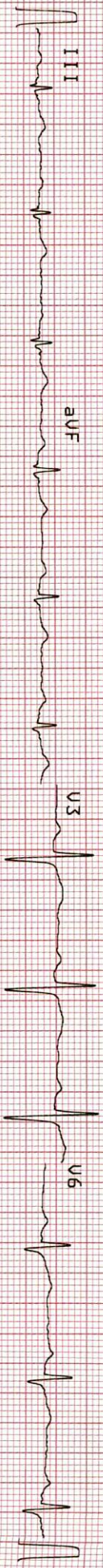
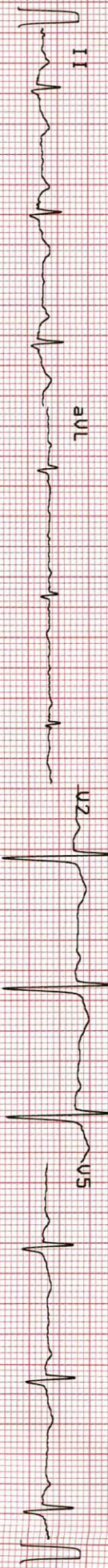
QRS 62 °

T 60 °

P (II) 0.15 mV  
S (V1) -0.67 mV  
R (V5) 0.69 mV  
Sokol. 2.30 mV

10 mm/mV

10 mm/mV



10 mm/mV

25 mm/s

01.05-25 Hz FS0 SSF SBS 24.06.2023 11:25:23

NARAYAN MEMORIAL HOSPITAL, BEHRLA

RT-102Plus 1.25 CI

SCHILLER

Part No.2.157017M © 0123

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ভারতীয় বিশিষ্ট পরিচয় প্রাধিকরণ

ভারত সরকার  
Unique Identification Authority of India  
Government of India

তালিকাভুক্তির আইডি Enrollment No. : 1040/19882/18228

12/01/2013

To  
Sudip Rudra  
সুদীপ রুদ্র  
257/3  
TALPUKUR ROAD  
Sarsuna  
Sarsoona, South Twenty Four Parganas  
West Bengal - 700061



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আপনার আধার সংখ্যা/ Your Aadhaar No. :

**6145 4273 0421**

আধার - সাধারণ মানুষের অধিকার



ভারত সরকার  
GOVERNMENT OF INDIA



সুদীপ রুদ্র  
Sudip Rudra  
পিতা : অশোক কুমার রুদ্র  
Father : ASHOKE KUMAR RUDRA

জন্ম সাল Year of Birth: 1972  
পুরুষ Male

**6145 4273 0421**

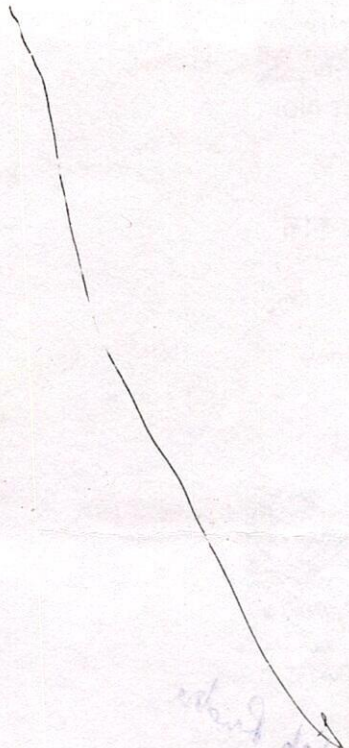


আধার - সাধারণ মানুষের অধিকার

*Sudip Rudra*



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what is this?









