

LABORATORY INVESTIGATION REPORT

Patient Name : Mr. Devasish Anand
UHID : NMHK.2203340
Episode : OP
Ref. Doctor : NMH
Address : DIOMAND PARK , ,Kolkata,West Bengal ,700104

Age/Sex : 36 Year(s)/Male
Order Date : 12/03/2022 13:07
Mobile No : 9917564002
Facility : NARAYAN MEMORIAL HOSPITAL

Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
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Sample No : 07H0059245

Collection Date : 12/03/22 13:13

Ack Date :

Report Date : 13/03/22 13:36

SERUM CREATININE

SAMPLE : SERUM

SERUM CREATININE

0.8

mg/dl

0.7 - 1.2

Jaffe Gen2 Compensated

BLOOD UREA NITROGEN

BLOOD UREA NITROGEN

7.0

mg/dl

6 - 20

Calculated

URIC ACID

SAMPLE : SERUM

URIC ACID

6.6

mg/dl

3.4 - 7

Enzymatic Colorimetric

SAMPLE : SERUM

RESULT

8.9

Sample No : 07H0059245B

Collection Date : 12/03/22 13:13

Ack Date :

Report Date : 13/03/22 13:36

BLOOD SUGAR(F)

SAMPLE : PLASMA

BLOOD SUGAR FASTING

92

mg/dl

70 - 109

Hexokinase

Sample No : 07H0059257B

Collection Date : 12/03/22 14:02

Ack Date :

Report Date : 13/03/22 13:36

BLOOD SUGAR(PP)

SAMPLE : PLASMA

BLOOD SUGAR PP

90

mg/dl

70 - 140

Hexokinase

End of Report



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

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Sample No : 07H0059245A	Collection Date : 12/03/22 13:13	Ack Date :	Report Date : 12/03/22 19:01

GLYCOSYLATED HAEMOGLOBIN (HBA1C)

SAMPLE : EDTA BLOOD


HBA1C 4.8 % 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



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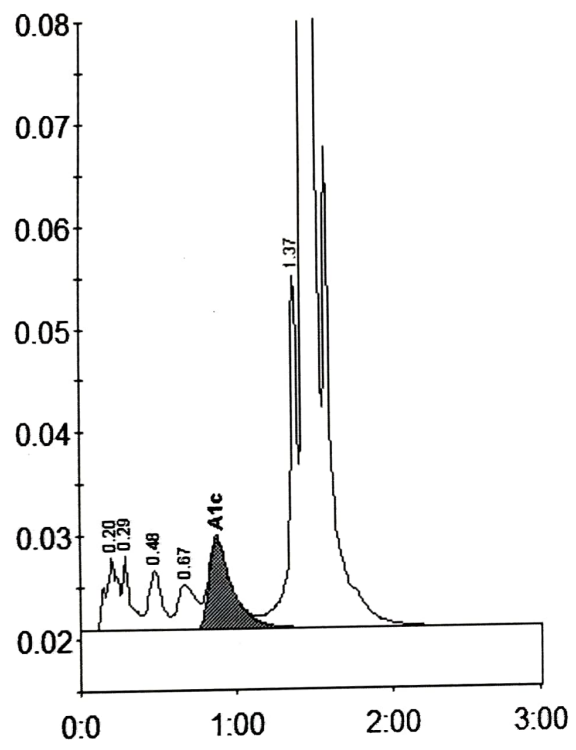
Checked By

Patient report

Bio-Rad DATE: 12/03/2022
 D-10 TIME: 16:39
 S/N: #DJ0A467747 Software version: 4.30-2
 Sample ID: 07H0059245A
 Injection date 12/03/2022 15:57
 Injection #: 17 Method: HbA1c
 Rack #: --- Rack position: 7

Mr. Devasish Anand
 (R)NMHK.2203340 36y/ M

 07H0059245A
 EDTA Wh 12-03 13:13



Peak table - ID: 07H0059245A

Peak	R.time	Height	Area	Area %
A1a	0.20	7127	38516	1.5
A1b	0.29	7218	26277	1.0
F	0.48	5758	33540	1.3
LA1c/CHb-1	0.67	4324	35758	1.3
A1c	0.87	8906	90853	4.8
P3	1.37	34376	126672	4.8
A0	1.44	777022	2297842	86.7
Total Area:		2649458		

Concentration:	%	mmol/mol
A1c	4.8	29

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LIVER FUNCTION TEST (LFT)

SAMPLE : SERUM

TOTAL BILIRUBIN <i>Diazo Method</i>	0.7	mg/dl	0 - 1.1
DIRECT BILIRUBIN <i>Diazo Method</i>	0.2	mg/dl	0 - 0.2
INDIRECT BILIRUBIN <i>Calculated</i>	0.5	mg/dl	0.2 - 0.9
SGPT (ALT) <i>IFCC Without Pyridoxal Phosphate</i>	45 ▲	U/L	0 - 34
SGOT (AST) <i>IFCC Without Pyridoxal Phosphate</i>	33 ▲	U/L	0 - 31
ALKALINE PHOSPHATASE <i>IFCC</i>	78	U/L	53 - 128
TOTAL PROTEIN <i>Biuret</i>	7.6	g/dl	6.4 - 8.2
ALBUMIN <i>Bromocresol Green</i>	5.2	gm/dl	3.5 - 5.2
GLOBULIN <i>Calculated</i>	2.4	g/dl	2 - 3.5
ALBUMIN:GLOBULIN <i>Calculated</i>	2.2	-	1.1 - 2.5
GGT <i>Enzymatic colorimetric assay</i>	48	U/L	8 - 61

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LIPID PROFILE

SAMPLE : SERUM

TOTAL CHOLESTEROL	207	mg/dl	Desirable <200 Borderline 200-239 High >=240
<i>CHOD-PAP</i>			
HDL CHOLESTEROL	47	mg/dl	40 - 60
<i>Homogenous Enzymatic Colorimetric</i>			
LDL CHOLESTEROL	132	mg/dl	Optimal < 100 Borderline 130
<i>Homogenous Enzymatic Colorimetric</i>			
VLDL	24	mg/dl	0 - 30
<i>CALCULATED</i>			
CHOLESTEROL-HDL RATIO	4.40	-	
LDL-HDL RATIO	2.81	-	
TRIGLYCERIDES	122	mg/dl	Desirable <150 Borderline 150 - 200 High >200
<i>Enzymatic Colorimetric</i>			

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Immunoassay

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0059245	Collection Date : 12/03/22 13:13	Ack Date :	Report Date : 12/03/22 19:24

THYROID FUNCTION TEST

SAMPLE : SERUM

T3	0.94	ng/ml	0.60 - 1.80
ECLIA		ug/dL	5.40 - 11.70
T4	8.36		
ECLIA		uIU/ml	Adult Male – 0.27-5.50 Adult Female – 0.27-5.50 Newborns - <25 Upto 12 years – 0.3-5
TSH	1.91		

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).

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Hematology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0059245	Collection Date : 12/03/22 13:13	Ack Date :	Report Date : 12/03/22 17:42

COMPLETE HAEMOGRAM (CBC)

SAMPLE : EDTA BLOOD

HAEMOGLOBIN (HB)	14.1	gm/dl	13 - 17
<i>Colorimetric method (Cyn Meth)</i>			
RBC COUNT	4.62	x10 ⁶ /ul	4.5 - 5.5
<i>Electrical Impedance Method</i>			
TOTAL WBC COUNT	4.2	10 ³ /cmm	4 - 10
<i>Electrical Impedance Method</i>			
PLATELET COUNT	200	10 ³ /cmm	150 - 410
<i>Electrical Impedance Method</i>			
PCV	42	%	40 - 50
<i>RBC pulse ht. detection method</i>			
MCV	92	fl	83 - 101
<i>calculated</i>			
MCH	31	pg	27 - 32
<i>Calculated</i>			
MCHC	33	gm/dl	31.5 - 34.5
<i>Calculated</i>			
ESR	08	%	0 - 10
<i>Modified Westergren Method</i>			

DIFFERENTIAL COUNT

NEUTROPHILS	57	%	40 - 80
<i>Microscopy</i>			
LYMPHOCYTES	38	%	20 - 40
<i>Microscopy</i>			
MONOCYTES	02	%	2 - 10
<i>Microscopy</i>			
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

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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 : 07H0059245	Collection Date : 12/03/22 13:13	Ack Date :	Report Date : 13/03/22 11:41

URINE FOR R/E

SAMPLE : URINE

PHYSICAL EXAMINATION

VOLUME	50	ml	
COLOUR	PALE YELLOW		
APPEARANCE	SLIGHTLY HAZY		1.010 - 1.030
SPECIFIC GRAVITY	1.010		
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	2-3 / HPF	<5/HPF
EPITHELIAL CELLS	1-2 / HPF	<20/HPF
RBC	NIL	ABSENT
CAST	ABSENT	ABSENT
CRYSTAL	ABSENT	

Please correlate clinically.

URINE FOR SUGAR FASTING

SAMPLE : URINE

RESULT ABSENT

Sample No : 07H0059281	Collection Date : 12/03/22 15:55	Ack Date :	Report Date : 13/03/22 11:41
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STOOL FOR R/E

SAMPLE : STOOL

PHYSICAL EXAMINATION

COLOUR.	BROWNISH
CONSISTENCY	SOFT
MUCUS	PRESENT

CHEMICAL EXAMINATION

REACTION ACIDIC

MICROSCOPIC EXAMINATION

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<5/HPF

PUS CELLS 1-2 / HPF
VEG CELL PRESENT
RBC NIL
OVA NOT FOUND
PARASITES NOT FOUND
CYSTS NOT FOUND
BACTERIAL FLORA PRESENT
FAT GLOBULES ABSENT
OTHERS STARCH FIBRE - PRESENT

Please correlate clinically.

End of Report



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



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

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DIAGNOSTICS REPORT

Patient Name	: Mr. Devasish Anand	Order Date	: 12/03/2022 13:07
Age/Sex	: 36 Year(s)/Male	Report Date	: 12/03/2022 13:14
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Address	: DIOMAND PARK, ,Kolkata, West Bengal, 700104	Mobile	: 9917564002

USG REPORT OF WHOLE ABDOMEN

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 0.9 cm.

CBD : Normal . CBD 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 is maintained . No evidence of any calculus/ mass / hydronephrosis is seen.

Right kidney measures : 9.6 cm & Left kidney measures : 10.8 cm.

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

DIAGNOSTICS REPORT

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PROSTATE : Prostate is normal size, outline and echotexture appear normal. No focal lesion is seen. Prostate measures 3.0 cm x 2.9 cm x 2.9 cm. It weight approx 13.8 gm.

PERITONEUM : No free fluid is noted.

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

IMPRESSION : Fatty changes in liver.



Dr. MADHUSHREE RAY NASKAR ,
MBBS,DMRD

Consultant Radiologist

RegNo: 57032

DIAGNOSTICS REPORT

Patient Name	: Mr. Devasish Anand	Order Date	: 12/03/2022 13:07
Age/Sex	: 36 Year(s)/Male	Report Date	: 12/03/2022 18:48
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Address	: DIOMAND PARK, ,Kolkata, West Bengal, 700104	Mobile	: 9917564002

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.



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