

### CHECK LIST

NAME		PATHOLOGY/PP
OP		ECG/PFT
AGE		ECHO/TMT
DATE		USG / CXR
PACKAGE		URINE / STOOL
REFERRED BY		MAMMO/ PAP
HT	174.5 cm	EYE/ DENTAL
WT	64 kg	GP CONSULTATION
BP	140/90 mm/hg	DIETITION
PULSE	93 bpm	CARDIOLOGIST
WAIST	90 cm	GYNECOLOGIST
HIP	93.5 cm	DENTAL
RESPIRATORY RATE		
CHEST (INHALE)	91 cm	
CHEST (EXHALE)	93 cm	
ABDOMEN	86 cm	

SpO<sub>2</sub> - 98%



भारत सरकार  
GOVERNMENT OF INDIA



अनिबान बिसवास

Anirban Biswas

जन्म तिथि/DOB: 10/09/1977

पुरुष/ MALE

Mobile No: 9831545342

**7899 2903 4458**

VID : 9132 8628 9543 5847



मेरा आधार, मेरी पहचान

ANIRBAN BISWAS 2308820

PID NO: P2162300383140  
Age: 45.0 Year(s) Sex: Male



Reference: Dr.SELF  
Sample Collected At: Narayan Memorial Hospital  
601 Diamond Harbour Road 700034  
Processing Location:-MHL RAJARHAT  
(KRL) Kolkata: 700136

VID: 230216000348344  
Registered On: 14/04/2023 03:02 PM  
Collected On: 14/04/2023 3:02PM  
Reported On: 14/04/2023 06:59 PM

**Investigation**

**PSA- Prostate Specific Antigen**  
(Serum,ECLIA)

**Observed Value**

0.261

**Unit**

ng/mL

**Biological Reference Interval**

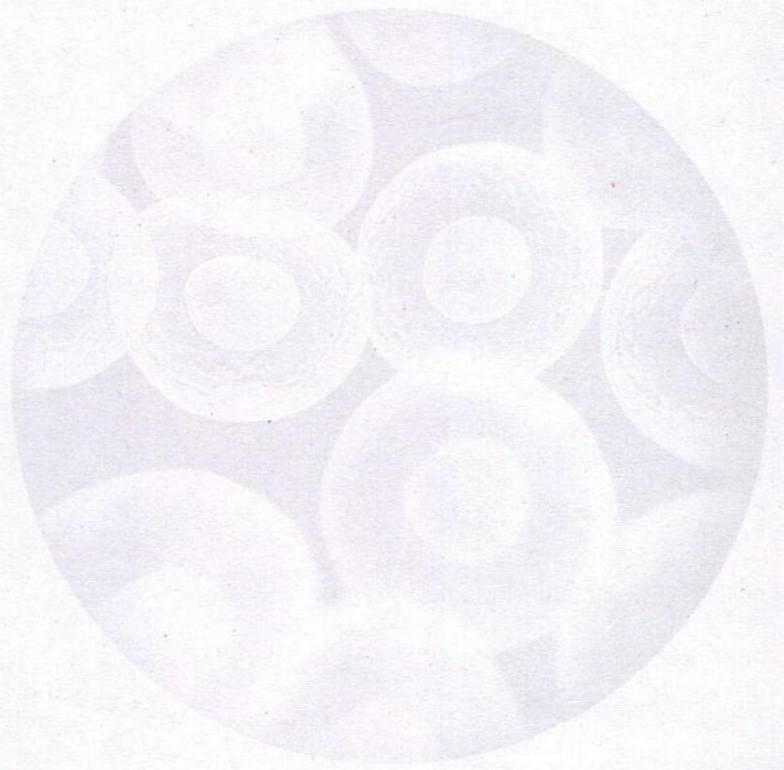
Conventional for all ages: 0 - 4  
40 - 49 yrs: 0 - 2.5

**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 --



Tests marked with NABL symbol are accredited by NABL vide Certificate no MC-2576

*Saha*



## LABORATORY INVESTIGATION REPORT

**Patient Name** : Mr. ANIRBAN BISWAS  
**UHID** : NMHK.2308820  
**Episode** : OP  
**Ref. Doctor** : NMH  
**Address** : H2-175, S.S TOWN SHIP , SHAKUNTALA PARK ,Kolkata, West Bengal ,700061

**Age/Sex** : 45 Year(s)/Male  
**Order Date** : 14/04/2023 09:30  
**Mobile No** : 8693088907  
**DOB** : 01/01/1978  
**Facility** : NARAYAN MEMORIAL HOSPITAL

### Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0111540	Collection Date : 14/04/23 09:55	Ack Date : 14/04/2023 13:00	Report Date : 14/04/23 19:13

#### URINE FOR SUGAR FASTING

##### SAMPLE : URINE

RESULT	ABSENT		
Sample No : 07H0111578	Collection Date : 14/04/23 12:54	Ack Date : 14/04/2023 16:34	Report Date : 14/04/23 19:14

#### URINE FOR SUGAR PP

##### SAMPLE : URINE

RESULT	ABSENT
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End of Report

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

Checked By

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### Immunology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0111540	Collection Date : 14/04/23 09:55	Ack Date : 14/04/2023 11:16	Report Date : 14/04/23 19:13

#### THYROID FUNCTION TEST

##### SAMPLE : SERUM

T3 ECLIA	0.98	ng/ml	0.6 - 1.8
T4 ECLIA	7.04	ug/dL	5.4 - 11.7
TSH ECLIA	2.23	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).

End of Report



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

Checked By



## LABORATORY INVESTIGATION REPORT

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### Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0111540	Collection Date : 14/04/23 09:55	Ack Date : 14/04/2023 13:00	Report Date : 14/04/23 19:34

#### URINE FOR R/E

#### SAMPLE : URINE

#### PHYSICAL EXAMINATION

VOLUME	45	ml	
COLOUR	STRAW		
APPEARANCE	SLIGHTLY HAZY		
SPECIFIC GRAVITY	1.015		1.010 - 1.030
REACTION(pH)	ACIDIC (pH-6.0)		

#### CHEMICAL EXAMINATION

SUGAR	ABSENT	ABSENT
ALBUMIN.	PRESENT(+)	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	1-2/HPF	<20/HPF
RBC	ABSENT	
CAST	ABSENT	ABSENT
CRYSTAL	ABSENT	ABSENT

Please correlate clinically.

End of Report

Dr. MAINAK CHAKRABORTY  
MBBS, MD(PATH)

## LABORATORY INVESTIGATION REPORT

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### Hematology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0111540	Collection Date : 14/04/23 09:55	Ack Date : 14/04/2023 11:05	Report Date : 14/04/23 14:47

#### COMPLETE HAEMOGRAM ( CBC )

##### SAMPLE : EDTA BLOOD

HAEMOGLOBIN (HB) <i>Colorimetric method (Cyn Meth)</i>	14.6	gm/dl	13 - 17
RBC COUNT <i>Electrical Impedance Method</i>	5.0	$\times 10^6/\mu\text{l}$	4.5 - 5.5
TOTAL WBC COUNT <i>Electrical Impedance Method</i>	4.3	$10^3/\text{cmm}$	4 - 10
PLATELET COUNT <i>Electrical Impedance Method</i>	210	$10^3/\text{cmm}$	150 - 410
PCV <i>RBC pulse ht. detection method</i>	44	%	40 - 50
MCV <i>calculated</i>	90	fl	83 - 101
MCH <i>Calculated</i>	30	pg	27 - 32
MCHC <i>Calculated</i>	33	gm/dl	31.5 - 34.5
ESR <i>Modified Westergren Method</i>	<b>15 ▲</b>	%	0 - 10
<b>DIFFERENTIAL COUNT</b>			
NEUTROPHILS <i>Microscopy</i>	59	%	40 - 80
LYMPHOCYTES <i>Microscopy</i>	31	%	20 - 40
MONOCYTES <i>Microscopy</i>	03	%	2 - 10



## LABORATORY INVESTIGATION REPORT

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EOSINOPHILS	07 ▲	%	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

*Angkita K. Ghosh*

**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 : 07H0111540	Collection Date : 14/04/23 09:55	Ack Date : 14/04/2023 11:05	Report Date : 14/04/23 13:06

#### BLOOD GROUPING & Rh TYPING

##### SAMPLE : EDTA BLOOD

BLOOD GROUP

*Agglutination forward & Reverse*

RH TYPE

' A '

POSITIVE

End of Report

*Angkita K. Ghosh*

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

RegNo: 82734

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## LABORATORY INVESTIGATION REPORT

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### Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
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Sample No : 07H0111540	Collection Date : 14/04/23 09:55	Ack Date : 14/04/2023 11:16	Report Date : 14/04/23 19:13
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#### SERUM CREATININE

##### SAMPLE : SERUM

SERUM CREATININE	1.0	mg/dl	0.7 - 1.2
<i>Jaffe Gen2 Compensated</i>			

#### BLOOD UREA NITROGEN

BLOOD UREA NITROGEN	12	mg/dl	6 - 20
<i>Calculated</i>			

#### URIC ACID

##### SAMPLE : SERUM

URIC ACID	4.9	mg/dl	3.4 - 7
<i>Enzymatic Colorimetric</i>			

#### BUN / CREATINE RATIO

##### SAMPLE : SERUM

BUN / CREATINE RATIO	12.0		
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Sample No : 07H0111540B	Collection Date : 14/04/23 09:55	Ack Date : 14/04/2023 11:17	Report Date : 14/04/23 19:13
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#### BLOOD SUGAR(F)

##### SAMPLE : PLASMA

BLOOD SUGAR FASTING	155 ▲	mg/dl	70 - 109
<i>Hexokinase</i>			

Sample No : 07H0111578B	Collection Date : 14/04/23 12:54	Ack Date : 14/04/2023 13:28	Report Date : 14/04/23 19:13
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#### BLOOD SUGAR(PP)

##### SAMPLE : PLASMA

BLOOD SUGAR PP	195 ▲	mg/dl	70.00 - 140.00
<i>Hexokinase</i>			



## LABORATORY INVESTIGATION REPORT

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End of Report

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

Checked By

## LABORATORY INVESTIGATION REPORT

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### Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0111540	Collection Date : 14/04/23 09:55	Ack Date : 14/04/2023 11:16	Report Date : 14/04/23 19:13

#### LIVER FUNCTION TEST ( LFT )

##### SAMPLE : SERUM

TOTAL BILIRUBIN <i>Diazo Method</i>	0.4	mg/dl	0 - 1.1
DIRECT BILIRUBIN <i>Diazo Method</i>	0.2	mg/dl	0 - 0.2
INDIRECT BILIRUBIN <i>Calculated</i>	0.2	mg/dl	0.2 - 0.9
SGPT (ALT) <i>IFCC Without Pyridoxal Phosphate</i>	36 ▲	U/L	0 - 34
SGOT (AST) <i>IFCC Without Pyridoxal Phosphate</i>	20	U/L	0 - 31
ALKALINE PHOSPHATASE <i>IFCC</i>	91	U/L	53 - 128
TOTAL PROTEIN <i>Biuret</i>	7.6	g/dl	6.4 - 8.2
ALBUMIN <i>Bromocresol Green</i>	4.8	gm/dl	3.5 - 5.2
GLOBULIN <i>Calculated</i>	2.8	g/dl	2 - 3.5
ALBUMIN:GLOBULIN <i>Calculated</i>	1.7	-	1.1 - 2.5
GGT <i>Enzymatic colorimetric assay</i>	97 ▲	U/L	8 - 61



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### Biochemistry

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#### LIPID PROFILE

##### SAMPLE : SERUM

TOTAL CHOLESTEROL	267	mg/dl	Desirable <200   Borderline 200-239   High >=240
<i>CHOD-PAP</i>			
HDL CHOLESTEROL	38 ▼	mg/dl	40 - 60
<i>Homogenous Enzymatic Colorimetric</i>			
LDL CHOLESTEROL	144	mg/dl	Optimal < 100   Borderline 130
<i>Homogenous Enzymatic Colorimetric</i>			
VLDL	85 ▲	mg/dl	0 - 30
<i>CALCULATED</i>			
CHOLESTEROL-HDL RATIO	7.03	-	
LDL-HDL RATIO	3.79	-	
TRIGLYCERIDES	540	mg/dl	Desirable <150   Borderline 150 - 200   High >200
<i>Enzymatic Colorimetric</i>			

End of Report



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### Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0111540A	Collection Date : 14/04/23 09:55	Ack Date : 14/04/2023 15:14	Report Date : 14/04/23 19:13

#### GLYCOSYLATED HAEMOGLOBIN (HBA1C)

##### SAMPLE : EDTA BLOOD

HBA1C 7.6

##### 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.  
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.  
C. 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



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**MD, MBBS, FAACC**  
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## DIAGNOSTICS REPORT

Patient Name	: Mr. ANIRBAN BISWAS	Order Date	: 14/04/2023 09:30
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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 0.3 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 : 9.8 cm & Left kidney measures : 11.2 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 3.0 cm x 2.8 cm x 3.0 cm. It weight approx 13 gm.





## DIAGNOSTICS REPORT

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**PERITONEUM** : : No free fluid is noted.

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

**IMPRESSION** : Fatty changes in liver (Grade I).

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

Consultant Radiologist

RegNo: 57032



## DIAGNOSTICS REPORT

Patient Name	: Mr. ANIRBAN BISWAS	Order Date	: 14/04/2023 09:30
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### ECHOCARDIOGRAPHY (SCREENING)

#### Status of Patient :

- \* No regional wall motion abnormality at rest.
- \* Good LV systolic function (EF = 62%).
- \* Good RV systolic function (TAPSE = 21 mm).
- \* Mild concentric left ventricular hypertrophy.
- \* Mild TR, TR gradient = 23 mmHg.
- \* Normal valve morphology.
- \* Adequate LV diastolic function.
- \* 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

*Hes*

Patient Name	: Mr. ANIRBAN BISWAS	Order Date	: 14/04/2023 09:30
Age/Sex	: 45 Year(s)/Male	Report Date	: 14/04/2023 11:21
UHID	: NMHK.2308820	IP No	:
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
Address	: H2-175, S.S TOWN SHIP, SHAKUNTALA PARK, Kolkata, West Bengal, 700061	Mobile	: 8693088907

### ELECTROCARDIOGRAM REPORT (ECG)

HR	: 80 bpm
Rhythm	: Sinus
P wave	: Normal
PR Interval	: 152 msec
QRS axis	: Normal ( 84 Degree)
QRS duration	: 86 msec
QRS configuration	: Normal
T wave	: Non specific changes
ST segment	: Non specific changes
QTc	: 391 msec
QT	: 336 msec

#### IMPRESSION:

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

Clinical correlation please.

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

Consultant Cardiologist

RegNo: 55696

ANIRBAN BISWAS

HR 80/min

Axis: 56°

SINUS RHYTHM

OTHERWISE NORMAL ECG

2308820

Male

Intervals: RR 746 ms

P 84°

6.02

45 years

kg

P 102 ms

T 41°

UNCONFIRMED REPORT

..... cm

/

PR 152 ms

P (II) 0.19 mV

QR5 86 ms

S (V1) -0.74 mV

QT 336 ms

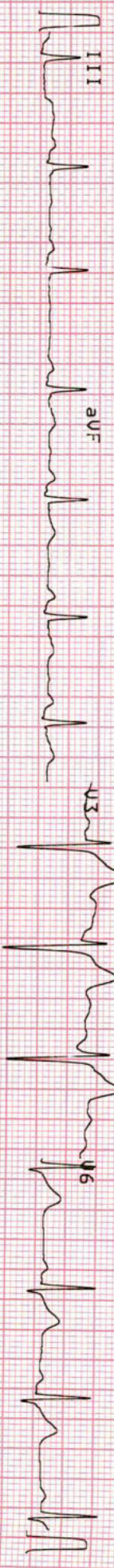
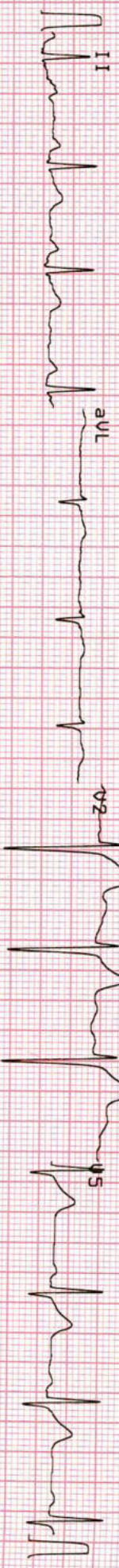
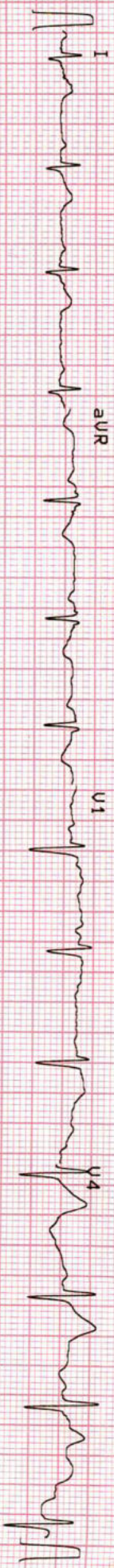
R (V5) 1.04 mV

QTc 391 ms

Sokol. 2.91 mV

(Bazett)

10 mm/mV



10 mm/mV

25 mm/s

2.05-25 Hz

F50

SSF 585

14.04.2023

11:20:21

NARAYAN MEMORIAL HOSPITAL, BEHALA

AT-102plus 1.25 Ct



## DIAGNOSTICS REPORT

Patient Name	: Mr. ANIRBAN BISWAS	Order Date	: 14/04/2023 09:30
Age/Sex	: 45 Year(s)/Male	Report Date	: 14/04/2023 15:21
UHID	: NMHK.2308820	IP No	:
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
Address	: H2-175, S.S TOWN SHIP, SHAKUNTALA PARK, Kolkata, West Bengal, 700061	Mobile	: 8693088907

### 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. Sayani Mahal,**

MD Radiology (AIIMS), PDCC (AIIMS)

RegNo: 74369