



DIAGNOSTICS REPORT

Patient Name	: Mr. ARUNAVA JANA	Order Date	: 25/11/2023 09:56
Age/Sex	: 48 Year(s)/Male	Report Date	: 25/11/2023 13:12
UHID	: NMHK.2203362	IP No	:
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
		Mobile	: 8436944246
Address	: 291, BENIMASTER LANE, SAKUNTALA PARK, 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 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. Spleen measures : 10.3 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 : 10.5 cm & Left kidney measures : 10.4 cm.

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



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PROSTATE : Prostate is normal size, outline and echotexture appear normal. No focal lesion is seen. Prostate measures 3.2 cm x 3.8 cm x 3.4 cm. It weight approx 22 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



LABORATORY INVESTIGATION REPORT

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Ref. Doctor : NMH

Address : 291, BENIMASTER LANE, SAKUNTALA PARK, Kolkata, West Bengal, 700061

Age/Sex : 48 Year(s) / Male
Order Date : 25/11/2023 09:56
Mobile No : 8436944246
DOB : 01/01/1975
Facility : NARAYAN MEMORIAL HOSPITAL

Hematology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0148971	Collection Date : 25/11/23 10:47	Ack Date : 25/11/2023 11:30	Report Date : 25/11/23 16:34

BLOOD GROUPING & Rh TYPING

Sample- EDTA Whole Blood

SAMPLE : EDTA BLOOD

BLOOD GROUP

Method - Agglutination forward & Reverse

RH TYPE

COMPLETE HAEMOGRAM (CBC)

Sample- EDTA Whole Blood

SAMPLE : EDTA BLOOD

HAEMOGLOBIN (HB)

Method - Colorimetric method (Cyn Meth)

RBC COUNT

Method - Electrical Impedance Method

TOTAL WBC COUNT

Method - Electrical Impedance Method

PLATELET COUNT

Method - Electrical Impedance Method

PCV

Method - RBC pulse ht. detection method

MCV

Method - calculated

MCH

Method - Calculated

MCHC

Method - Calculated

ESR

Method - Modified Westergren Method

DIFFERENTIAL COUNT

NEUTROPHILS

Method - Microscopy

LYMPHOCYTES

Method - Microscopy

' AB '

POSITIVE

14.8

gm/dl

13 - 17

5.1

x10⁶/ul

4.5 - 5.5

4.4

10³/cm³

4 - 10

210

10³/cm³

150 - 410

45

%

40 - 50

88

f

83 - 101

29

pg

27 - 32

33

gm/dl

31.5 - 34.5

05

%

0 - 10

52

%

40 - 80

43 ▲

%

20 - 40



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MONOCYTES	02	%	2 - 10
<i>Method - Microscopy</i>			
EOSINOPHILS	03	%	1 - 6
<i>Method - Microscopy</i>			
BASOPHILS	00	%	0 - 2
<i>Method - Microscopy</i>			

PERIPHERAL BLOOD SMEAR

RBC

Normocytic normochromic.

WBC

As above.

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 : 07H0148971	Collection Date : 25/11/23 10:47	Ack Date : 25/11/2023 11:45	Report Date : 25/11/23 16:19

SERUM CREATININE

Sample- Serum

SAMPLE : SERUM

SERUM CREATININE

Method - Jaffe Gen2 Compensated

LIVER FUNCTION TEST (LFT)

Sample- Serum

SAMPLE : SERUM

TOTAL BILIRUBIN

Method - Diazo Method

DIRECT BILIRUBIN

Method - Diazo Method

INDIRECT BILIRUBIN

Method - Calculated

SGPT (ALT)

Method - IFCC Without Pyridoxal Phosphate

SGOT (AST)

Method - IFCC Without Pyridoxal Phosphate

ALKALINE PHOSPHATASE

Method - IFCC

TOTAL PROTEIN

Method - Biuret

ALBUMIN

Method - Bromocresol Green

GLOBULIN

Method - Calculated

ALBUMIN:GLOBULIN

Method - Calculated

GGT

Method - Enzymatic colorimetric assay

BLOOD UREA NITROGEN

Sample- Serum

BLOOD UREA NITROGEN

0.8

mg/dl

0.7 - 1.2

1.1

mg/dl

0 - 1.1

0.3 ▲

mg/dl

0 - 0.2

0.8

mg/dl

0.2 - 0.9

19

U/L

0 - 34

17

U/L

0 - 31

67

U/L

53 - 128

7.5

g/dl

6.4 - 8.2

4.8

gm/dl

3.5 - 5.2

2.7

g/dl

2 - 3.5

1.8

-

1.1 - 2.5

10

U/L

8 - 61

12

mg/dl

6 - 20



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Method - Calculated
LIPID PROFILE

Sample- Serum

SAMPLE : SERUM

TOTAL CHOLESTEROL

144

mg/dl

Desirable <200 |
 Borderline 200-239 |
 High >=240

Method - CHOD-PAP

HDL CHOLESTEROL

28 ▼

mg/dl

40 - 60

Method - Homogenous Enzymatic Colorimetric

LDL CHOLESTEROL

94

mg/dl

Optimal < 100 |
 Borderline 130 - 159 |
 High >160

Method - Homogenous Enzymatic Colorimetric

VLDL

22

mg/dl

0 - 30

Method - CALCULATED

CHOLESTEROL-HDL RATIO

5.14

-

LDL-HDL RATIO

3.36

-

TRIGLYCERIDES

113

mg/dl

Desirable <150 |
 Borderline 150 - 200 |
 High >200

Method - Enzymatic Colorimetric

URIC ACID

Sample- Serum

SAMPLE : SERUM

URIC ACID

5.3

mg/dl

3.4 - 7

Method - Enzymatic Colorimetric

BUN / CREATINE RATIO

Sample- Serum

SAMPLE : SERUM

BUN / CREATINE RATIO

15.0

GLYCOSYLATED HAEMOGLOBIN (HBA1C)

Sample- EDTA Whole Blood A

SAMPLE : EDTA BLOOD

HBA1C

5.1

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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 glycemc 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

Method - Hexokinase

90 mg/dl 70 - 109

BLOOD SUGAR(PP)

Sample- Plasma

SAMPLE : PLASMA

BLOOD SUGAR PP

Method - Hexokinase

83 mg/dl 70 - 140

End of Report



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

Checked By



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Address : 291, BENIMASTER LANE, SAKUNTALA PARK, Kolkata, West Bengal, 700061

Immunoassays- Tumour Markers

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Sample No : 07H0148971	Collection Date : 25/11/23 10:47	Ack Date : 25/11/2023 11:45	Report Date : 25/11/23 16:19

PROSTATE SPECIFIC ANTIGEN (PSA)

Sample- Serum
0.77 ng/ml **<3.5**

PROSTATE SPECIFIC ANTIGEN (PSA)

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

End of Report

Dr.S. Chatterjee
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(CONSULTANT BIOCHEMIST)

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Address : 291, BENIMASTER LANE , SAKUNTALA PARK ,Kolkata,West Bengal ,700061	Facility : NARAYAN MEMORIAL HOSPITAL

Immunology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0148971	Collection Date : 25/11/23 10:47	Ack Date : 25/11/2023 11:45	Report Date : 25/11/23 16:21

THYROID FUNCTION TEST

Sample- Serum

SAMPLE : SERUM

T3	1.36	ng/ml	0.60 - 1.80
Method - ECLIA			
T4	7.94	ug/dL	5.40 - 11.70
Method - ECLIA			
TSH	1.79	uIU/ml	Adult Male – 0.27-5.5 0 Adult Female – 0.27-5.50 Newborns - <25 Upto 12 years – 0.3-5

Method - 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



Dr.S. Chatterjee
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Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0148971	Collection Date : 25/11/23 10:47	Ack Date : 25/11/2023 12:12	Report Date : 25/11/23 16:28

URINE FOR R/E

Sample- Urine

SAMPLE : URINE

PHYSICAL EXAMINATION

VOLUME	35	ml	
COLOUR	PALE YELLOW		
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	1-2/HPF	<20/HPF
RBC	ABSENT	ABSENT
CAST	ABSENT	ABSENT
CRYSTAL	ABSENT	ABSENT

Please correlate clinically.

URINE FOR SUGAR FASTING

Sample- Urine

SAMPLE : URINE

RESULT	ABSENT
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Sample No : 07H0149065	Collection Date : 25/11/23 14:09	Ack Date : 25/11/2023 15:58	Report Date : 25/11/23 16:19
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URINE FOR SUGAR PP



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Sample- Urine

SAMPLE : URINE
RESULT

ABSENT

End of Report

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

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

Checked By



DIAGNOSTICS REPORT

Patient Name	: Mr. ARUNAVA JANA	Order Date	: 25/11/2023 09:56
Age/Sex	: 48 Year(s)/Male	Report Date	: 26/11/2023 14:06
UHID	: NMHK.2203362	IP No	:
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
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Address	: 291, BENIMASTER LANE, SAKUNTALA PARK, Kolkata, West Bengal, 700061		

X-RAY CHEST PA VIEW

No active lung parenchymal lesion is seen.
Both hila are normal in position, size and density.
Cardiothoracic ratio appear normal.
Trachea and mediastinum are normal in position.
Both costo-phrenic angles are clear.
Domes of diaphragm are normal in position and outlines are well delineated.
Bony thorax appears unremarkable.

IMPRESSION :-

No significant lung parenchyma abnormality.
Needs clinical correlation.

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

RegNo: 66718



DIAGNOSTICS REPORT

HW

Patient Name	: Mr. ARUNAVA JANA	Order Date	: 25/11/2023 09:56
Age/Sex	: 48 Year(s)/Male	Report Date	: 25/11/2023 12:42
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Address	: 291, BENIMASTER LANE, SAKUNTALA PARK, Kolkata, West Bengal, 700061		

ELECTROCARDIOGRAM REPORT (ECG)

HR	: 67 bpm
Rhythm	: Sinus
P wave	: Normal
PR Interval	: 148 msec
QRS axis	: Normal (74 Degree)
QRS duration	: 100 msec
QRS configuration	: Normal
T wave	: Normal
ST segment	: Isoelectric
QTc	: 383 msec
QT	: 360 msec

IMPRESSION:

- Sinus rhythm.
- Normal ECG

Clinical correlation please.

Dr. Sudip Chakraborty, MBBS, DIP (Preventative Cardiology) fellow Clinical

RegNo: 56285

JA JRNH
#3362
Male
48 years
cm / kg

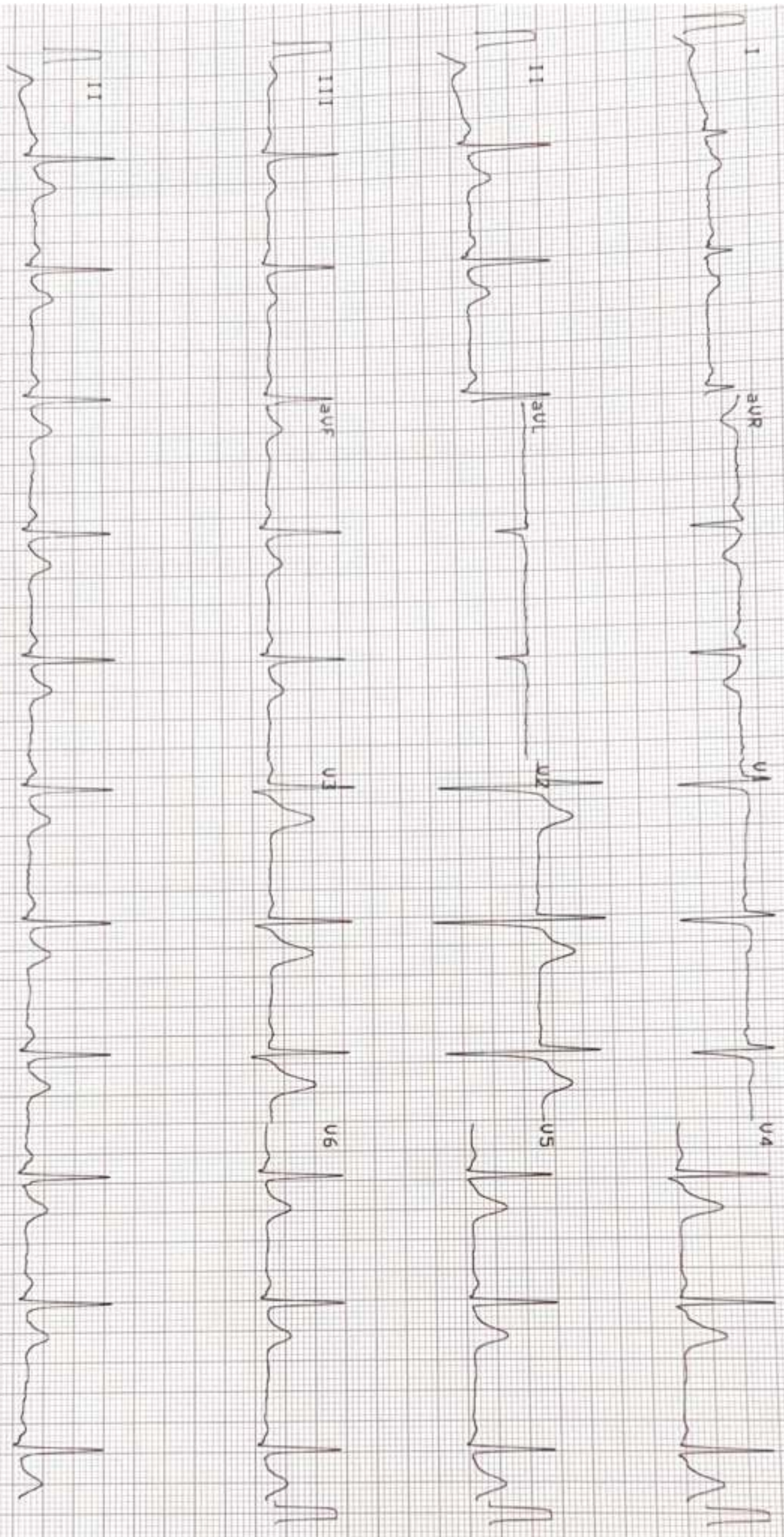
HR 67/min
Intervals:
RR 889 ms
P 118 ms
PR 148 ms
QRS 100 ms
QT 360 ms
QTc 383 ms
(Bazett)
10 mm/mV

Rx is: 45°
P QRS T
QRS 74°
T 55°

P (II) 0.14 mV
S (V1) -1.15 mV
R (V5) 1.57 mV
Sokol. 3.72 mV

SINUS RHYTHM
NORMAL ECG

UNCONFIRMED REPORT



10 mm/mV
25 mm/s
SCHILLER
2.05+25 Hz F50 SSF S85
25.11.2023 12:46:16
NRRAYAN MEMORIAL HOSPITAL, BEHALA
AT-102plus 1.25 C1



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Address	: 291, BENIMASTER LANE, SAKUNTALA PARK, Kolkata, West Bengal, 700061		

ECHOCARDIOGRAPHY (SCREENING)

Status of Patient :

- * No regional wall motion abnormality at rest.
- * Good LV systolic function (EF = 65 %).
- * Good RV systolic function (TAPSE = 19 mm).
- * Normal valve morphology.
- * Adequate LV diastolic function.
- * Trivial TR.
- * No pulmonary arterial hypertension (PASP - 24 mmHg).
- * IVC normal diameter & > 50% respiratory variation.
- * No pericardial effusion.
- * No thrombus, mass, vegetation seen.

Dr. Sudip Chakraborty, MBBS, DIP (Preventative Cardiology) fellow Clinical

RegNo: 56285