

LABORATORY INVESTIGATION REPORT

Patient Name : Mr. Rana Chatterjee	Age/Sex : 53 Year(s)/Male
UHID : NMHK.2200694	Order Date : 15/01/2022 11:38
Episode : OP	
Ref. Doctor : NMH	Mobile No : 9874917688
Address : 4/4 , BIJOYGARH ,Kolkata,West Bengal ,700032	Facility : NARAYAN MEMORIAL HOSPITAL

Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0054756	Collection Date : 15/01/22 11:45	Ack Date :	Report Date : 15/01/22 17:37

KIDNEY FUNCTION TEST

SERUM CREATININE

SAMPLE : SERUM

SERUM CREATININE	0.8	mg/dl	0.7 - 1.2
<i>Jaffe Gen2 Compensated</i>			

BLOOD UREA NITROGEN

BLOOD UREA NITROGEN	07	mg/dl	6 - 20
<i>Calculated</i>			

URIC ACID

SAMPLE : SERUM

URIC ACID	6.1	mg/dl	3.4 - 7
<i>Enzymatic Colorimetric</i>			

LIVER FUNCTION TEST (LFT)

SAMPLE : SERUM

TOTAL BILIRUBIN	0.3 ▲	mg/dl	<1.1
<i>Diazo Method</i>			
DIRECT BILIRUBIN	0.2	mg/dl	0 - 0.2
<i>Diazo Method</i>			
INDIRECT BILIRUBIN	0.1 ▼	mg/dl	0.2 - 0.9
<i>Calculated</i>			
SGPT (ALT)	24	U/L	0 - 34
<i>IFCC Without Pyridoxal Phosphate</i>			
SGOT (AST)	24	U/L	0 - 31
<i>IFCC Without Pyridoxal Phosphate</i>			
ALKALINE PHOSPHATASE	80	U/L	53 - 128
<i>IFCC</i>			
TOTAL PROTEIN	7.9	g/dl	6.4 - 8.2
<i>Biuret</i>			
ALBUMIN	5.2	gm/dl	3.5 - 5.2
<i>Bromocresol Green</i>			
GLOBULIN	2.7	g/dl	2 - 3.5
<i>Calculated</i>			
ALBUMIN:GLOBULIN	1.9	-	1.1 - 2.5
<i>Calculated</i>			
GGT	35	U/L	8 - 61

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Enzymatic colorimetric assay

LIPID PROFILE

SAMPLE : SERUM

TOTAL CHOLESTEROL	227	mg/dl	Desirable <200 Borderline 200-239 High >=240
<i>CHOD-PAP</i>			
HDL CHOLESTEROL	29 ▼	mg/dl	40 - 60
<i>Homogenous Enzymatic Colorimetric</i>			
LDL CHOLESTEROL	166	mg/dl	Optimal < 100 Borderline 130
<i>Homogenous Enzymatic Colorimetric</i>			
VLDL	40.60 ▲	mg/dl	0 - 30
<i>CALCULATED</i>			
CHOLESTEROL-HDL RATIO	7.83	-	
LDL-HDL RATIO	5.72	-	
TRIGLYCERIDES	203	mg/dl	Desirable <150 Borderline 150 - 200 High >200

Enzymatic Colorimetric

Sample No : 07H0054756A Collection Date : 15/01/22 11:45 Ack Date : Report Date : 15/01/22 17:37

BLOOD SUGAR(F)

SAMPLE : PLASMA

BLOOD SUGAR FASTING	136 ▲	mg/dl	70 - 109
<i>Hexokinase</i>			

Sample No : 07H0054773B Collection Date : 15/01/22 13:37 Ack Date : Report Date : 15/01/22 21:45

BLOOD SUGAR(PP)

SAMPLE : PLASMA

BLOOD SUGAR PP	206 ▲	mg/dl	70.00 - 140.00
<i>Hexokinase</i>			

End of Report



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

Checked By

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Immunoassay

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0054756	Collection Date : 15/01/22 11:45	Ack Date :	Report Date : 15/01/22 17:53

THYROID FUNCTION TEST

SAMPLE : SERUM

T3 ECLIA	1.34	ng/ml	0.60 - 1.80
T4 ECLIA	9.52	ug/dL	5.40 - 11.70
TSH ECLIA	4.22	uIU/ml	Adult Male – 0.27-5.50 Adult Female – 0.27-5.50 Newborns - <25 Upto 12 years – 0.3-5

Interpretations:

1. For diagnostic purposes, the result should always be assessed in conjunction with the patient's medical history, clinical examinations and other findings.
2. 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)
3. There is no high dose hook effect at TSH concentrations upto 1000 µmol/ml.
4. 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.
5. 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).
6. 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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Hematology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0054757	Collection Date : 15/01/22 11:45	Ack Date :	Report Date : 15/01/22 16:00

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>	4.69	x10 ⁶ /ul	4.5 - 5.5
TOTAL WBC COUNT <i>Electrical Impedance Method</i>	5.7	10 ³ /cmm	4 - 10
PLATELET COUNT <i>Electrical Impedance Method</i>	280	10 ³ /cmm	150 - 410
PCV <i>RBC pulse ht. detection method</i>	42	%	40 - 50
MCV <i>calculated</i>	89	fl	83 - 101
MCH <i>Calculated</i>	31	pg	27 - 32
MCHC <i>Calculated</i>	35 ▲	gm/dl	31.5 - 34.5
ESR <i>Modified Westergren Method</i>	11	%	0 - 12

DIFFERENTIAL COUNT

NEUTROPHILS <i>Microscopy</i>	74	%	40 - 80
LYMPHOCYTES <i>Microscopy</i>	22	%	20 - 40
MONOCYTES <i>Microscopy</i>	02	%	2 - 10
EOSINOPHILS <i>Microscopy</i>	02	%	1 - 6
BASOPHILS <i>Microscopy</i>	00 ▼	%	1 - 6

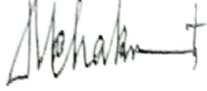
PERIPHERAL BLOOD SMEAR

RBC Normocytic normochromic
 WBC Within normal limits
 PLATELET Adequate

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End of Report



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

Checked By

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Immunology

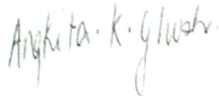
INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0054757	Collection Date : 15/01/22 11:45	Ack Date :	Report Date : 17/01/22 13:59

BLOOD GROUPING & Rh TYPING

SAMPLE : EDTA BLOOD

BLOOD GROUP : ' O '
Agglutination forward & Reverse
RH TYPE : POSITIVE

End of Report



Dr. ANGKITA K. GHOSH
MBBS, MD(PATH)
(CONSULTANT PATHOLOGIST)
RegNo: 82734
Checked By

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Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0054773	Collection Date : 15/01/22 13:37	Ack Date :	Report Date : 16/01/22 11:57

URINE FOR R/E

SAMPLE : URINE

PHYSICAL EXAMINATION

VOLUME	40	ml	
COLOUR	PALE STRAW		
APPEARANCE	SLIGHTLY HAZY		
SPECIFIC GRAVITY	1.010		1.010 - 1.030
REACTION(pH)	ACIDIC 6.5		

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	0-2 / HPF	<5/HPF
EPITHELIAL CELLS	0-2 / HPF	<20/HPF
RBC	NIL	
CAST	ABSENT	ABSENT
CRYSTAL	ABSENT	ABSENT

Please correlate clinically.

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 : 07H0054757A	Collection Date : 15/01/22 11:45	Ack Date :	Report Date : 15/01/22 18:10

GLYCOSYLATED HAEMOGLOBIN (HBA1C)

SAMPLE : EDTA BLOOD

HBA1C **7.0 ▲** % Non-diabetic : 4-6

By HPLC

- HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose.
- HbA1c has been endorsed by clinical group & 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 in Severe iron deficiency anaemia and hemolytic), chronic renal failure and liver disease. 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.

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



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

Checked By

report

bio-Rad

D-10

S/N: #DJ0A467747

Sample ID:

Injection date

Injection #: 5

Rack #: ---

DATE: 15/01/2022

TIME: 17:07

Software version: 4.30-2

07H0054757A

15/01/2022 16:53

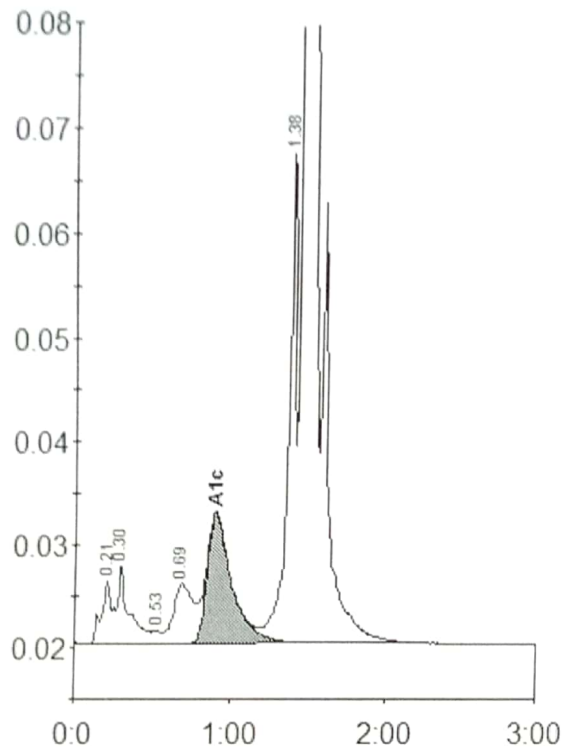
Method: HbA1c

Rack position: 5

Mr. Rana Chatterjee
(R)NMHK 2200694 53y/ M



07H0054757A
EDTA Wh 15-01 11:45



Peak table - ID: 07H0054757A

Peak	R.time	Height	Area	Area %
A1a	0.21	5958	29258	1.1
A1b	0.30	7676	38810	1.5
F	0.53	1131	5022	0.2
LA1c/CHb-1	0.69	5807	51181	2.0
A1c	0.91	12628	138357	7.0
P3	1.38	48342	158243	6.1
A0	1.44	765398	2158344	83.7
Total Area:			2579216	

Concentration:	%	mmol/mol
A1c	7.0	53



PID NO: P562100446415
Age: 53.0 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: 562110446415
Test Report
Registered On:
15/01/2022 07:58 PM
Collected On:
15/01/2022 7:58PM
Reported On:
15/01/2022 09:42 PM

Investigation	Observed Value	Unit	Biological Reference Interval
PSA- Prostate Specific Antigen (Serum,ECLIA)	1.65	ng/mL	Conventional for all ages: 0 - 4 50 - 59 yrs: 0 - 3.5

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 --

Results relate only to the sample as received. Refer to conditions of reporting overleaf.

Saha
Dr. Subhasish Saha
MD Pathology

† This test was outsourced to Metropolis Healthcare Ltd. Mumbai

DIAGNOSTICS REPORT

Patient Name	: Mr. Rana Chatterjee	Order Date	: 15/01/2022 11:38
Age/Sex	: 53 Year(s)/Male	Report Date	: 15/01/2022 11:40
UHID	: NMHK.2200694	IP No	:
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
Address	: 4/4, BIJOYGARH, Kolkata, West Bengal, 700032	Mobile	: 9874917688

X-RAY REPORT OF CHEST PA

FINDINGS:

- * Lung parenchyma shows no focal lesion. No general alteration of radiographic density. Apices are clear. Bronchovascular lung markings are within normal limits.
- * Both the hila are normal in size, density and position.
- * Mediastinum is central. Trachea is in midline.
- * Domes of diaphragm are smoothly outlined. Position is within normal limits.
- * Lateral costo-phrenic angles are clear.
- * Cardiac size appears within normal limits. Margin is well visualised and cardiac silhouette is smoothly outlined. Shape is within normal limit.
- * Bony thorax reveals no definite abnormality.

IMPRESSION: Normal Study.



Dr. MUNMUN CHANDA,

MBBS, DMRD

RegNo: Reg no. 69993

DIAGNOSTICS REPORT

Patient Name	: Mr. Rana Chatterjee	Order Date	: 15/01/2022 11:38
Age/Sex	: 53 Year(s)/Male	Report Date	: 15/01/2022 12:51
UHID	: NMHK.2200694	IP No	:
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
Address	: 4/4, BIJOYGARH, Kolkata, West Bengal, 700032	Mobile	: 9874917688

USG REPORT OF WHOLE ABDOMEN (SCREENING)

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.

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.

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 : 10.3 cm & Left kidney measures : 10.1 cm.

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

POST VOID BLADDER : No significant residual urine is seen. Volume 11 cc.

DIAGNOSTICS REPORT

Patient Name	: Mr. Rana Chatterjee	Order Date	: 15/01/2022 11:38
Age/Sex	: 53 Year(s)/Male	Report Date	: 15/01/2022 12:51
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PROSTATE : Prostate is moderately enlarged. Outline and echotexture appear normal. No focal lesion is seen. Prostate measures 5.2 cm x 3.8 cm x 3.8 cm. It weight approx 40 gm.

PERITONEUM : : No free fluid is noted.

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

IMPRESSION : * Fatty changes in liver.
* Grade II Prostatomegaly.



Dr. MADHUSHREE RAY NASKAR ,
MBBS,DMRD

Consultant Radiologist

RegNo: 57032

DIAGNOSTICS REPORT

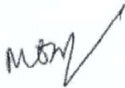
Patient Name	: Mr. Rana Chatterjee	Order Date	: 15/01/2022 11:38
Age/Sex	: 53 Year(s)/Male	Report Date	: 15/01/2022 18:19
UHID	: NMHK.2200694	IP No	:
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ELECTROCARDIOGRAM REPORT (ECG)

HR	: 93 bpm
Rhythm	: Sinus
P wave	: Normal
PR Interval	: 166 msec
QRS axis	: Left axis (-11 Degree)
QRS duration	: 84 msec
QRS configuration	: Normal
T wave	: Non specific changes
ST segment	: Non specific changes
QTc	: 403 msec
QT	: 322 msec

IMPRESSION:

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



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

Consultant Cardiologist

RegNo: 55696

DIAGNOSTICS REPORT

Patient Name	: Mr. Rana Chatterjee	Order Date	: 15/01/2022 11:38
Age/Sex	: 53 Year(s)/Male	Report Date	: 15/01/2022 14:04
UHID	: NMHK.2200694	IP No	:
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2D ECHOCARDIOGRAPHY WITH M-MODE

MEASUREMENTS

2D and M-Mode :

IVS (d)	11 mm	Aorta (at sinuses)	24 mm
LVID (d)	36 mm	LA diameter	32 mm
LVPW (d)	11 mm	RVID (d) - basal	16 mm
LVID (s)	21 mm	TAPSE	23 mm
LVEF	60%		

Estimated PASP = 23 mmHg

FINDINGS

Left Ventricle :

Cavity size : Normal.
Wall thickness : Normal.
Segmental wall motion : No abnormality found.
Global systolic function : Normal (EF = 60%)
Diastolic function : Grade I diastolic dysfunction.

Left Atrium : Normal sized; no clot in body of appendage.

Right Ventricle and Right Atrium : Normal sized; normal RV systolic function.

Mitral Valve : Normal leaflets, good excursion, normal subvalvular apparatus. No regurgitation / No MS.

Aortic valve : Structurally normal, trileaflet, normal motion, no regurgitation.

Pulmonary Valve : Normal structure, adequate opening.

DIAGNOSTICS REPORT

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Tricuspid Valve :Normal structure, normal excursion. Trivial TR. TR gradient = 18 mmHg.

Interartial and Interventricular Septum :No breech could be seen.

Aorta :Normal sized root and proximal aorta.

Pulmonary Artery :Normal, no pulmonary arterial hypertension.

Pericardium :Normal, no effusion.

Inferior Vena Cava :IVC normal diameter, > 50% respiratory variation.

Others :No thrombus, mass, vegetation seen.

IMPRESSION:

Status of Patient :

- * No regional wall motion abnormality at rest.
- * Good LV systolic function (EF = 60%).
- * Good RV systolic function (TAPSE = 23 mm).
- * Normal valve morphology.
- * Grade I LV diastolic dysfunction.
- * No pericardial effusion.
- * No pulmonary arterial hypertension.

J. Banerjee

Dr.INDIRA BANERJEE,
MD,DNB,MRCPC (UK)

Board Certified Comprehensive
Echocardiographer (USA)