



NARAYAN MEMORIAL HOSPITAL

CARE
CLOSE TO YOU

NARAYAN

A photograph of the exterior of the Narayan Memorial Hospital building. The building is modern with a white facade and large glass windows. A dark brown sign with white text and the hospital logo is mounted above the entrance. The sign reads "NARAYAN MEMORIAL HOSPITAL".

NARAYAN MEMORIAL HOSPITAL

Name: Sourav Guha Roy

Address: _____

Phone / Mobile No: _____

UHID: _____

Male / Female: _____

Doctor's Name: _____

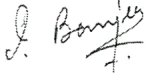
DIAGNOSTICS REPORT

| | | | |
|--------------|--|-------------|-----------------------------|
| Patient Name | : Mr. Sourav Guha Roy | Order Date | : 26/03/2022 13:27 |
| Age/Sex | : 32 Year(s)/Male | Report Date | : 26/03/2022 17:22 |
| UHID | : NMHK.2204179 | IP No | : |
| Ref. Doctor | : NMH | Facility | : NARAYAN MEMORIAL HOSPITAL |
| Address | : 683/1/1 HO-CHI-MIN SARANI, SAKUNTALA PARK,Kolkata, West Bengal, 700061 | Mobile | : 7686878256 |

ECHOCARDIOGRAPHY (SCREENING)

Status of Patient :

- * No regional wall motion abnormality at rest.
- * Good LV systolic function (EF = 62 %).
- * Good RV systolic function (TAPSE = 22 mm).
- * Normal valve morphology.
- * Normal 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,MRCPC (UK)

Board Certified Comprehensive
Echocardiographer (USA)

DIAGNOSTICS REPORT

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|--------------|---|-------------|-----------------------------|
| Patient Name | : Mr. Sourav Guha Roy | Order Date | : 26/03/2022 13:27 |
| Age/Sex | : 32 Year(s)/Male | Report Date | : 26/03/2022 15:54 |
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ELECTROCARDIOGRAM REPORT (ECG)

HR : 75 bpm

Rhythm : Sinus

P wave : Normal

PR Interval : 126 msec

QRS axis : Normal (28 Degree)

QRS duration : 72 msec

QRS configuration : Normal

T wave : Non specific changes

ST segment : Non specific changes

QTc : 402 msec

QT : 358 msec

IMPRESSION:

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



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Board Certified Comprehensive
Echocardiographer (USA)

SDURAV GUHA ROY

HR 75/min

Axis:

SINUS RHYTHM
OTHERWISE NORMAL ECG

2204179

Intervals:

P 0°
QRS 28°
T 26°

6.02

UNCONFIRMED REPORT

Male

RR 805 ms

P (II) 0.05 mV

32 years

P 110 ms

S (V1) -1.04 mV

cm / kg

PR 126 ms

R (V5) 1.15 mV

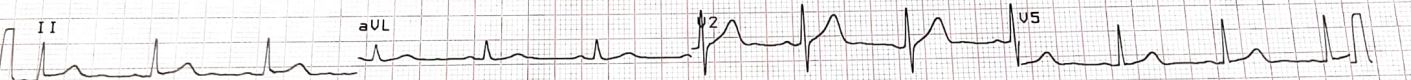
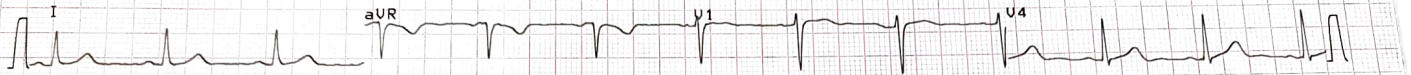
QRS 72 ms

QT 358 ms

QTc 402 ms
(Bazett)

10 mm/mV

10 mm/mV



0.05-25 Hz F50 SSF SBS 26.03.2022 10:57:10

NARAYAN MEMORIAL
HOSPITAL, BEHALA

AT-102plus 1.25°Ct

NARAYAN MEMORIAL
KOLKATA
NARAYAN MEMORIAL HOSPITAL
NARAYAN Health Services Pvt. Ltd.
E-mail: info@narayanmemorial.com
Phone: 9903000000
www.narayanmemorial.com
Unit of Narayan Health Services Pvt. Ltd.
Kolkata - 700 032
Phone: 9903000000
www.narayanmemorial.com

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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.MADHUSHREE RAY NASKAR ,
MBBS,DMRD**

Consultant Radiologist

RegNo: 57032

R

26-03-2022
11:08

MEMORIAL HOSPITAL
Health Services Pvt. Ltd.)
Road, Kolkata - 700 034
E-mail: contact@nmh.org.in
memorialhospital.com

2204179, SOURAV GUH... M, 32 years

NARAYAN MEMORIAL HOSPITAL

Dr.

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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 0.4 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 : 10.2 cm & Left kidney measures : 11.3 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 2.7 cm x 2.7 cm x 2.9 cm. It weight approx 11 gm.

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PERITONEUM : : No free fluid is noted.

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

IMPRESSION : Diffuse fatty changes in liver.



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Consultant Radiologist

RegNo: 57032

LABORATORY INVESTIGATION REPORT

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Biochemistry

| INVESTIGATION | RESULTS | UNITS | BIOLOGICAL REF RANGE |
|-------------------------|----------------------------------|------------|------------------------------|
| Sample No : 07H0060267A | Collection Date : 26/03/22 13:30 | Ack Date : | Report Date : 26/03/22 18:35 |

GLYCOSYLATED HAEMOGLOBIN (HBA1C)

SAMPLE : EDTA BLOOD

HBA1C 5.3 % 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 glycemc 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

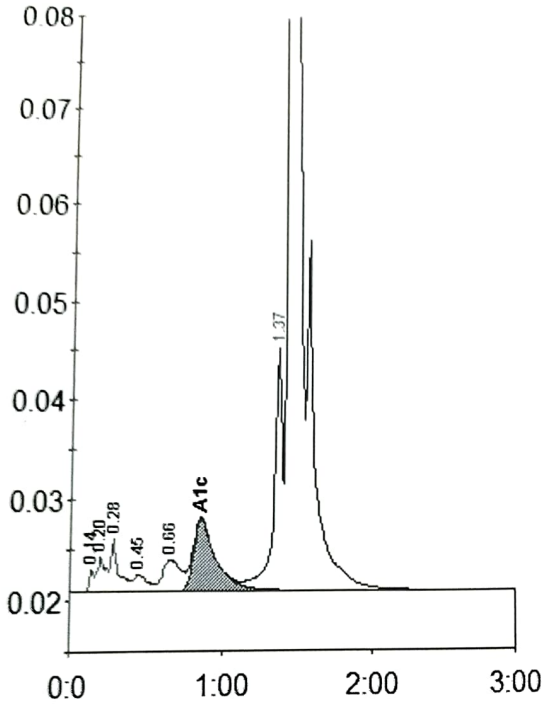
Patient report

Bio-Rad DATE: 26/03/2022
 D-10 TIME: 16:29
 S/N: #DJ0A467747 Software version: 4.30-2
 Sample ID: 07H0060267A
 Injection date 26/03/2022 15:39
 Injection #: 4 Method: HbA1c
 Rack #: --- Rack position: 4

Dr. Sourav Guna Roy
 (R)NPHK. 2204179 32y/ M



07H0060267A
 EDTA Wh 26-03 13:30



Peak table - ID: 07H0060267A

| Peak | R.time | Height | Area | Area % |
|-------------|--------|---------|---------|--------|
| Unknown | 0.14 | 2174 | 5090 | 0.3 |
| A1a | 0.20 | 3502 | 13336 | 0.7 |
| A1b | 0.28 | 5182 | 18419 | 1.0 |
| F | 0.45 | 1662 | 10899 | 0.6 |
| LA1c/CHb-1 | 0.66 | 3083 | 25199 | 1.3 |
| A1c | 0.86 | 7155 | 71335 | 5.3 |
| P3 | 1.37 | 24718 | 98402 | 5.2 |
| A0 | 1.44 | 593643 | 1642974 | 87.1 |
| Total Area: | | 1885654 | | |

| Concentration: | % | mmol/mol |
|----------------|-----|----------|
| A1c | 5.3 | 34 |

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Biochemistry

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| Sample No : 07H0060267 | Collection Date : 26/03/22 13:30 | Ack Date : | Report Date : 26/03/22 18:35 |

LIVER FUNCTION TEST (LFT)

SAMPLE : SERUM

| | | | |
|---|--------------|-------|-----------|
| TOTAL BILIRUBIN <i>Diazo Method</i> | 0.9 | mg/dl | 0 - 1.1 |
| DIRECT BILIRUBIN <i>Diazo Method</i> | 0.4 ▲ | 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> | 99 ▲ | U/L | 0 - 34 |
| SGOT (AST) <i>IFCC Without Pyridoxal Phosphate</i> | 54 ▲ | U/L | 0 - 31 |
| ALKALINE PHOSPHATASE <i>IFCC</i> | 104 | U/L | 53 - 128 |
| TOTAL PROTEIN <i>Biuret</i> | 7.2 | g/dl | 6.4 - 8.2 |
| ALBUMIN <i>Bromocresol Green</i> | 5.0 | gm/dl | 3.5 - 5.2 |
| GLOBULIN <i>Calculated</i> | 2.2 | g/dl | 2 - 3.5 |
| ALBUMIN:GLOBULIN <i>Calculated</i> | 2.3 | - | 1.1 - 2.5 |
| GGT <i>Enzymatic colorimetric assay</i> | 78 ▲ | U/L | 8 - 61 |

End of Report



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(CONSULTANT BIOCHEMIST)

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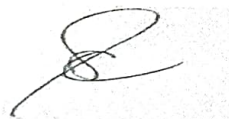
Biochemistry

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LIPID PROFILE**SAMPLE : SERUM**

| | | | |
|--|------|-------|---|
| TOTAL CHOLESTEROL | 161 | mg/dl | Desirable <200 Borderline 200-239 High >=240 |
| <i>CHOD-PAP</i> | | | |
| HDL CHOLESTEROL | 45 | mg/dl | 40 - 60 |
| <i>Homogenous Enzymatic Colorimetric</i> | | | |
| LDL CHOLESTEROL | 92 | mg/dl | Optimal < 100 Borderline 130 |
| <i>Homogenous Enzymatic Colorimetric</i> | | | |
| VLDL | 28 | mg/dl | 0 - 30 |
| <i>CALCULATED</i> | | | |
| CHOLESTEROL-HDL RATIO | 3.58 | - | |
| LDL-HDL RATIO | 2.04 | - | |
| TRIGLYCERIDES | 140 | mg/dl | Desirable <150 Borderline 150 - 200 High >200 |
| <i>Enzymatic Colorimetric</i> | | | |

End of Report



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

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LABORATORY INVESTIGATION REPORT

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Biochemistry

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SERUM CREATININE

SAMPLE : SERUM

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

BLOOD UREA NITROGEN

BLOOD UREA NITROGEN 9.3 mg/dl 6 - 20
Calculated

URIC ACID

SAMPLE : SERUM

URIC ACID 6.9 mg/dl 3.4 - 7
Enzymatic Colorimetric

SAMPLE : SERUM

RESULT 10.3

Sample No : 07H0060267B Collection Date : 26/03/22 13:30 Ack Date : Report Date : 26/03/22 18:35

BLOOD SUGAR(F)

SAMPLE : PLASMA

BLOOD SUGAR FASTING 81 mg/dl 70 - 109
Hexokinase

Sample No : 07H0060275B Collection Date : 26/03/22 13:43 Ack Date : Report Date : 26/03/22 18:35

BLOOD SUGAR(PP)

SAMPLE : PLASMA

BLOOD SUGAR PP 84 mg/dl 70 - 140
Hexokinase

End of Report



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Immunoassay

| INVESTIGATION | RESULTS | UNITS | BIOLOGICAL REF RANGE |
|------------------------|----------------------------------|------------|------------------------------|
| Sample No : 07H0060267 | Collection Date : 26/03/22 13:30 | Ack Date : | Report Date : 28/03/22 11:11 |

THYROID FUNCTION TEST

SAMPLE : SERUM

| | | | |
|--------------|------|--------|---|
| T3 ECLIA | 0.89 | ng/ml | 0.6 - 1.8 |
| T4 ECLIA | 7.11 | ug/dL | 5.4 - 11.7 |
| TSH ECLIA | 3.36 | uIU/ml | Adult Male – 0.27-5.50 Adult Female – 0.27-5.50 Newborns - <25 Upto 12 years – 0.3-5 |

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

Checked By

LABORATORY INVESTIGATION REPORT

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Hematology

| INVESTIGATION | RESULTS | UNITS | BIOLOGICAL REF RANGE |
|------------------------|----------------------------------|------------|------------------------------|
| Sample No : 07H0060267 | Collection Date : 26/03/22 13:30 | Ack Date : | Report Date : 26/03/22 16:48 |

COMPLETE HAEMOGRAM (CBC)

SAMPLE : EDTA BLOOD

| | | | |
|---|--------|---------------------------|-------------|
| HAEMOGLOBIN (HB) <i>Colorimetric method (Cyn Meth)</i> | 14.3 | gm/dl | 13 - 17 |
| RBC COUNT <i>Electrical Impedance Method</i> | 4.42 ▼ | $\times 10^6/\mu\text{l}$ | 4.5 - 5.5 |
| TOTAL WBC COUNT <i>Electrical Impedance Method</i> | 6.1 | $10^3/\text{cmm}$ | 4 - 10 |
| PLATELET COUNT <i>Electrical Impedance Method</i> | 210 | $10^3/\text{cmm}$ | 150 - 410 |
| PCV <i>RBC pulse ht. detection method</i> | 43 | % | 40 - 50 |
| MCV <i>calculated</i> | 96 | fl | 83 - 101 |
| MCH <i>Calculated</i> | 32 | pg | 27 - 32 |
| MCHC <i>Calculated</i> | 34 | gm/dl | 31.5 - 34.5 |
| ESR <i>Modified Westergren Method</i> | 05 | % | 0 - 10 |

DIFFERENTIAL COUNT

| | | | |
|----------------------------------|------|---|---------|
| NEUTROPHILS <i>Microscopy</i> | 57 | % | 40 - 80 |
| LYMPHOCYTES <i>Microscopy</i> | 37 | % | 20 - 40 |
| MONOCYTES <i>Microscopy</i> | 02 ▼ | % | 2 - 10 |
| EOSINOPHILS <i>Microscopy</i> | 04 ▼ | % | 1 - 6 |
| BASOPHILS <i>Microscopy</i> | 00 | % | 0 - 2 |

PERIPHERAL BLOOD SMEAR

| | |
|----------|-------------------------|
| RBC | Normocytic normochromic |
| WBC | Within normal limits |
| 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

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Immunology

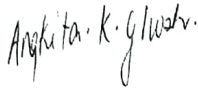
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| Sample No : 07H0060267 | Collection Date : 26/03/22 13:30 | Ack Date : | Report Date : 26/03/22 16:55 |

BLOOD GROUPING & Rh TYPING

SAMPLE : EDTA BLOOD

| | |
|---|----------|
| BLOOD GROUP | ' B ' |
| <i>Agglutinationforward & Reverse</i> | |
| RH TYPE | POSITIVE |

End of Report



Dr. ANGKITA K. GHOSH
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Clinical Pathology

INVESTIGATION

Sample No : 07H0060275

RESULTS

Collection Date : 26/03/22 13:43 Ack Date :

UNITS

BIOLOGICAL REF RANGE

Report Date : 28/03/22 10:30

URINE FOR R/E

SAMPLE : URINE

PHYSICAL EXAMINATION

| | | |
|------------------|--------------|---------------|
| VOLUME | 40 | ml |
| COLOUR | STRAW | |
| APPEARANCE | CLEAR | 1.010 - 1.030 |
| SPECIFIC GRAVITY | 1.010 | |
| 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 | 1-2 / HPF | <5/HPF |
| EPITHELIAL CELLS | 1-2 / HPF | <20/HPF |
| RBC | NIL | ABSENT |
| CAST | ABSENT | ABSENT |
| CRYSTAL | ABSENT | |

Please correlate clinically.

End of Report

Angkita K. Ghosh

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

LABORATORY INVESTIGATION REPORT

| | |
|--|---|
| Patient Name : Mr. Sourav Guha Roy | Age/Sex : 32 Year(s)/Male |
| UHID : NMHK.2204179 | Order Date : 26/03/2022 13:27 |
| Episode : OP | |
| Ref. Doctor : NMH | Mobile No : 7686878256 |
| Address : 683/1/1 HO-CHI-MIN SARANI , SAKUNTALA PARK Kolkata, West Bengal , 700061 | Facility : NARAYAN MEMORIAL HOSPITAL |

Clinical Pathology

| INVESTIGATION | RESULTS | UNITS | BIOLOGICAL REF RANGE |
|------------------------|----------------------------------|------------|------------------------------|
| Sample No : 07H0060275 | Collection Date : 26/03/22 13:43 | Ack Date : | Report Date : 26/03/22 18:35 |

URINE FOR SUGAR FASTING

SAMPLE : URINE

RESULT ABSENT

URINE FOR SUGAR PP

SAMPLE : URINE

RESULT ABSENT

End of Report



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

Checked By