

DIAGNOSTICS REPORT

Patient Name	: Mr. Nilanta Roy	Order Date	: 02/12/2021 10:02
Age/Sex	: 31 Year(s)/Male	Report Date	: 02/12/2021 11:35
UHID	: NMHK.2118522	IP No	:
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
Address	: 16, ANANDA PALLY WEST, ,Kolkata, West Bengal, 700093	Mobile	: 9836985986

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 1.0 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. Spleen measures : 11 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 : 10.1 cm & Left kidney measures : 10.3 cm.

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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 3.4 cm x 2.4 cm x 2.4 cm. It weight approx 10 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

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LABORATORY INVESTIGATION REPORT

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Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0049621	Collection Date : 02/12/21 10:11	Ack Date : 02/12/2021 11:27	Report Date : 02/12/21 19:20

KIDNEY FUNCTION TEST

SERUM CREATININE

SAMPLE : SERUM

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

BLOOD UREA NITROGEN

BLOOD UREA NITROGEN	09	mg/dl	6 - 20
<i>Method - Calculated</i>			

URIC ACID

SAMPLE : SERUM

URIC ACID	5.4	mg/dl	3.4 - 7
<i>Method - Enzymatic Colorimetric</i>			

LIVER FUNCTION TEST (LFT)

SAMPLE : SERUM

TOTAL BILIRUBIN	1.9 ▲	mg/dl	<1.1
<i>Method - Diazo Method</i>			
DIRECT BILIRUBIN	0.6 ▲	mg/dl	0 - 0.2
<i>Method - Diazo Method</i>			
INDIRECT BILIRUBIN	1.3 ▲	mg/dl	0.2 - 0.9
<i>Method - Calculated</i>			
SGPT (ALT)	25	U/L	0 - 34
<i>Method - IFCC Without Pyridoxal Phosphate</i>			
SGOT (AST)	21	U/L	0 - 31
<i>Method - IFCC Without Pyridoxal Phosphate</i>			
ALKALINE PHOSPHATASE	119	U/L	53 - 128
<i>Method - IFCC</i>			
TOTAL PROTEIN	7.3	g/dl	6.4 - 8.2
<i>Method - Biuret</i>			
ALBUMIN	4.9	gm/dl	3.5 - 5.2
<i>Method - Bromocresol Green</i>			
GLOBULIN	2.4	g/dl	2 - 3.5
<i>Method - Calculated</i>			
ALBUMIN:GLOBULIN	2.0	-	1.1 - 2.5
<i>Method - Calculated</i>			

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GGT 12 U/L 8 - 61
Method - Enzymatic colorimetric assay

LIPID PROFILE

SAMPLE : SERUM

TOTAL CHOLESTEROL 181 mg/dl Desirable <200 | Borderline 200-239 | High >=240
Method - CHOD-PAP

HDL CHOLESTEROL 56 mg/dl 40 - 60
Method - Homogenous Enzymatic Colorimetric

LDL CHOLESTEROL 110 mg/dl Optimal < 100 | Borderline 130
Method - Homogenous Enzymatic Colorimetric

VLDL 15.80 mg/dl 0 - 30
Method - CALCULATED

CHOLESTEROL-HDL RATIO 3.23 -

LDL-HDL RATIO 1.96 -

TRIGLYCERIDES 79 mg/dl Desirable <150 | Borderline 150 - 200 | High >200
Method - Enzymatic Colorimetric

Sample No : 07H0049621A Collection Date : 02/12/21 10:11 Ack Date : 02/12/2021 11:35 Report Date : 02/12/21 19:20

GLYCOSYLATED HAEMOGLOBIN (HBA1C)

SAMPLE : EDTA BLOOD

HBA1C 4.9 % Non-diabetic : 4-6
Method - 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%

Sample No : 07H0049621B Collection Date : 02/12/21 10:11 Ack Date : 02/12/2021 11:38 Report Date : 02/12/21 19:20

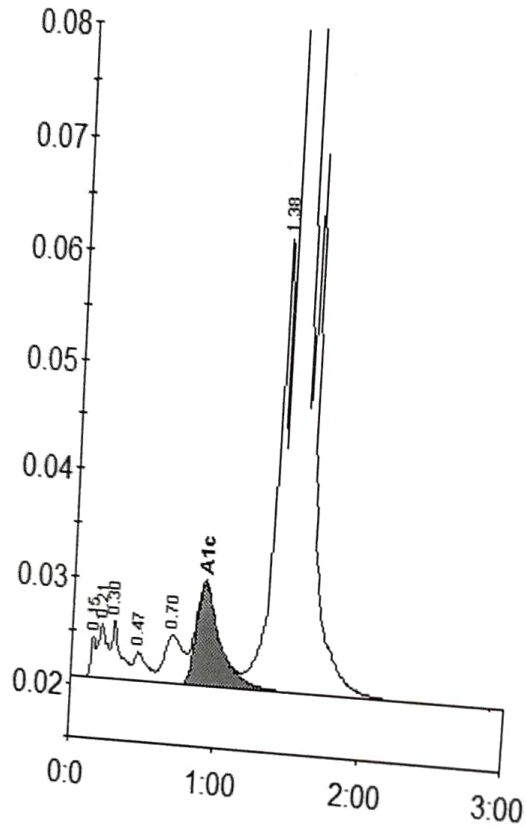
Patient report

Bio-Rad DATE: 02/12/2021
 D-10 TIME: 17:28
 S/N: #DJ0A467747 Software version: 4.30-2
 Sample ID: 07H0049621A
 Injection date 02/12/2021 17:02
 Injection #: 5 Method: HbA1c
 Rack #: --- Rack position: 5

Mr. Nilanta Roy
 (R)NMHK.2118522 31y/ M



07H0049621A
 EDTA Wh 02-12 10:11



Peak table - ID: 07H0049621A

Peak	R.time	Height	Area	Area %
Unknown	0.15	3775	7957	0.3
A1a	0.21	5098	21383	0.7
A1b	0.30	5660	24553	0.8
F	0.47	2651	17974	0.6
LA1c/CHb-1	0.70	4558	40143	1.3
A1c	0.91	9494	108093	4.9
P3	1.38	41884	153701	5.1
A0	1.44	863919	2667191	87.7
Total Area:	3040995			

Concentration:	%	mmol/mol
A1c	4.9	30

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BLOOD SUGAR(F)

SAMPLE : PLASMA

BLOOD SUGAR FASTING 88 mg/dl 70 - 109

Method - Hexokinase

Sample No : 07H0049645B Collection Date : 02/12/21 13:28 Ack Date : 02/12/2021 17:11 Report Date : 02/12/21 19:20

BLOOD SUGAR(PP)

SAMPLE : PLASMA

BLOOD SUGAR PP 124 mg/dl 70 - 140

Method - Hexokinase

End of Report



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

Checked By

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Immunology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
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BLOOD GROUPING & Rh TYPING

SAMPLE : EDTA BLOOD

BLOOD GROUP

' O '

RH TYPE

POSITIVE

End of Report



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

Checked By

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Hematology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
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COMPLETE HAEMOGRAM (CBC)

SAMPLE : EDTA BLOOD

HAEMOGLOBIN (HB)	16.9	gm/dl	13 - 17
RBC COUNT	5.30	$\times 10^6/\mu\text{l}$	4.5 - 5.5
TOTAL WBC COUNT	6.1	$10^3/\text{cmm}$	4 - 10
PLATELET COUNT	110 ▼	$10^3/\text{cmm}$	150 - 410
PCV	49	%	40 - 50
MCV	93	fl	83 - 101
MCH	32	pg	27 - 32
MCHC	34	gm/dl	31.5 - 34.5
ESR	16	mm/hr	≤ 10

DIFFERENTIAL COUNT

NEUTROPHILS	80	%	40 - 80
LYMPHOCYTES	16 ▼	%	20 - 40
MONOCYTES	02	%	2 - 10
EOSINOPHILS	02	%	1 - 6
BASOPHILS	00	%	0 - 2

PERIPHERAL BLOOD SMEAR

RBC Normocytic normochromic

End of Report



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Immunoassay

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
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THYROID FUNCTION TEST

SAMPLE : SERUM

T3	0.79	ng/ml	0.6 - 1.8
Method - ECLIA			
T4	5.88	ug/dL	5.4 - 11.7
Method - ECLIA			
TSH	10.32	uIU/ml	Adult Male – 0.27-5.50 Adult Female – 0.27-5.50 Newborns - <25 Upto 12 years – 0.3-5
Method - ECLIA			

COMMENT:

*Rechecked

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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 (CONSULTANT PATHOLOGIST)

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Age/Sex	: 31 Year(s)/Male	Report Date	: 02/12/2021 16:43
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ELECTROCARDIOGRAM REPORT (ECG)

HR	: 87 bpm
Rhythm	: Sinus
P wave	: Normal
PR Interval	: 148 msec
QRS axis	: Normal (79 Degree)
QRS duration	: 96 msec
QRS configuration	: Normal
T wave	: Non specific changes
ST segment	: Non specific changes
QTc	: 390 msec
QT	: 324 msec

IMPRESSION:

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



**Dr.INDIRA BANERJEE ,
MD,DNB,MRCPCH (UK)**

Board Certified Comprehensive
Echocardiographer (USA)

NILANTA
ROY
2118522

31 years
M / F
kg

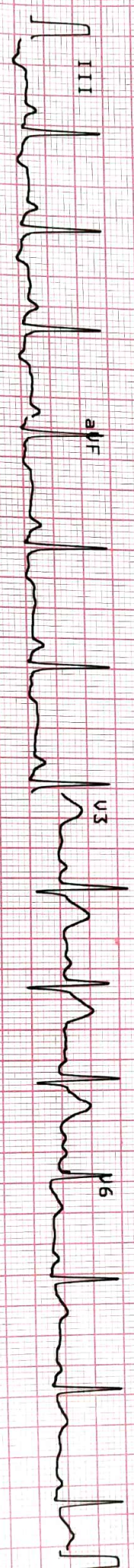
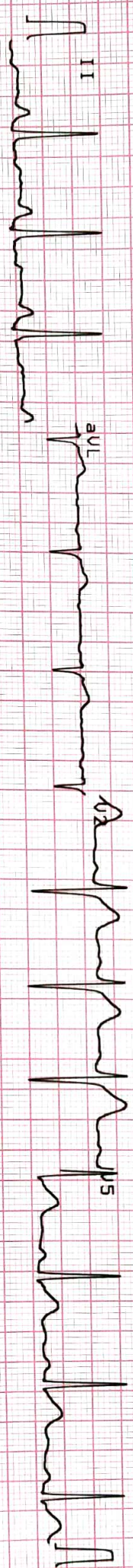
HR 87/min

Axis: P 70 °
QRS 79 °
T 15 °
P (II) 0.24 mV
S (U1) -0.89 mV
R (U5) 1.62 mV
Sokol. 3.03 mV
(Bazett)
10 mm/mV

SINUS RHYTHM
OTHERWISE NORMAL ECG

6.02

UNCONFIRMED REPORT



10 mm/mV

10 mm/mV

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2D ECHOCARDIOGRAPHY WITH M-MODE MEASUREMENTS

2D and M-Mode :

IVS (d)	10 mm	Aorta (at sinuses)	22 mm
LVID (d)	37 mm	LA diameter	26 mm
LVPW (d)	10 mm	RVID (d) - basal	13 mm
LVID (s)	23 mm	TAPSE	20 mm
LVEF	62 %		

Estimated PASP = 18 mmHg

Mitral E/A = 1.05

FINDINGS

Left Ventricle :

Cavity size : Normal.

Wall thickness : Normal.

Segmental wall motion : No abnormality found.

Global systolic function : Normal (EF = 62 %)

Diastolic function : Normal

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.

Tricuspid Valve :Normal structure, normal excursion. Trivial TR. TR gradient = 13

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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 = 62 %).
- * Good RV systolic function (TAPSE = 20 mm).
- * Normal valve morphology.
- * Normal LV diastolic function.
- * No pericardial effusion.
- * No pulmonary arterial hypertension.



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

Board Certified Comprehensive
Echocardiographer (USA)

DIAGNOSTICS REPORT

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Age/Sex	: 31 Year(s)/Male	Report Date	: 02/12/2021 18:25
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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 ,
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Consultant Radiologist

RegNo: 57032