

LABORATORY INVESTIGATION REPORT

Patient Name : Mr. SUBHRA SOUMYA DASGUPTA	Age/Sex : 31 Year(s)/Male
UHID : NMHK.2111862	Order Date : 12/02/2022 12:05
Episode : OP	
Ref. Doctor : NMH	Mobile No : 9432791405
Address : FLAT-2/2, D-2 SARADA APT, , Diamond Park Kolkata, West Bengal, 700104	Facility : NARAYAN MEMORIAL HOSPITAL

Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0057103	Collection Date : 12/02/22 12:10	Ack Date :	Report Date : 12/02/22 18:04

KIDNEY FUNCTION TEST

SERUM CREATININE

SAMPLE : SERUM

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

Sample No : 07H0057104A	Collection Date : 12/02/22 12:11	Ack Date :	Report Date : 12/02/22 18:04
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GLYCOSYLATED HAEMOGLOBIN (HBA1C)

SAMPLE : EDTA BLOOD

HBA1C	4.9	%	Non-diabetic : 4-6
<i>By HPLC</i>			

- 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, FAAC
 (CONSULTANT BIOCHEMIST)

Checked By

Patient report

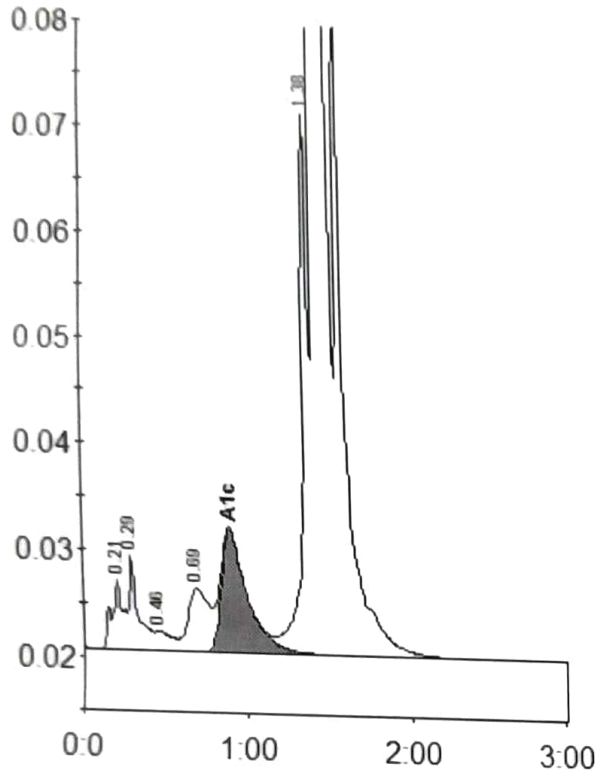
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 D-10
 S/N: #DJ0A467747
 Sample ID:
 Injection date
 Injection #: 10
 Rack #: ---

DATE: 12/02/2022
 TIME: 16:20
 Software version: 4.30-2
 07H0057104A
 12/02/2022 15:31
 Method: HbA1c
 Rack position: 10

Mr SUBHRA SUDNYA DASGUP
 (R)NPHK 2111862 31y/ M



07H0057104A
 EDTA Wh 12-02 12:11



Peak table - ID: 07H0057104A

Peak	R.time	Height	Area	Area %
A1a	0.21	6388	32883	1.0
A1b	0.29	8896	34100	1.0
F	0.46	1861	12145	0.4
LA1c/CHb-1	0.69	5899	52823	1.5
A1c	0.89	11416	125120	4.9
P3	1.38	51006	185643	5.4
A0	1.44	1030424	3009049	87.2
Total Area:		3451762		

Concentration:	%	mmol/mol
A1c	4.9	31

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LIVER FUNCTION TEST (LFT)

SAMPLE : SERUM

TOTAL BILIRUBIN <i>Diazo Method</i>	0.8	mg/dl	0 - 1.1
DIRECT BILIRUBIN <i>Diazo Method</i>	0.2	mg/dl	0 - 0.2
INDIRECT BILIRUBIN <i>Calculated</i>	0.6	mg/dl	0.2 - 0.9
SGPT (ALT) <i>IFCC Without Pyridoxal Phosphate</i>	53 ▲	U/L	0 - 34
SGOT (AST) <i>IFCC Without Pyridoxal Phosphate</i>	28	U/L	0 - 31
ALKALINE PHOSPHATASE <i>IFCC</i>	80	U/L	53 - 128
TOTAL PROTEIN <i>Biuret</i>	7.3	g/dl	6.4 - 8.2
ALBUMIN <i>Bromocresol Green</i>	5.1	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>	36	U/L	8 - 61

End of Report



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KIDNEY FUNCTION TEST

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>			

LIPID PROFILE

SAMPLE : SERUM

TOTAL CHOLESTEROL	181	mg/dl	Desirable <200 Borderline 200-239 High >=240
<i>CHOD-PAP</i>			
HDL CHOLESTEROL	33 ▼	mg/dl	40 - 60
<i>Homogenous Enzymatic Colorimetric</i>			
LDL CHOLESTEROL	126	mg/dl	Optimal < 100 Borderline 130
<i>Homogenous Enzymatic Colorimetric</i>			
VLDL	32.00 ▲	mg/dl	0 - 30
<i>CALCULATED</i>			
CHOLESTEROL-HDL RATIO	5.48	-	
LDL-HDL RATIO	3.82	-	
TRIGLYCERIDES	160	mg/dl	Desirable <150 Borderline 150 - 200 High >200
<i>Enzymatic Colorimetric</i>			

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Immunoassay

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
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THYROID FUNCTION TEST

SAMPLE : SERUM

T3 ECLIA	1.03	ng/ml	0.60 - 1.80
T4 ECLIA	7.55	ug/dL	5.40 - 11.70
TSH ECLIA	4.57	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).

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Hematology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0057104	Collection Date : 12/02/22 12:11	Ack Date :	Report Date : 13/02/22 19:14

COMPLETE HAEMOGRAM (CBC)

SAMPLE : EDTA BLOOD

HAEMOGLOBIN (HB) <i>Colorimetric method (Cyn Meth)</i>	15.7	gm/dl	13 - 17
RBC COUNT <i>Electrical Impedance Method</i>	5.36	x10 ⁶ /ul	4.5 - 5.5
TOTAL WBC COUNT <i>Electrical Impedance Method</i>	4.8	10 ³ /cmm	4 - 10
PLATELET COUNT <i>Electrical Impedance Method</i>	230	10 ³ /cmm	150 - 410
PCV <i>RBC pulse ht. detection method</i>	46	%	40 - 50
MCV <i>calculated</i>	85	fl	83 - 101
MCH <i>Calculated</i>	29	pg	27 - 32
MCHC <i>Calculated</i>	35 ▲	gm/dl	31.5 - 34.5
ESR <i>Modified Westergren Method</i>	05	%	0 - 10

DIFFERENTIAL COUNT

NEUTROPHILS <i>Microscopy</i>	62	%	40 - 80
LYMPHOCYTES <i>Microscopy</i>	33	%	20 - 40
MONOCYTES <i>Microscopy</i>	03	%	2 - 10
EOSINOPHILS <i>Microscopy</i>	02	%	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



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

Checked By

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Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0057103	Collection Date : 12/02/22 12:10	Ack Date :	Report Date : 12/02/22 16:30

URINE FOR R/E

SAMPLE : URINE

PHYSICAL EXAMINATION

VOLUME	60	ml	
COLOUR	PALE YELLOW		
APPEARANCE	CLEAR		
SPECIFIC GRAVITY	1.015		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	1-2 / HPF	<5/HPF
EPITHELIAL CELLS	0-1 / 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

DIAGNOSTICS REPORT

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2D ECHOCARDIOGRAPHY WITH M-MODE

MEASUREMENTS

2D and M-Mode :

IVS (d)	10 mm	Aorta (at sinuses)	25 mm
LVID (d)	46 mm	LA diameter	33 mm
LVPW (d)	10 mm	RVID (d) - basal	14 mm
LVID (s)	26 mm	TAPSE	24 mm
LVEF	64%		

Estimated PASP = 22 mmHg

FINDINGS

Left Ventricle :

Cavity size : Normal.

Wall thickness : Normal.

Segmental wall motion : No abnormality found.

Global systolic function : Normal(EF = 64%)

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.

DIAGNOSTICS REPORT

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Tricuspid Valve :Normal structure, normal excursion. Trivial TR. TR gradient = 17 mmHg.

Interartial and Interventricular Septum :No breach 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 = 64%).
- * Good RV systolic function (TAPSE = 24 mm).
- * Normal valve morphology.
- * Normal LV diastolic function.
- * No pericardial effusion.
- * No pulmonary arterial hypertension.



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

Board Certified Comprehensive
Echocardiographer (USA)

DIAGNOSTICS REPORT

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ELECTROCARDIOGRAM REPORT (ECG)

HR	: 77 bpm
Rhythm	: Sinus
P wave	: Normal
PR Interval	: 132 msec
QRS axis	: Normal (13 Degree)
QRS duration	: 94 msec
QRS configuration	: Normal
T wave	: Non specific changes
ST segment	: Non specific changes
QTc	: 389 msec
QT	: 398 msec

IMPRESSION:

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



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

Board Certified Comprehensive
Echocardiographer (USA)

SUBHRA SOUNHYA DRSGUP

2111862

Male

31 years

CM / K9

HR 77/min

Intervals:

RR 783 ms

P 104 ms

PR 132 ms

QRS 94 ms

QT 342 ms

QTc 389 ms

(Bazett)

10 mm/mV

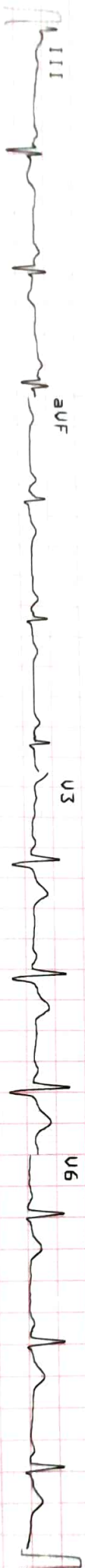
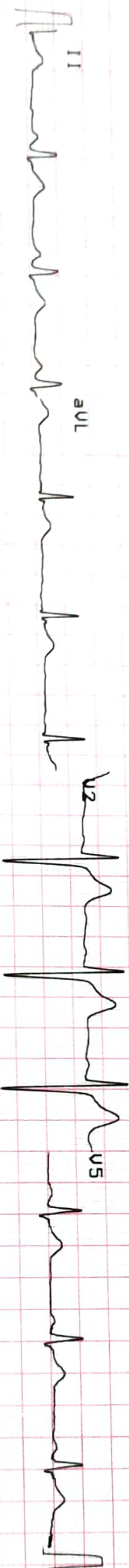
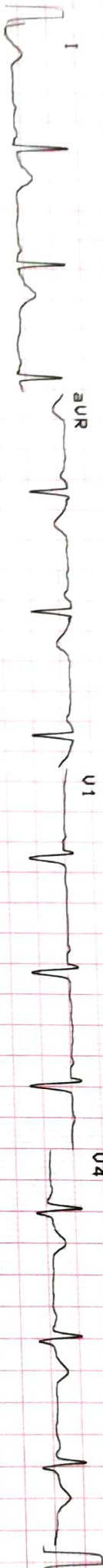
SINUS RHYTHM
NORMAL ECG

6.02

UNCONFIRMED REPORT

P axis:	60 °
QRS	13 °
T	18 °
P (II)	0.13 mV
S (U1)	-0.74 mV
R (U5)	0.72 mV
Sokol.	2.46 mV

10 mm/mV



mm/mV

0.05-25 Hz F50 SSF S85 12.02.2022 12:29:24

NARAYAN MEMORIAL HOSPITAL, BEHALA

AT-102plus 1.25 cts

DIAGNOSTICS REPORT

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USG REPORT OF WHOLE ABDOMEN (SCREENING)

LIVER : Liver is normal in size. **Parenchymal echogenicity is mildly raised.**
Intrahepatic biliary radicles are not dilated. No focal mass lesion is seen.

PORTA :PV : Normal. PV measures 1.0 cm.
CD : Normal . CD measures 0.3 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 : 10.5 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 3.2 cm x 3.4 cm x 3.0 cm. It weight approx 18 gm.

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PERITONEUM : : No free fluid is noted.

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

IMPRESSION : Mild fatty changes in liver.



Dr.MADHUSHREE RAY NASKAR ,
MBBS,DMRD

Consultant Radiologist

RegNo: 57032

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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.



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Consultant Radiologist

RegNo: 57032