

LABORATORY INVESTIGATION REPORT

| | | | |
|---------------------|--|-------------------|-----------------------------|
| Patient Name | : Mr. Anil Kumar Ghoral | Age/Sex | : 33 Year(s)/Male |
| UHID | : NMHK.2201818 | Order Date | : 12/02/2022 09:56 |
| Episode | : OP | Mobile No | : 9748393470 |
| Ref. Doctor | : NMH | Facility | : NARAYAN MEMORIAL HOSPITAL |
| Address | : 181/9 R.N TEGORE ROAD , THAKURPUKUR Kolkata, West Bengal , 700063 | | |

Biochemistry

| INVESTIGATION | RESULTS | UNITS | BIOLOGICAL REF RANGE |
|---------------|---------|-------|----------------------|
|---------------|---------|-------|----------------------|

| | | | |
|------------------------|----------------------------------|------------|------------------------------|
| Sample No : 07H0057079 | Collection Date : 12/02/22 11:03 | Ack Date : | Report Date : 12/02/22 18:00 |
|------------------------|----------------------------------|------------|------------------------------|

KIDNEY FUNCTION TEST

SERUM CREATININE

SAMPLE : SERUM

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

| | | | |
|-------------------------|----------------------------------|------------|------------------------------|
| Sample No : 07H0057080A | Collection Date : 12/02/22 11:03 | Ack Date : | Report Date : 12/02/22 18:00 |
|-------------------------|----------------------------------|------------|------------------------------|

GLYCOSYLATED HAEMOGLOBIN (HBA1C)

SAMPLE : EDTA BLOOD

| | | | |
|----------------|-----|---|--------------------|
| HBA1C | 5.1 | % | 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, FAACC
(CONSULTANT BIOCHEMIST)

Checked By

Patient report

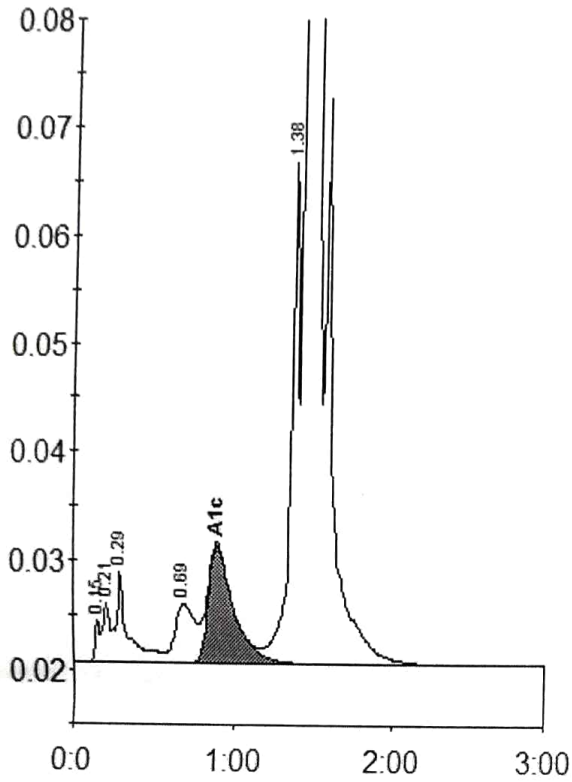
Bio-Rad
 D-10
 S/N: #DJ0A467747
 Sample ID:
 Injection date
 Injection #: 8
 Rack #: ---

DATE: 12/02/2022
 TIME: 16:20
 Software version: 4.30-2
 07H0057080A
 12/02/2022 15:25
 Method: HbA1c
 Rack position: 8

Mr. Anil Kumar Ghorai
 (R)NMMK.2201818 33y/ M



07H0057080A
 EDTA Wh 12-02 11:03



Peak table - ID: 07H0057080A

| Peak | R.time | Height | Area | Area % |
|-------------|--------|---------|---------|--------|
| Unknown | 0.15 | 3930 | 8919 | 0.3 |
| A1a | 0.21 | 5397 | 15157 | 0.5 |
| A1b | 0.29 | 8359 | 44492 | 1.4 |
| LA1c/CHb-1 | 0.69 | 5456 | 48378 | 1.5 |
| A1c | 0.90 | 10823 | 118237 | 5.1 |
| P3 | 1.38 | 46146 | 165988 | 5.3 |
| A0 | 1.44 | 926767 | 2755345 | 87.3 |
| Total Area: | | 3156516 | | |

| Concentration: | % | mmol/mol |
|----------------|-----|----------|
| A1c | 5.1 | 32 |

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LIVER FUNCTION TEST (LFT)

| SAMPLE : SERUM | | | |
|---|-----|-------|-----------|
| TOTAL BILIRUBIN | 0.6 | mg/dl | 0 - 1.1 |
| <i>Diazo Method</i> | | | |
| DIRECT BILIRUBIN | 0.2 | mg/dl | 0 - 0.2 |
| <i>Diazo Method</i> | | | |
| INDIRECT BILIRUBIN | 0.4 | mg/dl | 0.2 - 0.9 |
| <i>Calculated</i> | | | |
| SGPT (ALT) | 26 | U/L | 0 - 34 |
| <i>IFCC Without Pyridoxal Phosphate</i> | | | |
| SGOT (AST) | 28 | U/L | 0 - 31 |
| <i>IFCC Without Pyridoxal Phosphate</i> | | | |
| ALKALINE PHOSPHATASE | 86 | U/L | 53 - 128 |
| <i>IFCC</i> | | | |
| TOTAL PROTEIN | 7.4 | g/dl | 6.4 - 8.2 |
| <i>Biuret</i> | | | |
| ALBUMIN | 5.1 | gm/dl | 3.5 - 5.2 |
| <i>Bromocresol Green</i> | | | |
| GLOBULIN | 2.3 | g/dl | 2 - 3.5 |
| <i>Calculated</i> | | | |
| ALBUMIN:GLOBULIN | 2.2 | - | 1.1 - 2.5 |
| <i>Calculated</i> | | | |
| GGT | 17 | U/L | 8 - 61 |
| <i>Enzymatic colorimetric assay</i> | | | |

End of Report



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KIDNEY FUNCTION TEST

BLOOD UREA NITROGEN

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

URIC ACID

SAMPLE : SERUM

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

LIPID PROFILE

SAMPLE : SERUM

| | | | |
|--|-------|-------|---|
| TOTAL CHOLESTEROL | 267 | mg/dl | Desirable <200 Borderline 200-239 High >=240 |
| <i>CHOD-PAP</i> | | | |
| HDL CHOLESTEROL | 52 | mg/dl | 40 - 60 |
| <i>Homogenous Enzymatic Colorimetric</i> | | | |
| LDL CHOLESTEROL | 186 | mg/dl | Optimal < 100 Borderline 130 |
| <i>Homogenous Enzymatic Colorimetric</i> | | | |
| VLDL | 29.60 | mg/dl | 0 - 30 |
| <i>CALCULATED</i> | | | |
| CHOLESTEROL-HDL RATIO | 5.13 | - | |
| LDL-HDL RATIO | 3.58 | - | |
| TRIGLYCERIDES | 148 | mg/dl | Desirable <150 Borderline 150 - 200 High >200 |
| <i>Enzymatic Colorimetric</i> | | | |

End of Report

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Biochemistry

| INVESTIGATION | RESULTS | UNITS | BIOLOGICAL REF RANGE |
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| Sample No : 07H0057081B | Collection Date : 12/02/22 11:04 | Ack Date : | Report Date : 12/02/22 18:00 |

BLOOD SUGAR(F)

SAMPLE : PLASMA

| | | | |
|---------------------|----|-------|----------|
| BLOOD SUGAR FASTING | 91 | mg/dl | 70 - 109 |
| <i>Hexokinase</i> | | | |

| | | | |
|-------------------------|----------------------------------|------------|------------------------------|
| Sample No : 07H0057124B | Collection Date : 12/02/22 13:59 | Ack Date : | Report Date : 12/02/22 18:00 |
|-------------------------|----------------------------------|------------|------------------------------|

BLOOD SUGAR(PP)

SAMPLE : PLASMA

| | | | |
|-------------------|----|-------|----------------|
| BLOOD SUGAR PP | 73 | mg/dl | 70.00 - 140.00 |
| <i>Hexokinase</i> | | | |

End of Report



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Immunoassay

| INVESTIGATION | RESULTS | UNITS | BIOLOGICAL REF RANGE |
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THYROID FUNCTION TEST

SAMPLE : SERUM


| | | | |
|-------------|-------|--------|---|
| T3 ECLIA | 1.06 | ng/ml | 0.60 - 1.80 |
| T4 ECLIA | 10.32 | ug/dL | 5.40 - 11.70 |
| TSH | 2.51 | uIU/ml | Adult Male – 0.27-5.50 Adult Female – 0.27-5.50 Newborns - <25 Upto 12 years – 0.3-5 |

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



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Hematology

| INVESTIGATION | RESULTS | UNITS | BIOLOGICAL REF RANGE |
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| Sample No : 07H0057080 | Collection Date : 12/02/22 11:03 | Ack Date : | Report Date : 13/02/22 19:15 |

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> | 4.89 | $\times 10^6/\text{ul}$ | 4.5 - 5.5 |
| TOTAL WBC COUNT <i>Electrical Impedance Method</i> | 5.8 | $10^3/\text{cmm}$ | 4 - 10 |
| PLATELET COUNT <i>Electrical Impedance Method</i> | 170 | $10^3/\text{cmm}$ | 150 - 410 |
| PCV <i>RBC pulse ht. detection method</i> | 42 | % | 40 - 50 |
| MCV <i>calculated</i> | 86 | fl | 83 - 101 |
| MCH <i>Calculated</i> | 29 | pg | 27 - 32 |
| MCHC <i>Calculated</i> | 34 | gm/dl | 31.5 - 34.5 |
| ESR <i>Modified Westergren Method</i> | 10 | % | 0 - 10 |

DIFFERENTIAL COUNT

| | | | |
|----------------------------------|----|---|---------|
| NEUTROPHILS <i>Microscopy</i> | 60 | % | 40 - 80 |
| LYMPHOCYTES <i>Microscopy</i> | 35 | % | 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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,Kolkata,West Bengal ,700063

Age/Sex : 33 Year(s)/Male

Order Date : 12/02/2022 09:56

Mobile No : 9748393470

Facility : NARAYAN MEMORIAL HOSPITAL

End of Report



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

Checked By



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Immunology

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|------------------------|----------------------------------|------------|------------------------------|
| Sample No : 07H0057080 | Collection Date : 12/02/22 11:03 | Ack Date : | Report Date : 12/02/22 17:07 |

BLOOD GROUPING & Rh TYPING

SAMPLE : EDTA BLOOD

BLOOD GROUP

Agglutination forward & Reverse

'O'

RH TYPE

POSITIVE

End of Report

Angkita K. Ghosh

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

LABORATORY INVESTIGATION REPORT

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| Episode : OP | Mobile No : 9748393470 |
| Ref. Doctor : NMH | Facility : NARAYAN MEMORIAL HOSPITAL |
| Address : 181/9 R.N TEGORE ROAD , THAKURPUKUR ,Kolkata,West Bengal ,700063 | |

Clinical Pathology

| INVESTIGATION | RESULTS | UNITS | BIOLOGICAL REF RANGE |
|------------------------|----------------------------------|------------|------------------------------|
| Sample No : 07H0057081 | Collection Date : 12/02/22 11:04 | Ack Date : | Report Date : 12/02/22 16:22 |

URINE FOR R/E

SAMPLE : URINE

PHYSICAL EXAMINATION

| | | | |
|------------------|-------------|----|---------------|
| VOLUME | 30 | ml | |
| COLOUR | PALE YELLOW | | |
| 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 | 0-1 / 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

| | | | |
|--------------|---|-------------|-----------------------------|
| Patient Name | : Mr. ANIL KUMAR GHOSH | Order Date | : 12/02/2022 12:10 |
| Age/Sex | : 67 Year(s)/Male | Report Date | : 12/02/2022 19:11 |
| UHID | : NMHK.2002958 | IP No | : |
| Ref. Doctor | : DHRUBA BHATTACHARYA | Facility | : NARAYAN MEMORIAL HOSPITAL |
| Address | : 11/5, HALDER PARA ROAD, BUDGE BUDGE, Kolkata, West Bengal, 700137 | Mobile | : 9830054480 |

X-RAY CERVICAL SPINE AP & LAT

Straightening of cervical curvature is noted with normal alignment of vertebra.
Osteophytic lippings are noted at multiple levels.
Pedicles are normal.
Intervertebral disc space between C5-C6 & C6-C7 is reduced.

Impression : Degenerative changes of cervical spine.

Needs clinical correlation.

Subrata Nag

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

RegNo: 66718

DIAGNOSTICS REPORT

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| Age/Sex | : 33 Year(s)/Male | Report Date | : 12/02/2022 13:01 |
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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 0.8 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 : 9.1 cm & Left kidney measures : 9.1 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 3.0 cm x 2.9 cm x 2.8 cm. It weight approx 12.9 gm.

PERITONEUM : : No free fluid is noted.

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

IMPRESSION : Normal study.



Dr.MADHUSHREE RAY NASIKAR ,
MBBS,DMRD

Consultant Radiologist

RegNo: 57032



DIAGNOSTICS REPORT

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2D ECHOCARDIOGRAPHY WITH M-MODE

MEASUREMENTS

2D and M-Mode :

| | | | |
|----------|-------|--------------------|-------|
| IVS (d) | 10 mm | Aorta (at sinuses) | 24 mm |
| LVID (d) | 41 mm | LA diameter | 34 mm |
| LVPW (d) | 10 mm | RVID (d) - basal | 14 mm |
| LVID (s) | 24 mm | TAPSE | 21 mm |
| LVEF | 62 % | | |

Estimated PASP = 24 mmHg

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.

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Tricuspid Valve : Normal structure, normal excursion. Trivial TR. TR gradient = 19 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 = 21 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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| Patient Name | : Mr. Anil Kumar Ghorai | Order Date | : 12/02/2022 09:56 |
| Age/Sex | : 33 Year(s)/Male | Report Date | : 12/02/2022 15:17 |
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ELECTROCARDIOGRAM REPORT (ECG)

| | |
|-------------------|------------------------|
| HR | : 60 bpm |
| Rhythm | : Sinus |
| P wave | : Normal |
| PR Interval | : 144 msec |
| QRS axis | : Normal (26 Degree) |
| QRS duration | : 80 msec |
| QRS configuration | : Normal |
| T wave | : Non specific changes |
| ST segment | : Non specific changes |
| QTc | : 374 msec |
| QT | : 370 msec |

IMPRESSION:

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



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2201818

Male

33 years

..... cm / kg

HR 60/min

Axis: P 90°

SINUS RHYTHM
NORMAL ECG

Intervals: RR 992 ms

P 104 ms

PR 144 ms

QRS 80 ms

QT 370 ms

QTc 374 ms
(Bazett)

T 19°

P (II) 0.13 mV

S (V1) -0.57 mV

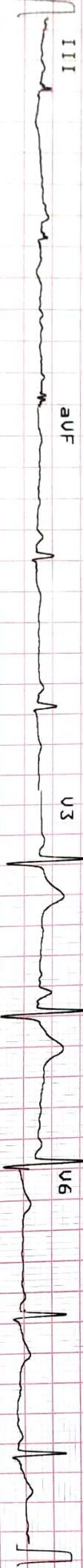
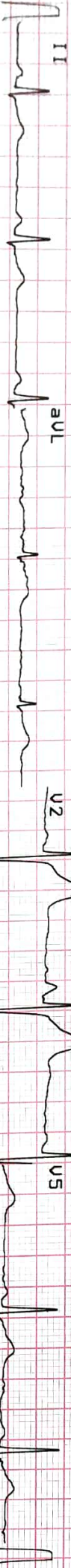
R (V5) 1.15 mV

Sokol. 2.72 mV

6.02

UNCONFIRMED REPORT

10 mm/mV



mV/mV

0.05-25 Hz F50 SSF 585 12.02.2022 11:49:09

NARAYAN MEMORIAL HOSPITAL, BEHALA

AT-102plus 1.25 cps