

DIAGNOSTICS REPORT

Patient Name	: Mr. Saubhik Duttahir	Order Date	: 26/03/2022 13:34
Age/Sex	: 44 Year(s)/Male	Report Date	: 26/03/2022 17:23
UHID	: NMHK.2204182	IP No	:
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
Address	: N3A, EDIEN TOLLY SIGNATURE, ,Kolkata, West Bengal, 700104	Mobile	: 8341667408

ECHOCARDIOGRAPHY (SCREENING)

Status of Patient :

- * No regional wall motion abnormality at rest.
- * Good LV systolic function (EF = 62 %).
- * Good RV systolic function (TAPSE = 24 mm).
- * Normal valve morphology.
- * Adequate 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,MRCPCH (UK)**

Board Certified Comprehensive
Echocardiographer (USA)

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ELECTROCARDIOGRAM REPORT (ECG)

HR	: 77 bpm
Rhythm	: Sinus
P wave	: Normal
PR Interval	: 150 msec
QRS axis	: Normal (31 Degree)
QRS duration	: 82 msec
QRS configuration	: Normal
T wave	: Non specific changes
ST segment	: Non specific changes
QTc	: 402 msec
QT	: 354 msec

IMPRESSION:

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



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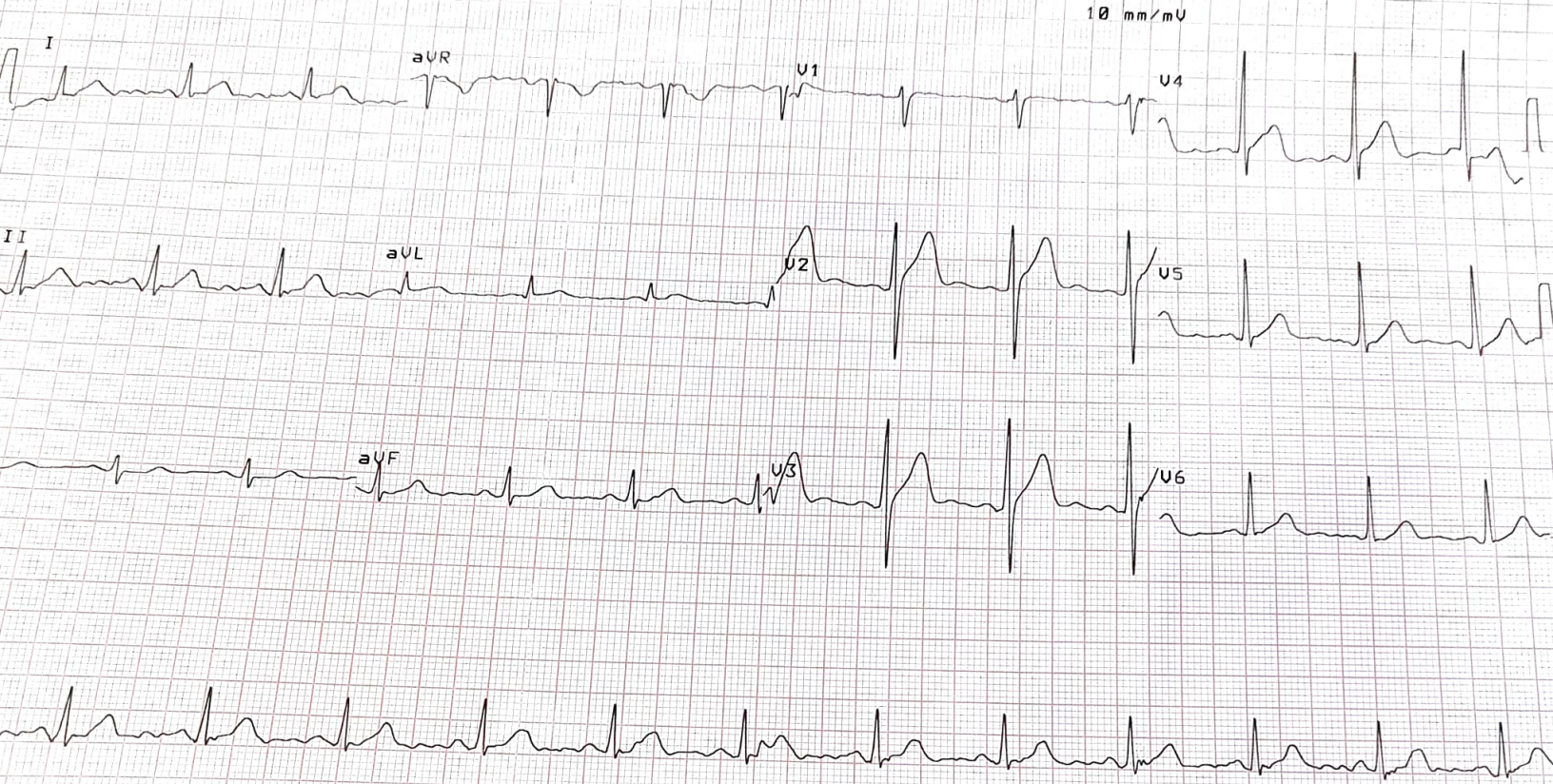
SHUBNIK DUTTA
2204182
Male
44 years
..... cm / kg

HR 77/min
Intervals:
RR 777 ms
P 122 ms
PR 150 ms
QRS 82 ms
QT 354 ms
QTc 402 ms
(Bazett)
10 mm/mV

Axis:
P 43°
QRS 31°
T 41°
P (II) 0.11 mV
S (V1) -0.64 mV
R (V5) 1.78 mV
Sokol. 3.42 mV

SINUS RHYTHM
OTHERWISE NORMAL ECG
6.02

UNCONFIRMED REPORT



DIAGNOSTICS REPORT

Patient Name	: Mr. Saubhik Duttahir	Order Date	: 26/03/2022 13:34
Age/Sex	: 44 Year(s)/Male	Report Date	: 26/03/2022 20:58
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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
11:30

2204182. SAUBHIK DUTTABIR. M. 44 years
NARAYAN MEMORIAL HOSPITAL

Dr

DIAGNOSTICS REPORT

Patient Name	: Mr. Saubhik Duttahir	Order Date	: 26/03/2022 13:34
Age/Sex	: 44 Year(s)/Male	Report Date	: 26/03/2022 16:04
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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 0.9 cm.

CD : Normal . CD measures 0.4 cm.

GALL BLADDER :Gall bladder is normal in size, contour, outline and position. Wall thickness is normal. **Multiple echogenic polyps are seen attached to gall bladder walls. Largest one measures 6 mm approx.**

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 : 10.7 cm & Left kidney measures : 10.5 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 2.9 cm x 4.1 cm x 2.9 cm. It weight approx 19 gm.

PERITONEUM : : No free fluid is noted.

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

IMPRESSION : Multiple polyps in gall bladder.

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MBBS, DMRD

Consultant Radiologist

RegNo: 57032

LABORATORY INVESTIGATION REPORT

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Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0060270A	Collection Date : 26/03/22 13:35	Ack Date :	Report Date : 26/03/22 18:38

GLYCOSYLATED HAEMOGLOBIN (HBA1C)

SAMPLE : EDTA BLOOD

HBA1C 5.8 % 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 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



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LIVER FUNCTION TEST (LFT)

SAMPLE : SERUM

TOTAL BILIRUBIN <i>Diazo Method</i>	1.1	mg/dl	0 - 1.1
DIRECT BILIRUBIN <i>Diazo Method</i>	0.3 ▲	mg/dl	0 - 0.2
INDIRECT BILIRUBIN <i>Calculated</i>	0.8	mg/dl	0.2 - 0.9
SGPT (ALT) <i>IFCC Without Pyridoxal Phosphate</i>	57 ▲	U/L	0 - 34
SGOT (AST) <i>IFCC Without Pyridoxal Phosphate</i>	33 ▲	U/L	0 - 31
ALKALINE PHOSPHATASE <i>IFCC</i>	98	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>	42	U/L	8 - 61

End of Report

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Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
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LIPID PROFILE

SAMPLE : SERUM

TOTAL CHOLESTEROL	225	mg/dl	Desirable <200 Borderline 200-239 High >=240
<i>CHOD-PAP</i>			
HDL CHOLESTEROL	37 ▼	mg/dl	40 - 60
<i>Homogenous Enzymatic Colorimetric</i>			
LDL CHOLESTEROL	163	mg/dl	Optimal < 100 Borderline 130
<i>Homogenous Enzymatic Colorimetric</i>			
VLDL	16	mg/dl	0 - 30
<i>CALCULATED</i>			
CHOLESTEROL-HDL RATIO	6.08	-	-
LDL-HDL RATIO	4.41	mg/dl	Desirable <150 Borderline 150 - 200 High >200
TRIGLYCERIDES	82		

Enzymatic Colorimetric

End of Report

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Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
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Sample No : 07H0060270 Collection Date : 26/03/22 13:35 Ack Date : Report Date : 26/03/22 18:38

SERUM CREATININE

SAMPLE : SERUM

SERUM CREATININE 1.0 mg/dl 0.7 - 1.2
Jaffe Gen2 Compensated

BLOOD UREA NITROGEN

BLOOD UREA NITROGEN 8.8 mg/dl 6 - 20
Calculated

URIC ACID

SAMPLE : SERUM

URIC ACID 7.4 ▲ mg/dl 3.4 - 7
Enzymatic Colorimetric

SAMPLE : SERUM

RESULT 8.8

Sample No : 07H0060270B Collection Date : 26/03/22 13:35 Ack Date : Report Date : 26/03/22 18:38

BLOOD SUGAR(F)

SAMPLE : PLASMA

BLOOD SUGAR FASTING 74 mg/dl 70 - 109
Hexokinase

End of Report



Dr.S. Chatterjee
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(CONSULTANT BIOCHEMIST)

Checked By

THYROID FUNCTION TEST**SAMPLE : SERUM**

T3	1.05	ng/ml	0.6 - 1.8
<i>ECLIA</i>			
T4	9.12	ug/dL	5.4 - 11.7
<i>ECLIA</i>			
TSH	2.09	uIU/ml	Adult Male – 0.27-5.50 Adult Female – 0.27-5.50 Newborns - <25 Upto 12 years – 0.3-5

*ECLIA**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 μ mol/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 μ mol/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 μ mol/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 μ mol/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

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Hematology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0060270	Collection Date : 26/03/22 13:35	Ack Date :	Report Date : 26/03/22 16:47

COMPLETE HAEMOGRAM (CBC)

SAMPLE : EDTA BLOOD

HAEMOGLOBIN (HB) <i>Colorimetric method (Cyn Meth)</i>	16.9	gm/dl	13 - 17
RBC COUNT <i>Electrical Impedance Method</i>	5.76 ▲	x10 ⁶ /ul	4.5 - 5.5
TOTAL WBC COUNT <i>Electrical Impedance Method</i>	6.8	10 ³ /cmm	4 - 10
PLATELET COUNT <i>Electrical Impedance Method</i>	200	10 ³ /cmm	150 - 410
PCV <i>RBC pulse ht. detection method</i>	50	%	40 - 50
MCV <i>calculated</i>	87	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>	05	%	0 - 10
DIFFERENTIAL COUNT			
NEUTROPHILS <i>Microscopy</i>	59	%	40 - 80
LYMPHOCYTES <i>Microscopy</i>	36	%	20 - 40
MONOCYTES <i>Microscopy</i>	02	%	2 - 10
EOSINOPHILS <i>Microscopy</i>	03	%	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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Facility : NARAYAN MEMORIAL HOSPITAL

Angkita K. Ghosh

End of Report

Dr. ANGKITA K. GHOSH
MBBS, MD(PATH)
(CONSULTANT PATHOLOGIST)

RegNo: 82734

Checked By



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INVESTIGATION

Sample No : 07H0060270

RESULTS

Collection Date : 26/03/22 13:35

Ack Date :

UNITS

BIOLOGICAL REF RANGE

Report Date : 26/03/22 16:55

Immunology

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

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Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0060272	Collection Date : 26/03/22 13:38	Ack Date :	Report Date : 28/03/22 10:31

URINE FOR R/E

SAMPLE : URINE

PHYSICAL EXAMINATION

VOLUME	35	ml	
COLOUR	STRAW		
APPEARANCE	CLEAR		
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	2-3 / 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

Sample No : 07H0060272

Collection Date : 26/03/22 13:38

Ack Date :

Report Date : 26/03/22 18:39

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

SAUBHIK DUTTABIR 2204182

PID NO: P21621000558689
Age: 44.0 Year(s) Sex: Male



Reference: Dr.SELF
Sample Collection At:
Newt Memorial AI
Pvt Diagnostic Hospital
Processing & Reporting Road 700/14
(KKC) Kolkata, 700135.

Test Report

MO: 21621000558689
Reported On: 27/03/2022 09:22 PM
Collected On: 27/03/2022 03:31 PM
Collected On: 27/03/2022 03:31 PM

Investigation

PSA - Prostate Specific Antigen
(Serum,ECLIA)

Interpretation: Prostate-specific antigen (PSA) is a glycoprotein that is produced by the prostate gland, the bulbourethral gland, PSA exists in serum mainly in two forms, complexed to alpha₂-microglobulin, and free PSA) increase in prostate glandular size and tissue damage caused by benign prostatic hyperplasia, prostatic and 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.

Observed Value
2.66

Unit
ng/mL

Biological Reference Interval
Conventional for all ages: 0 - 4
40 - 49 yrs: 0 - 2.5

-- End of Report --

Sarkar

Dr. Saurav Sarkar
MBBS, DCH, MD(Pathology)

Page 1 of 1

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

+ This test was outsourced to Metropolis Healthcare Ltd. Mumbai

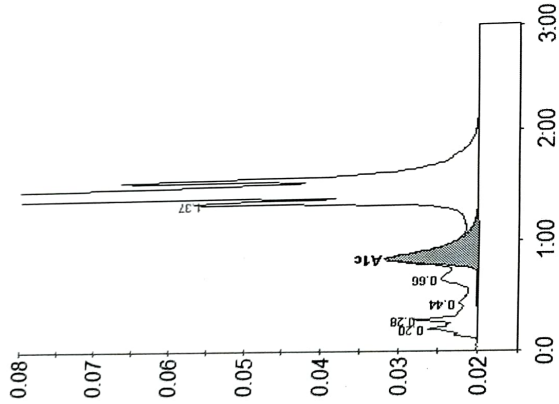


INNER HEALTH REVEALED

Patient report

Bio-Rad
D-10
S/N: #D10A467747
Sample ID: 07H0060270A
Injection date: 26/03/2022 15:45
Injection #: 6
Rack #: ---
DATE: 26/03/2022
TIME: 16:28
Software version: 4.30-2
Method: HbA1c
Rack position: 6

RF: SAUDNIK OUTLADIT
(R)NPHK 2204182 44Y/ M
07H0060270A
EDTA uh 26-03 13:35



Peak table - ID: 07H0060270A

Peak	R:time	Height	Area	Area %
A1a	0.20	6222	30488	1.1
A1b	0.28	8165	30104	1.1
F	0.44	2181	14465	0.5
LA1c/CHb-1	0.66	4504	36939	1.4
A1c	0.84	11521	115752	5.8
P3	1.37	36820	150411	5.5
A0	1.43	803598	2340881	86.1
Total Area:		2719038		

Concentration:	%	mmol/mol
A1c	5.8	40