

LABORATORY INVESTIGATION REPORT

Patient Name : Mr. Subodh Kumar	Age/Sex : 33 Year(s)/Male
UHID : NMHK.2203338	Order Date : 12/03/2022 13:00
Episode : OP	
Ref. Doctor : NMH	Mobile No : 8579926155
Address : TOWER NO-15, 2B , JOKA ,Kolkata,West Bengal ,700104	Facility : NARAYAN MEMORIAL HOSPITAL

Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
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Sample No : 07H0059241	Collection Date : 12/03/22 13:00	Ack Date :	Report Date : 13/03/22 13:50
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SERUM CREATININE

SAMPLE : SERUM

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

BLOOD UREA NITROGEN

BLOOD UREA NITROGEN	10.7	mg/dl	6 - 20
<i>Calculated</i>			

URIC ACID

SAMPLE : SERUM

URIC ACID	7.2 ▲	mg/dl	3.4 - 7
<i>Enzymatic Colorimetric</i>			

SAMPLE : SERUM

RESULT	13.09
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Sample No : 07H0059241B	Collection Date : 12/03/22 13:00	Ack Date :	Report Date : 13/03/22 13:50
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BLOOD SUGAR(F)

SAMPLE : PLASMA

BLOOD SUGAR FASTING	89	mg/dl	70 - 109
<i>Hexokinase</i>			

Sample No : 07H0059242B	Collection Date : 12/03/22 13:02	Ack Date :	Report Date : 13/03/22 13:50
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BLOOD SUGAR(PP)

SAMPLE : PLASMA

BLOOD SUGAR PP	104	mg/dl	70 - 140
<i>Hexokinase</i>			

End of Report



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

Checked By

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Biochemistry

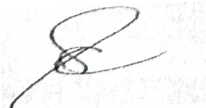
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LIVER FUNCTION TEST (LFT)

SAMPLE : SERUM

TOTAL BILIRUBIN <i>Diazo Method</i>	1.0	mg/dl	0 - 1.1
DIRECT BILIRUBIN <i>Diazo Method</i>	0.3 ▲	mg/dl	0 - 0.2
INDIRECT BILIRUBIN <i>Calculated</i>	0.7	mg/dl	0.2 - 0.9
SGPT (ALT) <i>IFCC Without Pyridoxal Phosphate</i>	38 ▲	U/L	0 - 34
SGOT (AST) <i>IFCC Without Pyridoxal Phosphate</i>	27	U/L	0 - 31
ALKALINE PHOSPHATASE <i>IFCC</i>	96	U/L	53 - 128
TOTAL PROTEIN <i>Biuret</i>	6.8	g/dl	6.4 - 8.2
ALBUMIN <i>Bromocresol Green</i>	4.7	gm/dl	3.5 - 5.2
GLOBULIN <i>Calculated</i>	2.1	g/dl	2 - 3.5
ALBUMIN:GLOBULIN <i>Calculated</i>	2.2	-	1.1 - 2.5
GGT <i>Enzymatic colorimetric assay</i>	47	U/L	8 - 61

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Biochemistry

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Sample No : 07H0059241A	Collection Date : 12/03/22 13:00	Ack Date :	Report Date : 12/03/22 18:31

GLYCOSYLATED HAEMOGLOBIN (HBA1C)

SAMPLE : EDTA BLOOD

HBA1C 5.2 % Non-diabetic : 4-6

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%

End of Report



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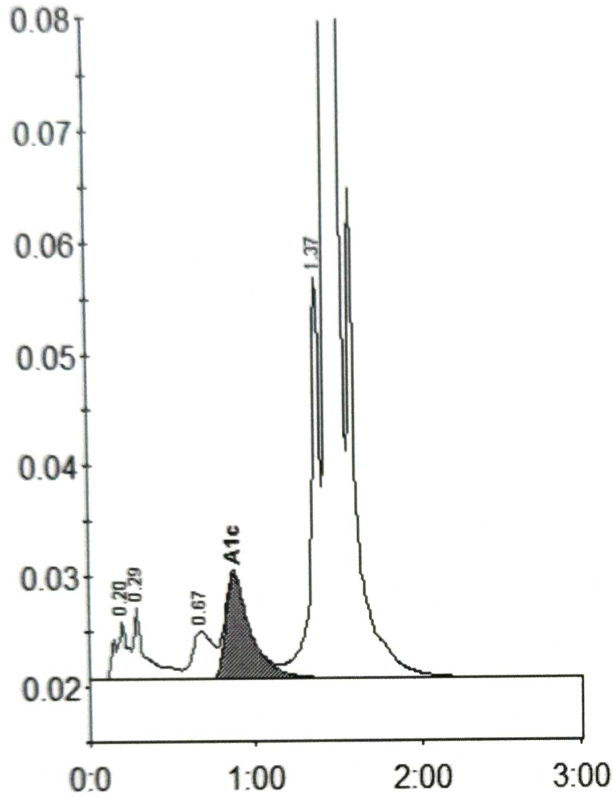
Patient report

Bio-Rad DATE: 12/03/2022
 D-10 TIME: 16:39
 S/N: #DJ0A467747 Software version: 4.30-2
 Sample ID: 07H0059241A
 Injection date: 12/03/2022 15:51
 Injection #: 15 Method: HbA1c
 Rack #: --- Rack position: 5

Mr. Subodh Kumar
 (R)NMMK 2203338 33y/ M



07H0059241A
 EDTA Wh 12-03 13:00



Peak table - ID: 07H0059241A

Peak	R.time	Height	Area	Area %
A1a	0.20	5230	27569	1.1
A1b	0.29	6563	34606	1.3
LA1c/CHb-1	0.67	4296	36772	1.4
A1c	0.87	9580	98661	5.2
P3	1.37	36325	137243	5.2
A0	1.44	797190	2280000	87.2
Total Area:		2614852		

Concentration:	%	mmol/mol
A1c	5.2	33

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Biochemistry

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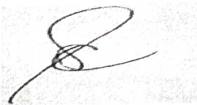
LIPID PROFILE

SAMPLE : SERUM

TOTAL CHOLESTEROL	217	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	118	mg/dl	Optimal < 100 Borderline 130
<i>Homogenous Enzymatic Colorimetric</i>			
VLDL	64 ▲	mg/dl	0 - 30
<i>CALCULATED</i>			
CHOLESTEROL-HDL RATIO	5.86	-	
LDL-HDL RATIO	3.19	-	
TRIGLYCERIDES	320	mg/dl	Desirable <150 Borderline 150 - 200 High >200

Enzymatic Colorimetric

End of Report



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Immunoassay

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0059241	Collection Date : 12/03/22 13:00	Ack Date :	Report Date : 12/03/22 19:23

THYROID FUNCTION TEST

SAMPLE : SERUM

T3 ECLIA	0.92	ng/ml	0.60 - 1.80
T4 ECLIA	8.25	ug/dL	5.40 - 11.70
TSH	2.71	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).

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Hematology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0059241	Collection Date : 12/03/22 13:00	Ack Date :	Report Date : 12/03/22 17:51

COMPLETE HAEMOGRAM (CBC)

SAMPLE : EDTA BLOOD

HAEMOGLOBIN (HB) <i>Colorimetric method (Cyn Meth)</i>	14.5	gm/dl	13 - 17
RBC COUNT <i>Electrical Impedance Method</i>	4.86	x10 ⁶ /ul	4.5 - 5.5
TOTAL WBC COUNT <i>Electrical Impedance Method</i>	6.9	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>	42	%	40 - 50
MCV <i>calculated</i>	87	fl	83 - 101
MCH <i>Calculated</i>	30	pg	27 - 32
MCHC <i>Calculated</i>	34	gm/dl	31.5 - 34.5
ESR <i>Modified Westergren Method</i>	06	%	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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,700104

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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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Immunology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0059241	Collection Date : 12/03/22 13:00	Ack Date :	Report Date : 14/03/22 10:18

BLOOD GROUPING & Rh TYPING

SAMPLE : EDTA BLOOD

BLOOD GROUP ' B '

Agglutination forward & Reverse

RH TYPE POSITIVE

End of Report

Angkita K. Ghosh

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

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Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0059241	Collection Date : 12/03/22 13:00	Ack Date :	Report Date : 14/03/22 10:48

URINE FOR R/E

SAMPLE : URINE

PHYSICAL EXAMINATION

VOLUME	40	ml	
COLOUR	PALE YELLOW		
APPEARANCE	SLIGHTLY HAZY		
SPECIFIC GRAVITY	1.010		1.010 - 1.030
REACTION(pH)	ACIDIC 6.0		

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	ABSENT

Please correlate clinically.

End of Report



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

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Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0059241	Collection Date : 12/03/22 13:00	Ack Date :	Report Date : 12/03/22 19:02

URINE FOR SUGAR FASTING

SAMPLE : URINE

RESULT

ABSENT

Sample No : 07H0059242	Collection Date : 12/03/22 13:02	Ack Date :	Report Date : 12/03/22 19:03
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URINE FOR SUGAR PP

SAMPLE : URINE

RESULT

ABSENT

End of Report



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

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DIAGNOSTICS REPORT

Patient Name	: Mr. Subodh Kumar	Order Date	: 12/03/2022 13:00
Age/Sex	: 33 Year(s)/Male	Report Date	: 12/03/2022 13:26
UHID	: NMHK.2203338	IP No	:
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USG REPORT OF WHOLE ABDOMEN

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 0.9 cm.
CBD : Normal . CBD 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 is maintained . No evidence of any calculus/ mass / hydronephrosis is seen.
Right kidney measures : 9.7 cm & Left kidney measures : 10.2 cm.

URINARY BLADDER : Urinary bladder is normal in contour, outline and distension. No vesical lesion is seen.

DIAGNOSTICS REPORT

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PROSTATE : Prostate is normal size, outline and echotexture appear normal. No focal lesion is seen. Prostate measures 2.7 cm x 3.1 cm x 2.6 cm. It weight approx 11.8 gm.

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

DIAGNOSTICS REPORT

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Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
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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

DIAGNOSTICS REPORT

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2D ECHOCARDIOGRAPHY WITH M-MODE

MEASUREMENTS

2D and M-Mode :

IVS (d)	11 mm	Aorta (at sinuses)	25 mm
LVID (d)	43 mm	LA diameter	34 mm
LVPW (d)	10 mm	RVID (d) - basal	14 mm
LVID (s)	22 mm	TAPSE	24 mm
LVEF	62 %		

Estimated PASP = 20 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.

Tricuspid Valve : Normal structure, normal excursion. Trivial TR. TR gradient = 15 mmHg.

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Interarterial 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.

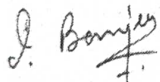
Inferior Vena Cava :IVC normal diameter, > 50% respiratory variation.

Others :No thrombus, mass, vegetation seen.

IMPRESSION:

Status of Patient :

- * No regional wall motion abnormality at rest.
- * Good LV systolic function (EF = 62 %).
- * 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,MRCPC (UK)

Board Certified Comprehensive
Echocardiographer (USA)

DIAGNOSTICS REPORT

Patient Name	: Mr. Subodh Kumar	Order Date	: 12/03/2022 13:00
Age/Sex	: 33 Year(s)/Male	Report Date	: 12/03/2022 15:59
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ELECTROCARDIOGRAM REPORT (ECG)

HR : 72 bpm
Rhythm : Sinus
P wave : Normal
PR Interval : 160 msec
QRS axis : Normal (34 Degree)
QRS duration : 90 msec
QRS configuration : Normal
T wave : Non specific changes
ST segment : Non specific changes
QTc : 393 msec
QT : 358 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)

SUBODH KUMAR

2203338

Male

33 years

kg

HR 72/min

Intervals:

RR 834 ms

P 92 ms

PR 160 ms

QR5 90 ms

QT 358 ms

QTc 393 ms

(Bazett)

10 mm/mV

Axis:

P 12 °

QR5 34 °

T 29 °

P (II) 0.09 mV

S (V1) -1.41 mV

R (V5) 1.61 mV

Sokol. 3.02 mV

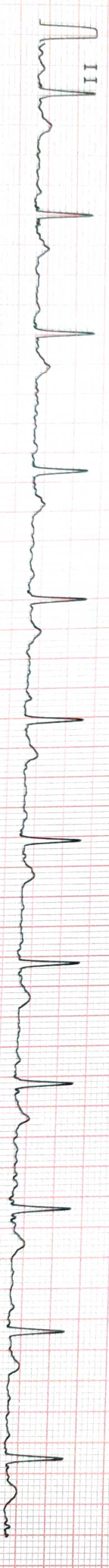
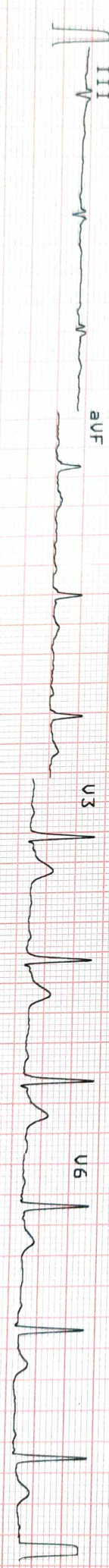
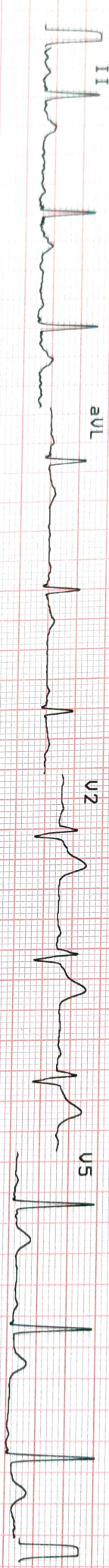
SINUS RHYTHM
NORMAL ECG

6.02

UNCONFIRMED REPORT



10 mm/mV



10 mm/mV

5 mm/s

0.05-25 Hz FS0 SSF 585

12.03.2022 11:22:48

NARAYAN MEMORIAL
HOSPITAL, BEHALA

RT-102plus 1.025018