

LABORATORY INVESTIGATION REPORT

Patient Name : Mr. AMIT KUMAR KHETAN

UHID : NMHK.2211283

Episode : OP

Ref. Doctor : NMH

Address : BLOCK-8, FLAT NO-815, 528/N BIREN ROY RD. ,
BEHALA ,Kolkata,West Bengal ,700034

Age/Sex : 38 Year(s)/Male

Order Date : 22/07/2022 09:32

Mobile No : 9886982134

DOB : 09/01/1984

Facility : NARAYAN MEMORIAL HOSPITAL

Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0070282A	Collection Date : 22/07/22 09:43	Ack Date : 22/07/2022 10:02	Report Date : 22/07/22 19:50

GLYCOSYLATED HAEMOGLOBIN (HBA1C)

SAMPLE : EDTA BLOOD

HBA1C 9.0

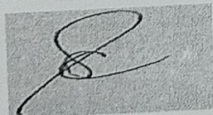
Interpretation & Remark:

- HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose.
- HbA1c has been endorsed by clinical groups & 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 severe iron deficiency anaemia & haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
- 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.
C. Heterozygous state detected (D10/ turbo is corrected for HbS and HbC trait).
- 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 % .

Note : Hemoglobin electrophoresis (HPLC method) is recommended for detecting hemoglobinopathy.

End of Report



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

Checked By

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Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0070281	Collection Date : 22/07/22 09:42	Ack Date : 22/07/2022 10:02	Report Date : 22/07/22 20:01

SERUM CREATININE

SAMPLE : SERUM

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

BLOOD UREA NITROGEN

BLOOD UREA NITROGEN 15.4 mg/dl 6 - 20
Calculated

URIC ACID

SAMPLE : SERUM

URIC ACID 5.9 mg/dl 3.4 - 7
Enzymatic Colorimetric

Sample No : 07H0070283B	Collection Date : 22/07/22 09:43	Ack Date : 22/07/2022 10:02	Report Date : 22/07/22 20:01
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BLOOD SUGAR(F)

SAMPLE : PLASMA

BLOOD SUGAR FASTING 265 ▲ mg/dl 70 - 109
Hexokinase

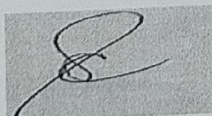
Sample No : 07H0070306B	Collection Date : 22/07/22 13:13	Ack Date : 22/07/2022 14:01	Report Date : 22/07/22 20:01
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BLOOD SUGAR(PP)

SAMPLE : PLASMA

BLOOD SUGAR PP 278 ▲ mg/dl 70.00 - 140.00
Hexokinase

End of Report



Dr.S. Chatterjee
MD, MBBS, FAACC

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Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0070281	Collection Date : 22/07/22 09:42	Ack Date : 22/07/2022 10:02	Report Date : 22/07/22 20:01

LIVER FUNCTION TEST (LFT)

SAMPLE : SERUM

TOTAL BILIRUBIN <i>Diazo Method</i>	0.7	mg/dl	0 - 1.1
DIRECT BILIRUBIN <i>Diazo Method</i>	0.3 ▲	mg/dl	0 - 0.2
INDIRECT BILIRUBIN <i>Calculated</i>	0.4	mg/dl	0.2 - 0.9
SGPT (ALT) <i>IFCC Without Pyridoxal Phosphate</i>	39 ▲	U/L	0 - 34
SGOT (AST) <i>IFCC Without Pyridoxal Phosphate</i>	21	U/L	0 - 31
ALKALINE PHOSPHATASE <i>IFCC</i>	112	U/L	53 - 128
TOTAL PROTEIN <i>Biuret</i>	7.8	g/dl	6.4 - 8.2
ALBUMIN <i>Bromocresol Green</i>	5.2	gm/dl	3.5 - 5.2
GLOBULIN <i>Calculated</i>	2.6	g/dl	2 - 3.5
ALBUMIN:GLOBULIN <i>Calculated</i>	2.0	-	1.1 - 2.5
GGT <i>Enzymatic colorimetric assay</i>	87 ▲	U/L	8 - 61

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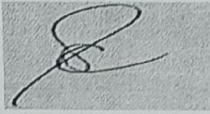
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End of Report



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Biochemistry

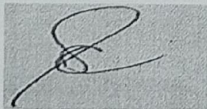
INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0070281	Collection Date : 22/07/22 09:42	Ack Date : 22/07/2022 10:02	Report Date : 22/07/22 20:01

LIPID PROFILE

SAMPLE : SERUM

TOTAL CHOLESTEROL	187	mg/dl	Desirable <200 Borderline 200-239 High >=240
<i>CHOD-PAP</i>			
HDL CHOLESTEROL	40	mg/dl	40 - 60
<i>Homogenous Enzymatic Colorimetric</i>			
LDL CHOLESTEROL	122	mg/dl	Optimal < 100 Borderline 130
<i>Homogenous Enzymatic Colorimetric</i>			
VLDL	36 ▲	mg/dl	0 - 30
<i>CALCULATED</i>			
CHOLESTEROL-HDL RATIO	4.67	-	
LDL-HDL RATIO	3.05	-	
TRIGLYCERIDES	184	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
Sample No : 07H0070281	Collection Date : 22/07/22 09:42	Ack Date : 22/07/2022 10:02	Report Date : 22/07/22 20:01

SAMPLE : SERUM

RESULT 15.4

Immunology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0070282	Collection Date : 22/07/22 09:43	Ack Date : 22/07/2022 10:02	Report Date : 22/07/22 12:34

BLOOD GROUPING & Rh TYPING

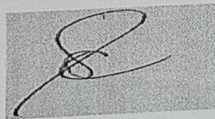
SAMPLE : EDTA BLOOD

BLOOD GROUP ' A '

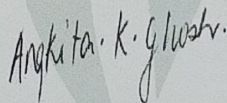
Agglutination forward & Reverse

RH TYPE POSITIVE

End of Report



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(CONSULTANT BIOCHEMIST)



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

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Hematology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
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Sample No : 07H0070282

Collection Date : 22/07/22 09:43

Ack Date : 22/07/2022 10:02

Report Date : 22/07/22 12:32

COMPLETE HAEMOGRAM (CBC)

SAMPLE : EDTA BLOOD

HAEMOGLOBIN (HB)	13.6	gm/dl	13 - 17
<i>Colorimetric method (Cyn Meth)</i>			
RBC COUNT	5.10	$\times 10^6/\text{ul}$	4.5 - 5.5
<i>Electrical Impedance Method</i>			
TOTAL WBC COUNT	8.3	$10^3/\text{cmm}$	4 - 10
<i>Electrical Impedance Method</i>			
PLATELET COUNT	210	$10^3/\text{cmm}$	150 - 410
<i>Electrical Impedance Method</i>			
PCV	43	%	40 - 50
<i>RBC pulse ht. detection method</i>			
MCV	84	fl	83 - 101
<i>calculated</i>			
MCH	27	pg	27 - 32
<i>Calculated</i>			
MCHC	32	gm/dl	31.5 - 34.5
<i>Calculated</i>			
ESR	12 ▲	%	0 - 10
<i>Modified Westergren Method</i>			

DIFFERENTIAL COUNT

NEUTROPHILS	67	%	40 - 80
<i>Microscopy</i>			
LYMPHOCYTES	28	%	20 - 40
<i>Microscopy</i>			
MONOCYTES	02	%	2 - 10
<i>Microscopy</i>			

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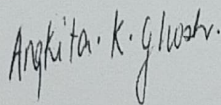
EOSINOPHILS 03 ▾ % 1 - 6
Microscopy

BASOPHILS 00 % 0 - 2
Microscopy

PERIPHERAL BLOOD SMEAR

RBC Normocytic normochromic
WBC Within normal limit
PLATELET Adequate

End of Report



Dr. ANGKITA K. GHOSH
MBBS, MD(PATH)
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Immunology

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Sample No : 07H0070281	Collection Date : 22/07/22 09:42	Ack Date : 22/07/2022 10:02	Report Date : 22/07/22 20:03

THYROID FUNCTION TEST

SAMPLE : SERUM

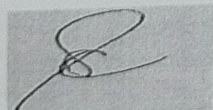
T3 ECLIA	1.08	ng/ml	0.6 - 1.8
T4 ECLIA	9.72	ug/dL	5.4 - 11.7
TSH ECLIA	2.47	uIU/ml	Adult Male – 0.27-5.50 Adult Female – 0.27-5.50 Newborns - <25 Upto 12 years – 0.3-5

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, Amlodarone.
- 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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Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0070284	Collection Date : 22/07/22 09:44	Ack Date : 22/07/2022 14:52	Report Date : 23/07/22 10:51

URINE FOR R/E

SAMPLE : URINE

PHYSICAL EXAMINATION

VOLUME	30	ml	
COLOUR	PALE YELLOW		
APPEARANCE	SLIGHTLY HAZY		
SPECIFIC GRAVITY	1.010		1.010 - 1.030
REACTION(pH)	ACIDIC (6.5)		

CHEMICAL EXAMINATION

SUGAR	PRESENT(+)	ABSENT
ALBUMIN.	PRESENT(TRACE)	ABSENT
BLOOD	ABSENT	ABSENT
KETONE	ABSENT	ABSENT
BILE SALT	ABSENT	ABSENT
BILE PIGMENTS	ABSENT	ABSENT

MICROSCOPIC EXAMINATION

PUS CELLS	10-12 / HPF	<5/HPF
EPITHELIAL CELLS	1-2 / HPF	<20/HPF
RBC	NIL	
CAST	ABSENT	ABSENT
CRYSTAL	ABSENT	ABSENT
OTHERS	MICRO-ORGANISM - PRESENT (FEW)	

Please correlate clinically.

URINE FOR SUGAR FASTING

SAMPLE : URINE

RESULT PRESENT(+)

Sample No : 07H0070306	Collection Date : 22/07/22 13:13	Ack Date : 22/07/2022 19:22	Report Date : 23/07/22 14:31
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LABORATORY INVESTIGATION REPORT

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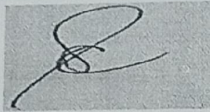
URINE FOR SUGAR PP

SAMPLE : URINE

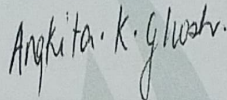
RESULT

PRESENT(+)

End of Report



Dr.S. Chatterjee
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(CONSULTANT BIOCHEMIST)



Dr.ANGKITA K. GHOSH
MBBS, MD(PATH)
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DIAGNOSTICS REPORT

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Age/Sex	: 38 Year(s)/Male	Report Date	: 22/07/2022 15:19
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USG REPORT OF WHOLE ABDOMEN (SCREENING)

LIVER : Liver is enlarged in size, measuring 16.8 cm in mid clavicular plane. Parenchymal echogenicity is 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 : 10.2 cm & Left kidney measures : 10.7 cm.

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

DIAGNOSTICS REPORT

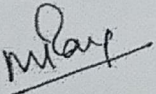
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PROSTATE : Prostate is normal size, outline and echotexture appear normal. No focal lesion is seen. Prostate measures 3.4 cm x 3.2 cm x 3.0 cm. It weight approx 18 gm.

PERITONEUM : : No free fluid is noted.

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

IMPRESSION : Hepatomegaly with diffuse fatty changes (Grade II).



Dr. MADHUSHREE RAY NASKAR ,
MBBS, DMRD
Consultant Radiologist
RegNo: 57032

DIAGNOSTICS REPORT

Patient Name	: Mr. AMIT KUMAR KHETAN	Order Date	: 22/07/2022 09:32
Age/Sex	: 38 Year(s)/Male	Report Date	: 22/07/2022 11:18
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CHEST X-RAY REPORT OF PA VIEW

Lung fields are clear. No focal parenchymal opacity is seen.

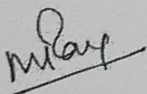
No appreciable pleural thickening / calcification is noted.

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

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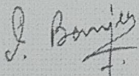
Patient Name	: Mr. AMIT KUMAR KHETAN	Order Date	: 22/07/2022 09:32
Age/Sex	: 38 Year(s)/Male	Report Date	: 22/07/2022 15:36
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ELECTROCARDIOGRAM REPORT (ECG)

HR	: 100 bpm
Rhythm	: Sinus
P wave	: Normal
PR Interval	: 134 msec
QRS axis	: Normal (31 Degree)
QRS duration	: 76 msec
QRS configuration	: Normal
T wave	: Non specific changes
ST segment	: Non specific changes
QTc	: 403 msec
QT	: 310 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)

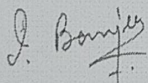
DIAGNOSTICS REPORT

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Age/Sex	: 38 Year(s)/Male	Report Date	: 23/07/2022 18:39
UHID	: NMHK.2211283	IP No	:
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
Address	: BLOCK-8, FLAT NO-815, 528/N BIREN ROY RD., BEHALA, Kolkata, West Bengal, 700034	Mobile	: 9886982134

ECHOCARDIOGRAPHY (SCREENING)

Status of Patient :

- * No regional wall motion abnormality at rest.
- * Good LV systolic function (EF = 62 %).
- * Good RV systolic function (TAPSE = 22 mm).
- * Normal valve morphology.
- * Normal 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,MRCPC (UK)**

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Echocardiographer (USA)

DIAGNOSTICS REPORT

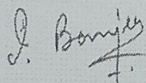
Patient Name	: Mr. AMIT KUMAR KHETAN	Order Date	: 22/07/2022 09:32
Age/Sex	: 38 Year(s)/Male	Report Date	: 22/07/2022 15:36
UHID	: NMHK.2211283	IP No	:
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
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ELECTROCARDIOGRAM REPORT (ECG)

HR	: 100 bpm
Rhythm	: Sinus
P wave	: Normal
PR Interval	: 134 msec
QRS axis	: Normal (31 Degree)
QRS duration	: 76 msec
QRS configuration	: Normal
T wave	: Non specific changes
ST segment	: Non specific changes
QTc	: 403 msec
QT	: 310 msec

IMPRESSION:

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



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