

## LABORATORY INVESTIGATION REPORT

<b>Patient Name</b> : Mr. Devasish Anand	<b>Age/Sex</b> : 37 Year(s) / Male
<b>UHID</b> : NMHK.2203340	<b>Order Date</b> : 11/03/2023 09:58
<b>Episode</b> : OP	
<b>Ref. Doctor</b> : NMH	<b>Mobile No</b> : 9917564002
	<b>DOB</b> : 01/01/1986
<b>Address</b> : DIOMAND PARK , ,Kolkata,West Bengal ,700104	<b>Facility</b> : NARAYAN MEMORIAL HOSPITAL

### Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
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Sample No : 07H0106066	Collection Date : 11/03/23 10:11	Ack Date : 11/03/2023 11:36	Report Date : 13/03/23 13:08
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#### SERUM CREATININE

##### SAMPLE : SERUM

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

#### LIVER FUNCTION TEST ( LFT )

##### SAMPLE : SERUM

TOTAL BILIRUBIN	0.8	mg/dl		0 - 1.1
<i>Method - Diazo Method</i>				
DIRECT BILIRUBIN	<b>0.3 ▲</b>	mg/dl		0 - 0.2
<i>Method - Diazo Method</i>				
INDIRECT BILIRUBIN	0.5	mg/dl		0.2 - 0.9
<i>Method - Calculated</i>				
SGPT (ALT)	33	U/L		0 - 34
<i>Method - IFCC Without Pyridoxal Phosphate</i>				
SGOT (AST)	26	U/L		0 - 31
<i>Method - IFCC Without Pyridoxal Phosphate</i>				
ALKALINE PHOSPHATASE	84	U/L		53 - 128
<i>Method - IFCC</i>				
TOTAL PROTEIN	7.6	g/dl		6.4 - 8.2
<i>Method - Biuret</i>				
ALBUMIN	5.0	gm/dl		3.5 - 5.2
<i>Method - Bromocresol Green</i>				
GLOBULIN	2.6	g/dl		2 - 3.5
<i>Method - Calculated</i>				
ALBUMIN:GLOBULIN	1.9	-		1.1 - 2.5
<i>Method - Calculated</i>				
GGT	42	U/L		8 - 61

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*Method - Enzymatic colorimetric assay*

### BLOOD UREA NITROGEN

BLOOD UREA NITROGEN 07 mg/dl 6 - 20

*Method - Calculated*

### LIPID PROFILE

#### SAMPLE : SERUM

TOTAL CHOLESTEROL 205 mg/dl Desirable <200 |  
Borderline 200-239 |  
High  $\geq$ 240

*Method - CHOD-PAP*

HDL CHOLESTEROL 52 mg/dl 40 - 60

*Method - Homogenous Enzymatic Colorimetric*

LDL CHOLESTEROL 126 mg/dl Optimal < 100 |  
Borderline 130

*Method - Homogenous Enzymatic Colorimetric*

VLDL 27 mg/dl 0 - 30

*Method - CALCULATED*

CHOLESTEROL-HDL RATIO 3.94 -

LDL-HDL RATIO 2.42 -

TRIGLYCERIDES 196 mg/dl Desirable <150 |  
Borderline 150 - 200 |  
High >200

*Method - Enzymatic Colorimetric*

### URIC ACID

#### SAMPLE : SERUM

URIC ACID 6.9 mg/dl 3.4 - 7

*Method - Enzymatic Colorimetric*

### BUN / CREATINE RATIO<sup>a</sup>

#### SAMPLE : SERUM

RESULT 10.0

Sample No : 07H0106066A

Collection Date : 11/03/23 10:11

Ack Date : 11/03/2023 10:38

Report Date : 13/03/23 20:34

### GLYCOSYLATED HAEMOGLOBIN (HBA1C)

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### SAMPLE : EDTA BLOOD

HBA1C 4.8

#### *Interpretation & Remark:*

1. HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose.
2. HbA1c has been endorsed by clinical groups & 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 severe iron deficiency anaemia & haemolytic), chronic renal failure and liver diseases. 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.  
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 % .

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

Sample No : 07H0106066B Collection Date : 11/03/23 10:11 Ack Date : 11/03/2023 11:36 Report Date : 13/03/23 13:08

### **BLOOD SUGAR(F)**

#### SAMPLE : PLASMA

BLOOD SUGAR FASTING 99 mg/dl 70 - 109

Method - Hexokinase

Sample No : 07H0106069B Collection Date : 11/03/23 10:26 Ack Date : 11/03/2023 15:58 Report Date : 13/03/23 13:08

### **BLOOD SUGAR(PP)**

#### SAMPLE : PLASMA

BLOOD SUGAR PP 92 mg/dl 70.00 - 140.00

Method - Hexokinase

End of Report

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

Checked By

## DIAGNOSTICS REPORT

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### ELECTROCARDIOGRAM REPORT (ECG)

HR : 63 bpm

Rhythm : Sinus

P wave : Normal

PR Interval : 134 msec

QRS axis : Normal (16 Degree)

QRS duration : 84 msec

QRS configuration : Normal

T wave : Non specific changes

ST segment : Non specific changes

QTc : 369 msec

QT : 358 msec

#### IMPRESSION:

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

Clinical correlation please.



**Dr.INDIRA BANERJEE , MD,DNB,FNB,M  
RCPCH (UK)**

Board Certified Comprehensive  
Echocardiographer (USA)

## DIAGNOSTICS REPORT

Patient Name	: Mr. Devasish Anand	Order Date	: 11/03/2023 09:58
Age/Sex	: 37 Year(s)/Male	Report Date	: 11/03/2023 14:27
UHID	: NMHK.2203340	IP No	:
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### ECHOCARDIOGRAPHY (SCREENING)

#### Status of Patient :

- \* No regional wall motion abnormality at rest.
- \* Good LV systolic function (EF = 62%).
- \* Good RV systolic function (TAPSE = 21 mm).
- \* Trivial TR. TR gradient = 20 mmHg.
- \* 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.



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### Hematology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0106066	Collection Date : 11/03/23 10:11	Ack Date : 11/03/2023 11:25	Report Date : 11/03/23 14:05

#### COMPLETE HAEMOGRAM ( CBC )

##### SAMPLE : EDTA BLOOD

HAEMOGLOBIN (HB) <i>Method - Colorimetric method (Cyn Meth)</i>	13.2	gm/dl	13 - 17
RBC COUNT <i>Method - Electrical Impedance Method</i>	<b>4.3 ▼</b>	x10 <sup>6</sup> /ul	4.5 - 5.5
TOTAL WBC COUNT <i>Method - Electrical Impedance Method</i>	4.1	10 <sup>3</sup> /cmm	4 - 10
PLATELET COUNT <i>Method - Electrical Impedance Method</i>	200	10 <sup>3</sup> /cmm	150 - 410
PCV <i>Method - RBC pulse ht. detection method</i>	41	%	40 - 50
MCV <i>Method - calculated</i>	94	fl	83 - 101
MCH <i>Method - Calculated</i>	31	pg	27 - 32
MCHC <i>Method - Calculated</i>	33	gm/dl	31.5 - 34.5
ESR <i>Method - Modified Westergren Method</i>	<b>12 ▲</b>	%	0 - 10

##### DIFFERENTIAL COUNT

NEUTROPHILS <i>Method - Microscopy</i>	50	%	40 - 80
LYMPHOCYTES <i>Method - Microscopy</i>	<b>43 ▲</b>	%	20 - 40
MONOCYTES <i>Method - Microscopy</i>	05	%	2 - 10

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EOSINOPHILS 02 % 1 - 6

*Method - Microscopy*

BASOPHILS 00 % 0 - 2

*Method - Microscopy*

### **PERIPHERAL BLOOD SMEAR**

RBC Normocytic normochromic.

WBC Within normal limits.

PLATELET Adequate.

End of Report



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

RegNo: 82734

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### Immunology

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#### BLOOD GROUPING & Rh TYPING

##### SAMPLE : EDTA BLOOD

BLOOD GROUP ' B '

Method - Agglutinationforward & Reverse

RH TYPE POSITIVE

#### THYROID FUNCTION TEST

##### SAMPLE : SERUM

T3	1.02	ng/ml	0.60 - 1.80
Method - ECLIA			
T4	9.45	ug/dL	5.40 - 11.70
Method - ECLIA			
TSH	2.1	uIU/ml	Adult Male – 0.27-5.50 Adult Female – 0.27-5.50 Newborns - <25 Upto 12 years – 0.3-5

Method - 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 (triglycerid es< 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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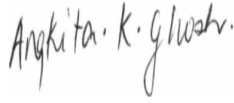
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End of Report



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## DIAGNOSTICS REPORT

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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.Sayani Mahal ,**

MD Radiology (AIIMS), PDCC (AIIMS)

RegNo: 74369