



सत्यमेव जयते
भारत सरकार



आधार

भारत सरकार
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

Enrollment No. : 0648/02332/57135

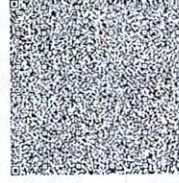
To
Khokan Das

C/O: Naba Kumar Das,
7/4, Sashi Sekhar Bose Row,
VTC: Bhawanipore, PO: Bhawanipore,
Sub District: Kolkata, District: Kolkata,
State: West Bengal, PIN Code: 700025,
Mobile: 9674519285

54598397



KF545983974FI



आपका आधार क्रमांक / Your Aadhaar No. :

2179 4677 8941

मेरा आधार, मेरी पहचान



भारत सरकार
Government of India



आधार

Issue Date: 14/05/2014



Khokan Das
DOB: 03/02/1970
Male

2179 4677 8941

मेरा आधार, मेरी पहचान

Khokan Das



सूचना

- ❑ आधार पहचान का प्रमाण है, नागरिकता का नहीं।
- ❑ सुरक्षित QR कोड/ऑफलाइन XML/ ऑनलाइन ऑथेंटिकेशन से पहचान प्रमाणित करें।

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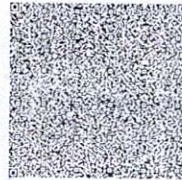


भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



Print Date: 09/07/2021

Address: C/O: Naba Kumar Das, 7/4, Sashi
Sekhar Bose Row, Bhawanipore, Kolkata,
West Bengal, 700025



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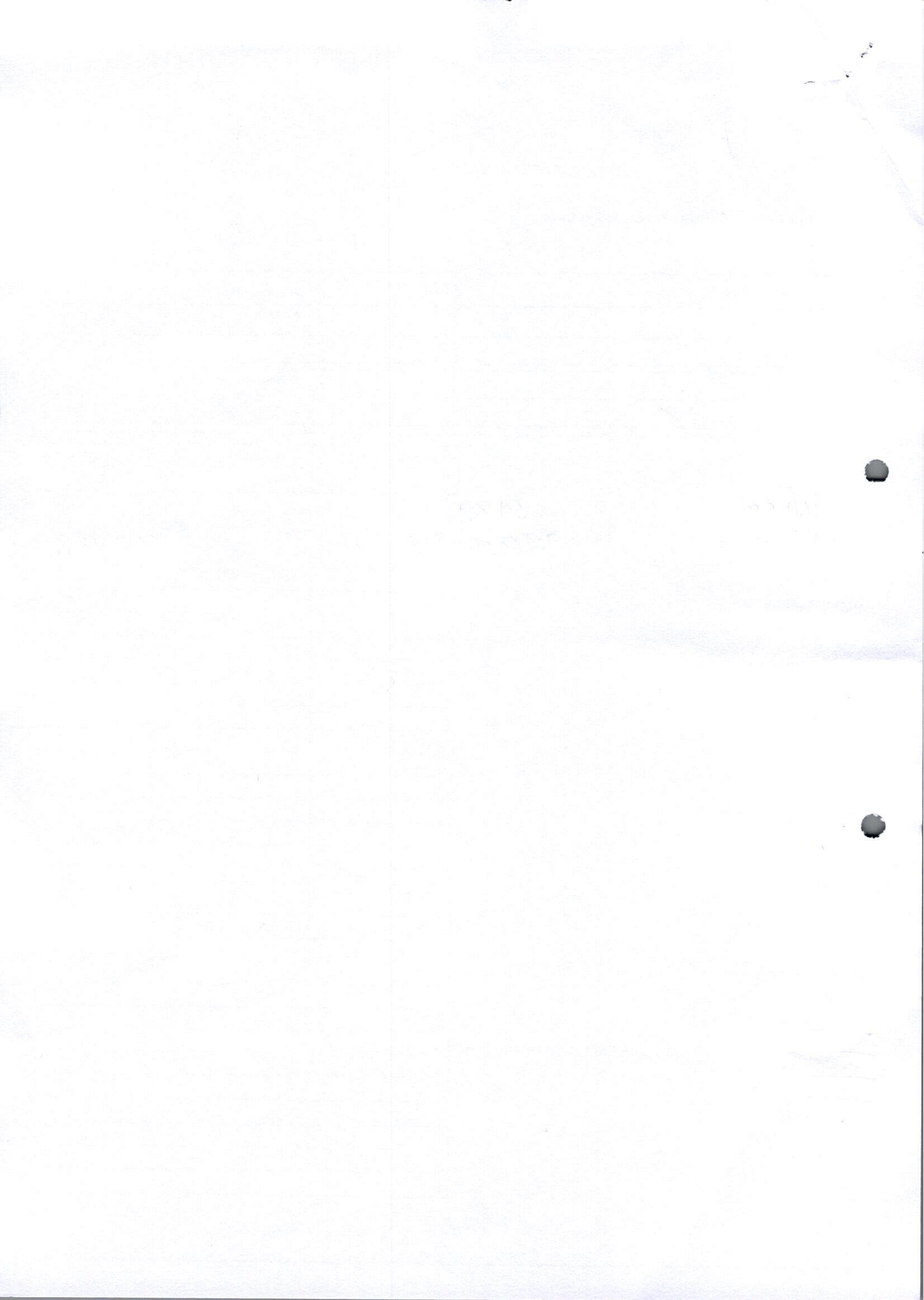
1947



help@uidai.gov.in



www.uidai.gov.in



DIAGNOSTICS REPORT

Patient Name	: Mr. KHOKAN DAS	Order Date	: 13/05/2023 10:08
Age/Sex	: 52 Year(s)/Male	Report Date	: 13/05/2023 17:33
UHID	: NMHK.2311125	IP No	:
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
		Mobile	: 9674519285
Address	: 7/4 S.B.ROAD, ,Kolkata, West Bengal, 700025		

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.

CBD : Normal .

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 : 9.7 cm & Left kidney measures : 9.9 cm.

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

POST VOID BLADDER : No significant residual urine is seen.



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UHID	: NMHK.2311125	IP No	:
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PROSTATE : Prostate is normal size, outline and echotexture appear normal. No focal lesion is seen. Prostate measures 3.5 cm x 3.4 cm x 3.4 cm. It weight approx 21 gm.

PERITONEUM : : No free fluid is noted.

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

IMPRESSION : Normal study.

**Dr.MADHUSHREE RAY NASKAR , MBBS
,DMRD**

Consultant Radiologist

RegNo: 57032



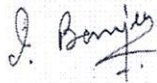
DIAGNOSTICS REPORT

Patient Name	: Mr. KHOKAN DAS	Order Date	: 13/05/2023 10:08
Age/Sex	: 52 Year(s)/Male	Report Date	: 13/05/2023 17:30
UHID	: NMHK.2311125	IP No	:
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
		Mobile	: 9674519285
Address	: 7/4 S.B.ROAD, ,Kolkata, West Bengal, 700025		

ECHOCARDIOGRAPHY (SCREENING)

Status of Patient :

- * No regional wall motion abnormality at rest.
- * Good LV systolic function (EF = 60%).
- * Good RV systolic function (TAPSE = 21 mm).
- * Mild TR, TR gradient = 17 mmHg.
- * Normal valve morphology.
- * Grade I LV diastolic dysfunction.
- * No pericardial effusion.
- * No pulmonary arterial hypertension.
- * IVC normal diameter & > 50% respiratory variation.
- * No thrombus, mass, vegetation seen.



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

Board Certified Comprehensive
Echocardiographer (USA)





DIAGNOSTICS REPORT

Handwritten signature

Patient Name	: Mr. KHOKAN DAS	Order Date	: 13/05/2023 10:08
Age/Sex	: 52 Year(s)/Male	Report Date	: 13/05/2023 15:37
UHID	: NMHK.2311125	IP No	:
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
		Mobile	: 9674519285
Address	: 7/4 S.B.ROAD, ,Kolkata, West Bengal, 700025		

ELECTROCARDIOGRAM REPORT (ECG)

HR : 58 bpm
Rhythm : Sinus
P wave : Normal
PR Interval : 170 msec
QRS axis : Normal (7 Degree)
QRS duration : 72 msec
QRS configuration : Normal
T wave : Non specific changes
ST segment : Non specific changes
QTc : 384 msec
QT : 388 msec

IMPRESSION:

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

Dr. MUNNA DAS , MD (MEDICINE),DM(CARDIOLOGY)

Consultant Cardiologist

RegNo: 55696

2311125

KHOKRN DR5

Female

52 years

..... cm / kg

HR 58/min

Axis: 47°

SINUS RHYTHM
OTHERWISE NORMAL ECG

Intervals:

P 47°

6.02

RR 1028 ms

P 112 ms

PR 170 ms

QR5 72 ms

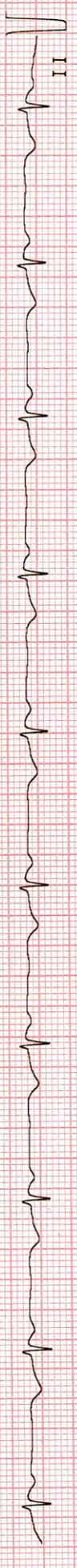
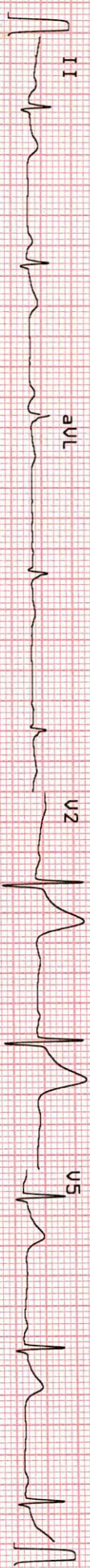
QT 388 ms

OTC 384 ms

(Bazett)

10 mm/mV

UNCONFIRMED REPORT



10 mm/mV
25 mm/s

0.05-25 Hz F50 SSF 585 13.05.2023 13:24:11

NARAYAN MEMORIAL
HOSPITAL, BEHRLA

AT-102plus 1.25 Ct





DIAGNOSTICS REPORT

Patient Name	: Mr. KHOKAN DAS	Order Date	: 13/05/2023 10:08
Age/Sex	: 52 Year(s)/Male	Report Date	: 13/05/2023 16:51
UHID	: NMHK.2311125	IP No	:
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
		Mobile	: 9674519285
Address	: 7/4 S.B.ROAD, ,Kolkata, West Bengal, 700025		

X-RAY CHEST PA VIEW

Prominent bronchovascular markings are seen in both lung fields.

Hila are normal in size.

Cardiothoracic ratio appear normal.

Trachea and mediastinum are normal in position.

Costophrenic angles are clear.

Domes of diaphragm are normal in position and outlines are well delineated.

Bony thorax appears unremarkable.

Needs clinical correlation.

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

RegNo: 66718



LABORATORY INVESTIGATION REPORT

Patient Name : Mr. KHOKAN DAS

UHID : NMHK.2311125

Episode : OP

Ref. Doctor : NMH

Address : 7/4 S.B.ROAD , ,Kolkata,West Bengal ,700025

Age/Sex : 52 Year(s)/Male

Order Date : 13/05/2023 10:08

Mobile No : 9674519285

DOB : 01/01/1971

Facility : NARAYAN MEMORIAL HOSPITAL

Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
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Sample No : 07H0115924 Collection Date : 13/05/23 10:33 Ack Date : 13/05/2023 11:19 Report Date : 13/05/23 19:16

SERUM CREATININE

SAMPLE : SERUM

SERUM CREATININE

Jaffe Gen2 Compensated

URIC ACID

SAMPLE : SERUM

URIC ACID

Enzymatic Colorimetric

Sample No : 07H0115924B Collection Date : 13/05/23 10:33 Ack Date : 13/05/2023 11:20 Report Date : 13/05/23 19:16

BLOOD SUGAR(F)

SAMPLE : PLASMA

BLOOD SUGAR FASTING

Hexokinase

Sample No : 07H0115980B Collection Date : 13/05/23 14:26 Ack Date : 13/05/2023 16:01 Report Date : 13/05/23 19:16

BLOOD SUGAR(PP)

SAMPLE : PLASMA

BLOOD SUGAR PP

Hexokinase

End of Report

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



LABORATORY INVESTIGATION REPORT

Patient Name : Mr. KHOKAN DAS

UHID : NMHK.2311125

Episode : OP

Ref. Doctor : NMH

Address : 7/4 S.B.ROAD , ,Kolkata,West Bengal ,700025

Age/Sex : 52 Year(s)/Male

Order Date : 13/05/2023 10:08

Mobile No : 9674519285

DOB : 01/01/1971

Facility : NARAYAN MEMORIAL HOSPITAL

Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0115924	Collection Date : 13/05/23 10:33	Ack Date : 13/05/2023 11:19	Report Date : 13/05/23 19:16

BLOOD UREA NITROGEN

BLOOD UREA NITROGEN

Calculated

9.8

mg/dl

6 - 20

End of Report

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

Checked By



LABORATORY INVESTIGATION REPORT

Patient Name : Mr. KHOKAN DAS
UHID : NMHK.2311125
Episode : OP
Ref. Doctor : NMH
Address : 7/4 S.B.ROAD , ,Kolkata,West Bengal ,700025

Age/Sex : 52 Year(s)/Male
Order Date : 13/05/2023 10:08
Mobile No : 9674519285
DOB : 01/01/1971
Facility : NARAYAN MEMORIAL HOSPITAL

Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0115924	Collection Date : 13/05/23 10:33	Ack Date : 13/05/2023 11:19	Report Date : 13/05/23 19:16

BUN / CREATINE RATIO

SAMPLE : SERUM

BUN / CREATINE RATIO

14.0

End of Report

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

Checked By

LABORATORY INVESTIGATION REPORT

Patient Name : Mr. KHOKAN DAS

UHID : NMHK.2311125

Episode : OP

Ref. Doctor : NMH

Address : 7/4 S.B.ROAD , ,Kolkata,West Bengal ,700025

Age/Sex : 52 Year(s)/Male

Order Date : 13/05/2023 10:08

Mobile No : 9674519285

DOB : 01/01/1971

Facility : NARAYAN MEMORIAL HOSPITAL

Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0115924A	Collection Date : 13/05/23 10:33	Ack Date : 13/05/2023 13:46	Report Date : 13/05/23 19:16

GLYCOSYLATED HAEMOGLOBIN (HBA1C)

SAMPLE : EDTA BLOOD

HBA1C

5.6

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 glycemc 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)



LABORATORY INVESTIGATION REPORT

Patient Name : Mr. KHOKAN DAS

UHID : NMHK.2311125

Episode : OP

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Address : 7/4 S.B.ROAD , ,Kolkata,West Bengal ,700025

Age/Sex : 52 Year(s)/Male

Order Date : 13/05/2023 10:08

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DOB : 01/01/1971

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Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0115924	Collection Date : 13/05/23 10:33	Ack Date : 13/05/2023 11:19	Report Date : 13/05/23 19:16

LIVER FUNCTION TEST (LFT)

SAMPLE : SERUM

TOTAL BILIRUBIN	0.5	mg/dl	0 - 1.1
<i>Diazo Method</i>			
DIRECT BILIRUBIN	0.2	mg/dl	0 - 0.2
<i>Diazo Method</i>			
INDIRECT BILIRUBIN	0.3	mg/dl	0.2 - 0.9
<i>Calculated</i>			
SGPT (ALT)	25	U/L	0 - 34
<i>IFCC Without Pyridoxal Phosphate</i>			
SGOT (AST)	26	U/L	0 - 31
<i>IFCC Without Pyridoxal Phosphate</i>			
ALKALINE PHOSPHATASE	141 ▲	U/L	53 - 128
<i>IFCC</i>			
TOTAL PROTEIN	7.5	g/dl	6.4 - 8.2
<i>Biuret</i>			
ALBUMIN	4.8	gm/dl	3.5 - 5.2
<i>Bromocresol Green</i>			
GLOBULIN	2.7	g/dl	2 - 3.5
<i>Calculated</i>			
ALBUMIN:GLOBULIN	1.8	-	1.1 - 2.5
<i>Calculated</i>			
GGT	19	U/L	8 - 61
<i>Enzymatic colorimetric assay</i>			

End of Report



Dr.S. Chatterjee
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(CONSULTANT BIOCHEMIST)



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Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0115924	Collection Date : 13/05/23 10:33	Ack Date : 13/05/2023 11:19	Report Date : 13/05/23 19:16

LIPID PROFILE

SAMPLE : SERUM

TOTAL CHOLESTEROL

156

mg/dl

Desirable <200 |
Borderline 200-239 |
High ≥240

CHOD-PAP

HDL CHOLESTEROL

40

mg/dl

40 - 60

Homogenous Enzymatic Colorimetric

LDL CHOLESTEROL

70

mg/dl

Optimal < 100 |
Borderline 130 - 159
| High >160

Homogenous Enzymatic Colorimetric

VLDL

46 ▲

mg/dl

0 - 30

CALCULATED

CHOLESTEROL-HDL RATIO

3.90

-

LDL-HDL RATIO

2.97

-

TRIGLYCERIDES

230

mg/dl

Desirable <150 |
Borderline 150 - 200
|
High >200

Enzymatic Colorimetric

End of Report

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





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Age/Sex : 52 Year(s)/Male

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Hematology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0115924	Collection Date : 13/05/23 10:33	Ack Date : 13/05/2023 11:20	Report Date : 13/05/23 16:31

COMPLETE HAEMOGRAM (CBC)

SAMPLE : EDTA BLOOD

HAEMOGLOBIN (HB) <i>Colorimetric method (Cyn Meth)</i>	14.2	gm/dl	13 - 17
RBC COUNT <i>Electrical Impedance Method</i>	5.3	$\times 10^6/\text{ul}$	4.5 - 5.5
TOTAL WBC COUNT <i>Electrical Impedance Method</i>	7.8	$10^3/\text{cm}^3$	4 - 10
PLATELET COUNT <i>Electrical Impedance Method</i>	240	$10^3/\text{cm}^3$	150 - 410
PCV <i>RBC pulse ht. detection method</i>	44	%	40 - 50
MCV <i>calculated</i>	84	fl	83 - 101
MCH <i>Calculated</i>	27	pg	27 - 32
MCHC <i>Calculated</i>	32	gm/dl	31.5 - 34.5
ESR <i>Modified Westergren Method</i>	04	%	0 - 12
<u>DIFFERENTIAL COUNT</u>			
NEUTROPHILS <i>Microscopy</i>	59	%	40 - 80
LYMPHOCYTES <i>Microscopy</i>	33	%	20 - 40
MONOCYTES <i>Microscopy</i>	05	%	2 - 10
EOSINOPHILS <i>Microscopy</i>	03	%	1 - 6
BASOPHILS <i>Microscopy</i>	00	%	0 - 2
<u>PERIPHERAL BLOOD SMEAR</u>			
RBC	Normocytic normochromic		





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Order Date : 13/05/2023 10:08

Mobile No : 9674519285

DOB : 01/01/1971

Facility : NARAYAN MEMORIAL HOSPITAL

WBC
PLATELET

Within normal limits
Adequate

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 : 07H0115924	Collection Date : 13/05/23 10:33	Ack Date : 13/05/2023 11:20	Report Date : 13/05/23 16:31

BLOOD GROUPING & Rh TYPING

SAMPLE : EDTA BLOOD

BLOOD GROUP

Agglutination forward & Reverse

RH TYPE

COMMENT

'O'

NEGATIVE

THYROID FUNCTION TEST

SAMPLE : SERUM

T3

ECLIA

T4

ECLIA

TSH

1.47

6.36

4.96

ng/ml

ug/dL

uIU/ml

0.60 - 1.80

5.40 - 11.70

Adult Male - 0.27-5.5
0

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 $\mu\text{mol/L}$ 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).
- There is no high dose hook effect at TSH concentrations upto 1000 $\mu\text{mol/ml}$.
- 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 $\mu\text{mol/L}$ 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).
- The assay is unaffected by icterus (bilirubin < 599 $\mu\text{mol/L}$ 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

Angkita K. Ghosh



LABORATORY INVESTIGATION REPORT

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Facility : NARAYAN MEMORIAL HOSPITAL

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

Dr.ANGITA K. GHOSH
MBBS, MD(PATH)
(CONSULTANT PATHOLOGIST)
RegNo: 82734

Checked By



LABORATORY INVESTIGATION REPORT

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Age/Sex : 52 Year(s)/Male

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Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0115924	Collection Date : 13/05/23 10:33	Ack Date : 13/05/2023 12:54	Report Date : 13/05/23 17:28

URINE FOR R/E

SAMPLE : URINE

PHYSICAL EXAMINATION

VOLUME	40	ml	
COLOUR	STRAW		
APPEARANCE	SLIGHTLY HAZY		
SPECIFIC GRAVITY	1.015		1.010 - 1.030
REACTION(pH)	ACIDIC (pH-6.0)		

CHEMICAL EXAMINATION

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

MICROSCOPIC EXAMINATION

PUS CELLS	8-10/HPF	<5/HPF
EPITHELIAL CELLS	1-2/HPF	<20/HPF
RBC	ABSENT	ABSENT
CAST	ABSENT	ABSENT
CRYSTAL	ABSENT	
OTHERS	MICRO ORGANISM PRESENT	

Please correlate clinically.

End of Report

Angkita K. Ghosh

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

RegNo: 82734



LABORATORY INVESTIGATION REPORT

Patient Name : Mr. KHOKAN DAS

UHID : NMHK.2311125

Episode : OP

Ref. Doctor : NMH

Address : 7/4 S.B.ROAD , ,Kolkata,West Bengal ,700025

Age/Sex : 52 Year(s)/Male

Order Date : 13/05/2023 10:08

Mobile No : 9674519285

DOB : 01/01/1971

Facility : NARAYAN MEMORIAL HOSPITAL

Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0115924	Collection Date : 13/05/23 10:33	Ack Date : 13/05/2023 12:54	Report Date : 13/05/23 19:15

URINE FOR SUGAR FASTING

SAMPLE : URINE

RESULT

ABSENT

End of Report

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

Checked By



LABORATORY INVESTIGATION REPORT

Patient Name : Mr. KHOKAN DAS
UHID : NMHK.2311125
Episode : OP
Ref. Doctor : NMH
Address : 7/4 S.B.ROAD , ,Kolkata,West Bengal ,700025

Age/Sex : 52 Year(s)/Male
Order Date : 13/05/2023 10:08
Mobile No : 9674519285
DOB : 01/01/1971
Facility : NARAYAN MEMORIAL HOSPITAL

Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0115980	Collection Date : 13/05/23 14:26	Ack Date : 13/05/2023 17:30	Report Date : 13/05/23 19:15

URINE FOR SUGAR PP

SAMPLE : URINE

RESULT

ABSENT

End of Report

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

Checked By




KHOKAN DAS 2311125

PID NO: P2162300410891
Age: 52.0 Year(s) Sex: Male



Reference: Dr.SELF
Sample Collected At:
Narayan Memorial Hospital
601 Diamond Harbour Road 700034
Processing Location:-MHL RAJARHAT
(KRL) Kolkata: 700136

VID: 230216000375629
Registered On:
13/05/2023 04:49 PM
Collected On:
13/05/2023 4:49PM
Reported On:
13/05/2023 08:34 PM

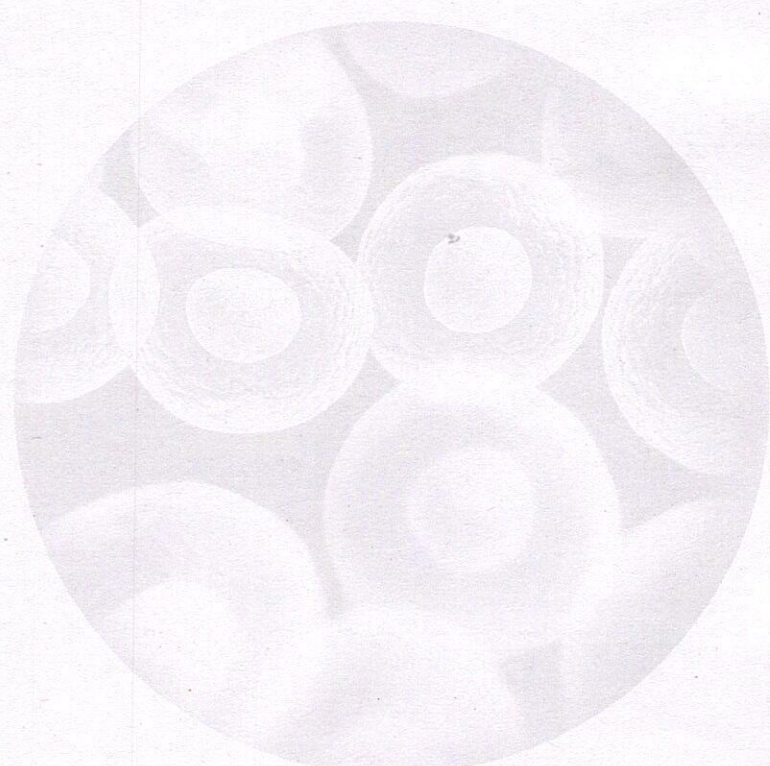
Investigation	Observed Value	Unit	Biological Reference Interval
 PSA- Prostate Specific Antigen (Serum,ECLIA)	1.25	ng/mL	Conventional for all ages: 0 - 4 50 - 59 yrs: 0 - 3.5

Interpretation: Prostate-specific antigen (PSA) is a glycoprotein that is produced by the prostate gland, the lining of the urethra, and the bulbourethral gland. PSA exists in serum mainly in two forms, complexed to alpha-1-anti-chymotrypsin (PSA-ACT complex) and unbound (free PSA). Increases in prostatic glandular size and tissue damage caused by benign prostatic hypertrophy, prostatitis, or prostate cancer may increase circulating PSA levels. Transient increase in PSA can also be seen following per rectal digital or 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.

-- End of Report --



Tests marked with NABL symbol are accredited by NABL vide Certificate no MC-2576

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