

Narayan Memorial Hospital

(A Unit of Narayan Health Services Pvt. Ltd.)

CIN No. : U85110WB2005PTC104884

GSTIN No. : 19AACCN1707E1Z6



Surandara Ram
 NMHK - 2405866

LABORATORY INVESTIGATION REPORT

Patient Name : Mr. SURENDRA RAM	Age/Sex : 49 Year(s) / Male
UHID : NMHK.2405866	Order Date : 23/03/2024 09:24
Episode : OP	Mobile No : 6290866384
Ref. Doctor : NMH	DOB : 01/01/1975
Address : SALKIA , ,HOWRAH,West Bengal ,711314	Facility : NARAYAN MEMORIAL HOSPITAL

Hematology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0167833	Collection Date : 23/03/24 09:58	Ack Date : 23/03/2024 10:15	Report Date : 23/03/24 11:43
BLOOD GROUPING & Rh TYPING			
SAMPLE : EDTA BLOOD			
BLOOD GROUP	' B '		
<i>Method - Agglutination forward & Reverse</i>			
RH TYPE	POSITIVE		
COMPLETE HAEMOGRAM (CBC)			
SAMPLE : EDTA BLOOD			
HAEMOGLOBIN (HB)	13.9	gm/dl	13 - 17
<i>Method - Colorimetric method (Cyn Meth)</i>			
RBC COUNT	4.7	$\times 10^6/\mu\text{l}$	4.5 - 5.5
<i>Method - Electrical Impedance Method</i>			
TOTAL WBC COUNT	7.0	$10^3/\text{cmm}$	4 - 10
<i>Method - Electrical Impedance Method</i>			
PLATELET COUNT	200	$10^3/\text{cmm}$	150 - 410
<i>Method - Electrical Impedance Method</i>			
PCV	43	%	40 - 50
<i>Method - RBC pulse ht. detection method</i>			
MCV	93	fL	83 - 101
<i>Method - calculated</i>			
MCH	30	pg	27 - 32
<i>Method - Calculated</i>			
MCHC	32	gm/dl	31.5 - 34.5
<i>Method - Calculated</i>			
ESR	10	%	0 - 10
<i>Method - Modified Westergren Method</i>			
DIFFERENTIAL COUNT			
<i>Method - Microscopy</i>			
NEUTROPHILS	49	%	40 - 80
<i>Method - Microscopy</i>			
LYMPHOCYTES	37	%	20 - 40
<i>Method - Microscopy</i>			
MONOCYTES	06	%	2 - 10
<i>Method - Microscopy</i>			
EOSINOPHILS	08 ▲ (H)	%	1 - 6
<i>Method - Microscopy</i>			
BASOPHILS	00	%	0 - 2
<i>Method - Microscopy</i>			
PERIPHERAL BLOOD SMEAR			
RBC	Normocytic normochromic.		
WBC	Within normal limits.		

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PLATELET

Adequate.

End of Report

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

Checked By

Dr. SHAHEENA PERWEEN
MBBS, MD (Path)
Consultant Pathologist
RegNo: 71326

NMHK-2405866
Suresh Kumar

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Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0167833	Collection Date : 23/03/24 09:58	Ack Date : 23/03/2024 10:53	Report Date : 23/03/24 14:06
SERUM CREATININE			
SAMPLE : SERUM			
SERUM CREATININE	1.1	mg/dl	0.7 - 1.2
<i>Method - Jaffe Gen2 Compensated</i>			
LIVER FUNCTION TEST (LFT)			
SAMPLE : SERUM			
TOTAL BILIRUBIN	0.5	mg/dl	0 - 1.1
<i>Method - Diazo Method</i>			
DIRECT BILIRUBIN	0.2	mg/dl	0 - 0.2
<i>Method - Diazo Method</i>			
INDIRECT BILIRUBIN	0.3	mg/dl	0.2 - 0.9
<i>Method - Calculated</i>			
SGPT (ALT)	62 ▲ (H)	U/L	0 - 34
<i>Method - IFCC Without Pyridoxal Phosphate</i>			
SGOT (AST)	46 ▲ (H)	U/L	0 - 31
<i>Method - IFCC Without Pyridoxal Phosphate</i>			
ALKALINE PHOSPHATASE	137 ▲ (H)	U/L	53 - 128
<i>Method - IFCC</i>			
TOTAL PROTEIN	8.0	g/dl	6.4 - 8.2
<i>Method - Biuret</i>			
ALBUMIN	4.6	gm/dl	3.5 - 5.2
<i>Method - Bromocresol Green</i>			
GLOBULIN	3.4	g/dl	2 - 3.5
<i>Method - Calculated</i>			
ALBUMIN:GLOBULIN	1.4	-	1.1 - 2.5
<i>Method - Calculated</i>			
GGT	11	U/L	8 - 61
<i>Method - Enzymatic colorimetric assay</i>			
BLOOD UREA NITROGEN			
BLOOD UREA NITROGEN	7.9	mg/dl	6 - 20
<i>Method - Calculated</i>			
LIPID PROFILE			
SAMPLE : SERUM			
TOTAL CHOLESTEROL	163	mg/dl	Desirable <200 Borderline 200 - 239 High >=240
<i>Method - CHOD-PAP</i>			
HDL CHOLESTEROL	41	mg/dl	40 - 60
<i>Method - Homogenous Enzymatic Colorimetric</i>			

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LABORATORY INVESTIGATION REPORT

Surendra Ram
NMHK - 2405866

Patient Name : Mr. SURENDRA RAM	Age/Sex : 49 Year(s) / Male
UHID : NMHK.2405866	Order Date : 23/03/2024 09:24
Episode : OP	Mobile No : 6290866384
Ref. Doctor : NMH	DOB : 01/01/1975
Address : SALKIA , , HOWRAH, West Bengal , 711314	Facility : NARAYAN MEMORIAL HOSPITAL

BLOOD SUGAR(F)

SAMPLE : PLASMA

BLOOD SUGAR FASTING 98 mg/dl 70 - 109
Method - Hexokinase

BLOOD SUGAR(PP)

SAMPLE : PLASMA

BLOOD SUGAR PP 80 mg/dl 70 - 140
Method - Hexokinase

End of Report

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

Checked By



LABORATORY INVESTIGATION REPORT

NMHH - 2405566
 Surendra Ram

Patient Name : Mr. SURENDRA RAM	Age/Sex : 49 Year(s) / Male
UHID : NMHH2405566	Order Date : 23/03/2024 09:24
Episode : OP	Mobile No : 6290866384
Ref. Doctor : NMH	DOB : 01/01/1975
Address : SALKIA, HOVRAN, West Bengal, 711314	Facility : NARAYAN MEMORIAL HOSPITAL

LDL CHOLESTEROL <i>Method - Homogenous Bimodal, Colorimetric</i>	103	mg/dl	Optimal < 100 Borderline 130 - 159 High > 160
VLDL <i>Method - CALCULATED</i>	19	mg/dl	0 - 30
CHOLESTEROL-HDL RATIO	3.98	-	-
LDL-HDL RATIO	2.51	-	-
TRIGLYCERIDES <i>Method - Bimodal Colorimetric</i>	96	mg/dl	Desirable < 150 Borderline 150 - 200 High > 200
URIC ACID			
SAMPLE : SERUM			
URIC ACID <i>Method - Bimodal Colorimetric</i>	6.6	mg/dl	3.4 - 7
BUN / CREATINE RATIO			
SAMPLE : SERUM			
BUN / CREATINE RATIO	7.1	-	-
GLYCOSYLATED HAEMOGLOBIN (HBA1C)			
SAMPLE : EDTA BLOOD			
HBA1C	5.4	-	-

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.
 - For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
 - Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status.
 - 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.

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Immunoassays- Tumuor Markers

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0167833	Collection Date : 23/03/24 09:58	Ack Date : 23/03/2024 10:53	Report Date : 23/03/24 14:17

PROSTATE SPECIFIC ANTIGEN (PSA)

PROSTATE SPECIFIC ANTIGEN (PSA) 0.65 ng/ml <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

End of Report

Dr.S. Chatterjee
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(CONSULTANT BIOCHEMIST)

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LABORATORY INVESTIGATION REPORT

Surandara Ram
 NMHK - 2405866
 23.03.24

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Address : SALKIA, ., HOWRAH, West Bengal, 711314	Facility : NARAYAN MEMORIAL HOSPITAL

Immunology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0167833	Collection Date : 23/03/24 09:58	Ack Date : 23/03/2024 10:53	Report Date : 23/03/24 14:17
THYROID FUNCTION TEST			
SAMPLE : SERUM			
T3 Method - ECLIA	0.98	ng/ml	0.60 - 1.80
T4 Method - ECLIA	7.62	ug/dL	5.40 - 11.70
TSH Method - ECLIA	3.37	uIU/ml	Adult Male - 0.27-5.50 Adult Female - 0.27-5.50 Newborns - <25 Upto 12 years - 0.3-5

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).

End of Report

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

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CXR PA
 NMHK - 2405866
 Suranata Ram

LABORATORY INVESTIGATION REPORT

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Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0167833	Collection Date : 23/03/24 09:58	Ack Date : 23/03/2024 14:40	Report Date : 23/03/24 16:22
URINE FOR R/E			
SAMPLE : URINE			
PHYSICAL EXAMINATION			
VOLUME	45	ml	
COLOUR	PALE STRAW		
APPEARANCE	SLIGHTLY HAZY		
SPECIFIC GRAVITY	1.010		1.010 - 1.030
REACTION(pH)	ACIDIC (pH - 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	0-2/HPF		<20/HPF
RBC	ABSENT		ABSENT
CAST	ABSENT		ABSENT
CRYSTAL	ABSENT		ABSENT

Please correlate clinically.

URINE FOR SUGAR FASTING

SAMPLE : URINE

RESULT ABSENT

End of Report

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

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

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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.

Both domes of diaphragm are normal.






No obvious bony abnormality is seen.

Dr. KANISHKA MUKHERJEE
MBBS, MD (Rad. Diag.)

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DIAGNOSTICS REPORT

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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.

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 maintained. No evidence of any calculus/ mass / hydronephrosis is seen.

Right kidney measures : 9.0 cm & Left kidney measures : 10.2 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 2.8 cm x 2.9 cm x 2.9 cm. It weight approx 12 gm.

PERITONEUM : : No free fluid is noted.

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

IMPRESSION : Normal study.

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

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REPORT OF ECHO SCREENING

No regional wall motion abnormality at rest.
 Normal LV systolic function (LVEF = 68%).
 Normal RV systolic function. (TAPSE = 1.8 cm, RVS' = 0.10 m/s).
 Mild concentric left ventricular hypertrophy.
 Grade II LV diastolic dysfunction (E/e' =8.40) (E/A - 1.35).
 No pericardial effusion.
 Mild TR. Estimated PASP - 29 mmHg.
 IVC normal diameter &> 50 % respiratory compressibility.
 No thrombus, mass / vegetation.

Dr.Sudip Chakraborty
 MBBS,DIP (Preventative Cardiology)
 fellow Clinical

RegNo: 56285

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