

भारत-सरकार
GOVERNMENT OF INDIA

अमित कुमार
Amit Kumar
जन्म तिथि/ DOB: 24/10/1991
पुरुष / MALE



9544 9016 7271

आधार-आम आदमी का अधिकार

Amit Kumar

CHECK LIST

NAME	Amit Kumar	PATHOLOGY/PP
OP		ECG/PFT
AGE		ECHO /TMT ✓ TMT
DATE		✓ USG / CXR ✓ USG (Spleen)
PACKAGE		✓ URINE / STOOL
REFERRED BY		MAMMO/ PAP
HT	170 cm	EYE/ DENTAL
WT	76.5 kg	GP CONSULTATION
BP	120/80 mmHg	DIETITION
PULSE	95 bpm	CARDIOLOGIST
WAIST	97 cm	GYNECOLOGIST
HIP	103 cm	DENTAL
RESPIRATORY RATE		
CHEST (INHALE)	99.5 cm	
CHEST (EXHALE)	96 cm	
ABDOMEN	92 cm	

SpO₂ - 99%

LABORATORY INVESTIGATION REPORT

Patient Name : Mr. AMIT KUMAR
UHID : NMHK.2118431
Episode : OP
Ref. Doctor : NMH
Address : FLAT NO- 2, A-1 , ,Kolkata,West Bengal ,700008

Age/Sex : 31 Year(s) / Male
Order Date : 25/03/2023 08:58
Mobile No : 9693139145
DOB : 24/09/1991
Facility : NARAYAN MEMORIAL HOSPITAL

Immunology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0108324	Collection Date : 25/03/23 09:42	Ack Date : 25/03/2023 10:43	Report Date : 25/03/23 17:23

BLOOD GROUPING & Rh TYPING

SAMPLE : EDTA BLOOD

BLOOD GROUP ' O '

Method - Agglutination forward & Reverse

RH TYPE POSITIVE

THYROID FUNCTION TEST

SAMPLE : SERUM

T3	1.4	ng/ml	0.60 - 1.80
Method - ECLIA			
T4	9.24	ug/dL	5.40 - 11.70
Method - ECLIA			
TSH	5.74	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 (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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End of Report

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

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

Checked By



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Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0108324	Collection Date : 25/03/23 09:42	Ack Date : 25/03/2023 11:39	Report Date : 25/03/23 13:36

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	0.5	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)	26	U/L	0 - 34
<i>Method - IFCC Without Pyridoxal Phosphate</i>			
SGOT (AST)	22	U/L	0 - 31
<i>Method - IFCC Without Pyridoxal Phosphate</i>			
ALKALINE PHOSPHATASE	130 ▲	U/L	53 - 128
<i>Method - IFCC</i>			
TOTAL PROTEIN	8.2	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	3.6 ▲	g/dl	2 - 3.5
<i>Method - Calculated</i>			
ALBUMIN:GLOBULIN	1.3	-	1.1 - 2.5
<i>Method - Calculated</i>			
GGT	14	U/L	8 - 61



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Method - Enzymatic colorimetric assay

BLOOD UREA NITROGEN

BLOOD UREA NITROGEN 9.8 mg/dl 6 - 20

Method - Calculated

LIPID PROFILE

SAMPLE : SERUM

TOTAL CHOLESTEROL 181 mg/dl Desirable <200 |
Borderline 200-239 |
High ≥240

Method - CHOD-PAP

HDL CHOLESTEROL 38 ▼ mg/dl 40 - 60

Method - Homogenous Enzymatic Colorimetric

LDL CHOLESTEROL 116 mg/dl Optimal < 100 |
Borderline 130

Method - Homogenous Enzymatic Colorimetric

VLDL 27 mg/dl 0 - 30

Method - CALCULATED

CHOLESTEROL-HDL RATIO 4.76 -

LDL-HDL RATIO 3.05 -

TRIGLYCERIDES 135 mg/dl Desirable <150 |
Borderline 150 - 200 |
High >200

Method - Enzymatic Colorimetric

URIC ACID

SAMPLE : SERUM

URIC ACID 6.2 mg/dl 3.4 - 7

Method - Enzymatic Colorimetric

SAMPLE : SERUM

RESULT 14.0

Sample No : 07H0108324A

Collection Date : 25/03/23 09:42

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Report Date : 25/03/23 13:36

GLYCOSYLATED HAEMOGLOBIN (HBA1C)

SAMPLE : EDTA BLOOD



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HBA1C 5.0

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.

Sample No : 07H0108324B Collection Date : 25/03/23 09:42 Ack Date : 25/03/2023 12:04 Report Date : 25/03/23 13:36

BLOOD SUGAR(F)

SAMPLE : PLASMA

BLOOD SUGAR FASTING 102 mg/dl 70 - 109

Method - Hexokinase

Sample No : 07H0108383B Collection Date : 25/03/23 13:24 Ack Date : 25/03/2023 14:06 Report Date : 25/03/23 16:12

BLOOD SUGAR(PP)

SAMPLE : PLASMA

BLOOD SUGAR PP 115 mg/dl 70.00 - 140.00

Method - Hexokinase

End of Report

Dr.S. Chatterjee
MD, MBBS, FAACC



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End of Report

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Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0108324	Collection Date : 25/03/23 09:42	Ack Date : 25/03/2023 12:46	Report Date : 26/03/23 12:21

URINE FOR SUGAR FASTING^a

SAMPLE : URINE

RESULT ABSENT

Sample No : 07H0108383	Collection Date : 25/03/23 13:24	Ack Date : 25/03/2023 17:12	Report Date : 26/03/23 12:21
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URINE FOR SUGAR PP

SAMPLE : URINE

RESULT ABSENT

End of Report

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Hematology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0108324	Collection Date : 25/03/23 09:42	Ack Date : 25/03/2023 10:43	Report Date : 27/03/23 11:22
COMPLETE HAEMOGRAM (CBC)			
SAMPLE : EDTA BLOOD			
HAEMOGLOBIN (HB)	14.0	gm/dl	13 - 17
<i>Colorimetric method (Cyn Meth)</i>			
RBC COUNT	4.8	x10 ⁶ /ul	4.5 - 5.5
<i>Electrical Impedance Method</i>			
TOTAL WBC COUNT	7.2	10 ³ /cmm	4 - 10
<i>Electrical Impedance Method</i>			
PLATELET COUNT	250	10 ³ /cmm	150 - 410
<i>Electrical Impedance Method</i>			
PCV	43	%	40 - 50
<i>RBC pulse ht. detection method</i>			
MCV	90	fl	83 - 101
<i>calculated</i>			
MCH	29	pg	27 - 32
<i>Calculated</i>			
MCHC	33	gm/dl	31.5 - 34.5
<i>Calculated</i>			
ESR	05	%	0 - 10
<i>Modified Westergren Method</i>			
DIFFERENTIAL COUNT			
NEUTROPHILS	60	%	40 - 80
<i>Microscopy</i>			
LYMPHOCYTES	31	%	20 - 40
<i>Microscopy</i>			
MONOCYTES	04	%	2 - 10
<i>Microscopy</i>			



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EOSINOPHILS 05 % 1 - 6
Microscopy

BASOPHILS 00 % 0 - 2
Microscopy

PERIPHERAL BLOOD SMEAR

RBC Normocytic normochromic

WBC Within normal limits

PLATELET Adequate

End of Report

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

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Clinical Pathology

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URINE FOR R/E

SAMPLE : URINE

PHYSICAL EXAMINATION

VOLUME	35	ml	
COLOUR	PALE YELLOW		
APPEARANCE	CLEAR		
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	1-2/HPF	<5/HPF
EPITHELIAL CELLS	1-2/HPF	<20/HPF
RBC	ABSENT	
CAST	ABSENT	ABSENT
CRYSTAL	ABSENT	ABSENT

Please correlate clinically.

Sample No : 07H0108516	Collection Date : 26/03/23 11:51	Ack Date : 26/03/2023 13:26	Report Date : 27/03/23 11:23
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STOOL FOR R/E

SAMPLE : STOOL

PHYSICAL EXAMINATION

COLOUR.	BROWNISH
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Mobile No : 9693139145

DOB : 24/09/1991

Facility : NARAYAN MEMORIAL HOSPITAL

CONSISTENCY

SOFT

MUCUS

PRESENT

VISIBLE BLOOD

NOT FOUND

ADULT PARASITE

NOT FOUND

CHEMICAL EXAMINATION

REACTION

ACIDIC

MICROSCOPIC EXAMINATION

PUS CELLS

2-3/HPF

<5/HPF

VEG CELL

PRESENT

RBC

NOT FOUND

OVA

NOT FOUND

PARASITES

NOT FOUND

CYSTS

NOT FOUND

BACTERIAL FLORA

PRESENT

FAT GLOBULES

ABSENT

STARCH GRANULES

ABSENT

Please correlate clinically.

End of Report

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

Checked By



DIAGNOSTICS REPORT

Patient Name	: Mr. AMIT KUMAR	Order Date	: 25/03/2023 08:58
Age/Sex	: 31 Year(s)/Male	Report Date	: 25/03/2023 15:34
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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 1.1 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 : 9.8 cm & Left kidney measures : 10.0 cm.

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



DIAGNOSTICS REPORT

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HOSPITAL

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Bengal, 700008

Mobile : 9693139145

PROSTATE : Prostate is normal size, outline and echotexture appear normal. No focal lesion is seen. Prostate measures 2.1 cm x 2.3 cm x 2.4 cm. It weight approx 6.4 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. AMIT KUMAR	Order Date	: 25/03/2023 08:58
Age/Sex	: 31 Year(s)/Male	Report Date	: 26/03/2023 13:25
UHID	: NMHK.2118431	IP No	:
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
Address	: FLAT NO- 2, A-1, ,Kolkata, West Bengal, 700008	Mobile	: 9693139145

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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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).
- * Mild 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.

**Dr.INDIRA BANERJEE , MD,DNB,MRCP
CH (UK)**

Board Certified Comprehensive
Echocardiographer (USA)



DIAGNOSTICS REPORT

Hee

Patient Name	: Mr. AMIT KUMAR	Order Date	: 25/03/2023 08:58
Age/Sex	: 31 Year(s)/Male	Report Date	: 25/03/2023 14:18
UHID	: NMHK.2118431	IP No	:
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ELECTROCARDIOGRAM REPORT (ECG)

HR	: 75 bpm
Rhythm	: Sinus
P wave	: Normal
PR Interval	: 140 msec
QRS axis	: Normal (19 Degree)
QRS duration	: 92 msec
QRS configuration	: Normal
T wave	: Non specific changes
ST segment	: Non specific changes
QTc	: 391 msec
QT	: 348 msec

IMPRESSION:

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

Dr.SOUMYA KANTI DUTTA , MBBS,MD(G EN.MED),DM(CARDIOLOGY)

RegNo: 63887

PMIT KUMAR
2118431
31 years Male
..... kg

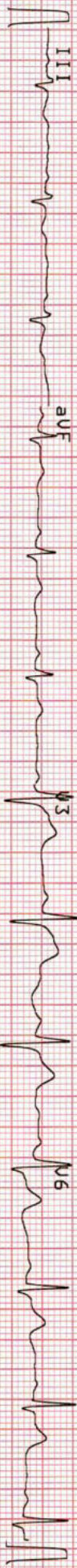
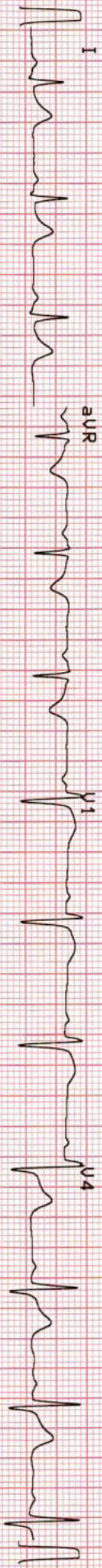
HR 75/min
Intervals:
RR 796 ms
P 100 ms
PR 140 ms
QRS 92 ms
QT 348 ms
QTc 391 ms
(Bazett)
10 mm/mV

Axis:
P 41°
QRS 19°
T 20°

P (II) 0.12 mV
S (V1) -0.85 mV
R (V5) 1.02 mV
Sokol. 2.38 mV

SINUS RHYTHM
NORMAL ECG
6.02

UNCONFIRMED REPORT



10 mm/mV

25 mm/s 2.05-25 Hz F50 SSF 585 25.03.2023 11:51:47

NARAYAN MEMORIAL HOSPITAL, BEHALA

RT-102plus 1.25 Ct