

## DIAGNOSTICS REPORT

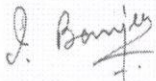
Patient Name	: Mr. ROSHAN KUMAR SINGH	Order Date	: 18/10/2022 13:42
Age/Sex	: 32 Year(s)/Male	Report Date	: 18/10/2022 14:35
UHID	: NMHK.2217913	IP No	:
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
Address	: 108 F.S. ROAD SHIBPUR, SHIBPUR, HOWRAH, West Bengal, 711102	Mobile	: 9831086879

### ELECTROCARDIOGRAM REPORT (ECG)

HR	: 77 bpm
Rhythm	: Sinus
P wave	: Normal
PR Interval	: 156 msec
QRS axis	: Normal (37 Degree)
QRS duration	: 88 msec
QRS configuration	: Normal
T wave	: Non specific changes
ST segment	: Non specific changes
QTc	: 395 msec
QT	: 348 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)

SINGH ROSHAN KUMAR

2217913

Male

30 years / kg

HR 77/min

Intervals:  
RR 780 ms  
P 114 ms  
PR 156 ms  
QRS 88 ms  
QT 348 ms  
QTc 395 ms  
(Bazett)

Axis: 43°  
P 37°  
QRS 14°

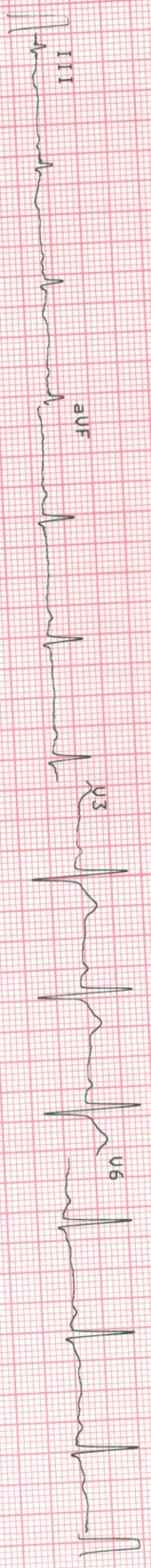
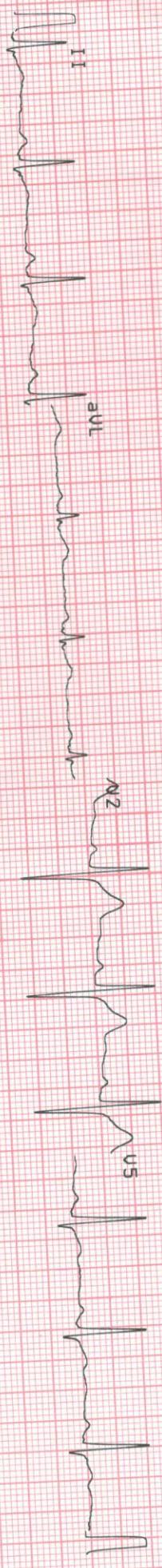
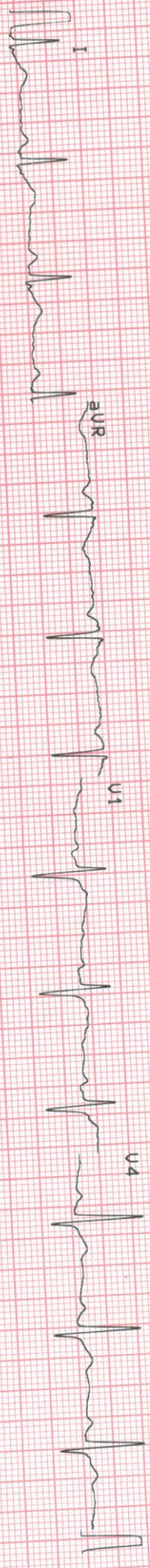
SINUS RHYTHM  
NORMAL ECG

6.02

UNCONFIRMED REPORT

10 mm/mV

10 mm/mV



10 mm/mV

NARAYAN MEMORIAL HOSPITAL, BEHALA

RT-102plus 1.25 Ct

32180



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## ECHOCARDIOGRAPHY (SCREENING)

### Status of Patient :

- \* No regional wall motion abnormality at rest.
- \* Good LV systolic function (EF = 65 %).
- \* Good RV systolic function (TAPSE = 23 mm).
- \* Mild concentric left ventricular hypertrophy.
- \* 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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MD,DNB,MRCPC (UK)**

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Echocardiographer (USA)



## LABORATORY INVESTIGATION REPORT

**Patient Name** : Mr. ROSHAN KUMAR SINGH

**Age/Sex** : 32 Year(s) / Male

**UHID** : NMHK.2217913

**Order Date** : 18/10/2022 13:42

**Episode** : OP

**Ref. Doctor** : NMH

**Mobile No** : 9831086879

**DOB** : 18/04/1990

**Address** : 108 F.S. ROAD SHIBPUR , SHIBPUR  
 ,HOWRAH,West Bengal ,711102

**Facility** : NARAYAN MEMORIAL HOSPITAL

### Hematology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0083741	Collection Date : 18/10/22 13:46	Ack Date : 18/10/2022 14:06	Report Date : 18/10/22 16:14

#### COMPLETE HAEMOGRAM ( CBC )

##### SAMPLE : EDTA BLOOD

HAEMOGLOBIN (HB) <i>Method - Colorimetric method (Cyn Meth)</i>	14.7	gm/dl	13 - 17
RBC COUNT <i>Method - Electrical Impedance Method</i>	5.20	$\times 10^6/\mu\text{l}$	4.5 - 5.5
TOTAL WBC COUNT <i>Method - Electrical Impedance Method</i>	6.5	$10^3/\text{cmm}$	4 - 10
PLATELET COUNT <i>Method - Electrical Impedance Method</i>	190	$10^3/\text{cmm}$	150 - 410
PCV <i>Method - RBC pulse ht. detection method</i>	44	%	40 - 50
MCV <i>Method - calculated</i>	84	fl	83 - 101
MCH <i>Method - Calculated</i>	28	pg	27 - 32
MCHC <i>Method - Calculated</i>	34	gm/dl	31.5 - 34.5
ESR <i>Method - Modified Westergren Method</i>	10	%	0 - 10
<b>DIFFERENTIAL COUNT</b>			
NEUTROPHILS <i>Method - Microscopy</i>	58	%	40 - 80
LYMPHOCYTES <i>Method - Microscopy</i>	38	%	20 - 40
MONOCYTES <i>Method - Microscopy</i>	02	%	2 - 10



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EOSINOPHILS	02	%	1 - 6
<i>Method - Microscopy</i>			
BASOPHILS	00	%	0 - 2
<i>Method - Microscopy</i>			

### PERIPHERAL BLOOD SMEAR

RBC	Normocytic normochromic
WBC	Within normal limit
PLATELET	Adequate

End of Report

**Dr.DIP NARAYAN MUKHERJEE**

MD(Microbiology)

RegNo: Reg no. 57062

Checked By



## LABORATORY INVESTIGATION REPORT

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### Immunology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0083741	Collection Date : 18/10/22 13:46	Ack Date : 18/10/2022 14:06	Report Date : 18/10/22 16:44

#### BLOOD GROUPING & Rh TYPING

##### SAMPLE : EDTA BLOOD

BLOOD GROUP ' AB '

Method - Agglutination forward & Reverse

RH TYPE POSITIVE

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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### Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0083741	Collection Date : 18/10/22 13:46	Ack Date : 18/10/2022 14:20	Report Date : 19/10/22 10:31

#### SERUM CREATININE

##### SAMPLE : SERUM

SERUM CREATININE	0.8	mg/dl	0.7 - 1.2
<i>Method - Jaffe Gen2 Compensated</i>			

#### URIC ACID

##### SAMPLE : SERUM

URIC ACID	4.7	mg/dl	3.4 - 7
<i>Method - Enzymatic Colorimetric</i>			

Sample No : 07H0083741A	Collection Date : 18/10/22 13:46	Ack Date : 18/10/2022 17:03	Report Date : 18/10/22 17:41
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#### GLYCOSYLATED HAEMOGLOBIN (HBA1C)

##### SAMPLE : EDTA BLOOD

HBA1C	10.5
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##### 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 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.







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### Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0083741	Collection Date : 18/10/22 13:46	Ack Date : 18/10/2022 14:20	Report Date : 20/10/22 13:54

#### LIVER FUNCTION TEST ( LFT )

##### SAMPLE : SERUM

TOTAL BILIRUBIN <i>Diazo Method</i>	0.6	mg/dl	0 - 1.1
DIRECT BILIRUBIN <i>Diazo Method</i>	0.2	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>	37 ▲	U/L	0 - 34
SGOT (AST) <i>IFCC Without Pyridoxal Phosphate</i>	32 ▲	U/L	0 - 31
ALKALINE PHOSPHATASE <i>IFCC</i>	94	U/L	53 - 128
TOTAL PROTEIN <i>Biuret</i>	7.5	g/dl	6.4 - 8.2
ALBUMIN <i>Bromocresol Green</i>	4.6	gm/dl	3.5 - 5.2
GLOBULIN <i>Calculated</i>	2.9	g/dl	2 - 3.5
ALBUMIN:GLOBULIN <i>Calculated</i>	1.6	-	1.1 - 2.5
GGT <i>Enzymatic colorimetric assay</i>	73 ▲	U/L	8 - 61
<b>BLOOD UREA NITROGEN</b>			
BLOOD UREA NITROGEN <i>Calculated</i>	12.1	mg/dl	6 - 20



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### LIPID PROFILE

#### SAMPLE : SERUM

TOTAL CHOLESTEROL	249	mg/dl	Desirable <200   Borderline 200-239   High $\geq$ 240
<i>CHOD-PAP</i>			
HDL CHOLESTEROL	46	mg/dl	40 - 60
<i>Homogenous Enzymatic Colorimetric</i>			
LDL CHOLESTEROL	165	mg/dl	Optimal < 100   Borderline 130
<i>Homogenous Enzymatic Colorimetric</i>			
VLDL	35 ▲	mg/dl	0 - 30
<i>CALCULATED</i>			
CHOLESTEROL-HDL RATIO	5.41	-	
LDL-HDL RATIO	3.59	-	
TRIGLYCERIDES	175	mg/dl	Desirable <150   Borderline 150 - 200   High >200
<i>Enzymatic Colorimetric</i>			

#### SAMPLE : SERUM

RESULT 15.1

End of Report

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

Checked By





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### Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0083741	Collection Date : 18/10/22 13:46	Ack Date : 18/10/2022 18:04	Report Date : 19/10/22 12:27

#### URINE FOR R/E

##### SAMPLE : URINE

##### PHYSICAL EXAMINATION

VOLUME	30	ml	
COLOUR	PALE YELLOW		
APPEARANCE	SLIGHTLY HAZY		
SPECIFIC GRAVITY	1.015		1.010 - 1.030
REACTION(pH)	ACIDIC 6.0		

##### CHEMICAL EXAMINATION

SUGAR	PRESENT (TRACE)	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	1-2 / HPF	<20/HPF
RBC	NIL	
CAST	ABSENT	ABSENT
CRYSTAL	ABSENT	ABSENT

Please correlate clinically.

Sample No : 07H0083742	Collection Date : 18/10/22 13:49	Ack Date : 18/10/2022 18:04	Report Date : 19/10/22 12:27
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#### STOOL FOR R/E

##### SAMPLE : STOOL

##### PHYSICAL EXAMINATION

COLOUR.	BROWNISH
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CONSISTENCY : SOFT  
MUCUS : PRESENT  
VISIBLE BLOOD : ABSENT  
ADULT PARASITE : ABSENT  
**CHEMICAL EXAMINATION**  
REACTION : ACIDIC  
**MICROSCOPIC EXAMINATION**  
PUS CELLS : 2-3 / HPF  
VEG CELL : PRESENT  
RBC : NIL  
OVA : NOT FOUND  
PARASITES : NOT FOUND  
CYSTS : NOT FOUND  
BACTERIAL FLORA : PRESENT  
FAT GLOBULES : ABSENT  
STARCH GRANULES : PRESENT

<5/HPF

*Please correlate clinically.*

End of Report

*Angkita K. Ghosh*

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### CHEST X-RAY REPORT OF PA VIEW

**Rotated radiograph.**

Diffuse haziness is seen in right lung field, particularly on lateral aspect - likely due to rotation.

Coarse bronchovascular markings are seen.

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