

NARAYAN MEMORIAL HOSPITAL

[A unit of Narayan Health Services Pvt. Ltd.]

NABL ACCREDITED LABORATORY



LABORATORY INVESTIGATION REPORT

Patient Name : Mr. RAVISH RANJAN	Age/Sex : 43 Year(s)/Male
UHID : NMHK.2205245	Order Date : 14/04/2022 16:11
Episode : OP	Mobile No : 9791116093
Ref. Doctor : NMH	DOB : 01/01/1979
Address : 257, BAIJANATHCHAK , ,Medinipur,West Bengal ,721605	Facility : NARAYAN MEMORIAL HOSPITAL

Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
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Sample No : 07H0061717B Collection Date : 14/04/22 16:14 Ack Date : 14/04/2022 16:56 Report Date : 14/04/22 20:23

BLOOD SUGAR(F)

SAMPLE : PLASMA

BLOOD SUGAR FASTING 94 mg/dl 70 - 109
Hexokinase

Sample No : 07H0061719B Collection Date : 14/04/22 16:51 Ack Date : 14/04/2022 16:59 Report Date : 14/04/22 20:23

BLOOD SUGAR(PP)

SAMPLE : PLASMA

BLOOD SUGAR PP 99 mg/dl 70 - 140
Hexokinase

End of Report

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

Checked By

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NABL ACCREDITED LABORATORY



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,721605

Facility : NARAYAN MEMORIAL HOSPITAL

Clinical Pathology

INVESTIGATION

RESULTS

UNITS

BIOLOGICAL REF RANGE

Sample No : 07H0061719

Collection Date : 14/04/22 16:51

Ack Date : 14/04/2022 18:07

Report Date : 14/04/22 20:23

URINE FOR SUGAR PP

SAMPLE : URINE

RESULT

ABSENT

End of Report

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

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LABORATORY INVESTIGATION REPORT

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Age/Sex : 43 Year(s)/Male

UHID : NMHK.2205245

Order Date : 14/04/2022 16:11

Episode : OP

Mobile No : 9791116093

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,721605

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Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0061717	Collection Date : 14/04/22 16:14	Ack Date : 14/04/2022 18:06	Report Date : 14/04/22 20:23

URINE FOR SUGAR FASTING

SAMPLE : URINE

RESULT

ABSENT

End of Report

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

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LABORATORY INVESTIGATION REPORT

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Episode : OP	Mobile No : 9791116093
Ref. Doctor : NMH	DOB : 01/01/1979
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Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0061717	Collection Date : 14/04/22 16:14	Ack Date : 14/04/2022 18:06	Report Date : 15/04/22 11:04

URINE FOR R/E

SAMPLE : URINE

PHYSICAL EXAMINATION

VOLUME	40	ml	
COLOUR	PALE YELLOW		
APPEARANCE	SLIGHTLY HAZY		
SPECIFIC GRAVITY	1.010		1.010 - 1.030
REACTION(pH)	ACIDIC (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	1-2 / HPF	<20/HPF
RBC	NIL	
CAST	ABSENT	ABSENT
CRYSTAL	ABSENT	ABSENT

Please correlate clinically.

End of Report

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



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Immunology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No: 07H0061717	Collection Date: 14/04/22 16:14	Ack Date: 14/04/2022 16:53	Report Date: 14/04/22 18:47

BLOOD GROUPING & Rh TYPING

SAMPLE : EDTA BLOOD

BLOOD GROUP

Agglutination forward & Reverse

RH TYPE

' A '

POSITIVE

End of Report

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

Checked By



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Hematology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0061717	Collection Date : 14/04/22 16:14	Rec Date : 14/04/2022 16:13	Report Date : 14/04/22 16:47
COMPLETE HAEMOGRAM (CBC)			
SAMPLE : EDTA BLOOD			
HAEMOGLOBIN (HB) <i>Colorimetric method (Cm Meth)</i>	12.7 ▼	gm/dl	13 - 17
RBC COUNT <i>Electrical Impedance Method</i>	4.93	$\times 10^6/\mu\text{l}$	4.5 - 5.5
TOTAL WBC COUNT <i>Electrical Impedance Method</i>	10.2 ▲	$10^3/\text{cmm}$	4 - 10
PLATELET COUNT <i>Electrical Impedance Method</i>	260	$10^3/\text{cmm}$	150 - 410
PCV <i>ADC value detection method</i>	40	%	40 - 50
MCV <i>calculated</i>	82 ▼	f	83 - 101
MCH <i>Calculated</i>	26 ▼	pg	27 - 32
MCHC <i>Calculated</i>	32	gm/dl	31.5 - 34.5
ESR <i>Modified Westergren Method</i>	14 ▲	%	0 - 10
DIFFERENTIAL COUNT			
NEUTROPHILS <i>Microscopy</i>	74	%	40 - 80
LYMPHOCYTES <i>Microscopy</i>	21 ▼	%	20 - 40
MONOCYTES <i>Microscopy</i>	02	%	2 - 10
EOSINOPHILS <i>Microscopy</i>	03 ▼	%	1 - 6



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BASOPHILS 00 % 0 - 2
Microscopy

PERIPHERAL BLOOD SMEAR

RBC Normocytic Normochromic
WBC Within normal limit
PLATELET Adequate

End of Report

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

Checked By



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Immunoassay

INVESTIGATION : THYROID FUNCTION TEST
RESULTS
UNITS
BIOLOGICAL REF RANGE
Sample No : 07H0061717
Collection Date : 14/04/22 16:14
Ack Date : 14/04/2022 16:53
Report Date : 15/04/22 11:04

THYROID FUNCTION TEST

SAMPLE : SERUM

TEST	RESULTS	UNITS	BIOLOGICAL REF RANGE
T3 ECLIA	1.41	ng/ml	0.60 - 1.80
T4 ECLIA	7.71	ug/dL	5.40 - 11.70
TSH ECLIA	3.43	uIU/ml	Adult Male - 0.27-5.50 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 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. MAINAK CHAKRABORTY
MBBS, MD(PATH)
 (CONSULTANT PATHOLOGIST)

Checked By



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Biochemistry

INVESTIGATION

RESULTS

UNITS

BIOLOGICAL REF RANGE

Sample No : 07H0061717

Collection Date : 14/04/22 16:14

Ack Date : 14/04/2022 16:53

Report Date : 14/04/22 20:23

SAMPLE : SERUM

RESULT

8.7

End of Report

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

Checked By



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Biochemistry

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SERUM CREATININE			
SAMPLE : SERUM			
SERUM CREATININE	0.8	mg/dl	0.7 - 1.2
<i>Jaffe Gen2 Compensated</i>			
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)	31	U/L	0 - 34
<i>IFCC Without Pyridoxal Phosphate</i>			
SGOT (AST)	25	U/L	0 - 31
<i>IFCC Without Pyridoxal Phosphate</i>			
ALKALINE PHOSPHATASE	111	U/L	53 - 128
<i>IFCC</i>			
TOTAL PROTEIN	7.2	g/dl	6.4 - 8.2
<i>Biuret</i>			
ALBUMIN	4.7	gm/dl	3.5 - 5.2
<i>Bromocresol Green</i>			
GLOBULIN	2.5	g/dl	2 - 3.5
<i>Calculated</i>			
ALBUMIN:GLOBULIN	1.9	-	1.1 - 2.5
<i>Calculated</i>			
GGT	40	U/L	8 - 61
<i>Enzymatic colorimetric assay</i>			

BLOOD UREA NITROGEN

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NABL ACCREDITED LABORATORY



MC-3623

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Facility : NARAYAN MEMORIAL HOSPITAL

BLOOD UREA NITROGEN 7.0 mg/dl 6 - 20
Calculated

LIPID PROFILE

SAMPLE : SERUM

TOTAL CHOLESTEROL 247 mg/dl Desirable <200 | Borderline 200-239 | High >=240
CHOD-PAP

HDL CHOLESTEROL 30 ▼ mg/dl 40 - 60
Homogenous Enzymatic Colorimetric

LDL CHOLESTEROL 173 mg/dl Optimal < 100 | Borderline 130
Homogenous Enzymatic Colorimetric

VLDL 30 mg/dl 0 - 30
CALCULATED

CHOLESTEROL-HDL RATIO 8.23 -

LDL-HDL RATIO 5.77 -

TRIGLYCERIDES 149 mg/dl Desirable <150 | Borderline 150 - 200 | High >200
Enzymatic Colorimetric

URIC ACID

SAMPLE : SERUM

URIC ACID 5.7 mg/dl 3.4 - 7
Enzymatic Colorimetric

Sample No : 07H0061717A Collection Date : 14/04/22 16:14 Ack Date : 14/04/2022 16:56 Report Date : 18/04/22 20:00

GLYCOSYLATED HAEMOGLOBIN (HBA1C)

SAMPLE : EDTA BLOOD

HBA1C 6.2 ▲ % Non-diabetic · 4-6
By HPLC

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MC-3623

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1. HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose.
2. HbA1c has been endorsed by clinical group & 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 in Severe iron deficiency anaemia and hemolytic), chronic renal failure and liver disease. 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.

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

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%

End of Report

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

Checked By



RAVISH RANJAN-OP-2205245

PID NO: P2162200014615
Age: 43.0 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: 216222100014243
TEST REPORT
Registered On:
15/04/2022 04:15 PM
Collected On:
15/04/2022 4:15PM
Reported On:
15/04/2022 06:35 PM

Investigation	Observed Value	Unit	Biological Reference Interval
PSA- Prostate Specific Antigen (Serum,ECLIA)	0.346	ng/mL	Conventional for all ages: 0 - 4 40 - 49 yrs: 0 - 2.5

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 --

Results relate only to the sample as received. Refer to conditions of reporting over Saha

* The Parameters marked with an * are not accredited by NABL
† This test was outsourced to Metropolis Healthcare Ltd. Mumbai

Dr. Subhasish Saha
MD Pathology



DIAGNOSTICS REPORT

Patient Name	: Mr. RAVISH RANJAN	Order Date	: 14/04/2022 16:11
Age/Sex	: 43 Year(s)/Male	Report Date	: 14/04/2022 18:18
UHID	: NMHK.2205245	IP No	:
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USG REPORT OF WHOLE ABDOMEN (SCREENING)

LIVER : Liver is normal in size. **Parenchymal echogenicity is diffusely raised.** Intrahepatic biliary radicles are not dilated. No focal mass lesion is seen.

PORTA :PV : Normal. PV measures 1.0 cm.

CD : Normal . CD measures 0.4 cm.

GALL BLADDER :Gall bladder is normal in size, contour, outline and position. **An echogenic calculus (1.15 cm) is noted at GB neck.** 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 : 10.3 cm & Left kidney measures : 10.9 cm.

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

PROSTATE : Prostate is normal size, outline and echotexture appear normal. No focal lesion is seen. Prostate measures 3.2 cm x 2.7 cm x 2.5 cm. It weight approx 11.7 gm.

DIAGNOSTICS REPORT

Patient Name	: Mr. RAVISH RANJAN	Order Date	: 14/04/2022 16:11
Age/Sex	: 43 Year(s)/Male	Report Date	: 14/04/2022 18:18
UHID	: NMHK.2205245	IP No	:
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PERITONEUM : : No free fluid is noted.

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

IMPRESSION : * Diffuse fatty changes in liver.
* Cholelithiasis.



Dr. MADHUSHREE RAY NASKAR,
MBBS, DMRD

Consultant Radiologist

RegNo: 57032

DIAGNOSTICS REPORT

Patient Name	: Mr. RAVISH RANJAN	Order Date	: 14/04/2022 16:11
Age/Sex	: 43 Year(s)/Male	Report Date	: 14/04/2022 16:17
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X-RAY CHEST PA VIEW

Prominent bronchovascular markings are seen in both lung fields.

Hila are normal in size.

Cardiothoracic ratio appear normal.

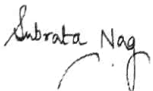
Trachea and mediastinum are normal in position.

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

Narayan Memorial Hospital

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



DIAGNOSTICS REPORT

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ELECTROCARDIOGRAM REPORT (ECG)

HR	: 98 bpm
Rhythm	: Sinus
P wave	: Normal
PR Interval	: 146 msec
QRS axis	: Normal (26 Degree)
QRS duration	: 90 msec
QRS configuration	: Normal
T wave	: Non specific changes
ST segment	: Non specific changes
QTc	: 449 msec
QT	: 350 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)



RAVISH RANJAN

HR 98/min

Axis: P 42°

SINUS RHYTHM
NORMAL ECG

2205245
43 years Male

Intervals:
RR 611 ms
P 124 ms
PR 146 ms
QRS 90 ms
QT 350 ms
QTc 449 ms
(Bazett)

T 34°

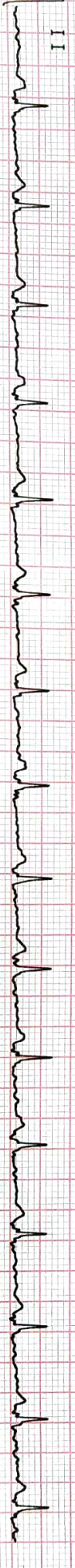
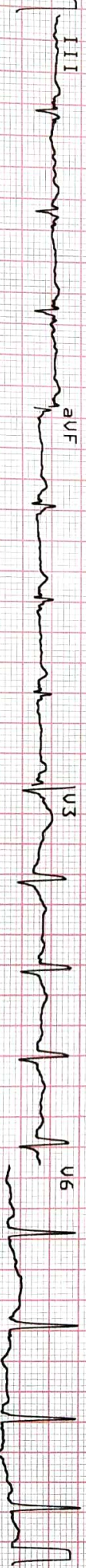
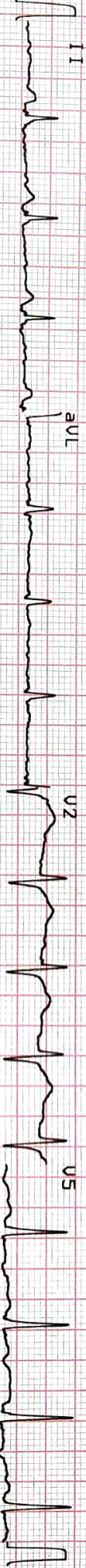
6.02

10 mm/mV

10 mm/mV

10 mm/mV

UNCONFIRMED REPORT



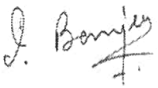
DIAGNOSTICS REPORT

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Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
Address	: 257, BAIJANATHCHAK, ,Medinipur, West Bengal, 721605	Mobile	: 9791116093

ECHOCARDIOGRAPHY (SCREENING)

Status of Patient :

- * No regional wall motion abnormality at rest.
- * Good LV systolic function (EF = 62%).
- * Good RV systolic function (TAPSE = 25 mm).
- * Normal valve morphology.
- * Adequate 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,MRCPC (UK)

Board Certified Comprehensive
Echocardiographer (USA)