



LABORATORY INVESTIGATION REPORT

Patient Name : Mr. MITHUN SENAPATI

Age/Sex : 36 Year(s)/Male

UHID : NMHK.2314566

Order Date : 29/06/2023 08:28

Episode : OP

Ref. Doctor : NMH

Mobile No : 9007118952

DOB : 05/02/1987

Address : F-15/5B,DTC SOUTHERH HEIGHTS , JOKA ,Kolkata,West Bengal ,700104

Facility : NARAYAN MEMORIAL HOSPITAL

Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
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Sample No : 07H0122618	Collection Date : 29/06/23 12:30	Ack Date : 29/06/2023 15:38	Report Date : 29/06/23 16:24
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URINE FOR SUGAR PP

Sample- Urine

SAMPLE : URINE

RESULT

ABSENT

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 : 07H0122586	Collection Date : 29/06/23 09:08	Ack Date : 29/06/2023 11:39	Report Date : 29/06/23 12:33

URINE FOR R/E

Sample- Urine

SAMPLE : URINE

PHYSICAL EXAMINATION

VOLUME	35	ml	
COLOUR	STRAW		
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	0-1/HPF	<20/HPF
RBC	ABSENT	ABSENT
CAST	ABSENT	ABSENT
CRYSTAL	ABSENT	ABSENT

Please correlate clinically.

End of Report

Ankita K. Ghosh

Narayan Memorial Hospital

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



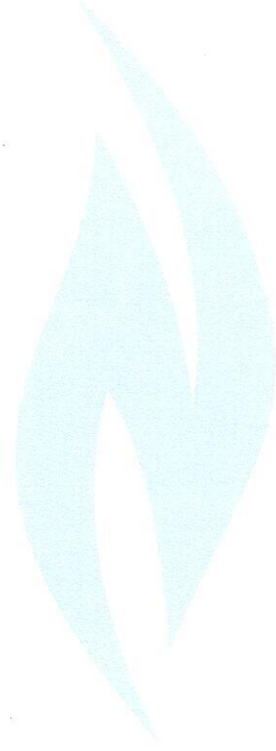
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Dr.ANGKITA K. GHOSH
MBBS, MD(PATH)
(CONSULTANT PATHOLOGIST)

RegNo: 82734

Checked By





DIAGNOSTICS REPORT

Patient Name	: Mr. MITHUN SENAPATI	Order Date	: 29/06/2023 08:28
Age/Sex	: 36 Year(s)/Male	Report Date	: 29/06/2023 12:36
UHID	: NMHK.2314566	IP No	:
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Address	: F-15/5B,DTC SOUTHERH HEIGHTS, JOKA,Kolkata, West Bengal, 700104		

X-RAY CHEST PA VIEW

No active lung parenchymal lesion is seen.
Both hila are normal in position, size and density.
Cardiothoracic ratio appear normal.
Trachea and mediastinum are normal in position.
Both costo-phrenic 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

PACKAGE TRACK SHEET

Package : : Mediwheel Full Body Health Checkup Male Below 40

Name : Mr. MITHUN SENAPATI / 36 Year(s) / Male	Date : 29/06/2023 8:28AM
UHID No. : NMHK.2314566	Bill No. : OPCR7716
Start Time : 08:28:30	Completion Time :
Corporate Company :	Payer : ArcoFemi Healthcare Ltd.
Insurance :	

Initial Assessment

Time In	Time Out	Signature/Date Time

Height. *181.1 cm*
Pulse. *73 b/min*

Weight. *72 kg*
BP. *110/80 mm/hg*

BMI.
Temp.

SpO2 - *100%*

Package Details

1. HEALTH CHECKUPS

- GLYCOSYLATED HAEMOGLOBIN (HBA1C)-()
- THYROID FUNCTION TEST-()
- BLOOD GROUPING & Rh TYPING-()
- BLOOD SUGAR(PP)-()
- BLOOD SUGAR(F)-()
- COMPLETE HAEMOGRAM (CBC)-()
- LIPID PROFILE-()
- STOOL FOR R/E-()
- LIVER FUNCTION TEST (LFT)-()
- SERUM CREATININE-()
- URIC ACID-()
- BLOOD UREA NITROGEN-()
- URINE FOR R/E-()
- URINE FOR SUGAR FASTING-()
- URINE FOR SUGAR PP-()
- BUN / CREATINE RATIO-()
- X-RAY CHEST PA-()
- USG SCREENING (WHOLE ABDOMEN)-()
- EKG-()
- ECHO SCREENING-()
- STRESS TEST (TREAD MILL)-()

2. OP Consultation

- General Medicine-(Dr. SELF)
- Ophthalmology-(Dr. SELF EYE)





भारत सरकार



आधार

भारतीय विशिष्ट पहचान प्राधिकरण

भारत सरकार
Unique Identification Authority of India
Government of India

नामांकन क्रम / Enrollment No. : 2017/93561/02620

To
Mithun Senapati
मिथुन सेनापति
S/O: Chittaranjan Senapati
p.s. gopiballavpur
alampur
Alampur Pirasimul
Alampur, Paschim Medinipur
West Bengal - 721506

04/08/2014



KL973433846FT

97343384



आपका आधार क्रमांक / Your Aadhaar No. :

3984 6768 4671

आधार - आम आदमी का अधिकार



भारत सरकार

Government of India



मिथुन सेनापति
Mithun Senapati

जन्म तिथि / DOB: 05/02/1987
पुरुष / Male

3984 6768 4671



आधार - आम आदमी का अधिकार

Mithun Senapati

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

MITHUN SENAPATI

CHITTARANJAN SENAPATI

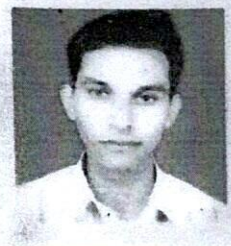
05/02/1987

Permanent Account Number

COKPS7733A

Mithun Senapati

Signature



29012010



DIAGNOSTICS REPORT

Patient Name	: Mr. MITHUN SENAPATI	Order Date	: 29/06/2023 08:28
Age/Sex	: 36 Year(s)/Male	Report Date	: 29/06/2023 12:12
UHID	: NMHK.2314566	IP No	:
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
		Mobile	: 9007118952
Address	: F-15/5B,DTC SOUTHERH HEIGHTS, JOKA,Kolkata, West Bengal, 700104		

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 1.0 cm.

CD : Normal. CD 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 : 10.7 cm & Left kidney measures : 11.3 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 2.9 cm x 4.3 cm x 3.0 cm. It weight approx 19 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





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DOB : 05/02/1987

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Facility : NARAYAN MEMORIAL HOSPITAL

Hematology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0122586	Collection Date : 29/06/23 09:08	Ack Date : 29/06/2023 09:56	Report Date : 29/06/23 12:25

COMPLETE HAEMOGRAM (CBC)

Sample- EDTA Whole Blood

SAMPLE : EDTA BLOOD

HAEMOGLOBIN (HB)	13.2	gm/dl	13 - 17
<i>Colorimetric method (Cyn Meth)</i>			
RBC COUNT	4.8	$\times 10^6/\text{ul}$	4.5 - 5.5
<i>Electrical Impedance Method</i>			
TOTAL WBC COUNT	7.2	$10^3/\text{cm}^3$	4 - 10
<i>Electrical Impedance Method</i>			
PLATELET COUNT	245	$10^3/\text{cm}^3$	150 - 410
<i>Electrical Impedance Method</i>			
PCV	41	%	40 - 50
<i>RBC pulse ht. detection method</i>			
MCV	86	fl	83 - 101
<i>calculated</i>			
MCH	27	pg	27 - 32
<i>Calculated</i>			
MCHC	32	gm/dl	31.5 - 34.5
<i>Calculated</i>			
ESR	10	%	0 - 10
<i>Modified Westergren Method</i>			
DIFFERENTIAL COUNT			
NEUTROPHILS	61	%	40 - 80
<i>Microscopy</i>			
LYMPHOCYTES	27	%	20 - 40
<i>Microscopy</i>			
MONOCYTES	05	%	2 - 10
<i>Microscopy</i>			
EOSINOPHILS	07 ▲	%	1 - 6



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Microscopy

BASOPHILS

00

%

0 - 2

Microscopy

PERIPHERAL BLOOD SMEAR

RBC

Normocytic normochromic.

WBC

Within normal limits.

PLATELET

Adequate.

End of Report

Angkita K. Ghosh

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

RegNo: 82734

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Hematology

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Sample No : 07H0122586	Collection Date : 29/06/23 09:08	Ack Date : 29/06/2023 09:56	Report Date : 29/06/23 13:45

BLOOD GROUPING & Rh TYPING

Sample- EDTA Whole Blood

SAMPLE : EDTA BLOOD

BLOOD GROUP

Agglutination forward & Reverse

RH TYPE

' A '

POSITIVE

End of Report

Angkita K. Ghosh

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Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0122586	Collection Date : 29/06/23 09:08	Ack Date : 29/06/2023 09:49	Report Date : 29/06/23 12:19

BUN / CREATINE RATIO

Sample- Serum

SAMPLE : SERUM

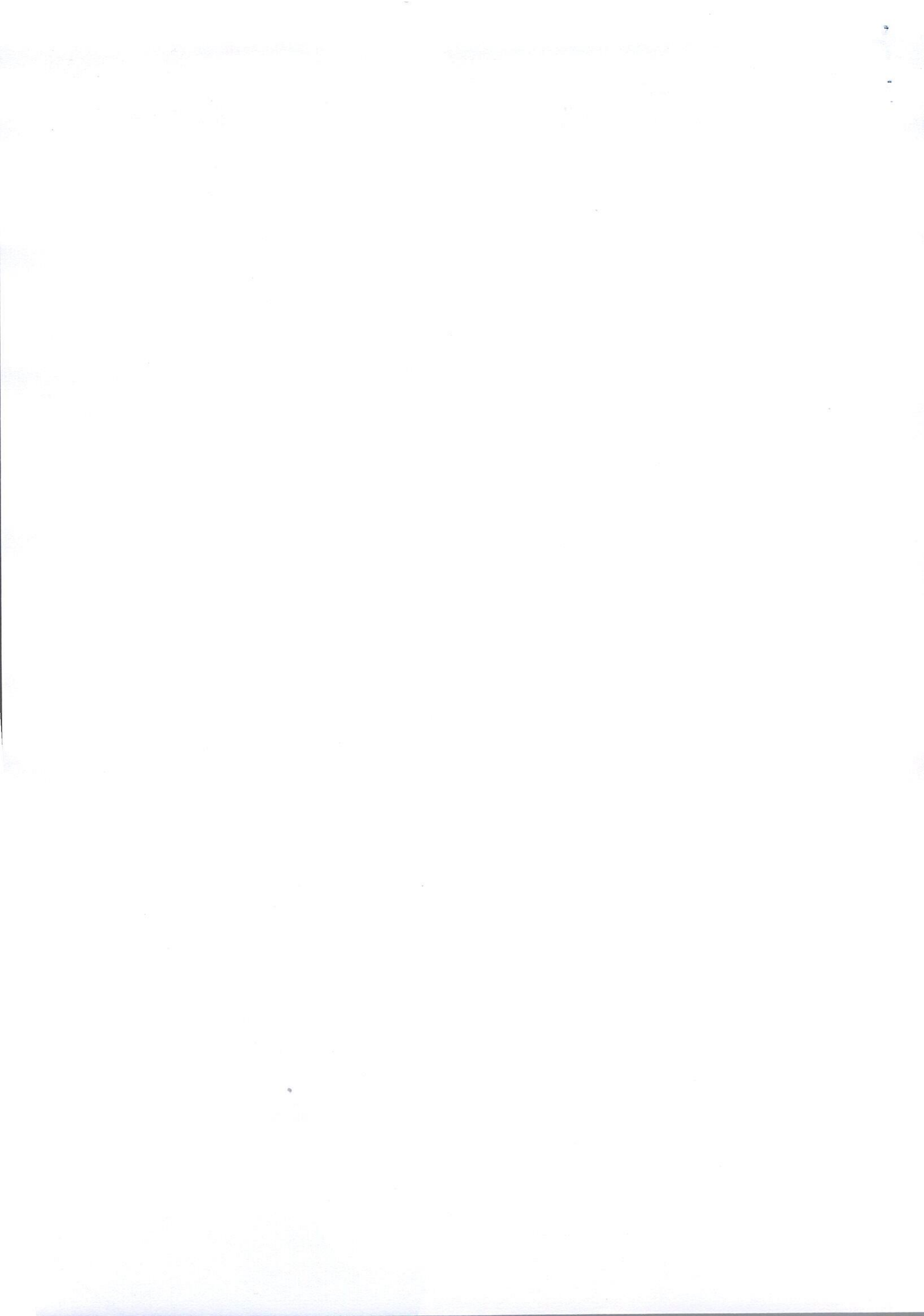
BUN / CREATINE RATIO

11.4

End of Report

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

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Biochemistry

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Sample No : 07H0122586	Collection Date : 29/06/23 09:08	Ack Date : 29/06/2023 09:49	Report Date : 29/06/23 12:19

SERUM CREATININE

Sample- Serum

SAMPLE : SERUM

SERUM CREATININE 0.7 mg/dl 0.7 - 1.2

Jaffe Gen2 Compensated

LIVER FUNCTION TEST (LFT)

Sample- Serum

SAMPLE : SERUM

TOTAL BILIRUBIN 0.6 mg/dl 0 - 1.1

Diazo Method

DIRECT BILIRUBIN 0.2 mg/dl 0 - 0.2

Diazo Method

INDIRECT BILIRUBIN 0.4 mg/dl 0.2 - 0.9

Calculated

SGPT (ALT) 16 U/L 0 - 34

IFCC Without Pyridoxal Phosphate

SGOT (AST) 18 U/L 0 - 31

IFCC Without Pyridoxal Phosphate

ALKALINE PHOSPHATASE 110 U/L 53 - 128

IFCC

TOTAL PROTEIN 7.8 g/dl 6.4 - 8.2

Biuret

ALBUMIN 4.9 gm/dl 3.5 - 5.2

Bromocresol Green

GLOBULIN 2.9 g/dl 2 - 3.5

Calculated

ALBUMIN:GLOBULIN 1.7 - 1.1 - 2.5

Calculated

GGT 16 U/L 8 - 61

Enzymatic colorimetric assay





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BLOOD UREA NITROGEN

Sample- Serum

BLOOD UREA NITROGEN 08 mg/dl 6 - 20

Calculated

LIPID PROFILE

Sample- Serum

SAMPLE : SERUM

TOTAL CHOLESTEROL 175 mg/dl Desirable <200 |
Borderline 200-239 |
High >=240

CHOD-PAP

HDL CHOLESTEROL 35 ▼ mg/dl 40 - 60

Homogenous Enzymatic Colorimetric

LDL CHOLESTEROL 124 mg/dl Optimal < 100 |
Borderline 130 - 159
| High >160

Homogenous Enzymatic Colorimetric

VLDL 24 mg/dl 0 - 30

CALCULATED

CHOLESTEROL-HDL RATIO 5.00 -

LDL-HDL RATIO 3.54 -

TRIGLYCERIDES 124 mg/dl Desirable <150 |
Borderline 150 - 200
| High >200

Enzymatic Colorimetric

URIC ACID

Sample- Serum

SAMPLE : SERUM

URIC ACID 6.5 mg/dl 3.4 - 7

Enzymatic Colorimetric

GLYCOSYLATED HAEMOGLOBIN (HBA1C)

Sample- EDTA Whole Blood A

SAMPLE : EDTA BLOOD

HBA1C 4.8



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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.
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.

BLOOD SUGAR(F)

Sample- Plasma

SAMPLE : PLASMA

BLOOD SUGAR FASTING 92 mg/dl 70 - 109

Hexokinase

BLOOD SUGAR(PP)

Sample- Plasma

SAMPLE : PLASMA

BLOOD SUGAR PP 82 mg/dl 70.00 - 140.00

Hexokinase

End of Report

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



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Immunology

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THYROID FUNCTION TEST

Sample- Serum

SAMPLE : SERUM

T3 ECLIA	1.15	ng/ml	0.60 - 1.80
T4 ECLIA	10.97	ug/dL	5.40 - 11.70
TSH	4.13	uIU/ml	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).

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Clinical Pathology

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URINE FOR SUGAR FASTING

Sample- Urine

SAMPLE : URINE

RESULT

ABSENT

End of Report

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(CONSULTANT BIOCHEMIST)

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