

LABORATORY INVESTIGATION REPORT

Patient Name : Mr. SAURABH MISHRA	Age/Sex : 30 Year(s)/Male
UHID : NMHK.2209152	Order Date : 19/06/2022 09:37
Episode : OP	Mobile No : 9693037080
Ref. Doctor : NMH	DOB : 25/06/1991
Address : 10 B-III, SHREE RAM ESTATES. , BEHALA ,Kolkata,West Bengal ,700008	Facility : NARAYAN MEMORIAL HOSPITAL

Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0066725	Collection Date : 19/06/22 09:41	Ack Date : 19/06/2022 10:06	Report Date : 20/06/22 09:56

SERUM CREATININE

SAMPLE : SERUM

SERUM CREATININE	0.9	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)	25	U/L	0 - 34
<i>IFCC Without Pyridoxal Phosphate</i>			
SGOT (AST)	24	U/L	0 - 31
<i>IFCC Without Pyridoxal Phosphate</i>			
ALKALINE PHOSPHATASE	94	U/L	53 - 128
<i>IFCC</i>			
TOTAL PROTEIN	8.1	g/dl	6.4 - 8.2
<i>Biuret</i>			
ALBUMIN	4.9	gm/dl	3.5 - 5.2
<i>Bromocresol Green</i>			
GLOBULIN	3.2	g/dl	2 - 3.5
<i>Calculated</i>			
ALBUMIN:GLOBULIN	1.5	-	1.1 - 2.5
<i>Calculated</i>			
GGT	44	U/L	8 - 61
<i>Enzymatic colorimetric assay</i>			

BLOOD UREA NITROGEN

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BLOOD UREA NITROGEN	12.61	mg/dl	6 - 20
<i>Calculated</i>			
LIPID PROFILE			
SAMPLE : SERUM			
TOTAL CHOLESTEROL	130	mg/dl	Desirable <200 Borderline 200-239 High >=240
<i>CHOD-PAP</i>			
HDL CHOLESTEROL	35 ▼	mg/dl	40 - 60
<i>Homogenous Enzymatic Colorimetric</i>			
LDL CHOLESTEROL	85	mg/dl	Optimal < 100 Borderline 130
<i>Homogenous Enzymatic Colorimetric</i>			
VLDL	15	mg/dl	0 - 30
<i>CALCULATED</i>			
CHOLESTEROL-HDL RATIO	3.71	-	
LDL-HDL RATIO	2.43	-	
TRIGLYCERIDES	78	mg/dl	Desirable <150 Borderline 150 - 200 High >200
<i>Enzymatic Colorimetric</i>			
URIC ACID			
SAMPLE : SERUM			
URIC ACID	8.4 ▲	mg/dl	3.4 - 7
<i>Enzymatic Colorimetric</i>			

SAMPLE : SERUM	
RESULT	14.0

Sample No : 07H0066726A Collection Date : 19/06/22 09:42 Ack Date : 19/06/2022 10:08 Report Date : 20/06/22 09:56

GLYCOSYLATED HAEMOGLOBIN (HBA1C)

SAMPLE : EDTA BLOOD	
HBA1C	5.8

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Interpretation & Remark:

1. HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose.
2. HbA1c has been endorsed by clinical groups & 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 severe iron deficiency anaemia & haemolytic), chronic renal failure and liver diseases. 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.
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 % .

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

Sample No : 07H0066727B Collection Date : 19/06/22 09:42 Ack Date : 19/06/2022 10:09 Report Date : 20/06/22 09:56

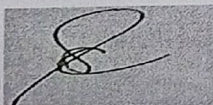
BLOOD SUGAR(F)

SAMPLE : PLASMA

BLOOD SUGAR FASTING 100 mg/dl 70 - 109

Hexokinase

End of Report



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

Checked By

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Hematology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0066726	Collection Date : 19/06/22 09:42	Ack Date : 19/06/2022 10:06	Report Date : 20/06/22 10:39

COMPLETE HAEMOGRAM (CBC)

SAMPLE : EDTA BLOOD

HAEMOGLOBIN (HB) <i>Colorimetric method (Cyn Meth)</i>	13.3	gm/dl	13 - 17
RBC COUNT <i>Electrical Impedance Method</i>	5.41	x10 ⁶ /ul	4.5 - 5.5
TOTAL WBC COUNT <i>Electrical Impedance Method</i>	10.8 ▲	10 ³ /cmm	4 - 10
PLATELET COUNT <i>Electrical Impedance Method</i>	200	10 ³ /cmm	150 - 410
PCV <i>RBC pulse ht. detection method</i>	41	%	40 - 50
MCV <i>calculated</i>	76 ▼	fl	83 - 101
MCH <i>Calculated</i>	25 ▼	pg	27 - 32
MCHC <i>Calculated</i>	32	gm/dl	31.5 - 34.5
ESR <i>Modified Westergren Method</i>	05	%	0 - 10
DIFFERENTIAL COUNT			
NEUTROPHILS <i>Microscopy</i>	84 ▲	%	40 - 80
LYMPHOCYTES <i>Microscopy</i>	14 ▼	%	20 - 40
MONOCYTES <i>Microscopy</i>	01 ▼	%	2 - 10
EOSINOPHILS <i>Microscopy</i>	01 ▼	%	1 - 6

LABORATORY INVESTIGATION REPORT

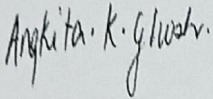
Patient Name : Mr. SAURABH MISHRA	Age/Sex : 130 Year(s)/Male
UHID : NMHK.2209152	Order Date : 19/06/2022 09:37
Episode : OP	Mobile No : 9693037080
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BASOPHILS 00 % 0 - 2
Microscopy

PERIPHERAL BLOOD SMEAR

RBC Normocytic normochromic
WBC Neutrophilia
PLATELET Adequate

End of Report



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

RegNo: 82734

Checked By

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Immunology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
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Sample No : 07H0066725 Collection Date : 19/06/22 09:41 Ack Date : 19/06/2022 10:06 Report Date : 20/06/22 09:56

THYROID FUNCTION TEST

SAMPLE : SERUM

T3 ECLIA	0.81	ng/ml	0.6 - 1.8
T4 ECLIA	5.4	ug/dL	5.4 - 11.7
TSH	1.44	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).

Sample No : 07H0066726 Collection Date : 19/06/22 09:42 Ack Date : 19/06/2022 10:06 Report Date : 20/06/22 12:11

BLOOD GROUPING & Rh TYPING

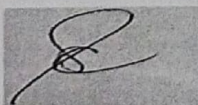
SAMPLE : EDTA BLOOD

BLOOD GROUP : ' A '

Agglutination forward & Reverse

RH TYPE : POSITIVE

End of Report



Anshika K. Ghosh

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Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0066729	Collection Date : 19/06/22 09:43	Ack Date : 19/06/2022 10:09	Report Date : 20/06/22 10:50

URINE FOR R/E

SAMPLE : URINE

PHYSICAL EXAMINATION

VOLUME	60	ml	
COLOUR	PALE STRAW		
APPEARANCE	SLIGHTLY HAZY		1.010 - 1.030
SPECIFIC GRAVITY	1.010		
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	1-2 / HPF	<5/HPF
EPITHELIAL CELLS	0-1 / HPF	<20/HPF
RBC	NIL	
CAST	ABSENT	ABSENT
CRYSTAL	ABSENT	ABSENT

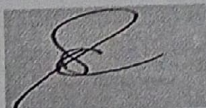
Please correlate clinically.

URINE FOR SUGAR FASTING

SAMPLE : URINE

RESULT	ABSENT
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End of Report



Angkita K. Ghosh

DIAGNOSTICS REPORT

Patient Name	: Mr. SAURABH MISHRA	Order Date	: 19/06/2022 09:37
Age/Sex	: 30 Year(s)/Male	Report Date	: 20/06/2022 14:19
UHID	: NMHK.2209152	IP No	:
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Address	: 10 B-III, SHREE RAM ESTATES., BEHALA, Kolkata, West Bengal, 700008	Mobile	: 9693037080

USG WHOLE ABDOMEN (SCREENING)

LIVER : Liver is normal in size. Parenchymal echotexture is normal. Intrahepatic biliary radicles & hepatic veins are not dilated. No focal mass lesion seen.

PORTA :PV : Normal. PV measures 1.0 cm.

CBD : Normal. CBD measures 0.4 cm. No calculus or SOL seen within its visualised part.

GALL BLADDER : Gall bladder is well distended. Wall thickness is normal. No calculus or SOL seen. Ultrasonographic Murphy's sign is negative.

PANCREAS : Pancreas is normal in size and parenchymal echogenicity. Pancreatic duct is not dilated. No focal SOL / peripancreatic collection seen.

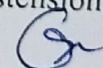
SPLEEN : Spleen is normal in size. Spleen measures : 11.0 cm. Parenchyma shows normal homogeneous pattern. No focal SOL seen. Splenic vein is normal.

KIDNEYS : Both kidneys are normal in size, shape, outline, position and parenchymal echogenicity. Corticomedullary differentiation is maintained . No evidence of any calculus / SOL / hydronephrosis seen.

Right kidney measures : 9.9 cm & Left kidney measures : 10.3 cm.

URETERS : Not seen dilated.

URINARY BLADDER : Urinary bladder is normal in contour, outline and distension. Walls are of normal thickness. No vesical calculus or mass lesion seen.



DIAGNOSTICS REPORT

Patient Name	: Mr. SAURABH MISHRA	Order Date	: 19/06/2022 09:37
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UHID	: NMHK.2209152	IP No	:
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POST VOID BLADDER : No significant residual urine seen.

PROSTATE : Prostate is normal size. Capsule appears intact. No focal lesion seen.
Prostate measures 2.9 cm x 3.3 cm x 2.5 cm. It weigh approx 13 gm.

PERITONEUM : No free fluid seen.

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

IMPRESSION : Normal study.

Dr.G.MITRA SENGUPTA,
MBBS,,DCH.CBET(WB)DNB -1(RD)

DIAGNOSTICS REPORT

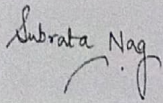
Patient Name	: Mr. SAURABH MISHRA	Order Date	: 19/06/2022 09:37
Age/Sex	: 30 Year(s)/Male	Report Date	: 19/06/2022 14:43
UHID	: NMHK.2209152	IP No	:
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X-RAY CHEST PA VIEW

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.

IMPRESSION : - No significant lung parenchyma abnormality.

Needs clinical correlation.



**Dr. SUBRATA NAG , MBBS, DNB, Fellow
intervention/endovascular surgery**

RegNo: 66718

DIAGNOSTICS REPORT

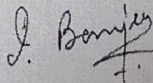
Patient Name	: Mr. SAURABH MISHRA	Order Date	: 19/06/2022 09:37
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ELECTROCARDIOGRAM REPORT (ECG)

HR	: 64 bpm
Rhythm	: Sinus
P wave	: Normal
PR Interval	: 148 msec
QRS axis	: Normal (36 Degree)
QRS duration	: 86 msec
QRS configuration	: Normal
T wave	: Non specific changes
ST segment	: Non specific changes
QTc	: 396 msec
QT	: 300 msec

IMPRESSION:

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



Dr.INDIRA BANERJEE ,
MD,DNB,MRCPCH (UK)

Board Certified Comprehensive
Echocardiographer (USA)

SAURABH MISHRA

HCU

2209152

30 years Male

..... cm / kg

HR 64/min

Axix: 49°

SINUS RHYTHM
NORMAL ECG

6.02

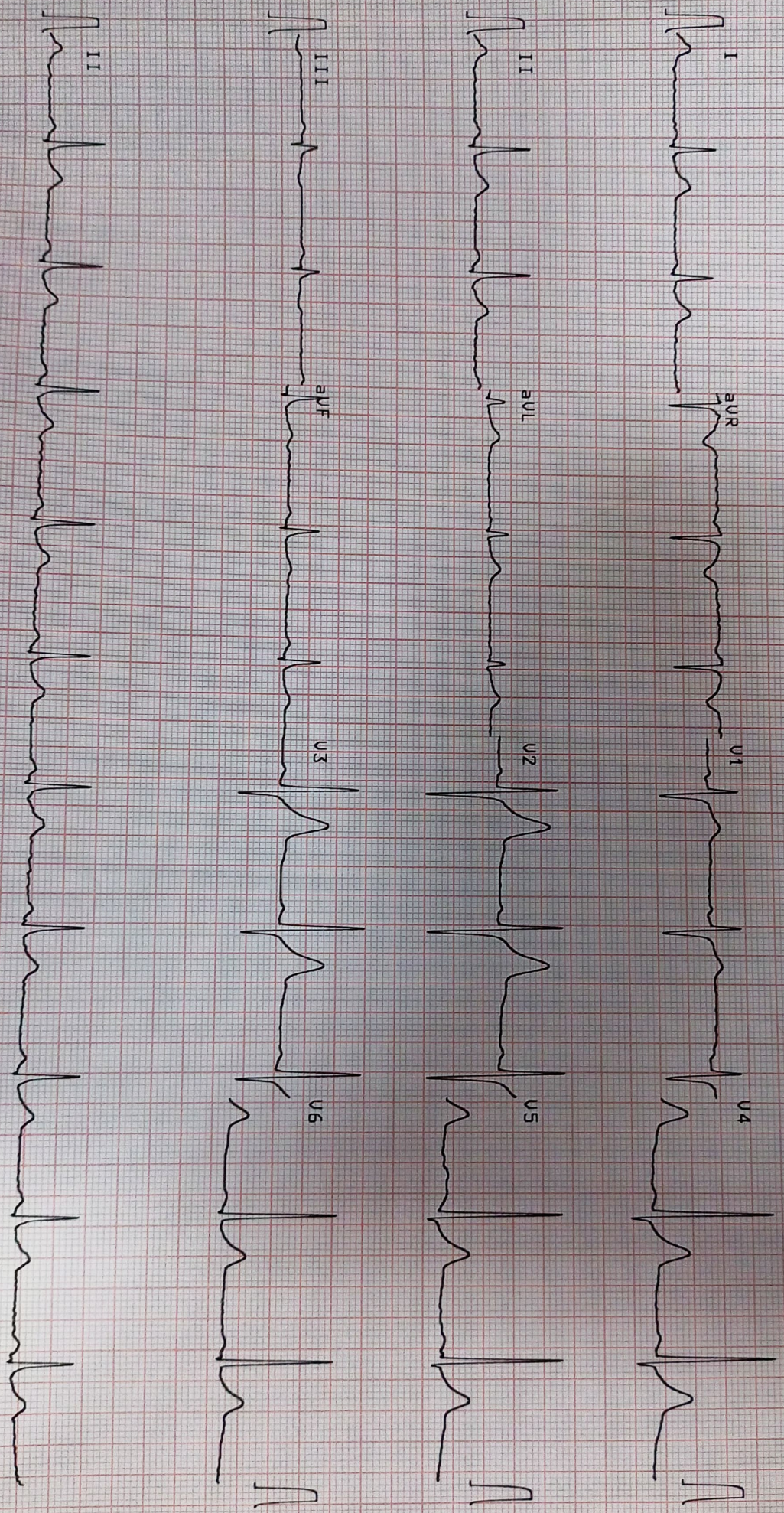
UNCONFIRMED REPORT

Intervals:

RR	936 ms
P	120 ms
PR	148 ms
QR5	86 ms
QT	380 ms
QTc	396 ms (Bazett)

10 mm/mV

P (II)	0.11 mV
S (V1)	-0.91 mV
R (V5)	2.51 mV
Sokol.	4.10 mV



10 mm/mV

25 mm/s

0:05:25 Hz F50 55F 5B5 19.06.2022 10:09:08

NARAYAN MEMORIAL HOSPITAL, BHAGALPUR

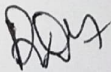
DIAGNOSTICS REPORT

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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).
- * Normal valve morphology.
- * Grade I TR. No PAH. Estimated PASP 32 mmHg.
- * Normal LV diastolic function.
- * No pericardial effusion.
- * IVC normal diameter & > 50% respiratory variation.
- * No thrombus, mass, vegetation seen.



DR. P K DAS
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Reg No. 50228 (WBMC)