

LABORATORY INVESTIGATION REPORT

Patient Name : Mr. DIPAK KUMR BALMIKI	Age/Sex : 33 Year(s)/Male
UHID : NMHK.2208587	Order Date : 11/06/2022 12:27
Episode : OP	
Ref. Doctor : NMH	Mobile No : 9874524321
	DOB : 21/05/1989
Address : 12/1 MAYUR BHANJ RD , KHIDDIRPORE ,Kolkata,West Bengal ,700023	Facility : NARAYAN MEMORIAL HOSPITAL

Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0066003	Collection Date : 11/06/22 12:35	Ack Date : 11/06/2022 14:00	Report Date : 11/06/22 16:04

SERUM CREATININE

SAMPLE : SERUM

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

BLOOD UREA NITROGEN

BLOOD UREA NITROGEN	6.5	mg/dl	6 - 20
<i>Calculated</i>			

URIC ACID

SAMPLE : SERUM

URIC ACID	4.4	mg/dl	3.4 - 7
<i>Enzymatic Colorimetric</i>			

SAMPLE : SERUM

RESULT	8.1		
Sample No : 07H0066003B	Collection Date : 11/06/22 12:35	Ack Date : 11/06/2022 14:04	Report Date : 11/06/22 16:04

BLOOD SUGAR(F)

SAMPLE : PLASMA

BLOOD SUGAR FASTING	86	mg/dl	70 - 109
<i>Hexokinase</i>			

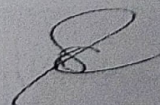
Sample No : 07H0066038B	Collection Date : 11/06/22 15:42	Ack Date : 11/06/2022 16:02	Report Date : 11/06/22 17:30
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BLOOD SUGAR(PP)

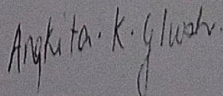
SAMPLE : PLASMA

BLOOD SUGAR PP	77	mg/dl	70.00 - 140.00
<i>Hexokinase</i>			

End of Report



Dr.S. Chatterjee
MD, MBBS, FAACC



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

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Biochemistry

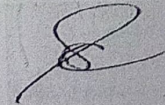
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LIVER FUNCTION TEST (LFT)

SAMPLE : SERUM

TOTAL BILIRUBIN <i>Diazo Method</i>	0.9	mg/dl	0 - 1.1
DIRECT BILIRUBIN <i>Diazo Method</i>	0.4 ▲	mg/dl	0 - 0.2
INDIRECT BILIRUBIN <i>Calculated</i>	0.5	mg/dl	0.2 - 0.9
SGPT (ALT) <i>IFCC Without Pyridoxal Phosphate</i>	33	U/L	0 - 34
SGOT (AST) <i>IFCC Without Pyridoxal Phosphate</i>	28	U/L	0 - 31
ALKALINE PHOSPHATASE <i>IFCC</i>	89	U/L	53 - 128
TOTAL PROTEIN <i>Biuret</i>	7.4	g/dl	6.4 - 8.2
ALBUMIN <i>Bromocresol Green</i>	4.9	gm/dl	3.5 - 5.2
GLOBULIN <i>Calculated</i>	2.5	g/dl	2 - 3.5
ALBUMIN:GLOBULIN <i>Calculated</i>	2.0	-	1.1 - 2.5
GGT <i>Enzymatic colorimetric assay</i>	25	U/L	8 - 61

End of Report



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Biochemistry

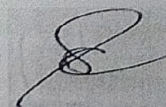
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LIPID PROFILE

SAMPLE : SERUM

TOTAL CHOLESTEROL	166	mg/dl	Desirable <200 Borderline 200-239 High >=240
<i>CHOD-PAP</i>			
HDL CHOLESTEROL	44	mg/dl	40 - 60
<i>Homogenous Enzymatic Colorimetric</i>			
LDL CHOLESTEROL	103	mg/dl	Optimal < 100 Borderline 130
<i>Homogenous Enzymatic Colorimetric</i>			
VLDL	24	mg/dl	0 - 30
<i>CALCULATED</i>			
CHOLESTEROL-HDL RATIO	3.77	-	
LDL-HDL RATIO	2.34	-	
TRIGLYCERIDES	123	mg/dl	Desirable <150 Borderline 150 - 200 High >200
<i>Enzymatic Colorimetric</i>			

End of Report



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

Checked By

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Hematology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
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Sample No : 07H0066003	Collection Date : 11/06/22 12:35	Ack Date : 11/06/2022 14:00	Report Date : 11/06/22 17:06
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COMPLETE HAEMOGRAM (CBC)

SAMPLE : EDTA BLOOD

HAEMOGLOBIN (HB) <i>Colorimetric method (Cyn Meth)</i>	15.2	gm/dl	13 - 17
RBC COUNT <i>Electrical Impedance Method</i>	5.55 ▲	x10 ⁶ /ul	4.5 - 5.5
TOTAL WBC COUNT <i>Electrical Impedance Method</i>	5.3	10 ³ /cmm	4 - 10
PLATELET COUNT <i>Electrical Impedance Method</i>	210	10 ³ /cmm	150 - 410
PCV <i>RBC pulse ht. detection method</i>	47	%	40 - 50
MCV <i>calculated</i>	85	fl	83 - 101
MCH <i>Calculated</i>	27	pg	27 - 32
MCHC <i>Calculated</i>	32	gm/dl	31.5 - 34.5
ESR <i>Modified Westergren Method</i>	05	%	0 - 10
<u>DIFFERENTIAL COUNT</u>			
NEUTROPHILS <i>Microscopy</i>	70	%	40 - 80
LYMPHOCYTES <i>Microscopy</i>	25	%	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

Angkita K. Ghosh

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

RegNo: 82734

Checked By

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Immunology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0066003	Collection Date : 11/06/22 12:35	Ack Date : 11/06/2022 14:00	Report Date : 11/06/22 15:40

BLOOD GROUPING & Rh TYPING

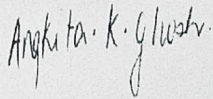
SAMPLE : EDTA BLOOD

BLOOD GROUP ' B '

Agglutination forward & Reverse

RH TYPE POSITIVE

End of Report



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Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0066004	Collection Date : 11/06/22 12:46	Ack Date : 11/06/2022 13:50	Report Date : 11/06/22 16:05

URINE FOR SUGAR FASTING

SAMPLE : URINE

RESULT

ABSENT

Sample No : 07H0066038

Collection Date : 11/06/22 15:42

Ack Date : 11/06/2022 16:25

Report Date : 11/06/22 17:31

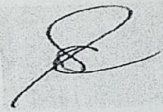
URINE FOR SUGAR PP

SAMPLE : URINE

RESULT

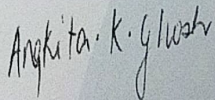
ABSENT

End of Report



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MD, MBBS, FAACC
(CONSULTANT BIOCHEMIST)

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Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0066004	Collection Date : 11/06/22 12:46	Ack Date : 11/06/2022 13:50	Report Date : 11/06/22 16:11

URINE FOR R/E

SAMPLE : URINE

PHYSICAL EXAMINATION

VOLUME	55	ml	
COLOUR	PALE STRAW		
APPEARANCE	SLIGHTLY HAZY		
SPECIFIC GRAVITY	1.005		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	1-2 / HPF	<5/HPF
EPITHELIAL CELLS	0-2 / HPF	<20/HPF
RBC	NIL	
CAST	ABSENT	ABSENT
CRYSTAL	ABSENT	ABSENT

Please correlate clinically.

End of Report

Angkita K. Ghosh

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Immunology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0066003	Collection Date : 11/06/22 12:35	Ack Date : 11/06/2022 14:00	Report Date : 12/06/22 19:19

THYROID FUNCTION TEST

SAMPLE : SERUM

T3 ECLIA	0.93	ng/ml	0.60 - 1.80
T4 ECLIA	8.69	ug/dL	5.40 - 11.70
TSH	2.83	uIU/ml	Adult Male – 0.27-5.50 Adult Female – 0.27-5.50 Newborns - <25 Upto 12 years – 0.3-5

ECLIA

Interpretations:

1. For diagnostic purposes, the result should always be assessed in conjunction with the patient's medical history, clinical examinations and other findings.

2. 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)

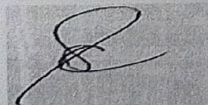
3. There is no high dose hook effect at TSH concentrations upto 1000 µmol/ml.

4. 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.

5. 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).

6. 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



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Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0066003A	Collection Date : 11/06/22 12:35	Ack Date : 11/06/2022 14:04	Report Date : 12/06/22 19:16

GLYCOSYLATED HAEMOGLOBIN (HBA1C)

SAMPLE : EDTA BLOOD

HBA1C 5.0

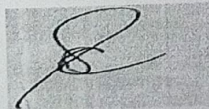
Interpretation & Remark:

- 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.

End of Report



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(CONSULTANT BIOCHEMIST)

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DIAGNOSTICS REPORT

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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 0.9 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. Parenchymal echogenicity is bright. Pancreatic duct is not dilated. No focal SOL / peripancreatic collection seen.

SPLEEN : Spleen is normal in size. Spleen measures : 11.5 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 : 10.0 cm & Left kidney measures : 10.5 cm.

URETERS : Not seen dilated.

G

DIAGNOSTICS REPORT

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

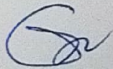
POST VOID BLADDER : No significant residual urine seen.

PROSTATE : Prostate is normal size. Capsule appears intact. No focal lesion seen. Prostate measures 3.3 cm x 3.8 cm x 2.3 cm. It weigh approx 15.5 gm.

PERITONEUM : No free fluid seen.

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

IMPRESSION : Fatty pancreas.



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

DIAGNOSTICS REPORT

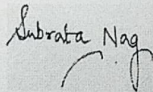
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X-RAY CHEST PA VIEW

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

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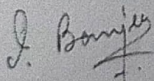
ELECTROCARDIOGRAM REPORT (ECG)

HR	: 74 bpm
Rhythm	: Sinus
P wave	: Normal
PR Interval	: 134 msec
QRS axis	: Normal (31 Degree)
QRS duration	: 102 msec
QRS configuration	: Normal
T wave	: Non specific changes
ST segment	: Non specific changes
QTc	: 416 msec
QT	: 374 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)

DIPAK KR BALMIKI

2208587

Male

35 years

..... cm / kg

HR 74/min

P axis: 49°

SINUS RHYTHM
NORMAL ECG

Intervals:

RR 813 ms

P 100 ms

PR 134 ms

QRS 102 ms

QT 374 ms

QTc 416 ms
(Bazett)

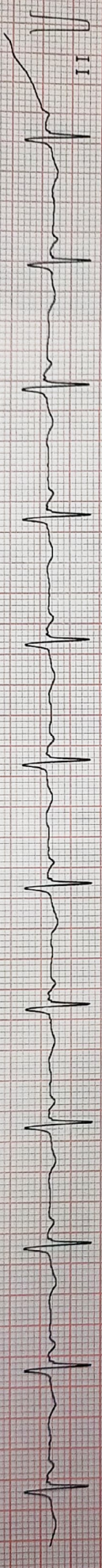
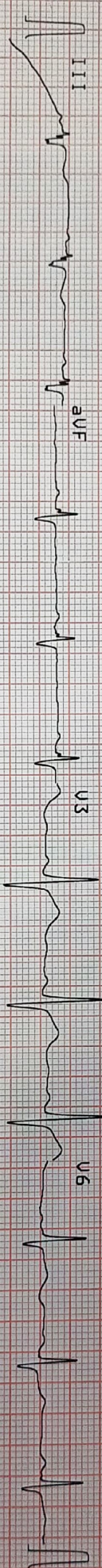
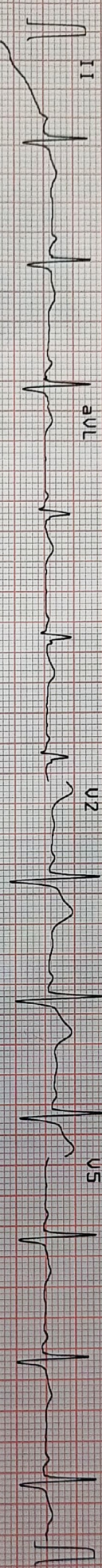
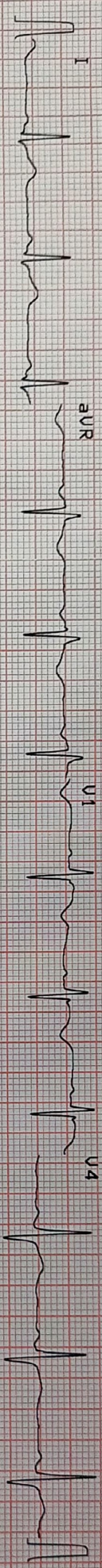
T 7°

6.02

UNCONFIRMED REPORT

10 mm/mV

10 mm/mV



10 mm/mV

32160 25 mm/s

0.05-25 Hz F50 55F 585

11.06.2022 14:17:04

NARAYAN MEMORIAL
HOSPITAL, BEHLA

RT-102plus 16280584

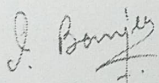
DIAGNOSTICS REPORT

Patient Name	: Mr. DIPAK KUMR BALMIKI	Order Date	: 11/06/2022 12:27
Age/Sex	: 33 Year(s)/Male	Report Date	: 11/06/2022 17:03
UHID	: NMHK.2208587	IP No	:
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
Address	: 12/1 MAYUR BHANJ RD, KHIDDIRPORE,Kolkata, West Bengal, 700023	Mobile	: 9874524321

ECHOCARDIOGRAPHY (SCREENING)

Status of Patient :

- * No regional wall motion abnormality at rest.
- * Good LV systolic function (EF = 62 %).
- * Good RV systolic function (TAPSE = 22 mm).
- * 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,MRCPC (UK)

Board Certified Comprehensive
Echocardiographer (USA)



NARAYAN MEMORIAL HOSPITAL

601, Diamond Harbour Road, Kolkata 700034 | Call: 6640 0000
Email: contact@nmh.org.in | Visit: www.narayanmemorialhospital.com

OPD

UHID : NMHK.2208587
 Patient Name : Mr. DIPAK KUMR BALMIKI
 Age / Sex : 33 Year(s) / Male
 Mobile : 9874524321
 Bill No/Date time : OPCS71010 / 11-06-2022 13:59
 Address : 12/1 MAYUR BHANJ RD Kolkata
 KHIDDIRPORE

Visit type/Token No. : Health Check-up Reporting /
 Card validity Date :
 Doctor : Dr. DIPANKAR RAY (EYE)
 Department : OPHTHALMOLOGY
 Registration No. : 39800
 Qualification : MBBS, DO



Referred By : NMH

BP _____

Temperature _____

Pulse _____

Respiration _____

Height _____ cm

Weight _____ kg

Chief complaints

Physical examination

Treatment

Handwritten notes:
 Frequent
 Dryness

Handwritten notes:
 6/0
 8/0

Handwritten signature:

Investigations

Handwritten notes:
 Soft dense mac
 dring 60
 4/0 x 20

Next visit

Handwritten signature:

Dietary assessment : Done Not Done

Signature