

## LABORATORY INVESTIGATION REPORT

<b>Patient Name</b>	: Mr. SUBHABRATA DAS	<b>Age/Sex</b>	: 38 Year(s)/Male
<b>UHID</b>	: NMHK.2210448	<b>Order Date</b>	: 09/07/2022 10:08
<b>Episode</b>	: OP	<b>Mobile No</b>	: 9088017597
<b>Ref. Doctor</b>	: NMH	<b>DOB</b>	: 20/08/1983
<b>Address</b>	: 46/8 B C ROAD , BEHALA ,Kolkata,West Bengal ,700034	<b>Facility</b>	: NARAYAN MEMORIAL HOSPITAL

### Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0068879B	Collection Date : 09/07/22 10:13	Ack Date : 11/07/2022 11:26	Report Date : 11/07/22 13:11

#### BLOOD SUGAR(PP)

##### SAMPLE : PLASMA

BLOOD SUGAR PP

110

mg/dl

70 - 140

*Hexokinase*

End of Report

*Angkita K. Ghosh*

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

RegNo: 82734

Checked By



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700034

**Facility** : NARAYAN MEMORIAL HOSPITAL

### Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0068879	Collection Date : 09/07/22 10:13	Ack Date : 09/07/2022 13:04	Report Date : 11/07/22 10:35

#### URINE FOR SUGAR FASTING

**SAMPLE : URINE**

ABSENT

RESULT

Sample No : 07H0068908

Collection Date : 09/07/22 14:01

Ack Date : 09/07/2022 17:04

Report Date : 11/07/22 10:35

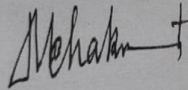
#### URINE FOR SUGAR PP

**SAMPLE : URINE**

ABSENT

RESULT

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 : 07H0068879	Collection Date : 09/07/22 10:13	Ack Date : 09/07/2022 10:35	Report Date : 09/07/22 13:01

#### SERUM CREATININE

##### SAMPLE : SERUM

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

#### LIVER FUNCTION TEST ( LFT )

##### SAMPLE : SERUM

TOTAL BILIRUBIN	0.5	mg/dl	0 - 1.1
<i>Method - Diazo Method</i>			
DIRECT BILIRUBIN	0.2	mg/dl	0 - 0.2
<i>Method - Diazo Method</i>			
INDIRECT BILIRUBIN	0.3	mg/dl	0.2 - 0.9
<i>Method - Calculated</i>			
SGPT (ALT)	16	U/L	0 - 34
<i>Method - IFCC Without Pyridoxal Phosphate</i>			
SGOT (AST)	21	U/L	0 - 31
<i>Method - IFCC Without Pyridoxal Phosphate</i>			
ALKALINE PHOSPHATASE	102	U/L	53 - 128
<i>Method - IFCC</i>			
TOTAL PROTEIN	7.4	g/dl	6.4 - 8.2
<i>Method - Biuret</i>			
ALBUMIN	4.8	gm/dl	3.5 - 5.2
<i>Method - Bromocresol Green</i>			
GLOBULIN	2.6	g/dl	2 - 3.5
<i>Method - Calculated</i>			
ALBUMIN:GLOBULIN	1.8	-	1.1 - 2.5
<i>Method - Calculated</i>			
GGT	12	U/L	8 - 61
<i>Method - Enzymatic colorimetric assay</i>			

#### BLOOD UREA NITROGEN



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BLOOD UREA NITROGEN	9.8	mg/dl	6 - 20
<i>Method - Calculated</i>			
<b>LIPID PROFILE</b>			
<b>SAMPLE : SERUM</b>			
TOTAL CHOLESTEROL	232	mg/dl	Desirable <200   Borderline 200-239   High >=240
<i>Method - CHOD-PAP</i>			
HDL CHOLESTEROL	55	mg/dl	40 - 60
<i>Method - Homogenous Enzymatic Colorimetric</i>			
LDL CHOLESTEROL	163	mg/dl	Optimal < 100   Borderline 130
<i>Method - Homogenous Enzymatic Colorimetric</i>			
VLDL	19	mg/dl	0 - 30
<i>Method - CALCULATED</i>			
CHOLESTEROL-HDL RATIO	4.22	-	-
LDL-HDL RATIO	2.96	-	-
TRIGLYCERIDES	97	mg/dl	Desirable <150   Borderline 150 - 200   High >200
<i>Method - Enzymatic Colorimetric</i>			

### URIC ACID

#### SAMPLE : SERUM

URIC ACID	7.8 ▲	mg/dl	3.4 - 7
<i>Method - Enzymatic Colorimetric</i>			

#### SAMPLE : SERUM

RESULT	14.0
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Sample No : 07H0068879A    Collection Date : 09/07/22 10:13    Ack Date : 09/07/2022 10:34    Report Date : 09/07/22 18:48

### GLYCOSYLATED HAEMOGLOBIN (HBA1C)

#### SAMPLE : EDTA BLOOD

HBA1C	5.7
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Subhabrata Das

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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 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 : 07H0068879C

Collection Date : 09/07/22 10:13

Ack Date : 09/07/2022 10:33

Report Date : 09/07/22 13:02

### BLOOD SUGAR(F)

**SAMPLE : PLASMA**

BLOOD SUGAR FASTING

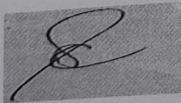
106

mg/dl

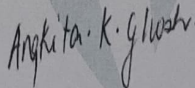
70 - 109

Method - Hexokinase

End of Report



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



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

RegNo: 82734

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### Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0068879	Collection Date : 09/07/22 10:13	Ack Date : 09/07/2022 13:04	Report Date : 09/07/22 15:14

#### URINE FOR R/E

#### SAMPLE : URINE

#### PHYSICAL EXAMINATION

VOLUME	25	ml	
COLOUR	PALE YELLOW		
APPEARANCE	SLIGHTLY HAZY		1.010 - 1.030
SPECIFIC GRAVITY	1.005		
REACTION(pH)	ACIDIC 6.5		

#### 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	4-6 / HPF	<20/HPF
RBC	NIL	ABSENT
CAST	ABSENT	ABSENT
CRYSTAL	ABSENT	ABSENT

Please correlate clinically.

End of Report

*Angkita K. Ghosh*

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 (CONSULTANT PATHOLOGIST)

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### Immunology

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#### BLOOD GROUPING & Rh TYPING

##### SAMPLE : EDTA BLOOD

BLOOD GROUP ' A '

Method - Agglutinationforward & Reverse

RH TYPE POSITIVE

#### THYROID FUNCTION TEST

##### SAMPLE : SERUM

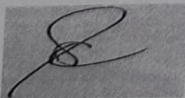
T3	1.15	ng/ml	0.60 - 1.80
Method - ECLIA			
T4	9.25	ug/dL	5.40 - 11.70
Method - ECLIA			
TSH	1.83	uIU/ml	Adult Male - 0.27-5.50 Adult Female - 0.27-5.50 Newborns - <25 Upto 12 years - 0.3-5

Method - ECLIA

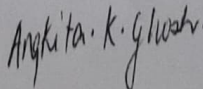
#### Interpretations:

- 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. S. Chatterjee  
MD, MBBS, FAACC



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



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### Hematology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0068879	Collection Date : 09/07/22 10:13	Ack Date : 09/07/2022 10:35	Report Date : 09/07/22 14:09

#### COMPLETE HAEMOGRAM ( CBC )

##### SAMPLE : EDTA BLOOD

HAEMOGLOBIN (HB)	13.6	gm/dl	13 - 17
<i>Method - Colorimetric method (Cyn Meth)</i>		x10 <sup>6</sup> /ul	4.5 - 5.5
RBC COUNT	4.91	10 <sup>3</sup> /cmm	4 - 10
<i>Method - Electrical Impedance Method</i>		10 <sup>3</sup> /cmm	150 - 410
TOTAL WBC COUNT	6.0	%	40 - 50
<i>Method - Electrical Impedance Method</i>		fl	83 - 101
PLATELET COUNT	210	pg	27 - 32
<i>Method - Electrical Impedance Method</i>		gm/dl	31.5 - 34.5
PCV	41	%	0 - 10
<i>Method - RBC pulse ht. detection method</i>			
MCV	83		
<i>Method - calculated</i>			
MCH	28		
<i>Method - Calculated</i>			
MCHC	34		
<i>Method - Calculated</i>			
ESR	20 ▲		
<i>Method - Modified Westergren Method</i>			
<b>DIFFERENTIAL COUNT</b>			
NEUTROPHILS	65	%	40 - 80
<i>Method - Microscopy</i>		%	20 - 40
LYMPHOCYTES	31	%	2 - 10
<i>Method - Microscopy</i>		%	1 - 6
MONOCYTES	02		
<i>Method - Microscopy</i>			
EOSINOPHILS	02		
<i>Method - Microscopy</i>			



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**DOB** : 20/08/1983

**Facility** : NARAYAN MEMORIAL HOSPITAL

BASOPHILS

00

%

0 - 2

Method - Microscopy

### PERIPHERAL BLOOD SMEAR

RBC

Normocytic Normochromic

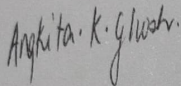
WBC

Within normal limit

PLATELET

Adequate

End of Report



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

RegNo: 82734

Checked By



## DIAGNOSTICS REPORT

Patient Name	: Mr. SUBHABRATA DAS	Order Date	: 09/07/2022 10:08
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### 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 0.9 cm.

**CD** : Normal. CD measures 0.5 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. Cortico medullary differentiation maintained. No evidence of any calculus/mass / hydronephrosis is seen. Right kidney measures : 10.3 cm & Left kidney measures : 10.4 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 4.4 cm x 3.1 cm x 2.8 cm. It weight approx 20.6 gm.

Subhabrata Das

(2210448)



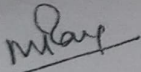
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**PERITONEUM** : : No free fluid is noted.

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

**IMPRESSION** : Normal study.



**Dr. MADHUSHREE RAY NASKAR**,  
**MBBS, DMRD**  
Consultant Radiologist  
RegNo: 57032



## DIAGNOSTICS REPORT

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### CHEST X-RAY REPORT OF PA VIEW

Lung fields are clear. No focal parenchymal opacity is seen.

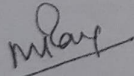
No appreciable pleural thickening / calcification is noted.

Costo-phrenic angles are normal.

Cardiac shadow appears normal.

Bilateral hilar shadows are normal.

No obvious bony abnormality is seen.



**Dr. MADHUSHREE RAY NASKAR,**  
**MBBS, DMRD**

Consultant Radiologist

RegNo: 57032



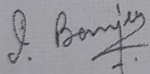
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## ECHOCARDIOGRAPHY (SCREENING)

### 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 dysfunction.
- \* 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)



## DIAGNOSTICS REPORT

Patient Name	: Mr. SUBHABRATA DAS	Order Date	: 09/07/2022 10:08
Age/Sex	: 38 Year(s)/Male	Report Date	: 09/07/2022 13:06
UHID	: NMHK.2210448	IP No	:
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### ELECTROCARDIOGRAM REPORT (ECG)

HR : 67 bpm

Rhythm : Sinus

P wave : Normal

PR Interval : 164 msec

QRS axis : Normal ( 64 Degree)

QRS duration : 78 msec

QRS configuration : Normal

T wave : Non specific changes

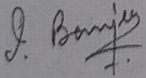
ST segment : Non specific changes

QTc : 374 msec

QT : 352 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)



SUBHARATHA DRS

2210448

Male

38 years

kg

HR 67/min

Intervals:  
 RR 902 ms  
 P 154 ms  
 PR 164 ms  
 QR5 78 ms  
 QT 352 ms  
 QTc 374 ms  
 (Bazett)  
 10 mm/mV

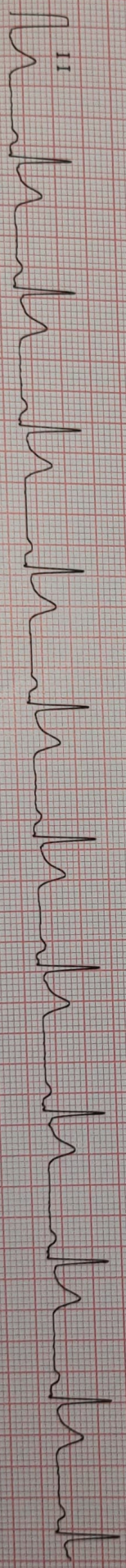
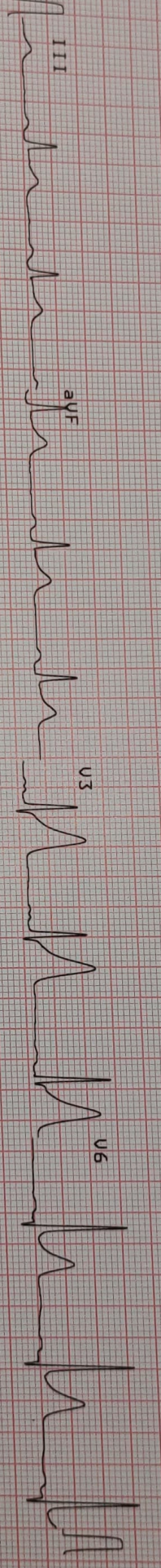
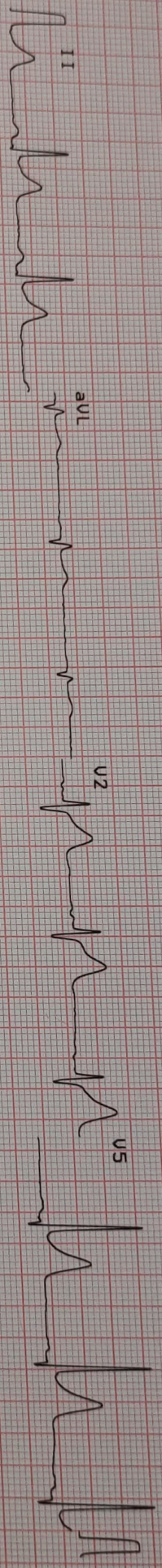
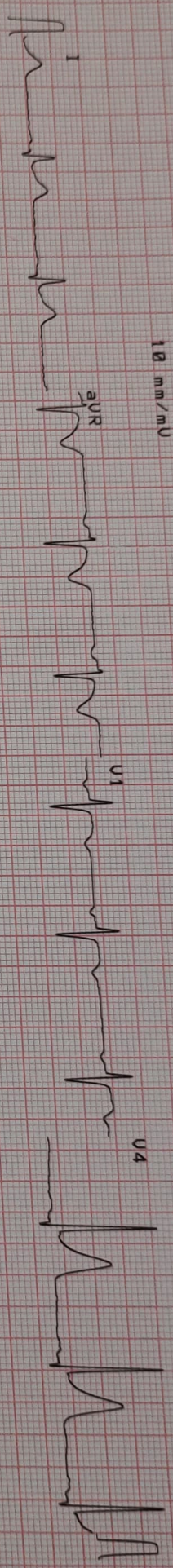
Axis:  
 P 34 °  
 QR5 64 °  
 T 50 °

P (II) 0.10 mV  
 S (V1) -0.87 mV  
 R (V5) 2.11 mV  
 Sokol. 2.98 mV

SINUS RHYTHM 6.02

10 mm/mV

UNCONFIRMED REPORT



m/mV

NARAYAN MEMORIAL HOSPITAL, BEHALA

AT 102 Plus 1.25 Ct