

DIAGNOSTICS REPORT

Patient Name : Mr. Swapan Das
Age/Sex : 46 Year(s)/Male
UHID : NMHK.2204142
Ref. Doctor : NMH

Order Date :
Report Date : 25/03/2022 12:05
IP No : 25/03/2022 18:53
Facility :
NARAYAN MEMORIAL HOSPITAL
Mobile : 9883289603

Address : NATUN PALLY PURBA PUTIARY,
HARIDEBPUR, Kolkata, West Bengal,
700093

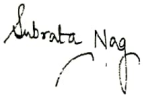
X-RAY CHEST PA VIEW

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

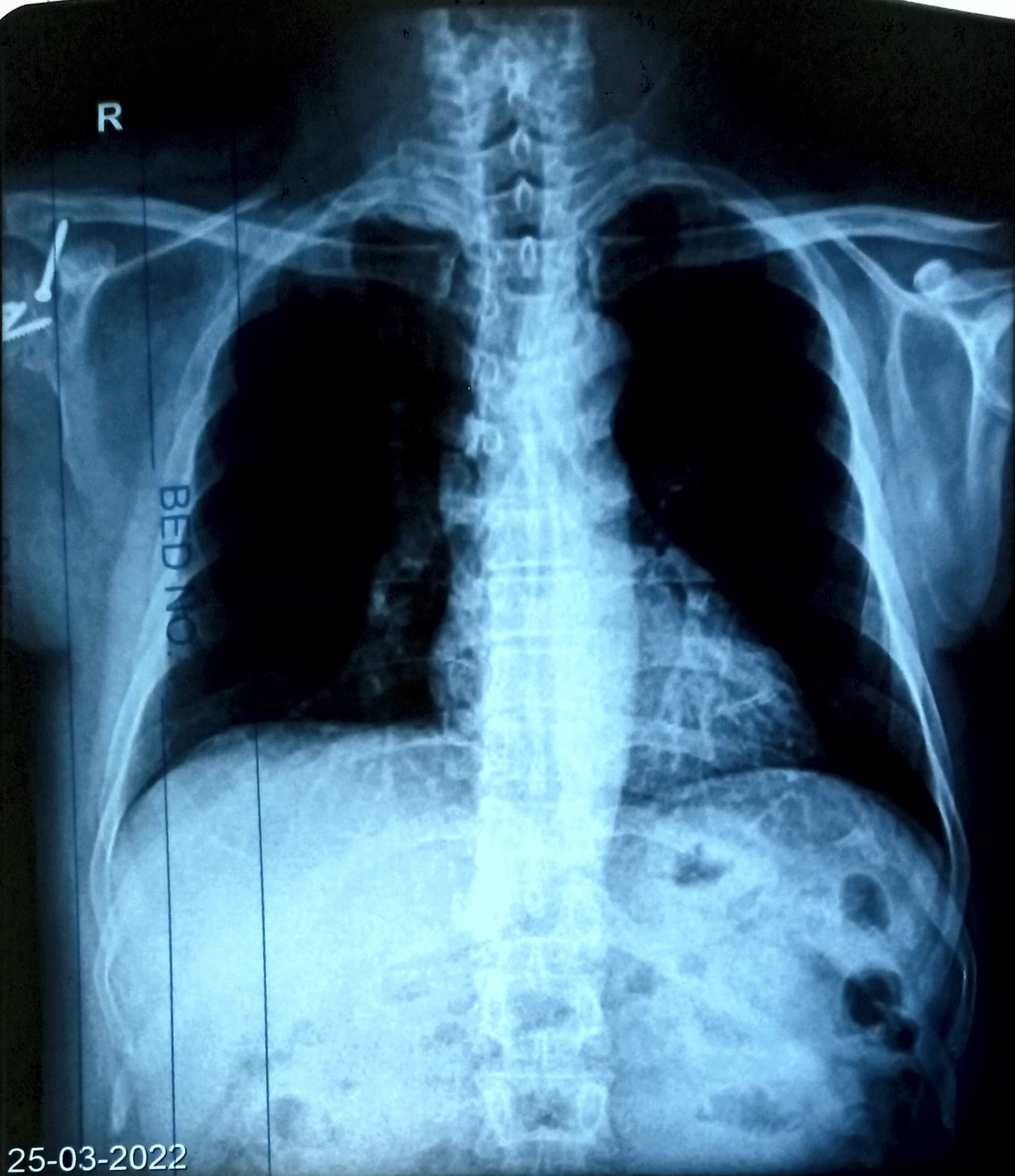
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BED NO.

25-03-2022
12:19

NMHK.2204142, SWAPAN DAS, M. 46 years
NARAYAN MEMORIAL HOSPITAL



DIAGNOSTICS REPORT

KOLKATA

Patient Name : Mr. Swapan Das
Age/Sex : 46 Year(s)/Male
UHID : NMHK.2204142
Ref. Doctor : NMH

Order Date : 25/03/2022 12:05
Report Date : 25/03/2022 15:27
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Mobile : 9883289603

Address : NATUN PALLY PURBA PUTIARY,
HARIDEBPUR, Kolkata, West Bengal,
700093

ECHOCARDIOGRAPHY (SCREENING)

Status of Patient :

- * No regional wall motion abnormality at rest.
- * Adequate LV systolic function (EF = 52%).
- * Good RV systolic function (TAPSE = 22 mm).
- * Normal valve morphology.
- * Grade I 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

KOLKATA

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700093

ELECTROCARDIOGRAM REPORT (ECG)

HR : 72 bpm
Rhythm : Sinus
P wave : Normal
PR Interval : 144 msec
QRS axis : Normal (11 Degree)
QRS duration : 90 msec
QRS configuration : Normal
T wave : Non specific changes
ST segment : Non specific changes
QTc : 396 msec
QT : 360 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)

SURPAN DRS

2204142

Male

46 years / 165 cm / 65 kg

HR 72/min

Intervals:
RR 838 ms
P 112 ms
PR 144 ms
QRS 90 ms
QT 360 ms
QTc 396 ms
(Bazett)
10 mm/mV

Axis:
P 46 °
QRS 11 °
T 30 °

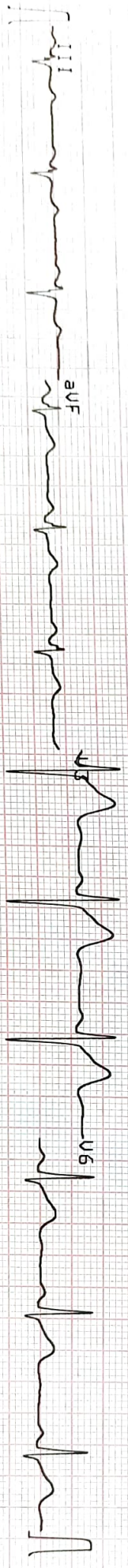
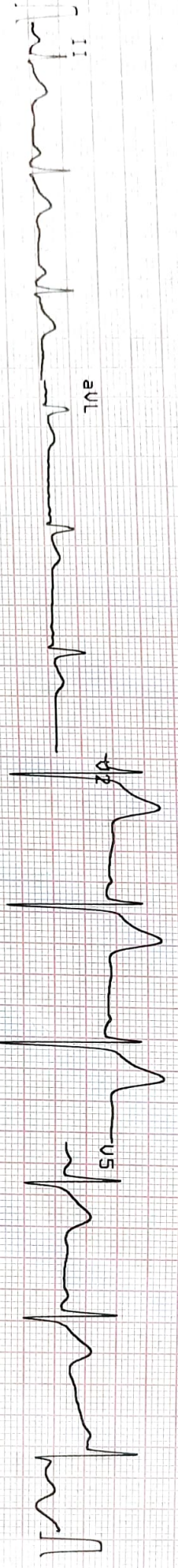
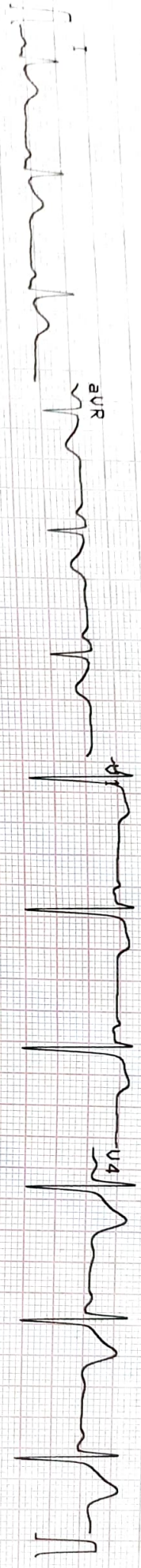
P (II) 0.15 mV
S (V1) -1.69 mV
R (V5) 1.13 mV
Sokol. 3.14 mV

SINUS RHYTHM
OTHERWISE NORMAL ECG

6.02

UNCONFIRMED REPORT

10 mm/mV



0.05-25 Hz FS0 SSF 5BS 25.03.2022 13:35:45

NARAYAN MEMORIAL HOSPITAL, BEHALA

AT-102plus 1.25 Ct



DIAGNOSTICS REPORT

Patient Name	: Mr. Swapan Das	Order Date	: 25/03/2022 12:05
Age/Sex	: 46 Year(s)/Male	Report Date	: 25/03/2022 16:15
UHID	: NMHK.2204142	IP No	:
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
Address	: NATUN PALLY PURBA PUTIARY, HARIDEEPUR,Kolkata, West Bengal, 700003	Mobile	: 9883289603

USG REPORT OF WHOLE ABDOMEN (SCREENING)

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

PORTA :PV : Normal. PV measures 0.9 cm.

CBD : Normal. CBD 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 parenyhna shows normal homogeneous pattern.

KIDNEYS : Both kidneys are normal in size, shape, outline, position and parenchymal echogenicity. Corticomedullary differentiation is maintained. No evidence of any calculus/mass / hydronephrosis is seen.
Right kidney measures : 9.2 cm & Left kidney measures : 9.8 cm.

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

DIAGNOSTICS REPORT

Patient Name : Mr. Swapna Das
 Age/ Sex : 46 Year(s)/Male
 UHID : NMHK.2204142
 Ref. Doctor : NMH

Order Date : 25/04/2022 12:05
 Report Date : 25/04/2022 16:15
 IP No :
 Facility : Narayana Memorial Hospital
 Mobile : 9883289603

Address : NATUN PALLY PURBA PUTIARY,
 HARIDEBPUR, Kolkata, West Bengal,
 700003

PROSTATE : Prostate is normal size, outline and echotexture appear normal. No focal lesion is seen.

Prostate measures 2.9 cm x 3.7 cm x 2.8 cm. If weight approx 16.5 gm.

PERITONEUM : No free fluid is noted.

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

IMPRESSION : Hepatomegaly with diffuse fatty changes.

Dr. MADHUSHREE RAY NASKAR,
MBBS,DMRD

Consultant Radiologist

RegNo: 57032

Behala Manton, 601 Diamond Harbour Road, Kolkata 700034

Ph : 033 6640 0000 | Mob : +91 62921 95051

E : contact@nmh.org.in

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LABORATORY INVESTIGATION REPORT

Patient Name	: Mr. Swapan Das	Age/Sex	: 46 Year(s)/Male
UHID	: NMHK/2204142	Order Date	: 25/03/2022 12:05
Episode	: OP	Mobile No	: 9883289603
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
Address	: NATUN PALLY PURBA PUTTARY , HARIDEPUR , Kolkata, West Bengal , 700093		

Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0060155A	Collection Date : 25/03/22 12:09	Ack Date :	Report Date : 25/03/22 17:97
GLYCOSYLATED HAEMOGLOBIN (HbA1C)			
SAMPLE : EDTA BLOOD	7.0 ▲	%	Non-diabetic : 4.6
HbA1C			
By/HPLC			

1. HbA1C is used for monitoring diabetic control. It reflects the estimated average glucose.
2. HbA1C has been endorsed by critical 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 anaemias/Specifically in Severe iron deficiency anaemia and hemolytic, chronic renal failure and liver disease. Clinical correlation suggested.
5. Interference of Hemoglobinopathies in HbA1C estimation.
 - a) For HbS>25%, an alternate method(Tructasamine) 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) Hemoglobin 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

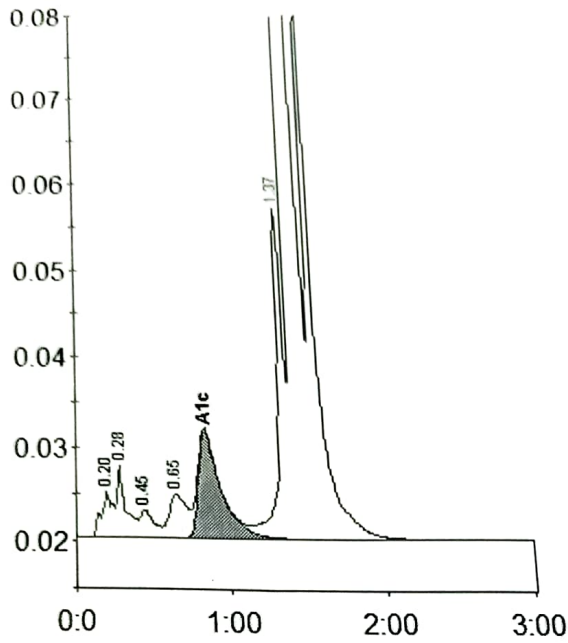


Dr. S. Chatterjee
MD, MBBS, FAAC
(CONSULTANT BIOCHEMIST)

Checked By

Bio-Rad DATE: 25/03/2022
D-10 TIME: 14:13
S/N: #DJ10A467747 Software version: 4.30.2
Sample ID: 07H0060195A
Injection date 25/03/2022 13:52
Injection #: 7 Method: HbA1c
Rack #: --- Rack position: 7

IR Swapan Das
(R)NMHK 2204142 46y/ M
07H0060195A
EDTA Wh 25-03 12 09



Peak table - ID: 07H0060195A

Peak	R.time	Height	Area	Area %
A1a	0.20	4873	26511	1.2
A1b	0.28	7678	29689	1.3
F	0.45	2899	17928	0.8
LA1c/CHb-1	0.65	4633	37087	1.6
A1c	0.85	11628	118268	7.0
P3	1.37	36982	140255	6.1
A0	1.44	678728	1923966	83.9
Total Area:		2293705		

Concentration:	%	mmol/mol
A1c	7.0	53

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Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0060195 Collection Date : 25/03/22 12:09 Ack Date : Report Date : 25/03/22 17:07			
SERUM CREATININE			
SAMPLE : SERUM			
SERUM CREATININE	0.8		
<i>Jaffe Gen2 Compensated</i>			
BLOOD UREA NITROGEN		mg/dl	0.7 - 1.2
BLOOD UREA NITROGEN	11.6		
<i>Calculated</i>			
Sample No : 07H0060195B Collection Date : 25/03/22 12:09 Ack Date : Report Date : 25/03/22 17:07			
BLOOD SUGAR(F)			
SAMPLE : PLASMA			
BLOOD SUGAR FASTING	107		
<i>Hexokinase</i>			
		mg/dl	70 - 109
Sample No : 07H0060210B Collection Date : 25/03/22 14:56 Ack Date : Report Date : 25/03/22 17:07			
BLOOD SUGAR(PP)			
SAMPLE : PLASMA			
BLOOD SUGAR PP	164 ▲		
<i>Hexokinase</i>			
		mg/dl	70 - 140

End of Report



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

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Address : NATUN PALLY PURBA PUTIARY , HARIDEBPUR Kolkata, West Bengal , 700093	

Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
<div style="display: flex; justify-content: space-between; font-size: small;"> Sample No : 07H0060195 Collection Date : 25/03/22 12:09 Ack Date : Report Date : 25/03/22 17:07 </div>			
URIC ACID			
SAMPLE : SERUM			
URIC ACID	5.5		
<i>Enzymatic Colorimetric</i>			
SAMPLE : SERUM		mg/dl	3.4 - 7
RESULT	14.2		
<div style="display: flex; justify-content: space-between; font-size: small;"> Sample No : 07H0060195B Collection Date : 25/03/22 12:09 Ack Date : Report Date : 25/03/22 17:07 </div>			
BLOOD SUGAR(F)			
SAMPLE : PLASMA			
BLOOD SUGAR FASTING	107		
<i>Hexokinase</i>			
SAMPLE : PLASMA		mg/dl	70 - 109
RESULT	164 ▲		
<div style="display: flex; justify-content: space-between; font-size: small;"> Sample No : 07H0060210B Collection Date : 25/03/22 14:56 Ack Date : Report Date : 25/03/22 17:07 </div>			
BLOOD SUGAR(PP)			
SAMPLE : PLASMA			
BLOOD SUGAR PP	164 ▲		
<i>Hexokinase</i>		mg/dl	70 - 140

End of Report



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Facility : NARAYAN MEMORIAL HOSPITAL

INVESTIGATION : **Biochemistry**
RESULTS
Sample No : 07H0060195 **Collection Date** : 25/03/22 12:09 **Ack Date** :
UNITS :
BIOLOGICAL REF RANGE
Report Date : 25/03/22 17:07

LIVER FUNCTION TEST (LFT)

SAMPLE : SERUM

TEST	RESULT	UNIT	BIOLOGICAL REF RANGE
TOTAL BILIRUBIN <i>Diazo Method</i>	0.7		
DIRECT BILIRUBIN <i>Diazo Method</i>	0.3 ▲	mg/dl	0 - 1.1
INDIRECT BILIRUBIN <i>Calculated</i>	0.4	mg/dl	0 - 0.2
SGPT (ALT) <i>IFCC Without Pyridoxal Phosphate</i>	55 ▲	mg/dl	0.2 - 0.9
SGOT (AST) <i>IFCC Without Pyridoxal Phosphate</i>	41 ▲	U/L	0 - 34
ALKALINE PHOSPHATASE <i>IFCC</i>	132 ▲	U/L	0 - 31
TOTAL PROTEIN <i>Biuret</i>	7.3	U/L	53 - 128
ALBUMIN <i>Bromocresol Green</i>	5.0	g/dl	6.4 - 8.2
GLOBULIN <i>Calculated</i>	2.3	gm/dl	3.5 - 5.2
ALBUMIN:GLOBULIN <i>Calculated</i>	2.2	g/dl	2 - 3.5
GGT <i>Enzymatic colorimetric assay</i>	56	-	1.1 - 2.5
		U/L	8 - 61

End of Report

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

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Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0060195	Collection Date : 25/03/22 12:09	Ack Date :	Report Date : 25/03/22 17:07
LIPID PROFILE			
SAMPLE : SERUM			
TOTAL CHOLESTEROL	217	mg/dl	Desirable <200 Borderline 200-239 High >=240
<i>CHOD-PAP</i> HDL CHOLESTEROL	40	mg/dl	40 - 60
<i>Homogenous Enzymatic Colorimetric</i> LDL CHOLESTEROL	153	mg/dl	Optimal < 100 Borderline 130
<i>Homogenous Enzymatic Colorimetric</i> VLDL	27.40	mg/dl	0 - 30
<i>CALCULATED</i> CHOLESTEROL-HDL RATIO	5.42	-	
LDL-HDL RATIO	3.83	-	
TRIGLYCERIDES	137	mg/dl	Desirable <150 Borderline 150 - 200 High >200
<i>Enzymatic Colorimetric</i>			

End of Report



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

Checked By

LABORATORY INVESTIGATION REPORT

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UHID : NMHK.2204142

Episode : OP

Ref. Doctor : NMH

Address : NATUN PALLY PURBA PUTIARY , HARIDEBPUR
,Kolkata,West Bengal ,700093

Age/Sex : 46 Year(s)/Male

Order Date : 25/03/2022 12:05

Mobile No : 9883289603

Facility : NARAYAN MEMORIAL HOSPITAL

Immunoassay

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0060195	Collection Date : 25/03/22 12:09	Ack Date :	Report Date : 25/03/22 19:23
THYROID FUNCTION TEST			
SAMPLE : SERUM			
T3 ECLIA	1.0	ng/ml	0.6 - 1.8
T4 ECLIA	8.12	ug/dL	5.4 - 11.7
TSH ECLIA	1.92	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 $\mu\text{mol/L}$ 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)
3. There is no high dose hook effect at TSH concentrations upto 1000 $\mu\text{mol/ml}$.
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 $\mu\text{mol/L}$ 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).
6. 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).

End of Report



Dr.DIP NARAYAN MUKHERJEE

MD(Microbiology)

RegNo: Reg no. 57062

Checked By

LABORATORY INVESTIGATION REPORT

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Ref. Doctor : NMH	Mobile No : 9883289603
Address : NATUN PALLY PURBA PUTIARY , HARIDEBPUR Kolkata, West Bengal , 700093	Facility : NARAYAN MEMORIAL HOSPITAL

Hematology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0060195	Collection Date : 25/03/22 12:09	Ack Date :	Report Date : 25/03/22 15:39

COMPLETE HAEMOGRAM (CBC)

SAMPLE : EDTA BLOOD

HAEMOGLOBIN (HB) <i>Colorimetric method (Cyn Meth)</i>	14.7	gm/dl	13 - 17
RBC COUNT <i>Electrical Impedance Method</i>	6.01 ▲	x10 ⁶ /ul	4.5 - 5.5
TOTAL WBC COUNT <i>Electrical Impedance Method</i>	5.9	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>	46	%	40 - 50
MCV <i>calculated</i>	77 ▼	fl	83 - 101
MCH <i>Calculated</i>	24 ▼	pg	27 - 32
MCHC <i>Calculated</i>	32	gm/dl	31.5 - 34.5
ESR <i>Modified Westergren Method</i>	10	%	0 - 10

DIFFERENTIAL COUNT

NEUTROPHILS <i>Microscopy</i>	67	%	40 - 80
LYMPHOCYTES <i>Microscopy</i>	28	%	20 - 40
MONOCYTES <i>Microscopy</i>	02	%	2 - 10
EOSINOPHILS <i>Microscopy</i>	03	%	1 - 6
BASOPHILS <i>Microscopy</i>	00	%	0 - 2

PERIPHERAL BLOOD SMEAR

RBC	Normocytic normochromic. Few microcytes seen.
WBC	Within normal limit

BLOOD GROUPING & Rh TYPING

SAMPLE : EDTA BLOOD

BLOOD GROUP

Agglutination forward & Reverse

RH TYPE

' B '

POSITIVE

End of Report

Angkita K. Ghosh

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

RegNo: 82734

Checked By

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E : contact@nmh.org.in

SAMPLE : URINE**PHYSICAL EXAMINATION**

VOLUME	60	ml
COLOUR	STRAW	
APPEARANCE	CLEAR	
SPECIFIC GRAVITY	1.015	
REACTION(pH)	ACIDIC (6.5)	1.010 - 1.030

CHEMICAL EXAMINATION

SUGAR	ABSENT	
ALBUMIN.	ABSENT	ABSENT
BLOOD	ABSENT	ABSENT
KETONE	ABSENT	ABSENT
BILE SALT	ABSENT	ABSENT
BILE PIGMENTS	ABSENT	ABSENT

MICROSCOPIC EXAMINATION

PUS CELLS	0-2 / HPF	
EPITHELIAL CELLS	1-2 / HPF	<5/HPF
RBC	NIL	<20/HPF
CAST	ABSENT	
CRYSTAL	ABSENT	ABSENT

Please correlate clinically.

Angkita K. Ghosh

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

RegNo: 82734

Checked By

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Address	: NATUN PALLY PURBA PUTIARY , HARIDEBPUR ,Kolkata,West Bengal ,700093		

Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0060195	Collection Date : 25/03/22 12:09	Ack Date :	Report Date : 25/03/22 17:08

URINE FOR SUGAR FASTING

SAMPLE : URINE

RESULT

ABSENT

End of Report



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

Checked By



SWAPAN DAS 2204142

PID NO: P2162100058266

Age: 46.0 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

Test Report

VID: 216212100056713
Registered On:
25/03/2022 07:36 PM
Collected On:
25/03/2022 7:36PM
Reported On:
26/03/2022 07:41 AM

Investigation

PSA- Prostate Specific Antigen
(Serum,ECLIA)

Observed Value

0.487

Unit
ng/mL

Biological Reference Interval
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 --

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Dr. Saurav Sarkar
MBBS, DCH, MD(Pathology)

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

† This test was outsourced to Metropolis Healthcare Ltd. Mumbai

SAMPLE : URINE

RESULT

PRESENT (+)

End of Report



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Checked By