

LABORATORY INVESTIGATION REPORT

Patient Name : Mr. Sagnik Mallick	Age/Sex : 31 Year(s)/Male
UHID : NMHK.2204192	Order Date : 26/03/2022 14:47
Episode : OP	
Ref. Doctor : NMH	Mobile No : 8981932900
Address : 28/1, DURGAPUR LANE , ,Kolkata,West Bengal ,700027	Facility : NARAYAN MEMORIAL HOSPITAL

Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0060287A	Collection Date : 26/03/22 14:51	Ack Date :	Report Date : 26/03/22 18:49

GLYCOSYLATED HAEMOGLOBIN (HBA1C)

SAMPLE : EDTA BLOOD

HBA1C 5.4 % Non-diabetic : 4-6

By HPLC

1. HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose.
2. HbA1c has been endorsed by clinical 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 anaemia(Specially in Severe iron deficiency anaemia and hemolytic), chronic renal failure and liver disease. 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.

Note: Hemoglobin electrophoresis (HPLC method) is recommended for detecting hemoglobinopathy.
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 glycemc 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, FAACC
(CONSULTANT BIOCHEMIST)

Checked By

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Sample No : 07H0060287	Collection Date : 26/03/22 14:51	Ack Date :	Report Date : 25/03/22 18:49

LIVER FUNCTION TEST (LFT)

SAMPLE : SERUM

TOTAL BILIRUBIN <i>Diazo Method</i>	1.4 ▲	mg/dl	0 - 1.1
DIRECT BILIRUBIN <i>Diazo Method</i>	0.4 ▲	mg/dl	0 - 0.2
INDIRECT BILIRUBIN <i>Calculated</i>	1.0 ▲	mg/dl	0.2 - 0.9
SGPT (ALT) <i>IFCC Without Pyridoxal Phosphate</i>	55 ▲	U/L	0 - 34
SGOT (AST) <i>IFCC Without Pyridoxal Phosphate</i>	39 ▲	U/L	0 - 31
ALKALINE PHOSPHATASE <i>IFCC</i>	123	U/L	53 - 128
TOTAL PROTEIN <i>Biuret</i>	7.0	g/dl	6.4 - 8.2
ALBUMIN <i>Bromocresol Green</i>	4.7	gm/dl	3.5 - 5.2
GLOBULIN <i>Calculated</i>	2.3	g/dl	2 - 3.5
ALBUMIN:GLOBULIN <i>Calculated</i>	2.0	-	1.1 - 2.5
GGT <i>Enzymatic colorimetric assay</i>	33	U/L	8 - 61

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Biochemistry

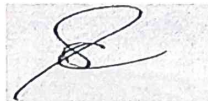
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Sample No : 07H0060287	Collection Date : 26/03/22 14:51	Ack Date :	Report Date : 26/03/22 18:49

LIPID PROFILE

SAMPLE : SERUM

TOTAL CHOLESTEROL	133	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	78	mg/dl	Optimal < 100 Borderline 130 .
<i>Homogenous Enzymatic Colorimetric</i>			
VLDL	34 ▲	mg/dl	0 - 30
<i>CALCULATED</i>			
CHOLESTEROL-HDL RATIO	3.80	-	
LDL-HDL RATIO	2.23	-	
TRIGLYCERIDES	170	mg/dl	Desirable <150 Borderline 150 - 200 High >200
<i>Enzymatic Colorimetric</i>			

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Immunoassay

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0060287	Collection Date : 26/03/22 14:51	Ack Date :	Report Date : 28/03/22 11:09

THYROID FUNCTION TEST

SAMPLE : SERUM

T3 ECLIA	1.13	ng/ml	0.6 - 1.8
T4 ECLIA	9.84	ug/dL	5.4 - 11.7
TSH ECLIA	3.58	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).

End of Report



Dr. MAINAK CHAKRABORTY
MBBS, MD(PATH)
(CONSULTANT PATHOLOGIST)

Checked By

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Hematology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0060287	Collection Date : 26/03/22 14:51	Ack Date :	Report Date : 28/03/22 10:52

COMPLETE HAEMOGRAM (CBC)

SAMPLE : EDTA BLOOD

HAEMOGLOBIN (HB) <i>Colorimetric method (Cyn Meth)</i>	14.8	gm/dl	13 - 17
RBC COUNT <i>Electrical Impedance Method</i>	4.81	x10 ⁶ /ul	4.5 - 5.5
TOTAL WBC COUNT <i>Electrical Impedance Method</i>	6.7	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>	44	%	40 - 50
MCV <i>calculated</i>	92	fl	83 - 101
MCH <i>Calculated</i>	31	pg	27 - 32
MCHC <i>Calculated</i>	33	gm/dl	31.5 - 34.5
ESR <i>Modified Westergren Method</i>	04	%	0 - 10

DIFFERENTIAL COUNT

NEUTROPHILS <i>Microscopy</i>	59	%	40 - 80
LYMPHOCYTES <i>Microscopy</i>	34	%	20 - 40
MONOCYTES <i>Microscopy</i>	03	%	2 - 10
EOSINOPHILS <i>Microscopy</i>	04	%	1 - 6
BASOPHILS <i>Microscopy</i>	00	%	0 - 2

PERIPHERAL BLOOD SMEAR

RBC	Normocytic Normochromic
WBC	Within normal limit
PLATELET	Adequate

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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 : 07H0060287	Collection Date : 26/03/22 14:51	Ack Date :	Report Date : 26/03/22 16:53

BLOOD GROUPING & Rh TYPING

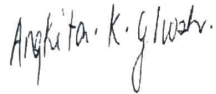
SAMPLE : EDTA BLOOD

BLOOD GROUP ' O '

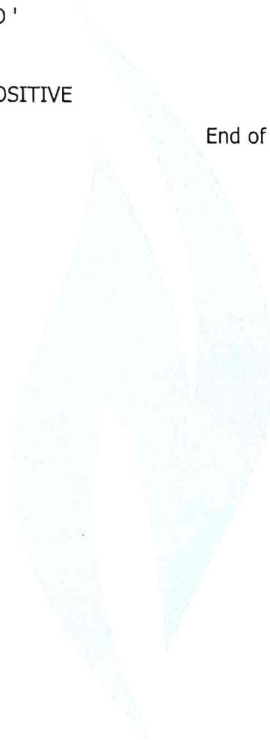
Agglutination forward & Reverse

RH TYPE POSITIVE

End of Report



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

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0060292	Collection Date : 26/03/22 15:01	Ack Date :	Report Date : 28/03/22 10:29

URINE FOR R/E

SAMPLE : URINE

PHYSICAL EXAMINATION

VOLUME	40	ml	
COLOUR	PALE STRAW		
APPEARANCE	CLEAR		
SPECIFIC GRAVITY	1.010		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	1-2 / 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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Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0060292	Collection Date : 26/03/22 15:01	Ack Date :	Report Date : 28/03/22 11:09

URINE FOR SUGAR FASTING

SAMPLE : URINE

RESULT ABSENT

Sample No : 07H0060298	Collection Date : 26/03/22 15:30	Ack Date :	Report Date : 28/03/22 10:28
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URINE FOR SUGAR PP

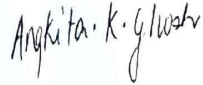
SAMPLE : URINE

RESULT ABSENT

End of Report



Dr.MAINAK CHAKRABORTY
MBBS, MD(PATH)
(CONSULTANT PATHOLOGIST)



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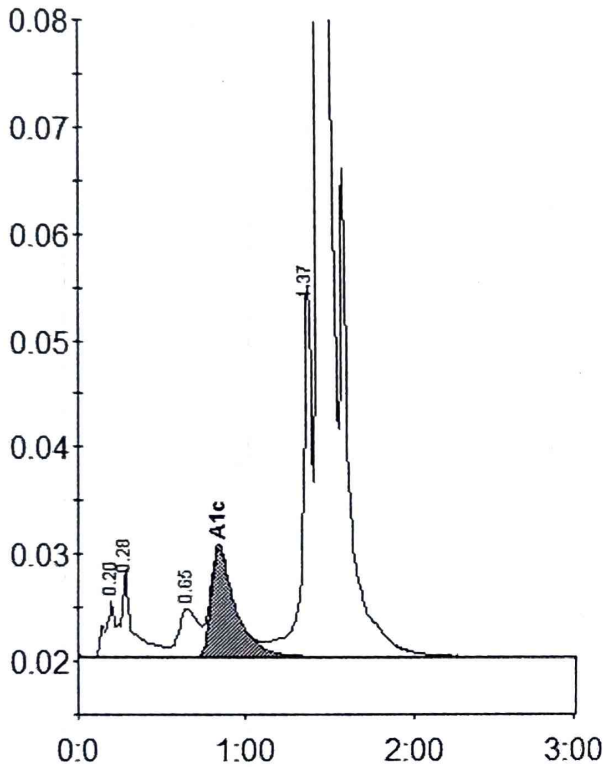
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Patient report

Bio-Rad DATE: 26/03/2022
 D-10 TIME: 16:28
 S/N: #DJ0A467747 Software version: 4.30-2
 Sample ID: 07H0060287A
 Injection date: 26/03/2022 16:13
 Injection #: 13 Method: HbA1c
 Rack #: --- Rack position: 3

Mr. Sagnik Mallick
 (R)NMHK.2204192 31y/ M

 07H0060287A
 EDTA Wh 26-03 14:51



Peak table - ID: 07H0060287A

Peak	R.time	Height	Area	Area %
A1a	0.20	5222	22118	0.9
A1b	0.28	8234	42187	1.6
LA1c/CHb-1	0.65	4514	36411	1.4
A1c	0.84	10321	102834	5.4
P3	1.37	34971	139268	5.4
A0	1.43	773999	2252356	86.8
Total Area:		2595175		

Concentration:	%	mmol/mol
A1c	5.4	36

DIAGNOSTICS REPORT

Patient Name	: Mr. Sagnik Mallick	Order Date	: 26/03/2022 14:47
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Address	: 28/1, DURGAPUR LANE, ,Kolkata, West Bengal, 700027	Mobile	: 8981932900

ELECTROCARDIOGRAM REPORT (ECG)

HR : 63 bpm
Rhythm : Sinus
P wave : Normal
PR Interval : 146 msec
QRS axis : Normal (59 Degree)
QRS duration : 80 msec
QRS configuration : Normal
T wave : Non specific changes
ST segment : Non specific changes
QTc : 371 msec
QT : 360msec

IMPRESSION:

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



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

Board Certified Comprehensive
Echocardiographer (USA)

SRGNIK MALLICK
 2204192
 31 years
 Male
 kg

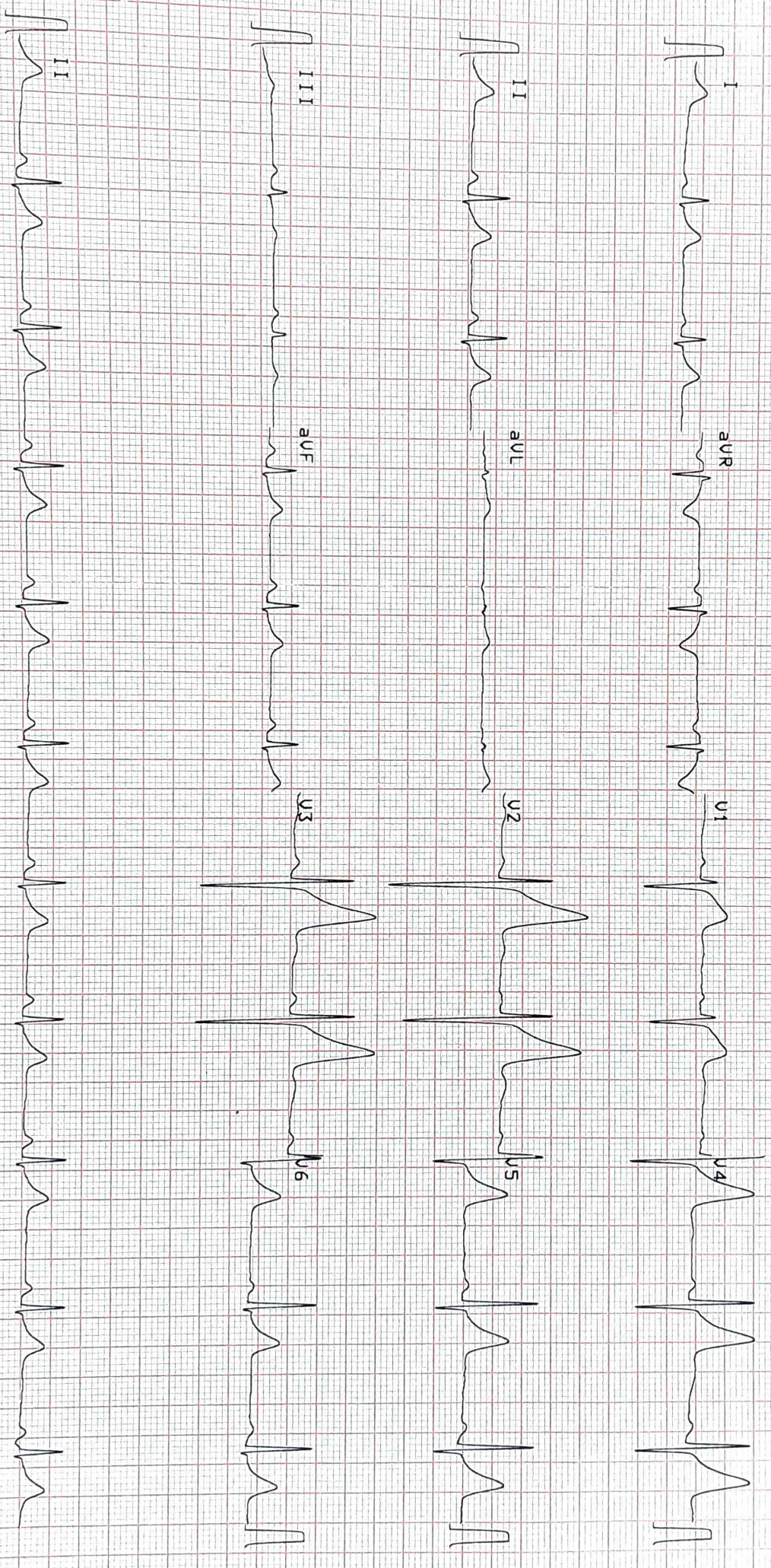
HR 63/min
 Axis: P 63°
 QRS 59°
 T 36°
 6.02

Intervals:
 RR 948 ms
 P 104 ms
 PR 146 ms
 QRS 80 ms
 QT 360 ms
 QTc 371 ms
 (Bazett)
 10 mm/mV

P (II) 0.14 mV
 S (V1) -1.19 mV
 R (V5) 1.61 mV
 Sokol. 3.70 mV

SINUS RHYTHM
 OTHERWISE NORMAL ECG

UNCONFIRMED REPORT



10 mm/mV

10 mm/mV

0.05-25 Hz F50 SSF 585 26.03.2022 12:11:03

NARAYAN MEMORIAL
 HOSPITAL, BEHALA

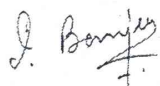
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DIAGNOSTICS REPORT

Patient Name	: Mr. Sagnik Mallick	Order Date	: 26/03/2022 14:47
Age/Sex	: 31 Year(s)/Male	Report Date	: 26/03/2022 17:25
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ECHOCARDIOGRAPHY (SCREENING)**Status of Patient :**

- * No regional wall motion abnormality at rest.
- * Good LV systolic function (EF =64 %).
- * Good RV systolic function (TAPSE = 26 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)

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USG REPORT OF WHOLE ABDOMEN (SCREENING)

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

PORTA :PV : Normal. PV measures 0.7 cm.

CD : Normal . CD measures 0.2 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 : 9.0 cm & Left kidney measures : 8.6 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 12.6 cm x 3.0 cm x 2.4 cm. It weight approx 12 gm.

PERITONEUM : : No free fluid is noted.

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

IMPRESSION : Fatty changes in liver.

Dr.MADHUSHREE RAY NASKAR,
MBBS,DMRD

Consultant Radiologist

RegNo: 57032