

Narayan Memorial Hospital

(A Unit of Narayan Health Services Pvt. Ltd.)



DIAGNOSTICS REPORT

Patient Name	: Mr. Surya Dutta	Order Date	: 12/01/2022 09:10
Age/Sex	: 39 Year(s)/Male	Report Date	: 12/01/2022 17:19
UHID	: NMHK.2200595	IP No	:
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
Address	: NANGI JELE PARA, BATANAGAR, Kolkata, West Bengal, 700140	Mobile	: 8697664436

ELECTROCARDIOGRAM REPORT (ECG)

HR	: 72 bpm
Rhythm	: Sinus
P wave	: Normal
PR Interval	: 132 msec
QRS axis	: Normal (51 Degree)
QRS duration	: 102 msec
QRS configuration	: Normal
T wave	: Non specific changes
ST segment	: Non specific changes
QTc	: 402 msec
QT	: 366 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)

DIAGNOSTICS REPORT

Patient Name	: Mr. Surya Dutta	Order Date	: 12/01/2022 09:10
Age/Sex	: 39 Year(s)/Male	Report Date	: 12/01/2022 14:11
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2D ECHOCARDIOGRAPHY WITH M-MODE

MEASUREMENTS

2D and M-Mode :

IVS (d)	10 mm	Aorta (at sinuses)	24 mm
LVID (d)	50 mm	LA diameter	33 mm
LVPW (d)	10 mm	RVID (d) - basal	16 mm
LVID (s)	32 mm	TAPSE	23 mm
LVEF	60 %		

Estimated PASP = 22 mmHg

FINDINGS

Left Ventricle :

Cavity size : Normal.

Wall thickness : Normal

Segmental wall motion : No abnormality found.

Global systolic function : Normal (EF = 60 %)

Diastolic function : Normal

Left Atrium : Normal sized; no clot in body of appendage.

Right Ventricle and Right Atrium : Normal sized; normal RV systolic function.

Mitral Valve : Normal leaflets, good excursion, normal subvalvular apparatus. No regurgitation / No MS.

Aortic valve : Structurally normal, trileaflet, normal motion, no regurgitation.

Pulmonary Valve : Normal structure, adequate opening.

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Tricuspid Valve : Normal structure, normal excursion. Trivial TR. TR gradient = 17 mmHg.

Interartial and Interventricular Septum : No breach could be seen.

Aorta : Normal sized root and proximal aorta.

Pulmonary Artery : Normal, no pulmonary arterial hypertension.

Pericardium : Normal, no effusion.

Inferior Vena Cava : IVC normal diameter, > 50% respiratory variation.

Others : No thrombus, mass, vegetation seen.

IMPRESSION:

Status of Patient :

- * No regional wall motion abnormality at rest.
- * Good LV systolic function (EF = 60 %).
- * Good RV systolic function (TAPSE = 23 mm).
- * Normal valve morphology.
- * Normal LV diastolic function.
- * No pericardial effusion.
- * No pulmonary arterial hypertension.



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DIAGNOSTICS REPORT

Patient Name	: Mr. Surya Dutta	Order Date	: 12/01/2022 09:10
Age/Sex	: 39 Year(s)/Male	Report Date	: 13/01/2022 12:24
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X-RAY REPORT OF CHEST PA

FINDINGS:

- Lung parenchyma shows no focal lesion. No general alteration of radiographic density. Apices are clear. Bronchovascular lung markings are within normal limits.
- Both the hila are normal in size, density and position.
- Mediastinum is central. Trachea is in midline.
- Domes of diaphragm are smoothly outlined. Position is within normal limits.
- Lateral costo-phrenic angles are clear.
- Cardiac size appears within normal limits. Margin is well visualised and cardiac silhouette is smoothly outlined. Shape is within normal limit.
- Bony thorax reveals no definite abnormality.

IMPRESSION:

Normal Study.

ADGiri

Dr.ASHWIN DATTA GIRI ,
MD(RADIO DIAGNOSIS)

RegNo: 2015084571 MMC

LABORATORY INVESTIGATION REPORT

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Episode : OP	Mobile No : 8697664436
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Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0054315	Collection Date : 12/01/22 09:27	Ack Date :	Report Date : 13/01/22 11:14
URINE FOR R/E			
SAMPLE : URINE			
PHYSICAL EXAMINATION			
VOLUME	60	ml	
COLOUR	PALE YELLOW		
APPEARANCE	CLEAR		1.010 - 1.030
SPECIFIC GRAVITY	1.030		
REACTION(pH)	ACIDIC(6.0)		
CHEMICAL EXAMINATION			
SUGAR	PRESENT(TRACE)		ABSENT
ALBUMIN.	PRESENT(TRACE)		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	1-2/HPF		<20/HPF
RBC	NIL		ABSENT
CAST	ABSENT		ABSENT
CRYSTAL	ABSENT		ABSENT

Please correlate clinically.

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 : 07H0054345	Collection Date : 12/01/22 09:27	Ack Date :	Report Date : 12/01/22 17:30

KIDNEY FUNCTION TEST

SERUM CREATININE

SAMPLE : SERUM

SERUM CREATININE **0.6 ▼** mg/dl 0.7 - 1.2
Jaffe Gen2 Compensated

BLOOD UREA NITROGEN

BLOOD UREA NITROGEN 7.0 mg/dl 6 - 20
Calculated

URIC ACID

SAMPLE : SERUM

URIC ACID **2.9 ▼** mg/dl 3.40 - 7.00
Enzymatic Colorimetric

LIVER FUNCTION TEST (LFT)

SAMPLE : SERUM

TOTAL BILIRUBIN **0.6 ▲** mg/dl <1.1
Diazo Method

DIRECT BILIRUBIN **0.3 ▲** mg/dl 0 - 0.2
Diazo Method

INDIRECT BILIRUBIN 0.3 mg/dl 0.2 - 0.9
Calculated

SGPT (ALT) **41 ▲** U/L 0 - 34
IFCC Without Pyridoxal Phosphate

SGOT (AST) 28 U/L 0 - 31
IFCC Without Pyridoxal Phosphate

ALKALINE PHOSPHATASE **195 ▲** U/L 53 - 128
IFCC

TOTAL PROTEIN 7.3 g/dl 6.4 - 8.2
Biuret

ALBUMIN 4.8 gm/dl 3.5 - 5.2
Bromocresol Green

GLOBULIN 2.5 g/dl 2 - 3.5
Calculated

ALBUMIN:GLOBULIN 1.9 - 1.1 - 2.5
Calculated

GGT 46 U/L 8 - 61

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Enzymatic colorimetric assay

LIPID PROFILE

SAMPLE : SERUM

TOTAL CHOLESTEROL	108	mg/dl	Desirable <200 Borderline 200-239 High >=240
<i>CHOD-PAP</i>			
HDL CHOLESTEROL	24 ▼	mg/dl	40 - 60
<i>Homogenous Enzymatic Colorimetric</i>			
LDL CHOLESTEROL	58	mg/dl	Optimal < 100 Borderline 130
<i>Homogenous Enzymatic Colorimetric</i>			
VLDL	45 ▲	mg/dl	0 - 30
<i>CALCULATED</i>			
CHOLESTEROL-HDL RATIO	4.50	-	
LDL-HDL RATIO	2.42	-	
TRIGLYCERIDES	225	mg/dl	Desirable <150 Borderline 150 - 200 High >200

Enzymatic Colorimetric

Sample No : 07H0054345B Collection Date : 12/01/22 09:27 Ack Date : Report Date : 12/01/22 17:30

BLOOD SUGAR(F)

SAMPLE : PLASMA

BLOOD SUGAR FASTING	239 ▲	mg/dl	70 - 109
<i>Hexokinase</i>			

End of Report



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

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Immunoassay

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0054345	Collection Date : 12/01/22 09:27	Ack Date :	Report Date : 13/01/22 11:13

THYROID FUNCTION TEST

SAMPLE : SERUM

T3	1.22	ng/ml	0.60 - 1.80
<i>ECLIA</i>			
T4	9.52	ug/dL	5.40 - 11.70
<i>ECLIA</i>			
TSH	3.63	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



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Hematology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0054345	Collection Date : 12/01/22 09:27	Ack Date :	Report Date : 12/01/22 16:29

COMPLETE HAEMOGRAM (CBC)

SAMPLE : EDTA BLOOD

HAEMOGLOBIN (HB) <i>Colorimetric method (Cyn Meth)</i>	16.2	gm/dl	13 - 17
RBC COUNT <i>Electrical Impedance Method</i>	5.55 ▲	$\times 10^6/\text{ul}$	4.5 - 5.5
TOTAL WBC COUNT <i>Electrical Impedance Method</i>	8.6 ▼	$10^3/\text{cmm}$	4000 - 10000
PLATELET COUNT <i>Electrical Impedance Method</i>	155 ▼	$10^3/\text{cmm}$	150000 - 410000
PCV <i>RBC pulse ht. detection method</i>	47	%	40 - 50
MCV <i>calculated</i>	84	fl	83 - 101
MCH <i>Calculated</i>	29	pg	27 - 32
MCHC <i>Calculated</i>	35 ▲	gm/dl	31.5 - 34.5
ESR <i>Modified Westergren Method</i>	06	%	0 - 10
DIFFERENTIAL COUNT			
NEUTROPHILS <i>Microscopy</i>	60	%	40 - 80
LYMPHOCYTES <i>Microscopy</i>	36	%	20 - 40
MONOCYTES <i>Microscopy</i>	02	%	2 - 10
EOSINOPHILS <i>Microscopy</i>	02	%	1 - 6
BASOPHILS <i>Microscopy</i>	00 ▼	%	1 - 6

PERIPHERAL BLOOD SMEAR

RBC	Normocytic normochromic.
WBC	Within normal limits
PLATELET	Adequate

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Immunology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0054345	Collection Date : 12/01/22 09:27	Ack Date :	Report Date : 13/01/22 11:13

BLOOD GROUPING & Rh TYPING

SAMPLE : EDTA BLOOD

BLOOD GROUP

Agglutination forward & Reverse

RH TYPE

' B '

POSITIVE

End of Report



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Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0054345A	Collection Date : 12/01/22 09:27	Ack Date :	Report Date : 12/01/22 22:46

GLYCOSYLATED HAEMOGLOBIN (HBA1C)

SAMPLE : EDTA BLOOD

HBA1C **12.6 ▲** % Non-diabetic : 4-6
By HPLC

- HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose.
 - HbA1c has been endorsed by clinical group & 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 in Severe iron deficiency anaemia and hemolytic), chronic renal failure and liver disease. 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.
- 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 glycemic control:
Excellent control:- 6 - 7%,
Fair to good control:- 7 - 8%,
Unsatisfactory control:- 8 - 10%
Poor control >10%

End of Report



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(CONSULTANT BIOCHEMIST)

Checked By

atient report

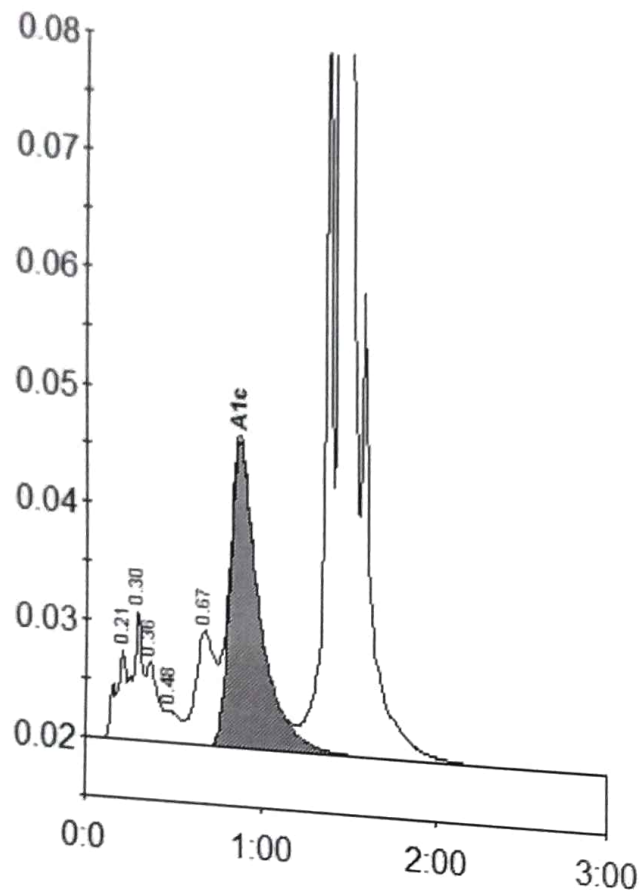
Bio-Rad
 D-10
 S/N: #DJ0A467747
 Sample ID:
 Injection date
 Injection #: 16
 Rack #: ---

DATE: 12/01/2022
 TIME: 17:36
 Software version: 4.30-2
 07H0054345A
 12/01/2022 17:29
 Method: HbA1c
 Rack position: 7

Mr. Surya Dutta
 (R)NMHK.2200595 39y/ m



07H0054345A
 DTA Wh 12-01 09:27



Peak table - ID: 07H0054345A

Peak	R.time	Height	Area	Area %
A1a	0.21	7634	31230	1.0
A1b	0.30	11235	42242	1.4
Unknown	0.36	6803	32850	1.1
F	0.48	2710	15602	0.5
LA1c/CHb-1	0.67	9840	74361	2.5
A1c	0.87	26256	301670	12.6
P3	1.38	68841	216346	7.3
A0	1.44	796707	2263698	76.0
Total Area:	2978000			

Concentration:	%	mmol/mol
A1c	12.6	114

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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 1.0 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. Corticomedullary differentiation maintained. No evidence of any calculus/ mass / hydronephrosis is seen. Right kidney measures : 12 cm & Left kidney measures : 10.6 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 3.0 cm x 3.0 cm x 2.5 cm. It weight approx 12.5 gm.

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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