



DIAGNOSTICS REPORT

Patient Name	: Mr. DIVYA PRAKASH KANUNGO	Order Date	: 07/04/2023 09:52
Age/Sex	: 33 Year(s)/Male	Report Date	: 07/04/2023 14:52
UHID	: NMHK.2308189	IP No	:
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
Address	: F NO-16,, BEHALA,Kolkata, West Bengal, 70008	Mobile	: 9178376094

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.Sayani Mahal,

MD Radiology (AIIMS), PDCC (AIIMS)

RegNo: 74369



DIAGNOSTICS REPORT

Hex

Patient Name	: Mr. DIVYA PRAKASH KANUNGO	Order Date	: 07/04/2023 09:52
Age/Sex	: 33 Year(s)/Male	Report Date	: 07/04/2023 15:43
UHID	: NMHK.2308189	IP No	:
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Address	: F NO-16,, BEHALA,Kolkata, West Bengal, 70008	Mobile	: 9178376094

ELECTROCARDIOGRAM REPORT (ECG)

HR	: 57 bpm
Rhythm	: Sinus
P wave	: Normal
PR Interval	: 142 msec
QRS axis	: Normal (66 Degree)
QRS duration	: 96 msec
QRS configuration	: Normal
T wave	: Non specific changes
ST segment	: Non specific changes
QTc	: 368 msec
QT	: 361 msec

IMPRESSION:

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

Dr. MUNNA DAS, MD (MEDICINE), DM(CARDIOLOGY)

Consultant Cardiologist

RegNo: 55696

DIIVA PRAKASH

KANUNGO

2308189

Male

33 years

kg

HR 57/min

Axis: P 31°

QRS 66°

T 44°

P (II) 0.07 mV

S (V1) -0.63 mV

R (V5) 1.14 mV

QTc 361 ms

Sokol. 2.06 mV

(Bazett)

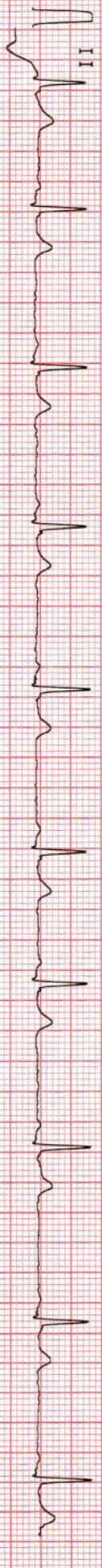
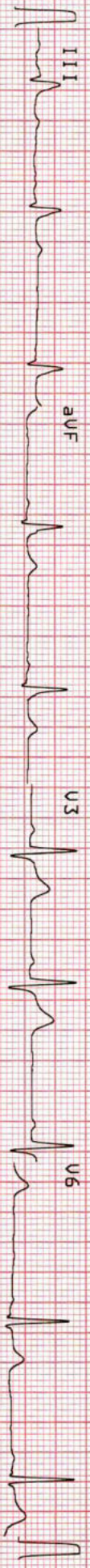
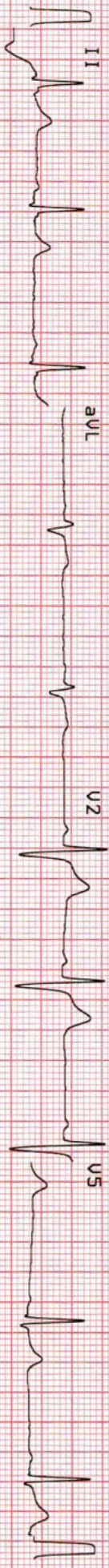
10 mm/mV

SINUS RHYTHM
NORMAL ECG

6:02

UNCONFIRMED REPORT

10 mm/mV



10 mm/mV

0.05-25 Hz F50 SSF SBS 07.04.2023 12:15:52

NARAYAN MEMORIAL
HOSPITAL, BEHALA

AT-102plus 1.25 Ct
7 2180



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Patient Name	: Mr. DIVYA PRAKASH KANUNGO	Order Date	: 07/04/2023 09:52
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ECHOCARDIOGRAPHY (SCREENING)

Status of Patient :

- * No regional wall motion abnormality at rest.
- * Good LV systolic function (EF = 60%).
- * Good RV systolic function (TAPSE = 21 mm).
- * Mild TR, TR gradient = 21 mmHg.
- * 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,MRCP
CH (UK)

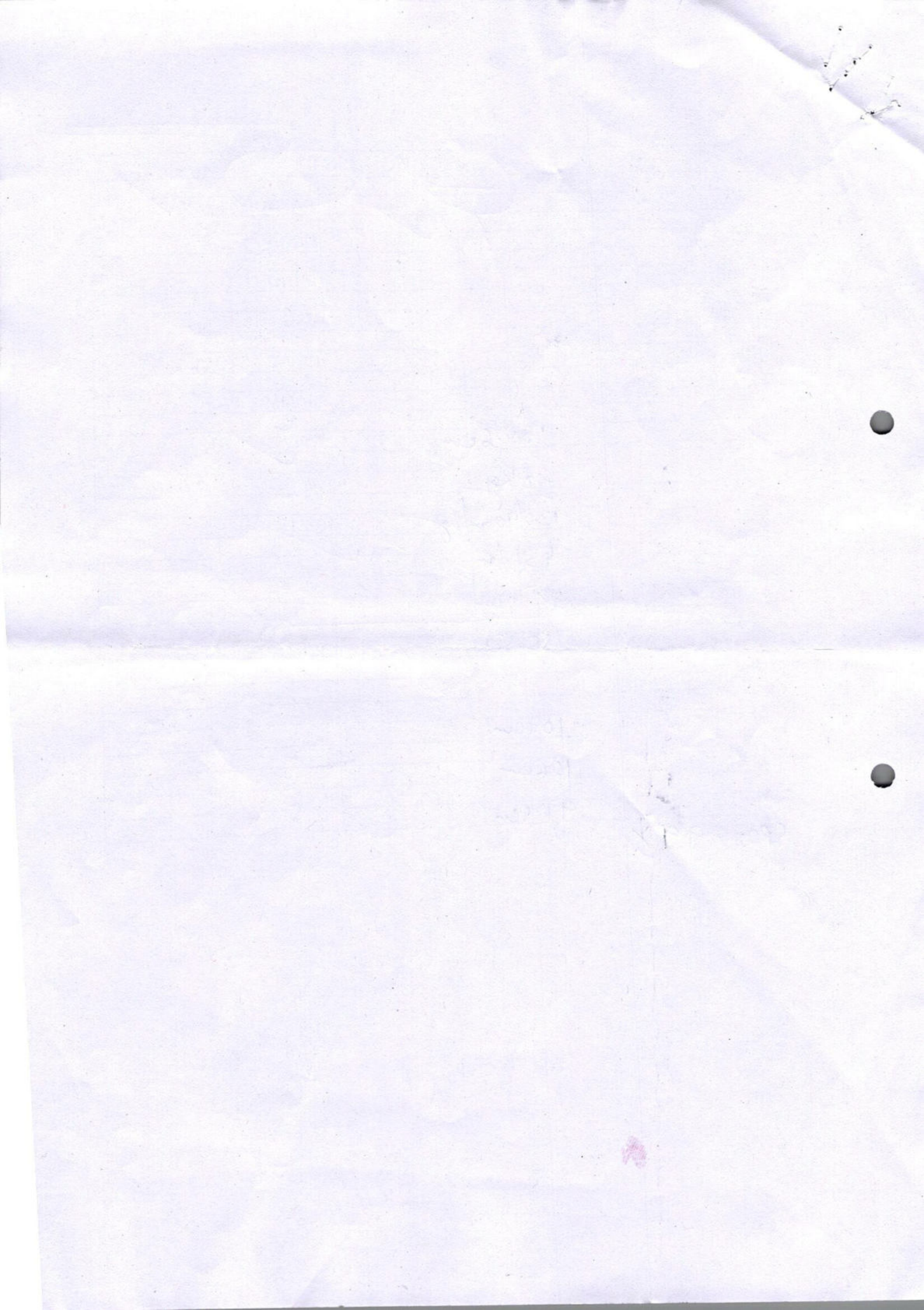
Board Certified Comprehensive
Echocardiographer (USA)



CHECK LIST

NAME		PATHOLOGY/PP
OP		ECG/PFT
AGE		ECHO/TMT
DATE		USG / CXR
PACKAGE		URINE / STOOL
REFERRED BY		MAMMO/ PAP
HT	184.6cm	EYE/ DENTAL
WT	98kg	GP CONSULTATION
BP	130/90mm/hg	DIETITION
PULSE	85b/m	CARDIOLOGIST
WAIST	96.5cm	GYNECOLOGIST
HIP	100.5cm	DENTAL
RESPIRATORY RATE		
CHEST (INHALE)	109cm	
CHEST (EXHALE)	106cm	
ABDOMEN	97.5cm	

SpO2 - 99%



भारत सरकार
Government of India



दिव्या प्रकाश कानुंगो
Divya Prakash Kanungo
जन्म तिथि/DOB: 11/11/1989
पुरुष/ MALE


Date: 30/11/2018



4330 6503 8299
VID: 9130 5004 3683 9726

मेरा आधार, मेरी पहचान

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



पता:
आरंभक: ज्योति प्रकाश कानुंगो, प्लॉट क्र-3 डी/1176,
विभाग-11 मर्कट नगर सी डी ए, कटक, तहसील-कटक,
जिला-कटक, कुतुक सदर, कुतुक,
ओडिशा - 753014

Address:
S/O: Jyoti Prakash Kanungo, Plot No-
3D/1176, Sector-11 Markat Nagar
CD A, Cuttack, Tehsil-Cuttack, Distt-
Cuttack, Cuttack Sadar, Cuttack,
Odisha - 753014

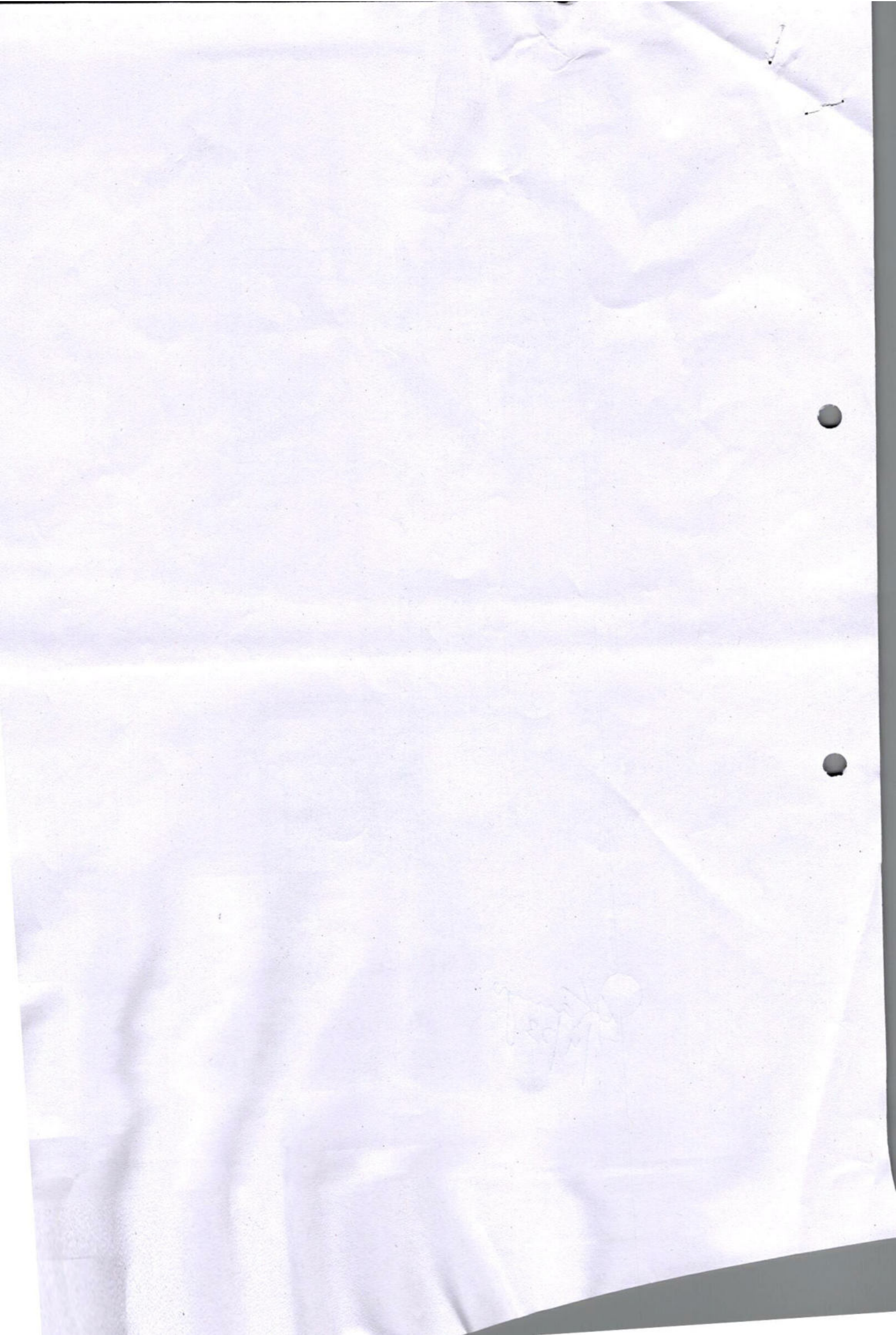


QR Code with Photograph

4330 6503 8299
VID: 9130 5004 3683 9726

भारत सरकार
www.uidai.gov.in

Divya Kanungo
7/11/23





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UHID : NMHK.2308189	Order Date : 07/04/2023 09:52
Episode : OP	Mobile No : 9178376094
Ref. Doctor : NMH	DOB : 01/01/1990
Address : F NO-16, , BEHALA ,Kolkata,West Bengal ,70008	Facility : NARAYAN MEMORIAL HOSPITAL

Immunology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
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Sample No : 07H0110490	Collection Date : 07/04/23 11:27	Ack Date : 07/04/2023 11:43	Report Date : 07/04/23 13:28
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BLOOD GROUPING & Rh TYPING

SAMPLE : EDTA BLOOD

BLOOD GROUP 'A'

Method - Agglutination forward & Reverse

RH TYPE POSITIVE

THYROID FUNCTION TEST

SAMPLE : SERUM

T3	1.58	ng/ml	0.60 - 1.80
Method - ECLIA			
T4	9.86	ug/dL	5.40 - 11.70
Method - ECLIA			
TSH	2.4	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 (triglycerid es < 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).



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Age/Sex : 33 Year(s) / Male

Order Date : 07/04/2023 09:52

Mobile No : 9178376094

DOB : 01/01/1990

Facility : NARAYAN MEMORIAL HOSPITAL

End of Report

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

Checked By

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

RegNo: 82734





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Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0110490	Collection Date : 07/04/23 11:27	Ack Date : 07/04/2023 12:10	Report Date : 08/04/23 16:15

SERUM CREATININE

SAMPLE : SERUM

SERUM CREATININE	0.9	mg/dl	0.7 - 1.2
<i>Method - Jaffe Gen2 Compensated</i>			

LIVER FUNCTION TEST (LFT)

SAMPLE : SERUM

TOTAL BILIRUBIN	0.6	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	0.4	mg/dl	0.2 - 0.9
<i>Method - Calculated</i>			
SGPT (ALT)	31	U/L	0 - 34
<i>Method - IFCC Without Pyridoxal Phosphate</i>			
SGOT (AST)	19	U/L	0 - 31
<i>Method - IFCC Without Pyridoxal Phosphate</i>			
ALKALINE PHOSPHATASE	78	U/L	53 - 128
<i>Method - IFCC</i>			
TOTAL PROTEIN	7.1	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	2.3	g/dl	2 - 3.5
<i>Method - Calculated</i>			
ALBUMIN:GLOBULIN	2.1	-	1.1 - 2.5
<i>Method - Calculated</i>			
GGT	76 ▲	U/L	8 - 61



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Method - Enzymatic colorimetric assay

BLOOD UREA NITROGEN

BLOOD UREA NITROGEN 07 mg/dl 6 - 20
Method - Calculated

LIPID PROFILE

SAMPLE : SERUM

TOTAL CHOLESTEROL 233 mg/dl Desirable <200 |
Borderline 200-239 |
High >=240
Method - CHOD-PAP

HDL CHOLESTEROL 44 mg/dl 40 - 60
Method - Homogenous Enzymatic Colorimetric

LDL CHOLESTEROL 160 mg/dl Optimal < 100 |
Borderline 130
Method - Homogenous Enzymatic Colorimetric

VLDL 29 mg/dl 0 - 30
Method - CALCULATED

CHOLESTEROL-HDL RATIO 5.30

LDL-HDL RATIO 3.75

TRIGLYCERIDES 147 mg/dl Desirable <150 |
Borderline 150 - 200 |
High >200
Method - Enzymatic Colorimetric

URIC ACID

SAMPLE : SERUM

URIC ACID 5.6 mg/dl 3.4 - 7
Method - Enzymatic Colorimetric

BUN / CREATINE RATIO^a

SAMPLE : SERUM

BUN / CREATINE RATIO 7.8

Sample No : 07H0110490A

Collection Date : 07/04/23 11:27

Ack Date : 07/04/2023 13:40

Report Date : 07/04/23 19:44

GLYCOSYLATED HAEMOGLOBIN (HBA1C)



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SAMPLE : EDTA BLOOD

HBA1C 5.5

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 glycemc 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 : 07H0110490B Collection Date : 07/04/23 11:27 Ack Date : 07/04/2023 12:13 Report Date : 08/04/23 16:15

BLOOD SUGAR(F)

SAMPLE : PLASMA

BLOOD SUGAR FASTING 94 mg/dl 70 - 109
Method - Hexokinase

Sample No : 07H0110521B Collection Date : 07/04/23 13:03 Ack Date : 07/04/2023 14:32 Report Date : 08/04/23 16:15

BLOOD SUGAR(PP)

SAMPLE : PLASMA

BLOOD SUGAR PP 120 mg/dl 70 - 140
Method - Hexokinase

End of Report



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Age/Sex : 33 Year(s) / Male

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DOB : 01/01/1990

Facility : NARAYAN MEMORIAL HOSPITAL

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

Checked By



LABORATORY INVESTIGATION REPORT

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Address : F NO-16, , BEHALA ,Kolkata,West Bengal ,70008	Facility : NARAYAN MEMORIAL HOSPITAL

Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0110490	Collection Date : 07/04/23 11:27	Ack Date : 07/04/2023 12:39	Report Date : 08/04/23 10:51

URINE FOR R/E

SAMPLE : URINE

PHYSICAL EXAMINATION

VOLUME	10	ml	
COLOUR	PALE STRAW		
APPEARANCE	SLIGHTLY HAZY		
SPECIFIC GRAVITY	1.015		1.010 - 1.030
REACTION(pH)	ACIDIC (pH - 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	ABSENT	
CAST	ABSENT	ABSENT
CRYSTAL	ABSENT	ABSENT

Please correlate clinically.

URINE FOR SUGAR FASTING^a

SAMPLE : URINE

RESULT ABSENT

Sample No : 07H0110521	Collection Date : 07/04/23 13:03	Ack Date : 07/04/2023 18:19	Report Date : 08/04/23 10:52
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URINE FOR SUGAR PP



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SAMPLE : URINE

RESULT

ABSENT

End of Report

Angkita K. Ghosh

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

RegNo: 82734

Checked By





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Hematology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0110490	Collection Date : 07/04/23 11:27	Ack Date : 07/04/2023 11:43	Report Date : 07/04/23 15:41

COMPLETE HAEMOGRAM (CBC)

SAMPLE : EDTA BLOOD

HAEMOGLOBIN (HB)	14.2	gm/dl	13 - 17
<i>Method - Colorimetric method (Cyn Meth)</i>			
RBC COUNT	4.6	$\times 10^6/\text{ul}$	4.5 - 5.5
<i>Method - Electrical Impedance Method</i>			
TOTAL WBC COUNT	6.0	$10^3/\text{cmm}$	4 - 10
<i>Method - Electrical Impedance Method</i>			
PLATELET COUNT	410	$10^3/\text{cmm}$	150 - 410
<i>Method - Electrical Impedance Method</i>			
PCV	43	%	40 - 50
<i>Method - RBC pulse ht. detection method</i>			
MCV	93	fl	83 - 101
<i>Method - calculated</i>			
MCH	31	pg	27 - 32
<i>Method - Calculated</i>			
MCHC	33	gm/dl	31.5 - 34.5
<i>Method - Calculated</i>			
ESR	15 ▲	%	0 - 10
<i>Method - Modified Westergren Method</i>			
DIFFERENTIAL COUNT			
NEUTROPHILS	64	%	40 - 80
<i>Method - Microscopy</i>			
LYMPHOCYTES	25	%	20 - 40
<i>Method - Microscopy</i>			
MONOCYTES	05	%	2 - 10
<i>Method - Microscopy</i>			



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EOSINOPHILS	06	%	1 - 6
<i>Method - Microscopy</i>			
BASOPHILS	00	%	0 - 2
<i>Method - Microscopy</i>			

PERIPHERAL BLOOD SMEAR

RBC	Normocytic normochromic.
WBC	Within normal limits.
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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USG REPORT OF WHOLE ABDOMEN (SCREENING)

LIVER : Liver is enlarged in size (16.2 cm). Parenchymal ecogenicity is raised. Intrahepatic biliary radicles are not dilated. No focal mass lesion is seen.

PORTA :

PV : Normal. PV measures cm (1.0 cm).

CBD : Normal . CBD measures cm (0.3 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 is maintained . No evidence of any calculus/ mass / hydronephrosis is seen.

Right kidney measures : (10.8 cm) & Left kidney measures : (11.1cm) .

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 2.6 cm x 3.2 cm x 3.2 cm. It weight approx 14 gm.

PERITONEUM : No free fluid is noted.

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

IMPRESSION : Hepatomegaly with mild fatty changes in liver.

Dr.MADHUSHREE RAY NASKAR , MBBS
,DMRD

Consultant Radiologist

RegNo: 57032

