

LABORATORY INVESTIGATION REPORT

Patient Name	: Mr. Soumya Patra	Age/Sex	: 34 Year(s)/Male
UHID	: NMHK.2202033	Order Date	: 17/02/2022 11:59
Episode	: OP		
Ref. Doctor	: NMH	Mobile No	: 9831511561
Address	: 86/4 BANERJEE PARA ROAD , SARSUNA Kolkata, West Bengal , 700061	Facility	: NARAYAN MEMORIAL HOSPITAL

Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0057486	Collection Date : 17/02/22 12:01	Ack Date :	Report Date : 17/02/22 18:15

SERUM CREATININE

SAMPLE : SERUM

SERUM CREATININE	1.0	mg/dl	0.7 - 1.2
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Jaffe Gen2 Compensated

Sample No : 07H0057486A	Collection Date : 17/02/22 12:01	Ack Date :	Report Date : 17/02/22 18:15
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GLYCOSYLATED HAEMOGLOBIN (HBA1C)


SAMPLE : EDTA BLOOD

HBA1C	5.3	%	Non-diabetic : 4-6
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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 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

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LIVER FUNCTION TEST (LFT)

SAMPLE : SERUM

TOTAL BILIRUBIN <i>Diazo Method</i>	0.7	mg/dl	0 - 1.1
DIRECT BILIRUBIN <i>Diazo Method</i>	0.2	mg/dl	0 - 0.2
INDIRECT BILIRUBIN <i>Calculated</i>	0.5	mg/dl	0.2 - 0.9
SGPT (ALT) <i>IFCC Without Pyridoxal Phosphate</i>	61 ▲	U/L	0 - 34
SGOT (AST) <i>IFCC Without Pyridoxal Phosphate</i>	41 ▲	U/L	0 - 31
ALKALINE PHOSPHATASE <i>IFCC</i>	129 ▲	U/L	53 - 128
TOTAL PROTEIN <i>Biuret</i>	8.5 ▲	g/dl	6.4 - 8.2
ALBUMIN <i>Bromocresol Green</i>	5.1	gm/dl	3.5 - 5.2
GLOBULIN <i>Calculated</i>	3.4	g/dl	2 - 3.5
ALBUMIN:GLOBULIN <i>Calculated</i>	1.5	-	1.1 - 2.5
GGT <i>Enzymatic colorimetric assay</i>	44	U/L	8 - 61

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LIPID PROFILE

SAMPLE : SERUM

TOTAL CHOLESTEROL	143	mg/dl	Desirable <200 Borderline 200-239 High >=240
<i>CHOD-PAP</i>			
HDL CHOLESTEROL	25 ▼	mg/dl	40 - 60
<i>Homogenous Enzymatic Colorimetric</i>			
LDL CHOLESTEROL	87	mg/dl	Optimal < 100 Borderline 130
<i>Homogenous Enzymatic Colorimetric</i>			
VLDL	37.20 ▲	mg/dl	0 - 30
<i>CALCULATED</i>			
CHOLESTEROL-HDL RATIO	5.72	-	
LDL-HDL RATIO	3.48	-	
TRIGLYCERIDES	186	mg/dl	Desirable <150 Borderline 150 - 200 High >200
<i>Enzymatic Colorimetric</i>			

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Immunoassay

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
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THYROID FUNCTION TEST

SAMPLE : SERUM

T3 ECLIA	1.11	ng/ml	0.60 - 1.80
T4 ECLIA	8.53	ug/dL	5.40 - 11.70
TSH	2.36	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).

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Hematology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
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COMPLETE HAEMOGRAM (CBC)

SAMPLE : EDTA BLOOD

HAEMOGLOBIN (HB) <i>Colorimetric method (Cyn Meth)</i>	13.8	gm/dl	13 - 17
RBC COUNT <i>Electrical Impedance Method</i>	5.66 ▲	x10 ⁶ /ul	4.5 - 5.5
TOTAL WBC COUNT <i>Electrical Impedance Method</i>	12.1 ▲	10 ³ /cmm	4 - 10
PLATELET COUNT <i>Electrical Impedance Method</i>	190	10 ³ /cmm	150 - 410
PCV <i>RBC pulse ht. detection method</i>	43	%	40 - 50
MCV <i>calculated</i>	76 ▼	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>	03	%	2 - 10
EOSINOPHILS <i>Microscopy</i>	02 ▼	%	1 - 6
BASOPHILS <i>Microscopy</i>	00	%	0 - 2

PERIPHERAL BLOOD SMEAR

RBC Predominantly normocytic normochromic;
few microcytes seen.

WBC Leucocytosis

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Facility : NARAYAN MEMORIAL HOSPITAL

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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Immunology

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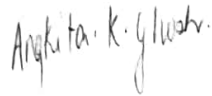
BLOOD GROUPING & Rh TYPING

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 : 07H0057486	Collection Date : 17/02/22 12:01	Ack Date :	Report Date : 18/02/22 11:40

URINE FOR R/E

SAMPLE : URINE

PHYSICAL EXAMINATION

VOLUME	60	ml	
COLOUR	PALE YELLOW		
APPEARANCE	CLEAR		
SPECIFIC GRAVITY	1.015		1.010 - 1.030
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	1-2 / HPF	<5/HPF
EPITHELIAL CELLS	0-1 / HPF	<20/HPF
RBC	NIL	
CAST	ABSENT	ABSENT
CRYSTAL	ABSENT	ABSENT

Please correlate clinically.

Sample No : 07H0057491	Collection Date : 17/02/22 12:16	Ack Date :	Report Date : 18/02/22 11:40
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URINE FOR SUGAR FASTING

SAMPLE : URINE

RESULT ABSENT

End of Report

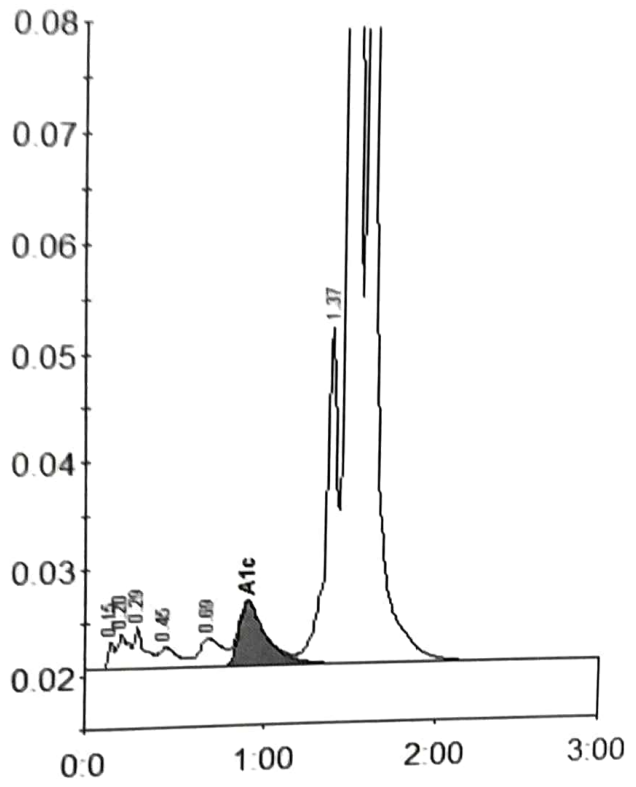
Angkita K. Ghosh

Dr. ANGKITA K. GHOSH
MBBS, MD(PATH)
(CONSULTANT PATHOLOGIST)
RegNo: 82734
Checked By

Report
 S.N: #DJ0A467747
 Sample ID:
 Injection date
 Injection #: 10
 Rack #: ---

DATE: 17/02/2022
 TIME: 16:35
 Software version: 4.30-2
 07H0057486A
 17/02/2022 15:53
 Method: HbA1c
 Rack position: 7

Mr Soumya Patra
 (R)NMHK 2202033 34y/ M
 07H0057486A
 EDTA Wh 17-02 12:01



Peak table - ID: 07H0057486A

Peak	R.time	Height	Area	Area %
Unknown	0.15	2604	5945	0.2
Ala	0.20	3398	14878	0.6
Alb	0.29	3965	15914	0.6
F	0.45	2004	15604	0.6
LA1c/CHb-1	0.69	2730	24788	1.0
A1c	0.91	6164	65738	5.3
P3	1.37	31990	142722	5.6
A0	1.45	507487	1446809	56.5
Variant-Window	1.57	301497	826377	32.3
Total Area:		2558773		

Concentration:	%	mmol/mol
A1c	5.3	35

DIAGNOSTICS REPORT

Patient Name	: Mr. Soumya Patra	Order Date	: 17/02/2022 11:59
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USG REPORT OF WHOLE ABDOMEN

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.

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 enlarged in size.** Parenchyma shows normal homogeneous pattern. Spleen measures : 15 cm.

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 : 9.9 cm & Left kidney measures : 11.4 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 3.3 cm x 3.2 cm x 2.8 cm. It weight approx 15.7 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.
* Splenomegaly.



Dr. MADHUSHREE RAY NASKAR,
MBBS, DMRD

Consultant Radiologist

RegNo: 57032

DIAGNOSTICS REPORT

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2D ECHOCARDIOGRAPHY WITH M-MODE

MEASUREMENTS

2D and M-Mode :

IVS (d)	11 mm	Aorta (at sinuses)	28 mm
LVID (d)	45 mm	LA diameter	36 mm
LVPW (d)	11 mm	RVID (d) - basal	16 mm
LVID (s)	27 mm	TAPSE	22 mm
LVEF	62 %		

Estimated PASP = 22 mmHg

FINDINGS

Left Ventricle :

Cavity size : Normal.

Wall thickness : Normal.

Segmental wall motion : No abnormality found.

Global systolic function : Normal (EF = 62 %)

Diastolic function : Adequate.

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. Trivial 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 = 16 mmHg.

Interarterial 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.

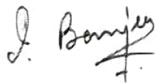
Inferior Vena Cava : IVC normal diameter, > 50% respiratory variation.

Others : No thrombus, mass, vegetation seen.

IMPRESSION:

Status of Patient :

- * No regional wall motion abnormality at rest.
- * Good LV systolic function (EF = 62 %).
- * Good RV systolic function (TAPSE = 22 mm).
- * Normal valve morphology.
- * Adequate LV diastolic function.
- * No pericardial effusion.
- * No pulmonary arterial hypertension.



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

Board Certified Comprehensive
Echocardiographer (USA)

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ELECTROCARDIOGRAM REPORT (ECG)

HR	: 70 bpm
Rhythm	: Sinus
P wave	: Normal
PR Interval	: 156 msec
QRS axis	: Normal (63 Degree)
QRS duration	: 92 msec
QRS configuration	: Normal
T wave	: Non specific changes
ST segment	: Non specific changes
QTc	: 402 msec
QT	: 370 msec

IMPRESSION:

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



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

Board Certified Comprehensive
Echocardiographer (USA)

IOUMYRA PATRA

IMHKZZ02033

Male

14 years

..... cm / kg

HR 70/min

Axis: P 49°

SINUS RHYTHM

OTHERWISE NORMAL ECG

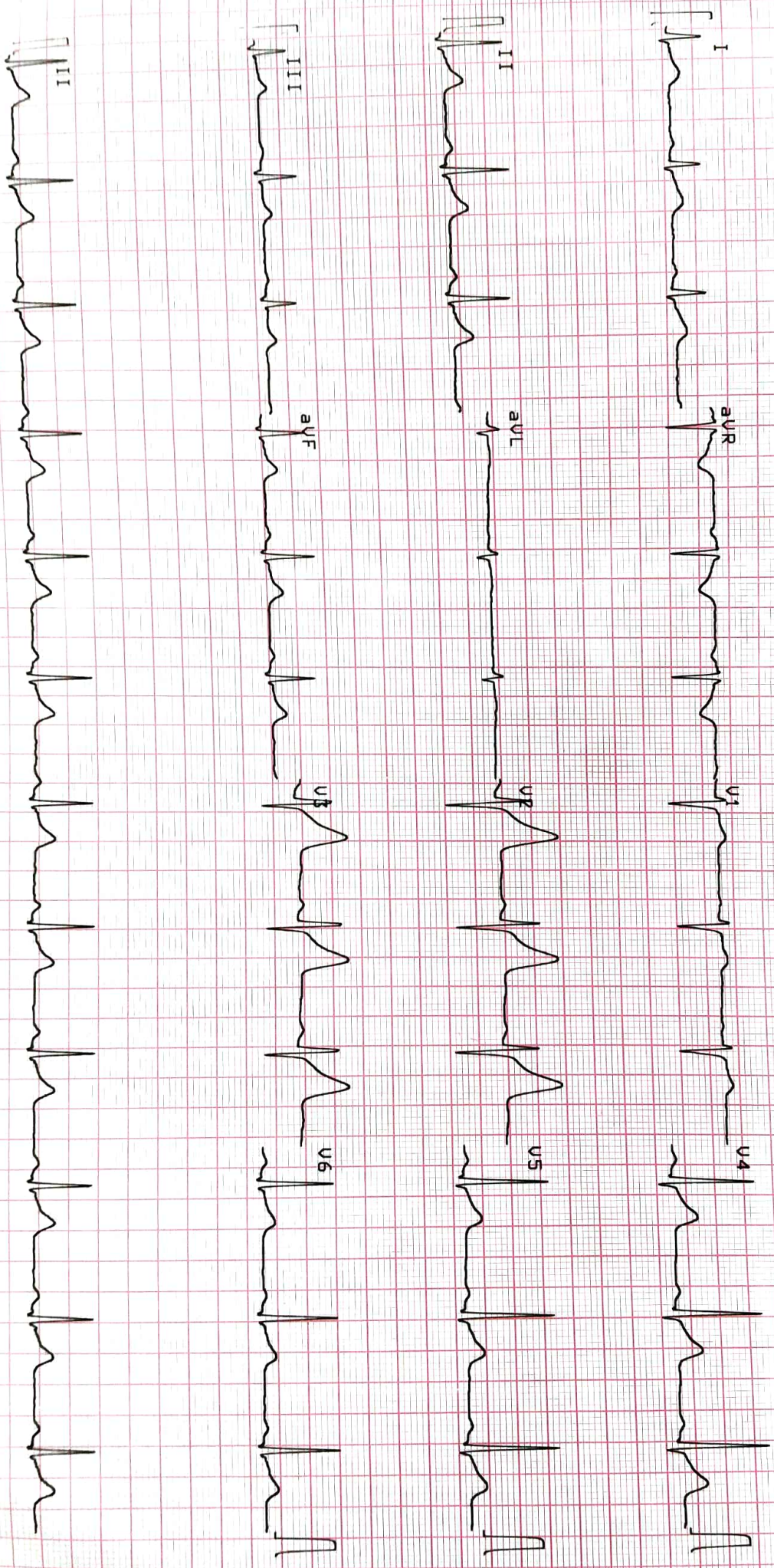
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UNCONFIRMED REPORT

Intervals:
 RR 856 ms
 P 108 ms
 PR 156 ms
 QRS 92 ms
 QT 370 ms
 QTc 402 ms
 (Bazett)
 10 mm/mV

Axis:
 P 49°
 QRS 63°
 T 49°

P (II) 0.13 mV
 S (V1) -0.91 mV
 R (V5) 1.94 mV
 Sokol. 3.08 mV



0.05-25 Hz F50 55F 585 17.02.2022 10:54:50

NARAYAN MEMORIAL HOSPITAL, BEHALA

RT-102plus 1.25uGts

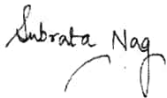
DIAGNOSTICS REPORT

Patient Name	: Mr. Soumya Patra	Order Date	: 17/02/2022 11:59
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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**

RegNo: 66718