

Narayan Memorial Hospital

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

CIN No. : U85110WB2005PTC104884

GSTIN No. : 19AACCN1707E1ZS



DIAGNOSTICS REPORT

Patient Name	: Mr. DEEP BISWAS	Order Date	: 20/01/2024 09:22
Age/Sex	: 37 Year(s)/Male	Report Date	: 20/01/2024 15:15
UHID	: NMHK.2305848	IP No	:
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
		Mobile	: 9088366178
Address	: 57/7 R.N TAGORE ROAD, THAKURPUKUR, Kolkata, West Bengal, 700063		

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.

Needs clinical correlation.

Subrata Nag

**Dr. SUBRATA NAG, MBBS, DNB, Fellow
intervention/endovascular surgery**

RegNo: 66718

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Patient Name	: Mr. DEEP BISWAS	Order Date	: 20/01/2024 09:22
Age/Sex	: 37 Year(s)/Male	Report Date	: 20/01/2024 13:54
UHID	: NMHK.2305848	IP No	:
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		Mobile	: 9088366178
Address	: 57/7 R.N TAGORE ROAD, THAKURPUKUR, Kolkata, West Bengal, 700063		

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 0.8 cm.
CD : Normal . CD 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 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 : 9.3 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 2.8 cm x 3.5 cm x 2.9 cm. It weight approx 15 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 (grade I).

Dr. MADHUSHREE RAY NASKAR, MBBS
,DMRD

Consultant Radiologist

RegNo: 57032

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Patient Name	: Mr. DEEP BISWAS	Order Date	: 20/01/2024 09:22
Age/Sex	: 37 Year(s)/Male	Report Date	: 20/01/2024 13:40
UHID	: NMHK.2305848	IP No	:
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
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Address	: 57/7 R.N TAGORE ROAD, THAKURPUKUR, Kolkata, West Bengal, 700063		

ELECTROCARDIOGRAM REPORT (ECG)

HR : 76 bpm
Rhythm : Sinus
P wave : Normal
PR Interval : 138 msec
QRS axis : Normal (49 Degree)
QRS duration : 78 msec
QRS configuration : Normal
T wave : Normal
ST segment : Isoelectric
QTc : 400 msec
QT : 352 msec

IMPRESSION:

- Sinus rhythm.
- Normal ECG.

Clinical correlation please.

Dr. Sudip Chakraborty , MBBS, DIP (Preventative Cardiology) fellow Clinical

RegNo: 56285

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Age/Sex : 37 Year(s)/Male
UHID : NMHK.2305848
Ref. Doctor : NMH

Order Date : 20/01/2024 09:22
Report Date : 20/01/2024 18:52
IP No :
Facility : NARAYAN MEMORIAL HOSPITAL
Mobile : 9088366178

Address : 57/7 R.N TAGORE ROAD, THAKURPUKUR, Kolkata, West Bengal, 700063

ECHOCARDIOGRAPHY (SCREENING)

Status of Patient :

- * No regional wall motion abnormality at rest.
- * Good LV systolic function (EF = 65 %).
- * Good RV systolic function (TAPSE = 1.9 cm) (RVS' = 0.14 m/s).
- * Normal valve morphology.
- * Normal LV diastolic function (E/e' = 7.51).
- * No pericardial effusion.
- * No pulmonary arterial hypertension (PASP = 22 mmHg).
- * IVC normal diameter & > 50% respiratory variation.
- * No thrombus, mass, vegetation seen.

Dr. Sudip Chakraborty, MBBS, DIP (Preventive Cardiology) fellow Clinical

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LABORATORY INVESTIGATION REPORT

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Episode : OP

Ref. Doctor : NMH

Address : 57/7 R.N TAGORE ROAD , THAKURPUKUR ,Kolkata,West Bengal ,700063

Age/Sex : 37 Year(s) / Male

Order Date : 20/01/2024 09:22

Mobile No : 9088366178

DOB : 25/03/1986

Facility : NARAYAN MEMORIAL HOSPITAL

Hematology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
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Sample No : 07H0157628	Collection Date : 20/01/24 09:39	Ack Date : 20/01/2024 10:10	Report Date : 20/01/24 16:18
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BLOOD GROUPING & Rh TYPING

Sample- EDTA Whole Blood

SAMPLE : EDTA BLOOD

BLOOD GROUP

' B '

Method - Agglutinationforward & Reverse

RH TYPE

POSITIVE

COMPLETE HAEMOGRAM (CBC)

Sample- EDTA Whole Blood

SAMPLE : EDTA BLOOD

HAEMOGLOBIN (HB)

14.8

gm/dl

13 - 17

Method - Colorimetric method (Cyn Meth)

RBC COUNT

5.4

x10⁶/ul

4.5 - 5.5

Method - Electrical Impedance Method

TOTAL WBC COUNT

6.7

10³/cm³
m

4 - 10

Method - Electrical Impedance Method

PLATELET COUNT

210

10³/cm³
m

150 - 410

Method - Electrical Impedance Method

PCV

46

%

40 - 50

Method - RBC pulse ht. detection method

MCV

84

fl

83 - 101

Method - calculated

MCH

27

pg

27 - 32

Method - Calculated

MCHC

32

gm/dl

31.5 - 34.5

Method - Calculated

ESR

10

%

0 - 10

Method - Modified Westergren Method

DIFFERENTIAL COUNT

NEUTROPHILS

55

%

40 - 80

Method - Microscopy

LYMPHOCYTES

37

%

20 - 40

Method - Microscopy

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MONOCYTES	05	%	2 - 10
<i>Method - Microscopy</i>			
EOSINOPHILS	03	%	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

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

Checked By

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Facility : NARAYAN MEMORIAL HOSPITAL

Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0157628	Collection Date : 20/01/24 09:39	Ack Date : 20/01/2024 10:51	Report Date : 20/01/24 12:44

SERUM CREATININE

Sample- Serum

SAMPLE : SERUM

SERUM CREATININE 0.8 mg/dl 0.7 - 1.2

Method - Jaffe Gen2 Compensated

LIVER FUNCTION TEST (LFT)

Sample- Serum

SAMPLE : SERUM

TOTAL BILIRUBIN 0.5 mg/dl 0 - 1.1

Method - Diazo Method

DIRECT BILIRUBIN 0.3 ▲ mg/dl 0 - 0.2

Method - Diazo Method

INDIRECT BILIRUBIN 0.2 mg/dl 0.2 - 0.9

Method - Calculated

SGPT (ALT) 76 ▲ U/L 0 - 34

Method - IFCC Without Pyridoxal Phosphate

SGOT (AST) 37 ▲ U/L 0 - 31

Method - IFCC Without Pyridoxal Phosphate

ALKALINE PHOSPHATASE 88 U/L 53 - 128

Method - IFCC

TOTAL PROTEIN 7.5 g/dl 6.4 - 8.2

Method - Biuret

ALBUMIN 4.7 gm/dl 3.5 - 5.2

Method - Bromocresol Green

GLOBULIN 2.8 g/dl 2 - 3.5

Method - Calculated

ALBUMIN:GLOBULIN 1.7 - 1.1 - 2.5

Method - Calculated

GGT 39 U/L 8 - 61

Method - Enzymatic colorimetric assay

BLOOD UREA NITROGEN

Sample- Serum

BLOOD UREA NITROGEN 10.2 mg/dl 6 - 20

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Facility : NARAYAN MEMORIAL HOSPITAL

Method - Calculated

LIPID PROFILE

Sample- Serum

SAMPLE : SERUM

TOTAL CHOLESTEROL 164 mg/dl Desirable <200 |
Borderline 200-239 |
High >=240

Method - CHOD-PAP

HDL CHOLESTEROL 35 ▼ mg/dl 40 - 60

Method - Homogenous Enzymatic Colorimetric

LDL CHOLESTEROL 101 mg/dl Optimal < 100 |
Borderline 130 - 159
| High >160

Method - Homogenous Enzymatic Colorimetric

VLDL 28 mg/dl 0 - 30

Method - CALCULATED

CHOLESTEROL-HDL RATIO 4.69 -

LDL-HDL RATIO 2.89 -

TRIGLYCERIDES 139 mg/dl Desirable <150 |
Borderline 150 - 200
| High >200

Method - Enzymatic Colorimetric

URIC ACID

Sample- Serum

SAMPLE : SERUM

URIC ACID 5.2 mg/dl 3.4 - 7

Method - Enzymatic Colorimetric

BUN / CREATINE RATIO

Sample- Serum

SAMPLE : SERUM

BUN / CREATINE RATIO 12.7

GLYCOSYLATED HAEMOGLOBIN (HBA1C)

Sample- EDTA Whole Blood A

SAMPLE : EDTA BLOOD

HBA1C 5.9

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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 glycemic 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.

BLOOD SUGAR(F)

Sample- Plasma

SAMPLE : PLASMA

BLOOD SUGAR FASTING

Method - Hexokinase

110 ▲

mg/dl

70 - 109

BLOOD SUGAR(PP)

Sample- Plasma

SAMPLE : PLASMA

BLOOD SUGAR PP

Method - Hexokinase

95

mg/dl

70.00 - 140.00

End of Report

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

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Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0157628	Collection Date : 20/01/24 09:39	Ack Date : 20/01/2024 11:13	Report Date : 20/01/24 12:37

URINE FOR R/E

Sample- Urine

SAMPLE : URINE

PHYSICAL EXAMINATION

VOLUME	30	ml	
COLOUR	PALE STRAW		
APPEARANCE	SLIGHTLY HAZY		
SPECIFIC GRAVITY	1.015		1.010 - 1.030
REACTION(pH)	ACIDIC (pH-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	0-2/HPF	<20/HPF
RBC	ABSENT	
CAST	ABSENT	ABSENT
CRYSTAL	ABSENT	ABSENT

Please correlate clinically.

STOOL FOR R/E

Sample- Stool

SAMPLE : STOOL

PHYSICAL EXAMINATION

COLOUR.	BROWNISH
CONSISTENCY	SEMI-SOLID
MUCUS	PRESENT

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VISIBLE BLOOD ABSENT

ADULT PARASITE ABSENT

CHEMICAL EXAMINATION

REACTION ACIDIC

MICROSCOPIC EXAMINATION

PUS CELLS 1-2/HPF

VEG CELL PRESENT

RBC ABSENT

OVA NOT FOUND

PARASITES NOT FOUND

CYSTS NOT FOUND

BACTERIAL FLORA PRESENT

FAT GLOBULES ABSENT

STARCH GRANULES PRESENT

Please correlate clinically.

URINE FOR SUGAR FASTING

Sample- Urine

SAMPLE : URINE

RESULT ABSENT

URINE FOR SUGAR PP

Sample- Urine

SAMPLE : URINE

RESULT ABSENT

End of Report

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

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

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MC-B623

LABORATORY INVESTIGATION REPORT

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Episode : OP

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Age/Sex : 37 Year(s) / Male

Order Date : 20/01/2024 09:22

Mobile No : 9088366178

DOB : 25/03/1986

Facility : NARAYAN MEMORIAL HOSPITAL

Immunology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0157628	Collection Date : 20/01/24 09:39	Ack Date : 20/01/2024 10:51	Report Date : 20/01/24 12:56

THYROID FUNCTION TEST

Sample- Serum

SAMPLE : SERUM

T3	1.4	ng/ml	0.60 - 1.80
Method - ECLIA			
T4	8.61	ug/dL	5.40 - 11.70
Method - ECLIA			
TSH	3.05	uIU/ml	Adult Male - 0.27-5.5 0 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 μ 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)
- There is no high dose hook effect at TSH concentrations upto 1000 μ mol/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 μ 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).
- The assay is unaffected by icterus (bilirubin < 599 μ 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.S. Chatterjee
MD, MBBS, FAACC
(CONSULTANT BIOCHEMIST)

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