

## LABORATORY INVESTIGATION REPORT

<b>Patient Name</b> : Mr. ANIMESH KUITY	<b>Age/Sex</b> : 36 Year(s)/Male
<b>UHID</b> : NMHK.2209530	<b>Order Date</b> : 25/06/2022 13:00
<b>Episode</b> : OP	
<b>Ref. Doctor</b> : NMH	<b>Mobile No</b> : 8884692773
	<b>DOB</b> : 01/01/1986
<b>Address</b> : BIREN ROY ROAD , BEHALA ,Kolkata,West Bengal ,700008	<b>Facility</b> : NARAYAN MEMORIAL HOSPITAL

### Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0067360A	Collection Date : 25/06/22 13:23	Ack Date : 25/06/2022 13:46	Report Date : 25/06/22 19:00

#### GLYCOSYLATED HAEMOGLOBIN (HBA1C)

##### SAMPLE : EDTA BLOOD

HBA1C 5.3

##### 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 glyceimic control :

Excellent Control - 6 - 7 %

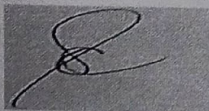
Fair to Good Control - 7 - 8 %

Unsatisfactory Control - 8 - 10 %

Poor Control - > 10 % .

Note : Hemoglobin electrophoresis (HPLC method) is recommended for detecting hemoglobinopathy.

End of Report



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

Checked By

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**Biochemistry**

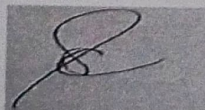
INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0067359	Collection Date : 25/06/22 13:22	Ack Date : 25/06/2022 13:43	Report Date : 25/06/22 19:00

**LIVER FUNCTION TEST ( LFT )**

**SAMPLE : SERUM**

TOTAL BILIRUBIN <i>Diazo Method</i>	0.6	mg/dl	0 - 1.1
DIRECT BILIRUBIN <i>Diazo Method</i>	0.2	mg/dl	0 - 0.2
INDIRECT BILIRUBIN <i>Calculated</i>	0.4	mg/dl	0.2 - 0.9
SGPT (ALT) <i>IFCC Without Pyridoxal Phosphate</i>	26	U/L	0 - 34
SGOT (AST) <i>IFCC Without Pyridoxal Phosphate</i>	22	U/L	0 - 31
ALKALINE PHOSPHATASE <i>IFCC</i>	70	U/L	53 - 128
TOTAL PROTEIN <i>Biuret</i>	7.9	g/dl	6.4 - 8.2
ALBUMIN <i>Bromocresol Green</i>	4.8	gm/dl	3.5 - 5.2
GLOBULIN <i>Calculated</i>	3.1	g/dl	2 - 3.5
ALBUMIN:GLOBULIN <i>Calculated</i>	1.5	-	1.1 - 2.5
GGT <i>Enzymatic colorimetric assay</i>	31	U/L	8 - 61

End of Report



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**Biochemistry**

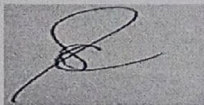
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**LIPID PROFILE**

**SAMPLE : SERUM**

TOTAL CHOLESTEROL	192	mg/dl	Desirable <200   Borderline 200-239   High >=240
<i>CHOD-PAP</i>			
HDL CHOLESTEROL	31 ▼	mg/dl	40 - 60
<i>Homogenous Enzymatic Colorimetric</i>			
LDL CHOLESTEROL	140	mg/dl	Optimal < 100   Borderline 130
<i>Homogenous Enzymatic Colorimetric</i>			
VLDL	25	mg/dl	0 - 30
<i>CALCULATED</i>			
CHOLESTEROL-HDL RATIO	6.19	-	
LDL-HDL RATIO	4.52	-	
TRIGLYCERIDES	123	mg/dl	Desirable <150   Borderline 150 - 200   High >200
<i>Enzymatic Colorimetric</i>			

End of Report



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

Checked By

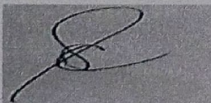
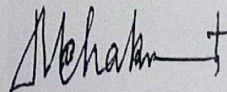
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## Biochemistry

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<b>BLOOD UREA NITROGEN</b>			
BLOOD UREA NITROGEN <i>Calculated</i>	12	mg/dl	6 - 20
<b>SAMPLE : SERUM</b>			
RESULT	15		
Sample No : 07H0067359A	Collection Date : 25/06/22 13:22	Ack Date : 25/06/2022 13:45	Report Date : 25/06/22 19:00
<b>BLOOD SUGAR(F)</b>			
<b>SAMPLE : PLASMA</b>			
BLOOD SUGAR FASTING <i>Hexokinase</i>	95	mg/dl	70 - 109
Sample No : 07H0067360	Collection Date : 25/06/22 13:23	Ack Date : 25/06/2022 13:45	Report Date : 25/06/22 19:00
<b>SERUM CREATININE</b>			
<b>SAMPLE : SERUM</b>			
SERUM CREATININE <i>Jaffe Gen2 Compensated</i>	0.8	mg/dl	0.7 - 1.2
<b>URIC ACID</b>			
<b>SAMPLE : SERUM</b>			
URIC ACID <i>Enzymatic Colorimetric</i>	5.9	mg/dl	3.4 - 7
Sample No : 07H0067453B	Collection Date : 26/06/22 14:02	Ack Date : 26/06/2022 14:40	Report Date : 27/06/22 11:10
<b>BLOOD SUGAR(PP)</b>			
<b>SAMPLE : PLASMA</b>			
BLOOD SUGAR PP <i>Hexokinase</i>	84	mg/dl	70.00 - 140.00

End of Report

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

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

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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>	13.6	gm/dl	13 - 17
RBC COUNT <i>Electrical Impedance Method</i>	<b>4.41 ▼</b>	x10 <sup>6</sup> /ul	4.5 - 5.5
TOTAL WBC COUNT <i>Electrical Impedance Method</i>	8.0	10 <sup>3</sup> /cmm	4 - 10
PLATELET COUNT <i>Electrical Impedance Method</i>	250	10 <sup>3</sup> /cmm	150 - 410
PCV <i>RBC pulse ht. detection method</i>	40	%	40 - 50
MCV <i>calculated</i>	92	fl	83 - 101
MCH <i>Calculated</i>	31	pg	27 - 32
MCHC <i>Calculated</i>	34	gm/dl	31.5 - 34.5
ESR <i>Modified Westergren Method</i>	<b>28 ▲</b>	%	0 - 10

**DIFFERENTIAL COUNT**

NEUTROPHILS <i>Microscopy</i>	59	%	40 - 80
LYMPHOCYTES <i>Microscopy</i>	35	%	20 - 40
MONOCYTES <i>Microscopy</i>	02	%	2 - 10
EOSINOPHILS <i>Microscopy</i>	04	%	1 - 6

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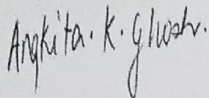
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BASOPHILS 00 % 0 - 2  
*Microscopy*

#### **PERIPHERAL BLOOD SMEAR**

RBC Normocytic Normochromic  
WBC Within normal limit  
PLATELET Adequate

End of Report



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

RegNo: 82734

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### Immunology

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#### BLOOD GROUPING & Rh TYPING

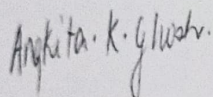
##### SAMPLE : EDTA BLOOD

BLOOD GROUP 'O'

*Agglutination forward & Reverse*

RH TYPE POSITIVE

End of Report



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**LABORATORY INVESTIGATION REPORT**

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**Immunology**

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**THYROID FUNCTION TEST**

**SAMPLE : SERUM**

T3 ECLIA	1.0	ng/ml	0.6 - 1.8
T4 ECLIA	7.1	ug/dL	5.4 - 11.7
TSH ECLIA	3.5	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

*Angkita K. Ghosh*

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

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**Clinical Pathology**

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
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**URINE FOR R/E**

**SAMPLE : URINE**

**PHYSICAL EXAMINATION**

VOLUME	40	ml	
COLOUR	STRAW		
APPEARANCE	SLIGHTLY HAZY		1.010 - 1.030
SPECIFIC GRAVITY	1.015		
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	4-5 / HPF	<5/HPF
EPITHELIAL CELLS	1-2 / HPF	<20/HPF
RBC	OCCASIONAL	ABSENT
CAST	ABSENT	ABSENT
CRYSTAL	ABSENT	

*Please correlate clinically.*

End of Report

*Angkita K. Ghosh*

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

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### Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0067359	Collection Date : 25/06/22 13:22	Ack Date : 26/06/2022 17:29	Report Date : 27/06/22 11:09

#### URINE FOR SUGAR FASTING

**SAMPLE : URINE**

RESULT ABSENT

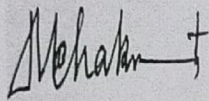
Sample No : 07H0067453	Collection Date : 26/06/22 14:02	Ack Date : 26/06/2022 17:29	Report Date : 27/06/22 11:10
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#### URINE FOR SUGAR PP

**SAMPLE : URINE**

RESULT ABSENT

End of Report



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

Checked By

## DIAGNOSTICS REPORT

Patient Name	: Mr. ANIMESH KUIITY	Order Date	: 25/06/2022 13:00
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## STRESS TEST (TREAD MILL)

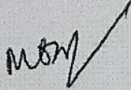
### Interpretation

Summary: Resting ECG: normal. Functional capacity: normal. HR response to Exercise: appropriate. BP response to Exercise: appropriate. Chest pain: none. Arrhythmia: none. ST changes: no significant changes.

### Conclusion

**EXERCISE STRESS TEST IS NEGATIVE FOR EVIDENCE OF PROVOCABLE MYOCARDIAL ISCHAEMIA.  
GOOD EFFORT TOLERANCE.**

Please correlate clinically.



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

Consultant Cardiologist

RegNo: 55696

**DIAGNOSTICS REPORT**

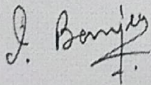
Patient Name	: Mr. ANIMESH KUIITY	Order Date	: 25/06/2022 13:00
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**ELECTROCARDIOGRAM REPORT (ECG)**

HR	: 68 bpm
Rhythm	: Sinus
P wave	: Normal
PR Interval	: 160 msec
QRS axis	: Normal (45 Degree)
QRS duration	: 98 msec
QRS configuration	: Normal
T wave	: Non specific changes
ST segment	: Non specific changes
QTc	: 411 msec
QT	: 382 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)

HCU  
 RNIMESH KUITTY  
 2209530  
 36 years  
 Male  
 kg

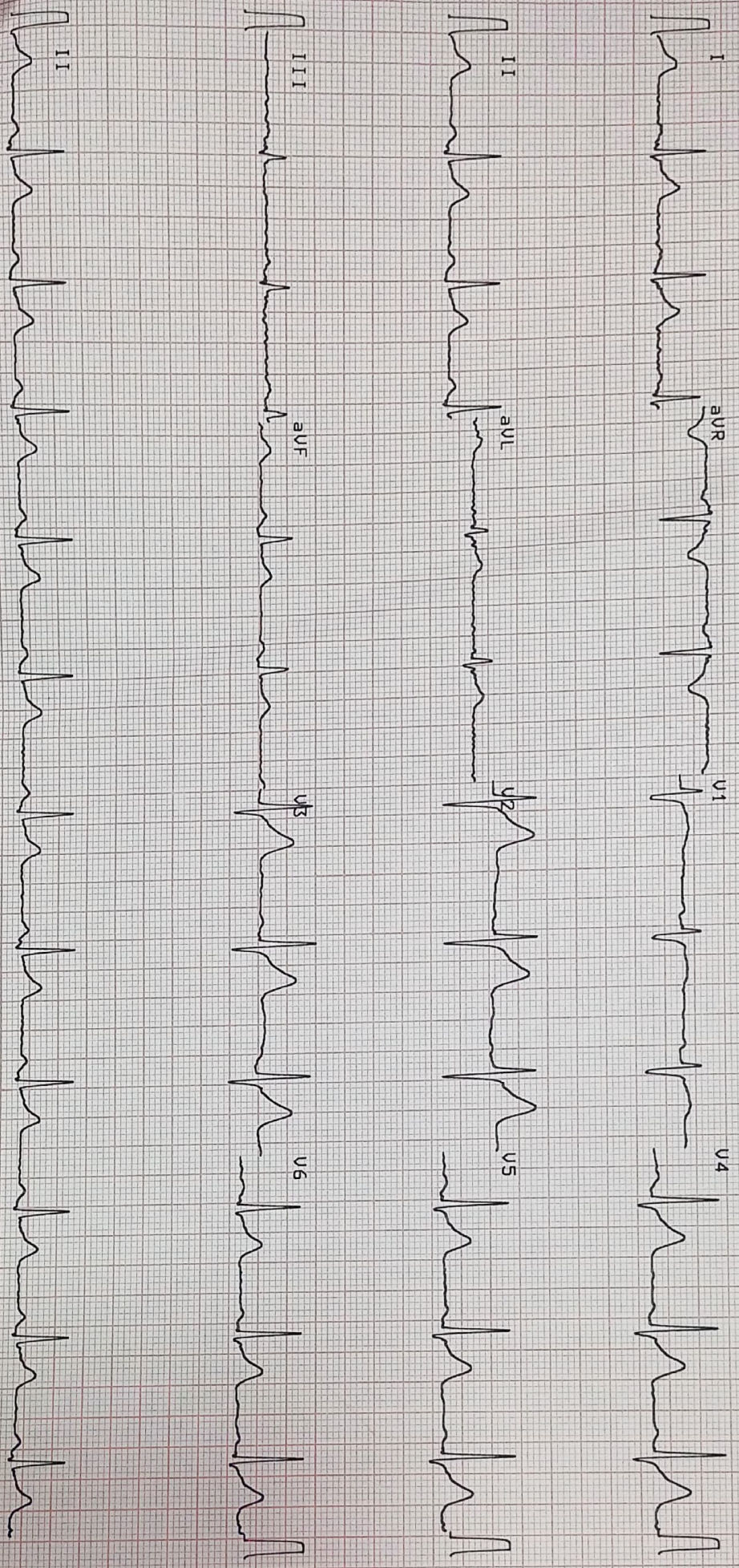
HR 68/min  
 Intervals:  
 RR 879 ms  
 P 152 ms  
 PR 160 ms  
 QRS 98 ms  
 QT 382 ms  
 QTc 411 ms  
 (Bazett)  
 10 mm/mV

Axis:  
 P 38 °  
 QRS 45 °  
 T 28 °

SINUS RHYTHM  
 6.02

10 mm/mV

UNCONFIRMED REPORT



0:05:25 Hz BUFS0 SSF 585 25-06-2022 12:08:13

NARAYAN MEMORIAL  
 HOSPITAL-BEHALUR

PT-102plus 1.25 Ct

## DIAGNOSTICS REPORT

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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 0.3 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 maintained. No evidence of any calculus/ mass / hydronephrosis is seen. Right kidney measures : 12.2 cm & Left kidney measures : 11.7 cm.

**URINARY BLADDER** : Urinary bladder is normal in contour, outline and distension. No vesical lesion is seen.

### DIAGNOSTICS REPORT

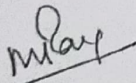
Patient Name	: Mr. ANIMESH KUIITY	Order Date	: 25/06/2022 13:00
Age/Sex	: 36 Year(s)/Male	Report Date	: 25/06/2022 14:15
UHID	: NMHK.2209530	IP No	:
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
Address	: BIREN ROY ROAD, BEHALA, Kolkata, West Bengal, 700008	Mobile	: 8884692773

**PROSTATE** : Prostate is normal size, outline and echotexture appear normal. No focal lesion is seen. Prostate measures 3.8 cm x 3.2 cm x 3.2 cm. It weight approx 21.4 gm.

**PERITONEUM** : : No free fluid is noted.

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

**IMPRESSION** : Mild fatty changes in liver.



**Dr. MADHUSHREE RAY NASKAR,**  
**MBBS, DMRD**

Consultant Radiologist

RegNo: 57032



## DIAGNOSTICS REPORT

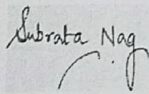
Patient Name	: Mr. ANIMESH KUIITY	Order Date	: 25/06/2022 13:00
Age/Sex	: 36 Year(s)/Male	Report Date	: 25/06/2022 17:26
UHID	: NMHK.2209530	IP No	:
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
Address	: BIREN ROY ROAD, BEHALA, Kolkata, West Bengal, 700008	Mobile	: 8884692773

### 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.**



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