

LABORATORY INVESTIGATION REPORT

Patient Name	: Mr. Goutam Chowdhury	Age/Sex	: 49 Year(s)/Male
UHID	: NMHK.2203344	Order Date	: 12/03/2022 12:50
Episode	: OP	Mobile No	: 9901569507
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
Address	: 255 DIAMOND PARK, SAI APARTMENT , Diamond Park ,Kolkata,West Bengal ,700104		

Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
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Sample No : 07H0059240 Collection Date : 12/03/22 12:57 Ack Date : Report Date : 13/03/22 13:51

SERUM CREATININE

SAMPLE : SERUM

SERUM CREATININE

Jaffe Gen2 Compensated

0.8

mg/dl

0.7 - 1.2

BLOOD UREA NITROGEN

BLOOD UREA NITROGEN

Calculated

13.5

mg/dl

6 - 20

URIC ACID

SAMPLE : SERUM

URIC ACID

Enzymatic Colorimetric

4.5

mg/dl

3.4 - 7

SAMPLE : SERUM

RESULT

16.87

Report Date : 13/03/22 13:51

Sample No : 07H0059240B Collection Date : 12/03/22 12:57 Ack Date : Report Date : 13/03/22 13:51

BLOOD SUGAR(F)

SAMPLE : PLASMA

BLOOD SUGAR FASTING

Hexokinase

106

mg/dl

70 - 109

Sample No : 07H0059249B Collection Date : 12/03/22 13:29 Ack Date : Report Date : 13/03/22 13:51

BLOOD SUGAR(PP)

SAMPLE : PLASMA

BLOOD SUGAR PP

Hexokinase

312 ▲

mg/dl

70 - 140

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 : 07H0059240A	Collection Date : 12/03/22 12:57	Ack Date :	Report Date : 12/03/22 19:22

GLYCOSYLATED HAEMOGLOBIN (HBA1C)

SAMPLE : EDTA BLOOD

HBA1C **9.7 ▲** % Non-diabetic : 4-6
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 glycemc 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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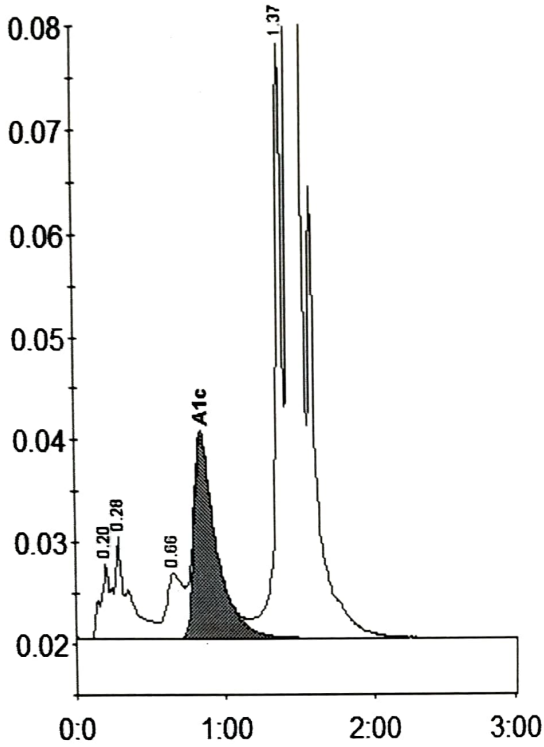
Patient report

Bio-Rad DATE: 12/03/2022
 D-10 TIME: 16:39
 S/N: #DJ0A467747 Software version: 4.30-2
 Sample ID: 07H0059240A
 Injection date 12/03/2022 16:18
 Injection #: 22 Method: HbA1c
 Rack #: --- Rack position: 2

Mr. Goutam Choudhury
 (R)NMHK.2203344 49y/ M



07H0059240A
 EDTA Wh 12-03 12:57



Peak table - ID: 07H0059240A

Peak	R.time	Height	Area	Area %
A1a	0.20	7464	38399	1.4
A1b	0.28	10025	61844	2.2
LA1c/CHb-1	0.66	6396	51057	1.9
A1c	0.84	19922	204850	9.7
P3	1.37	57675	197634	7.2
A0	1.44	763293	2200539	79.9
Total Area:		2754323		

Concentration:	%	mmol/mol
A1c	9.7	82

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LIVER FUNCTION TEST (LFT)

SAMPLE : SERUM

TOTAL BILIRUBIN <i>Diazo Method</i>	0.5	mg/dl	0 - 1.1
DIRECT BILIRUBIN <i>Diazo Method</i>	0.2	mg/dl	0 - 0.2
INDIRECT BILIRUBIN <i>Calculated</i>	0.3	mg/dl	0.2 - 0.9
SGPT (ALT) <i>IFCC Without Pyridoxal Phosphate</i>	51 ▲	U/L	0 - 34
SGOT (AST) <i>IFCC Without Pyridoxal Phosphate</i>	29	U/L	0 - 31
ALKALINE PHOSPHATASE <i>IFCC</i>	96	U/L	53 - 128
TOTAL PROTEIN <i>Biuret</i>	7.5	g/dl	6.4 - 8.2
ALBUMIN <i>Bromocresol Green</i>	5.0	gm/dl	3.5 - 5.2
GLOBULIN <i>Calculated</i>	2.5	g/dl	2 - 3.5
ALBUMIN:GLOBULIN <i>Calculated</i>	2.0	-	1.1 - 2.5
GGT <i>Enzymatic colorimetric assay</i>	26	U/L	8 - 61

End of Report



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(CONSULTANT BIOCHEMIST)

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Hematology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0059240	Collection Date : 12/03/22 12:57	Ack Date :	Report Date : 12/03/22 17:51

COMPLETE HAEMOGRAM (CBC)

SAMPLE : EDTA BLOOD

HAEMOGLOBIN (HB) <i>Colorimetric method (Cyn Meth)</i>	14.9	gm/dl	13 - 17
RBC COUNT <i>Electrical Impedance Method</i>	5.82 ▲	x10 ⁶ /ul	4.5 - 5.5
TOTAL WBC COUNT <i>Electrical Impedance Method</i>	6.9	10 ³ /cmm	4 - 10
PLATELET COUNT <i>Electrical Impedance Method</i>	300	10 ³ /cmm	150 - 410
PCV <i>RBC pulse ht. detection method</i>	45	%	40 - 50
MCV <i>calculated</i>	77 ▼	fl	83 - 101
MCH <i>Calculated</i>	26 ▼	pg	27 - 32
MCHC <i>Calculated</i>	33	gm/dl	31.5 - 34.5
ESR <i>Modified Westergren Method</i>	13 ▲	%	0 - 10

DIFFERENTIAL COUNT

NEUTROPHILS <i>Microscopy</i>	54	%	40 - 80
LYMPHOCYTES <i>Microscopy</i>	40	%	20 - 40
MONOCYTES <i>Microscopy</i>	03	%	2 - 10
EOSINOPHILS <i>Microscopy</i>	03	%	1 - 6
BASOPHILS <i>Microscopy</i>	00	%	0 - 2

PERIPHERAL BLOOD SMEAR

RBC	Normocytic Normochromic, Few microcytes seen
WBC	Within normal limit

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PLATELET

Adequate

End of Report



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

RegNo: 82734

Checked By

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Immunoassay

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0059240	Collection Date : 12/03/22 12:57	Ack Date :	Report Date : 14/03/22 10:59

THYROID FUNCTION TEST

SAMPLE : SERUM

T3 ECLIA	0.89	ng/ml	0.60 - 1.80
T4 ECLIA	7.58	ug/dL	5.40 - 11.70
TSH ECLIA	2.32	uIU/ml	Adult Male – 0.27-5.50 Adult Female – 0.27-5.50 Newborns - <25 Upto 12 years – 0.3-5

ECLIA

Interpretations:

1. For diagnostic purposes, the result should always be assessed in conjunction with the patient's medical history, clinical examinations and other findings.
2. 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)
3. There is no high dose hook effect at TSH concentrations upto 1000 µmol/ml.
4. 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.
5. 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).
6. 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



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

Checked By

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Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0059240	Collection Date : 12/03/22 12:57	Ack Date :	Report Date : 14/03/22 10:48

URINE FOR R/E

SAMPLE : URINE

PHYSICAL EXAMINATION

VOLUME	30	ml	
COLOUR	PALE STRAW		
APPEARANCE	SLIGHTLY HAZY		
SPECIFIC GRAVITY	1.010		1.010 - 1.030
REACTION(pH)	ACIDIC (6.0)		

CHEMICAL EXAMINATION

SUGAR	PRESENT(TRACE)	ABSENT
ALBUMIN.	ABSENT	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	
CAST	ABSENT	ABSENT
CRYSTAL	ABSENT	ABSENT

Please correlate clinically.

URINE FOR SUGAR FASTING

SAMPLE : URINE

RESULT TRACE

Sample No : 07H0059249	Collection Date : 12/03/22 13:29	Ack Date :	Report Date : 12/03/22 19:20
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URINE FOR SUGAR PP

SAMPLE : URINE

RESULT PRESENT (++)

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Ref. Doctor : NMH	Mobile No : 9901569507
Address : 255 DIAMOND PARK, SAI APARTMENT , Diamond Park ,Kolkata,West Bengal ,700104	Facility : NARAYAN MEMORIAL HOSPITAL

End of Report



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



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

Checked By

GOUTAM CHAKRABORTY 22003344



PID NO: P562100481644
Age: 49.0 Year(s) Sex: Male



Reference:

Sample Collected At:
Narayan memorial hospital
601 diamond harbour road 700034
PROCESSING LOCATION:-MHL
RAJARHAT(KRL) Kolkata: 700136

VID: 562110000512484

Registered On:
13/03/2022 06:28 PM
Collected On:
13/03/2022 6:28PM
Reported On:
13/03/2022 08:55 PM

Investigation

PSA- Prostate Specific Antigen
(Serum,ECLIA)

Observed Value

0.723

Unit

ng/mL

Biological Reference Interval

Conventional for all ages: 0 - 4
40 - 49 yrs: 0 - 2.5

Interpretation: Prostate-specific antigen (PSA) is a glycoprotein that is produced by the prostate gland, the lining of the urethra, and the bulbourethral gland. PSA exists in serum mainly in two forms, complexed to alpha-1-anti-chymotrypsin (PSA-ACT complex) and unbound (free PSA). Increases in prostatic glandular size and tissue damage caused by benign prostatic hypertrophy, prostatitis, or prostate cancer may increase circulating PSA levels. Transient increase in PSA can also be seen following per rectal digital or sonological examinations.

Comments: Patients on Biotin supplement may have interference in some immunoassays.

Reference: Arch Pathol Lab Med—Vol 141, November 2017. With individuals taking high dose Biotin (more than 5 mg per day) supplements, at least 8-hour wait time before blood draw is recommended.

-- End of Report --

Results relate only to the sample as received. Refer to conditions of reporting overleaf.

Page 1 of 1

Dr. Rajat Mukherjee
M.D (Pathology)

† This test was outsourced to Metropolis Healthcare Ltd. Mumbai

DIAGNOSTICS REPORT

Patient Name	: Mr. Goutam Chowdhury	Order Date	: 12/03/2022 12:50
Age/Sex	: 49 Year(s)/Male	Report Date	: 12/03/2022 13:34
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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 0.8 cm.

CBD : Normal . CBD 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 is maintained . No evidence of any calculus/ mass / hydronephrosis is seen.

Right kidney measures : 11.3 cm & Left kidney measures : 11.1 cm.

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 2.9 cm x 3.8 cm x 2.7 cm. It weight approx 16 gm.

PERITONEUM : No free fluid is noted.

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

IMPRESSION : Diffuse fatty changes in liver.



Dr. MADHUSHREE RAY NASKAR,
MBBS, DMRD

Consultant Radiologist

RegNo: 57032

DIAGNOSTICS REPORT

Patient Name	: Mr. Goutam Chowdhury	Order Date	: 12/03/2022 12:50
Age/Sex	: 49 Year(s)/Male	Report Date	: 12/03/2022 18:51
UHID	: NMHK.2203344	IP No	:
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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. MADHUSHREE RAY NASKAR ,
MBBS,DMRD

Consultant Radiologist

RegNo: 57032

DIAGNOSTICS REPORT

Patient Name	: Mr. Goutam Chowdhury	Order Date	: 12/03/2022 12:50
Age/Sex	: 49 Year(s)/Male	Report Date	: 13/03/2022 11:08
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2D ECHOCARDIOGRAPHY WITH M-MODE

MEASUREMENTS

2D and M-Mode :

IVS (d)	11 mm	Aorta (at sinuses)	23 mm
LVID (d)	37 mm	LA diameter	31 mm
LVPW (d)	11 mm	RVID (d) - basal	15 mm
LVID (s)	17 mm	TAPSE	21 mm
LVEF	62 %		

Estimated PASP = 20 mmHg

FINDINGS

Left Ventricle :

Cavity size : Normal.

Wall thickness : Normal.

Segmental wall motion : No abnormality found.

Global systolic function : Normal (EF = 62 %)

Diastolic function : Grade I diastolic dysfunction.

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.

DIAGNOSTICS REPORT

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Tricuspid Valve :Normal structure, normal excursion. Trivial TR. TR gradient = 15 mmHg.

Interartial and Interventricular Septum :No breech could be seen.

Aorta :Normal sized root and proximal aorta.

Pulmonary Artery :Normal, no pulmonary arterial hypertension.

Pericardium :Normal, no effusion.

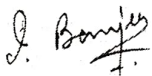
Inferior Vena Cava :IVC normal diameter, > 50% respiratory variation.

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 = 21 mm).
- * Normal valve morphology.
- * Grade I LV diastolic dysfunction.
- * No pericardial effusion.
- * No pulmonary arterial hypertension.



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

Board Certified Comprehensive
Echocardiographer (USA)

DIAGNOSTICS REPORT

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ELECTROCARDIOGRAM REPORT (ECG)

HR	: 97 bpm
Rhythm	: Sinus
P wave	: Normal
PR Interval	: 128 msec
QRS axis	: Normal (62 Degree)
QRS duration	: 86 msec
QRS configuration	: Normal
T wave	: Non specific ST-T changes
ST segment	: Non specific ST-T changes
QTc	: 421 msec
QT	: 328 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)

GOUTAM CHOWDHURY

2203344

49 years Male

..... cm / kg

HR 97/min

Axis: P 59 °
QRS 62 °
T 58 °

SINUS RHYTHM
NORMAL ECG

UNCONFIRMED REPORT

Intervals:	RR	621 ms	P (II)	0.12 mV
	P	104 ms	S (V1)	-0.79 mV
	PR	128 ms	R (V5)	1.29 mV
	QRS	86 ms	Sokol.	2.61 mV
	QT	328 ms		
	QTc	421 ms		
	(Bazett)			
		10 mm/mV		

10 mm/mV

