

## LABORATORY INVESTIGATION REPORT

<b>Patient Name</b>	: Mr. Manas Kumar Mandal	<b>Age/Sex</b>	: 51 Year(s)/Male
<b>UHID</b>	: NMHK.2201955	<b>Order Date</b>	: 15/02/2022 09:38
<b>Episode</b>	: OP	<b>Mobile No</b>	: 9836247016
<b>Ref. Doctor</b>	: NMH	<b>Facility</b>	: NARAYAN MEMORIAL HOSPITAL
<b>Address</b>	: 7, J N ROY BAHADUR RD., BALLY HOWRAH, West Bengal, 711201		

### Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0057340	Collection Date : 15/02/22 10:08	Ack Date :	Report Date : 15/02/22 17:53

#### KIDNEY FUNCTION TEST

##### SERUM CREATININE

###### SAMPLE : SERUM

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

##### BLOOD UREA NITROGEN

BLOOD UREA NITROGEN	9.8	mg/dl	6 - 20
<i>Calculated</i>			

##### URIC ACID

###### SAMPLE : SERUM

URIC ACID	5.9	mg/dl	3.4 - 7
<i>Enzymatic Colorimetric</i>			

##### BLOOD SUGAR(F)

###### SAMPLE : PLASMA

BLOOD SUGAR FASTING	95	mg/dl	70 - 109
<i>Hexokinase</i>			


Sample No : 07H0057341B    Collection Date : 15/02/22 10:08    Ack Date :    Report Date : 15/02/22 17:53

##### BLOOD SUGAR(PP)

###### SAMPLE : PLASMA

BLOOD SUGAR PP	98	mg/dl	70 - 140
<i>Hexokinase</i>			

End of Report

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

Checked By

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### Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
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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>	<b>133 ▲</b>	U/L	0 - 34
SGOT (AST) <i>IFCC Without Pyridoxal Phosphate</i>	<b>61 ▲</b>	U/L	0 - 31
ALKALINE PHOSPHATASE <i>IFCC</i>	<b>138 ▲</b>	U/L	53 - 128
TOTAL PROTEIN <i>Biuret</i>	7.5	g/dl	6.4 - 8.2
ALBUMIN <i>Bromocresol Green</i>	5.1	gm/dl	3.5 - 5.2
GLOBULIN <i>Calculated</i>	2.4	g/dl	2 - 3.5
ALBUMIN:GLOBULIN <i>Calculated</i>	2.1	-	1.1 - 2.5
GGT <i>Enzymatic colorimetric assay</i>	34	U/L	8 - 61

End of Report



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**MD, MBBS, FAAC**  
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**Biochemistry**

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0057341A	Collection Date : 15/02/22 10:08	Ack Date :	Report Date : 15/02/22 17:53

**GLYCOSYLATED HAEMOGLOBIN (HBA1C)**

**SAMPLE : EDTA BLOOD**

HBA1C 5.9 % Non-diabetic : 4-6

By HPLC

- HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose.
- HbA1c has been endorsed by clinical group & 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 in Severe iron deficiency anaemia and hemolytic), chronic renal failure and liver disease. 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.

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



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**MD, MBBS, FAACC**  
(CONSULTANT BIOCHEMIST)

Checked By

# Patient report

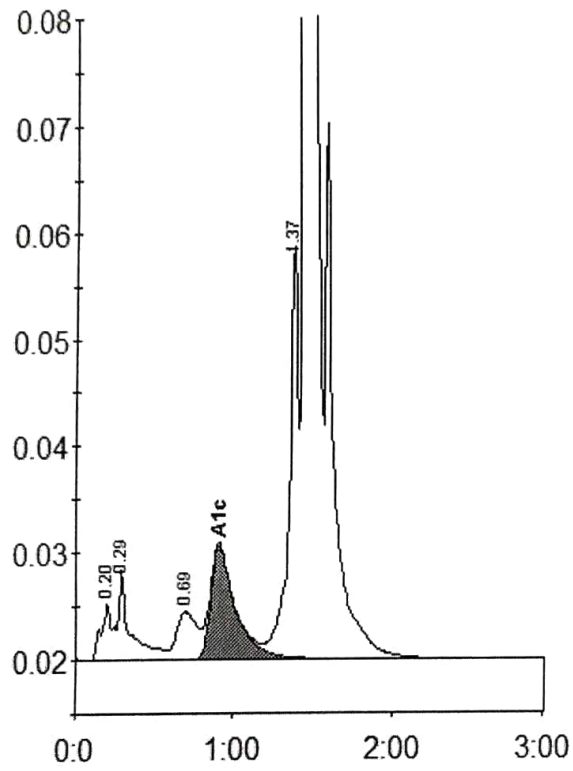
Bio-Rad  
 D-10  
 S/N: #DJ0A467747  
 Sample ID:  
 Injection date  
 Injection #: 7  
 Rack #: ---

DATE: 15/02/2022  
 TIME: 15:28  
 Software version: 4.30-2  
 07H0057341A  
 15/02/2022 15:17  
 Method: HbA1c  
 Rack position: 7

Mr. Manas Kumar Mandal  
 (R)NMHK.2201955 51y/ M



07H0057341A  
 EDTA Wh 15-02 10:08



Peak table - ID: 07H0057341A

Peak	R.time	Height	Area	Area %
A1a	0.20	5283	22376	0.9
A1b	0.29	8466	48003	1.9
LA1c/CHb-1	0.69	4448	39987	1.6
A1c	0.91	10566	112230	5.9
P3	1.37	38904	145313	5.7
A0	1.44	730354	2197180	85.7
Total Area:	2565089			

Concentration:	%	mmol/mol
A1c	5.9	41

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**Biochemistry**

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0057340	Collection Date : 15/02/22 10:08	Ack Date :	Report Date : 15/02/22 17:53

**LIPID PROFILE**

**SAMPLE : SERUM**

TOTAL CHOLESTEROL	176	mg/dl	Desirable <200   Borderline 200-239   High >=240
<i>CHOD-PAP</i>			
HDL CHOLESTEROL	42	mg/dl	40 - 60
<i>Homogenous Enzymatic Colorimetric</i>			
LDL CHOLESTEROL	113	mg/dl	Optimal < 100   Borderline 130
<i>Homogenous Enzymatic Colorimetric</i>			
VLDL	<b>35.60 ▲</b>	mg/dl	0 - 30
<i>CALCULATED</i>			
CHOLESTEROL-HDL RATIO	4.19	-	
LDL-HDL RATIO	2.69	-	
TRIGLYCERIDES	178	mg/dl	Desirable <150   Borderline 150 - 200   High >200

*Enzymatic Colorimetric*

End of Report



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

Checked By

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### Biochemistry

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#### LIPID PROFILE

##### SAMPLE : SERUM

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HDL CHOLESTEROL	42	mg/dl	40 - 60
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LDL CHOLESTEROL	113	mg/dl	Optimal < 100   Borderline 130
<i>Homogenous Enzymatic Colorimetric</i>			
VLDL	<b>35.60 ▲</b>	mg/dl	0 - 30
<i>CALCULATED</i>			
CHOLESTEROL-HDL RATIO	4.19	-	
LDL-HDL RATIO	2.69	-	
TRIGLYCERIDES	178	mg/dl	Desirable <150   Borderline 150 - 200   High >200
<i>Enzymatic Colorimetric</i>			

End of Report



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**Immunoassay**

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0057340	Collection Date : 15/02/22 10:08	Ack Date :	Report Date : 15/02/22 17:54

**THYROID FUNCTION TEST**

**SAMPLE : SERUM**

T3	0.99	ng/ml	0.6 - 1.8
<i>ECLIA</i>			
T4	7.22	ug/dL	5.4 - 11.7
<i>ECLIA</i>			
TSH	7.82	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



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**Hematology**

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0057341	Collection Date : 15/02/22 10:08	Ack Date :	Report Date : 15/02/22 14:23

**COMPLETE HAEMOGRAM ( CBC )**

**SAMPLE : EDTA BLOOD**

HAEMOGLOBIN (HB)	13.5	gm/dl	13 - 17
<i>Colorimetric method (Cyn Meth)</i>			
RBC COUNT	<b>4.49 ▼</b>	x10 <sup>6</sup> /ul	4.5 - 5.5
<i>Electrical Impedance Method</i>			
TOTAL WBC COUNT	6.1	10 <sup>3</sup> /cmm	4 - 10
<i>Electrical Impedance Method</i>			
PLATELET COUNT	240	10 <sup>3</sup> /cmm	150 - 410
<i>Electrical Impedance Method</i>			
PCV	41	%	40 - 50
<i>RBC pulse ht. detection method</i>			
MCV	91	fl	83 - 101
<i>calculated</i>			
MCH	30	pg	27 - 32
<i>Calculated</i>			
MCHC	33	gm/dl	31.5 - 34.5
<i>Calculated</i>			
ESR	05	%	0 - 12
<i>Modified Westergren Method</i>			

**DIFFERENTIAL COUNT**

NEUTROPHILS	70	%	40 - 80
<i>Microscopy</i>			
LYMPHOCYTES	24	%	20 - 40
<i>Microscopy</i>			
MONOCYTES	02	%	2 - 10
<i>Microscopy</i>			
EOSINOPHILS	04	%	1 - 6
<i>Microscopy</i>			
BASOPHILS	00	%	0 - 2
<i>Microscopy</i>			

**PERIPHERAL BLOOD SMEAR**

RBC Normocytic normochromic  
WBC Within normal limits  
PLATELET Adequate



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<b>Address</b>	: 7, J N ROY BAHADUR RD. , BALLY ,HOWRAH,West Bengal ,711201		

End of Report

*Angkita K. Ghosh*

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

**LABORATORY INVESTIGATION REPORT**

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                  , HOWRAH, West Bengal, 711201

**Age/Sex** : 51 Year(s)/Male  
**Order Date** : 15/02/2022 09:38  
**Mobile No** : 9836247016  
**Facility** : NARAYAN MEMORIAL HOSPITAL

**Immunology**

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0057341	Collection Date : 15/02/22 10:08	Ack Date :	Report Date : 15/02/22 14:27

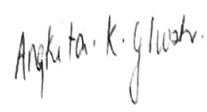
**BLOOD GROUPING & Rh TYPING**

**SAMPLE : EDTA BLOOD**

BLOOD GROUP : ' O '   
*Agglutination forward & Reverse*

RH TYPE : POSITIVE

End of Report



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

**LABORATORY INVESTIGATION REPORT**

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**Clinical Pathology**

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0057340	Collection Date : 15/02/22 10:08	Ack Date :	Report Date : 15/02/22 18:08

**URINE FOR R/E**

**SAMPLE : URINE**

**PHYSICAL EXAMINATION**

VOLUME	30	ml	
COLOUR	STRAW		
APPEARANCE	SLIGHTLY HAZY		1.010 - 1.030
SPECIFIC GRAVITY	1.020		
REACTION(pH)	ACIDIC 6.5		

**CHEMICAL EXAMINATION**

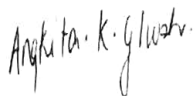
SUGAR	ABSENT	ABSENT
ALBUMIN.	ABSENT	ABSENT
BLOOD	PRESENT(+)	ABSENT
KETONE	ABSENT	ABSENT
BILE SALT	ABSENT	ABSENT
BILE PIGMENTS	ABSENT	ABSENT

**MICROSCOPIC EXAMINATION**

PUS CELLS	2-3 / HPF	<5/HPF
EPITHELIAL CELLS	1-2 / HPF	<20/HPF
RBC	3-4 / HPF	
CAST	ABSENT	ABSENT
CRYSTAL	ABSENT	ABSENT

*Please correlate clinically.*

End of Report



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

# TEST REPORT

MANAS KUMAR MANDAL

PID NO: P562100465670  
Age: 51.0 Year(s) Sex: Male



**Reference:**

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

VID: 562110000495629

Registered On:  
15/02/2022 07:41 PM  
Collected On:  
15/02/2022 7:41PM  
Reported On:  
15/02/2022 10:11 PM

**Investigation**

**PSA- Prostate Specific Antigen**  
(Serum,ECLIA)

**Observed Value**

1.65

**Unit**

ng/mL

**Biological Reference Interval**

Conventional for all ages: 0 - 4  
50 - 59 yrs: 0 - 3.5

**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 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 biological 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.

Parameters marked with an \* are not accredited by NABL. This test was outsourced to Metropolis Healthcare Ltd. Mumbai

**Dr. Subhasish Saha**  
MD Pathology



Certificate No. : MC-3173

**TROPOLIS**  
The Pathology Specialist

**INNER HEALTH REVEALED**

## DIAGNOSTICS REPORT

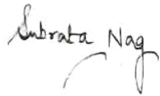
Patient Name	: Mr. Manas Kumar Mandal	Order Date	: 15/02/2022 09:38
Age/Sex	: 51 Year(s)/Male	Report Date	: 18/02/2022 12:30
UHID	: NMHK.2201955	IP No	:
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
Address	: 7, J N ROY BAHADUR RD., BALLY, HOWRAH, West Bengal, 711201	Mobile	: 9836247016

### 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

## DIAGNOSTICS REPORT

Patient Name	: Mr. Manas Kumar Mandal	Order Date	: 15/02/2022 09:38
Age/Sex	: 51 Year(s)/Male	Report Date	: 15/02/2022 12:24
UHID	: NMHK.2201955	IP No	:
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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.

**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. **Parenchymal echogenicity is raised.** 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 : 10.8 cm & Left kidney measures : 10.7 cm.

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

**POST VOID BLADDER** : No significant residual urine is seen.

DIAGNOSTICS REPORT

Patient Name	: Mr. Manas Kumar Mandal	Order Date	: 15/02/2022 09:38
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**PROSTATE** : Prostate is moderately enlarged. Outline and echotexture appear normal. No focal lesion is seen. Prostate measures 5.1 cm x 3.6 cm x 3.4 cm. It weight approx 32 gm.

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

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

**IMPRESSION** : \* Fatty changes in liver & pancreas.  
\* Grade II Prostatomegaly.

Dr. MADHUSHREE RAY NASKAR ,  
MBBS,DMRD

Consultant Radiologist

RegNo: 57032

# Narayan Memorial Hospital

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



## DIAGNOSTICS REPORT

Patient Name	: Mr. Manas Kumar Mandal	Order Date	: 15/02/2022 09:38
Age/Sex	: 51 Year(s)/Male	Report Date	: 16/02/2022 11:00
UHID	: NMHK.2201955	IP No	:
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
Address	: 7, J N ROY BAHADUR RD., BALLY, HOWRAH, West Bengal, 711201	Mobile	: 9836247016

## ELECTROCARDIOGRAM REPORT (ECG)

HR	: 66 bpm
Rhythm	: Sinus
P wave	: Normal
PR Interval	: 172 msec
QRS axis	: Normal (62 Degree)
QRS duration	: 100 msec
QRS configuration	: Incomplete RBBB
T wave	: Non specific changes
ST segment	: Non specific changes
QTc	: 398 msec
QT	: 378 msec

### IMPRESSION:

- Sinus rhythm. Normal QRS axis.
  - Incomplete Right Bundle Branch Block.
  - Non specific ST-T changes.
- Clinical correlation please.

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

Board Certified Comprehensive  
Echocardiographer (USA)



HANRS KUMAR MANDAL  
2201955

51 years / M / 51 kg

HR 66/min

Axis: P 36°  
QR5 62°  
T 38°

SINUS RHYTHM  
LEFT ATRIAL ABNORMALITY

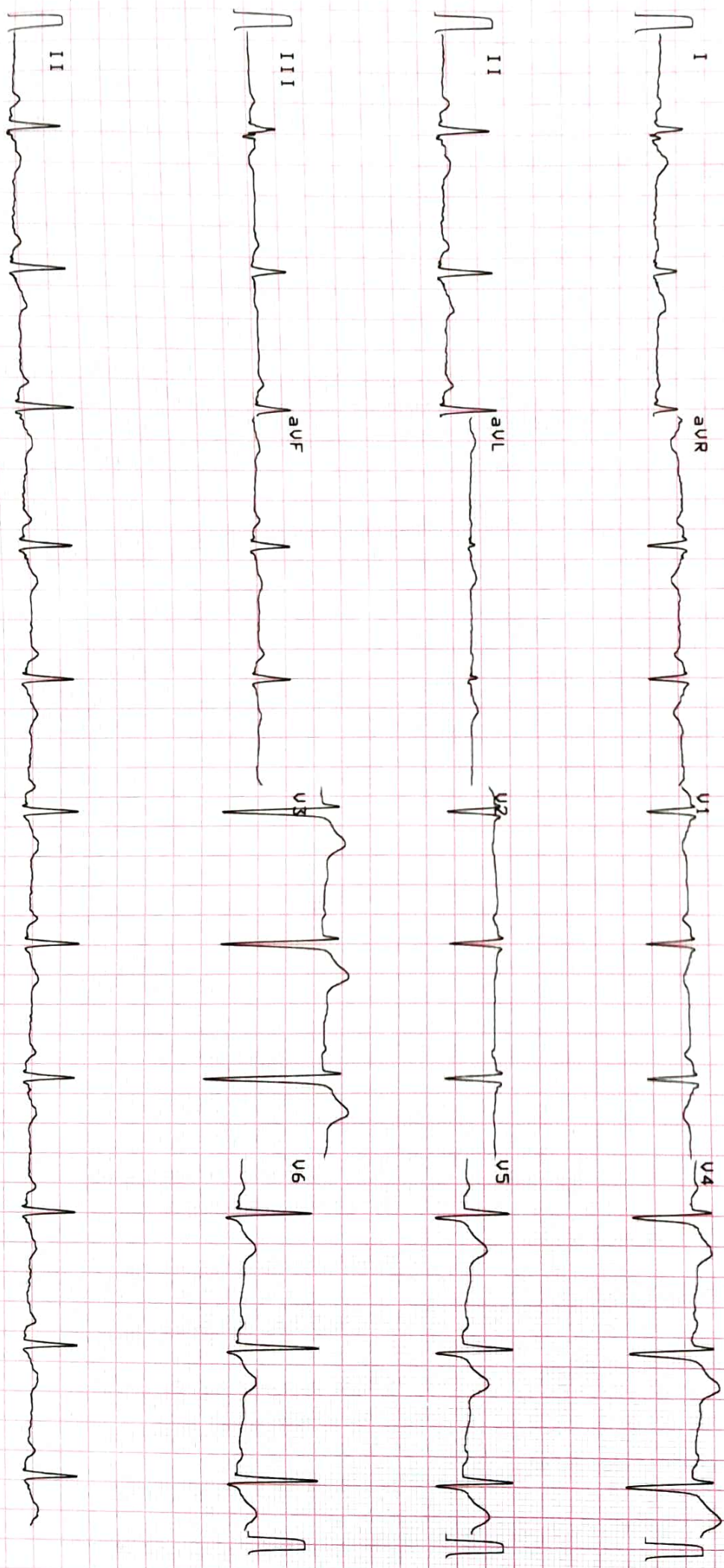
6.02

UNCONFIRMED REPORT

Intervals:  
RR 904 ms  
P 116 ms  
PR 172 ms  
QR5 100 ms  
QT 378 ms  
QTc 398 ms  
(Bazett)  
10 mm/mV

P (II) 0.14 mV  
S (V1) -0.90 mV  
R (V5) 0.93 mV  
Sokol. 2.58 mV

10 mm/mV



2 mm/mV

0.05-25 Hz FS0 SSF SB5 15.02.2022 11:51:23

NARAYAN MEMORIAL  
HOSPITAL, BEHALA

AT-102plus 1.25 C153

**DIAGNOSTICS REPORT**

Patient Name	: Mr. Manas Kumar Mandal	Order Date	: 15/02/2022 09:38
Age/Sex	: 51 Year(s)/Male	Report Date	: 15/02/2022 17:31
UHID	: NMHK.2201955	IP No	:
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
Address	: 7, J N ROY BAHADUR RD., BALLY, HOWRAH, West Bengal, 711201	Mobile	: 9836247016

**2D ECHOCARDIOGRAPHY WITH M-MODE**

**MEASUREMENTS**

**2D and M-Mode :**

IVS (d)	10 mm	Aorta (at sinuses)	25 mm
LVID (d)	43 mm	LA diameter	35 mm
LVPW (d)	11 mm	RVID (d) - basal	16 mm
LVID (s)	19 mm	TAPSE	27 mm
LVEF	60 %		

Estimated PASP = 20 mmHg

**FINDINGS**

**Left Ventricle :**

Cavity size : Normal.

Wall thickness : Normal.

Segmental wall motion : No abnormality found.

Global systolic function : Normal (EF = 60 %)

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**

Patient Name	: Mr. Manas Kumar Mandal	Order Date	: 15/02/2022 09:38
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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 = 60 %).
- \* Good RV systolic function (TAPSE = 27 mm).
- \* Normal valve morphology.
- \* Grade I LV diastolic dysfunction.
- \* No pericardial effusion.
- \* No pulmonary arterial hypertension.



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