



LABORATORY INVESTIGATION REPORT

Patient Name : Mr. MALAY NASKAR **Age/Sex** : 46 Year(s)/Male
UHID : NMHK.2313333 **Order Date** : 10/06/2023 09:32
Episode : OP
Ref. Doctor : NMH **Mobile No** : 9831284067
Address : 24 PGS SOUTH , ,Kolkata,West Bengal ,0 **DOB** : 01/01/1977
Facility : NARAYAN MEMORIAL HOSPITAL

Hematology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0120099	Collection Date : 10/06/23 10:09	Ack Date : 10/06/2023 11:25	Report Date : 10/06/23 16:31

BLOOD GROUPING & Rh TYPING

Sample- EDTA Whole Blood

SAMPLE : EDTA BLOOD

BLOOD GROUP

Agglutination forward & Reverse

RH TYPE

' A '

POSITIVE

End of Report

Angkita K. Ghosh

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

RegNo: 82734

Checked By





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COMPLETE HAEMOGRAM (CBC)

Sample- EDTA Whole Blood

SAMPLE : EDTA BLOOD

HAEMOGLOBIN (HB) <i>Colorimetric method (Cyn Meth)</i>	13.7	gm/dl	13 - 17
RBC COUNT <i>Electrical Impedance Method</i>	5.7 ▲	$\times 10^6/\mu\text{l}$	4.5 - 5.5
TOTAL WBC COUNT <i>Electrical Impedance Method</i>	7.1	$10^3/\text{cm}^3$	4 - 10
PLATELET COUNT <i>Electrical Impedance Method</i>	170	$10^3/\text{cm}^3$	150 - 410
PCV <i>RBC pulse ht. detection method</i>	43	%	40 - 50
MCV <i>calculated</i>	77 ▼	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>	05	%	0 - 10
<u>DIFFERENTIAL COUNT</u>			
NEUTROPHILS <i>Microscopy</i>	59	%	40 - 80
LYMPHOCYTES <i>Microscopy</i>	32	%	20 - 40
MONOCYTES <i>Microscopy</i>	05	%	2 - 10
EOSINOPHILS	04	%	1 - 6



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Microscopy

BASOPHILS

00

%

0 - 2

Microscopy

PERIPHERAL BLOOD SMEAR

RBC

Predominantly normocytic normochromic, few microcytes seen.

WBC

Within normal limis.

PLATELET

Adequate.

End of Report

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Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0120099	Collection Date : 10/06/23 10:09	Ack Date : 10/06/2023 12:20	Report Date : 10/06/23 13:29

LIPID PROFILE

Sample- Serum

SAMPLE : SERUM

TOTAL CHOLESTEROL	125	mg/dl	Desirable <200 Borderline 200-239 High >=240
<i>CHOD-PAP</i> HDL CHOLESTEROL	36 ▼	mg/dl	40 - 60
<i>Homogenous Enzymatic Colorimetric</i> LDL CHOLESTEROL	68	mg/dl	Optimal < 100 Borderline 130 - 159 High >160
<i>Homogenous Enzymatic Colorimetric</i> VLDL	21	mg/dl	0 - 30
<i>CALCULATED</i> CHOLESTEROL-HDL RATIO	3.47	-	
LDL-HDL RATIO	1.89	-	
TRIGLYCERIDES	140	mg/dl	Desirable <150 Borderline 150 - 200 High >200

Enzymatic Colorimetric

End of Report

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





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Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
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Sample No : 07H0120099	Collection Date : 10/06/23 10:09	Ack Date : 10/06/2023 12:20	Report Date : 10/06/23 13:29
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SERUM CREATININE

Sample- Serum

SAMPLE : SERUM

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

BLOOD UREA NITROGEN

Sample- Serum

BLOOD UREA NITROGEN	11	mg/dl	6 - 20
<i>Calculated</i>			

URIC ACID

Sample- Serum

SAMPLE : SERUM

URIC ACID	6.4	mg/dl	3.4 - 7
<i>Enzymatic Colorimetric</i>			

Sample No : 07H0120099B	Collection Date : 10/06/23 10:09	Ack Date : 10/06/2023 12:19	Report Date : 10/06/23 13:29
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BLOOD SUGAR(F)

Sample- Plasma

SAMPLE : PLASMA

BLOOD SUGAR FASTING	126 ▲	mg/dl	70 - 109
<i>Hexokinase</i>			

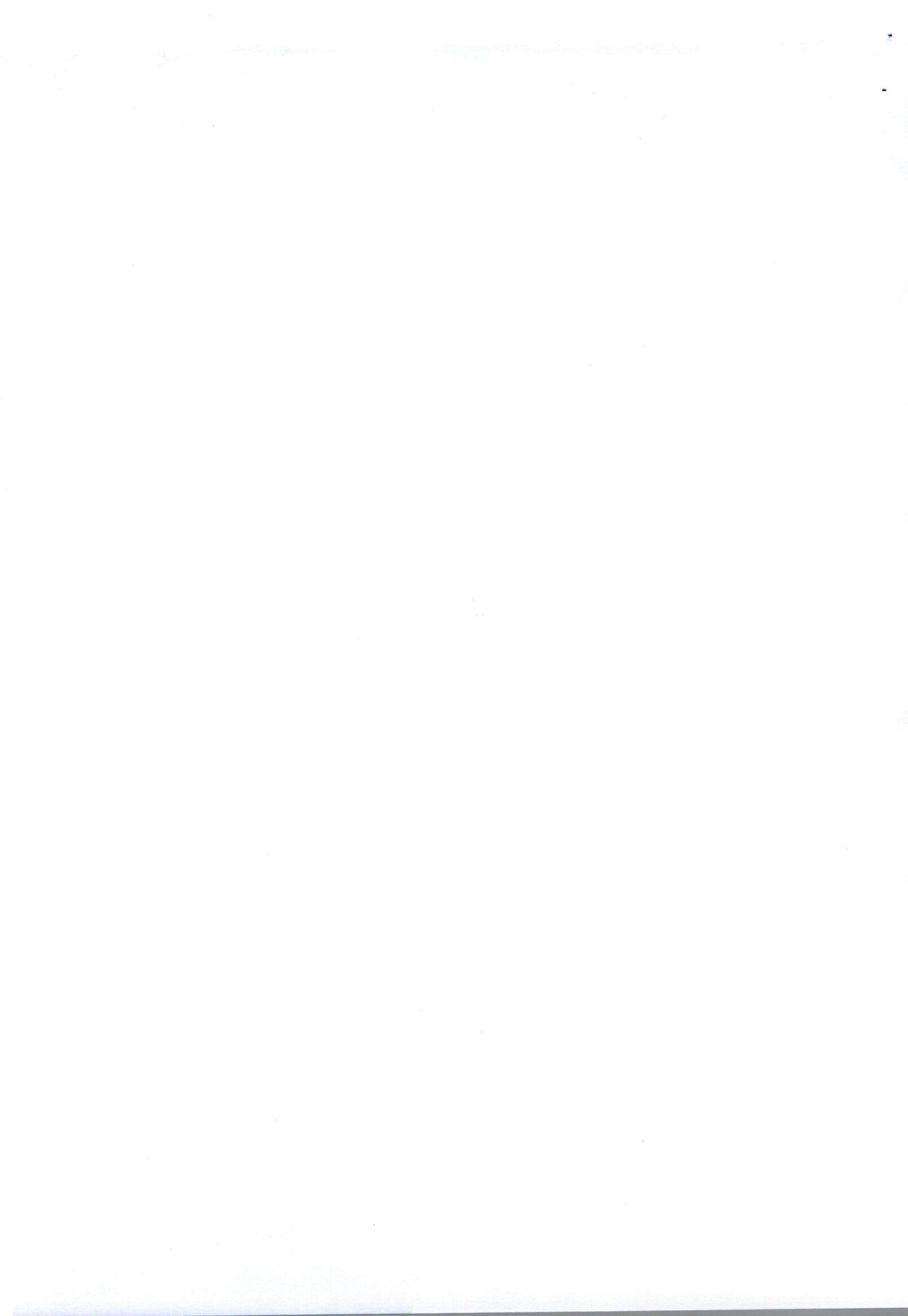
Sample No : 07H0120148B	Collection Date : 10/06/23 14:29	Ack Date : 10/06/2023 15:43	Report Date : 10/06/23 16:42
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BLOOD SUGAR(PP)

Sample- Plasma

SAMPLE : PLASMA

BLOOD SUGAR PP	145 ▲	mg/dl	70.00 - 140.00
<i>Hexokinase</i>			





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End of Report

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Biochemistry

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BUN / CREATINE RATIO

Sample- Serum

SAMPLE : SERUM

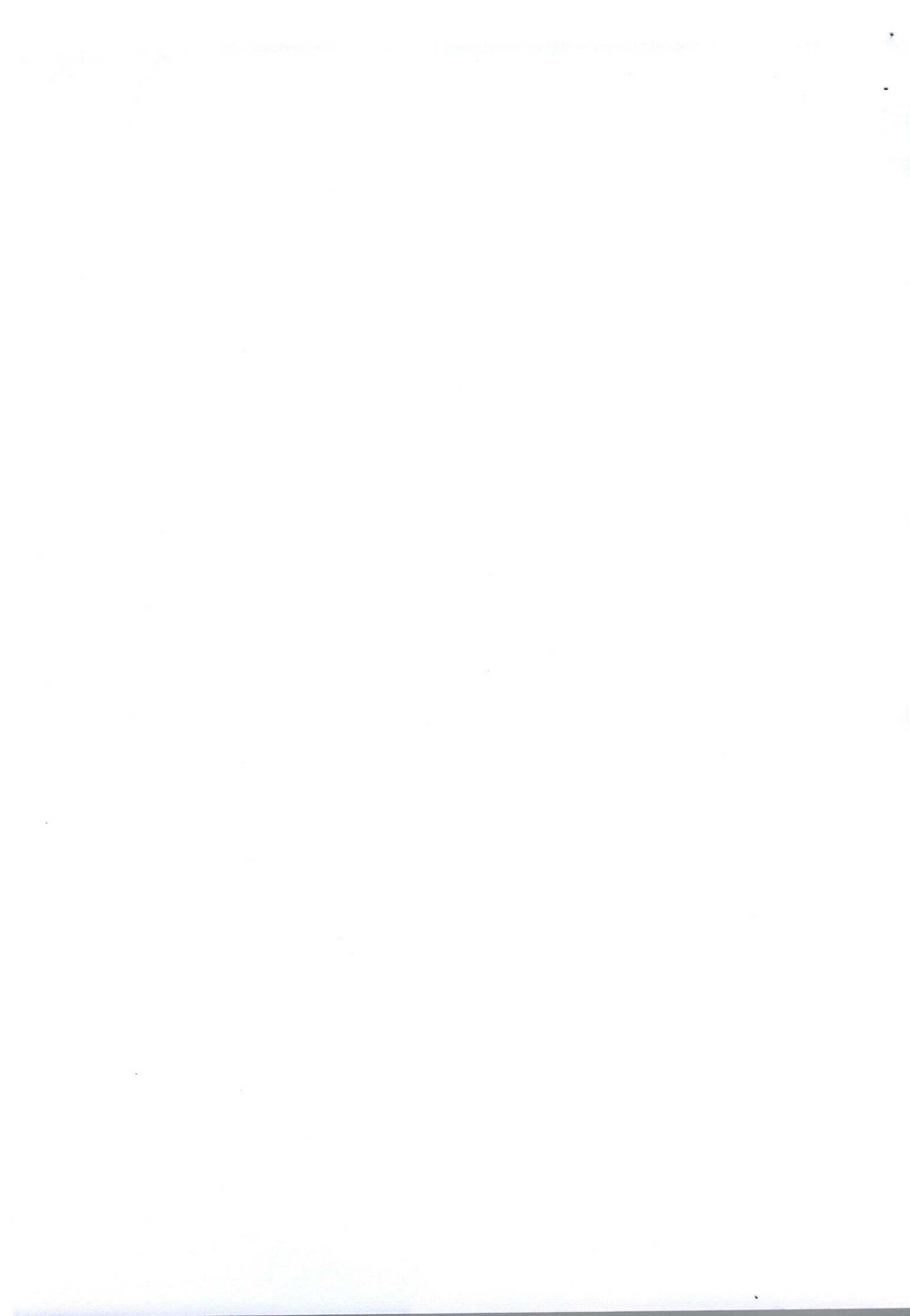
BUN / CREATINE RATIO

11.0

End of Report

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Biochemistry

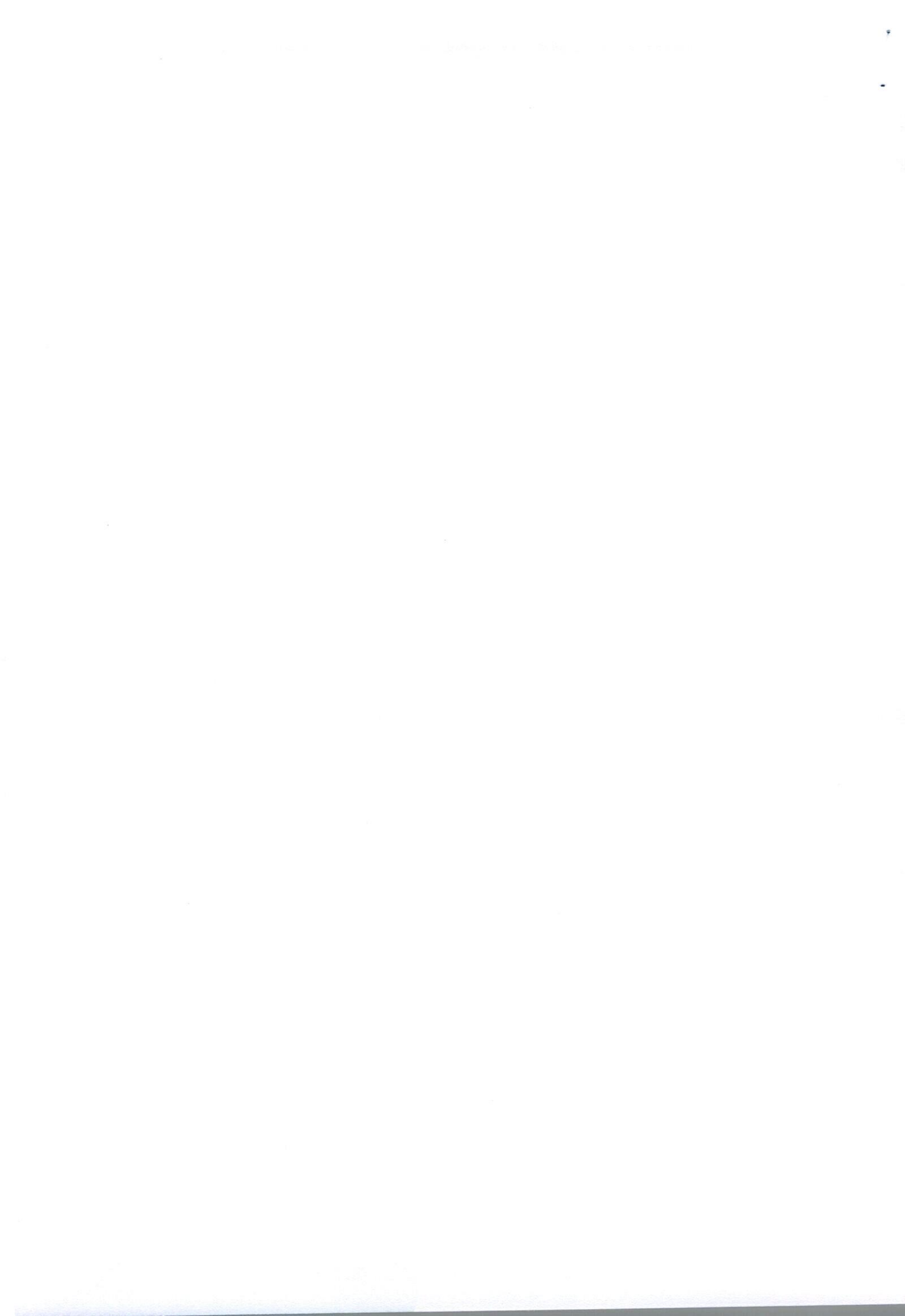
INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0120099	Collection Date : 10/06/23 10:09	Ack Date : 10/06/2023 12:20	Report Date : 10/06/23 13:29

LIVER FUNCTION TEST (LFT)

Sample-	Serum		
SAMPLE : SERUM			
TOTAL BILIRUBIN	0.7	mg/dl	0 - 1.1
<i>Diazo Method</i>			
DIRECT BILIRUBIN	0.3 ▲	mg/dl	0 - 0.2
<i>Diazo Method</i>			
INDIRECT BILIRUBIN	0.4	mg/dl	0.2 - 0.9
<i>Calculated</i>			
SGPT (ALT)	31	U/L	0 - 34
<i>IFCC Without Pyridoxal Phosphate</i>			
SGOT (AST)	22	U/L	0 - 31
<i>IFCC Without Pyridoxal Phosphate</i>			
ALKALINE PHOSPHATASE	74	U/L	53 - 128
<i>IFCC</i>			
TOTAL PROTEIN	7.2	g/dl	6.4 - 8.2
<i>Biuret</i>			
ALBUMIN	4.9	gm/dl	3.5 - 5.2
<i>Bromocresol Green</i>			
GLOBULIN	2.3	g/dl	2 - 3.5
<i>Calculated</i>			
ALBUMIN:GLOBULIN	2.1	-	1.1 - 2.5
<i>Calculated</i>			
GGT	36	U/L	8 - 61
<i>Enzymatic colorimetric assay</i>			

End of Report

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Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0120099A	Collection Date : 10/06/23 10:09	Ack Date : 10/06/2023 13:14	Report Date : 10/06/23 16:42

GLYCOSYLATED HAEMOGLOBIN (HBA1C)

Sample- EDTA Whole Blood A

SAMPLE : EDTA BLOOD

HBA1C 7.3

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 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.

End of Report

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Immunology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0120099	Collection Date : 10/06/23 10:09	Ack Date : 10/06/2023 12:20	Report Date : 10/06/23 16:42

THYROID FUNCTION TEST

Sample- Serum

SAMPLE : SERUM

T3 ECLIA	1.4	ng/ml	0.60 - 1.80
T4 ECLIA	10.28	ug/dL	5.40 - 11.70
TSH	3.55	uIU/ml	Adult Male – 0.27-5.5 0 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 $\mu\text{mol/L}$ 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)
3. There is no high dose hook effect at TSH concentrations upto 1000 $\mu\text{mol/ml}$.
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 $\mu\text{mol/L}$ 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).
6. The assay is unaffected by icterus (bilirubin < 599 $\mu\text{mol/L}$ 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







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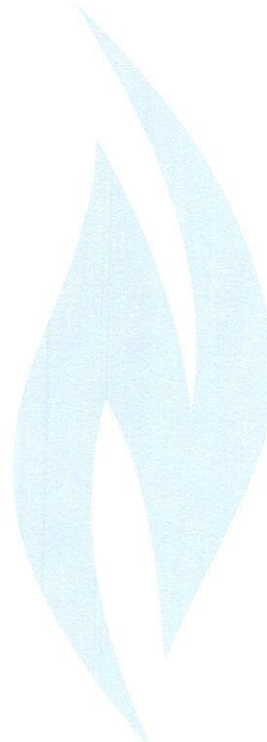
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Clinical Pathology

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Sample No : 07H0120099	Collection Date : 10/06/23 10:09	Ack Date : 10/06/2023 15:03	Report Date : 11/06/23 12:02

URINE FOR R/E

Sample- Urine

SAMPLE : URINE

PHYSICAL EXAMINATION

VOLUME	45	ml	
COLOUR	PALE STRAW		
APPEARANCE	SLIGHTLY HAZY		
SPECIFIC GRAVITY	1.010		1.010 - 1.030
REACTION(pH)	ACIDIC (pH-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	1-2/HPF		<5/HPF
EPITHELIAL CELLS	1-2/HPF		<20/HPF
RBC	ABSENT		
CAST	ABSENT		ABSENT
CRYSTAL	ABSENT		ABSENT

Please correlate clinically.

End of Report

Mehak





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Facility : NARAYAN MEMORIAL HOSPITAL

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

Checked By





LABORATORY INVESTIGATION REPORT

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Clinical Pathology

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Sample No : 07H0120099	Collection Date : 10/06/23 10:09	Ack Date : 10/06/2023 15:03	Report Date : 11/06/23 11:52

URINE FOR SUGAR FASTING

Sample- Urine

SAMPLE : URINE

RESULT

ABSENT

End of Report

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Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0120148	Collection Date : 10/06/23 14:29	Ack Date : 11/06/2023 13:50	Report Date : 11/06/23 16:19

URINE FOR SUGAR PP

Sample- Urine

SAMPLE : URINE

RESULT

ABSENT

End of Report

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

Checked By





MALAY NASKAR 2313333

PID NO: P2162300437680

Age: 46.0 Year(s) Sex: Male



Reference: Dr.SELF

Sample Collected At:
Narayan Memorial Hospital
601 Diamond Harbour Road 700034
Processing Location:-MHL RAJARHAT
(KRL) Kolkata: 700136

VID: 230216000401889

Medical Laboratory Report

Registered On:

10/06/2023 06:44 PM

Collected On:

10/06/2023 6:44PM

Reported On:

10/06/2023 09:28 PM

Investigation

Observed Value

Unit

Biological Reference Interval



PSA- Prostate Specific Antigen
(Serum,ECLIA)

0.173

ng/mL

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 --



Tests marked with NABL symbol are accredited by NABL vide Certificate no MC-2576

Saha
Dr. Subhasish Saha
MD Pathology

CONDITIONS OF REPORTING

Metropolis Healthcare Ltd.

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DIAGNOSTICS REPORT

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Address	: 24 PGS SOUTH, ,Kolkata, West Bengal, 0		

USG REPORT OF WHOLE ABDOMEN (SCREENING)

LIVER : Liver is normal in size and parenchymal echotexture. Intrahepatic biliary radicles are not dilated. No focal mass lesion is seen.

PORTA :PV : Normal. PV measures 0.9 cm.

CBD : Normal . CBD measures 0.5 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. Spleen measures : 7.0 cm.

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 : 10.5 cm & Left kidney measures : 10.2 cm.

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





DIAGNOSTICS REPORT

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POST VOID BLADDER : No significant residual urine is seen (RUV - 10 ml).

PROSTATE : Prostate is normal size, outline and echotexture appear normal. No focal lesion is seen. Prostate measures 2.1 cm x 3.7 cm x 2.6 cm. It weight approx 11 gm.

PERITONEUM : : No free fluid is noted.

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

IMPRESSION : Ultrasonographic examination of abdomen do not reveal any obvious morphological abnormality.

Dr. Arun Kumar Mazumder,

MBBS, MD (Radiodiagnosis)

RegNo: WBMC 48861





DIAGNOSTICS REPORT

Patient Name	: Mr. MALAY NASKAR	Order Date	: 10/06/2023 09:32
Age/Sex	: 46 Year(s)/Male	Report Date	: 10/06/2023 15:43
UHID	: NMHK.2313333	IP No	:
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
		Mobile	: 9831284067
Address	: 24 PGS SOUTH, ,Kolkata, West Bengal, 0		

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.

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

RegNo: 66718





DIAGNOSTICS REPORT

Patient Name	: Mr. MALAY NASKAR	Order Date	: 10/06/2023 09:32
Age/Sex	: 46 Year(s)/Male	Report Date	: 10/06/2023 13:58
UHD	: NMHK.2313333	IP No	:
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
		Mobile	: 9831284067
Address	: 24 PGS SOUTH, ,Kolkata, West Bengal, 0		

ECHOCARDIOGRAPHY (SCREENING)

Status of Patient :

- * No regional wall motion abnormality at rest.
- * Good LV systolic function (EF = 62%).
- * Good RV systolic function (TAPSE = 22 mm).
- * Trivial TR. TR gradient = 17 mmHg.
- * Normal valve morphology.
- * Adequate LV diastolic function.
- * No pericardial effusion.
- * No pulmonary arterial hypertension.
- * IVC normal diameter & > 50% respiratory variation.
- * No thrombus, mass, vegetation seen.

**Dr.INDIRA BANERJEE , MD,DNB,FNB,M
RCPCH (UK)**

Board Certified Comprehensive
Echocardiographer (USA)



DIAGNOSTICS REPORT

HEU

Patient Name	: Mr. MALAY NASKAR	Order Date	: 10/06/2023 09:32
Age/Sex	: 46 Year(s)/Male	Report Date	: 10/06/2023 14:15
UHID	: NMHK.2313333	IP No	:
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
		Mobile	: 9831284067
Address	: 24 PGS SOUTH, ,Kolkata, West Bengal, 0		

ELECTROCARDIOGRAM REPORT (ECG)

HR : 77 bpm

Rhythm : Sinus

P wave : Normal

PR Interval : 164 msec

QRS axis : Normal (50 Degree)

QRS duration : 90 msec

QRS configuration : Normal

T wave : Non specific changes

ST segment : Non specific changes

QTc : 402 msec

QT : 354 msec

IMPRESSION:

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

Clinical correlation please.



**Dr.INDIRA BANERJEE , MD,DNB,FNB,M
RCPCH (UK)**

Board Certified Comprehensive
Echocardiographer (USA)

MALAY NASKAR

2313333

Male

46 years

..... cm / kg

HR 77/min

Axis: P 52°

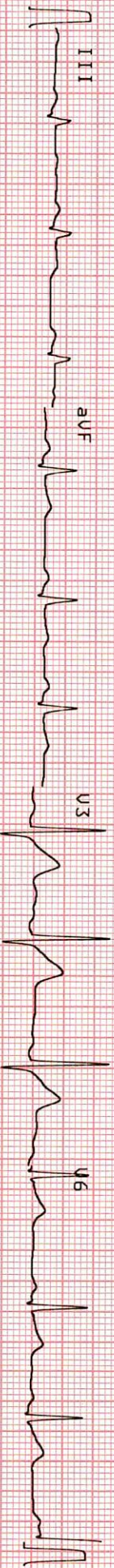
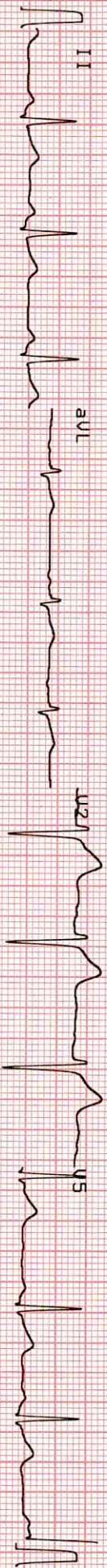
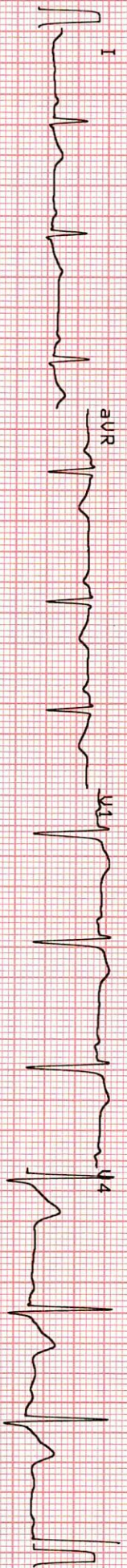
SINUS RHYTHM

NORMAL ECG

6.02

UNCONFIRMED REPORT

Intervals:	RR 779 ms	P	50°
	P 120 ms	T	44°
	PR 164 ms	P (II)	0.13 mV
	QR5 90 ms	S (V1)	-1.36 mV
	QT 354 ms	R (V5)	1.23 mV
	QTc 402 ms	Sokol.	2.60 mV
	(Bazett)		
	10 mm/mV		



10 mm/mV

25 mm/s 0.05-25 Hz FS0 SSF SBS 10.06.2023 12:51:51

NARRAYAN MEMORIAL HOSPITAL, BEHRLA

RT-102Plus 1.25 CA

