

## DIAGNOSTICS REPORT

Patient Name	: Mr. Surya Dutta	Order Date	: 11/03/2023 08:33
Age/Sex	: 40 Year(s)/Male	Report Date	: 11/03/2023 15:45
UHID	: NMHK.2200595	IP No	:
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
Address	: NANGI JELE PARA, BATANAGAR, Kolkata, West Bengal, 700140	Mobile	: 8697664436

### ELECTROCARDIOGRAM REPORT (ECG)

HR	: 66 bpm
Rhythm	: Sinus
P wave	: Normal
PR Interval	: 136 msec
QRS axis	: Normal ( 53 Degree)
QRS duration	: 100 msec
QRS configuration	: Normal
T wave	: Non specific changes
ST segment	: Non specific changes
QTc	: 400 msec
QT	: 380 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)

## DIAGNOSTICS REPORT

Patient Name	: Mr. Surya Dutta	Order Date	: 11/03/2023 08:33
Age/Sex	: 40 Year(s)/Male	Report Date	: 11/03/2023 13:16
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### ECHOCARDIOGRAPHY (SCREENING)

#### Status of Patient :

- \* No regional wall motion abnormality at rest.
- \* Good LV systolic function (EF = 62%).
- \* Good RV systolic function (TAPSE = 21 mm).
- \* Trivial TR. TR gradient = 16 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.



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## LABORATORY INVESTIGATION REPORT

<b>Patient Name</b> : Mr. Surya Dutta <b>UHID</b> : NMHK.2200595 <b>Episode</b> : OP <b>Ref. Doctor</b> : NMH <b>Address</b> : NANGI JELE PARA , BATANAGAR ,Kolkata,West Bengal ,700140	<b>Age/Sex</b> : 40 Year(s) / Male <b>Order Date</b> : 11/03/2023 08:33 <b>Mobile No</b> : 8697664436 <b>DOB</b> : 01/01/1983 <b>Facility</b> : NARAYAN MEMORIAL HOSPITAL
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### Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0106045	Collection Date : 11/03/23 09:11	Ack Date : 11/03/2023 10:58	Report Date : 11/03/23 16:00

#### SERUM CREATININE

##### SAMPLE : SERUM

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

#### LIVER FUNCTION TEST ( LFT )

##### SAMPLE : SERUM

TOTAL BILIRUBIN	0.5	mg/dl	0 - 1.1
<i>Method - Diazo Method</i>			
DIRECT BILIRUBIN	<b>0.3 ▲</b>	mg/dl	0 - 0.2
<i>Method - Diazo Method</i>			
INDIRECT BILIRUBIN	0.2	mg/dl	0.2 - 0.9
<i>Method - Calculated</i>			
SGPT (ALT)	<b>55 ▲</b>	U/L	0 - 34
<i>Method - IFCC Without Pyridoxal Phosphate</i>			
SGOT (AST)	<b>46 ▲</b>	U/L	0 - 31
<i>Method - IFCC Without Pyridoxal Phosphate</i>			
ALKALINE PHOSPHATASE	119	U/L	53 - 128
<i>Method - IFCC</i>			
TOTAL PROTEIN	7.6	g/dl	6.4 - 8.2
<i>Method - Biuret</i>			
ALBUMIN	4.8	gm/dl	3.5 - 5.2
<i>Method - Bromocresol Green</i>			
GLOBULIN	2.8	g/dl	2 - 3.5
<i>Method - Calculated</i>			
ALBUMIN:GLOBULIN	1.7	-	1.1 - 2.5
<i>Method - Calculated</i>			
GGT	28	U/L	8 - 61

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Method - Enzymatic colorimetric assay

### BLOOD UREA NITROGEN

BLOOD UREA NITROGEN 10 mg/dl 6 - 20

Method - Calculated

### LIPID PROFILE

#### SAMPLE : SERUM

TOTAL CHOLESTEROL 115 mg/dl Desirable <200 |  
Borderline 200-239 |  
High >=240

Method - CHOD-PAP

HDL CHOLESTEROL 32 ▼ mg/dl 40 - 60

Method - Homogenous Enzymatic Colorimetric

LDL CHOLESTEROL 61 mg/dl Optimal < 100 |  
Borderline 130

Method - Homogenous Enzymatic Colorimetric

VLDL 22 mg/dl 0 - 30

Method - CALCULATED

CHOLESTEROL-HDL RATIO 3.59 -

LDL-HDL RATIO 1.91 -

TRIGLYCERIDES 132 mg/dl Desirable <150 |  
Borderline 150 - 200 |  
High >200

Method - Enzymatic Colorimetric

### URIC ACID

#### SAMPLE : SERUM

URIC ACID 5.7 mg/dl 3.4 - 7

Method - Enzymatic Colorimetric

### BUN / CREATINE RATIO<sup>a</sup>

#### SAMPLE : SERUM

RESULT 11.1

Sample No : 07H0106045A

Collection Date : 11/03/23 09:11

Ack Date : 11/03/2023 10:43

Report Date : 13/03/23 20:37

### GLYCOSYLATED HAEMOGLOBIN (HBA1C)

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### SAMPLE : EDTA BLOOD

HBA1C 6.7

#### *Interpretation & Remark:*

1. HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose.
2. HbA1c has been endorsed by clinical groups & 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 severe iron deficiency anaemia & haemolytic), chronic renal failure and liver diseases. 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.  
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 % .

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

Sample No : 07H0106045B Collection Date : 11/03/23 09:11 Ack Date : 11/03/2023 10:58 Report Date : 11/03/23 16:00

### **BLOOD SUGAR(F)**

#### SAMPLE : PLASMA

BLOOD SUGAR FASTING 102 mg/dl 70 - 109

Method - Hexokinase

Sample No : 07H0106090B Collection Date : 11/03/23 11:49 Ack Date : 11/03/2023 15:23 Report Date : 11/03/23 16:00

### **BLOOD SUGAR(PP)**

#### SAMPLE : PLASMA

BLOOD SUGAR PP 142 ▲ mg/dl 70.00 - 140.00

Method - Hexokinase

End of Report

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

Checked By

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### Hematology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
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Sample No :	07H0106045	Collection Date :	11/03/23 09:11	Ack Date :	11/03/2023 10:59	Report Date :	11/03/23 13:25
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#### COMPLETE HAEMOGRAM ( CBC )

##### SAMPLE : EDTA BLOOD

HAEMOGLOBIN (HB)	15.2	gm/dl	13 - 17
<i>Method - Colorimetric method (Cyn Meth)</i>			
RBC COUNT	5.3	$\times 10^6/\text{ul}$	4.5 - 5.5
<i>Method - Electrical Impedance Method</i>			
TOTAL WBC COUNT	<b>10.4 ▲</b>	$10^3/\text{cmm}$	4 - 10
<i>Method - Electrical Impedance Method</i>			
PLATELET COUNT	200	$10^3/\text{cmm}$	150 - 410
<i>Method - Electrical Impedance Method</i>			
PCV	45	%	40 - 50
<i>Method - RBC pulse ht. detection method</i>			
MCV	85	fl	83 - 101
<i>Method - calculated</i>			
MCH	29	pg	27 - 32
<i>Method - Calculated</i>			
MCHC	34	gm/dl	31.5 - 34.5
<i>Method - Calculated</i>			
ESR	10	%	0 - 10
<i>Method - Modified Westergren Method</i>			
<b><u>DIFFERENTIAL COUNT</u></b>			
NEUTROPHILS	59	%	40 - 80
<i>Method - Microscopy</i>			
LYMPHOCYTES	31	%	20 - 40
<i>Method - Microscopy</i>			
MONOCYTES	04	%	2 - 10
<i>Method - Microscopy</i>			

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EOSINOPHILS 06 % 1 - 6

*Method - Microscopy*

BASOPHILS 00 % 0 - 2

*Method - Microscopy*

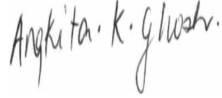
### **PERIPHERAL BLOOD SMEAR**

RBC Normocytic normochromic.

WBC Within normal limits.

PLATELET Adequate.

End of Report



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

RegNo: 82734

Checked By



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### Immunology

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#### BLOOD GROUPING & Rh TYPING

##### SAMPLE : EDTA BLOOD

BLOOD GROUP ' B '

Method - Agglutination forward & Reverse

RH TYPE POSITIVE

#### THYROID FUNCTION TEST

##### SAMPLE : SERUM

T3	1.35	ng/ml	0.6 - 1.8
Method - ECLIA			
T4	10.4	ug/dL	5.4 - 11.7
Method - ECLIA			
TSH	4.18	uIU/ml	Adult Male – 0.27-5.50 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 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).

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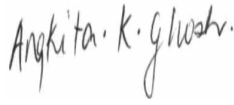
**Facility** : NARAYAN MEMORIAL HOSPITAL

End of Report



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

Checked By



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## LABORATORY INVESTIGATION REPORT

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### Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0106045	Collection Date : 11/03/23 09:11	Ack Date : 11/03/2023 12:47	Report Date : 11/03/23 17:22

#### URINE FOR R/E

##### SAMPLE : URINE

##### PHYSICAL EXAMINATION

VOLUME	45	ml	
COLOUR	PALE YELLOW		
APPEARANCE	CLEAR		
SPECIFIC GRAVITY	1.005		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.*

#### URINE FOR SUGAR FASTING<sup>a</sup>

##### SAMPLE : URINE

RESULT	ABSENT
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Sample No : 07H0106090	Collection Date : 11/03/23 11:49	Ack Date : 11/03/2023 15:33	Report Date : 13/03/23 17:24
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#### URINE FOR SUGAR PP

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### SAMPLE : URINE

RESULT


ABSENT

End of Report



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

Checked By



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

RegNo: 82734

## 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 0.9 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.

**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 : 11.7 cm & Left kidney measures : 10.7 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 3.1 cm x 3.0 cm x 2.9 cm. It weight approx 14 gm.

**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

## DIAGNOSTICS REPORT

Patient Name	: Mr. Surya Dutta	Order Date	: 11/03/2023 08:33
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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. Sayani Mahal ,**

MD Radiology (AIIMS), PDCC (AIIMS)

RegNo: 74369