

LABORATORY INVESTIGATION REPORT

Patient Name : Mr. ASHOKE PRASAD	Age/Sex : 52 Year(s)/Male
UHID : NMHK.2208575	Order Date : 11/06/2022 12:13
Episode : OP	
Ref. Doctor : NMH	Mobile No : 9007642422
	DOB : 23/03/1970
Address : 4/1 NAZIR LANE , KHIDDIRPORE ,Kolkata,West Bengal ,700023	Facility : NARAYAN MEMORIAL HOSPITAL

Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
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Sample No : 07H0066001 Collection Date : 11/06/22 12:33 Ack Date : 11/06/2022 13:38 Report Date : 11/06/22 16:06

SERUM CREATININE

SAMPLE : SERUM

SERUM CREATININE	0.8	mg/dl	0.7 - 1.2
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Jaffe Gen2 Compensated

BLOOD UREA NITROGEN

BLOOD UREA NITROGEN	8.8	mg/dl	6 - 20
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Calculated

URIC ACID

SAMPLE : SERUM

URIC ACID	6.3	mg/dl	3.4 - 7
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Enzymatic Colorimetric

SAMPLE : SERUM

RESULT	17.6
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Sample No : 07H0066001B Collection Date : 11/06/22 12:33 Ack Date : 11/06/2022 13:41 Report Date : 11/06/22 16:07

BLOOD SUGAR(F)

SAMPLE : PLASMA

BLOOD SUGAR FASTING	100	mg/dl	70 - 109
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Hexokinase

Sample No : 07H0066036B Collection Date : 11/06/22 15:37 Ack Date : 11/06/2022 16:40 Report Date : 11/06/22 17:31

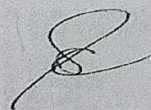
BLOOD SUGAR(PP)

SAMPLE : PLASMA

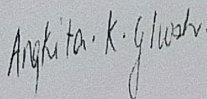
BLOOD SUGAR PP	114	mg/dl	70.00 - 140.00
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Hexokinase

End of Report



Dr.S. Chatterjee
MD, MBBS, FAACC



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

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Biochemistry

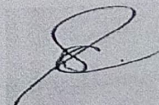
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Sample No : 07H0066001	Collection Date : 11/06/22 12:33	Ack Date : 11/06/2022 13:38	Report Date : 11/06/22 16:06

LIVER FUNCTION TEST (LFT)

SAMPLE : SERUM

TOTAL BILIRUBIN <i>Diazo Method</i>	0.4	mg/dl	0 - 1.1
DIRECT BILIRUBIN <i>Diazo Method</i>	0.2	mg/dl	0 - 0.2
INDIRECT BILIRUBIN <i>Calculated</i>	0.2	mg/dl	0.2 - 0.9
SGPT (ALT) <i>IFCC Without Pyridoxal Phosphate</i>	19	U/L	0 - 34
SGOT (AST) <i>IFCC Without Pyridoxal Phosphate</i>	23	U/L	0 - 31
ALKALINE PHOSPHATASE <i>IFCC</i>	122	U/L	53 - 128
TOTAL PROTEIN <i>Biuret</i>	7.9	g/dl	6.4 - 8.2
ALBUMIN <i>Bromocresol Green</i>	4.5	gm/dl	3.5 - 5.2
GLOBULIN <i>Calculated</i>	3.4	g/dl	2 - 3.5
ALBUMIN:GLOBULIN <i>Calculated</i>	1.3	-	1.1 - 2.5
GGT <i>Enzymatic colorimetric assay</i>	22	U/L	8 - 61

End of Report



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Biochemistry

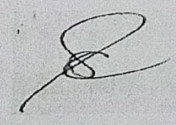
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Sample No : 07H0066001	Collection Date : 11/06/22 12:33	Ack Date : 11/06/2022 13:38	Report Date : 11/06/22 16:07

LIPID PROFILE

SAMPLE : SERUM

TOTAL CHOLESTEROL	136	mg/dl	Desirable <200 Borderline 200-239 High >=240
<i>CHOD-PAP</i>			
HDL CHOLESTEROL	30 ▼	mg/dl	40 - 60
<i>Homogenous Enzymatic Colorimetric</i>			
LDL CHOLESTEROL	87	mg/dl	Optimal < 100 Borderline 130
<i>Homogenous Enzymatic Colorimetric</i>			
VLDL	30	mg/dl	0 - 30
<i>CALCULATED</i>			
CHOLESTEROL-HDL RATIO	4.53	-	
LDL-HDL RATIO	2.90	-	
TRIGLYCERIDES	152	mg/dl	Desirable <150 Borderline 150 - 200 High >200
<i>Enzymatic Colorimetric</i>			

End of Report



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(CONSULTANT BIOCHEMIST)

Checked By

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Hematology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0066001	Collection Date : 11/06/22 12:33	Ack Date : 11/06/2022 13:38	Report Date : 11/06/22 17:17

COMPLETE HAEMOGRAM (CBC)

SAMPLE : EDTA BLOOD

HAEMOGLOBIN (HB) <i>Colorimetric method (Cyn Meth)</i>	14.8	gm/dl	13 - 17
RBC COUNT <i>Electrical Impedance Method</i>	5.15	$\times 10^6/\mu\text{l}$	4.5 - 5.5
TOTAL WBC COUNT <i>Electrical Impedance Method</i>	7.2	$10^3/\text{cmm}$	4 - 10
PLATELET COUNT <i>Electrical Impedance Method</i>	280	$10^3/\text{cmm}$	150 - 410
PCV <i>RBC pulse ht. detection method</i>	44	%	40 - 50
MCV <i>calculated</i>	85	fl	83 - 101
MCH <i>Calculated</i>	29	pg	27 - 32
MCHC <i>Calculated</i>	34	gm/dl	31.5 - 34.5
ESR <i>Modified Westergren Method</i>	10	%	0 - 12
DIFFERENTIAL COUNT			
NEUTROPHILS <i>Microscopy</i>	68	%	40 - 80
LYMPHOCYTES <i>Microscopy</i>	28	%	20 - 40
MONOCYTES <i>Microscopy</i>	02	%	2 - 10
EOSINOPHILS <i>Microscopy</i>	02	%	1 - 6

LABORATORY INVESTIGATION REPORT

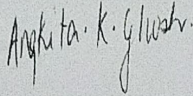
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BASOPHILS 00 % 0 - 2
Microscopy

PERIPHERAL BLOOD SMEAR

RBC Normocytic Normochromic
WBC Within normal limit
PLATELET Adequate

End of Report



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(CONSULTANT PATHOLOGIST)

RegNo: 82734

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Immunology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0066001	Collection Date : 11/06/22 12:33	Ack Date : 11/06/2022 13:38	Report Date : 11/06/22 15:39

BLOOD GROUPING & Rh TYPING

SAMPLE : EDTA BLOOD

BLOOD GROUP

'O'

Agglutination forward & Reverse

RH TYPE

POSITIVE

End of Report

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Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0066006	Collection Date : 11/06/22 12:47	Ack Date : 11/06/2022 13:40	Report Date : 11/06/22 16:14

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	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	0-2 / HPF	<20/HPF
RBC	NIL	
CAST	ABSENT	ABSENT
CRYSTAL	ABSENT	ABSENT

Please correlate clinically.

End of Report

Angkita K. Ghosh

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Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0066006	Collection Date : 11/06/22 12:47	Ack Date : 11/06/2022 13:40	Report Date : 11/06/22 16:08

URINE FOR SUGAR FASTING

SAMPLE : URINE

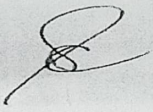
RESULT	ABSENT		
Sample No : 07H0066036	Collection Date : 11/06/22 15:37	Ack Date : 11/06/2022 16:25	Report Date : 11/06/22 17:31

URINE FOR SUGAR PP

SAMPLE : URINE

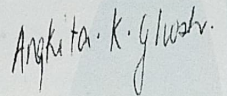
RESULT	ABSENT
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End of Report



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Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0066001A	Collection Date : 11/06/22 12:33	Ack Date : 11/06/2022 13:40	Report Date : 12/06/22 19:17

GLYCOSYLATED HAEMOGLOBIN (HBA1C)

SAMPLE : EDTA BLOOD

HBA1C 5.3

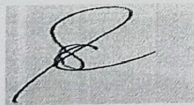
Interpretation & Remark:

- 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 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 : 07H0066001	Collection Date : 11/06/22 12:33	Ack Date : 11/06/2022 13:38	Report Date : 12/06/22 19:18

THYROID FUNCTION TEST

SAMPLE : SERUM

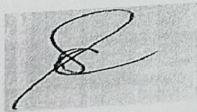
T3	1.34	ng/ml	0.60 - 1.80
ECLIA			
T4	9.17	ug/dL	5.40 - 11.70
ECLIA			
TSH	3.94	uIU/ml	Adult Male - 0.27-5.50 Adult Female - 0.27-5.50 Newborns - <25 Upto 12 years - 0.3-5

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 μ 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)
- There is no high dose hook effect at TSH concentrations upto 1000 μ mol/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 μ 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).
- The assay is unaffected by icterus (bilirubin < 599 μ 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



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

Checked By



ASHOKE PRASAD-OP

PID NO: P2162200072454
Age: 52.0 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

Medical Laboratory Report

VID: 220216000043121
Registered On:
11/06/2022 08:03 PM
Collected On:
11/06/2022 8:03PM
Reported On:
12/06/2022 07:15 AM

Investigation	Observed Value	Unit	Biological Reference Interval
PSA- Prostate Specific Antigen (Serum,ECLIA)	1.06	ng/mL	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 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 --

Dr. Subhasish Saha
MD Pathology

Page 1 of 1

This is computer generated medical diagnostics report that has been validated by an Authorized Medical Practitioner/Doctor.
The report does not need physical signature. Results relate only to the sample as received. Refer to conditions of reporting overleaf.
**Referred Test

DIAGNOSTICS REPORT

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USG WHOLE ABDOMEN (SCREENING)

LIVER : Liver is normal in size. Liver measures 14 cm. **Parenchymal echotexture is bright.** Intrahepatic biliary radicles & hepatic veins are not dilated. No focal mass lesion seen.

PORTA :PV : Normal. PV measures 1.0 cm.

CBD : Normal . CBD measures 0.4 cm. No calculus or SOL seen within its visualised part.


GALL BLADDER : Gall bladder is well distended. Wall thickness is normal. No calculus or SOL seen. Ultrasonographic Murphy's sign is negative.

PANCREAS : Pancreas is normal in size. **Parenchymal echogenicity is bright.** Pancreatic duct is not dilated. No focal SOL / peripancreatic collection seen.

SPLEEN : Spleen is normal in size. Spleen measures : 11.0 cm. Parenchyma shows normal homogeneous pattern. No focal SOL seen. Splenic vein is normal.

KIDNEYS : **Right kidney is rotated anticlockwise.** Both kidneys are normal in size, shape, outline, position and parenchymal echogenicity. Corticomedullary differentiation is maintained . No evidence of any calculus / SOL / hydronephrosis seen.
Right kidney measures : 9.4 cm & Left kidney measures : 10.0 cm.

URETERS : Not seen dilated.



DIAGNOSTICS REPORT

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URINARY BLADDER : Urinary bladder is normal in contour, outline and distension. Walls are thick. No vesical calculus or mass lesion seen. Prevoid volume is 230 cc.

POST VOID BLADDER : 155 cc residual urine seen.

PROSTATE : Prostate is normal size. **A 1.2 cm frond-like protrusion seen from prostatic base into the bladder cavity.** Prostate measures 3.7 cm x 3.4 cm x 2.7 cm. It weigh approx 18.2 gm.

PERITONEUM : No free fluid seen.

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

IMPRESSION :

- Grade I fatty liver.
- Fatty pancreas.
- Malrotated right kidney.
- Exophytic prostatic growth.
- Thick bladder wall with significant post void residual urine.



Dr.G.MITRA SENGUPTA,
MBBS,,DCH.CBET(WB)DNB -1(RD)

DIAGNOSTICS REPORT

Patient Name	: Mr. ASHOKE PRASAD	Order Date	: 11/06/2022 12:13
Age/Sex	: 52 Year(s)/Male	Report Date	: 11/06/2022 18:03
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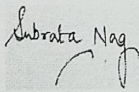
X-RAY CHEST PA VIEW

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

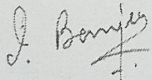
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ECHOCARDIOGRAPHY (SCREENING)

Status of Patient :

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



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

Board Certified Comprehensive
Echocardiographer (USA)

DIAGNOSTICS REPORT

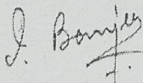
Patient Name	: Mr. ASHOKE PRASAD	Order Date	: 11/06/2022 12:13
Age/Sex	: 52 Year(s)/Male	Report Date	: 11/06/2022 17:27
UHID	: NMHK.2208575	IP No	:
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
Address	: 4/1 NAZIR LANE, KHIDDIRPORE, Kolkata, West Bengal, 700023	Mobile	: 9007642422

ELECTROCARDIOGRAM REPORT (ECG)

HR	: 112 bpm
Rhythm	: Sinus
P wave	: Normal
PR Interval	: 144 msec
QRS axis	: Normal (82 Degree)
QRS duration	: 92 msec
QRS configuration	: Normal
T wave	: Non specific changes
ST segment	: Non specific changes
QTc	: 455 msec
QT	: 332 msec

IMPRESSION:

- Sinus Tachycardia. Normal QRS axis.
 - Non specific ST-T changes.
- Clinical correlation please.



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BSHOKE PRASAD

2208575

Male

52 years

kg

HR 112/min

Axis: P 51°

SINUS TACHYCARDIA
OTHERWISE NORMAL ECG

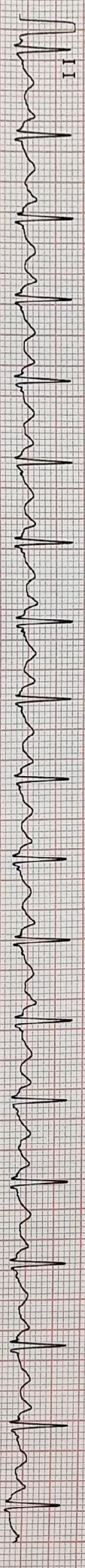
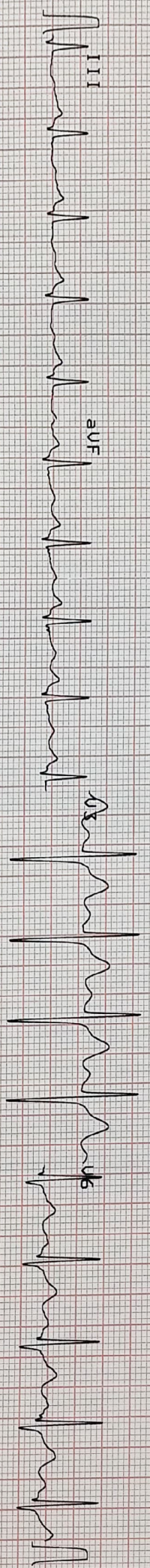
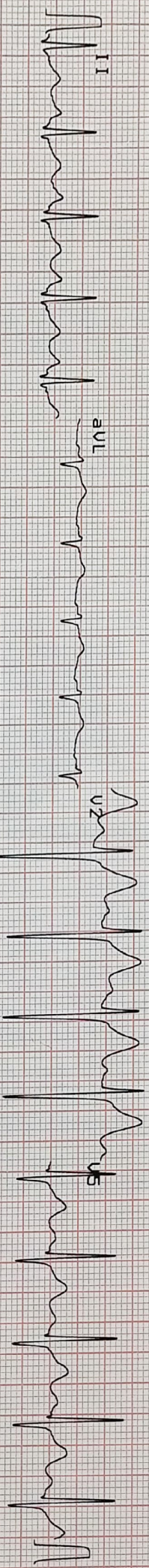
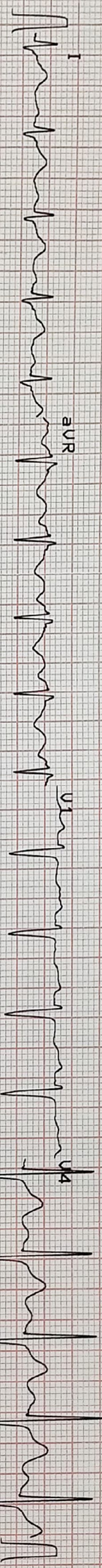
6.02

UNCONFIRMED REPORT

Intervals:
 RR 536 ms
 P 110 ms
 PR 144 ms
 QR5 92 ms
 QT 332 ms
 QTc 455 ms
 (Bazett)
 10 mm/mV

QRS 82°
 T 29°
 P (II) 0.22 mV
 S (U1) -1.00 mV
 R (U5) 1.54 mV
 Sokol. 3.80 mV

10 mm/mV



10 mm/mV

25 mm/s

0.05-25 Hz

F50

585

11.06.2022 14:08:08

NRARVAN MEMORIAL
HOSPITAL, BEHRLA

AT-102plus 1.250E4

H/C



UHID : **NMHK.2208575**
Patient Name : **Mr. ASHOKE PRASAD**
Age / Sex : **52 Year(s) / Male**
Mobile : **9007642422**
Bill No/Date time : **OPCS71009 / 11-06-2022 13:58**
Address : **4/1 NAZIR LANE Kolkata KHIDDIRPORE**

Visit type/Token No. : **Health Check-up Reporting /**
Card validity Date :
Doctor : **Dr. DIPANKAR RAY (EYE)**
Department : **OPHTHALMOLOGY**
Registration No. : **39800**
Qualification : **MBBS, DO**



Referred By : **NMH**

BP _____
Temperature _____
Pulse _____
Respiration _____
Height _____ cm
Weight _____ kg

Chief complaints

Physical examination

Treatment

Handwritten notes: 8/6, 8/6, 2/3, 2/3

Handwritten signature: Dr. Dipankar Ray

Handwritten notes: 8/6, 2/3

Investigations

Dr. Dipankar Ray
Eye Surgeon
Reg. 39800
9831090788
8420563124

Next visit

Dietary assessment : Done Not Done

Signature

Regi 9836412166



NARAYAN MEMORIAL HOSPITAL

601, Diamond Harbour Road, Kolkata 700034 | Call: 6640 0000
Email: contact@nmh.org.in | Visit: www.narayanmemorialhospital.com

OPD

UHID : **NMHK.2208575**
 Patient Name : **Mr. ASHOKE PRASAD**
 Age / Sex : **52 Year(s) / Male**
 Mobile : **9007642422**
 Bill No/Date time : **OPCS71016 / 11-06-2022 14:04**
 Address : **4/1 NAZIR LANE Kolkata KHIDDIRPORE**

Visit type/Token No. : **Health Check-up Reporting /**
 Card validity Date :
 Doctor : **Dr. PRANTIK KR ROY**
 Department : **DENTAL**
 Registration No. : **3353/A (WB)**
 Qualification : **BDS**



Referred By : **NMH**

BP _____
 Temperature _____
 Pulse _____
 Respiration _____
 Height _____ cm
 Weight _____ kg

Chief complaints *Caries 7/7*
 Physical examination *Calculus → '++'*
Stain → '+'
 Treatment *Adv- Rest of 7/7*
Oral prophylaxis.

[Signature]
4/6/22

Investigations _____

Next visit _____

Dietary assessment : Done Not Done

Signature _____