

NON NEG

CHECK LIST

NAME	Debabrata Bhowal	PATHOLOGY/PP
OP		ECG/PFT
AGE		ECHO/TMT
DATE		USG / CXR
PACKAGE		URINE / STOOL
REFERRED BY		MAMMO/ PAP
HT	173"	EYE/ DENTAL
WT	72	GP CONSULTATION
BP	120/80	DIETITION
PULSE	99"	CARDIOLOGIST
WAIST	93"	GYNECOLOGIST
HIP	101"	DENTAL
RESPIRATORY RATE		
CHEST (INHALE)	104"	
CHEST (EXHALE)	99"	
ABDOMEN	95"	



भारत सरकार  
Government of India



Debabrata Biswas  
Year of Birth: 1981  
Male



2261 3464 5364

आधार - आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

Address: S/O: Biswa Nath Biswas,  
55/A, Satyajit Roy Sarani, Near Ram  
Mandir, Behala, Parnasree Pally,  
Kolkata, Parnasree Pally, West Bengal,  
700060

2261 3464 5364



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www.uidai.gov.in

*D. Biswas*



## LABORATORY INVESTIGATION REPORT

<b>Patient Name</b> : Mr. DEBABRATA BISWAS	<b>Age/Sex</b> : 43 Year(s) / Male
<b>UHID</b> : NMHK.2119555	<b>Order Date</b> : 28/01/2023 09:35
<b>Episode</b> : OP	
<b>Ref. Doctor</b> : NMH	<b>Mobile No</b> : 8134923778
	<b>DOB</b> : 01/01/1980
<b>Address</b> : 55/A SATYAJIT ROY SARANI , BEHALA Kolkata, West Bengal , 700034	<b>Facility</b> : NARAYAN MEMORIAL HOSPITAL

### Immunology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
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Sample No : 07H0099078	Collection Date : 28/01/23 09:50	Ack Date : 28/01/2023 10:14	Report Date : 28/01/23 15:46
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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	1.16	ng/ml	0.60 - 1.80
Method - ECLIA			
T4	7.2	ug/dL	5.40 - 11.70
Method - ECLIA			
TSH	2.99	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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<b>Address</b>	: 55/A SATYAJIT ROY SARANI , BEHALA ,Kolkata,West Bengal ,700034	<b>Facility</b>	: NARAYAN MEMORIAL HOSPITAL

End of Report

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

Checked By

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

RegNo: 82734



## LABORATORY INVESTIGATION REPORT

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### Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
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Sample No : 07H0099078	Collection Date : 28/01/23 09:50	Ack Date : 28/01/2023 11:50	Report Date : 28/01/23 17:30
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#### SERUM CREATININE

##### SAMPLE : SERUM

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

#### LIVER FUNCTION TEST ( LFT )

##### SAMPLE : SERUM

TOTAL BILIRUBIN	0.8	mg/dl	0 - 1.1
<i>Method - Diazo Method</i>			
DIRECT BILIRUBIN	0.3 ▲	mg/dl	0 - 0.2
<i>Method - Diazo Method</i>			
INDIRECT BILIRUBIN	0.5	mg/dl	0.2 - 0.9
<i>Method - Calculated</i>			
SGPT (ALT)	26	U/L	0 - 34
<i>Method - IFCC Without Pyridoxal Phosphate</i>			
SGOT (AST)	24	U/L	0 - 31
<i>Method - IFCC Without Pyridoxal Phosphate</i>			
ALKALINE PHOSPHATASE	85	U/L	53 - 128
<i>Method - IFCC</i>			
TOTAL PROTEIN	7.3	g/dl	6.4 - 8.2
<i>Method - Biuret</i>			
ALBUMIN	4.7	gm/dl	3.5 - 5.2
<i>Method - Bromocresol Green</i>			
GLOBULIN	2.6	g/dl	2 - 3.5
<i>Method - Calculated</i>			
ALBUMIN:GLOBULIN	1.8	-	1.1 - 2.5
<i>Method - Calculated</i>			
GGT	20	U/L	8 - 61



## LABORATORY INVESTIGATION REPORT

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Method - Enzymatic colorimetric assay

### BLOOD UREA NITROGEN

BLOOD UREA NITROGEN 14.4 mg/dl 6 - 20

Method - Calculated

### LIPID PROFILE

#### SAMPLE : SERUM

TOTAL CHOLESTEROL 220 mg/dl Desirable <200 |  
Borderline 200-239 |  
High >=240

Method - CHOD-PAP

HDL CHOLESTEROL 42 mg/dl 40 - 60

Method - Homogenous Enzymatic Colorimetric

LDL CHOLESTEROL 144 mg/dl Optimal < 100 |  
Borderline 130

Method - Homogenous Enzymatic Colorimetric

VLDL 34 ▲ mg/dl 0 - 30

Method - CALCULATED

CHOLESTEROL-HDL RATIO 5.24

LDL-HDL RATIO 3.43

TRIGLYCERIDES 172 mg/dl Desirable <150 |  
Borderline 150 - 200 |  
High >200

Method - Enzymatic Colorimetric

### URIC ACID

#### SAMPLE : SERUM

URIC ACID 7.1 ▲ mg/dl 3.4 - 7

Method - Enzymatic Colorimetric

#### SAMPLE : SERUM

RESULT 14.1

Sample No : 07H0099078A

Collection Date : 28/01/23 09:50

Ack Date : 28/01/2023 10:14

Report Date : 28/01/23 17:30

### GLYCOSYLATED HAEMOGLOBIN (HBA1C)

#### SAMPLE : EDTA BLOOD



## LABORATORY INVESTIGATION REPORT

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HbA1C 5.8

### 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.

Sample No : 07H0099078B Collection Date : 28/01/23 09:50 Ack Date : 28/01/2023 11:52 Report Date : 28/01/23 17:30

### BLOOD SUGAR(F)

#### SAMPLE : PLASMA

BLOOD SUGAR FASTING 103 mg/dl 70 - 109  
Method - Hexokinase

Sample No : 07H0099120B Collection Date : 28/01/23 13:12 Ack Date : 28/01/2023 14:23 Report Date : 28/01/23 17:30

### BLOOD SUGAR(PP)

#### SAMPLE : PLASMA

BLOOD SUGAR PP 77 mg/dl 70.00 - 140.00  
Method - Hexokinase

End of Report

Dr.S. Chatterjee  
MD, MBBS, FAACC



## LABORATORY INVESTIGATION REPORT

**Patient Name** : Mr. DEBABRATA BISWAS

**UHID** : NMHK.2119555

**Episode** : OP

**Ref. Doctor** : NMH

**Address** : 55/A SATYAJIT ROY SARANI , BEHALA  
,Kolkata,West Bengal ,700034

**Age/Sex** : 43 Year(s) / Male

**Order Date** : 28/01/2023 09:35

**Mobile No** : 8134923778

**DOB** : 01/01/1980

**Facility** : NARAYAN MEMORIAL HOSPITAL

(CONSULTANT BIOCHEMIST)

Checked By







## LABORATORY INVESTIGATION REPORT

<b>Patient Name</b> : Mr. DEBABRATA BISWAS	<b>Age/Sex</b> : 43 Year(s) / Male
<b>UHID</b> : NMHK.2119555	<b>Order Date</b> : 28/01/2023 09:35
<b>Episode</b> : OP	<b>Mobile No</b> : 8134923778
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<b>Address</b> : 55/A SATYAJIT ROY SARANI , BEHALA ,Kolkata,West Bengal ,700034	<b>Facility</b> : NARAYAN MEMORIAL HOSPITAL

### Hematology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0099078	Collection Date : 28/01/23 09:50	Ack Date : 28/01/2023 10:14	Report Date : 28/01/23 14:19

#### COMPLETE HAEMOGRAM ( CBC )

##### SAMPLE : EDTA BLOOD

HAEMOGLOBIN (HB) <i>Method - Colorimetric method (Cyn Meth)</i>	14.8	gm/dl	13 - 17
RBC COUNT <i>Method - Electrical Impedance Method</i>	5.1	$\times 10^6/\text{ul}$	4.5 - 5.5
TOTAL WBC COUNT <i>Method - Electrical Impedance Method</i>	6.0	$10^3/\text{cmm}$	4 - 10
PLATELET COUNT <i>Method - Electrical Impedance Method</i>	260	$10^3/\text{cmm}$	150 - 410
PCV <i>Method - RBC pulse ht. detection method</i>	45	%	40 - 50
MCV <i>Method - Calculated</i>	88	fl	83 - 101
MCH <i>Method - Calculated</i>	29	pg	27 - 32
MCHC <i>Method - Calculated</i>	33	gm/dl	31.5 - 34.5
ESR <i>Method - Modified Westergren Method</i>	10	%	0 - 10
<b><u>DIFFERENTIAL COUNT</u></b>			
NEUTROPHILS <i>Method - Microscopy</i>	59	%	40 - 80
LYMPHOCYTES <i>Method - Microscopy</i>	31	%	20 - 40
MONOCYTES <i>Method - Microscopy</i>	05	%	2 - 10



## LABORATORY INVESTIGATION REPORT

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<b>Episode</b> : OP	<b>Mobile No</b> : 8134923778
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EOSINOPHILS	05	%	1 - 6
<i>Method - Microscopy</i>			
BASOPHILS	00	%	0 - 2
<i>Method - Microscopy</i>			

### PERIPHERAL BLOOD SMEAR

RBC	Normocytic Normochromic
WBC	Within normal limits
PLATELET	Adequate

End of Report

*Angkita K. Ghosh*

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

RegNo: 82734

Checked By



## LABORATORY INVESTIGATION REPORT

**Patient Name** : Mr. DEBABRATA BISWAS  
**UHID** : NMHK.2119555  
**Episode** : OP  
**Ref. Doctor** : NMH  
**Address** : 55/A SATYAJIT ROY SARANI , BEHALA  
,Kolkata,West Bengal ,700034

**Age/Sex** : 43 Year(s) / Male  
**Order Date** : 28/01/2023 09:35  
**Mobile No** : 8134923778  
**DOB** : 01/01/1980  
**Facility** : NARAYAN MEMORIAL HOSPITAL

### Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0099078	Collection Date : 28/01/23 09:50	Ack Date : 28/01/2023 13:18	Report Date : 29/01/23 17:58

#### URINE FOR R/E

##### SAMPLE : URINE

##### PHYSICAL EXAMINATION

VOLUME	25	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	0-2/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

Sample No : 07H0099120      Collection Date : 28/01/23 13:12      Ack Date : 28/01/2023 15:20      Report Date : 28/01/23 17:31

#### URINE FOR SUGAR PP



## LABORATORY INVESTIGATION REPORT

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**Order Date** : 28/01/2023 09:35  
**Episode** : OP  
**Ref. Doctor** : NMH  
**Mobile No** : 8134923778  
**DOB** : 01/01/1980  
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**Facility** : NARAYAN MEMORIAL HOSPITAL

### SAMPLE : URINE

RESULT ABSENT

Sample No : 07H0099244 Collection Date : 29/01/23 10:52 Ack Date : 29/01/2023 14:09 Report Date : 29/01/23 17:58

### STOOL FOR R/E

#### SAMPLE : STOOL

#### PHYSICAL EXAMINATION

COLOUR. BROWNISH  
CONSISTENCY SOFT  
MUCUS PRESENT  
VISIBLE BLOOD ABSENT  
ADULT PARASITE ABSENT

#### CHEMICAL EXAMINATION

REACTION ACIDIC

#### MICROSCOPIC EXAMINATION

PUS CELLS 0 - 2  
VEG CELL PRESENT  
RBC ABSENT  
OVA NOT FOUND  
PARASITES NOT FOUND  
CYSTS NOT FOUND  
STARCH GRANULES PRESENT

*Please correlate clinically.*

End of Report

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

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

Checked By



DEBABRATA BISWAS 2119555

PID NO: P2162200303378  
Age: 43.0 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: 220216000269839 **Test Report**

Registered On:  
28/01/2023 08:01 PM  
Collected On:  
28/01/2023 8:01PM  
Reported On:  
28/01/2023 10:14 PM

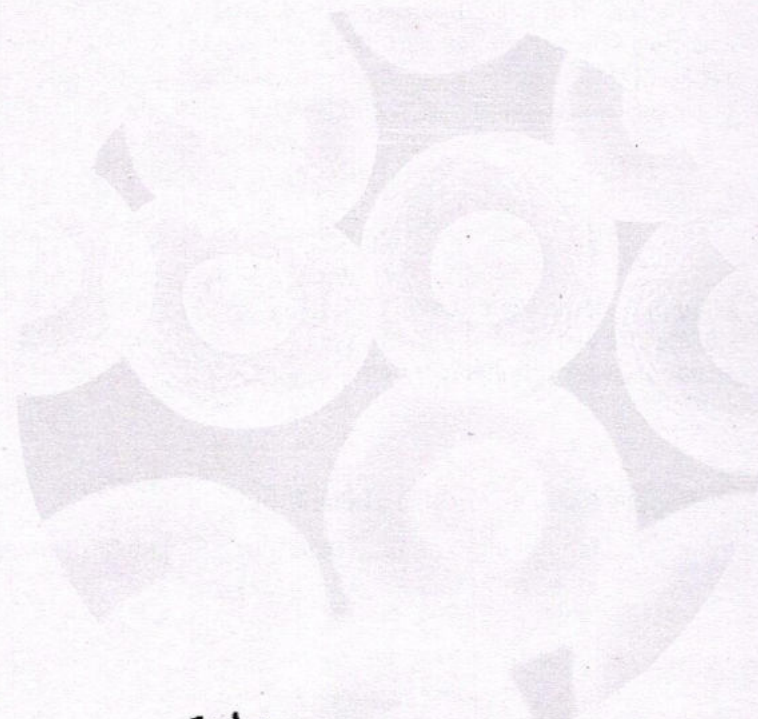
<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<b>PSA- Prostate Specific Antigen</b> (Serum,ECLIA)	1.14	ng/mL	Conventional for all ages: 0 - 4 40 - 49 yrs: 0 - 2.5

**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 --



*Saha*

Results relate only to the sample as received. Refer to conditions of reporting overleaf. Dr. Subhasish Saha  
MD Pathology

† This test was outsourced to Metropolis Healthcare Ltd. Mumbai



## DIAGNOSTICS REPORT

Patient Name	: Mr. DEBABRATA BISWAS	Order Date	: 28/01/2023 09:35
Age/Sex	: 43 Year(s)/Male	Report Date	: 28/01/2023 17:02
UHID	: NMHK.2119555	IP No	:
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
Address	: 55/A SATYAJIT ROY SARANI, BEHALA, Kolkata, West Bengal, 700034	Mobile	: 8134923778

### ELECTROCARDIOGRAM REPORT (ECG)

HR	: 74 bpm
Rhythm	: Sinus
P wave	: Normal
PR Interval	: 146 msec
QRS axis	: Normal (79 Degree)
QRS duration	: 94 msec
QRS configuration	: Normal
T wave	: Non specific changes
ST segment	: Non specific changes
QTc	: 380 msec
QT	: 342 msec

#### IMPRESSION:

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

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

Board Certified Comprehensive  
Echocardiographer (USA)

DEBARBATA BISWAS

219555

Male

42 years

kg

HR 74/min

Axis: P 60°

QRS 79°

T 17°

P (II) 0.12 mV

S (V1) -1.03 mV

R (V5) 1.07 mV

Sokol. 3.30 mV

(Bazett)

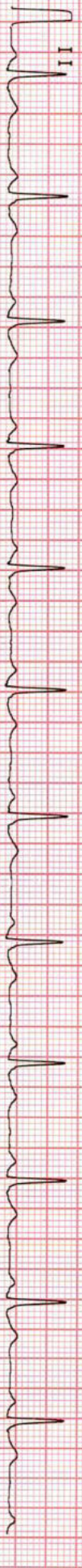
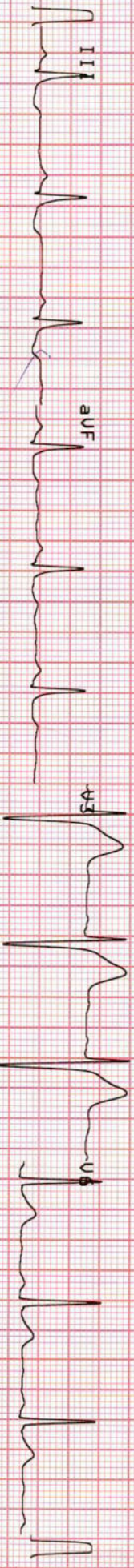
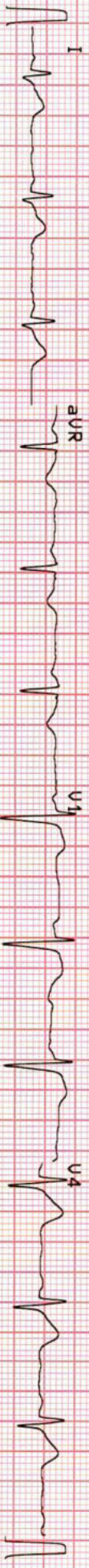
10 mm/mV

SINUS RHYTHM  
OTHERWISE NORMAL ECG

6.02

UNCONFIRMED REPORT

10 mm/mV



10 mm/mV

25 mm/s

0.05-25 Hz FS0 SSF 5BS 28.01.2023

12:06:57

NARAYAN MEMORIAL HOSPITAL, BEHALA

AT-102plus 1.25 Ct



## DIAGNOSTICS REPORT

Patient Name	: Mr. DEBABRATA BISWAS	Order Date	: 28/01/2023 09:35
Age/Sex	: 43 Year(s)/Male	Report Date	: 28/01/2023 16:06
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### 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.

**CD** : Normal . CD 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 maintained. No evidence of any calculus/ mass / hydronephrosis is seen. Right kidney measures : 11.9 cm & Left kidney measures : 10.9 cm.

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

**PROSTATE** : Prostate is normal size, outline and echotexture appear normal. No focal lesion is seen. Prostate measures 2.8 cm x 3.3 cm x 2.4 cm. It weight approx 12 gm.





## DIAGNOSTICS REPORT

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

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

**IMPRESSION** : Normal study.

**Dr. MADHUSHREE RAY NASKAR ,**  
**MBBS, DMRD**

Consultant Radiologist

RegNo: 57032



## DIAGNOSTICS REPORT

Patient Name	: Mr. DEBABRATA BISWAS	Order Date	: 28/01/2023 09:35
Age/Sex	: 43 Year(s)/Male	Report Date	: 28/01/2023 18:57
UHID	: NMHK.2119555	IP No	:
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
Address	: 55/A SATYAJIT ROY SARANI, BEHALA, Kolkata, West Bengal, 700034	Mobile	: 8134923778

### 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



## DIAGNOSTICS REPORT

Patient Name	: Mr. DEBABRATA BISWAS	Order Date	: 28/01/2023 09:35
Age/Sex	: 43 Year(s)/Male	Report Date	: 28/01/2023 15:49
UHID	: NMHK.2119555	IP No	:
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
Address	: 55/A SATYAJIT ROY SARANI, BEHALA, Kolkata, West Bengal, 700034	Mobile	: 8134923778

### ECHOCARDIOGRAPHY (SCREENING)

#### Status of Patient :

- \* No regional wall motion abnormality at rest.
- \* Good LV systolic function (EF = 65 %).
- \* 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.

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

Board Certified Comprehensive  
Echocardiographer (USA)