



LABORATORY INVESTIGATION REPORT

Patient Name : Mr, Sani Dhanuk	Age/Sex : 31 Year(s)/Male
UHID : NMHK,2200960	Order Date : 22/01/2022 13:48
Episode : OP	
Ref. Doctor : NMH	Mobile No : 9874525741
Address : C-25/19/17 DAKSHIN BEHALA , BEHALA Kolkata,West Bengal ,700061	Facility : NARAYAN MEMORIAL HOSPITAL

Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0055505	Collection Date : 22/01/22 14:07	Ack Date :	Report Date : 23/01/22 13:28

KIDNEY FUNCTION TEST

SERUM CREATININE

SAMPLE : SERUM

SERUM CREATININE	0.6 ▼	mg/dl	0.7 - 1.2
<i>Jaffe Gen2 Compensated</i>			

BLOOD UREA NITROGEN

BLOOD UREA NITROGEN	06	mg/dl	6 - 20
<i>Calculated</i>			

URIC ACID

SAMPLE : SERUM

URIC ACID	6.3	mg/dl	3.4 - 7
<i>Enzymatic Colorimetric</i>			

LIVER FUNCTION TEST (LFT)

SAMPLE : SERUM

TOTAL BILIRUBIN	0.5	mg/dl	0 - 1.1
<i>Diazo Method</i>			

DIRECT BILIRUBIN	0.2	mg/dl	0 - 0.2
<i>Diazo Method</i>			

INDIRECT BILIRUBIN	0.3	mg/dl	0.2 - 0.9
<i>Calculated</i>			

SGPT (ALT)	65 ▲	U/L	0 - 34
<i>IFCC Without Pyridoxal Phosphate</i>			

SGOT (AST)	48 ▲	U/L	0 - 31
<i>IFCC Without Pyridoxal Phosphate</i>			

ALKALINE PHOSPHATASE	141 ▲	U/L	53 - 128
<i>IFCC</i>			

TOTAL PROTEIN	7.7	g/dl	6.4 - 8.2
<i>Biuret</i>			

ALBUMIN	5.0	gm/dl	3.5 - 5.2
<i>Bromocresol Green</i>			

GLOBULIN	2.7	g/dl	2 - 3.5
<i>Calculated</i>			

ALBUMIN:GLOBULIN	1.9	-	1.1 - 2.5
<i>Calculated</i>			

GGT	52	U/L	8 - 61
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Enzymatic colorimetric assay

LIPID PROFILE

SAMPLE : SERUM

TOTAL CHOLESTEROL	172	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	107	mg/dl	Optimal < 100 Borderline 130
<i>Homogenous Enzymatic Colorimetric</i>			
VLDL	35.80 ▲	mg/dl	0 - 30
<i>CALCULATED</i>			
CHOLESTEROL-HDL RATIO	4.78	-	
LDL-HDL RATIO	2.97	-	
TRIGLYCERIDES	179	mg/dl	Desirable <150 Borderline 150 - 200 High >200

Enzymatic Colorimetric

Sample No : 07H0055505B Collection Date : 22/01/22 14:07 Ack Date : Report Date : 23/01/22 13:28

BLOOD SUGAR(PP)

SAMPLE : PLASMA

BLOOD SUGAR PP	111	mg/dl	70 - 140
<i>Hexokinase</i>			

Sample No : 07H0055505C Collection Date : 22/01/22 14:07 Ack Date : Report Date : 23/01/22 13:28

BLOOD SUGAR(F)

SAMPLE : PLASMA

BLOOD SUGAR FASTING	86	mg/dl	70 - 109
<i>Hexokinase</i>			

End of Report

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

Checked By

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Immunoassay

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0055505	Collection Date : 22/01/22 14:07	Ack Date :	Report Date : 23/01/22 20:02

THYROID FUNCTION TEST

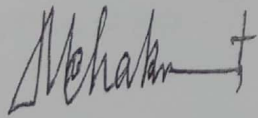
SAMPLE : SERUM

TEST	RESULTS	UNITS	BIOLOGICAL REF RANGE
T3 <i>ECLIA</i>	0.95	ng/ml	0.60 - 1.80
T4 <i>ECLIA</i>	7.94	ug/dL	5.40 - 11.70
TSH <i>ECLIA</i>	4.79	uIU/ml	Adult Male – 0.27-5.50 Adult Female – 0.27-5.50 Newborns - <25 Upto 12 years – 0.3-5

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



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

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Hematology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0055505	Collection Date : 22/01/22 14:07	Ack Date :	Report Date : 22/01/22 18:12

COMPLETE HAEMOGRAM (CBC)

SAMPLE : EDTA BLOOD

HAEMOGLOBIN (HB) <i>Colorimetric method (Cyn Meth)</i>	14.1	gm/dl	13 - 17
RBC COUNT <i>Electrical Impedance Method</i>	5.03	$\times 10^6/\mu\text{l}$	4.5 - 5.5
TOTAL WBC COUNT <i>Electrical Impedance Method</i>	7.7	$10^3/\text{cmm}$	4 - 10
PLATELET COUNT <i>Electrical Impedance Method</i>	230	$10^3/\text{cmm}$	150 - 410
PCV <i>RBC pulse ht. detection method</i>	42	%	40 - 50
MCV <i>calculated</i>	84	fl	83 - 101
MCH <i>Calculated</i>	28	pg	27 - 32
MCHC <i>Calculated</i>	33	gm/dl	31.5 - 34.5
ESR <i>Modified Westergren Method</i>	12 ▲	%	0 - 10

DIFFERENTIAL COUNT

NEUTROPHILS <i>Microscopy</i>	55	%	40 - 80
LYMPHOCYTES <i>Microscopy</i>	40	%	20 - 40
MONOCYTES <i>Microscopy</i>	02	%	2 - 10
EOSINOPHILS <i>Microscopy</i>	03	%	1 - 6
BASOPHILS <i>Microscopy</i>	00	%	0 - 2

PERIPHERAL BLOOD SMEAR

RBC Normocytic normochromic.



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Immunology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0055505	Collection Date : 22/01/22 14:07	Ack Date :	Report Date : 22/01/22 18:20

BLOOD GROUPING & Rh TYPING

SAMPLE : EDTA BLOOD

BLOOD GROUP

' B '

Agglutination forward & Reverse

RH TYPE

NEGATIVE

End of Report

Angkita K. Ghosh

Dr. ANGKITA K. GHOSH
MBBS, MD(PATH)
(CONSULTANT PATHOLOGIST)
RegNo: 82734
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Clinical Pathology

INVESTIGATION : URINE FOR R/E
Sample No : 07H0055505
Collection Date : 22/01/22 14:07
Ack Date :
UNITS : ml
BIOLOGICAL REF RANGE : 1.010 - 1.030
Report Date : 23/01/22 20:03

URINE FOR R/E

SAMPLE : URINE

PHYSICAL EXAMINATION

VOLUME	30	
COLOUR	PALE STRAW	
APPEARANCE	SLIGHTLY HAZY	1.010 - 1.030
SPECIFIC GRAVITY	1.015	
REACTION(pH)	ACIDIC 6.0	

CHEMICAL EXAMINATION

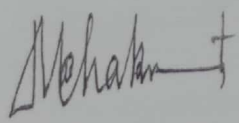
SUGAR	ABSENT	ABSENT
ALBUMIN.	ABSENT	ABSENT
BLOOD	ABSENT	ABSENT
KETONE	ABSENT	ABSENT
BILE SALT	ABSENT	ABSENT
BILE PIGMENTS	ABSENT	ABSENT

MICROSCOPIC EXAMINATION

PUS CELLS	1-2 / HPF	<5/HPF
EPITHELIAL CELLS	0-1 / HPF	<20/HPF
RBC	NIL	ABSENT
CAST	ABSENT	ABSENT
CRYSTAL	ABSENT	

Please correlate clinically.

End of Report



Dr. MAINAK CHAKRABORTY
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(CONSULTANT PATHOLOGIST)

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Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0055528	Collection Date : 22/01/22 15:05	Ack Date :	Report Date : 23/01/22 20:03

STOOL FOR R/E

SAMPLE : STOOLPHYSICAL EXAMINATION

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

CHEMICAL EXAMINATION

REACTION ACIDIC

MICROSCOPIC EXAMINATION

PUS CELLS 1-2 / HPF <5/HPF
 VEG CELL PRESENT
 RBC NIL
 OVA NOT FOUND
 PARASITES NOT FOUND
 CYSTS NOT FOUND
 BACTERIAL FLORA PRESENT(+++)
 FAT GLOBULES ABSENT
 STARCH GRANULES ABSENT

Please correlate clinically.

End of Report

Dr. MAINAK CHAKRABORTY
MBBS, MD(PATH)
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Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLCGICAL REF RANGE
Sample No : 07H0055505A	Collection Date : 22/01/22 14:07	Ack Date :	Report Date : 22/01/22 17:47

GLYCOSYLATED HAEMOGLOBIN (HBA1C)

SAMPLE : EDTA BLOOD

HBA1C : 5.3 %
By HPLC
Non-diabetic : 4-6

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

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

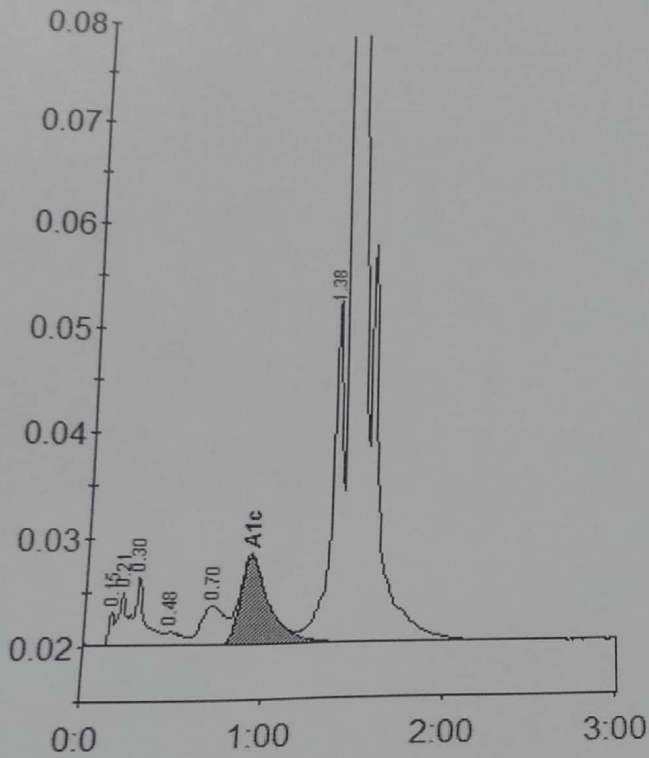
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*Bio-Rad
 D-10
 S/N: #DJ0A467747
 Sample ID:
 Injection date
 Injection #: 12
 Rack #: ---

DATE: 22/01/2022
 TIME: 17:23
 Software version: 4.30-2
 07H0055505A
 22/01/2022 17:19
 Method: HbA1c
 Rack position: 2

Dr Sani Dhanuk
 (R)NPHK 2200960 31y/ M

 07H0055505A
 EDTA Wh 22-01 14-07



Peak table - ID: 07H0055505A

Peak	R.time	Height	Area	Area %
Unknown	0.15	3137	6275	0.3
A1a	0.21	4878	19070	0.8
A1b	0.30	6540	26087	1.1
F	0.48	1247	8420	0.4
LA1c/CHb-1	0.70	3713	33793	1.4
A1c	0.91	8367	93420	5.3
P3	1.38	33455	128506	5.4
A0	1.45	723361	2080922	86.8
Total Area:			2396492	

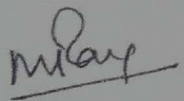
Concentration:	%	mmol/mol
A1c	5.3	35

DIAGNOSTICS REPORT

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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. MADHUSHREE RAY NASKAR,
MBBS, DMRD

Consultant Radiologist

RegNo: 57032

20/1/22

DIAGNOSTICS REPORT

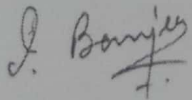
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ELECTROCARDIOGRAM REPORT (ECG)

HR	: 74 bpm
Rhythm	: Sinus
P wave	: Normal
PR Interval	: 150 msec
QRS axis	: Normal (60 Degree)
QRS duration	: 88 msec
QRS configuration	: Normal
T wave	: Non specific changes
ST segment	: Non specific changes
QTc	: 411 msec
QT	: 366 msec

IMPRESSION:

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



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

Board Certified Comprehensive
Echocardiographer (USA)

SANI DHANUK

2200960

31 years Male

HR 74/min

Axis: P 52° QRS 60° T 38°

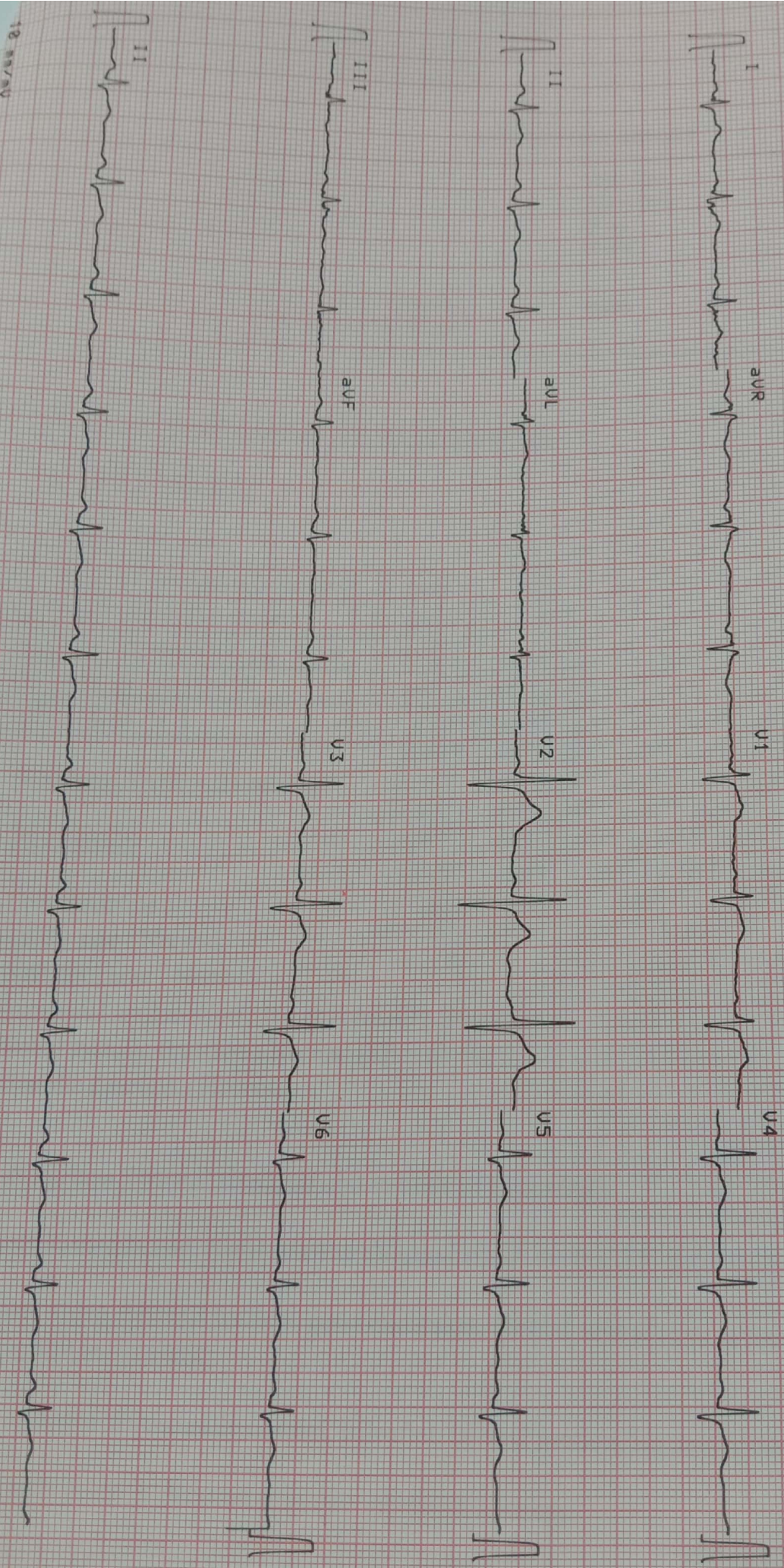
SINUS RHYTHM
NORMAL ECG

UNCONFIRMED REPORT

Intervals:

RR	806 ms
P	106 ms
PR	150 ms
QRS	88 ms
QT	366 ms
QTc	411 ms (Bazett)

10 mm/mV



0.05-25 Hz FS0 SSF SBS

22.01.2022

NARAYAN MEMORIAL

DIAGNOSTICS REPORT

122

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2D ECHOCARDIOGRAPHY WITH M-MODE

MEASUREMENTS

2D and M-Mode :

IVS (d)	10 mm	Aorta (at sinuses)	25 mm
LVID (d)	48 mm	LA diameter	33 mm
LVPW (d)	10 mm	RVID (d) - basal	14 mm
LVID (s)	29 mm	TAPSE	22 mm
LVEF	62 %		

Estimated PASP = 21 mmHg

FINDINGS

Left Ventricle :

Cavity size : Normal.

Wall thickness : Normal.

Segmental wall motion : No abnormality found.

Global systolic function : Normal (EF = 62 %)

Diastolic function : Normal.

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. Trivial regurgitation / No MS.

Aortic valve :Structurally normal, trileaflet, normal motion, no regurgitation.

Pulmonary Valve :Normal structure, adequate opening.

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Tricuspid Valve :Normal structure, normal excursion. Trivial TR. TR gradient = 16 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.

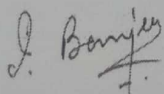
Inferior Vena Cava :IVC normal diameter, > 50% respiratory variation.

Others :No thrombus, mass, vegetation seen.

IMPRESSION:

Status of Patient :

- * No regional wall motion abnormality at rest.
- * Good LV systolic function (EF = 62 %).
- * Good RV systolic function (TAPSE = 22 mm).
- * Normal valve morphology.
- * Normal LV diastolic function.
- * No pericardial effusion.
- * No pulmonary arterial hypertension.



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

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USG REPORT OF WHOLE ABDOMEN (SCREENING)

LIVER : Liver is enlarged in size. Parenchymal echogenicity is raised. Intrahepatic biliary radicles are not dilated. No focal mass lesion is seen.

PORTA :PV : Normal. PV measures 0.8 cm.

CD : Normal . CD measures 0.2 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 : 11.1 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 : 9.1 cm & Left kidney measures : 9.9 cm.

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

