



ভারতীয় বিশিষ্ট পরিচয় প্রাধিকরণ  
ভারত সরকার  
Unique Identification Authority of India  
Government of India

তালিকাভুক্তির আই ডি/Enrollment No.: 1040/19577/23954

To  
স্বপন দাস  
Swapan Das  
45 H MOORE AVENUE  
Regent Park S.O  
Regent Park Kolkata  
West Bengal 700040

18747045



MN187470453DF



আপনার আধার সংখ্যা/ Your Aadhaar No. :

**7770 1654 1725**

আধার - সাধারণ মানুষের অধিকার



ভারত সরকার  
GOVERNMENT OF INDIA



স্বপন দাস  
Swapan Das  
পিতা : অজিত দাস  
Father : Ajit Das  
জন্ম সাল / Year of Birth : 1975  
পুরুষ / Male



**7770 1654 1725**

আধার - সাধারণ মানুষের অধিকার

Swapan Das



## তথ্য

- আধার পরিচয়ের প্রমাণ, নাগরিকত্বের প্রমাণ নয়।
- পরিচয়ের প্রমাণ অনলাইন অথেন্টিকেশন দ্বারা প্রাপ্ত করুন।

## INFORMATION

- Aadhaar is proof of identity, not of citizenship.
- To establish identity, authenticate online.

- আধার সারা দেশে মান্য।
- আধার ভবিষ্যতে সরকারী ও বেসরকারী পরিসেবা প্রাপ্তির সহায়ক হবে।
- Aadhaar is valid throughout the country.
- Aadhaar will be helpful in availing Government and Non-Government services in future.

18747045



ভারতীয় বিশিষ্ট পরিচয় প্রাধিকরণ  
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

ঠিকানা:  
45 এইচ, মুর এভিনিউ, রিজেন্ট  
পার্ক, কোলকাতা, পশ্চিমবঙ্গ,  
700040

Address:  
45 H, MOORE AVENUE,  
Regent Park S.O, Regent  
Park, Kolkata, West Bengal,  
700040

1947  
1800 180 1947

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P.O. Box No.1947,  
Bengaluru-560 001







## DIAGNOSTICS REPORT

Patient Name	: Mr. Swapan Das	Order Date	: 13/05/2023 09:50
Age/Sex	: 47 Year(s)/Male	Report Date	: 13/05/2023 16:46
UHID	: NMHK.2204142	IP No	:
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
		Mobile	: 9883289603
Address	: NATUN PALLY PURBA PUTIARY, HARIDEBPUR, Kolkata, West Bengal, 700093		

### 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. Swapan Das	Order Date	: 13/05/2023 09:50
Age/Sex	: 47 Year(s)/Male	Report Date	: 13/05/2023 17:30
UHID	: NMHK.2204142	IP No	:
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
		Mobile	: 9883289603
Address	: NATUN PALLY PURBA PUTIARY, HARIDEBPUR, Kolkata, West Bengal, 700093		

### 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 = 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

Hes

Patient Name	: Mr. Swapan Das	Order Date	: 13/05/2023 09:50
Age/Sex	: 47 Year(s)/Male	Report Date	: 13/05/2023 15:35
UHID	: NMHK.2204142	IP No	:
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
		Mobile	: 9883289603
Address	: NATUN PALLY PURBA PUTIARY, HARIDEBPUR, Kolkata, West Bengal, 700093		

### ELECTROCARDIOGRAM REPORT (ECG)

HR : 70 bpm  
Rhythm : Sinus  
P wave : Normal  
PR Interval : 146 msec  
QRS axis : Normal (20 Degree)  
QRS duration : 96 msec  
QRS configuration : Normal  
T wave : Non specific changes  
ST segment : Non specific changes  
QTc : 396 msec  
QT : 364 msec

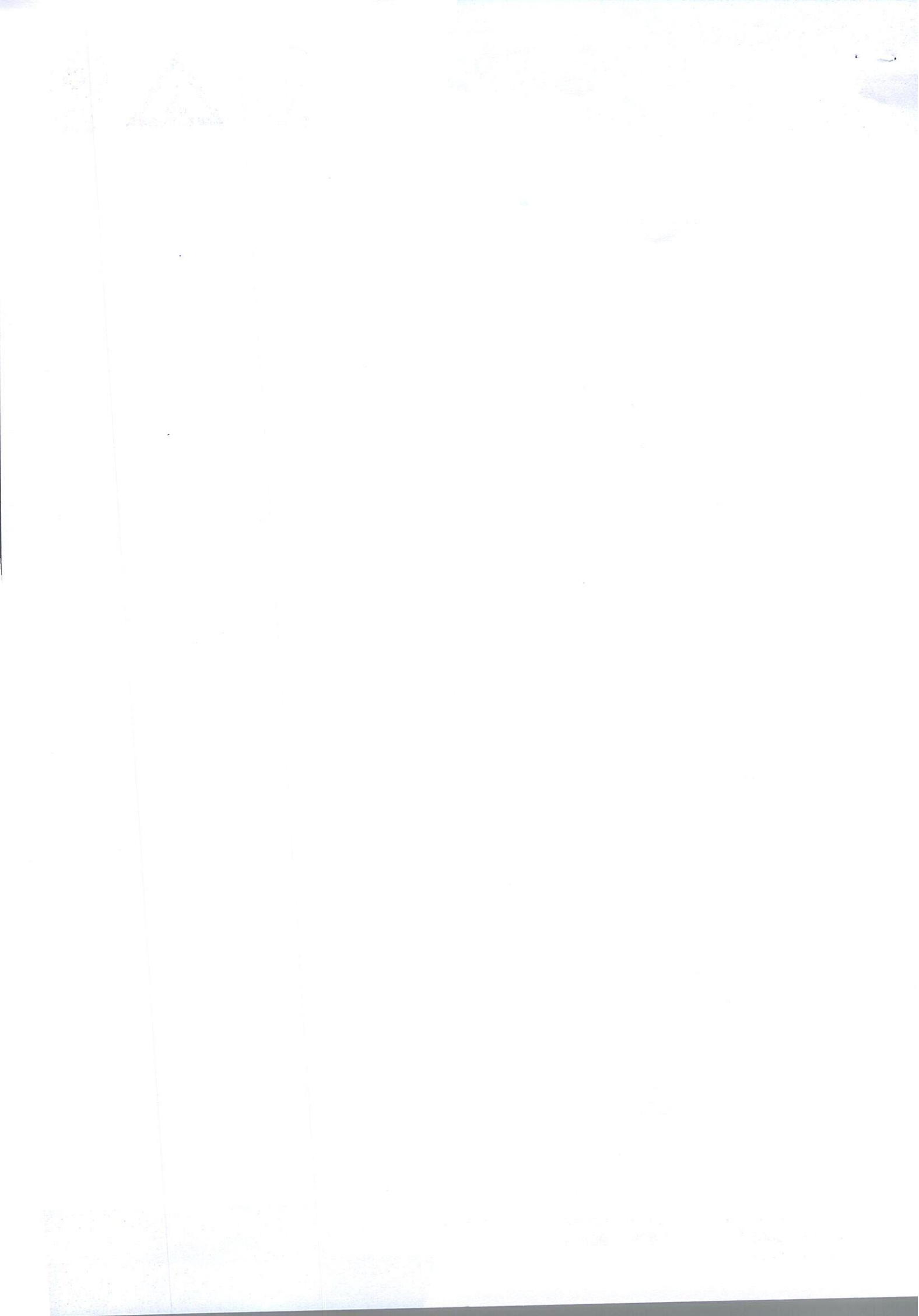
#### IMPRESSION:

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

**Dr. MUNNA DAS, MD (MEDICINE), DM (CARDIOLOGY)**

Consultant Cardiologist

RegNo: 55696



SWRPN DRS

2204142

47 years

Male  
kg

HR 70/min

Axis: 42°

SINUS RHYTHM  
OTHERWISE NORMAL ECG

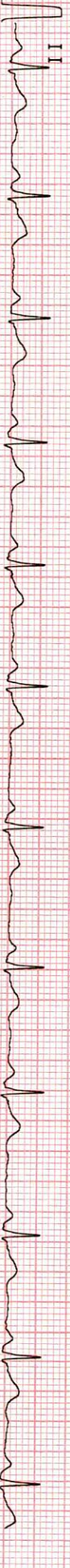
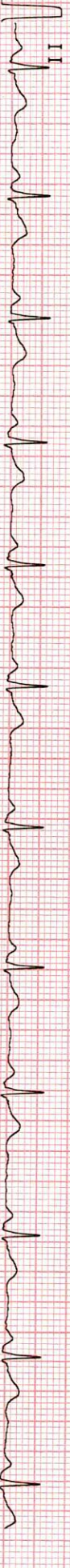
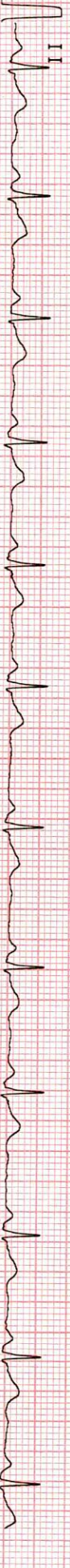
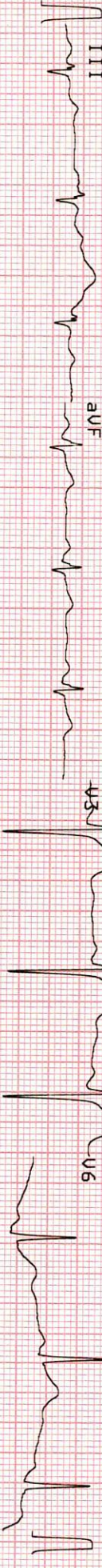
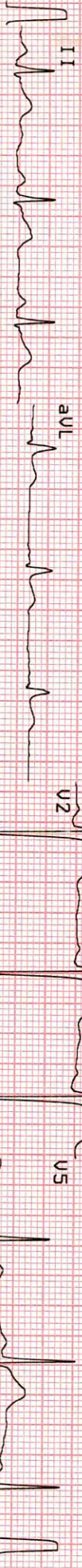
6.02

UNCONFIRMED REPORT

Intervals:

RR	856 ms	P	114 ms	P (II)	0.14 mV
PR	146 ms	QR5	20°	S (V1)	-1.31 mV
QR5	96 ms	QT		R (V5)	1.50 mV
QT	364 ms	QTc		Sokol.	3.85 mV
QTc	396 ms				

(Bazett)  
10 mm/mV



10 mm/mV

10 mm/mV

25 mm/s

0.05-25 Hz F50 55F 5BS

13.05.2023

13:27:50

NRRYAN MEMORIAL  
HOSPITAL-BEHLA

RT-102plus 1.25 Ct





## DIAGNOSTICS REPORT

Patient Name	: Mr. Swapan Das	Order Date	: 13/05/2023 09:50
Age/Sex	: 47 Year(s)/Male	Report Date	: 13/05/2023 17:21
UHID	: NMHK.2204142	IP No	:
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
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Address	: NATUN PALLY PURBA PUTIARY, HARIDEBPUR, Kolkata, West Bengal, 700093		

### USG REPORT OF WHOLE ABDOMEN (SCREENING)

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

**PORTA :PV** : Normal. PV measures 0.8 cm.

**CBD** : Normal. CBD measures 0.6 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 : 9.8 cm & Left kidney measures : 9.6 cm.

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





## DIAGNOSTICS REPORT

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Age/Sex	: 47 Year(s)/Male	Report Date	: 13/05/2023 17:21
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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 3.9 cm x 3.1 cm. It weight approx 20 gm.

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

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

### IMPRESSION :

\* **Hepatomegaly with mild fatty changes in liver.**

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

Consultant Radiologist

RegNo: 57032





## LABORATORY INVESTIGATION REPORT

**Patient Name** : Mr. Swapan Das  
**UHID** : NMHK.2204142  
**Episode** : OP  
**Ref. Doctor** : NMH

**Age/Sex** : 47 Year(s)/Male  
**Order Date** : 13/05/2023 09:50  
**Mobile No** : 9883289603  
**DOB** : 01/01/1976  
**Facility** : NARAYAN MEMORIAL HOSPITAL

**Address** : NATUN PALLY PURBA PUTIARY , HARIDEBPUR ,Kolkata, West Bengal ,700093

### Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
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Sample No : 07H0115923

Collection Date : 13/05/23 10:22

Ack Date : 13/05/2023 11:20

Report Date : 13/05/23 18:54

#### SERUM CREATININE

##### SAMPLE : SERUM

SERUM CREATININE

Jaffe Gen2 Compensated

##### URIC ACID

##### SAMPLE : SERUM

URIC ACID

Enzymatic Colorimetric

Sample No : 07H0115923B

Collection Date : 13/05/23 10:22

Ack Date : 13/05/2023 11:21

Report Date : 13/05/23 18:54

#### BLOOD SUGAR(F)

##### SAMPLE : PLASMA

BLOOD SUGAR FASTING

Hexokinase

Sample No : 07H0115985B

Collection Date : 13/05/23 14:38

Ack Date : 13/05/2023 16:02

Report Date : 13/05/23 18:54

#### BLOOD SUGAR(PP)

##### SAMPLE : PLASMA

BLOOD SUGAR PP

Hexokinase

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

0.7

mg/dl

0.7 - 1.2

6.3

mg/dl

3.4 - 7

128 ▲

mg/dl

70 - 109

113

mg/dl

70.00 - 140.00

End of Report





## LABORATORY INVESTIGATION REPORT

**Patient Name** : Mr. Swapan Das  
**UHID** : NMHK.2204142  
**Episode** : OP  
**Ref. Doctor** : NMH

**Age/Sex** : 47 Year(s)/Male  
**Order Date** : 13/05/2023 09:50  
**Mobile No** : 9883289603  
**DOB** : 01/01/1976  
**Facility** : NARAYAN MEMORIAL HOSPITAL

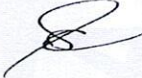
**Address** : NATUN PALLY PURBA PUTIARY , HARIDEBPUR ,Kolkata,Wes  
t Bengal ,700093

### Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0115923	Collection Date : 13/05/23 10:22	Ack Date : 13/05/2023 11:20	Report Date : 13/05/23 18:54

**BLOOD UREA NITROGEN** 10.3 mg/dl 6 - 20  
BLOOD UREA NITROGEN  
*Calculated*

End of Report

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

Checked By





## LABORATORY INVESTIGATION REPORT

**Patient Name** : Mr. Swapan Das

**UHID** : NMHK.2204142

**Episode** : OP

**Ref. Doctor** : NMH

**Address** : NATUN PALLY PURBA PUTIARY , HARIDEBPUR ,Kolkata,Wes  
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**Age/Sex** : 47 Year(s)/Male

**Order Date** : 13/05/2023 09:50

**Mobile No** : 9883289603

**DOB** : 01/01/1976

**Facility** : NARAYAN MEMORIAL HOSPITAL

### Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0115923	Collection Date : 13/05/23 10:22	Ack Date : 13/05/2023 11:20	Report Date : 13/05/23 18:54

#### BUN / CREATINE RATIO

**SAMPLE : SERUM**

BUN / CREATINE RATIO

14.7

End of Report

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

Checked By



## LABORATORY INVESTIGATION REPORT

**Patient Name** : Mr. Swapan Das  
**UHID** : NMHK.2204142  
**Episode** : OP  
**Ref. Doctor** : NMH

**Age/Sex** : 47 Year(s)/Male  
**Order Date** : 13/05/2023 09:50  
**Mobile No** : 9883289603  
**DOB** : 01/01/1976  
**Facility** : NARAYAN MEMORIAL HOSPITAL

**Address** : NATUN PALLY PURBA PUTIARY , HARIDEBPUR ,Kolkata,Wes  
t Bengal ,700093

### Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0115923A	Collection Date : 13/05/23 10:22	Ack Date : 13/05/2023 13:45	Report Date : 13/05/23 18:54

### GLYCOSYLATED HAEMOGLOBIN (HBA1C)

#### SAMPLE : EDTA BLOOD

HBA1C

6.8

#### 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.

End of Report



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





## LABORATORY INVESTIGATION REPORT

**Patient Name** : Mr. Swapan Das  
**UHID** : NMHK.2204142  
**Episode** : OP  
**Ref. Doctor** : NMH  
**Address** : NATUN PALLY PURBA PUTIARY , HARIDEBPUR ,Kolkata,West Bengal ,700093

**Age/Sex** : 47 Year(s)/Male  
**Order Date** : 13/05/2023 09:50  
**Mobile No** : 9883289603  
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### Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0115923	Collection Date : 13/05/23 10:22	Ack Date : 13/05/2023 11:20	Report Date : 13/05/23 18:54

#### LIVER FUNCTION TEST ( LFT )

##### SAMPLE : SERUM

TOTAL BILIRUBIN <i>Diazo Method</i>	0.7	mg/dl	0 - 1.1
DIRECT BILIRUBIN <i>Diazo Method</i>	0.2	mg/dl	0 - 0.2
INDIRECT BILIRUBIN <i>Calculated</i>	0.5	mg/dl	0.2 - 0.9
SGPT (ALT) <i>IFCC Without Pyridoxal Phosphate</i>	43 ▲	U/L	0 - 34
SGOT (AST) <i>IFCC Without Pyridoxal Phosphate</i>	33 ▲	U/L	0 - 31
ALKALINE PHOSPHATASE <i>IFCC</i>	131 ▲	U/L	53 - 128
TOTAL PROTEIN <i>Biuret</i>	7.5	g/dl	6.4 - 8.2
ALBUMIN <i>Bromocresol Green</i>	5.1	gm/dl	3.5 - 5.2
GLOBULIN <i>Calculated</i>	2.4	g/dl	2 - 3.5
ALBUMIN:GLOBULIN <i>Calculated</i>	2.1	-	1.1 - 2.5
GGT <i>Enzymatic colorimetric assay</i>	42	U/L	8 - 61

End of Report



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



## LABORATORY INVESTIGATION REPORT

**Patient Name** : Mr. Swapan Das

**UHID** : NMHK.2204142

**Episode** : OP

**Ref. Doctor** : NMH

**Address** : NATUN PALLY PURBA PUTIARY , HARIDEBPUR ,Kolkata,West Bengal ,700093

**Age/Sex** : 47 Year(s)/Male

**Order Date** : 13/05/2023 09:50

**Mobile No** : 9883289603

**DOB** : 01/01/1976

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### Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0115923	Collection Date : 13/05/23 10:22	Ack Date : 13/05/2023 11:20	Report Date : 13/05/23 18:54

#### LIPID PROFILE

##### SAMPLE : SERUM

TOTAL CHOLESTEROL	206	mg/dl	Desirable <200   Borderline 200-239   High >=240
<i>CHOD-PAP</i> HDL CHOLESTEROL	40	mg/dl	40 - 60
<i>Homogenous Enzymatic Colorimetric</i> LDL CHOLESTEROL	139	mg/dl	Optimal < 100   Borderline 130 - 159   High >160
<i>Homogenous Enzymatic Colorimetric</i> VLDL	27	mg/dl	0 - 30
<i>CALCULATED</i> CHOLESTEROL-HDL RATIO	5.15	-	
LDL-HDL RATIO	3.48	-	
TRIGLYCERIDES	136	mg/dl	Desirable <150   Borderline 150 - 200   High >200

*Enzymatic Colorimetric*

End of Report



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



## LABORATORY INVESTIGATION REPORT

**Patient Name** : Mr. Swapan Das

**Age/Sex** : 47 Year(s)/Male

**UHID** : NMHK.2204142

**Order Date** : 13/05/2023 09:50

**Episode** : OP

**Ref. Doctor** : NMH

**Mobile No** : 9883289603

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t Bengal ,700093

**Facility** : NARAYAN MEMORIAL HOSPITAL

### Hematology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0115923	Collection Date : 13/05/23 10:22	Ack Date : 13/05/2023 11:10	Report Date : 13/05/23 16:25

#### COMPLETE HAEMOGRAM ( CBC )

##### SAMPLE : EDTA BLOOD

HAEMOGLOBIN (HB) <i>Colorimetric method (Cyn Meth)</i>	14.3	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>	5.5	$10^3/\text{cm}^3$	4 - 10
PLATELET COUNT <i>Electrical Impedance Method</i>	150	$10^3/\text{cm}^3$	150 - 410
PCV <i>RBC pulse ht. detection method</i>	44	%	40 - 50
MCV <i>calculated</i>	78 ▼	fl	83 - 101
MCH <i>Calculated</i>	25 ▼	pg	27 - 32
MCHC <i>Calculated</i>	32	gm/dl	31.5 - 34.5
ESR <i>Modified Westergren Method</i>	04	%	0 - 10
<b><u>DIFFERENTIAL COUNT</u></b>			
NEUTROPHILS <i>Microscopy</i>	59	%	40 - 80
LYMPHOCYTES <i>Microscopy</i>	34	%	20 - 40
MONOCYTES <i>Microscopy</i>	04	%	2 - 10
EOSINOPHILS <i>Microscopy</i>	03	%	1 - 6
BASOPHILS <i>Microscopy</i>	00	%	0 - 2

#### PERIPHERAL BLOOD SMEAR



## LABORATORY INVESTIGATION REPORT

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**Age/Sex** : 47 Year(s)/Male

**Order Date** : 13/05/2023 09:50

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**Facility** : NARAYAN MEMORIAL HOSPITAL

RBC

Predominantly normocytic normochromic, few microcytes seen.

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

<b>Patient Name</b> : Mr. Swapan Das	<b>Age/Sex</b> : 47 Year(s)/Male
<b>UHID</b> : NMHK.2204142	<b>Order Date</b> : 13/05/2023 09:50
<b>Episode</b> : OP	<b>Mobile No</b> : 9883289603
<b>Ref. Doctor</b> : NMH	<b>DOB</b> : 01/01/1976
<b>Address</b> : NATUN PALLY PURBA PUTIARY , HARIDEBPUR ,Kolkata,Wes t Bengal ,700093	<b>Facility</b> : NARAYAN MEMORIAL HOSPITAL

### Immunology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0115923	Collection Date : 13/05/23 10:22	Ack Date : 13/05/2023 11:10	Report Date : 13/05/23 16:25

#### BLOOD GROUPING & Rh TYPING

##### SAMPLE : EDTA BLOOD

BLOOD GROUP ' B '

Agglutination forward & Reverse

RH TYPE POSITIVE

#### THYROID FUNCTION TEST

##### SAMPLE : SERUM

T3	0.93	ng/ml	0.60 - 1.80
ECLIA			
T4	8.32	ug/dL	5.40 - 11.70
ECLIA			
TSH	2.16	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  $\mu\text{mol/L}$  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)
- There is no high dose hook effect at TSH concentrations upto 1000  $\mu\text{mol/ml}$ .
- 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  $\mu\text{mol/L}$  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).
- 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

Angkita K. Ghosh





## LABORATORY INVESTIGATION REPORT

**Patient Name** : Mr. Swapan Das

**UHID** : NMHK.2204142

**Episode** : OP

**Ref. Doctor** : NMH

**Address** : NATUN PALLY PURBA PUTIARY , HARIDEBPUR ,Kolkata,West Bengal ,700093

**Age/Sex** : 47 Year(s)/Male

**Order Date** : 13/05/2023 09:50

**Mobile No** : 9883289603

**DOB** : 01/01/1976

**Facility** : NARAYAN MEMORIAL HOSPITAL

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

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

Checked By





## LABORATORY INVESTIGATION REPORT

**Patient Name** : Mr. Swapan Das  
**UHID** : NMHK.2204142  
**Episode** : OP  
**Ref. Doctor** : NMH  
**Address** : NATUN PALLY PURBA PUTIARY , HARIDEBPUR ,Kolkata,West Bengal ,700093

**Age/Sex** : 47 Year(s)/Male  
**Order Date** : 13/05/2023 09:50  
**Mobile No** : 9883289603  
**DOB** : 01/01/1976  
**Facility** : NARAYAN MEMORIAL HOSPITAL

### Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0115923	Collection Date : 13/05/23 10:22	Ack Date : 13/05/2023 12:56	Report Date : 13/05/23 17:27

#### URINE FOR R/E

##### SAMPLE : URINE

##### PHYSICAL EXAMINATION

VOLUME	50	ml	
COLOUR	STRAW		
APPEARANCE	SLIGHTLY HAZY		
SPECIFIC GRAVITY	1.016		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		ABSENT
CAST	ABSENT		ABSENT
CRYSTAL	ABSENT		ABSENT

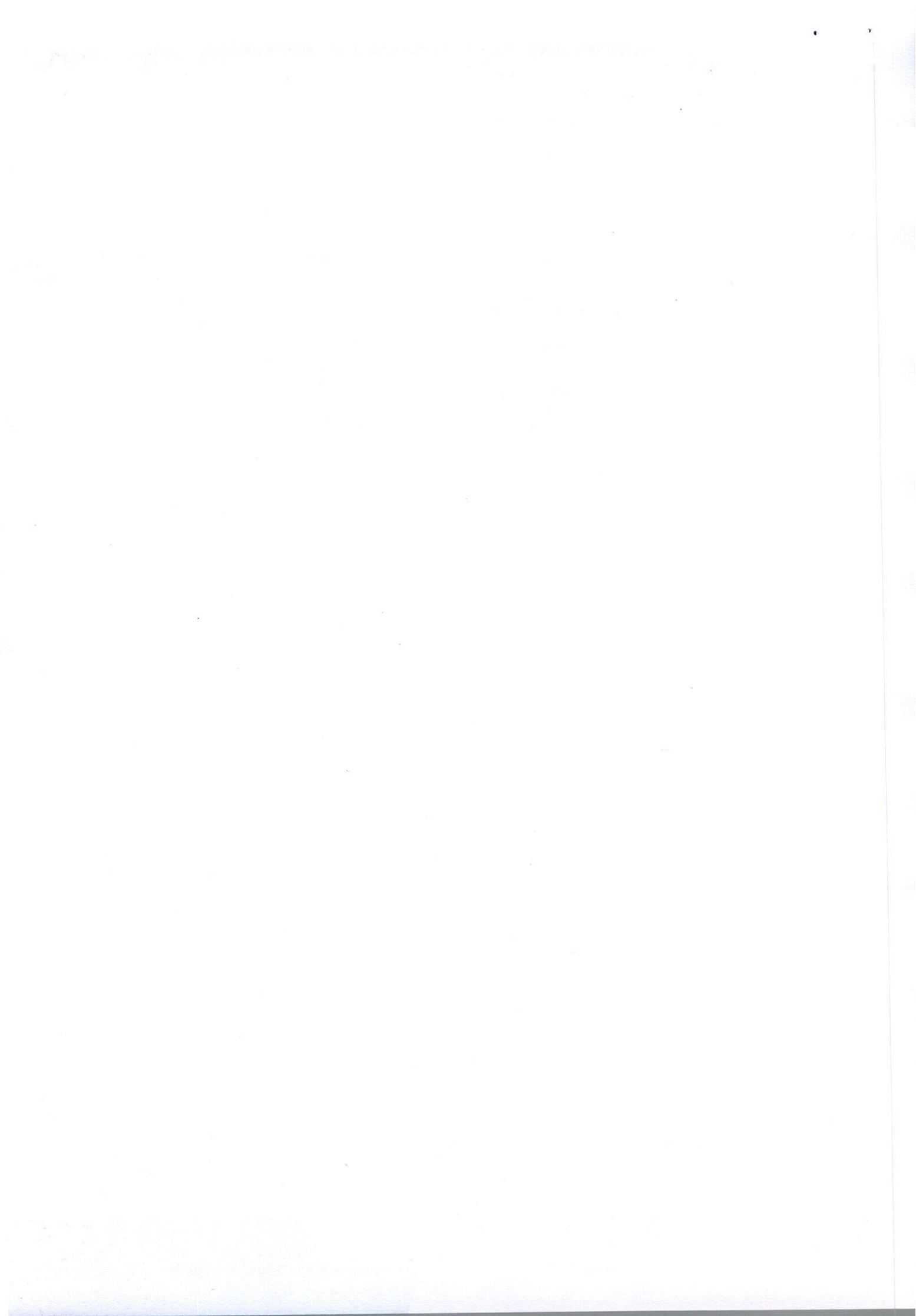
Please correlate clinically.

End of Report

*Angkita K. Ghosh*

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

RegNo: 82734





## LABORATORY INVESTIGATION REPORT

**Patient Name** : Mr. Swapan Das

**UHID** : NMHK.2204142

**Episode** : OP

**Ref. Doctor** : NMH

**Address** : NATUN PALLY PURBA PUTIARY , HARIDEBPUR ,Kolkata, West Bengal ,700093

**Age/Sex** : 47 Year(s)/Male

**Order Date** : 13/05/2023 09:50

**Mobile No** : 9883289603

**DOB** : 01/01/1976

**Facility** : NARAYAN MEMORIAL HOSPITAL

### Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0115923	Collection Date : 13/05/23 10:22	Ack Date : 13/05/2023 12:56	Report Date : 13/05/23 19:17

#### URINE FOR SUGAR FASTING

##### SAMPLE : URINE

RESULT

ABSENT

End of Report

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

Checked By







## LABORATORY INVESTIGATION REPORT

**Patient Name** : Mr. Swapan Das

**UHID** : NMHK.2204142

**Episode** : OP

**Ref. Doctor** : NMH

**Address** : NATUN PALLY PURBA PUTIARY , HARIDEBPUR ,Kolkata, West Bengal ,700093

**Age/Sex** : 47 Year(s)/Male

**Order Date** : 13/05/2023 09:50

**Mobile No** : 9883289603

**DOB** : 01/01/1976

**Facility** : NARAYAN MEMORIAL HOSPITAL

### Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0115985	Collection Date : 13/05/23 14:38	Ack Date : 13/05/2023 17:30	Report Date : 13/05/23 19:17

#### URINE FOR SUGAR PP

##### SAMPLE : URINE

RESULT

ABSENT

End of Report

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

Checked By





SWAPAN DAS 2204142


PID NO: P2162300410887  
Age: 47.0 Year(s) Sex: Male



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

VID: 230216000375626  
Registered On:  
13/05/2023 04:47 PM  
Collected On:  
13/05/2023 4:47PM  
Reported On:  
13/05/2023 08:47 PM

**Investigation**

 **PSA- Prostate Specific Antigen**  
(Serum,ECLIA)

**Observed Value**

0.514

**Unit**

ng/mL

**Biological Reference Interval**

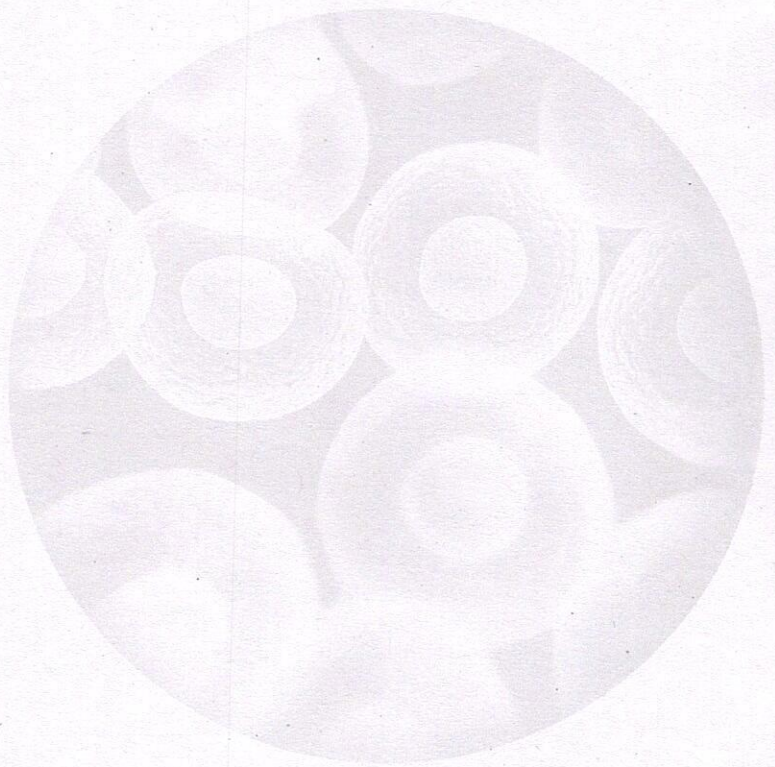
Conventional for all ages: 0 - 4  
40 - 49 yrs: 0 - 2.5

**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.

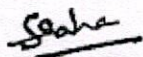
**Comments:** Patients on Biotin supplement may have interference in some immunoassays.

**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

  
Dr. Subhasish Saha  
MD Pathology

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

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