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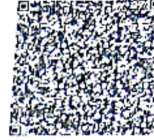
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भारत सरकार
GOVERNMENT OF INDIA



Kaushik Dutta
Date of Birth/DOB: 12/09/1967
Male/ MALE
Mobile No: 9836871212



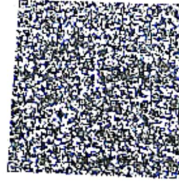
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LABORATORY INVESTIGATION REPORT

Patient Name : Mr. KAUSHIK DUTTA	Age/Sex : 56 Year(s) / Male
UHID : NMHK.2405872	Order Date : 23/03/2024 09:51
Episode : OP	Mobile No : 9836871212
Ref. Doctor : NMH	DOB : 12/09/1967
Address : 68, VIDYASAGAR SARANI, BARISHA, Kolkata, West Bengal, 700008	Facility : NARAYAN MEMORIAL HOSPITAL

Hematology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
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Sample No : 07H0167841 Collection Date : 23/03/24 10:20 Ack Date : 23/03/2024 11:19 Report Date : 23/03/24 13:38

BLOOD GROUPING & Rh TYPING

SAMPLE : EDTA BLOOD

BLOOD GROUP : 'O'
Method - Agglutination forward & Reverse

RH TYPE : POSITIVE

COMPLETE HAEMOGRAM (CBC)

SAMPLE : EDTA BLOOD

HAEMOGLOBIN (HB) Method - Colorimetric method (Cyn Meth)	15.3	gm/dl	13 - 17
RBC COUNT Method - Electrical Impedance Method	5.3	x10 ⁶ /ul	4.5 - 5.5
TOTAL WBC COUNT Method - Electrical Impedance Method	6.1	10 ³ /cmm	4 - 10
PLATELET COUNT Method - Electrical Impedance Method	250	10 ³ /cmm	150 - 410
PCV Method - RBC pulse ht. detection method	47	%	40 - 50
MCV Method - calculated	90	fl	83 - 101
MCH Method - Calculated	29	pg	27 - 32
MCHC Method - Calculated	32	gm/dl	31.5 - 34.5
ESR Method - Modified Westergren Method	10	%	0 - 12
DIFFERENTIAL COUNT Method - Microscopy			
NEUTROPHILS Method - Microscopy	64	%	40 - 80
LYMPHOCYTES Method - Microscopy	30	%	20 - 40
MONOCYTES Method - Microscopy	05	%	2 - 10
EOSINOPHILS Method - Microscopy	01	%	1 - 6
BASOPHILS Method - Microscopy	00	%	0 - 2

PERIPHERAL BLOOD SMEAR

RBC

WBC

Normocytic normochromic.
Within normal limits.

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PLATELET

Adequate.

End of Report

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

Checked By

Dr. SHAHEENA PERWEEN
MBBS, MD (Path)
Consultant Pathologist
RegNo: 71326



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Address : 68, VIDYASAGAR SARANI, BARISHA, Kolkata, West Bengal, 700008	Facility : NARAYAN MEMORIAL HOSPITAL

Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0167841 Collection Date : 23/03/24 10:20 Ack Date : 23/03/2024 12:04 Report Date : 23/03/24 14:13			
SERUM CREATININE			
SAMPLE : SERUM			
SERUM CREATININE <i>Method - Jaffe Gen2 Compensated</i>	0.7	mg/dl	0.7 - 1.2
LIVER FUNCTION TEST (LFT)			
SAMPLE : SERUM			
TOTAL BILIRUBIN <i>Method - Diazo Method</i>	1.2 ▲ (H)	mg/dl	0 - 1.1
DIRECT BILIRUBIN <i>Method - Diazo Method</i>	0.4 ▲ (H)	mg/dl	0 - 0.2
INDIRECT BILIRUBIN <i>Method - Calculated</i>	0.8	mg/dl	0.2 - 0.9
SGPT (ALT) <i>Method - IFCC Without Pyridoxal Phosphate</i>	23	U/L	0 - 34
SGOT (AST) <i>Method - IFCC Without Pyridoxal Phosphate</i>	21	U/L	0 - 31
ALKALINE PHOSPHATASE <i>Method - IFCC</i>	101	U/L	53 - 128
TOTAL PROTEIN <i>Method - Biuret</i>	7.7	g/dl	6.4 - 8.2
ALBUMIN <i>Method - Bromocresol Green</i>	4.7	gm/dl	3.5 - 5.2
GLOBULIN <i>Method - Calculated</i>	3.0	g/dl	2 - 3.5
ALBUMIN:GLOBULIN <i>Method - Calculated</i>	1.6	-	1.1 - 2.5
GGT <i>Method - Enzymatic colorimetric assay</i>	17	U/L	8 - 61
BLOOD UREA NITROGEN			
BLOOD UREA NITROGEN <i>Method - Calculated</i>	7.9	mg/dl	6 - 20
LIPID PROFILE			
SAMPLE : SERUM			
TOTAL CHOLESTEROL <i>Method - CHOD-PAP</i>	203	mg/dl	Desirable <200 Borderline 200 - 239 High >=240
HDL CHOLESTEROL <i>Method - Homogenous Enzymatic Colorimetric</i>	52	mg/dl	40 - 60

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Corporate Office :
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LDL CHOLESTEROL <i>Method - Homogenous Enzymatic Colorimetric</i>	123	mg/dl	Optimal < 100 Borderline 130 - 159 High >160
VLDL <i>Method - CALCULATED</i>	28	mg/dl	0 - 30
CHOLESTEROL-HDL RATIO	3.90	-	
LDL-HDL RATIO	2.37	-	
TRIGLYCERIDES <i>Method - Enzymatic Colorimetric</i>	138	mg/dl	Desirable <150 Borderline 150 - 200 High >200

URIC ACID

SAMPLE : SERUM

URIC ACID **7.3 ▲ (H)** mg/dl 3.4 - 7
Method - Enzymatic Colorimetric

BUN / CREATINE RATIO

SAMPLE : SERUM

BUN / CREATINE RATIO 11.3

GLYCOSYLATED HAEMOGLOBIN (HbA1C)

SAMPLE : EDTA BLOOD

HbA1C 5.6

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.
 - For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
 - Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status.
 - 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 glycemc 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.

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BLOOD SUGAR(F)			
SAMPLE : PLASMA	108	mg/dl	70 - 109
BLOOD SUGAR FASTING			
<i>Method - Hexokinase</i>			
BLOOD SUGAR(PP)			
SAMPLE : PLASMA	106	mg/dl	70 - 140
BLOOD SUGAR PP			
<i>Method - Hexokinase</i>			

End of Report


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

Checked By

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Patient Name : Mr. KAUSHIK DUTTA	Age/Sex : 56 Year(s) / Male
UHID : NMHK.2405872	Order Date : 23/03/2024 09:51
Episode : OP	Mobile No : 9836871212
Ref. Doctor : NMH	DOB : 12/09/1967
Address : 68, VIDYASAGAR SARANI , BARISHA ,Kolkata,Wes t Bengal ,700008	Facility : NARAYAN MEMORIAL HOSPITAL

Immunoassays- Tumuor Markers

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0167841	Collection Date : 23/03/24 10:20	Ack Date : 23/03/2024 12:04	Report Date : 23/03/24 14:16
PROSTATE SPECIFIC ANTIGEN (PSA)	0.26	ng/ml	<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

End of Report


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

Checked By _____



DIAGNOSTICS REPORT

Patient Name	: Mr. KAUSHIK DUTTA	Order Date	: 23/03/2024 09:51
Age/Sex	: 56 Year(s)/Male	Report Date	: 24/03/2024 10:35
UHID	: NMHK.2405872	Facility	: NARAYAN MEMORIAL HOSPITAL
Ref. Doctor	:	Mobile	: 9836871212
Address	: 68, VIDYASAGAR SARANI, BARISHA, Kolkata, West Bengal, 700008		

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.

CBD : Normal . CBD 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 : 11.6 cm & Left kidney measures : 11.4 cm.

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

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DIAGNOSTICS REPORT



Order Date : 23/03/2024 09:51
Report Date : 24/03/2024 10:35
Facility : NARAYAN MEMORIAL HOSPITAL
Mobile : 9836871212
Address : 68, VIDYASAGAR SARANI, BARISHA, Kolkata, West Bengal, 700008

Mr. KAUSHIK DUTTA
56 Year(s) Male
NMHK.2405872

PROSTATE : Prostate is normal size, outline and echotexture appear normal. No focal lesion is seen. Prostate measures 3.3 cm x 3.8 cm x 3.2 cm. It weight approx 21 gm.

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. KAUSHIK DUTTA	Order Date	: 23/03/2024 09:51
Age/Sex	: 56 Year(s)/Male	Report Date	: 24/03/2024 13:15
UHID	: NMHK.2405872	Facility	: NARAYAN MEMORIAL HOSPITAL
Ref. Doctor	:	Mobile	: 9836871212
Address	: 68, VIDYASAGAR SARANI, BARISHA, Kolkata, West Bengal, 700008		

CHEST X-RAY REPORT OF PA VIEW

Accentuation of vascular markings are noted bilaterally.

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.

Both domes of diaphragm are normal.

No obvious bony abnormality is seen.

Dr. KANISHKA MUKHERJEE
MBBS, MD (Rad. Diag.)

RegNo: 74523

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DIAGNOSTICS REPORT

Patient Name	: Mr. KAUSHIK DUTTA	Order Date	: 23/03/2024 09:51
Age/Sex	: 56 Year(s)/Male	Report Date	: 23/03/2024 12:33
UHID	: NMHK.2405872	Facility	: NARAYAN MEMORIAL HOSPITAL
Ref. Doctor	:	Mobile	: 9836871212
Address	: 68, VIDYASAGAR SARANI, BARISHA, Kolkata, West Bengal, 700008		

ELECTROCARDIOGRAM REPORT (ECG)

HR : 66 bpm
Rhythm : Sinus
P wave : Normal
PR Interval : 176 msec
QRS axis : Leftward.
QRS duration : 112 msec
QRS configuration : Normal
T wave : Non specific changes
ST segment : Non specific changes
QTc : 419 msec
QT : 398 msec

IMPRESSION

- Sinus rhythm. Leftward axis.
- Non specific ST-T changes.

Clinical correlation please.

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

Board Certified Comprehensive
Echocardiographer (USA)



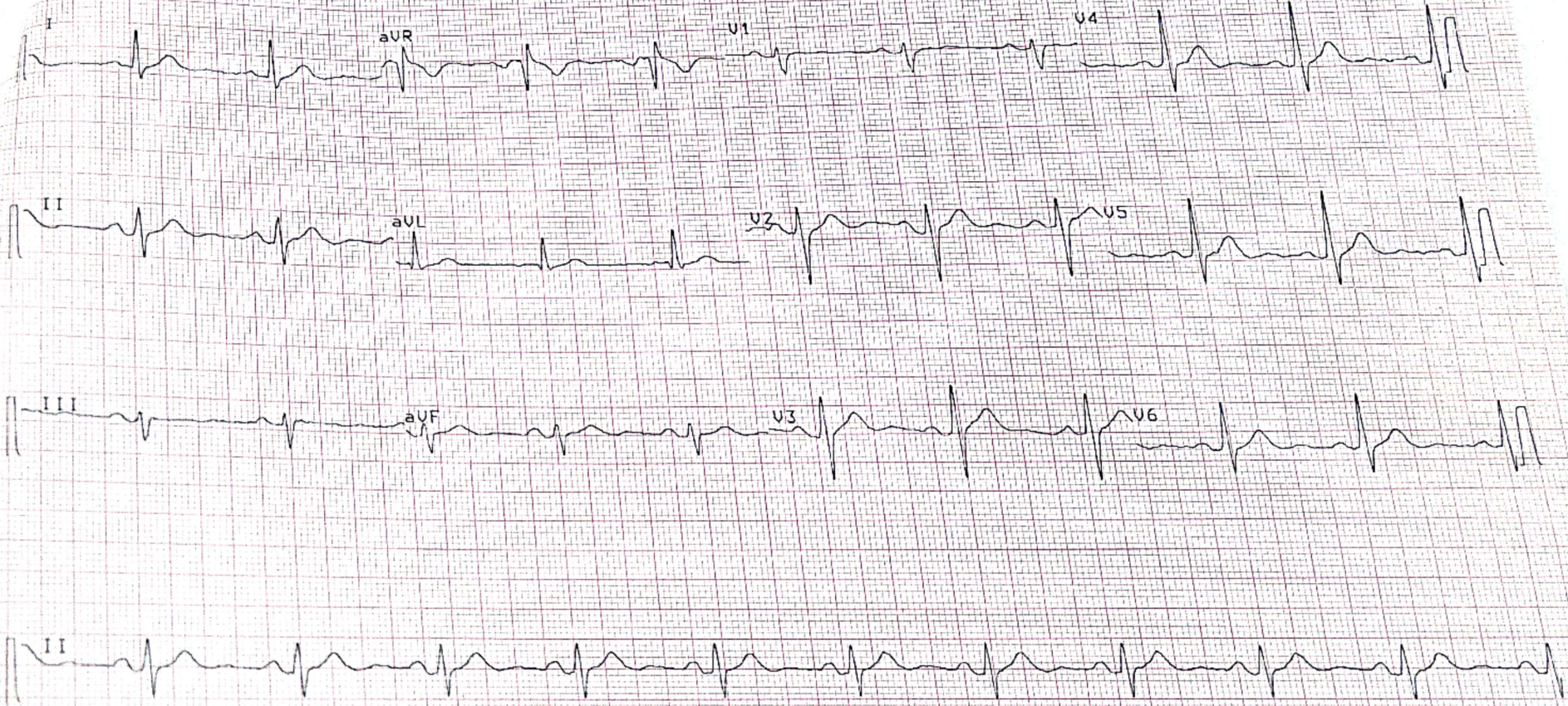
HR 66/min
 Axis: P 39°
 Intervals: QRS -13°
 RR 915 ms T 38°
 P 164 ms
 PR 176 ms
 QRS 112 ms
 QT 398 ms
 QTc 419 ms
 (Bazett)
 10 mm/mV

SINUS RHYTHM
 LEFTWARD AXIS
 6.02

UNCONFIRMED REPORT

Male
 kg

10 mm/mV



10 mm/mV

15 mm/s

0.05-25 Hz F50 55F SBS 23.03.2024 12:11:20

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