

Narayan Memorial Hospital

(A Unit of Narayan Health Services Pvt. Ltd.)

CIN No. : U85110WB2005PTC104884

GSTIN No. : 19AACCN1707E1ZS



DIAGNOSTICS REPORT

Patient Name	: Mr. PALLAB MONDAL	Order Date	: 23/03/2024 09:34
Age/Sex	: 36 Year(s)/Male	Report Date	: 24/03/2024 14:43
UHID	: NMHK.2405867	Facility	: NARAYAN MEMORIAL HOSPITAL
Ref. Doctor	:	Mobile	: 9733670211
Address	: KHAMARKUR SARISHA, DIAMOND HARBOUR, SOUTH 24 PARGANAS, West Bengal		

ELECTROCARDIOGRAM REPORT (ECG)

HR : 85 bpm
Rhythm : Sinus
P wave : Normal
PR Interval : 170 msec
QRS axis : Normal
QRS duration : 106 msec
QRS configuration : Incomplete RBBB
T wave : Non specific changes
ST segment : Non specific changes
QTc : 431 msec
QT : 362 msec

IMPRESSION

- Sinus rhythm.
 - Incomplete Right Bundle Branch Block.
- Clinical correlation please.

Dr. Sudip Chakraborty
MBBS, DIP (Preventative Cardiology)
fellow Clinical

RegNo: 56285

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NMHK-2405867

Pallab Mondal

OP

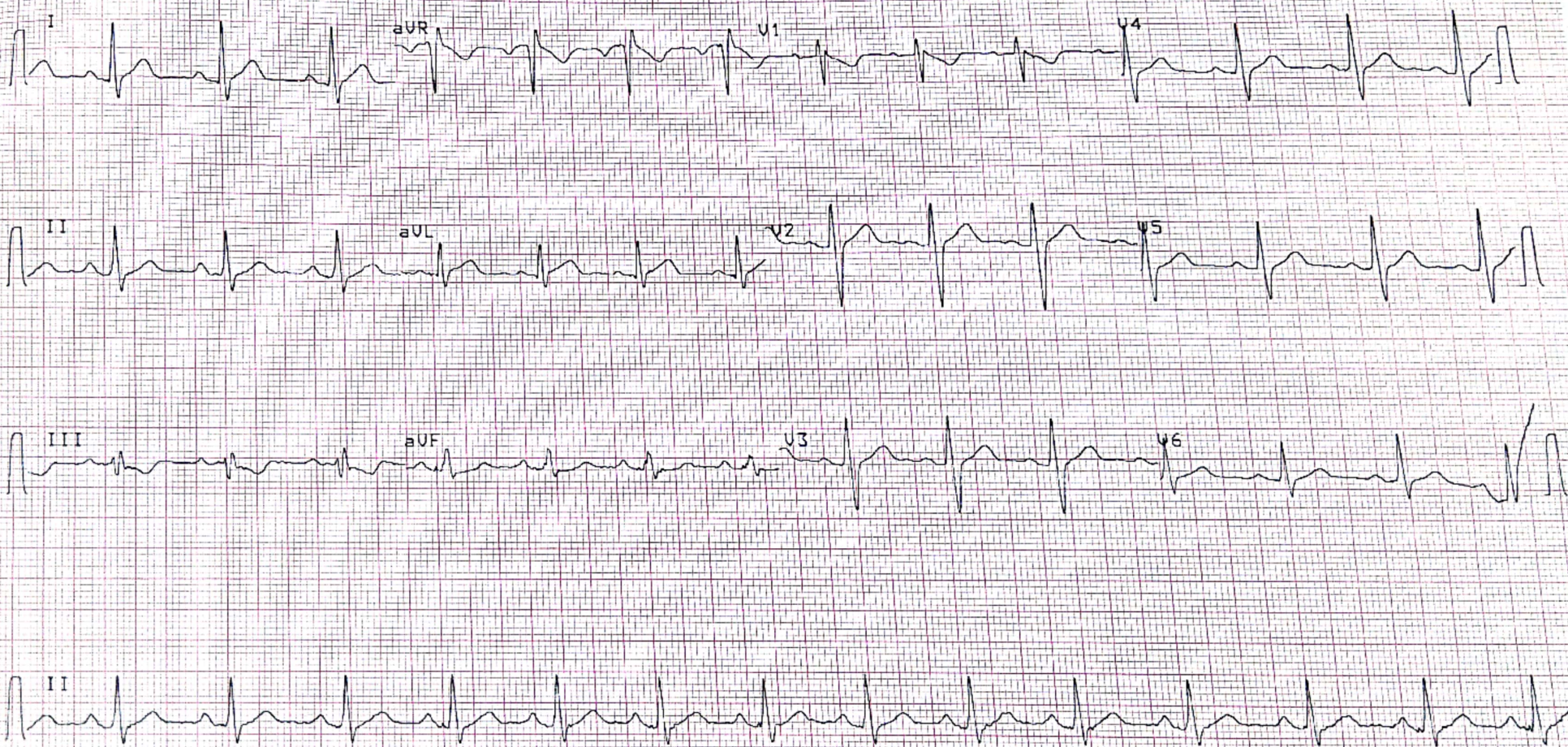
Handwritten notes: "He-91" and "Ab Mondal" written vertically on the right side of the ECG paper.

HR 85/min
Axis: P 54°, QRS 20°, T 15°
Intervals: RR 706 ms, P 138 ms, PR 170 ms, QRS 106 ms, QT 362 ms, QTc 431 ms (Bazett)
P (II) 0.19 mV, S (V1) -0.70 mV, R (V5) 1.05 mV, Sokol. 2.38 mV

SINUS RHYTHM
INCOMPLETE RIGHT BUNDLE BRANCH BLOCK
RVH WITH REPOLARIZATION ABNORMALITY
6.02

UNCONFIRMED REPORT

10 mm/mV



10 mm/mV

25 mm/s

SCHILLER

0.05-25 Hz F50 SSF SBS 23.03.2024 11:55:42

NARAYAN MEMORIAL HOSPITAL, BEHALA

AT-102plus 1.25 CI

Part No.2.157025M CE 0123

M.50



LABORATORY INVESTIGATION REPORT

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Address : KHAMARKUR SARISHA , DIAMOND HARBOUR ,SOU TH 24 PARGANAS,West Bengal ,0	Facility : NARAYAN MEMORIAL HOSPITAL

Hematology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
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Sample No : 07H0167832 Collection Date : 23/03/24 09:54 Ack Date : 23/03/2024 10:17 Report Date : 23/03/24 11:44

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)	16.0	gm/dl	13 - 17
Method - Colorimetric method (Cyn Meth)			
RBC COUNT	5.5	x10 ⁶ /ul	4.5 - 5.5
Method - Electrical Impedance Method			
TOTAL WBC COUNT	8.3	10 ³ /cmm	4 - 10
Method - Electrical Impedance Method			
PLATELET COUNT	220	10 ³ /cmm	150 - 410
Method - Electrical Impedance Method			
PCV	49	%	40 - 50
Method - RBC pulse ht. detection method			
MCV	90	fl	83 - 101
Method - calculated			
MCH	29	pg	27 - 32
Method - Calculated			
MCHC	33	gm/dl	31.5 - 34.5
Method - Calculated			
ESR	10	%	0 - 10
Method - Modified Westergren Method			

DIFFERENTIAL COUNT

NEUTROPHILS	68	%	40 - 80
Method - Microscopy			
LYMPHOCYTES	22	%	20 - 40
Method - Microscopy			
MONOCYTES	05	%	2 - 10
Method - Microscopy			
EOSINOPHILS	05	%	1 - 6
Method - Microscopy			
BASOPHILS	00	%	0 - 2
Method - Microscopy			

PERIPHERAL BLOOD SMEAR

RBC : Normocytic normochromic.
 WBC : Within normal limits.

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PLATELET

Adequate.

End of Report

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

Checked By



LABORATORY INVESTIGATION REPORT

Patient Name : Mr. BALLAB MONDAL UNIT : NHHK 2405867 Episode : CP Ref. Doctor : NHH Address : KHAMARPUR SARISHA, DIAMOND HARBOUR, SOU TH-24 PARGANAS West Bengal, I	Age/Sex : 36 Year(s) / Male Order Date : 23/03/2024 09:34 Mobile No : 9733670211 DOB : 27/02/1988 Facility : NARAYAN MEMORIAL HOSPITAL
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Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 0740247542 Collector Date : 23/03/24 09:54 Ask Date : 23/03/2024 10:50 Report Date : 23/03/24 14:07			
SERUM CREATININE			
SAMPLE : SERUM			
SERUM CREATININE <i>Method - Jaffe Gen2 Computerized</i>	0.9	mg/dl	0.7 - 1.2
LIVER FUNCTION TEST (LFT)			
SAMPLE : SERUM			
TOTAL BILIRUBIN <i>Method - Dazo Method</i>	0.9	mg/dl	0 - 1.1
DIRECT BILIRUBIN <i>Method - Dazo Method</i>	0.2	mg/dl	0 - 0.2
INDIRECT BILIRUBIN <i>Method - Calculated</i>	0.7	mg/dl	0.2 - 0.9
SGPT (ALT) <i>Method - JPC without Pyridoxal Phosphate</i>	37 ▲ (H)	U/L	0 - 34
SGOT (AST) <i>Method - JPC without Pyridoxal Phosphate</i>	23	U/L	0 - 31
ALKALINE PHOSPHATASE <i>Method - JPC</i>	159 ▲ (H)	U/L	53 - 128
TOTAL PROTEIN <i>Method - Buret</i>	7.9	g/dl	6.4 - 8.2
ALBUMIN <i>Method - Bromocresol Green</i>	4.8	gm/dl	3.5 - 5.2
GLOBULIN <i>Method - Calculated</i>	3.1	g/dl	2 - 3.5
ALBUMIN:GLOBULIN <i>Method - Calculated</i>	1.5	-	1.1 - 2.5
GGT <i>Method - Enzymatic colorimetric assay</i>	33	U/L	8 - 61
BLOOD UREA NITROGEN			
BLOOD UREA NITROGEN <i>Method - Calculated</i>	9.8	mg/dl	6 - 20
LIPID PROFILE			
SAMPLE : SERUM			
TOTAL CHOLESTEROL <i>Method - CHOD-PAP</i>	191	mg/dl	Desirable <200 Borderline 200 - 239 High >=240
HDL CHOLESTEROL <i>Method - Homogenous Enzymatic Colorimetric</i>	47	mg/dl	40 - 60

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BLOOD SUGAR(F) SAMPLE : PLASMA			
BLOOD SUGAR FASTING <i>Method - Hexokinase</i>	111 ▲ (H)	mg/dl	70 - 109
BLOOD SUGAR(PP) SAMPLE : PLASMA			
BLOOD SUGAR PP <i>Method - Hexokinase</i>	104	mg/dl	70 - 140

End of Report


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

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Episode : OP	Mobile No : 9733670211
Ref. Doctor : NMH	DOB : 27/02/1988
Address : KHAMARKUR SARISHA , DIAMOND HARBOUR ,SOU TH 24 PARGANAS,West Bengal ,D	Facility : NARAYAN MEMORIAL HOSPITAL

LDL CHOLESTEROL Method - Homogenous Enzymatic Colorimetric	105	mg/dl	Optimal < 100 Borderline 130 - 159 High > 160
VLDL Method - CALCULATED	39 ▲ (H)	mg/dl	0 - 30
CHOLESTEROL-HDL RATIO	4.06	-	-
LDL-HDL RATIO	2.23	-	-
TRIGLYCERIDES Method - Enzymatic Colorimetric	196 ▲ (H)	mg/dl	Desirable < 150 Borderline 150 - 200 High > 200
URIC ACID <u>SAMPLE : SERUM</u>	6.4	mg/dl	3.4 - 7
URIC ACID Method - Enzymatic Colorimetric			
BUN / CREATINE RATIO <u>SAMPLE : SERUM</u>	10.9		
BUN / CREATINE RATIO			
GLYCOSYLATED HAEMOGLOBIN (HBA1C) <u>SAMPLE : EDTA BLOOD</u>	5.1		
HBA1C			

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 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.

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Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0167632	Collection Date : 23/03/24 09:54	Ack Date : 23/03/2024 14:39	Report Date : 23/03/24 16:14
URINE FOR R/E			
SAMPLE : URINE			
PHYSICAL EXAMINATION			
VOLUME	40	ml	
COLOUR	PALE STRAW		
APPEARANCE	SLIGHTLY HAZY		
SPECIFIC GRAVITY	1.015		1.010 - 1.030
REACTION(pH)	ACIDIC (pH - 6.5)		
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

SAMPLE : URINE

RESULT ABSENT

Sample No : 07H0167912 Collection Date : 23/03/24 13:58 Ack Date : 23/03/2024 19:13 Report Date : 24/03/24 13:57

URINE FOR SUGAR PP

SAMPLE : URINE

RESULT ABSENT

End of Report





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

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

Checked By



DIAGNOSTICS REPORT

Patient Name	: Mr. PALLAB MONDAL	Order Date	: 23/03/2024 09:34
Age/Sex	: 36 Year(s)/Male	Report Date	: 23/03/2024 20:03
UHID	: NMHK.2405867	Facility	: NARAYAN MEMORIAL HOSPITAL
Ref. Doctor	:	Mobile	: 9733670211
Address	: KHAMARKUR SARISHA, DIAMOND HARBOUR, SOUTH 24 PARGANAS, West Bengal		

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.
Both domes of diaphragm are normal.
No obvious bony abnormality is seen.

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

RegNo: 74523



DIAGNOSTICS REPORT

Patient Name	: Mr. PALLAB MONDAL	Order Date	: 23/03/2024 09:34
Age/Sex	: 36 Year(s)/Male	Report Date	: 24/03/2024 10:22
UHID	: NMHK.2405867	Facility	: NARAYAN MEMORIAL HOSPITAL
Ref. Doctor	:	Mobile	: 9733670211
Address	: KHAMARKUR SARISHA, DIAMOND HARBOUR, SOUTH 24 PARGANAS, West Bengal		

USG REPORT OF WHOLE ABDOMEN (SCREENING)

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

PORTA :PV : Normal.
CBD : Normal.

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 : 10.3 cm & Left kidney measures : 10.4 cm.

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



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PROSTATE : Prostate is normal size, outline and echotexture appear normal. No focal lesion is seen. Prostate measures 2.8 cm x 3.0 cm x 2.7 cm. It weight approx 16 gm.

PERITONEUM : : No free fluid is noted.

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

IMPRESSION : Fatty changes in liver.

Dr. MADHUSHREE RAY NASKAR
 MBBS, DMRD

Consultant Radiologist
 RegNo: 57032




DIAGNOSTICS REPORT

Patient Name	: Mr. PALLAB MONDAL	Order Date	: 23/03/2024 09:34
Age/Sex	: 36 Year(s)/Male	Report Date	: 23/03/2024 17:34
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Address	: KHAMARKUR SARISHA, DIAMOND HARBOUR, SOUTH 24 PARGANAS, West Bengal		

REPORT OF ECHO SCREENING

No regional wall motion abnormality at rest.
 Normal LV systolic function (LVEF = 59%).
 Normal RV systolic function. (TAPSE = 1.6 cm).
 Borderline concentric left ventricular hypertrophy.
 Grade I LV diastolic dysfunction (E/e' =8.84) (E/A = 0.84).
 No pericardial effusion.
 Mild TR. Estimated PASP - 19 mmHg.
 IVC normal diameter &> 50 % respiratory compressibility.
 No thrombus, mass / vegetation.


Dr. Sudip Chakraborty
 MBBS, DIP (Preventative Cardiology)
 fellow Clinical

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