





## LABORATORY INVESTIGATION REPORT

<b>Patient Name</b> : Mr. RAJEEV KUMAR	<b>Age/Sex</b> : 44 Year(s) / Male
<b>UHID</b> : NMHK.2405873	<b>Order Date</b> : 23/03/2024 10:00
<b>Episode</b> : OP	<b>Mobile No</b> : 8360126171
<b>Ref. Doctor</b> : NMH	<b>DOB</b> : 01/01/1980
<b>Address</b> : FLAT NO 14 , ,Kolkata,West Bengal ,700034	<b>Facility</b> : NARAYAN MEMORIAL HOSPITAL

### Hematology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 57H0167843	Collection Date : 23/03/24 10:26	Ack Date : 23/03/2024 11:24	Report Date : 23/03/24 13:39
<b>BLOOD GROUPING &amp; Rh TYPING</b>			
<b>SAMPLE : EDTA BLOOD</b>			
BLOOD GROUP	'O'		
<i>Method - Agglutination forward &amp; Reverse</i>			
RH TYPE	POSITIVE		
<b>COMPLETE HAEMOGRAM ( CBC )</b>			
<b>SAMPLE : EDTA BLOOD</b>			
HAEMOGLOBIN (HB)	12.5 ▼ (L)	gm/dl	13 - 17
<i>Method - Colorimetric method (Cyn Meth)</i>			
RBC COUNT	6.0 ▲ (H)	x10 <sup>6</sup> /ul	4.5 - 5.5
<i>Method - Electrical Impedance Method</i>			
TOTAL WBC COUNT	6.7	10 <sup>3</sup> /cmm	4 - 10
<i>Method - Electrical Impedance Method</i>			
PLATELET COUNT	240	10 <sup>3</sup> /cmm	150 - 410
<i>Method - Electrical Impedance Method</i>			
PCV	40	%	40 - 50
<i>Method - RBC pulse ht. detection method</i>			
MCV	66 ▼ (L)	fl	83 - 101
<i>Method - calculated</i>			
MCH	21 ▼ (L)	pg	27 - 32
<i>Method - Calculated</i>			
MCHC	31 ▼ (L)	gm/dl	31.5 - 34.5
<i>Method - Calculated</i>			
ESR	05	%	0 - 10
<i>Method - Modified Westergren Method</i>			
<b>DIFFERENTIAL COUNT</b>			
<i>Method - Microscopy</i>			
NEUTROPHILS	64	%	40 - 80
<i>Method - Microscopy</i>			
LYMPHOCYTES	29	%	20 - 40
<i>Method - Microscopy</i>			
MONOCYTES	05	%	2 - 10
<i>Method - Microscopy</i>			
EOSINOPHILS	02	%	1 - 6
<i>Method - Microscopy</i>			
BASOPHILS	00	%	0 - 2
<i>Method - Microscopy</i>			
<b>PERIPHERAL BLOOD SMEAR</b>			





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RBC

RBC density increased.  
Predominantly normocytic normochromic.

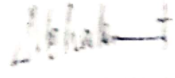
WBC


Within normal limits.

PLATELET

Adequate.

End of Report

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

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

Checked By



Rajeev Kumar  
 NMHK-2405873

## LABORATORY INVESTIGATION REPORT

<b>Patient Name</b>	1. MR. RAJEEV KUMAR	<b>Age/Sex</b>	1.44 Year(s) / Male	
<b>UHID</b>	1. NMHK.2405873	<b>Order Date</b>	1.23/03/2024 10:00	
<b>Episode</b>	1. OP	<b>Mobile No</b>	1. 8360126171	
<b>Ref. Doctor</b>	1. NMH	<b>DOB</b>	1. 01/01/1980	
<b>Address</b>	1. FLAT NO 14, ,Kolkata,West Bengal ,700034		<b>Facility</b>	1. NARAYAN MEMORIAL HOSPITAL

### Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 0790167843	Collection Date : 23/03/24 10:26	Assay Date : 23/03/2024 12:08	Report Date : 23/03/24 14:13
<b>SERUM CREATININE</b>			
<b>SAMPLE : SERUM</b>			
SERUM CREATININE	0.8	mg/dl	0.7 - 1.2
Method - Jaffe-Gesl' Compensation			
<b>LIVER FUNCTION TEST ( LFT )</b>			
<b>SAMPLE : SERUM</b>			
TOTAL BILIRUBIN	0.5	mg/dl	0 - 1.1
Method - Diazo Method			
DIRECT BILIRUBIN	0.3 ▲ (H)	mg/dl	0 - 0.2
Method - Diazo Method			
INDIRECT BILIRUBIN	0.2	mg/dl	0.2 - 0.9
Method - Calculated			
SGPT (ALT)	93 ▲ (H)	U/L	0 - 34
Method - IFCC Without Pyridoxal Phosphate			
SGOT (AST)	50 ▲ (H)	U/L	0 - 31
Method - IFCC Without Pyridoxal Phosphate			
ALKALINE PHOSPHATASE	112	U/L	53 - 128
Method - IFCC			
TOTAL PROTEIN	7.6	g/dl	6.4 - 8.2
Method - Buret			
ALBUMIN	4.7	gm/dl	3.5 - 5.2
Method - Bromocresol Green			
GLOBULIN	2.9	g/dl	2 - 3.5
Method - Calculated			
ALBUMIN:GLOBULIN	1.6	-	1.1 - 2.5
Method - Calculated			
GGT	47	U/L	8 - 61
Method - Enzymatic colorimetric assay			
<b>BLOOD UREA NITROGEN</b>			
BLOOD UREA NITROGEN	7.9	mg/dl	6 - 20
Method - Calculated			
<b>LIPID PROFILE</b>			
<b>SAMPLE : SERUM</b>			
TOTAL CHOLESTEROL	126	mg/dl	Desirable <200 Borderline 200 - 239 High >=240
Method - CHOD-PAP			
HDL CHOLESTEROL	40	mg/dl	40 - 60
Method - Homogenous Enzymatic Colorimetric			

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Print By SNEHA SARKAR



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 Date : 27/03/2024



## LABORATORY INVESTIGATION REPORT

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LDL CHOLESTEROL <i>Method - Homogenous Enzymatic Colorimetric</i>	71	mg/dl	Optimal < 100 Borderline 130 - 159 High > 160
VLDL <i>Method - CALCULATED</i>	15	mg/dl	0 - 30
CHOLESTEROL-HDL RATIO	3.15	-	
LDL-HDL RATIO	1.77	-	
TRIGLYCERIDES <i>Method - Enzymatic Colorimetric</i>	76	mg/dl	Desirable < 150 Borderline 150 - 200 High > 200

### URIC ACID

#### SAMPLE : SERUM

URIC ACID <i>Method - Enzymatic Colorimetric</i>	7.0	mg/dl	3.4 - 7
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### BUN / CREATINE RATIO

#### SAMPLE : SERUM

BUN / CREATINE RATIO	9.1
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### GLYCOSYLATED HAEMOGLOBIN (HBA1C)

#### SAMPLE : EDTA BLOOD

HBA1C	5.6
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#### 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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Patient Name : Mr. RAJEEV KUMAR  
UHID : NMHK.2405873  
Episode : OP  
Ref. Doctor : NMH  
Address : FLAT NO 14 , ,Kolkata,West Bengal ,700034

Age/Sex : 44 Year(s) / Male  
Order Date : 23/03/2024 10:00  
Mobile No : 8360126171  
DOB : 01/01/1980  
Facility : NARAYAN MEMORIAL HOSPITAL

### BLOOD SUGAR(F)

#### SAMPLE : PLASMA

BLOOD SUGAR FASTING

Method - Hexokinase

97

mg/dl

70 - 109

### BLOOD SUGAR(PP)

#### SAMPLE : PLASMA

BLOOD SUGAR PP

Method - Hexokinase

93

mg/dl

70 - 140

End of Report

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

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**LABORATORY INVESTIGATION REPORT**

<b>Patient Name</b> : Mr. RAJEEV KUMAR	<b>Age/Sex</b> : 44 Year(s) / Male
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**Immunoassays- Tumuor Markers**

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0167843	Collection Date : 23/03/24 10:26	Ack Date : 23/03/2024 12:08	Report Date : 23/03/24 14:17
<b>PROSTATE SPECIFIC ANTIGEN ( PSA )</b>	0.55	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, FAACC  
 (CONSULTANT BIOCHEMIST)

Checked By

LABORATORY INVESTIGATION REPORT

Patient Name : Mr. RAJEEV KUMAR  
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Address : FLAT NO 14 , ,Kolkata,West Bengal ,700034

Age/Sex : 44 Year(s) / Male  
Order Date : 23/03/2024 10:00  
Mobile No : 8360126171  
DOB : 01/01/1980  
Facility : NARAYAN MEMORIAL HOSPITAL

Clinical Pathology

INVESTIGATION RESULTS UNITS BIOLOGICAL REF RANGE  
Sample No : 07H0167843 Collection Date : 23/03/24 10:26 Ack Date : 23/03/2024 14:36 Report Date : 23/03/24 16:15

URINE FOR R/E  
SAMPLE : URINE

PHYSICAL EXAMINATION

VOLUME 20 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  
ALBUMIN. ABSENT  
BLOOD ABSENT  
KETONE ABSENT  
BILE SALT ABSENT  
BILE PIGMENTS ABSENT

MICROSCOPIC EXAMINATION

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

Please correlate clinically.

URINE FOR SUGAR FASTING

SAMPLE : URINE

RESULT ABSENT  
End of Report

*[Signature]*

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

*[Signature]*

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

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**LABORATORY INVESTIGATION REPORT**

MC-3673

<b>Patient Name</b> : Mr. RAJEEV KUMAR	<b>Age/Sex</b> : 44 Year(s) / Male
<b>UHID</b> : NMHK.2405873	<b>Order Date</b> : 23/03/2024 10:00
<b>Episode</b> : OP	<b>Mobile No</b> : 8360126171
<b>Ref. Doctor</b> : NMH	<b>DOB</b> : 01/01/1980
<b>Address</b> : FLAT NO 14 , ,Kolkata,West Bengal ,700034	<b>Facility</b> : NARAYAN MEMORIAL HOSPITAL


**Immunology**

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0167843	Collection Date : 23/03/24 10:26	Ack Date : 23/03/2024 12:08	Report Date : 23/03/24 16:44
<b>THYROID FUNCTION TEST</b>			
<b>SAMPLE : SERUM</b>			
T3 Method - ECLIA	1.31	ng/ml	0.60 - 1.80
T4 Method - ECLIA	6.43	ug/dL	5.40 - 11.70
TSH Method - ECLIA	12.19	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.S. Chatterjee**  
 MD, MBBS, FAACC  
 (CONSULTANT BIOCHEMIST)

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## DIAGNOSTICS REPORT

Patient Name	: Mr. RAJEEV KUMAR	Order Date	: 23/03/2024 10:00
Age/Sex	: 44 Year(s)/Male	Report Date	: 24/03/2024 13:19
UHID	: NMHK.2405873	Facility	: NARAYAN MEMORIAL HOSPITAL
Ref. Doctor	:	Mobile	: 8360126171
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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.  
Apparently increased CTR is noted - 2D echocardiography suggested.  
Bilateral hilar shadows are normal.  
Both domes of diaphragm is normal.  
No obvious bony abnormality is seen.

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

RegNo: 74523



Rajeev Kumar  
NMHK-2405873

DIAGNOSTICS REPORT

Patient Name	: Mr. RAJEEV KUMAR	Order Date	: 23/03/2024 10:00
Age/Sex	: 44 Year(s)/Male	Report Date	: 24/03/2024 11:22
UHID	: NMHK.2405873	Facility	: NARAYAN MEMORIAL HOSPITAL
Ref. Doctor	:	Mobile	: 8360126171
Address	: FLAT NO 14, ,Kolkata, West Bengal, 700034		

USG REPORT OF WHOLE ABDOMEN (SCREENING)

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

**PORTA :PV** : Normal. PV measures 1.0 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 mildly enlarged and parenchyma shows normal homogeneous pattern. Spleen measures : 13.0 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 : 9.8 cm & Left kidney measures : 9.7 cm.

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



NMHK-2405673

Rajeev Kumar

## DIAGNOSTICS REPORT

Patient Name	: Mr. RAJEEV KUMAR	Order Date	: 23/03/2024 10:00
Age/Sex	: 44 Year(s)/Male	Report Date	: 24/03/2024 11:22
UHID	: NMHK.2405873	Facility	: NARAYAN MEMORIAL HOSPITAL
Ref. Doctor	:	Mobile	: 8360126171
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**PROSTATE** : Prostate is normal size, outline and echotexture appear normal. No focal lesion is seen. Prostate measures 3.0 cm x 3.2 cm x 3.1 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 (Grade I).
- \* Mild splenomegaly.

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

Consultant Radiologist  
RegNo: 57032

OP

# Narayan Memorial Hospital

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

CIN No. : U85110WB2005PTC104884

GSTIN No. : 19AACGN1707E1ZS



## DIAGNOSTICS REPORT

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### ELECTROCARDIOGRAM REPORT (ECG)

HR	: 71 bpm
Rhythm	: Sinus
P wave	: Normal
PR Interval	: 210msec
QRS axis	: Left
QRS duration	: 88 msec
QRS configuration	: LAFB
T wave	: Normal
ST segment	: Isoelectric
QTc	: 422 msec
QT	: 388 msec

### IMPRESSION

- Sinus rhythm. Left axis deviation.

-Left Anterior Fascicular Block.

Clinical correlation please

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

RegNo: 56285

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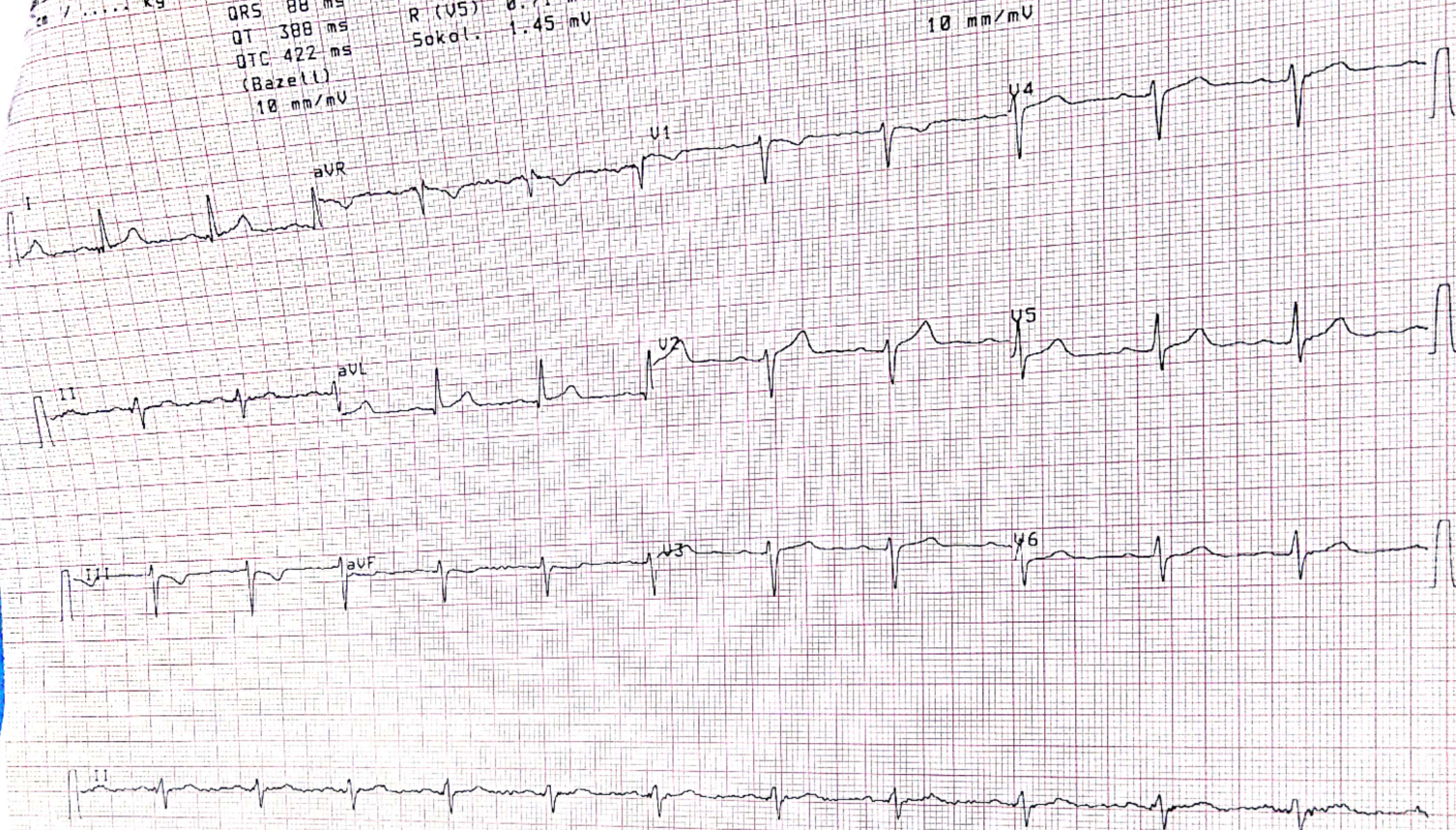
Male  
Age / Weight kg  
HR 71/min  
Intervals:  
RR 847 ms  
P 100 ms  
PR 210 ms  
QRS 88 ms  
QT 388 ms  
QTc 422 ms  
(Bazett)  
10 mm/mV

Axis:  
P 24°  
QRS -34°  
T -6°

P (II) 0.08 mV  
S (V1) -0.74 mV  
R (V5) 0.71 mV  
Sokol. 1.45 mV

SINUS RHYTHM  
ABNORMAL LEFT AXIS DEVIATION  
LEFT ANTERIOR FASCICULAR BLOCK  
T ABNORMALITY IN INFERIOR LEADS

UNCONFIRMED REPORT



Narayan Memorial Hospital  
(A Unit of Narayan Health Services)  
CIN No. UB5110WB2005PTC10  
GSTIN No. 18AACCV170

10 mm/mV

25 mm/s

SCHILLER 0.05-25 Hz F50 SSF 5B5 23.03.2024 11:41:43

NARAYAN MEMORIAL HOSPITAL, BEHALA

AT-102plus 1.25 Ct  
Part No.2.157025M CE 0123