



### LABORATORY INVESTIGATION REPORT

<b>Patient Name</b> : Mr. TIMIR KANTI SAHA	<b>Age/Sex</b> : 52 years/Male
<b>UHId</b> : HPGH.107508	<b>Order Date</b> : 07/10/2024
<b>Episode</b> : OP	<b>Mobile No</b> : 9874610219
<b>Ref. Doctor</b> : Self	<b>Facility</b> : HP Ghosh Hospital
<b>Address</b> : FLAT D/10 3RD FLOOR , ,Kolkata,West Bengal ,700010	

### CLINICAL BIOCHEMISTRY

TEST NAME	RESULT	UNIT	BIO. REF. INT.
Sample No 07H0005547C	Collection Date 07/10/24 09:34	Ack Date 07/10/2024 09:49	Report Date 07/10/24 18:08

#### BUN

Sample Type- Serum		mg/dL	7 - 20
BUN	8.9		
Method - Calculated		mg/dL	17-43
UREA	19		
Method - GLDH, Kinetic Assay			

#### CREATININE

Sample Type- Serum		mg/dL	0.72 - 1.18
Serum Creatinine	0.74		
Method - Enzymatic			
Sample No 07H0005547B	Collection Date 07/10/24 09:34	Ack Date 07/10/2024 09:49	Report Date 07/10/24 18:07

#### GLUCOSE FASTING

Sample Type- Fluoride Plasma		mg/dL	70 - 100
Glucose, Fasting	97		
Method - Hexokinase			
Sample No 07H0005547C	Collection Date 07/10/24 12:58	Ack Date 07/10/2024 13:16	Report Date 07/10/24 18:07

#### GLUCOSE PP

Sample Type- Fluoride Plasma		mg/dL	70 - 140
PPBS	151 ▲ (H)		
Method - Hexokinase			
Sample No 07H0005547A	Collection Date 07/10/24 09:34	Ack Date 07/10/2024 09:49	Report Date 07/10/24 18:08

#### HbA1C (Glycated Haemoglobin C)

Sample Type- EDTA Whole Blood		%	< 5.7
HbA1c	5.6		
Method - HPLC			

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**Interpretation :**

<18 years : Hemoglobin A1C criteria for diagnosing of diabetes have not been established for patients, who are <18 years of age or >18 years: Increased risk for diabetes (prediabetes): 5.7-6.4%

>Diabetes:

>or = 6.5%

Interpretive information based on Diagnosis and Classification of Diabetes Mellitus, American Diabetes Association.

Diagnosing diabetes: American Diabetes Association (ADA)

Normal Hemoglobin A1C (HbA1C): <5.7

Therapeutic goals for glycemic control (ADA)

•Adults :Goal of therapy : < 7.0% HbA1C

•Action suggested : > 8.0% HbA1C

•Pediatric patients :Toddlers and preschoolers: < 8.5% (but >7.5%) School age (6-12 years): < 8%

Adolescents and young adults (13-19 years): < 7.5%

Sample No	07H0005547C	Collection Date	07/10/24 09:34	Acc Date	07/10/2024 09:49	Report Date	07/10/24 18:08
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**LIPID PROFILE**

Total Cholesterol	<b>209 ▲ (H)</b>	mg/dL	< 200
<i>Method - CHOD-POD</i>			
Triglyceride	134	mg/dL	< 150
<i>Method - GPO-POD</i>			
HDL	47	mg/dL	40-60
<i>Method - Enzymatic Inhibition</i>			
LDL	<b>152 ▲ (H)</b>	mg/dL	< 100
<i>Method - Enzymatic Selective Protection</i>			
VLDL Cholesterol	10.0	mg/dL	2-30
<i>Method - CALCULATED</i>			

**LIVER FUNCTION TEST**

<i>Sample Type- Serum</i>			
Total Bilirubin	0.90	mg/dL	0.3-1.2
<i>Method - DPD</i>			
Direct Bilirubin	0.14	mg/dL	< 0.2
<i>Method - DPD</i>			
Indirect Bilirubin	0.76	mg/dL	
<i>Method - CALCULATED</i>			
SGPT (ALT)	38	U/L	< 50
<i>Method - IFCC (without pyridoxal Phosphate Activation)</i>			

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SGOT (AST)	32	U/L	<50
<i>Method - IFCC (without pyridoxal Phosphate Activation)</i>			
Alkaline Phosphatase	56	U/L	30 - 120
<i>Method - IFCC AMP Buffer</i>			
Total Protein	<b>6.34 ▼ (L)</b>	gm/dL	6.6 - 8.3
<i>Method - Biuret</i>			
Albumin	4.15	gm/dL	3.5 - 5.2
<i>Method - BCG</i>			
Globulin	2.19	gm/dL	2-3.5
<i>Method - CALCULATED</i>			
A:G Ratio	1.9	-	1-2
<i>Method - CALCULATED</i>			
Gamma GT	24	U/L	< 55
<i>Method - IFCC</i>			
<b>URIC ACID</b>			
<i>Sample Type- Serum</i>			
URIC ACID	6.37	mg/dL	3.5-7.2
<i>Method - Uricase PAP</i>			

**CLINICAL PATHOLOGY**

TEST NAME	RESULT	UNIT	BIG. REP. INT.
Sample No 07H000554E	Collection Date 07/10/24 12:58	Ack Date 07/10/2024 13:39	Report Date 07/10/24 19:12

**URINARY SUGAR (PP)**
*Sample Type- Urine*

Urinary sugar	<1	mg/dL	N/A
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**Comment** \*\* Minimum detection limit of Urinary Sugar for this system is 1 mg/dL, this sample contains Urinary Sugar concentration lower than the detection limit. Hence, the exact Urinary Sugar value could not be reported. please correlate clinically and with other investigation reports. Value has been rechecked.

Sample No 07H0005548D	Collection Date 07/10/24 10:13	Ack Date 07/10/2024 11:01	Report Date 07/10/24 12:46
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**URINE RE**
**Physical Examination**

Volume	45	mL
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Colour: Pale Yellow  
 Appearance: Clear  
 Specific Gravity: 1.015

*Method - Automated Strip Test*

**Chemical Examination**

Reaction (pH)	7.0	4.8 - 7.4
Protein (Albumin)	Negative	Negative
Glucose	Negative	Negative
Ketone Body - Urine	Negative	Negative
Bile Pigment (Bilirubin)	Negative	Negative
Urobilinogen	Normal	Normal
Blood (Erythrocytes)	Negative	Negative
Leucocyte Esterase	Negative	Negative
Urine Nitrate	Negative	Negative

**Microscopic Examination**

RBC	Nil	/HPF	0 - 1
Epithelial Cells	1-2	/HPF	0 - 5
Pus Cells	2-3	/HPF	0 - 5
Casts	Nil	/LPF	
Crystals	Nil	/LPF	
Microorganism	Nil		
Others	Absent		

**HAEMATOLOGY**

TEST NAME	RESULT	UNIT	BIO. REF. INT.
Sample No: 07H0005547A	Collection Date: 07/10/24 09:34	Ack Date: 07/10/2024 09:49	Report Date: 07/10/24 18:37

**BLOOD GROUPING AND Rh TYPING (EDTA whole blood/serum)**

*Sample Type- EDTA Whole Blood*

**BLOOD GROUP** B  
*Method - Tube Agglutination (Forward & Reverse)*

**Rh (D) Type** POSITIVE  
*Method - Tube Agglutination (Forward & Reverse)*

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<b>Episode</b>	: OP		
<b>Ref. Doctor</b>	: Self	<b>Mobile No</b>	: 9874610219
<b>Address</b>	: FLAT D/10 3RD FLOOR , ,Kolkata,West Bengal 700010	<b>Facility</b>	: HP Ghosh Hospital

**NOTE :**

Reconfirm the Blood Group & Rh Typing along with cross matching before blood transfusion.

Recent blood transfusion, if any, may interfere with interpretation of blood grouping.

The blood group and Rh antigen may change in the new born, hence please repeat the test after 6 months.

Subgroups and Bombay blood group needs to be further verified.

**CLINICAL BIOCHEMISTRY**

TEST NAME	RESULT	UNIT	BIO. REF. INT.
Sample No 07H0005547C	Collection Date 07/10/24 09:34	Ack Date 07/10/2024 09:49	Report Date 07/10/24 18:10

**PSA TOTAL**

Sample Type- Serum

Prostate specific Antigen 2.47 ng/ml 0.27 - 3.42

Method - ELFA

**Thyroid Profile 1 (T3, T4,TSH)**

Sample Type- Serum

**Thyroid Function Test (T3, T4  
& TSH)**

T3 1.02 ng/ml 0.87 - 1.78

Method - Chemiluminescence Immunoassay (CLIA)

T4 8.76 ug/dL 6.09 - 12.23

Method - Chemiluminescence Immunoassay (CLIA)

TSH (Ultra Sensitive) 1.672 uIU/ml 0.24-5.4

Method - Chemiluminescence Immunoassay (CLIA)

**LDL/HDL RATIO**

Sample Type- Serum

LDL/HDL Ratio 3.2 ▲ (H) - < 2.5

Method - Calculated

**BUN/CREATININE RATIO**

Sample Type- Serum

BUN/CREATININE RATIO 12.0 - 10 - 20

Method - Calculated

**Cholesterol / HDL Ratio**

Sample Type- Serum

Ratio 4.4 ▲ (H) - < 3.5

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Method - Calculated

**HAEMATOLOGY**

TEST NAME	RESULT	UNIT	BIO. REF. INT.
Sample No 07HD005547A	Collection Date 07/10/24 09:34	Ack Date 07/10/2024 09:49	Report Date 07/10/24 14:41
Sample Type- EDTA Whole Blood			
Haemoglobin	14.7	gm/dL	13-17
Method - Photometric Measurement			
RBC Count	4.8	x10 <sup>6</sup> /ul	4.5-6.0
Method - Coulter Principle			
PCV	44.9	%	40 - 50
Method - Calculated			
MCV	93.4	fl	83-101
Method - Derived from RBC Histogram			
MCH	30.6	pg	27-32
Method - Calculated			
MCHC	32.7	gm/dL	31.5-34.5
Method - Calculated			
RDW - CV	13.7	%	11.6-14.0
Method - Derived from RBC Histogram			
WBC - TC	6.9	x10 <sup>3</sup> /uL	4-10
Method - Coulter Principle			
<b>Differential Count</b>			
Neutrophil	60	%	40 - 80
Lymphocyte	28	%	20 - 40
Monocyte	08	%	2 - 10
Eosinophil	04	%	1 - 6
Basophils	00	%	< 2
Platelets	250	x10 <sup>3</sup> /uL	150 - 450
Method - Coulter Principle and Microscopy			
ESR	10	mm/hr	< 30
Method - Modified Westergren			

**CLINICAL PATHOLOGY**

TEST NAME	RESULT	UNIT	BIO. REF. INT.
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Sample No 07H0005548D    Collection Date 07/10/24 10:13    Ack Date 07/10/2024 11:01    Report Date 07/10/24 19:11

**URINARY SUGAR (FASTING)**

Sample Type- Urine

Urinary sugar <1 mg/dL N/A

Comment \*\* Minimum detection limit of Urinary Sugar for this system is 1 mg/dL, this sample contains Urinary Sugar concentration lower than the detection limit. Hence, the exact Urinary Sugar value could not be reported. please correlate clinically and with other investigation reports. Value has been rechecked.

**CLINICAL BIOCHEMISTRY**

TEST NAME	RESULT	UNIT	BIO. REF. INT.
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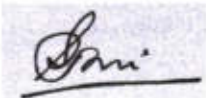
Sample No 07H0005547C    Collection Date 07/10/24 09:34    Ack Date 07/10/2024 09:49    Report Date 07/10/24 18:13

**AST / ALT RATIO (SGOT / SGPT)**

Sample Type- Serum

(AST / ALT) Ratio 0.8 - < 1

End of Report



**Dr.Srijita Chaudhuri ,**  
MBBS, MD (Pathology)  
Consultant Pathologist  
RegNo: WBMC 65299



**Dr.Asitava Roy ,**  
MBBS, MD (Biochemistry)  
RegNo: 80284

Print DateTime: 16/10/2024

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**DIAGNOSTICS REPORT**

Patient Name	: Mr. TIMIR KANTI SAHA	Order Date	: 07/10/2024 9:09 AM
Age/Sex	: 52 years/Male	Report Date	: 07/10/2024 3:40 PM
UHID	: HPGH.107508	Facility	: HP Ghosh Hospital
Ref. Doctor	: Self	Mobile	: 9874610219
Address	: FLAT D/10 3RD FLOOR, ,Kolkata, West Bengal, 700010		

**ULTRASOUND WHOLE ABDOMEN**

**Liver** appears **enlarged in size** (approximately measuring 16.5 cm) & normal in shape. **Mild degree of diffuse fatty changes noted at hepatic parenchyma.** No focal parenchymal lesions identified.

No evidence of intra/extrahepatic biliary tree dilatation noted.

**Portal vein** appears to be of normal size (approximately measuring 1.0 cm).

**Gall bladder** moderately distended. No definite calculi identified. No evidence of abnormal wall thickening noted. **Minimal sludge seen in gall bladder lumen.**

**Common bile duct** appears normal in size (approximately measuring 0.5 cm).

**Spleen** approximately measures 10.2 cm x 5.1 cm and appears normal in size, shape and echopattern. No focal parenchymal lesions identified.

**Pancreas** appears normal in size, shape and echopattern. No definite calcification or ductal dilatation noted.

**Both kidneys** appear normal in size, shape and echopattern. Corticomedullary differentiation appears maintained. No evidence of calculi or hydronephrosis seen on either side.

Right kidney approximately measures: 12.3 cm.

Left kidney approximately measures: 11.2 cm.

IVC, abdominal aorta and para aortic regions are normal.

No significant lymph node enlargement identified.

**Urinary bladder** distended and appears normal. No evidence of abnormal wall thickening noted. No intraluminal mass / calculus noted.

**Prostate** appears **marginal in size**, approximately measuring (3.7 cm x 3.5 cm x 3.6 cm), 25 gm in weight. Normal echopattern noted within the gland.

No evidence of ascites or pleural effusion seen.

**IMPRESSION:**

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**COMPUTERISED STRESS TEST (TMT)**

**RESULTS:**

The pre-exercise ECG was normal and there is no significant ST segment change. During peak exercise and recovery there was no significant ST segment change seen. Patient could exercise for 9 minutes and 26 seconds of the Bruce protocol and achieved a work load of 10.7 Mets. The patient attained a peak heart rate of 163 beats/minute which is 97 % of the predicted maximum. The exercise was terminated owing to attainment of target heart rate and fatigue. There was no classical angina. Clinically the maximum blood pressure response: 150/90 and there was no S3/S4 gallop in the recovery period.

**IMPRESSION:**

**Stress Test is negative for provokable myocardial ischemia.**



**Dr.SHIB SANKAR SARKAR**  
MBBS,MD,DM (CARD)

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**ECG**

DATA		
HEART RATE	57	Bpm
PR INTERVAL	140	Ms
QRS DURATION	110	Ms
QT INTERVAL	408	Ms
QTC INTERVAL	397	Ms
	<b>AXIS</b>	
P WAVE	33	Degree
QRS WAVE	48	Degree
T WAVE	27	Degree
IMPRESSION	:	Sinus bradycardia, otherwise within normal limits.



**Dr. SHIB SANKAR SARKAR**  
MBBS, MD, DM (CARD)

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**X-RAY CHEST PA VIEW**

**FINDINGS :**

Both lungs are well aerated. No focal lesion seen.  
Both hilar shadows are normal.  
Mediastinum is central and normal.  
Cardiac size is within normal limits.  
Domes of diaphragm are smoothly outlined.  
Costophrenic angles are clear.  
Thoracic cage & soft tissues appear normal.

**IMPRESSION:**

Normal study.

Clinical correlation and other relevant investigations suggested.

*Mansi Gupta*

**Dr.MANSI GUPTA**  
MBBS,DNB,FRCR(UK)

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- Hepatomegaly with Grade-I fatty changes in liver.
- Minimal gall bladder sludge.
- Marginal prostatomegaly (25 grams).

*Advised clinical correlation & further necessary investigation including Interval follow up.*

*Mansi Gupta*

**Dr.MANSI GUPTA**  
MBBS,DNB,FRCR(UK)

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