

NAME OF PATIENT : RAJIV GORAI	AGE : 39 YEARS
SEX : MALE	DATE : 22.07.2023

REPORT ON HEAMOTOLOGY EXAMINATION

INVESTIGATION	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
HAEMOGLOBIN	: 14.8	gm/dl	Male : 14.0-17.5 Female : 11.6-14.5
T.R.B.C. COUNT	: 5.66	million/cumm	M: 4.5 - 6.5 F: 3.8 - 5.8
Total W.B.C. COUNT	: 8,900	cumm	4,000-11,000
Differential Count of W.B. C.			
Neutrophils	: 54	%	Adult: 40-75
Lymphocytes	: 40	%	Adult: 20-40
Eosinophils	: 03	%	Adult: 1-6
Monoocytes	: 03	%	Adult: 2-10
Basophils	: 00	%	Adult: 0.2- 1.0
Erythrocyte Sedimentation Rate : 05		mm	Male : 15mm/hr Female : 20mm/hr
ESR 1 st . Hour			
PCV	: 46.5	%	M : 45 -55 % F : 37 - 47%
MCV	: 82.2	fL	Adult: 76- 96
MCH	: 26.1	pgm	Adult: 27-32
MCHC	: 31.8	gm/dl	Adult: 30 - 35
PLATELET COUNT	: 2.60	lakhs/cumm	Adult 1.5 - 4.0 lakhs.

GBP/peripheral blood smear

RBC :- Predominantly normocytic normochromic .

WBC:- Normal in count & morphology.

Platelet:- Adequate on smear.

Haemoparasite :- Not found.



Dr. S. Khatua.
MBBS(HONS)MD(Path.)

NAME OF PATIENT : RAJIV GORAI	AGE : 39 YEARS
SEX : MALE	DATE : 22.07.2023

URINE RE

REPORT ON CLINICAL PATHOLOGY

PHYSICAL EXAMINATION

QUANTITY	30 ML	SEDIMENT	NIL
COLOUR	LIGHT STRAW	SPECIFIC GRAVITY	1.020
APPEARANCE	CLEAR		

CHEMICAL EXAMINATION

PH	5.0	REACTION	ACIDIC
ALBUMIN	NIL	BILE SALT	-
SUGAR	NIL	BILE PIGMENT	-
PHOSPHATE	NIL	OTHERS	-

MICROSCOPICAL EXAMINATION

PUS CELLS	2-3/HPF	CAST	NOT FOUND
EPITHELIAL CELLS	1-2/HPF	CRYSTALS	NOT FOUND
RBC	NIL	OTHERS	NIL



Dr. S. Khatua.
MBBS(HONS)MD(Path.)

NAME OF PATIENT : RAJIV GORAI
SEX : MALE

AGE : 39 YEARS
DATE : 22.07.2023

REPORT ON THE BIOCHEMICAL EXAMINATION

<u>INVESTIGATION</u>	<u>RESULT</u>	<u>UNIT</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
TOTAL CHOLESTEROL (CHOD-PAD METHOD)	: 198	mg/dl	Desirable blood cholesterol 200mg/dl Borderline high blood cholesterol 200- 239 mg/dl High blood cholesterol >239 mg/dl
H.D.L. CHOLESTEROL (DIRECT METHOD)	: 58.0	mg/dl	M: 35.3 - 79.5 mg/dl F : 42.0 - 88.0 mg/dl
TRIGLYCERIDE (GPO METHOD)	: 80.6	mg/dl	M : 40-160 mg/dl F : 35-135 mg/dl
L.D.L. CHOLESTEROL (DIRECT METHOD)	: 113.3	mg/dl	Optimal - Less than 100 mg/dl Near /Above optimal - 100 - 129 mg/dl Borderline high - 130 - 159 mg/dl High - 160 - 189 mg/dl Very high - \geq 190 mg/dl
V.L.D.L. (CALCULATIVE)	: 16.1	mg/dl	5-40
T. CHOLESTEROL/HDL CHOLESTEROL RATIO (CALCULATIVE)	: 3.2	Ratio	3.0-5.0
LDL- CHOLESTEROL / HDL- CHOLESTEROL RATIO (CALCULATIVE)	: 2.0	Ratio	1.5-3.5



Dr. S. Khatua.
MBBS(HONS)MD(Path.)

NAME OF PATIENT : RAJIV GORAI
SEX : MALE

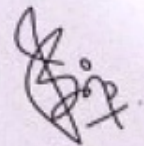
AGE : 39 YEARS
DATE : 22.07.2023

REPORT ON THE BIOCHEMICAL EXAMINATION

<u>INVESTIGATION</u>	<u>RESULT</u>	<u>UNIT</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
BILIRUBIN - TOTAL (DIAZO METHOD)	0.85	mg/dl	<2
BILIRUBIN - DIRCT (DIAZO METHOD)	0.34	mg/dl	<0.4
BILIRUBIN (INDIRECT)	0.51	mg/dl	<1.6
SGOT (IFCC METHOD)	27.9	U/l	M: 0 to 35 - F: 0 to 31
SGPT (IFCC METHOD)	42.4	U/l	M: 0 to 45 - F: 0 to 34
GGT (Glupa C METHOD)	42.0	U/l	M: 0 to 55 - F: 0 to 38
ALKALINE PHOSPHATASE (AMP METHOD)	68	U/l	M: 53 - 128 U/ I F : 42 - 98 U/I
TOTAL PROTEIN (BIURET METHOD)	6.04	gm/dl	6.4 - 8.3
SERUM ALBUMIN (BCG METHOD)	3.97	gm/dl	3.5 - 5.2
SERUM GLOBULIN	2.07	gm/dl	2.50 - 3.40
ALBUMIN / GLOBULIN RATIO	1.9	Ratio	0.9 - 2.0

ALL TEST DONE BY : FULLY AUTOMATED BIO CHEMISTRY ANALYSER (EM - 200 - GERMAN TECHNOLOGY)

*Kindly co- relate clinically.



Dr. S. Khatua.
MBBS(HONS)MD(Path.)

NAME OF PATIENT : RAJIV GORAI
SEX : MALE

AGE : 39 YEARS
DATE : 22.07.2023

REPORT ON THE BIOCHEMICAL EXAMINATION

INVESTIGATION	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
BLOOD SUGAR (F) (GOD-POD METHOD)	: 100	mg/dl	70-110
BLOOD SUGAR (PP) (GOD-POD METHOD)	: 114	mg/dl	80-140
UREA (UREASE-GLDH METHOD)	: 27.2	mg/dl	Male 18-55 Female 15-43
CREATININE (ENZYMATIC METHOD)	: 0.94	mg/dl	Male 0.7-1.3 Female 0.6-1.1
URIC ACID (URICASE METHOD)	: 5.8	mg/dl	Male: 3.5-7.2 Female : 2.6-6.0
BUN (CALCULATIVE)	: 12.7	mg/dl	7-20

EXAMINATION OF BLOOD FOR ABO & Rh TYPE

ABO : "B" Group

Rh - Type : "+ve" (Positive)



Dr. S. Khatua.
MBBS(HONS)MD(Path.)

NAME OF PATIENT : RAJIV GORAI
SEX : MALE

AGE : 39 YEARS
DATE : 22.07.2023

REPORT ON THE EXAMINATION OF IMMUNOENZYMOMETRIC ASSAY

INVESTIGATION	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Total Triiodothyronine (T3) (ELISA METHOD)	: 1.3	ng/dl	0.5 - 2.0
Total Thyroxine (T4) (ELISA METHOD)	: 8.6	µg/dl	M:- 4.4 - 10.8 F :- 4.8 - 11.6
Thyroid Stimulating Hormone(TSH) (ELISA METHOD)	: 0.66	µIU/ml	Adults : 0.39 - 6.16 Children: Age: Range: <3 Days 3.20 - 34.60 3-4 Days 0.70 - 15.40 5 Days - 5 Months 1.70 - 9.10 >5 Months - 12 Years 0.70 - 6.40 Pregnancy women: 1 st Trimester = 0.1 - 2.5 2 nd Trimester = 0.2 - 3.0 3 rd Trimester = 0.3 - 3.0

Test done by lisascan EM (Erba Mannheim).

Note:- Thyroid-stimulating hormone(TSH) or thyrotrophin is are glycoprotein with a molecular weight of about 28,000 secreted by the pituitary gland. TSH has a specific site of action which is the thyroid gland. Its main function is to regulate the release of thyroxin(T₄) and the more biologically active triiodothyronine(T₃).

*Kindly co-relate clinically.



Dr. S. Khatua.
MBBS(HONS)MD(Path.)

NAME OF PATIENT : RAJIV GORAI
SEX : MALE

AGE : 39 YEARS
DATE : 22.07.2023

REPORT ON THE BIOCHEMICAL EXAMINATION

Glycosylate Hemoglobin (HbA1c) : 5.5 %
(Turbidimetric Method)

Biological Reference

Excellent	< 4%
Good	4 - 6 %
Fair Control	>6 - 7%
Action Suggested	>7 - 8%
Poor control	>8 %

Estimated Average Glucose (EAG) : 111

Biological Reference

Excellent Control	: 90 - 120 mg/dl.
Good Control	: 120 - 150 mg.dl.
Fair control	: > 150 - 180 mg/dl.
Action suggested	: 181 - 210 mg/dl.
Panic value	: >211 mg / dl.

Method Standardization :

IFCC : International Federation of clinical chemistry.
DCCT : Diabetics control and complications trial .
NGSP : National Glycohemoglobin Standardization program.

Note:-

Hemoglobin A1c (HbA1c) is a glycosylated hemoglobin which is formed by the non-enzymatic reaction of glucose with native hemoglobin. This process runs continuously throughout the circulatory life of the red cell (average life time 100 - 120 days). The rate of glycation is directly proportional to the concentration of glucose in the blood. The blood level of HbA1c represents the average blood glucose level over the preceding 6 to 8 weeks (due to the kinetics of erythrocyte turnover this period is more affected by the blood glucose level than the preceding weeks). Therefore, HbA1c is suitable for retrospective long-term monitoring of blood glucose concentration in individuals with diabetes mellitus. Clinical studies have shown that lowering of HbA1c level can help to prevent or delay the incidence of late diabetic complication. As the amount of HbA1c also depends on the total quantity of hemoglobin the reported HbA1c value is indicated as a percentage of the total hemoglobin concentration. Falsely low values (low HbA1c despite high blood glucose) may occur in people with conditions with shortened red blood cell survival (hemolytic diseases) or significant recent blood loss (higher fraction of young erythrocytes). Falsely high values (high HbA1c despite normal blood glucose) have been reported in iron deficiency anemia. These circumstances have to be considered in clinical interpretation of HbA1c values.

*Kindly co-relate clinically.



Dr. S. Khatua.
MBBS(HONS)MD(Path.)

Patient Name: RAJIV GARBA 39M

July 22, 2023

Time: 11:41:43

Unaveraged ECG Report

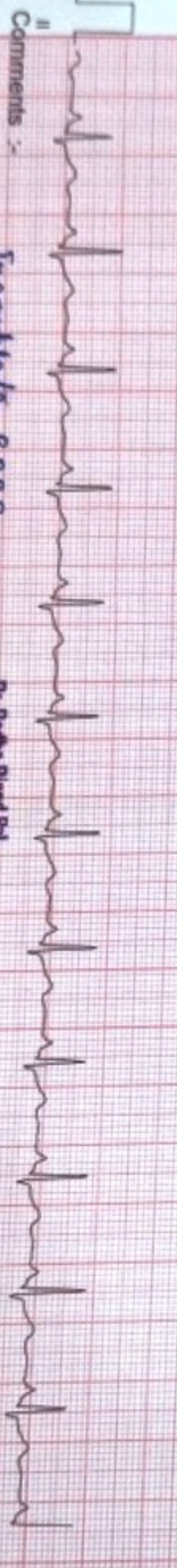
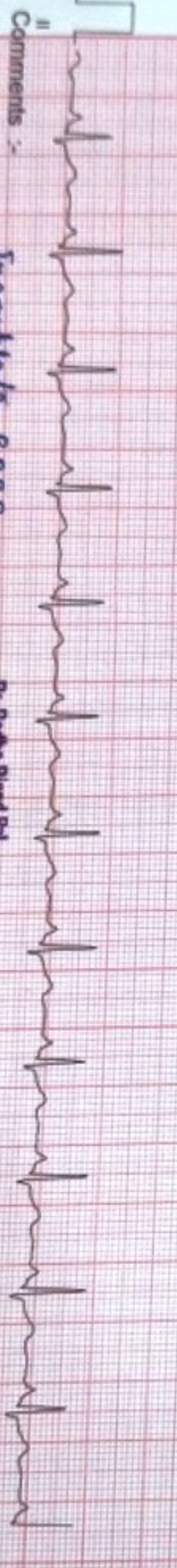
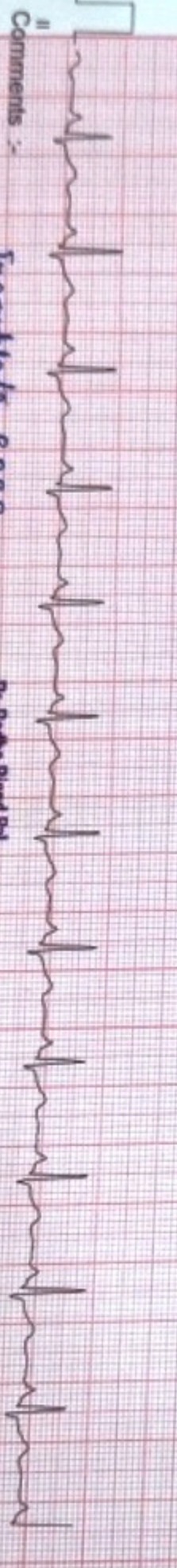
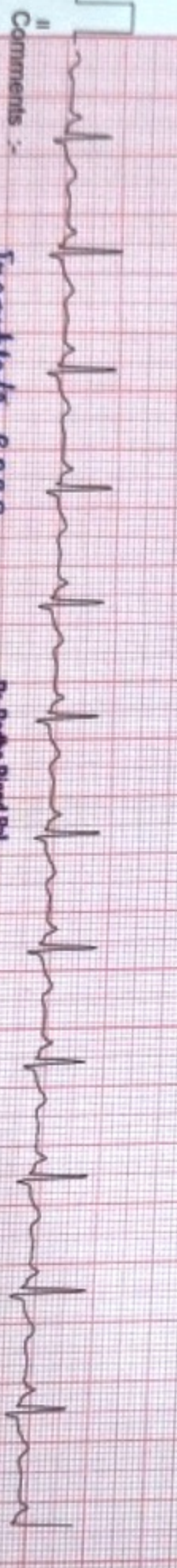
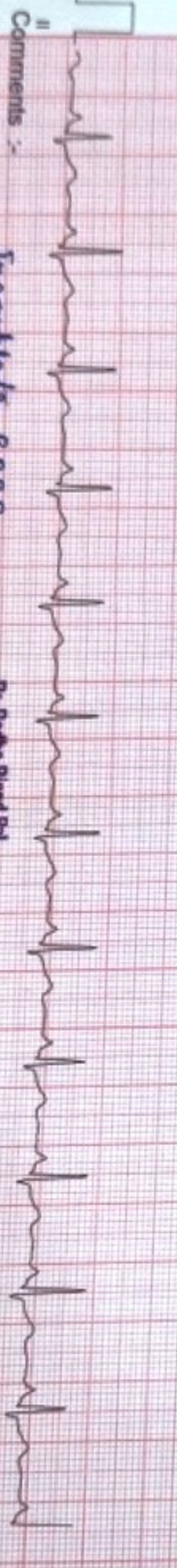
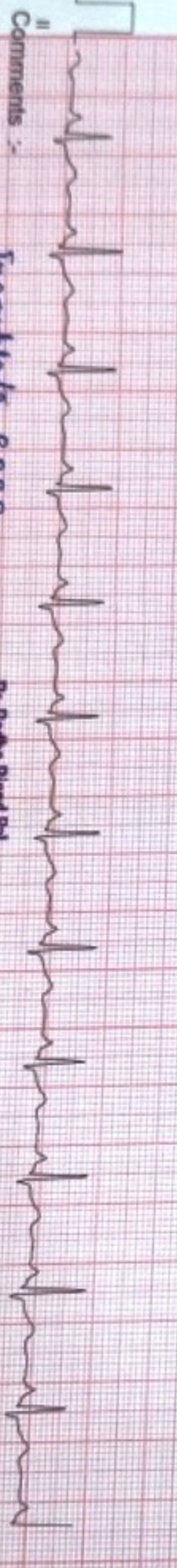
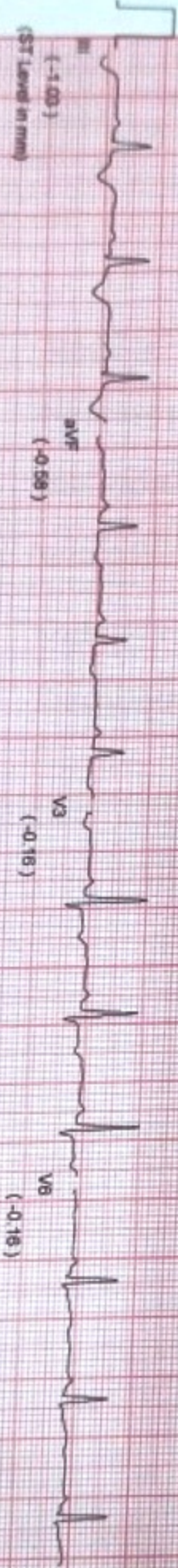
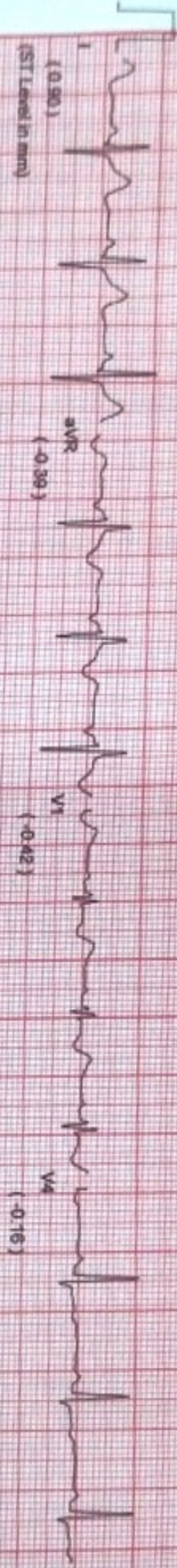
QT / QTc 0.364 / 0.355 Sec

P-QRS-T Axis (30) (-17) (-7) deg

PR Interval: 0.15 sec

QRS Duration: 0.094 Sec

HR 75 bpm BP 0 / 0 mmHg



Comments :-

ECG for RBBB
T, D, B, aVF

Dr. Rishi Bindu Pal

M.B.B.S (Hons), M.D. (Post), D.M. (Cardio)

Consultant Interventional Cardiologist

Reg. No.: F0154 (WBMC)

Signature
22/07/23

Name of Patient : Rajiv Gorai
Ref. By :
Age : 40 Years

ID No. : 002
Date : 22.07.2023
Sex : Male

X-RAY OF CHEST PA VIEW

No active parenchymal lesion is seen in the lung fields.

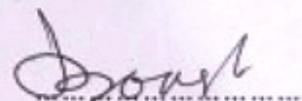
Hila appear normal.

Both domes of the diaphragms are regular in outline.

Costophrenic angles are clear.

Cardio thoracic ratio is normal.

IMPRSSION: No abnormality seen in skiagram.



Dr. J. K. Bokshi
MBBS, DMRD (Cal)
RADIOLOGIST

Name of Patient	: Rajiv Gorai	ID No.	: 2207202325
Ref. By	:	Date	: 22.07.2023
Age	: 39 Years	Sex	: Male

ULTRASONOGRAPHY OF WHOLE ABDOMEN

- LIVER** : Normal in size (125.1 mm) with diffusely increased echotexture. Margin is regular. A simple cyst measuring - 18.9 mm x 15.5 mm is seen in left lobe. Intra hepatic biliary channels are not dilated. PV measures: 9.1 mm. in width.
- CBD** : It appears normal and 1.6 mm. in diameter. No calculus is seen in the lumen of CBD.
- GALL BLADDER** : Not visible (H/o- cholecystectomy).
- PANCREAS** : Normal in size, shape and outline. Parenchyma is homogeneous in echotexture. Pancreatic duct is not dilated. No focal parenchymal lesion is visualized in or around the pancreas.
- SPLEEN** : Normal in size, shape and echotexture. Echopattern of spleen appears to be normal. Splenic hilum is normal. Measurement of spleen - 97.4 mm.
- RIGHT KIDNEY** : It is normal in size, shape and position. Normal cortical echotexture. Cortico medullary differentiation is well maintained. Pelvi- calyceal system of right kidney is normal. No hydronephrosis SOL or calculi are seen. Rt. kidney measures - 91.2 mm.
- LEFT KIDNEY** : It is normal in size, shape and position. Normal cortical echotexture. Cortico medullary differentiation is well maintained. Pelvi- calyceal system of left kidney is normal. No hydronephrosis SOL or calculi are seen. Lt. Kidney measures - 105.7 mm.

Contd

Name of Patient : Rajiv Gorai

ID No. : 2207202325

URINARY BLADDER : Normally distended. Wall thickness appears normal.
No intraluminal calculus or mass seen.

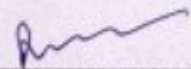
PROSTATE : Normal in size. Normal echotexture. Capsule intact.
Calcification not seen.
Measurement of prostate - 35.7 mm x 33.5 mm x 29.0 mm.
Its weight 18.1 gms approx.

SEMINAL VESICLES : Seminal vesicles appears normal.

PERITONEUM : No ascites is seen.

IMPRESSION : 1. Diffuse fatty changes in liver.
2. Simple hepatic cyst.

Clinical correlation & further investigations may be suggested, if clinically indicated.



Dr. Rumpa Banerjee
MBBS, MD (Radiodiagnosis)