Patient Name: Mr Atin Kumar Mondal MRN: 17510001156838 Gender/Age: MALE, 54y (17/05/1968)

Collected On: 21/01/2023 09:36 AM Received On: 21/01/2023 10:19 AM Reported On: 21/01/2023 11:18 AM

Barcode: 812301210240 Specimen: Whole Blood Consultant: EXTERNAL(EXTERNAL)

Sample adequacy: Satisfactory Visit No: OP-001 Patient Mobile No: 8240930702

### **HAEMATOLOGY LAB**

Test	Result	Unit	Biological Reference Interval
COMPLETE BLOOD COUNT (CBC)			
Haemoglobin (Hb%) (Photometric Measurement)	14.0	g/dL	13.0-17.0
Red Blood Cell Count (Electrical Impedance)	5.44	millions/ μL	4.5-5.5
PCV (Packed Cell Volume) / Hematocrit (Calculated)	44.4	%	40.0-54.0
MCV (Mean Corpuscular Volume) (Derived From RBC Histogram)	81.6 L	fL	83.0-101.0
MCH (Mean Corpuscular Haemoglobin) (Calculated)	25.7 L	pg	27.0-32.0
MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	31.5	%	31.5-34.5
Red Cell Distribution Width (RDW) (Calculated)	14.6 H	%	11.6-14.0
Platelet Count (Electrical Impedance)	153	10 <sup>3</sup> /μL	150.0-400.0
Mean Platelet Volume (MPV) (Derived)	11.8 H	fL	7.0-11.7
Total Leucocyte Count(WBC) (Electrical Impedance)	5.5	10 <sup>3</sup> /μL	4.0-10.0
DIFFERENTIAL COUNT (DC)			
Neutrophils (VCSn Technology)	60.7	%	40.0-75.0
Lymphocytes (VCSn Technology)	25.3	%	20.0-40.0
Monocytes (VCSn Technology)	7.8	%	2.0-10.0
Eosinophils (VCSn Technology)	5.4	%	1.0-6.0

## Patient Name: Mr Atin Kumar Mondal MRN: 17510001156838 Gender/Age: MALE, 54y (17/05/1968)

Basophils (VCSn Technology)	0.8	%	0.0-2.0
Absolute Neutrophil Count (Calculated)	3.34	$10^3/\mu$ L	1.8-7.8
Absolute Lympocyte Count (Calculated)	1.39	$10^3/\mu$ L	1.0-4.8
Absolute Monocyte Count (Calculated)	0.43	$10^3/\mu$ L	0.0-0.8
Absolute Eosinophil Count (Calculated)	0.3	$10^3/\mu$ L	0.0-0.45
Absolute Basophil Count (Calculated)	0.04	10 <sup>3</sup> /μL	0.0-0.2

As per the recommendation of International Council for Standardization in Hematology, the differential counts are additionally being reported as absolute numbers.

-- End of Report-

Manja

Dr. Moumita Panja DNB, Pathology Consultant Pathologist

- Abnormal results are highlighted.
- Results relate to the sample only.
- Kindly correlate clinically.





Patient Name: Mr Atin Kumar Mondal MRN: 17510001156838 Gender/Age: MALE, 54y (17/05/1968)

Collected On: 21/01/2023 09:36 AM Received On: 21/01/2023 09:56 AM Reported On: 21/01/2023 10:36 AM

Barcode: 802301210352 Specimen: Plasma Consultant: EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8240930702

#### **CLINICAL CHEMISTRY**

Test Result Unit Biological Reference Interval

Fasting Blood Sugar (FBS) (Glucose Oxidase, 109 H mg/dL Normal: 70-99

Mormal: 70-99
Pre-diabetes: 100-125
Diabetes: => 126
ADA standards 2019

-- End of Report-

Dr. Sujata Ghosh PhD, Biochemistry

Biochemist M.Sc, Ph. D

#### Note

Peroxidase)

- Abnormal results are highlighted.
- Results relate to the sample only.
- Kindly correlate clinically.
   (Fasting Blood Sugar (FBS) -> Auto Authorized)

Dr. Debasree Biswas MD, Biochemistry Clinical Biochemist MBBS, MD





Patient Name: Mr Atin Kumar Mondal MRN: 17510001156838 Gender/Age: MALE, 54y (17/05/1968)

Collected On: 21/01/2023 02:12 PM Received On: 21/01/2023 02:41 PM Reported On: 21/01/2023 03:30 PM

Barcode: 802301210642 Specimen: Plasma Consultant: EXTERNAL(EXTERNAL)

Sample adequacy: Satisfactory Visit No: OP-001 Patient Mobile No: 8240930702

#### **CLINICAL CHEMISTRY**

TestResultUnitBiological Reference IntervalPost Prandial Blood Sugar (PPBS) (Glucose101mg/dLNormal: 70-139<br/>Pre-diabetes: 140-199<br/>Diabetes: => 200<br/>ADA standards 2019

#### Interpretations:

(ADA Standards Jan 2017)

FBS can be less than PPBS in certain conditions like post prandial reactive hypoglycaemia, exaggerated response to insulin, subclinical hypothyroidism, very lean/anxious individuals. In non-diabetic individuals, such patients can be followed up with GTT.

### -- End of Report-

Dr. Debasree Biswas MD, Biochemistry

Clinical Biochemist MBBS, MD

Dr. Sujata Ghosh PhD, Biochemistry Biochemist M.Sc , Ph. D

- Abnormal results are highlighted.
- Results relate to the sample only.
- Kindly correlate clinically.
   (Post Prandial Blood Sugar (PPBS) -> Auto Authorized)





Patient Name: Mr Atin Kumar Mondal MRN: 17510001156838 Gender/Age: MALE, 54y (17/05/1968)

Collected On: 21/01/2023 09:36 AM Received On: 21/01/2023 09:58 AM Reported On: 21/01/2023 01:13 PM

Barcode: 802301210350 Specimen: Serum Consultant: EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8240930702

### **CLINICAL CHEMISTRY**

Test	Result	Unit	Biological Reference Interval
SERUM CREATININE			
Serum Creatinine (Two Point Rate - Creatinine Aminohydrolase)	0.90	mg/dL	0.66-1.25
eGFR	88.0	mL/min/1.73m <sup>2</sup>	-
Blood Urea Nitrogen (BUN) (Endpoint /Colorimetric - Urease)	13.67	-	9.0-20.0
Serum Sodium (Direct ISE - Potentiometric)	141	mmol/L	137.0-145.0
Serum Potassium (Direct ISE - Potentiometric)	3.8	mmol/L	3.5-5.1
LIPID PROFILE (CHOL,TRIG,HDL,LDL,VLDL)			
Cholesterol Total (Colorimetric - Cholesterol Oxidase)	204 H	mg/dL	Desirable: < 200 Borderline High: 200-239 High: > 240
Triglycerides (Enzymatic Endpoint Colorimetric )	132	mg/dL	Normal: < 150 Borderline: 150-199 High: 200-499 Very High: > 500
HDL Cholesterol (HDLC) (Colorimetric: Non HDL Precipitation Phosphotungstic Acid Method)	42	mg/dL	40.0-60.0
Non-HDL Cholesterol	162.0	-	-
LDL Cholesterol (Non LDL Selective Elimination, CHOD/POD)	121.54 H	mg/dL	Optimal: < 100 Near to above optimal: 100-129 Borderline High: 130-159 High: 160-189 Very High: > 190
VLDL Cholesterol (Calculated)	26.4	mg/dL	0.0-40.0
Cholesterol /HDL Ratio	4.9	-	-

# LIVER FUNCTION TEST(LFT)

## Patient Name: Mr Atin Kumar Mondal MRN: 17510001156838 Gender/Age: MALE, 54y (17/05/1968)

Bilirubin Total (Colorimetric - Diazo Method)	0.32	mg/dL	0.2-1.3
Conjugated Bilirubin (Direct) (Calculated)	0.12	mg/dL	0.0-0.4
Unconjugated Bilirubin (Indirect) (Colorimetric Endpoint)	0.20	-	-
Total Protein (Biuret Method)	7.80	g/dL	6.3-8.2
Serum Albumin (Colorimetric - Bromo-Cresol Green)	4.70	gm/dL	3.5-5.0
Serum Globulin (Calculated)	3.1	g/dL	2.0-3.5
Albumin To Globulin (A/G)Ratio (Calculated)	1.5	-	1.0-2.1
SGOT (AST) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	36	U/L	17.0-59.0
<b>SGPT (ALT)</b> (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	32	U/L	<50.0
Alkaline Phosphatase (ALP) (Multipoint-Rate - P- nitro Phenyl Phosphate, AMP Buffer)	94	IU/L	38.0-126.0
Gamma Glutamyl Transferase (GGT) (Multipoint Rate - L-glutamyl-p-nitroanilide ( Szasz Method))	25	U/L	15.0-73.0

Dr. Debasree Biswas MD, Biochemistry

Clinical Biochemist MBBS, MD

Alphosh

Dr. Sujata Ghosh PhD, Biochemistry Biochemist M.Sc , Ph. D

### **CLINICAL CHEMISTRY**

Test Result Unit Biological Reference Interval

Prostate Specific Antigen (PSA) (CLIA) 6.38 H ng/mL 0.0-3.5

-- End of Report-

Dr. Debasree Biswas MD, Biochemistry

Clinical Biochemist MBBS, MD

### Note

- Abnormal results are highlighted.
- Results relate to the sample only.
- Kindly correlate clinically.

(LFT, -> Auto Authorized)

(Lipid Profile, -> Auto Authorized)

(Serum Sodium, -> Auto Authorized)

(Blood Urea Nitrogen (Bun), -> Auto Authorized)

(Serum Potassium, -> Auto Authorized)

(CR -> Auto Authorized)





Patient Name: Mr Atin Kumar Mondal MRN: 17510001156838 Gender/Age: MALE, 54y (17/05/1968)

Collected On: 21/01/2023 09:36 AM Received On: 21/01/2023 09:58 AM Reported On: 21/01/2023 12:16 PM

Barcode: 802301210350 Specimen: Serum Consultant: EXTERNAL(EXTERNAL)

Sample adequacy: Satisfactory Visit No: OP-001 Patient Mobile No: 8240930702

### **CLINICAL CHEMISTRY**

Test	Result	Unit	Biological Reference Interval
THYROID PROFILE (T3, T4, TSH)			
Tri Iodo Thyronine (T3) (Enhanced Chemiluminescence Immunoassay (CLIA))	1.41	ng/mL	0.97-1.69
Thyroxine (T4) (Enhanced Chemiluminescence Immunoassay (CLIA))	10.1	μg/dl	5.53-11.0
TSH (Thyroid Stimulating Hormone) (Enhanced Chemiluminescence Immunoassay (CLIA))	3.322	μIU/mL	0.465-4.68

## -- End of Report-

Dr. Sujata Ghosh PhD, Biochemistry

Syhosh

Biochemist M.Sc , Ph. D

Dr. Debasree Biswas

MD, Biochemistry

Clinical Biochemist MBBS, MD

### Note

- Abnormal results are highlighted.
- Results relate to the sample only.
- Kindly correlate clinically.

( -> Auto Authorized)



Final Report

#### **DEPARTMENT OF LABORATORY MEDICINE**

Patient Name: Mr Atin Kumar Mondal MRN: 17510001156838 Gender/Age: MALE, 54y (17/05/1968)

Collected On: 21/01/2023 09:36 AM Received On: 21/01/2023 10:37 AM Reported On: 21/01/2023 12:06 PM

Barcode: 802301210351 Specimen: Urine Consultant: EXTERNAL(EXTERNAL)

Sample adequacy: Satisfactory Visit No: OP-001 Patient Mobile No: 8240930702

### **CLINICAL CHEMISTRY**

Test Result Unit Biological Reference Interval

Urine For Sugar NEGATIVE mg ATEST

-- End of Report-

Dr. Shanaz Latif MD, Pathology

Consultant Pathology MBBS, DTM&H, DCP, MD .Reg No 41555 : WBMC

- Abnormal results are highlighted.
- Results relate to the sample only.
- Kindly correlate clinically.





Patient Name: Mr Atin Kumar Mondal MRN: 17510001156838 Gender/Age: MALE, 54y (17/05/1968)

Collected On: 21/01/2023 09:36 AM Received On: 21/01/2023 10:19 AM Reported On: 21/01/2023 12:41 PM

Barcode: 802301210353 Specimen: Whole Blood Consultant: EXTERNAL(EXTERNAL)

Sample adequacy: Satisfactory Visit No: OP-001 Patient Mobile No: 8240930702

#### **CLINICAL CHEMISTRY**

Test	Result	Unit	Biological Reference Interval
HBA1C			
HbA1c (HPLC)	5.7 H	%	Normal: 4.0-5.6 Prediabetes: 5.7-6.4 Diabetes: => 6.5 ADA standards 2019 (Carpenter/ Coustan)
Estimated Average Glucose	116.89	-	-

### Interpretation:

- 1. HbA1C above 6.5% can be used to diagnose diabetes provided the patient has symptoms. If the patient does not have symptoms with HbA1C>6.5%, repeat measurement on further sample. If the repeat test result is <6.5%, consider as diabetes high risk and repeat measurement after 6 months.
- 2. HbA1C measurement is not appropriate in diagnosing diabetes in children, suspicion of type 1 diabetes, symptoms of diabetes for less than 2 months, pregnancy, hemoglobinopathies, medications that may result sudden increase in glucose, anemia, renal failure, HIV infection, malignancies, severe chronic hepatic, and renal disease.
- 3. Any sample with >15% should be suspected of having a haemoglobin variant.

-- End of Report-

Dr. Debasree Biswas MD, Biochemistry

Clinical Biochemist MBBS, MD

- Abnormal results are highlighted.
- Results relate to the sample only.
- Kindly correlate clinically.





Final Report

#### **DEPARTMENT OF LABORATORY MEDICINE**

Patient Name: Mr Atin Kumar Mondal MRN: 17510001156838 Gender/Age: MALE, 54y (17/05/1968)

Collected On: 21/01/2023 09:36 AM Received On: 21/01/2023 10:12 AM Reported On: 21/01/2023 11:15 AM

Barcode: BR2301210031 Specimen: Whole Blood Consultant: EXTERNAL(EXTERNAL)

Sample adequacy: Satisfactory Visit No: OP-001 Patient Mobile No: 8240930702

### **IMMUNOHAEMATOLOGY**

Test Result Unit

**BLOOD GROUP & RH TYPING** 

Blood Group (Column Agglutination Technology)

RH Typing (Column Agglutination Technology) Positive

-- End of Report-

Dr. Amal Kumar Saha MBBS, D.PED, ECFMG Blood Bank Officer

- Abnormal results are highlighted.
- Results relate to the sample only.
- Kindly correlate clinically.





Patient Name: Mr Atin Kumar Mondal MRN: 17510001156838 Gender/Age: MALE, 54y (17/05/1968)

Collected On: 21/01/2023 09:36 AM Received On: 21/01/2023 10:20 AM Reported On: 21/01/2023 11:35 AM

Barcode: 812301210239 Specimen: Whole Blood - ESR Consultant: EXTERNAL(EXTERNAL)

Sample adequacy: Satisfactory Visit No: OP-001 Patient Mobile No: 8240930702

### **HAEMATOLOGY LAB**

Test Result Unit Biological Reference Interval

Erythrocyte Sedimentation Rate (ESR) 25 H mm/1hr 0.0-10.0

(Modified Westergren Method)

-- End of Report-

8

Dr. Rakhi Mandal MD, Pathology Consultant Pathology MBBS, MD

- Abnormal results are highlighted.
- Results relate to the sample only.
- Kindly correlate clinically.





Patient Name: Mr Atin Kumar Mondal MRN: 17510001156838 Gender/Age: MALE, 54y (17/05/1968)

Collected On: 21/01/2023 09:36 AM Received On: 21/01/2023 10:36 AM Reported On: 21/01/2023 11:28 AM

Barcode: 822301210027 Specimen: Urine Consultant: EXTERNAL(EXTERNAL)

Sample adequacy: Satisfactory Visit No: OP-001 Patient Mobile No: 8240930702

### **CLINICAL PATHOLOGY**

Test	Result	Unit	Biological Reference Interval
URINE ROUTINE & MICROSCOPY			
PHYSICAL EXAMINATION			
Volume	40	ml	-
Colour	Light-Yellow	-	-
Appearance	Slightly- Cloudy	-	-
CHEMICAL EXAMINATION			
pH(Reaction) (Mixed PH Indicator)	7.0	-	4.8-7.5
Sp. Gravity (Dual Wavelength Reflectance )	1.018	-	1.002-1.030
Protein (Protein Error Of PH Indicator)	Trace	-	Nil
Urine Glucose (Glucose Oxidase, Peroxidase)	Negative	-	Negative
Ketone Bodies (Legal's Method)	Negative	-	Negative
Bile Salts (Dual Wavelength Reflectance/Manual)	Negative	-	Negative
Bile Pigment (Bilirubin) (Coupling Of Bilirubin With Diazonium Salt)	Negative	-	Negative
<b>Urobilinogen</b> (Coupling Reaction Of Urobilinogen With A Stable Diazonium Salt In Buffer)	Normal	-	Normal
Urine Leucocyte Esterase (Enzymatic, Indoxyl Ester And Diazonium Salt)	Negative	-	Negative
Blood Urine (Pseudo - Enzymatic Test, Organic Peroxidase And Chromogen)	Negative	-	Negative

Patient Name: Mr Atin Kumar Mondal MRN: 17510001156838 Gender/Age: MALE, 54y (17/05/1968)

Nitrite (Modified Griess Reaction)	Negative	-	Negative
MICROSCOPIC EXAMINATION			
Pus Cells	2-4	/hpf	1-2
RBC	NIL	/hpf	0 - 3
Epithelial Cells	1-2	/hpf	2-3
Crystals	NIL	-	-
Casts	NIL	-	-

-- End of Report-



Dr. Moumita Panja DNB, Pathology Consultant Pathologist

- Abnormal results are highlighted.
- Results relate to the sample only.
- Kindly correlate clinically.





### ADULT TRANS-THORACIC ECHO REPORT

PATIENT NAME : Mr Atin Kumar Mondal PATIENT MRN : 17510001156838

GENDER/AGE : Male, 54 Years PROCEDURE DATE : 21/01/2023 01:09 PM

LOCATION :- REQUESTED BY : EXTERNAL

• NO SIGNIFICANT ECHOCARDIOGRAPHIC ABNORMALITY DETECTED.

**FINDINGS** 

CHAMBERS

LEFT ATRIUM : NORMAL SIZED RIGHT ATRIUM : NORMAL SIZED

LEFT VENTRICLE : NORMAL SIZED CAVITY. NO REGIONAL WALL MOTION ABNORMALITY. GOOD SYSTOLIC

FUNCTION WITH EJECTION FRACTION: 66%. NORMAL DIASTOLIC FLOW PATTERN.

RIGHT VENTRICLE : NORMAL SIZE AND THICKNESS WITH NORMAL FUNCTION

**VALVES** 

MITRAL : NORMAL.
AORTIC : NORMAL.
TRICUSPID : NORMAL.
PULMONARY : NORMAL.

**SEPTAE** 

IAS : INTACT IVS : INTACT

**ARTERIES AND VEINS** 

AORTA : NORMAL, LEFT AORTIC ARCH

PA : NORMAL SIZE

IVC : NORMAL SIZE & COLLAPSIBILITY

SVC & CS : NORMAL PULMONARY VEINS : NORMAL

PERICARDIUM : NORMAL PERICARDIAL THICKNESS. NO EFFUSION

INTRACARDIAC MASS : NO TUMOUR, THROMBUS OR VEGETATION SEEN

OTHERS : NIL.

Langula las

Page 1 of 2

DR. SANGEETA DAS CONSULTANT GENERAL MEDICINE MBBS SANTASHI GHOSH SENIOR TECHNICIAN

21/01/2023 01:09 PM

 PREPARED BY
 : NITA PAUL(308573)
 PREPARED ON
 : 21/01/2023 02:04 PM

 GENERATED BY
 : MADHUPARNA DASGUPTA(333433)
 GENERATED ON
 : 03/02/2023 02:25 PM

Patient Name	Atin Kumar Mondal	Requested By	EXTERNAL
MRN	17510001156838	Procedure DateTime	2023-01-21 10:43:39
Age/Sex	54Y 8M/Male	Hospital	NH-RTIICS

### **CHEST RADIOGRAPH (PA VIEW)**

# FINDINGS:

- Trachea is normal and is central.
- The cardiac shadow is normal in contour.
- Mediastinum and great vessels are within normal limits.
- The hilar shadows are within normal limits.
- The costo-phrenic angles are clear.
- No significant lung parenchymal lesion is seen.
- The visualized bones and soft tissue structures appear normal.
- Both the diaphragmatic domes appear normal.

### **IMPRESSION:**

• No significant radiological abnormality detected.

### NOT FOR MEDICO LEGAL PURPOSES

This is only a Radiological Impression and not Diagnosis. Like all diagnostic modalities, X-RAY also has its limitations. Therefore X-RAY report should be interpreted in correlation with clinical and pathological findings.

All typing and topographical error is regretted and if detected at any time is correctable. Please inform us immediately.

Dr. Sarbari Chatterjee

Consultant Radiologist

\* **This is a digitally signed valid document.** Reported Date/Time: 2023-01-21 12:37:13 Page 1 of 1