

**DEPARTMENT OF LABORATORY MEDICINE**

Final Report

Patient Name : Mr Dipankar Hazra MRN : 17650000248240 Gender/Age : MALE , 41y (06/01/1982)

Collected On : 12/08/2023 01:23 PM Received On : 12/08/2023 01:23 PM Reported On : 12/08/2023 03:27 PM

Barcode : J12308120210 Specimen : Plasma Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8420822009

**BIOCHEMISTRY**

Test	Result	Unit	Biological Reference Interval
<b>Post Prandial Blood Sugar (PPBS)</b> (Glucose Oxidase, Peroxidase)	<b>142 H</b>	mg/dL	Normal: 70-139 Pre-diabetes: 140-199 Diabetes: => 200 ADA standards 2019

**Interpretations:**

(ADA Standards Jan 2017)

PPBS can be less than FBS 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. Ritu Priya  
MBBS, MD, Biochemistry  
Consultant

**Note**

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



**Narayana Superspeciality Hospital**

(A Unit of Meridian Medical Research & Hospital Ltd.) CIN U85110W81995PLC071440  
Registered office : Andul Road, Podrah, Howrah 711 109  
Hospital Address : 120/1, Andul Road, Howrah 711 103  
Email: info.nshhowrah@narayanahealth.org | www.narayanahealth.org



Appointments  
**180-0309-0309 (Toll Free)**

Emergencies  
**83348 30003**

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Final Report

Patient Name : Mr Dipankar Hazra MRN : 17650000248240 Gender/Age : MALE , 41y (06/01/1982)

Collected On : 12/08/2023 10:34 AM Received On : 12/08/2023 10:38 AM Reported On : 12/08/2023 01:30 PM

Barcode : J22308120123 Specimen : Whole Blood - ESR Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8420822009

**HAEMATOLOGY**

Test	Result	Unit	Biological Reference Interval
<b>Erythrocyte Sedimentation Rate (ESR)</b> (Modified Westergren Method)	4	mm/1hr	0.0-10.0

--End of Report--



Dr. Smita Priyam  
MBBS, MD, Pathology  
REGISTRAR

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Collected On : 12/08/2023 10:34 AM Received On : 12/08/2023 10:38 AM Reported On : 12/08/2023 01:11 PM

Barcode : J12308120146 Specimen : Whole Blood Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8420822009

**BIOCHEMISTRY**

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

**Interpretation:**

- 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.
- 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.
- Any sample with >15% should be suspected of having a haemoglobin variant.

--End of Report-

*Ritu Priya*

Dr. Ritu Priya  
MBBS, MD, Biochemistry  
Consultant

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Collected On : 12/08/2023 10:34 AM Received On : 12/08/2023 10:38 AM Reported On : 12/08/2023 12:32 PM

Barcode : J12308120144 Specimen : Serum Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8420822009

**BIOCHEMISTRY**

Test	Result	Unit	Biological Reference Interval
<b>SERUM CREATININE</b>			
Serum Creatinine (Two Point Rate - Creatinine Aminohydrolase)	0.86	mg/dL	0.66-1.25
eGFR (Calculated By MDRD Formula)	98.1	mL/min/1.73m <sup>2</sup>	Indicative for renal impairment: <60 Note: eGFR is inaccurate for Hemodynamically unstable patients . eGFR is not applicable for less than 18 years of age .
<b>Blood Urea Nitrogen (BUN)</b> (Endpoint /Colorimetric - Urease)	12.14	mg/dL	9.0-20.0
<b>Serum Sodium</b> (Direct ISE - Potentiometric)	142	mmol/L	137.0-145.0
<b>Serum Potassium</b> (Direct ISE - Potentiometric)	3.9	mmol/L	3.5-5.1
<b>LIPID PROFILE (CHOL,TRIG,HDL,LDL,VLDL)</b>			
Cholesterol Total (Colorimetric - Cholesterol Oxidase)	173	mg/dL	Both: Desirable: < 200 Both: Borderline High: 200-239 Both: High: > 240
Triglycerides	166	mg/dL	Both: Normal: < 150 Both: Borderline: 150-199 Both: High: 200-499 Both: Very High: > 500
HDL Cholesterol (HDLC) (Colorimetric: Non HDL Precipitation Phosphotungstic Acid Method)	<b>32 L</b>	mg/dL	40.0-60.0
Non-HDL Cholesterol	141.0	-	-
LDL Cholesterol (Colorimetric)	<b>114.50 H</b>	mg/dL	Both: Optimal: < 100 Both: Near to above optimal: 100-129 Both: Borderline High: 130-159 Both: High: 160-189 Both: Very High: > 190

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VLDL Cholesterol (Calculated)	33	mg/dL	0.0-40.0
Cholesterol /HDL Ratio	5.5	-	-


**LIVER FUNCTION TEST(LFT)**

Bilirubin Total (Colorimetric -Diazo Method)	0.6	mg/dL	0.2-1.3
Conjugated Bilirubin (Direct) (Calculated)	0.3	mg/dL	0.0-0.4
Unconjugated Bilirubin (Indirect)	0.3	-	-
Total Protein (Colorimetric - Biuret Method)	7.7	g/dL	6.3-8.2
Serum Albumin (Colorimetric - Bromo-Cresol Green)	4.6	gm/dL	3.5-5.0
Serum Globulin (Calculated)	3.1	g/dL	2.0-3.5
Albumin To Globulin (A/G)Ratio (Calculated)	1.48	-	1.0-2.1
SGOT (AST) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	26	U/L	17.0-59.0
SGPT (ALT) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	<b>52 H</b>	U/L	<50.0
Alkaline Phosphatase (ALP) (Multipoint-Rate - P-nitro Phenyl Phosphate, AMP Buffer)	106	U/L	38.0-126.0
Gamma Glutamyl Transferase (GGT) (Multipoint Rate - L-glutamyl-p-nitroanilide ( Szasz Method))	45	U/L	15.0-73.0

--End of Report--



Dr. Ritu Priya  
MBBS, MD, Biochemistry  
Consultant

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Barcode : J12308120145 Specimen : Plasma Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8420822009

**BIOCHEMISTRY**

Test	Result	Unit	Biological Reference Interval
<b>Fasting Blood Sugar (FBS)</b> (Glucose Oxidase, Peroxidase)	<b>103 H</b>	mg/dL	Both: Normal: 70-99 Both: Pre-diabetes: 100-125 Both: Diabetes: => 126 ADA standards 2019

--End of Report--



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MBBS, MD, Biochemistry  
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Final Report

Patient Name : Mr Dipankar Hazra MRN : 17650000248240 Gender/Age : MALE , 41y (06/01/1982)

Collected On : 12/08/2023 10:34 AM Received On : 12/08/2023 10:38 AM Reported On : 13/08/2023 01:24 AM

Barcode : J32308120026 Specimen : Serum Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8420822009

**IMMONOLOGY**

Test	Result	Unit	Biological Reference Interval
<b>Prostate Specific Antigen (PSA)</b> (Enhanced Chemiluminescence Immunoassay (CLIA))	0.510	ng/mL	0.0-2.5

**THYROID PROFILE (T3, T4, TSH)**

Tri Iodo Thyronine (T3) (Enhanced Chemiluminescence Immunoassay (CLIA))	<b>1.74 H</b>	ng/mL	0.97-1.69
Thyroxine (T4) (Enhanced Chemiluminescence Immunoassay (CLIA))	9.84	µg/dl	5.53-11.0
TSH (Thyroid Stimulating Hormone) (Enhanced Chemiluminescence Immunoassay (CLIA))	3.261	µIU/mL	0.4001-4.049

--End of Report--

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Final Report

Patient Name : Mr Dipankar Hazra MRN : 17650000248240 Gender/Age : MALE , 41y (06/01/1982)

Collected On : 12/08/2023 10:34 AM Received On : 12/08/2023 10:38 AM Reported On : 12/08/2023 12:50 PM

Barcode : J22308120124 Specimen : Whole Blood Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8420822009

**HAEMATOLOGY**

Test	Result	Unit	Biological Reference Interval
<b>COMPLETE BLOOD COUNT (CBC)</b>			
Haemoglobin (Hb%) (sodium Lauryl Sulphate (SLS) Method)	14.9	g/dL	13.0-17.0
Red Blood Cell Count (Electrical Impedance)	<b>5.80 H</b>	millions/ $\mu$ L	4.5-5.5
PCV (Packed Cell Volume) / Hematocrit (Calculated)	47.2	%	40.0-54.0
MCV (Mean Corpuscular Volume) (Derived)	<b>81.2 L</b>	fL	83.0-101.0
MCH (Mean Corpuscular Haemoglobin) (Calculated)	<b>25.7 L</b>	pg	27.0-32.0
MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	31.6	%	31.5-34.5
Red Cell Distribution Width (RDW)	<b>14.1 H</b>	%	11.6-14.0
Platelet Count (Electrical Impedance)	210	Thous/Cumm	150.0-400.0
Mean Platelet Volume (MPV)	10.0	fL	7.0-11.7
Total Leucocyte Count(WBC) (Electrical Impedance)	7.3	-	4.0-10.0
<b>DIFFERENTIAL COUNT (DC)</b>			
Neutrophils	51.9	%	40.0-75.0
Lymphocytes (Fluorescent Flow Cytometry)	23.8	%	20.0-40.0
Monocytes (Fluorescent Flow Cytometry)	10.0	%	2.0-10.0
Eosinophils (Fluorescent Flow Cytometry)	<b>13.6 H</b>	%	1.0-6.0

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Patient Name : Mr Dipankar Hazra MRN : 17650000248240 Gender/Age : MALE , 41y (06/01/1982)

Basophils (Fluorescent Flow Cytometry)	0.7	%	0.0-2.0
NRBC	0.4	-	-
Absolute Neutrophil Count	3.79	-	-
Absolute Lymphocyte Count	1.74	-	-
Absolute Monocyte Count	0.73	-	-
Absolute Eosinophil Count	1.0	-	-
Absolute Basophil Count	0.06	-	-

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

--End of Report--



Dr. Smita Priyam  
MBBS, MD, Pathology  
REGISTRAR

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<b>Patient Name</b>	Dipankar Hazra	<b>Requested By</b>	EXTERNAL
<b>MRN</b>	17650000248240	<b>Procedure DateTime</b>	2023-08-12 12:23:09
<b>Age/Sex</b>	41Y 7M / Male	<b>Hospital</b>	NH-NMH & NSH

**USG WHOLE ABDOMEN (Screening)**

**USG OBSERVATIONS:**

**Liver:** Liver is enlarged in size (15.8 cm) with increased parenchymal echogenicity. Normal hepatic outline. No focal cystic or solid mass lesion. No intrahepatic biliary dilatation. Intrahepatic portion of IVC is normal. Porta hepatis is normal.

**Gall Bladder:** Wall thickness is normal. Luminal echoes are normal. No calculi. No pericholecystic fluid seen.

**Portal Vein:** It appears normal. It measures 8.1 mm.

**CBD:** Not dilated. It measures 3.6 mm.

**Pancreas:** Parenchymal echotexture normal. MPD appears normal. No focal lesion.

**Spleen:** Borderline enlarged (12.5 cm in size). Normal echotexture. No focal or diffuse lesion seen.

**Kidneys:**

Right kidney measures 9.7 cm

Left kidney measures 10.6 cm

Normal in size, shape and outline. Parenchymal texture normal. Corticomedullary differentiation is well made out and is normal. Sinus echoes are normal. No hydronephrosis / calculus seen on both sides.

**Urinary Bladder:** Wall thickness normal. Luminal echoes normal. No calculi.

**Prostate:** Measures: 3.4 x 2.5 x 3.0 cm ~ 14 cc. Normal in size, shape and echo pattern with well demarcated outlines. No obvious focal area or calcification or mass lesion.

- No free fluid in abdomen.

**IMPRESSION:**

**Clinical details: For health checkup.  
Present study shows:**

- **Hepatomegaly with grade I fatty liver.**
- **Borderline enlarged spleen.**

Follow up & clinical correlation suggested.

*Not for medico legal purpose. Like all diagnostic modalities, USG also has its limitations. Therefore USG 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.*

*Maitri*

**Dr. MAITRI RANG**  
CONSULTANT SONOLOGIST  
MBBS,CBET (IPGMER & SSKM HOSPITAL)  
REGISTRATION NO - 89027 WBMC

This is a digitally signed valid document. Reported Date/Time: 2023-08-12 13:58:33



Patient details:  
 Name: MR. DIPANKAR HAZRA  
 Age: 41 YEARS  
 Examination Date: 12.08.2023  
 Consultant Name: DR.

MRN: 17650000248240  
 Gender: MALE  
 Processed Date: 12.08.2023  
 Patient Location: OPD

**ECHOCARDIOGRAPHY REPORT**

**MEASUREMENT:**

AO: 27 (20-40) mm	LVID(d): 43 (36-52) mm	IVS(d): 09 (6-11) mm
LA: 32 (19-40) mm	LVID(s): 24 (23-39) mm	PWd: 10 (6-11) mm
RVOT: 27 mm		LVEF ~ 63 %

**VALVES:**

Mitral Valve : Normal  
 Aortic Valve : Normal  
 Tricuspid Valve : Normal  
 Pulmonary Valve : Normal

**CHAMBERS (Dimension)**

Left Atrium : Normal  
 Right Atrium : Normal  
 Left Ventricle : Normal  
 Right Ventricle : Normal

**SEPTAL**

IVS : Intact  
 IAS : Intact

**GREAT ARTERIES:**

Aorta : Normal  
 Pulmonary Artery : Normal



**PATIENT HELPLINE**  
**186-0208-0208**

**DOPPLER DATA:**

	Velocity(in m/s)	Peak PG(mmHg)	Mean PG(mmHg)	Regurgitation
Mitral	E - 0.7 , A - 0.9			Trivial
Aortic	1.1	5.3		0/4
Tricuspid	2.3	21		Trivial
Pulmonary	1.3	7.6		0/4

LVOT : No significant gradient noted.

Vegetation/Thrombus : Nil

Pericardium : Normal

Other Findings : E/E':12

**Final Diagnosis:**

Normal sized cardiac chambers.  
No significant regional wall motion abnormality of LV at rest.  
Normal LV systolic function. LV EF~ 63%  
Gr-I Diastolic dysfunction of LV.

Clinical correlation please.

NOTE: Echo of Patient: MR.DIPANKAR HAZRA

MRN: 17650000248240

has been done on 12.08.2023 and reported on 12.08.2023



**Dr. Masud Syed mehedi**  
Associate consultant

**TECHNICIAN**  
ASIS

TB: K. DEB



PATIENT HELPLINE  
**186-0208-0208**

ID: 17650000248240  
Name: DIPANKAR HAZRA  
Age: 41 Years  
Gender: Male

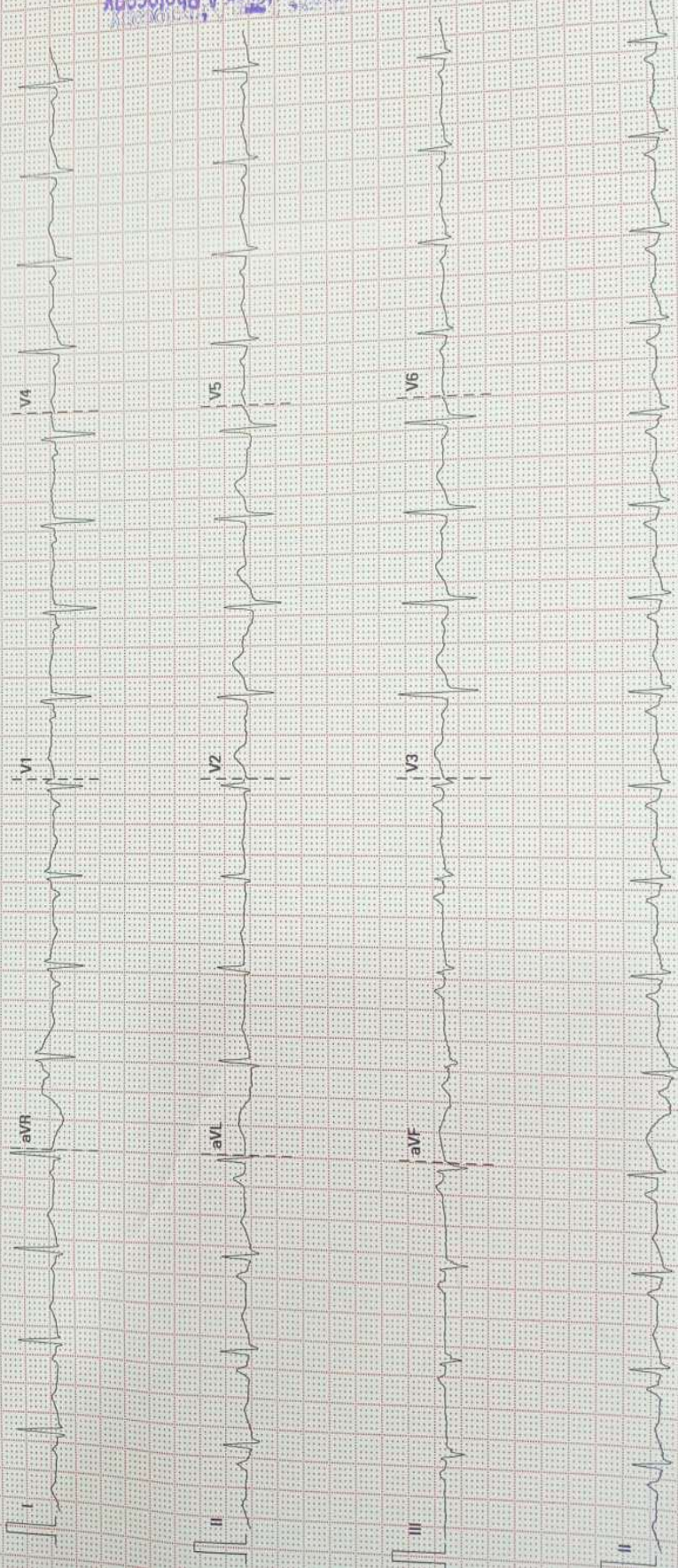
2023-08-12 10:21:15

Vent Rate 98 bpm  
PR Interval 132 ms  
QRS Duration 86 ms  
QT/QTc Interval 340/407 ms  
P/QRS/T Axes 65/3/26 deg  
QTc:Hodges

Sinus rhythm  
Normal ECG

Unconfirmed Diagnosis

PLEASE CORRELATE CLINICALLY



Please Keep A Photocopy

25 mm/s

10 mm/mV

50 Hz

BDR 35 Hz

02.10.00.V28.A.1

SN.FN-19030337

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Barcode : L12308120007 Specimen : Whole Blood Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8420822009

**NARAYANA SUPERSPECIALITY HOSPITAL BLOOD CENTRE**

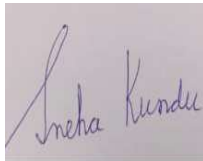
Test	Result	Unit
------	--------	------

**BLOOD GROUP & RH TYPING**

Blood Group	O	-
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RH Typing	Positive	-
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--End of Report--



Dr. Sneha Kundu  
MEDICAL OFFICER

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