Patient Name: Mr Moumit Sengupta MRN: 17510001194337 Gender/Age: MALE, 39y (18/04/1984)

Collected On: 24/06/2023 09:27 AM Received On: 24/06/2023 10:01 AM Reported On: 24/06/2023 11:08 AM

Barcode: 802306240329 Specimen: Serum Consultant: EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9748029569

CLINICAL CHEMISTRY

Test	Result	Unit	Biological Reference Interval
LIPID PROFILE (CHOL,TRIG,HDL,LDL,VLDL)			
Cholesterol Total (Colorimetric - Cholesterol Oxidase)	213 H	mg/dL	Desirable: < 200 Borderline High: 200-239 High: > 240
Triglycerides (Enzymatic Endpoint Colorimetric)	235 H	mg/dL	Normal: < 150 Borderline: 150-199 High: 200-499 Very High: > 500
HDL Cholesterol (HDLC) (Colorimetric: Non HDL Precipitation Phosphotungstic Acid Method)	35 L	mg/dL	40.0-60.0
Non-HDL Cholesterol	178	-	-
LDL Cholesterol (Non LDL Selective Elimination, CHOD/POD)	131 H	mg/dL	Optimal: < 100 Near to above optimal: 100-129 Borderline High: 130-159 High: 160-189 Very High: > 190
VLDL Cholesterol (Calculated)	47 H	mg/dL	0.0-40.0
Cholesterol /HDL Ratio	6.1	-	-
LIVER FUNCTION TEST(LFT)			
Bilirubin Total (Colorimetric -Diazo Method)	0.79	mg/dL	0.2-1.3
Conjugated Bilirubin (Direct) (Calculated)	0.40	mg/dL	0.0-0.4
Unconjugated Bilirubin (Indirect) (Colorimetric Endpoint)	0.39	-	-
Total Protein (Biuret Method)	8.20	g/dL	6.3-8.2
Serum Albumin (Colorimetric - Bromo-Cresol Green)	4.70	gm/dL	3.5-5.0
Serum Globulin (Calculated)	3.5	g/dL	2.0-3.5

Patient Name: Mr Moumit Sengupta MRN: 175100	01194337	Gender/Age : MALE	, 39y (18/04/1984)
Albumin To Globulin (A/G)Ratio (Calculated)	1.34	-	1.0-2.1
SGOT (AST) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	44	U/L	17.0-59.0
SGPT (ALT) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	61 H	U/L	<50.0
Alkaline Phosphatase (ALP) (Multipoint-Rate - P- nitro Phenyl Phosphate, AMP Buffer)	145 H	IU/L	38.0-126.0
Gamma Glutamyl Transferase (GGT) (Multipoint Rate - L-glutamyl-p-nitroanilide (Szasz Method))	102 H	U/L	15.0-73.0

Show Dr. Sujata Ghosh

PhD, Biochemistry
Biochemist M.Sc , Ph. D

CLINICAL CHEMISTRY

Test	Result	Unit	Biological Reference Interval
SERUM CREATININE			
Serum Creatinine (Two Point Rate - Creatinine Aminohydrolase)	0.84	mg/dL	0.66-1.25
eGFR	101.8	mL/min/1.73m ²	-
Blood Urea Nitrogen (BUN) (Endpoint /Colorimetric - Urease)	8.53 L	-	9.0-20.0
Serum Sodium (Direct ISE - Potentiometric)	141	mmol/L	137.0-145.0
Serum Potassium (Direct ISE - Potentiometric)	4.5	mmol/L	3.5-5.1

⁻⁻End of Report-

Patient Name: Mr Moumit Sengupta MRN: 17510001194337 Gender/Age: MALE, 39y (18/04/1984)

Dr. Debasree Biswas MD, Biochemistry

Clinical Biochemist MBBS, MD

- Abnormal results are highlighted.
- Results relate to the sample only.
- Kindly correlate clinically.
 (Blood Urea Nitrogen (Bun), -> Auto Authorized)
 (Serum Sodium, -> Auto Authorized)
 (Serum Potassium, -> Auto Authorized)
 (CR -> Auto Authorized)



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





Patient Name: Mr Moumit Sengupta MRN: 17510001194337 Gender/Age: MALE, 39y (18/04/1984)

Collected On: 24/06/2023 09:27 AM Received On: 24/06/2023 10:01 AM Reported On: 24/06/2023 01:30 PM

Barcode: 802306240329 Specimen: Serum Consultant: EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9748029569

CLINICAL CHEMISTRY

Test	Result	Unit	Biological Reference Interval
THYROID PROFILE (T3, T4, TSH)			
Tri Iodo Thyronine (T3) (Enhanced Chemiluminescence Immunoassay (CLIA))	1.13	ng/mL	0.97-1.69
Thyroxine (T4) (Enhanced Chemiluminescence Immunoassay (CLIA))	9.20	μg/dl	5.53-11.0
TSH (Thyroid Stimulating Hormone) (Enhanced Chemiluminescence Immunoassay (CLIA))	6.807 H	uIU/ml	0.4001-4.049

-- End of Report-

Dr. Debasree Biswas

MD, Biochemistry

Clinical Biochemist MBBS, MD

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Final Report

DEPARTMENT OF LABORATORY MEDICINE

Patient Name: Mr Moumit Sengupta MRN: 17510001194337 Gender/Age: MALE, 39y (18/04/1984)

Collected On: 24/06/2023 09:27 AM Received On: 24/06/2023 10:01 AM Reported On: 24/06/2023 11:03 AM

Barcode: BR2306240026 Specimen: Whole Blood Consultant: EXTERNAL(EXTERNAL)

Sample adequacy: Satisfactory Visit No: OP-001 Patient Mobile No: 9748029569

IMMUNOHAEMATOLOGY

Test Result Unit

BLOOD GROUP & RH TYPING

Blood Group (Column Agglutination Technology) B

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 Moumit Sengupta MRN: 17510001194337 Gender/Age: MALE, 39y (18/04/1984)

Collected On: 24/06/2023 09:27 AM Received On: 24/06/2023 10:02 AM Reported On: 24/06/2023 10:24 AM

Barcode: 812306240231 Specimen: Whole Blood Consultant: EXTERNAL(EXTERNAL)

Sample adequacy: Satisfactory Visit No: OP-001 Patient Mobile No: 9748029569

HAEMATOLOGY LAB

Test	Result	Unit	Biological Reference Interval
COMPLETE BLOOD COUNT (CBC)			
Haemoglobin (Hb%) (Photometric Measurement)	14.7	g/dL	13.0-17.0
Red Blood Cell Count (Electrical Impedance)	4.65	millions/ μL	4.5-5.5
PCV (Packed Cell Volume) / Hematocrit (Calculated)	43.8	%	40.0-54.0
MCV (Mean Corpuscular Volume) (Derived From RBC Histogram)	94.2	fL	83.0-101.0
MCH (Mean Corpuscular Haemoglobin) (Calculated)	31.6	pg	27.0-32.0
MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	33.5	%	31.5-34.5
Red Cell Distribution Width (RDW) (Calculated)	14.8 H	%	11.6-14.0
Platelet Count (Electrical Impedance)	193	$10^3/\mu$ L	150.0-400.0
Mean Platelet Volume (MPV) (Derived)	11.3	fL	7.0-11.7
Total Leucocyte Count(WBC) (Electrical Impedance)	10.0	$10^3/\mu$ L	4.0-10.0
DIFFERENTIAL COUNT (DC)			
Neutrophils (VCSn Technology)	69.6	%	40.0-75.0
Lymphocytes (VCSn Technology)	19.2 L	%	20.0-40.0
Monocytes (VCSn Technology)	6.8	%	2.0-10.0
Eosinophils (VCSn Technology)	3.1	%	1.0-6.0

Patient Name: Mr Moumit Sengupta N	RN: 17510001194337	Gender/Age: MALE, 3	39y (18/04/1984)	
Basophils (VCSn Technology)	1.3	%	0.0-2.0	
NRBC (VCSn Technology)	0.0	/100 WBC	-	
Absolute Neutrophil Count (Calculated	6.96	$10^3/\mu$ L	1.8-7.8	
Absolute Lympocyte Count (Calculated	1.92	$10^3/\mu$ L	1.0-4.8	
Absolute Monocyte Count (Calculated)	0.68	$10^3/\mu$ L	0.0-0.8	
Absolute Eosinophil Count (Calculated	0.31	$10^3/\mu$ L	0.0-0.45	
Absolute Basophil Count (Calculated)	0.13	$10^3/\mu$ L	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-

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 Moumit Sengupta MRN: 17510001194337 Gender/Age: MALE, 39y (18/04/1984)

Collected On: 24/06/2023 09:27 AM Received On: 24/06/2023 10:02 AM Reported On: 24/06/2023 12:26 PM

Barcode: 802306240331 Specimen: Whole Blood Consultant: EXTERNAL(EXTERNAL)

Sample adequacy: Satisfactory Visit No: OP-001 Patient Mobile No: 9748029569

CLINICAL CHEMISTRY

Test	Result	Unit	Biological Reference Interval
HBA1C			
HbA1c (HPLC)	5.4	%	Normal: 4.0-5.6 Prediabetes: 5.7-6.4 Diabetes: => 6.5 ADA standards 2019 (Carpenter/ Coustan)
Estimated Average Glucose	108.29	-	-

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

Alphosh

- Abnormal results are highlighted.
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- Kindly correlate clinically.





Patient Name: Mr Moumit Sengupta MRN: 17510001194337 Gender/Age: MALE, 39y (18/04/1984)

Collected On: 24/06/2023 09:27 AM Received On: 24/06/2023 10:02 AM Reported On: 24/06/2023 12:17 PM

Barcode: 812306240230 Specimen: Whole Blood - ESR Consultant: EXTERNAL(EXTERNAL)

Sample adequacy: Satisfactory Visit No: OP-001 Patient Mobile No: 9748029569

HAEMATOLOGY LAB

Test Result Unit Biological Reference Interval

Erythrocyte Sedimentation Rate (ESR) 15 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 Moumit Sengupta MRN: 17510001194337 Gender/Age: MALE, 39y (18/04/1984)

Collected On: 24/06/2023 11:42 AM Received On: 24/06/2023 12:38 PM Reported On: 24/06/2023 01:14 PM

Barcode: 822306240038 Specimen: Urine Consultant: EXTERNAL(EXTERNAL)

Sample adequacy: Satisfactory Visit No: OP-001 Patient Mobile No: 9748029569

CLINICAL PATHOLOGY

Test	Result	Unit	Biological Reference Interval
URINE ROUTINE & MICROSCOPY			
PHYSICAL EXAMINATION			
Volume	45	ml	-
Colour	Straw	-	-
Appearance	Clear	-	-
CHEMICAL EXAMINATION			
pH(Reaction) (Mixed PH Indicator)	7.0	-	4.8-7.5
Sp. Gravity (Dual Wavelength Reflectance)	1.006	-	1.002-1.030
Protein (Protein Error Of PH Indicator)	Negative	-	-
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
Urobilinogen (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)	Trace	-	-
Nitrite (Modified Griess Reaction)	Negative	-	Negative

Patient Name: Mr Moumit Sengupta	MRN: 17510001194337	Gender/Age : MAL	E , 39y (18/04/1984)	
MICROSCOPIC EXAMINATION				
Pus Cells	0-2	/hpf	1-2	
RBC	0-2	/hpf	0 - 3	
Epithelial Cells	1-2	/hpf	2-3	
Crystals	NIL	-	-	
Casts	NIL	-	-	

--End of Report-



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 Moumit Sengupta MRN: 17510001194337 Gender/Age: MALE, 39y (18/04/1984)

Collected On: 24/06/2023 09:27 AM Received On: 24/06/2023 10:00 AM Reported On: 24/06/2023 10:40 AM

Barcode: 802306240330 Specimen: Plasma Consultant: EXTERNAL(EXTERNAL)

Sample adequacy: Satisfactory Visit No: OP-001 Patient Mobile No: 9748029569

CLINICAL CHEMISTRY

Test Result Unit Biological Reference Interval

Fasting Blood Sugar (FBS) (Glucose Oxidase, 82 mg/dL Normal: 70-99

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

-- End of Report-

Dr. Debasree Biswas MD, Biochemistry

Clinical Biochemist MBBS, MD

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)





Patient Name: Mr Moumit Sengupta MRN: 17510001194337 Gender/Age: MALE, 39y (18/04/1984)

Collected On: 24/06/2023 01:57 PM Received On: 24/06/2023 02:15 PM Reported On: 24/06/2023 03:01 PM

Barcode: 802306240696 Specimen: Plasma Consultant: EXTERNAL(EXTERNAL)

Sample adequacy: Satisfactory Visit No: OP-001 Patient Mobile No: 9748029569

CLINICAL CHEMISTRY

Test Result Unit Biological Reference Interval

Post Prandial Blood Sugar (PPBS) (Glucose Oxidase, Peroxidase)

81 mg/dL Normal: 70-139 Pre-diabetes: 140-199 Diabetes: => 200 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)





ADULT TRANS-THORACIC ECHO REPORT

PATIENT NAME : Mr Moumit Sengupta PATIENT MRN : 17510001194337

GENDER/AGE : Male, 39 Years PROCEDURE DATE : 24/06/2023 11:00 AM

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: 65%. 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.

Ranjst - Mulehergie

DR. RANJIT MUKHERJEE GITA SARDAR ASSOCIATE CONSULTANT ECHOCARDIOGRAPHY MBBS, PGDCC TECHNICIAN

24/06/2023 11:00 AM

 PREPARED BY
 : NAFISHA KHATUN(333472)
 PREPARED ON
 : 24/06/2023 11:31 AM

 GENERATED BY
 : BIPASHA BANERJEE(302664)
 GENERATED ON
 : 27/06/2023 12:48 PM

Patient Name	Moumit Sengupta	Requested By	EXTERNAL
MRN	17510001194337	Procedure DateTime	2023-06-24 11:31:48
Age/Sex	39Y 2M/Male	Hospital	NH-RTIICS

USG OF WHOLE ABDOMEN (SCREENING)

LIVER:

It is enlarged in size and normal inechogenicity. No focal SOL is seen. The intrahepatic biliary radicles are not dilated.

PORTAL VEIN:

The portal vein is normal in calibre at the porta. There is no intraluminal thrombus. No collaterals are seen.

GALL BLADDER:

It is optimally distended. No calculus or sludge is seen within it. The wall is not thickened.

CBD:

The common duct is not dilated at porta. No intraluminal calculus is seen.

SPLEEN:

It is normal in size measuring 9.0 cm and echogenicity. No focal SOL is seen. The splenoportal axis is patent and is normal in dimensions.

PANCREAS:

It is normal in size and echogenicity. The duct is not dilated. No calcification or focal SOL is seen.

KIDNEYS:

Both kidneys are normal in size, position and echogenicity. The corticomedullary differentiation is maintained. No hydronephrosis, calculus or mass is seen.

Right kidney and left kidney measures 10.7 cm and 10.8 cm respectively.

URINARY BLADDER:

It is normal in capacity. The wall is not thickened. No intraluminal calculus or mass is seen.

PROSTATE:

Page 1 of 2

It is normal in size measuring $2.5 \times 3.7 \times 3.5 \text{ cm}$ (Weight = 17 gms). It shows a homogenous echotexture and smooth outline.

IMPRESSION:

• Hepatomegaly.

NOT FOR MEDICO LEGAL PURPOSES

This is only a Radiological Impression and not Diagnosis. 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.

Assist By :Sraboni

Dr. Lalan Kumar

Lalam Hymrch.

Consultant Sonologist MBBS CBET (USG)

* This is a digitally signed valid document. Reported Date/Time: 2023-06-24 13:11:15

Patient Name	Moumit Sengupta	Requested By	EXTERNAL
MRN	17510001194337	Procedure DateTime	2023-06-24 10:25:46
Age/Sex	39Y 2M/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.
- The lung fields and bronchovascular markings appear normal.
- The visualized bones and soft tissue structures appear normal.
- Both the diaphragmatic domes appear normal.

IMPRESSION:

• No significant radiological abnormality detected.

REPORTED BY DR. DEBRUPA DEB

NOT FOR MEDICO LEGAL PURPOSES

Page 1 of 2

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. Gobinda Pramanick

Gobinda Framanick

MD(AIIMS, NEW DELHI), DM(PGI, CHANDIGARH) CONSULTANT INTERVENTIONAL NEURORADIOLOGIST

Registration No: 61660(WBMC)

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