Patient Name : Mr Partha Karan MRN : 17510001172794 Gender/Age : MALE , 35y (26/01/1988)

Collected On: 25/03/2023 10:40 AM Received On: 25/03/2023 11:05 AM Reported On: 25/03/2023 01:05 PM

Barcode : 812303250277 Specimen : Whole Blood - ESR Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9123004885

HAEMATOLOGY LAB			
ogical Reference Interval			
10.0			

(Modified Westergren Method)

--End of Report-

Dr. Moumita Panja DNB, Pathology Consultant Pathologist

Note

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





Final Report

Patient Name : Mr Partha Karan MRN : 17510001172794 Gender/Age : MALE , 35y (26/01/1988)

Collected On: 25/03/2023 10:40 AM Received On: 25/03/2023 11:05 AM Reported On: 25/03/2023 12:13 PM

Barcode : 802303250454 Specimen : Serum Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9123004885

	CLINICAL CHEI	MISTRY	
Test	Result	Unit	Biological Reference Interval
LIVER FUNCTION TEST(LFT)			
Bilirubin Total (Colorimetric -Diazo Method)	1.02	mg/dL	0.2-1.3
Conjugated Bilirubin (Direct) (Calculated)	0.34	mg/dL	0.0-0.4
Unconjugated Bilirubin (Indirect) (Colorimetric Endpoint)	0.68	-	-
Total Protein (Biuret Method)	7.30	g/dL	6.3-8.2
Serum Albumin (Colorimetric - Bromo-Cresol Green)	4.40	gm/dL	3.5-5.0
Serum Globulin (Calculated)	2.9	g/dL	2.0-3.5
Albumin To Globulin (A/G)Ratio (Calculated)	1.52	-	1.0-2.1
SGOT (AST) (Multipoint-Rate With P-5-P (pyridoxal- 5-phosphate))	63 H	U/L	17.0-59.0
SGPT (ALT) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	86 H	U/L	<50.0
Alkaline Phosphatase (ALP) (Multipoint-Rate - P- nitro Phenyl Phosphate, AMP Buffer)	80	IU/L	38.0-126.0
Gamma Glutamyl Transferase (GGT) (Multipoint Rate - L-glutamyl-p-nitroanilide (Szasz Method))	30	U/L	15.0-73.0

Patient Name : Mr Partha Karan MRN : 17510001172794 Gender/Age : MALE , 35y (26/01/1988)

Alphosh

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

	CLINICAL CHE	MISTRY	
Test	Result	Unit	Biological Reference Interval
SERUM CREATININE			
Serum Creatinine (Two Point Rate - Creatinine Aminohydrolase)	0.81	mg/dL	0.66-1.25
eGFR	108.5	mL/min/1.73m ²	-
Blood Urea Nitrogen (BUN) (Endpoint /Colorimetric - Urease)	8.38 L	-	9.0-20.0
Serum Sodium (Direct ISE - Potentiometric)	141	mmol/L	137.0-145.0
Serum Potassium (Direct ISE - Potentiometric)	4.2	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)	128	mg/dL	Normal: < 150 Borderline: 150-199 High: 200-499 Very High: > 500
HDL Cholesterol (HDLC) (Colorimetric: Non HDL Precipitation Phosphotungstic Acid Method)	46	mg/dL	40.0-60.0
Non-HDL Cholesterol	158.0	-	-
LDL Cholesterol (Non LDL Selective Elimination, CHOD/POD)	112.4 H	mg/dL	Optimal: < 100 Near to above optimal: 100-129 Borderline High: 130-159 High: 160-189 Very High: > 190

Patient Name : Mr Partha Karan	MRN : 17510001172794	Gender/Age : MALE ,	35y (26/01/1988)	
VLDL Cholesterol (Calculated)	25.6	mg/dL	0.0-40.0	
Cholesterol /HDL Ratio	4.5	-	-	

--End of Report-

Alphosh

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

Note

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

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





Patient Name : Mr Partha Karan MRN : 17510001172794 Gender/Age : MALE , 35y (26/01/1988)

Collected On: 25/03/2023 10:40 AM Received On: 25/03/2023 11:05 AM Reported On: 25/03/2023 12:15 PM

Barcode : 802303250454 Specimen : Serum Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9123004885

	CLINICAL CHEMISTRY		
Test	Result	Unit	Biological Reference Interval
THYROID PROFILE (T3, T4, TSH)			
Tri Iodo Thyronine (T3) (Enhanced Chemiluminescence Immunoassay (CLIA))	1.52	ng/mL	0.97-1.69
Thyroxine (T4) (Enhanced Chemiluminescence Immunoassay (CLIA))	8.05	μg/dl	5.53-11.0
TSH (Thyroid Stimulating Hormone) (Enhanced Chemiluminescence Immunoassay (CLIA))	1.364	ulU/ml	0.4001-4.049

--End of Report-

Alphosh

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

Note

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

(-> Auto Authorized)

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



 Patient Name : Mr Partha Karan MRN : 17510001172794 Gender/Age : MALE , 35y (26/01/1988)

 Collected On : 25/03/2023 10:40 AM Received On : 25/03/2023 11:17 AM Reported On : 25/03/2023 12:28 PM

 Barcode : BR2303250036 Specimen : Whole Blood Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9123004885

IMMUNOHAEMATOLOGY		
Test	Result	Unit
BLOOD GROUP & RH TYPING		
Blood Group (Column Agglutination Technology)	В	-
RH Typing (Column Agglutination Technology)	Positive	-

--End of Report-

ah

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

Note

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





Page 1 of 1

Patient Name : Mr Partha Karan MRN : 17510001172794 Gender/Age : MALE , 35y (26/01/1988)

Collected On: 25/03/2023 02:53 PM Received On: 25/03/2023 03:39 PM Reported On: 25/03/2023 04:30 PM

Barcode : 802303250692 Specimen : Plasma Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9123004885

	CLINICAL CHEMISTRY		
Test	Result	Unit	Biological Reference Interval
Post Prandial Blood Sugar (PPBS) (Glucose Oxidase, Peroxidase)	110	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-

Shosh

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

Note

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

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





 Patient Name :
 Mr Partha Karan
 MRN : 17510001172794
 Gender/Age : MALE , 35y (26/01/1988)

 Collected On :
 25/03/2023 10:40 AM
 Received On : 25/03/2023 02:09 PM
 Reported On : 25/03/2023 02:42 PM

 Barcode :
 822303250033
 Specimen :
 Urine
 Consultant :
 EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9123004885

	CLINICAL PATH	HOLOGY	
Test	Result	Unit	Biological Reference Interval
URINE ROUTINE & MICROSCOPY			
PHYSICAL EXAMINATION			
Volume	50	ml	-
Colour	Yellow	-	-
Appearance	Clear	-	-
CHEMICAL EXAMINATION			
pH(Reaction) (Mixed PH Indicator)	5.0	-	4.8-7.5
Sp. Gravity (Dual Wavelength Reflectance)	1.015	-	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)	Present +	-	Negative
Nitrite (Modified Griess Reaction)	Negative	-	Negative

Patient Name : Mr Partha Karan MRN : 17510001172794 Gender/Age : MALE , 35y (26/01/1988)

MICROSCOPIC EX	AMINATION

Pus Cells	4-6	/hpf	1-2
RBC	2-4	/hpf	0 - 3
Epithelial Cells	1-2	/hpf	2-3
Crystals	NIL	-	-
Casts	NIL	-	-

--End of Report-

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

Note

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





Final Report

Patient Name : Mr Partha Karan MRN : 17510001172794 Gender/Age : MALE , 35y (26/01/1988)

Collected On: 25/03/2023 10:40 AM Received On: 25/03/2023 11:05 AM Reported On: 25/03/2023 11:41 AM

Barcode : 812303250278 Specimen : Whole Blood Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9123004885

	HAEMATOLO	GY LAB	
Test	Result	Unit	Biological Reference Interval
COMPLETE BLOOD COUNT (CBC)			
Haemoglobin (Hb%) (Photometric Measurement)	12.8 L	g/dL	13.0-17.0
Red Blood Cell Count (Electrical Impedance)	6.08 H	millions/ µL	4.5-5.5
PCV (Packed Cell Volume) / Hematocrit (Calculated)	41.5	%	40.0-54.0
MCV (Mean Corpuscular Volume) (Derived From RBC Histogram)	68.3 L	fL	83.0-101.0
MCH (Mean Corpuscular Haemoglobin) (Calculated)	21.0 L	pg	27.0-32.0
MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	30.8 L	%	31.5-34.5
Red Cell Distribution Width (RDW) (Calculated)	15.3 H	%	11.6-14.0
Platelet Count (Electrical Impedance)	269	10 ³ /µL	150.0-400.0
Mean Platelet Volume (MPV) (Derived)	8.6	fL	7.0-11.7
Total Leucocyte Count(WBC) (Electrical Impedance)	10.7 H	$10^3/\mu L$	4.0-10.0
DIFFERENTIAL COUNT (DC)			
Neutrophils (VCSn Technology)	64.2	%	40.0-75.0
Lymphocytes (VCSn Technology)	25.0	%	20.0-40.0
Monocytes (VCSn Technology)	7.3	%	2.0-10.0
Eosinophils (VCSn Technology)	2.7	%	1.0-6.0

Patient Name: Mr Partha Karan MRN: 175100011	.72794 Gender/A	ge : MALE , 35y (26/01/1	1988)
Basophils (VCSn Technology)	0.8	%	0.0-2.0
Absolute Neutrophil Count (Calculated)	6.87	10 ³ /μL	1.8-7.8
Absolute Lympocyte Count (Calculated)	2.68	10 ³ /μL	1.0-4.8
Absolute Monocyte Count (Calculated)	0.79	10 ³ /μL	0.0-0.8
Absolute Eosinophil Count (Calculated)	0.29	10 ³ /μL	0.0-0.45
Absolute Basophil Count (Calculated)	0.09	10 ³ /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

Note

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





Patient Name : Mr Partha Karan MRN : 17510001172794 Gender/Age : MALE , 35y (26/01/1988)

Collected On: 25/03/2023 10:40 AM Received On: 25/03/2023 11:04 AM Reported On: 25/03/2023 11:39 AM

Barcode : 802303250455 Specimen : Plasma Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9123004885

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

--End of Report-

Alphosh

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

Note

- 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 Partha Karan MRN : 17510001172794 Gender/Age : MALE , 35y (26/01/1988)

Collected On : 25/03/2023 10:40 AM Received On : 25/03/2023 11:06 AM Reported On : 25/03/2023 12:32 PM

Barcode : 802303250456 Specimen : Whole Blood Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9123004885

	CLINICAL CHEMISTRY		
Test	Result	Unit	Biological Reference Interval
HBA1C			
HbA1c (HPLC)	5.6	%	Normal: 4.0-5.6 Prediabetes: 5.7-6.4 Diabetes: => 6.5 ADA standards 2019 (Carpenter/ Coustan)
Estimated Average Glucose	114.02	-	-

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

Note

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





Final Report

Page 1 of 1

ADULT TRANS-THORACIC ECHO REPORT

PATIENT NAME GENDER/AGE LOCATION	: Mr Partha Karan : Male, 35 Years : -	PATIENT MRN : 17510001172794 PROCEDURE DATE : 25/03/2023 01:32 PM REQUESTED BY : EXTERNAL
IMPRESSION FINDINGS CHAMBERS LEFT ATRIUM RIGHT ATRIUM LEFT VENTRICLE	: NORMAL SIZED : NORMAL SIZED : NORMAL SIZED CAN	ECHOCARDIOGRAPHIC ABNORMALITY DETECTED. /ITY. NO REGIONAL WALL MOTION ABNORMALITY. GOOD LV N WITH EJECTION FRACTION: 66%. NORMAL DIASTOLIC FLOW
RIGHT VENTRICLE VALVES MITRAL AORTIC TRICUSPID PULMONARY	: NORMAL. : NORMAL. : NORMAL. : NORMAL. : NORMAL.	
SEPTAE IAS IVS	: INTACT : INTACT	
ARTERIES AND VE AORTA PA IVC SVC & CS PULMONARY VEIN	: NORMAL, LEFT AOF : NORMAL SIZE : NORMAL SIZE & CO : NORMAL	
PERICARDIUM	: NORMAL PERICARD	IAL THICKNESS. NO EFFUSION
INTRACARDIAC M	ASS : NO TUMOUR, THRO	OMBUS OR VEGETATION SEEN
OTHERS	: NIL.	

Page 1 of 2

Languta Das

DR. SANGEETA DAS CONSULTANT GENERAL MEDICINE MBBS

SANTASHI GHOSH SENIOR TECHNICIAN

25/03/2023 01:32 PM

PREPARED BY	: NITA PAUL(308573)	PREPARED ON	: 25/03/2023 02:17 PM
GENERATED BY	: MADHUPARNA DASGUPTA(333433)	GENERATED ON	: 03/04/2023 09:23 AM

Patient Name	Partha Karan	Requested By	EXTERNAL
MRN	17510001172794	Procedure DateTime	2023-03-25 12:16:44
Age/Sex	35Y 1M/Male	Hospital	NH-RTIICS

USG OF WHOLE ABDOMEN (SCREENING)

LIVER:

Enlarged in size and moderately increase in echogenicity with posterior attenuation of echoes causing impaired visualisation of Intrahepatic biliary radicles.

PORTAL VEIN:

Portal vein is normal in calibre at porta. There is no intraluminal thrombus.

GALL BLADDER:

Optimally distended. No calculus or sludge is seen within it. Wall is not thickened.

CBD:

Common duct is not dilated at porta. No intraluminal calculus is seen.

SPLEEN:

Normal in size measuring 9.1 cm and echogenicity. No focal SOL is seen.

PANCREAS:

Normal in size and echogenicity. Duct is not dilated. No calcification or focal SOL is seen.

KIDNEYS:

Page 1 of 3

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

Right kidney and left kidney measures 10.2 cm and 9.3 cm respectively.

URINARY BLADDER:

Normal in capacity. Wall is not thickened. No intraluminal calculus or mass is seen.

Post void residual urine is insignificant.

PROSTATE:

Normal in size measuring approx. 2.9 x 2.4 x 3.2 cm (12 gms), homogenous in echotexture and smooth in outline.

IMPRESSION:

• Grade II fatty liver.

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:Arpita

Dr. Suranjana Bhattacharjee Consultant Sonologist

Patient Name	Partha Karan	Requested By	EXTERNAL
MRN	17510001172794	Procedure DateTime	2023-03-25 12:40:06
Age/Sex	35Y 1M/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.

le

Dr. Sarbari Chatterjee Consultant Radiologist