

Final Report

Patient Name: Mr Chinmoy Sahoo MRN: 17650000254797 Gender/Age: MALE, 45y (01/01/1978)

Collected On: 14/10/2023 10:41 AM Received On: 14/10/2023 10:45 AM Reported On: 14/10/2023 12:46 PM

Barcode: J22310140100 Specimen: Whole Blood Consultant: EXTERNAL(EXTERNAL)

Sample adequacy: Satisfactory Visit No: OP-001 Patient Mobile No: 9382349814

HAEMATOLOGY

Test	Result	Unit	Biological Reference Interval
COMPLETE BLOOD COUNT (CBC)			
Haemoglobin (Hb%) (sodium Lauryl Sulphate (SLS) Method)	14.8	g/dL	13.0-17.0
Red Blood Cell Count (Electrical Impedance)	5.62 H	millions/ μL	4.5-5.5
PCV (Packed Cell Volume) / Hematocrit (Calculated)	47.0	%	40.0-54.0
MCV (Mean Corpuscular Volume) (Derived)	83.6	fL	83.0-101.0
MCH (Mean Corpuscular Haemoglobin) (Calculated)	26.3 L	pg	27.0-32.0
MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	31.4 L	%	31.5-34.5
Red Cell Distribution Width (RDW)	14.6 H	%	11.6-14.0
Platelet Count (Electrical Impedance)	147 L	Thous/Cumm	150.0-400.0
Mean Platelet Volume (MPV)	11.0	fL	7.0-11.7
Total Leucocyte Count(WBC) (Electrical Impedance)	6.7	-	4.0-10.0
DIFFERENTIAL COUNT (DC)			
Neutrophils	60.0	%	40.0-75.0
Lymphocytes (Fluorescent Flow Cytometry)	28.5	%	20.0-40.0
Monocytes (Fluorescent Flow Cytometry)	8.2	%	2.0-10.0
Eosinophils (Fluorescent Flow Cytometry)	3.0	%	1.0-6.0

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Appointments

180-0309-0309 (Toll Free)

Emergencies



Patient Name: Mr Chinmoy Sahoo	MRN: 17650000254797	Gender/Age : MALE ,	45y (01/01/1978)
Basophils (Fluorescent Flow Cytomet	ry) 0.3	%	0.0-2.0
Absolute Neutrophil Count	4.02	-	-
Absolute Lymphocyte Count	1.91	-	-
Absolute Monocyte Count	0.55	-	-
Absolute Eosinophil Count	0.2	-	-
Absolute Basophil Count	0.02	-	-

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

-- End of Report-

Smita Priyam

Dr. Smita Priyam MBBS, MD, Pathology REGISTRAR

Note

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



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Emergencies



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Patient Name: Mr Chinmoy Sahoo MRN: 17650000254797 Gender/Age: MALE, 45y (01/01/1978)

Collected On: 14/10/2023 10:41 AM Received On: 14/10/2023 10:45 AM Reported On: 14/10/2023 12:10 PM

Barcode: J12310140120 Specimen: Plasma Consultant: EXTERNAL(EXTERNAL)

Sample adequacy: Satisfactory Visit No: OP-001 Patient Mobile No: 9382349814

BIOCHEMISTRY

TestResultUnitBiological Reference IntervalFASTING BLOOD GLUCOSE (FBG) (Glucose94mg/dLBoth: Normal: 70-99
Both: Pre-diabetes: 100-125
Both: Diabetes: => 126
ADA standards 2019

-- End of Report-

Ritu Priya

Dr. Ritu Priya MBBS, MD, Biochemistry Consultant

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Appointments

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Emergencies



Final Report

Patient Name: Mr Chinmoy Sahoo MRN: 17650000254797 Gender/Age: MALE, 45y (01/01/1978)

Collected On: 14/10/2023 02:11 PM Received On: 14/10/2023 02:12 PM Reported On: 14/10/2023 04:02 PM

Barcode: J12310140173 Specimen: Plasma Consultant: EXTERNAL(EXTERNAL)

Sample adequacy: Satisfactory Visit No: OP-001 Patient Mobile No: 9382349814

BIOCHEMISTRY

Test Result Unit Biological Reference Interval

POST PRANDIAL BLOOD GLUCOSE (PPBG) 128 mg/dL Normal: 70-139

(Glucose Oxidase, Peroxidase)

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-

Ritu Briya

Dr. Ritu Priya MBBS, MD, Biochemistry Consultant

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Appointments

180-0309-0309 (Toll Free)

Emergencies



Final Report

Patient Name: Mr Chinmoy Sahoo MRN: 17650000254797 Gender/Age: MALE, 45y (01/01/1978)

Collected On: 14/10/2023 10:41 AM Received On: 14/10/2023 10:45 AM Reported On: 14/10/2023 01:06 PM

Barcode: J22310140099 Specimen: Whole Blood - ESR Consultant: EXTERNAL(EXTERNAL)

Sample adequacy: Satisfactory Visit No: OP-001 Patient Mobile No: 9382349814

HAEMATOLOGY

Test Result Unit Biological Reference Interval

Erythrocyte Sedimentation Rate (ESR) 12 H mm/1hr 0.0-10.0

(Modified Westergren Method)

-- End of Report-

Dr. Smita Priyam MBBS, MD, Pathology REGISTRAR

Smita Vriyam

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Final Report

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Collected On: 14/10/2023 10:41 AM Received On: 14/10/2023 10:45 AM Reported On: 14/10/2023 12:14 PM

Barcode: J12310140119 Specimen: Serum Consultant: EXTERNAL(EXTERNAL)

Sample adequacy: Satisfactory Visit No: OP-001 Patient Mobile No: 9382349814

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
SERUM CREATININE			
Serum Creatinine (Two Point Rate - Creatinine Aminohydrolase)	1.04	mg/dL	0.66-1.25
eGFR (Calculated By MDRD Formula)	77.3	mL/min/1.73m ²	Indicative for renal impairment: <60 Note: eGFR is inaccurate for Hemodynamically unstable patients . eGFR is not applicable for less than 18 years of age .
Blood Urea Nitrogen (BUN) (Endpoint /Colorimetric - Urease)	8.87 L	mg/dL	9.0-20.0
Serum Sodium (Direct ISE - Potentiometric)	139	mmol/L	137.0-145.0
Serum Potassium (Direct ISE - Potentiometric)	4.6	mmol/L	3.5-5.1
LIPID PROFILE (CHOL,TRIG,HDL,LDL,VLDL)			
Cholesterol Total (Colorimetric - Cholesterol Oxidase)	234 H	mg/dL	Both: Desirable: < 200 Both: Borderline High: 200-239 Both: High: > 240
Triglycerides	199	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)	39 L	mg/dL	40.0-60.0
Non-HDL Cholesterol	195	-	-
LDL Cholesterol (Colorimetric)	150.47 H	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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Emergencies



Patient Name: Mr Chinmoy Sahoo MRN: 1765000	00254797	Gender/Age : MALE , 45	(01/01/1978)	
VLDL Cholesterol (Calculated)	39.8	mg/dL	0.0-40.0	
Cholesterol /HDL Ratio	6	-	-	
LIVER FUNCTION TEST(LFT)				
Bilirubin Total (Colorimetric -Diazo Method)	0.7	mg/dL	0.2-1.3	
Conjugated Bilirubin (Direct) (Calculated)	0.1	mg/dL	0.0-0.4	
Unconjugated Bilirubin (Indirect)	0.6	-	-	
Total Protein (Colorimetric - Biuret Method)	8.3 H	g/dL	6.3-8.2	
Serum Albumin (Colorimetric - Bromo-Cresol Green) 4.4	gm/dL	3.5-5.0	
Serum Globulin (Calculated)	3.9 H	g/dL	2.0-3.5	
Albumin To Globulin (A/G)Ratio (Calculated)	1.13	-	1.0-2.1	
SGOT (AST) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	38	U/L	17.0-59.0	
SGPT (ALT) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	- 50 H	U/L	<50.0	
Alkaline Phosphatase (ALP) (Multipoint-Rate - P- nitro Phenyl Phosphate, AMP Buffer)	41	U/L	38.0-126.0	
Gamma Glutamyl Transferase (GGT) (Multipoint Rate - L-glutamyl-p-nitroanilide (Szasz Method))	40	U/L	15.0-73.0	

-- End of Report-

Ritu Briga

Dr. Ritu Priya MBBS, MD, Biochemistry Consultant

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Appointments

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Emergencies



Final Report

Patient Name: Mr Chinmoy Sahoo MRN: 17650000254797 Gender/Age: MALE, 45y (01/01/1978)

Collected On: 14/10/2023 10:41 AM Received On: 14/10/2023 10:45 AM Reported On: 14/10/2023 12:41 PM

Barcode: J12310140121 Specimen: Whole Blood Consultant: EXTERNAL(EXTERNAL)

Sample adequacy: Satisfactory Visit No: OP-001 Patient Mobile No: 9382349814

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
HBA1C			
HbA1c (HPLC)	6.0 H	%	Both: Normal: 4.0-5.6 Both: Prediabetes: 5.7-6.4 Both: Diabetes: => 6.5 ADA standards 2019 (Carpenter/ Coustan)
Estimated Average Glucose	125.5	-	-

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-



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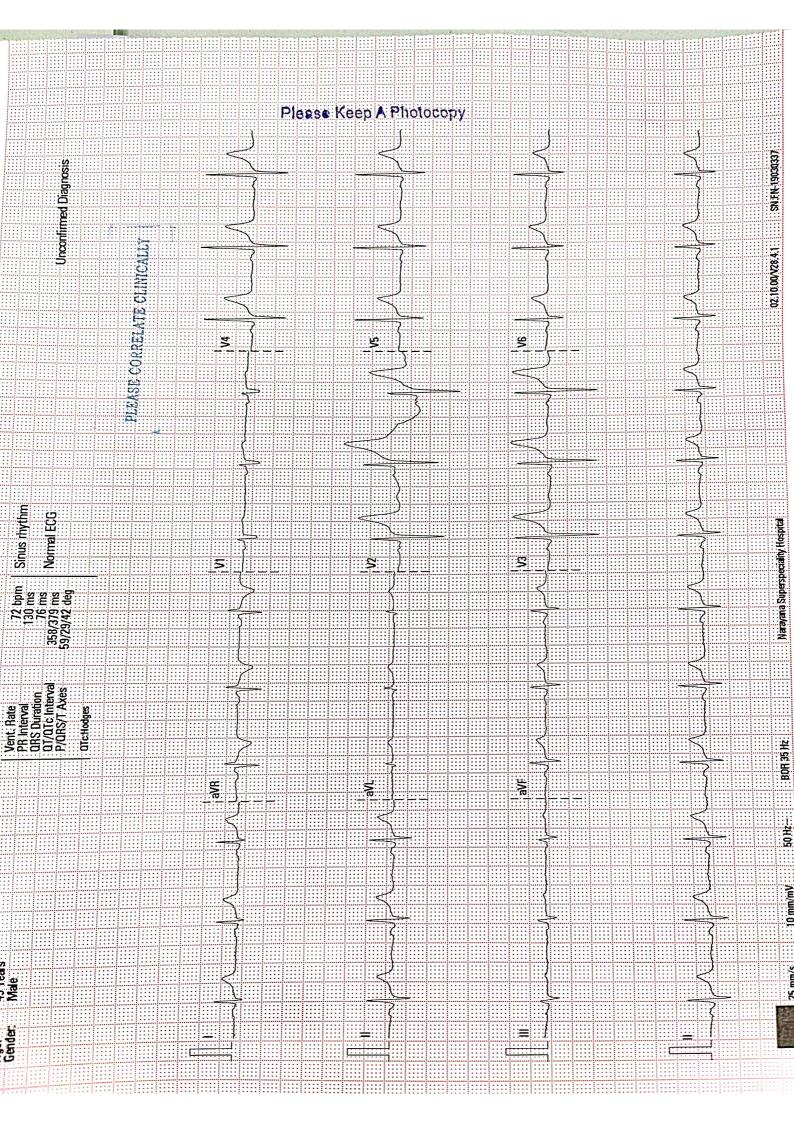
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Appointments

180-0309-0309 (Toll Free)

Emergencies





02.10.00/V28.4.1: SN.FW.19030337

Patient Name	Chinmoy Sahoo	Requested By	EXTERNAL
MRN	17650000254797	Procedure DateTime	2023-10-14 11:45:34
Age/Sex	45Y 9M / Male	Hospital	NH-NMH & NSH

USG OF WHOLE ABDOMEN

USG OBSERVATIONS:

LIVER

Normal in size (13.3 cm), shape and outline. **Diffusely parenchymal echogenicity is noted.** 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.

C.B.D: Not dilated. It measures 4.7 mm.

PORTAL VEIN:

Portal vein is borderline dilated. It measures 12.8 mm at porta.

PANCREAS

Parenchymal echotexture normal. MPD appears normal. No focal lesion.

SPLEEN:

Normal in size (10.9 cm) and echotexture. No focal or diffuse lesion seen.

KIDNEYS:

Right kidney measures 10.2 cm.

Left kidney measures 10.4 cm.

Normal in size, shape and outline. Parenchymal echotexture normal. Corticomedullary differentiation is well made out and is normal. Sinus echoes are normal. No hydronephrosis seen in both kidneys.

URINARY BLADDER:

Wall thickness normal. Luminal echoes normal. No calculi.

PROSTATE:

Measures: $3.4 \times 2.7 \times 3.2$ cm = 16 gms. Normal in size, shape and echo pattern with well demarcated outlines. No obvious focal area of calcification or mass lesion.

No Ascites/ pleural effusion is seen at present.

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IMPRESSION:

Present study suggests:

- Grade II fatty liver.
- Borderline dilated portal vein at porta.
- ---- Further evaluation and 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.

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

This is a digitally signed valid document. Reported Date/Time: 2023-10-14 13:21:39

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(Junction of 2nd Hooghly Bridge & Andul

Tel: 033-712

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Patient details:

Name: MR. CHINMOY SAHOO

Age: 45 YEARS

Examination Date: 14.10.2023

Consultant Name:DR.

MRN:17650000254797

Gender:MALE

Processed Date: 14.10.2023 Patient Location: OPD

ECHOCARDIOGRAPHY REPORT

MEASUREMENT:

THE TO CHENTEN		
AO: 27 (20-40) mm	LVID(d): 44 (36-52) mm	IVS(d): 10 (6-11) mm
LA: 36 (19-40) mm	LVID(s): 27 (23-39) mm	PWd: 11 (6-11) mm
RVOT: 26 mm	TAPSE: 20 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

<u>SEPTAL</u>

IVS

Intact

IAS

Intact

GREAT ARTERIES:

Aorta

Normal

Pulmonary Artery:

Normal







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DOPPLER DATA:

	- Transparia Frount
ıHg)	Regurgitation
	Trivial
	0/4

Mitral	velocity(in m/s)	Peak PG(mmHg)	Mean PG(mmHg)	Regurgitation
	E-0.4 , A-0.6			Trivial
Aortic :	1.0	4.4		0/4
Tricuspid	2.1	18		Trivial
Pulmonary	1.2	6.2		0/4

LVOT

No significant gradient noted.

Vegetation/Thrombus: Nil

Pericardium

: Normal

Other Findings

: E/E':10

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.CHINMOY SAHOO

MRN: 17650000254797

has been done on 14.10.2023 and reported on 14.10.2023

DR. SHAMICK SAHA Junior consultant

TECHNICIAN YADAV

TB: K. DEB







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