

DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Mr MANAS KUMAR MALLICK MRN : 17650000066257 Gender/Age : MALE , 53y (03/08/1969)

Collected On : 27/05/2023 10:07 AM Received On : 27/05/2023 10:27 AM Reported On : 27/05/2023 12:13 PM

Barcode : J12305270114 Specimen : Plasma Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-004 Patient Mobile No : 9732554017

BIOCHEMISTRY

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

--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

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Appointments
180-0309-0309 (Toll Free)

Emergencies
83348 30003

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Patient Name : Mr MANAS KUMAR MALLICK MRN : 17650000066257 Gender/Age : MALE , 53y (03/08/1969)

Collected On : 27/05/2023 02:42 PM Received On : 27/05/2023 02:45 PM Reported On : 27/05/2023 04:23 PM

Barcode : J12305270194 Specimen : Plasma Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-004 Patient Mobile No : 9732554017

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
Post Prandial Blood Sugar (PPBS) (Glucose Oxidase, Peroxidase)	85	mg/dL	Both: Normal: 70-139 Both: Pre-diabetes: 140-199 Both: 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--



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Collected On : 27/05/2023 10:07 AM Received On : 27/05/2023 10:27 AM Reported On : 27/05/2023 02:37 PM

Barcode : J32305270010 Specimen : Serum Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-004 Patient Mobile No : 9732554017

IMMONOLOGY

Test	Result	Unit	Biological Reference Interval
Prostate Specific Antigen (PSA) (Enhanced Chemiluminescence Immunoassay (CLIA))	1.42	ng/mL	0.0-3.5
THYROID PROFILE (T3, T4, TSH)			
Tri Iodo Thyronine (T3) (Enhanced Chemiluminescence Immunoassay (CLIA))	1.29	ng/mL	0.97-1.69
Thyroxine (T4) (Enhanced Chemiluminescence Immunoassay (CLIA))	7.02	µg/dl	5.53-11.0
TSH (Thyroid Stimulating Hormone) (Enhanced Chemiluminescence Immunoassay (CLIA))	9.095 H	µIU/mL	0.4001-4.049

--End of Report--



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Collected On : 27/05/2023 10:07 AM Received On : 27/05/2023 10:27 AM Reported On : 27/05/2023 12:31 PM
Barcode : J12305270115 Specimen : Whole Blood Consultant : EXTERNAL(EXTERNAL)
Sample adequacy : Satisfactory Visit No : OP-004 Patient Mobile No : 9732554017

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
HBA1C			
HbA1c (HPLC)	6.1 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	128.37	-	-

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--



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Consultant

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Collected On : 27/05/2023 10:07 AM Received On : 27/05/2023 10:27 AM Reported On : 29/05/2023 09:29 AM

Barcode : L12305270002 Specimen : Whole Blood Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-004 Patient Mobile No : 9732554017

NARAYANA SUPERSPECIALITY HOSPITAL BLOOD CENTRE

Test	Result	Unit
BLOOD GROUP & RH TYPING		
Blood Group	O	-
RH Typing	Positive	-

--End of Report--

Dr. Arnab Singha
MEDICAL OFFICER

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Collected On : 27/05/2023 10:07 AM Received On : 27/05/2023 10:27 AM Reported On : 27/05/2023 12:14 PM

Barcode : J12305270113 Specimen : Serum Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-004 Patient Mobile No : 9732554017

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
SERUM CREATININE			
Serum Creatinine (Two Point Rate - Creatinine Aminohydrolase)	0.84	mg/dL	0.66-1.25
eGFR (Calculated By MDRD Formula)	95.6	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)	9.34	mg/dL	9.0-20.0
Serum Sodium (Direct ISE - Potentiometric)	144	mmol/L	137.0-145.0
Serum Potassium (Direct ISE - Potentiometric)	4.3	mmol/L	3.5-5.1
LIPID PROFILE (CHOL,TRIG,HDL,LDL,VLDL)			
Cholesterol Total (Colorimetric - Cholesterol Oxidase)	162	mg/dL	Both: Desirable: < 200 Both: Borderline High: 200-239 Both: High: > 240
Triglycerides	134	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)	26 L	mg/dL	40.0-60.0
Non-HDL Cholesterol	136	-	-
LDL Cholesterol (Colorimetric)	107.06 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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VLDL Cholesterol (Calculated)	26.8	mg/dL	0.0-40.0
Cholesterol /HDL Ratio	6.2	-	-

LIVER FUNCTION TEST(LFT)

Bilirubin Total (Colorimetric -Diazo Method)	0.5	mg/dL	0.2-1.3
Conjugated Bilirubin (Direct) (Calculated)	0.4	mg/dL	0.0-0.4
Unconjugated Bilirubin (Indirect)	0.1	-	-
Total Protein (Colorimetric - Biuret Method)	8.1	g/dL	6.3-8.2
Serum Albumin (Colorimetric - Bromo-Cresol Green)	4.4	gm/dL	3.5-5.0
Serum Globulin (Calculated)	3.7 H	g/dL	2.0-3.5
Albumin To Globulin (A/G)Ratio (Calculated)	1.19	-	1.0-2.1
SGOT (AST) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	21	U/L	17.0-59.0
SGPT (ALT) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	20	U/L	<50.0
Alkaline Phosphatase (ALP) (Multipoint-Rate - P-nitro Phenyl Phosphate, AMP Buffer)	104	U/L	38.0-126.0
Gamma Glutamyl Transferase (GGT) (Multipoint Rate - L-glutamyl-p-nitroanilide (Szasz Method))	14 L	U/L	15.0-73.0

--End of Report--



Dr. Ritu Priya
MBBS, MD, Biochemistry
Consultant

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Collected On : 27/05/2023 01:36 PM Received On : 27/05/2023 01:38 PM Reported On : 30/05/2023 01:20 PM

Barcode : J42305270015 Specimen : Stool Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-004 Patient Mobile No : 9732554017

CLINICAL PATHOLOGY

Test	Result	Unit	Biological Reference Interval
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STOOL ROUTINE EXAMINATION

PHYSICAL EXAMINATION

Colour	Yellowish	-	-
Consistency	Semi Liquid	-	-
Mucus	Present(+)	-	-
Blood	Not Visible	-	-

CHEMICAL EXAMINATION

Reaction	Acidic	-	-
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MICROSCOPE EXAMINATION

Ova	Not Seen	-	-
Cyst Of Protozoa	Not Seen	-	-
Pus Cells	1-2	/hpf	0 - 2
Veg Cells	Present(+)	-	-
Bacteria	Present(+)	-	-

--End of Report-

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Patient Name : Mr MANAS KUMAR MALLICK MRN : 1765000066257 Gender/Age : MALE , 53y (03/08/1969)

Smita Priyam

Dr. Smita Priyam
MBBS, MD, Pathology
REGISTRAR

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Collected On : 27/05/2023 01:36 PM Received On : 27/05/2023 01:38 PM Reported On : 30/05/2023 01:19 PM

Barcode : J42305270014 Specimen : Urine Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-004 Patient Mobile No : 9732554017

CLINICAL PATHOLOGY


Test	Result	Unit
Urine For Sugar	Absent	-



Dr. Devmalya Banerjee
MD (TMH Mumbai), DNB, DTBNUHS Singapore
Consultant, Lead Oncopathologist

CLINICAL PATHOLOGY

Test	Result	Unit	Biological Reference Interval
URINE ROUTINE & MICROSCOPY			
PHYSICAL EXAMINATION			
Volume	25	ml	-
Colour	Pale Straw	-	-
Appearance	Clear	-	-
CHEMICAL EXAMINATION			
pH(Reaction)	6.5	-	4.8-7.5
Sp. Gravity	1.015	-	1.002-1.030
Protein	Absent	-	-
Urine Glucose	Absent	-	Negative
Ketone Bodies	Absent	-	-

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Bile Salts	Absent	-	Negative
Bile Pigment (Bilirubin)	Absent	-	Negative
Urobilinogen	Normal	-	-
Urine Leucocyte Esterase	Absent	-	-
Blood Urine	Absent	-	Negative
Nitrite	Absent	-	Negative

MICROSCOPIC EXAMINATION

Pus Cells	2-3	/hpf	0 - 2
RBC	Not Found	-	0 - 3
Epithelial Cells	1-2	/hpf	-
Crystals	Not Found	-	-
Casts	Not Found	-	-
Bacteria	Not Found	-	-
Yeast Cells	Not Found	-	-

--End of Report--



Dr. Smita Priyam
MBBS, MD, Pathology
REGISTRAR

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Collected On : 27/05/2023 10:07 AM Received On : 27/05/2023 10:27 AM Reported On : 27/05/2023 12:07 PM

Barcode : J22305270087 Specimen : Whole Blood - ESR Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-004 Patient Mobile No : 9732554017

HAEMATOLOGY

Test	Result	Unit	Biological Reference Interval
Erythrocyte Sedimentation Rate (ESR) (Modified Westergren Method)	70 H	mm/1hr	0.0-10.0

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Collected On : 27/05/2023 10:07 AM Received On : 27/05/2023 10:27 AM Reported On : 27/05/2023 10:44 AM

Barcode : J22305270088 Specimen : Whole Blood Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-004 Patient Mobile No : 9732554017

HAEMATOLOGY

Test	Result	Unit	Biological Reference Interval
COMPLETE BLOOD COUNT (CBC)			
Haemoglobin (Hb%) (sodium Lauryl Sulphate (SLS) Method)	14.0	g/dL	13.0-17.0
Red Blood Cell Count (Electrical Impedance)	4.77	millions/ µL	4.5-5.5
PCV (Packed Cell Volume) / Hematocrit (Calculated)	42.6	%	40.0-54.0
MCV (Mean Corpuscular Volume) (Derived)	89.3	fL	83.0-101.0
MCH (Mean Corpuscular Haemoglobin) (Calculated)	29.4	pg	27.0-32.0
MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	32.9	%	31.5-34.5
Red Cell Distribution Width (RDW)	14.4 H	%	11.6-14.0
Platelet Count (Electrical Impedance)	173	Thous/Cumm	150.0-400.0
Mean Platelet Volume (MPV)	11.8 H	fL	7.0-11.7
Total Leucocyte Count(WBC) (Electrical Impedance)	7.2	-	4.0-10.0
DIFFERENTIAL COUNT (DC)			
Neutrophils	68.1	%	40.0-75.0
Lymphocytes (Fluorescent Flow Cytometry)	21.1	%	20.0-40.0
Monocytes (Fluorescent Flow Cytometry)	6.1	%	2.0-10.0
Eosinophils (Fluorescent Flow Cytometry)	4.2	%	1.0-6.0

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Basophils (Fluorescent Flow Cytometry)	0.5	%	0.0-2.0
NRBC	0.0	-	-
Absolute Neutrophil Count	4.9	-	-
Absolute Lymphocyte Count	1.5	-	-
Absolute Monocyte Count	0.4	-	-
Absolute Eosinophil Count	0.31	-	-
Absolute Basophil Count	0.04	-	-

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

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ID: 1765000066257
Name: MANAS KR MALLICK
Age: 53 Years
Gender: Male

2023-05-27 11:11:55

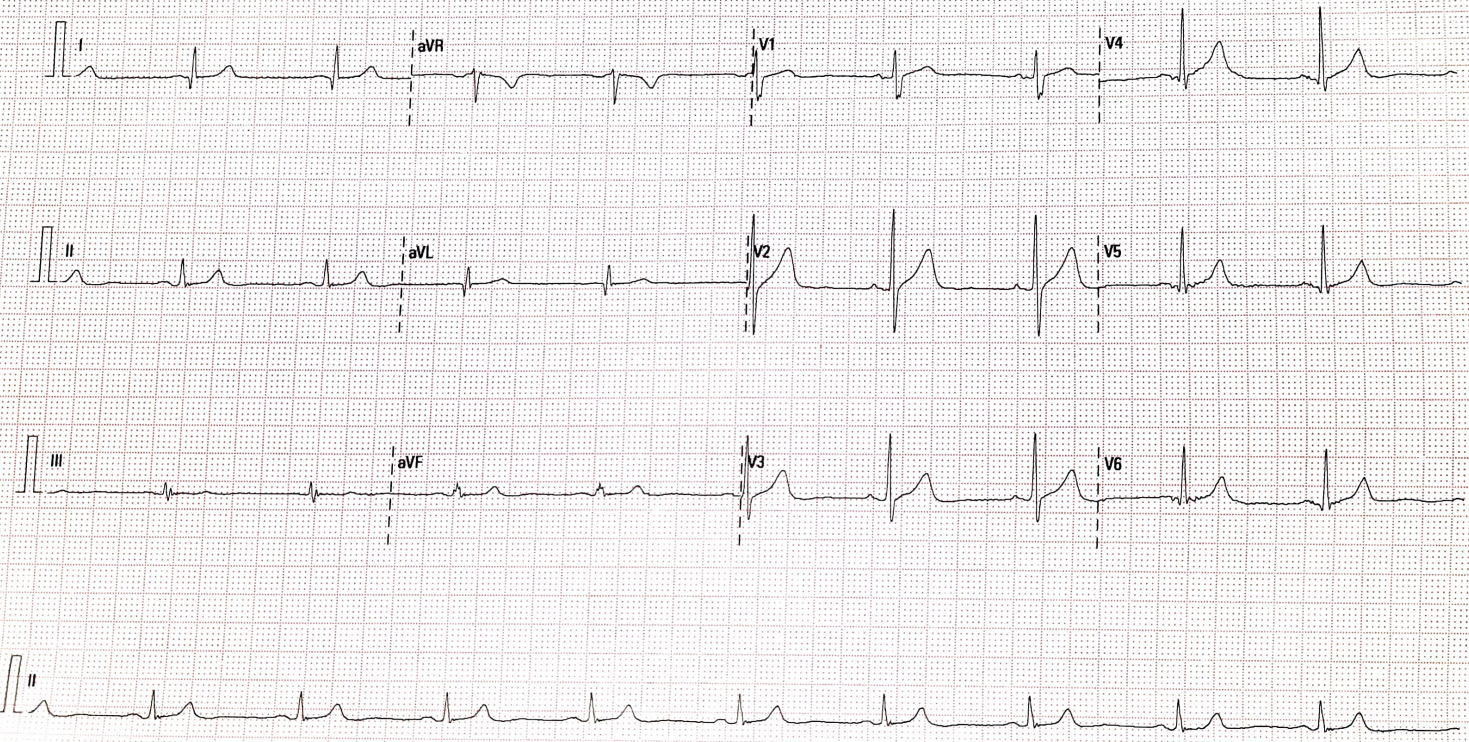
Vent. Rate 58 bpm
PR Interval 144 ms
QRS Duration 76 ms
QT/QTc Interval 390/387 ms
P/QRS/T Axes 39/49/44 deg
QTc:Hodges

Sinus rhythm
Normal ECG

Unconfirmed Diagnosis

PLEASE CORRELATE CLINICALLY

Please Keep A Photocopy





Patient details:

Name: MR. MANAS KUMAR MALLICK

Age: 53 YEARS

Examination Date: 27.05.2023

Consultant Name: DR.

ECHOCARDIOGRAPHY REPORT

MEASUREMENT:		
AO: 35 (20-40) mm	LVID(d): 47 (36-52) mm	IVS(d): 11 (6-11) mm
LA: 38 (19-40) mm	LVID(s): 30 (23-39) mm	PWd: 11 (6-11) mm
RVOT: 26 mm	TAPSE: 18 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



Appointments

1800-309-0309 (Toll Free)

Emergencies

83348 30003

DOPPLER DATA:

	Velocity(in m/s)	Peak PG(mmHg)	Mean PG(mmHg)	Unit of Narayana Health Regurgitation
Mitral	E - 0.6 , A - 0.4			0/4
Aortic	1.0	4.0		0/4
Tricuspid	2.1	18		Trivial
Pulmonary	0.8	2.8		0/4

LVOT : No significant gradient noted.

Vegetation/Thrombus: Nil

Pericardium : Normal

Other Findings : E/E':10

Final Diagnosis:

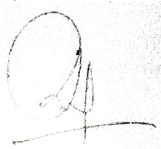
Normal size cardiac chambers.
No significant regional wall motion abnormality of LV at rest.
Normal LV systolic function. LV EF~ 63%
Adequate LV diastolic compliance.

Clinical correlation please.

NOTE: Echo of Patient: MR.MANAS KUMAR MALLICK

MRN: 17650000066257

has been done on 27.05.2023 and reported on 27.05.2023



DR. SHAMICK SAHA
Junior consultant

TECHNICIAN
YADAV

TB: K. DEB

Patient Name	MANAS KUMAR MALLICK	Requested By	EXTERNAL
MRN	17650000066257	Procedure DateTime	Bill generated on : 2023-05-27. Study done on: 2023-05-29 14:46:24
Age/Sex	53Y 9M / Male	Hospital	NH-NMH & NSH

USG OF WHOLE ABDOMEN (SCREENING)

USG OBSERVATIONS:

LIVER: Normal in size (11.6 cm), shape and outline. Parenchymal echotexture normal. **A hemangioma, measuring 4 cm is seen in segment VII of liver.** No intrahepatic biliary dilatation. Intrahepatic portion of IVC is normal. Porta hepatis is normal.

GALL BLADDER: Not visualised (Post operative status).

PORTAL VEIN: It appears normal. It measures 10 mm.

C.B.D: Not dilated. It measures 3 mm.

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

SPLEEN: Normal in size (8.4 cm) with normal echotexture. No focal or diffuse lesion.

KIDNEYS:

Right kidney measures 8.9 cm.

Left kidney measures 10.1 cm.

Both kidneys are 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: 2.3 x 4.2 x 3.3 cm = 17 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.

IMPRESSION:

Present study suggests:

- **Right hepatic lobe hemangioma.**

--- Advised further investigation and follow up.

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.



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