

Final Report

Patient Name: Mr Kaustav Mondal MRN: 17600000179745 Gender/Age: MALE, 35y (01/08/1987)

Collected On: 04/04/2023 10:28 AM Received On: 04/04/2023 10:37 AM Reported On: 04/04/2023 06:22 PM

Barcode: F12304040068 Specimen: Serum Consultant: Dr. Swarup Paul(CRITICAL CARE MEDICINE)

Sample adequacy: Satisfactory Visit No: OP-002 Patient Mobile No: 9733957451

## **BIOCHEMISTRY**

Test	Result	Unit	Biological Reference Interval
SERUM CREATININE			
Serum Creatinine (Enzymatic Method)	0.9	mg/dL	0.66-1.25
eGFR	96.1	mL/min/1.73m <sup>2</sup>	-
Serum Sodium (ISE Direct )	145	mmol/L	137.0-145.0
Serum Potassium (ISE Direct )	5.1	mmol/L	3.5-5.1
LIPID PROFILE (CHOL,TRIG,HDL,LDL,VLDL)			
Cholesterol Total (Cholesterol Oxidase Esterase Peroxidase)	159	mg/dL	Desirable: < 200 Borderline High: 200-239 High: > 240
Triglycerides (Enzymatic End Point)	89	mg/dL	Normal: < 150 Borderline: 150-199 High: 200-499 Very High: > 500
HDL Cholesterol (HDLC) (Direct Measure, PTA /MgCl2)	43	mg/dL	Low: <40.0 mg/dL High: >60.0 mg/dL
Non-HDL Cholesterol	116.0	-	-
LDL Cholesterol (End Point)	108.31 H	mg/dL	Optimal: < 100 Near to above optimal: 100-129 Borderline High: 130-159 High: 160-189 Very High: > 190
VLDL Cholesterol (Calculated)	18	mg/dL	0.0-40.0
Cholesterol /HDL Ratio (Calculated)	3.7	-	-
LIVER FUNCTION TEST(LFT)			
Bilirubin Total (Dyphylline, Diazonium Salt)	3.4 H	mg/dL	0.2-1.3
Conjugated Bilirubin (Direct) (Direct Measure)	1.7 H	mg/dL	0.0-0.3

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# Narayana Multispeciality Hospital

(A unit of Narayana Hrudayalaya Limited) CIN: L85110KA2000PLC027497

Registered Office: 258/A, Bommasandra Industrial Area, Anekal Taluk, Bangalore 560099

 $\label{thm:continuous} Hospital\ Address:\ 78,\ Jessore\ Road\ (South),\ Kolkata\ 700127,\ West\ Bengal\ Email:\ info.brs.kolkata@narayanahealth.org\ |\ \mbox{\it www.narayanahealth.org}\ |\ \mbox{\it www.narayanahealth.org}\ |$ 

Appointments

1800-309-0309 (Toll Free)

Emergencies



Patient Name: Mr Kaustav Mondal MRN: 1760000	0179745 Ger	nder/Age : MALE , 35y	(01/08/1987)
Unconjugated Bilirubin (Indirect) (Direct Measure)	1.7 H	mg/dL	0.3-1.3
Total Protein (Biuret, No Serum Blank, End Point)	8.4 H	g/dL	6.3-8.2
Serum Albumin (Bromcresol Green (BCG))	4.6	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)	1.2	-	1.0-2.1
SGOT (AST) (Multiple-point Rate)	53	U/L	17.0-59.0
SGPT (ALT) (Uv With P5p)	104 H	U/L	<50.0
Alkaline Phosphatase (ALP) (PMPP, AMP Buffer)	45	IU/L	38.0-126.0
Gamma Glutamyl Transferase (GGT) (G-glutamyl-p-nitroanilide)	29	U/L	15.0-73.0
THYROID PROFILE (T3, T4, TSH)			
Tri Iodo Thyronine (T3) (CLIA)	1.12	ng/mL	0.97-1.69
Thyroxine (T4) (CLIA)	8.78	μg/dl	5.53-11.0
TSH (Thyroid Stimulating Hormone) (CLIA)	1.864	μIU/mL	0.4-4.049

-- End of Report-

Dr. Samarpita Mukherjee MBBS, MD Biochemistry CONSULTANT

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### Note

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





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## **DEPARTMENT OF LABORATORY MEDICINE**

**Final Report** 

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Collected On: 04/04/2023 10:28 AM Received On: 04/04/2023 10:37 AM Reported On: 04/04/2023 11:51 AM

12.6

Barcode: F12304040068 Specimen: Serum Consultant: Dr. Swarup Paul(CRITICAL CARE MEDICINE)

Sample adequacy: Satisfactory Visit No: OP-002 Patient Mobile No: 9733957451

### **BIOCHEMISTRY**

mg/dL

Test Result Unit **Biological Reference Interval** 

-- End of Report-

Dr. Samarpita Mukherjee MBBS, MD Biochemistry **CONSULTANT** 

#### Note

Abnormal results are highlighted.

Blood Urea Nitrogen (BUN) (Urease, UV)

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Final Report

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Collected On: 04/04/2023 10:28 AM Received On: 04/04/2023 10:37 AM Reported On: 04/04/2023 08:39 PM

Barcode: F12304040070 Specimen: Whole Blood Consultant: Dr. Swarup Paul(CRITICAL CARE MEDICINE)

Sample adequacy: Satisfactory Visit No: OP-002 Patient Mobile No: 9733957451

#### **BIOCHEMISTRY**

Test	Result	Unit	Biological Reference Interval
HBA1C			
HbA1c (HPLC)	5.9 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	122.63	-	-

### 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. Samarpita Mukherjee MBBS, MD Biochemistry CONSULTANT

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Emergencies



Final Report

Patient Name: Mr Kaustav Mondal MRN: 17600000179745 Gender/Age: MALE, 35y (01/08/1987)

Collected On: 04/04/2023 10:28 AM Received On: 04/04/2023 10:37 AM Reported On: 04/04/2023 12:02 PM

Barcode: F22304040062 Specimen: Whole Blood - ESR Consultant: Dr. Swarup Paul(CRITICAL CARE MEDICINE)

Sample adequacy: Satisfactory Visit No: OP-002 Patient Mobile No: 9733957451

### **HAEMATOLOGY LAB**

Test Result Unit Biological Reference Interval

Erythrocyte Sedimentation Rate (ESR) 4 mm/1hr 0.0-10.0

(Westergren Method)

--End of Report-

Dr. Prithwijit Ghosh MBBS, MD, Pathology Consultant Pathologist

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Appointments

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Emergencies



Final Report

Patient Name: Mr Kaustav Mondal	MRN: 17600000179745	Gender/	/Age : MALE	, 35y (01/08/1987)
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Collected On: 04/04/2023 10:28 AM Received On: 04/04/2023 10:37 AM Reported On: 04/04/2023 12:03 PM

Barcode: F22304040061 Specimen: Whole Blood Consultant: Dr. Swarup Paul(CRITICAL CARE MEDICINE)

Sample adequacy: Satisfactory Visit No: OP-002 Patient Mobile No: 9733957451

## **HAEMATOLOGY LAB**

Test	Result	Unit	Biological Reference Interval
BLOOD GROUP & RH TYPING			
Blood Group (Slide Technique And Tube Technique)	"A"	-	-
RH Typing (Slide Technique And Tube Technique)	Positive	-	-
COMPLETE BLOOD COUNT (CBC)			
Haemoglobin (Hb%) (Cyanide-free Hemoglobin Method)	15.8	-	-
Red Blood Cell Count (Impedance Variation)	6.08 H	millions/ μL	4.5-5.5
PCV (Packed Cell Volume) / Hematocrit (Impedance)	48.0	%	40.0-50.0
MCV (Mean Corpuscular Volume) (Calculated)	79 L	fL	83.0-101.0
MCH (Mean Corpuscular Haemoglobin) (Calculated)	26.0 L	pg	27.0-32.0
MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	32.9	g/dL	31.5-34.5
Red Cell Distribution Width (RDW) (Impedance)	15.4 H	%	11.6-14.0
Platelet Count (Impedence Variation/Microscopy)	156	Thousand / $\mu$ L	150.0-410.0
Total Leucocyte Count(WBC) (Impedance Variation)	7.0	x10 <sup>3</sup> cells/μl	4.0-10.0
DIFFERENTIAL COUNT (DC)			
Neutrophils (Impedance Variation And Absorbency /Microscopy)	52.5	%	40.0-80.0
Lymphocytes (Impedance Variation And Absorbency /Microscopy)	33.9	%	20.0-40.0

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Appointments

1800-309-0309 (Toll Free)

Emergencies



Patient Name: Mr Kaustav Mondal MRN: 1760000	00170745	Gender/Age : MALE,	25, (01/09/1097)	
Patient Name . IVII Kaustav Mondal IVIKN : 1760000	JU1/9/45	Genuer/Age : MALE ,	23/ (01/00/130/)	
Monocytes (Impedance Variation And Absorbency /Microscopy)	6.5	%	2.0-10.0	
Eosinophils (Impedance Variation And Absorbency /Microscopy)	7.0 H	%	1.0-6.0	
Basophils (Impedance Variation And Absorbency /Microscopy)	0.1 L	%	1.0-2.0	
Absolute Neutrophil Count	3.68	-	-	
Absolute Lympocyte Count	2.38	-	-	
Absolute Monocyte Count	0.46	-	-	
Absolute Eosinophil Count	0.49	-	-	
Absolute Basophil Count	0.01	-	-	

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. Prithwijit Ghosh MBBS, MD, Pathology Consultant Pathologist

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Final Report

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Collected On: 04/04/2023 10:28 AM Received On: 05/04/2023 06:06 PM Reported On: 05/04/2023 06:25 PM

Barcode: F32304040016 Specimen: Stool Consultant: Dr. Swarup Paul(CRITICAL CARE MEDICINE)

Sample adequacy: Satisfactory Visit No: OP-002 Patient Mobile No: 9733957451

### **CLINICAL PATHOLOGY**

PHYSICAL EXAMINATION  Colour (Visible) Yellowish	Test	Result	Unit	Biological Reference Interval
Colour (Visible) Yellowish - Consistency (Visible) Soft - Consistency (Visible) Absent - Comment of the Comment	STOOL ROUTINE EXAMINATION			
Consistency (Visible)  Mucus (Visible) Absent	PHYSICAL EXAMINATION			
Mucus (Visible)  Absent	Colour (Visible)	Yellowish	-	-
Blood (Guaiac Method)  CHEMICAL EXAMINATION  Stool For Occult Blood (Standard Guaiac Method)  Reaction (pH Indicator Method)  Reducing Substances  Absent  Chers (Microscopy)  Absent  Absent  Cyst Of Protozoa (Microscopy)  Absent	Consistency (Visible)	Soft	-	-
CHEMICAL EXAMINATION  Stool For Occult Blood (Standard Guaiac Method) Negative	Mucus (Visible)	Absent	-	-
Stool For Occult Blood (Standard Guaiac Method)  Reaction (pH Indicator Method)  Alkaline  Absent  Chers (Microscopy)  Absent  Cyst Of Protozoa (Microscopy)	Blood (Guaiac Method)	Absent	-	-
Reaction (pH Indicator Method)  Alkaline  Absent  Cothers (Microscopy)  Absent  Cova (Microscopy)  Absent  Coyst Of Protozoa (	CHEMICAL EXAMINATION			
Reducing Substances Absent	Stool For Occult Blood (Standard Guaiac Method)	Negative	-	-
Others (Microscopy)  MICROSCOPE EXAMINATION  Ova (Microscopy)  Absent  Cyst Of Protozoa (Microscopy)  Absent  Trophozoite (Microscopy)  Absent  Absent  - Red Blood Cells (Stool) (Microscopy)  Absent  - Pus Cells (Microscopy)  4-6/hpf  -  1 - 2	Reaction (pH Indicator Method)	Alkaline	-	-
MICROSCOPE EXAMINATION  Ova (Microscopy)  Absent  Cyst Of Protozoa (Microscopy)  Absent  Trophozoite (Microscopy)  Absent  Absent  -  Red Blood Cells (Stool) (Microscopy)  Absent  -  Pus Cells (Microscopy)  4-6/hpf  -  1 - 2	Reducing Substances	Absent	-	-
Ova (Microscopy)  Absent	Others (Microscopy)	Absent	-	-
Cyst Of Protozoa (Microscopy)  Absent	MICROSCOPE EXAMINATION			
Trophozoite (Microscopy)  Red Blood Cells (Stool) (Microscopy)  Absent  -  Pus Cells (Microscopy)  4-6/hpf  -  1 - 2	Ova (Microscopy)	Absent	-	-
Red Blood Cells (Stool) (Microscopy)  Absent  Pus Cells (Microscopy)  4-6/hpf - 1 - 2	Cyst Of Protozoa (Microscopy)	Absent	-	-
Pus Cells (Microscopy) 4-6/hpf - 1 - 2	Trophozoite (Microscopy)	Absent	-	-
	Red Blood Cells (Stool) (Microscopy)	Absent	-	-
Starch (Microscopy) Absent	Pus Cells (Microscopy)	4-6/hpf	-	1 - 2
	Starch (Microscopy)	Absent	-	-

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Appointments

1800-309-0309 (Toll Free)

Emergencies



Patient Name : Mr Kaustav Mondal	MRN: 17600000179745	Gender/Age : MALE,	35y (01/08/1987)	
Epithelial Cells (Microscopy)	4-6/hpf	F -	2-3	
Veg Cells (Microscopy)	Present	t -	-	
Fat (Microscopy)	Absent	-	-	
Larvae	Absent	-	-	
Bacteria	Present	t -	-	

-- End of Report-

Dr. Prithwijit Ghosh MBBS, MD, Pathology Consultant Pathologist

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Barcode: F32304040015 Specimen: Urine Consultant: Dr. Swarup Paul(CRITICAL CARE MEDICINE)

Sample adequacy: Satisfactory Visit No: OP-002 Patient Mobile No: 9733957451

### **CLINICAL PATHOLOGY**

Test	Result	Unit	Biological Reference Interval
URINE ROUTINE & MICROSCOPY			
PHYSICAL EXAMINATION			
Volume (Visible)	40	ml	-
Colour (Visible)	Pale Yellow	-	-
Appearance (Visible)	Clear	-	-
CHEMICAL EXAMINATION			
pH(Reaction) (Dual Wavelength Reflectance)	5.5	-	5.0-8.0
Sp. Gravity (Dual Wavelength Reflectance)	1.015	-	1.002-1.030
Protein (Dual Wavelength Reflectance/Acetic Acid Tes (Heat Test))	Absent	-	-
Urine Glucose (Dual Wavelength Reflectance /Benedict's Test)	Absent	-	-
Ketone Bodies (Dual Wavelength Reflectance /Manual)	Absent	-	Negative
Bile Salts (Dual Wavelength Reflectance/Hay's Test)	Absent	-	Negative
Bile Pigment (Bilirubin) (Dual Wavelength Reflectance/Fouchet's Test)	Absent	-	Negative
Urobilinogen (Dual Wavelength Reflectance /Ehrlich's Method)	Normal	-	-
Urine Leucocyte Esterase (Dual Wavelength Reflectance)	Absent	-	Negative
Blood Urine (Dual Wavelength Reflectance)	Absent	-	-

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Emergencies



Patient Name: Mr Kaustav Mondal MRN: 176000	00179745 Gend	er/Age : MALE , 35y (01/0	08/1987)
Nitrite (Dual Wavelength Reflectance)	Absent	-	-
MICROSCOPIC EXAMINATION			
Pus Cells (Microscopy)	1-2/hpf	-	1 - 2
RBC (Microscopy)	Not Seen	-	1-2/hpf
Epithelial Cells (Microscopy)	Occasional	-	2-3
Crystals (Microscopy)	Not Seen	-	-
Casts (Microscopy)	Not Seen	-	-
Others (Microscopy)	Nil	-	-

-- End of Report-

Dr. Prithwijit Ghosh MBBS, MD, Pathology Consultant Pathologist

## Note

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- Results relate to the sample only.
- Kindly correlate clinically.





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Appointments

1800-309-0309 (Toll Free)

Emergencies **9836-75-0808** 



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Collected On: 04/04/2023 10:28 AM Received On: 05/04/2023 10:19 AM Reported On: 05/04/2023 10:51 AM

Barcode: F32304040015 Specimen: Urine Consultant: Dr. Swarup Paul (CRITICAL CARE MEDICINE)

Sample adequacy: Satisfactory Visit No: OP-002 Patient Mobile No: 9733957451

**CLINICAL PATHOLOGY** 

Test Result Unit

Urine For Sugar ABSENT

-- End of Report-

Dr. Prithwijit Ghosh MBBS, MD, Pathology Consultant Pathologist

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Sample adequacy: Satisfactory Visit No: OP-002 Patient Mobile No: 9733957451

### **CLINICAL PATHOLOGY**

Test	Result	Unit	Biological Reference Interval
URINE ROUTINE & MICROSCOPY			
PHYSICAL EXAMINATION			
Volume (Visible)	40	ml	-
Colour (Visible)	Pale Yellow	-	-
Appearance (Visible)	Clear	-	-
CHEMICAL EXAMINATION			
pH(Reaction) (Dual Wavelength Reflectance)	5.5	-	5.0-8.0
Sp. Gravity (Dual Wavelength Reflectance)	1.015	-	1.002-1.030
Protein (Dual Wavelength Reflectance/Acetic Acid Tes (Heat Test))	Absent	-	-
Urine Glucose (Dual Wavelength Reflectance /Benedict's Test)	Absent	-	-
Ketone Bodies (Dual Wavelength Reflectance /Manual)	Absent	-	Negative
Bile Salts (Dual Wavelength Reflectance/Hay's Test)	Absent	-	Negative
Bile Pigment (Bilirubin) (Dual Wavelength Reflectance/Fouchet's Test)	Absent	-	Negative
Urobilinogen (Dual Wavelength Reflectance /Ehrlich's Method)	Normal	-	-
Urine Leucocyte Esterase (Dual Wavelength Reflectance)	Absent	-	Negative
Blood Urine (Dual Wavelength Reflectance)	Absent	-	-

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Nitrite (Dual Wavelength Reflectance)	Absent	-	-
MICROSCOPIC EXAMINATION			
Pus Cells (Microscopy)	1-2/hpf	-	1 - 2
RBC (Microscopy)	Not Seen	-	1-2/hpf
Epithelial Cells (Microscopy)	Occasional	-	2-3
Crystals (Microscopy)	Not Seen	-	-
Casts (Microscopy)	Not Seen	-	-
Others (Microscopy)	Nil	-	-

-- End of Report-

Dr. Prithwijit Ghosh MBBS, MD, Pathology Consultant Pathologist

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Sample adequacy: Satisfactory Visit No: OP-002 Patient Mobile No: 9733957451

**CLINICAL PATHOLOGY** 

Test Result Unit

Urine For Sugar ABSENT

-- End of Report-

Dr. Prithwijit Ghosh MBBS, MD, Pathology Consultant Pathologist

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Patient Name	Kaustav Mondal	Requested By	Dr. Swarup Paul
MRN	17600000179745	Procedure Date Time	04-04-2023 11:22
Age/Sex	35Y 8M/Male	Hospital	NH-BARASAT

## **CHEST RADIOGRAPH (PA VIEW)**

**CLINICAL DETAILS:** For health checkup.

## **FINDINGS**:

- The lung fields and bronchovascular markings appear normal.
- The cardiac size is within normal limits.
- Mediastinum and great vessels are within normal limits.
- Trachea is normal and is central. The hilar shadows are unremarkable.
- The costo-phrenic angles are clear. No evidence of pleural effusion or pneumothorax.
- The visualized bones and soft tissue structures appear normal.
- Both the diaphragmatic domes appear normal.

## **IMPRESSION:**

• No significant abnormality detected.

Dr Usha Rani N J Senior Registrar

<sup>\*</sup> This is a digitally signed valid document. Reported Date/Time: 04-04-2023 16:14

## ADULT TRANS-THORACIC ECHO REPORT



PATIENT NAME: Mr Kaustav MondalPATIENT MRN: 17600000179745GENDER/AGE: Male, 35 YearsPROCEDURE DATE: 04/04/2023 12:31 PM

LOCATION :- REQUESTED BY : Dr. Swarup Paul

MPRESSION
 NORMAL SIZED LEFT VENTRICULAR CAVITY

NO RWMA

GOOD LEFT VENTRICULAR SYSTOLIC FUNCTION WITH LVEF 64 %

NORMAL DIASTOLIC INFLOW PATTERN

GOOD RIGHT VENTRICULAR SYSTOLIC FUNCTION

NO PULMONARY HYPERTENSION

**FINDINGS** 

**CHAMBERS** 

LEFT ATRIUM : NORMAL RIGHT ATRIUM : NORMAL

LEFT VENTRICLE : NORMAL SIZED LEFT VENTRICULAR CAVITY. NO RWMA. GOOD LEFT VENTRICULAR

SYSTOLIC FUNCTION WITH LVEF 64 %. NORMAL DIASTOLIC INFLOW PATTERN.

RIGHT VENTRICLE : NORMAL IN SIZE. GOOD RV SYSTOLIC FUNCTION, TAPSE 23 MM, TASV 12 CM/SEC

**VALVES** 

MITRAL : MORPHOLOGICALLY NORMAL AORTIC : MORPHOLOGICALLY NORMAL

TRICUSPID : MORPHOLOGICALLY NORMAL, TRIVIAL TR, TRPG 15 MMHG

PULMONARY : MORPHOLOGICALLY NORMAL

**SEPTAE** 

IAS : INTACT IVS : INTACT

**ARTERIES AND VEINS** 

AORTA : NORMAL

PA : NORMAL , NO PULMONARY HYPERTENSION

IVC : IVC 11 MM WITH NORMAL RESPIRATORY VARIATION

PERICARDIUM : NORMAL

INTRACARDIAC MASS : NO INTRACARDIAC MASS OR THROMBUS SEEN IN TTE.

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Email: info.brs.kolkata@narayanahealth.org | www.narayanahealth.org

Appointments

1800-309-0309 (Toll Free)

Emergencies





04/04/2023 12:31 PM

ASSOCIATE CONSULTANT

 PREPARED BY
 : SURAJIT BISWAS(353011)
 PREPARED ON
 : 04/04/2023 12:33 PM

 GENERATED BY
 : ANKANA GHOSH(357843)
 GENERATED ON
 : 15/04/2023 03:17 PM

Patient Name	Kaustav Mondal	Requested By	Dr. Swarup Paul
MRN	17600000179745	Procedure DateTime	2023-04-04 11:37:15
Age/Sex	35Y 8M/Male	Hospital	NH-BARASAT

### **ULTRASONOGRAPHY OF WHOLE ABDOMEN**

LIVER: Is enlarged in size (19.7 cm), normal in shape and outline. There is increase in parenchymal echotexture (more than renal cortex) with decrease in wall echogenicity of portal and hepatic vein --- suggest moderate hepatic steatosis. No focal SOL seen. IHBR not dilated.

**CBD** measures - 3.7 mm at porta **PV** measures -- 6.8 mm at porta.

**GALL BLADDER:** Is normal in shape and is well distended with anechoic lumen. No evidence of calculus or sludge is seen. Gall bladder wall is normal in thickness. No pericholecystic fluid collection demonstrated.

**SPLEEN:** Is normal in size (10.0 cm), shape, outline & echotexture. No focal lesion seen. Hilum is intact.

**PANCREAS:** Is normal in size and echotexture. No focal lesion is seen. No calcification is seen. Pancreatic duct is normal in caliber.

**KIDNEYS:** Both kidneys are normal in size, shape, position and axis. Cortical thickness is uniform maintaining normal cortico-hepatic differentiation. Cortico-medullary differentiation is normal. No calculus or hydronephrosis is seen. Perirenal fascial planes are intact.

Measures : Right kidney –  $10.2 \times 3.6 \text{ cm}$ . Left kidney –  $10.5 \times 4.0 \text{ cm}$ .

**URETERS**: They are not visualised as they are not dilated.

Aorta: Normal. IVC: Normal

**URINARY BLADDER:** Is optimally distended. Wall is normal. No intraluminal pathology seen.

**PROSTATE GLAND:** Normal in size, normal in shape, outline & echotexture. Capsule is intact. Margin is regular.

Prostate measures: (2.7 x 3.5 x 3.3) cm Weight: 16.2 gm

Both seminal vesicles shows normal sonological findings.

No free fluid is seen in pelvis.

IMPRESSION: Hepatomegaly with grade - II fatty liver.

Advise: Clinical correlation & further relevant investigation suggested.

Paroshia Biswas

Dr. Parshia Biswas MD (Radiodiagnosis)



Final Report

Patient Name: Mr Kaustav Mondal	MRN: 17600000179745	Gender/	/Age : MALE	, 35y (01/08/1987)
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Collected On: 04/04/2023 10:28 AM Received On: 04/04/2023 10:37 AM Reported On: 04/04/2023 12:03 PM

Barcode: F22304040061 Specimen: Whole Blood Consultant: Dr. Swarup Paul(CRITICAL CARE MEDICINE)

Sample adequacy: Satisfactory Visit No: OP-002 Patient Mobile No: 9733957451

## **HAEMATOLOGY LAB**

Test	Result	Unit	Biological Reference Interval
BLOOD GROUP & RH TYPING			
Blood Group (Slide Technique And Tube Technique)	"A"	-	-
RH Typing (Slide Technique And Tube Technique)	Positive	-	-
COMPLETE BLOOD COUNT (CBC)			
Haemoglobin (Hb%) (Cyanide-free Hemoglobin Method)	15.8	-	-
Red Blood Cell Count (Impedance Variation)	6.08 H	millions/ μL	4.5-5.5
PCV (Packed Cell Volume) / Hematocrit (Impedance)	48.0	%	40.0-50.0
MCV (Mean Corpuscular Volume) (Calculated)	79 L	fL	83.0-101.0
MCH (Mean Corpuscular Haemoglobin) (Calculated)	26.0 L	pg	27.0-32.0
MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	32.9	g/dL	31.5-34.5
Red Cell Distribution Width (RDW) (Impedance)	15.4 H	%	11.6-14.0
Platelet Count (Impedence Variation/Microscopy)	156	Thousand / $\mu$ L	150.0-410.0
Total Leucocyte Count(WBC) (Impedance Variation)	7.0	x10 <sup>3</sup> cells/μl	4.0-10.0
DIFFERENTIAL COUNT (DC)			
Neutrophils (Impedance Variation And Absorbency /Microscopy)	52.5	%	40.0-80.0
Lymphocytes (Impedance Variation And Absorbency /Microscopy)	33.9	%	20.0-40.0

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Marayana	Multispeciality	Hoopito
ivaravana	Munispeciality	nosuna

(A unit of Narayana Hrudayalaya Limited) CIN: L85110KA2000PLC027497

Registered Office: 258/A, Bommasandra Industrial Area, Anekal Taluk, Bangalore 560099

Hospital Address: 78, Jessore Road (South), Kolkata 700127, West Bengal  ${\it Email: info.brs.kolkata@narayanahealth.org \mid {\it www.narayanahealth.org}}$ 

Appointments

1800-309-0309 (Toll Free)

Emergencies



Patient Name: Mr Kaustav Mondal MRN: 176000	0001707/JE	Gender/Age : MALE ,	25, (01/09/1097)	
ratient ivallie . Ivii Kaustav Iviolidai Ivikii : 176000	001/9/45	Gender/Age : MALE ,	23) (01/00/130/)	
Monocytes (Impedance Variation And Absorbency /Microscopy)	6.5	%	2.0-10.0	
<b>Eosinophils</b> (Impedance Variation And Absorbency /Microscopy)	7.0 H	%	1.0-6.0	
Basophils (Impedance Variation And Absorbency /Microscopy)	0.1 L	%	1.0-2.0	
Absolute Neutrophil Count	3.68	-	-	
Absolute Lympocyte Count	2.38	-	-	
Absolute Monocyte Count	0.46	-	-	
Absolute Eosinophil Count	0.49	-	-	
Absolute Basophil Count	0.01	-	-	

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. Prithwijit Ghosh MBBS, MD, Pathology Consultant Pathologist

## Note

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





Page 2 of 2



Final Report

Patient Name: Mr Kaustav Mondal MRN: 17600000179745 Gender/Age: MALE, 35y (01/08/1987)

Collected On: 04/04/2023 02:36 PM Received On: 04/04/2023 02:44 PM Reported On: 04/04/2023 04:17 PM

Barcode: F12304040110 Specimen: Plasma Consultant: Dr. Swarup Paul (CRITICAL CARE MEDICINE)

Sample adequacy: Satisfactory Visit No: OP-002 Patient Mobile No: 9733957451

#### **BIOCHEMISTRY**

Test Result Unit **Biological Reference Interval** 140 mg/dL Normal: ≤140 Post Prandial Blood Sugar (PPBS) (Glucose Pre-diabetes: 141-199 Diabetes: => 200

Oxidase, Hydrogen Peroxidase)

## 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. Samarpita Mukherjee MBBS, MD Biochemistry CONSULTANT

#### Note

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- Results relate to the sample only.
- Kindly correlate clinically.





Page 1 of 1



Final Report

Patient Name: Mr Kaustav Mondal MRN: 17600000179745 Gender/Age: MALE, 35y (01/08/1987)

Collected On: 04/04/2023 10:28 AM Received On: 04/04/2023 10:37 AM Reported On: 04/04/2023 12:02 PM

Barcode: F12304040069 Specimen: Plasma Consultant: Dr. Swarup Paul(CRITICAL CARE MEDICINE)

Sample adequacy: Satisfactory Visit No: OP-002 Patient Mobile No: 9733957451

#### **BIOCHEMISTRY**

Test Result Unit Biological Reference Interval

Fasting Blood Sugar (FBS) (Glucose Oxidase, Hydrogen Peroxidase)

Result Unit Biological Reference Interval

mg/dL Normal: 70-109

Pre-diabetes: 110-125

Diabetes: => 126

--End of Report-

Dr. Samarpita Mukherjee MBBS, MD Biochemistry CONSULTANT

#### Note

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



