

<b>Patient Name</b>	Pranab Kumar Halder	<b>Requested By</b>	EXTERNAL
<b>MRN</b>	17510001224039	<b>Procedure DateTime</b>	2023-10-13 10:22:42
<b>Age/Sex</b>	56Y 5M/Male	<b>Hospital</b>	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.
- No significant lung parenchymal lesion is seen.
- The costo-phrenic angles are clear.
- Both the diaphragmatic domes appear normal.
- The visualized bones and soft tissue structures 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.



Dr. Sarbari Chatterjee  
Consultant Radiologist

\* ***This is a digitally signed valid document.*** Reported Date/Time: 2023-10-13 19:00:25

**DEPARTMENT OF LABORATORY MEDICINE**

Final Report

Patient Name : Mr Pranab Kumar Halder MRN : 17510001224039 Gender/Age : MALE , 56y (08/05/1967)

Collected On : 13/10/2023 09:24 AM Received On : 13/10/2023 09:53 AM Reported On : 13/10/2023 11:57 AM

Barcode : BR2310130034 Specimen : Whole Blood Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8777720516

**IMMUNOHAEMATOLOGY**

Test	Result	Unit
<b>BLOOD GROUP &amp; RH TYPING</b>		
Blood Group (Column Agglutination Technology)	A	-
RH Typing (Column Agglutination Technology)	Positive	-

--End of Report--



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.



**DEPARTMENT OF LABORATORY MEDICINE**

Final Report

Patient Name : Mr Pranab Kumar Halder MRN : 17510001224039 Gender/Age : MALE , 56y (08/05/1967)

Collected On : 13/10/2023 09:24 AM Received On : 13/10/2023 09:53 AM Reported On : 13/10/2023 11:41 AM

Barcode : 802310130348 Specimen : Serum Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8777720516

**CLINICAL CHEMISTRY**


Test	Result	Unit	Biological Reference Interval
<b>Serum Potassium</b> (Direct ISE - Potentiometric)	<b>5.2 H</b>	mmol/L	3.5-5.1

**LIVER FUNCTION TEST(LFT)**

Bilirubin Total (Colorimetric -Diazo Method)	0.53	mg/dL	0.2-1.3
Conjugated Bilirubin (Direct) (Calculated)	0.09	mg/dL	0.0-0.4
Unconjugated Bilirubin (Indirect) (Colorimetric Endpoint)	0.44	-	-
Total Protein (Biuret Method)	7.80	g/dL	6.3-8.2
Serum Albumin (Colorimetric - Bromo-Cresol Green)	4.70	gm/dL	3.5-5.0
Serum Globulin (Calculated)	3.1	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))	25	U/L	17.0-59.0
SGPT (ALT) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	25	U/L	<50.0
Alkaline Phosphatase (ALP) (Multipoint-Rate - P-nitro Phenyl Phosphate, AMP Buffer)	58	IU/L	38.0-126.0
Gamma Glutamyl Transferase (GGT) (Multipoint Rate - L-glutamyl-p-nitroanilide ( Szasz Method))	27	U/L	15.0-73.0



Patient Name : Mr Pranab Kumar Halder MRN : 17510001224039 Gender/Age : MALE , 56y (08/05/1967)



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

### CLINICAL CHEMISTRY

Test	Result	Unit	Biological Reference Interval
<b>SERUM CREATININE</b>			
Serum Creatinine (Two Point Rate - Creatinine Aminohydrolase)	0.71	mg/dL	0.66-1.25
eGFR	114.8	mL/min/1.73m <sup>2</sup>	-
<b>Blood Urea Nitrogen (BUN)</b> (Endpoint /Colorimetric - Urease)	9.68	mg/dL	9.0-20.0
<b>Serum Sodium</b> (Direct ISE - Potentiometric)	142	mmol/L	137.0-145.0
<b>LIPID PROFILE (CHOL,TRIG,HDL,LDL,VLDL)</b>			
Cholesterol Total (Colorimetric - Cholesterol Oxidase)	165	mg/dL	Desirable: < 200 Borderline High: 200-239 High: > 240
Triglycerides (Enzymatic Endpoint Colorimetric )	124	mg/dL	Normal: < 150 Borderline: 150-199 High: 200-499 Very High: > 500
HDL Cholesterol (HDLC) (Colorimetric: Non HDL Precipitation Phosphotungstic Acid Method)	<b>30 L</b>	mg/dL	40.0-60.0
Non-HDL Cholesterol	135.0	-	-
LDL Cholesterol (Non LDL Selective Elimination, CHOD/POD)	<b>127.11 H</b>	mg/dL	Optimal: < 100 Near to above optimal: 100-129 Borderline High: 130-159 High: 160-189 Very High: > 190
VLDL Cholesterol (Calculated)	24.8	mg/dL	0.0-40.0

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**Rabindranath Tagore International Institute of Cardiac Sciences**

(A unit of Narayana Hrudayalaya Limited)  
Address: Premises No 1489, 124 Mukundapur, EM Bypass, Kolkata-700099  
E-mail: email.rtiics@narayanahealth.org | Web: www.narayanahealth.org  
GISTIN/UIIN : 19AABCN1685J1Z5



Appointments  
**180 0309 0309 (Toll free)**

Emergencies  
**99033 35544**

Patient Name : Mr Pranab Kumar Halder    MRN : 17510001224039    Gender/Age : MALE , 56y (08/05/1967)			
Cholesterol /HDL Ratio	5.5	-	-
<b>Prostate Specific Antigen (PSA) (CLIA)</b>	0.299	ng/mL	0.0-3.5

**--End of Report--**



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



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

**Note**

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



**DEPARTMENT OF LABORATORY MEDICINE**

Final Report

Patient Name : Mr Pranab Kumar Halder MRN : 17510001224039 Gender/Age : MALE , 56y (08/05/1967)

Collected On : 13/10/2023 09:24 AM Received On : 13/10/2023 09:53 AM Reported On : 13/10/2023 12:14 PM

Barcode : 802310130348 Specimen : Serum Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8777720516

**CLINICAL CHEMISTRY**

Test	Result	Unit	Biological Reference Interval
<b>THYROID PROFILE (T3, T4, TSH)</b>			
Tri Iodo Thyronine (T3) (Enhanced Chemiluminescence Immunoassay (CLIA))	1.23	ng/mL	0.97-1.69
Thyroxine (T4) (Enhanced Chemiluminescence Immunoassay (CLIA))	9.37	µg/dl	5.53-11.0
TSH (Thyroid Stimulating Hormone) (Enhanced Chemiluminescence Immunoassay (CLIA))	<b>4.279 H</b>	uIU/ml	0.4001-4.049

--End of Report--



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PhD, Biochemistry  
Biochemist M.Sc , Ph. D

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**DEPARTMENT OF LABORATORY MEDICINE**

Final Report

Patient Name : Mr Pranab Kumar Halder MRN : 17510001224039 Gender/Age : MALE , 56y (08/05/1967)

Collected On : 13/10/2023 09:24 AM Received On : 13/10/2023 09:51 AM Reported On : 13/10/2023 03:12 PM

Barcode : 812310130234 Specimen : Whole Blood - ESR Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8777720516

**HAEMATOLOGY LAB**

Test	Result	Unit	Biological Reference Interval
<b>Erythrocyte Sedimentation Rate (ESR)</b> (Modified Westergren Method)	<b>15 H</b>	mm/1hr	0.0-10.0

--End of Report--



Dr. Sanjib Kumar Pattari  
MD, Pathology  
Consultant Pathology MBBS, MD. Reg No : 53635 (WBMC)

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- Kindly correlate clinically.





**DEPARTMENT OF LABORATORY MEDICINE**

Final Report

Patient Name : Mr Pranab Kumar Halder MRN : 17510001224039 Gender/Age : MALE , 56y (08/05/1967)

Collected On : 13/10/2023 09:24 AM Received On : 13/10/2023 09:51 AM Reported On : 13/10/2023 10:38 AM

Barcode : 802310130349 Specimen : Plasma Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8777720516

**CLINICAL CHEMISTRY**

Test	Result	Unit	Biological Reference Interval
<b>FASTING BLOOD GLUCOSE (FBG)</b> (Glucose Oxidase, Peroxidase)	<b>119 H</b>	mg/dL	Normal: 70-99 Pre-diabetes: 100-125 Diabetes: => 126 ADA standards 2019

--End of Report--



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



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MD, Biochemistry  
Clinical Biochemist MBBS, MD

**Note**

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- (FASTING BLOOD GLUCOSE (FBG) -> Auto Authorized)



**DEPARTMENT OF LABORATORY MEDICINE**

Final Report

Patient Name : Mr Pranab Kumar Halder MRN : 17510001224039 Gender/Age : MALE , 56y (08/05/1967)  
 Collected On : 13/10/2023 09:24 AM Received On : 13/10/2023 12:17 PM Reported On : 13/10/2023 12:48 PM  
 Barcode : 822310130028 Specimen : Urine Consultant : EXTERNAL(EXTERNAL)  
 Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8777720516

**CLINICAL PATHOLOGY**

Test	Result	Unit	Biological Reference Interval
<b>URINE ROUTINE &amp; MICROSCOPY</b>			
<b>PHYSICAL EXAMINATION</b>			
Volume	45	ml	-
Colour	Colorless	-	-
Appearance	Clear	-	-
<b>CHEMICAL EXAMINATION</b>			
pH(Reaction) (Mixed PH Indicator)	7.0	-	4.8-7.5
Sp. Gravity (Dual Wavelength Reflectance )	1.003	-	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)	Negative	-	Negative
Nitrite (Modified Griess Reaction)	Negative	-	Negative

Patient Name : Mr Pranab Kumar Halder MRN : 17510001224039 Gender/Age : MALE , 56y (08/05/1967)

### MICROSCOPIC EXAMINATION

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

--End of Report--



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**DEPARTMENT OF LABORATORY MEDICINE**

Final Report

Patient Name : Mr Pranab Kumar Halder MRN : 17510001224039 Gender/Age : MALE , 56y (08/05/1967)

Collected On : 13/10/2023 09:24 AM Received On : 13/10/2023 09:51 AM Reported On : 13/10/2023 10:28 AM

Barcode : 812310130235 Specimen : Whole Blood Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8777720516

**HAEMATOLOGY LAB**

Test	Result	Unit	Biological Reference Interval
<b>COMPLETE BLOOD COUNT (CBC)</b>			
Haemoglobin (Hb%) (Photometric Measurement)	13.0	g/dL	13.0-17.0
Red Blood Cell Count (Electrical Impedance)	4.81	millions/ $\mu$ L	4.5-5.5
PCV (Packed Cell Volume) / Hematocrit (Calculated)	40.6	%	40.0-54.0
MCV (Mean Corpuscular Volume) (Derived From RBC Histogram)	84.5	fL	83.0-101.0
MCH (Mean Corpuscular Haemoglobin) (Calculated)	27.0	pg	27.0-32.0
MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	32.0	%	31.5-34.5
Red Cell Distribution Width (RDW) (Calculated)	14.0	%	11.6-14.0
Platelet Count (Electrical Impedance)	239	$10^3/\mu$ L	150.0-400.0
Mean Platelet Volume (MPV) (Derived)	9.8	fL	7.0-11.7
Total Leucocyte Count(WBC) (Electrical Impedance)	5.3	$10^3/\mu$ L	4.0-10.0
<b>DIFFERENTIAL COUNT (DC)</b>			
Neutrophils (VCSn Technology)	65.2	%	40.0-75.0
Lymphocytes (VCSn Technology)	26.3	%	20.0-40.0
Monocytes (VCSn Technology)	6.6	%	2.0-10.0
Eosinophils (VCSn Technology)	1.6	%	1.0-6.0

Patient Name : Mr Pranab Kumar Halder MRN : 17510001224039 Gender/Age : MALE , 56y (08/05/1967)			
Basophils (VCSn Technology)	0.3	%	0.0-2.0
Absolute Neutrophil Count (Calculated)	3.46	$10^3/\mu\text{L}$	1.8-7.8
Absolute Lymphocyte Count (Calculated)	1.4	$10^3/\mu\text{L}$	1.0-4.8
Absolute Monocyte Count (Calculated)	0.35	$10^3/\mu\text{L}$	0.0-0.8
Absolute Eosinophil Count (Calculated)	0.09	$10^3/\mu\text{L}$	0.0-0.45
Absolute Basophil Count (Calculated)	0.02	$10^3/\mu\text{L}$	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--



Dr. Sanjib Kumar Pattari  
MD, Pathology  
Consultant Pathology MBBS, MD. Reg No : 53635 (WBMC)

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## ADULT TRANS-THORACIC ECHO REPORT

**PATIENT NAME** : Mr Pranab Kumar Halder  
**GENDER/AGE** : Male, 56 Years  
**LOCATION** : -

**PATIENT MRN** : 17510001224039  
**PROCEDURE DATE** : 13/10/2023 12:58 PM  
**REQUESTED BY** : EXTERNAL



### IMPRESSION

- MILD CONCENTRIC LV HYPERTROPHY.
- GOOD LV SYSTOLIC FUNCTION WITH GRADE I DIASTOLIC DYSFUNCTION.

### FINDINGS

#### CHAMBERS

LEFT ATRIUM : NORMAL SIZED  
RIGHT ATRIUM : NORMAL SIZED  
LEFT VENTRICLE : MILD CONCENTRIC LV HYPERTROPHY. NO REGIONAL WALL MOTION ABNORMALITY.  
GOOD SYSTOLIC FUNCTION WITH EJECTION FRACTION: 66 %. GRADE I DIASTOLIC DYSFUNCTION.  
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.

MR PRANAB KUMAR HALDER (17510001224039)

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DR. SANGEETA DAS  
CONSULTANT GENERAL MEDICINE MBBS

SANJOY CHOWDHURY  
TECHNICIAN

13/10/2023 12:58 PM

**PREPARED BY** : SARMISTHA PRAMANIK(335772)  
**GENERATED BY** : PAROMITA SARKAR(329190)

**PREPARED ON** : 13/10/2023 01:39 PM  
**GENERATED ON** : 13/10/2023 01:46 PM

**DEPARTMENT OF LABORATORY MEDICINE**

Final Report

Patient Name : Mr Pranab Kumar Halder MRN : 17510001224039 Gender/Age : MALE , 56y (08/05/1967)

Collected On : 13/10/2023 09:24 AM Received On : 13/10/2023 09:57 AM Reported On : 13/10/2023 11:13 AM

Barcode : 802310130350 Specimen : Whole Blood Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8777720516

**CLINICAL CHEMISTRY**

Test	Result	Unit	Biological Reference Interval
<b>HBA1C</b>			
HbA1c (HPLC)	<b>6.5 H</b>	%	Normal: 4.0-5.6 Prediabetes: 5.7-6.4 Diabetes: => 6.5 ADA standards 2019 (Carpenter/ Coustan)
Estimated Average Glucose	139.85	-	-

**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-



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

**Note**

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- Kindly correlate clinically.





<b>Patient Name</b>	Pranab Kumar Halder	<b>Requested By</b>	EXTERNAL
<b>MRN</b>	17510001224039	<b>Procedure DateTime</b>	2023-10-13 12:25:56
<b>Age/Sex</b>	56Y 5M/Male	<b>Hospital</b>	NH-RTIICS

### **USG OF WHOLE ABDOMEN (SCREENING)**

#### **LIVER:**

It is normal in size (13.6 cm) with slightly coarse echotexture. 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.

#### **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 9.5 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 is increased. 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. Clear cysts (larger one 2.1 cm) noted in right upper pole. No hydronephrosis or calculus is seen.

Right kidney and left kidney measures 10.8 cm and 10.6 cm respectively.

#### **URINARY BLADDER:**

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

Post void residual urine - insignificant.

#### **PROSTATE:**

It is normal in size measuring 3.3 x 2.8 x 3.8 cm (Weight = 19 gms). It shows a homogenous echotexture and smooth outline.

#### **IMPRESSION:**

- Slightly coarse liver echotexture.
- Echogenic pancreas.

#### 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 :Arpia



**Dr. Ashish Kumar**  
Consultant Sonologist

\* ***This is a digitally signed valid document.*** Reported Date/Time: 2023-10-13 12:51:14