

**DEPARTMENT OF LABORATORY MEDICINE**

Final Report

Patient Name : Mr Jay Nitai Sahoo MRN : 17650000234367 Gender/Age : MALE , 48y (01/01/1975)

Collected On : 25/03/2023 10:16 AM Received On : 25/03/2023 10:28 AM Reported On : 25/03/2023 12:02 PM

Barcode : J12303250130 Specimen : Plasma Consultant : SELF(GENERAL ADMINISTRATION)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 6295495744

**BIOCHEMISTRY**

Test	Result	Unit	Biological Reference Interval
<b>Fasting Blood Sugar (FBS)</b> (Glucose Oxidase, Peroxidase)	87	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.



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Final Report

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Collected On : 25/03/2023 10:16 AM Received On : 25/03/2023 10:28 AM Reported On : 25/03/2023 12:03 PM

Barcode : J12303250129 Specimen : Serum Consultant : SELF(GENERAL ADMINISTRATION)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 6295495744

**BIOCHEMISTRY**

Test	Result	Unit	Biological Reference Interval
<b>SERUM CREATININE</b>			
Serum Creatinine (Two Point Rate - Creatinine Aminohydrolase)	<b>0.64 L</b>	mg/dL	0.66-1.25
eGFR (Calculated By MDRD Formula)	133.5	mL/min/1.73m <sup>2</sup>	Indicative for renal impairment: <60 Note: eGFR is inaccurate for Hemodynamically unstable patients . eGFR is not applicable for less than 18 years of age .
<b>Blood Urea Nitrogen (BUN)</b> (Endpoint /Colorimetric - Urease)	<b>4.20 L</b>	mg/dL	9.0-20.0
<b>Serum Sodium</b> (Direct ISE - Potentiometric)	142	mmol/L	137.0-145.0
<b>Serum Potassium</b> (Direct ISE - Potentiometric)	4.4	mmol/L	3.5-5.1
<b>LIPID PROFILE (CHOL,TRIG,HDL,LDL,VLDL)</b>			
Cholesterol Total (Colorimetric - Cholesterol Oxidase)	196	mg/dL	Both: Desirable: < 200 Both: Borderline High: 200-239 Both: High: > 240
Triglycerides	159	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)	<b>84 H</b>	mg/dL	40.0-60.0
Non-HDL Cholesterol	112	-	-
LDL Cholesterol (Colorimetric)	81.04	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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Appointments  
**180-0309-0309 (Toll Free)**

Emergencies  
**83348 30003**

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VLDL Cholesterol (Calculated)	31.8	mg/dL	0.0-40.0
Cholesterol /HDL Ratio	2.3	-	-

**LIVER FUNCTION TEST(LFT)**

Bilirubin Total (Colorimetric -Diazo Method)	0.3	mg/dL	0.2-1.3
Conjugated Bilirubin (Direct) (Calculated)	0.2	mg/dL	0.0-0.4
Unconjugated Bilirubin (Indirect) (Calculated)	0.1	-	-
Total Protein (Colorimetric - Biuret Method)	7.1	g/dL	6.3-8.2
Serum Albumin (Colorimetric - Bromo-Cresol Green)	4.1	gm/dL	3.5-5.0
Serum Globulin (Calculated)	3	g/dL	2.0-3.5
Albumin To Globulin (A/G)Ratio (Calculated)	1.37	-	1.0-2.1
SGOT (AST) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	43	U/L	17.0-59.0
SGPT (ALT) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	24	U/L	<50.0
Alkaline Phosphatase (ALP) (Multipoint-Rate - P-nitro Phenyl Phosphate, AMP Buffer)	93	U/L	38.0-126.0
Gamma Glutamyl Transferase (GGT) (Multipoint Rate - L-glutamyl-p-nitroanilide ( Szasz Method))	<b>146 H</b>	U/L	15.0-73.0

--End of Report--



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Consultant

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Final Report

Patient Name : Mr Jay Nitai Sahoo MRN : 17650000234367 Gender/Age : MALE , 48y (01/01/1975)

Collected On : 25/03/2023 12:54 PM Received On : 25/03/2023 01:02 PM Reported On : 26/03/2023 04:42 PM

Barcode : J42303250011 Specimen : Urine Consultant : SELF(GENERAL ADMINISTRATION)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 6295495744

**CLINICAL PATHOLOGY**

Test	Result	Unit	Biological Reference Interval
Urine For Sugar	Absent	-	-

**URINE ROUTINE & MICROSCOPY**

**PHYSICAL EXAMINATION**

Volume	30	ml	-
Colour	Pale Straw	-	-
Appearance	Slight Hazy	-	-

**CHEMICAL EXAMINATION**

pH(Reaction)	6.0	-	4.8-7.5
Sp. Gravity	1.010	-	1.002-1.030
Protein	Absent	-	-
Urine Glucose	Absent	-	Negative
Ketone Bodies	Absent	-	-
Bile Salts	Absent	-	Negative
Bile Pigment (Bilirubin)	Absent	-	Negative
Urobilinogen	Normal	-	-
Urine Leucocyte Esterase	Absent	-	-
Blood Urine	Absent	-	Negative
Nitrite	Absent	-	Negative

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### MICROSCOPIC EXAMINATION

Pus Cells	1-2	/hpf	0 - 2
RBC	Not Found	-	0 - 3
Epithelial Cells	2-4	/hpf	-
Crystals	Not Found	-	-
Casts	Not Found	-	-
Bacteria	Not Found	-	-

--End of Report--



Dr. Sourav Sarkar  
MBBS, MD, Pathology  
Consultant

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Collected On : 25/03/2023 10:16 AM Received On : 25/03/2023 10:28 AM Reported On : 25/03/2023 03:11 PM

Barcode : J32303250015 Specimen : Serum Consultant : SELF(GENERAL ADMINISTRATION)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 6295495744

**IMMONOLOGY**

Test	Result	Unit	Biological Reference Interval
<b>Prostate Specific Antigen (PSA)</b> (Enhanced Chemiluminescence Immunoassay (CLIA))	1.02	ng/mL	0.0-2.5
<b>THYROID PROFILE (T3, T4, TSH)</b>			
Tri Iodo Thyronine (T3) (Enhanced Chemiluminescence Immunoassay (CLIA))	1.17	ng/mL	0.97-1.69
Thyroxine (T4) (Enhanced Chemiluminescence Immunoassay (CLIA))	6.28	µg/dl	5.53-11.0
TSH (Thyroid Stimulating Hormone) (Enhanced Chemiluminescence Immunoassay (CLIA))	1.067	µIU/mL	0.4001-4.049

--End of Report--



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Collected On : 25/03/2023 10:16 AM Received On : 25/03/2023 10:28 AM Reported On : 25/03/2023 11:39 AM

Barcode : J22303250111 Specimen : Whole Blood - ESR Consultant : SELF(GENERAL ADMINISTRATION)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 6295495744

**HAEMATOLOGY**

Test	Result	Unit	Biological Reference Interval
<b>Erythrocyte Sedimentation Rate (ESR)</b> (Modified Westergren Method)	<b>98 H</b>	mm/1hr	0.0-10.0

--End of Report--



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Final Report

Patient Name : Mr Jay Nitai Sahoo MRN : 17650000234367 Gender/Age : MALE , 48y (01/01/1975)

Collected On : 25/03/2023 12:54 PM Received On : 25/03/2023 01:02 PM Reported On : 25/03/2023 03:09 PM

Barcode : J12303250177 Specimen : Plasma Consultant : SELF(GENERAL ADMINISTRATION)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 6295495744

**BIOCHEMISTRY**

Test	Result	Unit	Biological Reference Interval
<b>Post Prandial Blood Sugar (PPBS)</b> (Glucose Oxidase, Peroxidase)	<b>175 H</b>	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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**DEPARTMENT OF LABORATORY MEDICINE**

Final Report

Patient Name : Mr Jay Nitai Sahoo MRN : 17650000234367 Gender/Age : MALE , 48y (01/01/1975)

Collected On : 25/03/2023 10:16 AM Received On : 25/03/2023 10:28 AM Reported On : 25/03/2023 10:56 AM

Barcode : J22303250112 Specimen : Whole Blood Consultant : SELF(GENERAL ADMINISTRATION)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 6295495744

**HAEMATOLOGY**

Test	Result	Unit	Biological Reference Interval
<b>COMPLETE BLOOD COUNT (CBC)</b>			
Haemoglobin (Hb%) (sodium Lauryl Sulphate (SLS) Method)	13.8	g/dL	13.0-17.0
Red Blood Cell Count (Electrical Impedance)	<b>4.28 L</b>	millions/ $\mu$ L	4.5-5.5
PCV (Packed Cell Volume) / Hematocrit (Calculated)	42.3	%	40.0-54.0
MCV (Mean Corpuscular Volume) (Derived)	98.7	fL	83.0-101.0
MCH (Mean Corpuscular Haemoglobin) (Calculated)	<b>32.2 H</b>	pg	27.0-32.0
MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	32.6	%	31.5-34.5
Red Cell Distribution Width (RDW)	13.1	%	11.6-14.0
Platelet Count (Electrical Impedance)	335	Thous/Cumm	150.0-400.0
Mean Platelet Volume (MPV)	9.4	fL	7.0-11.7
Total Leucocyte Count(WBC) (Electrical Impedance)	7.3	-	4.0-10.0
<b>DIFFERENTIAL COUNT (DC)</b>			
Neutrophils	66.9	%	40.0-75.0
Lymphocytes (Fluorescent Flow Cytometry)	22.5	%	20.0-40.0
Monocytes (Fluorescent Flow Cytometry)	8.6	%	2.0-10.0
Eosinophils (Fluorescent Flow Cytometry)	1.7	%	1.0-6.0

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Appointments  
**180-0309-0309 (Toll Free)**

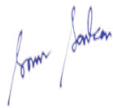
Emergencies  
**83348 30003**

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Basophils (Fluorescent Flow Cytometry)	0.3	%	0.0-2.0
NRBC	0.1	-	-
Absolute Neutrophil Count	4.9	-	-
Absolute Lymphocyte Count	1.6	-	-
Absolute Monocyte Count	0.6	-	-
Absolute Eosinophil Count	0.13	-	-
Absolute Basophil Count	0.03	-	-

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

--End of Report--



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Final Report

Patient Name : Mr Jay Nitai Sahoo MRN : 17650000234367 Gender/Age : MALE , 48y (01/01/1975)

Collected On : 25/03/2023 10:16 AM Received On : 25/03/2023 10:28 AM Reported On : 25/03/2023 01:03 PM

Barcode : J12303250131 Specimen : Whole Blood Consultant : SELF(GENERAL ADMINISTRATION)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 6295495744

**BIOCHEMISTRY**

Test	Result	Unit	Biological Reference Interval
<b>HBA1C</b>			
HbA1c (HPLC)	5.5	%	Both: Normal: 4.0-5.6 Both: Prediabetes: 5.7-6.4 Both: Diabetes: => 6.5 ADA standards 2019 (Carpenter/ Coustan)
Estimated Average Glucose	111.15	-	-

**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-

*Ritu Priya*

Dr. Ritu Priya  
MBBS, MD, Biochemistry  
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Emergencies  
**83348 30003**

2023-03-25 09:54:40

ID: 17650000734367  
Name: JAY NITAI SAHOO

Age: Male  
Gender: Male

Vent. Rate 79 bpm  
PR Interval 118 ms  
QRS Duration 80 ms  
QT/QTc Interval 364/397 ms  
P/QRS/T Axes 66/75/61 deg

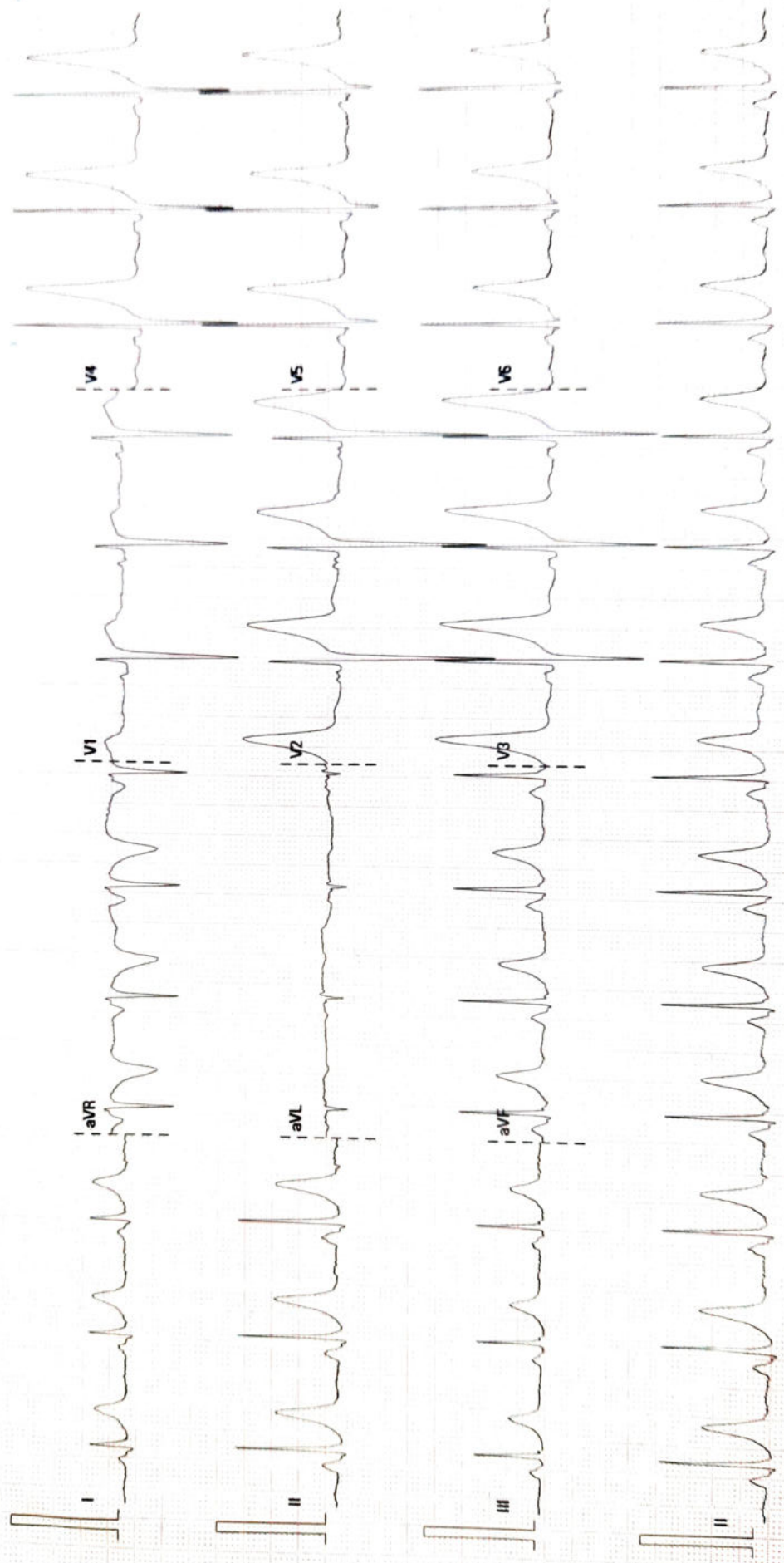
QTc: Hodges

Sinus rhythm  
--- Interpretation made without knowing patient's age ---  
Normal ECG

Unconfirmed Diagnosis.

Please Keep A Photocopy

PLEASE CORRELATE CLINICALLY



Patient details:  
Name:MR.JAY NITAI SAHOO  
Age: 48 YEARS  
Examination Date: 25.03.2023  
Consultant Name:DR.

MRN:17650000234367 Unit of Narayana Health  
Gender:MALE  
Processed Date: 25.03.2023  
Patient Location: OPD

**ECHOCARDIOGRAPHY REPORT**

**MEASUREMENT:**

AO: 27 (20-40) mm	LVID(d): 49 (36-52) mm	IVS(d): 12 (6-11) mm
LA: 29 (19-40) mm	LVID(s) : 35 (23-39) mm	PWd: 12 (6-11) mm
RVOT: 23 mm		LVEF ~ 60 %

**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

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**DOPPLER DATA:**

	Velocity(In m/s)	Peak PG(mmHg)	Mean PG(mmHg)	Regurgitation
<b>Mitral</b>	E - 0.7 , A - 0.5			0/4
<b>Aortic</b>	0.9	3.3		0/4
<b>Tricuspid</b>	2.2	20		Trivial
<b>Pulmonary</b>	0.7	1.9		0/4

**LVOT** : No significant gradient noted.

**Vegetation/Thrombus:** Nil

**Pericardium** : Normal

**Other Findings** : E/E':05  
Poor echo window.

**Final Diagnosis:**

Concentric LVH.  
 Normal size cardiac chambers.  
 Jerky IV septal motion.  
 Normal LV systolic function. LV EF~ 60%  
 Adequate LV diastolic compliance.dysfunction of LV.

Clinical correlation please.

NOTE: Echo of Patient: MR.JAY NITAI SAHOO

MRN: 17650000234367

has been done on 25.03.2023 and reported on 25.03.2023



**DR. SHAMICK SAHA**  
Junior consultant

**TECHNICIAN**  
YADAV

TB: K. DEB

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**83348 30003**

<b>Patient Name</b>	Jay Nitai Sahoo	<b>Requested By</b>	SELF
<b>MRN</b>	17650000234367	<b>Procedure DateTime</b>	2023-03-25 11:33:00
<b>Age/Sex</b>	48Y 2M / Male	<b>Hospital</b>	NH-NMH & NSH

**USG OF WHOLE ABDOMEN (SCREENING)**

**USG OBSERVATIONS:**

**LIVER:**

Normal in size (13.7 cm), shape and outline. Parenchymal echotexture normal. 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 3.9 mm.

**PORTAL VEIN:** Portal vein is normal. It measures 11.5 mm.

**PANCREAS:**

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

**SPLEEN:**

Normal in size (6.3 cm) and echotexture. No focal or diffuse lesion seen.

**KIDNEYS:**

Right kidney measures 9.3 cm.

Left kidney measures 9.3 cm.

Normal in size, shape and outline. Parenchymal echotexture normal. Corticomedullary differentiation is well made out and is normal. No hydronephrosis seen in both kidneys. **Multiple tiny calcific foci are seen in bilateral kidneys.**

**URINARY BLADDER:** Wall thickness normal. Luminal echoes normal. No calculi.

**PROSTATE:**

Measures: 2.6 x 3.5 x 3.1 cm = 15 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:**

- **Multiple tiny calcific foci in bilateral kidneys -- likely concretions.**

**--- Follow up 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.*

*Maitri*

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

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