

**DEPARTMENT OF LABORATORY MEDICINE**

Final Report

Patient Name : Mr Somenath Roy MRN : 1760000234227 Gender/Age : MALE , 32y (17/04/1990)

Collected On : 25/02/2023 09:58 AM Received On : 25/02/2023 10:02 AM Reported On : 25/02/2023 11:00 AM

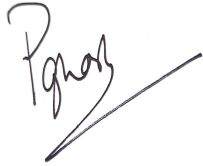
Barcode : F22302250068 Specimen : Whole Blood - ESR Consultant : Dr. Swarup Paul(CRITICAL CARE MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9831594321

**HAEMATOLOGY LAB**

Test	Result	Unit	Biological Reference Interval
<b>Erythrocyte Sedimentation Rate (ESR)</b> (Westergren Method)	10	mm/1hr	0.0-10.0

--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.



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Barcode : F12302250083 Specimen : Serum Consultant : Dr. Swarup Paul(CRITICAL CARE MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9831594321

**BIOCHEMISTRY**

Test	Result	Unit	Biological Reference Interval
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**SERUM CREATININE**

Serum Creatinine (Enzymatic Method)	0.9	mg/dL	0.66-1.25
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eGFR (Calculated By MDRD Formula)	97.8	mL/min/1.73m <sup>2</sup>	-
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<b>Blood Urea Nitrogen (BUN)</b> (Urease, UV)	12.15	mg/dL	9.0-20.0
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<b>Serum Sodium</b> (ISE Direct )	144	mmol/L	137.0-145.0
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<b>Serum Potassium</b> (ISE Direct )	4.8	mmol/L	3.5-5.1
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**LIPID PROFILE (CHOL,TRIG,HDL,LDL,VLDL)**

Cholesterol Total (Cholesterol Oxidase Esterase Peroxidase)	197	mg/dL	Desirable: < 200 Borderline High: 200-239 High: > 240
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Triglycerides (Enzymatic End Point)	<b>258 H</b>	mg/dL	Normal: < 150 Borderline: 150-199 High: 200-499 Very High: > 500
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HDL Cholesterol (HDLC) (Direct Measure, PTA /MgCl <sub>2</sub> )	40	mg/dL	Low: <40.0 mg/dL High: >60.0 mg/dL
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Non-HDL Cholesterol	157.0	-	-
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LDL Cholesterol (End Point)	<b>119.58 H</b>	mg/dL	Optimal: < 100 Near to above optimal: 100-129 Borderline High: 130-159 High: 160-189 Very High: > 190
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VLDL Cholesterol (Calculated)	<b>52 H</b>	mg/dL	0.0-40.0
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Cholesterol /HDL Ratio (Calculated)	5.0	-	-
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**LIVER FUNCTION TEST(LFT)**

Bilirubin Total (Dyphylline, Diazonium Salt)	0.6	mg/dL	0.2-1.3
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Emergencies

**9836-75-0808**

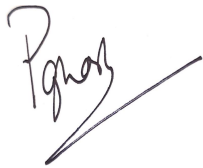
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Conjugated Bilirubin (Direct) (Direct Measure)	0.2	mg/dL	0.0-0.3
Unconjugated Bilirubin (Indirect) (Direct Measure)	0.4	mg/dL	0.3-1.3
Total Protein (Biuret, No Serum Blank, End Point)	8.2	g/dL	6.3-8.2
Serum Albumin (Bromocresol Green (BCG))	4.6	gm/dL	3.5-5.0
Serum Globulin (Calculated)	<b>3.7 H</b>	g/dL	2.0-3.5
Albumin To Globulin (A/G)Ratio (Calculated)	1.2	-	1.0-2.1
SGOT (AST) (Multiple-point Rate)	29	U/L	17.0-59.0
SGPT (ALT) (Uv With P5p)	38	U/L	<50.0
Alkaline Phosphatase (ALP) (PMPP, AMP Buffer)	69	IU/L	38.0-126.0
Gamma Glutamyl Transferase (GGT) (G-glutamyl-p-nitroanilide)	22	U/L	15.0-73.0

**THYROID PROFILE (T3, T4, TSH)**

Tri Iodo Thyronine (T3) (CLIA)	1.43	ng/mL	0.97-1.69
Thyroxine (T4) (CLIA)	10.1	µg/dl	5.53-11.0
TSH (Thyroid Stimulating Hormone) (CLIA)	1.428	µIU/mL	0.4-4.049

--End of Report--



Dr. Prithwjit Ghosh  
MBBS, MD, Pathology  
Consultant Pathologist

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**DEPARTMENT OF LABORATORY MEDICINE**

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Patient Name : Mr Somenath Roy MRN : 1760000234227 Gender/Age : MALE , 32y (17/04/1990)

Collected On : 25/02/2023 02:11 PM Received On : 25/02/2023 02:12 PM Reported On : 25/02/2023 03:41 PM

Barcode : F12302250140 Specimen : Plasma Consultant : Dr. Swarup Paul(CRITICAL CARE MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9831594321

**BIOCHEMISTRY**

Test	Result	Unit	Biological Reference Interval
<b>Post Prandial Blood Sugar (PPBS)</b> (Glucose Oxidase, Hydrogen Peroxidase)	132	mg/dL	Normal: ≤140 Pre-diabetes: 141-199 Diabetes: => 200

**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

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<b>Patient Name</b>	Somenath Roy	<b>Requested By</b>	Dr. Swarup Paul
<b>MRN</b>	17600000234227	<b>Procedure DateTime</b>	2023-02-25 11:11:57
<b>Age/Sex</b>	32Y 10M/Male	<b>Hospital</b>	NH-BARASAT

### ULTRASONOGRAPHY OF WHOLE ABDOMEN

**LIVER** : Liver is **mildly enlarged in size (16.5 cm)** but has normal shape and outline. **There is mild diffuse homogeneous increase of hepatic parenchymal echogenicity.** No focal SOL seen. IHBRs are not dilated.

**CBD** : It is not dilated, measuring – 3.3 mm at porta, visualized proximal lumen is clear. Distal CBD is obscured by bowel gas shadow.

**PV** : It appears normal, measuring – 8.5 mm at porta.

**GALL BLADDER** : It is optimally distended. No evidence of intraluminal calculus or sludge is seen. Gall bladder wall is normal in thickness.

No pericholecystic collection or frank mass formation is seen.

**SPLEEN** : It is normal in size (10.4 cm), shape, outline & echotexture. No focal lesion seen.

**PANCREAS** : It is normal in size and echotexture . No focal lesion is seen. No calcification is seen. Main pancreatic duct is not dilated.

**ADRENAL GLANDS** : They are not enlarged.

**KIDNEYS** : Both kidneys are normal in size, shape, position and axis.

Cortical echo is normal. Cortico-medullary differentiation is maintained.

No calculus or hydronephrosis is seen.

Perirenal fascial planes are intact.

Measures : Right kidney – 10.0 cm. Left kidney – 9.6 cm.

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

Aorta – Normal.

IVC – Normal

**URINARY BLADDER** : It is well distended. Wall is normal. No intraluminal pathology seen.

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

Median lobe is not enlarged.

Prostate measures : (3.2 x 2.4 x 3.4) cm Volume : 13.3 cc

Both seminal vesicles appear normal.

**RIF/ LIF**: Appendix is not visualized. No mass lesion or lymphadenopathy seen at RIF/ LIF.

No ascites seen.

No pleural effusion seen.

**IMPRESSION :**

- **Mild hepatomegaly with mild fatty liver.**

Advise : Clinical correlation & further relevant investigation suggested.

Goutam Das

**Dr. Goutam Das**  
MD (Radiodiagnosis)

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Collected On : 25/02/2023 09:58 AM Received On : 25/02/2023 10:02 AM Reported On : 25/02/2023 07:32 PM

Barcode : F12302250085 Specimen : Whole Blood Consultant : Dr. Swarup Paul(CRITICAL CARE MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9831594321

**BIOCHEMISTRY**

Test	Result	Unit	Biological Reference Interval
<b>HBA1C</b>			
HbA1c (HPLC)	5.6	%	Both: Normal: 4.0-5.6 Both: Prediabetes: 5.7-6.4 Both: Diabetes: => 6.5 ADA standards 2019 (Carpenter/ Coustan)
Estimated Average Glucose	114.02	-	-

**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. Samarпита Mukherjee  
MBBS, MD Biochemistry  
CONSULTANT

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Patient Name : Mr Somenath Roy MRN : 1760000234227 Gender/Age : MALE , 32y (17/04/1990)

Collected On : 25/02/2023 09:58 AM Received On : 25/02/2023 04:53 PM Reported On : 25/02/2023 06:14 PM

Barcode : F32302250008 Specimen : Stool Consultant : Dr. Swarup Paul(CRITICAL CARE MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9831594321

**CLINICAL PATHOLOGY**

Test	Result	Unit	Biological Reference Interval
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**STOOL ROUTINE EXAMINATION**

**PHYSICAL EXAMINATION**

Colour (Visible)	Brownish	-	-
Consistency (Visible)	Semi Solid	-	-
Mucus (Visible)	Absent	-	-

**CHEMICAL EXAMINATION**

Stool For Occult Blood (Standard Guaiac Method)	Negative	-	-
Reaction (pH Indicator Method)	Alkaline	-	-
Others (Microscopy)	Bacteria(+)	-	-

**MICROSCOPE EXAMINATION**

Ova (Microscopy)	Absent	-	-
Pus Cells (Microscopy)	6-8/hpf	-	1 - 2
Epithelial Cells (Microscopy)	4-6/hpf	-	2-3
Veg Cells (Microscopy)	Present	-	-
Bacteria	Present	-	-

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1517

<b>Patient Name</b>	Somenath Roy	<b>Requested By</b>	Dr. Swarup Paul
<b>MRN</b>	17600000234227	<b>Procedure DateTime</b>	2023-02-25 11:04:14
<b>Age/Sex</b>	32Y 10M/Male	<b>Hospital</b>	NH-BARASAT

**X-RAY - CHEST (PA)**

Lung fields appear normal.

Trachea is in situ

CP angles are clear.

Cardiac shadow is normal.

**Suggested clinical correlation and further investigations**



**Dr. Subrata Sanyal**  
(Department of Radiology)

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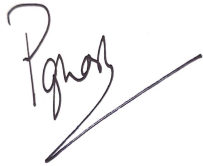
Barcode : F12302250084 Specimen : Plasma Consultant : Dr. Swarup Paul(CRITICAL CARE MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9831594321

**BIOCHEMISTRY**

Test	Result	Unit	Biological Reference Interval
<b>Fasting Blood Sugar (FBS)</b> (Glucose Oxidase, Hydrogen Peroxidase)	98	mg/dL	Normal: 70-109 Pre-diabetes: 110-125 Diabetes: => 126

--End of Report--



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MBBS, MD, Pathology  
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Collected On : 25/02/2023 09:58 AM Received On : 25/02/2023 10:02 AM Reported On : 25/02/2023 11:45 AM

Barcode : F22302250067 Specimen : Whole Blood Consultant : Dr. Swarup Paul(CRITICAL CARE MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9831594321

**HAEMATOLOGY LAB**

Test	Result	Unit	Biological Reference Interval
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**BLOOD GROUP & RH TYPING**

Blood Group (Slide Technique And Tube Technique)	"O"	-	-
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RH Typing (Slide Technique And Tube Technique)	Positive	-	-
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**COMPLETE BLOOD COUNT (CBC)**

Haemoglobin (Hb%) (Cyanide-free Hemoglobin Method)	16.3	-	-
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Red Blood Cell Count (Impedance Variation)	<b>5.62 H</b>	millions/ $\mu$ L	4.5-5.5
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PCV (Packed Cell Volume) / Hematocrit (Impedance)	<b>50.3 H</b>	%	40.0-50.0
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MCV (Mean Corpuscular Volume) (Calculated)	90	fL	83.0-101.0
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MCH (Mean Corpuscular Haemoglobin) (Calculated)	29.1	pg	27.0-32.0
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MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	32.5	g/dL	31.5-34.5
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Red Cell Distribution Width (RDW) (Impedance)	<b>15.5 H</b>	%	11.6-14.0
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Platelet Count (Impedance Variation/Microscopy)	199	Thousand / $\mu$ L	150.0-410.0
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Total Leucocyte Count(WBC) (Impedance Variation)	9.5	$\times 10^3$ cells/ $\mu$ l	4.0-10.0
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**DIFFERENTIAL COUNT (DC)**

Neutrophils (Impedance Variation And Absorbency /Microscopy)	65.7	%	40.0-80.0
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Lymphocytes (Impedance Variation And Absorbency /Microscopy)	27.4	%	20.0-40.0
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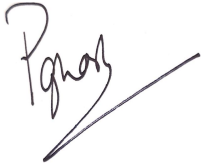
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Monocytes (Impedance Variation And Absorbency /Microscopy)	5.2	%	2.0-10.0
Eosinophils (Impedance Variation And Absorbency /Microscopy)	1.6	%	1.0-6.0
Basophils (Impedance Variation And Absorbency /Microscopy)	<b>0.1 L</b>	%	1.0-2.0
Absolute Neutrophil Count	6.25	-	-
Absolute Lymphocyte Count	2.61	-	-
Absolute Monocyte Count	0.5	-	-
Absolute Eosinophil Count	0.16	-	-
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.

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