

DEPARTMENT OF LABORATORY MEDICINE

Patient Name : Mr Tarak Pahari MRN : 17640000124770 Gender/Age : MALE , 30y (24/03/1992)
 Collected On : 09/03/2023 08:33 AM Received On : 09/03/2023 08:39 AM Reported On : 09/03/2023 11:14 AM
 Barcode : J12303090097 Specimen : Plasma Consultant : EXTERNAL(EXTERNAL)
 Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9593425907

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
Fasting Blood Sugar (FBS) (Glucose Oxidase, Peroxidase)	97	mg/dL	Both: Normal: 70-99 Both: Pre-diabetes: 100-125 Both: Diabetes: => 126 ADA standards 2019

--End of Report--



Ritu Priya

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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DEPARTMENT OF LABORATORY MEDICINE

Patient Name : Mr Tarak Pahari MRN : 17640000124770 Gender/Age : MALE , 30y (24/03/1992)

Collected On : 09/03/2023 08:33 AM Received On : 09/03/2023 08:39 AM Reported On : 09/03/2023 11:15 AM

Barcode : J12303090096 Specimen : Serum Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9593425907

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
SERUM CREATININE			
Serum Creatinine (Two Point Rate - Creatinine Aminohydrolase)	0.94	mg/dL	0.66-1.25
eGFR (Calculated By MDRD Formula)	94.3	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)	10.28	mg/dL	9.0-20.0
Serum Sodium (Direct ISE - Potentiometric)	142	mmol/L	137.0-145.0
Serum Potassium (Direct ISE - Potentiometric)	4.8	mmol/L	3.5-5.1
LIPID PROFILE (CHOL,TRIG,HDL,LDL,VLDL)			
Cholesterol Total (Colorimetric - Cholesterol Oxidase)	150	mg/dL	Both: Desirable: < 200 Both: Borderline High: 200-239 Both: High: > 240
Triglycerides	103	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)	47	mg/dL	40.0-60.0
Non-HDL Cholesterol	103	-	-
LDL Cholesterol (Colorimetric)	80.80	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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Patient Name : Mr Tarak Pahari MRN : 17640000124770 Gender/Age : MALE , 30y (24/03/1992)			
VLDL Cholesterol (Calculated)	20.6	mg/dL	0.0-40.0
Cholesterol /HDL Ratio	3.2	-	-
LIVER FUNCTION TEST(LFT)			
Bilirubin Total (Colorimetric -Diazo Method)	1.5 H	mg/dL	0.2-1.3
Conjugated Bilirubin (Direct) (Calculated)	0.3	mg/dL	0.0-0.4
Unconjugated Bilirubin (Indirect) (Calculated)	1.2	-	-
Total Protein (Colorimetric - Biuret Method)	7.3	g/dL	6.3-8.2
Serum Albumin (Colorimetric - Bromo-Cresol Green)	4.5	gm/dL	3.5-5.0
Serum Globulin (Calculated)	2.8	g/dL	2.0-3.5
Albumin To Globulin (A/G)Ratio (Calculated)	1.61	-	1.0-2.1
SGOT (AST) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	36	U/L	17.0-59.0
SGPT (ALT) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	65 H	U/L	<50.0
Alkaline Phosphatase (ALP) (Multipoint-Rate - P-nitro Phenyl Phosphate, AMP Buffer)	44	U/L	38.0-126.0
Gamma Glutamyl Transferase (GGT) (Multipoint Rate - L-glutamyl-p-nitroanilide (Szasz Method))	28	U/L	15.0-73.0

--End of Report--

Ritu Priya

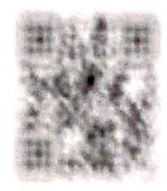
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ಸರ್ಕಾರದ ಅಧಿಕಾರವು ಈ ದಾಖಲೆಯನ್ನು ಸಂಪೂರ್ಣವಾಗಿ ನಿಯಂತ್ರಿಸುತ್ತದೆ.

ಟಿಪ್ಪಣಿ



- 1. ದಾಖಲೆಯನ್ನು ಸಂಪೂರ್ಣವಾಗಿ ನಿಯಂತ್ರಿಸುತ್ತದೆ.
- 2. ದಾಖಲೆಯನ್ನು ಸಂಪೂರ್ಣವಾಗಿ ನಿಯಂತ್ರಿಸುತ್ತದೆ.
- 3. ದಾಖಲೆಯನ್ನು ಸಂಪೂರ್ಣವಾಗಿ ನಿಯಂತ್ರಿಸುತ್ತದೆ.



ಕರ್ನಾಟಕ ಸರ್ಕಾರದ ಅಧಿಕಾರ

ಕರ್ನಾಟಕ ಸರ್ಕಾರದ ಅಧಿಕಾರ

1. ದಾಖಲೆಯನ್ನು ಸಂಪೂರ್ಣವಾಗಿ ನಿಯಂತ್ರಿಸುತ್ತದೆ.
 2. ದಾಖಲೆಯನ್ನು ಸಂಪೂರ್ಣವಾಗಿ ನಿಯಂತ್ರಿಸುತ್ತದೆ.
 3. ದಾಖಲೆಯನ್ನು ಸಂಪೂರ್ಣವಾಗಿ ನಿಯಂತ್ರಿಸುತ್ತದೆ.


 ಸರ್ಕಾರದ ಅಧಿಕಾರ

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 Barcode : J22303090084 Specimen : Whole Blood Consultant : EXTERNAL(EXTERNAL)
 Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9593425907

HAEMATOLOGY

Test	Result	Unit	Biological Reference Interval
COMPLETE BLOOD COUNT (CBC)			
Haemoglobin (Hb%) (sodium Lauryl Sulphate (SLS) Method)	15.9	g/dL	13.0-17.0
Red Blood Cell Count (Electrical Impedance)	5.86 H	millions/ μ L	4.5-5.5
PCV (Packed Cell Volume) / Hematocrit (Calculated)	48.6	%	40.0-54.0
MCV (Mean Corpuscular Volume) (Derived)	82.9 L	fL	83.0-101.0
MCH (Mean Corpuscular Haemoglobin) (Calculated)	27.1	pg	27.0-32.0
MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	32.6	%	31.5-34.5
Red Cell Distribution Width (RDW)	14.8 H	%	11.6-14.0
Platelet Count (Electrical Impedance)	159	Thous/Cumm	150.0-400.0
Mean Platelet Volume (MPV)	10.5	fL	7.0-11.7
Total Leucocyte Count(WBC) (Electrical Impedance)	8.0	-	4.0-10.0
DIFFERENTIAL COUNT (DC)			
Neutrophils	60.5	%	40.0-75.0
Lymphocytes (Fluorescent Flow Cytometry)	30.1	%	20.0-40.0
Monocytes (Fluorescent Flow Cytometry)	7.1	%	2.0-10.0
Eosinophils (Fluorescent Flow Cytometry)	1.8	%	1.0-6.0

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Patient Name : Mr Tarak Pahari MRN : 17640000124770 Gender/Age : MALE , 30y (24/03/1992)

Basophils (Fluorescent Flow Cytometry)	0.5	%	0.0-2.0
NRBC	0.3	-	-
Absolute Neutrophil Count	4.8	-	-
Absolute Lymphocyte Count	2.4	-	-
Absolute Monocyte Count	0.6	-	-
Absolute Eosinophil Count	0.15	-	-
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.

--End of Report--

Smita Priyam

Dr. Smita Priyam
 MBBS, MD, Pathology
 REGISTRAR

Note

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- Kindly correlate clinically.



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Collected On : 09/03/2023 08:33 AM Received On : 09/03/2023 08:39 AM Reported On : 09/03/2023 01:36 PM
Barcode : J32303090008 Specimen : Serum Consultant : EXTERNAL(EXTERNAL)
Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9593425907

Test	IMMONOLOGY		
	Result	Unit	Biological Reference Interval
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))	6.12	µg/dl	5.53-11.0
TSH (Thyroid Stimulating Hormone) (Enhanced Chemiluminescence Immunoassay (CLIA))	2.189	µIU/mL	0.4001-4.049

--End of Report--

Ritu Priya

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MBBS, MD, Biochemistry
Consultant

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DEPARTMENT OF LABORATORY MEDICINE

Patient Name : Mr Tarak Pahari MRN : 17640000124770 Gender/Age : MALE , 30y (24/03/1992)

 Collected On : 09/03/2023 08:33 AM Received On : 09/03/2023 08:39 AM Reported On : 13/03/2023 06:43 PM

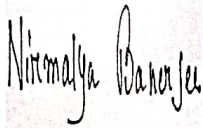
 Barcode : L12303090005 Specimen : Whole Blood Consultant : EXTERNAL(EXTERNAL)

 Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9593425907

NARAYANA SUPERSPECIALITY HOSPITAL BLOOD CENTRE

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

--End of Report--



Dr. Nirmalya Banerjee

 MD, DNB, DM (Histopathology, PGIMER, CHD)

 Associate Consultant

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Appointments

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Emergencies

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DEPARTMENT OF LABORATORY MEDICINE

Patient Name : Mr Tarak Pahari MRN : 17640000124770 Gender/Age : MALE , 30y (24/03/1992)

Collected On : 09/03/2023 01:09 PM Received On : 09/03/2023 01:09 PM Reported On : 09/03/2023 03:23 PM

Barcode : J12303090175 Specimen : Plasma Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9593425907

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
Post Prandial Blood Sugar (PPBS) (Glucose Oxidase, Peroxidase)	120	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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MBBS, MD, Biochemistry
Consultant

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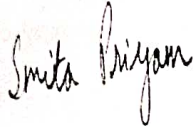
DEPARTMENT OF LABORATORY MEDICINE

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 Collected On : 09/03/2023 08:33 AM Received On : 09/03/2023 08:39 AM Reported On : 09/03/2023 11:14 AM
 Barcode : J22303090083 Specimen : Whole Blood - ESR Consultant : EXTERNAL(EXTERNAL)
 Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9593425907

HAEMATOLOGY

Test	Result	Unit	Biological Reference Interval
Erythrocyte Sedimentation Rate (ESR) (Modified Westergren Method)	28 H	mm/1hr	0.0-10.0

--End of Report--



Dr. Smita Priyam
 MBBS, MD, Pathology
 REGISTRAR

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Collected On : 09/03/2023 08:33 AM Received On : 09/03/2023 08:39 AM Reported On : 09/03/2023 02:13 PM
Barcode : J12303090098 Specimen : Whole Blood Consultant : EXTERNAL(EXTERNAL)
Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9593425907

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	122.64	-	-

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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 Barcode : J42303090003 Specimen : Urine Consultant : EXTERNAL(EXTERNAL)
 Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9593425907

CLINICAL PATHOLOGY

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

URINE ROUTINE & MICROSCOPY

PHYSICAL EXAMINATION

Volume	40	ml	-
Colour	Straw	-	-
Appearance	Clear	-	-

CHEMICAL EXAMINATION

pH(Reaction)	6.0	-	4.8-7.5
Sp. Gravity	1.015	-	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	0-1	/hpf	0 - 2
RBC	Not Found	-	0 - 3
Epithelial Cells	Occasional	-	2-3
Crystals	Not Found	-	-
Casts	Not Found	-	-
Bacteria	Not Found	-	-

--End of Report--



Dr. Smita Priyam
 MBBS, MD, Pathology
 REGISTRAR

Note

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



Narayana Superspeciality Hospital

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Patient Name	Tarak Pahari	Requested By	EXTERNAL
MRN	17640000124770	Procedure DateTime	2023-03-09 10:49:11
Age/Sex	30Y 11M / Male	Hospital	NH-NMH & NSH

USG WHOLE ABDOMEN (Screening)

USG OBSERVATIONS:

Liver: Normal in size (13 cm), shape and outline. Parenchymal echotexture normal. **Hyperechoic SOL measuring 1.2 x 1.1 cm is noted at segment VI suggestive of hemangioma.** 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.

Portal Vein: It appears normal.

CBD: Not dilated.

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

Spleen: Normal in size (10.5 cm) with normal echotexture. No focal or diffuse lesion seen.

Kidneys:

Right kidney measures 9.3 x 4.3 cm

Left kidney measures 10.8 x 5.0 cm

Normal in size, shape and outline. Parenchymal texture normal. Corticomedullary differentiation is well made out and is normal. Sinus echoes are normal. No hydronephrosis / calculus seen on both sides.

Urinary Bladder: Wall thickness normal. Luminal echoes normal. No calculi.

Prostate: Measures: 3.4 x 2.4 x 2.9 cm ~ 12 cc. Normal in size, shape and echo pattern with well demarcated outlines. No obvious focal area or calcification or mass lesion.

- No free fluid in abdomen.

IMPRESSION:

Present study suggests:

- ? Hemangioma at liver.

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.



Dr Surg Lt Cdr Subhankar Datta
MBBS, CBET-USG
REG NO-82415(WBMC)
CONSULTANT SONOLOGIST

This is a digitally signed valid document. Reported Date/Time: 2023-03-10 15:02:04

Patient Name	Tarak Pahari	Requested By	EXTERNAL
MRN	17640000124770	Procedure DateTime	2023-03-09 09:17:35
Age/Sex	30Y 11M / Male	Hospital	NH-NMH & NSH

X-RAY CHEST PA VIEW

Bilateral lung fields appear normal.

Bilateral costophrenic angles are unremarkable.

Bilateral hila and vascular markings are unremarkable.

Domes of diaphragm are normal in morphology and contour.

Cardiac size is within normal limits.

Bony thoracic cage appears normal.

Not for medico legal purpose. This is only a Radiological Impression and not Diagnosis. Like all diagnostic modalities, X-ray Scan also has its limitations. Therefore, X-ray Scan report should be interpreted in correlation with clinical and pathological findings. In case of any discrepancy in report due to machine or typing error kindly get it rectified immediately. All typing and topographical error is regretted and if detected at any time is correctable. Please inform us immediately. Undisplaced fractures may be overlooked on Plain x-ray examination, further evaluation with CT or other relevant investigation may be recommended if there is clinical suspicion.



Dr Manish Kumar Jha
MD Radio Diagnosis
Consultant Radiologist

This is a digitally signed valid document. Reported Date/Time: 2023-03-22 12:46:35

Patient details:
Name:MR.TARAK PAHARI
Age: 30 YEARS
Examination Date: 09.03.2023
Consultant Name:DR.

MRN:17640000124770
Gender:MALE
Processed Date: 09.03.2023
Patient Location: OPD

ECHOCARDIOGRAPHY REPORT

MEASUREMENT:

AO: 22 (20-40) mm	LVID(d): 47 (36-52) mm	IVS(d): 09 (6-11) mm
LA: 37 (19-40) mm	LVID(s) : 26 (23-39) mm	PWd: 09 (6-11) mm
RVOT: 20 mm		LVEF ~ 65 %

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
Mitral	E - 0.5 , A - 0.7			0/4
Aortic	0.8	3.0		0/4
Tricuspid	1.5	10		Trivial
Pulmonary	0.9	3.7		0/4

LVOT : No significant gradient noted.

Vegetation/Thrombus: Nil

Pericardium : Normal

Other Findings : E/E':11

Final Diagnosis:

Normal size cardiac chambers.
No significant regional wall motion abnormality of LV at rest.
Normal LV systolic function. LV EF~ 65%
Gr-I Diastolic dysfunction of LV.

Clinical correlation please.

NOTE: Echo of Patient: MR.TARAK PAHARI

MRN: 17640000124770

has been done on 09.03.2023 and reported on 09.03.2023



DR. SHAMICK SAHA
Junior consultant

TB: K. DEB

TECHNICIAN
MUSTARI

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