

**DEPARTMENT OF LABORATORY MEDICINE**

Final Report

Patient Name : Manoranjan Hemrom MRN : 17650000251165 Gender/Age : MALE , 58y (01/01/1965)

Collected On : 09/09/2023 09:57 AM Received On : 09/09/2023 11:05 AM Reported On : 09/09/2023 11:31 AM

Barcode : J22309090102 Specimen : Whole Blood Consultant : Dr. Ramyajit Lahiri(EMERGENCY MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9748259587

**HAEMATOLOGY**

Test	Result	Unit	Biological Reference Interval
<b>COMPLETE BLOOD COUNT (CBC)</b>			
Haemoglobin (Hb%) (sodium Lauryl Sulphate (SLS) Method)	<b>12.1 L</b>	g/dL	13.0-17.0
Red Blood Cell Count (Electrical Impedance)	5.31	millions/ $\mu$ L	4.5-5.5
PCV (Packed Cell Volume) / Hematocrit (Calculated)	<b>39.0 L</b>	%	40.0-54.0
MCV (Mean Corpuscular Volume) (Derived)	<b>73.5 L</b>	fL	83.0-101.0
MCH (Mean Corpuscular Haemoglobin) (Calculated)	<b>22.8 L</b>	pg	27.0-32.0
MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	<b>31.0 L</b>	%	31.5-34.5
Red Cell Distribution Width (RDW)	<b>16.1 H</b>	%	11.6-14.0
Platelet Count (Electrical Impedance)	154	Thous/Cumm	150.0-400.0
Mean Platelet Volume (MPV)	<b>12.0 H</b>	fL	7.0-11.7
Total Leucocyte Count(WBC) (Electrical Impedance)	7.1	-	4.0-10.0
<b>DIFFERENTIAL COUNT (DC)</b>			
Neutrophils	68.1	%	40.0-75.0
Lymphocytes (Fluorescent Flow Cytometry)	<b>17.6 L</b>	%	20.0-40.0
Monocytes (Fluorescent Flow Cytometry)	<b>11.3 H</b>	%	2.0-10.0
Eosinophils (Fluorescent Flow Cytometry)	2.3	%	1.0-6.0

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

Emergencies  
**83348 30003**

Patient Name : Manoranjan Hemrom MRN : 17650000251165 Gender/Age : MALE , 58y (01/01/1965)

Basophils (Fluorescent Flow Cytometry)	0.7	%	0.0-2.0
NRBC	0.0	-	-
Absolute Neutrophil Count	4.84	-	-
Absolute Lymphocyte Count	1.25	-	-
Absolute Monocyte Count	0.8	-	-
Absolute Eosinophil Count	0.16	-	-
Absolute Basophil Count	0.05	-	-

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. Smita Priyam  
MBBS, MD, Pathology  
REGISTRAR

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- Kindly correlate clinically.



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Collected On : 09/09/2023 09:57 AM Received On : 09/09/2023 11:05 AM Reported On : 09/09/2023 12:58 PM

Barcode : J12309090114 Specimen : Whole Blood Consultant : Dr. Ramyajit Lahiri(EMERGENCY MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9748259587

**BIOCHEMISTRY**

Test	Result	Unit	Biological Reference Interval
<b>HBA1C</b>			
HbA1c (HPLC)	<b>8.7 H</b>	%	Both: Normal: 4.0-5.6 Both: Prediabetes: 5.7-6.4 Both: Diabetes: => 6.5 ADA standards 2019 (Carpenter/ Coustan)
Estimated Average Glucose	202.99	-	-

**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. Ritu Priya  
MBBS, MD, Biochemistry  
Consultant

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Barcode : J12309090114 Specimen : Whole Blood Consultant : Dr. Ramyajit Lahiri(EMERGENCY MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9748259587

**BIOCHEMISTRY**

Test	Result	Unit	Biological Reference Interval
<b>HBA1C</b>			
HbA1c (HPLC)	<b>8.7 H</b>	%	Both: Normal: 4.0-5.6 Both: Prediabetes: 5.7-6.4 Both: Diabetes: => 6.5 ADA standards 2019 (Carpenter/ Coustan)
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Collected On : 09/09/2023 09:57 AM Received On : 09/09/2023 11:05 AM Reported On : 09/09/2023 12:34 PM

Barcode : J12309090112 Specimen : Serum Consultant : Dr. Ramyajit Lahiri(EMERGENCY MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9748259587

**BIOCHEMISTRY**

Test	Result	Unit	Biological Reference Interval
<b>SERUM CREATININE</b>			
Serum Creatinine (Two Point Rate - Creatinine Aminohydrolase)	0.75	mg/dL	0.66-1.25
eGFR (Calculated By MDRD Formula)	107.0	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>5.60 L</b>	mg/dL	9.0-20.0
<b>Serum Sodium</b> (Direct ISE - Potentiometric)	137	mmol/L	137.0-145.0
<b>Serum Potassium</b> (Direct ISE - Potentiometric)	<b>5.2 H</b>	mmol/L	3.5-5.1
<b>LIPID PROFILE (CHOL,TRIG,HDL,LDL,VLDL)</b>			
Cholesterol Total (Colorimetric - Cholesterol Oxidase)	128	mg/dL	Both: Desirable: < 200 Both: Borderline High: 200-239 Both: High: > 240
Triglycerides	83	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)	41	mg/dL	40.0-60.0
Non-HDL Cholesterol	87	-	-
LDL Cholesterol (Colorimetric)	86.49	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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VLDL Cholesterol (Calculated)	16.6	mg/dL	0.0-40.0
Cholesterol /HDL Ratio	3.1	-	-
<b>LIVER FUNCTION TEST(LFT)</b>			
Bilirubin Total (Colorimetric -Diazo Method)	0.9	mg/dL	0.2-1.3
Conjugated Bilirubin (Direct) (Calculated)	0.2	mg/dL	0.0-0.4
Unconjugated Bilirubin (Indirect)	0.7	-	-
Total Protein (Colorimetric - Biuret Method)	7.3	g/dL	6.3-8.2
Serum Albumin (Colorimetric - Bromo-Cresol Green)	4.1	gm/dL	3.5-5.0
Serum Globulin (Calculated)	3.2	g/dL	2.0-3.5
Albumin To Globulin (A/G)Ratio (Calculated)	1.28	-	1.0-2.1
SGOT (AST) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	22	U/L	17.0-59.0
SGPT (ALT) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	19	U/L	<50.0
Alkaline Phosphatase (ALP) (Multipoint-Rate - P-nitro Phenyl Phosphate, AMP Buffer)	97	U/L	38.0-126.0
Gamma Glutamyl Transferase (GGT) (Multipoint Rate - L-glutamyl-p-nitroanilide ( Szasz Method))	22	U/L	15.0-73.0

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Final Report

Patient Name : Manoranjan Hemrom MRN : 17650000251165 Gender/Age : MALE , 58y (01/01/1965)

Collected On : 09/09/2023 02:23 PM Received On : 09/09/2023 02:23 PM Reported On : 09/09/2023 03:40 PM

Barcode : J12309090228 Specimen : Plasma Consultant : Dr. Ramyajit Lahiri(EMERGENCY MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9748259587

**BIOCHEMISTRY**

Test	Result	Unit	Biological Reference Interval
<b>Post Prandial Blood Sugar (PPBS)</b> (Glucose Oxidase, Peroxidase)	<b>251 H</b>	mg/dL	Normal: 70-139 Pre-diabetes: 140-199 Diabetes: => 200 ADA standards 2019

**Interpretations:**

(ADA Standards Jan 2017)

PPBS can be less than FBS 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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**Interpretations:**

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Collected On : 09/09/2023 09:57 AM Received On : 09/09/2023 11:05 AM Reported On : 09/09/2023 12:21 PM

Barcode : J22309090101 Specimen : Whole Blood - ESR Consultant : Dr. Ramyajit Lahiri(EMERGENCY MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9748259587

**HAEMATOLOGY**

Test	Result	Unit	Biological Reference Interval
<b>Erythrocyte Sedimentation Rate (ESR)</b> (Modified Westergren Method)	8	mm/1hr	0.0-10.0

--End of Report--



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REGISTRAR

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Collected On : 09/09/2023 09:57 AM Received On : 09/09/2023 11:05 AM Reported On : 09/09/2023 02:17 PM

Barcode : J12309090113 Specimen : Plasma Consultant : Dr. Ramyajit Lahiri(EMERGENCY MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9748259587

**BIOCHEMISTRY**

Test	Result	Unit	Biological Reference Interval
<b>Fasting Blood Sugar (FBS)</b> (Glucose Oxidase, Peroxidase)	<b>142 H</b>	mg/dL	Both: Normal: 70-99 Both: Pre-diabetes: 100-125 Both: Diabetes: => 126 ADA standards 2019

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Collected On : 09/09/2023 09:57 AM Received On : 09/09/2023 11:05 AM Reported On : 11/09/2023 10:35 AM

Barcode : J32309090011 Specimen : Serum Consultant : Dr. Ramyajit Lahiri(EMERGENCY MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9748259587

**IMMONOLOGY**

Test	Result	Unit	Biological Reference Interval
<b>Prostate Specific Antigen (PSA)</b> (Enhanced Chemiluminescence Immunoassay (CLIA))	1.02	ng/mL	0.0-3.5
<b>THYROID PROFILE (T3, T4, TSH)</b>			
Tri Iodo Thyronine (T3) (Enhanced Chemiluminescence Immunoassay (CLIA))	1.33	ng/mL	0.97-1.69
Thyroxine (T4) (Enhanced Chemiluminescence Immunoassay (CLIA))	<b>12.1 H</b>	µg/dl	5.53-11.0
TSH (Thyroid Stimulating Hormone) (Enhanced Chemiluminescence Immunoassay (CLIA))	2.602	µIU/mL	0.4001-4.049

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Collected On : 09/09/2023 11:44 AM Received On : 09/09/2023 11:44 AM Reported On : 11/09/2023 11:15 AM

Barcode : J42309090019 Specimen : Urine Consultant : Dr. Ramyajit Lahiri(EMERGENCY MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9748259587

**CLINICAL PATHOLOGY**

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

**URINE ROUTINE & MICROSCOPY**

**PHYSICAL EXAMINATION**

Volume	30	ml	-
Colour	Pale Straw	-	-
Appearance	Clear	-	-

**CHEMICAL EXAMINATION**

pH(Reaction)	7.0	-	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	2-3	/hpf	-
Crystals	Not Found	-	-
Casts	Not Found	-	-
Bacteria	Not Found	-	-

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Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9748259587

**IMMONOLOGY**

Test	Result	Unit	Biological Reference Interval
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<b>THYROID PROFILE (T3, T4, TSH)</b>			
Tri Iodo Thyronine (T3) (Enhanced Chemiluminescence Immunoassay (CLIA))	1.33	ng/mL	0.97-1.69
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TSH (Thyroid Stimulating Hormone) (Enhanced Chemiluminescence Immunoassay (CLIA))	2.602	µIU/mL	0.4001-4.049

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Emergencies  
**83348 30003**



Patient details:  
Name:MR.MANORANJAN HEMROM  
Age: 58 YEARS  
Examination Date: 09.09.2023  
Consultant Name:DR.R. LAHIRI

MRN:17650000251165  
Gender:MALE  
Processed Date: 09.09.2023  
Patient Location: OPD

**ECHOCARDIOGRAPHY REPORT**

**MEASUREMENT:**

AO: 28 (20-40) mm	LVID(d): 47 (36-52) mm	IVS(d): 11 (6-11) mm
LA: 39 (19-40) mm	LVID(s): 30 (23-39) mm	PWd: 10 (6-11) mm
RVOT: 25 mm		LVEF ~ 62 %

**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



**PATIENT HELPLINE**  
**1800-309-0309**

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120/1, Andul Road, Howrah-711 103  
(Junction of 2nd Hooghly Bridge & Andul Road)  
Tel: 033-71205055



**DOPPLER DATA:**

	Velocity(in m/s)	Peak PG(mmHg)	Mean PG(mmHg)	Unit of Narayana Health Regurgitation
Mitral	E - 0.8 , A - 0.6			0/4
Aortic	1.0	4.5		0/4
Tricuspid	2.0	16		Trivial
Pulmonary	0.9	3.7		0/4

LVOT : No significant gradient noted.

Vegetation/Thrombus : Nil

Pericardium : Normal

Other Findings : E/E':08

**Final Diagnosis:**

Normal size cardiac chambers.  
No significant regional wall motion abnormality of LV at rest.  
Normal LV systolic function. LV EF~ 62%

Clinical correlation please.

NOTE: Echo of Patient: MR.MANORANJAN HEMROM

MRN: 17650000251165

has been done on 09.09.2023 and reported on 09.09.2023



**Dr. Masud Syed mehedi**  
Associate consultant

TECHNICIAN

TB: K. DEB



**PATIENT HELPLINE**  
1800-309-0309

Meridian Medical Research & Hospital Ltd.  
Narayana Superspeciality Hospital  
(CIN NO: U85110W81995PLC071440)  
120/1, Andul Road, Howrah-711 103  
(Junction of 2nd Hooghly Bridge & Andul Road)  
Tel: 033-71205055

<b>Patient Name</b>	Manoranjan Hemrom	<b>Requested By</b>	Dr. Ramyajit Lahiri
<b>MRN</b>	17650000251165	<b>Procedure DateTime</b>	2023-09-09 12:07:48
<b>Age/Sex</b>	58Y 8M / Male	<b>Hospital</b>	NH-NMH & NSH

**USG OF WHOLE ABDOMEN (SCREENING)**

**Clinical Indication:** Health check up.

**USG OBSERVATIONS:**

**LIVER:**

Normal in size (13.6 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:**

**Few echogenic foci seen in gall bladder wall. Multiple calculi, largest measures 1.4 cm with posterior acoustic shadow are seen in gall bladder lumen with sludge within.**

**C.B.D:** Not dilated. It measures 5.6 mm.

**PORTAL VEIN:** Portal vein is borderline dilated. It measures 12.9 mm.

**PANCREAS:**

**Inhomogeneous echotexture noted.** MPD appears normal. No focal lesion.

**SPLEEN:**

Normal in size (8.6 cm) and echotexture. No focal or diffuse lesion seen.

**KIDNEYS:**

Right kidney measures 9.9 cm.

Left kidney measures 10.2 cm.

Normal in size, shape and outline. Parenchymal echotexture normal. Corticomedullary differentiation is well made out and is normal. Sinus echoes are normal. No hydronephrosis seen in both kidneys.

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

**PROSTATE:**

Measures: 5.0 x 3.2 x 4.2 cm = **36.3 gms.** **Enlarged in size with inhomogeneous echotexture.** No obvious focal area of calcification or mass lesion.

No Ascites/ pleural effusion is seen at present.



**IMPRESSION:**

**Present study suggests:**

1. Cholesterolosis of gall bladder.
  2. Cholelithiasis with sludge within gall bladder lumen.
  3. Inhomogeneous pancreas.  
--- serum amylase, lipase suggested.
  4. Borderline dilated portal vein.
  5. Grade I prostatomegaly with inhomogeneous echotexture.  
--- serum PSA suggested.
- **Further evaluation 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

This is a digitally signed valid document. Reported Date/Time: 2023-09-09 16:30:53



**PATIENT HELPLINE**  
**1800-309-0309**

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Tel: 033-71205055

info.nshhowrah@narayanahealth.org, www.narayanahealth.org



2023-09-09 10:48:41

ID: 17650000251165

Name: Hemrom, Manoranjan

Age: 58 Years

Gender: Male

Vent. Rate

PR Interval

QRS Duration

QT/QTc Interval

P/QRS/T Axes

QTc: Hodges

71 bpm

148 ms

82 ms

336/355 ms

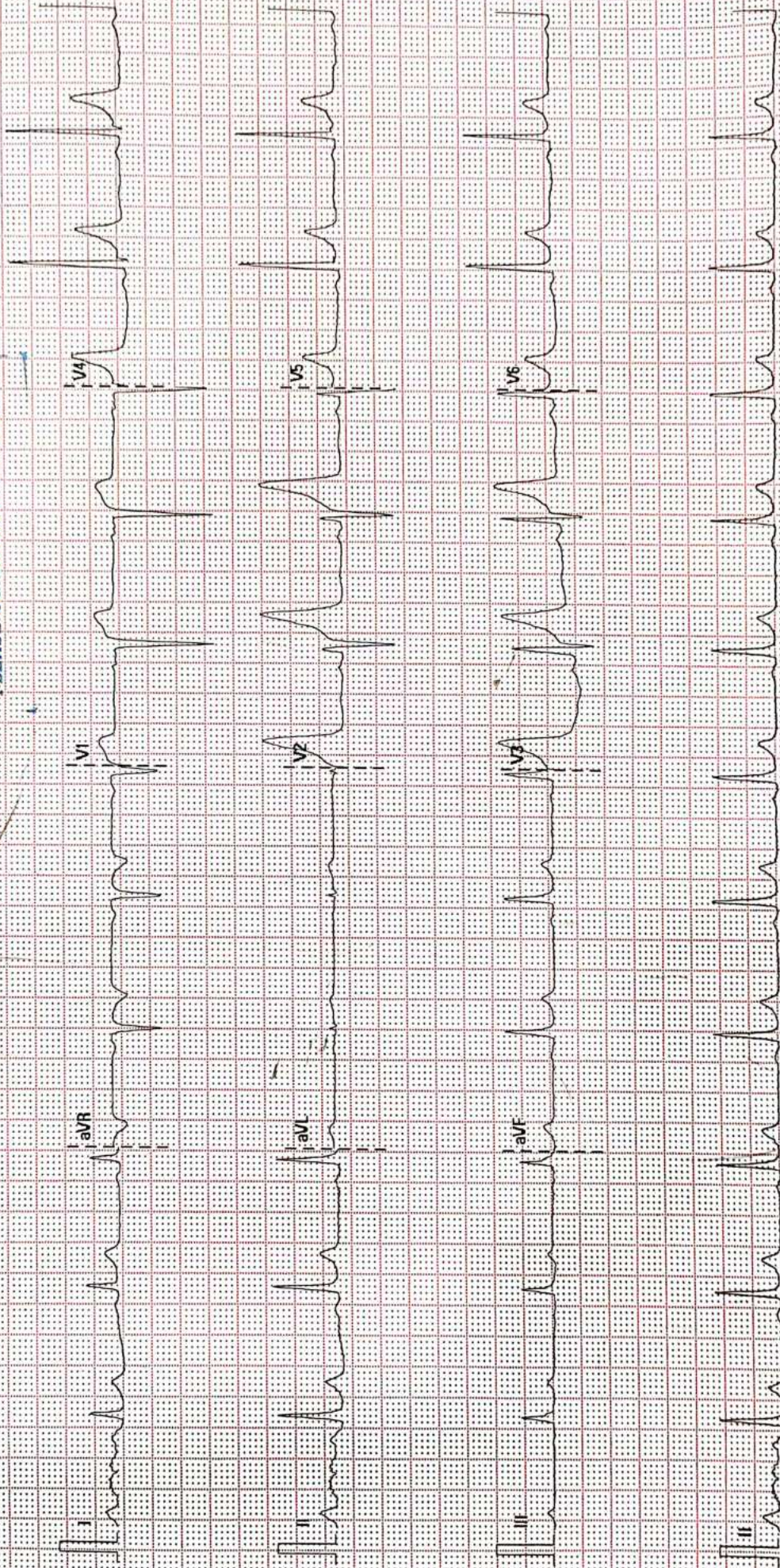
34/61/48 deg

Sinus rhythm

Normal ECG

Unconfirmed Diagnosis

PLEASE CORRELATE CLINICALLY



25 mm/s

10 mm/mV

50 Hz

BDR 35 Hz

Narayana Superspecialty Hospital

02.10.00.VZ8.4.1

S1FH-19030343