

DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Mr Satadru Ray MRN : 17510001172731 Gender/Age : MALE , 36y (27/12/1986)

Collected On : 25/03/2023 08:50 AM Received On : 25/03/2023 09:20 AM Reported On : 25/03/2023 12:22 PM


Barcode : 802303250287 Specimen : Serum Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 98746326130

CLINICAL CHEMISTRY

Test	Result	Unit	Biological Reference Interval
LIVER FUNCTION TEST(LFT)			
Bilirubin Total (Colorimetric -Diazo Method)	0.53	mg/dL	0.2-1.3
Conjugated Bilirubin (Direct) (Calculated)	0.23	mg/dL	0.0-0.4
Unconjugated Bilirubin (Indirect) (Colorimetric Endpoint)	0.3	-	-
Total Protein (Biuret Method)	8.50 H	g/dL	6.3-8.2
Serum Albumin (Colorimetric - Bromo-Cresol Green)	5.10 H	gm/dL	3.5-5.0
Serum Globulin (Calculated)	3.4	g/dL	2.0-3.5
Albumin To Globulin (A/G)Ratio (Calculated)	1.5	-	1.0-2.1
SGOT (AST) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	50	U/L	17.0-59.0
SGPT (ALT) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	85 H	U/L	<50.0
Alkaline Phosphatase (ALP) (Multipoint-Rate - P-nitro Phenyl Phosphate, AMP Buffer)	71	IU/L	38.0-126.0
Gamma Glutamyl Transferase (GGT) (Multipoint Rate - L-glutamyl-p-nitroanilide (Szasz Method))	36	U/L	15.0-73.0

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

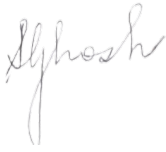
CLINICAL CHEMISTRY

Test	Result	Unit	Biological Reference Interval
SERUM CREATININE			
Serum Creatinine (Two Point Rate - Creatinine Aminohydrolase)	1.01	mg/dL	0.66-1.25
eGFR	83.6	mL/min/1.73m ²	-
Blood Urea Nitrogen (BUN) (Endpoint /Colorimetric - Urease)	11.34	-	9.0-20.0
Serum Sodium (Direct ISE - Potentiometric)	140	mmol/L	137.0-145.0
Serum Potassium (Direct ISE - Potentiometric)	4.4	mmol/L	3.5-5.1
LIPID PROFILE (CHOL,TRIG,HDL,LDL,VLDL)			
Cholesterol Total (Colorimetric - Cholesterol Oxidase)	168	mg/dL	Desirable: < 200 Borderline High: 200-239 High: > 240
Triglycerides (Enzymatic Endpoint Colorimetric)	166	mg/dL	Normal: < 150 Borderline: 150-199 High: 200-499 Very High: > 500
HDL Cholesterol (HDLC) (Colorimetric: Non HDL Precipitation Phosphotungstic Acid Method)	36 L	mg/dL	40.0-60.0
Non-HDL Cholesterol	132.0	-	-
LDL Cholesterol (Non LDL Selective Elimination, CHOD/POD)	93.71	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)	33.2	mg/dL	0.0-40.0
Cholesterol /HDL Ratio	4.7	-	-

--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)
(Blood Urea Nitrogen (Bun), -> Auto Authorized)
(Serum Sodium, -> Auto Authorized)
(Serum Potassium, -> Auto Authorized)
(CR -> Auto Authorized)



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Barcode : 802303250287 Specimen : Serum Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 98746326130

CLINICAL CHEMISTRY

Test	Result	Unit	Biological Reference Interval
THYROID PROFILE (T3, T4, TSH)			
Tri Iodo Thyronine (T3) (Enhanced Chemiluminescence Immunoassay (CLIA))	1.44	ng/mL	0.97-1.69
Thyroxine (T4) (Enhanced Chemiluminescence Immunoassay (CLIA))	8.80	µg/dl	5.53-11.0
TSH (Thyroid Stimulating Hormone) (Enhanced Chemiluminescence Immunoassay (CLIA))	3.812	uIU/ml	0.4001-4.049

--End of Report--

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Biochemist M.Sc , Ph. D

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Clinical Biochemist MBBS, MD

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Collected On : 25/03/2023 08:50 AM Received On : 25/03/2023 09:23 AM Reported On : 25/03/2023 12:45 PM

Barcode : 802303250289 Specimen : Whole Blood Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 98746326130

CLINICAL CHEMISTRY

Test	Result	Unit	Biological Reference Interval
HBA1C			
HbA1c (HPLC)	5.3	%	Normal: 4.0-5.6 Prediabetes: 5.7-6.4 Diabetes: => 6.5 ADA standards 2019 (Carpenter/ Coustan)
Estimated Average Glucose	105.41	-	-

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. Debasree Biswas
MD, Biochemistry
Clinical Biochemist MBBS, MD

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Patient Name : Mr Satadru Ray MRN : 17510001172731 Gender/Age : MALE , 36y (27/12/1986)

Collected On : 25/03/2023 08:50 AM Received On : 25/03/2023 09:26 AM Reported On : 25/03/2023 10:07 AM

Barcode : 812303250205 Specimen : Whole Blood Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 98746326130

HAEMATOLOGY LAB

Test	Result	Unit	Biological Reference Interval
COMPLETE BLOOD COUNT (CBC)			
Haemoglobin (Hb%) (Photometric Measurement)	13.9	g/dL	13.0-17.0
Red Blood Cell Count (Electrical Impedance)	5.06	millions/ μ L	4.5-5.5
PCV (Packed Cell Volume) / Hematocrit (Calculated)	42.2	%	40.0-54.0
MCV (Mean Corpuscular Volume) (Derived From RBC Histogram)	83.5	fL	83.0-101.0
MCH (Mean Corpuscular Haemoglobin) (Calculated)	27.4	pg	27.0-32.0
MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	32.8	%	31.5-34.5
Red Cell Distribution Width (RDW) (Calculated)	13.8	%	11.6-14.0
Platelet Count (Electrical Impedance)	247	$10^3/\mu$ L	150.0-400.0
Mean Platelet Volume (MPV) (Derived)	9.8	fL	7.0-11.7
Total Leucocyte Count(WBC) (Electrical Impedance)	4.7	$10^3/\mu$ L	4.0-10.0
DIFFERENTIAL COUNT (DC)			
Neutrophils (VCSn Technology)	46.3	%	40.0-75.0
Lymphocytes (VCSn Technology)	31.2	%	20.0-40.0
Monocytes (VCSn Technology)	9.0	%	2.0-10.0
Eosinophils (VCSn Technology)	13.3 H	%	1.0-6.0

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Basophils (VCSn Technology)	0.2	%	0.0-2.0
Absolute Neutrophil Count (Calculated)	2.18	$10^3/\mu\text{L}$	1.8-7.8
Absolute Lymphocyte Count (Calculated)	1.47	$10^3/\mu\text{L}$	1.0-4.8
Absolute Monocyte Count (Calculated)	0.42	$10^3/\mu\text{L}$	0.0-0.8
Absolute Eosinophil Count (Calculated)	0.63 H	$10^3/\mu\text{L}$	0.0-0.45
Absolute Basophil Count (Calculated)	0.01	$10^3/\mu\text{L}$	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. Moumita Panja
DNB, Pathology
Consultant Pathologist

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Collected On : 25/03/2023 08:50 AM Received On : 25/03/2023 09:20 AM Reported On : 25/03/2023 10:14 AM

Barcode : 802303250288 Specimen : Plasma Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 98746326130

CLINICAL CHEMISTRY

Test	Result	Unit	Biological Reference Interval
Fasting Blood Sugar (FBS) (Glucose Oxidase, Peroxidase)	89	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

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

Note

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(Fasting Blood Sugar (FBS) -> Auto Authorized)



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Patient Name : Mr Satadru Ray MRN : 17510001172731 Gender/Age : MALE , 36y (27/12/1986)

Collected On : 25/03/2023 08:50 AM Received On : 25/03/2023 09:27 AM Reported On : 25/03/2023 10:49 AM

Barcode : 812303250204 Specimen : Whole Blood - ESR Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 98746326130

HAEMATOLOGY LAB

Test	Result	Unit	Biological Reference Interval
Erythrocyte Sedimentation Rate (ESR) (Modified Westergren Method)	11 H	mm/1hr	0.0-10.0

--End of Report--



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

Note

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- Results relate to the sample only.
- Kindly correlate clinically.



ADULT TRANS-THORACIC ECHO REPORT

PATIENT NAME : Mr Satadru Ray
GENDER/AGE : Male, 36 Years
LOCATION : -

PATIENT MRN : 17510001172731
PROCEDURE DATE : 25/03/2023 12:50 PM
REQUESTED BY : EXTERNAL



IMPRESSION

- NO SIGNIFICANT ECHOCARDIOGRAPHIC ABNORMALITY DETECTED.

FINDINGS

CHAMBERS

LEFT ATRIUM : NORMAL SIZED
RIGHT ATRIUM : NORMAL SIZED
LEFT VENTRICLE : NORMAL SIZED CAVITY. NO REGIONAL WALL MOTION ABNORMALITY. GOOD SYSTOLIC FUNCTION WITH EJECTION FRACTION: 68%. NORMAL DIASTOLIC FLOW PATTERN.
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.

Sangita Das

MR SATADRU RAY (17510001172731)

DR. SANGEETA DAS
CONSULTANT GENERAL MEDICINE MBBS

SANTASHI GHOSH
SENIOR TECHNICIAN

25/03/2023 12:50 PM

PREPARED BY	: NITA PAUL(308573)	PREPARED ON	: 25/03/2023 01:59 PM
GENERATED BY	: MADHUPARNA DASGUPTA(333433)	GENERATED ON	: 03/04/2023 09:37 AM

Patient Name	Satadru Ray	Requested By	EXTERNAL
MRN	17510001172731	Procedure DateTime	2023-03-25 11:11:13
Age/Sex	36Y 2M/Male	Hospital	NH-RTIICS

USG OF WHOLE ABDOMEN (SCREENING)

LIVER:

It is enlarged in size and moderately hyperechoic in echogenicity. 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 8.3 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. 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. No hydronephrosis, calculus or mass is seen.

Right kidney and left kidney measures 11.2 cm and 11.0 cm respectively.

URINARY BLADDER:

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

PROSTATE:

It is normal in size measuring 2.8 x 2.9 x 3.6 cm (Weight = 15 gms). It shows a homogenous echotexture and smooth outline.

IMPRESSION:

- Hepatomegaly with grade-II fatty liver.

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 :Arpita



Dr. Ashish Kumar
Consultant Sonologist

* ***This is a digitally signed valid document.*** Reported Date/Time: 2023-03-25 11:35:32

Patient Name	Satadru Ray	Requested By	
MRN	17510001172731	Procedure DateTime	2023-03-25 09:54:21
Age/Sex	36Y 2M/Male	Hospital	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.
- The costo-phrenic angles are clear.
- The lung fields and bronchovascular markings appear normal.
- The visualized bones and soft tissue structures appear normal.
- Both the diaphragmatic domes appear normal.

IMPRESSION:

- **No significant radiological abnormality detected.**

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All typing and topographical error is regretted and if detected at any time is correctable. Please inform us immediately.



Dr. Arathy V
MBBS, DNB (Radiodiagnosis)
88249 West Bengal Medical Council