

DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Mr Tapas Das MRN : 17510001155867 Gender/Age : MALE , 59y (16/07/1963)

Collected On : 17/01/2023 09:39 AM Received On : 17/01/2023 10:12 AM Reported On : 17/01/2023 11:48 AM

Barcode : 802301170433 Specimen : Serum Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9432498380

CLINICAL CHEMISTRY

Test	Result	Unit	Biological Reference Interval
SERUM CREATININE			
Serum Creatinine (Two Point Rate - Creatinine Aminohydrolase)	0.76	mg/dL	0.66-1.25
eGFR	105.0	mL/min/1.73m ²	-
Blood Urea Nitrogen (BUN) (Endpoint /Colorimetric - Urease)	8.94 L	-	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)	149	mg/dL	Desirable: < 200 Borderline High: 200-239 High: > 240
Triglycerides (Enzymatic Endpoint Colorimetric)	97	mg/dL	Normal: < 150 Borderline: 150-199 High: 200-499 Very High: > 500
HDL Cholesterol (HDLC) (Colorimetric: Non HDL Precipitation Phosphotungstic Acid Method)	57	mg/dL	40.0-60.0
Non-HDL Cholesterol	92.0	-	-
LDL Cholesterol (Non LDL Selective Elimination, CHOD/POD)	66.76	mg/dL	Optimal: < 100 Near to above optimal: 100-129 Borderline High: 130-159 High: 160-189 Very High: > 190
VLDL Cholesterol (Calculated)	19.4	mg/dL	0.0-40.0
Cholesterol /HDL Ratio	2.7	-	-
Prostate Specific Antigen (PSA) (CLIA)	0.420	ng/mL	0.0-3.5

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LIVER FUNCTION TEST(LFT)

Bilirubin Total (Colorimetric -Diazo Method)	0.34	mg/dL	0.2-1.3
Conjugated Bilirubin (Direct) (Calculated)	0.27	mg/dL	0.0-0.4
Unconjugated Bilirubin (Indirect) (Colorimetric Endpoint)	0.07	-	-
Total Protein (Biuret Method)	8.30 H	g/dL	6.3-8.2
Serum Albumin (Colorimetric - Bromo-Cresol Green)	4.70	gm/dL	3.5-5.0
Serum Globulin (Calculated)	3.6 H	g/dL	2.0-3.5
Albumin To Globulin (A/G)Ratio (Calculated)	1.3	-	1.0-2.1
SGOT (AST) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	47	U/L	17.0-59.0
SGPT (ALT) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	53 H	U/L	<50.0
Alkaline Phosphatase (ALP) (Multipoint-Rate - P-nitro Phenyl Phosphate, AMP Buffer)	89	IU/L	38.0-126.0
Gamma Glutamyl Transferase (GGT) (Multipoint Rate - L-glutamyl-p-nitroanilide (Szasz Method))	41	U/L	15.0-73.0

--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.

Patient Name : Mr Tapas Das MRN : 17510001155867 Gender/Age : MALE , 59y (16/07/1963)

- Kindly correlate clinically.
(LFT, -> Auto Authorized)
(Lipid Profile, -> Auto Authorized)
(Blood Urea Nitrogen (Bun), -> Auto Authorized)
(CR, -> Auto Authorized)
(Serum Sodium, -> Auto Authorized)
(Serum Potassium, -> Auto Authorized)
(Prostate Specific Antigen (Psa) -> Auto Authorized)



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Test	Result	Unit	Biological Reference Interval
THYROID PROFILE (T3, T4, TSH)			
Tri Iodo Thyronine (T3) (Enhanced Chemiluminescence Immunoassay (CLIA))	1.35	ng/mL	0.97-1.69
Thyroxine (T4) (Enhanced Chemiluminescence Immunoassay (CLIA))	8.25	µg/dl	5.53-11.0
TSH (Thyroid Stimulating Hormone) (Enhanced Chemiluminescence Immunoassay (CLIA))	2.163	µIU/mL	0.465-4.68

--End of Report--

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- (-> Auto Authorized)



Patient Name : Mr Tapas Das MRN : 17510001155867 Gender/Age : MALE , 59y (16/07/1963)

Collected On : 17/01/2023 09:39 AM Received On : 17/01/2023 10:12 AM Reported On : 17/01/2023 01:16 PM

Barcode : 802301170435 Specimen : Whole Blood Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9432498380

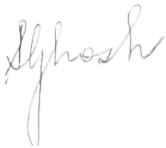
CLINICAL CHEMISTRY

Test	Result	Unit	Biological Reference Interval
HBA1C			
HbA1c (HPLC)	6.0 H	%	Normal: 4.0-5.6 Prediabetes: 5.7-6.4 Diabetes: => 6.5 ADA standards 2019 (Carpenter/ Coustan)
Estimated Average Glucose	125.5	-	-

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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Biochemist M.Sc , Ph. D

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MC - 2803



DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Mr Tapas Das MRN : 17510001155867 Gender/Age : MALE , 59y (16/07/1963)

Collected On : 17/01/2023 09:39 AM Received On : 17/01/2023 10:11 AM Reported On : 17/01/2023 10:35 AM

Barcode : 812301170264 Specimen : Whole Blood Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9432498380

HAEMATOLOGY LAB

Test	Result	Unit	Biological Reference Interval
COMPLETE BLOOD COUNT (CBC)			
Haemoglobin (Hb%) (Photometric Measurement)	14.1	g/dL	13.0-17.0
Red Blood Cell Count (Electrical Impedance)	4.39 L	millions/ μ L	4.5-5.5
PCV (Packed Cell Volume) / Hematocrit (Calculated)	42.9	%	40.0-54.0
MCV (Mean Corpuscular Volume) (Derived From RBC Histogram)	97.8	fL	83.0-101.0
MCH (Mean Corpuscular Haemoglobin) (Calculated)	32.2 H	pg	27.0-32.0
MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	32.9	%	31.5-34.5
Red Cell Distribution Width (RDW) (Calculated)	14.2 H	%	11.6-14.0
Platelet Count (Electrical Impedance)	169	$10^3/\mu$ L	150.0-400.0
Mean Platelet Volume (MPV) (Derived)	11.9 H	fL	7.0-11.7
Total Leucocyte Count(WBC) (Electrical Impedance)	7.0	$10^3/\mu$ L	4.0-10.0
DIFFERENTIAL COUNT (DC)			
Neutrophils (VCSn Technology)	55.0	%	40.0-75.0
Lymphocytes (VCSn Technology)	26.2	%	20.0-40.0
Monocytes (VCSn Technology)	8.2	%	2.0-10.0
Eosinophils (VCSn Technology)	9.7 H	%	1.0-6.0

Patient Name : Mr Tapas Das MRN : 17510001155867 Gender/Age : MALE , 59y (16/07/1963)

Basophils (VCSn Technology)	0.9	%	0.0-2.0
NRBC (VCSn Technology)	0.0	/100 WBC	-
Absolute Neutrophil Count (Calculated)	3.85	$10^3/\mu\text{L}$	1.8-7.8
Absolute Lymphocyte Count (Calculated)	1.83	$10^3/\mu\text{L}$	1.0-4.8
Absolute Monocyte Count (Calculated)	0.57	$10^3/\mu\text{L}$	0.0-0.8
Absolute Eosinophil Count (Calculated)	0.68 H	$10^3/\mu\text{L}$	0.0-0.45
Absolute Basophil Count (Calculated)	0.06	$10^3/\mu\text{L}$	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. Rakhi Mandal
MD, Pathology
Consultant Pathology MBBS, MD

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- Kindly correlate clinically.



MC - 2803



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Collected On : 17/01/2023 09:39 AM Received On : 17/01/2023 10:13 AM Reported On : 17/01/2023 12:22 PM

Barcode : 812301170263 Specimen : Whole Blood - ESR Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9432498380

HAEMATOLOGY LAB

Test	Result	Unit	Biological Reference Interval
Erythrocyte Sedimentation Rate (ESR) (Modified Westergren Method)	30 H	mm/1hr	0.0-10.0

--End of Report--

Dr. Shanaz Latif
MD, Pathology
Consultant Pathology MBBS, DTM&H, DCP, MD .Reg No 41555 : WBMC

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Patient Name : Mr Tapas Das MRN : 17510001155867 Gender/Age : MALE , 59y (16/07/1963)

Collected On : 17/01/2023 09:39 AM Received On : 17/01/2023 10:47 AM Reported On : 17/01/2023 02:59 PM

Barcode : BR2301170034 Specimen : Whole Blood Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9432498380

IMMUNOHAEMATOLOGY

Test	Result	Unit
BLOOD GROUP & RH TYPING		
Blood Group (Column Agglutination Technology)	O	-
RH Typing (Column Agglutination Technology)	Negative	-

--End of Report--

Dr. Amal Kumar Saha
MBBS, D.PED, ECFMG
Blood Bank Officer

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Patient Name : Mr Tapas Das MRN : 17510001155867 Gender/Age : MALE , 59y (16/07/1963)

Collected On : 17/01/2023 03:34 PM Received On : 17/01/2023 04:03 PM Reported On : 17/01/2023 04:38 PM

Barcode : 802301170860 Specimen : Plasma Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9432498380

CLINICAL CHEMISTRY

Test	Result	Unit	Biological Reference Interval
Post Prandial Blood Sugar (PPBS) (Glucose Oxidase, Peroxidase)	195 H	mg/dL	Normal: 70-139 Pre-diabetes: 140-199 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--

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

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

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(Post Prandial Blood Sugar (PPBS) -> Auto Authorized)



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Collected On : 17/01/2023 09:39 AM Received On : 17/01/2023 10:13 AM Reported On : 17/01/2023 10:50 AM

Barcode : 802301170434 Specimen : Plasma Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9432498380

CLINICAL CHEMISTRY

Test	Result	Unit	Biological Reference Interval
Fasting Blood Sugar (FBS) (Glucose Oxidase, Peroxidase)	132 H	mg/dL	Normal: 70-99 Pre-diabetes: 100-125 Diabetes: => 126 ADA standards 2019

--End of Report--

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PhD, Biochemistry
Biochemist M.Sc , Ph. D

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



ADULT TRANS-THORACIC ECHO REPORT

PATIENT NAME : Mr Tapas Das
GENDER/AGE : Male, 59 Years
LOCATION : -

PATIENT MRN : 17510001155867
PROCEDURE DATE : 17/01/2023 03:01 PM
REQUESTED BY : EXTERNAL



IMPRESSION

- GOOD LV SYSTOLIC FUNCTION WITH GRADE I DIASTOLIC DYSFUNCTION.
- N.B: PATIENT HAVING TACHYCARDIA DURING THE TEST.

FINDINGS

CHAMBERS

LEFT ATRIUM : NORMAL SIZED
RIGHT ATRIUM : NORMAL SIZED
LEFT VENTRICLE : NORMAL SIZED CAVITY. NO REGIONAL WALL MOTION ABNORMALITY. GOOD LV SYSTOLIC FUNCTION WITH LVEF : 64%. GRADE I DIASTOLIC DYSFUNCTION.
RIGHT VENTRICLE : NORMAL SIZE AND THICKNESS WITH NORMAL FUNCTION

VALVES

MITRAL : NORMAL.
AORTIC : AORTOSCLEROSIS. NO AR.
TRICUSPID : NORMAL.
PULMONARY : NORMAL.

SEPTAE

IAS : INTACT
IVS : INTACT

ARTERIES AND VEINS

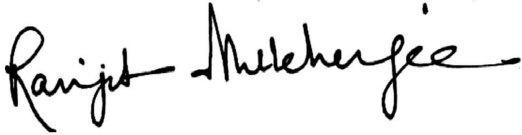
AORTA : NORMAL, LEFT AORTIC ARCH
PA : NORMAL SIZE
IVC : NORMAL SIZE & COLLAPSIBILITY
SVC & CS : NORMAL
PULMONARY VEINS : NORMAL

PERICARDIUM : NORMAL PERICARDIAL THICKNESS. NO EFFUSION

INTRACARDIAC MASS : NO TUMOUR, THROMBUS OR VEGETATION SEEN

OTHERS : NIL.

MR TAPAS DAS (17510001155867)



DR. RANJIT MUKHERJEE
ASSOCIATE CONSULTANT ECHOCARDIOGRAPHY MBBS, PGDCC

MINAKSHI SRIVASTAVA
ASSISTANT MANAGER

17/01/2023 03:01 PM

PREPARED BY	: SARMISTHA PRAMANIK(335772)	PREPARED ON	: 17/01/2023 04:27 PM
GENERATED BY	: MADHUPARNA DASGUPTA(333433)	GENERATED ON	: 03/02/2023 02:14 PM

Patient Name	Tapas Das	Requested By	EXTERNAL
MRN	17510001155867	Procedure DateTime	2023-01-17 11:38:46
Age/Sex	59Y 6M/Male	Hospital	NH-RTIICS

USG OF WHOLE ABDOMEN (SCREENING)

LIVER:

It is enlarged in size and mild increased 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. No collaterals are seen.

GALL BLADDER:

It is optimally distended. A echogenic foci with comet tail artefact seen adherent to anterior wall at neck part of gall bladder. 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 8.1 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 10.9 cm and 10.0 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 2.9 x 3.5 x 3.0 cm (Weight = 17 gms). It shows a homogenous echotexture and smooth outline.

IMPRESSION:

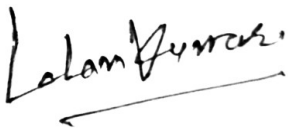
- Mild hepatomegaly with Grade I fatty liver.
- Focal gallbladder cholesterosis.

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 :Sutapa



Dr. Lalan Kumar

Consultant Sonologist
MBBS CBET (USG)

* **This is a digitally signed valid document.** Reported Date/Time: 2023-01-17 12:25:44

Patient Name	Tapas Das	Requested By	EXTERNAL
MRN	17510001155867	Procedure DateTime	2023-01-17 12:12:03
Age/Sex	59Y 6M/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:

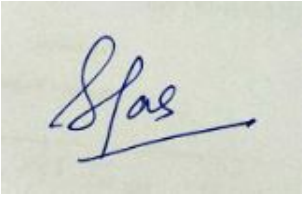
- **No significant radiological abnormality detected.**

REPORTED BY DR. ARPAN CHOWDHURY.

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This is only a Radiological Impression and not Diagnosis. Like all diagnostic modalities, X-RAY also has its limitations. Therefore X-RAY report should be interpreted in correlation with clinical and pathological findings.

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A square image showing a handwritten signature in blue ink on a light-colored background. The signature is stylized and appears to read 'S Das'.

Dr Subhajt Das
MD,Consultant Radiologist