

**DEPARTMENT OF LABORATORY MEDICINE**

Final Report

Patient Name : Mr Abinash Kumar Gupta MRN : 17510001161700 Gender/Age : MALE , 39y (18/02/1983)

Collected On : 11/02/2023 10:05 AM Received On : 11/02/2023 10:39 AM Reported On : 11/02/2023 11:44 AM

Barcode : 802302110415 Specimen : Serum Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 7750884623

**CLINICAL CHEMISTRY**

Test	Result	Unit	Biological Reference Interval
<b>SERUM CREATININE</b>			
Serum Creatinine (Two Point Rate - Creatinine Aminohydrolase)	1.00	mg/dL	0.66-1.25
eGFR	83.2	mL/min/1.73m <sup>2</sup>	-
<b>Blood Urea Nitrogen (BUN)</b> (Endpoint /Colorimetric - Urease)	10.51	-	9.0-20.0
<b>Serum Sodium</b> (Direct ISE - Potentiometric)	142	mmol/L	137.0-145.0
<b>Serum Potassium</b> (Direct ISE - Potentiometric)	4.7	mmol/L	3.5-5.1
<b>LIPID PROFILE (CHOL,TRIG,HDL,LDL,VLDL)</b>			
Cholesterol Total (Colorimetric - Cholesterol Oxidase)	144	mg/dL	Desirable: < 200 Borderline High: 200-239 High: > 240
Triglycerides (Enzymatic Endpoint Colorimetric )	<b>226 H</b>	mg/dL	Normal: < 150 Borderline: 150-199 High: 200-499 Very High: > 500
HDL Cholesterol (HDLC) (Colorimetric: Non HDL Precipitation Phosphotungstic Acid Method)	<b>31 L</b>	mg/dL	40.0-60.0
Non-HDL Cholesterol	113.0	-	-
LDL Cholesterol (Non LDL Selective Elimination, CHOD/POD)	74.0	mg/dL	Optimal: < 100 Near to above optimal: 100-129 Borderline High: 130-159 High: 160-189 Very High: > 190
VLDL Cholesterol (Calculated)	<b>45.2 H</b>	mg/dL	0.0-40.0
Cholesterol /HDL Ratio	4.7	-	-

**LIVER FUNCTION TEST(LFT)**

Patient Name : Mr Abinash Kumar Gupta MRN : 17510001161700 Gender/Age : MALE , 39y (18/02/1983)			
Bilirubin Total (Colorimetric -Diazo Method)	0.75	mg/dL	0.2-1.3
Conjugated Bilirubin (Direct) (Calculated)	0.25	mg/dL	0.0-0.4
Unconjugated Bilirubin (Indirect) (Colorimetric Endpoint)	0.50	-	-
Total Protein (Biuret Method)	7.40	g/dL	6.3-8.2
Serum Albumin (Colorimetric - Bromo-Cresol Green)	4.40	gm/dL	3.5-5.0
Serum Globulin (Calculated)	3.0	g/dL	2.0-3.5
Albumin To Globulin (A/G)Ratio (Calculated)	1.47	-	1.0-2.1
SGOT (AST) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	46	U/L	17.0-59.0
SGPT (ALT) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	<b>58 H</b>	U/L	<50.0
Alkaline Phosphatase (ALP) (Multipoint-Rate - P-nitro Phenyl Phosphate, AMP Buffer)	92	IU/L	38.0-126.0
Gamma Glutamyl Transferase (GGT) (Multipoint Rate - L-glutamyl-p-nitroanilide ( Szasz Method))	29	U/L	15.0-73.0

--End of Report--



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



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

Patient Name : Mr Abinash Kumar Gupta MRN : 17510001161700 Gender/Age : MALE , 39y (18/02/1983)

**Note**

- Abnormal results are highlighted.
- Results relate to the sample only.
- Kindly correlate clinically.  
(LFT, -> Auto Authorized)  
(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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Collected On : 11/02/2023 10:05 AM Received On : 11/02/2023 10:39 AM Reported On : 11/02/2023 12:07 PM

Barcode : 802302110415 Specimen : Serum Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 7750884623

CLINICAL CHEMISTRY

Test	Result	Unit	Biological Reference Interval
<b>THYROID PROFILE (T3, T4, TSH)</b>			
Tri Iodo Thyronine (T3) (Enhanced Chemiluminescence Immunoassay (CLIA))	1.40	ng/mL	0.97-1.69
Thyroxine (T4) (Enhanced Chemiluminescence Immunoassay (CLIA))	8.73	µg/dl	5.53-11.0
TSH (Thyroid Stimulating Hormone) (Enhanced Chemiluminescence Immunoassay (CLIA))	2.023	uIU/ml	0.4001-4.049

--End of Report--

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

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

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Patient Name : Mr Abinash Kumar Gupta MRN : 17510001161700 Gender/Age : MALE , 39y (18/02/1983)

Collected On : 11/02/2023 10:05 AM Received On : 11/02/2023 10:38 AM Reported On : 11/02/2023 11:57 AM

Barcode : 812302110288 Specimen : Whole Blood - ESR Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 7750884623

HAEMATOLOGY LAB

Test	Result	Unit	Biological Reference Interval
<b>Erythrocyte Sedimentation Rate (ESR)</b> (Modified Westergren Method)	<b>45 H</b>	mm/1hr	0.0-10.0

--End of Report--

Dr. Rakhi Mandal  
MD, Pathology  
Consultant Pathology MBBS, MD

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Patient Name : Mr Abinash Kumar Gupta MRN : 17510001161700 Gender/Age : MALE , 39y (18/02/1983)

Collected On : 11/02/2023 10:05 AM Received On : 11/02/2023 12:41 PM Reported On : 11/02/2023 01:36 PM

Barcode : 822302110032 Specimen : Urine Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 7750884623

**CLINICAL PATHOLOGY**

Test	Result	Unit	Biological Reference Interval
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**URINE ROUTINE & MICROSCOPY****PHYSICAL EXAMINATION**

Volume	40	ml	-
Colour	Pale Yellow	-	-
Appearance	Clear	-	-

**CHEMICAL EXAMINATION**

pH(Reaction) (Mixed PH Indicator)	6.0	-	4.8-7.5
Sp. Gravity (Dual Wavelength Reflectance )	1.020	-	1.002-1.030
Protein (Protein Error Of PH Indicator)	Negative	-	-
Urine Glucose (Glucose Oxidase, Peroxidase)	Negative	-	Negative
Ketone Bodies (Legal's Method)	Negative	-	Negative
Bile Salts (Dual Wavelength Reflectance/Manual)	Negative	-	Negative
Bile Pigment (Bilirubin) (Coupling Of Bilirubin With Diazonium Salt)	Negative	-	Negative
Urobilinogen (Coupling Reaction Of Urobilinogen With A Stable Diazonium Salt In Buffer)	Normal	-	Normal
Urine Leucocyte Esterase (Enzymatic, Indoxyl Ester And Diazonium Salt)	Negative	-	Negative
Blood Urine (Pseudo - Enzymatic Test, Organic Peroxidase And Chromogen)	Negative	-	Negative
Nitrite (Modified Griess Reaction)	Negative	-	Negative

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### MICROSCOPIC EXAMINATION

Pus Cells	0-2	/hpf	1-2
RBC	NIL	/hpf	0 - 3
Epithelial Cells	1-2	/hpf	2-3
Crystals	NIL	-	-
Casts	NIL	-	-

--End of Report--



Dr. Moumita Panja  
DNB, Pathology  
Consultant Pathologist

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DEPARTMENT OF LABORATORY MEDICINE

Final Report

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Collected On : 11/02/2023 10:05 AM Received On : 11/02/2023 10:38 AM Reported On : 11/02/2023 12:32 PM

Barcode : 802302110418 Specimen : Whole Blood Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 7750884623

CLINICAL CHEMISTRY

Test	Result	Unit	Biological Reference Interval
<b>HBA1C</b>			
HbA1c (HPLC)	5.0	%	Normal: 4.0-5.6 Prediabetes: 5.7-6.4 Diabetes: => 6.5 ADA standards 2019 (Carpenter/ Coustan)
Estimated Average Glucose	96.8	-	-

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

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DEPARTMENT OF LABORATORY MEDICINE

Final Report

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Collected On : 11/02/2023 10:05 AM Received On : 11/02/2023 11:39 AM Reported On : 11/02/2023 01:03 PM

Barcode : BR2302110035 Specimen : Whole Blood Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 7750884623

IMMUNOHAEMATOLOGY

Test	Result	Unit
<b>BLOOD GROUP &amp; RH TYPING</b>		
Blood Group (Column Agglutination Technology)	O	-
RH Typing (Column Agglutination Technology)	Positive	-

--End of Report--

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

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## DEPARTMENT OF LABORATORY MEDICINE

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Collected On : 11/02/2023 10:05 AM Received On : 11/02/2023 10:37 AM Reported On : 11/02/2023 11:50 AM

Barcode : 812302110289 Specimen : Whole Blood Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 7750884623

## HAEMATOLOGY LAB

Test	Result	Unit	Biological Reference Interval
<b>COMPLETE BLOOD COUNT (CBC)</b>			
Haemoglobin (Hb%) (Photometric Measurement)	14.5	g/dL	13.0-17.0
Red Blood Cell Count (Electrical Impedance)	4.99	millions/ $\mu$ 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)	86.0	fL	83.0-101.0
MCH (Mean Corpuscular Haemoglobin) (Calculated)	29.0	pg	27.0-32.0
MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	33.7	%	31.5-34.5
Red Cell Distribution Width (RDW) (Calculated)	13.3	%	11.6-14.0
Platelet Count (Electrical Impedance)	155	$10^3/\mu$ L	150.0-400.0
Mean Platelet Volume (MPV) (Derived)	<b>12.3 H</b>	fL	7.0-11.7
Total Leucocyte Count(WBC) (Electrical Impedance)	8.2	$10^3/\mu$ L	4.0-10.0
<b>DIFFERENTIAL COUNT (DC)</b>			
Neutrophils (VCSn Technology)	56.7	%	40.0-75.0
Lymphocytes (VCSn Technology)	35.1	%	20.0-40.0
Monocytes (VCSn Technology)	6.1	%	2.0-10.0
Eosinophils (VCSn Technology)	1.9	%	1.0-6.0

Patient Name : Mr Abinash Kumar Gupta MRN : 17510001161700 Gender/Age : MALE , 39y (18/02/1983)

Basophils (VCSn Technology)	0.2	%	0.0-2.0
Absolute Neutrophil Count (Calculated)	4.65	$10^3/\mu\text{L}$	1.8-7.8
Absolute Lymphocyte Count (Calculated)	2.88	$10^3/\mu\text{L}$	1.0-4.8
Absolute Monocyte Count (Calculated)	0.51	$10^3/\mu\text{L}$	0.0-0.8
Absolute Eosinophil Count (Calculated)	0.16	$10^3/\mu\text{L}$	0.0-0.45
Absolute Basophil Count (Calculated)	0.02	$10^3/\mu\text{L}$	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--



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Consultant Pathologist

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DEPARTMENT OF LABORATORY MEDICINE

Final Report

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Collected On : 11/02/2023 10:05 AM Received On : 11/02/2023 10:39 AM Reported On : 11/02/2023 11:32 AM

Barcode : 802302110417 Specimen : Plasma Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 7750884623

CLINICAL CHEMISTRY

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

--End of Report--

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

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

Note

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



DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Mr Abinash Kumar Gupta MRN : 17510001161700 Gender/Age : MALE , 39y (18/02/1983)

Collected On : 11/02/2023 02:47 PM Received On : 11/02/2023 02:54 PM Reported On : 11/02/2023 03:28 PM

Barcode : 802302110725 Specimen : Plasma Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 7750884623

CLINICAL CHEMISTRY

Test	Result	Unit	Biological Reference Interval
Post Prandial Blood Sugar (PPBS) (Glucose Oxidase, Peroxidase)	87	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)



## ADULT TRANS-THORACIC ECHO REPORT

**PATIENT NAME** : Mr Abinash Kumar Gupta

**GENDER/AGE** : Male, 40 Years

**LOCATION** : -

**PATIENT MRN** : 17510001161700

**PROCEDURE DATE** : 11/02/2023 01:06 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

IVC SIZE(MM): 16

SVC & CS : NORMAL

PULMONARY VEINS : NORMAL

**PERICARDIUM** : NORMAL PERICARDIAL THICKNESS. NO EFFUSION

**INTRACARDIAC MASS** : NO TUMOUR, THROMBUS OR VEGETATION SEEN

**OTHERS** : NIL.

MR ABINASH KUMAR GUPTA (17510001161700)

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DR. SANGEETA DAS  
CONSULTANT GENERAL MEDICINE MBBS

MITHU MONDAL  
TECHNICIAN

11/02/2023 01:06 PM

<b>PREPARED BY</b>	: NAFISHA KHATUN(333472)	<b>PREPARED ON</b>	: 11/02/2023 02:04 PM
<b>GENERATED BY</b>	: MADHUPARNA DASGUPTA(333433)	<b>GENERATED ON</b>	: 22/02/2023 04:46 PM

<b>Patient Name</b>	Abinash Kumar Gupta	<b>Requested By</b>	EXTERNAL
<b>MRN</b>	17510001161700	<b>Procedure DateTime</b>	2023-02-11 11:13:19
<b>Age/Sex</b>	39Y 11M/Male	<b>Hospital</b>	NH-RTIICS

### **USG OF WHOLE ABDOMEN(SCREENING)**

#### **LIVER:**

It is normal in size and increased 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. 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 10.2 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 10.0 cm and 10.1 cm respectively.

#### **URINARY BLADDER:**

It is suboptimally distended. The wall is not thickened. No intraluminal calculus or mass is seen.

#### **PROSTATE:**



It is mild enlarged in size measuring 3.5 x 3.6 x 3.8 cm (Weight = 25 gms). It shows a homogenous echotexture and smooth outline.

**IMPRESSION:**

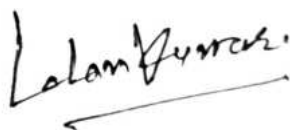
- **Grade I fatty changes in liver.**
- **Mild prostatomegaly.**

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 :

A handwritten signature in black ink that reads "Lalan Kumar". The signature is written in a cursive style and is underlined with a single horizontal line.

Dr. Lalan Kumar

Consultant Sonologist  
MBBS CBET (USG)

\* **This is a digitally signed valid document.** Reported Date/Time: 2023-02-11 12:42:54

<b>Patient Name</b>	Abinash Kumar Gupta	<b>Requested By</b>	EXTERNAL
<b>MRN</b>	17510001161700	<b>Procedure DateTime</b>	2023-02-11 12:02:31
<b>Age/Sex</b>	39Y 11M/Male	<b>Hospital</b>	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.

#### **NOT FOR MEDICO LEGAL PURPOSES**

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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Dr. Gunjan Gupta  
MBBS, MD (Radiodiagnosis)