

**DEPARTMENT OF LABORATORY MEDICINE**

Final Report

Patient Name : Mr Sabyasachi Mohanty MRN : 17510001224310 Gender/Age : MALE , 32y (28/06/1991)

Collected On : 14/10/2023 08:59 AM Received On : 14/10/2023 10:09 AM Reported On : 14/10/2023 11:58 AM

Barcode : BR2310140024 Specimen : Whole Blood Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8917515395

**IMMUNOHAEMATOLOGY**

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

--End of Report--



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

**Note**

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



**DEPARTMENT OF LABORATORY MEDICINE**

Final Report

Patient Name : Mr Sabyasachi Mohanty MRN : 17510001224310 Gender/Age : MALE , 32y (28/06/1991)

Collected On : 14/10/2023 08:59 AM Received On : 14/10/2023 09:37 AM Reported On : 14/10/2023 12:27 PM

Barcode : 812310140234 Specimen : Whole Blood Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8917515395

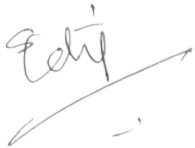
**HAEMATOLOGY LAB**

Test	Result	Unit	Biological Reference Interval
<b>COMPLETE BLOOD COUNT (CBC)</b>			
Haemoglobin (Hb%) (Photometric Measurement)	14.3	g/dL	13.0-17.0
Red Blood Cell Count (Electrical Impedance)	5.27	millions/ $\mu$ L	4.5-5.5
PCV (Packed Cell Volume) / Hematocrit (Calculated)	42.6	%	40.0-54.0
MCV (Mean Corpuscular Volume) (Derived From RBC Histogram)	<b>80.8 L</b>	fL	83.0-101.0
MCH (Mean Corpuscular Haemoglobin) (Calculated)	27.1	pg	27.0-32.0
MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	33.5	%	31.5-34.5
Red Cell Distribution Width (RDW) (Calculated)	13.7	%	11.6-14.0
Platelet Count (Electrical Impedance)	344	$10^3/\mu$ L	150.0-400.0
Mean Platelet Volume (MPV) (Derived)	7.9	fL	7.0-11.7
Total Leucocyte Count(WBC) (Electrical Impedance)	7.9	$10^3/\mu$ L	4.0-10.0
<b>DIFFERENTIAL COUNT (DC)</b>			
Neutrophils (VCSn Technology)	56.4	%	40.0-75.0
Lymphocytes (VCSn Technology)	29.5	%	20.0-40.0
Monocytes (VCSn Technology)	7.4	%	2.0-10.0
Eosinophils (VCSn Technology)	<b>6.2 H</b>	%	1.0-6.0

Patient Name : Mr Sabyasachi Mohanty MRN : 17510001224310 Gender/Age : MALE , 32y (28/06/1991)			
Basophils (VCSn Technology)	0.5	%	0.0-2.0
Absolute Neutrophil Count (Calculated)	4.46	10 <sup>3</sup> /μL	1.8-7.8
Absolute Lymphocyte Count (Calculated)	2.34	10 <sup>3</sup> /μL	1.0-4.8
Absolute Monocyte Count (Calculated)	0.59	10 <sup>3</sup> /μL	0.0-0.8
Absolute Eosinophil Count (Calculated)	<b>0.49 H</b>	10 <sup>3</sup> /μL	0.0-0.45
Absolute Basophil Count (Calculated)	0.04	10 <sup>3</sup> /μL	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. Shanaz Latif  
MD, Pathology  
Consultant Pathology MBBS, DTM&H, DCP, MD .Reg No 41555 : WBMC

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- Kindly correlate clinically.



# ADULT TRANS-THORACIC ECHO REPORT

**PATIENT NAME** : Mr Sabyasachi Mohanty  
**GENDER/AGE** : Male, 32 Years  
**LOCATION** : -

**PATIENT MRN** : 17510001224310  
**PROCEDURE DATE** : 14/10/2023 12:45 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: 66%. 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 SABYASACHI MOHANTY (17510001224310)

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DR. SANGEETA DAS  
CONSULTANT GENERAL MEDICINE MBBS

SANJOY CHOWDHURY  
TECHNICIAN

14/10/2023 12:45 PM

**PREPARED BY** : NAFISHA KHATUN(333472)  
**GENERATED BY** : PAROMITA SARKAR(329190)

**PREPARED ON** : 14/10/2023 01:34 PM  
**GENERATED ON** : 14/10/2023 04:10 PM

**DEPARTMENT OF LABORATORY MEDICINE**

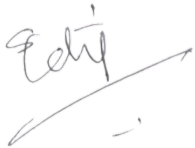
Final Report

Patient Name : Mr Sabyasachi Mohanty MRN : 17510001224310 Gender/Age : MALE , 32y (28/06/1991)  
Collected On : 14/10/2023 08:59 AM Received On : 14/10/2023 09:38 AM Reported On : 14/10/2023 11:50 AM  
Barcode : 812310140233 Specimen : Whole Blood - ESR Consultant : EXTERNAL(EXTERNAL)  
Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8917515395

**HAEMATOLOGY LAB**

Test	Result	Unit	Biological Reference Interval
<b>Erythrocyte Sedimentation Rate (ESR)</b> (Modified Westergren Method)	<b>32 H</b>	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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- Kindly correlate clinically.



**DEPARTMENT OF LABORATORY MEDICINE**

Final Report

Patient Name : Mr Sabyasachi Mohanty MRN : 17510001224310 Gender/Age : MALE , 32y (28/06/1991)

Collected On : 14/10/2023 02:06 PM Received On : 14/10/2023 02:56 PM Reported On : 14/10/2023 03:15 PM

Barcode : 802310140614 Specimen : Plasma Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8917415395

**CLINICAL CHEMISTRY**

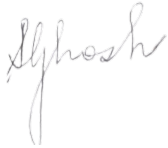
Test	Result	Unit	Biological Reference Interval
<b>POST PRANDIAL BLOOD GLUCOSE (PPBG)</b> (Glucose Oxidase, Peroxidase)	90	mg/dL	Normal: 70-139 Pre-diabetes: 140-199 Diabetes: => 200 ADA standards 2019

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



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

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(POST PRANDIAL BLOOD GLUCOSE (PPBG) -> Auto Authorized)



**DEPARTMENT OF LABORATORY MEDICINE**

Final Report

Patient Name : Mr Sabyasachi Mohanty MRN : 17510001224310 Gender/Age : MALE , 32y (28/06/1991)

Collected On : 14/10/2023 08:59 AM Received On : 14/10/2023 09:30 AM Reported On : 14/10/2023 11:05 AM

Barcode : 822310140022 Specimen : Urine Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8917515395

**CLINICAL PATHOLOGY**

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

**PHYSICAL EXAMINATION**

Volume	30	ml	-
Colour	Light-Yellow	-	-
Appearance	Clear	-	-

**CHEMICAL EXAMINATION**

pH(Reaction) (Mixed PH Indicator)	6.5	-	4.8-7.5
Sp. Gravity (Dual Wavelength Reflectance )	1.006	-	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

Page 1 of 2

**Rabindranath Tagore International Institute of Cardiac Sciences**

(A unit of Narayana Hrudayalaya Limited)

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E-mail: email.rtiics@narayanahealth.org | Web: www.narayanahealth.org

GISTIN/UIIN : 19AABCN1685J1Z5



Appointments  
**180 0309 0309 (Toll free)**

Emergencies  
**99033 35544**



Patient Name : Mr Sabyasachi Mohanty MRN : 17510001224310 Gender/Age : MALE , 32y (28/06/1991)

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

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**DEPARTMENT OF LABORATORY MEDICINE**

Final Report

Patient Name : Mr Sabyasachi Mohanty MRN : 17510001224310 Gender/Age : MALE , 32y (28/06/1991)

Collected On : 14/10/2023 08:59 AM Received On : 14/10/2023 09:40 AM Reported On : 14/10/2023 10:41 AM

Barcode : 802310140274 Specimen : Serum Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8917515395

**CLINICAL CHEMISTRY**

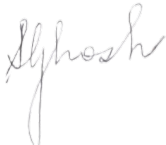
Test	Result	Unit	Biological Reference Interval
<b>SERUM CREATININE</b>			
Serum Creatinine (Two Point Rate - Creatinine Aminohydrolase)	0.98	mg/dL	0.66-1.25
eGFR	88.7	mL/min/1.73m <sup>2</sup>	-
<b>Blood Urea Nitrogen (BUN)</b> (Endpoint /Colorimetric - Urease)	10.00	mg/dL	9.0-20.0
<b>Serum Sodium</b> (Direct ISE - Potentiometric)	137	mmol/L	137.0-145.0
<b>Serum Potassium</b> (Direct ISE - Potentiometric)	5.1	mmol/L	3.5-5.1
<b>LIPID PROFILE (CHOL,TRIG,HDL,LDL,VLDL)</b>			
Cholesterol Total (Colorimetric - Cholesterol Oxidase)	183	mg/dL	Desirable: < 200 Borderline High: 200-239 High: > 240
Triglycerides (Enzymatic Endpoint Colorimetric )	115	mg/dL	Normal: < 150 Borderline: 150-199 High: 200-499 Very High: > 500
HDL Cholesterol (HDLC) (Colorimetric: Non HDL Precipitation Phosphotungstic Acid Method)	<b>35 L</b>	mg/dL	40.0-60.0
Non-HDL Cholesterol	148.0	-	-
LDL Cholesterol (Non LDL Selective Elimination, CHOD/POD)	<b>122.24 H</b>	mg/dL	Optimal: < 100 Near to above optimal: 100-129 Borderline High: 130-159 High: 160-189 Very High: > 190
VLDL Cholesterol (Calculated)	23.0	mg/dL	0.0-40.0
Cholesterol /HDL Ratio	5.3	-	-

**LIVER FUNCTION TEST(LFT)**



Patient Name : Mr Sabyasachi Mohanty    MRN : 17510001224310    Gender/Age : MALE , 32y (28/06/1991)			
Bilirubin Total (Colorimetric -Diazo Method)	1.06	mg/dL	0.2-1.3
Conjugated Bilirubin (Direct) (Calculated)	0.26	mg/dL	0.0-0.4
Unconjugated Bilirubin (Indirect) (Colorimetric Endpoint)	0.80	-	-
Total Protein (Biuret Method)	7.90	g/dL	6.3-8.2
Serum Albumin (Colorimetric - Bromo-Cresol Green)	4.60	gm/dL	3.5-5.0
Serum Globulin (Calculated)	3.4	g/dL	2.0-3.5
Albumin To Globulin (A/G)Ratio (Calculated)	1.39	-	1.0-2.1
SGOT (AST) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	25	U/L	17.0-59.0
SGPT (ALT) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	28	U/L	<50.0
Alkaline Phosphatase (ALP) (Multipoint-Rate - P-nitro Phenyl Phosphate, AMP Buffer)	75	IU/L	38.0-126.0
Gamma Glutamyl Transferase (GGT) (Multipoint Rate - L-glutamyl-p-nitroanilide ( Szasz Method))	30	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

Patient Name : Mr Sabyasachi Mohanty MRN : 17510001224310 Gender/Age : MALE , 32y (28/06/1991)

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(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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Barcode : 802310140274 Specimen : Serum Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8917515395

**CLINICAL CHEMISTRY**

Test	Result	Unit	Biological Reference Interval
<b>THYROID PROFILE (T3, T4, TSH)</b>			
Tri Iodo Thyronine (T3) (Enhanced Chemiluminescence Immunoassay (CLIA))	1.67	ng/mL	0.97-1.69
Thyroxine (T4) (Enhanced Chemiluminescence Immunoassay (CLIA))	<b>11.5 H</b>	µg/dl	5.53-11.0
TSH (Thyroid Stimulating Hormone) (Enhanced Chemiluminescence Immunoassay (CLIA))	1.550	uIU/ml	0.4001-4.049

--End of Report--



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Barcode : 802310140276 Specimen : Whole Blood Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8917515395

**CLINICAL CHEMISTRY**

Test	Result	Unit	Biological Reference Interval
<b>HBA1C</b>			
HbA1c (HPLC)	<b>5.8 H</b>	%	Normal: 4.0-5.6 Prediabetes: 5.7-6.4 Diabetes: => 6.5 ADA standards 2019 (Carpenter/ Coustan)
Estimated Average Glucose	119.76	-	-

**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-



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PhD, Biochemistry  
Biochemist M.Sc , Ph. D

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<b>Patient Name</b>	Mr Sabyasachi Mohanty	<b>Requested By</b>	EXTERNAL
<b>MRN</b>	17510001224310	<b>Procedure DateTime</b>	2023-10-14 14:59:39
<b>Age/Sex</b>	32Y 3M/Male	<b>Hospital</b>	NH-RTIICS

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

#### **LIVER:**

It is normal in size and mildly hyperechoic. 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 9.6 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 11.0 cm and 10.8 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 2.7 x 2.8 x 2.8 cm (Weight = 11 gms). It shows a homogenous echotexture and smooth outline.

**IMPRESSION:**

- Grade I fatty liver.

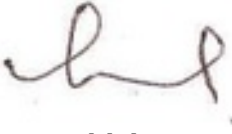
NOT FOR MEDICO LEGAL PURPOSES

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 :Sutapa





**Dr. Ashish Kumar**  
Consultant Sonologist

\* ***This is a digitally signed valid document.*** Reported Date/Time: 2023-10-14 15:06:07

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Barcode : 802310140275 Specimen : Plasma Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8917515395

**CLINICAL CHEMISTRY**

Test	Result	Unit	Biological Reference Interval
<b>FASTING BLOOD GLUCOSE (FBG)</b> (Glucose Oxidase, Peroxidase)	<b>105 H</b>	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

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  - Kindly correlate clinically.
- (FASTING BLOOD GLUCOSE (FBG) -> Auto Authorized)

