



Lab No.	: KNK/29-03-2024/SR8926184	Lab Add.	: Newtown,Kolkata-700156
Patient Name	: SANAT KUMAR MONDAL	Ref Dr.	: Dr.MEDICAL OFFICER
Age	: 57 Y 0 M 20 D	Collection Date	: 29/Mar/2024 12:14PM
Gender	: M	Report Date	: 30/Mar/2024 04:25PM



DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
POTASSIUM,BLOOD , GEL SERUM (Method:ISE INDIRECT)	4.80	3.5-5.5	mEq/L
SODIUM,BLOOD (Method:ISE INDIRECT)	143	132 - 146	mEq/L
CHLORIDE,BLOOD (Method:ISE INDIRECT)	107	99-109	mEq/L
PHOSPHORUS-INORGANIC,BLOOD (Method:Phosphomolybdate/UV)	3.3	2.4-5.1 mg/dL	mg/dL

*** End Of Report ***

Dr NEEPA CHOWDHURY
MBBS MD (Biochemistry)
Consultant Biochemist
Reg No. WBMC 62456

Lab No. : KNK/29-03-2024/SR8926184	Lab Add. : Nadia, Krishnanagar - 741101
Patient Name : SANAT KUMAR MONDAL	Ref Dr. : Dr.MEDICAL OFFICER
Age : 57 Y 0 M 20 D	Collection Date : 29/Mar/2024 12:14PM
Gender : M	Report Date : 29/Mar/2024 04:20PM



DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
ALKALINE PHOSPHATASE (Method:PNPP- AMP)	84	46-116 U/L	U/L
BILIRUBIN (DIRECT) (Method:DIAZOTIZED DCA)	<u>0.25</u>	<0.2 mg/dL	mg/dL
SGOT/AST (Method:IFCC Kinetic Method)	28	13-40 U/L	U/L
UREA,BLOOD (Method:Urease with GLDH)	21.0	19 - 49	mg/dL
CALCIUM,BLOOD (Method:Modified OCPC)	9.30	8.7-10.4 mg/dL	mg/dL
*URIC ACID, URINE, SPOT URINE URIC ACID, SPOT URINE (Method:URICASE)	<u>19.20</u>	37-92 mg/dL	mg/dL
GLUCOSE,PP (Method:Hexokinase Method)	110	Impaired Glucose Tolerance-140 to 199.~Diabetes>= 200.	mg/dL
*BILIRUBIN (TOTAL) , GEL SERUM BILIRUBIN (TOTAL) (Method:DIAZOTIZED DCA)	<u>1.52</u>	0.3-1.2 mg/dL	mg/dL
*LIPID PROFILE , GEL SERUM CHOLESTEROL-TOTAL (Method:CHOD – PAP)	249	Desirable: < 200 mg/dL Borderline high: 200-239 mg/dL High: > or =240 mg/dL	mg/dL
TRIGLYCERIDES (Method:ENZYMATIC (END POINT))	100	Normal: < 150, BorderlineHigh::150-199, High:: 200-499, VeryHigh::>500	mg/dL
HDL CHOLESTEROL (Method:ENZYMATIC (PEG))	54	< 40 - Low 40-59- Optimum 60 - High	mg/dl
LDL CHOLESTEROL DIRECT (Method:HOMOGENOUS ENZYMATIC)	<u>167</u>	OPTIMAL : <100 mg/dL, Near optimal/ above optimal : 100-129 mg/dL, Borderline high : 130-159 mg/dL, High : 160-189 mg/dL, Very high : >=190 mg/dL	mg/dL
VLDL (Method:Calculated)	28	< 40 mg/dl	mg/dL
CHOL HDL Ratio (Method:Calculated)	<u>4.6</u>	LOW RISK 3.3-4.4 AVERAGE RISK 4.47-7.1 MODERATE RISK 7.1-11.0 HIGH RISK >11.0	
CREATININE, BLOOD (Method:Jaffe, alkaline picrate, kinetic)	1.19	0.7-1.3	mg/dL
*TOTAL PROTEIN [BLOOD] ALB:GLO RATIO , . TOTAL PROTEIN (Method:BIURET METHOD)	8.20	5.7-8.2	g/dL
ALBUMIN	4.1	3.2-4.8 g/dL	g/dL

Lab No. : KNK/29-03-2024/SR8926184

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Lab No. : KNK/29-03-2024/SR8926184 Lab Add. : Nadia, Krishnanagar - 741101
Patient Name : SANAT KUMAR MONDAL Ref Dr. : Dr.MEDICAL OFFICER
Age : 57 Y 0 M 20 D Collection Date : 29/Mar/2024 12:14PM
Gender : M Report Date : 29/Mar/2024 04:20PM



DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
(Method:BCG Dye Binding) GLOBULIN	4.10	1.8-3.2	g/dl
(Method:Calculated) AG Ratio	1.00	1.0 - 2.5	
(Method:Calculated)			
URIC ACID,BLOOD	7.40	3.5-7.2	mg/dL
(Method:URICASE)			
GLUCOSE,FASTING	91	Impaired Fasting-100-125 ~Diabetes- >= 126.~Fasting is defined as no caloric intake for at least 8 hours.	mg/dL
(Method:Hexokinase Method)			
SGPT/ALT	34	7-40 U/L	U/L
(Method:IFCC KINETIC METHOD)			

*** End Of Report ***

DR. SHABNAM PARVIN
MD (Pathology)
Consultant Pathologist
Reg No. WBMC 64876

Lab No. : KNK/29-03-2024/SR8926184	Lab Add. : Nadia, Krishnanagar - 741101
Patient Name : SANAT KUMAR MONDAL	Ref Dr. : Dr.MEDICAL OFFICER
Age : 57 Y 0 M 20 D	Collection Date : 29/Mar/2024 12:14PM
Gender : M	Report Date : 29/Mar/2024 03:27PM



DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Bio Ref. Interval	Unit
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*CBC WITH PLATELET (THROMBOCYTE) COUNT , EDTA WHOLE BLOOD			
HEMOGLOBIN (Method:PHOTOMETRIC)	14.6	13 - 17	g/dL
WBC (Method:DC detection method)	5.6	4 - 10	*10 ³ /μL
RBC (Method:DC detection method)	5.34	4.5 - 5.5	*10 ⁶ /μL
PLATELET (THROMBOCYTE) COUNT (Method:DC detection method/Microscopy)	152	150 - 450*10 ³	*10 ³ /μL
<u>DIFFERENTIAL COUNT</u>			
NEUTROPHILS (Method:Flowcytometry/Microscopy)	53	40 - 80 %	%
LYMPHOCYTES (Method:Flowcytometry/Microscopy)	38	20 - 40 %	%
MONOCYTES (Method:Flowcytometry/Microscopy)	07	2 - 10 %	%
EOSINOPHILS (Method:Flowcytometry/Microscopy)	02	1 - 6 %	%
BASOPHILS (Method:Flowcytometry/Microscopy)	00	0-0.9%	%
<u>CBC SUBGROUP</u>			
HEMATOCRIT / PCV (Method:Calculated)	44.6	40 - 50 %	%
MCV (Method:Calculated)	83.6	83 - 101 fl	fl
MCH (Method:Calculated)	27.3	27 - 32 pg	pg
MCHC (Method:Calculated)	32.6	31.5-34.5 gm/dl	gm/dl
RDW - RED CELL DISTRIBUTION WIDTH (Method:Calculated)	13.4	11.6-14%	%
PDW-PLATELET DISTRIBUTION WIDTH (Method:Calculated)	28.9	8.3 - 25 fL	fL
MPV-MEAN PLATELET VOLUME (Method:Calculated)	14.2	7.5 - 11.5 fl	

*BLOOD GROUP ABO+RH [GEL METHOD] , EDTA WHOLE BLOOD	
ABO (Method:Gel Card)	O
RH (Method:Gel Card)	POSITIVE

TECHNOLOGY USED: GEL METHOD

ADVANTAGES :

- Gel card allows simultaneous forward and reverse grouping.
- Card is scanned and record is preserved for future reference.
- Allows identification of Bombay blood group.
- Daily quality controls are run allowing accurate monitoring.

Historical records check not performed.

*ESR (ERYTHROCYTE SEDIMENTATION RATE) , EDTA WHOLE BLOOD			
1stHour (Method:Westergren)	10	0.00 - 20.00 mm/hr	mm/hr

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Age	: 57 Y 0 M 20 D	Collection Date	: 29/Mar/2024 12:14PM
Gender	: M	Report Date	: 29/Mar/2024 03:27PM



DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Bio Ref. Interval	Unit
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*** End Of Report ***

DR. SHABNAM PARVIN
MD (Pathology)
Consultant Pathologist
Reg No. WBMC 64876



Lab No.	: KNK/29-03-2024/SR8926184	Lab Add.	: Newtown,Kolkata-700156
Patient Name	: SANAT KUMAR MONDAL	Ref Dr.	: Dr.MEDICAL OFFICER
Age	: 57 Y 0 M 20 D	Collection Date	: 29/Mar/2024 12:14PM
Gender	: M	Report Date	: 30/Mar/2024 04:22PM



DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Bio Ref. Interval	Unit
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CBC WITH PLATELET & RETICULOCYTE COUNT , EDTA WHOLE BLOOD			
HEMOGLOBIN (Method:PHOTOMETRIC)	14.6	13 - 17	g/dL
WBC (Method:DC detection method)	5.2	4 - 10	*10 ³ /μL
RBC (Method:DC detection method)	5.25	4.5 - 5.5	*10 ⁶ /μL
PLATELET (THROMBOCYTE) COUNT (Method:DC detection method/Microscopy)	161	150 - 450*10 ³	*10 ³ /μL
DIFFERENTIAL COUNT			
NEUTROPHILS (Method:Flowcytometry/Microscopy)	60	40 - 80 %	%
LYMPHOCYTES (Method:Flowcytometry/Microscopy)	31	20 - 40 %	%
MONOCYTES (Method:Flowcytometry/Microscopy)	06	2 - 10 %	%
EOSINOPHILS (Method:Flowcytometry/Microscopy)	02	1 - 6 %	%
BASOPHILS (Method:Flowcytometry/Microscopy)	01	0-0.9%	%
CBC SUBGROUP 1			
HEMATOCRIT / PCV (Method:Calculated)	46.5	40 - 50 %	%
MCV (Method:Calculated)	88.6	83 - 101 fl	fl
MCH (Method:Calculated)	27.8	27 - 32 pg	pg
MCHC (Method:Calculated)	31.3	31.5-34.5 gm/dl	gm/dl
RDW - RED CELL DISTRIBUTION WIDTH (Method:Calculated)	16.2	11.6-14%	%
RETICULOCYTE COUNT-AUTOMATED,BLOOD (Method:Cell Counter/Microscopy)	1.5	0.5-2.5%	%

*** End Of Report ***

Kaushik Dey
 Dr. KAUSHIK DEY
 MD (PATHOLOGY)
 CONSULTANT PATHOLOGIST
 Reg No. WBMC 66405

Lab No. : KNK/29-03-2024/SR8926184
Patient Name : SANAT KUMAR MONDAL
Age : 57 Y 0 M 20 D
Gender : M

Lab Add. :
Ref Dr. : Dr.MEDICAL OFFICER
Collection Date :
Report Date : 29/Mar/2024 06:07PM



DEPARTMENT OF X-RAY


X-RAY CHEST PA VIEW

Bilateral lung fields appear normal.
Bilateral costophrenic angles are unremarkable.
Bilateral hila and vascular markings are unremarkable.
Domes of diaphragm are normal in morphology and contour.
Cardiac size is within normal limits.
Bony thoracic cage appears normal.

IMPRESSION:

No obvious abnormality detected.
No evidence of fracture or dislocation.
Recommended clinical correlation*.

*** End Of Report ***


Dr. Manish Kumar Jha
MD Radiodiagnosis

Lab No. : KNK/29-03-2024/SR8926184	Lab Add. : Nadia, Krishnanagar - 741101
Patient Name : SANAT KUMAR MONDAL	Ref Dr. : Dr.MEDICAL OFFICER
Age : 57 Y 0 M 20 D	Collection Date : 29/Mar/2024 12:16PM
Gender : M	Report Date : 29/Mar/2024 03:30PM



DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Bio Ref. Interval	Unit
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*URINE ROUTINE ALL, ALL , URINE			
<u>PHYSICAL EXAMINATION</u>			
COLOUR	PALE YELLOW		
APPEARANCE	SLIGHTLY HAZY		
<u>CHEMICAL EXAMINATION</u>			
pH (Method:DIPSTICK)	6	4.8 - 7.4	
SPECIFIC GRAVITY (Method:DIPSTICK)	1.015	1.016-1.022	
PROTEIN (Method:DIPSTICK(Protein Error Principle)/MANUAL)	NOT DETECTED	NOT DETECTED	
GLUCOSE (Method:DIPSTICK (Glucose Oxidase - peroxidase)/MANUAL)	NOT DETECTED	NOT DETECTED	
KETONES (ACETOACETIC ACID, ACETONE) (Method:Dipstick (Legals test)/Manual)	NOT DETECTED	NOT DETECTED	
BLOOD (Method:DIPSTICK(Pseudo Peroxidase Method))	NEGATIVE	NOT DETECTED	
BILIRUBIN (Method:DIPSTICK(Azo-Diazo Reaction)/MANUAL)	ABSENT	NEGATIVE	
UROBILINOGEN (Method:DIPSTICK(Diazonium Ion Reaction)/MANUAL)	NORMAL	NORMAL	
NITRITE (Method:DIPSTICK(GRIESS TEST))	NEGATIVE	NEGATIVE	
LEUCOCYTE ESTERASE (Method:DIPSTICK)	NEGATIVE	NEGATIVE	
<u>MICROSCOPIC EXAMINATION</u>			
LEUKOCYTES (PUS CELLS) (Method:Microscopy)	0 - 2	0-5	/hpf
EPITHELIAL CELLS (Method:Microscopy)	0 - 2	0-5	/hpf
RED BLOOD CELLS (Method:Microscopy)	NOT DETECTED	0-2	/hpf
CAST (Method:Microscopy)	NOT DETECTED	NOT DETECTED	
CRYSTALS (Method:Microscopy)	NOT DETECTED	NOT DETECTED	
BACTERIA (Method:Microscopy)	NOT DETECTED	NOT DETECTED	
YEAST (Method:Microscopy)	NOT DETECTED	NOT DETECTED	
OTHERS	NIL		

Note:

1. All urine samples are checked for adequacy and suitability before examination.
2. Analysis by urine analyzer of dipstick is based on reflectance photometry principle. Abnormal results of chemical examinations are confirmed by manual methods.
3. The first voided morning clean-catch midstream urine sample is the specimen of choice for chemical and microscopic analysis.
4. Negative nitrite test does not exclude urinary tract infections.
5. Trace proteinuria can be seen in many physiological conditions like exercise, pregnancy, prolonged recumbency etc.
6. False positive results for glucose, protein, nitrite, urobilinogen, bilirubin can occur due to use of certain drugs, therapeutic dyes, ascorbic acid, cleaning agents used in urine collection container.
7. Discrepancy between results of leukocyte esterase and blood obtained by chemical methods with corresponding pus cell and red blood cell count by microscopy can occur due to cell lysis.

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Age	: 57 Y 0 M 20 D	Collection Date	: 29/Mar/2024 12:16PM
Gender	: M	Report Date	: 29/Mar/2024 03:30PM



DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Bio Ref. Interval	Unit
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8. Contamination from perineum and vaginal discharge should be avoided during collection, which may falsely elevate epithelial cell count and show presence of bacteria and/or yeast in the urine.

*** End Of Report ***

DR. SHABNAM PARVIN
MD (Pathology)
Consultant Pathologist
Reg No. WBMC 64876

Lab No. : KNK/29-03-2024/SR8926184
Patient Name : SANAT KUMAR MONDAL
Age : 57 Y 0 M 20 D
Gender : M

Lab Add. :
Ref Dr. : Dr.MEDICAL OFFICER
Collection Date :
Report Date : 29/Mar/2024 02:55PM



DEPARTMENT OF CARDIOLOGY

E.C.G. REPORT

DATA		
HEART RATE	62	Bpm
PR INTERVAL	170	Ms
QRS DURATION	78	Ms
QT INTERVAL	354	Ms
QTC INTERVAL	361	Ms
AXIS		
P WAVE	49	Degree
QRS WAVE	8	Degree
T WAVE	20	Degree
IMPRESSION	:	Normal sinus rhythm, within normal limits.

*** End Of Report ***

ACRay

Dr. A C RAY
Department of Non-invasive
Cardiology

Lab No. : KNK/29-03-2024/SR8926184
Patient Name : SANAT KUMAR MONDAL
Age : 57 Y 0 M 20 D
Gender : M

Lab Add. :
Ref Dr. : Dr.MEDICAL OFFICER
Collection Date :
Report Date : 01/Apr/2024 12:02PM



DEPARTMENT OF ULTRASONOGRAPHY

ULTRASONOGRAPHY OF WHOLE ABDOMEN

LIVER: Normal in shape, size and parenchymal echopattern. No focal lesion of altered echogenicity is seen. Intrahepatic biliary radicles are not dilated. The portal vein branches and hepatic veins are normal.

GALL BLADDER: Well distended; wall thickness is normal. Gall Bladder lumen shows no intraluminal calculus or mass. No pericholecystic collection or mass formation is noted.

PORTA HEPATIS: The portal vein is normal in caliber with clear lumen. The common bile duct is normal in caliber. Visualized lumen is clear.

PANCREAS: It is normal in shape, size and echopattern. Main pancreatic duct is not dilated. No focal lesion of altered echogenicity is seen. The peripancreatic region shows no abnormal fluid collection.

SPLEEN: It is normal in shape, size and shows homogeneous echopattern. No focal lesion is seen. No abnormal venous dilatation is seen in the splenic hilum.

KIDNEYS: Both Kidneys are normal in shape, size and position. Cortical echogenicity and thickness are normal with normal cortico-medullary differentiation in both kidneys. No calculus, hydronephrosis or mass is noted. The perinephric region shows no abnormal fluid collection.

URETER: Both ureters are not dilated. No calculus is noted in either side.

URINARY BLADDER: It is adequately distended providing optimum scanning window. The lumen is clear and wall thickness is normal. Post void residual urine volume is insignificant.

PROSTATE: It is enlarged in size but normal echopattern. No focal lesion is seen. Capsule is smooth.

Prostate volume: 33.20 cc.

IMPRESSION:

- Prostatomegaly.

Kindly note

Ø *Ultrasound is not the modality of choice to rule out subtle bowel lesion.*

Ø *Please Intimate us for any typing mistakes and send the report for correction within 7 days.*

Ø *The science of Radiological diagnosis is based on the interpretation of various shadows produced by both the normal and abnormal tissues and are not always conclusive. Further biochemical and radiological investigation & clinical correlation is required to enable the clinician to reach the final diagnosis.*

The report and films are not valid for medico-legal purpose.

Patient Identity not verified.

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Patient Name : SANAT KUMAR MONDAL
Age : 57 Y 0 M 20 D
Gender : M

Lab Add. :
Ref Dr. : Dr.MEDICAL OFFICER
Collection Date :
Report Date : 01/Apr/2024 12:02PM



DEPARTMENT OF ULTRASONOGRAPHY

DR. S.K. PRAMANIK
MD, Radiodiagnosis
Reg. No. – 77692 (WBMC)