

## DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Mr Bapan Mondal MRN : 17510001190052 Gender/Age : MALE , 47y (11/12/1975)

Collected On : 06/06/2023 10:09 AM Received On : 06/06/2023 10:51 AM Reported On : 06/06/2023 11:33 AM

Barcode : 812306060254 Specimen : Whole Blood Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9831921418

## HAEMATOLOGY LAB

Test	Result	Unit	Biological Reference Interval
<strong>COMPLETE BLOOD COUNT (CBC)</strong>			
Haemoglobin (Hb%) (Photometric Measurement)	14.5	g/dL	13.0-17.0
Red Blood Cell Count (Electrical Impedance)	5.04	millions/ $\mu$ L	4.5-5.5
PCV (Packed Cell Volume) / Hematocrit (Calculated)	45.1	%	40.0-54.0
MCV (Mean Corpuscular Volume) (Derived From RBC Histogram)	89.6	fL	83.0-101.0
MCH (Mean Corpuscular Haemoglobin) (Calculated)	28.8	pg	27.0-32.0
MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	32.1	%	31.5-34.5
Red Cell Distribution Width (RDW) (Calculated)	<b>14.6 H</b>	%	11.6-14.0
Platelet Count (Electrical Impedance)	165	$10^3/\mu$ L	150.0-400.0
Mean Platelet Volume (MPV) (Derived)	<b>15.2 H</b>	fL	7.0-11.7
Total Leucocyte Count(WBC) (Electrical Impedance)	7.3	$10^3/\mu$ L	4.0-10.0
<strong>DIFFERENTIAL COUNT (DC)</strong>			
Neutrophils (VCSn Technology)	62.9	%	40.0-75.0
Lymphocytes (VCSn Technology)	26.7	%	20.0-40.0
Monocytes (VCSn Technology)	4.6	%	2.0-10.0
Eosinophils (VCSn Technology)	5.4	%	1.0-6.0

Patient Name : Mr Bapan Mondal MRN : 17510001190052 Gender/Age : MALE , 47y (11/12/1975)

Basophils (VCSn Technology)	0.4	%	0.0-2.0
Absolute Neutrophil Count (Calculated)	4.59	$10^3/\mu\text{L}$	1.8-7.8
Absolute Lymphocyte Count (Calculated)	1.95	$10^3/\mu\text{L}$	1.0-4.8
Absolute Monocyte Count (Calculated)	0.34	$10^3/\mu\text{L}$	0.0-0.8
Absolute Eosinophil Count (Calculated)	0.39	$10^3/\mu\text{L}$	0.0-0.45
Absolute Basophil Count (Calculated)	0.03	$10^3/\mu\text{L}$	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

**Note**

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



**DEPARTMENT OF LABORATORY MEDICINE**

Final Report

Patient Name : Mr Bapan Mondal MRN : 17510001190052 Gender/Age : MALE , 47y (11/12/1975)

Collected On : 06/06/2023 10:09 AM Received On : 06/06/2023 10:52 AM Reported On : 06/06/2023 12:21 PM

Barcode : 802306060389 Specimen : Serum Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9831921418

**CLINICAL CHEMISTRY**


Test	Result	Unit	Biological Reference Interval
<b>SERUM CREATININE</b>			
Serum Creatinine (Two Point Rate - Creatinine Aminohydrolase)	0.75	mg/dL	0.66-1.25
eGFR	111.7	mL/min/1.73m <sup>2</sup>	-
<b>Blood Urea Nitrogen (BUN)</b> (Endpoint /Colorimetric - Urease)	10.89	-	9.0-20.0
<b>Serum Sodium</b> (Direct ISE - Potentiometric)	141	mmol/L	137.0-145.0
<b>Serum Potassium</b> (Direct ISE - Potentiometric)	4.6	mmol/L	3.5-5.1
<b>LIPID PROFILE (CHOL,TRIG,HDL,LDL,VLDL)</b>			
Cholesterol Total (Colorimetric - Cholesterol Oxidase)	163	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)	<b>36 L</b>	mg/dL	40.0-60.0
Non-HDL Cholesterol	127.0	-	-
LDL Cholesterol (Non LDL Selective Elimination, CHOD/POD)	<b>101.2 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)	33.2	mg/dL	0.0-40.0
Cholesterol /HDL Ratio	4.6	-	-
<b>Prostate Specific Antigen (PSA)</b> (CLIA)	1.08	ng/mL	0.0-2.5

Patient Name : Mr Bapan Mondal MRN : 17510001190052 Gender/Age : MALE , 47y (11/12/1975)

### LIVER FUNCTION TEST(LFT)

Bilirubin Total (Colorimetric -Diazo Method)	0.63	mg/dL	0.2-1.3
Conjugated Bilirubin (Direct) (Calculated)	0.23	mg/dL	0.0-0.4
Unconjugated Bilirubin (Indirect) (Colorimetric Endpoint)	0.40	-	-
Total Protein (Biuret Method)	7.90	g/dL	6.3-8.2
Serum Albumin (Colorimetric - Bromo-Cresol Green)	4.70	gm/dL	3.5-5.0
Serum Globulin (Calculated)	3.2	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))	24	U/L	17.0-59.0
SGPT (ALT) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	25	U/L	<50.0
Alkaline Phosphatase (ALP) (Multipoint-Rate - P-nitro Phenyl Phosphate, AMP Buffer)	74	IU/L	38.0-126.0
Gamma Glutamyl Transferase (GGT) (Multipoint Rate - L-glutamyl-p-nitroanilide ( Szasz Method))	19	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 Bapan Mondal MRN : 17510001190052 Gender/Age : MALE , 47y (11/12/1975)

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



MC - 2803



DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Mr Bapan Mondal MRN : 17510001190052 Gender/Age : MALE , 47y (11/12/1975)

Collected On : 06/06/2023 10:09 AM Received On : 06/06/2023 10:52 AM Reported On : 06/06/2023 12:30 PM

Barcode : 802306060389 Specimen : Serum Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9831921418

CLINICAL CHEMISTRY

Test	Result	Unit	Biological Reference Interval
<b>THYROID PROFILE (T3, T4, TSH)</b>			
Tri Iodo Thyronine (T3) (Enhanced Chemiluminescence Immunoassay (CLIA))	1.69	ng/mL	0.97-1.69
Thyroxine (T4) (Enhanced Chemiluminescence Immunoassay (CLIA))	9.28	µg/dl	5.53-11.0
TSH (Thyroid Stimulating Hormone) (Enhanced Chemiluminescence Immunoassay (CLIA))	<b>5.373 H</b>	uIU/ml	0.4001-4.049

--End of Report--

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

Note

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



DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Mr Bapan Mondal MRN : 17510001190052 Gender/Age : MALE , 47y (11/12/1975)

Collected On : 06/06/2023 10:09 AM Received On : 06/06/2023 11:29 AM Reported On : 06/06/2023 01:03 PM

Barcode : BR2306060040 Specimen : Whole Blood Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9831921418

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

Note

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



DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Mr Bapan Mondal MRN : 17510001190052 Gender/Age : MALE , 47y (11/12/1975)

Collected On : 06/06/2023 04:09 PM Received On : 06/06/2023 04:42 PM Reported On : 06/06/2023 05:28 PM

Barcode : 802306060890 Specimen : Plasma Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9831921418

CLINICAL CHEMISTRY

Test	Result	Unit	Biological Reference Interval
Post Prandial Blood Sugar (PPBS) (Glucose Oxidase, Peroxidase)	123	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

Note

- Abnormal results are highlighted.
- Results relate to the sample only.
- Kindly correlate clinically.  
(Post Prandial Blood Sugar (PPBS) -> Auto Authorized)





DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Mr Bapan Mondal MRN : 17510001190052 Gender/Age : MALE , 47y (11/12/1975)

Collected On : 06/06/2023 10:09 AM Received On : 06/06/2023 10:51 AM Reported On : 06/06/2023 11:57 AM

Barcode : 802306060391 Specimen : Whole Blood Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9831921418

CLINICAL CHEMISTRY

Test	Result	Unit	Biological Reference Interval
<b>HBA1C</b>			
HbA1c (HPLC)	<b>6.0 H</b>	%	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-

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

Note

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



DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Mr Bapan Mondal MRN : 17510001190052 Gender/Age : MALE , 47y (11/12/1975)

Collected On : 06/06/2023 10:09 AM Received On : 06/06/2023 10:52 AM Reported On : 06/06/2023 11:44 AM

Barcode : 802306060390 Specimen : Plasma Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9831921418

CLINICAL CHEMISTRY

Test	Result	Unit	Biological Reference Interval
<b>Fasting Blood Sugar (FBS)</b> (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

- Abnormal results are highlighted.
- Results relate to the sample only.
- Kindly correlate clinically.  
(Fasting Blood Sugar (FBS) -> Auto Authorized)



DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Mr Bapan Mondal MRN : 17510001190052 Gender/Age : MALE , 47y (11/12/1975)

Collected On : 06/06/2023 10:09 AM Received On : 06/06/2023 10:51 AM Reported On : 06/06/2023 12:28 PM

Barcode : 812306060253 Specimen : Whole Blood - ESR Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9831921418

HAEMATOLOGY LAB

Test	Result	Unit	Biological Reference Interval
<b>Erythrocyte Sedimentation Rate (ESR)</b> (Modified Westergren Method)	<b>15 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

Note

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



## ADULT TRANS-THORACIC ECHO REPORT

**PATIENT NAME** : Mr Bapan Mondal  
**GENDER/AGE** : Male, 47 Years  
**LOCATION** : -

**PATIENT MRN** : 17510001190052  
**PROCEDURE DATE** : 06/06/2023 04:03 PM  
**REQUESTED BY** : EXTERNAL



### IMPRESSION

- CONCENTRIC LV HYPERTROPHY.
- GOOD LV SYSTOLIC FUNCTION WITH NORMAL DIASTOLIC FLOW PATTERN.

### FINDINGS

#### CHAMBERS

LEFT ATRIUM : NORMAL SIZED  
RIGHT ATRIUM : NORMAL SIZED  
LEFT VENTRICLE : CONCENTRIC LV HYPERTROPHY. 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.

MR BAPAN MONDAL (17510001190052)

---



DR. SANGEETA DAS  
CONSULTANT GENERAL MEDICINE MBBS

SANJOY CHOWDHURY  
TECHNICIAN

06/06/2023 04:03 PM

<b>PREPARED BY</b>	: NITA PAUL(308573)	<b>PREPARED ON</b>	: 06/06/2023 05:21 PM
<b>GENERATED BY</b>	: MADHUPARNA DASGUPTA(333433)	<b>GENERATED ON</b>	: 07/06/2023 02:55 PM

<b>Patient Name</b>	Bapan Mondal	<b>Requested By</b>	EXTERNAL
<b>MRN</b>	17510001190052	<b>Procedure DateTime</b>	2023-06-06 12:40:11
<b>Age/Sex</b>	47Y 5M/Male	<b>Hospital</b>	NH-RTIICS

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

#### **LIVER:**

It is normal in size and 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 10.3 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 9.0 cm and 10.6 cm respectively.

#### **URINARY BLADDER:**

It is normal in capacity. The wall is thickened (4.5 mm). No intraluminal calculus or mass is seen.

Post void residual urine is 20 cc.

#### **PROSTATE:**

It is mildly enlarged in size measuring 3.6 x 3.6 x 3.7 cm (Weight = 25 gms). It shows a homogenous echotexture and smooth outline.

#### **IMPRESSION:**

- Urinary bladder wall thickened likely to be cystitis.
- 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 :Kanta

Handwritten signature of Lalan Kumar in black ink, with a horizontal line underneath the name.

Dr. Lalan Kumar

Consultant Sonologist  
MBBS CBET (USG)

\* ***This is a digitally signed valid document.*** Reported Date/Time: 2023-06-06 12:47:47



<b>Patient Name</b>	Bapan Mondal	<b>Requested By</b>	EXTERNAL
<b>MRN</b>	17510001190052	<b>Procedure DateTime</b>	2023-06-06 11:20:03
<b>Age/Sex</b>	47Y 5M/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 lung fields and bronchovascular markings appear normal.
- The costo-phrenic angles are clear.
- Both the diaphragmatic domes appear normal.
- The visualized bones and soft tissue appear normal.

#### **IMPRESSION:**

- **No significant radiological abnormality detected.**

REPORTED BY DR. FARHAN IQEBAL

#### **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.

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



Dr. Gunjan Gupta  
MBBS, MD (Radiodiagnosis)