

DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Mr Ajay Sen MRN : 17510001158648 Gender/Age : MALE , 56y (27/10/1966)

Collected On : 30/01/2023 10:40 AM Received On : 30/01/2023 11:04 AM Reported On : 30/01/2023 12:33 PM

Barcode : 802301300369 Specimen : Whole Blood Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8240602816

CLINICAL CHEMISTRY

Test	Result	Unit	Biological Reference Interval
<b>HBA1C</b>			
HbA1c (HPLC)	5.4	%	Normal: 4.0-5.6 Prediabetes: 5.7-6.4 Diabetes: => 6.5 ADA standards 2019 (Carpenter/ Coustan)
Estimated Average Glucose	108.29	-	-

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. Debasree Biswas  
MD, Biochemistry  
Clinical Biochemist MBBS, MD

Note

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



MC - 2803



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Collected On : 30/01/2023 10:40 AM Received On : 30/01/2023 11:04 AM Reported On : 30/01/2023 01:08 PM

Barcode : 812301300244 Specimen : Whole Blood - ESR Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8240602816

HAEMATOLOGY LAB

Test	Result	Unit	Biological Reference Interval
<b>Erythrocyte Sedimentation Rate (ESR)</b> (Modified Westergren Method)	<b>75.0 H</b>	mm/1hr	0.0-10.0

--End of Report--

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

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Collected On : 30/01/2023 10:40 AM Received On : 30/01/2023 11:04 AM Reported On : 30/01/2023 11:59 AM

Barcode : 812301300245 Specimen : Whole Blood Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8240602816

HAEMATOLOGY LAB

Test	Result	Unit	Biological Reference Interval
<b>COMPLETE BLOOD COUNT (CBC)</b>			
Haemoglobin (Hb%) (Photometric Measurement)	13.3	g/dL	13.0-17.0
Red Blood Cell Count (Electrical Impedance)	<b>4.11 L</b>	millions/ $\mu$ L	4.5-5.5
PCV (Packed Cell Volume) / Hematocrit (Calculated)	40.4	%	40.0-54.0
MCV (Mean Corpuscular Volume) (Derived From RBC Histogram)	98.3	fL	83.0-101.0
MCH (Mean Corpuscular Haemoglobin) (Calculated)	<b>32.4 H</b>	pg	27.0-32.0
MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	32.9	%	31.5-34.5
Red Cell Distribution Width (RDW) (Calculated)	13.5	%	11.6-14.0
Platelet Count (Electrical Impedance)	168	$10^3/\mu$ 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)	5.7	$10^3/\mu$ L	4.0-10.0
<b>DIFFERENTIAL COUNT (DC)</b>			
Neutrophils (VCSn Technology)	69.7	%	40.0-75.0
Lymphocytes (VCSn Technology)	<b>18.6 L</b>	%	20.0-40.0
Monocytes (VCSn Technology)	5.3	%	2.0-10.0
Eosinophils (VCSn Technology)	5.6	%	1.0-6.0

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Basophils (VCSn Technology)	0.8	%	0.0-2.0
Absolute Neutrophil Count (Calculated)	3.98	$10^3/\mu\text{L}$	1.8-7.8
Absolute Lymphocyte Count (Calculated)	1.07	$10^3/\mu\text{L}$	1.0-4.8
Absolute Monocyte Count (Calculated)	0.31	$10^3/\mu\text{L}$	0.0-0.8
Absolute Eosinophil Count (Calculated)	0.32	$10^3/\mu\text{L}$	0.0-0.45
Absolute Basophil Count (Calculated)	0.05	$10^3/\mu\text{L}$	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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Patient Name : Mr Ajay Sen MRN : 17510001158648 Gender/Age : MALE , 56y (27/10/1966)

Collected On : 30/01/2023 10:40 AM Received On : 30/01/2023 11:03 AM Reported On : 30/01/2023 11:49 AM

Barcode : 802301300368 Specimen : Plasma Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8240602816

CLINICAL CHEMISTRY

Test	Result	Unit	Biological Reference Interval
<b>Fasting Blood Sugar (FBS)</b> (Glucose Oxidase, Peroxidase)	<b>121 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

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



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Patient Name : Mr Ajay Sen MRN : 17510001158648 Gender/Age : MALE , 56y (27/10/1966)

Collected On : 30/01/2023 03:36 PM Received On : 30/01/2023 03:51 PM Reported On : 30/01/2023 05:09 PM

Barcode : 802301300745 Specimen : Plasma Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8240602816

CLINICAL CHEMISTRY

Test	Result	Unit	Biological Reference Interval
<b>Post Prandial Blood Sugar (PPBS)</b> (Glucose Oxidase, Peroxidase)	119	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

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Clinical Biochemist MBBS, MD

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Collected On : 30/01/2023 10:40 AM Received On : 30/01/2023 11:03 AM Reported On : 30/01/2023 03:14 PM

Barcode : 802301300366 Specimen : Serum Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8240602816

CLINICAL CHEMISTRY

Test	Result	Unit	Biological Reference Interval
<b>Blood Urea Nitrogen (BUN)</b> (Endpoint /Colorimetric - Urease)	<b>5.56 L</b>	-	9.0-20.0
<b>LIVER FUNCTION TEST(LFT)</b>			
Bilirubin Total (Colorimetric -Diazo Method)	0.72	mg/dL	0.2-1.3
Conjugated Bilirubin (Direct) (Calculated)	<b>0.46 H</b>	mg/dL	0.0-0.4
Unconjugated Bilirubin (Indirect) (Colorimetric Endpoint)	0.26	-	-
Total Protein (Biuret Method)	<b>8.60 H</b>	g/dL	6.3-8.2
Serum Albumin (Colorimetric - Bromo-Cresol Green)	4.70	gm/dL	3.5-5.0
Serum Globulin (Calculated)	<b>3.9 H</b>	g/dL	2.0-3.5
Albumin To Globulin (A/G)Ratio (Calculated)	1.2	-	1.0-2.1
SGOT (AST) (Multipoint-Rate With P-5-P (pyridoxal- 5-phosphate))	29	U/L	17.0-59.0
SGPT (ALT) (Multipoint-Rate With P-5-P (pyridoxal-5- phosphate))	31	U/L	<50.0
Alkaline Phosphatase (ALP) (Multipoint-Rate - P- nitro Phenyl Phosphate, AMP Buffer)	110	IU/L	38.0-126.0
Gamma Glutamyl Transferase (GGT) (Multipoint Rate - L-glutamyl-p-nitroanilide ( Szasz Method))	62	U/L	15.0-73.0



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**CLINICAL CHEMISTRY**

Test	Result	Unit	Biological Reference Interval
<b>SERUM CREATININE</b>			
Serum Creatinine (Two Point Rate - Creatinine Aminohydrolase)	0.86	mg/dL	0.66-1.25
eGFR	92.0	mL/min/1.73m <sup>2</sup>	-
<b>Serum Sodium</b> (Direct ISE - Potentiometric)	143	mmol/L	137.0-145.0
<b>Serum Potassium</b> (Direct ISE - Potentiometric)	3.9	mmol/L	3.5-5.1
<b>LIPID PROFILE (CHOL,TRIG,HDL,LDL,VLDL)</b>			
Cholesterol Total (Colorimetric - Cholesterol Oxidase)	<b>239 H</b>	mg/dL	Desirable: < 200 Borderline High: 200-239 High: > 240
Triglycerides (Enzymatic Endpoint Colorimetric )	126	mg/dL	Normal: < 150 Borderline: 150-199 High: 200-499 Very High: > 500
HDL Cholesterol (HDLC) (Colorimetric: Non HDL Precipitation Phosphotungstic Acid Method)	47	mg/dL	40.0-60.0
Non-HDL Cholesterol	192.0	-	-
LDL Cholesterol (Non LDL Selective Elimination, CHOD/POD)	<b>147.29 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)	25.2	mg/dL	0.0-40.0
Cholesterol /HDL Ratio	5.1	-	-



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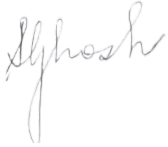
**Prostate Specific Antigen (PSA)** (CLIA)

0.599

ng/mL

0.0-3.5

--End of Report--



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(Lipid Profile, -> Auto Authorized)  
(Serum Sodium, -> Auto Authorized)  
(Serum Potassium, -> Auto Authorized)  
(CR, -> Auto Authorized)  
(Prostate Specific Antigen (Psa) -> Auto Authorized)



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Collected On : 30/01/2023 10:40 AM Received On : 30/01/2023 11:03 AM Reported On : 30/01/2023 04:47 PM

Barcode : 802301300366 Specimen : Serum Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8240602816

CLINICAL CHEMISTRY

Test	Result	Unit	Biological Reference Interval
<b>THYROID PROFILE (T3, T4, TSH)</b>			
Tri Iodo Thyronine (T3) (Enhanced Chemiluminescence Immunoassay (CLIA))	1.41	ng/mL	0.97-1.69
Thyroxine (T4) (Enhanced Chemiluminescence Immunoassay (CLIA))	8.88	µg/dl	5.53-11.0
TSH (Thyroid Stimulating Hormone) (Enhanced Chemiluminescence Immunoassay (CLIA))	4.670	µIU/mL	0.465-4.68

--End of Report--

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MD, Biochemistry  
Clinical Biochemist MBBS, MD

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## ADULT TRANS-THORACIC ECHO REPORT

**PATIENT NAME** : Mr Ajay Sen  
**GENDER/AGE** : Male, 56 Years  
**LOCATION** : -

**PATIENT MRN** : 17510001158648  
**PROCEDURE DATE** : 30/01/2023 04:09 PM  
**REQUESTED BY** : EXTERNAL



### IMPRESSION

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

### FINDINGS

#### CHAMBERS

LEFT ATRIUM : NORMAL SIZED  
RIGHT ATRIUM : NORMAL SIZED  
LEFT VENTRICLE : MILD CONCENTRIC LV HYPERTROPHY(IVS : 12 MM, PW : 12 MM). NO REGIONAL WALL MOTION ABNORMALITY. GOOD SYSTOLIC FUNCTION WITH EJECTION FRACTION: 68%.  
NORMAL DIASTOLIC FLOW PATTERN.  
RIGHT VENTRICLE : NORMAL.

#### 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 AJAY SEN (17510001158648)

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DR. SANGEETA DAS  
CONSULTANT GENERAL MEDICINE MBBS

SOVA DAS  
ASSISTANT MANAGER

30/01/2023 04:09 PM

<b>PREPARED BY</b>	: SHAWLI MITRA(307739)	<b>PREPARED ON</b>	: 30/01/2023 04:13 PM
<b>GENERATED BY</b>	: MADHUPARNA DASGUPTA(333433)	<b>GENERATED ON</b>	: 03/02/2023 11:54 AM

<b>Patient Name</b>	Ajay Sen	<b>Requested By</b>	EXTERNAL
<b>MRN</b>	17510001158648	<b>Procedure DateTime</b>	2023-01-30 13:31:58
<b>Age/Sex</b>	56Y 3M/Male	<b>Hospital</b>	NH-RTIICS

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

#### **LIVER:**

Normal in size and echogenicity. No focal SOL is seen. Intrahepatic biliary radicles are not dilated.

#### **PORTAL VEIN:**

Portal vein is normal in calibre at porta. There is no intraluminal thrombus.

#### **GALL BLADDER:**

Optimally distended. No calculus or sludge is seen within it. Wall is not thickened.

#### **CBD:**

Common duct is not dilated at porta. No intraluminal calculus is seen.

#### **SPLEEN:**

Normal in size measuring 7.7 cm and echogenicity. No focal SOL is seen.

#### **PANCREAS:**

Normal in size and echogenicity. Duct is not dilated. No calcification or focal SOL is seen.

#### **KIDNEYS:**

Both kidneys are normal in size, position and echogenicity. Corticomedullary differentiation is maintained. No

hydronephrosis, calculus or mass is seen.

Right kidney and left kidney measures 10.3 cm and 11.0 cm respectively.

**URINARY BLADDER:**

Normal in capacity. Wall is not thickened. No intraluminal calculus or mass is seen.

Post void residual urine is insignificant.

**PROSTATE:**

Measuring approx. 3.5 x 3.0 x 5.0 cm ( 28 gms), homogenous in echotexture and smooth in outline.

**IMPRESSION:**

- Approx 28 gms prostate and insignificant post void residual urine.

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: Srabani

A handwritten signature in black ink, consisting of stylized initials 'S' and 'B' followed by three dots.

Dr. Suranjana Bhattacharjee

Consultant Sonologist

<b>Patient Name</b>	Ajay Sen	<b>Requested By</b>	EXTERNAL
<b>MRN</b>	17510001158648	<b>Procedure DateTime</b>	2023-01-30 13:12:12
<b>Age/Sex</b>	56Y 3M/Male	<b>Hospital</b>	NH-RTIICS

### **CHEST RADIOGRAPH (PA VIEW)**

#### **FINDINGS:**

- Mild positional rotation is seen.
- 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.

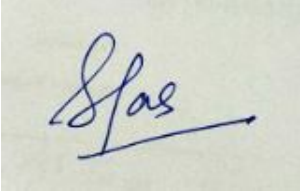
REPORTED BY DR. P. GAMBHIRA

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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

\* ***This is a digitally signed valid document.***Reported Date/Time: 2023-01-30 18:09:04