

DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Mr SAURAV BHANJA MRN : 1765000091117 Gender/Age : MALE , 39y (23/11/1983)

Collected On : 25/03/2023 10:44 AM Received On : 25/03/2023 10:45 AM Reported On : 25/03/2023 12:04 PM

Barcode : J12303250148 Specimen : Serum Consultant : SELF(GENERAL ADMINISTRATION)

Sample adequacy : Satisfactory Visit No : OP-019 Patient Mobile No : 9051770829

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
SERUM CREATININE			
Serum Creatinine (Two Point Rate - Creatinine Aminohydrolase)	0.74	mg/dL	0.66-1.25
eGFR (Calculated By MDRD Formula)	117.8	mL/min/1.73m ²	Indicative for renal impairment: <60 Note: eGFR is inaccurate for Hemodynamically unstable patients . eGFR is not applicable for less than 18 years of age .
Blood Urea Nitrogen (BUN) (Endpoint /Colorimetric - Urease)	18.69	mg/dL	9.0-20.0
Serum Sodium (Direct ISE - Potentiometric)	141	mmol/L	137.0-145.0
Serum Potassium (Direct ISE - Potentiometric)	4.2	mmol/L	3.5-5.1
LIPID PROFILE (CHOL,TRIG,HDL,LDL,VLDL)			
Cholesterol Total (Colorimetric - Cholesterol Oxidase)	178	mg/dL	Both: Desirable: < 200 Both: Borderline High: 200-239 Both: High: > 240
Triglycerides	89	mg/dL	Both: Normal: < 150 Both: Borderline: 150-199 Both: High: 200-499 Both: Very High: > 500
HDL Cholesterol (HDLC) (Colorimetric: Non HDL Precipitation Phosphotungstic Acid Method)	51	mg/dL	40.0-60.0
Non-HDL Cholesterol	127	-	-
LDL Cholesterol (Colorimetric)	103.97 H	mg/dL	Both: Optimal: < 100 Both: Near to above optimal: 100-129 Both: Borderline High: 130-159 Both: High: 160-189 Both: Very High: > 190

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180-0309-0309 (Toll Free)

Emergencies
83348 30003

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VLDL Cholesterol (Calculated)	17.8	mg/dL	0.0-40.0
Cholesterol /HDL Ratio	3.5	-	-

LIVER FUNCTION TEST(LFT)

Bilirubin Total (Colorimetric -Diazo Method)	0.5	mg/dL	0.2-1.3
Conjugated Bilirubin (Direct) (Calculated)	0.1	mg/dL	0.0-0.4
Unconjugated Bilirubin (Indirect) (Calculated)	0.4	-	-
Total Protein (Colorimetric - Biuret Method)	7.8	g/dL	6.3-8.2
Serum Albumin (Colorimetric - Bromo-Cresol Green)	4.5	gm/dL	3.5-5.0
Serum Globulin (Calculated)	3.3	g/dL	2.0-3.5
Albumin To Globulin (A/G)Ratio (Calculated)	1.36	-	1.0-2.1
SGOT (AST) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	27	U/L	17.0-59.0
SGPT (ALT) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	26	U/L	<50.0
Alkaline Phosphatase (ALP) (Multipoint-Rate - P-nitro Phenyl Phosphate, AMP Buffer)	73	U/L	38.0-126.0
Gamma Glutamyl Transferase (GGT) (Multipoint Rate - L-glutamyl-p-nitroanilide (Szasz Method))	13 L	U/L	15.0-73.0

--End of Report--



Dr. Ritu Priya
MBBS, MD, Biochemistry
Consultant

Patient Name : Mr SAURAV BHANJA MRN : 1765000091117 Gender/Age : MALE , 39y (23/11/1983)

Note

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



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Collected On : 25/03/2023 10:44 AM Received On : 25/03/2023 10:45 AM Reported On : 25/03/2023 01:03 PM

Barcode : J12303250150 Specimen : Whole Blood Consultant : SELF(GENERAL ADMINISTRATION)

Sample adequacy : Satisfactory Visit No : OP-019 Patient Mobile No : 9051770829

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
HBA1C			
HbA1c (HPLC)	5.0	%	Both: Normal: 4.0-5.6 Both: Prediabetes: 5.7-6.4 Both: 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--

Ritu Priya

Dr. Ritu Priya
MBBS, MD, Biochemistry
Consultant

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Collected On : 25/03/2023 10:44 AM Received On : 25/03/2023 10:45 AM Reported On : 25/03/2023 12:04 PM

Barcode : J12303250149 Specimen : Plasma Consultant : SELF(GENERAL ADMINISTRATION)

Sample adequacy : Satisfactory Visit No : OP-019 Patient Mobile No : 9051770829

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
Fasting Blood Sugar (FBS) (Glucose Oxidase, Peroxidase)	93	mg/dL	Both: Normal: 70-99 Both: Pre-diabetes: 100-125 Both: Diabetes: => 126 ADA standards 2019

--End of Report--



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Collected On : 25/03/2023 10:44 AM Received On : 25/03/2023 10:45 AM Reported On : 25/03/2023 11:13 AM

Barcode : J22303250123 Specimen : Whole Blood Consultant : SELF(GENERAL ADMINISTRATION)

Sample adequacy : Satisfactory Visit No : OP-019 Patient Mobile No : 9051770829

HAEMATOLOGY

Test	Result	Unit	Biological Reference Interval
COMPLETE BLOOD COUNT (CBC)			
Haemoglobin (Hb%) (sodium Lauryl Sulphate (SLS) Method)	14.0	g/dL	13.0-17.0
Red Blood Cell Count (Electrical Impedance)	4.73	millions/ μ L	4.5-5.5
PCV (Packed Cell Volume) / Hematocrit (Calculated)	42.4	%	40.0-54.0
MCV (Mean Corpuscular Volume) (Derived)	89.6	fL	83.0-101.0
MCH (Mean Corpuscular Haemoglobin) (Calculated)	29.6	pg	27.0-32.0
MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	33.0	%	31.5-34.5
Red Cell Distribution Width (RDW)	15.2 H	%	11.6-14.0
Platelet Count (Electrical Impedance)	155	Thous/Cumm	150.0-400.0
Mean Platelet Volume (MPV)	11.6	fL	7.0-11.7
Total Leucocyte Count(WBC) (Electrical Impedance)	8.5	-	4.0-10.0
DIFFERENTIAL COUNT (DC)			
Neutrophils	65.0	%	40.0-75.0
Lymphocytes (Fluorescent Flow Cytometry)	22.2	%	20.0-40.0
Monocytes (Fluorescent Flow Cytometry)	8.6	%	2.0-10.0
Eosinophils (Fluorescent Flow Cytometry)	3.9	%	1.0-6.0

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Basophils (Fluorescent Flow Cytometry)	0.3	%	0.0-2.0
NRBC	0.0	-	-
Absolute Neutrophil Count	5.53	-	-
Absolute Lymphocyte Count	1.89	-	-
Absolute Monocyte Count	0.73	-	-
Absolute Eosinophil Count	0.33	-	-
Absolute Basophil Count	0.03	-	-

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. Sourav Sarkar
MBBS, MD, Pathology
Consultant

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Collected On : 25/03/2023 01:36 PM Received On : 25/03/2023 01:37 PM Reported On : 25/03/2023 06:05 PM

Barcode : J42303250015 Specimen : Urine Consultant : SELF(GENERAL ADMINISTRATION)

Sample adequacy : Satisfactory Visit No : OP-019 Patient Mobile No : 9051770829

CLINICAL PATHOLOGY

Test	Result	Unit	Biological Reference Interval
Urine For Sugar	Nil	-	-

URINE ROUTINE & MICROSCOPY

PHYSICAL EXAMINATION

Volume	50	ml	-
Colour	Pale Yellow	-	-
Appearance	Slight Hazy	-	-

CHEMICAL EXAMINATION

pH(Reaction)	6.5	-	4.8-7.5
Sp. Gravity	1.020	-	1.002-1.030
Protein	Absent	-	-
Urine Glucose	Absent	-	Negative
Ketone Bodies	Absent	-	-
Bile Salts	Absent	-	Negative
Bile Pigment (Bilirubin)	Absent	-	Negative
Urobilinogen	Normal	-	-
Urine Leucocyte Esterase	Absent	-	-
Blood Urine	Absent	-	Negative
Nitrite	Absent	-	Negative

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MICROSCOPIC EXAMINATION

Pus Cells	1-2	/hpf	0 - 2
RBC	Not Found	-	0 - 3
Epithelial Cells	0-1	/hpf	-
Bacteria	Not Found	-	-

--End of Report--



Dr. ABHIJIT MITRA
MD, Pathology
Consultant

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Collected On : 25/03/2023 10:44 AM Received On : 25/03/2023 10:45 AM Reported On : 25/03/2023 03:11 PM

Barcode : J32303250018 Specimen : Serum Consultant : SELF(GENERAL ADMINISTRATION)

Sample adequacy : Satisfactory Visit No : OP-019 Patient Mobile No : 9051770829

IMMONOLOGY

Test	Result	Unit	Biological Reference Interval
Prostate Specific Antigen (PSA) (Enhanced Chemiluminescence Immunoassay (CLIA))	0.267	ng/mL	0.0-2.5
THYROID PROFILE (T3, T4, TSH)			
Tri Iodo Thyronine (T3) (Enhanced Chemiluminescence Immunoassay (CLIA))	1.39	ng/mL	0.97-1.69
Thyroxine (T4) (Enhanced Chemiluminescence Immunoassay (CLIA))	7.99	µg/dl	5.53-11.0
TSH (Thyroid Stimulating Hormone) (Enhanced Chemiluminescence Immunoassay (CLIA))	2.445	µIU/mL	0.4001-4.049

--End of Report--

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Barcode : J22303250122 Specimen : Whole Blood - ESR Consultant : SELF(GENERAL ADMINISTRATION)

Sample adequacy : Satisfactory Visit No : OP-019 Patient Mobile No : 9051770829

HAEMATOLOGY

Test	Result	Unit	Biological Reference Interval
Erythrocyte Sedimentation Rate (ESR) (Modified Westergren Method)	47 H	mm/1hr	0.0-10.0

--End of Report--



Dr. Sourav Sarkar
MBBS, MD, Pathology
Consultant

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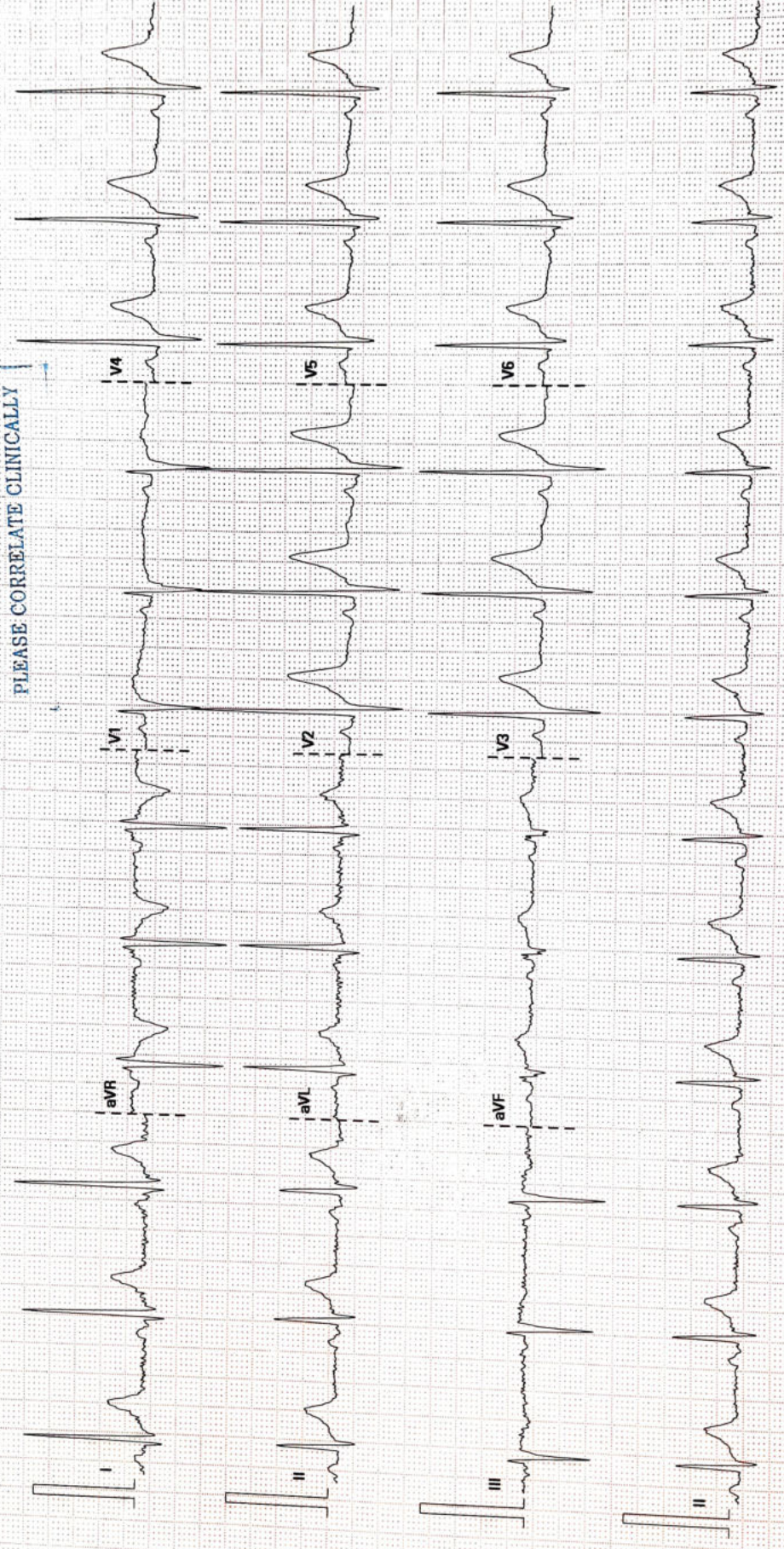
2023-03-25 11:15:54

ID: 1765000091117
Name: SAURAV BHANJA
Age: 39 Years
Gender: Male

Vent. Rate 72 bpm
PR Interval 140 ms
QRS Duration 100 ms
QT/QTc Interval 388/409 ms
P/QRS/T Axes 21/-3/26 deg
QTc Hodges

Sinus rhythm
Normal ECG

Unconfirmed Diagnosis



Please Keep A Photocopy

25 mm/s 20 mm/mV 50 Hz BDR 35 Hz

02:10:00 V28 4.1 SN:FN-19030337

Patient details:

Name:MR.SAURAV BHANJA

Age: 39 YEARS

Examination Date: 25.03.2023

Consultant Name:DR.

MRN:1765000091117 Unit of Narayana Health

Gender:MALE

Processed Date: 25.03.2023

Patient Location: OPD

ECHOCARDIOGRAPHY REPORT

MEASUREMENT:

AO: 30 (20-40) mm	LVID(d): 42 (36-52) mm	IVS(d): 11 (6-11) mm
LA: 37 (19-40) mm	LVID(s) : 23 (23-39) mm	PWd: 10 (6-11) mm
RVOT: 26 mm	TAPSE: 22 mm	LVEF ~ 62 %

VALVES:

Mitral Valve : Normal

Aortic Valve : Normal

Tricuspid Valve : Normal

Pulmonary Valve: Normal

CHAMBERS (Dimension)

Left Atrium : Normal

Right Atrium : Normal

Left Ventricle : Normal

Right Ventricle : Normal

SEPTAL

IVS : Intact

IAS : Intact

GREAT ARTERIES:

Aorta : Normal

Pulmonary Artery: Normal

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DOPPLER DATA:

	Velocity(In m/s)	Peak PG(mmHg)	Mean PG(mmHg)	Regurgitation
Mitral	E - 0.6 , A - 0.4			Trivial
Aortic	0.7	2.4		0/4
Tricuspid	2.2	20		Trivial
Pulmonary	0.7	2.1		0/4

LVOT : No significant gradient noted.

Vegetation/Thrombus: Nil

Pericardium : Normal

Other Findings : E/E':07

Final Diagnosis:

Normal size cardiac chambers.
No significant regional wall motion abnormality of LV at rest.
Normal LV systolic function. LV EF~ 62%
Gr-I Diastolic dysfunction of LV.

Clinical correlation please.

NOTE: Echo of Patient: MR.SAURAV BHANJA

MRN: 1765000091117

has been done on 25.03.2023 and reported on 25.03.2023



DR. SHAMICK SAHA
Junior consultant

TB: K. DEB

TECHNICIAN
ASIS

Patient Name	SAURAV BHANJA	Requested By	SELF
MRN	1765000091117	Procedure DateTime	2023-03-25 13:23:41
Age/Sex	39Y 4M / Male	Hospital	NH-NMH & NSH

USG OF WHOLE ABDOMEN

USG OBSERVATIONS:

- * Poor acoustic window due to excessive bowel gas.
- * Bowel gas ++

LIVER:
Enlarged in size (16.3 cm). Increased parenchymal echogenicity. No focal cystic or solid mass lesion. No intrahepatic biliary dilatation. Intrahepatic portion of IVC is normal. Porta hepatis is normal.

GALL BLADDER:
Wall thickness is normal. Luminal echoes are normal. No calculi. No pericholecystic fluid seen.

C.B.D: Not dilated.

PORTAL VEIN: Portal vein is normal.

PANCREAS: Not visualised due to excessive bowel gas shadow.

SPLEEN:
Normal in size (10.3 cm) and echotexture. No focal or diffuse lesion seen.

KIDNEYS:
Right kidney measures 9.6 x 4.6 cm.
Left kidney measures 11.1 x 5.3 cm.
Normal in size, shape and outline. Parenchymal echotexture normal. Corticomedullary differentiation is well made out and is normal. Sinus echoes are normal. No hydronephrosis seen in both kidneys.

URINARY BLADDER: Wall thickness normal. Luminal echoes normal. No calculi.

PROSTATE:
Measures: 3.9 x 2.4 x 3.4 cm = 17 gms. Normal in size, shape and echo pattern with well demarcated outlines. No obvious focal area of calcification or mass lesion.

No Ascites/ pleural effusion is seen at present.

IMPRESSION:

Present study suggests:

- **Hepatomegaly with Grade I fatty changes.**

Not for medico legal purpose. 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.



Dr Surg Lt Cdr Subhankar Datta
MBBS, CBET-USG
REG NO-82415(WBMC)
CONSULTANT SONOLOGIST

This is a digitally signed valid document. Reported Date/Time: 2023-03-25 16:47:38