

DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Mr DINANATH BHUI MRN : 17510000439735 Gender/Age : MALE , 56y (14/01/1967)

Collected On : 23/01/2023 09:19 AM Received On : 23/01/2023 09:29 AM Reported On : 23/01/2023 11:21 AM

Barcode : 802301230306 Specimen : Whole Blood Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-003 Patient Mobile No : 9434211474

CLINICAL CHEMISTRY

Test	Result	Unit	Biological Reference Interval
HBA1C			
HbA1c (HPLC)	8.6 H	%	Normal: 4.0-5.6 Prediabetes: 5.7-6.4 Diabetes: => 6.5 ADA standards 2019 (Carpenter/ Coustan)
Estimated Average Glucose	200.12	-	-

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.



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Collected On : 23/01/2023 09:19 AM Received On : 23/01/2023 09:28 AM Reported On : 23/01/2023 10:52 AM

Barcode : 802301230303 Specimen : Serum Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-003 Patient Mobile No : 9434211474

CLINICAL CHEMISTRY

Test	Result	Unit	Biological Reference Interval
SERUM CREATININE			
Serum Creatinine (Two Point Rate - Creatinine Aminohydrolase)	0.83	mg/dL	0.66-1.25
eGFR	95.9	mL/min/1.73m ²	-
Blood Urea Nitrogen (BUN) (Endpoint /Colorimetric - Urease)	9.72	-	9.0-20.0
Serum Sodium (Direct ISE - Potentiometric)	139	mmol/L	137.0-145.0
Serum Potassium (Direct ISE - Potentiometric)	4.3	mmol/L	3.5-5.1
LIPID PROFILE (CHOL,TRIG,HDL,LDL,VLDL)			
Cholesterol Total (Colorimetric - Cholesterol Oxidase)	157	mg/dL	Desirable: < 200 Borderline High: 200-239 High: > 240
Triglycerides (Enzymatic Endpoint Colorimetric)	109	mg/dL	Normal: < 150 Borderline: 150-199 High: 200-499 Very High: > 500
HDL Cholesterol (HDLC) (Colorimetric: Non HDL Precipitation Phosphotungstic Acid Method)	37 L	mg/dL	40.0-60.0
Non-HDL Cholesterol	120.0	-	-
LDL Cholesterol (Non LDL Selective Elimination, CHOD/POD)	102.92 H	mg/dL	Optimal: < 100 Near to above optimal: 100-129 Borderline High: 130-159 High: 160-189 Very High: > 190
VLDL Cholesterol (Calculated)	21.8	mg/dL	0.0-40.0
Cholesterol /HDL Ratio	4.3	-	-
Prostate Specific Antigen (PSA) (CLIA)	0.904	ng/mL	0.0-3.5

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LIVER FUNCTION TEST(LFT)

Bilirubin Total (Colorimetric -Diazo Method)	0.41	mg/dL	0.2-1.3
Conjugated Bilirubin (Direct) (Calculated)	0.10	mg/dL	0.0-0.4
Unconjugated Bilirubin (Indirect) (Colorimetric Endpoint)	0.30	-	-
Total Protein (Biuret Method)	7.50	g/dL	6.3-8.2
Serum Albumin (Colorimetric - Bromo-Cresol Green)	4.50	gm/dL	3.5-5.0
Serum Globulin (Calculated)	3.0	g/dL	2.0-3.5
Albumin To Globulin (A/G)Ratio (Calculated)	1.5	-	1.0-2.1
SGOT (AST) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	33	U/L	17.0-59.0
SGPT (ALT) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	37	U/L	<50.0
Alkaline Phosphatase (ALP) (Multipoint-Rate - P-nitro Phenyl Phosphate, AMP Buffer)	83	IU/L	38.0-126.0
Gamma Glutamyl Transferase (GGT) (Multipoint Rate - L-glutamyl-p-nitroanilide (Szasz Method))	40	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

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- 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)



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Collected On : 23/01/2023 09:19 AM Received On : 23/01/2023 09:28 AM Reported On : 23/01/2023 11:17 AM

Barcode : 802301230303 Specimen : Serum Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-003 Patient Mobile No : 9434211474

CLINICAL CHEMISTRY

Test	Result	Unit	Biological Reference Interval
THYROID PROFILE (T3, T4, TSH)			
Tri Iodo Thyronine (T3) (Enhanced Chemiluminescence Immunoassay (CLIA))	1.37	ng/mL	0.97-1.69
Thyroxine (T4) (Enhanced Chemiluminescence Immunoassay (CLIA))	11.5 H	µg/dl	5.53-11.0
TSH (Thyroid Stimulating Hormone) (Enhanced Chemiluminescence Immunoassay (CLIA))	1.641	µIU/mL	0.4001-4.049

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Collected On : 23/01/2023 09:19 AM Received On : 23/01/2023 12:00 PM Reported On : 23/01/2023 01:21 PM

Barcode : 802301230304 Specimen : Urine Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-003 Patient Mobile No : 9434211474

CLINICAL CHEMISTRY

Test	Result	Unit	Biological Reference Interval
Urine For Sugar	NEGATIVE	mg	ATEST

--End of Report--

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

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MC - 2803



DEPARTMENT OF LABORATORY MEDICINE

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Collected On : 23/01/2023 09:19 AM Received On : 23/01/2023 09:29 AM Reported On : 23/01/2023 10:05 AM

Barcode : 812301230213 Specimen : Whole Blood Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-003 Patient Mobile No : 9434211474

HAEMATOLOGY LAB

Test	Result	Unit	Biological Reference Interval
COMPLETE BLOOD COUNT (CBC)			
Haemoglobin (Hb%) (Photometric Measurement)	15.0	g/dL	13.0-17.0
Red Blood Cell Count (Electrical Impedance)	5.20	millions/ μ L	4.5-5.5
PCV (Packed Cell Volume) / Hematocrit (Calculated)	45.5	%	40.0-54.0
MCV (Mean Corpuscular Volume) (Derived From RBC Histogram)	87.5	fL	83.0-101.0
MCH (Mean Corpuscular Haemoglobin) (Calculated)	28.9	pg	27.0-32.0
MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	33.0	%	31.5-34.5
Red Cell Distribution Width (RDW) (Calculated)	13.7	%	11.6-14.0
Platelet Count (Electrical Impedance)	164	$10^3/\mu$ L	150.0-400.0
Mean Platelet Volume (MPV) (Derived)	11.7	fL	7.0-11.7
Total Leucocyte Count(WBC) (Electrical Impedance)	9.9	$10^3/\mu$ L	4.0-10.0
DIFFERENTIAL COUNT (DC)			
Neutrophils (VCSn Technology)	57.0	%	40.0-75.0
Lymphocytes (VCSn Technology)	26.2	%	20.0-40.0
Monocytes (VCSn Technology)	7.7	%	2.0-10.0
Eosinophils (VCSn Technology)	8.2 H	%	1.0-6.0

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Basophils (VCSn Technology)	0.9	%	0.0-2.0
NRBC (VCSn Technology)	0.0	/100 WBC	-
Absolute Neutrophil Count (Calculated)	5.65	$10^3/\mu\text{L}$	1.8-7.8
Absolute Lymphocyte Count (Calculated)	2.6	$10^3/\mu\text{L}$	1.0-4.8
Absolute Monocyte Count (Calculated)	0.77	$10^3/\mu\text{L}$	0.0-0.8
Absolute Eosinophil Count (Calculated)	0.82 H	$10^3/\mu\text{L}$	0.0-0.45
Absolute Basophil Count (Calculated)	0.09	$10^3/\mu\text{L}$	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

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Collected On : 23/01/2023 09:19 AM Received On : 23/01/2023 09:28 AM Reported On : 23/01/2023 10:52 AM

Barcode : 812301230212 Specimen : Whole Blood - ESR Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-003 Patient Mobile No : 9434211474

HAEMATOLOGY LAB

Test	Result	Unit	Biological Reference Interval
Erythrocyte Sedimentation Rate (ESR) (Modified Westergren Method)	15 H	mm/1hr	0.0-10.0

--End of Report--

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

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Collected On : 23/01/2023 09:19 AM Received On : 23/01/2023 09:28 AM Reported On : 23/01/2023 10:40 AM

Barcode : 802301230305 Specimen : Plasma Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-003 Patient Mobile No : 9434211474

CLINICAL CHEMISTRY

Test	Result	Unit	Biological Reference Interval
Fasting Blood Sugar (FBS) (Glucose Oxidase, Peroxidase)	182 H	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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(Fasting Blood Sugar (FBS) -> Auto Authorized)



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Patient Name : Mr DINANATH BHUI MRN : 17510000439735 Gender/Age : MALE , 56y (14/01/1967)

Collected On : 23/01/2023 01:55 PM Received On : 23/01/2023 02:11 PM Reported On : 23/01/2023 02:49 PM

Barcode : 802301230732 Specimen : Plasma Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-003 Patient Mobile No : 9434211474

CLINICAL CHEMISTRY

Test	Result	Unit	Biological Reference Interval
Post Prandial Blood Sugar (PPBS) (Glucose Oxidase, Peroxidase)	210 H	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 Sugar (PPBS) -> Auto Authorized)



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Patient Name : Mr DINANATH BHUI MRN : 17510000439735 Gender/Age : MALE , 56y (14/01/1967)

Collected On : 23/01/2023 09:19 AM Received On : 23/01/2023 09:50 AM Reported On : 23/01/2023 11:35 AM

Barcode : BR2301230016 Specimen : Whole Blood Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-003 Patient Mobile No : 9434211474

IMMUNOHAEMATOLOGY

Test	Result	Unit
BLOOD GROUP & RH TYPING		
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

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Collected On : 23/01/2023 09:19 AM Received On : 23/01/2023 11:57 AM Reported On : 23/01/2023 12:47 PM

Barcode : 822301230029 Specimen : Urine Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-003 Patient Mobile No : 9434211474

CLINICAL PATHOLOGY

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

Volume	40	ml	-
Colour	Straw	-	-
Appearance	Clear	-	-

CHEMICAL EXAMINATION

pH(Reaction) (Mixed PH Indicator)	7.0	-	4.8-7.5
Sp. Gravity (Dual Wavelength Reflectance)	1.008	-	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)	Trace	-	-
Nitrite (Modified Griess Reaction)	Negative	-	Negative

Patient Name : Mr DINANATH BHUI MRN : 17510000439735 Gender/Age : MALE , 56y (14/01/1967)

MICROSCOPIC EXAMINATION

Pus Cells	4-6	/hpf	1-2
RBC	0-2	/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

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ADULT TRANS-THORACIC ECHO REPORT

PATIENT NAME : Mr DINANATH BHUI

GENDER/AGE : Male, 56 Years

LOCATION : -

PATIENT MRN : 17510000439735

PROCEDURE DATE : 23/01/2023 12:18 PM

REQUESTED BY : EXTERNAL



IMPRESSION

- CONCENTRIC LV HYPERTROPHY.
- GOOD LV SYSTOLIC FUNCTION WITH GRADE I DIASTOLIC DYSFUNCTION.

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%. GRADE I DIASTOLIC DYSFUNCTION.

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 DINANATH BHUI (17510000439735)

Sangeeta Das

DR. SANGEETA DAS
CONSULTANT GENERAL MEDICINE MBBS

MITHU MONDAL
TECHNICIAN

23/01/2023 12:18 PM

PREPARED BY	: SHAWLI MITRA(307739)	PREPARED ON	: 23/01/2023 01:02 PM
GENERATED BY	: MADHUPARNA DASGUPTA(333433)	GENERATED ON	: 03/02/2023 02:11 PM

Patient Name	DINANATH BHUI	Requested By	EXTERNAL
MRN	17510000439735	Procedure DateTime	2023-01-23 10:57:15
Age/Sex	56Y/Male	Hospital	NH-RTIICS

USG OF WHOLE ABDOMEN (SCREENING)

LIVER:

It is enlarged 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 9.2 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 11.7 cm and 11.4 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 3.3 x 2.8 x 3.6 cm (Weight = 18 gms). It shows a homogenous echotexture and smooth outline.

IMPRESSION:

- Hepatomegaly with 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 :Sumitra



Dr. Ashish Kumar
Consultant Sonologist

* ***This is a digitally signed valid document.*** Reported Date/Time: 2023-01-23 11:11:34

Patient Name	DINANATH BHUI	Requested By	EXTERNAL
MRN	17510000439735	Procedure DateTime	2023-01-23 10:41:24
Age/Sex	56Y/Male	Hospital	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 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.

IMPRESSION:

- **No significant radiological abnormality detected.**

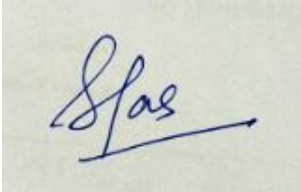
REPORTED BY DR. SANTANU DEY

NOT FOR MEDICO LEGAL PURPOSES

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limitations. Therefore X-RAY report should be interpreted in correlation with clinical and pathological findings.

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A square image containing a handwritten signature in blue ink. The signature appears to be 'S Das' with a long horizontal stroke extending to the right from the bottom of the 's'.

Dr Subhajit Das
MD,Consultant Radiologist

* ***This is a digitally signed valid document.***Reported Date/Time: 2023-01-23 12:36:11