

DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Mr Arup Ratan Chakraborty MRN : 17510001211424 Gender/Age : MALE , 32y (02/05/1991) Collected On : 26/08/2023 10:03 AM Received On : 26/08/2023 11:34 AM Reported On : 26/08/2023 01:17 PM Barcode : BR2308260051 Specimen : Whole Blood Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9038351523

IMMUNOHAEMATOLOGY			
Test	Result	Unit	
BLOOD GROUP & RH TYPING			
Blood Group (Column Agglutination Technology)	AB	-	
RH Typing (Column Agglutination Technology)	Positive	-	

--End of Report-

ah

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.





Rabindranath Tagore International Institute of Cardiac Sciences (A unit of Narayana Hrudayalaya Limited)

Address: Premises No 1489, 124 Mukundapur, EM Bypass, Kolkata-700099 E-mail: email.rtiics@narayanahealth.org I Web: www.narayanahealth.org GISTIN/UIN : 19AABCN1685J1Z5

Appointments 180 0309 0309 (Toll free) Emergencies 99033 35544



DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Mr Arup Ratan Chakraborty MRN : 17510001211424 Gender/Age : MALE , 32y (02/05/1991)

Collected On: 26/08/2023 10:03 AM Received On: 26/08/2023 10:34 AM Reported On: 26/08/2023 11:26 AM

Barcode : 802308260391 Specimen : Serum Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9038351523

	CLINICAL CHEMISTRY		
Test	Result	Unit	Biological Reference Interval
SERUM CREATININE			
Serum Creatinine (Two Point Rate - Creatinine Aminohydrolase)	1.05	mg/dL	0.66-1.25
eGFR	81.9	mL/min/1.73m ²	-
Blood Urea Nitrogen (BUN) (Endpoint /Colorimetric - Urease)	9.64	mg/dL	9.0-20.0
Serum Sodium (Direct ISE - Potentiometric)	141	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)	215 H	mg/dL	Desirable: < 200 Borderline High: 200-239 High: > 240
Triglycerides (Enzymatic Endpoint Colorimetric)	113	mg/dL	Normal: < 150 Borderline: 150-199 High: 200-499 Very High: > 500
HDL Cholesterol (HDLC) (Colorimetric: Non HDL Precipitation Phosphotungstic Acid Method)	42	mg/dL	40.0-60.0
Non-HDL Cholesterol	173.0	-	-
LDL Cholesterol (Non LDL Selective Elimination, CHOD/POD)	130.15 H	mg/dL	Optimal: < 100 Near to above optimal: 100-129 Borderline High: 130-159 High: 160-189 Very High: > 190
VLDL Cholesterol (Calculated)	22.6	mg/dL	0.0-40.0
Cholesterol /HDL Ratio	5.2	-	-

LIVER FUNCTION TEST(LFT)

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Patient Name: Mr Arup Ratan Chakraborty MRN: 1	7510001211424	Gender/Age : MALE , 32	y (02/05/1991)
Bilirubin Total (Colorimetric -Diazo Method)	1.30	mg/dL	0.2-1.3
Conjugated Bilirubin (Direct) (Calculated)	0.22	mg/dL	0.0-0.4
Unconjugated Bilirubin (Indirect) (Colorimetric Endpoint)	1.08	-	-
Total Protein (Biuret Method)	7.80	g/dL	6.3-8.2
Serum Albumin (Colorimetric - Bromo-Cresol Green)	4.80	gm/dL	3.5-5.0
Serum Globulin (Calculated)	3.0	g/dL	2.0-3.5
Albumin To Globulin (A/G)Ratio (Calculated)	1.6	-	1.0-2.1
SGOT (AST) (Multipoint-Rate With P-5-P (pyridoxal- 5-phosphate))	36	U/L	17.0-59.0
SGPT (ALT) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	58 H	U/L	<50.0
Alkaline Phosphatase (ALP) (Multipoint-Rate - P- nitro Phenyl Phosphate, AMP Buffer)	77	IU/L	38.0-126.0
Gamma Glutamyl Transferase (GGT) (Multipoint Rate - L-glutamyl-p-nitroanilide (Szasz Method))	35	U/L	15.0-73.0

--End of Report-

Alphosh

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

Dr. Debasree Biswas MD, Biochemistry Clinical Biochemist MBBS, MD

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Patient Name : Mr Arup Ratan Chakraborty MRN : 17510001211424 Gender/Age : MALE , 32y (02/05/1991)

Note

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- Kindly correlate clinically.

(LFT, -> Auto Authorized) (Lipid Profile, -> Auto Authorized)

(Blood Urea Nitrogen (Bun), -> Auto Authorized)

(Serum Sodium, -> Auto Authorized)

(Serum Potassium, -> Auto Authorized)

(CR -> Auto Authorized)





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Collected On: 26/08/2023 10:03 AM Received On: 26/08/2023 10:34 AM Reported On: 26/08/2023 12:36 PM

Barcode : 802308260391 Specimen : Serum Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9038351523

	CLINICAL CHEMISTRY		
Test	Result	Unit	Biological Reference Interval
THYROID PROFILE (T3, T4, TSH)			
Tri lodo Thyronine (T3) (Enhanced Chemiluminescence Immunoassay (CLIA))	1.35	ng/mL	0.97-1.69
Thyroxine (T4) (Enhanced Chemiluminescence Immunoassay (CLIA))	10.1	µg/dl	5.53-11.0
TSH (Thyroid Stimulating Hormone) (Enhanced Chemiluminescence Immunoassay (CLIA))	7.552 H	uIU/ml	0.4001-4.049

--End of Report-

Dr. Debasree Biswas MD, Biochemistry Clinical Biochemist MBBS, MD

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ADULT TRANS-THORACIC ECHO REPORT

PATIENT NAME GENDER/AGE LOCATION	: Mr Arup Ratan Chakraborty : Male, 32 Years : -	PATIENT MRN PROCEDURE DATE REQUESTED BY	: 17510001211424 : 26/08/2023 03:57 PM : EXTERNAL
IMPRESSION FINDINGS	 NO SIGNIFICANT ECHO 	CARDIOGRAPHIC ABNO	DRMALITY DETECTED.
CHAMBERS LEFT ATRIUM RIGHT ATRIUM LEFT VENTRICLE			OTION ABNORMALITY. GOOD SYSTOLIC RMAL DIASTOLIC FLOW PATTERN.
RIGHT VENTRICLE	: NORMAL SIZE AND THICK	NESS WITH NORMAL F	UNCTION
VALVES MITRAL AORTIC TRICUSPID PULMONARY	: NORMAL. : NORMAL. : NORMAL. : NORMAL.		
SEPTAE IAS IVS	: INTACT : INTACT		
ARTERIES AND VEIN AORTA PA IVC SVC & CS PULMONARY VEINS	: NORMAL, LEFT AORTIC A : NORMAL SIZE : NORMAL SIZE & COLLAPS : NORMAL		
PERICARDIUM	: NORMAL PERICARDIAL TH	HICKNESS. NO EFFUSIO	N
INTRACARDIAC MA	SS : NO TUMOUR, THROMBU	S OR VEGETATION SEE	N
OTHERS	: NIL.		

Poromin Ibede

DR. PRASUN HALDER ASSOCIATE CONSULTANT ECHOCARDIOGRAPHY MBBS, PGDCC SANJOY CHOWDHURY TECHNICIAN

26/08/2023 03:57 PM

PREPARED BY	: NITA PAUL(308573)	PREPARED ON	: 26/08/2023 03:57 PM
GENERATED BY	: PAROMITA SARKAR(329190)	GENERATED ON	: 28/08/2023 10:30 AM



DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Mr Arup Ratan Chakraborty MRN : 17510001211424 Gender/Age : MALE , 32y (02/05/1991)

Collected On: 26/08/2023 10:03 AM Received On: 26/08/2023 10:34 AM Reported On: 26/08/2023 11:13 AM

Barcode : 802308260393 Specimen : Plasma Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9038351523

Test	Result	Unit	Biological Reference Interval	
Fasting Blood Sugar (FBS) (Glucose Oxidase, Peroxidase)	95	mg/dL	Normal: 70-99 Pre-diabetes: 100-125 Diabetes: => 126 ADA standards 2019	

--End of Report-

CURICAL CUERAICTOV

Alphosh

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

Note

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

Dr. Debasree Biswas MD, Biochemistry Clinical Biochemist MBBS, MD





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Patient Name : Mr Arup Ratan Chakraborty MRN : 17510001211424 Gender/Age : MALE , 32y (02/05/1991)

Collected On : 26/08/2023 10:03 AM Received On : 26/08/2023 10:33 AM Reported On : 26/08/2023 01:32 PM

Barcode : 802308260394 Specimen : Whole Blood Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9038351523

	CLINICAL CHEMISTRY		
Test	Result	Unit	Biological Reference Interval
HBA1C			
HbA1c (HPLC)	5.6	%	Normal: 4.0-5.6 Prediabetes: 5.7-6.4 Diabetes: => 6.5 ADA standards 2019 (Carpenter/ Coustan)
Estimated Average Glucose	114.02	-	-

Interpretation:

1. 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.

2. 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.

3. Any sample with >15% should be suspected of having a haemoglobin variant.

--End of Report-

Dr. Debasree Biswas MD, Biochemistry Clinical Biochemist MBBS, MD

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DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Mr Arup Ratan Chakraborty MRN : 17510001211424 Gender/Age : MALE , 32y (02/05/1991)

Collected On : 26/08/2023 10:03 AM Received On : 26/08/2023 10:33 AM Reported On : 26/08/2023 12:52 PM

Barcode : 812308260285 Specimen : Whole Blood Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9038351523

	HAEMATOLO	GY LAB	
Test	Result	Unit	Biological Reference Interval
COMPLETE BLOOD COUNT (CBC)			
Haemoglobin (Hb%) (Photometric Measurement)	14.2	g/dL	13.0-17.0
Red Blood Cell Count (Electrical Impedance)	4.93	millions/ µL	4.5-5.5
PCV (Packed Cell Volume) / Hematocrit (Calculated)	43.7	%	40.0-54.0
MCV (Mean Corpuscular Volume) (Derived From RBC Histogram)	88.6	fL	83.0-101.0
MCH (Mean Corpuscular Haemoglobin) (Calculated)	28.8	pg	27.0-32.0
MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	32.5	%	31.5-34.5
Red Cell Distribution Width (RDW) (Calculated)	13.4	%	11.6-14.0
Platelet Count (Electrical Impedance)	129 L	10 ³ /μL	150.0-400.0
Mean Platelet Volume (MPV) (Derived)	12.7 H	fL	7.0-11.7
Total Leucocyte Count(WBC) (Electrical Impedance)	7.3	$10^3/\mu L$	4.0-10.0
DIFFERENTIAL COUNT (DC)			
Neutrophils (VCSn Technology)	60.7	%	40.0-75.0
Lymphocytes (VCSn Technology)	26.7	%	20.0-40.0
Monocytes (VCSn Technology)	6.6	%	2.0-10.0
Eosinophils (VCSn Technology)	5.3	%	1.0-6.0

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Patient Name : Mr Arup Ratan Chakraborty	MRN : 17510001211424	Gender/Age : MALE , 3	32y (02/05/1991)
Basophils (VCSn Technology)	0.7	%	0.0-2.0
Absolute Neutrophil Count (Calculated)	4.44	10 ³ /μL	1.8-7.8
Absolute Lymphocyte Count (Calculated)	1.95	10 ³ /μL	1.0-4.8
Absolute Monocyte Count (Calculated)	0.49	10 ³ /μL	0.0-0.8
Absolute Eosinophil Count (Calculated)	0.39	10 ³ /μL	0.0-0.45
Absolute Basophil Count (Calculated)	0.06	10 ³ /μL	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-

Manja

Dr. Moumita Panja DNB, Pathology Consultant Pathologist

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DEPARTMENT OF LABORATORY MEDICINE

Final Report

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Collected On: 26/08/2023 10:03 AM Received On: 26/08/2023 10:33 AM Reported On: 26/08/2023 12:51 PM

Barcode : 812308260284 Specimen : Whole Blood - ESR Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9038351523

	HAEMATOLOGY LAB			
Test	Result	Unit	Biological Reference Interval	
Erythrocyte Sedimentation Rate (ESR)	8	mm/1hr	0.0-10.0	

(Modified Westergren Method)

--End of Report-

Dr. Moumita Panja DNB, Pathology Consultant Pathologist

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Collected On: 26/08/2023 02:43 PM Received On: 26/08/2023 03:10 PM Reported On: 26/08/2023 03:25 PM

Barcode : 802308260734 Specimen : Plasma Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9038351523

	CLINICAL CHEMISTRY		
Test	Result	Unit	Biological Reference Interval
Post Prandial Blood Sugar (PPBS) (Glucose	65 L	mg/dL	Normal: 70-139 Pre-diabetes: 140-199
Oxidase, Peroxidase)			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-

Alphosh

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

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Dr. Debasree Biswas MD, Biochemistry Clinical Biochemist MBBS, MD





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Patient Name	Arup Ratan Chakraborty	Requested By	EXTERNAL
MRN	17510001211424	Procedure DateTime	2023-08-26 15:01:32
Age/Sex	32Y 3M/Male	Hospital	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.

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 11.0 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 10.5 cm and 10.7 cm respectively.

URINARY BLADDER:

It is normal in capacity. The wall is not thickened. No intraluminal calculus or mass is seen.

Post void residual urine - insignificant.

PROSTATE:

It measures $4.1 \times 3.1 \times 3.5$ cm (Weight = 24gms). It shows a homogenous echotexture and smooth outline.

IMPRESSION:

• Prostate weight around 24 gm with 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 :Arpita

Dr. Ashish Kumar Consultant Sonologist

* This is a digitally signed valid document. Reported Date/Time: 2023-08-26 15:10:17

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Patient Name	Arup Ratan Chakraborty	Requested By	EXTERNAL
MRN	17510001211424	Procedure DateTime	2023-08-26 17:05:54
Age/Sex	32Y 3M/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.
- No significant lung parenchymal lesion is seen.
- The costo-phrenic angles are clear.
- Both the diaphragmatic domes appear normal.
- The visualized bones and soft tissue structures appear normal.

IMPRESSION:

• No significant radiological abnormality detected.

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.

l

Dr. Sarbari Chatterjee Consultant Radiologist

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