

DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Mr. Palash Chakraborty MRN : 17600000206829 Gender/Age : MALE , 44y (03/02/1979)

Collected On : 24/06/2023 09:56 AM Received On : 24/06/2023 10:19 AM Reported On : 24/06/2023 11:25 AM

Barcode : F12306240083 Specimen : Plasma Consultant : Dr. Swarup Paul(CRITICAL CARE MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-005 Patient Mobile No : 7003368780

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
Fasting Blood Sugar (FBS) (Glucose Oxidase, Hydrogen Peroxidase)	93	mg/dL	Normal: 70-109 Pre-diabetes: 110-125 Diabetes: => 126

--End of Report--

Dr. Prithwijit Ghosh
MBBS, MD, Pathology
Consultant Pathologist

Note

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



Narayana Multispeciality Hospital

(A unit of Narayana Hrudayalaya Limited) CIN: L85110KA2000PLC027497

Registered Office: 258/A, Bommasandra Industrial Area, Anekal Taluk, Bangalore 560099

Hospital Address: 78, Jessore Road (South), Kolkata 700127, West Bengal

Email: info.brs.kolkata@narayanahealth.org | www.narayanahealth.org

Appointments
1800-309-0309 (Toll Free)

Emergencies
9836-75-0808

DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Mr. Palash Chakraborty MRN : 1760000206829 Gender/Age : MALE , 44y (03/02/1979)

Collected On : 24/06/2023 09:56 AM Received On : 24/06/2023 10:19 AM Reported On : 24/06/2023 06:42 PM

Barcode : F12306240084 Specimen : Whole Blood Consultant : Dr. Swarup Paul(CRITICAL CARE MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-005 Patient Mobile No : 7003368780

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
HBA1C			
HbA1c (HPLC)	5.7 H	%	Both: Normal: 4.0-5.6 Both: Prediabetes: 5.7-6.4 Both: Diabetes: => 6.5 ADA standards 2019 (Carpenter/ Coustan)
Estimated Average Glucose	116.89	-	-

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. Samarпита Mukherjee
MBBS, MD Biochemistry
CONSULTANT

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Patient Name : Mr. Palash Chakraborty MRN : 1760000206829 Gender/Age : MALE , 44y (03/02/1979)

Collected On : 24/06/2023 02:54 PM Received On : 24/06/2023 03:40 PM Reported On : 24/06/2023 05:28 PM

Barcode : F12306240143 Specimen : Plasma Consultant : Dr. Swarup Paul(CRITICAL CARE MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-005 Patient Mobile No : 7003368780

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
Post Prandial Blood Sugar (PPBS) (Glucose Oxidase, Hydrogen Peroxidase)	146 H	mg/dL	Normal: ≤140 Pre-diabetes: 141-199 Diabetes: => 200

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. Samarpita Mukherjee
MBBS, MD Biochemistry
CONSULTANT

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ADULT TRANS-THORACIC ECHO REPORT

PATIENT NAME : Mr. Palash Chakraborty
GENDER/AGE : Male, 44 Years
LOCATION : -

PATIENT MRN : 17600000206829
PROCEDURE DATE : 24/06/2023 01:39 PM
REQUESTED BY : Dr. Swarup Paul



IMPRESSION

- MILD CONCENTRIC LEFT VENTRICULAR HYPERTROPHY
- NO RWMA
- GOOD LEFT VENTRICULAR SYSTOLIC FUNCTION WITH LVEF 64 %
- GRADE II DIASTOLIC DYSFUNCTION
- GOOD RIGHT VENTRICULAR SYSTOLIC FUNCTION
- NO PULMONARY HYPERTENSION

FINDINGS

CHAMBERS

LEFT ATRIUM : NORMAL
AP DIAMETER(MM): 35

RIGHT ATRIUM : NORMAL

LEFT VENTRICLE : MILD CONCENTRIC LEFT VENTRICULAR HYPERTROPHY (IVSD / PWD 12/12 MM). NO RWMA. GOOD LEFT VENTRICULAR SYSTOLIC FUNCTION WITH LVEF 64 %. GRADE II DIASTOLIC DYSFUNCTION.

LVIDD(MM)	: 48	IVSD(MM)	: 12	EDV(ML)	:
LVIDS(MM)	: 23	LVPWD(MM)	: 12	ESV(ML)	:
E/A RATIO	:	E/E'(AVERAGE)	:	LVEF(%)	: 64

RIGHT VENTRICLE : NORMAL IN SIZE. GOOD RV SYSTOLIC FUNCTION, TAPSE 20 MM

VALVES

MITRAL : MORPHOLOGICALLY NORMAL
AORTIC : MORPHOLOGICALLY NORMAL
TRICUSPID : MORPHOLOGICALLY NORMAL
PULMONARY : MORPHOLOGICALLY NORMAL

SEPTAE

IAS : INTACT
IVS : INTACT

ARTERIES AND VEINS

AORTA : NORMAL
SINUS(MM): 26

PA : NORMAL, NO PULMONARY HYPERTENSION
IVC : IVC 11 MM WITH NORMAL RESPIRATORY VARIATION

PERICARDIUM : NORMAL

INTRACARDIAC MASS : NO INTRACARDIAC MASS OR THROMBUS SEEN IN TTE.

OTHERS

: DOPPLER DATA MITRAL : E: VELOCITY: 84 CM/SEC, A : VELOCITY : 70 CM/SEC AORTIC :
VMAX : 128 CM/SEC, PEAK PG : 6.5 MMHG TRICUSPID : VMAX : 51 CM/SEC, PEAK PG : 0.9
MMHG PULMONARY : VMAX : 87 CM/SEC, PEAK PG : 3 MMHG



DR. SANYAL SOUGATA
ASSOCIATE CONSULTANT

24/06/2023 01:39 PM

PREPARED BY : SURAJIT BISWAS(353011)
GENERATED BY : ANKANA GHOSH(357843)

PREPARED ON : 24/06/2023 05:23 PM
GENERATED ON : 01/07/2023 12:49 PM

DEPARTMENT OF LABORATORY MEDICINE

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Collected On : 24/06/2023 09:56 AM Received On : 24/06/2023 10:19 AM Reported On : 24/06/2023 11:48 AM

Barcode : F22306240058 Specimen : Whole Blood - ESR Consultant : Dr. Swarup Paul(CRITICAL CARE MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-005 Patient Mobile No : 7003368780

HAEMATOLOGY LAB

Test	Result	Unit	Biological Reference Interval
Erythrocyte Sedimentation Rate (ESR) (Westergren Method)	30 H	mm/1hr	0.0-10.0

--End of Report--

Dr. Prithwijit Ghosh
MBBS, MD, Pathology
Consultant Pathologist

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MC-5371



DEPARTMENT OF LABORATORY MEDICINE

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Patient Name : Mr. Palash Chakraborty MRN : 17600000206829 Gender/Age : MALE , 44y (03/02/1979)

Collected On : 24/06/2023 09:56 AM Received On : 24/06/2023 02:08 PM Reported On : 24/06/2023 02:47 PM

Barcode : F32306240011 Specimen : Urine Consultant : Dr. Swarup Paul(CRITICAL CARE MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-005 Patient Mobile No : 7003368780

CLINICAL PATHOLOGY

Test	Result	Unit	Biological Reference Interval
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URINE ROUTINE & MICROSCOPY

PHYSICAL EXAMINATION

Volume (Visible)	40	ml	-
Colour (Visible)	Pale Yellow	-	-
Appearance (Visible)	Slightly Turbid	-	-

CHEMICAL EXAMINATION

pH(Reaction) (Dual Wavelength Reflectance)	5.5	-	5.0-8.0
Sp. Gravity (Dual Wavelength Reflectance)	1.015	-	1.002-1.030
Protein (Dual Wavelength Reflectance/Acetic Acid Tes (Heat Test))	Present +	-	-
Urine Glucose (Dual Wavelength Reflectance /Benedict's Test)	Absent	-	-
Ketone Bodies (Dual Wavelength Reflectance /Manual)	Absent	-	Negative
Bile Salts (Dual Wavelength Reflectance/Hay's Test)	Absent	-	Negative
Bile Pigment (Bilirubin) (Dual Wavelength Reflectance/Fouchet's Test)	Absent	-	Negative
Urobilinogen (Dual Wavelength Reflectance /Ehrlich's Method)	Normal	-	-
Urine Leucocyte Esterase (Dual Wavelength Reflectance)	Absent	-	Negative

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Blood Urine (Dual Wavelength Reflectance) **Trace+** - -

Nitrite (Dual Wavelength Reflectance) Absent - -

MICROSCOPIC EXAMINATION

Pus Cells (Microscopy) 3-4/hpf - 1 - 2

RBC (Microscopy) 1-2/hpf - 1-2/hpf

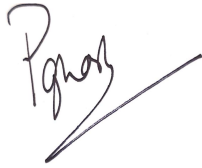
Epithelial Cells (Microscopy) 1-2/hpf - 2-3

Crystals (Microscopy) Not Seen - -

Casts (Microscopy) **Absent** - -

Others (Microscopy) Nil - -

--End of Report--



Dr. Prithwjit Ghosh
 MBBS, MD, Pathology
 Consultant Pathologist

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Collected On : 24/06/2023 09:56 AM Received On : 24/06/2023 02:08 PM Reported On : 24/06/2023 02:46 PM

Barcode : F32306240011 Specimen : Urine Consultant : Dr. Swarup Paul(CRITICAL CARE MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-005 Patient Mobile No : 7003368780

CLINICAL PATHOLOGY

Test	Result	Unit
Urine For Sugar	Negative	-

--End of Report--



Dr. Prithwijit Ghosh
MBBS, MD, Pathology
Consultant Pathologist

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Collected On : 24/06/2023 09:56 AM Received On : 24/06/2023 10:19 AM Reported On : 24/06/2023 11:31 AM

Barcode : F12306240082 Specimen : Serum Consultant : Dr. Swarup Paul(CRITICAL CARE MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-005 Patient Mobile No : 7003368780

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
SERUM CREATININE			
Serum Creatinine (Enzymatic Method)	1.1	mg/dL	0.66-1.25
eGFR	72.8	mL/min/1.73m ²	-
LIVER FUNCTION TEST(LFT)			
Bilirubin Total (Dyphylline, Diazonium Salt)	1.3	mg/dL	0.2-1.3
Conjugated Bilirubin (Direct) (Direct Measure)	0.3	mg/dL	0.0-0.3
Unconjugated Bilirubin (Indirect) (Direct Measure)	1	mg/dL	0.3-1.3
Total Protein (Biuret, No Serum Blank, End Point)	6.9	g/dL	6.3-8.2
Serum Albumin (Bromcresol Green (BCG))	3.9	gm/dL	3.5-5.0
Serum Globulin (Calculated)	3	g/dL	2.0-3.5
Albumin To Globulin (A/G)Ratio (Calculated)	1.3	-	1.0-2.1
SGOT (AST) (Multiple-point Rate)	26	U/L	17.0-59.0
SGPT (ALT) (Uv With P5p)	23	U/L	<50.0
Alkaline Phosphatase (ALP) (PMPP, AMP Buffer)	107	IU/L	38.0-126.0
Gamma Glutamyl Transferase (GGT) (G-glutamyl-p-nitroanilide)	38	U/L	15.0-73.0

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Dr. Samarpita Mukherjee
MBBS, MD Biochemistry
CONSULTANT

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
Serum Sodium (ISE Direct)	140	mmol/L	137.0-145.0
Serum Potassium (ISE Direct)	4.3	mmol/L	3.5-5.1
LIPID PROFILE (CHOL,TRIG,HDL,LDL,VLDL)			
Cholesterol Total (Cholesterol Oxidase Esterase Peroxidase)	166	mg/dL	Desirable: < 200 Borderline High: 200-239 High: > 240
Triglycerides (Enzymatic End Point)	165	mg/dL	Normal: < 150 Borderline: 150-199 High: 200-499 Very High: > 500
HDL Cholesterol (HDLC) (Direct Measure, PTA /MgCl ₂)	39 L	mg/dL	Low: <40.0 mg/dL High: >60.0 mg/dL
Non-HDL Cholesterol	127.0	-	-
LDL Cholesterol (End Point)	106.78 H	mg/dL	Optimal: < 100 Near to above optimal: 100-129 Borderline High: 130-159 High: 160-189 Very High: > 190
VLDL Cholesterol (Calculated)	33	mg/dL	0.0-40.0
Cholesterol /HDL Ratio (Calculated)	4.3	-	-

THYROID PROFILE (T3, T4, TSH)

Tri Iodo Thyronine (T3) (CLIA)	1.25	ng/mL	0.97-1.69
Thyroxine (T4) (CLIA)	6.27	µg/dl	5.53-11.0

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TSH (Thyroid Stimulating Hormone) (CLIA) 3.475 μ IU/mL 0.4-4.049

--End of Report--



Dr. Prithwijit Ghosh
MBBS, MD, Pathology
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Collected On : 24/06/2023 09:56 AM Received On : 24/06/2023 10:19 AM Reported On : 24/06/2023 11:25 AM

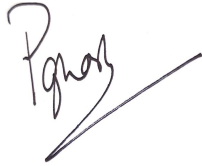
Barcode : F12306240082 Specimen : Serum Consultant : Dr. Swarup Paul(CRITICAL CARE MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-005 Patient Mobile No : 7003368780

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
Blood Urea Nitrogen (BUN) (Urease, UV)	8.4 L	mg/dL	9.0-20.0

--End of Report--



Dr. Prithwijiit Ghosh
MBBS, MD, Pathology
Consultant Pathologist

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Patient Name	Palash Chakraborty	Requested By	Dr. Swarup Paul
MRN	17600000206829	Procedure DateTime	2023-06-24 11:16:12
Age/Sex	44Y 4M/Male	Hospital	NH-BARASAT

ULTRASONOGRAPHY OF WHOLE ABDOMEN

LIVER : It is normal in size (11.4 cm), shape and outline. It shows normal homogeneous echotexture. No focal SOL seen. IHBRs are not dilated.

CBD : It is not dilated, measuring – 2.1 mm at porta, visualized proximal lumen is clear. Distal CBD is obscured by bowel gas shadow.

PV : It appears normal, measuring – 8.1 mm at porta.

GALL BLADDER : It is optimally distended. No evidence of intraluminal calculus or sludge is seen. Gall bladder wall is normal in thickness.

No pericholecystic collection or frank mass formation is seen.

SPLEEN : It is normal in size (9.5 cm), shape, outline & echotexture. No focal lesion seen.

PANCREAS : It is normal in size and echotexture . No focal lesion is seen. No calcification is seen. Main pancreatic duct is not dilated.

ADRENAL GLANDS : They are not enlarged.

KIDNEYS : Both kidneys are normal in size, shape, position and axis. Cortical echo is normal. Cortico-medullary differentiation is maintained.

No calculus or hydronephrosis is seen.

Perirenal fascial planes are intact.

Measures : Right kidney – 8.5 cm. Left kidney – 9.2 cm.

URETERS : They are not visualized as they are not dilated.

Aorta – Normal.

IVC – Normal

URINARY BLADDER : It is partially distended. Wall is normal. No intraluminal pathology seen.

PROSTATE GLAND : It is normal in size, shape, outline & echotexture. Capsule is intact. Margin is regular. Median lobe is not enlarged.

Prostate measures : (3.4 x 1.9 x 3.3) cm Volume : 11.5 cc

Both seminal vesicles appear normal.

RIF/ LIF: Appendix is not visualized. No mass lesion or lymphadenopathy seen at RIF/ LIF.

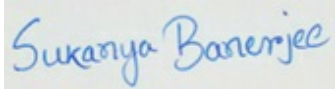
No ascites seen.

No pleural effusion seen.

IMPRESSION :

- **Findings are within normal limits.**

Advise : Clinical correlation & further relevant investigation suggested.



Dr. Sukanya Banerjee
MD (Radiodiagnosis)

DEPARTMENT OF LABORATORY MEDICINE

Final Report

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Collected On : 24/06/2023 09:56 AM Received On : 24/06/2023 10:19 AM Reported On : 24/06/2023 11:24 AM

Barcode : F22306240057 Specimen : Whole Blood Consultant : Dr. Swarup Paul(CRITICAL CARE MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-005 Patient Mobile No : 7003368780

HAEMATOLOGY LAB

Test	Result	Unit	Biological Reference Interval
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BLOOD GROUP & RH TYPING

Blood Group (Slide Technique And Tube Technique)	"O"	-	-
--	-----	---	---

RH Typing (Slide Technique And Tube Technique)	Positive	-	-
--	----------	---	---

COMPLETE BLOOD COUNT (CBC)

Haemoglobin (Hb%) (Cyanide-free Hemoglobin Method)	14.9	-	-
--	------	---	---

Red Blood Cell Count (Impedance Variation)	4.75	millions/ μ L	4.5-5.5
--	------	-------------------	---------

PCV (Packed Cell Volume) / Hematocrit (Impedance)	44.4	%	40.0-50.0
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MCV (Mean Corpuscular Volume) (Calculated)	94	fL	83.0-101.0
--	----	----	------------

MCH (Mean Corpuscular Haemoglobin) (Calculated)	31.3	pg	27.0-32.0
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MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	33.4	g/dL	31.5-34.5
--	------	------	-----------

Red Cell Distribution Width (RDW) (Impedance)	14.2 H	%	11.6-14.0
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Platelet Count (Impedance Variation/Microscopy)	180	Thousand / μ L	150.0-410.0
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Total Leucocyte Count(WBC) (Impedance Variation)	5.8	$\times 10^3$ cells/ μ l	4.0-10.0
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DIFFERENTIAL COUNT (DC)

Neutrophils (Impedance Variation And Absorbency /Microscopy)	51.8	%	40.0-80.0
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Lymphocytes (Impedance Variation And Absorbency /Microscopy)	42.0 H	%	20.0-40.0
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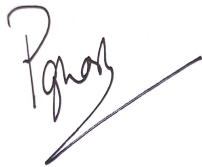
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9836-75-0808

Patient Name : Mr. Palash Chakraborty MRN : 17600000206829 Gender/Age : MALE , 44y (03/02/1979)			
Monocytes (Impedance Variation And Absorbency /Microscopy)	4.3	%	2.0-10.0
Eosinophils (Impedance Variation And Absorbency /Microscopy)	1.8	%	1.0-6.0
Basophils (Impedance Variation And Absorbency /Microscopy)	0.1 L	%	1.0-2.0
Absolute Neutrophil Count	3	-	2.0-7.0
Absolute Lymphocyte Count	2.44	-	1.0-3.0
Absolute Monocyte Count	0.25	-	0.2-1.0
Absolute Eosinophil Count	0.1	-	0.02-0.5
Absolute Basophil Count	0.01 L	-	0.02-0.1

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. Prithwijiit Ghosh
 MBBS, MD, Pathology
 Consultant Pathologist

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1436

Patient Name	Palash Chakraborty	Requested By	Dr. Swarup Paul
MRN	17600000206829	Procedure DateTime	2023-06-24 10:32:42
Age/Sex	44Y 4M/Male	Hospital	NH-BARASAT

X-RAY - CHEST (PA)

Calcified opacity seen in right hilar region.

? Calcified node at right hilar region.

Trachea is in situ.

CP angles are clear.

Cardiac shadow is normal.

Suggested clinical correlation and further investigations



Dr. Subrata Sanyal
(Department of Radiology)

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Barcode : F92306240002 Specimen : Serum Consultant : Dr. Swarup Paul(CRITICAL CARE MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-005 Patient Mobile No : 7003368780

IMMUNOLOGY

Test	Result	Unit	Biological Reference Interval
Prostate Specific Antigen (PSA) (Enhanced Chemiluminescence Immunoassay (CLIA))	1.42	ng/mL	0.0-2.5

--End of Report--



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Note

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

