Patient Name: Mr Subhajit Roy MRN: 17510001176002 Gender/Age: MALE, 46y (23/05/1976)

Collected On: 08/04/2023 09:00 AM Received On: 08/04/2023 09:33 AM Reported On: 08/04/2023 10:56 AM

Barcode : 802304080283 Specimen : Serum Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9903190683

	CLINICAL CHE	MISTRY	
Test	Result	Unit	Biological Reference Interval
SERUM CREATININE			
Serum Creatinine (Two Point Rate - Creatinine Aminohydrolase)	0.86	mg/dL	0.66-1.25
eGFR	95.8	mL/min/1.73m ²	-
Blood Urea Nitrogen (BUN) (Endpoint /Colorimetric - Urease)	10.20	-	9.0-20.0
Serum Sodium (Direct ISE - Potentiometric)	139	mmol/L	137.0-145.0
Serum Potassium (Direct ISE - Potentiometric)	4.1	mmol/L	3.5-5.1
LIPID PROFILE (CHOL,TRIG,HDL,LDL,VLDL)			
Cholesterol Total (Colorimetric - Cholesterol Oxidase)	133	mg/dL	Desirable: < 200 Borderline High: 200-239 High: > 240
Triglycerides (Enzymatic Endpoint Colorimetric)	117	mg/dL	Normal: < 150 Borderline: 150-199 High: 200-499 Very High: > 500
HDL Cholesterol (HDLC) (Colorimetric: Non HDL Precipitation Phosphotungstic Acid Method)	27 L	mg/dL	40.0-60.0
Non-HDL Cholesterol	106.0	-	-
LDL Cholesterol (Non LDL Selective Elimination, CHOD/POD)	87.9	mg/dL	Optimal: < 100 Near to above optimal: 100-129 Borderline High: 130-159 High: 160-189 Very High: > 190
VLDL Cholesterol (Calculated)	23.4	mg/dL	0.0-40.0
Cholesterol /HDL Ratio	5.0	-	-
Prostate Specific Antigen (PSA) (CLIA)	0.262	ng/mL	0.0-2.5

Page 1 of 3

Patient Name : Mr Subhajit Roy MRN : 17510001176002 Gender/Age : MALE , 46y (23/05/1976)

LIVER FUNCTION TEST(LFT)			
Bilirubin Total (Colorimetric -Diazo Method)	0.44	mg/dL	0.2-1.3
Conjugated Bilirubin (Direct) (Calculated)	0.20	mg/dL	0.0-0.4
Unconjugated Bilirubin (Indirect) (Colorimetric Endpoint)	0.24	-	-
Total Protein (Biuret Method)	7.30	g/dL	6.3-8.2
Serum Albumin (Colorimetric - Bromo-Cresol Green)	4.40	gm/dL	3.5-5.0
Serum Globulin (Calculated)	2.9	g/dL	2.0-3.5
Albumin To Globulin (A/G)Ratio (Calculated)	1.52	-	1.0-2.1
SGOT (AST) (Multipoint-Rate With P-5-P (pyridoxal- 5-phosphate))	37	U/L	17.0-59.0
SGPT (ALT) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	29	U/L	<50.0
Alkaline Phosphatase (ALP) (Multipoint-Rate - P- nitro Phenyl Phosphate, AMP Buffer)	62	IU/L	38.0-126.0
Gamma Glutamyl Transferase (GGT) (Multipoint Rate - L-glutamyl-p-nitroanilide (Szasz Method))	18	U/L	15.0-73.0

--End of Report-

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

Note

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

Alphosh

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

Patient Name : Mr Subhajit Roy MRN : 17510001176002 Gender/Age : MALE , 46y (23/05/1976)

• 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)





Patient Name : Mr Subhajit Roy MRN : 17510001176002 Gender/Age : MALE , 46y (23/05/1976)

Collected On: 08/04/2023 09:00 AM Received On: 08/04/2023 09:33 AM Reported On: 08/04/2023 10:56 AM

Barcode : 802304080283 Specimen : Serum Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9903190683

	CLINICAL CH		
Test	Result	Unit	Biological Reference Interval
THYROID PROFILE (T3, T4, TSH)			
Tri lodo Thyronine (T3) (Enhanced Chemiluminescence Immunoassay (CLIA))	1.09	ng/mL	0.97-1.69
Thyroxine (T4) (Enhanced Chemiluminescence Immunoassay (CLIA))	9.02	µg/dl	5.53-11.0
TSH (Thyroid Stimulating Hormone) (Enhanced Chemiluminescence Immunoassay (CLIA))	2.564	ulU/ml	0.4001-4.049

--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.

(-> Auto Authorized)

Alphosh

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



Final Report

Page 1 of 1

Final Report

Patient Name : Mr Subhajit Roy MRN : 17510001176002 Gender/Age : MALE , 46y (23/05/1976)

Collected On: 08/04/2023 09:00 AM Received On: 08/04/2023 09:29 AM Reported On: 08/04/2023 09:43 AM

Barcode : 812304080227 Specimen : Whole Blood Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9903190683

	HAEMATOLOGY LAB		
Test	Result	Unit	Biological Reference Interval
COMPLETE BLOOD COUNT (CBC)			
Haemoglobin (Hb%) (Photometric Measurement)	13.5	g/dL	13.0-17.0
Red Blood Cell Count (Electrical Impedance)	5.02	millions/ µL	4.5-5.5
PCV (Packed Cell Volume) / Hematocrit (Calculated)	42.3	%	40.0-54.0
MCV (Mean Corpuscular Volume) (Derived From RBC Histogram)	84.2	fL	83.0-101.0
MCH (Mean Corpuscular Haemoglobin) (Calculated)	26.8 L	pg	27.0-32.0
MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	31.8	%	31.5-34.5
Red Cell Distribution Width (RDW) (Calculated)	16.1 H	%	11.6-14.0
Platelet Count (Electrical Impedance)	150	$10^3/\mu L$	150.0-400.0
Mean Platelet Volume (MPV) (Derived)	11.1	fL	7.0-11.7
Total Leucocyte Count(WBC) (Electrical Impedance)	5.1	10 ³ /µL	4.0-10.0
DIFFERENTIAL COUNT (DC)			
Neutrophils (VCSn Technology)	55.0	%	40.0-75.0
Lymphocytes (VCSn Technology)	37.0	%	20.0-40.0
Monocytes (VCSn Technology)	7.0	%	2.0-10.0
Eosinophils (VCSn Technology)	1.0	%	1.0-6.0

Patient Name : Mr Subhajit Roy MRN	: 17510001176002 Gene	der/Age : MALE , 46y (2	23/05/1976)	
Absolute Neutrophil Count (Calculate	ed) 2.81	10 ³ /μL	1.8-7.8	
Absolute Lympocyte Count (Calculat	ed) 1.89	10 ³ /μL	1.0-4.8	
Absolute Monocyte Count (Calculate	d) 0.36	10 ³ /μL	0.0-0.8	
Absolute Eosinophil Count (Calculate	ed) 0.05	10 ³ /μL	0.0-0.45	

--End of Report-

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

Note

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





 Patient Name :
 Mr Subhajit Roy
 MRN : 17510001176002
 Gender/Age : MALE , 46y (23/05/1976)

 Collected On :
 08/04/2023 09:00 AM
 Received On : 08/04/2023 09:27 AM
 Reported On : 08/04/2023 10:03 AM

 Barcode :
 BR2304080030
 Specimen :
 Whole Blood
 Consultant :
 EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9903190683

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

--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.





Page 1 of 1

 Patient Name :
 Mr Subhajit Roy
 MRN : 17510001176002
 Gender/Age : MALE , 46y (23/05/1976)

 Collected On :
 08/04/2023 09:00 AM
 Received On : 08/04/2023 12:45 PM
 Reported On : 08/04/2023 02:21 PM

 Barcode :
 822304080028
 Specimen :
 Urine
 Consultant :
 EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9903190683

	CLINICAL PATH	HOLOGY	
Test	Result	Unit	Biological Reference Interval
URINE ROUTINE & MICROSCOPY			
PHYSICAL EXAMINATION			
Volume	40	ml	-
Colour	Straw	-	-
Appearance	Clear	-	-
CHEMICAL EXAMINATION			
pH(Reaction) (Mixed PH Indicator)	6.5	-	4.8-7.5
Sp. Gravity (Dual Wavelength Reflectance)	1.003	-	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)	Negative	-	Negative
Nitrite (Modified Griess Reaction)	Negative	-	Negative

Page 1 of 2

Patient Name : Mr Subhajit Roy MRN : 17510001176002 Gender/Age : MALE , 46y (23/05/1976)

MICROSCODIC	EXAMINATION
IVIICRUSCUPIC	EXAIVIINATION

Pus Cells	0-2	/hpf	1-2
RBC	NIL	/hpf	0 - 3
Epithelial Cells	1-2	/hpf	2-3
Crystals	NIL	-	-
Casts	NIL	-	-

--End of Report-

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

Note

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





Patient Name : Mr Subhajit Roy MRN : 17510001176002 Gender/Age : MALE , 46y (23/05/1976)

Collected On: 08/04/2023 09:00 AM Received On: 08/04/2023 12:46 PM Reported On: 08/04/2023 02:22 PM

Barcode : 802304080284 Specimen : Urine Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9903190683

Test Urine For Sugar CLINICAL CHEMISTRYResultUnitNEGATIVEmg

Biological Reference Interval ATEST

--End of Report-

Z

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

Note

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





Patient Name : Mr Subhajit Roy MRN : 17510001176002 Gender/Age : MALE , 46y (23/05/1976)

Collected On : 08/04/2023 09:00 AM Received On : 08/04/2023 09:29 AM Reported On : 08/04/2023 11:37 AM

Barcode : 802304080286 Specimen : Whole Blood Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9903190683

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

Shosh

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

Note

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





Patient Name : Mr Subhajit Roy MRN : 17510001176002 Gender/Age : MALE , 46y (23/05/1976)

Collected On: 08/04/2023 09:00 AM Received On: 08/04/2023 09:33 AM Reported On: 08/04/2023 10:22 AM

Barcode : 802304080285 Specimen : Plasma Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9903190683

	CLINICAL CHEMISTRY			
Test	Result	Unit	Biological Reference Interval	
Fasting Blood Sugar (FBS) (Glucose Oxidase, Peroxidase)	84	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

Note

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

Syhosh

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





Patient Name : Mr Subhajit Roy MRN : 17510001176002 Gender/Age : MALE , 46y (23/05/1976)

Collected On : 08/04/2023 02:30 PM Received On : 08/04/2023 02:59 PM Reported On : 08/04/2023 03:37 PM

Barcode : 802304080663 Specimen : Plasma Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9903190683

	CLINICAL CHEMISTRY			
Test	Result	Unit	Biological Reference Interval	
Post Prandial Blood Sugar (PPBS) (Glucose	97	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-

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

Note

- Abnormal results are highlighted.
- Results relate to the sample only.
- Kindly correlate clinically.
 (Post Prandial Blood Sugar (PPBS) -> Auto Authorized)

Shhosh

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





Patient Name : Mr Subhajit Roy MRN : 17510001176002 Gender/Age : MALE , 46y (23/05/1976)

Collected On: 08/04/2023 09:00 AM Received On: 08/04/2023 09:29 AM Reported On: 08/04/2023 10:41 AM

Barcode : 812304080226 Specimen : Whole Blood - ESR Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9903190683

	HAEMATOLOGY LAB		
Test	Result	Unit	Biological Reference Interval
Erythrocyte Sedimentation Rate (ESR)	8.0	mm/1hr	0.0-10.0
(Modified Westergren Method)			

--End of Report-

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

Note

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





ADULT TRANS-THORACIC ECHO REPORT

PATIENT NAME GENDER/AGE LOCATION	: Mr Subhajit Roy : Male, 46 Years : -	PATIENT MRN PROCEDURE DATE REQUESTED BY	: 17510001176002 : 08/04/2023 01:34 PM : EXTERNAL
IMPRESSION FINDINGS	GOOD LV SYSTOLIC FU	NCTION WITH NORMA	L DIASTOLIC FLOW PATTERN.
CHAMBERS LEFT ATRIUM RIGHT ATRIUM LEFT VENTRICLE			OTION ABNORMALITY. GOOD SYSTOLIC RMAL DIASTOLIC FLOW PATTERN.
RIGHT VENTRICLE VALVES MITRAL AORTIC TRICUSPID PULMONARY	: NORMAL SIZE AND THICK : NORMAL. : NORMAL. : NORMAL. : NORMAL.	NESS WITH NORMAL F	UNCTION
SEPTAE IAS IVS	: INTACT : INTACT		
ARTERIES AND VEI AORTA PA IVC SVC & CS PULMONARY VEINS	 NORMAL, LEFT AORTIC AI NORMAL SIZE NORMAL SIZE & COLLAPS NORMAL 		
PERICARDIUM	: NORMAL PERICARDIAL TH	HICKNESS. NO EFFUSIO	Ν
INTRACARDIAC MA	SS : NO TUMOUR, THROMBU	S OR VEGETATION SEE	Ν
OTTENS			

Ranget Metchenges

Page 1 of 2

DR. RANJIT MUKHERJEE ASSOCIATE CONSULTANT ECHOCARDIOGRAPHY MBBS, PGDCC MITHU MONDAL TECHNICIAN

08/04/2023 01:34 PM

PREPARED BY	: NAFISHA KHATUN(333472)	PREPARED ON	: 08/04/2023 02:03 PM
GENERATED BY	: MADHUPARNA DASGUPTA(333433)	GENERATED ON	: 11/04/2023 12:04 PM

Patient Name	Subhajit Roy	Requested By	EXTERNAL
MRN	17510001176002	Procedure DateTime	2023-04-08 11:07:19
Age/Sex	46Y 10M/Male	Hospital	NH-RTIICS

USG OF WHOLE ABDOMEN (SCREENING)

LIVER:

It is mildly enlarged with hypoechoic parenchyma. 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. No collaterals are seen.

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 8.5 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.

Page 1 of 2

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 10.0 x 4.8 cm and 9.7 x 5.2 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 $3.2 \times 2.3 \times 2.8 \text{ cm}$ (Weight = 11 gms). It shows a homogenous echotexture and smooth outline.

No ascites is seen.

IMPRESSION:

• Mild hepatomegaly with fatty infiltrated.

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.

Dr. Sarbari Chatterjee Consultant Radiologist

* This is a digitally signed valid document. Reported Date/Time: 2023-04-08 11:54:12

Page 2 of 2

Patient Name	Subhajit Roy	Requested By	EXTERNAL
MRN	17510001176002	Procedure DateTime	2023-04-08 09:48:56
Age/Sex	46Y 10M/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.

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.

la

Dr. Sarbari Chatterjee Consultant Radiologist