

DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Mr Samir Ghosh MRN : 1760000241323 Gender/Age : MALE , 42y (17/07/1980)

Collected On : 24/06/2023 09:54 AM Received On : 24/06/2023 02:06 PM Reported On : 24/06/2023 02:38 PM

Barcode : F32306240009 Specimen : Urine Consultant : Dr. Swarup Paul(CRITICAL CARE MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9051303476

CLINICAL PATHOLOGY

Test	Result	Unit	Biological Reference Interval
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URINE ROUTINE & MICROSCOPY

PHYSICAL EXAMINATION

Volume (Visible)	45	ml	-
Colour (Visible)	Pale Yellow	-	-
Appearance (Visible)	Clear	-	-

CHEMICAL EXAMINATION

pH(Reaction) (Dual Wavelength Reflectance)	6.0	-	5.0-8.0
Sp. Gravity (Dual Wavelength Reflectance)	1.015	-	1.002-1.030
Protein (Dual Wavelength Reflectance/Acetic Acid Tes (Heat Test))	Absent	-	-
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
Blood Urine (Dual Wavelength Reflectance)	Absent	-	-

Narayana Multispeciality Hospital

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Appointments

1800-309-0309 (Toll Free)

Emergencies

9836-75-0808

Patient Name : Mr Samir Ghosh MRN : 17600000241323 Gender/Age : MALE , 42y (17/07/1980)

Nitrite (Dual Wavelength Reflectance) Absent - -

MICROSCOPIC EXAMINATION

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

RBC (Microscopy) Not Seen - 1-2/hpf

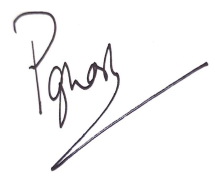
Epithelial Cells (Microscopy) 1-2/hpf - 2-3

Crystals (Microscopy) Not Seen - -

Casts (Microscopy) **Absent** - -

Others (Microscopy) Nil - -

--End of Report--



Dr. Prithwjit Ghosh
 MBBS, MD, Pathology
 Consultant Pathologist

Note

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



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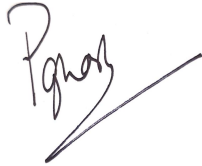
Barcode : F32306240009 Specimen : Urine Consultant : Dr. Swarup Paul(CRITICAL CARE MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9051303476

CLINICAL PATHOLOGY

Test	Result	Unit
Urine For Sugar	Negative	-

--End of Report--



Dr. Prithwijiit Ghosh
MBBS, MD, Pathology
Consultant Pathologist

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Patient Name	Samir Ghosh	Requested By	Dr. Swarup Paul
MRN	17600000241323	Procedure DateTime	2023-06-24 10:57:46
Age/Sex	42Y 11M/Male	Hospital	NH-BARASAT

ULTRASONOGRAPHY OF WHOLE ABDOMEN

LIVER : Liver is mildly enlarged in size (16.6cm) but has normal shape and outline. **There is mild diffuse homogeneous increase of hepatic parenchymal echogenicity..** No focal SOL seen. IHBRs are not dilated.

CBD : It is not dilated, measuring – 1.7 mm at porta, visualized proximal lumen is clear. Distal CBD is obscured by bowel gas shadow.

PV : It appears normal, measuring – 7.8 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 (11.0 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 – 11.3 cm. Left kidney – 10.4 cm.

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

Aorta – Normal.

IVC – Normal

URINARY BLADDER : It is optimally 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 : (3.1 x 2.7 x 3.5) cm Volume : 15.9 cc

Both seminal vesicles appear normal.

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

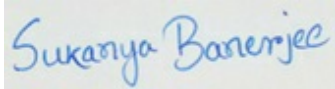
No ascites seen.

No pleural effusion seen.

IMPRESSION :

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

Advise : Clinical correlation & further relevant investigation suggested.



Dr. Sukanya Banerjee
MD (Radiodiagnosis)

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Collected On : 24/06/2023 09:54 AM Received On : 24/06/2023 10:18 AM Reported On : 24/06/2023 11:23 AM

Barcode : F22306240055 Specimen : Whole Blood Consultant : Dr. Swarup Paul(CRITICAL CARE MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9051303476

HAEMATOLOGY LAB

Test	Result	Unit	Biological Reference Interval
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BLOOD GROUP & RH TYPING

Blood Group (Slide Technique And Tube Technique)	"B"	-	-
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RH Typing (Slide Technique And Tube Technique)	Positive	-	-
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COMPLETE BLOOD COUNT (CBC)

Haemoglobin (Hb%) (Cyanide-free Hemoglobin Method)	14.4	-	-
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Red Blood Cell Count (Impedance Variation)	4.15 L	millions/ μ L	4.5-5.5
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PCV (Packed Cell Volume) / Hematocrit (Impedance)	43.0	%	40.0-50.0
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MCV (Mean Corpuscular Volume) (Calculated)	104 H	fL	83.0-101.0
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MCH (Mean Corpuscular Haemoglobin) (Calculated)	34.7 H	pg	27.0-32.0
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MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	33.5	g/dL	31.5-34.5
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Red Cell Distribution Width (RDW) (Impedance)	13.8	%	11.6-14.0
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Platelet Count (Impedance Variation/Microscopy)	165	Thousand / μ L	150.0-410.0
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Total Leucocyte Count(WBC) (Impedance Variation)	3.7 L	$\times 10^3$ cells/ μ l	4.0-10.0
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DIFFERENTIAL COUNT (DC)

Neutrophils (Impedance Variation And Absorbency /Microscopy)	53.4	%	40.0-80.0
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Lymphocytes (Impedance Variation And Absorbency /Microscopy)	37.2	%	20.0-40.0
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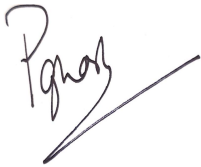
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Monocytes (Impedance Variation And Absorbency /Microscopy)	3.2	%	2.0-10.0
Eosinophils (Impedance Variation And Absorbency /Microscopy)	6.1 H	%	1.0-6.0
Basophils (Impedance Variation And Absorbency /Microscopy)	0.1 L	%	1.0-2.0
Absolute Neutrophil Count	1.98 L	-	2.0-7.0
Absolute Lymphocyte Count	1.38	-	1.0-3.0
Absolute Monocyte Count	0.12 L	-	0.2-1.0
Absolute Eosinophil Count	0.23	-	0.02-0.5

--End of Report--



Dr. Prithwijiit Ghosh
 MBBS, MD, Pathology
 Consultant Pathologist

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Emergencies
9836-75-0808

1434

Patient Name	Samir Ghosh	Requested By	Dr. Swarup Paul
MRN	17600000241323	Procedure DateTime	2023-06-24 10:22:05
Age/Sex	42Y 11M/Male	Hospital	NH-BARASAT

X-RAY - CHEST (PA)

Non-specific pneumonitis seen at left parahilar and right paracardiac regions.

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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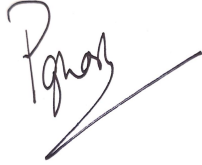
Barcode : F92306240001 Specimen : Serum Consultant : Dr. Swarup Paul(CRITICAL CARE MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9051303476

IMMUNOLOGY

Test	Result	Unit	Biological Reference Interval
Prostate Specific Antigen (PSA) (Enhanced Chemiluminescence Immunoassay (CLIA))	0.447	ng/mL	0.0-2.5

--End of Report--



Dr. Prithwijit Ghosh
MBBS, MD, Pathology
Consultant Pathologist

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Collected On : 24/06/2023 09:54 AM Received On : 24/06/2023 10:18 AM Reported On : 24/06/2023 11:48 AM

Barcode : F22306240056 Specimen : Whole Blood - ESR Consultant : Dr. Swarup Paul(CRITICAL CARE MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9051303476

HAEMATOLOGY LAB

Test	Result	Unit	Biological Reference Interval
Erythrocyte Sedimentation Rate (ESR) (Westergren Method)	6	mm/1hr	0.0-10.0

--End of Report--

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MBBS, MD, Pathology
Consultant Pathologist

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MC-5371



DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Mr Samir Ghosh MRN : 17600000241323 Gender/Age : MALE , 42y (17/07/1980)

Collected On : 24/06/2023 09:54 AM Received On : 24/06/2023 10:18 AM Reported On : 24/06/2023 11:24 AM

Barcode : F12306240080 Specimen : Plasma Consultant : Dr. Swarup Paul(CRITICAL CARE MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9051303476

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
Fasting Blood Sugar (FBS) (Glucose Oxidase, Hydrogen Peroxidase)	111 H	mg/dL	Normal: 70-109 Pre-diabetes: 110-125 Diabetes: => 126

--End of Report--

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MBBS, MD, Pathology
Consultant Pathologist

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DEPARTMENT OF LABORATORY MEDICINE

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Collected On : 24/06/2023 09:54 AM Received On : 24/06/2023 10:18 AM Reported On : 24/06/2023 11:31 AM

Barcode : F12306240079 Specimen : Serum Consultant : Dr. Swarup Paul(CRITICAL CARE MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9051303476

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
SERUM CREATININE			
Serum Creatinine (Enzymatic Method)	0.8	mg/dL	0.66-1.25
eGFR	106.1	mL/min/1.73m ²	-
LIVER FUNCTION TEST(LFT)			
Bilirubin Total (Dyphylline, Diazonium Salt)	1.9 H	mg/dL	0.2-1.3
Conjugated Bilirubin (Direct) (Direct Measure)	0.5 H	mg/dL	0.0-0.3
Unconjugated Bilirubin (Indirect) (Direct Measure)	1.4 H	mg/dL	0.3-1.3
Total Protein (Biuret, No Serum Blank, End Point)	7.6	g/dL	6.3-8.2
Serum Albumin (Bromcresol Green (BCG))	4.5	gm/dL	3.5-5.0
Serum Globulin (Calculated)	3.1	g/dL	2.0-3.5
Albumin To Globulin (A/G)Ratio (Calculated)	1.45	-	1.0-2.1
SGOT (AST) (Multiple-point Rate)	48	U/L	17.0-59.0
SGPT (ALT) (Uv With P5p)	63 H	U/L	<50.0
Alkaline Phosphatase (ALP) (PMPP, AMP Buffer)	69	IU/L	38.0-126.0
Gamma Glutamyl Transferase (GGT) (G-glutamyl-p-nitroanilide)	63	U/L	15.0-73.0
THYROID PROFILE (T3, T4, TSH)			
Tri Iodo Thyronine (T3) (CLIA)	1.16	ng/mL	0.97-1.69
Thyroxine (T4) (CLIA)	8.57	µg/dl	5.53-11.0

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9836-75-0808

Patient Name : Mr Samir Ghosh MRN : 17600000241323 Gender/Age : MALE , 42y (17/07/1980)			
TSH (Thyroid Stimulating Hormone) (CLIA)	2.049	μIU/mL	0.4-4.049



Dr. Prithwijiit Ghosh
MBBS, MD, Pathology
Consultant Pathologist

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
Serum Sodium (ISE Direct)	141	mmol/L	137.0-145.0
Serum Potassium (ISE Direct)	3.9	mmol/L	3.5-5.1
LIPID PROFILE (CHOL,TRIG,HDL,LDL,VLDL)			
Cholesterol Total (Cholesterol Oxidase Esterase Peroxidase)	191	mg/dL	Desirable: < 200 Borderline High: 200-239 High: > 240
Triglycerides (Enzymatic End Point)	410 H	mg/dL	Normal: < 150 Borderline: 150-199 High: 200-499 Very High: > 500

Serum triglyceride spuriously elevates in fed state ,Please correlate clinically and with meditation history. Repeat a fresh sample after 48 to 72 hours normal fat diet and 10-12 hours over night fasting if required.

HDL Cholesterol (HDLC) (Direct Measure, PTA /MgCl2)	31 L	mg/dL	Low: <40.0 mg/dL High: >60.0 mg/dL
Non-HDL Cholesterol	160.0	-	-
LDL Cholesterol (End Point)	64.60	mg/dL	Optimal: < 100 Near to above optimal: 100-129 Borderline High: 130-159 High: 160-189 Very High: > 190
VLDL Cholesterol (Calculated)	82 H	mg/dL	0.0-40.0
Cholesterol /HDL Ratio (Calculated)	6.2	-	-

--End of Report--

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9836-75-0808

Patient Name : Mr Samir Ghosh MRN : 17600000241323 Gender/Age : MALE , 42y (17/07/1980)



Dr. Samarpita Mukherjee
MBBS, MD Biochemistry
CONSULTANT

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Barcode : F12306240079 Specimen : Serum Consultant : Dr. Swarup Paul(CRITICAL CARE MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9051303476

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
Blood Urea Nitrogen (BUN) (Urease, UV)	9.8	mg/dL	9.0-20.0

--End of Report--

Dr. Samarpita Mukherjee
MBBS, MD Biochemistry
CONSULTANT

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Collected On : 24/06/2023 09:54 AM Received On : 24/06/2023 10:18 AM Reported On : 24/06/2023 06:42 PM

Barcode : F12306240081 Specimen : Whole Blood Consultant : Dr. Swarup Paul(CRITICAL CARE MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9051303476

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
HBA1C			
HbA1c (HPLC)	5.1	%	Both: Normal: 4.0-5.6 Both: Prediabetes: 5.7-6.4 Both: Diabetes: => 6.5 ADA standards 2019 (Carpenter/ Coustan)
Estimated Average Glucose	99.67	-	-

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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ADULT TRANS-THORACIC ECHO REPORT

PATIENT NAME : Mr Samir Ghosh
GENDER/AGE : Male, 42 Years
LOCATION : -

PATIENT MRN : 1760000241323
PROCEDURE DATE : 24/06/2023 01:08 PM
REQUESTED BY : Dr. Swarup Paul



IMPRESSION

- CONCENTRIC LEFT VENTRICULAR HYPERTROPHY
- NO RWMA
- GOOD LEFT VENTRICULAR SYSTOLIC FUNCTION WITH LVEF 68 %
- GRADE I DIASTOLIC DYSFUNCTION
- GOOD RIGHT VENTRICULAR SYSTOLIC FUNCTION
- NO PULMONARY HYPERTENSION

FINDINGS

CHAMBERS

LEFT ATRIUM : NORMAL
AP DIAMETER(MM): 40

RIGHT ATRIUM : NORMAL

LEFT VENTRICLE : CONCENTRIC LEFT VENTRICULAR HYPERTROPHY (IVSD / PWD 13/13 MM). NO RWMA.
GOOD LEFT VENTRICULAR SYSTOLIC FUNCTION WITH LVEF 68 %. GRADE I DIASTOLIC DYSFUNCTION.

LVIDD(MM)	: 46	IVSD(MM)	: 13	EDV(ML)	:
LVIDS(MM)	: 26	LVPWD(MM)	: 13	ESV(ML)	:
E/A RATIO	:	E/E'(AVERAGE)	:	LVEF(%)	: 68

RIGHT VENTRICLE : NORMAL IN SIZE. GOOD RV SYSTOLIC FUNCTION, TAPSE 25 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): 28

PA : NORMAL, NO PULMONARY HYPERTENSION

IVC : IVC 12 MM WITH NORMAL RESPIRATORY VARIATION

PERICARDIUM : NORMAL

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

OTHERS : DOPPLER DATA MITRAL : E: VELOCITY: 76 CM/SEC, A : VELOCITY : 87 CM/SEC AORTIC :
VMAX : 139 CM/SEC, PEAK PG : 7.7 MMHG TRICUSPID : VMAX : 66 CM/SEC, PEAK PG : 0.8
MMHG PULMONARY : VMAX : 96 CM/SEC, PEAK PG : 3.7 MMHG



DR. SANYAL SOUGATA
ASSOCIATE CONSULTANT

24/06/2023 01:08 PM

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

PREPARED ON : 24/06/2023 01:38 PM
GENERATED ON : 01/07/2023 12:38 PM

DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Mr Samir Ghosh MRN : 17600000241323 Gender/Age : MALE , 42y (17/07/1980)

Collected On : 24/06/2023 02:36 PM Received On : 24/06/2023 03:43 PM Reported On : 24/06/2023 05:30 PM

Barcode : F12306240137 Specimen : Plasma Consultant : Dr. Swarup Paul(CRITICAL CARE MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9051303476

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
Post Prandial Blood Sugar (PPBS) (Glucose Oxidase, Hydrogen Peroxidase)	120	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--

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Note

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

