

**DEPARTMENT OF LABORATORY MEDICINE**

Final Report

Patient Name : Mr Suman Das MRN : 1760000242753 Gender/Age : MALE , 35y (25/06/1988)

Collected On : 17/07/2023 10:04 AM Received On : 17/07/2023 10:39 AM Reported On : 17/07/2023 11:27 AM

Barcode : F12307170081 Specimen : Serum Consultant : Dr. Swarup Paul(CRITICAL CARE MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8777354097

**BIOCHEMISTRY**

Test	Result	Unit	Biological Reference Interval
<b>SERUM CREATININE</b>			
Serum Creatinine (Enzymatic Method)	0.9	mg/dL	0.66-1.25
eGFR	96.1	mL/min/1.73m <sup>2</sup>	-
<b>Serum Sodium</b> (ISE Direct )	143	mmol/L	137.0-145.0
<b>Serum Potassium</b> (ISE Direct )	4.9	mmol/L	3.5-5.1
<b>LIPID PROFILE (CHOL,TRIG,HDL,LDL,VLDL)</b>			
Cholesterol Total (Cholesterol Oxidase Esterase Peroxidase)	113	mg/dL	Desirable: < 200 Borderline High: 200-239 High: > 240
Triglycerides (Enzymatic End Point)	84	mg/dL	Normal: < 150 Borderline: 150-199 High: 200-499 Very High: > 500
HDL Cholesterol (HDLC) (Direct Measure, PTA /MgCl <sub>2</sub> )	<b>39 L</b>	mg/dL	Low: <40.0 mg/dL High: >60.0 mg/dL
Non-HDL Cholesterol	74	-	-
LDL Cholesterol (End Point)	74.88	mg/dL	Optimal: < 100 Near to above optimal: 100-129 Borderline High: 130-159 High: 160-189 Very High: > 190
VLDL Cholesterol (Calculated)	16.8	mg/dL	0.0-40.0
Cholesterol /HDL Ratio (Calculated)	2.9	-	-
<b>LIVER FUNCTION TEST(LFT)</b>			
Bilirubin Total (Dyphylline, Diazonium Salt)	0.5	mg/dL	0.2-1.3
Conjugated Bilirubin (Direct) (Direct Measure)	0.2	mg/dL	0.0-0.3

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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**

Patient Name : Mr Suman Das MRN : 17600000242753 Gender/Age : MALE , 35y (25/06/1988)			
Unconjugated Bilirubin (Indirect) (Direct Measure)	0.3	mg/dL	0.3-1.3
Total Protein (Biuret, No Serum Blank, End Point)	<b>8.3 H</b>	g/dL	6.3-8.2
Serum Albumin (Bromocresol Green (BCG))	4.9	gm/dL	3.5-5.0
Serum Globulin (Calculated)	3.4	g/dL	2.0-3.5
Albumin To Globulin (A/G)Ratio (Calculated)	1.44	-	1.0-2.1
SGOT (AST) (Multiple-point Rate)	49	U/L	17.0-59.0
SGPT (ALT) (Uv With P5p)	<b>58 H</b>	U/L	<50.0
Alkaline Phosphatase (ALP) (PMPP, AMP Buffer)	62	IU/L	38.0-126.0
Gamma Glutamyl Transferase (GGT) (G-glutamyl-p-nitroanilide)	31	U/L	15.0-73.0
<b>THYROID PROFILE (T3, T4, TSH)</b>			
Tri Iodo Thyronine (T3) (CLIA)	1.11	ng/mL	0.97-1.69
Thyroxine (T4) (CLIA)	<b>11.6 H</b>	µg/dl	5.53-11.0
TSH (Thyroid Stimulating Hormone) (CLIA)	<b>24.60 H</b>	µIU/mL	0.4-4.049

--End of Report--



Dr. Samarпита Mukherjee  
MBBS, MD Biochemistry  
CONSULTANT

Patient Name : Mr Suman Das MRN : 17600000242753 Gender/Age : MALE , 35y (25/06/1988)

**Note**

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



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Barcode : F12307170081 Specimen : Serum Consultant : Dr. Swarup Paul(CRITICAL CARE MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8777354097

**BIOCHEMISTRY**

Test	Result	Unit	Biological Reference Interval
<b>Blood Urea Nitrogen (BUN)</b> (Urease, UV)	<b>7.48 L</b>	mg/dL	9.0-20.0

--End of Report--

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MBBS, MD Biochemistry  
CONSULTANT

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**DEPARTMENT OF LABORATORY MEDICINE**

Final Report

Patient Name : Mr Suman Das MRN : 1760000242753 Gender/Age : MALE , 35y (25/06/1988)

Collected On : 17/07/2023 10:04 AM Received On : 17/07/2023 01:58 PM Reported On : 17/07/2023 02:07 PM

Barcode : F32307170004 Specimen : Urine Consultant : Dr. Swarup Paul(CRITICAL CARE MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8777354097

**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)	Clear	-	-

**CHEMICAL EXAMINATION**

pH(Reaction) (Dual Wavelength Reflectance )	5.0	-	5.0-8.0
Sp. Gravity (Dual Wavelength Reflectance)	1.030	-	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	-	-

Page 1 of 2

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Nitrite (Dual Wavelength Reflectance) Absent - -

**MICROSCOPIC EXAMINATION**

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

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

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

Crystals (Microscopy) Not Seen - -

Casts (Microscopy) **Absent** - -

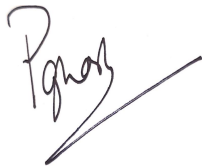
Bacteria Absent - -

Yeast Cells Absent - -

Mucus Absent - -

Others (Microscopy) Nil - -

--End of Report--



Dr. Prithwjit Ghosh  
 MBBS, MD, Pathology  
 Consultant Pathologist

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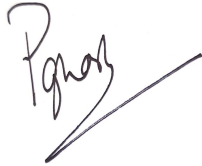
Barcode : F32307170004 Specimen : Urine Consultant : Dr. Swarup Paul(CRITICAL CARE MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8777354097

**CLINICAL PATHOLOGY**

Test	Result	Unit
Urine For Sugar	Absent	-

--End of Report--



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MBBS, MD, Pathology  
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Collected On : 17/07/2023 10:04 AM Received On : 17/07/2023 10:39 AM Reported On : 17/07/2023 11:33 AM

Barcode : F22307170060 Specimen : Whole Blood - ESR Consultant : Dr. Swarup Paul(CRITICAL CARE MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8777354097

**HAEMATOLOGY LAB**

Test	Result	Unit	Biological Reference Interval
<b>Erythrocyte Sedimentation Rate (ESR)</b> (Westergren Method)	9	mm/1hr	0.0-10.0

--End of Report--

Dr. Prithwijit Ghosh  
MBBS, MD, Pathology  
Consultant Pathologist

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MC-5371



982

<b>Patient Name</b>	Suman Das	<b>Requested By</b>	Dr. Swarup Paul
<b>MRN</b>	17600000242753	<b>Procedure DateTime</b>	2023-07-17 11:16:28
<b>Age/Sex</b>	35Y/Male	<b>Hospital</b>	NH-BARASAT

**X-RAY - CHEST (PA)**

Lung fields appear normal.

Trachea is in situ

CP angles are clear.

Cardiac shadow is normal.

**Suggested clinical correlation and further investigations**



**Dr. Subrata Sanyal**  
(Department of Radiology)

**DEPARTMENT OF LABORATORY MEDICINE**

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Barcode : F22307170059 Specimen : Whole Blood Consultant : Dr. Swarup Paul(CRITICAL CARE MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8777354097

**HAEMATOLOGY LAB**

Test	Result	Unit	Biological Reference Interval
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**BLOOD GROUP & RH TYPING**

Blood Group (Slide Technique And Tube Technique)	"AB"	-	-
RH Typing (Slide Technique And Tube Technique)	Positive	-	-

**COMPLETE BLOOD COUNT (CBC)**

Haemoglobin (Hb%) (Cyanide-free Hemoglobin Method)	15.1	-	-
Red Blood Cell Count (Impedance Variation)	4.74	millions/ $\mu$ L	4.5-5.5
PCV (Packed Cell Volume) / Hematocrit (Impedance)	45.7	%	40.0-50.0
MCV (Mean Corpuscular Volume) (Calculated)	96	fL	83.0-101.0
MCH (Mean Corpuscular Haemoglobin) (Calculated)	31.9	pg	27.0-32.0
MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	33.1	g/dL	31.5-34.5
Red Cell Distribution Width (RDW) (Impedance)	13.3	%	11.6-14.0
Platelet Count (Impedance Variation/Microscopy)	349	Thousand / $\mu$ L	150.0-410.0
Total Leucocyte Count(WBC) (Impedance Variation)	<b>10.2 H</b>	$\times 10^3$ cells/ $\mu$ l	4.0-10.0

**DIFFERENTIAL COUNT (DC)**

Neutrophils (Impedance Variation And Absorbency /Microscopy)	50.6	%	40.0-80.0
Lymphocytes (Impedance Variation And Absorbency /Microscopy)	<b>44.8 H</b>	%	20.0-40.0

Page 1 of 2

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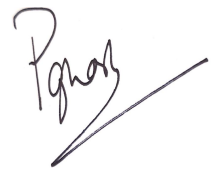
Emergencies

**9836-75-0808**

Patient Name : Mr Suman Das    MRN : 1760000242753    Gender/Age : MALE , 35y (25/06/1988)			
Monocytes (Impedance Variation And Absorbency /Microscopy)	<b>1.9 L</b>	%	2.0-10.0
Eosinophils (Impedance Variation And Absorbency /Microscopy)	2.6	%	1.0-6.0
Basophils (Impedance Variation And Absorbency /Microscopy)	<b>0.1 L</b>	%	1.0-2.0
Absolute Neutrophil Count	5.17	-	2.0-7.0
Absolute Lymphocyte Count	<b>4.57 H</b>	-	1.0-3.0
Absolute Monocyte Count	0.2	-	0.2-1.0
Absolute Eosinophil Count	0.27	-	0.02-0.5
Absolute Basophil Count	0.02	-	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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- Kindly correlate clinically.



<b>Patient Name</b>	Suman Das	<b>Requested By</b>	Dr. Swarup Paul
<b>MRN</b>	17600000242753	<b>Procedure DateTime</b>	2023-07-17 11:04:03
<b>Age/Sex</b>	35Y/Male	<b>Hospital</b>	NH-BARASAT

### **ULTRASONOGRAPHY OF WHOLE ABDOMEN**

**LIVER** : Liver is mildly enlarged in size (15.4 cm) 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 – 3.3 mm at porta, visualized proximal lumen is clear. Distal CBD is obscured by bowel gas shadow.

**PV** : It appears normal, measuring – 7.6 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 (7.6 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 – 10.0 cm. Left kidney – 10.0 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 2.9 x 3.0) cm Volume : 14.4 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 :**

- **Mild hepatomegaly with mild fatty liver.**

Advise : Clinical correlation & further relevant investigation suggested.

Goutam Das

**Dr. Goutam Das**  
MD (Radiodiagnosis)

# ADULT TRANS-THORACIC ECHO REPORT

**PATIENT NAME** : Mr Suman Das  
**GENDER/AGE** : Male, 35 Years  
**LOCATION** : -

**PATIENT MRN** : 17600000242753  
**PROCEDURE DATE** : 17/07/2023 12:37 PM  
**REQUESTED BY** : Dr. Swarup Paul



## IMPRESSION

- NORMAL SIZED LEFT VENTRICULAR CAVITY
- NO RWMA
- GOOD LEFT VENTRICULAR SYSTOLIC FUNCTION WITH LVEF 64 %
- NORMAL DIASTOLIC INFLOW PATTERN
- GOOD RIGHT VENTRICULAR SYSTOLIC FUNCTION
- NO PULMONARY HYPERTENSION

## FINDINGS

### CHAMBERS

LEFT ATRIUM : NORMAL  
AP DIAMETER(MM): 38

RIGHT ATRIUM : NORMAL

LEFT VENTRICLE : NORMAL SIZED LEFT VENTRICULAR CAVITY. NO RWMA. GOOD LEFT VENTRICULAR SYSTOLIC FUNCTION WITH LVEF 64 %. NORMAL DIASTOLIC INFLOW PATTERN.

LVIDD(MM)	: 43	IVSD(MM)	: 10	EDV(ML)	:
LVIDS(MM)	: 27	LVPWD(MM)	: 10	ESV(ML)	:
E/A RATIO	:	E/E'(AVERAGE)	:	LVEF(%)	: 64

RIGHT VENTRICLE : NORMAL IN SIZE. GOOD RV SYSTOLIC FUNCTION, TAPSE 23 MM, TASV 12 CM/SEC

### VALVES

MITRAL : MORPHOLOGICALLY NORMAL  
AORTIC : MORPHOLOGICALLY NORMAL  
TRICUSPID : MORPHOLOGICALLY NORMAL, TRIVIAL TR, TRPG 15 MMHG  
PULMONARY : MORPHOLOGICALLY NORMAL

### SEPTAE

IAS : INTACT  
IVS : INTACT

### ARTERIES AND VEINS

AORTA : NORMAL  
SINUS(MM): 31

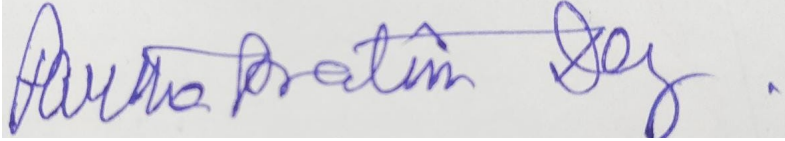
PA : NORMAL, NO PULMONARY HYPERTENSION  
IVC : COLLAPSED

**PERICARDIUM** : NORMAL

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

MR SUMAN DAS (17600000242753)

**OTHERS** : DOPPLER DATA MITRAL : E: VELOCITY: 77 CM/SEC, A : VELOCITY : 53 CM/SEC AORTIC :  
VMAX : 120 CM/SEC, PEAK PG : 5.7 MMHG TRICUSPID : VMAX : 54 CM/SEC, PEAK PG : 1.1  
MMHG PULMONARY : VMAX : 90 CM/SEC, PEAK PG : 2.8 MMHG



DR. PARTHA PRATIM DEY  
ASSOCIATE CONSULTANT

17/07/2023 12:37 PM

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

**PREPARED ON** : 17/07/2023 12:40 PM  
**GENERATED ON** : 18/07/2023 04:05 PM

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Collected On : 17/07/2023 10:04 AM Received On : 17/07/2023 10:39 AM Reported On : 17/07/2023 07:26 PM

Barcode : F12307170083 Specimen : Whole Blood Consultant : Dr. Swarup Paul(CRITICAL CARE MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8777354097

**BIOCHEMISTRY**

Test	Result	Unit	Biological Reference Interval
<b>HBA1C</b>			
HbA1c (HPLC)	<b>6.0 H</b>	%	Both: Normal: 4.0-5.6 Both: Prediabetes: 5.7-6.4 Both: Diabetes: => 6.5 ADA standards 2019 (Carpenter/ Coustan)
Estimated Average Glucose	125.5	-	-

**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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Collected On : 17/07/2023 10:04 AM Received On : 17/07/2023 10:39 AM Reported On : 17/07/2023 11:00 AM

Barcode : F12307170082 Specimen : Plasma Consultant : Dr. Swarup Paul(CRITICAL CARE MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8777354097

**BIOCHEMISTRY**

Test	Result	Unit	Biological Reference Interval
<b>Fasting Blood Sugar (FBS)</b> (Glucose Oxidase, Hydrogen Peroxidase)	97	mg/dL	Normal: 70-109 Pre-diabetes: 110-125 Diabetes: => 126

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Dr. Samarpita Mukherjee  
MBBS, MD Biochemistry  
CONSULTANT

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Collected On : 17/07/2023 02:55 PM Received On : 17/07/2023 03:28 PM Reported On : 17/07/2023 03:46 PM

Barcode : F12307170126 Specimen : Plasma Consultant : Dr. Swarup Paul(CRITICAL CARE MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8777354097

**BIOCHEMISTRY**

Test	Result	Unit	Biological Reference Interval
<b>Post Prandial Blood Sugar (PPBS)</b> (Glucose Oxidase, Hydrogen Peroxidase)	131	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.

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(A unit of Narayana Hrudayalaya Limited) CIN: L85110KA2000PLC027497

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

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