

DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Mr Sikdar Asish MRN : 17600000234229 Gender/Age : MALE , 46y (20/03/1976)

Collected On : 25/02/2023 10:41 AM Received On : 25/02/2023 10:46 AM Reported On : 25/02/2023 11:52 AM

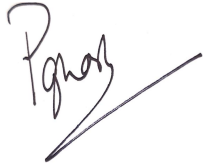
Barcode : F22302250074 Specimen : Whole Blood - ESR Consultant : Dr. Sanjib Chowdhury(DENTAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8981371763

HAEMATOLOGY LAB

Test	Result	Unit	Biological Reference Interval
Erythrocyte Sedimentation Rate (ESR) (Westergren Method)	05	mm/1hr	0.0-10.0

--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.



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Collected On : 25/02/2023 10:41 AM Received On : 25/02/2023 10:46 AM Reported On : 25/02/2023 07:32 PM

Barcode : F12302250101 Specimen : Whole Blood Consultant : Dr. Sanjib Chowdhury(DENTAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8981371763

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
HBA1C			
HbA1c (HPLC)	5.8 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	119.76	-	-

Interpretation:

- 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.
- 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.
- 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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Appointments
1800-309-0309 (Toll Free)

Emergencies
9836-75-0808

1526

Patient Name	Sikdar Asish	Requested By	Dr. Sanjib Chowdhury
MRN	17600000234229	Procedure DateTime	2023-02-25 11:54:09
Age/Sex	46Y 11M/Male	Hospital	NH-BARASAT

X-RAY - CHEST (PA)

Lung fields appear normal.


Trachea is in situ

CP angles are clear.

Cardiac shadow is normal.

Right sided bifid 3rd rib noted.

Suggested clinical correlation and further investigations



Dr. Subrata Sanyal
(Department of Radiology)

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Barcode : F12302250099 Specimen : Serum Consultant : Dr. Sanjib Chowdhury(DENTAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8981371763

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
SERUM CREATININE			
Serum Creatinine (Enzymatic Method)	0.9	mg/dL	0.66-1.25
eGFR (Calculated By MDRD Formula)	90.9	mL/min/1.73m ²	-
Blood Urea Nitrogen (BUN) (Urease, UV)	8.89 L	mg/dL	9.0-20.0
Serum Sodium (ISE Direct)	145	mmol/L	137.0-145.0
Serum Potassium (ISE Direct)	5.1	mmol/L	3.5-5.1
LIPID PROFILE (CHOL,TRIG,HDL,LDL,VLDL)			
Cholesterol Total (Cholesterol Oxidase Esterase Peroxidase)	172	mg/dL	Desirable: < 200 Borderline High: 200-239 High: > 240
Triglycerides (Enzymatic End Point)	126	mg/dL	Normal: < 150 Borderline: 150-199 High: 200-499 Very High: > 500
HDL Cholesterol (HDLC) (Direct Measure, PTA /MgCl ₂)	35 L	mg/dL	Low: <40.0 mg/dL High: >60.0 mg/dL
Non-HDL Cholesterol	137.0	-	-
LDL Cholesterol (End Point)	111.84 H	mg/dL	Optimal: < 100 Near to above optimal: 100-129 Borderline High: 130-159 High: 160-189 Very High: > 190
VLDL Cholesterol (Calculated)	25	mg/dL	0.0-40.0
Cholesterol /HDL Ratio (Calculated)	5.0	-	-
LIVER FUNCTION TEST(LFT)			
Bilirubin Total (Dyphylline, Diazonium Salt)	0.5	mg/dL	0.2-1.3

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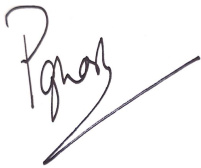
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Conjugated Bilirubin (Direct) (Direct Measure)	0.2	mg/dL	0.0-0.3
Unconjugated Bilirubin (Indirect) (Direct Measure)	0.3	mg/dL	0.3-1.3
Total Protein (Biuret, No Serum Blank, End Point)	7.7	g/dL	6.3-8.2
Serum Albumin (Bromocresol Green (BCG))	4.6	gm/dL	3.5-5.0
Serum Globulin (Calculated)	3.1	g/dL	2.0-3.5
Albumin To Globulin (A/G)Ratio (Calculated)	1.5	-	1.0-2.1
SGOT (AST) (Multiple-point Rate)	44	U/L	17.0-59.0
SGPT (ALT) (Uv With P5p)	71 H	U/L	<50.0
Alkaline Phosphatase (ALP) (PMPP, AMP Buffer)	85	IU/L	38.0-126.0
Gamma Glutamyl Transferase (GGT) (G-glutamyl-p-nitroanilide)	38	U/L	15.0-73.0

THYROID PROFILE (T3, T4, TSH)

Tri Iodo Thyronine (T3) (CLIA)	1.03	ng/mL	0.97-1.69
Thyroxine (T4) (CLIA)	8.99	µg/dl	5.53-11.0
TSH (Thyroid Stimulating Hormone) (CLIA)	2.985	µIU/mL	0.4-4.049

--End of Report--



Dr. Prithwjit Ghosh
MBBS, MD, Pathology
Consultant Pathologist

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Barcode : F22302250073 Specimen : Whole Blood Consultant : Dr. Sanjib Chowdhury(DENTAL)
Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8981371763

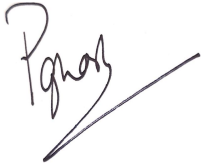
HAEMATOLOGY LAB

Test	Result	Unit	Biological Reference Interval
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)	15.5	-	-
Red Blood Cell Count (Impedance Variation)	4.85	millions/ μ L	4.5-5.5
PCV (Packed Cell Volume) / Hematocrit (Impedance)	45.8	%	40.0-50.0
MCV (Mean Corpuscular Volume) (Calculated)	94	fL	83.0-101.0
MCH (Mean Corpuscular Haemoglobin) (Calculated)	31.9	pg	27.0-32.0
MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	33.8	g/dL	31.5-34.5
Red Cell Distribution Width (RDW) (Impedance)	12.9	%	11.6-14.0
Platelet Count (Impedance Variation/Microscopy)	180	Thousand / μ L	150.0-410.0
Total Leucocyte Count(WBC) (Impedance Variation)	7.0	$\times 10^3$ cells/ μ l	4.0-10.0
DIFFERENTIAL COUNT (DC)			
Neutrophils (Impedance Variation And Absorbency /Microscopy)	67.8	%	40.0-80.0
Lymphocytes (Impedance Variation And Absorbency /Microscopy)	25.1	%	20.0-40.0

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Monocytes (Impedance Variation And Absorbency /Microscopy)	4.4	%	2.0-10.0
Eosinophils (Impedance Variation And Absorbency /Microscopy)	2.7	%	1.0-6.0
Basophils (Impedance Variation And Absorbency /Microscopy)	0.0 L	%	1.0-2.0
Absolute Neutrophil Count	4.75	-	-
Absolute Lymphocyte Count	1.76	-	-
Absolute Monocyte Count	0.31	-	-
Absolute Eosinophil Count	0.19	-	-

--End of Report--



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MBBS, MD, Pathology
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Collected On : 25/02/2023 12:54 PM Received On : 25/02/2023 12:58 PM Reported On : 25/02/2023 01:58 PM

Barcode : F12302250130 Specimen : Plasma Consultant : Dr. Sanjib Chowdhury(DENTAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8981371763

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
Post Prandial Blood Sugar (PPBS) (Glucose Oxidase, Hydrogen Peroxidase)	114	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 Sikdar Asish
GENDER/AGE : Male, 46 Years
LOCATION : -

PATIENT MRN : 17600000234229
PROCEDURE DATE : 25/02/2023 01:27 PM
REQUESTED BY : Dr. Sanjib Chowdhury



IMPRESSION

- NORMAL SIZED LEFT VENTRICULAR CAVITY
- NO RWMA
- GOOD LEFT VENTRICULAR SYSTOLIC FUNCTION WITH LVEF 65 %
- NORMAL DIASTOLIC INFLOW PATTERN
- GOOD RIGHT VENTRICULAR SYSTOLIC FUNCTION
- NO PULMONARY HYPERTENSION

FINDINGS

CHAMBERS

LEFT ATRIUM : NORMAL
RIGHT ATRIUM : NORMAL
LEFT VENTRICLE : NORMAL SIZED LEFT VENTRICULAR CAVITY. NO RWMA. GOOD LEFT VENTRICULAR SYSTOLIC FUNCTION WITH LVEF 65 %. NORMAL DIASTOLIC INFLOW PATTERN.
RIGHT VENTRICLE : NORMAL IN SIZE. GOOD RV SYSTOLIC FUNCTION, TAPSE 22 MM

VALVES

MITRAL : MORPHOLOGICALLY NORMAL
AORTIC : MORPHOLOGICALLY NORMAL, AV VMAX 154 CM/SEC, PEAK PG - 9 MMHG
TRICUSPID : MORPHOLOGICALLY NORMAL, MILD TR, TRPG 23 MMHG
PULMONARY : MORPHOLOGICALLY NORMAL

SEPTAE

IAS : INTACT
IVS : INTACT

ARTERIES AND VEINS

AORTA : NORMAL
PA : NORMAL , NO PULMONARY HYPERTENSION
IVC : IVC 10 MM WITH NORMAL RESPIRATORY VARIATION

PERICARDIUM : NORMAL

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

MR SIKDAR ASISH (17600000234229)



DR. SANYAL SOUGATA
ASSOCIATE CONSULTANT

25/02/2023 01:27 PM

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

PREPARED ON : 25/02/2023 01:30 PM
GENERATED ON : 28/02/2023 03:32 PM

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Barcode : F12302250100 Specimen : Plasma Consultant : Dr. Sanjib Chowdhury(DENTAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8981371763

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
Fasting Blood Sugar (FBS) (Glucose Oxidase, Hydrogen Peroxidase)	116 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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Patient Name	Sikdar Asish	Requested By	Dr. Sanjib Chowdhury
MRN	17600000234229	Procedure DateTime	2023-02-25 12:28:35
Age/Sex	46Y 11M/Male	Hospital	NH-BARASAT

ULTRASONOGRAPHY OF WHOLE ABDOMEN

LIVER : Liver is mildly enlarged in size (15.8 cm) but has normal shape and outline. There is mild diffuse homogenous increase of hepatic parenchymal echogenicity. No focal SOL seen. IHBRs are not dilated.

CBD : It is not dilated, measuring – 3.4 mm at porta, visualized proximal lumen is clear. Distal CBD is obscured by bowel gas shadow.

PV : It appears normal, measuring –10.3 mm at porta.

GALL BLADDER : It is optimally distended. **Solitary calculus noted in gall bladder lumen, measuring 11.5 mm in diameter.** Gall bladder wall is normal in thickness. No pericholecystic collection or frank mass formation is seen.

SPLEEN : It is normal in size (8.3 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 well distended. Wall is normal. No intraluminal pathology seen. Post void :Insignificant.

PROSTATE GLAND : Prostate is **enlarged in size with heterogeneous echotexture**, normal outline, regular margin and intact capsule. Median lobe is not enlarged.

Prostate measures : (3.9 x 3.6 x 4.5) cm Volume : 32.8 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.**
- **Cholecystolithiasis.**
- **Non-dilated clear visualized proximal CBD.**
- **Grade II prostatomegaly.**

Advise : Clinical correlation & further relevant investigation suggested.

Goutam Das

Dr. Goutam Das
MD (Radiodiagnosis)

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Collected On : 25/02/2023 10:41 AM Received On : 25/02/2023 04:48 PM Reported On : 25/02/2023 05:52 PM

Barcode : F32302250012 Specimen : Urine Consultant : Dr. Sanjib Chowdhury(DENTAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8981371763

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)	5.5	-	5.0-8.0
Sp. Gravity (Dual Wavelength Reflectance)	1.010	-	1.002-1.030
Urobilinogen (Dual Wavelength Reflectance /Ehrlich's Method)	Normal	-	-

MICROSCOPIC EXAMINATION

Pus Cells (Microscopy)	1-2/hpf	-	1 - 2
RBC (Microscopy)	Not Seen	-	1-2/hpf
Epithelial Cells (Microscopy)	Occasional	-	2-3
Crystals (Microscopy)	Not Seen	-	-
Casts (Microscopy)	Absent	-	-
Bacteria	Not Found	-	-
Yeast Cells	Not Found	-	-
Mucus	Not Found	-	-

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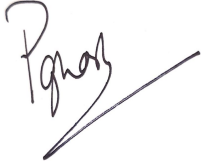
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Others (Microscopy)

Nil

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SERUM CREATININE			
Serum Creatinine (Enzymatic Method)	0.9	mg/dL	0.66-1.25
eGFR (Calculated By MDRD Formula)	90.9	mL/min/1.73m ²	-
Blood Urea Nitrogen (BUN) (Urease, UV)	8.89 L	mg/dL	9.0-20.0
Serum Sodium (ISE Direct)	145	mmol/L	137.0-145.0
Serum Potassium (ISE Direct)	5.1	mmol/L	3.5-5.1
LIPID PROFILE (CHOL,TRIG,HDL,LDL,VLDL)			
Cholesterol Total (Cholesterol Oxidase Esterase Peroxidase)	172	mg/dL	Desirable: < 200 Borderline High: 200-239 High: > 240
Triglycerides (Enzymatic End Point)	126	mg/dL	Normal: < 150 Borderline: 150-199 High: 200-499 Very High: > 500
HDL Cholesterol (HDLC) (Direct Measure, PTA /MgCl ₂)	35 L	mg/dL	Low: <40.0 mg/dL High: >60.0 mg/dL
Non-HDL Cholesterol	137.0	-	-
LDL Cholesterol (End Point)	111.84 H	mg/dL	Optimal: < 100 Near to above optimal: 100-129 Borderline High: 130-159 High: 160-189 Very High: > 190
VLDL Cholesterol (Calculated)	25	mg/dL	0.0-40.0
Cholesterol /HDL Ratio (Calculated)	5.0	-	-
LIVER FUNCTION TEST(LFT)			
Bilirubin Total (Dyphylline, Diazonium Salt)	0.5	mg/dL	0.2-1.3

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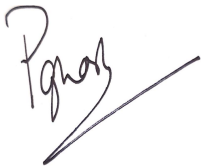
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Conjugated Bilirubin (Direct) (Direct Measure)	0.2	mg/dL	0.0-0.3
Unconjugated Bilirubin (Indirect) (Direct Measure)	0.3	mg/dL	0.3-1.3
Total Protein (Biuret, No Serum Blank, End Point)	7.7	g/dL	6.3-8.2
Serum Albumin (Bromocresol Green (BCG))	4.6	gm/dL	3.5-5.0
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