

Final Report

Patient Name: Mr Anand Kumar MRN: 17510001215195 Gender/Age: MALE, 38y (07/06/1985)

Collected On: 09/09/2023 09:19 AM Received On: 09/09/2023 09:59 AM Reported On: 09/09/2023 12:08 PM

Barcode: BR2309090034 Specimen: Whole Blood Consultant: EXTERNAL(EXTERNAL)

Sample adequacy: Satisfactory Visit No: OP-001 Patient Mobile No: 8757283204

IMMUNOHAEMATOLOGY

Test Result Unit

BLOOD GROUP & RH TYPING

Blood Group (Column Agglutination Technology) A

RH Typing (Column Agglutination Technology) Positive

-- End of Report-

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.







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Collected On: 09/09/2023 09:19 AM Received On: 09/09/2023 09:59 AM Reported On: 09/09/2023 10:52 AM

Barcode: 802309090381 Specimen: Serum Consultant: EXTERNAL(EXTERNAL)

Sample adequacy: Satisfactory Visit No: OP-001 Patient Mobile No: 8757283204

CLINICAL CHEMISTRY

Test	Result	Unit	Biological Reference Interval
SERUM CREATININE			
Serum Creatinine (Two Point Rate - Creatinine Aminohydrolase)	0.90	mg/dL	0.66-1.25
eGFR	94.5	mL/min/1.73m ²	-
Blood Urea Nitrogen (BUN) (Endpoint /Colorimetric - Urease)	6.14 L	mg/dL	9.0-20.0
Serum Sodium (Direct ISE - Potentiometric)	139	mmol/L	137.0-145.0
Serum Potassium (Direct ISE - Potentiometric)	4.4	mmol/L	3.5-5.1
LIPID PROFILE (CHOL,TRIG,HDL,LDL,VLDL)			
Cholesterol Total (Colorimetric - Cholesterol Oxidase)	206 H	mg/dL	Desirable: < 200 Borderline High: 200-239 High: > 240
Triglycerides (Enzymatic Endpoint Colorimetric)	195	mg/dL	Normal: < 150 Borderline: 150-199 High: 200-499 Very High: > 500
HDL Cholesterol (HDLC) (Colorimetric: Non HDL Precipitation Phosphotungstic Acid Method)	38 L	mg/dL	40.0-60.0
Non-HDL Cholesterol	168.0	-	-
LDL Cholesterol (Non LDL Selective Elimination, CHOD/POD)	128.2 H	mg/dL	Optimal: < 100 Near to above optimal: 100-129 Borderline High: 130-159 High: 160-189 Very High: > 190
VLDL Cholesterol (Calculated)	39.0	mg/dL	0.0-40.0
Cholesterol /HDL Ratio	5.5	-	-

LIVER FUNCTION TEST(LFT)

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Address: Premises No 1489, 124 Mukundapur, EM Bypass, Kolkata-700099

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GISTIN/UIN: 19AABCN1685J1Z5



99033 35544



Patient Name: Mr Anand Kumar MRN: 175100012	15195 Gender/ <i>A</i>	Age: MALE, 38y (07/06/1	985)
Bilirubin Total (Colorimetric -Diazo Method)	1.20	mg/dL	0.2-1.3
Conjugated Bilirubin (Direct) (Calculated)	0.40	mg/dL	0.0-0.4
Unconjugated Bilirubin (Indirect) (Colorimetric Endpoint)	0.80	-	-
Total Protein (Biuret Method)	7.80	g/dL	6.3-8.2
Serum Albumin (Colorimetric - Bromo-Cresol Green)	4.70	gm/dL	3.5-5.0
Serum Globulin (Calculated)	3.1	g/dL	2.0-3.5
Albumin To Globulin (A/G)Ratio (Calculated)	1.52	-	1.0-2.1
SGOT (AST) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	47	U/L	17.0-59.0
SGPT (ALT) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	53 H	U/L	<50.0
Alkaline Phosphatase (ALP) (Multipoint-Rate - P- nitro Phenyl Phosphate, AMP Buffer)	56	IU/L	38.0-126.0
Gamma Glutamyl Transferase (GGT) (Multipoint Rate - L-glutamyl-p-nitroanilide (Szasz Method))	49	U/L	15.0-73.0

-- End of Report-

Dr. Debasree Biswas MD, Biochemistry

Clinical Biochemist MBBS, MD

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

Alphosh

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Emergencies **99033 35544**



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(LFT, -> Auto Authorized)

(Lipid Profile, -> Auto Authorized)

(Blood Urea Nitrogen (Bun), -> Auto Authorized)

(Serum Sodium, -> Auto Authorized)

(Serum Potassium, -> Auto Authorized)

(CR -> Auto Authorized)







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Barcode: 802309090381 Specimen: Serum Consultant: EXTERNAL(EXTERNAL)

Sample adequacy: Satisfactory Visit No: OP-001 Patient Mobile No: 8757283204

CLINICAL CHEMISTRY

Test	Result	Unit	Biological Reference Interval
THYROID PROFILE (T3, T4, TSH)			
Tri Iodo Thyronine (T3) (Enhanced Chemiluminescence Immunoassay (CLIA))	1.10	ng/mL	0.97-1.69
Thyroxine (T4) (Enhanced Chemiluminescence Immunoassay (CLIA))	7.62	μg/dl	5.53-11.0
TSH (Thyroid Stimulating Hormone) (Enhanced Chemiluminescence Immunoassay (CLIA))	3.002	uIU/mI	0.4001-4.049

-- End of Report-

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Clinical Biochemist MBBS, MD

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

Shosh

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(-> Auto Authorized)





Final Report

Patient Name: Mr Anand Kumar MRN: 17510001215195 Gender/Age: MALE, 38y (07/06/1985)

Collected On: 09/09/2023 09:19 AM Received On: 09/09/2023 10:02 AM Reported On: 09/09/2023 10:39 AM

Barcode: 812309090295 Specimen: Whole Blood Consultant: EXTERNAL(EXTERNAL)

Sample adequacy: Satisfactory Visit No: OP-001 Patient Mobile No: 8757283204

HAEMATOLOGY LAB

Test	Result	Unit	Biological Reference Interval
COMPLETE BLOOD COUNT (CBC)			
Haemoglobin (Hb%) (Photometric Measurement)	13.8	g/dL	13.0-17.0
Red Blood Cell Count (Electrical Impedance)	4.46 L	millions/ μL	4.5-5.5
PCV (Packed Cell Volume) / Hematocrit (Calculated)	41.2	%	40.0-54.0
MCV (Mean Corpuscular Volume) (Derived From RBC Histogram)	92.2	fL	83.0-101.0
MCH (Mean Corpuscular Haemoglobin) (Calculated)	30.9	pg	27.0-32.0
MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	33.6	%	31.5-34.5
Red Cell Distribution Width (RDW) (Calculated)	13.0	%	11.6-14.0
Platelet Count (Electrical Impedance)	167	10 ³ /μL	150.0-400.0
Mean Platelet Volume (MPV) (Derived)	10.3	fL	7.0-11.7
Total Leucocyte Count(WBC) (Electrical Impedance)	5.3	10 ³ /μL	4.0-10.0
DIFFERENTIAL COUNT (DC)			
Neutrophils (VCSn Technology)	62.0	%	40.0-75.0
Lymphocytes (VCSn Technology)	32.0	%	20.0-40.0
Monocytes (VCSn Technology)	5.0	%	2.0-10.0
Eosinophils (VCSn Technology)	1.0	%	1.0-6.0

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GISTIN/UIN: 19AABCN1685J1Z5

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Patient Name: Mr Anand Kumar MRN: 17510001	215195 Gender/	'Age: MALE, 38y (07/06/	(1985)
Absolute Neutrophil Count (Calculated)	3.29	$10^3/\mu$ L	1.8-7.8
Absolute Lymphocyte Count (Calculated)	1.7	$10^3/\mu$ L	1.0-4.8
Absolute Monocyte Count (Calculated)	0.27	$10^3/\mu$ L	0.0-0.8
Absolute Eosinophil Count (Calculated)	0.05	$10^3/\mu$ L	0.0-0.45

-- End of Report-



Dr. Sanjib Kumar Pattari

MD, Pathology

Consultant Pathology MBBS, MD. Reg No: 53635 (WBMC)

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Collected On: 09/09/2023 09:19 AM Received On: 09/09/2023 10:02 AM Reported On: 09/09/2023 11:30 AM

Barcode: 812309090294 Specimen: Whole Blood - ESR Consultant: EXTERNAL(EXTERNAL)

Sample adequacy: Satisfactory Visit No: OP-001 Patient Mobile No: 8757283204

HAEMATOLOGY LAB

Test Result Unit Biological Reference Interval

Erythrocyte Sedimentation Rate (ESR) 25 H mm/1hr 0.0-10.0

(Modified Westergren Method)

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Collected On: 09/09/2023 09:19 AM Received On: 09/09/2023 09:58 AM Reported On: 09/09/2023 10:35 AM

Barcode: 802309090382 Specimen: Plasma Consultant: EXTERNAL(EXTERNAL)

Sample adequacy: Satisfactory Visit No: OP-001 Patient Mobile No: 8757283204

CLINICAL CHEMISTRY

Test Result Unit **Biological Reference Interval**

96 mg/dL Normal: 70-99 Fasting Blood Sugar (FBS) (Glucose Oxidase,

Pre-diabetes: 100-125 Peroxidase) Diabetes: => 126 ADA standards 2019

-- End of Report-

Dr. Debasree Biswas MD, Biochemistry

Clinical Biochemist MBBS, MD

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

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(Fasting Blood Sugar (FBS) -> Auto Authorized)







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Collected On: 09/09/2023 09:19 AM Received On: 09/09/2023 10:02 AM Reported On: 09/09/2023 10:42 AM

Barcode: 802309090383 Specimen: Whole Blood Consultant: EXTERNAL(EXTERNAL)

Sample adequacy: Satisfactory Visit No: OP-001 Patient Mobile No: 8757283204

CLINICAL CHEMISTRY

Test	Result	Unit	Biological Reference Interval
HBA1C			
HbA1c (HPLC)	6.0 H	%	Normal: 4.0-5.6 Prediabetes: 5.7-6.4 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. Sujata Ghosh PhD, Biochemistry Biochemist M.Sc, Ph. D

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Collected On: 09/09/2023 01:59 PM Received On: 09/09/2023 02:08 PM Reported On: 09/09/2023 03:11 PM

Barcode: 802309090734 Specimen: Plasma Consultant: EXTERNAL(EXTERNAL)

Sample adequacy: Satisfactory Visit No: OP-001 Patient Mobile No: 8757283204

CLINICAL CHEMISTRY

Test Result Unit **Biological Reference Interval** 132 mg/dL Normal: 70-139 Post Prandial Blood Sugar (PPBS) (Glucose 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.

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(Post Prandial Blood Sugar (PPBS) -> Auto Authorized)





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Collected On: 09/09/2023 09:19 AM Received On: 09/09/2023 10:50 AM Reported On: 09/09/2023 11:30 AM

Barcode: 822309090024 Specimen: Urine Consultant: EXTERNAL(EXTERNAL)

Sample adequacy: Satisfactory Visit No: OP-001 Patient Mobile No: 8757283204

CLINICAL PATHOLOGY

Test	Result	Unit	Biological Reference Interval
URINE ROUTINE & MICROSCOPY			
PHYSICAL EXAMINATION			
Volume	50	ml	-
Colour	Yellow	-	-
Appearance	Clear	-	-
CHEMICAL EXAMINATION			
pH(Reaction) (Mixed PH Indicator)	5.0	-	4.8-7.5
Sp. Gravity (Dual Wavelength Reflectance)	1.011	-	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

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Patient Name : Mr Anand Kumar	MRN: 17510001215195	Gender/Age : MALE , 38y	(07/06/1985)	
MICROSCOPIC EXAMINATION				
Pus Cells	2-4	/hpf	1-2	
RBC	NIL	/hpf	0 - 3	
Epithelial Cells	1-2	/hpf	2-3	
Crystals	NIL	-	-	
Casts	NIL	-	-	

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Patient Name	Anand Kumar	Requested By	EXTERNAL
MRN	17510001215195	Procedure DateTime	2023-09-09 14:24:45
Age/Sex	38Y 3M/Male	Hospital	NH-RTIICS

USG OF WHOLE ABDOMEN (SCREENING)

LIVER:

It is enlarged in size with grossly hyperechoic in echogenicity. 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.

GALL BLADDER:

It is optimally distended. Echogenic foci noted embedded in gall bladder wall. Lumen appears clear.

CBD:

The common duct is not dilated at porta. No intraluminal calculus is seen.

SPLEEN:

It is normal in size measuring 9.5 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.

KIDNEYS:

Both kidneys are normal in size, position and echogenicity. The corticomedullary differentiation is maintained. Area (1.1 cm) of altered echogenicity suspected in left mid pole. No hydronephrosis, calculus or mass is seen.

Right kidney and left kidney measures 10.3 cm and 9.9 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 $2.6 \times 3.3 \times 3.1 \text{ cm}$ (Weight = 14 gms). It shows a homogenous echotexture and smooth outline.

IMPRESSION:

- Hepatomegaly with grade-III fatty liver.
- Features suggestive of adenomyomatosis of gall bladder.
- Suspected area of altered echogenicity left kidney likely hypertrophied column of Bertin.

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.

Assist By :Arpita

Dr. Ashish Kumar Consultant Sonologist * This is a digitally signed valid document. Reported Date/Time: 2023-09-09 14:35:39

Patient Name	Anand Kumar	Requested By	EXTERNAL
MRN	17510001215195	Procedure DateTime	2023-09-09 10:34:57
Age/Sex	38Y 3M/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.
- No significant lung parenchymal lesion is seen.
- The costo-phrenic angles are clear.
- Both the diaphragmatic domes appear normal.
- The visualized bones and soft tissue structures 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.

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Dr. Sarbari Chatterjee

Consultant Radiologist

* This is a digitally signed valid document. Reported Date/Time: 2023-09-09 12:49:21

ADULT TRANS-THORACIC ECHO REPORT

PATIENT NAME : Mr Anand Kumar PATIENT MRN : 17510001215195

GENDER/AGE : Male, 38 Years PROCEDURE DATE : 09/09/2023 03:05 PM

LOCATION :- REQUESTED BY : EXTERNAL

• NO SIGNIFICANT ECHOCARDIOGRAPHIC ABNORMALITY DETECTED.

FINDINGS CHAMBERS

LEFT ATRIUM : NORMAL SIZED RIGHT ATRIUM : NORMAL SIZED

LEFT VENTRICLE : NORMAL SIZED CAVITY. NO REGIONAL WALL MOTION ABNORMALITY. GOOD SYSTOLIC

FUNCTION WITH EJECTION FRACTION: 66%. NORMAL DIASTOLIC FLOW PATTERN.

RIGHT VENTRICLE : NORMAL SIZE AND THICKNESS WITH NORMAL FUNCTION

VALVES

MITRAL : NORMAL.
AORTIC : NORMAL.
TRICUSPID : NORMAL.
PULMONARY : NORMAL.

SEPTAE

IAS : INTACT IVS : INTACT

ARTERIES AND VEINS

AORTA : NORMAL, LEFT AORTIC ARCH

PA : NORMAL SIZE

IVC : NORMAL SIZE & COLLAPSIBILITY

SVC & CS : NORMAL PULMONARY VEINS : NORMAL

PERICARDIUM : NORMAL PERICARDIAL THICKNESS. NO EFFUSION

INTRACARDIAC MASS : NO TUMOUR, THROMBUS OR VEGETATION SEEN

OTHERS : NIL.

Ranjst - Melehergee -

DR. RANJIT MUKHERJEE ASSOCIATE CONSULTANT ECHOCARDIOGRAPHY MBBS, PGDCC

MITALI BHUNE SENIOR TECHNICIAN

09/09/2023 03:05 PM

 PREPARED BY
 : NAFISHA KHATUN(333472)
 PREPARED ON
 : 09/09/2023 03:20 PM

 GENERATED BY
 : PAROMITA SARKAR(329190)
 GENERATED ON
 : 09/09/2023 04:28 PM