Patient Name : Mr Srimanta Maity MRN : 17510001194123 Gender/Age : MALE , 55y (08/04/1968) Collected On: 23/06/2023 10:35 AM Received On: 23/06/2023 10:54 AM Reported On: 23/06/2023 11:30 AM

Barcode : 812306230297 Specimen : Whole Blood Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9073544992

	HAEMATOLOGY LAB			
Test	Result	Unit	Biological Reference Interval	
COMPLETE BLOOD COUNT (CBC)				
Haemoglobin (Hb%) (Photometric Measurement)	13.7	g/dL	13.0-17.0	
Red Blood Cell Count (Electrical Impedance)	4.82	millions/ µL	4.5-5.5	
PCV (Packed Cell Volume) / Hematocrit (Calculated)	41.8	%	40.0-54.0	
MCV (Mean Corpuscular Volume) (Derived From RBC Histogram)	86.7	fL	83.0-101.0	
MCH (Mean Corpuscular Haemoglobin) (Calculated)	28.4	pg	27.0-32.0	
MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	32.8	%	31.5-34.5	
Red Cell Distribution Width (RDW) (Calculated)	14.7 H	%	11.6-14.0	
Platelet Count (Electrical Impedance)	225	$10^3/\mu L$	150.0-400.0	
Mean Platelet Volume (MPV) (Derived)	9.1	fL	7.0-11.7	
Total Leucocyte Count(WBC) (Electrical Impedance)	5.7	$10^3/\mu L$	4.0-10.0	
DIFFERENTIAL COUNT (DC)				
Neutrophils (VCSn Technology)	63.0	%	40.0-75.0	
Lymphocytes (VCSn Technology)	28.7	%	20.0-40.0	
Monocytes (VCSn Technology)	5.7	%	2.0-10.0	
Eosinophils (VCSn Technology)	2.1	%	1.0-6.0	

Page 1 of 2

Patient Name : Mr Srimanta Maity MRN : 17510001194123 Gender/Age : MALE , 55y (08/04/1968)					
Basophils (VCSn Technology)	0.5	%	0.0-2.0		
Absolute Neutrophil Count (Calculated)	3.6	10 ³ /μL	1.8-7.8		
Absolute Lympocyte Count (Calculated)	1.64	10 ³ /µL	1.0-4.8		
Absolute Monocyte Count (Calculated)	0.33	10 ³ /µL	0.0-0.8		
Absolute Eosinophil Count (Calculated)	0.12	10 ³ /µL	0.0-0.45		
Absolute Basophil Count (Calculated)	0.03	10 ³ /μL	0.0-0.2		

As per the recommendation of International Council for Standardization in Hematology, the differential counts are additionally being reported as absolute numbers.

--End of Report-

Manja

Dr. Moumita Panja DNB, Pathology Consultant Pathologist

Note

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





Patient Name : Mr Srimanta MaityMRN : 17510001194123Gender/Age : MALE , 55y (08/04/1968)Collected On : 24/06/2023 01:01 PMReceived On : 24/06/2023 01:31 PMReported On : 24/06/2023 03:06 PMBarcode : 822306240050Specimen : StoolConsultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9073544992

	CLINICAL PATHOLOGY		
Test	Result	Unit	Biological Reference Interval
STOOL ROUTINE EXAMINATION			
PHYSICAL EXAMINATION			
Colour	Brownish	-	-
Consistency	Semi Solid	-	-
Mucus	Present	-	-
Blood	NIL	-	-
CHEMICAL EXAMINATION			
Stool For Occult Blood	Negative	-	-
Reaction	Alkaline	-	-
Others	NIL	-	-
MICROSCOPE EXAMINATION			
Ova	Not Seen	-	-
Cyst Of Protozoa	Not Seen	-	-
Trophozoite	Not Seen	-	-
Red Blood Cells (Stool)	Not Seen	-	-
Pus Cells	Occasional	/hpf	1 - 2
Starch	Present	-	-
Veg Cells	Present	-	-

Final Report

Fat	Not Seen	-	-
Larvae	Not Seen	-	-
Bacteria	Present	-	-

--End of Report-

Dr. Sanjib Kumar Pattari MD, Pathology Consultant Pathology MBBS, MD. Reg No : 53635 (WBMC)

Note

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





 Patient Name :
 Mr Srimanta Maity
 MRN : 17510001194123
 Gender/Age : MALE , 55y (08/04/1968)

 Collected On :
 23/06/2023 10:35 AM
 Received On : 23/06/2023 10:55 AM
 Reported On : 23/06/2023 12:34 PM

 ${\tt Barcode: 802306230471} \quad {\tt Specimen: Serum} \quad {\tt Consultant: EXTERNAL(EXTERNAL)}$

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9073544992

	CLINICAL CHE	MISTRY	
Test	Result	Unit	Biological Reference Interval
SERUM CREATININE			
Serum Creatinine (Two Point Rate - Creatinine Aminohydrolase)	1.06	mg/dL	0.66-1.25
eGFR	72.6	mL/min/1.73m ²	-
Blood Urea Nitrogen (BUN) (Endpoint /Colorimetric - Urease)	14.17	-	9.0-20.0
Serum Sodium (Direct ISE - Potentiometric)	142	mmol/L	137.0-145.0
Serum Potassium (Direct ISE - Potentiometric)	4.3	mmol/L	3.5-5.1
Prostate Specific Antigen (PSA) (CLIA)	0.349	ng/mL	0.0-3.5
LIVER FUNCTION TEST(LFT)			
Bilirubin Total (Colorimetric -Diazo Method)	0.50	mg/dL	0.2-1.3
Conjugated Bilirubin (Direct) (Calculated)	0.29	mg/dL	0.0-0.4
Unconjugated Bilirubin (Indirect) (Colorimetric Endpoint)	0.21	-	-
Total Protein (Biuret Method)	8.00	g/dL	6.3-8.2
Serum Albumin (Colorimetric - Bromo-Cresol Green)	4.90	gm/dL	3.5-5.0
Serum Globulin (Calculated)	3.1	g/dL	2.0-3.5
Albumin To Globulin (A/G)Ratio (Calculated)	1.59	-	1.0-2.1
SGOT (AST) (Multipoint-Rate With P-5-P (pyridoxal- 5-phosphate))	31	U/L	17.0-59.0

Patient Name : Mr Srimanta Maity MRN : 17510001194123	Gender/Age : MALE , 55y (08/04/1968)
SGPT (ALT) (Multipoint-Rate With P-5-P (pyridoxal-5- 28 phosphate))	U/L <50.0
Alkaline Phosphatase (ALP) (Multipoint-Rate - P- 61 nitro Phenyl Phosphate, AMP Buffer)	IU/L 38.0-126.0
Gamma Glutamyl Transferase (GGT) (Multipoint 14 L Rate - L-glutamyl-p-nitroanilide (Szasz Method))	U/L 15.0-73.0

96

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

Alphosh

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

	CLINICAL CHEMISTRY			
Test	Result	Unit	Biological Reference Interval	
LIPID PROFILE (CHOL,TRIG,HDL,LDL,VLDL)				
Cholesterol Total (Colorimetric - Cholesterol Oxidase)	210 H	mg/dL	Desirable: < 200 Borderline High: 200-239 High: > 240	
Triglycerides (Enzymatic Endpoint Colorimetric)	181	mg/dL	Normal: < 150 Borderline: 150-199 High: 200-499 Very High: > 500	
HDL Cholesterol (HDLC) (Colorimetric: Non HDL Precipitation Phosphotungstic Acid Method)	39 L	mg/dL	40.0-60.0	
Non-HDL Cholesterol	171	-	-	
LDL Cholesterol (Non LDL Selective Elimination, CHOD/POD)	134.8 H	mg/dL	Optimal: < 100 Near to above optimal: 100-129 Borderline High: 130-159 High: 160-189 Very High: > 190	
VLDL Cholesterol (Calculated)	36.2	mg/dL	0.0-40.0	
Cholesterol /HDL Ratio	5.4	-	-	

--End of Report-

Page 2 of 3

Patient Name : Mr Srimanta Maity MRN : 17510001194123 Gender/Age : MALE , 55y (08/04/1968)

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

Note

Abnormal results are highlighted.

Results relate to the sample only.
Kindly correlate clinically. (LFT, -> 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 Srimanta Maity MRN : 17510001194123 Gender/Age : MALE , 55y (08/04/1968)

Collected On: 23/06/2023 10:35 AM Received On: 23/06/2023 10:55 AM Reported On: 23/06/2023 12:18 PM

Barcode : 802306230471 Specimen : Serum Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9073544992

	CLINICAL C	HEMISTRY	
Test	Result	Unit	Biological Reference Interval
THYROID PROFILE (T3, T4, TSH)			
Tri Iodo Thyronine (T3) (Enhanced Chemiluminescence Immunoassay (CLIA))	1.24	ng/mL	0.97-1.69
Thyroxine (T4) (Enhanced Chemiluminescence Immunoassay (CLIA))	7.75	µg/dl	5.53-11.0
TSH (Thyroid Stimulating Hormone) (Enhanced Chemiluminescence Immunoassay (CLIA))	3.432	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

Patient Name : Mr Srimanta Maity MRN : 17510001194123 Gender/Age : MALE , 55y (08/04/1968)

Collected On: 23/06/2023 03:09 PM Received On: 23/06/2023 03:14 PM Reported On: 23/06/2023 04:03 PM

Barcode : 802306230820 Specimen : Plasma Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9073544992

	CLINICAL O		
Test	Result	Unit	Biological Reference Interval
Post Prandial Blood Sugar (PPBS) (Glucose	181 H mg/dL	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)

Shooh

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





Patient Name : Mr Srimanta Maity MRN : 17510001194123 Gender/Age : MALE , 55y (08/04/1968)

Collected On : 23/06/2023 10:35 AM Received On : 23/06/2023 10:54 AM Reported On : 23/06/2023 11:42 AM

Barcode : 802306230473 Specimen : Whole Blood Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9073544992

	CLINICAL CHEMISTRY			
Test	Result	Unit	Biological Reference Interval	
HBA1C				
HbA1c (HPLC)	7.2 H	%	Normal: 4.0-5.6 Prediabetes: 5.7-6.4 Diabetes: => 6.5 ADA standards 2019 (Carpenter/ Coustan)	
Estimated Average Glucose	159.94	-	-	

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.





Final Report

Patient Name : Mr Srimanta Maity MRN : 17510001194123 Gender/Age : MALE , 55y (08/04/1968)

Collected On: 23/06/2023 10:35 AM Received On: 23/06/2023 10:55 AM Reported On: 23/06/2023 11:50 AM

Barcode : 802306230472 Specimen : Plasma Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9073544992

Test	Result	Unit	Biological Reference Interval	
Fasting Blood Sugar (FBS) (Glucose Oxidase, Peroxidase)	90	mg/dL	Normal: 70-99 Pre-diabetes: 100-125 Diabetes: => 126 ADA standards 2019	

--End of Report-

CURICAL CUERAICTOV

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 Srimanta Maity MRN : 17510001194123 Gender/Age : MALE , 55y (08/04/1968)

Collected On: 23/06/2023 10:35 AM Received On: 23/06/2023 10:54 AM Reported On: 23/06/2023 01:19 PM

Barcode : 812306230296 Specimen : Whole Blood - ESR Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9073544992

	HAEMATOLOGY LAB		
Test	Result	Unit	Biological Reference Interval
Erythrocyte Sedimentation Rate (ESR)	10	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.





 Patient Name : Mr Srimanta Maity
 MRN : 17510001194123
 Gender/Age : MALE , 55y (08/04/1968)

 Collected On : 23/06/2023 10:35 AM
 Received On : 23/06/2023 04:59 PM
 Reported On : 23/06/2023 06:44 PM

 Barcode : 822306230053
 Specimen : Urine
 Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9073544992

	CLINICAL PATHOLOGY		
Test	Result	Unit	Biological Reference Interval
URINE ROUTINE & MICROSCOPY			
PHYSICAL EXAMINATION			
Volume	50	ml	-
Colour	Colorless	-	-
Appearance	Clear	-	-
CHEMICAL EXAMINATION			
pH(Reaction) (Mixed PH Indicator)	6.5	-	4.8-7.5
Sp. Gravity (Dual Wavelength Reflectance)	1.002	-	1.002-1.030
Protein (Protein Error Of PH Indicator)	Negative	-	-
Urine Glucose (Glucose Oxidase, Peroxidase)	Present +++	-	
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)	Trace	-	-
Nitrite (Modified Griess Reaction)	Negative	-	Negative

Final Report

Patient Name : Mr Srimanta Maity MRN : 17510001194123 Gender/Age : MALE , 55y (08/04/1968)

MICROSCOPIC EXAMINATION

Pus Cells	0-2	/hpf	1-2
RBC	0-2	/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.





ADULT TRANS-THORACIC ECHO REPORT

PATIENT NAME GENDER/AGE LOCATION	: Mr Srimanta Maity : Male, 55 Years : -	PATIENT MRN PROCEDURE DATE REQUESTED BY	: 17510001194123 : 23/06/2023 03:00 PM : EXTERNAL
IMPRESSION FINDINGS	GOOD LV SYSTOLIC FUI	NCTION WITH GRADE	DIASTOLIC DYSFUNCTION.
CHAMBERS LEFT ATRIUM RIGHT ATRIUM LEFT VENTRICLE			OTION ABNORMALITY. GOOD SYSTOLIC ADE I DIASTOLIC DYSFUNCTION.
RIGHT VENTRICLE	: NORMAL SIZE AND THICK	NESS WITH NORMAL F	UNCTION
VALVES MITRAL AORTIC TRICUSPID PULMONARY	: NORMAL. : NORMAL. : NORMAL. : NORMAL.		
SEPTAE IAS IVS	: INTACT : INTACT		
ARTERIES AND VEI AORTA PA IVC SVC & CS PULMONARY VEINS	: NORMAL, LEFT AORTIC A : NORMAL SIZE : NORMAL SIZE & COLLAPS : NORMAL		
PERICARDIUM	: NORMAL PERICARDIAL TH	HICKNESS. NO EFFUSIO	N
INTRACARDIAC MA	ASS : NO TUMOUR, THROMBUS	S OR VEGETATION SEE	Ν
OTHERS	: NIL.		

Langerta Das

DR. SANGEETA DAS CONSULTANT GENERAL MEDICINE MBBS SHRABONI MONDAL TECHNICIAN

23/06/2023 03:00 PM

PREPARED BY	: NAFISHA KHATUN(333472)	PREPARED ON	: 23/06/2023 03:53 PM
GENERATED BY	: BIPASHA BANERJEE(302664)	GENERATED ON	: 27/06/2023 12:31 PM

Patient Name	Srimanta Maity	Requested By	EXTERNAL
MRN	17510001194123	Procedure DateTime	2023-06-23 18:29:18
Age/Sex	55Y 2M/Male	Hospital	NH-RTIICS

USG OF WHOLE ABDOMEN (SCREENING)

LIVER:

It is normal in size and mild increased 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. 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 8.0 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:

Right kidney is low normal in size. Left kidney is normal in size. Both kidneys are normal in position and echogenicity. The corticomedullary differentiation is maintained. A small exophytic cyst measuring 1.5 x 1.4 cm seen at upper pole of right kidney. No hydronephrosis or calculus is seen.

Right kidney and left kidney measures 8.4 cm and 9.4 cm respectively.

URINARY BLADDER:

It is normal in capacity. The wall is not thickened. No intraluminal calculus or mass is seen.

Post void residual urine is 21 cc.

PROSTATE:

It is mildly enlarged in size measuring $3.0 \times 4.2 \times 4.0$ cm (Weight = 26 gms). It shows a homogenous echotexture and smooth outline.

IMPRESSION:

- Grade I fatty changes in liver.
- Right small exophytic cyst.
- Mild prostatomegaly.

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 :Kanta

Colom Hymen.

Dr. Lalan Kumar

Consultant Sonologist MBBS CBET (USG)

* This is a digitally signed valid document. Reported Date/Time: 2023-06-23 18:45:35

Page 2 of 2

Patient Name	Srimanta Maity	Requested By	EXTERNAL
MRN	17510001194123	Procedure DateTime	2023-06-23 11:03:19
Age/Sex	55Y 2M/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.

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Dr. Sarbari Chatterjee Consultant Radiologist