



<b>Lab No.</b>	: DUR/29-03-2024/SR8925459	<b>Lab Add.</b>	: Newtown,Kolkata-700156
<b>Patient Name</b>	: SHAIENDRA KUMAR SINGH	<b>Ref Dr.</b>	: Dr.MEDICAL OFFICER
<b>Age</b>	: 45 Y 8 M 29 D	<b>Collection Date</b>	: 29/Mar/2024 11:49AM
<b>Gender</b>	: M	<b>Report Date</b>	: 29/Mar/2024 06:40PM



### DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
<b>SODIUM,BLOOD , GEL SERUM</b> (Method:ISE INDIRECT)	137	132 - 146	mEq/L
<b>CHLORIDE,BLOOD</b> (Method:ISE INDIRECT)	104	99-109	mEq/L
<b>PHOSPHORUS-INORGANIC,BLOOD</b> (Method:Phosphomolybdate/UV)	3.0	2.4-5.1 mg/dL	mg/dL
<b>POTASSIUM,BLOOD</b> (Method:ISE INDIRECT)	4.30	3.5-5.5	mEq/L

\*\*\* End Of Report \*\*\*

Dr NEEPA CHOWDHURY  
MBBS MD (Biochemistry)  
Consultant Biochemist  
Reg No. WBMC 62456

<b>Lab No.</b> : DUR/29-03-2024/SR8925459	<b>Lab Add.</b> : CITY CENTER, DURGAPUR PIN-713211
<b>Patient Name</b> : SHAILENDRA KUMAR SINGH	<b>Ref Dr.</b> : Dr.MEDICAL OFFICER
<b>Age</b> : 45 Y 8 M 29 D	<b>Collection Date</b> : 29/Mar/2024 11:46AM
<b>Gender</b> : M	<b>Report Date</b> : 29/Mar/2024 04:21PM



**DEPARTMENT OF BIOCHEMISTRY**

Test Name	Result	Bio Ref. Interval	Unit
<b>ALKALINE PHOSPHATASE</b> (Method:AMP)	68	53-128 U/L	U/L
<b>*BILIRUBIN (TOTAL) , GEL SERUM</b>			
BILIRUBIN (TOTAL) (Method:Diazotized DCA Method)	0.70	< 1.2	mg/dL
<b>SGOT/AST</b> (Method:IFCC Kinetic Method)	<u>73</u>	< 40	U/L
<b>CREATININE, BLOOD</b> (Method:ENZYMATIC)	0.93	0.70 - 1.3 mg/dl	mg/dL
<b>GLUCOSE,FASTING</b> (Method:GOD POD)	87	(70 - 110 mg/dl)	mg/dL
<b>*TOTAL PROTEIN [BLOOD] ALB:GLO RATIO , .</b>			
TOTAL PROTEIN (Method:BIURET METHOD)	6.70	6.6 - 8.7	g/dL
ALBUMIN (Method:BCG)	4.4	3.5-5.2 g/dl	g/dl
GLOBULIN (Method:Calculated)	2.30	1.8-3.2	g/dl
AG Ratio (Method:Calculated)	1.91	1.0 - 2.5	
<b>UREA,BLOOD</b> (Method:UREASE-GLDH)	21.0	12.8-42.8	mg/dl
<b>SGPT/ALT</b> (Method:IFCC Kinetic Method)	<u>107</u>	< 41	U/L
<b>URIC ACID,BLOOD</b> (Method:URICASE)	6.10	3.4 - 7.0	mg/dl
<b>*LIPID PROFILE , GEL SERUM</b>			
CHOLESTEROL-TOTAL (Method:CHOD PAP Method)	<u>245</u>	Desirable: < 200 mg/dL Borderline high: 200-239 High: > or =240 mg/dL	mg/dL
TRIGLYCERIDES (Method:GPO-PAP)	<u>364</u>	NORMAL < 150 BORDERLINE HIGH 150-199 HIGH 200-499 VERY HIGH > 500	mg/dL
HDL CHOLESTEROL (Method:DIRECT METHOD)	52	35.3-79.5 mg/dl	mg/dL
LDL CHOLESTEROL DIRECT (Method:Direct Method)	<u>150</u>	OPTIMAL : <100 mg/dL, Near optimal/ above optimal : 100-129 mg/dL, Borderline high : 130-159 mg/dL, High : 160-189 mg/dL, Very high : >=190 mg/dL	mg/dL
VLDL (Method:Calculated)	<u>43</u>	< 40 mg/dl	mg/dL
CHOL HDL Ratio (Method:Calculated)	<u>4.7</u>	LOW RISK 3.3-4.4 AVERAGE RISK 4.47-7.1 MODERATE RISK 7.1-11.0 HIGH RISK >11.0	

Lab No. : DUR/29-03-2024/SR8925459

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Patient Name	: SHAIENDRA KUMAR SINGH	Ref Dr.	: Dr.MEDICAL OFFICER
Age	: 45 Y 8 M 29 D	Collection Date	: 29/Mar/2024 11:46AM
Gender	: M	Report Date	: 29/Mar/2024 04:21PM



DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
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KINDLY CORRELATE WITH CLINICAL AND DIETARY HISTORY

<b>BILIRUBIN (DIRECT)</b> (Method:Diazotized DCA Method)	0.30	< 0.3	mg/dL
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<b>CALCIUM,BLOOD</b> (Method:ARSENAZO III)	9.70	8.6 - 10.2 mg/dl	mg/dL
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\*\*\* End Of Report \*\*\*

**Dr Sayak Biswas**  
MBBS, MD (Pathology)  
Consultant Pathologist  
Reg No. WBMC 74506



<b>Lab No.</b>	: DUR/29-03-2024/SR8925459	<b>Lab Add.</b>	: Newtown,Kolkata-700156
<b>Patient Name</b>	: SHAILENDRA KUMAR SINGH	<b>Ref Dr.</b>	: Dr.MEDICAL OFFICER
<b>Age</b>	: 45 Y 8 M 29 D	<b>Collection Date</b>	: 29/Mar/2024 11:53AM
<b>Gender</b>	: M	<b>Report Date</b>	: 30/Mar/2024 07:23PM




**DEPARTMENT OF BIOCHEMISTRY**

Test Name	Result	Bio Ref. Interval	Unit
<b>URIC ACID, URINE, SPOT URINE</b>			
URIC ACID, SPOT URINE (Method:URICASE)	<b>11.00</b>	37-92 mg/dL	mg/dL
<i>ESTIMATED TWICE</i>			

Suggested follow up

Correlate clinically

\*\*\* End Of Report \*\*\*

  
**Dr. SANCHAYAN SINHA**  
 MBBS, MD, DNB (BIOCHEMISTRY)  
 CONSULTANT BIOCHEMIST  
 Reg No. WBMC 63214

<b>Lab No.</b> : DUR/29-03-2024/SR8925459	<b>Lab Add.</b> : CITY CENTER, DURGAPUR PIN-713211
<b>Patient Name</b> : SHAILENDRA KUMAR SINGH	<b>Ref Dr.</b> : Dr.MEDICAL OFFICER
<b>Age</b> : 45 Y 8 M 29 D	<b>Collection Date</b> : 29/Mar/2024 11:47AM
<b>Gender</b> : M	<b>Report Date</b> : 29/Mar/2024 04:21PM



**DEPARTMENT OF HAEMATOLOGY**

Test Name	Result	Bio Ref. Interval	Unit
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<b>*ESR (ERYTHROCYTE SEDIMENTATION RATE) , EDTA WHOLE BLOOD</b>			
1stHour (Method:Westergren)	10	0.00 - 20.00 mm/hr	mm/hr

<b>*CBC WITH PLATELET (THROMBOCYTE) COUNT , EDTA WHOLE BLOOD</b>			
HEMOGLOBIN (Method:PHOTOMETRIC)	14.0	13 - 17	g/dL
WBC (Method:DC detection method)	5.6	4 - 10	*10 <sup>3</sup> /μL
RBC (Method:DC detection method)	5.04	4.5 - 5.5	*10 <sup>6</sup> /μL
PLATELET (THROMBOCYTE) COUNT (Method:DC detection method/Microscopy)	170	150 - 450*10 <sup>3</sup>	*10 <sup>3</sup> /μL
<b><u>DIFFERENTIAL COUNT</u></b>			
NEUTROPHILS (Method:Flowcytometry/Microscopy)	55	40 - 80 %	%
LYMPHOCYTES (Method:Flowcytometry/Microscopy)	38	20 - 40 %	%
MONOCYTES (Method:Flowcytometry/Microscopy)	05	2 - 10 %	%
EOSINOPHILS (Method:Flowcytometry/Microscopy)	02	1 - 6 %	%
BASOPHILS (Method:Flowcytometry/Microscopy)	00	0-0.9%	%
<b><u>CBC SUBGROUP</u></b>			
HEMATOCRIT / PCV (Method:Calculated)	41.9	40 - 50 %	%
MCV (Method:Calculated)	83.2	83 - 101 fl	fl
MCH (Method:Calculated)	27.8	27 - 32 pg	pg
MCHC (Method:Calculated)	33.4	31.5-34.5 gm/dl	gm/dl
RDW - RED CELL DISTRIBUTION WIDTH (Method:Calculated)	<b>14.9</b>	11.6-14%	%
PDW-PLATELET DISTRIBUTION WIDTH (Method:Calculated)	23.6	8.3 - 25 fL	fL
MPV-MEAN PLATELET VOLUME (Method:Calculated)	12.5	7.5 - 11.5 fl	

\*\*\* End Of Report \*\*\*

**Dr Sayak Biswas**  
 MBBS, MD (Pathology)  
 Consultant Pathologist  
 Reg No. WBMC 74506



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<b>Age</b>	: 45 Y 8 M 29 D	<b>Collection Date</b>	: 29/Mar/2024 11:46AM
<b>Gender</b>	: M	<b>Report Date</b>	: 29/Mar/2024 07:11PM



### DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Bio Ref. Interval	Unit
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<b>BLOOD GROUP ABO+RH [GEL METHOD] , EDTA WHOLE BLOOD</b>			
ABO (Method:Gel Card)	O		
RH (Method:Gel Card)	POSITIVE		

#### TECHNOLOGY USED: GEL METHOD

#### ADVANTAGES :

- Gel card allows simultaneous forward and reverse grouping.
- Card is scanned and record is preserved for future reference.
- Allows identification of Bombay blood group.
- Daily quality controls are run allowing accurate monitoring.

Historical records check not performed.

<b>CBC WITH PLATELET &amp; RETICULOCYTE COUNT , EDTA WHOLE BLOOD</b>			
HEMOGLOBIN (Method:PHOTOMETRIC)	13.8	13 - 17	g/dL
WBC (Method:DC detection method)	5.7	4 - 10	*10 <sup>3</sup> /μL
RBC (Method:DC detection method)	4.97	4.5 - 5.5	*10 <sup>6</sup> /μL
PLATELET (THROMBOCYTE) COUNT (Method:DC detection method/Microscopy)	154	150 - 450*10 <sup>3</sup>	*10 <sup>3</sup> /μL
<b><u>DIFFERENTIAL COUNT</u></b>			
NEUTROPHILS (Method:Flowcytometry/Microscopy)	54	40 - 80 %	%
LYMPHOCYTES (Method:Flowcytometry/Microscopy)	39	20 - 40 %	%
MONOCYTES (Method:Flowcytometry/Microscopy)	05	2 - 10 %	%
EOSINOPHILS (Method:Flowcytometry/Microscopy)	02	1 - 6 %	%
BASOPHILS (Method:Flowcytometry/Microscopy)	00	0-0.9%	%
<b><u>CBC SUBGROUP 1</u></b>			
HEMATOCRIT / PCV (Method:Calculated)	41.7	40 - 50 %	%
MCV (Method:Calculated)	83.8	83 - 101 fl	fl
MCH (Method:Calculated)	27.8	27 - 32 pg	pg
MCHC (Method:Calculated)	33.1	31.5-34.5 gm/dl	gm/dl
RDW - RED CELL DISTRIBUTION WIDTH (Method:Calculated)	<b>15.8</b>	11.6-14%	%
RETICULOCYTE COUNT-AUTOMATED,BLOOD (Method:Cell Counter/Microscopy)	2.1	0.5-2.5%	%

\*\*\* End Of Report \*\*\*



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<b>Age</b>	: 45 Y 8 M 29 D	<b>Collection Date</b>	: 29/Mar/2024 11:46AM
<b>Gender</b>	: M	<b>Report Date</b>	: 29/Mar/2024 07:11PM



**DEPARTMENT OF HAEMATOLOGY**

Test Name	Result	Bio Ref. Interval	Unit
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*Kaushik Dey*

MD (PATHOLOGY)  
CONSULTANT PATHOLOGIST  
Reg No. WBMC 66405

Lab No. : DUR/29-03-2024/SR8925459  
Patient Name : SHAILENDRA KUMAR SINGH  
Age : 45 Y 8 M 29 D  
Gender : M

Lab Add. :  
Ref Dr. : Dr.MEDICAL OFFICER  
Collection Date :  
Report Date : 29/Mar/2024 02:39PM



**DEPARTMENT OF X-RAY**

**DEPARTMENT OF RADIOLOGY**  
**X-RAY REPORT OF CHEST (PA)**

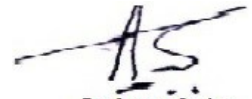
**FINDINGS :**

No active lung parenchymal lesion is seen.  
Both the hila are normal in size, density and position.  
Mediastinum is central. Trachea is in midline.  
Domes of diaphragm are smoothly outlined. Position is within normal limits.  
Lateral costo-phrenic angles are clear.  
The cardio-thoracic ratio is normal.  
Bony thorax reveals no definite abnormality.

**IMPRESSION :**

Normal study.

\*\*\* End Of Report \*\*\*

  
Dr. Anoop Sastry  
MBBS, DMRT(CAL)  
CONSULTANT RADIOLOGIST  
Registration No.: WB-36628



<b>Lab No.</b> : DUR/29-03-2024/SR8925459	<b>Lab Add.</b> : CITY CENTER, DURGAPUR PIN-713210
<b>Patient Name</b> : SHAILENDRA KUMAR SINGH	<b>Ref Dr.</b> : Dr.MEDICAL OFFICER
<b>Age</b> : 45 Y 8 M 29 D	<b>Collection Date</b> : 30/Mar/2024 09:31AM
<b>Gender</b> : M	<b>Report Date</b> : 30/Mar/2024 05:18PM



**DEPARTMENT OF CLINICAL PATHOLOGY**

Test Name	Result	Bio Ref. Interval	Unit
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<b>*URINE ROUTINE ALL, ALL , URINE</b>			
<b><u>PHYSICAL EXAMINATION</u></b>			
COLOUR	PALE YELLOW		
APPEARANCE	CLEAR		
<b><u>CHEMICAL EXAMINATION</u></b>			
pH (Method:Dipstick (triple indicator method))	5.5	4.6 - 8.0	
SPECIFIC GRAVITY (Method:Dipstick (ion concentration method))	1.015	1.005 - 1.030	
PROTEIN (Method:Dipstick (protein error of pH indicators)/Manual)	NOT DETECTED	NOT DETECTED	
GLUCOSE (Method:Dipstick(glucose-oxidase-peroxidase method)/Manual)	NOT DETECTED	NOT DETECTED	
KETONES (ACETOACETIC ACID, ACETONE) (Method:Dipstick (Legals test)/Manual)	NOT DETECTED	NOT DETECTED	
BLOOD (Method:Dipstick (pseudoperoxidase reaction))	NOT DETECTED	NOT DETECTED	
BILIRUBIN (Method:Dipstick (azo-diazo reaction)/Manual)	NEGATIVE	NEGATIVE	
UROBILINOGEN (Method:Dipstick (diazonium ion reaction)/Manual)	NEGATIVE	NEGATIVE	
NITRITE (Method:Dipstick (Griess test))	NEGATIVE	NEGATIVE	
LEUCOCYTE ESTERASE (Method:Dipstick (ester hydrolysis reaction))	NEGATIVE	NEGATIVE	
<b><u>MICROSCOPIC EXAMINATION</u></b>			
LEUKOCYTES (PUS CELLS) (Method:Microscopy)	0-1	0-5	/hpf
EPITHELIAL CELLS (Method:Microscopy)	0-1	0-5	/hpf
RED BLOOD CELLS (Method:Microscopy)	NOT DETECTED	0-2	/hpf
CAST (Method:Microscopy)	NOT DETECTED	NOT DETECTED	
CRYSTALS (Method:Microscopy)	NOT DETECTED	NOT DETECTED	
BACTERIA (Method:Microscopy)	NOT DETECTED	NOT DETECTED	
YEAST (Method:Microscopy)	NOT DETECTED	NOT DETECTED	

- Note:**
- All urine samples are checked for adequacy and suitability before examination.
  - Analysis by urine analyzer of dipstick is based on reflectance photometry principle. Abnormal results of chemical examinations are confirmed by manual methods.
  - The first voided morning clean-catch midstream urine sample is the specimen of choice for chemical and microscopic analysis.
  - Negative nitrite test does not exclude urinary tract infections.
  - Trace proteinuria can be seen in many physiological conditions like exercise, pregnancy, prolonged recumbency etc.
  - False positive results for glucose, protein, nitrite, urobilinogen, bilirubin can occur due to use of certain drugs, therapeutic dyes, ascorbic acid, cleaning agents used in urine collection container.
  - Discrepancy between results of leukocyte esterase and blood obtained by chemical methods with corresponding pus cell and red blood cell count by microscopy can occur due to cell lysis.
  - Contamination from perineum and vaginal discharge should be avoided during collection, which may falsely elevate epithelial cell count and show presence of bacteria

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Age	: 45 Y 8 M 29 D	Collection Date	: 30/Mar/2024 09:31AM
Gender	: M	Report Date	: 30/Mar/2024 05:18PM



DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Bio Ref. Interval	Unit
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and/or yeast in the urine.

\*\*\* End Of Report \*\*\*

**Dr Sayak Biswas**  
MBBS, MD (Pathology)  
Consultant Pathologist  
Reg No. WBMC 74506

Lab No.	: DUR/29-03-2024/SR8925459	Lab Add.	:
Patient Name	: SHAILENDRA KUMAR SINGH	Ref Dr.	: Dr.MEDICAL OFFICER
Age	: 45 Y 8 M 29 D	Collection Date	:
Gender	: M	Report Date	: 29/Mar/2024 03:12PM




DEPARTMENT OF CARDIOLOGY

**DEPARTMENT OF CARDIOLOGY**  
**REPORT OF E.C.G.**

DATA		
HEART RATE	68	Bpm
PR INTERVAL	166	Ms
QRS DURATION	92	Ms
QT INTERVAL	356	Ms
QTC INTERVAL	379	Ms
AXIS		
P WAVE	56	Degree
QRS WAVE	25	Degree
T WAVE	54	Degree
IMPRESSION	:	<b>Within normal limit.</b>

\*\*\*Please correlate clinically\*\*\*

\*\*\* End Of Report \*\*\*

  
**DR.ASHISH HOTA**  
MD,DM(CARDIOLOGY)  
REG NO:15301 OCMR

Lab No.	: DUR/29-03-2024/SR8925459	Lab Add.	:
Patient Name	: SHAILENDRA KUMAR SINGH	Ref Dr.	: Dr.MEDICAL OFFICER
Age	: 45 Y 8 M 29 D	Collection Date	:
Gender	: M	Report Date	: 30/Mar/2024 01:26PM



DEPARTMENT OF ULTRASONOGRAPHY

**SHAILENDRA KR SINGH**

DEPARTMENT OF ULTRASONOGRAPHY

REPORT ON EXAMINATION OF WHOLE ABDOMEN

**LIVER:** Mildly enlarged in size (14.47 cm), normal shape with mild increased echogenicity suggesting fat infiltration grade II. No definite focal lesion is seen. Intrahepatic biliary radicles are not dilated. The portal vein branches and hepatic veins are normal.

**GALL BLADDER:** Well distended lumen shows no intra-luminal calculus or mass. Wall thickness is normal. No pericholecystic collection or mass formation is noted.

**PORTA HEPATIS:** The portal vein is normal in caliber (0.90 cm) with clear lumen. The common bile duct is normal in caliber. Visualized lumen is clear. Common bile duct measures approx (0.30 cm) in diameter.

**PANCREAS:** It is normal in size, shape and echopattern. Main pancreatic duct is not dilated. No focal lesion of altered echogenicity is seen. The peripancreatic region shows no abnormal fluid collection.

**SPLEEN:** It is normal in size (10.90 cm), shape and shows homogeneous echopattern. No focal lesion is seen. No abnormal venous dilatation is seen in the splenic hilum.

**KIDNEYS:** Both kidneys are normal in size, shape and position. Cortical echogenicity and thickness are normal with normal cortico-medullary differentiation in both kidneys. No calculus, hydronephrosis is noted. Well defined simple cyst measuring 2.52 cm x 2.39 cm is seen in lower pole of left kidney. The perinephric region shows no abnormal fluid collection. Right Kidney measures: 10.62 cm and Left Kidney measures: 9.66 cm .

**URETER:** Both ureters are not dilated. No calculus is noted in either side.

**PERITONEUM & RETROPERITONEUM:** The aorta and IVC are normal. Lymph nodes are not enlarged. No free fluid is seen in peritoneal cavity.

**URINARY BLADDER:** It is adequately distended providing optimum scanning window. The lumen is clear and wall thickness is normal. Pre void urinary bladder volume 221 cc. Post void residual urine volume 6 cc (Insignificant).

**PROSTATE:** It is marginally enlarged with normal shape and echopattern. No focal lesion is seen. Capsule is smooth. Prostate measures : 4.27 cm x 3.51 cm x 3.34 cm, weight 26.21 gms.

**IMPRESSION:**

- Marginally enlarged prostate.
- Left renal cyst.
- Fatty liver Grade II.

\*\*\* Please correlate clinically.

Kindly note

Ultrasound is not the modality of choice to rule out subtle bowel lesion.

Please Intimate us for any typing mistakes and send the report for correction within 7 days.

The science of Radiological diagnosis is based on the interpretation of various shadows produced by both the normal and abnormal tissues and are not always conclusive. Further biochemical and radiological investigation & clinical correlation is required to enable the clinician to reach the final diagnosis.

The report and films are not valid for medico-legal purpose.

Patient Identity not verified.

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**Age** : 45 Y 8 M 29 D  
**Gender** : M

**Lab Add.** :  
**Ref Dr.** : Dr.MEDICAL OFFICER  
**Collection Date** :  
**Report Date** : 30/Mar/2024 01:26PM



**DEPARTMENT OF ULTRASONOGRAPHY**

**Dr Nidhi Sehgal**  
**DNB (Radio-diagnosis)**  
**Senior Consultant Radiologist**