



LABORATORY REPORT



Name : Mr MANISH GARANI	Sex/Age : Male / 43 Years	Case ID : 4109300077
Ref. By : Self	Reg Date : 16-Oct-2024 11:05	Pt. ID :
Bill. Loc. : NDPL ARH		Mob.No : 9830139968
Sample Date and Time : 16-Oct-2024 12:49	Sample Type : Whole Blood EDTA	Ref Id1 :
Report Date and Time : 16-Oct-2024 18:51		Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	TEST REMARK
COMPLETE BLOOD COUNT				
Haemoglobin <i>Flowcytometry</i>	15.4	gm/dL	13 - 17	
RBC	5.09	millions/cumm	4.5 - 5.5	
PCV	46.4	Vol%	40.0 - 50.0	
MCV	91.2	fL	83 - 101	
MCH	30.3	pg	27 - 32	
MCHC	33.2	gm/dL	31.5 - 34.5	
RDW	12.6	%	11.6 - 14.6	
TOTAL AND DIFFERENTIAL WBC COUNT				
Total WBC Count	6000	/cumm	4000 to 10000	
Neutrophil	50	%	40 - 80	
Lymphocyte	39	%	20 - 40	
Eosinophil	06	%	1 - 6	
Monocytes	05	%	2 - 10	
Basophil	00	%	0 -	
Neutrophil	3000	/cumm	2000 - 7000	
Lymphocyte	2340	/cumm	1000 - 3000	
Eosinophil	360	/cumm	20 - 500	
Monocyte	300	/cumm	200 - 1000	
Basophil	0	/cumm	00 - 100	
Neut/Lympho Ratio (NLR)	1.28		0.78 - 3.53	
PLATELETS				
Platelet Count	300000	/cumm	1,50,000 - 4,10,000	
MPV	11.5	fL	7.50 - 12.0	
PDW	14.7		10.0 - 17.9	

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

Sudipta Halder

Verified by



Supratik Biswas

DR Supratik Biswas

MBBS, MD

Consultant Biochemist

WBMC 64600



MC - 2167



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Note :

XN 1000, Sysmex

Method : FLOWCYTOMETRY

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

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TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
ESR	05	mm	0 - 10	

Method : Modified Westergren Method
Instrument - Automated Vescube - 30 touch

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

Sudipta Halder

Verified by



Meenakshi

Dr Meenakshi Mohan
MD (Pathology)
Consultant Pathologist
WBMC 54631



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HAEMATOLOGY INVESTIGATIONS

Test	Result	Unit
BLOOD GROUP AND RH TYPING		
BLOOD GROUP	A	
RH Type	POSITIVE	

Forward & Reverse Blood Groupin,
Gel Card By Bio-Rad



Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

Tamal Sarkar

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Bill. Loc. : NDPL ARH		Mob.No : 9830139968
Sample Date and Time : 16-Oct-2024 12:40	Sample Type : Plasma Fluoride F, Plasma Fluoride PP	Ref Id1 :
Report Date and Time : 16-Oct-2024 18:51		Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Plasma Glucose - F <i>Hexokinase</i>	93	mg/dL	70 - 99 : Non diabetic 100 - 125 : Pre diabetic >= 126 : Diabetic	
Plasma Glucose - PP <i>Hexokinase</i>	95	mg/dL	70 - 139 : Non diabetic 140 - 199 : Pre diabetic = / more than 200 : Diabetic	

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

Pintu Manna

Verified by



Supratik Biswas

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WBMC 64600



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TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
HbA1C <i>HPLC</i>	5.60	%	Normal : <5.7 Pre diabetes : 5.7-6.4 Diabetes : >6.5	
Average Plasma Glucose <i>Calculated</i>	114	mg/dL		

Interpretation :

HbA1C level reflects the mean glucose concentration over previous 8-12 weeks and provides better indication of long term glycemic control.
Levels of HbA1C may be low as result of shortened RBC life span in case of hemolytic anemia.
Increased HbA1C values may be found in patients with polycythemia or post splenectomy patients.
Patients with Homozygous forms of rare variant Hb(CC,SS,EE,SC) HbA1c can not be quantitated as there is no HbA.
In such circumstances glycemic control can be monitored using plasma glucose levels or serum Fructosamine.
The A1c target should be individualized based on numerous factors, such as age, life expectancy, comorbid conditions, duration of diabetes, risk of hypoglycemia or adverse consequences from hypoglycemia, patient motivation and adherence.

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

Priya Manna

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Patient Data

Sample ID: 24109300077
 Patient ID: 24109300077
 Name: MANISH GARANI
 Physician:
 Sex: M
 DOB:

Analysis Data

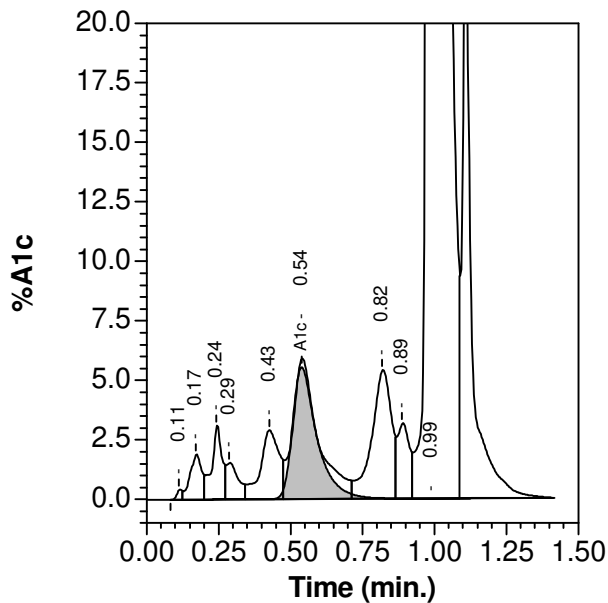
Analysis Performed: 10/16/2024 18:16:12
 Injection Number: 1395
 Run Number: 51
 Rack ID: 0003
 Tube Number: 9
 Report Generated: 10/16/2024 18:22:17
 Operator ID:

Comments:

Peak Name	NGSP %	Area %	Retention Time (min)	Peak Area
Unknown	---	0.1	0.112	2166
A1a	---	0.7	0.169	21484
A1b	---	1.1	0.241	31023
F	---	0.6	0.286	17538
LA1c	---	1.7	0.425	48670
A1c	5.6	---	0.538	130647
P3	---	3.5	0.817	102096
P4	---	1.2	0.887	35939
Ao	---	86.8	0.989	2551391

Total Area: 2,940,952

HbA1c (NGSP) = 5.6 %





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TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
LIPID PROFILE				
Triglyceride <i>GPO-POD</i>	113	mg/dL	Normal: < 150 Borderline High: 150 -199 High: 200 - 499 Very High: >= 500	
Cholesterol <i>Colorimetric, CHOD-POD</i>	178	mg/dL	Desirable : < 200 Borderline High : 200 - 240 High Risk : > 240	
HDL Cholesterol <i>CHOD-POD</i>	L 29	mg/dL	Low HDL: < 40 High HDL : >= 60	
LDL Cholesterol (Direct) <i>CHOD-POD</i>	137	mg/dL	Optimal : <100 Above Optimal: 100 - 129 Borderline high : 130 - 159 High : 160 - 189 Very High : >190	
VLDL <i>Calculated</i>	12	mg/dL	10 - 40	
Non-HDL Cholesterol <i>Calculated</i>	H 149	mg/dL	<130	
Chol/HDL <i>Calculated</i>	H 6.14		1 - 5.2	
LDL/HDL Ratio	4.72			

***National Cholesterol Education Programme Adult Treatment Panel III Guidelines(US).**

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

Reni Mol PV

Verified by



Supratik Biswas

DR Supratik Biswas
MBBS, MD
Consultant Biochemist
WBMC 64600



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TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Liver Function Test

Bilirubin Total <i>DPD</i>	0.65	mg/dL	0.3-1.2	
Bilirubin Conjugated <i>DPD</i>	H 0.23	mg/dL	0.0 - 0.2	
Bilirubin Unconjugated <i>Calculated</i>	0.42	mg/dL	0 - 0.8	
S.G.P.T. <i>IFCC</i>	H 55	U/L	0-50	
S.G.O.T. <i>IFCC</i>	41	U/L	0-50	
Alkaline Phosphatase <i>IFCC</i>	76	U/L	30-120	
Proteins (Total) <i>Biuret</i>	7.15	g/dL	6.6-8.3	
Albumin <i>Bromo Cresol Green</i>	4.28	g/dL	3.5-5.2	
Globulin <i>Calculated</i>	2.87	g/dL	1.80 - 3.60	
A/G Ratio <i>Calculated</i>	1.49		1.2 - 2.0	
Gamma Glutamyl Transferase <i>IFCC</i>	37	U/L	0-55	

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TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Thyroid Function Test				
Triiodothyronine (T3) <i>ECLIA</i>	1.34	ng/mL	0.58 - 1.59	
Thyroxine (T4) <i>ECLIA</i>	5.37	µg/dL	4.87 - 11.72	
TSH <i>ECLIA</i>	1.59	µIU/mL	0.27-4.20	

INTERPRETATIONS

- Circulating TSH measurement has been used for screening for euthyroidism, screening and diagnosis for hyperthyroidism & hypothyroidism. Suppressed TSH (<0.01 µIU/mL) suggests a diagnosis of hyperthyroidism and elevated concentration (>7 µIU/mL) suggest hypothyroidism. TSH levels may be affected by acute illness and several medications including dopamine and glucocorticoids. Decreased (low or undetectable) in Graves disease. Increased in TSH secreting pituitary adenoma (secondary hyperthyroidism), PRTH and in hypothalamic disease thyrotropin (tertiary hyperthyroidism). Elevated in hypothyroidism (along with decreased T4) except for pituitary & hypothalamic disease.
- Mild to modest elevations in patient with normal T3 & T4 levels indicates impaired thyroid hormone reserves & incipient hypothyroidism (subclinical hypothyroidism).
- Mild to modest decrease with normal T3 & T4 indicates subclinical hyperthyroidism.
- Degree of TSH suppression does not reflect the severity of hyperthyroidism, therefore, measurement of free thyroid hormone levels is required in patient with a suppressed TSH level.

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TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Prostate Specific Antigen (PSA)				
Prostate Specific Antigen <i>ECLIA</i>	0.25	ng/mL	0-2.0	

Use

The total PSA test and digital rectal exam (DRE) are used together to help determine the need for the prostate biopsy. The goal of screening is to minimize unnecessary biopsies and to detect clinically significant prostate cancer while it is still confined to the prostate. Clinical Significance of elevated levels of PSA are associated with prostate cancer, but they may also be seen with prostatitis and benign prostatic hyperplasia (BPH). Mild to moderately increased concentrations of PSA may be seen in those of African American heritage, and levels tend to increase in all men as they age. Prostate biopsy is required for the diagnosis of cancer.

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

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Supratik Biswas

DR Supratik Biswas
MBBS, MD
Consultant Biochemist
WBMC 64600



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Bill. Loc. : NDPL ARH		Mob.No : 9830139968
Sample Date and Time : 16-Oct-2024 12:40	Sample Type : Urine F	Ref Id1 :
Report Date and Time : 16-Oct-2024 18:51		Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Urine Glucose (Fasting)	Absent		Absent	

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

Kalol Sarkar

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WBMC 64600



MC - 2167

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RADIOLOGY REPORT



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Gender / Age :	Male / 43 Years	Registration Date & Time :	16-Oct-2024 11:05
Ref Id :		Receiving Date & Time :	16-Oct-2024 11:40
B2b Name :	NDPL ARH	Report Date & Time :	17-Oct-2024 09:17
Ref By :	Self		

2D ECHOCARDIOGRAPHY

M Mode Data : Parameter	Test Value	Normal Range (Adults)	Unit
Aortic Root Diameter	3.0	2.0 – 4.0	cm
Left atrial diameter	3.6	2.0 – 4.0	cm
RV internal diameter	2.2	2.2-3.0	cm
IV septal thickness (diastole)	1.3	0.60 – 1.1	cm
LV Internal diameter (diastole)	5.1	3.50 – 5.4	cm
Post. Wall thickness (diastole)	1.3	0.60 – 1.1	cm
Internal diameter (systole)	3.3	2.4 – 4.2	Cm
LV Ejection fraction	65	55 – 65	%

LV shows:

Concentric LVH.
 No RWMA.
 Grade I diastolic dysfunction. E/E' - 9.
 Good LV systolic function with LVEF – 65%.
 Normal RV systolic function.
 All valve morphology normal.
 IAS & IVS intact.
 No PDA/COA.
 Trivial MR & TR (22 mmHg).
 No PE / PAH.
 IVC normal in size, collapsing well.

CONCLUSION:

Concentric LVH.
Good biventricular systolic function.
Grade I diastolic dysfunction.



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B2b Name :	NDPL ARH	Report Date & Time :	17-Oct-2024 09:17
Ref By :	Self		

**Trivial MR & TR.
No PE / PAH.**

Dr. Abhinay Tibdewal
MD, DM (Cardiologist)
WBMC 85811

Tanusree Sukla
Verified BY



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TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	TEST REMARK
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Kidney Function Test

Urea <i>GLDH</i>	24	mg/dL	17 - 43	
Creatinine <i>Jaffe - Kinetic</i>	0.76	mg/dL	<1.2	
Uric Acid <i>Uricase</i>	5.28	mg/dL	3.4 - 7.0	
BUN <i>GLDH</i>	11.2	mg/dL	8.90 - 20.60	
Calcium <i>BAPTA</i>	8.77	mg/dL	8.6-10	
Sodium <i>ISE, Indirect</i>	141	mmol/L	136.0 - 145.0	
Potassium <i>Ion Selective Electrode</i>	3.70	mmol/L	3.5 - 5.1	
Chloride <i>ISE, Indirect</i>	108	mmol/L	97 - 111	

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

Pintu Manna

Verified by



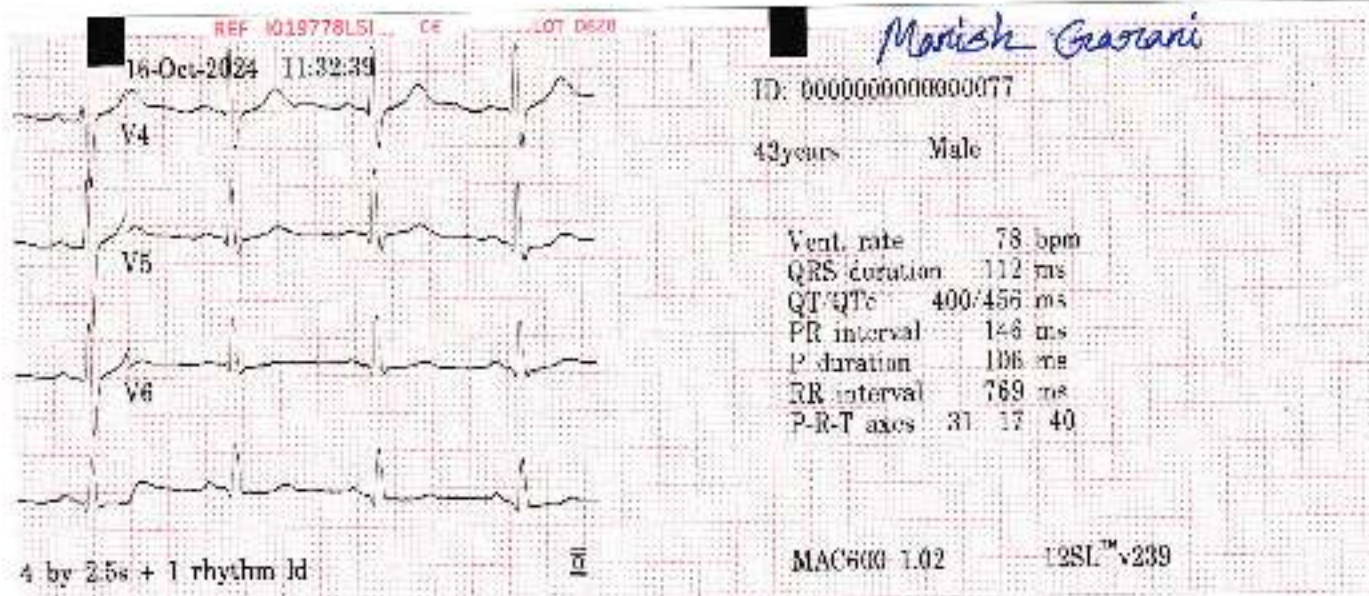
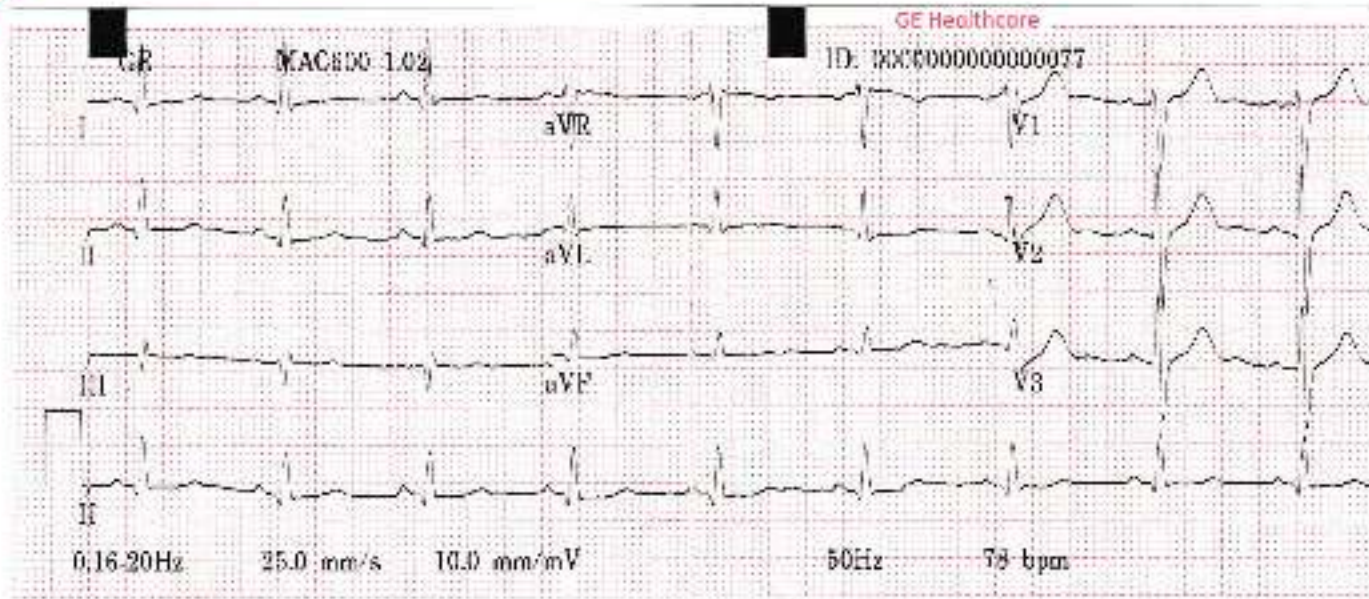
Supratik Biswas

DR Supratik Biswas

MBBS, MD

Consultant Biochemist

WBMC 64600



GE Healthcare

Normal sinus rhythm
~~Reactive anterior wall~~, ~~no myocardial~~
~~abnormal RCD~~

No significant ST-T changes
 Please correlate clinically

Abhinav Tibdewal
 Dr. Abhinav Tibdewal
 Consultant Cardiologist
 MBBS, MD, DM (Cardio)



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Gender / Age :	Male / 43 Years	Registration Date & Time :	16-Oct-2024 11:05
Ref Id :		Receiving Date & Time :	27-Oct-2024 08:43
B2b Name :	NDPL ARH	Report Date & Time :	28-Oct-2024 13:17
Ref By :	Self		

USG STUDY OF WHOLE ABDOMEN

LIVER

Liver is enlarged in size (173 mm) with increased parenchymal echogenicity. No focal lesion is seen. Intrahepatic biliary radicles are not seen dilated. Hepatic & Portal venous systems appear normal. Portal vein 10 mm.in calibre.

GALL BLADDER

Is seen normal in size, shape, outline, position & wall thickness. No intraluminal calculus or any mass lesion is seen. No pericholecystic fluid collection is seen.

CBD

Is not seen dilated and measures 4 mm.

PANCREAS

Is normal in size, shape, outline and echotexture. No definite focal lesion is evident. Pancreatic duct is not seen dilated. No tenderness is seen over the region.

SPLEEN

Is normal in shape, size, position and echotexture. No focal lesion is seen. No abnormal vessels are seen at the splenic hilum. Spleen measures 111 mm in length.

KIDNEYS

Are normal in size, position, outline and echogenicity with maintained cortico-medullary differentiation. No focal lesion is seen involving either kidney. Central echocomplexes of both kidneys appear normal. There is no evidence of hydronephrosis or calculus.

Right kidney measures 108 mm.

Left kidney measures 104 mm.

URETERS

Ureters are not seen dilated.

URINARY BLADDER

Urinary bladder appears optimally distended. It appears smooth in outline. No mass lesion or any calculus is seen within the urinary bladder.

PROSTATE

Prostate is seen normal in size, outline and echotexture. No definite focal parenchymal lesion is seen. Prostatic capsule is intact. Prostate measures 38 mm x 29 mm x 27 mm and weighs 16 gm.

No evidence of ascites, pleural effusion or abdominal lymphadenopathy.



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B2b Name :	NDPL ARH	Report Date & Time :	28-Oct-2024 13:17
Ref By :	Self		

IMPRESSION :

- **Hepatomegaly with grade II fatty liver.**

----- End Of Report -----

Devpriya Pradhan

Ankita Mullick
Verified BY

Dr.Devpriya Pradhan
MD Radiodiagnosis
WBMC 81171



Patient Name :	MR. MANISH GARANI	Patient ID :	300077
Modality :	DX	Sex :	M
Age :	043Y	Study :	CHEST PA
Reff. Dr. :	SELF	Study Date :	16-10-2024

X-RAY CHEST PA VIEW

Bilateral lung fields appear normal.
Bilateral costophrenic angles are unremarkable.
Bilateral hila and vascular markings are unremarkable.
Domes of diaphragm are normal in morphology and contour.
Cardiac size is within normal limits.
Bony thoracic cage appears normal.

IMPRESSION:

**No obvious abnormality detected.
No evidence of fracture or dislocation.**

Recommended clinical correlation.



Dr. Manish Kumar Jha
MBBS, MD (Radio-diagnosis)
Registration No. 77237 (WBMC)