



<b>Lab No.</b>	: KNK/29-03-2024/SR8926184	<b>Lab Add.</b>	: Newtown,Kolkata-700156
<b>Patient Name</b>	: SANAT KUMAR MONDAL	<b>Ref Dr.</b>	: Dr.MEDICAL OFFICER
<b>Age</b>	: 57 Y 0 M 20 D	<b>Collection Date</b>	: 29/Mar/2024 12:14PM
<b>Gender</b>	: M	<b>Report Date</b>	: 30/Mar/2024 04:25PM



### DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
<b>POTASSIUM,BLOOD , GEL SERUM</b> (Method:ISE INDIRECT)	4.80	3.5-5.5	mEq/L
<b>SODIUM,BLOOD</b> (Method:ISE INDIRECT)	143	132 - 146	mEq/L
<b>CHLORIDE,BLOOD</b> (Method:ISE INDIRECT)	107	99-109	mEq/L
<b>PHOSPHORUS-INORGANIC,BLOOD</b> (Method:Phosphomolybdate/UV)	3.3	2.4-5.1 mg/dL	mg/dL

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

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

<b>Lab No.</b> : KNK/29-03-2024/SR8926184	<b>Lab Add.</b> : Nadia, Krishnanagar - 741101
<b>Patient Name</b> : SANAT KUMAR MONDAL	<b>Ref Dr.</b> : Dr.MEDICAL OFFICER
<b>Age</b> : 57 Y 0 M 20 D	<b>Collection Date</b> : 29/Mar/2024 12:14PM
<b>Gender</b> : M	<b>Report Date</b> : 29/Mar/2024 04:20PM



### DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
<b>ALKALINE PHOSPHATASE</b> (Method:PNPP- AMP)	84	46-116 U/L	U/L
<b>BILIRUBIN (DIRECT)</b> (Method:DIAZOTIZED DCA)	<u>0.25</u>	<0.2 mg/dL	mg/dL
<b>SGOT/AST</b> (Method:IFCC Kinetic Method)	28	13-40 U/L	U/L
<b>UREA,BLOOD</b> (Method:Urease with GLDH)	21.0	19 - 49	mg/dL
<b>CALCIUM,BLOOD</b> (Method:Modified OCPC)	9.30	8.7-10.4 mg/dL	mg/dL
<b>*URIC ACID, URINE, SPOT URINE</b> URIC ACID, SPOT URINE (Method:URICASE)	<u>19.20</u>	37-92 mg/dL	mg/dL
<b>GLUCOSE,PP</b> (Method:Hexokinase Method)	110	Impaired Glucose Tolerance-140 to 199.~Diabetes>= 200.	mg/dL
<b>*BILIRUBIN (TOTAL) , GEL SERUM</b> BILIRUBIN (TOTAL) (Method:DIAZOTIZED DCA)	<u>1.52</u>	0.3-1.2 mg/dL	mg/dL
<b>*LIPID PROFILE , GEL SERUM</b> CHOLESTEROL-TOTAL (Method:CHOD – PAP)	249	Desirable: < 200 mg/dL Borderline high: 200-239 mg/dL High: > or =240 mg/dL	mg/dL
TRIGLYCERIDES (Method:ENZYMATIC (END POINT))	100	Normal: < 150, BorderlineHigh::150-199, High:: 200-499, VeryHigh::>500	mg/dL
HDL CHOLESTEROL (Method:ENZYMATIC (PEG))	54	< 40 - Low 40-59- Optimum 60 - High	mg/dl
LDL CHOLESTEROL DIRECT (Method:HOMOGENOUS ENZYMATIC)	<u>167</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)	28	< 40 mg/dl	mg/dL
CHOL HDL Ratio (Method:Calculated)	<u>4.6</u>	LOW RISK 3.3-4.4 AVERAGE RISK 4.47-7.1 MODERATE RISK 7.1-11.0 HIGH RISK >11.0	
<b>CREATININE, BLOOD</b> (Method:Jaffe, alkaline picrate, kinetic)	1.19	0.7-1.3	mg/dL
<b>*TOTAL PROTEIN [BLOOD] ALB:GLO RATIO , .</b> TOTAL PROTEIN (Method:BIURET METHOD)	8.20	5.7-8.2	g/dL
ALBUMIN	4.1	3.2-4.8 g/dL	g/dL

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Patient Name : SANAT KUMAR MONDAL      Ref Dr. : Dr.MEDICAL OFFICER  
Age : 57 Y 0 M 20 D      Collection Date : 29/Mar/2024 12:14PM  
Gender : M      Report Date : 29/Mar/2024 04:20PM



DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
(Method:BCG Dye Binding) GLOBULIN	<b>4.10</b>	1.8-3.2	g/dl
(Method:Calculated) AG Ratio	1.00	1.0 - 2.5	
(Method:Calculated)			
<b>URIC ACID,BLOOD</b>	<b>7.40</b>	3.5-7.2	mg/dL
(Method:URICASE)			
<b>GLUCOSE,FASTING</b>	91	Impaired Fasting-100-125 ~Diabetes- >= 126.~Fasting is defined as no caloric intake for at least 8 hours.	mg/dL
(Method:Hexokinase Method)			
<b>SGPT/ALT</b>	34	7-40 U/L	U/L
(Method:IFCC KINETIC METHOD)			

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

DR. SHABNAM PARVIN  
MD (Pathology)  
Consultant Pathologist  
Reg No. WBMC 64876

<b>Lab No.</b> : KNK/29-03-2024/SR8926184	<b>Lab Add.</b> : Nadia, Krishnanagar - 741101
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<b>Age</b> : 57 Y 0 M 20 D	<b>Collection Date</b> : 29/Mar/2024 12:14PM
<b>Gender</b> : M	<b>Report Date</b> : 29/Mar/2024 03:27PM



**DEPARTMENT OF HAEMATOLOGY**

Test Name	Result	Bio Ref. Interval	Unit
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Test Name	Result	Bio Ref. Interval	Unit
<b>*CBC WITH PLATELET (THROMBOCYTE) COUNT , EDTA WHOLE BLOOD</b>			
HEMOGLOBIN (Method:PHOTOMETRIC)	14.6	13 - 17	g/dL
WBC (Method:DC detection method)	5.6	4 - 10	*10 <sup>3</sup> /μL
RBC (Method:DC detection method)	5.34	4.5 - 5.5	*10 <sup>6</sup> /μL
PLATELET (THROMBOCYTE) COUNT (Method:DC detection method/Microscopy)	152	150 - 450*10 <sup>3</sup>	*10 <sup>3</sup> /μL
<b><u>DIFFERENTIAL COUNT</u></b>			
NEUTROPHILS (Method:Flowcytometry/Microscopy)	53	40 - 80 %	%
LYMPHOCYTES (Method:Flowcytometry/Microscopy)	38	20 - 40 %	%
MONOCYTES (Method:Flowcytometry/Microscopy)	07	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)	44.6	40 - 50 %	%
MCV (Method:Calculated)	83.6	83 - 101 fl	fl
MCH (Method:Calculated)	27.3	27 - 32 pg	pg
MCHC (Method:Calculated)	32.6	31.5-34.5 gm/dl	gm/dl
RDW - RED CELL DISTRIBUTION WIDTH (Method:Calculated)	13.4	11.6-14%	%
PDW-PLATELET DISTRIBUTION WIDTH (Method:Calculated)	28.9	8.3 - 25 fL	fL
MPV-MEAN PLATELET VOLUME (Method:Calculated)	14.2	7.5 - 11.5 fl	

<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>*ESR (ERYTHROCYTE SEDIMENTATION RATE) , EDTA WHOLE BLOOD</b>			
1stHour (Method:Westergren)	10	0.00 - 20.00 mm/hr	mm/hr

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<b>Gender</b>	: M	<b>Report Date</b>	: 29/Mar/2024 03:27PM



**DEPARTMENT OF HAEMATOLOGY**

Test Name	Result	Bio Ref. Interval	Unit
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\*\*\* End Of Report \*\*\*

DR. SHABNAM PARVIN  
MD (Pathology)  
Consultant Pathologist  
Reg No. WBMC 64876



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<b>Age</b> : 57 Y 0 M 20 D	<b>Collection Date</b> : 29/Mar/2024 12:14PM
<b>Gender</b> : M	<b>Report Date</b> : 30/Mar/2024 04:22PM



**DEPARTMENT OF HAEMATOLOGY**

Test Name	Result	Bio Ref. Interval	Unit
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Test Name	Result	Bio Ref. Interval	Unit
<b>CBC WITH PLATELET &amp; RETICULOCYTE COUNT , EDTA WHOLE BLOOD</b>			
HEMOGLOBIN (Method:PHOTOMETRIC)	14.6	13 - 17	g/dL
WBC (Method:DC detection method)	5.2	4 - 10	*10 <sup>3</sup> /μL
RBC (Method:DC detection method)	5.25	4.5 - 5.5	*10 <sup>6</sup> /μL
PLATELET (THROMBOCYTE) COUNT (Method:DC detection method/Microscopy)	161	150 - 450*10 <sup>3</sup>	*10 <sup>3</sup> /μL
<b><u>DIFFERENTIAL COUNT</u></b>			
NEUTROPHILS (Method:Flowcytometry/Microscopy)	60	40 - 80 %	%
LYMPHOCYTES (Method:Flowcytometry/Microscopy)	31	20 - 40 %	%
MONOCYTES (Method:Flowcytometry/Microscopy)	06	2 - 10 %	%
EOSINOPHILS (Method:Flowcytometry/Microscopy)	02	1 - 6 %	%
BASOPHILS (Method:Flowcytometry/Microscopy)	<b>01</b>	0-0.9%	%
<b><u>CBC SUBGROUP 1</u></b>			
HEMATOCRIT / PCV (Method:Calculated)	46.5	40 - 50 %	%
MCV (Method:Calculated)	88.6	83 - 101 fl	fl
MCH (Method:Calculated)	27.8	27 - 32 pg	pg
MCHC (Method:Calculated)	<b>31.3</b>	31.5-34.5 gm/dl	gm/dl
RDW - RED CELL DISTRIBUTION WIDTH (Method:Calculated)	<b>16.2</b>	11.6-14%	%
RETICULOCYTE COUNT-AUTOMATED,BLOOD (Method:Cell Counter/Microscopy)	1.5	0.5-2.5%	%

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

MD (PATHOLOGY)  
CONSULTANT PATHOLOGIST  
Reg No. WBMC 66405

Lab No. : KNK/29-03-2024/SR8926184  
Patient Name : SANAT KUMAR MONDAL  
Age : 57 Y 0 M 20 D  
Gender : M

Lab Add. :  
Ref Dr. : Dr.MEDICAL OFFICER  
Collection Date :  
Report Date : 29/Mar/2024 06:07PM



DEPARTMENT OF X-RAY


**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\*.

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

  
Dr. Manish Kumar Jha  
MD Radiodiagnosis

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<b>Patient Name</b> : SANAT KUMAR MONDAL	<b>Ref Dr.</b> : Dr.MEDICAL OFFICER
<b>Age</b> : 57 Y 0 M 20 D	<b>Collection Date</b> : 29/Mar/2024 12:16PM
<b>Gender</b> : M	<b>Report Date</b> : 29/Mar/2024 03:30PM



### DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Bio Ref. Interval	Unit
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**\*URINE ROUTINE ALL, ALL , URINE**

**PHYSICAL EXAMINATION**

COLOUR : PALE YELLOW  
 APPEARANCE : SLIGHTLY HAZY

**CHEMICAL EXAMINATION**

pH (Method:DIPSTICK)	6	4.8 - 7.4	
SPECIFIC GRAVITY (Method:DIPSTICK)	<b>1.015</b>	1.016-1.022	
PROTEIN (Method:DIPSTICK(Protein Error Principle)/MANUAL)	NOT DETECTED	NOT DETECTED	
GLUCOSE (Method:DIPSTICK (Glucose Oxidase - peroxidase)/MANUAL)	NOT DETECTED	NOT DETECTED	
KETONES (ACETOACETIC ACID, ACETONE) (Method:Dipstick (Legals test)/Manual)	NOT DETECTED	NOT DETECTED	
BLOOD (Method:DIPSTICK(Pseudo Peroxidase Method))	NEGATIVE	NOT DETECTED	
BILIRUBIN (Method:DIPSTICK(Azo-Diazo Reaction)/MANUAL)	ABSENT	NEGATIVE	
UROBILINOGEN (Method:DIPSTICK(Diazonium Ion Reaction)/MANUAL)	NORMAL	NORMAL	
NITRITE (Method:DIPSTICK(GRIESS TEST))	NEGATIVE	NEGATIVE	
LEUCOCYTE ESTERASE (Method:DIPSTICK)	NEGATIVE	NEGATIVE	

**MICROSCOPIC EXAMINATION**

LEUKOCYTES (PUS CELLS) (Method:Microscopy)	0 - 2	0-5	/hpf
EPITHELIAL CELLS (Method:Microscopy)	0 - 2	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	
OTHERS	NIL		

**Note:**

1. All urine samples are checked for adequacy and suitability before examination.
2. Analysis by urine analyzer of dipstick is based on reflectance photometry principle. Abnormal results of chemical examinations are confirmed by manual methods.
3. The first voided morning clean-catch midstream urine sample is the specimen of choice for chemical and microscopic analysis.
4. Negative nitrite test does not exclude urinary tract infections.
5. Trace proteinuria can be seen in many physiological conditions like exercise, pregnancy, prolonged recumbency etc.
6. 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.
7. 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.



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DEPARTMENT OF CLINICAL PATHOLOGY

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8. Contamination from perineum and vaginal discharge should be avoided during collection, which may falsely elevate epithelial cell count and show presence of bacteria and/or yeast in the urine.

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

DR. SHABNAM PARVIN  
MD (Pathology)  
Consultant Pathologist  
Reg No. WBMC 64876

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Gender : M

Lab Add. :  
Ref Dr. : Dr.MEDICAL OFFICER  
Collection Date :  
Report Date : 29/Mar/2024 02:55PM



## DEPARTMENT OF CARDIOLOGY

### E.C.G. REPORT

DATA		
HEART RATE	62	Bpm
PR INTERVAL	170	Ms
QRS DURATION	78	Ms
QT INTERVAL	354	Ms
QTC INTERVAL	361	Ms
AXIS		
P WAVE	49	Degree
QRS WAVE	8	Degree
T WAVE	20	Degree
<b>IMPRESSION</b>	:	<b>Normal sinus rhythm, within normal limits.</b>

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

*ACRay*

Dr. A C RAY  
Department of Non-invasive  
Cardiology

Lab No. : KNK/29-03-2024/SR8926184  
Patient Name : SANAT KUMAR MONDAL  
Age : 57 Y 0 M 20 D  
Gender : M

Lab Add. :  
Ref Dr. : Dr.MEDICAL OFFICER  
Collection Date :  
Report Date : 01/Apr/2024 12:02PM



## DEPARTMENT OF ULTRASONOGRAPHY

### ULTRASONOGRAPHY OF WHOLE ABDOMEN

**LIVER:** Normal in shape, size and parenchymal echopattern. No focal lesion of altered echogenicity is seen. Intrahepatic biliary radicles are not dilated. The portal vein branches and hepatic veins are normal.

**GALL BLADDER:** Well distended; wall thickness is normal. Gall Bladder lumen shows no intraluminal calculus or mass. No pericholecystic collection or mass formation is noted.

**PORTA HEPATIS:** The portal vein is normal in caliber with clear lumen. The common bile duct is normal in caliber. Visualized lumen is clear.

**PANCREAS:** It is normal in shape, size 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 shape, size 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 shape, size and position. Cortical echogenicity and thickness are normal with normal cortico-medullary differentiation in both kidneys. No calculus, hydronephrosis or mass is noted. The perinephric region shows no abnormal fluid collection.

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

**URINARY BLADDER:** It is adequately distended providing optimum scanning window. The lumen is clear and wall thickness is normal. Post void residual urine volume is insignificant.

**PROSTATE:** It is enlarged in size but normal echopattern. No focal lesion is seen. Capsule is smooth.

Prostate volume: 33.20 cc.

### IMPRESSION:

- Prostatomegaly.

### Kindly note

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

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

Ø *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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**Collection Date** :  
**Report Date** : 01/Apr/2024 12:02PM



**DEPARTMENT OF ULTRASONOGRAPHY**

**DR. S.K. PRAMANIK**  
MD, Radiodiagnosis  
Reg. No. – 77692 (WBMC)