

187F/1, B.T. Road, Godrej Prakriti

Everest Tower (G+2), Sodepur, Kolkata 700 115

©: 033-6618 2619, 033-6645 5124

Email: jbchsodepur@gmail.com Website: www.jbchrpl.com

Lab Report

Patient Name

:Subhrajyoti Kunda Roy

: 19 Yrs

Age

: Male

Gender **Doctor Name** : Dr.SHIRSWENDU SAHA

Ref. By

: None

Lab ID

100836

PatientiD

102309

BIII No

100853

Billing Time: 06-03-2023, 9:01 am

URINE ROUTINE EXAMINATION

60

Test Value

Unit ml

Reference Range

Test Name QUANTITY

COLOUR

Watery

APPEARANCE

SLIGHT HAZY

DEPOSITE

PRESENT

SPECIFIC GRAVITY

1.015

REACTION

ACIDIC

ALBUMIN

mg/dl Absent

3.2 - 5.0

SUGAR

Pus Cells

Absent 2-4

/h.p.f

2 - 4 /h.p.f

1-2

/h.p.f

2 - 3 /h.p.f

Epithelial Cells

Nil

/h.p.f

0-1

RBC CAST

Nil

CRYSTAL

Uric Acid Crystal(+)

MICRO ORGANISM

A Few

DR. SNEHANSU NASKAR MBBS, MD (PATHOLOGY) REG. NO. - 52256 (WBMC)

Consultant Pathologist

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JOINT & BONE CARE HOSPITAL (JBCH)

DD-35, Sector-1, Salt Lake City, Kolkata-700 064 ©: 033-4601 8095 / 4005 2707 / 9330893900

Email: jbchkolkata@gmail.com



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Age

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Gender

: Male

Doctor Name

: Dr.SHIRSWENDU SAHA

Ref. By

: None

Lab ID

: 100836

PatientiD

102309

BIII No

100853

Billing Time: 06-03-2023, 9:01 am

Test Name Fasting Blood Glucose	Test Value 90.1	Unit mg/dl	Reference Range ADULTS : 70 - 110
(Method : GOD - POD) Blood Urea (Method : GLDH - Urease Method)	30.2	mg/dl	CHILD : 11 - 36 MALE : 19 - 45 FEMALE : 13 - 43
CREATININE (Method : Jaffe's method) QUANTITY	0.96	mg/dl	Male : 0.60 - 1.40 Female : 0.60 - 1.20
	60	ml	

COLOUR

Watery

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SLIGHT HAZY

DEPOSITE

PRESENT

SPECIFIC GRAVITY

1.015

REACTION

ACIDIC

ALBUMIN

Absent

mg/dl 3.2 - 5.0

SUGAR

Absent

Pus Cells

2-4

/h.p.f

2 - 4 /h.p.f

Epithelial Cells

1-2

/h.p.f

2 - 3 /h.p.f

0-1

RBC

Nil

/h.p.f

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Age.

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: 102309

Bill No

: 100853

Gender **Doctor Name**

: Male : Dr.SHIRSWENDU SAHA

Billing Time : 06-03-2023, 9:01 am

Ref. By

: None

Culture and Sensitivity Reports

Sample - Urine

TEST: CULTURE AND SENSITIVITY (AEROBIC AND CONVENTIONAL)

Culture shows growth of Pseudomonas aeruginosa.

Colony count	>10 ⁵ CFU/ML

TEST METHOD: KIRBY BAUER DISC DIFFUSION METHOD IN ACCORDANCE WITH CLSI* GUIDELINES.

ANTIBIOGRAM					
ANTIBIOTIC		ANTIBIOTIC		ANTIBIOTIC	
Piperacilin Tazobactum	S	Ciprofloxacin	S	Meropenem	S
Cefuroxime	R	Fosfomycin	S	Ertapenem	S
Cefepime	R	Nitrofurantoin	R		
Levofloxacin	S	Gentamicin	S		
Ofloxacin	S	Amikacin	S		
Lomefloxacin	S	Imepenem	S		
S=Sensitive		I=Intertmediate		R=Resistant	

*CLSI: Clinical and Laboratory Standard Institute.

Remark:

- 1. Clinical Correlation is suggested.
- The result related to the sample only. Partial reproduction of the report is prohibited.

DR. SNEHANSU NASKAR MBBS, MD (PATHOLOGY) REG. NO- 52256 (WBMC) Consultant Pathologist

NT & BONE CARE HOSPITAL (JBCH) C. L. T. L. City Kalkata-700 064



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Patient Name:

SUBHRAJYOTI ROY

Medical Record No:

MAR 885

Age:

194

Accession No:

Outpatient

Gender:

M

Location:

DR. N. AGASTI

Type Of Study: **Image Count:**

CT Brain & IAC w/o contrast 686

Physician: **Exam Time:**

10/03/23 06:45 PM

Requisition Time:

10/03/23 07:14 PM

Report Time:

10/03/23 09:24 PM

FINAL REPORT

CT SCAN OF THE HEAD WITHOUT CONTRAST:

Technique: Serial axial sections of the head from the level of the skull base to the vertex without contrast are obtained in brain and bone algorithms and reformatted in coronal and saggital planes.

FINDINGS:

The study is compromised due to ring artifacts.

No evidence of intracranial hemorrhage, mass effect or midline shift. The cerebral sulcal and gyral pattern appears normal. The gray and white matter differentiation is maintained. No obvious mass lesion / acute infarct / contusion is seen. The ventricles and basal cisterns are normal.

The brainstem and cerebellum are normal. The sella is unremarkable. The internal auditory meati are unremarkable.

The visualized portions of mastoid air cells are clear. The orbits are normal. Note is made of bilateral sphenoid and right posterior ethmoid sinusitis.

IMPRESSION:

No evidence of intracranial hemorrhage, mass effect or midline shift.

Adv: clinical correlation and MRI brain for further evaluation.

This report has been electronically signed by: Jainendra Jain MBBS, DMRD, DNB

This report has been generated using RADSpaTM (www.teleradtech.com

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