RAMSA
MEDICAL HEALTH CARE

DR. ASHOK KUMAR
MBBS, DOMS
Eye Specialist
Reg. No. : 23091 (BCMR)

Name :- Shri Dharmendra N. Sinha
Age :- 46 Gender : - Mal

Date :- 08/08/2025
Bill No. :-

V/A

	Without Glasses DV	Without Glasses NV	With Glasses DV	With Glasses NV
RE	6/36	N/6	6/6	N/6
LE	6/24	N/6	6/6	

C/O

H/O Diabetes
Hypertension
Others

I.O.P
RE
LE

O/E
Ext.

Colour Vision :- Within Normal Limit

Rx

Ophthalmoscopy

Adv
1) Tears plus eye drop [illegible]

PATNA
RAM SA MEDICAL HEALTHCARE

Glasses Prescribed/Acceptance :-

VA	RE D. Sph	RE D. Cyl	RE Axis	RE VA	LE D. Sph	LE D. Cyl	LE Axis	LE VA
DV	-1.00	—	—	6/6		-1.00	—	6/6
NV ADD	+1.75	—	—	N/6		+1.75	—	N/6

Dr. Ashok Kumar
MBBS. DOMS
Reg. No. 23091

फीस 15 दिनों के लिए मान्य है, 15 दिन बाद फीस पुनः लगेगी।

Ashok
[illegible]

RAMSA
MEDICAL HEALTH CARE

DR. AMIT SINHA
B.D.S., M.D.S (DENTAL)
Reg. No : BCMR-6242/A

Name :- Dharmendra Narayan Singh
Age :- 46 Gender :- M

Date :- 27/3/25
Bill No. :-

Adv:

- Hiora M/W
  10ml thrice a day
  for 15-days.
- U/S Scaling followed

C/O

Patient complain of
sensitivity

O/E Generalised
stain & Calculus.

Dr. Amit Sinha
B.D.S.,M.D.S
Reg No.:6242/A

Signature

फीस 15 दिनों के लिए मान्य है, 15 दिन बाद फीस पुनः लगेगी।

Beside Yadav Timber, East of Kanti Factory More, Kankarbagh Main Road, Patna-26
Contact No# +91 6122356151 +91 9229245090 Email:- Ramsamedicalhealthcare@gmail.com

RAMSA
MEDICAL HEALTHCARE

Patient Name	:-Mr. DHARMENDRA NARAYAN SINHA	Bill No#	:-BL/2425/2821
Age/Gender	:-46 Year(s)/Male	Collection Date	:-08/03/2025
Referred By	:- SELF, ...	Reporting Date	:-08/03/2025
		Contact No	:-7903673765

DEPARTMENT OF RADIOLOGY

Mediwheel Full Body Annual Plus

X-RAY CHEST- PA VIEW

Bilateral Lung fields are clear.
Both cardiophrenic & costophrenic angles are clear.
Cardiac size & bony cage is normal.

Greetings of good health from Ram Sa Medical Healthcare Patna. We sincerely thanks for the referral.

Technician

DR. Pawan Kumar Shah
DMRD, Radiologist

RAMSA
MEDICAL HEALTHCARE

Patient Name :-Mr Dharmendra Narayan Sinha Gender :-male Age:- 46Years
Bill No :- 24252821 Date:- 08.03.2025
Refer By :- Self

2D Echocardiogram Report

ECHOGENICITY :- Is Adequate.

DIMENSIONS	NORMAL	DIMENSIONS	NORMAL
AO(ed):- 2.6 cm	(2.0 – 4.0 cm)	IVS (Ed):- 1.2 cm	(0.6 – 1.1 cm)
LA(es):- 3.5 cm	(2.0 – 4.0cm)	LVPW (Ed):- 1.1 cm	(0.6 – 1.1 cm)
RVID (ed) :- 2.1 cm	(1.5 – 2.4 cm)		
LVID(ed):- 4.3 cm	(3.3 – 5.4 cm)	EF:- 62 %	(55-65%)
LVID(es):- 2.9 cm	(2.0 – 4.0 cm)	% FD:- 32 %	(28% - 42 %)

MOROPHOLOGICAL DATA

Mitral Valve:-	**AML** Normal	**Interatrial septum :-**	Normal
	PML fixed	**Interventricular septum :-**	Normal.
Aortic Valves:-	Normal	**Pulmonary artery :-**	Normal.
Tricuspid valve :-	Normal	**Aorta :-**	Normal.
Pulmonary valve :-	Normal.	**Right atrium :-**	Normal.
Right ventricle :-	Normal	**Left atrium :-**	Normal.

Left ventricle:- LV WALL MOTION ANALYSIS- No RWMA.

Pericardium:- No echo free space.

Doppler studies:- Normal flow across valves.MILD MR
MV – 80/70 cm/Sec PG – mmHg
AV – 130 cm/Sec

Impression:-

NO R.W.M.A
PML FIXED,MILD MR,NORMAL IVC,
NORMAL PA PRESSURE, NO CARDIAC SHUNT
NORMAL LV/RV SIZE & SYSTOLIC FUNCTION, LVEF=62%
NO PE/Veg/ CLOT/Mass

Consultant Cardiology

RAMSA
MEDICAL HEALTHCARE

Patient Name :- Mr.Dharmondra Naryan Sinha Gender :-Male Age :- 46Years
Bill No :- 24252821 Date :- 08-03.2025
Refer By :- Self

DEPARTMENT OF RADIOLOGY

Whole Abdomen

LIVER : 13.4 cm
Liver is mild enlarged in size and echopattern . No focal intra-hepatic lesion detected. Intra-hepatic biliary radicals are not dilated. Fatty changes seen in liver parenchyma. Portal vein is 1.25 normal in calibre.
GALL BLADDER : Gall bladder appears echofree with normal wall thickness .
Common duct is not dilated & measures 4.5 mm.
PANCREAS : Pancreas is normal in size and echopattern.
SPLEEN : Spleen is normal in size & echopattern. Its measures 10.4 cm.
KIDNEYS :
RIGHT KIDNEY :- Measures 9.35 x 4.05 cm.
LEFT KIDNEY :- Measures 10.6 x 4.03 cm.
Both kidneys are normal in position, size and outline. Cortico-medullary differentiation of both kidneys is maintained. Central sinus echoes are compact.
URINARY BLADDER : Urinary bladder is normal in wall thickness with clear contents. No significant intra or extraluminal mass seen.
PROSTATE : Prostate is normal in size and echo-pattern. It measures 16g in weight.
PRE-VOID : 13.7 cc in volume.
POST-VOID : Nill in volume
OTHERS :- Visualized parts of retro-peritoneum do not reveal any lymphadenopathy.
No significant free fluid is detected.

IMPRESSION: Normal Scan.
Adv.:- Further Workup/ Other Investigation

Greetings of good health from RAMSA Medical Healthcare Patna. We sincerely thanks for the refered

Dr. Pawan Kumar Shah
D.M.R.D

Technologist

Beside Yadav Timbar, East of Kanti Factory More Kankarbagh Main Road, Patna - 26
Contact No# +91 6122356151 Email:- RamSaMedicalHealthCare@gmail.com

RAM SA MEDICAL HEALTHCARE

Patient NameMr.DHARMENDRA NARAYAN SINHA 46/M

Resting ECG Report

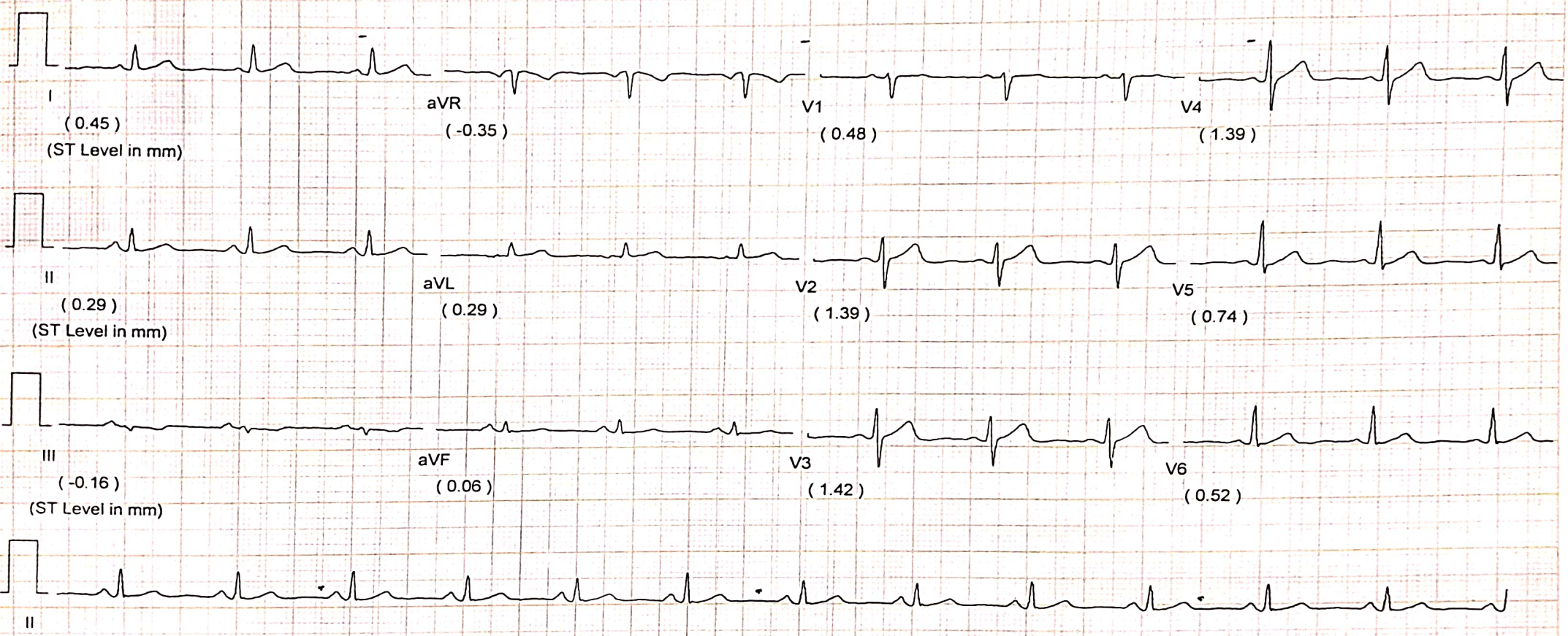
March 08, 2025
Time.13:51:38

QT / QTc : 0.356 / 0.398 Sec
P-QRS-T Axis (58)-(25)-(20) deg

PR Interval: 0.14 sec
QRS Duration : 0.072 Sec

RR Interval: 0.80 sec

HR : 77 bpm BP : 0 / 0 mmHg



Comments :-
Sinus bradycardia
Otherwise Normal ECG

RAM SA MEDICAL HEALTHCARE PATNA

Dr. Sanjay Kishore
MBBS, MD (Medicine)
Reg. No.-22643

DR
MBBS MD

10mm/mv,25mm/sec NASAN (C) Simul-G BL 4.3/96.25

RAMSA MEDICAL HEALTHCARE

Patient Name	:-Mr. DHARMENDRA NARAYAN SINHA	Bill No#	:-BL/2425/2821
Age/Gender	:-46 Year(s)/Male	Collection Date	:-08/03/2025
Referred By	:- SELF, ...	Reporting Date	:-09/03/2025
		Contact No	:-7903673765

HAEMATOLOGY EXAMINATION

Investigations	Observed Value	Unit	Reference - Range
Blood Group & Rh Factor			
Blood Group	"O"		
Rh Factor	Positive		

Interpretation:-

When and if following bone marrow or liver transplantation there is disagreement between the results of ABO or Rh results based on testing of RBCs ("forward" testing) and results based on testing of plasma ("reverse" testing), the discrepancy will be reported.

If baby and mother are both Rh Negative on initial testing, weak D testing should be performed on the cord sample and conferm.

Erythrocyte Sedimentation Rate (Westergen Method)			
First Hour	14	mm/hr	0 - 20
Second Hour	30	mm/hr	
Ratio	14.5		

Interpretation:-

The erythrocyte sedimentation rate increases with age; the upper limit is not clearly defined for patients > 60 years old.

Technician / Technologist

Dr. Manish Jaipuriyar
MD. (Pathology)

Beside Yadav Timbar, East of Kanti Factory More Kankarbagh Main Road, Patna - 26
Contact No# +91 6122356151 Email:- RamSaMedicalHealthCare@gmail.com

RAMSA
MEDICAL HEALTHCARE

nt Name	:-Mr. DHARMENDRA NARAYAN SINHA	Bill No#	:-BL/2425/2821
Age/Gender	:-46 Year(s)/Male	Collection Date	:-08/03/2025
Referred By	:- SELF, ...	Reporting Date	:-09/03/2025
		Contact No	:-7903673765

HAEMATOLOGY EXAMINATION

Investigations		Observed Value	Unit	Reference - Range
COMPLETE BLOOD COUNT (C. B. C.)				
Total Leucocyte Count (TLC)		6600	cells/Cu. mm	4000 - 11000
Differential Leucocyte Count (DLC)				
Neutrophil	↓	**58**	%	60 - 75
Lymphocyte	↑	**39**	%	20 - 35
Monocyte		01	%	1.0 - 6.0
Eosinophil		02	%	1.0 - 6.0
Basophil		00	%	0.0 - 1.0
Haemoglobin		13.9	gm/dl	12.0 - 17.5
Haemoglobin %		94.8	%	
Red Blood Cells (RBC) Count		4.87	million/Cu mm	4.5 - 6.0
PCV / Haematocrit (HCT)		40.1	%	40 - 50
Mean Cell Volume (MCV)		82.34	fl	80.0 - 99.0
Mean Cell Haemoglobin (MCH)		28.54	pg	26.5 - 33.5
Mean Cell Hb. Concentration (MCHC)		34.66	g/dl	32.0 - 36.0
Platelet Count	↓	**1.10**	Lakh Cell/cum	1.5 - 4.5

Technician / Technologist

Dr. Manish Jaipuriyar
MD. (Pathology)

Beside Yadav Timbar, East of Kanti Factory More Kankarbagh Main Road, Patna - 26
Contact No# +91 6122356151 Email:- RamSaMedicalHealthCare@gmail.com

RAMSA MEDICAL HEALTHCARE

Name	:-Mr. DHARMENDRA NARAYAN SINHA	Bill No#	:-BL/2425/2821
Age/Gender	:-46 Year(s)/Male	Collection Date	:-08/03/2025
Referred By	:- SELF, ...	Reporting Date	:-09/03/2025
		Contact No	:-7903673765

BIO-CHEMISTRY EXAMINATION

Investigations	Observed Value	Unit	Reference - Range
Blood Sugar Fasting	74	mg/dl	70 - 110
Blood Sugar Post Prandial (PP)	84	mg/dl	80 - 150

Interpretation:-

The Glucose Fasting test is done in the morning after an 8 to 12 hour overnight fast whereas the Glucose Postprandial test is done after a period of 2 hours from the start of the last meal. A healthcare professional will draw a blood sample from a vein in the arm.

Glycosylated Hemoglobin HbA1C	5.0	%	4.0 - 7.0

Interpretation:-

Management of Diabetes: *When using HbA1c assay, the ADA recommended goal for A1c control for adult diabetic patients in general is <7%.In diabetic patients who have experienced recent blood loss, hemolysis, or have elevated reticulocyte counts for other reasons, the HgBA1c level may be lowered and may not reflect actual glycemic control. In pregnant patients with diabetes, the ADA recommends aiming for the range < 6% if it can be achieved without excessive hypoglycemia.*

Technician / Technologist

Dr. Manish Jaipuriyar
MD. (Pathology)

Beside Yadav Timbar, East of Kanti Factory More Kankarbagh Main Road, Patna - 26
Contact No# +91 6122356151 Email:- RamSaMedicalHealthCare@gmail.com

RAMSA MEDICAL HEALTHCARE

Name	:-Mr. DHARMENDRA NARAYAN SINHA	Bill No#	:-BL/2425/2821
Age/Gender	:-46 Year(s)/Male	Collection Date	:-08/03/2025
Referred By	:- SELF, ...	Reporting Date	:-09/03/2025
		Contact No	:-7903673765

BIO-CHEMISTRY EXAMINATION

Investigations	Observed Value	Unit	Reference - Range
Kidney / Renal Function Test			
Blood Urea	28	mg/dl	13.0 - 45.0
Serum Creatinine	1.0	mg/dl	0.6 - 1.4
Serum Uric Acid	6.2	mg/dl	3.4 - 7.0
Sodium (Na)	140	mcg Eq/L	136 - 143
Potassium (K)	4.0	mcg Eq/L	3.5 - 5.6
Chloride (Cl)	102	mcg Eq/L	97.0 - 108.0

Technician / Technologist

Dr. Manish Jaipuriyar
MD. (Pathology)

Beside Yadav Timbar, East of Kanti Factory More Kankarbagh Main Road, Patna - 26
Contact No# +91 6122356151 Email:- RamSaMedicalHealthCare@gmail.com

RAMSA MEDICAL HEALTHCARE

Name	:-Mr. DHARMENDRA NARAYAN SINHA	Bill No#	:-BL/2425/2821
ge/Gender	:-46 Year(s)/Male	Collection Date	:-08/03/2025
Referred By	:- SELF, ...	Reporting Date	:-09/03/2025
		Contact No	:-7903673765

BIO-CHEMISTRY EXAMINATION

Investigations	Observed Value	Unit	Reference - Range
Liver Function Test			
Bilirubin Total	0.92	mg/dl	0.0 - 1.3
Bilirubin Direct (Conjugated)	0.22	mg/dl	0.0 - 0.60
Bilirubin Indirect (Un Conjugated)	0.7	mg/dl	0.0 - 0.90
Alanine Transaminase (ALT/SGPT)	32	U/L	0.0 - 40.0
Aspartate Transaminase (AST/SGOT)	28	IU/L	0.0 - 37.0
Alkaline Phosphatase	70	U/L	41 - 137
Total Protein	6.3	g/dl	6.0 - 8.3
albumin	3.7	gm/dl	3.5 - 5.0
Globulin	2.6	gm/dl	2.3 - 3.3
A:G Ratio	1.42		0.9 - 2.0

Interpretation:-

Aspartate Aminotransferase (AST) Aspartate Aminotransferase (AST) catalyses conversion of nitrogenous portion of amino acid, essential to energy production in Krebs cycle. AST is released into serum in proportion to cellular damage and most elevated in acute phase of cellular necrosis. Useful in the detection and differential diagnosis of hepatic disease.

Alanine Aminotransferase (ALT) Alanine Aminotransferase catalyses reversible amine group transfer in Krebs cycle. Unlike AST, it is mainly in liver cells and is a relatively specific indicator of Hepatocellular damage. It is released early in liver damage and remain elevated for weeks.

Gamma Glutamyl Transferase (GGT) Gamma Glutamyl Transferase (GGT) is associated with transfer of amino acids across cell membranes. GGT is most useful when looking for Hepatocellular damage. Increased production of GGT as ductal enzymosis, with increased enzymes produced in response to Hepatocellular damage.

Total and Direct Bilirubin determination in Serum in used for the diagnosis, differntiaton and fllow-up of Jaundice & assess liver function. Elevated Unconjugated Bilirubin occur in hemolytic jaundice. The Conjugated Bilirubin is predominatly increased in obstructive jaundice due to regurgitation. Hepatic jaundice is associated with increase in both conjugated and Unconjugated Bilirubin.

Total Protein is increased in hypergammaglobulinemias (monoclonal or polyclonal) and hypovolemic states. It is decreased in nutritional deciciency, severe liver damage. Increased loss in Renal, GI disease, severe skin disease and blood loss. Albumin levels generally parallel total protein levels.

The liver **Alkaline Phosphatase** is increased in biliary obstruction. ALP is involved in bone calcification. So elevated level indicate liver or bone diseases or Pregnancy.

Technician / Technologist

Dr. Manish Jaipuriyar
MD. (Pathology)

Beside Yadav Timbar, East of Kanti Factory More Kankarbagh Main Road, Patna - 26
Contact No# +91 6122356151 Email:- RamSaMedicalHealthCare@gmail.com

RAMSA MEDICAL HEALTHCARE

Name :-Mr. DHARMENDRA NARAYAN SINHA
Age/Gender :-48 Year(s)/Male
Referred By :- SELF, ...

Bill No# :-BL/2425/2821
Collection Date :-08/03/2025
Reporting Date :-09/03/2025
Contact No :-7903673765

BIO-CHEMISTRY EXAMINATION

Investigations	Observed Value	Unit	Reference - Range
LIPID PROFILE			
Total Cholesterol	198	mg/dl	110 - 240
Serum Triglycerides	147	mg/dl	60 - 160
HDL Cholesterol	48.0	mg/dl	30 - 70
LDL Cholesterol	120.6	mg/dl	60 - 130
VLDL Cholesterol	29.4	mg/dl	5 - 40
Total : HDL Cholesterol Ratio	4.12	Ratio	

Interpretation:-

NLA - 2014 Recommendation	Total Cholesterol	Triglyceride	LDL Cholesterol	Non HDL Cholesterol	Total : HDL Ratio
Optimal / Low Risk	< 200	< 150	< 100	< 130	3.3 - 4.4
Above Optimal / Average Risk	-	-	100 - 129	130 - 159	4.5 - 7.1
Borderline High / Moderate Risk	200 - 239	150 - 199	130 - 159	160 - 189	7.2 - 11.0
High Risk	>=240	200 - 499	160 - 189	190 - 219	>11.0
Very High Risk	> 400	>=500	>=190	>=220	

Note: 1. Measurements in the same patient can show physiological & analytical variations. Three serial samples 1 week apart are recommended for Total Cholesterol, Triglycerides, HDL& LDL Cholesterol.
2. NLA-2014 identifies Non HDL Cholesterol(an indicator of all atherogenic lipoproteins such as LDL , VLDL, IDL, Lpa, Chylomicron remnants)along with LDL-cholesterol as co- primary target for cholesterol lowering therapy. Note that major risk factors can modify treatment goals for LDL &Non HDL.
3. Apolipoprotein B is an optional, secondary lipid target for treatment once LDL & Non HDL goals have been achieved.
4. Additional testing for Apolipoprotein B, hsCRP, Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement.
5. A variety of genetic conditions are associated with accumulation in plasma of specific class of lipoprotein particles, are critical first step, as per Frederickson classification. It is important to consider & rule out secondary causes of hypertriglyceridemia (Obesity, Type 2 DM, Alcoholism, Renal failure, Cushing's syndrome etc.) before making the diagnosis of FHTG.

Technician / Technologist

Dr. Manish Jaipuriyar
MD. (Pathology)

Beside Yadav Timbar, East of Kanti Factory More Kankarbagh Main Road, Patna - 26
Contact No# +91 6122356151 Email:- RamSaMedicalHealthCare@gmail.com

RAMSA MEDICAL HEALTHCARE

Name	:-Mr. DHARNENDRA NARAYAN SINHA	Bill No#	:-BL/2425/2821
Age/Gender	:-46 Year(s)/Male	Collection Date	:-08/03/2025
Referred By	:- SELF, ...	Reporting Date	:-09/03/2025
		Contact No	:-7903673765

ELISA ASSEEY EXAMINATION

Investigations	Observed Value	Unit	Reference - Range
Serum Tri-Iodothyronine (T3)	1.2	ng/ml	0.50 - 2.00
Serum Thyroxine (T4)	8.6	µg/dl	4.5 - 11
Serum Thyroid Stimulating Hormon (TSH)	1.1	µlµ/ml	0.28 - 6.80

Interpretation::

Wallach's reference range for Thyroid for Male & Non Pregnant

Age	TSH (µlU/ml)		T4(µg/dl)		T3(ng/ml)	
	From	To	From	To	From	To
1-4 Days	1.0	39.0	11.08	21.61	0.97	7.42
1-4 Weeks	1.7	9.1	8.29	17.24	1.04	3.45
1-12 Months	0.8	8.2	5.93	16.38	1.04	2.47
1-5 Years	0.7	5.7	7.33	15.04	1.04	2.66
6-10 Years	0.7	5.7	6.40	13.33	0.91	2.40
11-15 Years	0.7	5.7	5.54	11.78	0.84	2.14
15-18 Years	0.7	5.7	4.21	11.86	0.78	2.0

Wallach's reference range for Thyroid for Pregnant Female

Pregnancy	TSH		T4		T3	
	From	To	From	To	From	To
1st Trimester	0.3	4.5	0.81	1.90	7.80	14.77
2nd Trimester	0.5	4.6	1.00	2.60	7.14	19.58
3rd Trimester	0.8	5.2	1.00	2.60	8.32	17.02

The **Tri-Iodothyronine (T3)** level may be elevated in the < 5% of hyperthyroid patients in whom the FT4 level is normal (T3 toxicosis). Measurement of T3 is of no value in the diagnosis of hypothyroidism. Total T3 can be affected by changes in thyroid binding protein levels. Measurements of Free T3 better reflect biologically active hormone levels than measurements of total T3.

Thyroxine (T4) is the major secretory hormone of the thyroid. Only 0.03% of T4 is unbound and free for exchange with tissues. Thyroid function may be assessed with thyroid stimulating hormone (TSH) and free T4 measured. Although free T4 is generally preferred over total T4 when monitoring thyroid function, the total T4 measurement may be preferred for monitoring of pregnant patients where total T4 reference ranges are available. The total T4 concentrations tend to be stable throughout pregnancy at 150% of the values in non- pregnant subjects and can be useful when the levels are evaluated according to pregnancy specific total T4 reference ranges which are approx. 1.5 times greater than non-pregnant ranges.

Thyroid Stimulating Hormon (TSH) is primarily responsible for the synthesis and release of Thyroid hormones is an early and sensitive indicator of decrease in Thyroid reserve is the diagnostic of primaryhypothyroidism. The expeted increase in TSH demonstrates the classical feedback mechanism between pituitary and thyroid gland. Additionally TSH measurement is equally important in differntiating secondary and tertiary (hypothalmic) hypothyroidism. The increase in total T4 and T3 is associated with pregnancy, oral contraceptive and estrogen therapy results into masking of abnormal thyroid function only because of alteration of TBG Concentration, Which can be monitored by Calculating Freee Thyroxine Index (FTI) or Thyroid Hormone Binding Ratio (THBR).

- TSH stimulates the thyroid gland to produce the main thyroid hormones T3 and T4.
- In cases of hyperthyroidism TSH level is severely inhibited and may even be undetectable.
- In rare forms of high-origin hyperthyroidism, the TSH level is not reduced, since the NFB control of the thyroid hormones has no effect.
- In cases of primary hypothyroidism, TSH levels are always much higher than normal and thyroid hormone levels are low.
- The TSH assay aids in diagnosing thyroid or hypophysial disorders.
- The T4 assay aids in assessing thyroid function, which is characterized by a decrease in thyroxine levels and an increase in patients with hyperthyroidism.
- The T3 plays an important part in maintaining euthyroidism.
- TSH, T4 & T3 determination may be associated with other tests such as FT4 & FT3 assay, as well as with the clinical examination of the

Technician / Technologist

Dr. Manish Jaipuriyar
MD. (Pathology)

RAMSA MEDICAL HEALTHCARE

Name	:-Mr. DHARMENDRA NARAYAN SINHA	Bill No#	:-BL/2425/2821
Age/Gender	:-46 Year(s)/Male	Collection Date	:-08/03/2025
Referred By	:- SELF, ...	Reporting Date	:-09/03/2025
		Contact No	:-7903673765

URINE EXAMINATION

Investigations	Observed Value	Unit	Reference - Range
Urine Sugar Fasting	Nil		
Urine Sugar Post Prandial (PP)	Nil		

Technician / Technologist

Dr. Manish Jaipuriyar
MD. (Pathology)

eside Yadav Timbar, East of Kanti Factory More Kankarbagh Main Road, Patna - 26
ontact No# +91 6122356151 Email:- RamSaMedicalHealthCare@gmail.com

RAMSA MEDICAL HEALTHCARE

Name	:-Mr. DHARMENDRA NARAYAN SINHA	Bill No#	:-BL/2425/2821
Age/Gender	:-46 Year(s)/Male	Collection Date	:-08/03/2025
Referred By	:- SELF, ...	Reporting Date	:-09/03/2025
		Contact No	:-7903673765

ELISA ASSEEY EXAMINATION

Investigations	Observed Value	Unit	Reference - Range
Prostate Specific Antigen Total	0.7	ng/ml	0.0 - 4.0

Technician / Technologist

Dr. Manish Jaipuriyar
MD. (Pathology)

Beside Yadav Timbar, East of Kanti Factory More Kankarbagh Main Road, Patna - 26
Contact No# +91 6122356151 Email:- RamSaMedicalHealthCare@gmail.com