

PATIENT NAME & ADDRESS
SITIKANATHA SAMANTARAY

PATHOLOGY



DESUN
HOSPITAL
A NABH HOSPITAL

Desun More, E.M. Bypass, Kasba Golpark, Kolkata-700 107, Ph: 71 222 000, Fax: 2440 9103
Email: desun@desunhospital.com, Website: www.desunhospital.com
(A Unit of P. N. Memorial Neurocentre & Research Institute Ltd.)

DRAWN : 12-08-2023
10:40 Hrs.

RECEIVED : 12-08-2023
10:49 Hrs.

REPORTED : 13-08-2023
18:33 Hrs.

OPD/IPD DOC NO SD01/OPD/BILL/2023-24/OP40431229

PATIENT CODE SD01/PAT/1000139388



2330407350

REFERRING DOCTOR

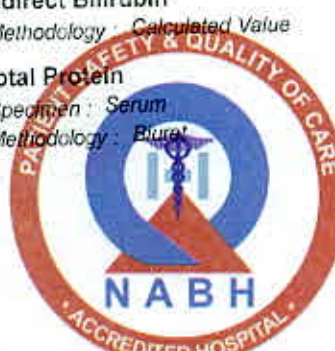
ACCESSION NO DHHI-1/2023-24/0003076

AGE 31 Yrs 10 Mths

SEX Male

Results relate only to the samples tested

TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
Glucose - Fasting			
Glucose - Fasting Specimen : Plasma Flouride Methodology : Hexokinase	84	Adult: 74 - 106 Children 60 - 100	mg/dL
Uric Acid			
Uric Acid Specimen : Serum Methodology : Uricase Peroxidase	8.8	Male : 3.5 - 7.2 Female : 2.6 - 6.0	mg/dL
Urea			
Urea Specimen : serum Methodology : Urease, GLDH (UV Method)	16	Adult : 17 - 43 Newborn : 8.4 - 25.8 Infant/Child : 10.8 - 38.4	mg/dL
Creatinine			
Creatinine Specimen : Serum Methodology : Jaffe Method	0.87	Male (<50 years) : 0.84 - 1.25 Male (>50 years) : 0.81 - 1.44 Female : 0.66 - 1.09 Neonate : 0.5 - 1.2 Infant : 0.4 - 0.7 Child : 0.5 - 1.2	mg/dL
LFT (Liver Function Test)			
Total Bilirubin Specimen : Serum Methodology : Diazotization	0.79	Adults : 0.3 - 1.2 Children 0-1 day 1.4 - 8.7 1-2 days 3.4 - 11.5 3-5 days 1.5 - 12.0	mg/dL
Direct Bilirubin Specimen : Serum Methodology : Diazotization	0.17	Adults and Children : < 0.2	mg/dL
Indirect Bilirubin Methodology : Calculated Value	0.62		mg/dL
Total Protein Specimen : Serum Methodology : Biuret	7.4	Adult : 6.6 - 8.3 Children (1 - 18 y) : 5.7 - 8.0 Newborns (1 - 30 d) : 4.1 - 6.3	g/dL



14082023112657

Dr. Swapan Pathak
MD (Path)
Sr Consultant

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TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
LFT (Liver Function Test)			
Albumin	4.8	Adults: 3.5 - 5.2 Newborn (0 - 4 day) : 2.8 - 4.4	g/dL
Specimen : Serum			
Methodology : Bromocresol Green (BCG)			
Globulin	2.6	1.8 - 3.6	g/dL
Methodology : Calculated Value			
Aspartate Aminotransferase (SGOT) (AST)	33	Male (Adult): <50 Female (Adult): <35 Newborn: 25 - 75 Infant: 15 - 60	U/L
Specimen : Serum			
Methodology : IFCC (UV without P5P)			
Alanine Aminotransferase (SGPT) (ALT)	45	Male(Adult): <50 Female(Adult): <35 Newborn/Infant: 13 - 45	U/L
Specimen : Serum			
Methodology : IFCC (UV without P5P)			
Alkaline Phosphatase (ALP)	85	75 - 316	U/L
Specimen : Serum			
Methodology : IFCC (PNPP, AMP buffer)			



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REFERRING DOCTOR: AGE 31 Yrs 10 Mths SEX Male

ACCESSION NO DHHI-1/2023-24/0003076

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TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
Glucose - PP (Post Prandial)			
Glucose - Post Prandial Specimen : Plasma Flouide Methodology : Hexokinase	96	70.0 - 140.0	mg/dL
** Sample Drawn : 12.08.2023 10:40 Hrs.	Received : 12.08.2023 16:52 Hrs.	Reported : 12.08.2023 18:28 Hr	



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(Signature)
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TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
Lipid Profile			
Cholesterol - Total Specimen : Serum Methodology : CHOD-POD	208	<200 : Desirable 200 - 239 : Borderline High ≥240 : High	mg/dL
Cholesterol - HDL Specimen : Serum Methodology : Direct Enzymatic Colorimetric	43	40.0 - 59.0	mg/dL
Cholesterol - LDL Methodology : Calculated Value	106	> 160.0 : High Risk 130.0 - 160.0 : Borderline High ≤ 130.0 : Desirable	mg/dL
Cholesterol - VLDL Methodology : Calculated Value	59	< 40.0	mg/dL
Triglyceride Specimen : Serum Methodology : GPO POD	295	Normal : <150 Borderline high : 150 - 199 High : 200 - 499 Very high : ≥500	mg/dL



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Lipid Profile			
Cholesterol - Total/HDL ratio Methodology : Calculated Value	4.84	3.4 : 1/2 Average Risk 5.0 : Average Risk 9.6 : 2 x Average Risk 23.4 : 3 x Average Risk	ratio
Cholesterol - HDL/LDL ratio Methodology : Calculated Value	0.41		



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TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
HbA1c (Glycosylated Haemoglobin)			
Glycosylated Haemoglobin (HBA1C)	5.3	4.6 - 6.2	%
Specimen : Methodology : NGSP			
LFT (Liver Function Test)			
A/G Ratio	1.85	1.1 - 2.2	ratio
Specimen : serum Methodology : Calculated Value			
GGT (Gamma-glutamyltransferase)			
Gamma-glutamyltransferase (GGT)	23	12 - 122	U/L
Specimen : Serum Methodology :			
Microalbuminuria / ACR,			
Spot Microalbumin	2.03		mg/L
Methodology : Immunoturbidimetry			
Creatinine, Urine	25.27		mg/dL
Methodology : Modified Jaffe			
Spot Microalbumin / Creatinine Ratio	8.03	Normal < 30.0 Microalbuminuria : 30 - 299 Clinical albuminuria : 300.0	µg of Albumin /mg Creatinine
Methodology : Calculated Value			



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TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
CBC (Complete Blood Count)			
Haemoglobin (Hb) Specimen : Whole Blood - EDTA Methodology : Colorimetry	14.9	13.0 - 17.0	gm %
RBC Count Specimen : Whole Blood - EDTA Methodology : Electrical Impedance	5.03	4.5 - 5.5	million/cmm
Packed Cell Volume (Hematocrit) (PCV) Specimen : Whole Blood - EDTA Methodology : Pulse height detection	45.6	40.0 - 50.0	%
Mean Cell Volume (MCV) Specimen : Whole Blood - EDTA Methodology : Calculated Value	90.6	83.0 - 101.0	fL
Mean Cell Haemoglobin (MCH) Specimen : Whole Blood - EDTA Methodology : Calculated Value	29.5	27 - 32	pg
Mean Cell Haemoglobin Concentration (MCHC) Specimen : Whole Blood - EDTA Methodology : Calculated Value	32.6	31.5 - 34.5	g/dL
Platelet Count Specimen : Whole Blood - EDTA Methodology : Electrical Impedance	2.38	1.5 - 4.1	lakh/cmm
Total Count			
WBC Count Specimen : Whole Blood - EDTA Methodology : Electrical Impedance	5.4	4.0 - 10.0	thou/cmm
Differential Count (Microscopy)			
Neutrophil	65	40 - 80	%
Lymphocyte	32	20 - 40	%
Monocyte	02	2 - 10	%
Eosinophil	01	1 - 6	%
Basophil	00	<1 - 2	%
Peripheral Blood Smear (Microscopy)			

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TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
CBC (Complete Blood Count)			
RBC	Normocytic Normochromic		
WBC	Normal morphology. No immature cell seen.		
Erythrocyte Sedimentation Rate (ESR) Specimen : Whole Blood - EDTA Methodology : Westergren	05	<=15	mm / hr



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TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
<p>ABO Group & RH Type</p> <p>ABO Blood Group Methodology : Tube Agglutination / Slide method</p> <p>Rh Typing Specimen : Whole Blood - EDTA Methodology : Tube Agglutination / Slide method</p>	<p>B</p> <p>POSITIVE</p> <p>Note : Following factors are responsible for discrepancies in ABO Grouping: 1. Patients may fail to express ABO antigens on red cells due to diseases like Leukaemia & lymphoma. 2. Acquired B antigen can occur due to infections; gram negative septicaemia, carcinoma colon, Blood Group chimera i.e. an individual with two population of cells which may occur as a result of either Bone marrow transplantation or Transfusion of group 'O' blood to 'A' or 'B' patient. 3. Rouleaux formation: It occurs in patients with abnormal Albumin/globulin concentration or in cord blood samples due to Whartons Jelly contamination. 4. Acquired antibodies i.e. Anti -A1 in A2 persons Anti -H in Bombay phenotype Cold auto - antibodies Unexpected allo-antibodies.</p>		



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TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
Urinalysis			
Urinalysis			
Physical Examination			
Volume	25		mL
Methodology : By graduated container			
Colour	Pale Straw		
Appearance	Slightly Hazy		
Methodology : Visual			
Specific Gravity	1.015		ratio
Methodology : pKa change			
Chemical Examination			
Reaction	Acidic		
Methodology : Double indicator (Strip)			
Protein	Absent		
Methodology : Protein-error-of-indicators			
Glucose	Absent		
Methodology : Glucose oxidase (Strip) Benedict's Test			
Ketone Bodies	Absent		
Methodology : Nitroprusside method (Strip)/ Tube			
Bile Salt	Absent		
Methodology : Hay's Method			
Bile Pigment	Absent		
Methodology : Diazo Method (Strip)			
Blood	Absent		
Methodology : Benzidine method (Strip) Microscopy			
Microscopic Examination			
Pus Cells	1-2		/hpf
RBC	Not Seen		/hpf
Epithelial Cells	0-1		/hpf



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TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
Urinalysis			
Casts	Not Seen		
Crystals	Not Seen		
----- End of Report -----			



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LABORATORY REPORT

CLIENT CODE : DHHI-3

CLIENT NAME : DESUN HOSPITAL & HEART INSTITUTE
720, Anandapur, Kasba Golpark, E.M Bypass,
Kolkata-700107
Ph. No. : (033)71222000



DESUN
REFERENCE LAB

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A Division of Desun Healthcare & Research Institute Ltd.

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ACCESSION NO. : DHHI-3/2023-24/0005581

AGE : 31 Yrs 10 Mths

SEX : Male




2330407350

Bed No / IPD ID / OPD ID : OPD

PATIENT ID : 139388

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TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
Thyroid Profile - 1 (T3, T4, TSH)			
Triiodothyronine (T3) Specimen : Serum Methodology : Electrochemiluminescence	1.36	0.80 - 2.00	ng/mL
Thyroxine (T4) Specimen : Serum Methodology : Electrochemiluminescence	10.07	5.10 - 14.10	µg/dL
Thyroid Stimulating Hormone (TSH) Specimen : Serum Methodology : Electrochemiluminescence	3.30	0.270 - 4.20	µIU/mL
----- End of Report -----			
 Dr. Jayati Gupta Ph.D (Bio.Chem) Senior Consultant Biochemist			

14082023112521

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CARDIOLOGY

SRIKANTHA SAMANTARAY



PROCEDURE DONE ON : 12.08.2023
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 REFERRING DOCTOR :
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Unit of: SD01/PAT/1000139388 (Institute Ltd.)
 AGE : 31 Yrs 10 Mths
 SEX : M

ELECTROCARDIOGRAM REPORT - NO.181



Sanjib Kumar Patra

Dr. SANJIB KUMAR PATRA
 Reg No: 53571 (WBMC)
 DM CARD
 Dept. of Cardiac Science

Prepared By : ARCHISMAN Checked By : Sumita Bar

S.K.P.

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CARDIOLOGY

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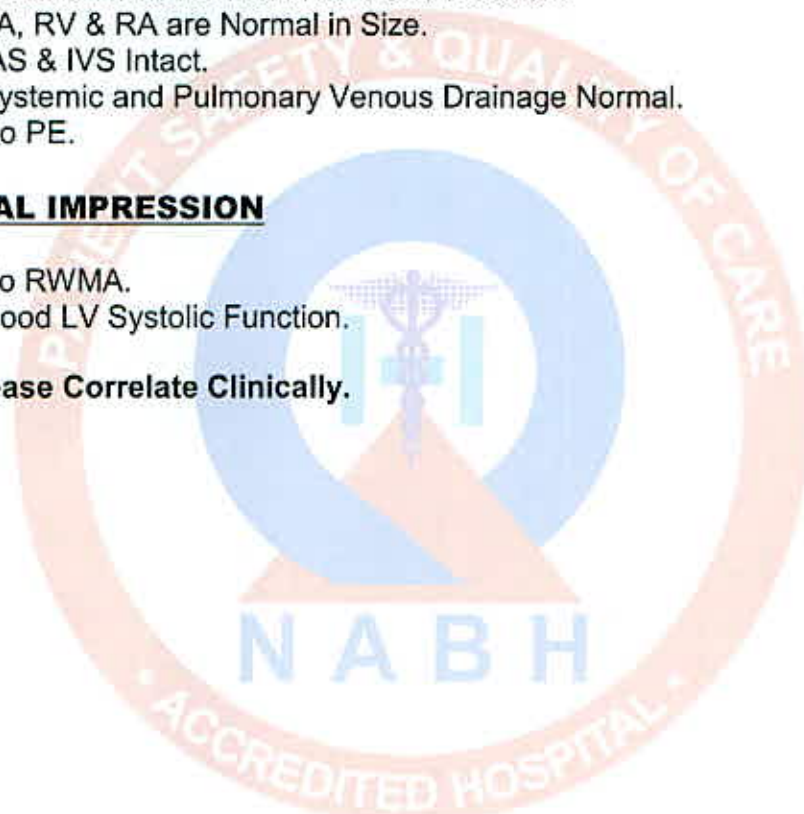
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SEX : M

ECHO CARDIOGRAPHY REPORT**ECHO NO : 171****SUMMARY**

- >> Normal LV Cavity.
- >> No RWMA.
- >> Good LV Systolic Function. LVEF = 65 %.
- >> Great arteries Normal in Size and Relation.
- >> LA, RV & RA are Normal in Size.
- >> IAS & IVS Intact.
- >> Systemic and Pulmonary Venous Drainage Normal.
- >> No PE.

FINAL IMPRESSION

- >> No RWMA.
- >> Good LV Systolic Function.

****Please Correlate Clinically.**

Sanjib Kumar Patra

Dr. SANJIB KUMAR PATRA

Reg No: 53571 (WBMC)
DM CARD
Dept. of Cardiac Science

Prepared By : Sanjoy Checked By : S K P

S K P

PATIENT NAME & ADDRESS

SITIKANTHA SAMANTARAY

CARDIOLOGY

DESUN
HOSPITAL
A NABH HOSPITAL

Desun More, E.M. Bypass, Kankra Golpark, Kolkata-700 107, Ph: 71 222 000, Fax: 2443 9003
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(A unit of P. N. Memorial Neurocentre & Research Institute Ltd.)

PROCEDURE DONE ON : 12.08.2023
OPD / IPD DOC NO : SD01/OPD/BILL/2023-24/OP40431229
REFERRING DOCTOR :
ACCESSION NO : R/DHHI-1/2023-24/0003854

REPORTED : 12.08.2023
PATIENT CODE : SD01/PAT/1000139388
AGE : 31 Yrs 10 Mths
SEX : M

M - mode Measurements Valves :-

Aorta - 2.7 cm LV ed - 4.0 cm
LA - 3.2 cm LV es - 2.2 cm
ACS - cm IVS ed - 1.0 cm
RV ed - cm PW (LV) - 1.0 cm
FS - % LVEF - 65 %

CHAMBERS:-

Left Ventricle : Normal in Size. Walls Normal in Thickness and Motion.

Left Atrium : Normal in Size.

Right Atrium : Normal in Size.

Right Ventricle : Normal in Size.

OTHERS :-

GREAT ARTERIES : Normal in Size and Relation.

PERICARDIUM : Normal.

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VALVES :-**MITRAL VALVE**

Morphology : Normal
Doppler : Normal

TRICUSPID VALVE

Morphology : Normal
Doppler : Normal

AORTIC VALVE

Morphology : Normal
Doppler : Normal

PULMONARY VALVE

Morphology : Normal
Doppler : Normal



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PATIENT NAME & ADDRESS

RADIOLOGY

SITIKANTHA SAMANTARAY



DESUN
HOSPITAL
A NARH HOSPITAL

PROCEDURE DONE ON : 12.08.2023

REPORTED : 12.08.2023

OPD / IPD DOC NO : SD01/OPD/BILL/2023-24/OP40431229

Desun More, E.M. Bypass, Kasba Golpark, Kolkata-700 107, Ph: 71 222 000, Fax: 2443 9003

PATIENT CODE : SD01/PAT/1000139386

REFERRING DOCTOR :

AGE : 31 Yrs 10 Mths

ACCESSION NO : R/DHHI-1/2023-24/0003861

SEX : M

(US-3118) USG OF WHOLE ABDOMEN (SCREENING)**LIVER**

Shows normal homogeneous echotexture. Intrahepatic biliary ducts and hepatic vein tributaries are not dilated. No obvious focal lesion seen.

GALL BLADDER

Physiologically distended. Wall thickness is normal. No evidence of any intraluminal lesion seen.

C.B.D.

Normal for age. No obvious intraluminal lesion seen in visible parts.

PORTAL VEIN

Normal for age.

PANCREAS

Normal in size, shape and echotexture. No obvious focal lesion or intraparenchymal calcification seen. Main pancreatic duct is not dilated. No peripancreatic fluid collection seen.

SPLEEN

Spleen is normal in size (10.7 cm. in long axis) shape and echotexture. No focal lesion seen. Spleno-portal axis is normal.

KIDNEYS

Both the kidneys are normal in size, shape and axis. Cortical echotexture and cortico-medullary differentiation are normal in both sides. No evidence of any focal lesion seen in either kidneys. No hydronephrosis detected.

Right Kidney measures : 9.7 cm

Left Kidney measures : 10.0 cm

URETERS

Pelvi-ureteric junction and vesico-ureteric junctions are normal. No obvious intraluminal lesion seen in visible part.

URINARY BLADDER

Optimally distended, normal in shape and wall thickness. No evidence of any intraluminal lesion seen.

PATIENT NAME & ADDRESS

RADIOLOGY

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 AGE : 31 Yrs 10 Mths
 SEX : M

PROSTATE

Normal echotexture. No obvious enlargement of median lobe seen. Inner glandular zone appear normal. Capsule is intact sonologically.

Prostate measures : 3.6 cm x 3.1 cm x 2.7 cm

Prostate weight : 16 gms (approx.)

RETROPERITONEUM

No obvious sonological evidence of any retroperitoneal mass lesion or lymphadenopathy seen in visible part. Aorta and I.V.C. appear normal.

PERITONEUM

No free fluid seen in the peritoneal cavity. Mesenteric echogenicity appears normal.

LOWER PLEURAL SPACES

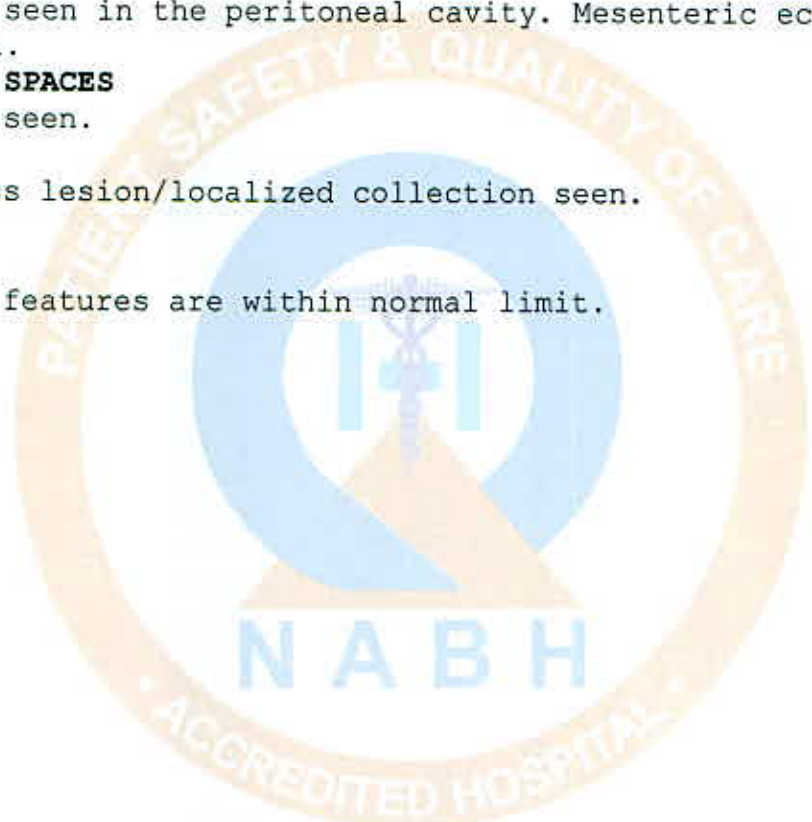
No free fluid seen.

R. I. F

No obvious mass lesion/localized collection seen.

IMPRESSION:

* Sonological features are within normal limit.




Dr. SUBINAY SAHA
 WBMC-72854
 MD (Radiodiagnosis) DNB, EDiR
 Consultant Radiologist

Patient Name :	SITIKANTHA SAMANTARAY 31Y OPD	Patient ID :	6528
Modality :	CR	Sex :	M
Age :	31Y	Study :	CXR PA
Reff. Dr. :		Study Date :	12-08-2023

PA view of the chest

Lung parenchyma does not show any definite pathology.

Both costophrenic angles are clear.

Cardiac size is normal.

Clinical correlation is necessary.



Dr. Ajay Aggarwal
M.B.B.S, M.D. (RADIO-DIAGNOSIS)
Reg. No: 6800
Date 12-08-2023 Time 20-55-18



Disclaimer: - It is an online interpretation of medical imaging based on clinical data. All modern machines/ procedures have their own limitation. If there is any clinical discrepancy, this investigation may be repeated or reassessed by other tests. Patient's identification in online reporting is not established, so in no way can this report be utilized for any medico legal purpose.

