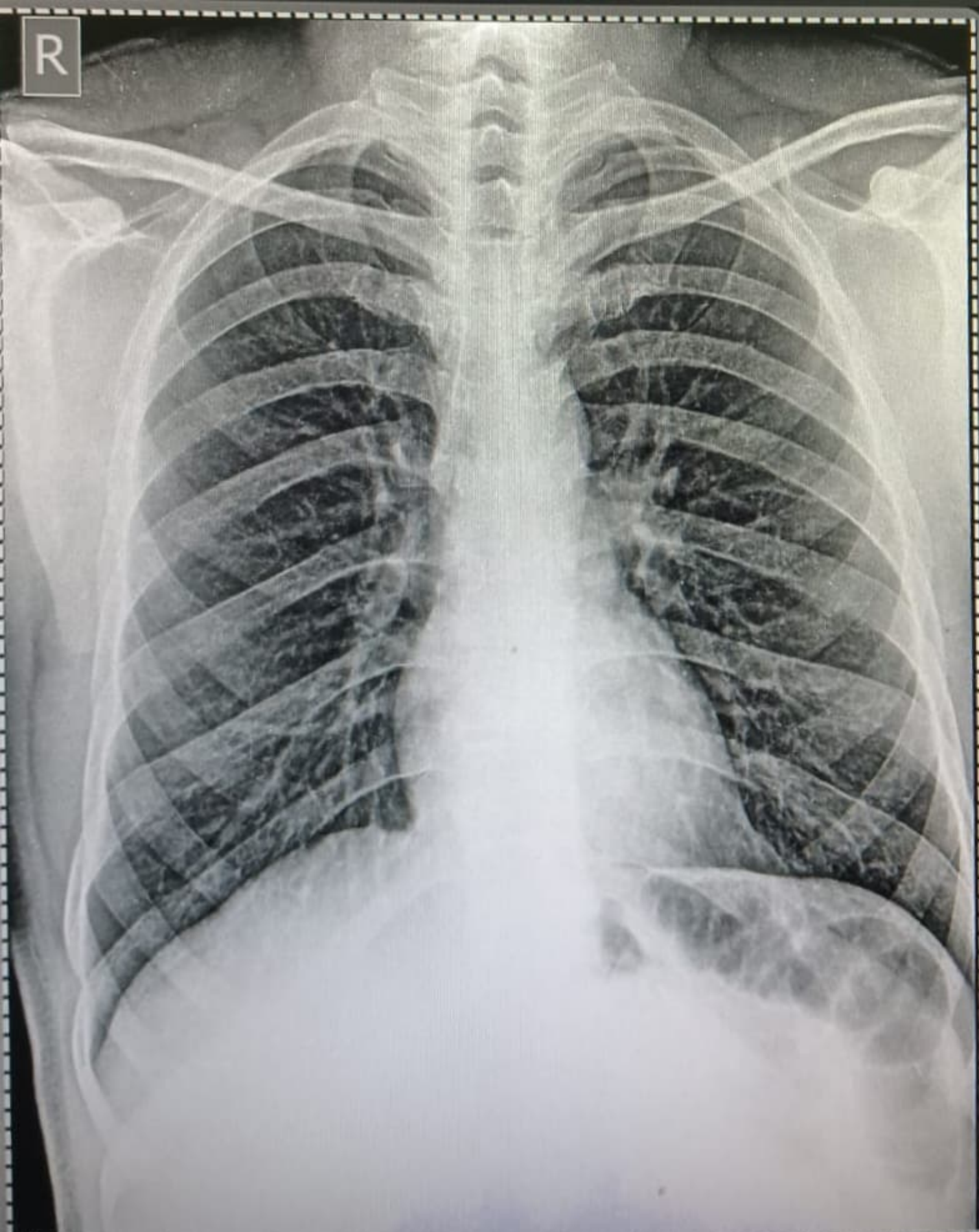


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SHEO KUMAR RAJAK 41 year(s) Male K-408 54.2 %
Ref. Dr. DGD 24/02/2024 11:40:49 Chest PA
OLIVE DIAGNOSTIC & POLYCLINIC PRADAN NAGAR SILIGURI PH 0353 3564463



Olive Diagnostics & Poly Clinic

Meghnad Saha Sarani, Pradhan Nagar,
Opp. St. Mary School, Siliguri, Dist: Darjeeling, Pin 734003

Contact No. 0353 3564463

e-mail : olivediagnostics2021@gmail.com

Patient's Name : SHEO KUMAR RAJAK Age: 41Yrs / M
Ref. By : DGD
Date : 24.02.2024

X- RAY REPORT

CHEST PA VIEW:

Bilateral lungs fields are normal.

Cardiac size is normal.

Both costophrenic angles are clear.

Trachea and mediastinum are central.

Bony thorax appears normal.

IMPRESSION: Normal study.

Dr. Sanjoy kumar Sahu, MBBS, MD
Consultant & Interventional
Radiologist



Patient ID	1223740		Specimen	WB-EDTA
Patient Name	Mr. Sheo Kumar Rajak		Booked Date	24/02/2024 11:32:50
Gender/Age	Male /41 Yrs		Collected Date	24/02/2024 11:36:18
Mobile No.	9832011246		Received Date	24/02/2024 11:36:19
Organization	Self		Report Date	24/02/2024 13:34:44
Ref. By	Self		Print Date	24/02/2024 18:24:51

Test Name	Value	Unit	Biological Ref Interval
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Complete Blood Count with ESR (CBC+ESR)

Complete Blood Count (CBC)

Automation+ Manual

Hemoglobin (Hb) Colorimetric Method	14.9	g/dL	13.0 - 17.0
Total Leucocyte Count (TLC) Flow Cytometry method	6940	cells/uL	4000 - 10000
Erythrocyte Count (RBC Count) Electric Impedance method	4.65	10 ⁶ /uL	4.50 - 5.50
Packed Cell Volume (PCV) Calculated	46.0	%	40.0 - 50.0
Mean Corpuscular Volume (MCV) Calculated	98.9	fL	83.0 - 101.0
MCH (Mean Corp Hb) Calculated	32.0	pg	27.0 - 32.0
MCHC (Mean Corp Hb Conc) Calculated	32.4	gm/dL	31.5 - 34.5
Platelet Count Electric Impedance Method	156.00	10 ³ /uL	150.00 - 450.00
RDW (CV) Calculated	11.8	%	11.5 - 14.0
MPV Calculated	14.8	fL	9.1 - 11.9
PCT calculated	0.23	%	0.18 - 0.39
PDW-SD calculated	16.5	fL	9.0 - 15.0

Differential Leucocyte Count (DLC)

Automation+Manual

Neutrophil Laser Flow Cytometry & Microscopy	55	%	40 - 70
Lymphocyte Laser Flow Cytometry & Microscopy	34	%	20 - 45
Eosinophil Laser Flow Cytometry & Microscopy	07	%	01 - 07



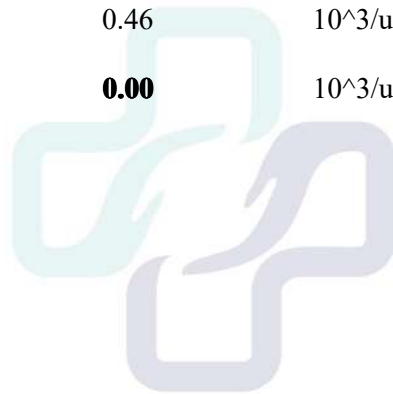
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Consultant Pathologist



Patient ID	1223740		Specimen	WB-EDTA
Patient Name	Mr. Sheo Kumar Rajak		Booked Date	24/02/2024 11:32:50
Gender/Age	Male /41 Yrs		Collected Date	24/02/2024 11:36:18
Mobile No.	9832011246		Received Date	24/02/2024 11:36:19
Organization	Self		Report Date	24/02/2024 13:34:44
Ref. By	Self		Print Date	24/02/2024 18:25:05

Test Name	Value	Unit	Biological Ref Interval
Monocyte Laser Flow Cytometry & Microscopy	04	%	00 - 10
Basophil Laser Flow Cytometry & Microscopy	00	%	00 - 01
Absolute Neutrophils Count (ANC) Calculated	3.80	10 ³ /uL	2.00 - 7.00
Absolute Lymphocytes Count (ALC) Calculated	2.37	10 ³ /uL	1.00 - 3.00
Absolute Monocytes Count (AMC) Calculated	0.31	10 ³ /uL	0.20 - 1.00
Absolute Eosinophil Count (AEC) Calculated	0.46	10 ³ /uL	0.02 - 0.50
Absolute Basophil count (ABC) Calculated	0.00	10 ³ /uL	0.02 - 0.10



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Patient ID	1223740		Specimen	WB-EDTA
Patient Name	Mr. Sheo Kumar Rajak		Booked Date	24/02/2024 11:32:50
Gender/Age	Male /41 Yrs		Collected Date	24/02/2024 11:36:18
Mobile No.	9832011246		Received Date	24/02/2024 11:36:19
Organization	Self		Report Date	24/02/2024 13:49:10
Ref. By	Self		Print Date	24/02/2024 18:25:13

Test Name	Value	Unit	Biological Ref Interval
Erythrocyte Sedimentation Rate (ESR) <small>Automated</small>	10	mm/1st hr.	00 - 20

Peripheral Blood Smear (P/S)
Cell Counter/Microscopy

RBCs Normocytic normochromic.
WBCs Within normal limits.
PLATELETS Adequate on smear.



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Patient ID	1223740		Specimen	Fluoride- F, Fluoride- PP
Patient Name	Mr. Sheo Kumar Rajak		Booked Date	24/02/2024 11:32:50
Gender/Age	Male /41 Yrs		Collected Date	24/02/2024 11:36:18
Mobile No.	9832011246		Received Date	24/02/2024 11:36:19
Organization	Self		Report Date	24/02/2024 18:08:21
Ref. By	Self		Print Date	24/02/2024 18:25:21

Test Name	Value	Unit	Biological Ref Interval
BIOCHEMISTRY			
Glucose- Fasting Blood <small>Hexokinase</small>	96.2	mg/dl	74.0 - 100.0
Glucose Postprandial Blood <small>Method: GOD-POD</small>	132.0	mg/dl	74.0 - 120.0



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Patient ID	1223740		Specimen	Serum
Patient Name	Mr. Sheo Kumar Rajak		Booked Date	24/02/2024 11:32:50
Gender/Age	Male /41 Yrs		Collected Date	24/02/2024 11:36:18
Mobile No.	9832011246		Received Date	24/02/2024 11:36:19
Organization	Self		Report Date	24/02/2024 13:34:44
Ref. By	Self		Print Date	24/02/2024 18:25:26

Test Name	Value	Unit	Biological Ref Interval
Lipid Profile			
Cholesterol - Total Spectro-photometry	160.5	mg/dl	Desirable = < 200 Borderline = 200-239 High Cholesterol = = 240 Child Desirable = < 170 Borderline = 170-199 High Cholesterol = >199
Triglycerides (TG) Glycerol/Peroxidase	110.0	mg/dl	0.0 - 161.0 High : 161-199 Hypertriglyceridemic : 200-499 Very High : > 499
Cholesterol - HDL Spectro-photometry	34.0	mg/dl	35.3 - 79.5
Cholesterol - LDL Spectro-photometry	104.5	mg/dl	60.0 - 130.0 Borderline High : 130 - 159 High : > 160
VLDL Cholesterol Calculated	22.0	mg/dl	4.7 - 22.1
Serum Total / HDL Cholesterol Ratio Calculated	4.72		4.50 - 6.00
Serum LDL / HDL Cholesterol Ratio Calculated	3.07		0.00 - 3.50

CHOLESTEROL, its fractions and triglycerides are the important plasma lipids in defining cardiovascular risk factors and in the management of cardiovascular disease. Highest acceptable and optimum values of cholesterol vary with age. Values above 220 mg/dl are associated with increased risk of CHD regardless of HDL & LDL values.

TRIGLYCERIDE level >250 mg/dL is associated with an approximately 2-fold greater risk of coronary vascular disease. Elevation of TRIGLYCERIDE can be seen in obesity, medication, fast less than 12 hrs., alcohol intake, diabetes mellitus, and pancreatitis.

HDL-CHOLESTEROL level <35 mg/dL is associated with an increased risk of coronary vascular disease even in the face of desirable levels of cholesterol and LDL-cholesterol.



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Patient ID	1223740		Specimen	Serum
Patient Name	Mr. Sheo Kumar Rajak		Booked Date	24/02/2024 11:32:50
Gender/Age	Male /41 Yrs		Collected Date	24/02/2024 11:36:18
Mobile No.	9832011246		Received Date	24/02/2024 11:36:19
Organization	Self		Report Date	24/02/2024 13:34:44
Ref. By	Self		Print Date	24/02/2024 18:25:42

Test Name	Value	Unit	Biological Ref Interval
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LDL-CHOLESTEROL & TOTAL CHOLESTEROL levels can be strikingly altered by thyroid, renal and liver disease as well as hereditary factors. Based on total cholesterol, LDL- cholesterol, and total cholesterol/HDL- cholesterol ratio, patients may be divided into three risk categories:

	<u>CHOLESTEROL</u>	<u>LDL-CHOLESTEROL</u>	<u>CHO/HDL RATIO</u>
Acceptable/Low Risk	<200 mg/dL	<130 mg/dL	< 4.5
Borderline High Risk	200-239 mg/dL	130-159 mg/dL	4.5-6.0
High Risk	> 240 mg /dL	>160 mg/dL	>6.0

APO A1 & APO B: Recent studies have shown that Apolipoproteins A1 & B might be the best indicators of coronary artery disease risk in an individual. Patients who have normal lipid profile may have abnormal Apo A1 & Apo B values. Ratio of Apo B:Apo A1 is >1 in cases of increased CHD risk.



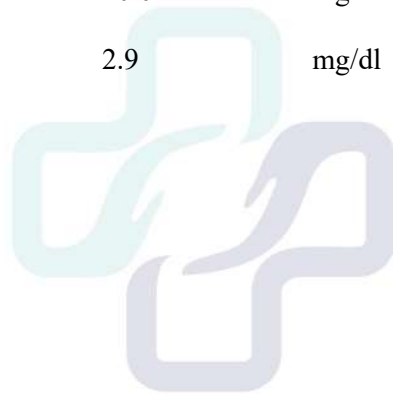
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Patient ID	1223740		Specimen	Serum
Patient Name	Mr. Sheo Kumar Rajak		Booked Date	24/02/2024 11:32:50
Gender/Age	Male /41 Yrs		Collected Date	24/02/2024 11:36:18
Mobile No.	9832011246		Received Date	24/02/2024 11:36:19
Organization	Self		Report Date	24/02/2024 13:34:44
Ref. By	Self		Print Date	24/02/2024 18:25:47

Test Name	Value	Unit	Biological Ref Interval
<u>Kidney Function Test/Renal Function Test</u>			
Urea (Method :Urease GLDH)	22.1	mg/dl	19.0 - 45.0
Blood Urea Nitrogen (BUN) Urease Endpoint	10.3	mg%	6.0 - 20.0
Creatinine Method:Spectr-photometry	0.91	mg/dl	0.70 - 1.30
Uric Acid (Method:URICASE POD)	5.0	mg/dl	3.5 - 7.2
Calcium Method :Spectro-photometry	10.0	mg/dl	8.6 - 10.2
Phosphorus UV Molybdate	2.9	mg/dl	2.5 - 4.5



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Patient Name	Mr. Sheo Kumar Rajak		Booked Date	24/02/2024 11:32:50
Gender/Age	Male /41 Yrs		Collected Date	24/02/2024 11:36:18
Mobile No.	9832011246		Received Date	24/02/2024 11:36:19
Organization	Self		Report Date	24/02/2024 18:13:14
Ref. By	Self		Print Date	24/02/2024 18:25:55

Test Name	Value	Unit	Biological Ref Interval
<u>Liver Function Test (LFT)- 2</u>			
Bilirubin Total <small>Method - Spectro-photometry</small>	0.75	mg/dl	0.00 - 1.20
Bilirubin Direct <small>Method:- Spectro.-photometry</small>	0.19	mg/dl	0.00 - 0.40
Bilirubin Indirect <small>Spectro-photometry</small>	0.56	mg/dl	0.00 - 0.75
Aspartate Aminotransferase (AST/ SGOT) <small>Spectro-photometry</small>	30.9	U/L	0.0 - 35.0
Alaline Transaminase ALT/ SGPT <small>(Method-Spectro-photometry)</small>	40.9	U/L	0.0 - 45.0
Alkaline Phosphatase (ALP) <small>Spectro-photometry</small>	109.4	IU/L	54.0 - 369.0
Protein Total <small>(METHOD:BIURET)</small>	7.5	gm/dl	6.4 - 8.3
Albumin <small>(Method-Spectro-photometry)</small>	4.9	gm/dl	3.5 - 5.2
Globulin <small>(METHOD:BCG)</small>	2.6	g/dl	2.3 - 3.5
A/G Ratio <small>COLORIMETRIC</small>	1.88		1.30 - 2.10
Gamma Glutamyl Transferase (GGT) <small>Method :Glupa C</small>	27.4	U/L	0.0 - 55.0



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Patient ID	1223740		Specimen	WB-EDTA
Patient Name	Mr. Sheo Kumar Rajak		Booked Date	24/02/2024 11:32:50
Gender/Age	Male /41 Yrs		Collected Date	24/02/2024 11:36:18
Mobile No.	9832011246		Received Date	24/02/2024 11:36:19
Organization	Self		Report Date	24/02/2024 13:34:44
Ref. By	Self		Print Date	24/02/2024 18:26:06

Test Name	Value	Unit	Biological Ref Interval
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HAEMATOLOGY

Glycosylated Hemoglobin (HbA1C)

HbA1C	4.4	%
Estimated average plasma Glucose	80	%

Interpretation:

As per American Diabetes Association (ADA)

Reference Group	HbA1c in %
Non diabetic adults ≥ 18 years	< 5.7
At risk (Prediabetes)	5.7-6.4
Diagnosing Diabetes	≥ 6.5
Therapeutic goals for glycemic control	Age > 19 years: Goal of therapy: < 7.0 Age < 19 years: Goal of therapy: < 7.5

Note:

- Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled.
- Target goals of $< 7.0\%$ may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of $< 7.0\%$ may not be appropriate.

Comments:

HbA1c provides an index of average blood glucose levels over the past 8 - 12 weeks and is a much better indicator of long-term glycemic control as compared to blood and urinary glucose determinations.

ADA criteria for correlation between HbA1c & Mean plasma glucose levels.

HbA1c (%)	Mean Plasma Glucose (mg/dL)
6	126
7	154
8	183
9	212
10	240
11	269
12	298



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Patient ID	1223740		Specimen	WB-EDTA
Patient Name	Mr. Sheo Kumar Rajak		Booked Date	24/02/2024 11:32:50
Gender/Age	Male /41 Yrs		Collected Date	24/02/2024 11:36:18
Mobile No.	9832011246		Received Date	24/02/2024 11:36:19
Organization	Self		Report Date	24/02/2024 13:33:24
Ref. By	Self		Print Date	24/02/2024 18:26:13

Test Name	Value	Unit	Biological Ref Interval
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Blood Grouping (A,B,O) and Rh Factor

Tube method

Blood Group ABO <small>Tube Agglutination</small>	B		
Rh Typing <small>Tube Agglutination</small>	POSITIVE		



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Patient ID	1223740		Specimen	Serum
Patient Name	Mr. Sheo Kumar Rajak		Booked Date	24/02/2024 11:32:50
Gender/Age	Male /41 Yrs		Collected Date	24/02/2024 11:36:18
Mobile No.	9832011246		Received Date	24/02/2024 11:36:19
Organization	Self		Report Date	24/02/2024 13:14:18
Ref. By	Self		Print Date	24/02/2024 18:26:18

Test Name	Value	Unit	Biological Ref Interval
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IMMUNOASSAY

Thyroid Profile Total

Triiodothyronine Total (TT3) Method:- CLIA	1.97	ng/dL	0.69 - 2.15
Thyroxine - Total (TT4) CLIA	52.60	ug/dl	52.00 - 127.00
Thyroid Stimulating Hormone (TSH) Method:- CLIA	1.16	uIU/ml	0.30 - 4.50

COMMENTS:

Assay results should be interpreted in context to the clinical condition and associated results of other investigations. Previous treatment with corticosteroid therapy may result in lower TSH levels while thyroid hormone levels are normal. Results are invalidated if the client has undergone a radionuclide scan within 7-14 days before the test. Abnormal thyroid test findings often found in critically ill clients should be repeated after the critical nature of condition is resolved. The production, circulation, and disintegration of thyroid hormones are altered throughout the stages of pregnancy.

PREGNANCY	REFERENCE RANGE for TSH IN uIU / ml (As per American Thyroid Association)
1 st Trimester	0.10-2.50 uIU /mL
2 nd Trimester	0.20-3.00 uIU /mL
3 rd Trimester	0.30-3.00 uIU /ml

TSH IS DONE BY ULTRASENSITIVE 4TH GENERATION CHEMIFLEX ASSAY

INTERPRETATIONS:

1. Primary hyperthyroidism is accompanied by elevated serum T3 & T4 values along with depressed TSH level.
2. Primary hypothyroidism is accompanied by depressed serum T3 and T4 values & elevated serum TSH levels.
3. Normal T4 levels accompanied by high T3 levels and low TSH are seen in patients with T3 thyrotoxicosis.
4. Normal or low T3 & high T4 levels indicate T4 thyrotoxicosis (problems in conversion of T4 to T3).
5. Normal T3 & T4 along with low TSH indicate mild / subclinical HYPERTHYROIDISM.
6. Normal T3 & low T4 along with high TSH is seen in HYPOTHYROIDISM.
7. Normal T3 & T4 levels with high TSH indicate Mild / Subclinical HYPOTHYROIDISM.
8. Slightly elevated T3 levels may be found in pregnancy and in estrogen therapy while depressed levels may be encountered in severe illness, malnutrition, renal failure and during therapy with drug like propranolol.
9. Although elevated TSH levels are nearly always indicative of primary hypothyroidism. Rarely they can result from TSH secreting pituitary tumours (secondary hyperthyroidism).



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Patient ID	1223740		Specimen	Serum
Patient Name	Mr. Sheo Kumar Rajak		Booked Date	24/02/2024 11:32:50
Gender/Age	Male /41 Yrs		Collected Date	24/02/2024 11:36:18
Mobile No.	9832011246		Received Date	24/02/2024 11:36:19
Organization	Self		Report Date	24/02/2024 13:14:18
Ref. By	Self		Print Date	24/02/2024 18:26:27

Test Name	Value	Unit	Biological Ref Interval
Prostate Specific Antigen (PSA) - Total <small>Chemiluminescence</small>	1.02	ng/ml	0.00 - 4.00

Interpretations:

- Prostate-specific antigen (PSA), a glycoprotein is produced by the prostate gland, the lining of the urethra, and the bulbourethral gland.
- Normally, very little PSA is secreted in the blood. Increases in glandular size and tissue damage caused by benign prostatic hypertrophy, prostatitis, or prostate cancer may increase circulating PSA levels.
- PSA exists in serum in multiple forms: complexed to alpha-1-anti-chymotrypsin (PSA-ACT complex), unbound (free PSA), and enveloped by alpha-2-macroglobulin (not detected by immunoassays).
- When total PSA concentration is 10.0 ng/mL, the probability of cancer is high and prostate biopsy is generally recommended.
- The total PSA range of 4.0 to 10.0 ng/ml has been described as a diagnostic "grey zone," in which the Free:Total PSA ratio helps to determine the relative risk of prostate cancer.
- Therefore, some urologists recommend using the Free:Total ratio to help select which men should undergo biopsy.
- However even a negative result of prostate biopsy does not rule-out prostate cancer.
- Up to 20% of men with negative biopsy results have subsequently been found to have cancer.
- Higher total PSA levels and lower percentages of free PSA are associated with higher risks of prostate cancer.
- Based on Free:Total PSA ratio the percent probability of finding prostate cancer on a needle biopsy by age in years.

The likelihood of finding prostate cancer based on the percentage of free PSA in men with a total PSA between 4ng/mL and 10 ng/mL, according to the Journal of American Medical Association:

Percentage of free PSA	Probability of prostate cancer
0-10%	56%
10-15%	28%
15-20%	20%
20-25%	16%
>25%	8%

Comments:

- Total PSA comprises of complexed PSA and uncomplexed or free PSA.
- False negative/positive results are observed in patients receiving mouse monoclonal antibodies for diagnosis or therapy.
- PSA total and free levels may appear consistently elevated/depressed due to the interference by heterophilic antibodies and nonspecific protein binding.
- Results obtained with different assay kits cannot be used interchangeably.
- All results should be correlated with clinical findings and results of other investigations.
- It was noticed in some studies that the proportion of free PSA was significantly higher in patients with BPH than in patients with prostate cancer.



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Patient ID	1223740		Specimen	Urine
Patient Name	Mr. Sheo Kumar Rajak		Booked Date	24/02/2024 11:32:50
Gender/Age	Male /41 Yrs		Collected Date	24/02/2024 11:36:50
Mobile No.	9832011246		Received Date	24/02/2024 11:36:51
Organization	Self		Report Date	24/02/2024 13:49:11
Ref. By	Self		Print Date	24/02/2024 18:26:34

Test Name	Value	Unit	Biological Ref Interval
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CLINICAL PATHOLOGY

Urine Routine & Microscopy

Strip/Microscopy

Physical Examination

Volume	20	ml	10
Colour	Pale yellow		Light Yellow
Appearance	Clear		Clear
Deposit	Absent		
Turbidity	Absent		
Reaction	Acidic		
Specific Gravity Refractometric	1.025		1.000 - 1.030

Chemical Examination

Urine Protein Protein Error of Indicator	Nil		Nil
---	-----	--	-----

Urine Glucose Oxidase Peroxidase Reaction	Nil		Nil
--	-----	--	-----

Urine Ketone body Sodium Nitropruside	Nil		Nil
--	-----	--	-----

Nitrite	Nil		Nil
---------	-----	--	-----

Bile Pigment (Urine) Method- FOUCHET	Nil		Nil
--	-----	--	-----

Bile Salt (Urine) Method: Sulphur	Nil		Nil
--------------------------------------	-----	--	-----

PH Double Indicators test	6.0		4.6 - 8.0
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Blood peroxidase reaction	Negative		Negative
------------------------------	----------	--	----------

Urobilinogen Modified Ehrlich Reaction	Normal		Normal
---	--------	--	--------

Urine Bilirubin diazotisation	Negative		Negative
----------------------------------	----------	--	----------

Leukocyte Diazonization Reaction	Negative		Negative
-------------------------------------	----------	--	----------

Microscopic Examintaion

Pus Cells	Occasional	/HPF	2-4
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Epithelial Cells	Occasional	/HPF	0-3
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Patient ID	1223740		Specimen	Urine
Patient Name	Mr. Sheo Kumar Rajak		Booked Date	24/02/2024 11:32:50
Gender/Age	Male /41 Yrs		Collected Date	24/02/2024 11:36:50
Mobile No.	9832011246		Received Date	24/02/2024 11:36:51
Organization	Self		Report Date	24/02/2024 13:49:11
Ref. By	Self		Print Date	24/02/2024 18:26:49

Test Name	Value	Unit	Biological Ref Interval
RBC's	Nil	/HPF	Nil
Casts	Nil		Nil
Crystals	Nil		Nil
Bacteria	Few		Nil
Budding yeast cells	Negative		Negative
Others	Nil		Nil

*** End of Report ***



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Consultant Pathologist



Date: 24.02.2024

Name: SHEO KUMAR RAJAK
Age/Gender: 41 Y/M
Mobile No.: 9832011246
Ref By: AHCN

Demographics:

Height	Weight	BP	BMI
178 cm	70 kgs	124/82 mmHg	22.1

Personal History:

Habits:	Smoking: No
	Alcohol: Occ.
	Drugs/Medicines: No

Family History:

Relation	Age	Health Status
Father	71	Healthy
Mother	Not alive	
Brother	50	Healthy
Sister	39	Healthy

Past History:

Hypertension	No
Diabetes	No
Asthma	No
Thyroid	No
Tuberculosis	No
Cancer	No

Others:

Allergic History	No
Surgical History	No

Ophthalmic Examination:

Distance vision		Near vision		Colour vision	
Right Eye	Left Eye	Right Eye	Left Eye	Right Eye	Left Eye
6/6	6/6	N6	N6	Normal	Normal

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Saiman Healthcare Pvt. Ltd.
Regn. No. 34400

Dr. Sunjel Kumar Garg
MD, FNB (Critical Care Medicine), IFCCM, EDIC, FICCM, FCCP (USA), FCCM (USA)
Senior Critical Care Physician
DMC-34400

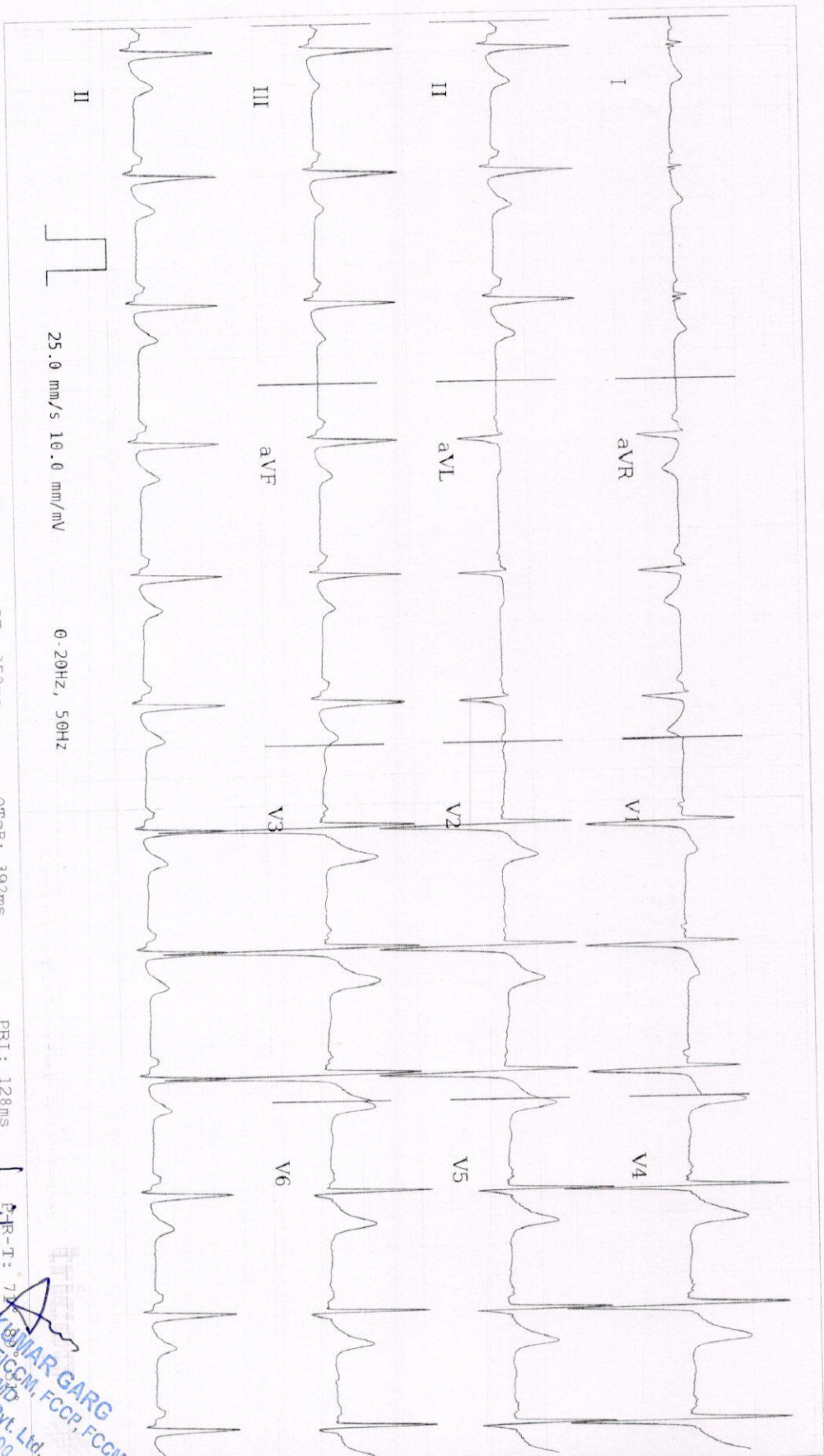
If test results are alarming or unexpected, patients are advised to contact the laboratory immediately for the possible remedial action.

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For Doctor Consultation & Home Health Care Services contact : +91-9999 500 123



D.G.D.TM
 DR GARG'S DIAGNOSTICS
 (A Division of Saiman Healthcare)

176/76/69, Meghnath Saha Sarani, Pradhan Nagar, Siliguri -734003, West Bengal, +91 9355090808,
 +91 3533571619
 Age / Gender: 41/Male
 Patient ID: 57
 Patient Name: Sheo kumar Rajak
 Date and Time: 24th Feb 24 10:12AM



AR : 72bpm

VR : 72bpm

QRSD : 96ms

QT : 358ms

QTcB : 392ms

FRI : 128ms

FRT : 72

Handwritten signature

DR. SUNEEL KUMAR GARG
 MD. FNB, IFCCM, EDIC, FICCM, FCCP, FCCM
 Founder & MD
 Saiman Healthcare Pvt. Ltd.
 DMC Regn. No. 34400





Olive Diagnostics & Poly Clinic

Meghnad Saha Sarani, Pradhan Nagar,
Opp. St. Mary School, Siliguri, Dist: Darjeeling. Pin 734003

Contact No. 0353 3564463

e-mail : olivediagnostics2021@gmail.com

Patient Name	: Sheo Kumar Rajak	Age - 41 yrs. / M
Investigation	: U.S.G. of Whole Abdomen	
Ref by	: Self	
Date of investigation	: Saturday, February 24, 2024	

LIVER:

Mildly enlarged in size (140 mm) with bright in echotexture. No definite focal or sizeable mass lesion. The IHBR are not dilated. The hepatic & portal venous systems appear normal.

GALLBLADDER:

Normal in size, shape, position & wall thickness. No calculus, mass or pericholecystic collection is seen.

CBD:-

Not dilated. No intraluminal lesion seen in visualized part.

PANCREAS:

Normal size, shape & echo texture. No focal lesion or mass detected. MPD not dilated. No peri-pancreatic collection is seen.

SPLEEN:

Normal in size. Echo texture is homogenous. No mass lesion.

RIGHT KIDNEY:

Normal size, shape, position and orientation with adequate Cortico-Medullary Differentiation. No calculus, mass or hydronephrosis is seen.

Right kidney measures 100mm in size.

LEFT KIDNEY:

Normal size, shape, position and orientation with adequate Cortico-Medullary Differentiation. No calculus, mass or hydronephrosis is seen.

Left kidney measures 113mm in size.

URETERS:-

Not dilated

URINARY BLADDER :

Well distended with smooth mucosal outline. No intraluminal Pathology.

PROSTATE:

Normal in size (measures 42mm x 31mm x 25mm with approx. volume of 17.9 cc), shape & echo texture. The outline is maintained. No focal mass / lesion is seen.

No ascites, pleural effusion or para aortic adenopathy is seen. Bowel loops are not dilated. Bilateral iliac fossa scan do not reveal any collection or mass lesion.

<u>IMPRESSION:</u>	Mild hepatomegaly with grade I fatty liver.
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Please correlate clinically.


24.2.24
Dr. Sanjoy Kumar Sahu, MBBS, MD
Consultant & Interventional
Radiologist