



Patient Name : MR. PROSENJIT ROY

Age / Gender : 51 Years / Male

Mobile No. : 8849837952

Patient ID : 79619

Bill ID : 82454

Referral : Self

Source : ALLIANCE & PROJECT

Optional ID : -

Collection Time : 29/03/2024, 09:22 AM

Receiving Time : 29/03/2024, 12:04 PM

Reporting Time : 29/03/2024, 02:13 PM

Sample ID : 1924021748

Sample Type : Edta Blood

Test Description	Value(s)	Unit(s)	Reference Range
Complete Blood Count			
HAEMOGLOBIN	15.1	gm/dl	13 - 17
TOTAL LEUCOCYTE COUNT	7300	/cumm	4000 - 11000
HCT	47.7	Vol%	40 - 50
R B C	5.11	millions/cumm	4.2 - 5.5
M C V	93.3	Femtolitre(fl)	80 - 100
M C H	29.5	Picograms(pg)	27 - 31
M C H C	31.7	gm/dl	32 - 36
PLATELET COUNT	1,70,000	/cumm	150000 - 450000
DIFFERENTIAL COUNT			
Neutrophils	60	%	40 - 75
Lymphocytes	34	%	20 - 40
Monocytes	02	%	2 - 8
Eosinophils	04	%	1 - 6
Basophils	00	%	0 - 1
ESR	02	mm	2 - 17
Remarks	Normocytic Normochromic. Platelets adequate.		
Note	XN 1000, SYSMEX METHOD : FLOWCYTOMETRY ESR : AUTOMATED VESCUBE - 30 TOUCH		

****END OF REPORT****

Checked by
Tamal Sarkar

Meenakshi
Dr. Meenakshi Mohan
MD (Pathology)
Consultant Pathologist
Regn. No. : WBMC 54631



Reported By : -

Registered By : ANUSREE PAUL





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Source : ALLIANCE & PROJECT

Optional ID : -

Collection Time : 29/03/2024, 09:22 AM

Receiving Time : 29/03/2024, 12:04 PM

Reporting Time : 29/03/2024, 02:45 PM

Sample ID : 1924021748

Sample Type : Edta Blood

Test Description	Value(s)	Unit(s)	Reference Range
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Blood Group & RH Typing

BLOOD GROUP	"O"		
RH TYPING	POSITIVE		

H1 lectin agglutinated

FORWARD & REVERSE BLOOD GROUPING,
GEL CARD BY BIO-RAD



****END OF REPORT****

Checked by
Tamal Sarkar

Meenakshi
Dr. Meenakshi Mohan
MD (Pathology)
Consultant Pathologist
Regn. No. : WBMC 54631



Reported By : -

Registered By : ANUSREE PAUL





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Source : ALLIANCE & PROJECT

Optional ID : -
Collection Time : 29/03/2024, 09:22 AM
Receiving Time : 29/03/2024, 12:04 PM
Reporting Time : 29/03/2024, 12:56 PM
Sample ID : 1924021748F
Sample Type : Fluoride - F

Test Description	Value(s)	Unit(s)	Reference Range
Glucose Fasting Plasma			
GLUCOSE FASTING PLASMA	99	mg/dL	74 - 109
Method : Hexokinase			

****END OF REPORT****

Checked by
Barun Jana

Supratik Biswas
Dr. Supratik Biswas
MBBS, MD,
Consultant Biochemist



Reported By : -

Registered By : ANUSREE PAUL





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Source : ALLIANCE & PROJECT

Optional ID : -
Collection Time : 29/03/2024, 09:22 AM
Receiving Time : 29/03/2024, 12:04 PM
Reporting Time : 29/03/2024, 01:28 PM
Sample ID : 1924021748
Sample Type : Edta Blood

Test Description	Value(s)	Unit(s)	Reference Range
HbA1c HPLC			
HbA1c HPLC Method : High Performance Liquid Chromatography (HPLC)	6.5	%	Normal : < 5.7 Pre Diabetes : 5.7 - 6.4 Diabetes : >= 6.5
Estimated Average Glucose	140	mg/dL	70 - 116

NOTE :

1. Glucose combines with haemoglobin(Hb) continuously and nearly irreversibly during life span of RBC(120 days); thus glycosylated Hb is proportional to mean plasma glucose level during the previous 2-3 months. Therefore A1c assay is a useful mean of evaluation of success of long term diabetic control by monitoring diabetic patient-s compliance with therapeutic regimen used and long-term blood glucose level control. Added advantage is its ability to predict progression of diabetic complications.
2. Presence of Hb variant may interfere with accurate estimation of HbA1c. Please do Hb HPLC test to identify Haemoglobinopathy if any and also do Glycated albumin or Fructosamine tests to assess glycemic status if required.
3. Inappropriately low value may be seen in anemia due to iron deficiency or due to other causes, acute blood loss, recent blood transfusion, hemoglobinopathies, CLD, Hypertriglyceridemia, intake of Vitamin E & C, Aspirin, Co-trimoxazole etc.



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Reporting Time : 29/03/2024, 01:28 PM
Sample ID : 1924021748
Sample Type : Edta Blood

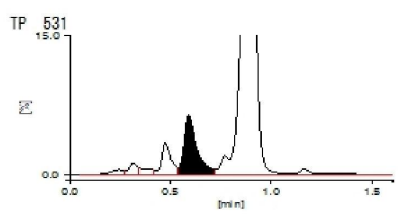
Test Description	Value(s)	Unit(s)	Reference Range
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Chromatogram Report

TOSOH G8 VAR V05.29 490206 2024-03-29 13:24:09
 ID 1924021748
 Sample No. 03290010 SL 0001 - 03
 Patient ID
 Name
 Comment

CALIB			
Name	%	Time	Area
A1A	0.5	0.24	6.97
A1B	0.7	0.31	9.55
F	0.5	0.39	7.46
LA1C+	2.1	0.47	30.24
SA1C	6.5	0.59	76.15
AO	91.5	0.88	1317.96
H-V0			
H-V1			
H-V2			

Total Area 1448.33
HbA1c 6.5 % **IFCC 48 mmol/mol**
 HbA1 7.7 % HbF 0.5 %



29-03-2024 13:24:09 TOSOH

NEUBERG PULSE DIAGNOSTIC CENTRE
 75,SARAT BOSE RD, KOL - 26

1 / 1

****END OF REPORT****



Reported By : -

Registered By : ANUSREE PAUL



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Reporting Time : 29/03/2024, 01:28 PM
Sample ID : 1924021748
Sample Type : Edta Blood

Test Description	Value(s)	Unit(s)	Reference Range
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Checked By
Rahul Mondal

Nabanita Banerjee
 Dr. Nabanita Banerjee
 MBBS (Cal), DNB (I), MIAPM
 Pathologist



Reported By : -

Registered By : ANUSREE PAUL



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Receiving Time : 29/03/2024, 12:05 PM

Reporting Time : 29/03/2024, 01:02 PM

Sample ID : 1924021748

Sample Type : Serum

Test Description	Value(s)	Unit(s)	Reference Range
T3,T4 & TSH			
T3 Method : Chemiluminescent Microparticle Immunoassay (CMIA)	0.94	ng/mL	1 - 30 days: 1 - 7.4 1m - 11m: 1.05 - 2.45 1yr - 5yrs: 1.05 - 2.69 6yrs - 10yrs: 0.94 - 2.41 11yrs - 15yrs: 0.82 - 2.13 16yrs- 20yrs: 0.8 - 2.1 Adult: 0.58 - 1.59
T4 Method : Chemiluminescent Microparticle Immunoassay (CMIA)	7.56	µg/dL	1d - 6d : 11.8 - 22.6 7d - 14d : 9.9 - 16.6 15d - 4m : 7.2 - 14.4 4m - 12m : 7.8 - 16.5 1yr - 5yr : 7.2 - 15.0 5yr - 10yr : 6.4 - 13.6 > 10yr : 4.87 - 11.72 Adult : 4.87 - 11.72
TSH Method : Chemiluminescent Microparticle Immunoassay (CMIA)	2.31	µIU/ml	0.35 - 4.94

Interpretation :

T3
Triiodothyronine (3,5,3' triiodothyronine or T3) is the thyroid hormone principally responsible for the regulation of metabolism of the various target organs. T3 is mainly formed extrathyroidally, particularly in the liver, by enzymatic 5' deiodination of T4 (thyroxine). A reduction in the conversion of T4 to T3 results in a decrease in the T3 concentration. It occurs under the influence of medicaments such as propranolol, glucocorticoids or amiodarone and in severe non thyroidal illness (NTI), and is referred to as "low T3 syndrome". The determination of T3 is utilized in the diagnosis of T3 hyperthyroidism, the detection of early stages of hyperthyroidism and for indicating a diagnosis of thyrotoxicosis factitia.

T4
The hormone thyroxine (T4) is the main product secreted by the thyroid gland and is an integral component of the hypothalamus anterior pituitary thyroid regulating system. The major part (> 99 %) of total thyroxine in serum is present in proteinbound form. As the concentrations of the transport proteins in serum are subject to exogenous and endogenous effects, the status of the binding proteins must also be taken into account in the assessment of the thyroid hormone concentration in serum. If this is ignored, changes in the binding proteins (e.g. due to estrogen containing preparations, during pregnancy or in the presence of a nephrotic syndrome etc.) can lead to erroneous assessments of the thyroid metabolic state. The determination of T4 can be utilized for the following indications: the detection of hyperthyroidism, the



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Reporting Time : 29/03/2024, 01:02 PM

Sample ID : 1924021748

Sample Type : Serum

Test Description	Value(s)	Unit(s)	Reference Range
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detection of primary and secondary hypothyroidism, and the monitoring of TSH suppression therapy.

TSH

TSH is formed in specific basophil cells of the anterior pituitary and is subject to a circadian secretion sequence. The hypophyseal release of TSH (thyrotropic hormone) is the central regulating mechanism for the biological action of thyroid hormones. The determination of TSH serves as the initial test in thyroid diagnostics. Even very slight changes in the concentrations of the free thyroid hormones bring about much greater opposite changes in the TSH level. Accordingly, TSH is a very sensitive and specific parameter for assessing thyroid function and is particularly suitable for early detection or exclusion of disorders in the central regulating circuit between the hypothalamus, pituitary and thyroid.

****END OF REPORT****

Checked by
Barun Jana

Supratik Biswas
Dr. Supratik Biswas
MBBS, MD,
Consultant Biochemist



Reported By : -

Registered By : ANUSREE PAUL





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Patient ID : 79619

Bill ID : 82454

Referral : Self

Source : ALLIANCE & PROJECT

Optional ID : -

Collection Time : 29/03/2024, 09:22 AM

Receiving Time : 29/03/2024, 12:05 PM

Reporting Time : 29/03/2024, 03:48 PM

Sample ID : 1924021748

Sample Type : Serum

Test Description	Value(s)	Unit(s)	Reference Range
<u>Lipid Profile</u>			
TRIGLYCERIDES Method : Enzymatic Colorimetric Assay using GPO-POD	135	mg/dL	Normal : < 150 Borderline High : 150 - 199 High : 200 - 499 Very High : >= 500
CHOLESTEROL Method : Enzymatic Colorimetric Assay using CHOD-POD	207	mg/dl	Desirable : < 200 Borderline High : 200 - 240 High Risk : > 240
HDL CHOLESTEROL Method : Enzymatic Inhibition	38	mg/dl	Low HDL : <40 High HDL : >= 60
LDL CHOLESTEROL Method : Enzymatic Selective Protection	139	mg/dl	Optimal : < 100 Above Optimal : 100 - 129 Borderline High : 130 - 159 High : 160 - 189 Very High : > 190
VLDL / CHOLESTEROL REMNANTS Method : Calculation	30	mg/dl	< 30
NON HDL CHOLESTEROL Method : Calculation	169	mg/dl	<130
TOTAL CHOLESTEROL / HDL CHOLESTEROL RATIO	5.45	Ratio	
LDL CHOLESTEROL / HDL CHOLESTEROL RATIO	3.66	Ratio	

Remark :

* National Cholesterol Education Programme Adult Treatment Panel III Guidelines (US)

****END OF REPORT****

Checked by
Barun Jana

Supratik Biswas
Dr. Supratik Biswas
MBBS, MD
Consultant Biochemist
Regn.No.: 64600 (WBMC)



Reported By : -

Registered By : ANUSREE PAUL





Patient Name : MR. PROSENJIT ROY
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Mobile No. : 8849837952
Patient ID : 79619
Bill ID : 82454
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Source : ALLIANCE & PROJECT

Optional ID : -
Collection Time : 29/03/2024, 09:22 AM
Receiving Time : 29/03/2024, 12:05 PM
Reporting Time : 29/03/2024, 01:59 PM
Sample ID : 1924021748
Sample Type : Serum

Test Description	Value(s)	Unit(s)	Reference Range
<u>Uric Acid, Serum</u>			
URIC ACID Method : Uricase PAP	9.30	mg/dL	3.5 - 7.2

****END OF REPORT****

Checked by
Barun Jana

Supratik Biswas
Dr. Supratik Biswas
 MBBS, MD
 Consultant Biochemist
 Regn.No.: 64600 (WBMC)



Reported By : -

Registered By : ANUSREE PAUL





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Mobile No. : 8849837952
Patient ID : 79619
Bill ID : 82454
Referral : Self

Optional ID : -
Collection Time : 29/03/2024, 09:22 a.m.
Receiving Time : 29/03/2024, 12:05 p.m.
Reporting Time : 29/03/2024, 03:49 p.m.
Sample ID : 1924021748
Sample Type : Serum

Test Description	Value(s)	Unit(s)	Reference Range
<u>Bun / Creatrine Ratio</u>			
BUN/Creatinine ratio	8.33		12 - 20
Method : Calculation			

****END OF REPORT****

Checked by
Pintu Manna

Supratik Biswas
 Dr. Supratik Biswas
 MBBS, MD
 Consultant Biochemist
 Regn.No.: 64600 (WBMC)



Reported By : -

Registered By : ANUSREE PAUL



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Receiving Time : 29/03/2024, 12:05 PM
Reporting Time : 29/03/2024, 01:22 PM
Sample ID : 1924021748
Sample Type : Serum

Test Description	Value(s)	Unit(s)	Reference Range
Urea Nitrogen (Bun)			
Urea Method : GLDH Kinetic assay	17	mg/dl	Adult : 17 - 43 Newborn: 8.4 - 25.8
UREA NITROGEN (BUN) Method : GLDH Kinetic assay (AU480), calculation.	7.94	mg/dl	6 - 20

****END OF REPORT****

Checked By
Rahul Mondal

N. Banerjee
 Dr. Nabanita Banerjee
 MBBS (Cal), DNB (I), MIAPM
 Pathologist



Reported By : -

Registered By : ANUSREE PAUL



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Reporting Time : 29/03/2024, 01:22 PM
Sample ID : 1924021748
Sample Type : Serum

Test Description	Value(s)	Unit(s)	Reference Range
<u>Total Proteins, Serum</u>			
TOTAL PROTEIN	7.49	g/dl	6.6 - 8.3
Method : Biuret			
ALBUMIN	4.71	g/dl	Adults: 3.5 - 5.2 Newborn(0-4days): 2.8 - 4.4
Method : Bromocresol green			
GLOBULIN	2.78	g/dl	1.8 - 3.6
Method : Calculation			
A/G RATIO	1.69		1.2 - 2.0
Method : Calculation			

****END OF REPORT****

Checked By
Rahul Mondal

Nabanita Banerjee
 Dr. Nabanita Banerjee
 MBBS (Cal), DNB (I), MIAPM
 Pathologist



Reported By : -

Registered By : ANUSREE PAUL





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Optional ID : -
Collection Time : 29/03/2024, 09:22 AM
Receiving Time : 29/03/2024, 12:05 PM
Reporting Time : 29/03/2024, 12:49 PM
Sample ID : 1924021748
Sample Type : Serum

Test Description	Value(s)	Unit(s)	Reference Range
<u>Creatinine, Serum</u>			
CREATININE	0.96	mg/dl	< 1.2
Method : Modified Jaffe kinetic.			

****END OF REPORT****

Checked by
Barun Jana

Supratik Biswas
Dr. Supratik Biswas
MBBS, MD,
Consultant Biochemist



Reported By : -

Registered By : ANUSREE PAUL





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Optional ID : -

Collection Time : 29/03/2024, 09:22 AM

Receiving Time : 29/03/2024, 12:05 PM

Reporting Time : 29/03/2024, 01:52 PM

Sample ID : 1924021748

Sample Type : Serum

Test Description	Value(s)	Unit(s)	Reference Range
<u>Liver Function Test</u>			
TOTAL BILIRUBIN Method : DPD	1.71	mg/dL	<1.2
CONJUGATED BILIRUBIN Method : DPD	0.59	mg/dl	< 0.2
UNCONJUGATED BILIRUBIN Method : Calculation	1.12	mg/dL	
SGPT Method : IFCC (without pyridoxal phosphate activation)	49	U/L	< 50
SGOT Method : IFCC (without pyridoxal phosphate activation)	34	U/L	< 50
ALKALINE PHOSPHATASE Method : IFCC AMP Buffer	49	U/L	30 - 120
TOTAL PROTEIN Method : Biuret	7.49	g/dL	6.6 - 8.3
ALBUMIN Method : Bromocresol Green	4.71	g/dL	Adults: 3.5 - 5.2 Newborn (1-4 days): 2.8 - 4.4
GLOBULIN Method : Calculation	2.78	g/dL	1.80 - 3.60
A/G RATIO Method : Calculation	1.69		1.2 - 2
GAMMA-GLUTAMYL TRANSFERASE Method : IFCC	39	U/L	< 55

****END OF REPORT****

Checked by
Pintu Manna

Supratik Biswas
Dr. Supratik Biswas
MBBS, MD
Consultant Biochemist
Regn.No.: 64600 (WBMC)



Reported By : -

Registered By : ANUSREE PAUL





Patient Name : MR. PROSENJIT ROY

Age / Gender : 51 Years / Male

Mobile No. : 8849837952

Patient ID : 79619

Bill ID : 82454

Referral : Self

Source : ALLIANCE & PROJECT

Optional ID : -

Collection Time : 29/03/2024, 09:18 AM

Receiving Time : 29/03/2024, 11:46 AM

Reporting Time : 29/03/2024, 02:04 PM

Sample ID : 1924021748

Sample Type : 2D Echo

Echocardiography/TMT

M Mode Data : Parameter	Test Value	Normal Range (Adults)	Unit
Aortic Root Diameter	2.9	2.0 – 4.0	cm
Left atrial diameter	3.5	2.0 – 4.0	cm
RV internal diameter	2.3	2.0 – 4.0	cm
IV septal thickness (diastole)	1.0	0.60 – 1.10	cm
LV Internal diameter (diastole)	5.0	3.50 – 5.6	cm
Post. Wall thickness (diastole)	1.0	0.60 – 1.10	cm
Internal diameter (systole)	3.2	2.4 – 4.20	cm
LV Ejection fraction	65	55 – 75	%

LV shows :

Normal size cardiac chamber

No RWMA

Grade I diastolic dysfunction. E/E' -9 .

Good LV systolic function with LVEF - 65 %.

Normal RVSF.

Trivial TR (21 mmHg).

No PE/ PAH.

IVC normal in size, collapsing well.

IMPRESSION :

Normal size cardiac chamber.

Good bi-ventricular systolic function.

Grade I diastolic dysfunction.

Trivial TR.

No PAH.



Reported By : RUMA BANERJEE


Registered By : ANUSREE PAUL



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Reporting Time : 29/03/2024, 02:04 PM
Sample ID : 1924021748
Sample Type : 2D Echo

****END OF REPORT****


Dr. Abhinay Tibdewal
MD, DM (Cardiologist)
Regn. No.: WBMC 85811

Checked by
Ruma Banerjee



Reported By : RUMA BANERJEE

Registered By : ANUSREE PAUL



Patient Name : MR. PROSENJIT ROY

Age / Gender : 51 Years / Male

Mobile No. : 8849837952

Patient ID : 79619

Bill ID : 82454

Referral : Self

Optional ID : -

Collection Time : 29/03/2024, 09:18 a.m.

Receiving Time : 29/03/2024, 12:35 p.m.

Reporting Time : 29/03/2024, 03:32 p.m.

Sample ID : 1924021748

Sample Type : USG

USG Whole Abdomen

USG STUDY OF WHOLE ABDOMEN

LIVER

Is mildly enlarged (165 mm) in size, outline with mild increased parenchymal echotexture. No focal lesion is seen. Intrahepatic biliary radicles are not seen dilated. Hepatic & Portal venous systems appear normal. Portal vein 7 mm.in calibre.

GALL BLADDER

Is seen normal in size, shape, outline, position & wall thickness. No intraluminal calculus or any mass lesion is seen. No pericholecystic fluid collection is seen.

CBD

Is not seen dilated and measures 3 mm.

PANCREAS

Is normal in size, shape, outline and echotexture. No definite focal lesion is evident. Pancreatic duct is not seen dilated. No tenderness is seen over the region.

SPLEEN

Is normal in shape, size, position and echotexture. No focal lesion is seen. No abnormal vessels are seen at the splenic hilum. Spleen measures 73 mm. in length.

KIDNEYS

Are normal in size, position, outline and echogenicity with maintained cortico-medullary differentiation. No focal lesion is seen involving either kidney. Central echocomplexes of both kidneys appear normal. There is no evidence of hydronephrosis or calculus.

Right kidney measures 94 mm.

Left kidney measures 86 mm.

URETERS

Ureters are not seen dilated.



Reported By : Ankita Mullick

Registered By : ANUSREE PAUL



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Referral : Self

Optional ID : -

Collection Time : 29/03/2024, 09:18 a.m.

Receiving Time : 29/03/2024, 12:35 p.m.

Reporting Time : 29/03/2024, 03:32 p.m.

Sample ID : 1924021748

Sample Type : USG

URINARY BLADDER

Urinary bladder appears optimally distended. It appears smooth in outline. No mass lesion or any calculus is seen within the urinary bladder.

PROSTATE

Prostate is seen normal in size, outline and echotexture. No definite focal parenchymal lesion is seen. Prostatic capsule is intact. Prostate measures 32 x 26 x 24 mm and weighs 20 gm.

No evidence of ascitis, pleural effusion or abdominal lymphadenopathy.

IMPRESSION

Mild hepatomegaly with grade I fatty changes of liver.

****END OF REPORT****

Dr. Anirban Mondal
MBBS (Hons.)(Cal),
MD (Radiology)



Reported By : Ankita Mullick

Registered By : ANUSREE PAUL



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Source : ALLIANCE & PROJECT

Optional ID : -
Collection Time : 29/03/2024, 09:22 AM
Receiving Time : 29/03/2024, 12:05 PM
Reporting Time : 29/03/2024, 01:38 PM
Sample ID : 1924021748
Sample Type : Serum

Test Description	Value(s)	Unit(s)	Reference Range
Prostate Specific Antigen (PSA), Serum			
PSA (PROSTATE SPECIFIC ANTIGEN)	0.86	ng/mL	< 3.1
Method : Electrochemiluminescence Immunoassay (ECLIA)			
Remark			

****END OF REPORT****

Checked by
Barun Jana

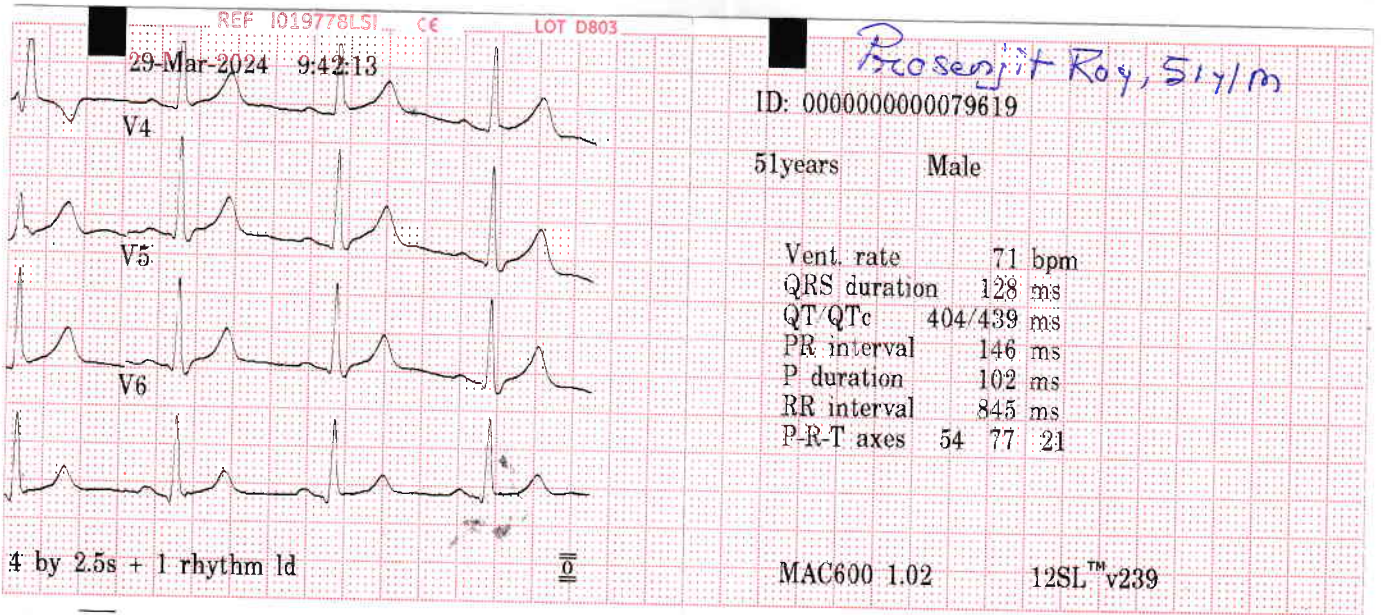
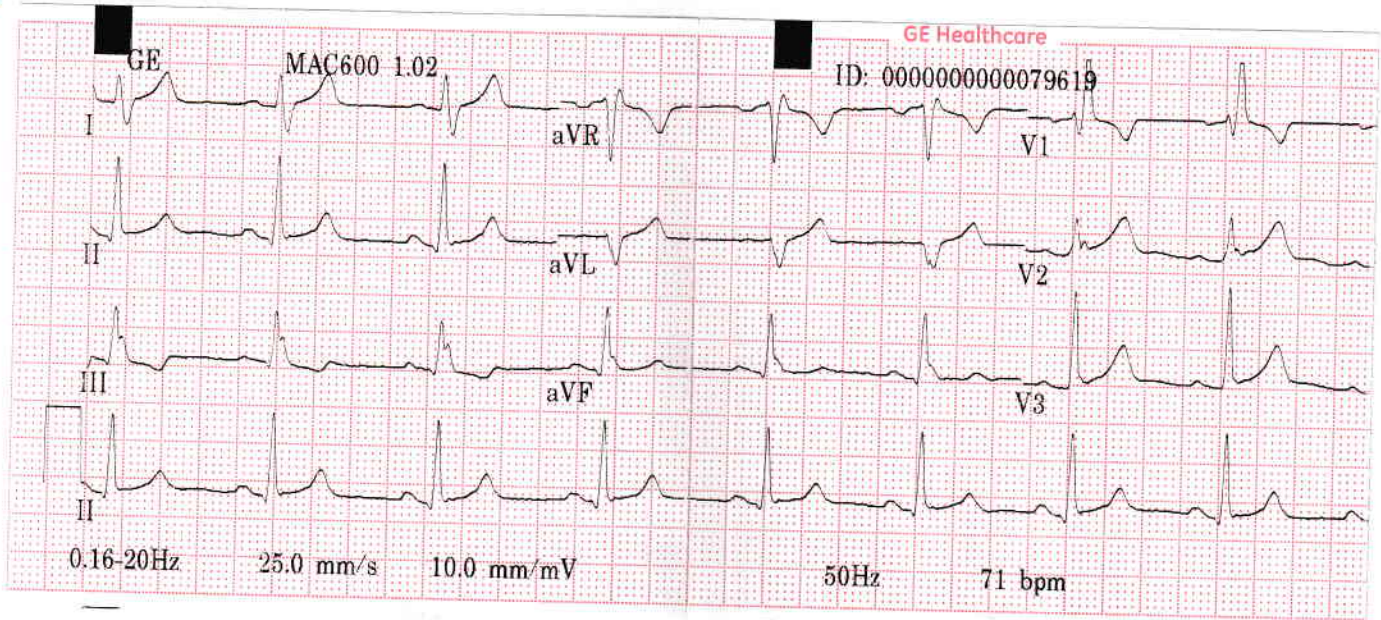
Supratik Biswas
 Dr. Supratik Biswas
 MBBS, MD,
 Consultant Biochemist



Reported By : -

Registered By : ANUSREE PAUL





GE Healthcare

- ✓ Normal sinus rhythm
- ✓ Right bundle branch block
- ~~Abnormal ECG~~
- no specific ST-T changes.
- these correlate clinically

Abhinay
29/3/24
Dr. Abhinay Tibdewal
Consultant Cardiologist
MBBS, MD, DM (Cardio)

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