



Patient Name : MR. PRAKASH CHANDRA GOURA
Age / Gender : 65 Years / Male
Mobile No. : -
Patient ID : 79617
Bill ID : 82452
Referral : DR SELF
Source : ALLIANCE & PROJECT

Optional ID : -
Collection Time : 29/03/2024, 08:13 AM
Receiving Time : 29/03/2024, 10:47 AM
Reporting Time : 29/03/2024, 11:22 AM
Sample ID : 1924021746
Sample Type : Serum

Test Description	Value(s)	Unit(s)	Reference Range
<u>Uric Acid, Serum</u>			
URIC ACID Method : Uricase PAP	6.10	mg/dL	3.5 - 7.2

****END OF REPORT****

Checked by
Barun Jana

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



Reported By : -

Registered By : SNIGDHA SARKAR





Patient Name : MR. PRAKASH CHANDRA GOURA

Age / Gender : 65 Years / Male

Mobile No. : -

Patient ID : 79617

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Source : ALLIANCE & PROJECT

Optional ID : -

Collection Time : 29/03/2024, 08:13 AM

Receiving Time : 29/03/2024, 10:47 AM

Reporting Time : 29/03/2024, 12:44 PM

Sample ID : 1924021746

Sample Type : Serum

Test Description	Value(s)	Unit(s)	Reference Range
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Prostate Specific Antigen (PSA), Serum

PSA (PROSTATE SPECIFIC ANTIGEN)	0.72	ng/mL	< 4.1
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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 : SNIGDHA SARKAR





Patient Name : MR. PRAKASH CHANDRA GOURA

Age / Gender : 65 Years / Male

Mobile No. : -

Patient ID : 79617

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Referral : DR SELF

Optional ID : -

Collection Time : 29/03/2024, 07:55 a.m.

Receiving Time : 29/03/2024, 11:27 a.m.

Reporting Time : 29/03/2024, 05:57 p.m.

Sample ID : 1924021746

Sample Type : USG

USG Whole Abdomen

LIVER

Is mildly enlarged in size (measures 15.3 cm) and shows mild diffuse increase in echogenicity. No focal lesion is seen. Intrahepatic biliary radicles are not seen dilated. Hepatic & Portal venous systems appear normal. Portal vein measures 0.95 cm 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 0.56 cm.

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 10.5 cm. in length.

KIDNEYS

Both kidneys appear normal in size, shape, position and echotexture. Cortico-medullary differentiation is normal. Central echocomplexes of both kidneys appear normal. No focal lesion is seen. **A 0.43 cm sized small calculus is seen in lower pole of right kidney.** No evidence of hydronephrosis is seen in either kidneys.

Right kidney measures 10.2 cm.

Left kidney measures 11.8 cm.

URETERS

Ureters are not seen dilated.



Reported By : Prasenjit Sarkar

Registered By : SNIGDHA SARKAR



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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.

Post void residual urine volume is insignificant.

PROSTATE

Prostate is mildly enlarged in size, normal outline and echotexture. No definite focal parenchymal lesion is seen. Prostatic capsule is intact. Prostate measures 4.1 x 4.0 x 3.5 cm and volume- 30 cc.

Retroperitoneum- No abdominal lymphadenopathy is seen.

No evidence of Ascites is seen.

IMPRESSION :

1. **Mild hepatomegaly with grade I fatty liver.**
2. **Small non-obstructive calculus in right kidney.**
3. **Mild prostatomegaly.**

Please correlate with clinical findings.

****END OF REPORT****


Dr. Mukesh Kumar Gupta
DMRD, ENB (Radio-Diagnosis)
WBMC - 68415

Checked by
Jhumpa Halder



Reported By : Prasenjit Sarkar

Registered By : SNIGDHA SARKAR



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Collection Time : 29/03/2024, 07:55 AM

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

Reporting Time : 29/03/2024, 01:32 PM

Sample ID : 1924021746

Sample Type : 2D Echo

Echocardiography/TMT

M Mode Data : Parameter	Test Value	Normal Range (Adults)	Unit
Aortic Root Diameter	3.0	2.0 – 4.0	cm
Left atrial diameter	3.5	2.0 – 4.0	cm
RV internal diameter	2.2	2.2 – 3.0	cm
IV septal thickness (diastole)	1.3	0.60 – 1.1	cm
LV Internal diameter (diastole)	4.5	3.50 – 5.4	cm
Post. Wall thickness (diastole)	1.3	0.60 – 1.1	cm
Internal diameter (systole)	2.9	2.4 – 4.2	cm
LV Ejection fraction	64 %	55 – 65	%

LV shows:

Concentric LVH.

No RWMA.

Grade I diastolic dysfunction. E/E' - 9

Good LV systolic function with LVEF – 64 %

Normal RV systolic function.

All valve morphology normal.

IAS & IVS intact.

No PDA/COA.

Atherosclerotic AV with trivial AR.

Trivial MR & TR (21 mmHg).

No PE / PAH.

IVC normal in size, collapsing well.



Reported By : APURBA DUTTA

Registered By : SNIGDHA SARKAR



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Sample ID : 1924021746

Sample Type : 2D Echo

CONCLUSION:

Concentric LVH.

Good biventricular systolic function.


Grade I diastolic dysfunction.

Trivial MR & TR.

No PE / PAH.

****END OF REPORT****

Checked by
Mousumi Das Sharma


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



Reported By : APURBA DUTTA

Registered By : SNIGDHA SARKAR



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Collection Time : 29/03/2024, 08:13 AM

Receiving Time : 29/03/2024, 10:47 AM

Reporting Time : 29/03/2024, 11:37 AM


Sample ID : 1924021746

Sample Type : Serum

Test Description	Value(s)	Unit(s)	Reference Range
<u>Liver Function Test</u>			
TOTAL BILIRUBIN Method : DPD	0.74	mg/dL	<1.2
CONJUGATED BILIRUBIN Method : DPD	0.37	mg/dl	< 0.2
UNCONJUGATED BILIRUBIN Method : Calculation	0.37	mg/dL	
SGPT Method : IFCC (without pyridoxal phosphate activation)	81	U/L	< 50
SGOT Method : IFCC (without pyridoxal phosphate activation)	84	U/L	< 50
ALKALINE PHOSPHATASE Method : IFCC AMP Buffer	130	U/L	30 - 120
TOTAL PROTEIN Method : Biuret	7.97	g/dL	6.6 - 8.3
ALBUMIN Method : Bromocresol Green	4.47	g/dL	Adults: 3.5 - 5.2 Newborn (1-4 days): 2.8 - 4.4
GLOBULIN Method : Calculation	3.50	g/dL	1.80 - 3.60
A/G RATIO Method : Calculation	1.28		1.2 - 2
GAMMA-GLUTAMYL TRANSFERASE Method : IFCC	194	U/L	< 55

****END OF REPORT****

Checked by
Pintu Manna


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



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Sample Type : Serum

Test Description	Value(s)	Unit(s)	Reference Range
<u>Creatinine, Serum</u>			
CREATININE	0.73	mg/dl	< 1.2
Method : Modified Jaffe kinetic.			

****END OF REPORT****

Checked by
Barun Jana

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



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Collection Time : 29/03/2024, 08:13 AM

Receiving Time : 29/03/2024, 10:47 AM

Reporting Time : 29/03/2024, 11:38 AM

Sample ID : 1924021746

Sample Type : Serum

Test Description	Value(s)	Unit(s)	Reference Range
<u>Total Proteins, Serum</u>			
TOTAL PROTEIN	7.97	g/dl	6.6 - 8.3
Method : Biuret			
ALBUMIN	4.47	g/dl	Adults: 3.5 - 5.2 Newborn(0-4days): 2.8 - 4.4
Method : Bromocresol green			
GLOBULIN	3.50	g/dl	1.8 - 3.6
Method : Calculation			
A/G RATIO	1.28		1.2 - 2.0
Method : Calculation			

****END OF REPORT****

Checked by
Pintu Manna

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



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Sample ID : 1924021746
Sample Type : Serum

Test Description	Value(s)	Unit(s)	Reference Range
Urea Nitrogen (Bun)			
Urea Method : GLDH Kinetic assay	21	mg/dl	Adult : 17 - 43 Newborn: 8.4 - 25.8
UREA NITROGEN (BUN) Method : GLDH Kinetic assay (AU480), calculation.	9.81	mg/dl	8 - 23

****END OF REPORT****

Checked by
Pintu Manna

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



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Registered By : SNIGDHA SARKAR



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Reporting Time : 29/03/2024, 02:23 p.m.
Sample ID : 1924021746
Sample Type : Serum

Test Description	Value(s)	Unit(s)	Reference Range
<u>Bun / Creatrine Ratio</u>			
BUN/Creatinine ratio	13.6		12 - 20
Method : Calculation			

****END OF REPORT****

Checked By
Debolina Bhadra

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



Reported By : -

Registered By : SNIGDHA SARKAR



Patient Name : MR. PRAKASH CHANDRA GOURA

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Sample ID : 1924021746

Sample Type : Edta Blood

Test Description	Value(s)	Unit(s)	Reference Range
Complete Blood Count			
HAEMOGLOBIN	13.1	gm/dl	13 - 17
TOTAL LEUCOCYTE COUNT	7900	/cumm	4000 - 11000
HCT	41.2	Vol%	40 - 50
R B C	4.36	millions/cumm	4.2 - 5.5
M C V	94.5	Femtolitre(fl)	80 - 100
M C H	30.0	Picograms(pg)	27 - 31
M C H C	31.8	gm/dl	32 - 36
PLATELET COUNT	2,10,000	/cumm	150000 - 450000
DIFFERENTIAL COUNT			
Neutrophils	61	%	40 - 75
Lymphocytes	34	%	20 - 40
Monocytes	02	%	2 - 8
Eosinophils	03	%	1 - 6
Basophils	00	%	0 - 1
ESR	29	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


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



Reported By : -

Registered By : SNIGDHA SARKAR





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Sample ID : 1924021746

Sample Type : Serum

Test Description	Value(s)	Unit(s)	Reference Range
<u>Lipid Profile</u>			
TRIGLYCERIDES Method : Enzymatic Colorimetric Assay using GPO-POD	255	mg/dL	Normal : < 150 Borderline High : 150 - 199 High : 200 - 499 Very High : >= 500
CHOLESTEROL Method : Enzymatic Colorimetric Assay using CHOD-POD	264	mg/dl	Desirable : < 200 Borderline High : 200 - 240 High Risk : > 240
HDL CHOLESTEROL Method : Enzymatic Inhibition	59	mg/dl	Low HDL : <40 High HDL : >= 60
LDL CHOLESTEROL Method : Enzymatic Selective Protection	160	mg/dl	Optimal : < 100 Above Optimal : 100 - 129 Borderline High : 130 - 159 High : 160 - 189 Very High : > 190
VLDL / CHOLESTEROL REMNANTS Method : Calculation	45	mg/dl	< 30
NON HDL CHOLESTEROL Method : Calculation	205	mg/dl	<130
TOTAL CHOLESTEROL / HDL CHOLESTEROL RATIO	4.47	Ratio	
LDL CHOLESTEROL / HDL CHOLESTEROL RATIO	2.71	Ratio	

Remark :

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

****END OF REPORT****

Checked by
Pintu Manna

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



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Sample ID : 1924021746

Sample Type : Serum

Test Description	Value(s)	Unit(s)	Reference Range
<u>T3,T4 & TSH</u>			
T3 Method : Chemiluminescent Microparticle Immunoassay (CMIA)	1.17	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)	7.88	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)	1.60	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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Sample ID : 1924021746

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 : SNIGDHA SARKAR





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Optional ID : -

Collection Time : 29/03/2024, 08:13 AM

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Reporting Time : 29/03/2024, 12:59 PM

Sample ID : 1924021746

Sample Type : Edta Blood

Test Description	Value(s)	Unit(s)	Reference Range
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HbA1c HPLC

HbA1c HPLC Method : High Performance Liquid Chromatography (HPLC)	7.8	%	Normal : < 5.7 Pre Diabetes : 5.7 - 6.4 Diabetes : >= 6.5
Estimated Average Glucose	177	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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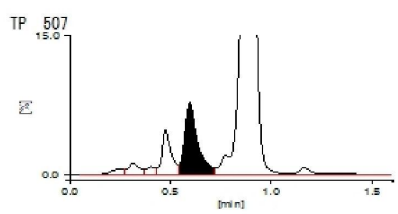
Test Description	Value(s)	Unit(s)	Reference Range
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Chromatogram Report

TOSOH G8 VAR V05.29 490206 2024-03-29 12:49:44
 ID 1924021746
 Sample No. 03290003 SL 0001 - 03
 Patient ID
 Name
 Comment

CALIB Name	%	Time	Area
A1A	0.5	0.25	8.14
A1B	0.9	0.31	14.55
F	0.5	0.40	7.47
LA1C+	2.8	0.48	46.39
SA1C	7.8	0.60	104.54
A0	89.5	0.88	1466.95
H-V0			
H-V1			
H-V2			

Total Area 1647.04
HbA1c 7.8 % **IFCC 61 mmol/mol**
 HbA1 9.2 % HbF 0.5 %



29-03-2024 12:55:03 TOSOH

1 / 1

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

****END OF REPORT****



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Reporting Time : 29/03/2024, 12:59 PM
Sample ID : 1924021746
Sample Type : Edta Blood

Test Description	Value(s)	Unit(s)	Reference Range
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Checked by
Nisha Malakar

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



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Sample ID : 1924021746
Sample Type : Urine

Test Description	Value(s)	Unit(s)	Reference Range
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Urine Fasting Sugar

URINE FOR SUGAR

Result

Present (+++)

****END OF REPORT****

Checked by
Sudipta Halder

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



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Optional ID : -

Collection Time : 29/03/2024, 01:27 PM

Receiving Time : 29/03/2024, 03:56 PM

Reporting Time : 29/03/2024, 04:49 PM

Sample ID : 1924021746P

Sample Type : Fluoride Plasma

Test Description	Value(s)	Unit(s)	Reference Range
Glucose Post Prandial Plasma			
GLUCOSE POST PRANDIAL PLASMA Method : Hexokinase	197	mg/dL	70 - 140

****END OF REPORT****

Checked by
Barun Jana

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



Reported By : -

Registered By : SNIGDHA SARKAR





Patient Name : MR. PRAKASH CHANDRA GOURA
Age / Gender : 65 Years / Male
Mobile No. : -
Patient ID : 79617
Bill ID : 82452
Referral : DR SELF
Source : ALLIANCE & PROJECT

Optional ID : -
Collection Time : 29/03/2024, 08:13 AM
Receiving Time : 29/03/2024, 10:47 AM
Reporting Time : 29/03/2024, 11:38 AM
Sample ID : 1924021746F
Sample Type : Fluoride - F

Test Description	Value(s)	Unit(s)	Reference Range
Glucose Fasting Plasma			
GLUCOSE FASTING PLASMA	175	mg/dL	74 - 109
Method : Hexokinase			

****END OF REPORT****

Checked by
Pintu Manna

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



Reported By : -

Registered By : SNIGDHA SARKAR





Patient Name : MR. PRAKASH CHANDRA GOURA

Age / Gender : 65 Years / Male

Mobile No. : -

Patient ID : 79617

Bill ID : 82452

Referral : DR SELF

Source : ALLIANCE & PROJECT

Optional ID : -

Collection Time : 29/03/2024, 08:13 AM

Receiving Time : 29/03/2024, 10:46 AM

Reporting Time : 29/03/2024, 01:48 PM

Sample ID : 1924021746

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 : SNIGDHA SARKAR





Patient Name : MR. PRAKASH CHANDRA GOURA

Age / Gender : 65 Years / Male

Mobile No. : -

Patient ID : 79617

Bill ID : 82452

Referral : DR SELF

Source : ALLIANCE & PROJECT

Optional ID : -

Collection Time : 29/03/2024, 08:13 AM

Receiving Time : 29/03/2024, 10:47 AM

Reporting Time : 29/03/2024, 01:11 PM

Sample ID : 1924021746

Sample Type : Urine

Test Description	Value(s)	Unit(s)	Reference Range
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Urine Routine

PHYSICAL EXAMINATION

Volume	40 ml		
Colour	Straw		
Appearance	Slightly hazy		
Deposit	Present		
Specific Gravity	1.015		

CHEMICAL EXAMINATION

Reaction	Acidic (PH: 5.0)		
Protein	Absent		
Sugar	Present (+++) * Manually checked		
Ketones Bodies	Absent		
Urobilinogen	Normal		
Blood	Absent		

MICROSCOPIC EXAMINATION

Pus Cells	2 - 3 /hpf		
R.B.C	Not found		
Epithelial Cells	3 - 4 /hpf		
Casts	Not found		
Crystals	Not found		
Others	Yeast cells and Microorganism present		

METHOD : SEDIMENTATION AND MICROSCOPE

Terms and conditions:

Test results released pertain to the specimen/sample submitted.

The tests results are dependent on the quality of the sample received by the Laboratory.

The test results are released with the presumption that the specimen/sample belongs to the patient as mentioned on the bill/ vials/TRF/booking ID Laboratory investigations test results are only a tool to facilitate in arriving at a diagnosis and should always be clinically correlated by the Referring Physician.

Repeat samples/specimens are accepted on request of Referring Physician within 7 days of reporting.

Due to some unforeseen circumstances reports may be delayed. Inconvenience is regretted.



Reported By : -

Registered By : SNIGDHA SARKAR



Patient Name : MR. PRAKASH CHANDRA GOURA

Age / Gender : 65 Years / Male

Mobile No. : -

Patient ID : 79617

Bill ID : 82452

Referral : DR SELF

Source : ALLIANCE & PROJECT

Optional ID : -

Collection Time : 29/03/2024, 08:13 AM

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Sample ID : 1924021746

Sample Type : Urine

Test Description	Value(s)	Unit(s)	Reference Range
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Test result may show inter laboratory variations.

The test results are not valid for medico legal purposes.

****END OF REPORT****

Checked by
Sudipta Halder

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



Reported By : -

Registered By : SNIGDHA SARKAR

Patient Name :	PRAKASH CHANDRA GOURA	Patient ID :	79617
Modality :	DX	Sex :	M
Age :	65Yrs	Study :	CHEST PA
Reff. Dr. :	SELF	Study Date :	29-03-2024

X-RAY CHEST PA VIEW

FINDINGS :

Bilateral lung fields appear normal.

Bilateral costophrenic angles are unremarkable.

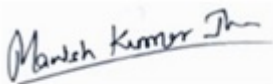
Bilateral hila and vascular markings are unremarkable.

Domes of diaphragm are normal in morphology and contour.

Cardiac size is enlarged.

Bony thoracic cage appears normal.

Recommended clinical correlation with other investigation.*



Dr. Manish Kumar Jha

MBBS, MD (Radio-diagnosis)

Registration No. 77237 (WBMC)