Pulse DIAGNOSTICS™

Neuberg Pulse DIAGNOSTICS

Patient Name : MR. MIHIR KANTI SARKAR
Optional ID : -
Age / Gender : 56 years / Male
Collection Time : 24/02/2024, 10:18 AM
Mobile No. : 9088042271
Receiving Time : 24/02/2024, 12:59 PM
Patient ID : 70917
Reporting Time : 24/02/2024, 03:31 PM
Bill ID : 73487
Sample ID : 1924012854
Referral : DR SELF
Sample Type : Edta Blood
Source : ALLIANCE & PROJECT

Test Description	Value(s)	Unit(s)	Reference Range
Complete Blood Count			
HAEMOGLOBIN	13.9	gm/dl	13 - 17
TOTAL LEUCOCYTE COUNT	6800	/cumm	4000 - 10000
HCT	44.7	Vol%	40 - 50
R B C	5.09	millions/cumm	4.5 - 5.5
M C V	87.8	Femtolitre(fl)	80 - 100
M C H	27.3	Picograms(pg)	27 - 31
M C H C	**31.1**	gm/dl	32 - 36
PLATELET COUNT	1,76,000	/cumm	150000 - 410000
DIFFERENTIAL COUNT			
Neutrophils	62	%	40 - 80
Lymphocytes	34	%	20 - 40
Monocytes	02	%	2 - 10
Eosinophils	02	%	1 - 6
Basophils	00	%	0 - 1
ESR	**31**	mm	2 - 17
Remarks	Normocytic Normochromic. Platelets adequate.		

Note
XN 1000, SYSMEX
METHOD : FLOWCYTOMETRY
ESR : AUTOMATED VESCUBE - 30 TOUCH

END OF REPORT

Checked by
Anwesha Maji

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

Reported By : -

Registered By : SUJATA AHCARYA

MC-2167

Patient Name : MR. MIHIR KANTI SARKAR
Optional ID : -
Age / Gender : 56 years / Male
Collection Time : 24/02/2024, 10:21 AM
Mobile No. : 9088042271
Receiving Time : 24/02/2024, 12:59 PM
Patient ID : 70917
Reporting Time : 24/02/2024, 05:44 PM
Bill ID : 73487
Sample ID : 1924012854
Referral : DR SELF
Sample Type : Urine
Source : ALLIANCE & PROJECT

Test Description	Value(s)	Unit(s)	Reference Range
Urine Fasting Sugar			
URINE FOR SUGAR			
Result	**Absent**		

END OF REPORT

Checked by
Sudipta Halder

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

Reported By : -

Registered By : SUJATA AHCARYA

Patient Name : MR. MIHIR KANTI SARKAR
Age / Gender : 56 years / Male
Mobile No. : 9088042271
Patient ID : 70917
Bill ID : 73487
Referral : DR SELF
Source : ALLIANCE & PROJECT

Optional ID : -
Collection Time : 24/02/2024, 10:21 AM
Receiving Time : 24/02/2024, 12:59 PM
Reporting Time : 24/02/2024, 03:46 PM
Sample ID : 1924012854
Sample Type : Urine

Test Description	Value(s)	Unit(s)	Reference Range
Urine Routine			
PHYSICAL EXAMINATION			
Volume	15 ml		
Colour	Pale Straw		
Appearance	Slightly hazy		
Deposit	Present		
Specific Gravity	1.010		
CHEMICAL EXAMINATION			
Reaction	Acidic (PH: 5.0)		
Protein	Absent		
Sugar	Absent		
Ketones Bodies	Absent		
Urobilinogen	Normal		
Blood	Absent		
MICROSCOPIC EXAMINATION			
Pus Cells	2 - 3 /hpf		
R.B.C	Not found		
Epithelial Cells	1 - 2 /hpf		
Casts	Not found		
Crystals	Not found		
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.

Test result may show inter laboratory variations.

The test results are not valid for medico legal purposes.

Reported By : -

Registered By : SUJATA AHCARYA

Patient Name : MR. MIHIR KANTI SARKAR
Age / Gender : 56 years / Male
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Patient ID : 70917
Bill ID : 73487
Referral : DR SELF
Source : ALLIANCE & PROJECT

Optional ID : -
Collection Time : 24/02/2024, 10:21 AM
Receiving Time : 24/02/2024, 12:59 PM
Reporting Time : 24/02/2024, 03:46 PM
Sample ID : 1924012854
Sample Type : Urine

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

END OF REPORT

Checked by
Anupriya Roychowdhury

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

Reported By : -

Registered By : SUJATA AHCARYA

Patient Name : MR. MIHIR KANTI SARKAR
Optional ID : -
Age / Gender : 56 years / Male
Collection Time : 24/02/2024, 10:18 AM
Mobile No. : 9088042271
Receiving Time : 24/02/2024, 12:59 PM
Patient ID : 70917
Reporting Time : 24/02/2024, 05:37 PM
Bill ID : 73487
Sample ID : 1924012854
Referral : DR SELF
Sample Type : Edta Blood
Source : ALLIANCE & PROJECT

Test Description	Value(s)	Unit(s)	Reference Range
Blood Group & RH Typing			
BLOOD GROUP	**"A"**		
RH TYPING	**POSITIVE**		

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

END OF REPORT

Checked by
Sharmistha Das

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

Reported By : -

Registered By : SUJATA AHCARYA

MC-2167

Patient Name : MR. MIHIR KANTI SARKAR
Age / Gender : 56 years / Male
Mobile No. : 9088042271
Patient ID : 70917
Bill ID : 73487
Referral : DR SELF
Source : ALLIANCE & PROJECT

Optional ID : -
Collection Time : 24/02/2024, 10:18 AM
Receiving Time : 24/02/2024, 12:59 PM
Reporting Time : 24/02/2024, 03:14 PM
Sample ID : 1924012854
Sample Type : Serum

Test Description	Value(s)	Unit(s)	Reference Range
Glucose Fasting Plasma			
GLUCOSE FASTING PLASMA Method : Hexokinase	92	mg/dL	74 - 109
Prostate Specific Antigen (PSA), Serum			
PSA (PROSTATE SPECIFIC ANTIGEN) Method : Electrochemiluminescence Immunoassay (ECLIA)	0.66	ng/mL	< 3.1
Remark			
Uric Acid, Serum			
URIC ACID Method : Uricase PAP	5.20	mg/dL	3.5 - 7.2
T3,T4 & TSH			
T3 Method : Chemiluminescent Microparticle Immunoassay (CMIA)	0.68	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)	5.89	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)	0.86	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,

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Registered By : SUJATA AHCARYA

MC-2167

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Source : ALLIANCE & PROJECT

Optional ID : -
Collection Time : 24/02/2024, 10:18 AM
Receiving Time : 24/02/2024, 12:59 PM
Reporting Time : 24/02/2024, 03:14 PM
Sample ID : 1924012854
Sample Type : Serum

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

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 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 : SUJATA AHCARYA

MC-2167

Patient Name : MR. MIHIR KANTI SARKAR
Optional ID : -
Age / Gender : 56 years / Male
Collection Time : 24/02/2024, 10:18 AM
Mobile No. : 9088042271
Receiving Time : 24/02/2024, 12:59 PM
Patient ID : 70917
Reporting Time : 24/02/2024, 05:43 PM
Bill ID : 73487
Sample ID : 1924012854
Referral : DR SELF
Sample Type : Edta Blood
Source : ALLIANCE & PROJECT

Test Description	Value(s)	Unit(s)	Reference Range
HbA1c HPLC			
HbA1c HPLC Method : High Performance Liquid Chromatography (HPLC)	6.2	%	Normal : < 5.7 Pre Diabetes : 5.7 - 6.4 Diabetes : >= 6.5
Estimated Average Glucose	131	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 Haemoglobinapathy 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.

Reported By : -

Registered By : SUJATA AHCARYA

Patient Name : MR. MIHIR KANTI SARKAR

Age / Gender : 56 years / Male

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Patient ID : 70917

Bill ID : 73487

Referral : DR SELF

Source : ALLIANCE & PROJECT

Optional ID : -

Collection Time : 24/02/2024, 10:18 AM

Receiving Time : 24/02/2024, 12:59 PM

Reporting Time : 24/02/2024, 05:43 PM

Sample ID : 1924012854

Sample Type : Edta Blood

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

Chromatogram Report

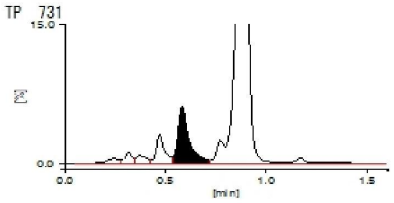
TOSOH G8 VAR V05.29 490206 2024-02-24 17:42:40
ID 1924012854
Sample No. 02240039 SL 0002 - 10
Patient ID
Name
Comment

CALIB Y =1.1437X + 0.5765

Name	%	Time	Area
A1A	0.6	0.24	9.17
A1B	0.7	0.31	12.04
F	0.7	0.37	10.91
LA1C+	1.9	0.47	31.68
SA1C	6.2	0.58	82.45
A0	91.7	0.88	1502.92
H-V0			
H-V1			
H-V2			

Total Area 1649.17

HbA1c 6.2 % **IFCC 45 mmol/mol**
HbA1 7.5 %
HbF 0.7 %



24-02-2024 17:42:41 TOSOH 1 / 1

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

END OF REPORT

Reported By : -

Registered By : SUJATA AHCARYA

Patient Name : MR. MIHIR KANTI SARKAR
Optional ID : -

Age / Gender : 56 years / Male
Collection Time : 24/02/2024, 10:18 AM

Mobile No. : 9088042271
Receiving Time : 24/02/2024, 12:59 PM

Patient ID : 70917
Reporting Time : 24/02/2024, 05:43 PM

Bill ID : 73487
Sample ID : 1924012854

Referral : DR SELF
Sample Type : Edta Blood

Source : ALLIANCE & PROJECT

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

Checked by
Nisha Malakar

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

Reported By : -

Registered By : SUJATA AHCARYA

Patient Name : MR. MIHIR KANTI SARKAR
Optional ID : -
Age / Gender : 56 years / Male
Collection Time : 24/02/2024, 10:10 AM
Mobile No. : 9088042271
Receiving Time : 24/02/2024, 11:50 AM
Patient ID : 70917
Reporting Time : 24/02/2024, 11:53 AM
Bill ID : 73487
Sample ID : 1924012854
Referral : DR SELF
Sample Type : 2D Echo
Source : ALLIANCE & PROJECT

Echocardiography/TMT

	Patient value (cm)	Normal value (cm)
Aortic Root Diameter (AOD)	3.2	2.0 – 3.7 cm
Left atrial Diameter (LAD)	3.2	2.0 – 4.0 cm
Aortic Cusp separation (ACS)	1.9	1.5 - 2.6 cm
MITRAL VALVE		
DE Excursion	1.6	1.5 - 2.5 cm
EF Slope	0.06	0 – 0.8 M/Sec.
EPSS	0.2	0.5 – 1.5 cm
LEFT VENTRICLE		
IVS Thickness (d)	1.4	0.6 – 1.1 cm
LVPW Thickness (d)	1.2	0.6 – 1.1 cm
LV Internal dimension (d)	4.7	3.5 – 5.6 cm
LV Internal dimension (s)	3.0	2.5 – 4.1 cm
LV Ejection fraction	67 %	55% - 75%
FS	37 %	%

2D Observation :

- *Left ventricle :*
  Cavity size : within normal limit.
  Wall thickness : Thickened.
  LV wall motion study : no regional wall motion abnormality at rest.
  Global LV systolic function : normal with LVEF 67 %.
  LV diastolic compliance : Grade I dysfunction.
- *Left atrium : Normal in size. No clot / mass in the body / appendage.*
- *Right ventricle and right atrium : Normal in size. Good RV systolic function.*
- *Mitral valve : Annulus : normal; Leaflets: Normal; Subvalvular apparatus : normal. Good excursion.*
- *Aortic valve : Annulus : normal; Leaflets : normal; Three cusps. Opening adequate.*
- *Tricuspid valve: Annulus : normal; Leaflets : Normal.*
- *Pulmonic valve : Annulus : normal; cusps :normal, good systolic excursion.*
- *InterVentricular septum (IVS) : Intact.*
- *Interatrial septum (IAS)) : Intact.*

Reported By : SOMEN CHAKRABORTY

Registered By : SUJATA AHCARYA

Patient Name : MR. MIHIR KANTI SARKAR
Age / Gender : 56 years / Male
Mobile No. : 9088042271
Patient ID : 70917
Bill ID : 73487
Referral : DR SELF
Source : ALLIANCE & PROJECT

Optional ID : -
Collection Time : 24/02/2024, 10:10 AM
Receiving Time : 24/02/2024, 11:50 AM
Reporting Time : 24/02/2024, 11:53 AM
Sample ID : 1924012854
Sample Type : 2D Echo

- *Pericardium : Normal.*
- *Pulmonary arterial systolic pressure : normal.*
- *Others : No intracardiac mass/ clot / vegetation.*

Conclusion : 2D & M-Mode studies reveal :-

- ***Concentric left ventricular hypertrophy.***
- ***No obvious RWMA at rest***
- ***Global Resting LVEF 67 %***
- ***Grade I left ventricular disatolic dysfunction.***

(NB : Aforesaid Echocardiographic findings should be correlated & corroborated with the clinical findings. TEE and other related modalities of investigations may be done accordingly for confirmation & further evaluation)

END OF REPORT

Dr. Manas Layek
MD, (Medicine)
DM (Cardiology)
Regn. 65567

Checked by
Chandra Pramanik

Reported By : SOMEN CHAKRABORTY

Registered By : SUJATA AHCARYA

Patient Name : MR. MIHIR KANTI SARKAR
Age / Gender : 56 years / Male
Mobile No. : 9088042271
Patient ID : 70917
Bill ID : 73487
Referral : DR SELF
Source : ALLIANCE & PROJECT

Optional ID : -
Collection Time : 24/02/2024, 10:10 AM
Receiving Time : 24/02/2024, 12:59 PM
Reporting Time : 25/02/2024, 02:08 PM
Sample ID : 1924012854
Sample Type : Stool

Test Description	Value(s)	Unit(s)	Reference Range
Stool Routine			
Physical Examination			
Colour	Brownish		
Consistency	Soft		
Reaction	Acidic		
Mucus	Absent		
Chemical Examination			
Stool for Occult Blood	NEGATIVE		
Microscopical Examination			
Pus Cells	2 - 3 /hpf		
RBC	Not found		
Ova	Not found		
Parasite	Not found		
Cyst	Not found		
Vegetable cells	Present		
Starch Granules	Absent		

END OF REPORT

Checked by
Gouranga Bera

Dr.Shaheena Perween
MBBS, MD (Path)
Pathologist
Regn. No. : WBMC 71326

Reported By : -

Registered By : SUJATA AHCARYA

MC-2167

Patient Name : MR. MIHIR KANTI SARKAR	**Optional ID :** -
Age / Gender : 56 years / Male	**Collection Time :** 24/02/2024, 10:10 a.m.
Mobile No. : 9088042271	**Receiving Time :** 24/02/2024, 11:02 a.m.
Patient ID : 70917	**Reporting Time :** 25/02/2024, 03:05 p.m.
Bill ID : 73487	**Sample ID :** 1924012854
Referral : DR SELF	**Sample Type :** USG

USG Whole Abdomen

LIVER

It is enlarged in size. Echogenicity is diffusely raised with indistinct intra-hepatic billiary radicals & vascular channels. Portal vein 9 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 2 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 69 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 96 mm.

Left kidney measures 117 mm.

URETERS

Ureters are not seen dilated.

URINARY BLADDER

Reported By : CHANDANA ROY

Registered By : SUJATA AHCARYA

Patient Name : MR. MIHIR KANTI SARKAR	**Optional ID :** -
Age / Gender : 56 years / Male	**Collection Time :** 24/02/2024, 10:10 a.m.
Mobile No. : 9088042271	**Receiving Time :** 24/02/2024, 11:02 a.m.
Patient ID : 70917	**Reporting Time :** 25/02/2024, 03:05 p.m.
Bill ID : 73487	**Sample ID :** 1924012854
Referral : DR SELF	**Sample Type :** USG

Urinary bladder appears optimally distended. It appears smooth in outline. No mass lesion or any calculus is seen within the urinary bladder.
Post void shows 42 ml residual urine.

PROSTATE

Prostate is seen **enlarged** in size. **There is evidence of intra-vesical protrusion of median lobe of prostate by 4 mm.** Prostate measures 33 x 36 x 38 mm and weighs 24 gm.

OTHERS

No evidence of abnormal gut loop, obvious mass lesion or collection is seen in both iliac fossae. Appendix is not visualized. Both psoas muscles appear normal.

Diffuse abdominal wall and mesenteric lipomatosis is noted.

No evidence of ascitis, pleural effusion or abdominal lymphadenopathy.

IMPRESSION

- **Hepatomegaly with Grade II steatosis.**
- **Grade I prostatomegaly with enlarged median lobe**
- **42 ml post void residual urine - suggested urinalysis.**
- **Diffuse abdominal wall and mesenteric lipomatosis**

END OF REPORT

Dr. Saurav Sarawgi
Consultant Radiologist

Checked by
KRISHNA HALDER

Reported By : CHANDANA ROY

Registered By : SUJATA AHCARYA

Pulse DIAGNOSTICS™

Neuberg Pulse DIAGNOSTICS

Patient Name : MR. MIHIR KANTI SARKAR
Optional ID : -
Age / Gender : 56 years / Male
Collection Time : 24/02/2024, 12:45 PM
Mobile No. : 9088042271
Receiving Time : 24/02/2024, 02:27 PM
Patient ID : 70917
Reporting Time : 24/02/2024, 04:14 PM
Bill ID : 73487
Sample ID : 1924012854P
Referral : DR SELF
Sample Type : Fluoride Plasma
Source : ALLIANCE & PROJECT

Test Description	Value(s)	Unit(s)	Reference Range
Liver Function Test			
TOTAL BILIRUBIN Method : DPD	0.46	mg/dL	<1.2
CONJUGATED BILIRUBIN Method : DPD	0.20	mg/dl	< 0.2
UNCONJUGATED BILIRUBIN Method : Calculation	0.26	mg/dL	
SGPT Method : IFCC (without pyridoxal phosphate activation)	28	U/L	< 50
SGOT Method : IFCC (without pyridoxal phosphate activation)	30	U/L	< 50
ALKALINE PHOSPHATASE Method : IFCC AMP Buffer	92	U/L	30 - 120
TOTAL PROTEIN Method : Biuret	7.99	g/dL	6.6 - 8.3
ALBUMIN Method : Bromocresol Green	4.55	g/dL	Adults: 3.5 - 5.2 Newborn (1–4 days): 2.8 - 4.4
GLOBULIN Method : Calculation	3.44	g/dL	1.80 - 3.60
A/G RATIO Method : Calculation	1.32		1.2 - 2
GAMMA-GLUTAMYL TRANSFERASE Method : IFCC	32	U/L	< 55
Bun / Creatrnine Ratio			
BUN/Creatinine ratio Method : Calculation	12.35		12 - 20
Total Proteins, Serum			
TOTAL PROTEIN Method : Biuret	7.99	g/dl	6.6 - 8.3
ALBUMIN Method : Bromocresol green	4.55	g/dl	Adults: 3.5 - 5.2 Newborn(0-4days): 2.8 - 4.4
GLOBULIN Method : Calculation	3.44	g/dl	1.8 - 3.6
A/G RATIO Method : Calculation	1.32		1.2 - 2.0

Reported By : -

Registered By : SUJATA AHCARYA

MC-2167

Pulse DIAGNOSTICS™

Neuberg Pulse DIAGNOSTICS

Patient Name : MR. MIHIR KANTI SARKAR
Optional ID : -
Age / Gender : 56 years / Male
Collection Time : 24/02/2024, 12:45 PM
Mobile No. : 9088042271
Receiving Time : 24/02/2024, 02:27 PM
Patient ID : 70917
Reporting Time : 24/02/2024, 04:14 PM
Bill ID : 73487
Sample ID : 1924012854P
Referral : DR SELF
Sample Type : Fluoride Plasma
Source : ALLIANCE & PROJECT

Test Description	Value(s)	Unit(s)	Reference Range
Lipid Profile			
TRIGLYCERIDES Method : Enzymatic Colorimetric Assay using GPO-POD	90	mg/dL	Normal : < 150 Borderline High : 150 - 199 High : 200 - 499 Very High : >= 500
CHOLESTEROL Method : Enzymatic Colorimetric Assay using CHOD-POD	140	mg/dl	Desirable : < 200 Borderline High : 200 - 240 High Risk : > 240
HDL CHOLESTEROL Method : Enzymatic Immunoinhibition	**29**	mg/dl	Low HDL : <40 High HDL : >= 60
LDL CHOLESTEROL Method : Enzymatic Selective Protection	87	mg/dl	Optimal : < 100 Above Optimal : 100 - 129 Borderline High : 130 - 159 High : 160 - 189 Very High : > 190
VLDL / CHOLESTEROL REMNANTS Method : Calculation	24	mg/dl	< 30
NON HDL CHOLESTEROL Method : Calculation	111	mg/dl	<130
TOTAL CHOLESTEROL / HDL CHOLESTEROL RATIO	4.83	Ratio	
LDL CHOLESTEROL / HDL CHOLESTEROL RATIO	3	Ratio	

Remark :

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

Glucose Post Prandial Plasma			
GLUCOSE POST PRANDIAL PLASMA Method : Hexokinase	**168**	mg/dL	70 - 140

END OF REPORT

Checked by
Pritam Nandy

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

Reported By : -

Registered By : SUJATA AHCARYA

MC-2167

MIHIR KANTI , SARKAR
ID: 24022024

24.02.2024 10:08:38
PULSE DIAGNOSTIC PVT LTD
JAMES LONG SARANI
KOLKATA-700008

60 bpm
-- / -- mmHg

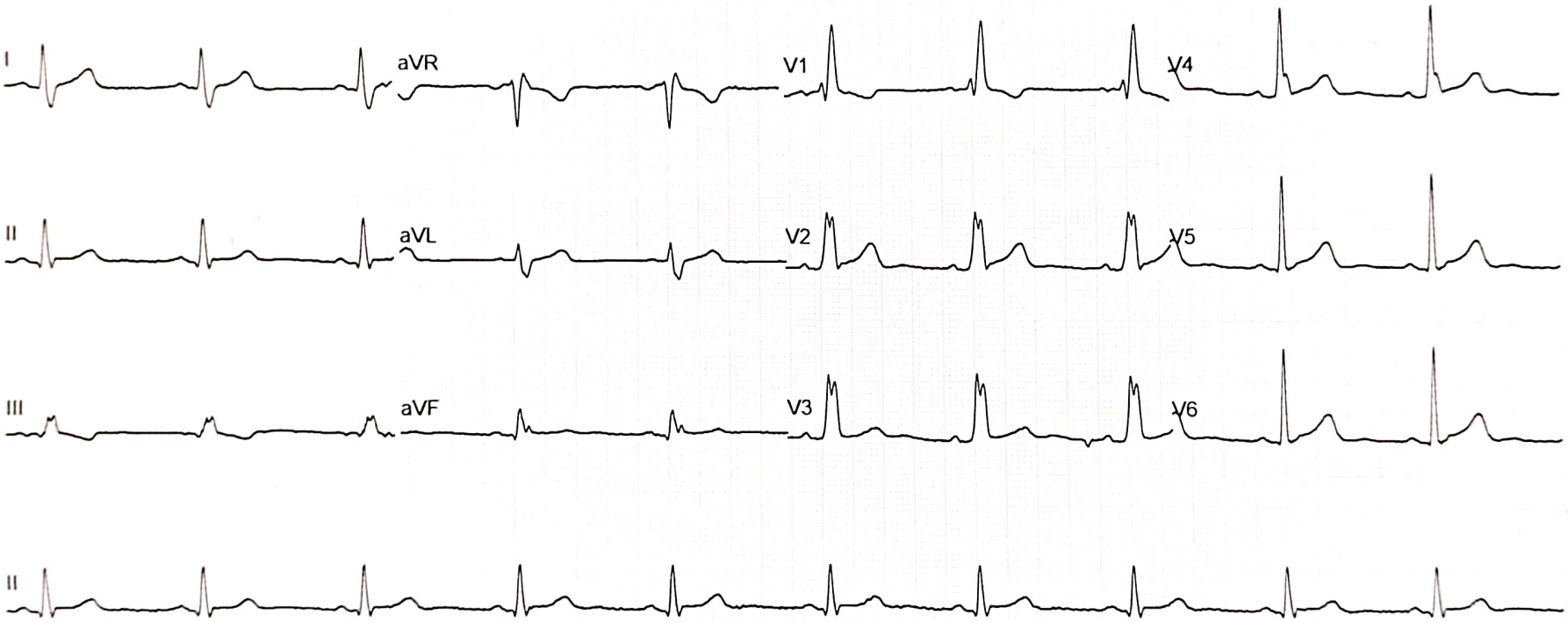
56 Years
Male
Pacemaker Patient

QRS :	126 ms
QT / QTcBaz :	434 / 434 ms
PR :	138 ms
P :	92 ms
RR / PP :	992 / 1000 ms
P / QRS / T :	28 / 51 / 23 degrees

Normal sinus rhythm
Right bundle branch block
Abnormal ECG

Technician:
Ordering Ph:
Referring Ph: SELF
Attending Ph:

DR. MAHAS LAYEK
MD (MEDICINE)
DM (CARDIOLOGY)
REGN. NO.- 65



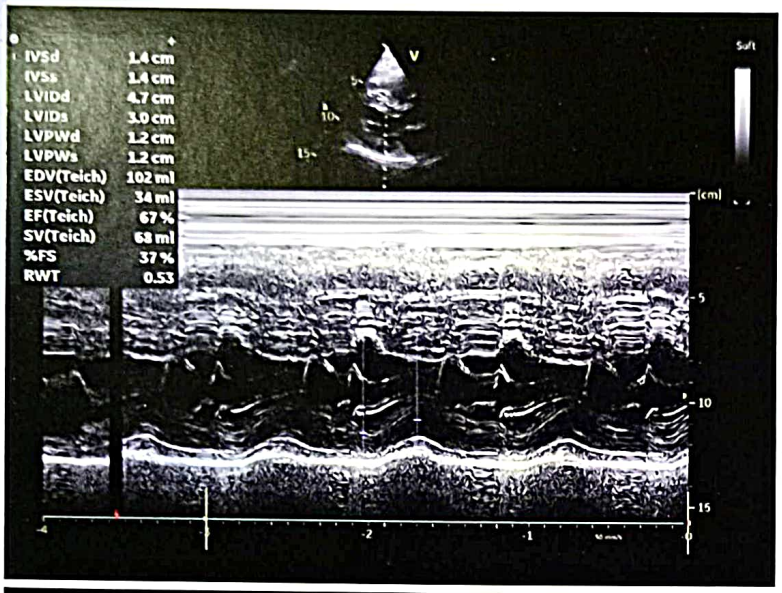
Unconfirmed

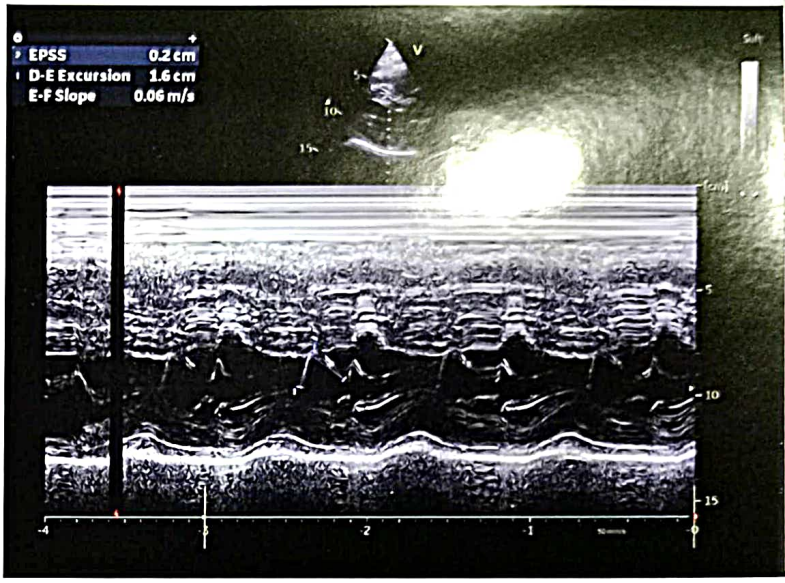
GE MAC2000 1.1 12SL™ v241 25 mm/s 10 mm/mV ADS 0.56-20 Hz 50 Hz 4x2.5x3_25_R1 1/1

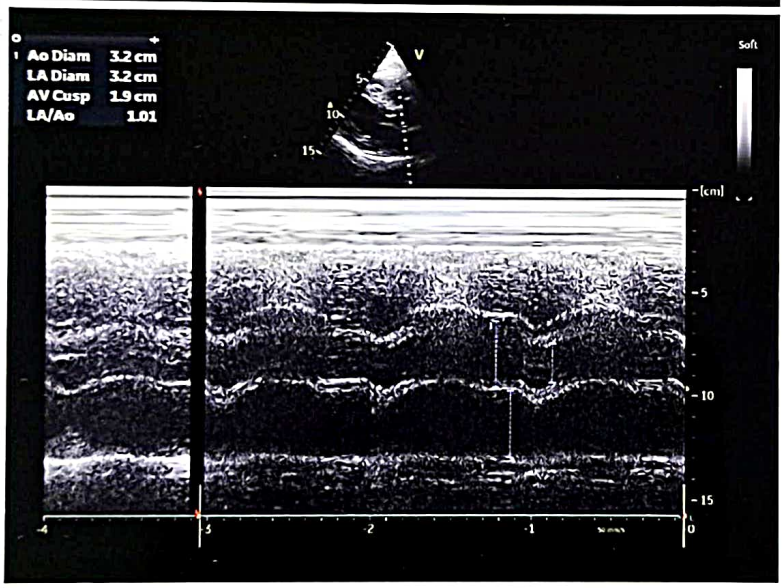
PULSE DIAGNOSTIC CENTRE

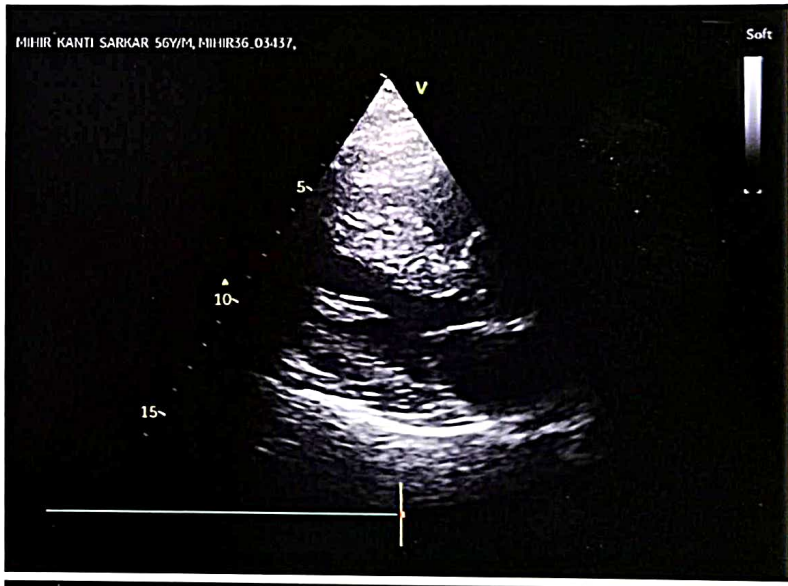
Name : MIHIR KANTI SARKAR 56Y/M

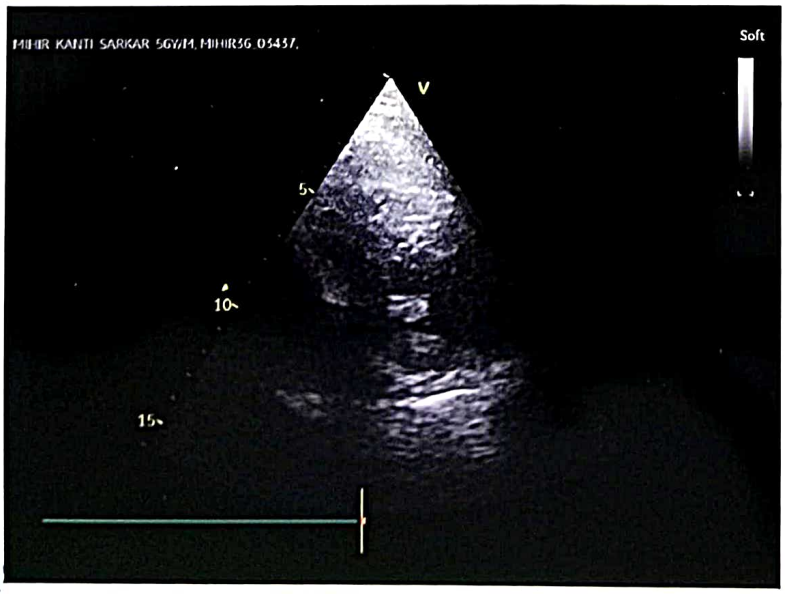
24 Feb 2024

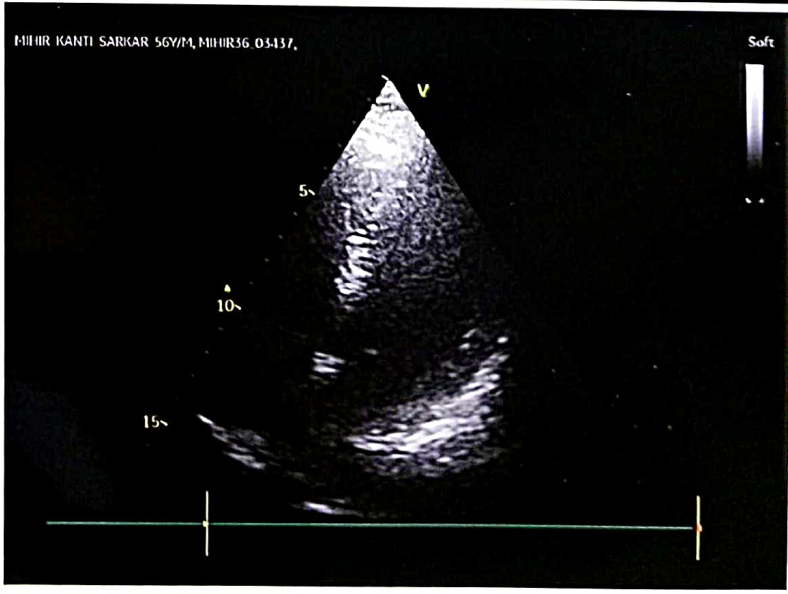


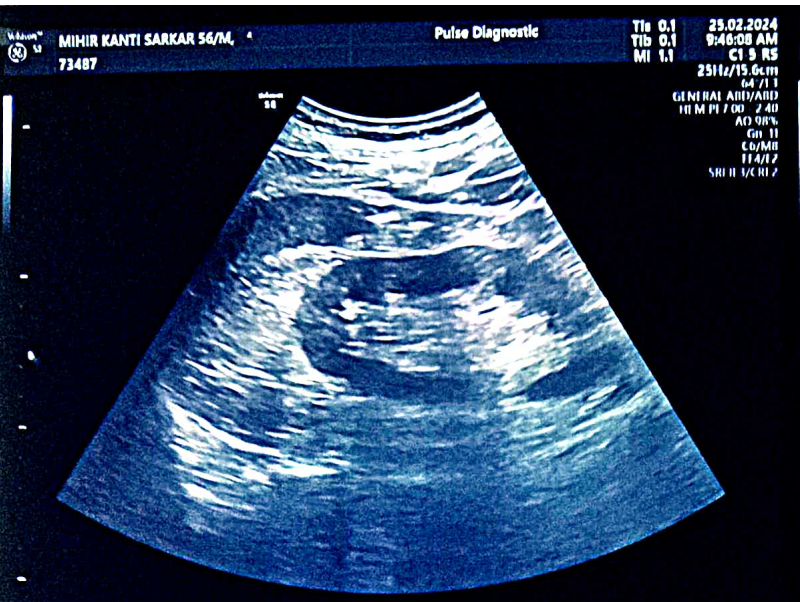


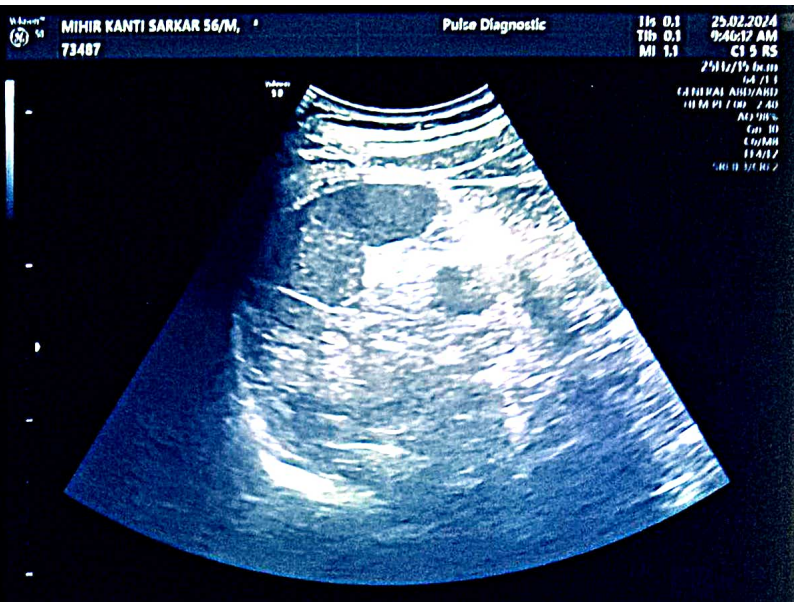









MIHIR KANTI SARKAR 56/M,
73487
Pulse Diagnostic
25.02.2024
9:46:08 AM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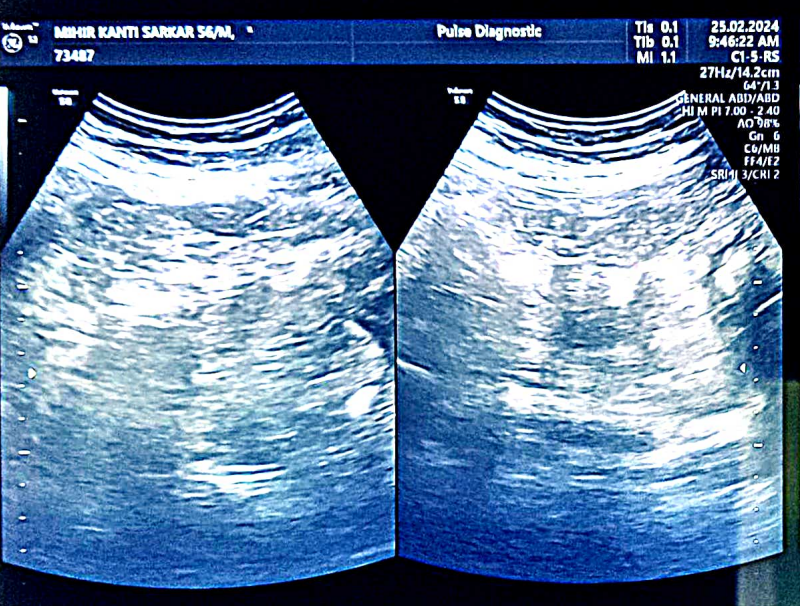
73487
Pulse Diagnostic
25.02.2024
9:46:17 AM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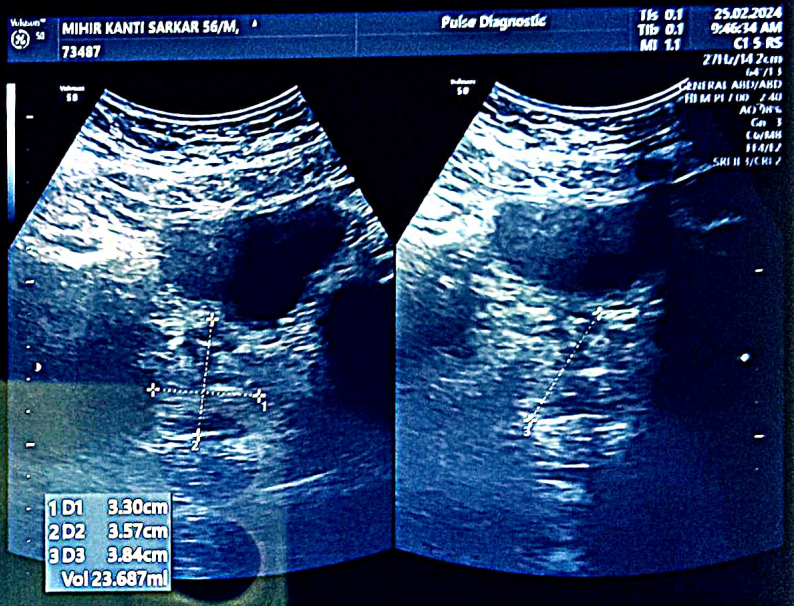
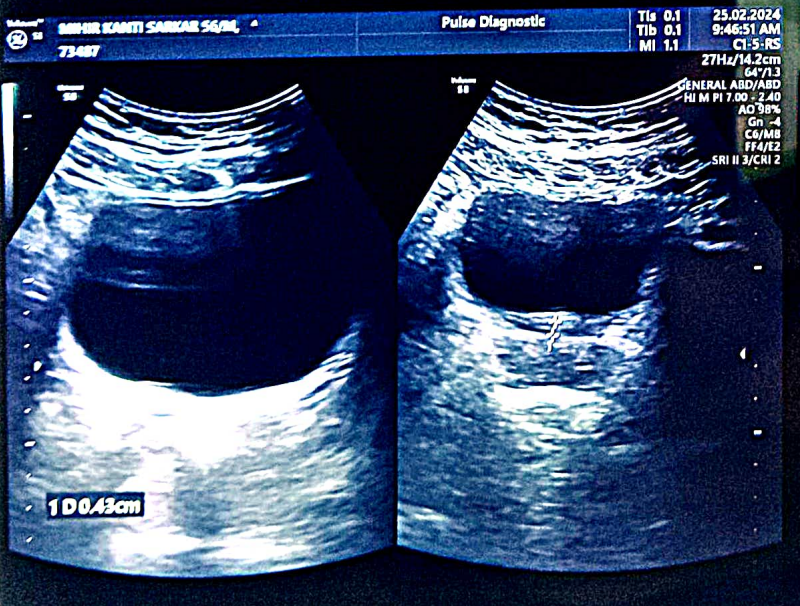
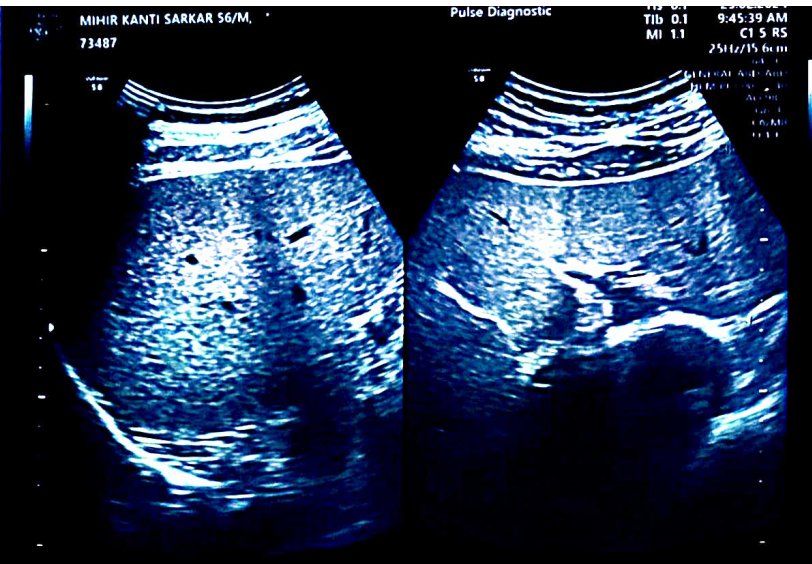
73487
Pulse Diagnostic
25.02.2024
9:46:22 AM

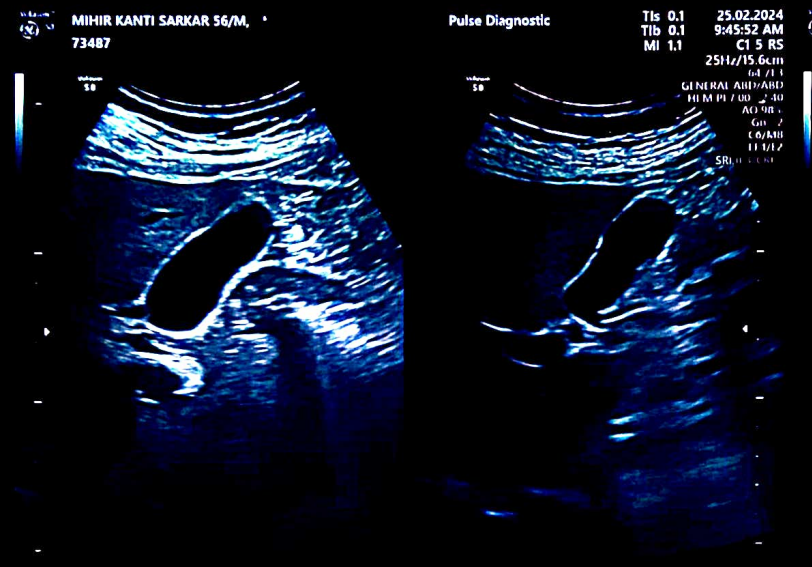

MIHIR KANTI SARKAR 56/M,
73487
Pulse Diagnostic
25.02.2024
9:46:34 AM
1 D1 3.30cm
2 D2 3.57cm
3 D3 3.84cm
Vol 23.687ml


MIHIR KANTI SARKAR 56/M,
73487
Pulse Diagnostic
25.02.2024
9:46:51 AM
1 D0.43cm


MIHIR KANTI SARKAR 56/M,
73487
Pulse Diagnostic
25.02.2024
9:53:47 AM
POST VOID
1 D1 6.06cm
2 D2 2.99cm
3 D3 4.49cm
Vol 42.598ml


MIHIR KANTI SARKAR 56/M,
73487
Pulse Diagnostic
TIb 0.1
MI 1.1
9:45:39 AM
C1 5 RS
25Hz/15.6cm

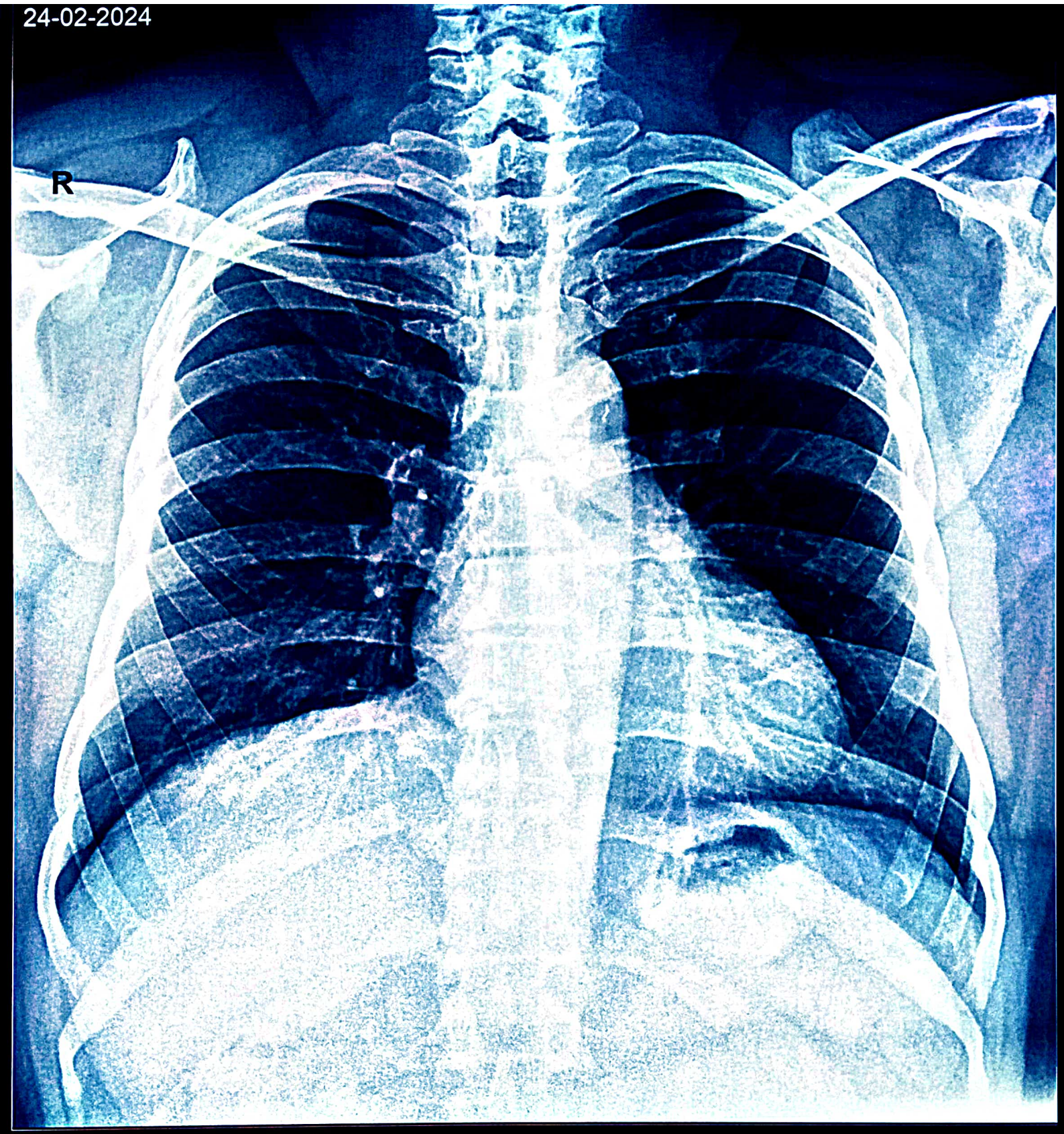

73487
TIb 0.1
MI 1.1
C1 5 RS


MIHIR KANTI SARKAR 56/M,
73487
Pulse Diagnostic
TIs 0.1
TIb 0.1
MI 1.1
25.02.2024
9:45:52 AM
C1 5 RS
25Hz/15.6cm


MIHIR KANTI SARKAR 56/M,
73487
Pulse Diagnostic
TIs 0.1
TIb 0.1
MI 1.1
25.02.2024
9:45:55 AM
C1 5 RS


MIHIR KANTI SARKAR 56/M,
73487
Pulse Diagnostic
TIs 0.1
TIb 0.1
MI 1.1
25.02.2024
9:46:02 AM
C1 5 RS
25Hz/15.6cm


MIHIR KANTI SARKAR 56/M,
73487
Pulse Diagnostic
TIs 0.1
TIb 0.1
MI 1.1
25.02.2024
9:46:04 AM
C1 5 RS



73487, MIHIR KANTI SARKAR, M, 56 years

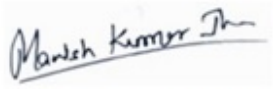
PULSE DIAGNOSTIC PVT LTD JAMES LONG SARANI BANK OF BARODA

Patient Name :	MIHIR KANTI SARKAR	Patient ID :	73487
Modality :	DX	Sex :	M
Age :	056Y	Study :	CHEST PA
Reff. Dr. :	SELF	Study Date :	24-02-2024

X-RAY CHEST PA VIEW

Tiny calcified nodule seen in right hilar region.
Bilateral costophrenic angles are unremarkable.
Bilateral hila and vascular markings are unremarkable.
Domes of diaphragm are normal in morphology and contour.
Cardiac size is within normal limits.
Bony thoracic cage appears normal.

Recommended clinical correlation with other investigation*



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Registration No. 77237 (WBMC)