

PATIENT NAME &amp; ADDRESS

**MR. ABHIJIT SENGUPTA**VILL- BARUIPUR, P.O- BARUIPUR, P.S- BARUIPUR  
24pg(S)-24 Parganas (South), West Bengal, India , 700144


 Desun More, E.M. Bypass, Kasba Goburk, Kolkata-700 107, Ph: 71 222 000, Fax: 2443 9003  
 Email: desun@desunhospital.com, Website: www.desunhospital.com  
 (A unit of P. N. Memorial Neurocentre & Research Institute Ltd.)
DRAWN : 23-01-2024  
12:45 Hrs.RECEIVED : 23-01-2024  
18:21 Hrs.REPORTED : 24-01-2024  
09:43 Hrs.

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PATIENT CODE SD01/PAT/1000157532



2331149780

REFERRING DOCTOR

ACCESSION NO DHHI-1/2023-24/0007443

AGE 32 Yrs 14 Dys

SEX Male

Results relate only to the samples tested

TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
<b>Glucose - Fasting</b>			
Glucose - Fasting Specimen : Plasma Flouride Methodology : Hexokinase	93	Adult: 74 - 106 Children 60 - 100	mg/dL
<b>Uric Acid</b>			
Uric Acid Specimen : Serum Methodology : Uricase Peroxidase * CLINICAL CORRELATION REQUESTED. * VALUE RECHECKED.	* 8.4	Male : 3.5 - 7.2 Female : 2.6 - 6.0	mg/dL
<b>Creatinine</b>			
Creatinine Specimen : Serum Methodology : Jaffe Method	1.19	Male (<50 years) : 0.84 - 1.25 Male (>50 years): 0.81 - 1.44 Female: 0.66 - 1.09 Neonate: 0.5 - 1.2 Infant: 0.4 - 0.7 Child: 0.5 - 1.2	mg/dL
<b>LFT (Liver Function Test)</b>			
<b>Total Bilirubin</b> Specimen : Serum Methodology : Diazotization	0.53	Adults: 0.3 - 1.2 Children 0-1 day 1.4 - 8.7 1-2 days 3.4 - 11.5 3-5 days 1.5 - 12.0	mg/dL
<b>Direct Bilirubin</b> Specimen : Serum Methodology : Diazotization	0.06	Adults and Children: < 0.2	mg/dL
<b>Indirect Bilirubin</b> Methodology : Calculated Value	0.47		mg/dL
<b>Total Protein</b> Specimen : Serum Methodology : Biuret	7.6	Adult : 6.6 - 8.3 Children (1 - 18 y) : 5.7 - 8.0 Newborns (1 - 30 d) : 4.1 - 6.3	g/dL
<b>Albumin</b> Specimen : Serum Methodology : Bromocresol Green (BCG)	4.6	Adults: 3.5 - 5.2 Newborn (0 - 4 day) : 2.8 - 4.4	g/dL
<b>Globulin</b> Methodology : Calculated Value	3.0	1.8 - 3.6	g/dL




 Dr. Prerana Mondal  
 MD (Path), WBMC-70606  
 Consultant Pathologist

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SEX Male

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TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
<b>LFT (Liver Function Test)</b>			
<b>Aspartate Aminotransferase (SGOT) (AST)</b>	22	Male (Adult): <50 Female (Adult): <35 Newborn: 25 - 75 Infant: 15 - 60	U/L
Specimen : Serum Methodology : IFCC (UV without P5P)			
<b>Alanine Aminotransferase (SGPT) (ALT)</b>	28	Male(Adult): <50 Female(Adult): <35 Newborn/Infant: 13 - 45	U/L
Specimen : Serum Methodology : IFCC (UV without P5P)			
<b>Alkaline Phosphatase (ALP)</b>	64	75 - 316	U/L
Specimen : Serum Methodology : IFCC (PNPP, AMP buffer)			



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*Prerana Mondal*  
Dr. Prerana Mondal  
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Consultant Pathologist

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TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
<b>Glucose - PP (Post Prandial)</b>			
<b>Glucose - Post Prandial</b>	109	70.0 - 140.0	mg/dL
Specimen : Plasma Flouride Methodology : Hexokinase			
** Sample Drawn : 23.01.2024 18:15 Hrs.	Received : 23.01.2024 19:12 Hrs.	Reported : 24.01.2024 09:43 Hr	



Dr. SUBHRA BILAS SIL

MD (Path), WBMC-64875  
 Consultant Pathologist

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TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
<b>Lipid Profile</b>			
<b>Cholesterol - Total</b> Specimen : Serum Methodology : CHOD-POD	169	<200 : Desirable 200 - 239 : Borderline High >=240 : High	mg/dL
<b>Cholesterol - HDL</b> Specimen : Serum Methodology : Direct Enzymatic Colorimetric	45	40.0 - 59.0	mg/dL
<b>Cholesterol - LDL</b> Methodology : Calculated Value	99.8	> 160.0 : High Risk 130.0 - 160.0 : Borderline High <= 130.0 : Desirable	mg/dL
<b>Cholesterol - VLDL</b> Methodology : Calculated Value	24.2	< 40.0	mg/dL
<b>Triglyceride</b> Specimen : Serum Methodology : GPO POD	121	Normal : <150 Borderline high : 150 - 199 High : 200 - 499 Very high : >=500	mg/dL



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*Prerona Mondal*  
 Dr. Prerona Mondal  
 MD (Path), WBMC-70506  
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TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
<b>Lipid Profile</b>			
<b>Cholesterol - Total/HDL ratio</b> Methodology : Calculated Value	<b>3.76</b>	3.4 : 1/2 Average Risk 5.0 : Average Risk 9.6 : 2 x Average Risk 23.4 : 3 x Average Risk	ratio
<b>Cholesterol - HDL/LDL ratio</b> Methodology : Calculated Value	<b>0.45</b>		



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**Consultant Pathologist**

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<b>HbA1c (Glycosylated Haemoglobin)</b>			
Glycosylated Haemoglobin (HBA1C)	5.3	4.6 - 6.2	%
Specimen : Methodology : NGSP			
<b>BUN (Blood Urea Nitrogen)</b>			
Blood Urea Nitrogen (BUN)	14	Newborn : 4 - 18 Child : 5 - 18 Adult : 6 - 20	mg/dL
Specimen : Serum Methodology : Urease, GLDH			
<b>LFT (Liver Function Test)</b>			
A/G Ratio	1.53	1.1 - 2.2	ratio
Specimen : serum Methodology : Calculated Value			
<b>GGT (Gamma-glutamyltransferase)</b>			
Gamma-glutamyltransferase (GGT)	* 20.3	12 - 122	U/L
Specimen : Serum Methodology : * CLINICAL CORRELATION REQUESTED.			



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TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
<b>CBC (Complete Blood Count)</b>			
<b>Haemoglobin (Hb)</b> Specimen : Whole Blood - EDTA Methodology : Colorimetry	12.8	13.0 - 17.0	gm %
<b>RBC Count</b> Specimen : Whole Blood - EDTA Methodology : Electrical Impedance	4.55	4.5 - 5.5	million/cmm
<b>Packed Cell Volume (Hematocrit) (PCV)</b> Specimen : Whole Blood - EDTA Methodology : Pulse height detection	37.9	40.0 - 50.0	%
<b>Mean Cell Volume (MCV)</b> Specimen : Whole Blood - EDTA Methodology : Calculated Value	83.4	83.0 - 101.0	fL
<b>Mean Cell Haemoglobin (MCH)</b> Specimen : Whole Blood - EDTA Methodology : Calculated Value	28.3	27 - 32	pg
<b>Mean Cell Haemoglobin Concentration (MCHC)</b> Specimen : Whole Blood - EDTA Methodology : Calculated Value	33.8	31.5 - 34.5	g/dL
<b>Platelet Count</b> Specimen : Whole Blood - EDTA Methodology : Electrical Impedance	2.15	1.5 - 4.1	lakh/cmm
<b>Total Count</b>			
<b>WBC Count</b> Specimen : Whole Blood - EDTA Methodology : Electrical Impedance	5.9	4.0 - 10.0	thou/cmm
<b>Differential Count (Microscopy)</b>			
<b>Neutrophil</b>	63	40 - 80	%
<b>Lymphocyte</b>	32	20 - 40	%
<b>Monocyte</b>	02	2 - 10	%
<b>Eosinophil</b>	03	1 - 6	%
<b>Basophil</b>	00	<1 - 2	%
<b>Peripheral Blood Smear (Microscopy)</b>			


**Dr. Swapan Pathak**  
**MD (Path), WBMC-43069**  
**Sr. Consultant**

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TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
<b>CBC (Complete Blood Count)</b>			
RBC	Normocytic Normochromic		
WBC	Normal morphology. No immature cell seen.		
<b>Erythrocyte Sedimentation Rate (ESR)</b> Specimen : Whole Blood - EDTA Methodology : Westergren	32	<=15	mm / hr



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Sr. Consultant

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



Dr. Prerana Mondal

 MD (Path), WBMC-70006  
 Consultant Pathologist

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



24012024114232

**Dr. Palash Kr Mandal**  
 MD (Path), WBMC-51886  
 Sr. Consultant

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TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
<p><b>Glucose [Urine]</b> Chemical Examination</p> <p><b>Glucose</b> Methodology : Glucose oxidase (Strip) Benedict's Test Urine passed 2 hrs after meal.</p>	Absent		
----- End of Report -----			



*Dr. Palash Kr Mandal*  
**Dr. Palash Kr Mandal**  
 MD (Path), WBMC-51886  
 Sr Consultant

24012024114359

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TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
<b>Thyroid Profile - 1 (T3, T4, TSH)</b>			
<b>Triiodothyronine (T3)</b> Specimen : Serum Methodology : Electrochemiluminescence	1.29	0.80 - 2.00	ng/mL
<b>Thyroxine (T4)</b> Specimen : Serum Methodology : Electrochemiluminescence	7.89	5.10 - 14.10	µg/dL
<b>Thyroid Stimulating Hormone (TSH)</b> Specimen : Serum Methodology : Electrochemiluminescence	1.66	0.270 - 4.20	µIU/mL
----- End of Report -----			

24012024114516

**Dr. Jayati Gupta**  
Ph.D (Bio.Chem)  
Senior Consultant Biochemist

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CARDIOLOGY

MR. ABHIJIT SENGUPTA

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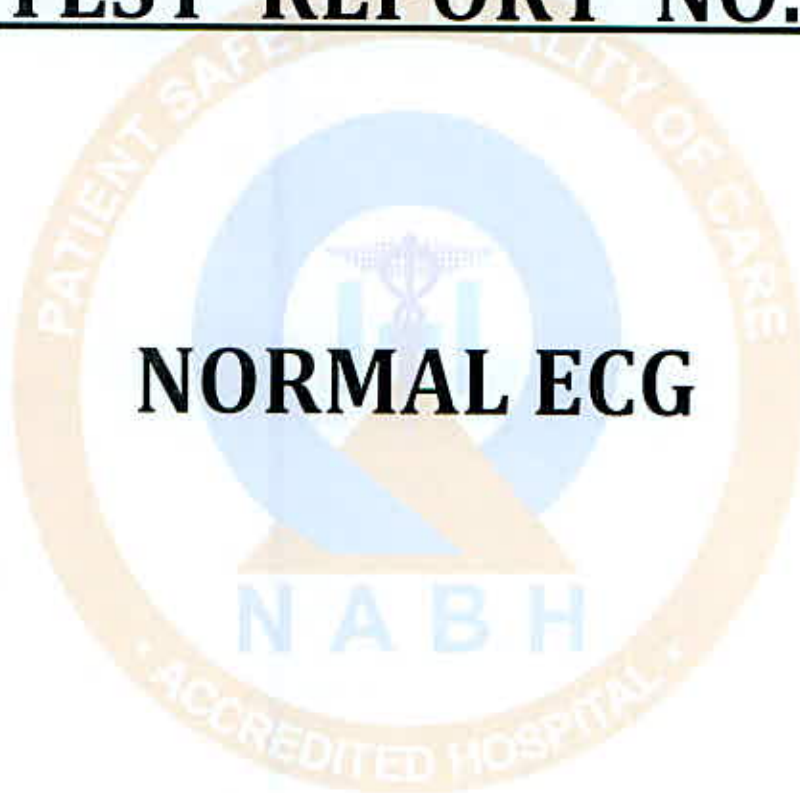


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SEX : M

# ECG TEST REPORT NO. 344



## NORMAL ECG

Dr. IMRAN AHMED KHAN

Reg No: 64336, MBBS  
Dept. of Cardiac Science

Prepared By : Sutapa    Checked By : Sumita Bar

I A K

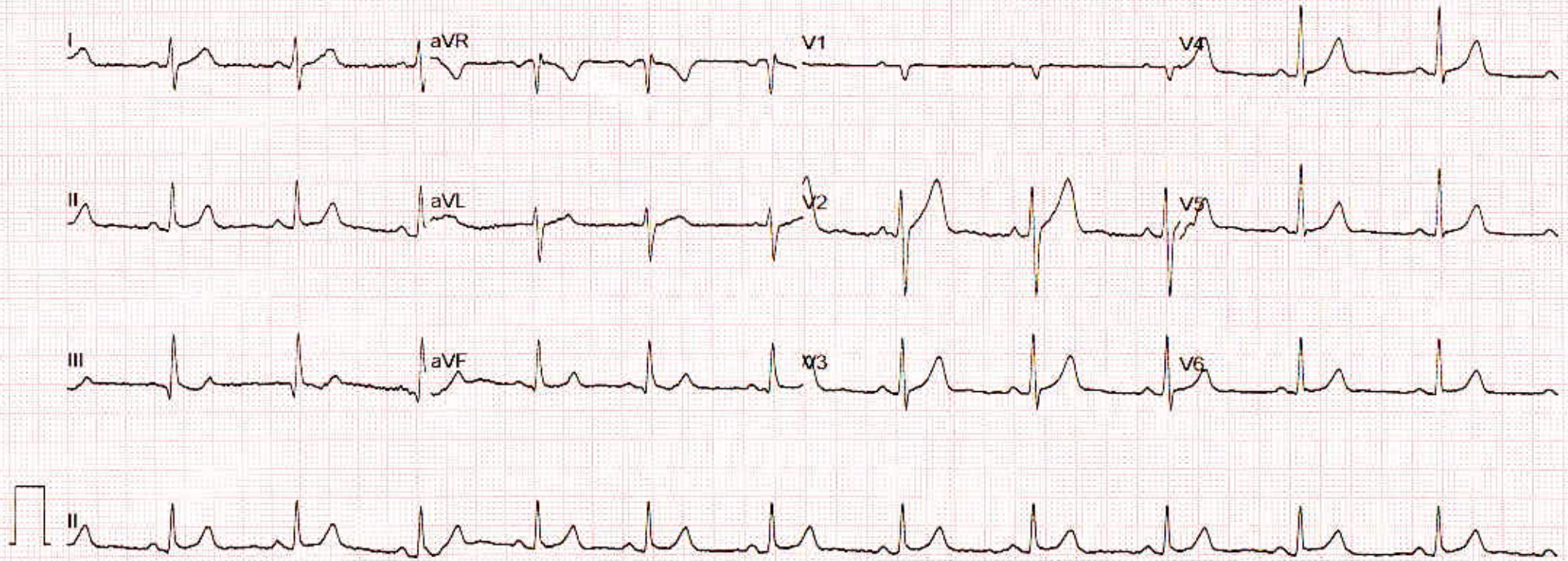


Male

QRS : 76 ms  
QT / QTcBaz : 368 / 399 ms  
PR : 138 ms  
P : 96 ms  
RR / PP : 848 / 845 ms  
P / QRS / T : 47 / 82 / 43 degrees

Normal sinus rhythm  
Normal ECG

Technician:  
Ordering Ph.  
Referring Ph.  
Attending Ph.





PATIENT NAME &amp; ADDRESS

CARDIOLOGY

MR. ABHIJIT SENGUPTA

VILL- BARUIPUR, P.O- BARUIPUR, P.S- BARUIPUR  
24pg(S)-24 Parganas (South), West Bengal, India , 700144


**DESUN**  
**HOSPITAL**  
**A NABH HOSPITAL**

Desun More, E.M. Bypass, Kasba Gopani, Kolkata-700 107, Ph: 71 222 000, Fax: 2443 9003  
E-mail: desun@desunhospital.com, Website: www.desunhospital.com  
(A unit of P. N. Memorial Neurocentre & Research Institute Ltd.)

PROCEDURE DONE ON : 23.01.2024

REPORTED : 23.01.2024

OPD / IPD DOC NO : SD01/OPD/BILL/2023-24/OP40482637

PATIENT CODE : SD01/PAT/1000157532

REFERRING DOCTOR :

AGE : 32 Yrs 14 Dys

ACCESSION NO : R/DHHI-1/2023-24/0009735

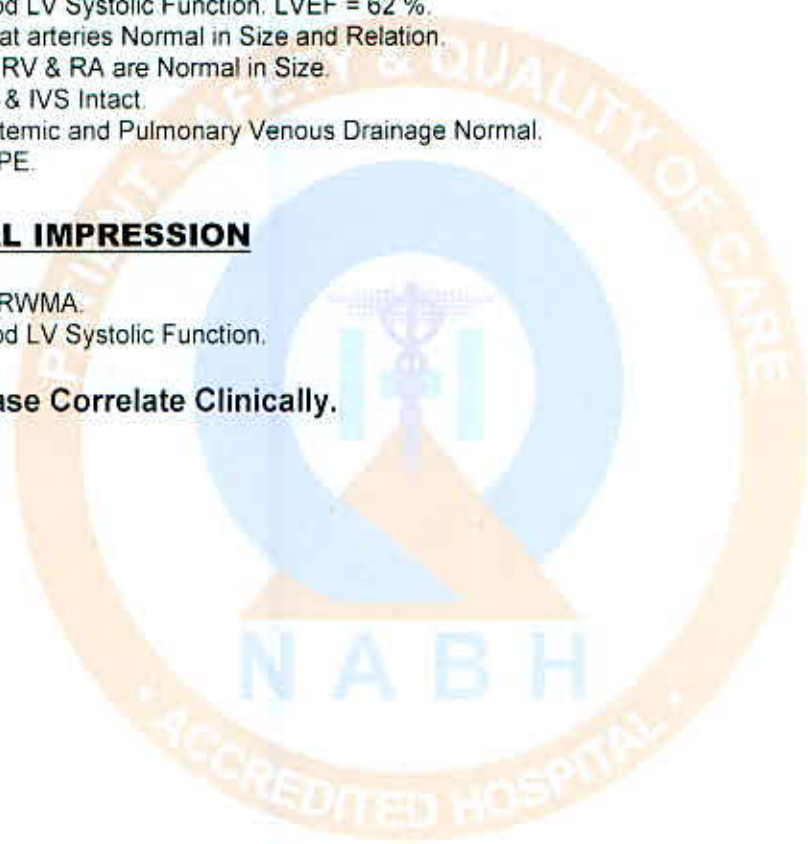
SEX : M

**ECHO CARDIOGRAPHY SCREENING REPORT****ECHO NO : 349****SUMMARY**

- >> Normal LV Cavity
- >> No RWMA.
- >> Good LV Systolic Function. LVEF = 62 %.
- >> Great arteries Normal in Size and Relation.
- >> LA, RV & RA are Normal in Size.
- >> IAS & IVS Intact.
- >> Systemic and Pulmonary Venous Drainage Normal.
- >> No PE.

**FINAL IMPRESSION**

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

**\*\*Please Correlate Clinically.**

*Sanjib Kumar Patra*

Dr. SANJIB KUMAR PATRA

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

Prepared By : Sutapa Checked By : A Esai

SKP

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**M - mode Measurements Valves :-**

Aorta - 2.3 cm

LV ed - 4.1 cm

LA - 3.0 cm

LV es - 2.7 cm

ACS - cm

IVS ed - 1.0 cm

RV ed - cm

PW (LV) - 1.0 cm

FS - %

LVEF - 62 %

**CHAMBERS:-**

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

Left Atrium : Normal in Size.

Right Atrium : Normal in Size.

Right Ventricle : Normal in Size.

**OTHERS :-**

GREAT ARTERIES : Normal in Size and Relation.



Dr. SANJIB KUMAR PATRA

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

Prepared By : Sutapa Checked By : A. Esai

SKP



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PERICARDIUM : Normal.

**VALVES :-****MITRAL VALVE**

Morphology : Normal  
Doppler : Normal

**TRICUSPID VALVE**

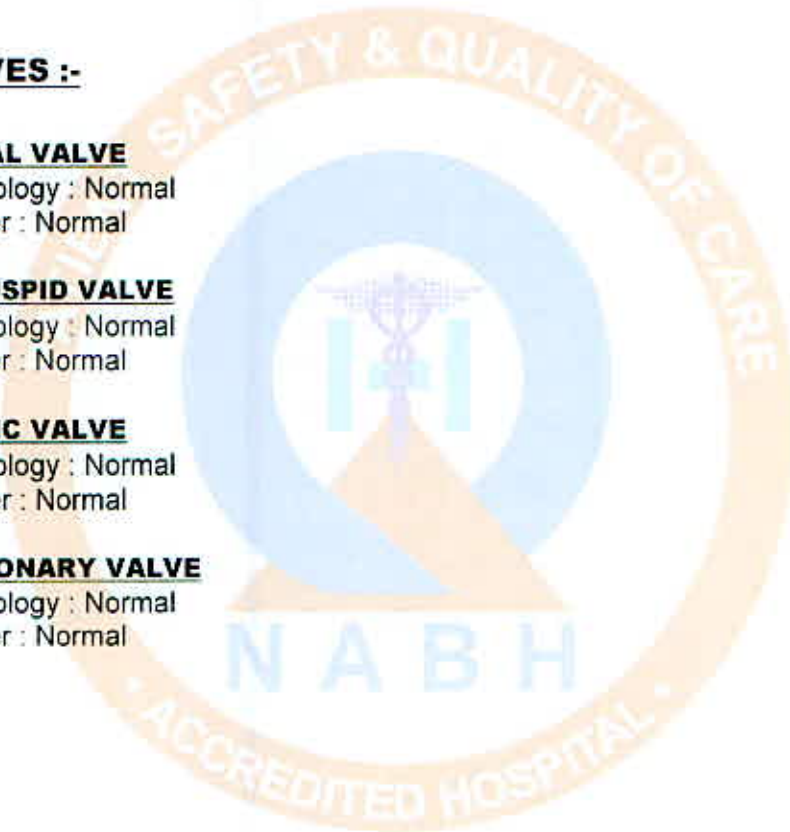
Morphology : Normal  
Doppler : Normal

**AORTIC VALVE**

Morphology : Normal  
Doppler : Normal

**PULMONARY VALVE**

Morphology : Normal  
Doppler : Normal



*Sanjib Kumar Patra*

Dr. SANJIB KUMAR PATRA

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

Prepared By : Sutapa Checked By : A Esai

S K P

PATIENT NAME & ADDRESS                      RADIOLOGY  
**MR. ABHIJIT SENGUPTA**  
 VILL- BARUIPUR, P.O- BARUIPUR, P.S- BARUIPUR  
 24pg(S)-24 Parganas (South), West Bengal, India , 700144



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REFERRING DOCTOR	:	AGE	: 32 Yrs 14 Dys
ACCESSION NO	: R/DHHI-1/2023-24/0009730	SEX	: M

## (US-10434 ) USG OF WHOLE ABDOMEN

### LIVER

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

### GALL BLADDER

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

### C.B.D.

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

### PORTAL VEIN

Normal for age.

### PANCREAS

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

### SPLEEN

Spleen is normal in size, shape and echotexture. No focal lesion seen. Spleno-portal axis is normal.

### KIDNEYS

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

### URETERS

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

### URINARY BLADDER

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



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SEX : M

**PROSTATE**

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

**RETROPERITONEUM**

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

**PERITONEUM**

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

**LOWER PLEURAL SPACES**

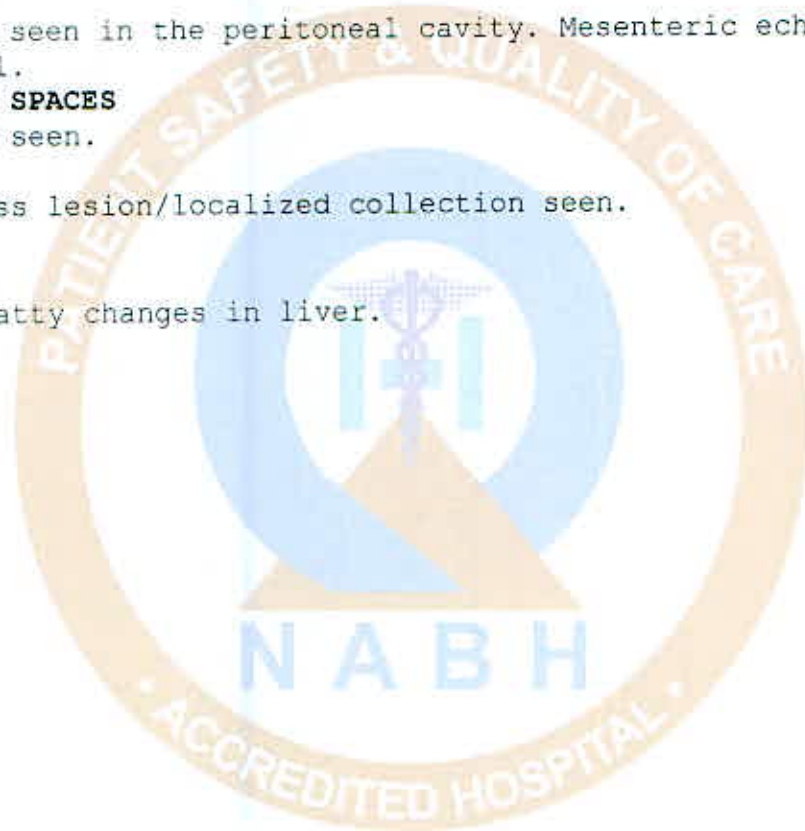
No free fluid seen.

**R.I.F**

No obvious mass lesion/localized collection seen.

**IMPRESSION:**

\* Grade - I fatty changes in liver.




Dr. DINESH JAIN

WBMC-70597

MD, DNB (Radiology), EDIR, FRCR

Patient Name:	<b>ABHIJIT SENGUPTA 32Y OPD</b>	Study Date/Time:	23-01-2024 6:05 PM
Sex/Age/Modality:	M/32Y/CR	Report Date/Time:	23-01-2024 11:10 PM
Patient ID:	16893	Report:	CHEST
Ref. Physician:	DESUN HOSPITAL & HEART INSTITUTE,KOLKATA	Report ID:	1217970D1385

**CHEST X-RAY AP VIEW**

Both lung fields showing increased vascular markings.

Both hilar shadow appears prominent.

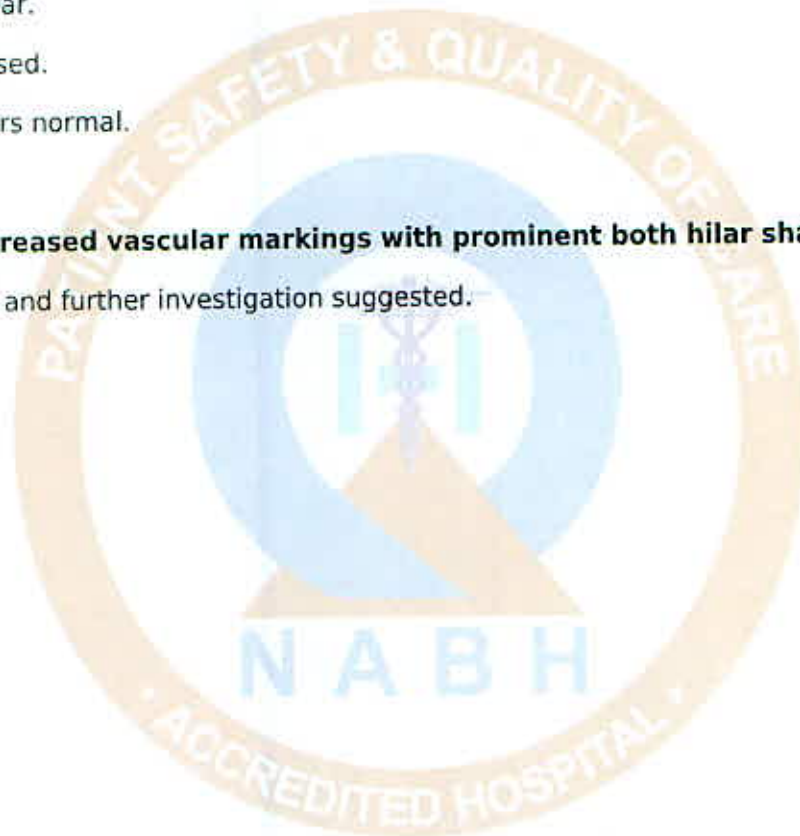
C. P. angles are clear.

C-T ratio not assessed.

Bony thorax appears normal.

**IMPRESSION: Increased vascular markings with prominent both hilar shadows.**

Clinical correlation and further investigation suggested.



*Apurba Kumar Majhi*

**Dr. Apurba Kumar Majhi**  
MBBS, MD Radio-diagnosis  
Consultant Radiologist  
Reg no- WBMC-73132



**Disclaimer:** The report is prepared by the image and patient information provided by the origin. In no event, Radisky Labs Private Limited shall be liable for any special, direct, indirect, consequential or any damages, arising out of or in connection with the use of the service.





NAME - MR. ABHIJIT SENGUPTA

AGE - 32 Yrs, M

DATE - 23.01.2024

VA  $\left\{ \begin{array}{l} 6/18 \\ 6/24 \end{array} \right. / \text{VIA}$

RE - 1.25 Dsp  $\bar{c}$  - 0.50 Deyl  $\downarrow 80^\circ$  - 9/6  
LE - 1.50 Dsp  $\bar{c}$  - 0.75 Deyl  $\downarrow 100^\circ$  - 6/6

Near - N-6

Colour Vision BE - WNL



Dr. Soumyadeep Majumder  
M.D. MS

Reg. No. 68358 WBMC  
Department of Ophthalmology

DESUN HOSPITAL

(A unit of P N Memorial Neurocentre & Research Institute Ltd.)

CIN - U85110WB2000PLC091118

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Name : Mr. Abhijit Sengupta  
U / Doctor : Dr. Sneemanti Bag

Date : 23 / 11 / 24  
Age : 31y Sex : M

Doctor's Prescription

~~Sp/0~~

~~Rec 10~~

of 0

Recurrent episodes of sneezing and runny nose aggravated on exposure to dust occasional nose bleed 1/2 years back No known cause behind

~~R~~

ENT Examination

Nose on AN -

DAS (left)

B/L mucosa coated

Septal ulceration (+)

B/L anterior inferior part of nasal spine

Trachea -  
Post nasal drip (+)

Habit of post-nasal drip



DA Allergic rhinitis  
C ? CRS  
C nasal septal ulceration

Advice

→ Stop use - picky

- AVO overbearing of use

- Use face

- Avoid, smoke, dust, pollen, pet, cotton, cold

- Tab CEPODEM XP 325  
1 tab twice daily  
after meal x 5 days

→ XYLOMIST nasal drops  
2 drops three times daily  
B/L nasal cavity  
x 5 days

- Neosporin ointment apply locally  
three times daily on area of septal ulceration locally  
x 5 days.





- DUONASE nasal spray 2 puffs  
twice daily in each nasal  
cavity X 3 weeks
- SOLSPRE nasal spray  
2 puffs twice times daily  
each nasal cavity  
X 3 weeks
- Tab Mankicox AY 1 tab  
once daily at bedtime  
X 20 days
- Blood R. FSE, complete  
allergy profile
- NCCCT PNS / Axial / Cervical / Capital / Head view
- Review after 3 weeks or  
earlier so



Dr. Sreemanti Bag  
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Reg. No. - 73883 WBM  
Department of ENT  
Desun Hospital

*Sreemanti Bag*  
22.01.2024