



Patient Name : MR. SANTANU MONDAL

Age / Gender : 39 Years / Male

Mobile No. : -

Patient ID : 78394

Bill ID : 81183

Referral : DR SELF

Optional ID : -

Collection Time : 23/03/2024, 09:26 a.m.

Receiving Time : 23/03/2024, 10:48 a.m.

Reporting Time : 23/03/2024, 04:14 p.m.

Sample ID : 1924020489

Sample Type : Serum

Test Description	Value(s)	Unit(s)	Reference Range
<u>Bun / Creatinine Ratio</u>			
BUN/Creatinine ratio	15.15		12 - 20
Method : Calculation			

****END OF REPORT****

Checked by
Barun Jana

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



Reported By : -

Registered By : MAMANI KARMAKAR



Patient Name : MR. SANTANU MONDAL

Age / Gender : 39 Years / Male

Mobile No. : -

Patient ID : 78394

Bill ID : 81183

Referral : DR SELF

Source : ALLIANCE & PROJECT

Optional ID : -

Collection Time : 23/03/2024, 01:35 PM

Receiving Time : 23/03/2024, 05:11 PM

Reporting Time : 23/03/2024, 05:40 PM

Sample ID : 1924020489P

Sample Type : Fluoride Plasma

Test Description	Value(s)	Unit(s)	Reference Range
<u>Glucose Fasting Plasma</u>			
GLUCOSE FASTING PLASMA Method : Hexokinase	91	mg/dL	74 - 109
<u>Prostate Specific Antigen (PSA), Serum</u>			
PSA (PROSTATE SPECIFIC ANTIGEN) Method : Electrochemiluminescence Immunoassay (ECLIA)	0.64	ng/mL	< 1.4
Remark			
<u>Uric Acid, Serum</u>			
URIC ACID Method : Uricase PAP	6	mg/dL	3.5 - 7.2
<u>T3,T4 & TSH</u>			
T3 Method : Chemiluminescent Microparticle Immunoassay (CMIA)	1.23	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)	7.75	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)	4.78	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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Sample ID : 1924020489P

Sample Type : Fluoride Plasma

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

Glucose Post Prandial Plasma

GLUCOSE POST PRANDIAL PLASMA	124	mg/dL	70 - 140
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Method : Hexokinase

****END OF REPORT****

Checked by
Barun Jana

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



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Source : ALLIANCE & PROJECT

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Receiving Time : 23/03/2024, 10:48 AM

Reporting Time : 23/03/2024, 12:07 PM

Sample ID : 1924020489

Sample Type : Serum

Test Description	Value(s)	Unit(s)	Reference Range
<u>Lipid Profile</u>			
TRIGLYCERIDES Method : Enzymatic Colorimetric Assay using GPO-POD	95	mg/dL	Normal : < 150 Borderline High : 150 - 199 High : 200 - 499 Very High : >= 500
CHOLESTEROL Method : Enzymatic Colorimetric Assay using CHOD-POD	180	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	120	mg/dl	Optimal : < 100 Above Optimal : 100 - 129 Borderline High : 130 - 159 High : 160 - 189 Very High : > 190
VLDL / CHOLESTEROL REMNANTS Method : Calculation	22	mg/dl	< 30
NON HDL CHOLESTEROL Method : Calculation	142	mg/dl	<130
TOTAL CHOLESTEROL / HDL CHOLESTEROL RATIO	4.74	Ratio	
LDL CHOLESTEROL / HDL CHOLESTEROL RATIO	3.16	Ratio	

Remark :

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

Liver Function Test

TOTAL BILIRUBIN Method : DPD	0.67	mg/dL	<1.2
CONJUGATED BILIRUBIN Method : DPD	0.17	mg/dl	< 0.2
UNCONJUGATED BILIRUBIN Method : Calculation	0.50	mg/dL	
SGPT Method : IFCC (without pyridoxal phosphate activation)	34	U/L	< 50
SGOT Method : IFCC (without pyridoxal phosphate activation)	26	U/L	< 50



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Sample Type : Serum

Test Description	Value(s)	Unit(s)	Reference Range
ALKALINE PHOSPHATASE Method : IFCC AMP Buffer	84	U/L	30 - 120
TOTAL PROTEIN Method : Biuret	7.48	g/dL	6.6 - 8.3
ALBUMIN Method : Bromocresol Green	4.64	g/dL	Adults: 3.5 - 5.2 Newborn (1-4 days): 2.8 - 4.4
GLOBULIN Method : Calculation	2.84	g/dL	1.80 - 3.60
A/G RATIO Method : Calculation	1.63		1.2 - 2
GAMMA-GLUTAMYL TRANSFERASE Method : IFCC	15	U/L	< 55
<u>Total Proteins, Serum</u>			
TOTAL PROTEIN Method : Biuret	7.48	g/dl	6.6 - 8.3
ALBUMIN Method : Bromocresol green	4.64	g/dl	Adults: 3.5 - 5.2 Newborn(0-4days): 2.8 - 4.4
GLOBULIN Method : Calculation	2.84	g/dl	1.8 - 3.6
A/G RATIO Method : Calculation	1.63		1.2 - 2.0

END OF REPORT

Checked by
Priya Manna

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



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Registered By : MAMANI KARMAKAR





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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)	5.1	%	Normal : < 5.7 Pre Diabetes : 5.7 - 6.4 Diabetes : >= 6.5
Estimated Average Glucose	100	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 glycemc 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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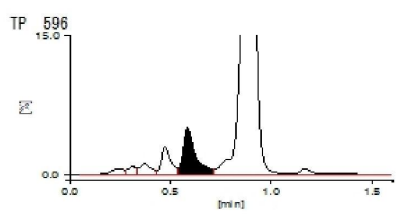
Chromatogram Report

TOSOH G8 VAR V05.29 490206 2024-03-23 13:31:58
 ID 1924020489
 Sample No. 03230003 SL 0001 - 03
 Patient ID
 Name
 Comment

CALIB Name	%	Time	Area
A1A	0.6	0.24	7.13
A1B	0.5	0.31	6.39
F	0.9	0.37	11.18
LA1C+	1.8	0.47	22.57
SA1C	5.1	0.59	50.95
AO	93.1	0.88	1174.08
H-V0			
H-V1			
H-V2			

Total Area 1272.30

HbA1c 5.1 % **IFCC 32 mmol/mol**
 HbA1 6.2 % HbF 0.9 %



23-03-2024 13:31:59 TOSOH

1 / 1

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

****END OF REPORT****



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

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



Reported By : -

Registered By : MAMANI KARMAKAR



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Optional ID : -

Collection Time : 23/03/2024, 09:14 a.m.

Receiving Time : 27/03/2024, 11:22 a.m.

Reporting Time : 27/03/2024, 07:39 p.m.

Sample ID : 1924020489

Sample Type : USG

USG Whole Abdomen

LIVER

Is normal in size **with mild diffuse increase in echogenicity. A 2.1 cm x 2.0 cm simple cyst is seen in the right lobe of liver.** Intrahepatic biliary radicles are not dilated. Hepatic & Portal venous systems appear normal. Portal vein measures 0.92 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 0.43 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 10.8 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. No evidence of hydronephrosis is seen in either kidney. **A 0.70 cm calculus is seen in the upper pole of left kidney.**

Right kidney measures 8.9 cm.

Left kidney measures 9.0 cm.

URETERS

Ureters are not seen dilated.

URINARY BLADDER





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Reporting Time : 27/03/2024, 07:39 p.m.

Sample ID : 1924020489

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.

PROSTATE

Prostate is seen normal in size, outline and echotexture. No definite focal parenchymal lesion is seen. Prostatic capsule is intact. Prostate measures 3.3 cm x 2.8 cm x 2.8 cm and volume- 14 cc (approx).

Retroperitoneum- No abdominal lymphadenopathy is seen.

No evidence of Ascites is seen.

IMPRESSION:-

1. Small cyst in right lobe of liver.
2. Grade I fatty liver.
3. Non-obstructive Calculus in left kidney.

Please correlate with clinical findings.

****END OF REPORT****


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

Checked by
Jhumpa Halder



Reported By : APURBA DUTTA

Registered By : MAMANI KARMAKAR



Patient Name : MR. SANTANU MONDAL

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Source : ALLIANCE & PROJECT

Optional ID : -

Collection Time : 23/03/2024, 09:14 AM

Receiving Time : 23/03/2024, 01:51 PM

Reporting Time : 23/03/2024, 04:11 PM

Sample ID : 1924020489

Sample Type : 2D Echo

Echocardiography/TMT

M Mode Data : Parameter	Test Value	Normal Range (Adults)	Unit
Aortic Root Diameter	2.7	2.0 – 4.0	cm
Left atrial diameter	3.4	2.0 – 4.0	cm
RV internal diameter	2.2	2.2 – 3.0	cm
IV septal thickness (diastole)	0.7	0.60 – 1.1	cm
LV Internal diameter (diastole)	4.9	3.50 – 5.4	cm
Post. Wall thickness (diastole)	0.7	0.60 – 1.1	cm
Internal diameter (systole)	3.1	2.4 – 4.2	cm
LV Ejection fraction	65%	55 – 65	%

LV shows:

- Normal size cardiac chambers.
- No RWMA.
- Grade I diastolic dysfunction. E/E' - 9
- Good LV systolic function with LVEF – 65%
- Normal RV systolic function.
- All valve morphology normal.
- IAS & IVS intact.
- No PDA/COA.
- Trivial MR & TR (20 mmHg).
- No PE / PAH.
- IVC normal in size, collapsing well.



Reported By : MOUSUMI DAS SHARMA

Registered By : MAMANI KARMAKAR



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Sample Type : 2D Echo

CONCLUSION:-

Normal size cardiac chambers.

Good biventricular systolic function.

Grade I diastolic dysfunction.

Trivial MR & TR.

No PE / PAH.

****END OF REPORT****

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

Checked by
Mousumi Das Sharma



Reported By : MOUSUMI DAS SHARMA

Registered By : MAMANI KARMAKAR



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Sample ID : 1924020489

Sample Type : Edta Blood

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

URINE FOR SUGAR

Result **Absent**

Complete Blood Count

HAEMOGLOBIN	12.1	gm/dl	13 - 17
TOTAL LEUCOCYTE COUNT	7,200	/cumm	4000 - 11000
HCT	41.9	Vol%	40 - 50
R B C	6.01	millions/cumm	4.2 - 5.5
M C V	69.7	Femtolitre(fl)	80 - 100
M C H	20.1	Picograms(pg)	27 - 31
M C H C	28.9	gm/dl	32 - 36
PLATELET COUNT	1,75,000	/cumm	150000 - 450000

DIFFERENTIAL COUNT

Neutrophils	70	%	40 - 75
Lymphocytes	23	%	20 - 40
Monocytes	02	%	2 - 8
Eosinophils	05	%	1 - 6
Basophils	00	%	0 - 1
ESR	08	mm	2 - 17

Remarks **Mild Microcytic Hypochromia.
Platelets adequate**

Note

XN 1000, SYSMEX

METHOD : FLOWCYTOMETRY

ESR : AUTOMATED VESCUBE - 30 TOUCH

Urine Routine

PHYSICAL EXAMINATION

Volume	35 ml
Colour	Pale Straw
Appearance	Slightly hazy
Deposit	Present



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Sample Type : Edta Blood

Test Description	Value(s)	Unit(s)	Reference Range
Specific Gravity	1.015		
CHEMICAL EXAMINATION			
Reaction	Acidic (PH: 5.5)		
Protein	Absent		
Sugar	Absent		
Ketones Bodies	Absent		
Urobilinogen	Normal		
Blood	Absent		
MICROSCOPIC EXAMINATION			
Pus Cells	4 - 5 /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.

Stool Routine

Physical Examination

Colour	Brownish
Consistency	Soft
Reaction	Acidic
Mucus	Present



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<u>Chemical Examination</u>			
Stool for Occult Blood	NEGATIVE		
<u>Microscopical Examination</u>			
Pus Cells	2 - 3 /hpf		
RBC	Not found		
Ova	Not found		
Parasite	Not found		
Cyst	Not found		
Vegetable cells	Present		
Starch Granules	Absent		
<u>Blood Group & RH Typing</u>			
BLOOD GROUP	"O"		
RH TYPING	POSITIVE		

H1 Lectin Agglutinated

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



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****END OF REPORT****

Checked by
 Rupam Chatterjee

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



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Reporting Time : 23/03/2024, 02:10 PM

Sample ID : 1924020489

Sample Type : BMI

BLOOD PRESSURE WEIGHT, HEIGHT & BMI

BLOOD PRESSURE : 130/90 mmHg

WEIGHT : 62 kg.

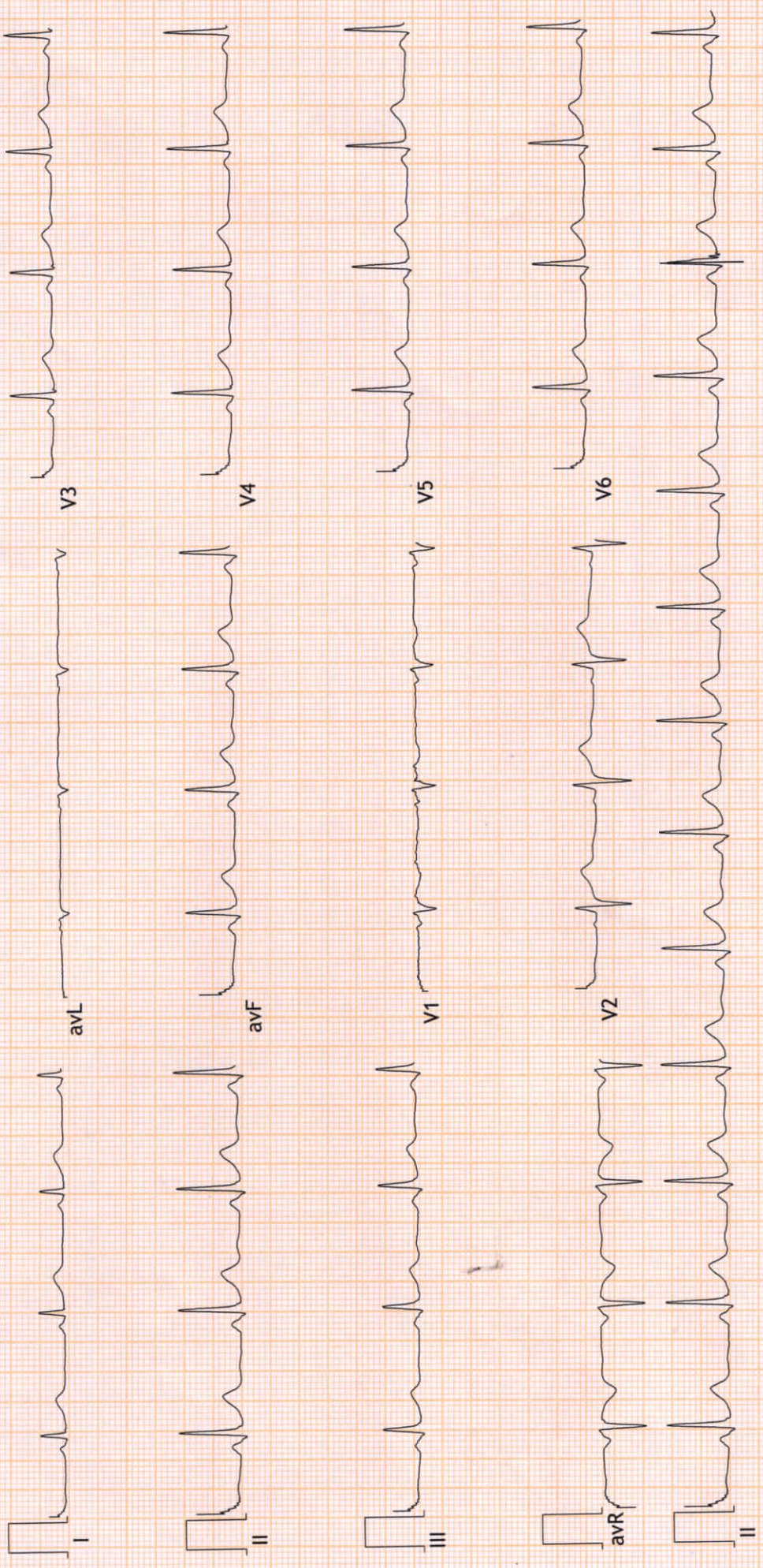
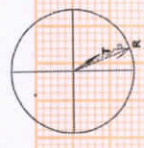
HEIGHT : 156 cm.

BMI : 25.5 KG/M²

****END OF REPORT****

Checked by
Mousumi Das Sharma

Reported By : APURBA DUTTA



ECG within normal limits.

FINDINGS: Normal Sinus Rhythm ,
Vent Rate: 77 bpm; PR Interval : 120 ms; QRS Duration: 122 msQT/QTc Int : 352/400 ms
P-QRS-T axis: 64• 68• 58• (Deg)

Comments :

Dr. Abhinav Tripathy
23/3/24
MBBS, MD, DM (Card)
Consultant Cardiologist
Tribhuvan
Hospital



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RV internal diameter	2.2	2.2 – 3.0	cm
IV septal thickness (diastole)	0.7	0.60 – 1.1	cm
LV Internal diameter (diastole)	4.9	3.50 – 5.4	cm
Post. Wall thickness (diastole)	0.7	0.60 – 1.1	cm
Internal diameter (systole)	3.1	2.4 – 4.2	cm
LV Ejection fraction	65%	55 – 65	%

LV shows:

- Normal size cardiac chambers.
- No RWMA.
- Grade I diastolic dysfunction. E/E' - 9
- Good LV systolic function with LVEF – 65%
- Normal RV systolic function.
- All valve morphology normal.
- IAS & IVS intact.
- No PDA/COA.
- Trivial MR & TR (20 mmHg).
- No PE / PAH.
- IVC normal in size, collapsing well.



Reported By : MOUSUMI DAS SHARMA

Registered By : MAMANI KARMAKAR

Patient Name : MR. SANTANU MONDAL

Age / Gender : 39 Years / Male

Mobile No. : -

Patient ID : 78394

Bill ID : 81183

Referral : DR SELF

Source : ALLIANCE & PROJECT

Optional ID : -

Collection Time : 23/03/2024, 09:14 AM

Receiving Time : 23/03/2024, 01:51 PM

Reporting Time : 23/03/2024, 04:11 PM

Sample ID : 1924020489

Sample Type : 2D Echo

CONCLUSION:-

Normal size cardiac chambers.


Good biventricular systolic function.

Grade I diastolic dysfunction.

Trivial MR & TR.

No PE / PAH.

****END OF REPORT****


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

Checked by
Mousumi Das Sharma



Reported By : MOUSUMI DAS SHARMA

Registered By : MAMANI KARMAKAR

Patient Name :	SANTANU MONDAL	Patient ID :	78394
Modality :	DX	Sex :	M
Age :	39Yrs	Study :	CHEST PA
Reff. Dr. :	SELF	Study Date :	23-03-2024

X-RAY OF CHEST PA VIEW

FINDINGS :

- No lung parenchymal lesion is seen.
- Both costo-phrenic angles are clear.
- Cardio thoracic ratio within normal limit.
- Both the hila are normal.
- Both domes of diaphragm are normal in shape and position.
- Trachea is at midline.

IMPRESSION: Skiagram does not reveal any abnormality.

Clinical correlation and other investigation suggested if clinically indicated.



Dr. Preetam Debasish Panda

MD (Radio diagnosis)

Registration No. 12-46299