



Patient Name : MR. DEBDAS PRAMANIK

Age / Gender : 40 years / Male

Mobile No. : 9681291687

Patient ID : 100575

Bill ID : 104122

Referral : DR SELF

Optional ID : -

Collection Time : 22/06/2024, 10:47 a.m.

Receiving Time : 22/06/2024, 01:00 p.m.

Reporting Time : 22/06/2024, 03:56 p.m.

Sample ID : 1924043226

Sample Type : Serum

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

Lipid Profile

TRIGLYCERIDES Method : Enzymatic Colorimetric Assay using GPO-POD	115	mg/dL	Normal : < 150 Borderline High : 150 - 199 High : 200 - 499 Very High : >= 500
CHOLESTEROL Method : Enzymatic Colorimetric Assay using CHOD-POD	156	mg/dl	Desirable : < 200 Borderline High : 200 - 240 High Risk : > 240
HDL CHOLESTEROL Method : Enzymatic Immunoinhibition	37	mg/dl	Low HDL : <40 High HDL : >= 60
LDL CHOLESTEROL Method : Enzymatic Selective Protection	98	mg/dl	Optimal : < 100 Above Optimal : 100 - 129 Borderline High : 130 - 159 High : 160 - 189 Very High : > 190
VLDL / CHOLESTEROL REMNANTS Method : Calculation	21	mg/dl	< 30
NON HDL CHOLESTEROL Method : Calculation	119	mg/dl	<130
TOTAL CHOLESTEROL / HDL CHOLESTEROL RATIO	4.22	Ratio	
LDL CHOLESTEROL / HDL CHOLESTEROL RATIO	2.65	Ratio	

Remark :

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

Liver Function Test

TOTAL BILIRUBIN Method : DPD	0.58	mg/dL	<1.2
CONJUGATED BILIRUBIN Method : DPD	0.16	mg/dl	< 0.2
UNCONJUGATED BILIRUBIN Method : Calculation	0.42	mg/dL	
SGPT Method : IFCC (without pyridoxal phosphate activation)	51	U/L	< 50
SGOT Method : IFCC (without pyridoxal phosphate activation)	36	U/L	< 50



Reported By : -

Registered By : PAMOYEE DHAR



Patient Name : MR. DEBDAS PRAMANIK

Age / Gender : 40 years / Male

Mobile No. : 9681291687

Patient ID : 100575

Bill ID : 104122

Referral : DR SELF

Optional ID : -

Collection Time : 22/06/2024, 10:47 a.m.

Receiving Time : 22/06/2024, 01:00 p.m.

Reporting Time : 22/06/2024, 03:56 p.m.


Sample ID : 1924043226

Sample Type : Serum

Test Description	Value(s)	Unit(s)	Reference Range
ALKALINE PHOSPHATASE Method : IFCC AMP Buffer	93	U/L	30 - 120
TOTAL PROTEIN Method : Biuret	7.55	g/dL	6.6 - 8.3
ALBUMIN Method : Bromocresol Green	4.76	g/dL	Adults: 3.5 - 5.2 Newborn (1-4 days): 2.8 - 4.4
GLOBULIN Method : Calculation	2.79	g/dL	1.80 - 3.60
A/G RATIO Method : Calculation	1.71		1.2 - 2
GAMMA-GLUTAMYL TRANSFERASE Method : IFCC	25	U/L	< 55
<u>Bun / Creatinine Ratio</u>			
BUN/Creatinine ratio Method : Calculation	7.95		12 - 20

****END OF REPORT****

Checked by
Renimol P V


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



Reported By : -

Registered By : PAMOYEE DHAR



Patient Name : MR. DEBDAS PRAMANIK
Age / Gender : 40 years / Male
Mobile No. : 9681291687
Patient ID : 100575
Bill ID : 104122
Referral : DR SELF
Source : ALLIANCE & PROJECT

Optional ID : -
Collection Time : 22/06/2024, 10:47 AM
Receiving Time : 22/06/2024, 01:00 PM
Reporting Time : 22/06/2024, 02:43 PM
Sample ID : 1924043226
Sample Type : Serum

Test Description	Value(s)	Unit(s)	Reference Range
<u>Total Proteins, Serum</u>			
TOTAL PROTEIN Method : Biuret	7.55	g/dl	6.6 - 8.3
ALBUMIN Method : Bromocresol green	4.76	g/dl	Adults: 3.5 - 5.2 Newborn(0-4days): 2.8 - 4.4
GLOBULIN Method : Calculation	2.79	g/dl	1.8 - 3.6
A/G RATIO Method : Calculation	1.71		1.2 - 2.0

****END OF REPORT****

Checked by
Pintu Manna

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



Reported By : -

Registered By : PAMOYEE DHAR





Patient Name : MR. DEBDAS PRAMANIK

Age / Gender : 40 years / Male

Mobile No. : 9681291687

Patient ID : 100575

Bill ID : 104122

Referral : DR SELF

Source : ALLIANCE & PROJECT

Optional ID : -

Collection Time : 22/06/2024, 10:47 AM

Receiving Time : 22/06/2024, 12:59 PM

Reporting Time : 22/06/2024, 04:44 PM

Sample ID : 1924043226

Sample Type : Edta Blood

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

Blood Group & RH Typing

BLOOD GROUP	"B"		
RH TYPING	POSITIVE		

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



****END OF REPORT****

Checked by
Rakibul Sk

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



Reported By : -

Registered By : PAMOYEE DHAR





Patient Name : MR. DEBDAS PRAMANIK

Age / Gender : 40 years / Male

Mobile No. : 9681291687

Patient ID : 100575

Bill ID : 104122

Referral : DR SELF

Source : ALLIANCE & PROJECT

Optional ID : -

Collection Time : 22/06/2024, 10:47 AM

Receiving Time : 22/06/2024, 12:59 PM

Reporting Time : 22/06/2024, 03:40 PM

Sample ID : 1924043226

Sample Type : Urine

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

Urine Routine

PHYSICAL EXAMINATION

Volume	40 ml	--	
Colour	Pale Straw		Pale to dark yellow
Appearance	Slightly hazy		Clear
Deposit	Present		Absent
Specific Gravity	1.010		1.010 - 1.030

CHEMICAL EXAMINATION

Reaction / PH	Acidic (PH: 6.0)		5.0 - 8.0
Protein	Absent		Absent
Sugar	Absent		Absent
Ketones Bodies	Absent		Absent
Urobilinogen	Normal		Normal
Blood	Absent		Absent

MICROSCOPIC EXAMINATION

Pus Cells	1 - 2 /hpf		<5 /hpf
R.B.C	Not found		Absent
Epithelial Cells	1 - 2 /hpf		A few
Casts	Not found		Absent
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 : PAMOYEE DHAR



Patient Name : MR. DEBDAS PRAMANIK
Age / Gender : 40 years / Male
Mobile No. : 9681291687
Patient ID : 100575
Bill ID : 104122
Referral : DR SELF
Source : ALLIANCE & PROJECT

Optional ID : -
Collection Time : 22/06/2024, 10:47 AM
Receiving Time : 22/06/2024, 12:59 PM
Reporting Time : 22/06/2024, 03:40 PM
Sample ID : 1924043226
Sample Type : Urine

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

****END OF REPORT****

Checked by
Sudipta Halder

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



Reported By : -

Registered By : PAMOYEE DHAR



Patient Name : MR. DEBDAS PRAMANIK

Age / Gender : 40 years / Male

Mobile No. : 9681291687

Patient ID : 100575

Bill ID : 104122

Referral : DR SELF

Source : ALLIANCE & PROJECT

Optional ID : -

Collection Time : 22/06/2024, 10:47 AM

Receiving Time : 22/06/2024, 01:00 PM

Reporting Time : 22/06/2024, 02:25 PM

Sample ID : 1924043226

Sample Type : Serum

Test Description	Value(s)	Unit(s)	Reference Range
<u>Glucose Fasting Plasma</u>			
GLUCOSE FASTING PLASMA Method : Hexokinase	91	mg/dL	74 - 109
<u>Glucose Post Prandial Plasma</u>			
GLUCOSE POST PRANDIAL PLASMA Method : Hexokinase	141	mg/dL	70 - 140
<u>T3,T4 & TSH</u>			
T3 Method : Chemiluminescent Microparticle Immunoassay (CMIA)	0.80	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)	6.53	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)	2.03	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.



Reported By : -

Registered By : PAMOYEE DHAR





Patient Name : MR. DEBDAS PRAMANIK

Age / Gender : 40 years / Male

Mobile No. : 9681291687

Patient ID : 100575

Bill ID : 104122

Referral : DR SELF

Source : ALLIANCE & PROJECT

Optional ID : -

Collection Time : 22/06/2024, 10:47 AM

Receiving Time : 22/06/2024, 01:00 PM

Reporting Time : 22/06/2024, 02:25 PM

Sample ID : 1924043226

Sample Type : Serum

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

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.

Uric Acid, Serum

URIC ACID	6.13	mg/dL	3.5 - 7.2
Method : Uricase PAP			

Creatinine, Serum

CREATININE	0.88	mg/dl	< 1.2
Method : Modified Jaffe kinetic.			

****END OF REPORT****

Checked by
Barun Jana

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



Reported By : -

Registered By : PAMOYEE DHAR





Patient Name : MR. DEBDAS PRAMANIK

Age / Gender : 40 years / Male

Mobile No. : 9681291687

Patient ID : 100575

Bill ID : 104122

Referral : DR SELF

Source : ALLIANCE & PROJECT

Optional ID : -

Collection Time : 22/06/2024, 10:47 AM

Receiving Time : 22/06/2024, 12:59 PM

Reporting Time : 22/06/2024, 04:20 PM

Sample ID : 1924043226

Sample Type : Edta Blood

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

HbA1c HPLC

HbA1c HPLC Method : High Performance Liquid Chromatography (HPLC)	5.4	%	Normal : < 5.7 Pre Diabetes : 5.7 - 6.4 Diabetes : >= 6.5
Estimated Average Glucose	108	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.



Reported By : -

Registered By : PAMOYEE DHAR



Patient Name : MR. DEBDAS PRAMANIK
Age / Gender : 40 years / Male
Mobile No. : 9681291687
Patient ID : 100575
Bill ID : 104122
Referral : DR SELF
Source : ALLIANCE & PROJECT

Optional ID : -
Collection Time : 22/06/2024, 10:47 AM
Receiving Time : 22/06/2024, 12:59 PM
Reporting Time : 22/06/2024, 04:20 PM
Sample ID : 1924043226
Sample Type : Edta Blood

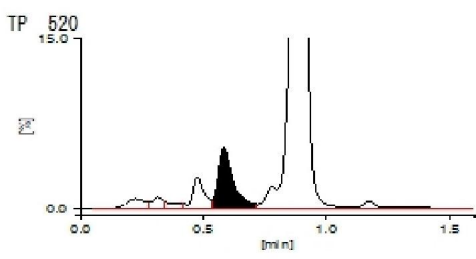
Test Description	Value(s)	Unit(s)	Reference Range
------------------	----------	---------	-----------------

TOSOH G8 VAR V05.29 490206 2024-06-22 16:18:49
ID 1924043226
Sample No. 06220012 SL 0002 - 02
Patient ID
Name
Comment

CALIB Y = 1.1288X + 0.6647			
Name	%	Time	Area
A1A	0.8	0.22	8.38
A1B	0.5	0.31	5.39
F	0.4	0.39	4.42
LA1C+	1.7	0.48	17.01
SA1C	5.4	0.58	42.72
A0	92.7	0.88	930.08
H-V0			
H-V1			
H-V2			

Total Area 1008.00

HbA1c 5.4 % **IFCC 35 mmol/mol**
HbA1 6.7 % HbF 0.4 %



****END OF REPORT****

Checked by
Nisha Malakar

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



Reported By : -

Registered By : PAMOYEE DHAR



Patient Name : MR. DEBDAS PRAMANIK
Age / Gender : 40 years / Male
Mobile No. : 9681291687
Patient ID : 100575
Bill ID : 104122
Referral : DR SELF
Source : ALLIANCE & PROJECT

Optional ID : -
Collection Time : 22/06/2024, 10:47 AM
Receiving Time : 22/06/2024, 12:59 PM
Reporting Time : 22/06/2024, 03:03 PM
Sample ID : 1924043226
Sample Type : Edta Blood

Test Description	Value(s)	Unit(s)	Reference Range
Complete Blood Count			
HAEMOGLOBIN	14.1	gm/dl	13 - 17
TOTAL LEUCOCYTE COUNT	6600	/cumm	4000 - 10000
HCT	45.5	Vol%	40 - 50
R B C	5.14	millions/cumm	4.5 - 5.5
M C V	88.5	Femtolitre(fl)	80 - 100
M C H	27.4	Picograms(pg)	27 - 31
M C H C	31.0	gm/dl	32 - 36
PLATELET COUNT	1,85,000	/cumm	150000 - 410000
DIFFERENTIAL COUNT			
Neutrophils	65	%	40 - 80
Lymphocytes	29	%	20 - 40
Monocytes	02	%	2 - 10
Eosinophils	04	%	1 - 6
Basophils	00	%	0 - 1
ESR	08	mm	< 50 years : <=10 51 - 60 years : <=12 61 - 70 years : <=14 > 70 years : <=30

Remarks Normocytic Normochromic.
Platelets adequate.

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

*Biological Reference Values Updated as per Dacie & Lewis 12th Edition

END OF REPORT



Reported By : -

Registered By : PAMOYEE DHAR





Patient Name : MR. DEBDAS PRAMANIK
Age / Gender : 40 years / Male
Mobile No. : 9681291687
Patient ID : 100575
Bill ID : 104122
Referral : DR SELF
Source : ALLIANCE & PROJECT

Optional ID : -
Collection Time : 22/06/2024, 10:47 AM
Receiving Time : 22/06/2024, 12:59 PM
Reporting Time : 22/06/2024, 03:03 PM
Sample ID : 1924043226
Sample Type : Edta Blood

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

Checked by
Tamal Sarkar

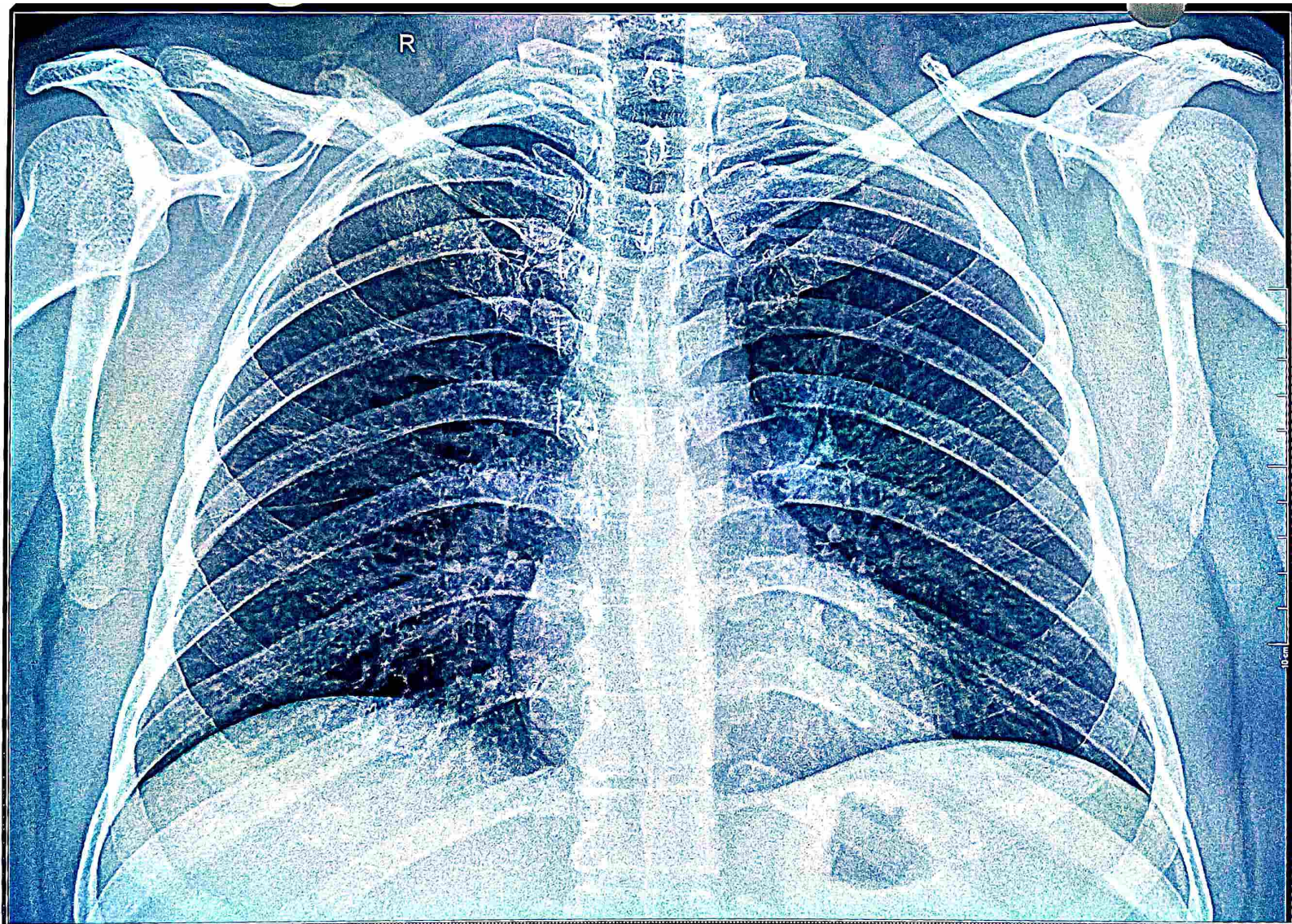
Meenakshi
 Dr. Meenakshi Mohan
 MD (Pathology)
 Consultant Pathologist
 Regn. No. : WBMC 54631



Reported By : -

Registered By : PAMOYEE DHAR





Name: DEBDAS PRAMANIK, AGE: 40Y, SEX: M, PatientID: 104122
DATE: 2024-06-22, TIME: 11:13:52
REF.: SELF
PULSE DIAGNOSTIC PVT LTD 60 D.H.ROAD KOL -700008,



DEBDAS PRAMANIK
ID: 104122

GE Healthcare REF: 10191728151

40 Years
Male

22.06.2024 11:12:56
PULSE DIAGNOSTICS PVT LTD
60, DIAMOND HARBOUR ROAD
KOIKATA, 700008

QRS :	66 ms
QT / QTcBaz :	380 / 373 ms
PR :	142 ms
P :	80 ms
RR / PP :	1030 / 1034 ms
P / QRS / T :	22 / 28 / 22 degrees

Sinus bradycardia
ST elevation, probably due to early repolarization
Baseline ECG

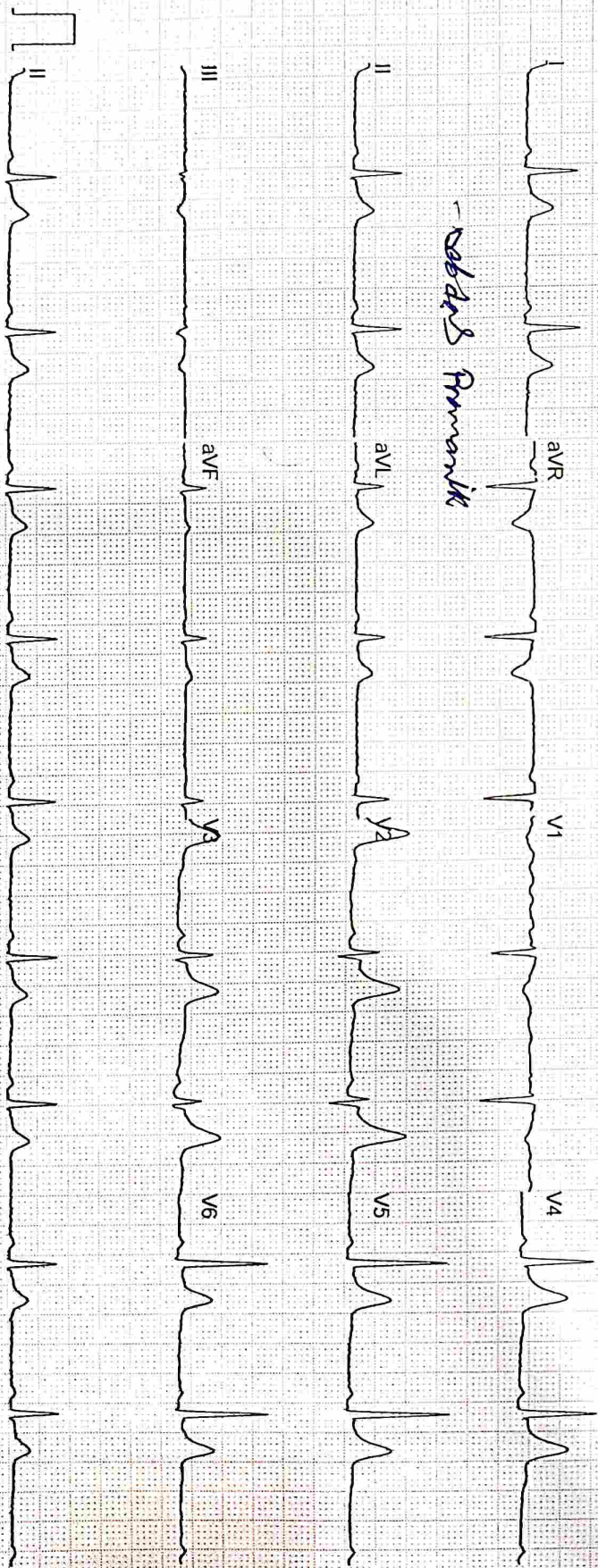
[Signature]
DR. SIDDHARTHA GHOSH
M.D. (PHYSICIAN)
P.G.D.C.C. (Dip. Card) MBNC-69897

Technician:
Ordering Ph:
Referring Ph: self
Attending Ph:

58 bpm
-- / -- mmHg

CE

LOT D900



Debdas Pramanik

GE MAC2000

1.1

12SL™ V241

25 mm/s

10 mm/mV

ADS

0.56-20 Hz

4x2.5x3_25_R1

Unconfirmed

1/1

<i>Patient Name</i>	DEBDAS PRAMANIK	<i>Patient ID</i>	104122
<i>Age/D.O.B</i>	40Y	<i>Gender</i>	M
<i>Ref Doctor</i>	SELF	<i>Date</i>	22 Jun 24

XRAY CHEST - PA

Observations

Visualized thoracic vertebral is normal.
Both lung fields are clear.
Cardiothoracic ratio is normal.
Sternum appears normal.
Both costophrenic angles appear normal.
Soft tissues of the chest wall are normal.

Impression

The study is within normal limits.

Reported By,



Dr. Farid Khan

MBBS, MD

Consultant Radiologist

MPMC - 23324