




Patient Name : MR. SOUMEN DUTTA
Age / Gender : 41 Years / Male
Mobile No. : -
Patient ID : 100570
Bill ID : 104120
Referral : DR SELF

Optional ID : -
Collection Time : 22/06/2024, 11:24 a.m.
Receiving Time : 22/06/2024, 02:10 p.m.
Reporting Time : 22/06/2024, 04:35 p.m.
Sample ID : 1924043224
Sample Type : Serum

| Test Description | Value(s) | Unit(s) | Reference Range |
|-------------------------------------|----------|---------|-----------------|
| <u>Bun / Creatrine Ratio</u> | | | |
| BUN/Creatinine ratio | 11.94 | | 12 - 20 |
| Method : Calculation | | | |

****END OF REPORT****

Checked by
Renimol P V


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



Reported By : -

Registered By : MAMANI KARMAKAR



Patient Name : MR. SOUMEN DUTTA

Age / Gender : 41 Years / Male

Mobile No. : -

Patient ID : 100570

Bill ID : 104120

Referral : DR SELF

Source : ALLIANCE & PROJECT

Optional ID : -

Collection Time : 22/06/2024, 11:24 AM

Receiving Time : 22/06/2024, 02:10 PM

Reporting Time : 22/06/2024, 03:32 PM

Sample ID : 1924043224

Sample Type : Serum

| Test Description | Value(s) | Unit(s) | Reference Range |
|--|-------------|---------|--|
| <u>Liver Function Test</u> | | | |
| TOTAL BILIRUBIN Method : DPD | 0.66 | mg/dL | <1.2 |
| CONJUGATED BILIRUBIN Method : DPD | 0.27 | mg/dl | < 0.2 |
| UNCONJUGATED BILIRUBIN Method : Calculation | 0.39 | mg/dL | |
| SGPT Method : IFCC (without pyridoxal phosphate activation) | 65 | U/L | < 50 |
| SGOT Method : IFCC (without pyridoxal phosphate activation) | 44 | U/L | < 50 |
| ALKALINE PHOSPHATASE Method : IFCC AMP Buffer | 82 | U/L | 30 - 120 |
| TOTAL PROTEIN Method : Biuret | 7.18 | g/dL | 6.6 - 8.3 |
| ALBUMIN Method : Bromocresol Green | 4.56 | g/dL | Adults: 3.5 - 5.2 Newborn (1-4 days): 2.8 - 4.4 |
| GLOBULIN Method : Calculation | 2.62 | g/dL | 1.80 - 3.60 |
| A/G RATIO Method : Calculation | 1.74 | | 1.2 - 2 |
| GAMMA-GLUTAMYL TRANSFERASE Method : IFCC | 23 | U/L | < 55 |
| <u>Total Proteins, Serum</u> | | | |
| TOTAL PROTEIN Method : Biuret | 7.18 | g/dl | 6.6 - 8.3 |
| ALBUMIN Method : Bromocresol green | 4.56 | g/dl | Adults: 3.5 - 5.2 Newborn(0-4days): 2.8 - 4.4 |
| GLOBULIN Method : Calculation | 2.62 | g/dl | 1.8 - 3.6 |
| A/G RATIO Method : Calculation | 1.74 | | 1.2 - 2.0 |
| <u>Urea Nitrogen (Bun)</u> | | | |
| Urea Method : GLDH Kinetic assay | 23 | mg/dl | Adult : 17 - 43 Newborn: 8.4 - 25.8 |



Reported By : -

Registered By : MAMANI KARMAKAR





Patient Name : MR. SOUMEN DUTTA

Age / Gender : 41 Years / Male

Mobile No. : -

Patient ID : 100570

Bill ID : 104120

Referral : DR SELF

Source : ALLIANCE & PROJECT

Optional ID : -

Collection Time : 22/06/2024, 11:24 AM

Receiving Time : 22/06/2024, 02:10 PM

Reporting Time : 22/06/2024, 03:32 PM

Sample ID : 1924043224

Sample Type : Serum

| Test Description | Value(s) | Unit(s) | Reference Range |
|--|----------|---------|--|
| UREA NITROGEN (BUN) Method : GLDH Kinetic assay (AU480), calculation. | 10.75 | mg/dl | 6 - 20 |
| Lipid Profile | | | |
| TRIGLYCERIDES Method : Enzymatic Colorimetric Assay using GPO-POD | 151 | mg/dL | Normal : < 150 Borderline High : 150 - 199 High : 200 - 499 Very High : >= 500 |
| CHOLESTEROL Method : Enzymatic Colorimetric Assay using CHOD-POD | 137 | mg/dl | Desirable : < 200 Borderline High : 200 - 240 High Risk : > 240 |
| HDL CHOLESTEROL Method : Enzymatic Immunoinhibition | 25 | 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 | 25 | mg/dl | < 30 |
| NON HDL CHOLESTEROL Method : Calculation | 112 | mg/dl | <130 |
| TOTAL CHOLESTEROL / HDL CHOLESTEROL RATIO | 5.48 | Ratio | |
| LDL CHOLESTEROL / HDL CHOLESTEROL RATIO | 3.48 | Ratio | |

Remark :

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

END OF REPORT

Checked by
Pintu Manna

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



Reported By : -

Registered By : MAMANI KARMAKAR





Patient Name : MR. SOUMEN DUTTA
Age / Gender : 41 Years / Male
Mobile No. : -
Patient ID : 100570
Bill ID : 104120
Referral : DR SELF
Source : ALLIANCE & PROJECT

Optional ID : -
Collection Time : 22/06/2024, 11:24 AM
Receiving Time : 22/06/2024, 02:10 PM
Reporting Time : 22/06/2024, 04:53 PM
Sample ID : 1924043224
Sample Type : Edta Blood

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

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
Rakibul Sk

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



Reported By : -

Registered By : MAMANI KARMAKAR





Patient Name : MR. SOUMEN DUTTA

Age / Gender : 41 Years / Male

Mobile No. : -

Patient ID : 100570

Bill ID : 104120

Referral : DR SELF

Source : ALLIANCE & PROJECT

Optional ID : -

Collection Time : 22/06/2024, 11:24 AM

Receiving Time : 22/06/2024, 02:08 PM

Reporting Time : 22/06/2024, 02:48 PM

Sample ID : 1924043224F

Sample Type : Fluoride - F

| Test Description | Value(s) | Unit(s) | Reference Range |
|--|----------|---------|--|
| <u>Prostate Specific Antigen (PSA), Serum</u> | | | |
| PSA (PROSTATE SPECIFIC ANTIGEN) Method : Electrochemiluminescence Immunoassay (ECLIA) | 0.3 | ng/mL | < 2.0 |
| Remark | | | |
| <u>Creatinine, Serum</u> | | | |
| CREATININE Method : Modified Jaffe kinetic. | 0.90 | mg/dl | < 1.2 |
| <u>Uric Acid, Serum</u> | | | |
| URIC ACID Method : Uricase PAP | 7.01 | mg/dL | 3.5 - 7.2 |
| <u>T3,T4 & TSH</u> | | | |
| T3 Method : Chemiluminescent Microparticle Immunoassay (CMIA) | 0.96 | 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) | 6.88 | 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) | 2.28 | 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,



Reported By : -

Registered By : MAMANI KARMAKAR





Patient Name : MR. SOUMEN DUTTA

Age / Gender : 41 Years / Male

Mobile No. : -

Patient ID : 100570

Bill ID : 104120

Referral : DR SELF

Source : ALLIANCE & PROJECT

Optional ID : -

Collection Time : 22/06/2024, 11:24 AM

Receiving Time : 22/06/2024, 02:08 PM

Reporting Time : 22/06/2024, 02:48 PM

Sample ID : 1924043224F

Sample Type : Fluoride - F

| 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.

Glucose Fasting Plasma

| | | | |
|------------------------|----|-------|----------|
| GLUCOSE FASTING PLASMA | 90 | mg/dL | 74 - 109 |
|------------------------|----|-------|----------|

Method : Hexokinase

****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. SOUMEN DUTTA

Age / Gender : 41 Years / Male

Mobile No. : -

Patient ID : 100570

Bill ID : 104120

Referral : DR SELF

Source : ALLIANCE & PROJECT

Optional ID : -

Collection Time : 22/06/2024, 11:24 AM

Receiving Time : 22/06/2024, 02:10 PM

Reporting Time : 22/06/2024, 05:02 PM

Sample ID : 1924043224

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 : MAMANI KARMAKAR



Patient Name : MR. SOUMEN DUTTA
Age / Gender : 41 Years / Male
Mobile No. : -
Patient ID : 100570
Bill ID : 104120
Referral : DR SELF
Source : ALLIANCE & PROJECT

Optional ID : -
Collection Time : 22/06/2024, 11:24 AM
Receiving Time : 22/06/2024, 02:10 PM
Reporting Time : 22/06/2024, 05:02 PM
Sample ID : 1924043224
Sample Type : Edta Blood

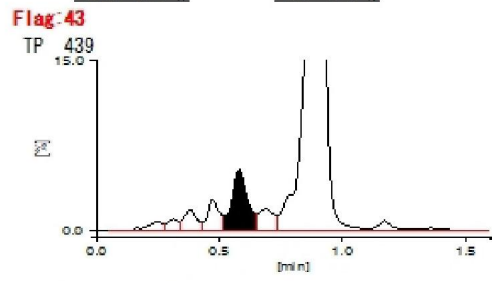
| Test Description | Value(s) | Unit(s) | Reference Range |
|------------------|----------|---------|-----------------|
|------------------|----------|---------|-----------------|

TOSOH G8 VAR V05.29 490206 2024-06-22 16:57:40
ID 1924043224
Sample No. 06220029 SL 0001 - 03
Patient ID
Name
Comment

| CALIB Y = 1.1288X + 0.6647 | | | |
|----------------------------|------|------|---------|
| Name | % | Time | Area |
| A1A | 0.5 | 0.25 | 7.37 |
| A1B | 0.4 | 0.31 | 5.88 |
| F | 1.0 | 0.38 | 12.96 |
| LA1C+ | 1.3 | 0.47 | 17.08 |
| SA1C | 5.4 | 0.58 | 45.41 |
| A0 | 93.2 | 0.89 | 1258.57 |
| H-V0 | | | |
| H-V1 | | | |
| H-V2 | | | |

Total Area 1363.76

HbA1c 5.4 % **IFCC 36 mmol/mol**
HbA1 6.4 % HbF 1.0 %



[Unknown Peak]

| Name | % | Time | Area |
|-------|-----|------|-------|
| P-HV3 | 1.2 | 0.69 | 16.49 |

****END OF REPORT****

Checked by
Nisha Malakar

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



Reported By : -

Registered By : MAMANI KARMAKAR



Patient Name : MR. SOUMEN DUTTA

Age / Gender : 41 Years / Male

Mobile No. : -

Patient ID : 100570

Bill ID : 104120

Referral : DR SELF

Optional ID : -

Collection Time : 22/06/2024, 10:24 a.m.

Receiving Time : 22/06/2024, 12:40 p.m.

Reporting Time : 22/06/2024, 04:48 p.m.

Sample ID : 1924043224

Sample Type : USG

USG Whole Abdomen

LIVER

Is moderately enlarged in size (measures 16.6 cm) with grade I to II fatty changes. No focal lesion is seen. Intrahepatic biliary radicles are not dilated. Portal vein is dilated and measures 1.3 cm.

GALL BLADDER

Gall bladder is physiologically distended with rounded wall adherent hyperechoic foci showing no acoustic enhancement. No pericholecystic fluid collection is seen.

CBD

Is not dilated and measures 0.30 cm.

PANCREAS

Pancreas shows inhomogeneous echotexture. No definite focal lesion is evident. Pancreatic duct is not dilated. No tenderness is seen over the region.

SPLEEN

Is mildly enlarged in size with normal shape, position and echotexture. No focal lesion is seen. No abnormal vessels are seen at the splenic hilum. Spleen measures 12.8 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. Pinpoint calcification is seen in the lower pole of left kidney. Right kidney measures 12.1 cm. Left kidney measures 10.4 cm.

URETERS

Ureters are not dilated.



Reported By : APURBA DUTTA

Registered By : MAMANI KARMAKAR



Patient Name : MR. SOUMEN DUTTA
Age / Gender : 41 Years / Male
Mobile No. : -
Patient ID : 100570
Bill ID : 104120
Referral : DR SELF

Optional ID : -
Collection Time : 22/06/2024, 10:24 a.m.
Receiving Time : 22/06/2024, 12:40 p.m.
Reporting Time : 22/06/2024, 04:48 p.m.
Sample ID : 1924043224
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.

PROSTATE


Prostate is seen normal in size, outline and echotexture. No definite focal parenchymal lesion is seen. Prostatic capsule is intact. Prostate measures 3.6 cm x 3.1 cm x 3.4 cm and volume 20.5 cc (approx).

IMPRESSION:-

1. Moderate Hepatomegaly with steatosis.
2. Mild inhomogeneous pancreas.
3. Gall bladder wall adherent cholesterol deposits.
4. Dilated Portal vein.
5. Mild Splenomegaly.
6. Left renal pinpoint calcification.

*****ADV. :- Further investigations & follow-up with serum Amylase /Lipase.**

****END OF REPORT****


Dr. Anshu Mandal
MD, Physician, POCUS (Delhi)
CREET-USG (WILUNG Kolkata)
Fellow of Jefferson Ultrasound
Radiology and Education Institute
Philadelphia Ex-Radiology Resident
(S.E. Rainey)
Regd. No. - 72022

Checked by
Jhumpa Halder



Reported By : APURBA DUTTA

Registered By : MAMANI KARMAKAR



Patient Name : MR. SOUMEN DUTTA

Age / Gender : 41 Years / Male

Mobile No. : -

Patient ID : 100570

Bill ID : 104120

Referral : DR SELF

Source : ALLIANCE & PROJECT

Optional ID : -

Collection Time : 22/06/2024, 10:24 AM

Receiving Time : 22/06/2024, 01:17 PM

Reporting Time : 22/06/2024, 02:28 PM

Sample ID : 1924043224

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 | 3.8 | 2.0 – 4.0 | cm |
| RV internal diameter | 2.2 | 2.2 – 3.0 | cm |
| IV septal thickness (diastole) | 1.1 | 0.60 – 1.1 | cm |
| LV Internal diameter (diastole) | 5.2 | 3.50 – 5.4 | cm |
| Post. Wall thickness (diastole) | 1.1 | 0.60 – 1.1 | cm |
| Internal diameter (systole) | 3.3 | 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 (18 mmHg).
- No PE / PAH.
- IVC normal in size, collapsing well.



Reported By : Prasenjit Sarkar

Registered By : MAMANI KARMAKAR



Patient Name : MR. SOUMEN DUTTA

Age / Gender : 41 Years / Male

Mobile No. : -

Patient ID : 100570

Bill ID : 104120

Referral : DR SELF

Source : ALLIANCE & PROJECT

Optional ID : -

Collection Time : 22/06/2024, 10:24 AM

Receiving Time : 22/06/2024, 01:17 PM

Reporting Time : 22/06/2024, 02:28 PM

Sample ID : 1924043224

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****

Checked by
Mousumi Das Sharma


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



Reported By : Prasenjit Sarkar

Registered By : MAMANI KARMAKAR



Patient Name : MR. SOUMEN DUTTA

Age / Gender : 41 Years / Male

Mobile No. : -

Patient ID : 100570

Bill ID : 104120

Referral : DR SELF

Source : ALLIANCE & PROJECT

Optional ID : -

Collection Time : 22/06/2024, 11:43 AM

Receiving Time : 22/06/2024, 02:10 PM

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

Sample ID : 1924043224

Sample Type : Urine

| Test Description | Value(s) | Unit(s) | Reference Range |
|-----------------------------------|------------------|---------|---------------------|
| <u>Urine Fasting Sugar</u> | | | |
| URINE FOR SUGAR | | | |
| Result | Absent | | |
| <u>Urine Routine</u> | | | |
| PHYSICAL EXAMINATION | | | |
| Volume | 45 ml | -- | |
| Colour | Deep Straw | | Pale to dark yellow |
| Appearance | Slightly hazy | | Clear |
| Deposit | Present | | Absent |
| Specific Gravity | 1.015 | | 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.



Reported By : -

Registered By : MAMANI KARMAKAR



Patient Name : MR. SOUMEN DUTTA
Age / Gender : 41 Years / Male
Mobile No. : -
Patient ID : 100570
Bill ID : 104120
Referral : DR SELF
Source : ALLIANCE & PROJECT


Optional ID : -
Collection Time : 22/06/2024, 11:43 AM
Receiving Time : 22/06/2024, 02:10 PM
Reporting Time : 22/06/2024, 04:22 PM
Sample ID : 1924043224
Sample Type : Urine

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

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.

****END OF REPORT****

Checked by
Gouranga Bera


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



Reported By : -

Registered By : MAMANI KARMAKAR



Patient Name : MR. SOUMEN DUTTA
Age / Gender : 41 Years / Male
Mobile No. : -
Patient ID : 100570
Bill ID : 104120
Referral : DR SELF
Source : ALLIANCE & PROJECT

Optional ID : -
Collection Time : 22/06/2024, 02:25 PM
Receiving Time : 22/06/2024, 04:43 PM
Reporting Time : 22/06/2024, 06:19 PM
Sample ID : 1924043224P
Sample Type : Fluoride Plasma

| Test Description | Value(s) | Unit(s) | Reference Range |
|---|----------|---------|-----------------|
| Glucose Post Prandial Plasma | | | |
| GLUCOSE POST PRANDIAL PLASMA Method : Hexokinase | 93 | mg/dL | 70 - 140 |

****END OF REPORT****

Checked by
Pritam Nandy

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



Reported By : -

Registered By : MAMANI KARMAKAR





Patient Name : MR. SOUMEN DUTTA

Age / Gender : 41 Years / Male

Mobile No. : -

Patient ID : 100570

Bill ID : 104120

Referral : DR SELF

Source : ALLIANCE & PROJECT

Optional ID : -

Collection Time : 22/06/2024, 11:24 AM

Receiving Time : 22/06/2024, 02:10 PM

Reporting Time : 22/06/2024, 05:26 PM

Sample ID : 1924043224

Sample Type : Edta Blood

| Test Description | Value(s) | Unit(s) | Reference Range |
|-----------------------------|----------|----------------|--|
| Complete Blood Count | | | |
| HAEMOGLOBIN | 12.1 | gm/dl | 13 - 17 |
| TOTAL LEUCOCYTE COUNT | 6700 | /cumm | 4000 - 10000 |
| HCT | 41.3 | Vol% | 40 - 50 |
| R B C | 4.9 | millions/cumm | 4.5 - 5.5 |
| M C V | 84.3 | Femtolitre(fl) | 80 - 100 |
| M C H | 24.7 | Picograms(pg) | 27 - 31 |
| M C H C | 29.3 | 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 | 06 | 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 : MAMANI KARMAKAR





Patient Name : MR. SOUMEN DUTTA
Age / Gender : 41 Years / Male
Mobile No. : -
Patient ID : 100570
Bill ID : 104120
Referral : DR SELF
Source : ALLIANCE & PROJECT

Optional ID : -
Collection Time : 22/06/2024, 11:24 AM
Receiving Time : 22/06/2024, 02:10 PM
Reporting Time : 22/06/2024, 05:26 PM
Sample ID : 1924043224
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 : MAMANI KARMAKAR



PREVENTIVE HEALTH CHECKS

Mr./Mrs./Ms. SOUMEN DUTTA Date: 22/06/2024
 Age: 41yrs Sex: Male Female ID No: _____
 Case Examined by Dr. Suman Ghosh
 Ref. by Dr. _____

Present Complaint: NO

Known Case of DM: Yes No HTN: Yes No CAD: Yes No Ashma: Yes No
 Anyothers _____

Present Medication: NO

Past History Medical: NO

Past History Surgical: NO

Past History Gynaec & Obstetric: N/A

Family History a) Allergy Yes No b) Pressure Yes No c) Diabetes Yes No d) Thyroid Yes No e) Cancer Yes No f) Others Yes No

Personal History Status Smoking Non-smoker Smoker Since : _____ Years
 Alcohol Nil Social Habitual
 Diet Vegetarian Non-Vegetarian
 Physical Activity Exercise Regular Irregular No

Centre Lansdowne Behala James Long Sarani Shyambazar Howrah Ekbalpur

PHYSICAL EXAMINATION

Height: 176cm

Weight: 121 kg

Gen. Examination : Anaemia Oedema Jaundice Others Normal
Blood Pressure : 140/80 mmHg Pulse Rate 76 /min Normal
C.V.S. : 1st & 2nd Sound, Murmurs Yes No
Abdomen : C.N.S.: OU. R.S.: OU.
Breast Examination : OU.

Laboratory Investigations

Haematology : OU.

Biochemistry : OU.

Clinical Pathology : OU.
Urine Routine

ECG (Resting) : OU.

X-Ray (Chest) : OU.

Echocardiogram : OU.

Treadmill (CST) : OU.

SPIROMETRY : OU.

PAP SMEAR : N/A.

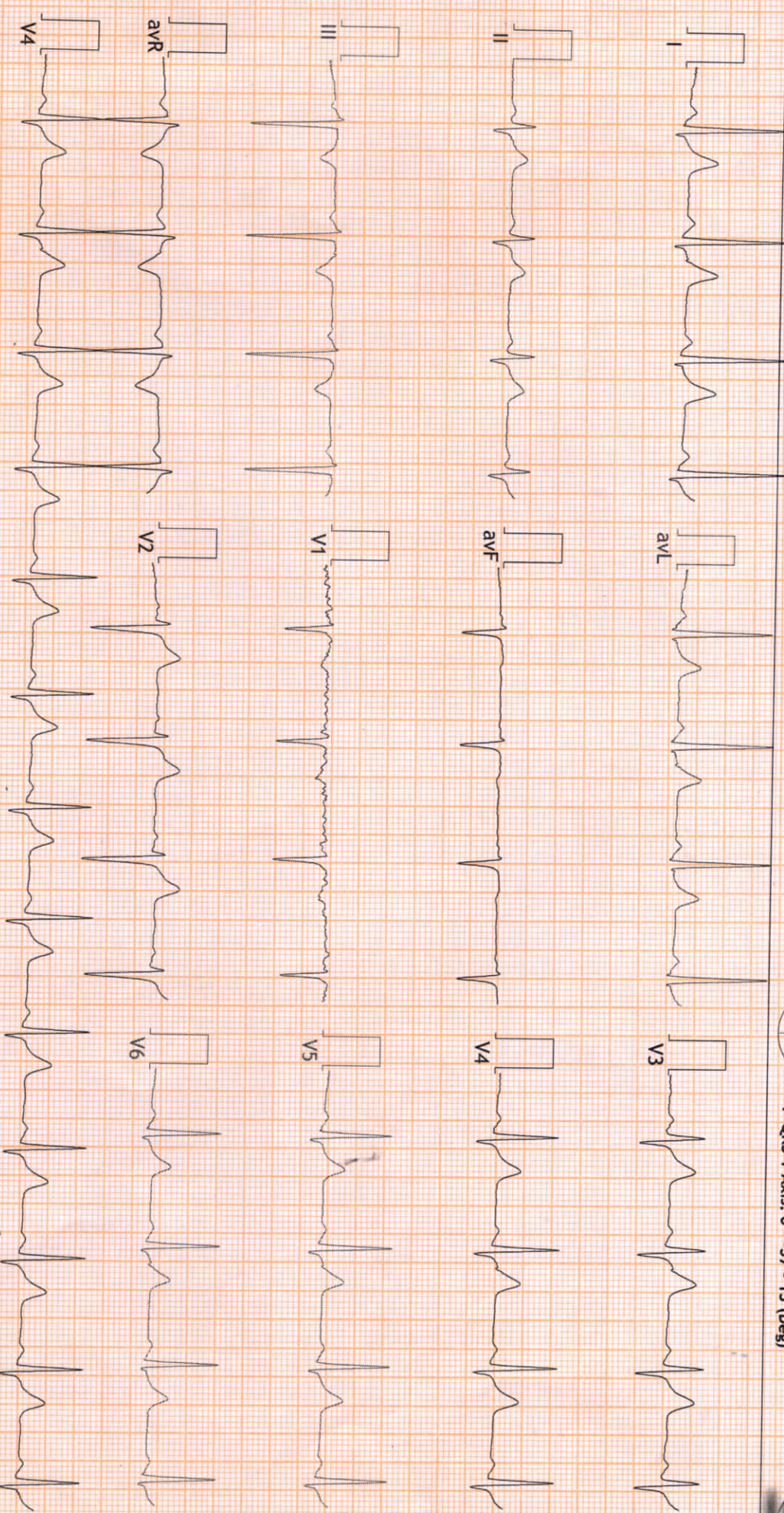
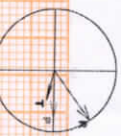
Others : OU.

Clinical Impression : Normal Health

Clinically fit.

Advice :

DR. SOURAV GHOSH
M.B.B.S
Reg. No. - 49482



FINDINGS: Abnormal ECG. with Indication of Ventricular Rhythm and Left Ventricular Hypertro
Vent Rate : 76 bpm; PR Interval : ms; QRS Duration: 176 ms; QT/QTc Int : 415/470 ms
P-QRS-T axis: 0° -37° -13° (Deg)
Comments :

Normal sinus rhythm.
etc in minor normal limits

Dr. Abhinav
Consultant Cardiologist
MBBS, DPM (Cardio)

22/6/24

Dr. ABHINAV TIBDEWAL





Patient Name : MR. SOUMEN DUTTA

Age / Gender : 41 Years / Male

Mobile No. : -

Patient ID : 104120

Bill ID : 100570

Referral : SELF

Optional ID : -

Collection Time : 22/06/2024, 10:24 a.m.

Receiving Time : 22/06/2024, 10:40 a.m.

Reporting Time : 22/06/2024, 10:50 a.m.

Sample ID : 1924043224

Sample Type : BMI

BLOOD PRESSURE WEIGHT, HEIGHT & BMI

BLOOD PRESSURE: 140/80 mmHg

WEIGHT : 121 kg.

HEIGHT : 176 cm.

BMI – 39.1 KG/M²

END OF REPORT

Checked by
Mousumi Das Sharma



Reported By : PRASENJIT SARKAR

Registered By : MOUMITA CHAND.

Pulse Diagnostics Pvt. Ltd.

75, Sarat Bose Road, Kolkata - 700 026 | CIN : U85195WB2001PTC093142

Page 1 of 1

| | | | |
|----------------|-----------------|--------------|------------|
| Patient Name : | MR SOUMEN DUTTA | Patient ID : | ID100570 |
| Modality : | DX | Sex : | MALE |
| Age : | 41 YRS | Study : | CHEST PA |
| Reff. Dr. : | DR. SELF | Study Date : | 22-06-2024 |

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