



**Patient Name :** MR. ABHISHEK DAS

**Age / Gender :** 43 Years / Male

**Mobile No. :** 8697747343

**Patient ID :** 100627

**Bill ID :** 104173

**Referral :** SELF

**Source :** ALLIANCE & PROJECT

**Optional ID :** -

**Collection Time :** 22/06/2024, 01:09 PM

**Receiving Time :** 22/06/2024, 04:04 PM

**Reporting Time :** 22/06/2024, 04:46 PM

**Sample ID :** 1924043277

**Sample Type :** Serum

Test Description	Value(s)	Unit(s)	Reference Range
<b><u>Liver Function Test</u></b>			
TOTAL BILIRUBIN Method : DPD	0.47	mg/dL	<1.2
CONJUGATED BILIRUBIN Method : DPD	0.16	mg/dl	< 0.2
UNCONJUGATED BILIRUBIN Method : Calculation	0.31	mg/dL	
SGPT Method : IFCC (without pyridoxal phosphate activation)	<b>54</b>	U/L	< 50
SGOT Method : IFCC (without pyridoxal phosphate activation)	33	U/L	< 50
ALKALINE PHOSPHATASE Method : IFCC AMP Buffer	105	U/L	30 - 120
TOTAL PROTEIN Method : Biuret	7.45	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	2.90	g/dL	1.80 - 3.60
A/G RATIO Method : Calculation	1.57		1.2 - 2
GAMMA-GLUTAMYL TRANSFERASE Method : IFCC	30	U/L	< 55
<b><u>Total Proteins, Serum</u></b>			
TOTAL PROTEIN Method : Biuret	7.45	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	2.90	g/dl	1.8 - 3.6
A/G RATIO Method : Calculation	1.57		1.2 - 2.0
<b><u>Bun / Creatrine Ratio</u></b>			
BUN/Creatinine ratio Method : Calculation	11.98		12 - 20



Reported By : -

Registered By : SUPRIYO GHOSHAL





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**Sample Type :** Serum

Test Description	Value(s)	Unit(s)	Reference Range
<b><u>Lipid Profile</u></b>			
TRIGLYCERIDES Method : Enzymatic Colorimetric Assay using GPO-POD	<b>206</b>	mg/dL	Normal : < 150 Borderline High : 150 - 199 High : 200 - 499 Very High : >= 500
CHOLESTEROL Method : Enzymatic Colorimetric Assay using CHOD-POD	<b>184</b>	mg/dl	Desirable : < 200 Borderline High : 200 - 240 High Risk : > 240
HDL CHOLESTEROL Method : Enzymatic Inhibition	<b>31</b>	mg/dl	Low HDL : <40 High HDL : >= 60
LDL CHOLESTEROL Method : Enzymatic Selective Protection	<b>121</b>	mg/dl	Optimal : < 100 Above Optimal : 100 - 129 Borderline High : 130 - 159 High : 160 - 189 Very High : > 190
VLDL / CHOLESTEROL REMNANTS Method : Calculation	<b>32</b>	mg/dl	< 30
NON HDL CHOLESTEROL Method : Calculation	<b>153</b>	mg/dl	<130
TOTAL CHOLESTEROL / HDL CHOLESTEROL RATIO	<b>5.94</b>	Ratio	
LDL CHOLESTEROL / HDL CHOLESTEROL RATIO	<b>3.90</b>	Ratio	

Remark :

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

**\*\*END OF REPORT\*\***

Checked by  
Renimol P V

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



Reported By : -

Registered By : SUPRIYO GHOSHAL





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**Source :** ALLIANCE & PROJECT

**Optional ID :** -

**Collection Time :** 22/06/2024, 01:09 PM

**Receiving Time :** 22/06/2024, 04:04 PM

**Reporting Time :** 22/06/2024, 06:14 PM

**Sample ID :** 1924043277

**Sample Type :** Urine

Test Description	Value(s)	Unit(s)	Reference Range
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**Urine Routine**

**PHYSICAL EXAMINATION**

Volume	40 ml	--	
Colour	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: 5.0)		5.0 - 8.0
Protein	Absent		Absent
Sugar	Absent		Absent
Ketones Bodies	Absent		Absent
Urobilinogen	Normal		Normal
Blood	Absent		Absent

**MICROSCOPIC EXAMINATION**

Pus Cells	2 - 3 /hpf		<5 /hpf
R.B.C	Not found		Absent
Epithelial Cells	2 - 3 /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.



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Registered By : SUPRIYO GHOSHAL



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**Sample ID :** 1924043277  
**Sample Type :** Urine

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

URINE FOR SUGAR  
 Result

**Absent**

**\*\*END OF REPORT\*\***

Checked by  
 Anupriya Roychowdhury

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



Reported By : -

Registered By : SUPRIYO GHOSHAL



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**Source :** ALLIANCE & PROJECT

**Optional ID :** -  
**Collection Time :** 22/06/2024, 01:08 PM  
**Receiving Time :** 22/06/2024, 04:04 PM  
**Reporting Time :** 22/06/2024, 04:34 PM  
**Sample ID :** 1924043277F  
**Sample Type :** Fluoride - F

Test Description	Value(s)	Unit(s)	Reference Range
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**Prostate Specific Antigen (PSA), Serum**

PSA (PROSTATE SPECIFIC ANTIGEN) Method : Electrochemiluminescence Immunoassay (ECLIA) Remark	0.7	ng/mL	< 2.0
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**Creatinine, Serum**

CREATININE Method : Modified Jaffe kinetic.	0.78	mg/dl	< 1.2
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**Uric Acid, Serum**

URIC ACID Method : Uricase PAP	4.66	mg/dL	3.5 - 7.2
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**T3,T4 & TSH**

T3 Method : Chemiluminescent Microparticle Immunoassay (CMIA)	1.21	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
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T4 Method : Chemiluminescent Microparticle Immunoassay (CMIA)	8.5	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
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TSH Method : Chemiluminescent Microparticle Immunoassay (CMIA)	1.76	µIU/ml	0.35 - 4.94
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**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 :** 1924043277F

**Sample Type :** Fluoride - F

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 Fasting Plasma

GLUCOSE FASTING PLASMA	100	mg/dL	74 - 109
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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 : SUPRIYO GHOSHAL





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**Sample ID :** 1924043277

**Sample Type :** Serum

Test Description	Value(s)	Unit(s)	Reference Range
<b><u>Urea Nitrogen (Bun)</u></b>			
Urea	20	mg/dl	Adult : 17 - 43 Newborn: 8.4 - 25.8
Method : GLDH Kinetic assay			
UREA NITROGEN (BUN)	9.35	mg/dl	6 - 20
Method : GLDH Kinetic assay (AU480), calculation.			

**\*\*END OF REPORT\*\***

**Checked by  
Priya Manna**

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



Reported By : -

Registered By : SUPRIYO GHOSHAL



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**Collection Time :** 22/06/2024, 01:09 PM

**Receiving Time :** 22/06/2024, 04:04 PM

**Reporting Time :** 22/06/2024, 05:55 PM

**Sample ID :** 1924043277

**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)	5.9	%	Normal : < 5.7 Pre Diabetes : 5.7 - 6.4 Diabetes : >= 6.5
Estimated Average Glucose	123	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.



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**Sample ID :** 1924043277  
**Sample Type :** Edta Blood

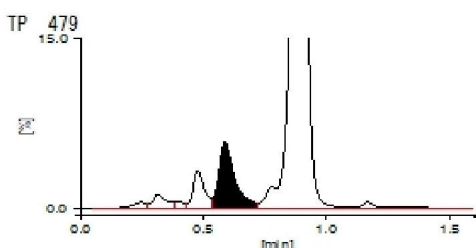
Test Description	Value(s)	Unit(s)	Reference Range
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TOSOH G8 VAR V05.29 490206 2024-06-22 17:43:11  
ID 1924043277  
Sample No. 06220031 SL 0001 - 01  
Patient ID  
Name  
Comment

CALIB			
Name	%	Time	Area
A1A	0.4	0.25	8.30
A1B	0.9	0.32	18.67
F	0.3	0.40	6.11
LA1C+	1.9	0.48	39.43
SA1C	5.9	0.59	96.81
A0	92.1	0.88	1892.61
H-V0			
H-V1			
H-V2			

Total Area 2061.93

**HbA1c 5.9 %** **IFCC 41 mmol/mol**  
HbA1 7.2 % HbF 0.3 %



**\*\*END OF REPORT\*\***

Checked by  
Nisha Malakar

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



Reported By : -

Registered By : SUPRIYO GHOSHAL



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**Source :** ALLIANCE & PROJECT

**Optional ID :** -

**Collection Time :** 22/06/2024, 01:02 PM

**Receiving Time :** 22/06/2024, 05:01 PM

**Reporting Time :** 22/06/2024, 06:39 PM

**Sample ID :** 1924043277

**Sample Type :** 2D Echo

**Echocardiography/TMT**

M Mode Data : Parameter	Test Value	Normal Range (Adults)	Unit
Aortic Root Diameter	3.2	2.0 – 4.0	cm
Aortic cusp opening	1.6	1.5 – 2.0	cm
Left atrial diameter	4.4	2.0 – 4.0	cm
RV internal diameter	3.7	2.0 – 4.0	cm
IV septal thickness (diastole)	1.3	0.60 – 1.10	cm
LV Internal diameter (diastole)	4.2	3.50 – 5.6	cm
Post. Wall thickness (diastole)	1.2	0.60 – 1.10	cm
Internal diameter (systole)	2.7	2.4 – 4.20	cm
LV Ejection fraction	64	55 – 75	%
EPSS	0.4	0.1 – 1.0	cm
EF slope	10	5 – 15	cm/ sec
DE amplitude	1.9	1.5 – 2.5	cm
FS	34		%

E/A = 1.31

E/E' = 8.95

**IMPRESSION :**

• **LV shows:**

Concentric hypertrophy.

Normal cavity size.

No regional wall motion abnormality at rest

Good systolic function with LVEF 64 %

Normal diastolic function.



Reported By : TANUSREE SUKLA

Registered By : SUPRIYO GHOSHAL



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**Reporting Time :** 22/06/2024, 06:39 PM

**Sample ID :** 1924043277

**Sample Type :** 2D Echo

- Enlarged LA. RA/RV are normal in size. Good RV systolic function with TAPSE - 26 mm.
- All four cardiac valves are morphologically normal.
- No Pulmonary arterial hypertension.
- Intact IAS/IVS.
- Normal pericardium.
- No intracardiac clots/vegetation.
- IVC is normal in size ( 11 mm) with > 50% collapsibility.

**\*\*END OF REPORT\*\***

  
**DR. P. DASGUPTA**  
MD. (Medicine)  
Consultant Cardiologist  
Regn. No. : WBMC-13539



Reported By : TANUSREE SUKLA

Registered By : SUPRIYO GHOSHAL



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**Optional ID :** -  
**Collection Time :** 22/06/2024, 04:00 PM  
**Receiving Time :** 22/06/2024, 06:21 PM  
**Reporting Time :** 22/06/2024, 07:07 PM  
**Sample ID :** 1924043277P  
**Sample Type :** Fluoride Plasma

Test Description	Value(s)	Unit(s)	Reference Range
<b><u>Glucose Post Prandial Plasma</u></b>			
GLUCOSE POST PRANDIAL PLASMA Method : Hexokinase	174	mg/dL	70 - 140

**\*\*END OF REPORT\*\***

**Checked By**  
Debolina Bhadra

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



Reported By : -

Registered By : SUPRIYO GHOSHAL





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**Sample ID :** 1924043277  
**Sample Type :** Edta Blood

Test Description	Value(s)	Unit(s)	Reference Range
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**Blood Group & RH Typing**

BLOOD GROUP	"O"		
RH TYPING	POSITIVE		

H1 lectin agglutinated

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



**Complete Blood Count**

HAEMOGLOBIN	15.1	gm/dl	13 - 17
TOTAL LEUCOCYTE COUNT	8800	/cumm	4000 - 10000
HCT	49.1	Vol%	40 - 50
R B C	<b>5.80</b>	millions/cumm	4.5 - 5.5
M C V	84.7	Femtolitre(fl)	80 - 100
M C H	<b>26.0</b>	Picograms(pg)	27 - 31
M C H C	<b>30.8</b>	gm/dl	32 - 36
PLATELET COUNT	2,12,000	/cumm	150000 - 410000



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**Sample ID :** 1924043277  
**Sample Type :** Edta Blood

Test Description	Value(s)	Unit(s)	Reference Range
<b>DIFFERENTIAL COUNT</b>			
Neutrophils	73	%	40 - 80
Lymphocytes	24	%	20 - 40
Monocytes	<b>01</b>	%	2 - 10
Eosinophils	02	%	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\*\***

Checked by: Tamal Sarkar  
 Dr. Meenakshi Mohan  
 MD (Pathology)  
 Consultant Pathologist  
 Regn. No. : WBMC 54631



Reported By : -

Registered By : SUPRIYO GHOSHAL

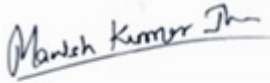


Patient Name :	MR.ABHISHEK DAS	Patient ID :	D-104173
Modality :	DX	Sex :	M
Age :	043Y	Study :	CHEST PA
Reff. Dr. :	SELF	Study Date :	22-06-2024

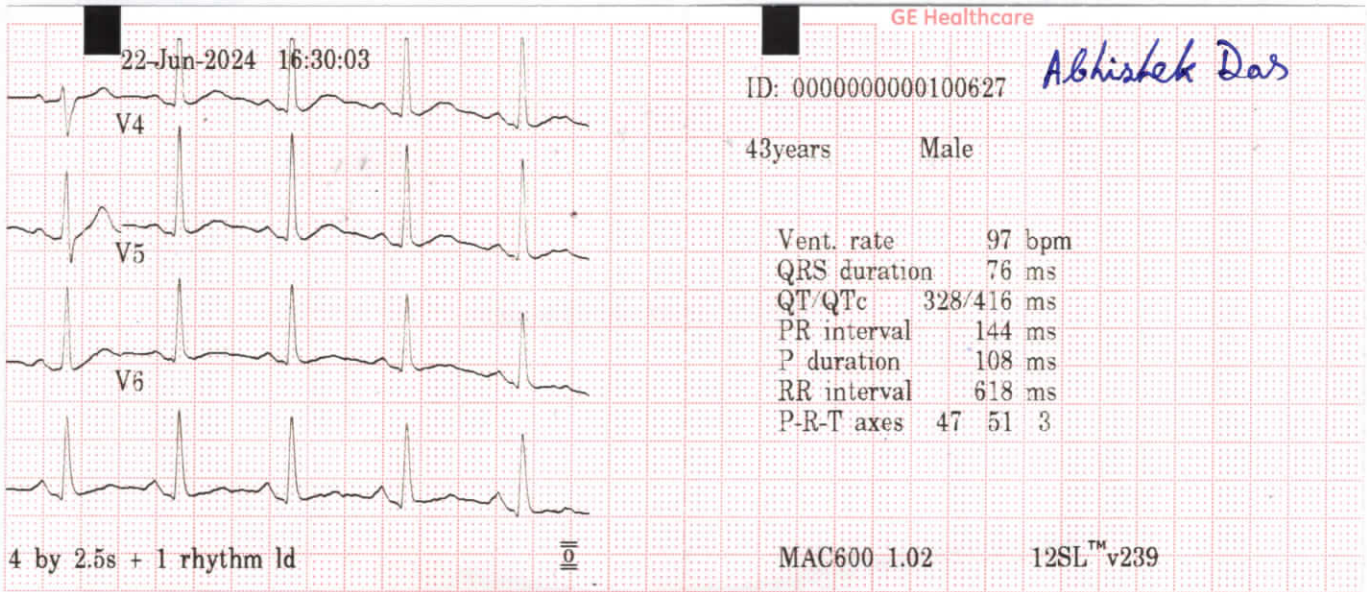
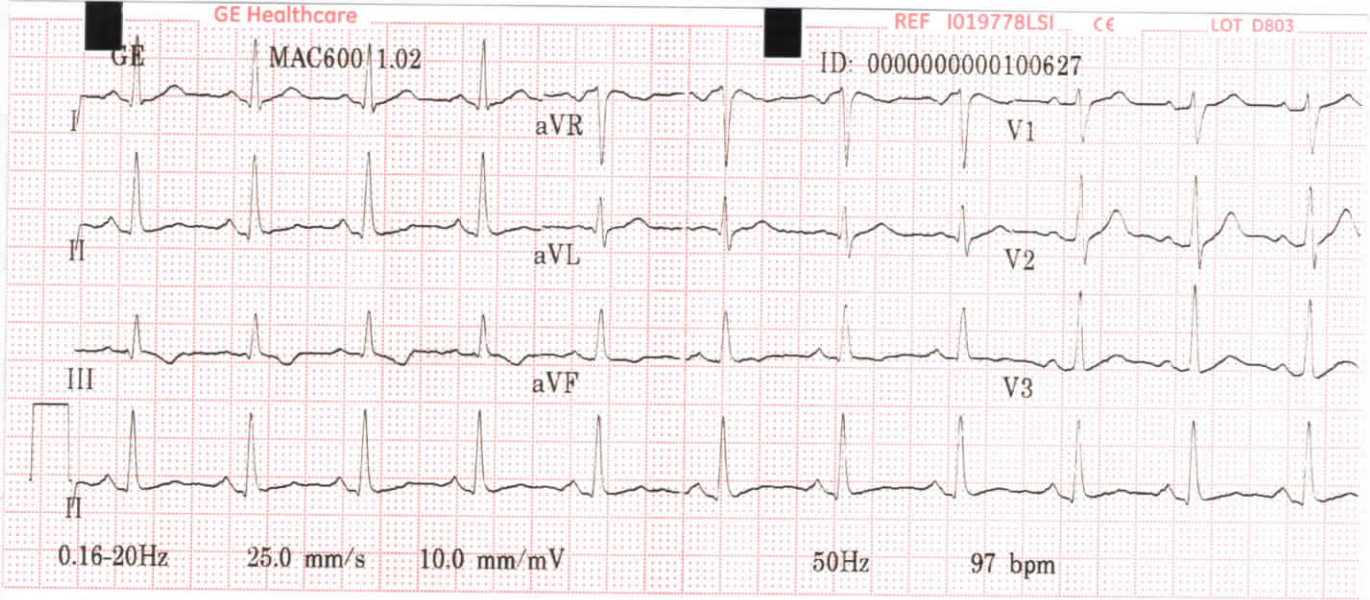
### X-RAY CHEST PA VIEW.

Bilateral lung fields appear normal.  
Bilateral costophrenic angles are unremarkable.  
Bilateral hila & vascular markings are unremarkable.  
Domes of diaphragm are normal in morphology & contour.  
Cardiac size is within normal limits.  
Bony thoracic cage appears normal.

Recommended clinical correlation with other investigation...



**Dr. Manish Kumar Jha**  
MBBS, MD (Radio-diagnosis)  
Registration No. 77237 (WBMC)



REF I019778LSI CE LOT D803

Normal sinus rhythm  
Normal ECG

*DR. R DASGUPTA*  
MD. (Medicine)  
Consultant Cardiologist  
Regn. No.: WBMC 1353 J

MAC600 1.02 12SL™ v239