



Patient Name : MR. NARENDU SAHA RAY

Age / Gender : 59 Years / Male

Mobile No. : -

Patient ID : 100579

Bill ID : 104127

Referral : DR SELF

Source : ALLIANCE & PROJECT

Optional ID : -

Collection Time : 22/06/2024, 11:46 AM

Receiving Time : 22/06/2024, 02:15 PM

Reporting Time : 22/06/2024, 03:39 PM

Sample ID : 1924043231

Sample Type : Serum

Test Description	Value(s)	Unit(s)	Reference Range
Lipid Profile			
TRIGLYCERIDES Method : Enzymatic Colorimetric Assay using GPO-POD	309	mg/dL	Normal : < 150 Borderline High : 150 - 199 High : 200 - 499 Very High : >= 500
CHOLESTEROL Method : Enzymatic Colorimetric Assay using CHOD-POD	157	mg/dl	Desirable : < 200 Borderline High : 200 - 240 High Risk : > 240
HDL CHOLESTEROL Method : Enzymatic Inhibition	29	mg/dl	Low HDL : <40 High HDL : >= 60
LDL CHOLESTEROL Method : Enzymatic Selective Protection	73	mg/dl	Optimal : < 100 Above Optimal : 100 - 129 Borderline High : 130 - 159 High : 160 - 189 Very High : > 190
VLDL / CHOLESTEROL REMNANTS Method : Calculation	55	mg/dl	< 30
NON HDL CHOLESTEROL Method : Calculation	128	mg/dl	<130
TOTAL CHOLESTEROL / HDL CHOLESTEROL RATIO	5.41	Ratio	
LDL CHOLESTEROL / HDL CHOLESTEROL RATIO	2.52	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. NARENDU SAHA RAY

Age / Gender : 59 Years / Male

Mobile No. : -

Patient ID : 100579

Bill ID : 104127

Referral : DR SELF

Source : ALLIANCE & PROJECT

Optional ID : -

Collection Time : 22/06/2024, 11:46 AM

Receiving Time : 22/06/2024, 02:15 PM

Reporting Time : 22/06/2024, 04:48 PM

Sample ID : 1924043231

Sample Type : Edta Blood

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

Blood Group & RH Typing

BLOOD GROUP

"A"

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 : MAMANI KARMAKAR





Patient Name : MR. NARENDU SAHA RAY

Age / Gender : 59 Years / Male

Mobile No. : -

Patient ID : 100579

Bill ID : 104127

Referral : DR SELF

Source : ALLIANCE & PROJECT

Optional ID : -

Collection Time : 22/06/2024, 11:46 AM

Receiving Time : 22/06/2024, 02:15 PM

Reporting Time : 22/06/2024, 03:37 PM

Sample ID : 1924043231

Sample Type : Serum

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

Glucose Fasting Plasma

GLUCOSE FASTING PLASMA	91	mg/dL	74 - 109
Method : Hexokinase			

Glucose Post Prandial Plasma

GLUCOSE POST PRANDIAL PLASMA	113	mg/dL	70 - 140
Method : Hexokinase			

Vitamin B12 ,Serum

VITAMIN B12	471	pg/mL	197 - 771
Method : Electrochemiluminescence Immunoassay (ECLIA)			

Interpretation :

Vitamin B12, also referred to as cobalamin, is a complex organometallic compound in which a cobalt atom is situated within a corrin ring. It is a water soluble vitamin which is synthesized by microorganisms. It cannot be synthesized in the human body and is seldom found in products of plant origin. Main sources of vitamin B12 are meat, fish, eggs and dairy products. The uptake in the gastrointestinal tract depends on intrinsic factor, which is synthesized by the gastric parietal cells, and on the "cobalamin receptor" in the distal ileum. The most frequent cause of severe vitamin B12 deficiency is a lack of intrinsic factor due to autoimmune atrophic gastritis. Examples of other causes for vitamin B12 deficiency are malabsorption due to gastrectomy, inflammatory bowel disease or dietary deficiency, e.g. in strict vegetarians (vegans). Vitamin B12 is important for DNA synthesis, regenerating methionine for protein synthesis and methylation, as well as for the development and initial myelination of the central nervous system (CNS) and for the maintenance of normal CNS function. Vitamin B12 deficiency causes megaloblastic anemia, peripheral neuropathy, dementia, poor cognitive performance, and depression. Other effects of vitamin B12 deficiency or depletion are increased risk of neural tube defects, osteoporosis, cerebrovascular and cardiovascular diseases. Recent publications suggest that in addition to measurement of Vitamin B12, the following biomarkers should be measured to improve the specificity of diagnosis: folate, methylmalonic acid (MMA), homocysteine and holotranscobalamin.

T3,T4 & TSH

T3	0.94	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
Method : Chemiluminescent Microparticle Immunoassay (CMIA)			



Reported By : -

Registered By : MAMANI KARMAKAR





Patient Name : MR. NARENDU SAHA RAY

Age / Gender : 59 Years / Male

Mobile No. : -

Patient ID : 100579

Bill ID : 104127

Referral : DR SELF

Source : ALLIANCE & PROJECT

Optional ID : -

Collection Time : 22/06/2024, 11:46 AM

Receiving Time : 22/06/2024, 02:15 PM

Reporting Time : 22/06/2024, 03:37 PM

Sample ID : 1924043231

Sample Type : Serum

Test Description	Value(s)	Unit(s)	Reference Range
T4 Method : Chemiluminescent Microparticle Immunoassay (CMIA)	7.24	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)	3.35	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.

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



Reported By : -

Registered By : MAMANI KARMAKAR





Patient Name : MR. NARENDU SAHA RAY
Age / Gender : 59 Years / Male
Mobile No. : -
Patient ID : 100579
Bill ID : 104127
Referral : DR SELF
Source : ALLIANCE & PROJECT

Optional ID : -
Collection Time : 22/06/2024, 11:46 AM
Receiving Time : 22/06/2024, 02:15 PM
Reporting Time : 22/06/2024, 03:37 PM
Sample ID : 1924043231
Sample Type : Serum

Test Description	Value(s)	Unit(s)	Reference Range
thyroid.			
<u>Phosphorus, Serum</u>			
PHOSPHORUS	2.9	mg/dl	2.5 - 4.5
Method : Phosphomolybdate endpoint (Cobas 6000), Roche			
<u>Prostate Specific Antigen (PSA), Serum</u>			
PSA (PROSTATE SPECIFIC ANTIGEN)	1.8	ng/mL	< 3.1
Method : Electrochemiluminescence Immunoassay (ECLIA)			
Remark			

****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. NARENDU SAHA RAY

Age / Gender : 59 Years / Male

Mobile No. : -

Patient ID : 100579

Bill ID : 104127

Referral : DR SELF

Source : ALLIANCE & PROJECT

Optional ID : -

Collection Time : 22/06/2024, 11:46 AM

Receiving Time : 22/06/2024, 02:15 PM

Reporting Time : 22/06/2024, 03:36 PM

Sample ID : 1924043231

Sample Type : Serum

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

Vitamin D total-25 hydroxy, Serum

VITAMIN D TOTAL Method : Electrochemiluminescence Immunoassay (ECLIA)	14.8	ng/mL	Deficiency : < 20 Insufficiency : 20 - 29 Sufficiency : 30 - 100
--	------	-------	--

Interpretation :

Vitamin D is a fat soluble steroid hormone precursor that is mainly produced in the skin by exposure to sunlight. The two most important forms of vitamin D are vitamin D3 (cholecalciferol) and vitamin D2 (ergocalciferol). It is commonly agreed that 25 hydroxyvitamin D is the metabolite to determine the overall vitamin D status as it is the major storage form of vitamin D in the human body. Most of the 25 hydroxyvitamin D, measurable in serum, is 25 hydroxyvitamin D3 whereas 25 hydroxyvitamin D2 reaches measurable levels only in patients taking vitamin D2 supplements. Vitamin D2 is considered to be less effective. Vitamin D is essential for bone health. In children, severe deficiency leads to bone-malformation, known as rickets. Vitamin D deficiency causes muscle weakness; in elderly, the risk of falling has been attributed to the effect of Vitamin D on muscle function. Vitamin D deficiency is a common cause of secondary hyperparathyroidism. Elevations of parathyroid hormone levels, especially in elderly vitamin D deficient adults can result in osteomalacia, increased bone turnover, reduced bone mass and risk of bone fractures. Low 25 hydroxyvitamin D concentrations are also associated with lower bone mineral density. So far, vitamin D has been shown to affect expression of over 200 different genes. Insufficiency has been linked to diabetes, different forms of cancer, cardiovascular disease, autoimmune diseases and innate immunity.

Liver Function Test

TOTAL BILIRUBIN Method : DPD	1.28	mg/dL	<1.2
CONJUGATED BILIRUBIN Method : DPD	0.49	mg/dl	< 0.2
UNCONJUGATED BILIRUBIN Method : Calculation	0.79	mg/dL	
SGPT Method : IFCC (without pyridoxal phosphate activation)	34	U/L	< 50
SGOT Method : IFCC (without pyridoxal phosphate activation)	27	U/L	< 50
ALKALINE PHOSPHATASE Method : IFCC AMP Buffer	80	U/L	30 - 120
TOTAL PROTEIN Method : Biuret	6.85	g/dL	6.6 - 8.3
ALBUMIN Method : Bromocresol Green	4.37	g/dL	Adults: 3.5 - 5.2 Newborn (1–4 days): 2.8 - 4.4
GLOBULIN Method : Calculation	2.48	g/dL	1.80 - 3.60



Reported By : -

Registered By : MAMANI KARMAKAR





Patient Name : MR. NARENDU SAHA RAY
Age / Gender : 59 Years / Male
Mobile No. : -
Patient ID : 100579
Bill ID : 104127
Referral : DR SELF
Source : ALLIANCE & PROJECT

Optional ID : -
Collection Time : 22/06/2024, 11:46 AM
Receiving Time : 22/06/2024, 02:15 PM
Reporting Time : 22/06/2024, 03:36 PM
Sample ID : 1924043231
Sample Type : Serum

Test Description	Value(s)	Unit(s)	Reference Range
A/G RATIO Method : Calculation	1.76		1.2 - 2
GAMMA-GLUTAMYL TRANSFERASE Method : IFCC	30	U/L	< 55

****END OF REPORT****

**Checked by
Priya Manna**

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



Reported By : -

Registered By : MAMANI KARMAKAR





Patient Name : MR. NARENDU SAHA RAY

Age / Gender : 59 Years / Male

Mobile No. : -

Patient ID : 100579

Bill ID : 104127

Referral : DR SELF

Source : ALLIANCE & PROJECT

Optional ID : -

Collection Time : 22/06/2024, 11:46 AM

Receiving Time : 22/06/2024, 02:15 PM

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

Sample ID : 1924043231

Sample Type : Edta Blood

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

HbA1c HPLC

HbA1c HPLC Method : High Performance Liquid Chromatography (HPLC)	4.8	%	Normal : < 5.7 Pre Diabetes : 5.7 - 6.4 Diabetes : >= 6.5
Estimated Average Glucose	91	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. NARENDU SAHA RAY
Age / Gender : 59 Years / Male
Mobile No. : -
Patient ID : 100579
Bill ID : 104127
Referral : DR SELF
Source : ALLIANCE & PROJECT

Optional ID : -
Collection Time : 22/06/2024, 11:46 AM
Receiving Time : 22/06/2024, 02:15 PM
Reporting Time : 22/06/2024, 05:02 PM
Sample ID : 1924043231
Sample Type : Edta Blood

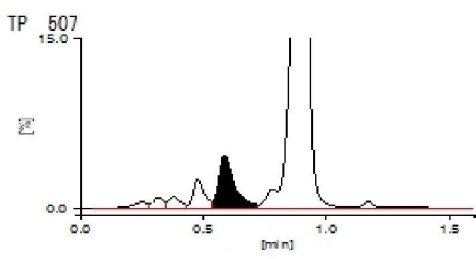
Test Description	Value(s)	Unit(s)	Reference Range
------------------	----------	---------	-----------------

TOSOH G8 VAR V05.29 490206 2024-06-22 16:54:26
ID 1924043231
Sample No. 06220027 SL 0001 - 01
Patient ID
Name
Comment

CALIB			
Name	%	Time	Area
A1A	0.5	0.25	7.28
A1B	0.5	0.32	8.34
F	0.7	0.38	10.51
LA1C+	1.4	0.48	22.70
SA1C	4.8	0.59	59.63
A0	93.8	0.89	1488.10
H-V0			
H-V1			
H-V2			


Total Area 1596.56

HbA1c 4.8 % **IFCC 29 mmol/mol**
HbA1 5.8 % HbF 0.7 %



****END OF REPORT****

Checked by
Nisha Malakar


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



Reported By : -

Registered By : MAMANI KARMAKAR



Patient Name : MR. NARENDU SAHA RAY

Age / Gender : 59 Years / Male

Mobile No. : -

Patient ID : 100579

Bill ID : 104127

Referral : DR SELF

Optional ID : -

Collection Time : 22/06/2024, 11:41 a.m.

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

Reporting Time : 22/06/2024, 04:40 p.m.

Sample ID : 1924043231

Sample Type : USG

USG Whole Abdomen

LIVER

Is normal in size (measures 12.9 cm) with Grade I to II fatty changes. No focal lesion is seen. Intrahepatic biliary radicles are not dilated. Portal vein measures 0.78 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 dilated and measures 0.35 cm.

PANCREAS

Is normal in size, shape, outline and echotexture. No definite focal lesion is evident. Pancreatic duct is not 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 11.5 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 0.42 cm calcification is seen in the mid-pole of right kidney. Another pinpoint calcification is seen in the left kidney.
Right kidney measures 10.5 cm. Left kidney measures 10.6 cm.

URETERS

Ureters are not dilated.





Patient Name : MR. NARENDU SAHA RAY

Age / Gender : 59 Years / Male

Mobile No. : -

Patient ID : 100579

Bill ID : 104127

Referral : DR SELF

Optional ID : -

Collection Time : 22/06/2024, 11:41 a.m.

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

Reporting Time : 22/06/2024, 04:40 p.m.

Sample ID : 1924043231

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 enlarged in size with normal outline and echotexture. No definite focal parenchymal lesion is seen. Prostatic capsule is intact. Prostate measures 4.3 cm x 4.0 cm x 4.0 cm and volume 38.2 cc (approx).

IMPRESSION:-

- * **Mild Hepatic steatosis.**
- * **Bilateral Renal microcalcifications.**
- * **Grade II prostatomegaly.**

*****ADV.:- Further investigations & Follow-up**

****END OF REPORT****


 Dr. Anshu Mandal
 MD Physician, FDSUS (Delhi)
 CBET-USG (MBUHS Kolkata)
 Fellow of Jamnaram Ultrasound
 Radiology and Education Institution
 Philadelphia Ex-Radiology Resident
 (S.E. Railway)
 Regd. No. - 72022

Checked by
Jhumpa Halder



Reported By : APURBA DUTTA

Registered By : MAMANI KARMAKAR



Patient Name : MR. NARENDU SAHA RAY

Age / Gender : 59 Years / Male

Mobile No. : -

Patient ID : 100579

Bill ID : 104127

Referral : DR SELF

Source : ALLIANCE & PROJECT

Optional ID : -

Collection Time : 22/06/2024, 11:41 AM

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

Reporting Time : 22/06/2024, 02:26 PM

Sample ID : 1924043231

Sample Type : 2D Echo

2D Echocardiography

M Mode Data : Parameter	Test Value	Normal Range (Adults)	Unit
Aortic Root Diameter	3.0	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)	1.3	0.60 – 1.1	cm
LV Internal diameter (diastole)	4.1	3.50 – 5.4	cm
Post. Wall thickness (diastole)	1.3	0.60 – 1.1	cm
Internal diameter (systole)	2.6	2.4 – 4.2	cm
LV Ejection fraction	65%	55 – 65	%

LV shows:-

- **Concentric LVH.**
- 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 (19 mmHg).
- No PE / PAH.
- IVC normal in size, collapsing well.



Reported By : Prasenjit Sarkar

Registered By : MAMANI KARMAKAR



Patient Name : MR. NARENDU SAHA RAY

Age / Gender : 59 Years / Male

Mobile No. : -

Patient ID : 100579

Bill ID : 104127

Referral : DR SELF

Source : ALLIANCE & PROJECT

Optional ID : -

Collection Time : 22/06/2024, 11:41 AM

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

Reporting Time : 22/06/2024, 02:26 PM

Sample ID : 1924043231

Sample Type : 2D Echo

CONCLUSION :-

Concentric LVH.

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. NARENDU SAHA RAY

Age / Gender : 59 Years / Male

Mobile No. : -

Patient ID : 100579

Bill ID : 104127

Referral : DR SELF

Source : ALLIANCE & PROJECT

Optional ID : -

Collection Time : 22/06/2024, 11:48 AM

Receiving Time : 22/06/2024, 02:15 PM

Reporting Time : 22/06/2024, 04:19 PM

Sample ID : 1924043231

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	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.



Reported By : -

Registered By : MAMANI KARMAKAR



Patient Name : MR. NARENDU SAHA RAY
Age / Gender : 59 Years / Male
Mobile No. : -
Patient ID : 100579
Bill ID : 104127
Referral : DR SELF
Source : ALLIANCE & PROJECT

Optional ID : -
Collection Time : 22/06/2024, 11:48 AM
Receiving Time : 22/06/2024, 02:15 PM
Reporting Time : 22/06/2024, 04:19 PM
Sample ID : 1924043231
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. NARENDU SAHA RAY

Age / Gender : 59 Years / Male

Mobile No. : -

Patient ID : 100579

Bill ID : 104127

Referral : DR SELF

Source : ALLIANCE & PROJECT

Optional ID : -

Collection Time : 22/06/2024, 11:46 AM

Receiving Time : 22/06/2024, 02:15 PM

Reporting Time : 22/06/2024, 03:35 PM

Sample ID : 1924043231

Sample Type : Serum

Test Description	Value(s)	Unit(s)	Reference Range
<u>Kidney Function Test</u>			
UREA Method : GLDH, Kinetic Assay	19	mg/dl	Adults: 17-43 Newborn: 8.4-25.8 Infant/Child: 10.8-38.4
SERUM CREATININE. Method : Jaffe Kinetic (AU480)	0.90	mg/dl	< 1.2
SERUM URIC ACID Method : Uricase PAP (AU480)	6.94	mg/dL	3.5 - 7.2
UREA NITROGEN BUN Method : Kinetic Assay using Urease and Glutamate - Dehydrogenase (AU480)	8.88	mg/dl	6-20
SERUM CALCIUM Method : N M Bapta, Cobas 6000 Roche	9.18	mg/dL	8.6 - 10
SERUM SODIUM Method : ION Selective Electrode (Indirect) AU480, Beckman Coulter	139	mmol/l	136 - 145
SERUM POTASSIUM Method : ION Selective Electrode (Indirect) AU480, Beckman Coulter	3.80	mmol/L	3.5 - 5.1
CHLORIDES Method : Ion Selective Electrode (Indirect) AU480, Beckman Coulter	102	mmol/L	97 - 111

****END OF REPORT****

Checked By
Debolina Bhadra

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



Reported By : -

Registered By : MAMANI KARMAKAR



Patient Name : MR. NARENDU SAHA RAY

Age / Gender : 59 Years / Male

Mobile No. : -

Patient ID : 100579

Bill ID : 104127

Referral : DR SELF

Source : ALLIANCE & PROJECT

Optional ID : -

Collection Time : 22/06/2024, 11:46 AM

Receiving Time : 22/06/2024, 02:15 PM

Reporting Time : 22/06/2024, 05:27 PM

Sample ID : 1924043231

Sample Type : Edta Blood

Test Description	Value(s)	Unit(s)	Reference Range
Complete Blood Count			
HAEMOGLOBIN	12.9	gm/dl	13 - 17
TOTAL LEUCOCYTE COUNT	8300	/cumm	4000 - 10000
HCT	40.2	Vol%	40 - 50
R B C	4.13	millions/cumm	4.5 - 5.5
M C V	97.3	Femtolitre(fl)	80 - 100
M C H	31.2	Picograms(pg)	27 - 31
M C H C	32.1	gm/dl	32 - 36
PLATELET COUNT	1,85,000	/cumm	150000 - 410000
DIFFERENTIAL COUNT			
Neutrophils	60	%	40 - 80
Lymphocytes	28	%	20 - 40
Monocytes	02	%	2 - 10
Eosinophils	10	%	1 - 6
Basophils	00	%	0 - 1
ESR	16	mm	< 50 years : <=10 51 - 60 years : <=12 61 - 70 years : <=14 > 70 years : <=30

Remarks Normocytic Normochromic.
Eosinophilia seen. 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. NARENDU SAHA RAY

Age / Gender : 59 Years / Male

Mobile No. : -

Patient ID : 100579

Bill ID : 104127

Referral : DR SELF

Source : ALLIANCE & PROJECT

Optional ID : -

Collection Time : 22/06/2024, 11:46 AM

Receiving Time : 22/06/2024, 02:15 PM

Reporting Time : 22/06/2024, 05:27 PM

Sample ID : 1924043231

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. NARENDU SAHA RAY Date: 22/06/2024
 Age: 59yrs Sex: Male Female ID No: _____
 Case Examined by Dr. Saurav 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 HTN

Past History Medical NO

Surgical NO

Gynaec & Obstetric

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: 163 cm

Weight: 75 kg

Gen. Examination : Anaemia Oedema Jaundice Others Normal
Blood Pressure : 140/95 mmHg Pulse Rate 69 /min Normal
C.V.S. : 1st & 2nd Sound, Murmurs Yes No
Abdomen : C.N.S.: ok R.S.: ok
Breast Examination : ok

Laboratory Investigations

Haematology : ok

Biochemistry : ok

Clinical Pathology : ok
Urine Routine

ECG (Resting) : ok

X-Ray (Chest) : ok

Echocardiogram : ok

Treadmill (CST) : ok

SPIROMETRY : Normal

PAP SMEAR : Normal

Others : ok

Clinical Impression : Normal Health

clinically fit.

Advice :

DR. SOURAV G. JOSHI

Doctors Signature

Reg. No. - 49482

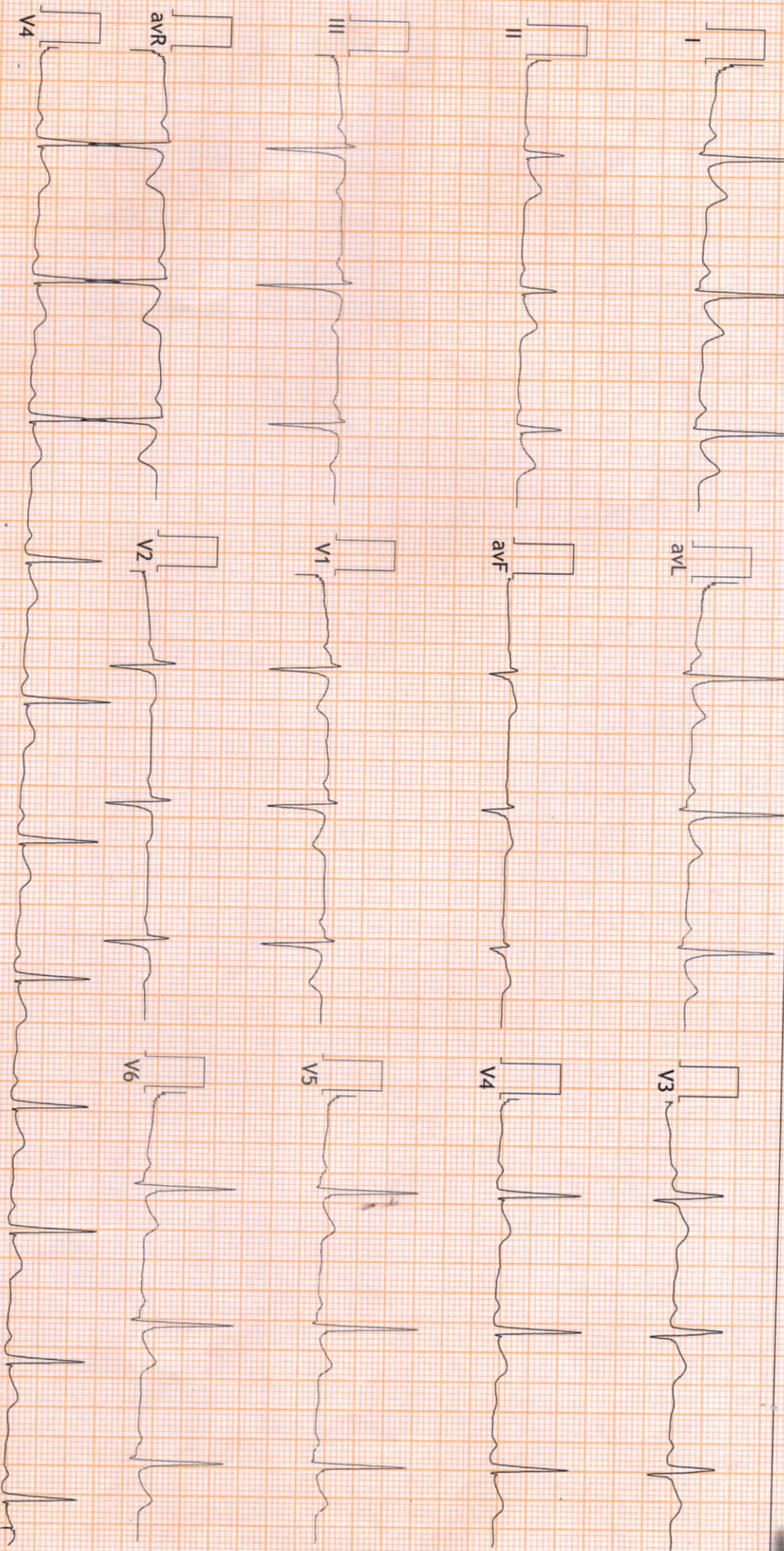


ILSE DIAGNOSTIC CENTRE

7/1, G.T. ROAD(South), Sandhya Bazar, Howrah-711101

41513/Narendu Saha Ray 59Yrs-03Months/Male 75 Kgs/163 Cms BP: 140/95 mmHg HR: 66 bpm

Test Date: 22-Jun-2024(10:45:36) Notch: 50Hz 0.05Hz - 100Hz 10mm/mV 25mm/Sec
PR Interval: 182 ms
QRS Duration: 80 ms
QT/QTc: 377/397ms
P-QRS-T Axis: -7 - -6 - 15 (Deg)

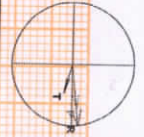


FINDINGS: Abnormal ECG with indication of Possibly AMI (Lateral)
Vent Rate : 66 bpm; PR Interval : 182 ms; QRS Duration: 80 ms; QT/QTc Int : 377/397 ms
P-QRS-T axis: -7 - -6 - 15 (Deg)
Comments :

No normal sinus rhythm.
No structural s/e-t changes.
Hence consider clinically.

Dr. Abhinay Tibdewal
Consultant Cardiologist
MBBS, MD, DM (Cardiol)

Dr. Abhinay Tibdewal
22/6/24





Patient Name : MR. NARENDU SAHA RAY

Age / Gender : 59 years / MALE

Mobile No. :

Patient ID : 104127

Bill ID : 100579

Collection Time : 22/06/2024, 11.41 a.m.

Receiving Time : 22/06/2024, 11.56 a.m.

Reporting Time : 22/06/2024, 12.30 a.m.

Sample ID : 1924043231

Sample Type : BMI

BLOOD PRESSURE WEIGHT, HEIGHT & BMI

BLOOD PRESSURE: 140/95 mmHg

WEIGHT : 75 kg.

HEIGHT : 163 cm.

BMI – 28.2 KG/M²

END OF REPORT

Checked by
Mousumi Das Sharma

Registered By : TANMOY DAS

Pulse Diagnostics Pvt. Ltd.

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

Patient Name :	MR NARENDU SAHA RAY	Patient ID :	ID100579
Modality :	DX	Sex :	MALE
Age :	59 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