Patient Name : MR. PROMODA NANDA SRIMANI

Age / Gender : 58 Years / Male

Mobile No. : -

Patient ID : 100574

Bill ID : 104128

Referral : DR SELF

Source : ALLIANCE & PROJECT

Optional ID : -

Collection Time : 22/06/2024, 11:54 AM

Receiving Time : 22/06/2024, 02:18 PM

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

Sample ID : 1924043232

Sample Type : Serum

Test Description	Value(s)	Unit(s)	Reference Range
Lipid Profile			
TRIGLYCERIDES	80	mg/dL	Normal : < 150
Method : Enzymatic Colorimetric Assay using GPO-POD			Borderline High : 150 - 199
			High : 200 - 499
			Very High : >= 500
CHOLESTEROL	114	mg/dl	Desirable : < 200
Method : Enzymatic Colorimetric Assay using CHOD-POD			Borderline High : 200 - 240
			High Risk : > 240
HDL CHOLESTEROL	48	mg/dl	Low HDL : <40
Method : Enzymatic Immunoinhibition			High HDL : >= 60
LDL CHOLESTEROL	**54**	mg/dl	Optimal : < 100
Method : Enzymatic Selective Protection			Above Optimal : 100 - 129
			Borderline High : 130 - 159
			High : 160 - 189
			Very High : > 190
VLDL / CHOLESTEROL REMNANTS	12	mg/dl	< 30
Method : Calculation			
NON HDL CHOLESTEROL	66	mg/dl	<130
Method : Calculation			
TOTAL CHOLESTEROL / HDL CHOLESTEROL RATIO	2.38	Ratio	
LDL CHOLESTEROL / HDL CHOLESTEROL RATIO	1.13	Ratio	

Remark :

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

END OF REPORT

Checked by
Pintu Manna

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

Pulse™
DIAGNOSTICS

Neuberg Pulse
DIAGNOSTICS

Patient Name : MR. PROMODA NANDA SRIMANI

Age / Gender : 58 Years / Male

Mobile No. : -

Patient ID : 100574

Bill ID : 104128

Referral : DR SELF

Source : ALLIANCE & PROJECT

Optional ID : -

Collection Time : 22/06/2024, 11:54 AM

Receiving Time : 22/06/2024, 02:18 PM

Reporting Time : 22/06/2024, 04:45 PM

Sample ID : 1924043232

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

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

Reported By : -

Registered By : SOUMI SAHA

MC-2167

Patient Name : MR. PROMODA NANDA SRIMANI

Age / Gender : 58 Years / Male

Mobile No. : -

Patient ID : 100574

Bill ID : 104128

Referral : DR SELF

Source : ALLIANCE & PROJECT

Optional ID : -

Collection Time : 22/06/2024, 11:54 AM

Receiving Time : 22/06/2024, 02:18 PM

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

Sample ID : 1924043232

Sample Type : Serum

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

Vitamin D total-25 hydroxy, Serum

VITAMIN D TOTAL	16.9	ng/mL	Deficiency : < 20
Method : Electrochemiluminescence Immunoassay (ECLIA)			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.

Glucose Fasting Plasma

GLUCOSE FASTING PLASMA	97	mg/dL	74 - 109
Method : Hexokinase			

Glucose Post Prandial Plasma

GLUCOSE POST PRANDIAL PLASMA	132	mg/dL	70 - 140
Method : Hexokinase			

Vitamin B12 ,Serum

VITAMIN B12	341	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 "cubam 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

Patient Name : MR. PROMODA NANDA SRIMANI

Age / Gender : 58 Years / Male

Mobile No. : -

Patient ID : 100574

Bill ID : 104128

Referral : DR SELF

Source : ALLIANCE & PROJECT

Optional ID : -

Collection Time : 22/06/2024, 11:54 AM

Receiving Time : 22/06/2024, 02:18 PM

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

Sample ID : 1924043232

Sample Type : Serum

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

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

Test Description	Value(s)	Unit(s)	Reference Range
T3 Method : Chemiluminescent Microparticle Immunoassay (CMIA)	0.87	ng/mL	1 - 30 days: 1 - 7.4 1m - 11m: 1.05 - 2.45 1yr - 5yrs: 1.05 - 2.69 6yrs - 10yrs: 0.94 - 2.41 11yrs - 15yrs: 0.82 - 2.13 16yrs- 20yrs: 0.8 - 2.1 Adult: 0.58 - 1.59
T4 Method : Chemiluminescent Microparticle Immunoassay (CMIA)	7.29	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)	1.63	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

Patient Name : MR. PROMODA NANDA SRIMANI

Age / Gender : 58 Years / Male

Mobile No. : -

Patient ID : 100574

Bill ID : 104128

Referral : DR SELF

Source : ALLIANCE & PROJECT

Optional ID : -

Collection Time : 22/06/2024, 11:54 AM

Receiving Time : 22/06/2024, 02:18 PM

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

Sample ID : 1924043232

Sample Type : Serum

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

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.

Phosphorus, Serum

PHOSPHORUS	3.5	mg/dl	2.5 - 4.5

Method : Phosphomolybdate endpoint (Cobas 6000), Roche

Prostate Specific Antigen (PSA), Serum

PSA (PROSTATE SPECIFIC ANTIGEN)	0.5	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 : SOUMI SAHA

Patient Name : MR. PROMODA NANDA SRIMANI

Age / Gender : 58 Years / Male

Mobile No. : -

Patient ID : 100574

Bill ID : 104128

Referral : DR SELF

Source : ALLIANCE & PROJECT

Optional ID : -

Collection Time : 22/06/2024, 11:54 AM

Receiving Time : 22/06/2024, 02:18 PM

Reporting Time : 22/06/2024, 03:29 PM

Sample ID : 1924043232

Sample Type : Serum

Test Description	Value(s)	Unit(s)	Reference Range
Liver Function Test			
TOTAL BILIRUBIN	1.67	mg/dL	<1.2
Method : DPD			
CONJUGATED BILIRUBIN	**0.68**	mg/dl	< 0.2
Method : DPD			
UNCONJUGATED BILIRUBIN	0.99	mg/dL	
Method : Calculation			
SGPT	25	U/L	< 50
Method : IFCC (without pyridoxal phosphate activation)			
SGOT	24	U/L	< 50
Method : IFCC (without pyridoxal phosphate activation)			
ALKALINE PHOSPHATASE	72	U/L	30 - 120
Method : IFCC AMP Buffer			
TOTAL PROTEIN	6.79	g/dL	6.6 - 8.3
Method : Biuret			
ALBUMIN	4.57	g/dL	Adults: 3.5 - 5.2
Method : Bromocresol Green			Newborn (1–4 days): 2.8 - 4.4
GLOBULIN	2.22	g/dL	1.80 - 3.60
Method : Calculation			
A/G RATIO	**2.06**		1.2 - 2
Method : Calculation			
GAMMA-GLUTAMYL TRANSFERASE	27	U/L	< 55
Method : IFCC			

END OF REPORT

Checked by
Priya Manna

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

Reported By : -

Registered By : SOUMI SAHA

MC-2167

Patient Name : MR. PROMODA NANDA SRIMANI

Age / Gender : 58 Years / Male

Mobile No. : -

Patient ID : 100574

Bill ID : 104128

Referral : DR SELF

Source : ALLIANCE & PROJECT

Optional ID : -

Collection Time : 22/06/2024, 11:54 AM

Receiving Time : 22/06/2024, 02:18 PM

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

Sample ID : 1924043232

Sample Type : Edta Blood

Test Description	Value(s)	Unit(s)	Reference Range
HbA1c HPLC			
HbA1c HPLC	6.6	%	Normal : < 5.7
Method : High Performance Liquid Chromatography (HPLC)			Pre Diabetes : 5.7 - 6.4
			Diabetes : >= 6.5
Estimated Average Glucose	143	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 Haemoglobinapathy 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 : SOUMI SAHA

Patient Name : MR. PROMODA NANDA SRIMANI

Age / Gender : 58 Years / Male

Mobile No. : -

Patient ID : 100574

Bill ID : 104128

Referral : DR SELF

Source : ALLIANCE & PROJECT

Optional ID : -

Collection Time : 22/06/2024, 11:54 AM

Receiving Time : 22/06/2024, 02:18 PM

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

Sample ID : 1924043232

Sample Type : Edta Blood

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


```
TOSOH G8 VAR    VO5.29 490206    2024-06-22 16:56:03
ID              1924043232
Sample No.   06220028    SL 0001 - 02
Patient ID
Name
Comment

       CALIB        Y =1.1288X + 0.6647
       Name     %    Time     Area
       A1A     0.7   0.24     8.16
       A1B     0.9   0.31    11.00
       F       0.8   0.37     9.90
       LA1C+   2.0   0.47    25.50
       SA1C    6.6   0.58    66.41
       AO     91.1   0.88  1135.06
       H-VO
       H-V1
       H-V2
               Total Area   1256.03
    HbA1c 6.6 %         IFCC 48 mmol/mol
    HbA1 8.1 %          HbF 0.8 %
```

TP 502
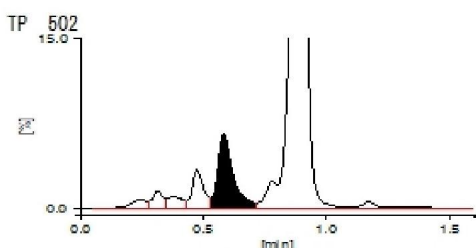
END OF REPORT

Checked by
Nisha Malakar

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

Reported By : -

Registered By : SOUMI SAHA

Patient Name : MR. PROMODA NANDA SRIMANI

Age / Gender : 58 Years / Male

Mobile No. : -

Patient ID : 100574

Bill ID : 104128

Referral : DR SELF

Optional ID : -

Collection Time : 22/06/2024, 11:46 a.m.

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

Reporting Time : 22/06/2024, 04:41 p.m.

Sample ID : 1924043232

Sample Type : USG

USG Whole Abdomen

LIVER

Is normal in size (measures 12.6 cm), outline and echotexture. No focal lesion is seen. Intrahepatic biliary radicles are not dilated. Portal vein measures 0.79 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 0.14 cm.

PANCREAS

Is normal in size & shape with fatty changes. 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 8.5 cm. in length.

RIGHT KIDNEY

Right kidney appears normal in size, shape, position and echotexture. Cortico-medullary differentiation is normal. Central echocomplex of right kidney appears normal. No focal lesion is seen. No evidence of hydronephrosis is seen. A 0.24 cm calcification is seen in the upper pole of right kidney.
Right kidney measures 9.4 cm.

LEFT KIDNEY

Left kidney appears normal in size, shape, position and echotexture. Cortico-medullary differentiation is normal. Central echocomplex of left kidney appears normal. No focal lesion is seen. No evidence of hydronephrosis is seen. A 0.57 cm calcification is seen in the mid-pole of left kidney. A 0.28 cm small simple cyst is seen in the lower pole of left kidney.

Patient Name : MR. PROMODA NANDA SRIMANI

Age / Gender : 58 Years / Male

Mobile No. : -

Patient ID : 100574

Bill ID : 104128

Referral : DR SELF

Optional ID : -

Collection Time : 22/06/2024, 11:46 a.m.

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

Reporting Time : 22/06/2024, 04:41 p.m.

Sample ID : 1924043232

Sample Type : USG

Left kidney measures 10.6 cm.

URETERS

Ureters are not dilated.

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 3.8 cm x 3.4 cm x 3.1 cm and volume 21.7 cc (approx).

IMPRESSION:-

1. Pancreatic steatosis.

2. Bilateral Renal calcifications with left sided simple cyst.

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

END OF REPORT

Dr. Arnab Mandal
MD, Physician, PGDUS (Delhi)
CBET-USG (WBUHS Kolkata)
Fellow of Jefferson 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 : SOUMI SAHA

Patient Name : MR. PROMODA NANDA SRIMANI

Age / Gender : 58 Years / Male

Mobile No. : -

Patient ID : 100574

Bill ID : 104128

Referral : DR SELF

Source : ALLIANCE & PROJECT

Optional ID : -

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

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

Reporting Time : 22/06/2024, 02:27 PM

Sample ID : 1924043232

Sample Type : 2D Echo

2D Echocardioghaphy

M Mode Data : Parameter	Test Value	Normal Range (Adults)	Unit
Aortic Root Diameter	2.7	2.0 – 4.0	cm
Left atrial diameter	3.1	2.0 – 4.0	cm
RV internal diameter	2.2	2.2 – 3.0	cm
IV septal thickness (diastole)	0.9	0.60 – 1.1	cm
LV Internal diameter (diastole)	4.3	3.50 – 5.4	cm
Post. Wall thickness (diastole)	0.9	0.60 – 1.1	cm
Internal diameter (systole)	2.8	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 (17 mmHg).
- No PE / PAH.
- IVC normal in size, collapsing well.

Patient Name : MR. PROMODA NANDA SRIMANI

Age / Gender : 58 Years / Male

Mobile No. : -

Patient ID : 100574

Bill ID : 104128

Referral : DR SELF

Source : ALLIANCE & PROJECT

Optional ID : -

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

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

Reporting Time : 22/06/2024, 02:27 PM

Sample ID : 1924043232

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

Patient Name : MR. PROMODA NANDA SRIMANI

Age / Gender : 58 Years / Male

Mobile No. : -

Patient ID : 100574

Bill ID : 104128

Referral : DR SELF

Source : ALLIANCE & PROJECT

Optional ID : -

Collection Time : 22/06/2024, 11:55 AM

Receiving Time : 22/06/2024, 02:18 PM

Reporting Time : 22/06/2024, 04:18 PM

Sample ID : 1924043232

Sample Type : Urine

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

Urine Fasting Sugar

URINE FOR SUGAR	82.00		
Result	**Present (+++) * Manually checked**		

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: 5.0)	5.0 - 8.0	
Protein	Absent	Absent	
Sugar	Present (+++) * Manually checked	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

Patient Name : MR. PROMODA NANDA SRIMANI

Age / Gender : 58 Years / Male

Mobile No. :   -

Patient ID : 100574

Bill ID : 104128

Referral : DR SELF

Source : ALLIANCE & PROJECT

Optional ID :   -

Collection Time : 22/06/2024, 11:55 AM

Receiving Time : 22/06/2024, 02:18 PM

Reporting Time : 22/06/2024, 04:18 PM

Sample ID : 1924043232

Sample Type : Urine

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

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.

END OF REPORT

Checked by
Gouranga Bera

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

Pulse™
DIAGNOSTICS

Neuberg Pulse
DIAGNOSTICS

Patient Name : MR. PROMODA NANDA SRIMANI

Age / Gender : 58 Years / Male

Mobile No. : -

Patient ID : 100574

Bill ID : 104128

Referral : DR SELF

Source : ALLIANCE & PROJECT

Optional ID : -

Collection Time : 22/06/2024, 11:54 AM

Receiving Time : 22/06/2024, 02:18 PM

Reporting Time : 22/06/2024, 03:34 PM

Sample ID : 1924043232

Sample Type : Serum

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

Kidney Function Test

UREA	19	mg/dl	Adults: 17-43
Method : GLDH, Kinetic Assay			Newborn: 8.4-25.8
			Infant/Child: 10.8-38.4
SERUM CREATININE.	1.04	mg/dl	< 1.2
Method : Jaffe Kinetic (AU480)			
SERUM URIC ACID	4.19	mg/dL	3.5 - 7.2
Method : Uricase PAP (AU480)			
UREA NITROGEN BUN	8.88	mg/dl	6-20
Method : Kinetic Assay using Urease and Glutamate - Dehydrogenase (AU480)			
SERUM CALCIUM	9.25	mg/dL	8.6 - 10
Method : N M Bapta, Cobas 6000 Roche			
SERUM SODIUM	**132**	mmol/l	136 - 145
Method : ION Selective Electrode (Indirect) AU480, Beckman Coulter			
SERUM POTASSIUM	4.52	mmol/L	3.5 - 5.1
Method : ION Selective Electrode (Indirect) AU480, Beckman Coulter			
CHLORIDES	**96**	mmol/L	97 - 111
Method : Ion Selective Electrode (Indirect) AU480, Beckman Coulter			

END OF REPORT

Checked By
Debolina Bhadra

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

Reported By : -

Registered By : SOUMI SAHA

Patient Name : MR. PROMODA NANDA SRIMANI

Age / Gender : 58 Years / Male

Mobile No. : -

Patient ID : 100574

Bill ID : 104128

Referral : DR SELF

Source : ALLIANCE & PROJECT

Optional ID : -

Collection Time : 22/06/2024, 11:54 AM

Receiving Time : 22/06/2024, 02:18 PM

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

Sample ID : 1924043232

Sample Type : Edta Blood

Test Description	Value(s)	Unit(s)	Reference Range
Complete Blood Count			
HAEMOGLOBIN	13.9	gm/dl	13 - 17
TOTAL LEUCOCYTE COUNT	7400	/cumm	4000 - 10000
HCT	44.8	Vol%	40 - 50
R B C	5.43	millions/cumm	4.5 - 5.5
M C V	82.5	Femtolitre(fl)	80 - 100
M C H	**25.6**	Picograms(pg)	27 - 31
M C H C	**31.0**	gm/dl	32 - 36
PLATELET COUNT	1,70,000	/cumm	150000 - 410000
DIFFERENTIAL COUNT			
Neutrophils	60	%	40 - 80
Lymphocytes	20	%	20 - 40
Monocytes	02	%	2 - 10
Eosinophils	**18**	%	1 - 6
Basophils	00	%	0 - 1
ESR	04	mm	< 50 years : <=10
			51 - 60 years : <=12
			61 - 70 years : <=14
			> 70 years : <=30

Remarks

Normocytic Normochromic.
Platelets adequate.

Note

(DR SP)

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 : SOUMI SAHA

MC-2167

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

Checked by
Tamal Sarkar

Dr.Shaheena Perween
MBBS, MD (Path)
Pathologist
Regn. No. : WBMC 71326

Reported By : -

Registered By : SOUMI SAHA

MC-2167

PREVENTIVE HEALTH CHECKS

Mr./Mrs./Ms. **PROMODA NANDA SRIMANI** Date: **22/06/2024**

Age: **584yrs** Sex: Male ☑ Female ☐ ID No: _____

Case Examined by Dr. **Sawan Ghosh.**

Ref. by Dr. _____

Present Complaint: Nil.

Known Case of

DM: Yes ☑ No ☐   HTN: Yes ☐ No ☑   CAD: Yes ☐ No ☑   Ashma: Yes ☐ No ☑

Anyothers ( )

Present Medication DM,

Past History

Medical: Nil.

Surgical: Fistula

Gynaec & Obstetric: N/A.

Family History

a) Allergy	b) Pressure	c) Diabetes	d) Thyroid	e) Cancer	f) Others
☐ Yes	☐ Yes	☑ Yes	☐ Yes	☐ Yes	☐ Yes
☑ No	☑ No	☐ No	☑ No	☑ No	☑ No

Personal History Status

Smoking: ☐ Non-smoker   ☐ Smoker   Since: **12** Years

Alcohol: ☑ Nil   ☐ Social   ☐ Habitual

Diet: ☐ Vegetarian   ☑ Non-Vegerarian

Physical Activity: ☐ Exercise   ☐ Regular   ☑ Irregular   ☐ No

Centre Lansdowne ☐ Behala ☐ James Long Sarani ☐ Shyambazar ☐ Howrah ☑ Ekbalpur ☐

PHYSICAL EXAMINATION

Height : 165cm   Weight : 62kg

Gen. Examination	:	Anaemia [X] Oedema [X] Jaundice [X] Others [X]	Normal [✓]

Blood Pressure   : 105/75 mmHg   Pulse Rate 71 /min   Normal [ ]

C.V.S.   : 1st & 2nd Sound, Murmurs   Yes [ ] No [✓]

Abdomen   : C.N.S.: All.   R.S.: All.

Breast Examination : All.

Laboratory Investigations

Haematology   : All.

Biochemistry   : All.

Clinical Pathology : All.
Urine Routine

ECG (Resting)   : OK.

X-Ray (Chest)   : All.

Echocardiogram   : All.

Treadmill (CST)   : All.

SPIROMETRY   : Nil.

PAP SMEAR   : N/A.

Others   : All.
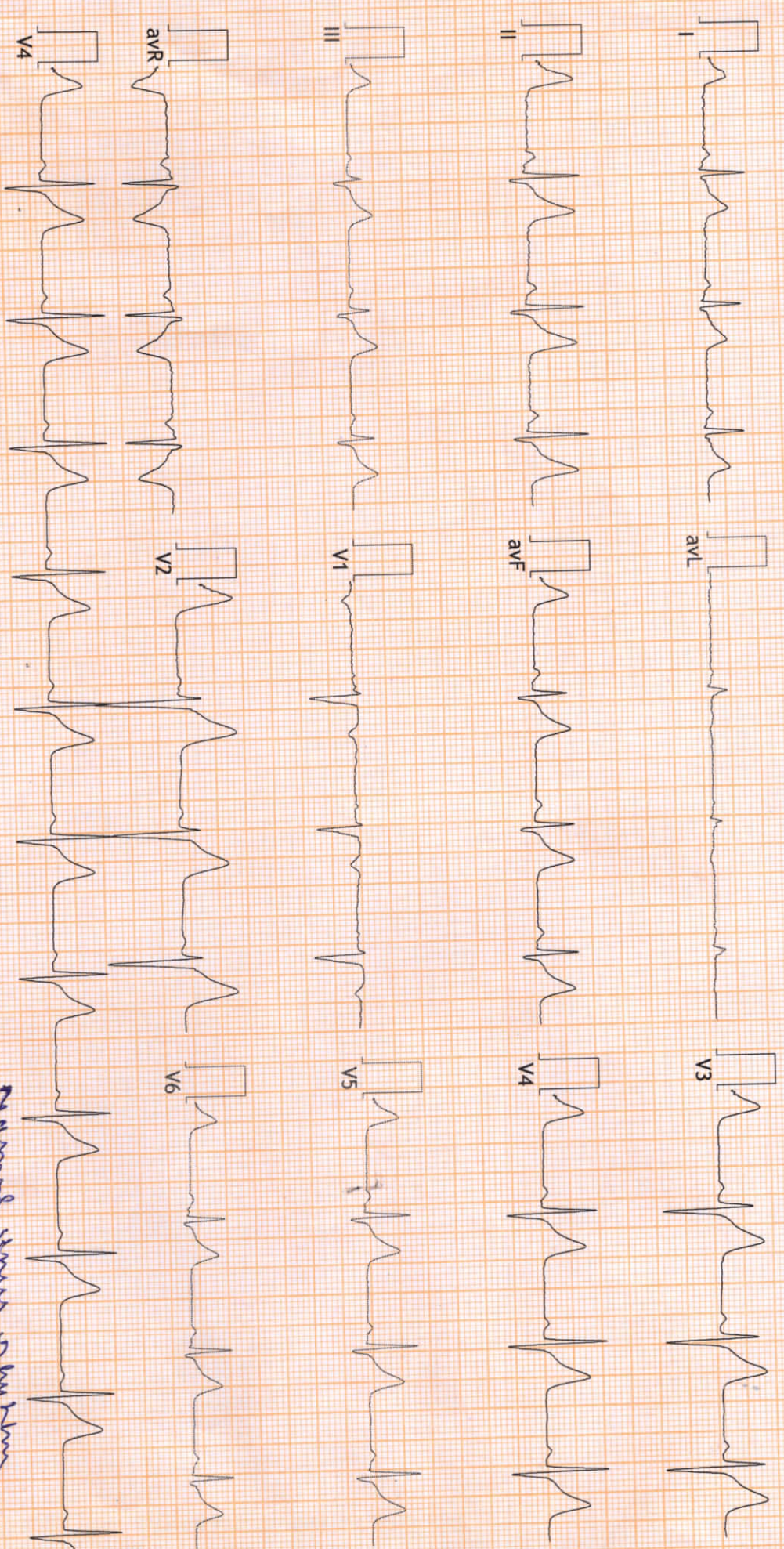
Clinical Impression : Normal Health [✓]

Clinically fit.

Advice   :

DR SOURAV GHOSH
Doctor's Signature M.B.B.S
Reg. No.—49482

PULSE DIAGNOSTIC CENTRE
07/1, G.T.ROAD(South),Sandhya Bazar , Howrah-711101
041512/Promoda Nanda Srimani   58Yrs-5Months/Male   62 Kgs/165 Cms   BP: 105/75   mmHg   HR: 66 bpm
ef.: SELF   Test Date: 22-Jun-2024(10:35:24)   Notch: 50Hz   0.05Hz - 100Hz   10mm/mV   25mm/Sec

Neuberg Pulse

PR Interval: 138 ms
QRS Duration: 92 ms
QT/QTc: 344/362ms
P-QRS-T Axis: 42 - 31 - 56 (Deg)

I

II

III

aVR

aVL

aVF

V1

V2

V3

V4

V5

V6

V4

FINDINGS: Normal Sinus Rhythm
Vent Rate : 66 bpm; PR Interval : 138 ms; QRS Duration: 92 ms;
P-QRS-T axis: 42 • 31 • 56 (Deg)   QT/QTc Int : 344/362 ms
Comments :

Normal sinus rhythm
no significant ST-T changes.
Please correlate clinically

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

Dr..ABHINAY TIBDEWAL

Patient Name : MR. PROMODA NANDA SRIMANI

Age / Gender : 58 years / MALE

Mobile No. :

Patient ID : 104128

Bill ID : 100574

Collection Time : 22/06/2024, 11.46 a.m.

Receiving Time : 22/06/2024, 11.59 a.m.

Reporting Time : 22/06/2024, 12.20 a.m.

Sample ID : 1924043232

Sample Type : BMI

BLOOD PRESSURE WEIGHT, HEIGHT & BMI

BLOOD PRESSURE: 105/75 mmHg

WEIGHT : 62 kg.

HEIGHT : 165 cm.

BMI – 22.8 KG/M^2

END OF REPORT

Checked by
Mousumi Das Sharma

Patient Name :	MR PROMODA NANDA SRIMANI	Patient ID :	ID100574
Modality :	DX	Sex :	MALE
Age :	58YRS	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