



Patient Name : MR. MANISH GARANI
Age / Gender : 43 years / Male
Mobile No. : 9830139968
Patient ID : 76637
Bill ID : 79379
Referral : DR SELF

Optional ID : -
Collection Time : 16/03/2024, 09:30 a.m.
Receiving Time : 16/03/2024, 12:57 p.m.
Reporting Time : 16/03/2024, 03:49 p.m.
Sample ID : 1924018698
Sample Type : Serum

Test Description	Value(s)	Unit(s)	Reference Range
<u>Bun / Creatrine Ratio</u>			
BUN/Creatinine ratio	15.27		12 - 20
Method : Calculation			

****END OF REPORT****

Checked by
Pintu Manna

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



Reported By : -

Registered By : SUDIPA BANIK



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Source : ALLIANCE & PROJECT

Optional ID : -
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Receiving Time : 16/03/2024, 12:57 PM
Reporting Time : 16/03/2024, 02:48 PM
Sample ID : 1924018698
Sample Type : Edta Blood

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

BLOOD GROUP	"A"		
RH TYPING	POSITIVE		

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



****END OF REPORT****

Checked by
Sharmistha Das

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



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Sample ID : 1924018698

Sample Type : Serum

Test Description	Value(s)	Unit(s)	Reference Range
<u>Glucose Post Prandial Plasma</u>			
GLUCOSE POST PRANDIAL PLASMA Method : Hexokinase	107	mg/dL	70 - 140
<u>T3,T4 & TSH</u>			
T3 Method : Chemiluminescent Microparticle Immunoassay (CMIA)	1.27	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)	5.53	µg/dL	1d - 6d : 11.8 - 22.6 7d - 14d : 9.9 - 16.6 15d - 4m : 7.2 - 14.4 4m - 12m : 7.8 - 16.5 1yr - 5yr : 7.2 - 15.0 5yr - 10yr : 6.4 - 13.6 > 10yr : 4.87 - 11.72 Adult : 4.87 - 11.72
TSH Method : Chemiluminescent Microparticle Immunoassay (CMIA)	1.67	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



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into account in the assessment of the thyroid hormone concentration in serum. If this is ignored, changes in the binding proteins (e.g. due to estrogen containing preparations, during pregnancy or in the presence of a nephrotic syndrome etc.) can lead to erroneous assessments of the thyroid metabolic state. The determination of T4 can be utilized for the following indications: the detection of hyperthyroidism, the detection of primary and secondary hypothyroidism, and the monitoring of TSH suppression therapy.

TSH

TSH is formed in specific basophil cells of the anterior pituitary and is subject to a circadian secretion sequence. The hypophyseal release of TSH (thyrotropic hormone) is the central regulating mechanism for the biological action of thyroid hormones. The determination of TSH serves as the initial test in thyroid diagnostics. Even very slight changes in the concentrations of the free thyroid hormones bring about much greater opposite changes in the TSH level. Accordingly, TSH is a very sensitive and specific parameter for assessing thyroid function and is particularly suitable for early detection or exclusion of disorders in the central regulating circuit between the hypothalamus, pituitary and thyroid.

Uric Acid, Serum

URIC ACID	5.23	mg/dL	3.5 - 7.2
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Method : Uricase PAP

Glucose Fasting Plasma

GLUCOSE FASTING PLASMA	89	mg/dL	74 - 109
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Method : Hexokinase

Prostate Specific Antigen (PSA), Serum

PSA (PROSTATE SPECIFIC ANTIGEN)	0.26	ng/mL	< 2.0
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Method : Electrochemiluminescence Immunoassay (ECLIA)

Remark

****END OF REPORT****

Checked by
Barun Jana

Supratik Biswas
 Dr. Supratik Biswas
 MBBS, MD,
 Consultant Biochemist



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Registered By : SUDIPA BANIK





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Sample Type : Serum

Test Description	Value(s)	Unit(s)	Reference Range
<u>Lipid Profile</u>			
TRIGLYCERIDES Method : Enzymatic Colorimetric Assay using GPO-POD	95	mg/dL	Normal : < 150 Borderline High : 150 - 199 High : 200 - 499 Very High : >= 500
CHOLESTEROL Method : Enzymatic Colorimetric Assay using CHOD-POD	159	mg/dl	Desirable : < 200 Borderline High : 200 - 240 High Risk : > 240
HDL CHOLESTEROL Method : Enzymatic Immunoinhibition	30	mg/dl	Low HDL : <40 High HDL : >= 60
LDL CHOLESTEROL Method : Enzymatic Selective Protection	106	mg/dl	Optimal : < 100 Above Optimal : 100 - 129 Borderline High : 130 - 159 High : 160 - 189 Very High : > 190
VLDL / CHOLESTEROL REMNANTS Method : Calculation	23	mg/dl	< 30
NON HDL CHOLESTEROL Method : Calculation	129	mg/dl	<130
TOTAL CHOLESTEROL / HDL CHOLESTEROL RATIO	5.30	Ratio	
LDL CHOLESTEROL / HDL CHOLESTEROL RATIO	3.53	Ratio	

Remark :

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

Liver Function Test

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)	50	U/L	< 50
SGOT Method : IFCC (without pyridoxal phosphate activation)	36	U/L	< 50



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ALKALINE PHOSPHATASE Method : IFCC AMP Buffer	83	U/L	30 - 120
TOTAL PROTEIN Method : Biuret	6.87	g/dL	6.6 - 8.3
ALBUMIN Method : Bromocresol Green	4.16	g/dL	Adults: 3.5 - 5.2 Newborn (1-4 days): 2.8 - 4.4
GLOBULIN Method : Calculation	2.71	g/dL	1.80 - 3.60
A/G RATIO Method : Calculation	1.54		1.2 - 2
GAMMA-GLUTAMYL TRANSFERASE Method : IFCC	34	U/L	< 55

****END OF REPORT****

**Checked by
Priya Manna**

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



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Sample ID : 1924018698
Sample Type : Edta Blood

Test Description	Value(s)	Unit(s)	Reference Range
HbA1c HPLC			
HbA1c HPLC Method : High Performance Liquid Chromatography (HPLC)	5.2	%	Normal : < 5.7 Pre Diabetes : 5.7 - 6.4 Diabetes : >= 6.5
Estimated Average Glucose	103	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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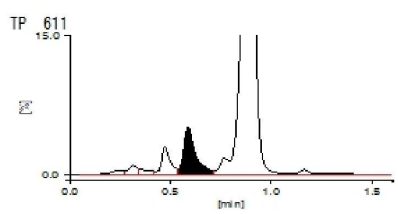
Chromatogram Report

TOSOH G8 VAR V05.29 490206 2024-03-16 15:04:33
 ID 1924018698
 Sample No. 03160024 SL 0001 - 01
 Patient ID
 Name
 Comment

CALIB			
Name	%	Time	Area
A1A	0.4	0.24	6.45
A1B	0.6	0.31	8.58
F	0.5	0.39	6.93
LA1C+	1.9	0.47	27.29
SA1C	5.2	0.59	61.21
AO	93.0	0.88	1366.15
H-V0			
H-V1			
H-V2			

Total Area 1476.61

HbA1c 5.2 % **IFCC 34 mmol/mol**
 HbA1 6.3 % HbF 0.5 %



16-03-2024 15:04:34 TOSOH

1 / 1

NEUBERG PULSE DIAGNOSTIC CENTRE
 75,SARAT BOSE RD, KOL - 26

****END OF REPORT****



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Sample Type : Edta Blood

Test Description	Value(s)	Unit(s)	Reference Range
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Checked by
Nisha Malakar

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



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Sample ID : 1924018698

Sample Type : 2D Echo

Echocardiography/TMT

M Mode Data : Parameter	Test Value	Normal Range (Adults)	Unit
Aortic Root Diameter	3.1	2.0 – 4.0	cm
Left atrial diameter	3.6	2.0 – 4.0	cm
RV internal diameter	2.3	2.0 – 4.0	cm
IV septal thickness (diastole)	1.3	0.60 – 1.10	cm
LV Internal diameter (diastole)	4.5	3.50 – 5.6	cm
Post. Wall thickness (diastole)	1.3	0.60 – 1.10	cm
Internal diameter (systole)	2.9	2.4 – 4.20	cm
LV Ejection fraction	65	55 – 75	%

LV shows :

Concentric LVH.
 No RWMA .
 Grade I diastolic dysfunction. E/E-9 .
 Good LV systolic function with LVEF - 65 %.
 Normal RVSF.
 Trivial MR & TR (23 mmHg).
 No PE/PAH.
 IVC normal in size, collapsing well.

IMPRESSION :

Concentric LVH.
Good bi-ventricular function.
Grade I diastolic dysfunction.
Trivial MR & TR.
No PR/PAH.



Reported By : Minakashmi Patra Sarkar

Registered By : SUDIPA BANIK



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Reporting Time : 16/03/2024, 03:35 PM

Sample ID : 1924018698

Sample Type : 2D Echo

****END OF REPORT****

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

Checked by
Jharna Halder



Reported By : Minakashmi Patra Sarkar

Registered By : SUDIPA BANIK



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Referral : DR SELF

Optional ID : -

Collection Time : 16/03/2024, 09:14 a.m.

Receiving Time : 16/03/2024, 10:14 a.m.

Reporting Time : 16/03/2024, 10:20 a.m.

Sample ID : 1924018698

Sample Type : USG

USG Whole Abdomen

ULTRASONOGRAPHY OF WHOLE ABDOMEN

LIVER

Is enlarged in size (171mm) and increased parenchymal echotexture. No focal lesion is seen. Intrahepatic biliary radicles are not seen dilated. Hepatic & Portal venous systems appear normal. Portal vein 8 mm.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 seen dilated and measures 3 mm.

PANCREAS

Is normal in size, shape, outline and echotexture. No definite focal lesion is evident. Pancreatic duct is not seen 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 88 mm. in length.

KIDNEYS

Are normal in size, position, outline and echogenicity with maintained cortico-medullary differentiation. No focal lesion is seen involving either kidney. Central echocomplexes of both kidneys appear normal. There is no evidence of hydronephrosis or calculus.

Right kidney measures 109 mm.

Left kidney measures 111 mm.

URETERS

Ureters are not seen dilated.





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Sample Type : USG

URINARY BLADDER

Urinary bladder appears suboptimally distended. It appears smooth in outline. No mass lesion or any calculus is seen within the urinary bladder.

Post void shows ml residual urine.

PROSTATE

Prostate is seen normal in size, outline and echotexture. No definite focal parenchymal lesion is seen. Prostatic capsule is intact. Prostate measures 37 x 35 x 34 mm and weights 23 gm.

No evidence of ascities, pleural effusion or abdominal lymphadenopathy.

IMPRESSION

- **Mild hepatomegaly with mild hepatosteatosis.**

****END OF REPORT****

Dr. Sandip Kr. Paria
MD, DNB(Radiodiagnosis)

Checked by
Priyanka Chatterjee



Reported By : Minakashmi Patra Sarkar

Registered By : SUDIPA BANIK



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Sample ID : 1924018698
Sample Type : Serum

Test Description	Value(s)	Unit(s)	Reference Range
<u>Total Proteins, Serum</u>			
TOTAL PROTEIN Method : Biuret	6.87	g/dl	6.6 - 8.3
ALBUMIN Method : Bromocresol green	4.16	g/dl	Adults: 3.5 - 5.2 Newborn(0-4days): 2.8 - 4.4
GLOBULIN Method : Calculation	2.71	g/dl	1.8 - 3.6
A/G RATIO Method : Calculation	1.54		1.2 - 2.0

****END OF REPORT****

Checked By
Debolina Bhadra

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



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Sample Type : Edta Blood

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	35 ml		
Colour	Straw		
Appearance	Slightly hazy		
Deposit	Present		
Specific Gravity	1.025		
CHEMICAL EXAMINATION			
Reaction	Acidic (PH: 5.0)		
Protein	Absent		
Sugar	Absent		
Ketones Bodies	Absent		
Urobilinogen	Normal		
Blood	Absent		
MICROSCOPIC EXAMINATION			
Pus Cells	1 - 2 /hpf		
R.B.C	Not found		
Epithelial Cells	1 - 2 /hpf		
Casts	Not found		
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.



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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.

Complete Blood Count

HAEMOGLOBIN	15.8	gm/dl	13 - 17
TOTAL LEUCOCYTE COUNT	6800	/cumm	4000 - 11000
HCT	47.0	Vol%	40 - 50
R B C	5.31	millions/cumm	4.2 - 5.5
M C V	88.5	Femtolitre(fl)	80 - 100
M C H	29.8	Picograms(pg)	27 - 31
M C H C	33.6	gm/dl	32 - 36
PLATELET COUNT	2,75,000	/cumm	150000 - 450000

DIFFERENTIAL COUNT

Neutrophils	59	%	40 - 75
Lymphocytes	33	%	20 - 40
Monocytes	03	%	2 - 8
Eosinophils	05	%	1 - 6
Basophils	00	%	0 - 1
ESR	02	mm	2 - 17

Remarks

Normocytic Normochromic.
Platelets adequate.

Note


XN 1000, SYSMEX

METHOD : FLOWCYTOMETRY

ESR : AUTOMATED VESCUBE - 30 TOUCH

****END OF REPORT****

Checked by
Rupam Chatterjee

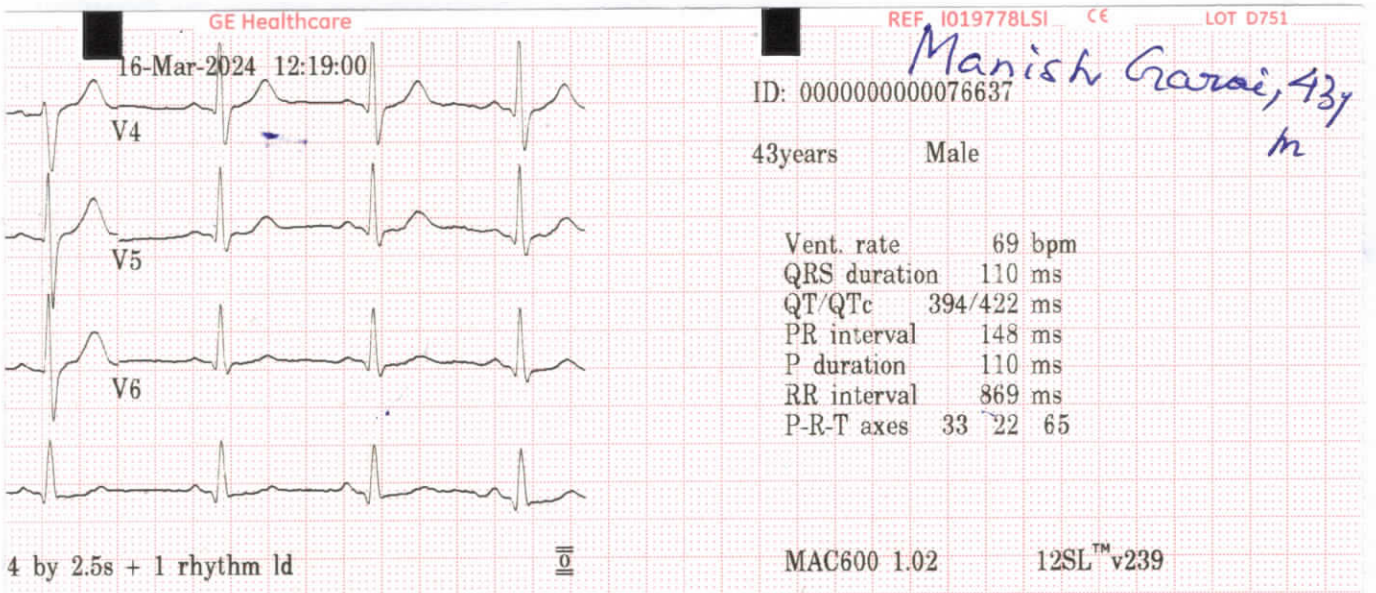
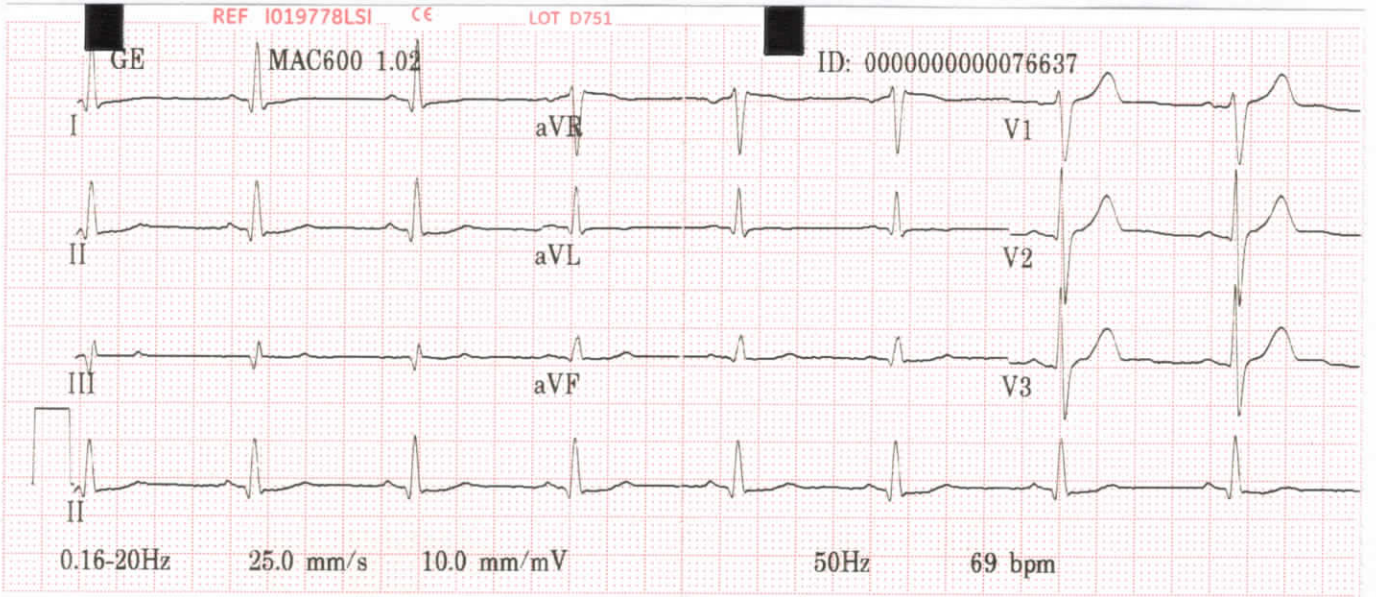

Dr. Meenakshi Mohan
MD (Pathology)
Consultant Pathologist
Regn. No. : WBMC 54631



Reported By : -

Registered By : SUDIPA BANIK





Normal sinus rhythm
~~Cannot rule out inferior MI as ST segs~~
~~undetermined~~
~~Abnormal ECG~~
 no specific ST-T changes
 Pheuse Correlate clinically

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

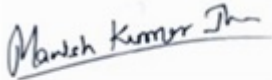
MAC600 1.02 12SL v239

Patient Name :	MR. MANISH GARANI	Patient ID :	D-79379
Modality :	DX	Sex :	M
Age :	043Y	Study :	CHEST PA
Reff. Dr. :	DR. SELF	Study Date :	16-03-2024

X-RAY CHEST PA VIEW

Bilateral vascular markings are prominent.
Bilateral costophrenic angles are unremarkable.
Bilateral hila are unremarkable.
Domes of diaphragm are normal in morphology and 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)