



Patient Name : MR. SOMENATH NANDAN

Age / Gender : 36 Years / Male

Mobile No. : 9830861188

Patient ID : 112917

Bill ID : 116650

Referral : DR SELF

Source : ALLIANCE & PROJECT

Optional ID : -

Collection Time : 08/08/2024, 09:25 AM

Receiving Time : 08/08/2024, 01:28 PM

Reporting Time : 08/08/2024, 04:59 PM

Sample ID : 1924055694

Sample Type : Edta Blood

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

BLOOD GROUP	"AB"		
RH TYPING	POSITIVE		

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



****END OF REPORT****

Checked by
Anwasha Maji

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



Reported By : -

Registered By : BAISHAKHI DEY





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Collection Time : 08/08/2024, 09:25 AM

Receiving Time : 08/08/2024, 01:28 PM

Reporting Time : 08/08/2024, 04:33 PM

Sample ID : 1924055694

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
Bilirubin	Absent		Absent
Blood	Absent		Absent
Nitrite	Negative		Negative
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



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Registered By : BAISHAKHI DEY



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Sample ID : 1924055694

Sample Type : Urine

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

****END OF REPORT****

Checked by
Sudipta Halder

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



Reported By : -

Registered By : BAISHAKHI DEY



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Source : ALLIANCE & PROJECT

Optional ID : -
Collection Time : 08/08/2024, 09:25 AM
Receiving Time : 08/08/2024, 01:28 PM
Reporting Time : 08/08/2024, 03:56 PM
Sample ID : 1924055694
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	7200	/cumm	4000 - 10000
HCT	44.0	Vol%	40 - 50
R B C	4.82	millions/cumm	4.5 - 5.5
M C V	91.3	Femtolitre(fl)	80 - 100
M C H	28.8	Picograms(pg)	27 - 31
M C H C	31.6	gm/dl	32 - 36
PLATELET COUNT	2,10,000	/cumm	150000 - 410000
DIFFERENTIAL COUNT			
Neutrophils	62	%	40 - 80
Lymphocytes	33	%	20 - 40
Monocytes	02	%	2 - 10
Eosinophils	03	%	1 - 6
Basophils	00	%	0 - 1
ESR	08	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



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Registered By : BAISHAKHI DEY





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Reporting Time : 08/08/2024, 03:56 PM
Sample ID : 1924055694
Sample Type : Edta Blood

Test Description	Value(s)	Unit(s)	Reference Range
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Checked by
Sharmistha Das

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



Reported By : -

Registered By : BAISHAKHI DEY





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Source : ALLIANCE & PROJECT

Optional ID : -

Collection Time : 08/08/2024, 09:25 AM

Receiving Time : 08/08/2024, 01:28 PM

Reporting Time : 08/08/2024, 02:18 PM

Sample ID : 1924055694

Sample Type : Serum

Test Description	Value(s)	Unit(s)	Reference Range
<u>Glucose Fasting Plasma</u>			
GLUCOSE FASTING PLASMA Method : Hexokinase	88	mg/dL	74 - 109
<u>T3,T4 & TSH</u>			
T3 Method : Chemiluminescent Microparticle Immunoassay (CMIA)	0.97	ng/mL	1 - 30 days: 1 - 7.4 1m - 11m: 1.05 - 2.45 1yr - 5yrs: 1.05 - 2.69 6yrs - 10yrs: 0.94 - 2.41 11yrs - 15yrs: 0.82 - 2.13 16yrs- 20yrs: 0.8 - 2.1 Adult: 0.58 - 1.59
T4 Method : Chemiluminescent Microparticle Immunoassay (CMIA)	6.25	µg/dL	1d - 6d : 11.8 - 22.6 7d - 14d : 9.9 - 16.6 15d - 4m : 7.2 - 14.4 4m - 12m : 7.8 - 16.5 1yr - 5yr : 7.2 - 15.0 5yr - 10yr : 6.4 - 13.6 > 10yr : 4.87 - 11.72 Adult : 4.87 - 11.72
TSH Method : Chemiluminescent Microparticle Immunoassay (CMIA)	2.25	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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Sample ID : 1924055694

Sample Type : Serum

Test Description	Value(s)	Unit(s)	Reference Range
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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	6.69	mg/dL	3.5 - 7.2
Method : Uricase PAP			

Prostate Specific Antigen (PSA), Serum

PSA (PROSTATE SPECIFIC ANTIGEN)	0.5	ng/mL	< 1.4
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 : BAISHAKHI DEY





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Optional ID : -

Collection Time : 08/08/2024, 09:25 AM

Receiving Time : 08/08/2024, 01:28 PM

Reporting Time : 08/08/2024, 05:17 PM

Sample ID : 1924055694

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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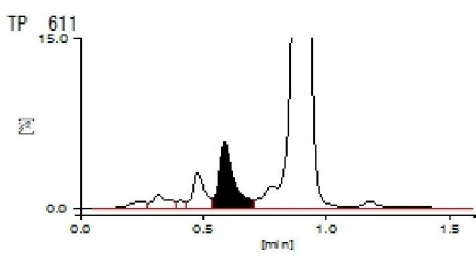
Test Description	Value(s)	Unit(s)	Reference Range
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TOSOH G8 VAR V05.29 490206 2024-08-08 17:00:13
ID 1924055694
Sample No. 08080017 SL 0001 - 06
Patient ID
Name
Comment

CALIB Y = 1.1318X + 0.6771			
Name	%	Time	Area
A1A	0.6	0.24	5.18
A1B	1.1	0.32	9.53
F	0.3	0.41	2.86
LA1C+	1.9	0.48	17.40
SA1C	5.9	0.59	40.66
A0	92.0	0.89	833.54
H-V0			
H-V1			
H-V2			

Total Area 909.17

HbA1c 5.9 % **IFCC 40 mmol/mol**
HbA1 7.5 % HbF 0.3 %



****END OF REPORT****

Checked by
Nisha Malakar

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



Reported By : -

Registered By : BAISHAKHI DEY



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Age / Gender : 36 Years / Male

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Referral : DR SELF

Source : ALLIANCE & PROJECT

Optional ID : -

Collection Time : 08/08/2024, 09:14 AM

Receiving Time : 08/08/2024, 10:58 AM

Reporting Time : 08/08/2024, 11:11 AM

Sample ID : 1924055694

Sample Type : 2D Echo

Echocardiography/TMT

Mode Data : Parameter	Test Value	Normal Range (Adults)	Unit
Aortic Root Diameter	2.5	2.0 – 4.0	cm
Left atrial diameter	3.2	2.0 – 4.0	cm
RV internal diameter	2.3	0.6 – 2.3	cm
IV septal thickness (diastole)	0.9	0.60 – 1.10	cm
LV Internal diameter (diastole)	4.8	3.50 – 5.6	cm
Post. Wall thickness (diastole)	0.9	0.60 – 1.10	cm
Internal diameter (systole)	3.1	2.4 – 4.20	cm
LV Ejection fraction	65	55 – 75	%

LV shows :

Normal size cardiac chamber

No RWMA

Normal diastolic flow pattern. E/E' -7.

Good LV systolic function with LVEF - 65 %.

Normal RVSF.

All valve morphology normal.

IAS & IVS intact.

No PDA /COA.

Trivial AR & TR (18 mmHg).

No PE/ PAH.

IVC normal in size, collapsing well.

IMPRESSION :

Normal size cardiac chamber.

Good bi-ventricular systolic function.





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Reporting Time : 08/08/2024, 11:11 AM

Sample ID : 1924055694

Sample Type : 2D Echo

Normal diastolic flow pattern.

Trivial AR & TR.

No PE/PAH.

****END OF REPORT****

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

Checked by
Ruma Banerjee



Reported By : Minakashmi Patra Sarkar

Registered By : BAISHAKHI DEY



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Sample ID : 1924055694

Sample Type : Serum

Test Description	Value(s)	Unit(s)	Reference Range
<u>Lipid Profile</u>			
TRIGLYCERIDES Method : Enzymatic Colorimetric Assay using GPO-POD	258	mg/dL	Normal : < 150 Borderline High : 150 - 199 High : 200 - 499 Very High : >= 500
CHOLESTEROL Method : Enzymatic Colorimetric Assay using CHOD-POD	219	mg/dl	Desirable : < 200 Borderline High : 200 - 240 High Risk : > 240
HDL CHOLESTEROL Method : Enzymatic Immunoinhibition	35	mg/dl	Low HDL : <40 High HDL : >= 60
LDL CHOLESTEROL Method : Enzymatic Selective Protection	148	mg/dl	Optimal : < 100 Above Optimal : 100 - 129 Borderline High : 130 - 159 High : 160 - 189 Very High : > 190
VLDL / CHOLESTEROL REMNANTS Method : Calculation	36	mg/dl	< 30
NON HDL CHOLESTEROL Method : Calculation	184	mg/dl	<130
TOTAL CHOLESTEROL / HDL CHOLESTEROL RATIO	6.26	Ratio	
LDL CHOLESTEROL / HDL CHOLESTEROL RATIO	4.23	Ratio	

Remark :

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

Liver Function Test

TOTAL BILIRUBIN Method : DPD	0.36	mg/dL	<1.2
CONJUGATED BILIRUBIN Method : DPD	0.14	mg/dl	< 0.2
UNCONJUGATED BILIRUBIN Method : Calculation	0.22	mg/dL	
SGPT Method : IFCC (without pyridoxal phosphate activation)	35	U/L	< 50
SGOT Method : IFCC (without pyridoxal phosphate activation)	25	U/L	< 50



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Sample ID : 1924055694

Sample Type : Serum

Test Description	Value(s)	Unit(s)	Reference Range
ALKALINE PHOSPHATASE Method : IFCC AMP Buffer	78	U/L	30 - 120
TOTAL PROTEIN Method : Biuret	7.23	g/dL	6.6 - 8.3
ALBUMIN Method : Bromocresol Green	4.80	g/dL	Adults: 3.5 - 5.2 Newborn (1-4 days): 2.8 - 4.4
GLOBULIN Method : Calculation	2.43	g/dL	1.80 - 3.60
A/G RATIO Method : Calculation	1.98		1.2 - 2
GAMMA-GLUTAMYL TRANSFERASE Method : IFCC	26	U/L	< 55
<u>Bun / Creatrine Ratio</u>			
BUN/Creatinine ratio Method : Calculation	14.19		12 - 20
<u>Total Proteins, Serum</u>			
TOTAL PROTEIN Method : Biuret	7.23	g/dl	6.6 - 8.3
ALBUMIN Method : Bromocresol green	4.80	g/dl	Adults: 3.5 - 5.2 Newborn(0-4days): 2.8 - 4.4
GLOBULIN Method : Calculation	2.43	g/dl	1.8 - 3.6
A/G RATIO Method : Calculation	1.98		1.2 - 2.0

****END OF REPORT****

Checked by
Pritam Nandy

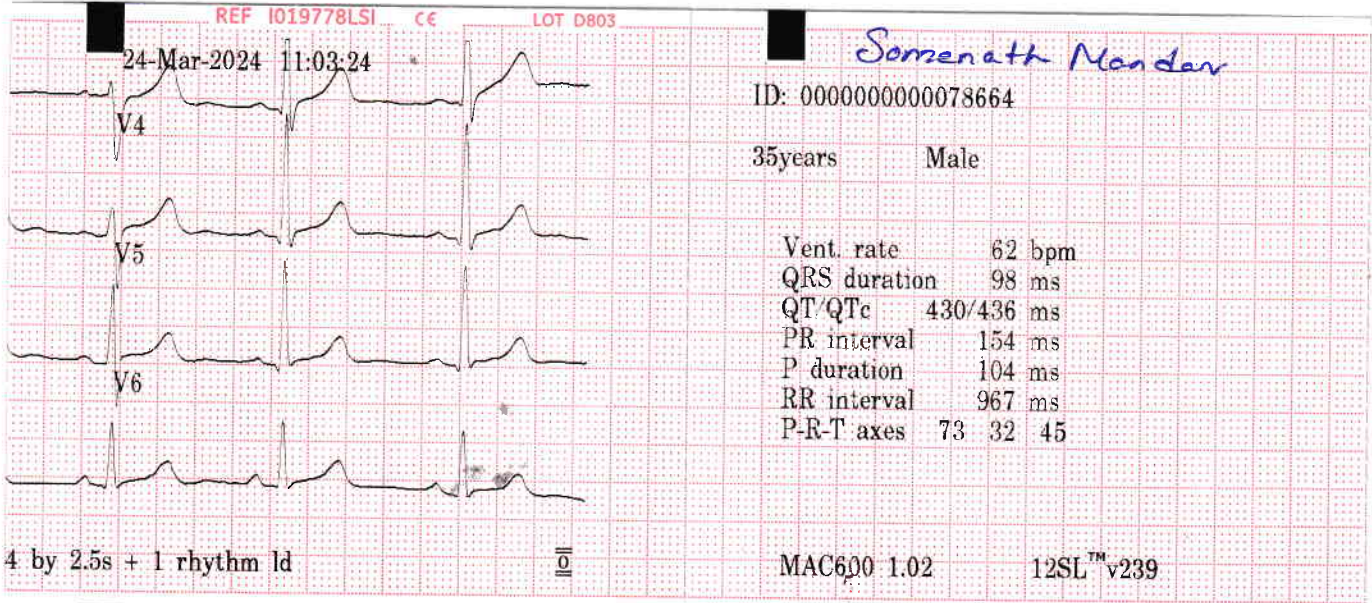
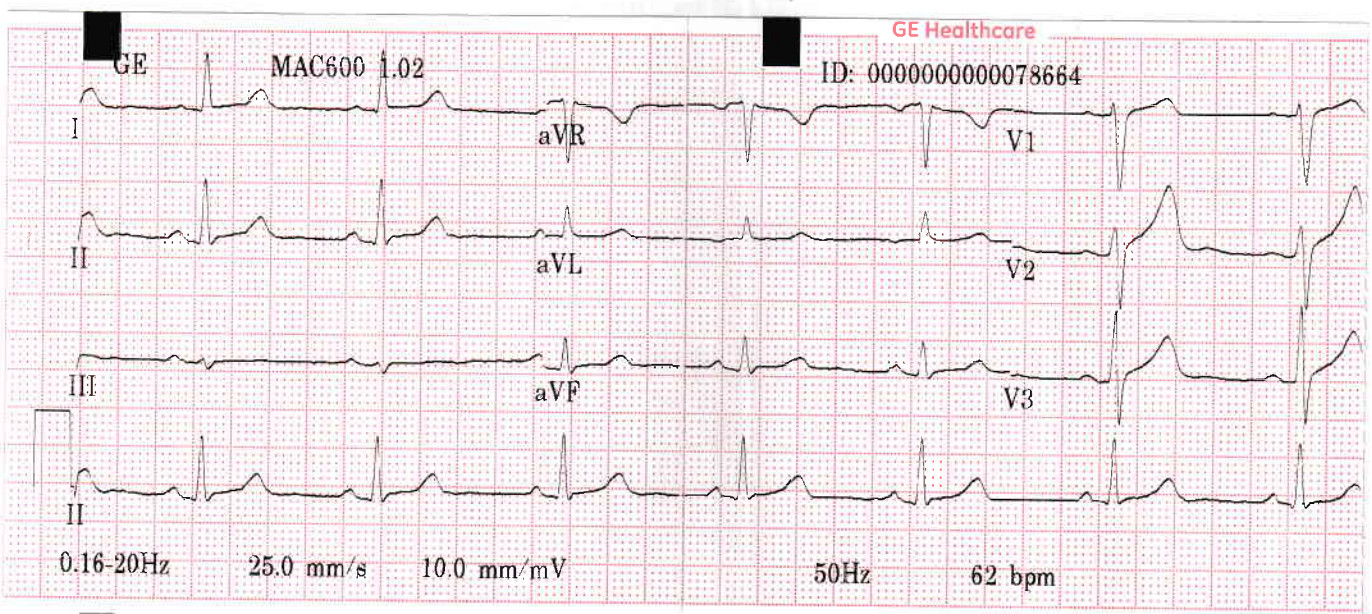

Dr. Nabanita Banerjee
MBBS (Cal), DNB (I), MIAPM
Pathologist



Reported By : -

Registered By : BAISHAKHI DEY





GE Healthcare

~~Normal sinus rhythm~~
~~Normal ECG~~

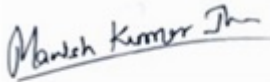
Dr. P. DASGUPTA
MD. (Medicine)
Consultant Cardiologist
Regn. No. WBMC 1353

Patient Name :	MR. SOMENATH NANDAN	Patient ID :	I-116650
Modality :	DX	Sex :	M
Age :	036Y	Study :	CHEST PA
Reff. Dr. :	DR.SELF	Study Date :	08-08-2024

X-RAY CHEST PA VIEW

Bilateral lung fields appear normal.
Bilateral costophrenic angles are unremarkable.
Bilateral hila and vascular markings 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)