

**DEPARTMENT OF LABORATORY MEDICINE**

Final Report

Patient Name : Mr Achintya Kumar Mukherjee MRN : 17510001161665 Gender/Age : MALE , 51y (08/10/1971)

Collected On : 11/02/2023 08:28 AM Received On : 11/02/2023 08:46 AM Reported On : 11/02/2023 11:39 AM

Barcode : 802302110281 Specimen : Serum Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9748574758

**CLINICAL CHEMISTRY**

Test	Result	Unit	Biological Reference Interval
<b>LIVER FUNCTION TEST(LFT)</b>			
Bilirubin Total (Colorimetric -Diazo Method)	0.97	mg/dL	0.2-1.3
Conjugated Bilirubin (Direct) (Calculated)	0.20	mg/dL	0.0-0.4
Unconjugated Bilirubin (Indirect) (Colorimetric Endpoint)	0.77	-	-
Total Protein (Biuret Method)	6.90	g/dL	6.3-8.2
Serum Albumin (Colorimetric - Bromo-Cresol Green)	4.40	gm/dL	3.5-5.0
Serum Globulin (Calculated)	2.5	g/dL	2.0-3.5
Albumin To Globulin (A/G)Ratio (Calculated)	1.76	-	1.0-2.1
SGOT (AST) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	<b>85 H</b>	U/L	17.0-59.0
SGPT (ALT) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	<b>69 H</b>	U/L	<50.0
Alkaline Phosphatase (ALP) (Multipoint-Rate - P-nitro Phenyl Phosphate, AMP Buffer)	105	IU/L	38.0-126.0
Gamma Glutamyl Transferase (GGT) (Multipoint Rate - L-glutamyl-p-nitroanilide ( Szasz Method))	<b>227 H</b>	U/L	15.0-73.0

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Dr. Sujata Ghosh  
PhD, Biochemistry  
Biochemist M.Sc , Ph. D

#### CLINICAL CHEMISTRY

Test	Result	Unit	Biological Reference Interval
<b>SERUM CREATININE</b>			
Serum Creatinine (Two Point Rate - Creatinine Aminohydrolase)	0.96	mg/dL	0.66-1.25
eGFR	82.6	mL/min/1.73m <sup>2</sup>	-
<b>Blood Urea Nitrogen (BUN)</b> (Endpoint /Colorimetric - Urease)	9.26	-	9.0-20.0
<b>Serum Sodium</b> (Direct ISE - Potentiometric)	142	mmol/L	137.0-145.0
<b>Serum Potassium</b> (Direct ISE - Potentiometric)	4.7	mmol/L	3.5-5.1
<b>LIPID PROFILE (CHOL,TRIG,HDL,LDL,VLDL)</b>			
Cholesterol Total (Colorimetric - Cholesterol Oxidase)	108	mg/dL	Desirable: < 200 Borderline High: 200-239 High: > 240
Triglycerides (Enzymatic Endpoint Colorimetric )	<b>284 H</b>	mg/dL	Normal: < 150 Borderline: 150-199 High: 200-499 Very High: > 500
HDL Cholesterol (HDLC) (Colorimetric: Non HDL Precipitation Phosphotungstic Acid Method)	<b>33 L</b>	mg/dL	40.0-60.0
Non-HDL Cholesterol	75.0	-	-
LDL Cholesterol (Non LDL Selective Elimination, CHOD/POD)	44.3	mg/dL	Optimal: < 100 Near to above optimal: 100-129 Borderline High: 130-159 High: 160-189 Very High: > 190

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VLDL Cholesterol (Calculated)	<b>56.8 H</b>	mg/dL	0.0-40.0
Cholesterol /HDL Ratio	3.3	-	-
<b>Prostate Specific Antigen (PSA)</b> (CLIA)	0.435	ng/mL	0.0-3.5

--End of Report-



Dr. Debasree Biswas  
MD, Biochemistry  
Clinical Biochemist MBBS, MD



Dr. Sujata Ghosh  
PhD, Biochemistry  
Biochemist M.Sc , Ph. D

#### Note

- Abnormal results are highlighted.
- Results relate to the sample only.
- Kindly correlate clinically.  
(Lipid Profile, -> Auto Authorized)  
(Serum Sodium, -> Auto Authorized)  
(Blood Urea Nitrogen (Bun), -> Auto Authorized)  
(Serum Potassium, -> Auto Authorized)  
(CR, -> Auto Authorized)  
(Prostate Specific Antigen (Psa) -> Auto Authorized)



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Collected On : 11/02/2023 08:28 AM Received On : 11/02/2023 08:46 AM Reported On : 11/02/2023 10:55 AM

Barcode : 802302110281 Specimen : Serum Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9748574758

CLINICAL CHEMISTRY

Test	Result	Unit	Biological Reference Interval
<b>THYROID PROFILE (T3, T4, TSH)</b>			
Tri Iodo Thyronine (T3) (Enhanced Chemiluminescence Immunoassay (CLIA))	1.19	ng/mL	0.97-1.69
Thyroxine (T4) (Enhanced Chemiluminescence Immunoassay (CLIA))	10.6	µg/dl	5.53-11.0
TSH (Thyroid Stimulating Hormone) (Enhanced Chemiluminescence Immunoassay (CLIA))	3.250	uIU/ml	0.4001-4.049

--End of Report--

Dr. Debasree Biswas  
MD, Biochemistry  
Clinical Biochemist MBBS, MD

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PhD, Biochemistry  
Biochemist M.Sc , Ph. D

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DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Mr Achintya Kumar Mukherjee MRN : 17510001161665 Gender/Age : MALE , 51y (08/10/1971)

Collected On : 11/02/2023 08:28 AM Received On : 11/02/2023 08:49 AM Reported On : 11/02/2023 10:08 AM

Barcode : 802302110284 Specimen : Whole Blood Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9748574758

CLINICAL CHEMISTRY

Test	Result	Unit	Biological Reference Interval
<b>HBA1C</b>			
HbA1c (HPLC)	<b>6.3 H</b>	%	Normal: 4.0-5.6 Prediabetes: 5.7-6.4 Diabetes: => 6.5 ADA standards 2019 (Carpenter/ Coustan)
Estimated Average Glucose	134.11	-	-

Interpretation:

- HbA1C above 6.5% can be used to diagnose diabetes provided the patient has symptoms. If the patient does not have symptoms with HbA1C>6.5%, repeat measurement on further sample. If the repeat test result is <6.5%, consider as diabetes high risk and repeat measurement after 6 months.
- HbA1C measurement is not appropriate in diagnosing diabetes in children, suspicion of type 1 diabetes, symptoms of diabetes for less than 2 months, pregnancy, hemoglobinopathies, medications that may result sudden increase in glucose, anemia, renal failure, HIV infection, malignancies, severe chronic hepatic, and renal disease.
- Any sample with >15% should be suspected of having a haemoglobin variant.

--End of Report--

Dr. Sujata Ghosh  
PhD, Biochemistry  
Biochemist M.Sc , Ph. D

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Collected On : 11/02/2023 08:28 AM Received On : 11/02/2023 08:49 AM Reported On : 11/02/2023 09:23 AM

Barcode : 812302110236 Specimen : Whole Blood Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9748574758

HAEMATOLOGY LAB

Test	Result	Unit	Biological Reference Interval
<b>COMPLETE BLOOD COUNT (CBC)</b>			
Haemoglobin (Hb%) (Photometric Measurement)	14.3	g/dL	13.0-17.0
Red Blood Cell Count (Electrical Impedance)	<b>4.31 L</b>	millions/ $\mu$ L	4.5-5.5
PCV (Packed Cell Volume) / Hematocrit (Calculated)	42.3	%	40.0-54.0
MCV (Mean Corpuscular Volume) (Derived From RBC Histogram)	98.0	fL	83.0-101.0
MCH (Mean Corpuscular Haemoglobin) (Calculated)	<b>33.1 H</b>	pg	27.0-32.0
MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	33.7	%	31.5-34.5
Red Cell Distribution Width (RDW) (Calculated)	12.8	%	11.6-14.0
Platelet Count (Electrical Impedance)	<b>131 L</b>	$10^3/\mu$ L	150.0-400.0
Mean Platelet Volume (MPV) (Derived)	<b>12.3 H</b>	fL	7.0-11.7
Total Leucocyte Count(WBC) (Electrical Impedance)	6.7	$10^3/\mu$ L	4.0-10.0
<b>DIFFERENTIAL COUNT (DC)</b>			
Neutrophils (VCSn Technology)	55.8	%	40.0-75.0
Lymphocytes (VCSn Technology)	32.6	%	20.0-40.0
Monocytes (VCSn Technology)	8.3	%	2.0-10.0
Eosinophils (VCSn Technology)	2.9	%	1.0-6.0

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Basophils (VCSn Technology)	0.4	%	0.0-2.0
NRBC (VCSn Technology)	0.1	/100 WBC	-
Absolute Neutrophil Count (Calculated)	3.74	$10^3/\mu\text{L}$	1.8-7.8
Absolute Lymphocyte Count (Calculated)	2.19	$10^3/\mu\text{L}$	1.0-4.8
Absolute Monocyte Count (Calculated)	0.56	$10^3/\mu\text{L}$	0.0-0.8
Absolute Eosinophil Count (Calculated)	0.2	$10^3/\mu\text{L}$	0.0-0.45
Absolute Basophil Count (Calculated)	0.03	$10^3/\mu\text{L}$	0.0-0.2

As per the recommendation of International Council for Standardization in Hematology, the differential counts are additionally being reported as absolute numbers.

--End of Report--

Dr. Rakhi Mandal  
MD, Pathology  
Consultant Pathology MBBS, MD

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Collected On : 11/02/2023 08:28 AM Received On : 11/02/2023 08:50 AM Reported On : 11/02/2023 10:26 AM

Barcode : 812302110235 Specimen : Whole Blood - ESR Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9748574758

HAEMATOLOGY LAB

Test	Result	Unit	Biological Reference Interval
<b>Erythrocyte Sedimentation Rate (ESR)</b> (Modified Westergren Method)	<b>11 H</b>	mm/1hr	0.0-10.0

--End of Report--

Dr. Sanjib Kumar Pattari  
MD, Pathology  
Consultant Pathology MBBS, MD

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DEPARTMENT OF LABORATORY MEDICINE

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Patient Name : Mr Achintya Kumar Mukherjee MRN : 17510001161665 Gender/Age : MALE , 51y (08/10/1971)

Collected On : 11/02/2023 08:28 AM Received On : 11/02/2023 09:53 AM Reported On : 11/02/2023 11:34 AM

Barcode : BR2302110025 Specimen : Whole Blood Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9748574758

IMMUNOHAEMATOLOGY

Test	Result	Unit
<b>BLOOD GROUP &amp; RH TYPING</b>		
Blood Group (Column Agglutination Technology)	O	-
RH Typing (Column Agglutination Technology)	Positive	-

--End of Report--

Dr. Amal Kumar Saha  
MBBS, D.PED, ECFMG  
Blood Bank Officer

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Final Report

Patient Name : Mr Achintya Kumar Mukherjee MRN : 17510001161665 Gender/Age : MALE , 51y (08/10/1971)

Collected On : 11/02/2023 08:28 AM Received On : 11/02/2023 11:28 AM Reported On : 11/02/2023 01:36 PM

Barcode : 822302110016 Specimen : Urine Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9748574758

**CLINICAL PATHOLOGY**

Test	Result	Unit	Biological Reference Interval
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**URINE ROUTINE & MICROSCOPY****PHYSICAL EXAMINATION**

Volume	40	ml	-
Colour	Pale Yellow	-	-
Appearance	Clear	-	-

**CHEMICAL EXAMINATION**

pH(Reaction) (Mixed PH Indicator)	6.0	-	4.8-7.5
Sp. Gravity (Dual Wavelength Reflectance )	1.005	-	1.002-1.030
Protein (Protein Error Of PH Indicator)	Negative	-	-
Urine Glucose (Glucose Oxidase, Peroxidase)	Negative	-	Negative
Ketone Bodies (Legal's Method)	Negative	-	Negative
Bile Salts (Dual Wavelength Reflectance/Manual)	Negative	-	Negative
Bile Pigment (Bilirubin) (Coupling Of Bilirubin With Diazonium Salt)	Negative	-	Negative
Urobilinogen (Coupling Reaction Of Urobilinogen With A Stable Diazonium Salt In Buffer)	Normal	-	Normal
Urine Leucocyte Esterase (Enzymatic, Indoxyl Ester And Diazonium Salt)	Negative	-	Negative
Blood Urine (Pseudo - Enzymatic Test, Organic Peroxidase And Chromogen)	Negative	-	Negative
Nitrite (Modified Griess Reaction)	Negative	-	Negative

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### MICROSCOPIC EXAMINATION

Pus Cells	0-2	/hpf	1-2
RBC	NIL	/hpf	0 - 3
Epithelial Cells	1-2	/hpf	2-3
Crystals	NIL	-	-
Casts	NIL	-	-

--End of Report--



Dr. Moumita Panja  
DNB, Pathology  
Consultant Pathologist

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DEPARTMENT OF LABORATORY MEDICINE

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Patient Name : Mr Achintya Kumar Mukherjee MRN : 17510001161665 Gender/Age : MALE , 51y (08/10/1971)

Collected On : 11/02/2023 08:28 AM Received On : 11/02/2023 08:45 AM Reported On : 11/02/2023 10:20 AM

Barcode : 802302110283 Specimen : Plasma Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9748574758

CLINICAL CHEMISTRY

Test	Result	Unit	Biological Reference Interval
<b>Fasting Blood Sugar (FBS)</b> (Glucose Oxidase, Peroxidase)	<b>135 H</b>	mg/dL	Normal: 70-99 Pre-diabetes: 100-125 Diabetes: => 126 ADA standards 2019

--End of Report--

Dr. Debasree Biswas  
MD, Biochemistry  
Clinical Biochemist MBBS, MD

Dr. Sujata Ghosh  
PhD, Biochemistry  
Biochemist M.Sc , Ph. D

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(Fasting Blood Sugar (FBS) -> Auto Authorized)



DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Mr Achintya Kumar Mukherjee MRN : 17510001161665 Gender/Age : MALE , 51y (08/10/1971)

Collected On : 11/02/2023 12:45 PM Received On : 11/02/2023 01:20 PM Reported On : 11/02/2023 02:06 PM

Barcode : 802302110603 Specimen : Plasma Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9748574758

CLINICAL CHEMISTRY

Test	Result	Unit	Biological Reference Interval
Post Prandial Blood Sugar (PPBS) (Glucose Oxidase, Peroxidase)	168 H	mg/dL	Normal: 70-139 Pre-diabetes: 140-199 Diabetes: => 200 ADA standards 2019

**Interpretations:**  
 (ADA Standards Jan 2017)  
 FBS can be less than PPBS in certain conditions like post prandial reactive hypoglycaemia, exaggerated response to insulin, subclinical hypothyroidism, very lean/anxious individuals. In non-diabetic individuals, such patients can be followed up with GTT.

--End of Report--

Dr. Sujata Ghosh  
PhD, Biochemistry  
Biochemist M.Sc , Ph. D

Dr. Debasree Biswas  
MD, Biochemistry  
Clinical Biochemist MBBS, MD

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(Post Prandial Blood Sugar (PPBS) -> Auto Authorized)



## ADULT TRANS-THORACIC ECHO REPORT

**PATIENT NAME** : Mr Achintya Kumar Mukherjee  
**GENDER/AGE** : Male, 51 Years  
**LOCATION** : -

**PATIENT MRN** : 17510001161665  
**PROCEDURE DATE** : 11/02/2023 11:44 AM  
**REQUESTED BY** : EXTERNAL



### IMPRESSION

- MILD CONCENTRIC LV HYPERTROPHY.
- GOOD LV SYSTOLIC FUNCTION WITH NORMAL DIASTOLIC FLOW PATTERN.

### FINDINGS

#### CHAMBERS

LEFT ATRIUM : NORMAL SIZED  
RIGHT ATRIUM : NORMAL SIZED  
LEFT VENTRICLE : MILD CONCENTRIC LV HYPERTROPHY. PARADOXICAL MOVEMENT OF IVS. NO OTHER WALL MOTION ABNORMALITY. GOOD SYSTOLIC FUNCTION WITH EJECTION FRACTION: 60%. NORMAL DIASTOLIC FLOW PATTERN.  
RIGHT VENTRICLE : NORMAL SIZE AND THICKNESS WITH NORMAL FUNCTION

#### VALVES

MITRAL : NORMAL.  
AORTIC : NORMAL.  
TRICUSPID : NORMAL.  
PULMONARY : NORMAL.

#### SEPTAE

IAS : INTACT  
IVS : INTACT

#### ARTERIES AND VEINS

AORTA : NORMAL, LEFT AORTIC ARCH  
PA : NORMAL SIZE  
IVC : NORMAL SIZE & COLLAPSIBILITY  
SVC & CS : NORMAL  
PULMONARY VEINS : NORMAL

**PERICARDIUM** : NORMAL PERICARDIAL THICKNESS. NO EFFUSION

**INTRACARDIAC MASS** : NO TUMOUR, THROMBUS OR VEGETATION SEEN

**OTHERS** : NIL.

MR ACHINTYA KUMAR MUKHERJEE (17510001161665)

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DR. SANGEETA DAS  
CONSULTANT GENERAL MEDICINE MBBS

MITHU MONDAL  
TECHNICIAN

11/02/2023 11:44 AM

<b>PREPARED BY</b>	: NAFISHA KHATUN(333472)	<b>PREPARED ON</b>	: 11/02/2023 12:02 PM
<b>GENERATED BY</b>	: MADHUPARNA DASGUPTA(333433)	<b>GENERATED ON</b>	: 23/02/2023 12:35 PM

<b>Patient Name</b>	Achintya Kumar Mukherjee	<b>Requested By</b>	EXTERNAL
<b>MRN</b>	17510001161665	<b>Procedure DateTime</b>	2023-02-11 10:20:12
<b>Age/Sex</b>	51Y 4M/Male	<b>Hospital</b>	NH-RTIICS

### **USG OF WHOLE ABDOMEN (SCREENING)**

#### **LIVER:**

It is enlarged in size and moderately increased in echogenicity. No focal SOL is seen. Intrahepatic biliary radicles are not dilated.

#### **PORTAL VEIN:**

Portal vein is normal in calibre at porta. There is no intraluminal thrombus.

#### **GALL BLADDER:**

Optimally distended. No calculus or sludge is seen within it. Wall is not thickened.

#### **CBD:**

Common duct is not dilated at porta. No intraluminal calculus is seen.

#### **SPLEEN:**

Normal in size measuring 11.1 cm and echogenicity. No focal SOL is seen.

#### **PANCREAS:**

Normal in size and increased in echogenicity. Duct is not dilated. No calcification or focal SOL is seen.

#### **KIDNEYS:**



Both kidneys are normal in size, position and echogenicity. Corticomedullary differentiation is maintained. No hydronephrosis, calculus or mass is seen.

Right kidney and left kidney measures 10.0 cm and 10.5 cm respectively.

**URINARY BLADDER:**

Normal in capacity. Wall is not thickened. No intraluminal calculus or mass is seen.

Post void residual urine - insignificant.

**PROSTATE:**

Normal in size measuring approx. 2.3 x 2.3 x 3.5 cm ( 11 gms), homogenous in echotexture and smooth in outline.

**IMPRESSION:**

- Fatty liver ( grade-II) and hepatomegaly.
- Echogenic pancreas - likely fatty infiltrations.

NOT FOR MEDICO LEGAL PURPOSES

This is only a Radiological Impression and not Diagnosis. Like all diagnostic modalities, USG also has its limitations. Therefore USG report should be interpreted in correlation with clinical and pathological findings.

All typing and topographical error is regretted and if detected at any time is correctable. Please inform us immediately.

Assist By:Arpita

A handwritten signature in black ink, consisting of stylized initials 'S' and 'B' followed by three dots.

Dr. Suranjana Bhattacharjee

Consultant Sonologist

<b>Patient Name</b>	Achintya Kumar Mukherjee	<b>Requested By</b>	EXTERNAL
<b>MRN</b>	17510001161665	<b>Procedure DateTime</b>	2023-02-11 09:31:13
<b>Age/Sex</b>	51Y 4M/Male	<b>Hospital</b>	NH-RTIICS

### **CHEST RADIOGRAPH (PA VIEW)**

#### **FINDINGS :**

- Trachea is normal and is central.
- The cardiac shadow is normal in contour.
- Mediastinum and great vessels are within normal limits.
- The hilar shadows are within normal limits.
- The costo-phrenic angles are clear.
- The lung fields and bronchovascular markings appear normal.
- The visualized bones and soft tissue structures appear normal.
- Both the diaphragmatic domes appear normal.

#### **IMPRESSION:**

- **No significant radiological abnormality detected.**

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A handwritten signature in black ink, appearing to be 'Sc' or similar initials, written in a cursive style.

Dr. Sarbari Chatterjee  
Consultant Radiologist