



**LABORATORY REPORT**



Name : <b>Mr. KOUSHIK SEN</b>	Sex/Age : <b>Male / 42 Years</b>	Case ID : <b>40935501522</b>
Ref. By : Self	Reg Date : 14-Sep-2024 18:06	Pt. ID : 4419529
Bill. Loc. : Howrah Direct		Mob.No : 9163217039
Sample Date and Time : 14-Sep-2024 18:07	Sample Type : Whole Blood EDTA	Ref Id1 :
Report Date and Time : 14-Sep-2024 22:23		Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	TEST REMARK
<b>COMPLETE BLOOD COUNT</b>				
Haemoglobin	14.8	gm/dL	13 - 17	
RBC	5.35	millions/cumm	4.5 - 5.5	
PCV	47.9	Vol%	42.0 to 52.0	
MCV	89.5	fL	83 - 101	
MCH	27.7	pg	27 - 32	
MCHC	<b>L 30.9</b>	gm/dL	32 - 36	
RDW	12.4	%	11.6 - 14.6	
<b>TOTAL AND DIFFERENTIAL WBC COUNT</b>				
Total WBC Count	6300	/cumm	4000 to 10000	
Neutrophil	60	%	40 - 80	
Lymphocyte	33	%	20 - 40	
Eosinophil	04	%	1 - 6	
Monocytes	03	%	2 - 10	
Basophil	00	%	0 -	
Neutrophil	3780	/cumm	2000 - 7000	
Lymphocyte	2079	/cumm	1000 - 3000	
Eosinophil	252	/cumm	20 - 500	
Monocyte	<b>L 189</b>	/cumm	200 - 1000	
Basophil	0	/cumm	00 - 100	
Neut/Lympho Ratio (NLR)	1.82		0.78 - 3.53	
<b>PLATELETS</b>				
Platelet Count	192000	/cumm	1,50,000 - 4,10,000	
MPV	11.5	fL	7.5 - 12.0	
PDW	14.4		10.0 - 17.9	

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

**Bappa Karmakar**

Verified by



*Shaheena Perween*

**Dr. Shaheena Perween**  
MBBS, MD (Path)  
Pathologist  
WBMC 71326



MC - 2167



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Bill. Loc. : Howrah Direct		Mob.No : 9163217039
Sample Date and Time : 14-Sep-2024 18:07	Sample Type : Whole Blood EDTA	Ref Id1 :
Report Date and Time : 15-Sep-2024 11:14		Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
ESR	H <b>14</b>	mm	0 - 10	
Instrument - Cube 30				

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

**Rakhibul Shaikh**

Verified by



*Meenakshi*

**Dr Meenakshi Mohan**  
MD (Pathology)  
Consultant Pathologist  
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**LABORATORY REPORT**



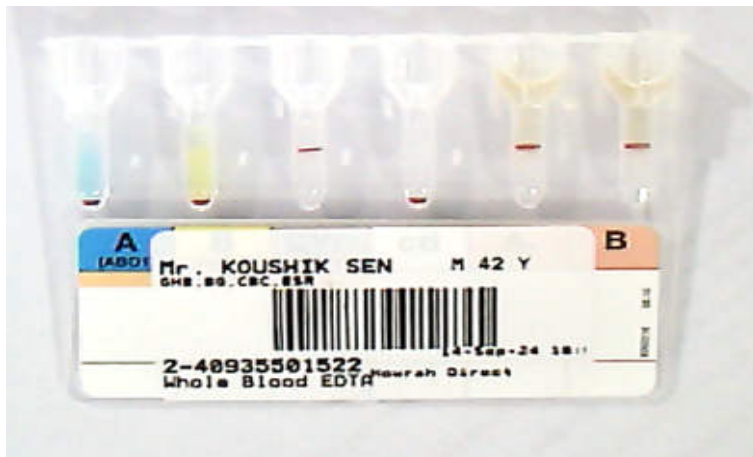
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Report Date and Time : 14-Sep-2024 22:24		Ref Id2 :

**HAEMATOLOGY INVESTIGATIONS**

Test	Result	Unit
<b>BLOOD GROUP AND RH TYPING</b>		
BLOOD GROUP	O	
RH Type	POSITIVE	

**Remarks:** H1 lectin agglutinated

Forward & Reverse Blood Groupin,  
Gel Card By Bio-Rad



Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

Tamal Sarkar

Verified by



*Shaheena Perween*

**Dr. Shaheena Perween**  
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Pathologist  
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Ref. By : Self	Reg Date : 14-Sep-2024 18:06	Pt. ID : 4419529
Bill. Loc. : Howrah Direct		Mob.No : 9163217039
Sample Date and Time : 14-Sep-2024 18:07	Sample Type : Plasma Fluoride F	Ref Id1 :
Report Date and Time : 15-Sep-2024 00:31		Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Plasma Glucose - F <i>Hexokinase</i>	79	mg/dL	74 - 109	

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

**Pritam Nandy**

Verified by



*Meenakshi*

**Dr Meenakshi Mohan**  
MD (Pathology)  
Consultant Pathologist  
WBMC 54631



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Ref. By : Self	Reg Date : 14-Sep-2024 18:06	Pt. ID : 4419529
Bill. Loc. : Howrah Direct		Mob.No : 9163217039
Sample Date and Time : 14-Sep-2024 18:07	Sample Type : Whole Blood EDTA	Ref Id1 :
Report Date and Time : 15-Sep-2024 12:19		Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
HbA1C <i>HPLC</i>	5.60	%	Normal : <5.7 Pre diabetes : 5.7-6.4 Diabetes : >6.5	
Average Plasma Glucose <i>Calculated</i>	114	mg/dL		

**Interpretation :**

HbA1C level reflects the mean glucose concentration over previous 8-12 weeks and provides better indication of long term glycemic control.  
Levels of HbA1C may be low as result of shortened RBC life span in case of hemolytic anemia.  
Increased HbA1C values may be found in patients with polycythemia or post splenectomy patients.  
Patients with Homozygous forms of rare variant Hb(CC,SS,EE,SC) HbA1c can not be quantitated as there is no HbA.  
In such circumstances glycemic control can be monitored using plasma glucose levels or serum Fructosamine.  
The A1c target should be individualized based on numerous factors, such as age, life expectancy, comorbid conditions, duration of diabetes, risk of hypoglycemia or adverse consequences from hypoglycemia, patient motivation and adherence.

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

**Nisha Malakar**

Verified by



*Supratik Biswas*

**DR Supratik Biswas**  
MBBS, MD  
Consultant Biochemist  
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# Chromatogram Report

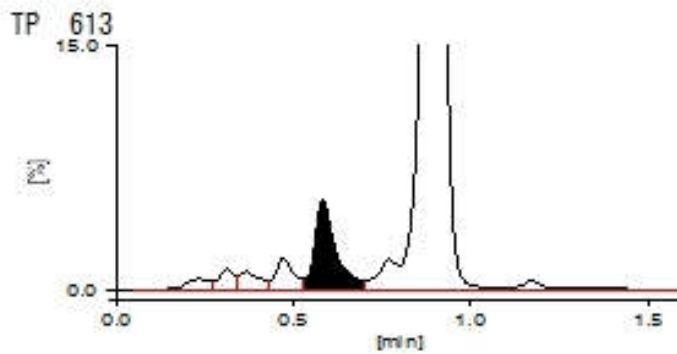
TOSOH G8 VAR V05.29 490206 2024-09-15 11:36:13  
ID 240935501522  
Sample No. 09150017 SL 0001 - 01  
Patient ID  
Name  
Comment

CALIB  $Y = 1.1318X + 0.6771$

Name	%	Time	Area
A1A	0.6	0.23	5.87
A1B	0.7	0.31	7.05
F	0.9	0.37	8.51
LA1C+	1.3	0.47	12.92
SA1C	5.6	0.58	41.62
A0	93.1	0.89	911.41
H-V0			
H-V1			
H-V2			

Total Area 987.38

**HbA1c 5.6 %** **IFCC 38 mmol/mol**  
**HbA1 6.9 %** **HbF 0.9 %**





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Bill. Loc. : Howrah Direct		Mob.No : 9163217039
Sample Date and Time : 14-Sep-2024 18:07	Sample Type : Serum	Ref Id1 :
Report Date and Time : 15-Sep-2024 12:19		Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>LIPID PROFILE</b>				
Triglyceride <i>GPO-POD</i>	78	mg/dL	Normal: < 150 Borderline High: 150 -199 High: 200 - 499 Very High: >= 500	
Cholesterol <i>Colorimetric, CHOD-POD</i>	145	mg/dL	Desirable : < 200 Borderline High : 200 - 240 High Risk : > 240	
HDL Cholesterol <i>CHOD-POD</i>	49	mg/dL	Low HDL: < 40 High HDL : >= 60	
LDL Cholesterol (Direct) <i>CHOD-POD</i>	86	mg/dL	Optimal : <100 Above Optimal: 100 - 129 Borderline high : 130 - 159 High : 160 - 189 Very High : >190	
VLDL <i>Calculated</i>	10	mg/dL	10 - 40	
Non-HDL Cholesterol <i>Calculated</i>	96	mg/dL	<130	
Chol/HDL <i>Calculated</i>	2.96		1 - 5.2	
LDL/HDL Ratio	1.76			

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

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

Subhajit Bhunia

Verified by



*Supratik Biswas*

**DR Supratik Biswas**  
MBBS, MD  
Consultant Biochemist  
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Bill. Loc. : Howrah Direct		Mob.No : 9163217039
Sample Date and Time : 14-Sep-2024 18:07	Sample Type : Serum	Ref Id1 :
Report Date and Time : 15-Sep-2024 12:19		Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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**BIOCHEMICAL INVESTIGATIONS**

**Liver Function Test**

Bilirubin Total <i>DPD</i>	0.50	mg/dL	0.3-1.2	
Bilirubin Conjugated <i>DPD</i>	0.20	mg/dL	0.0 - 0.2	
Bilirubin Unconjugated <i>Calculated</i>	0.30	mg/dL	0 - 0.8	
S.G.P.T. <i>IFCC</i>	44	U/L	0-50	
S.G.O.T. <i>IFCC</i>	30	U/L	0-50	
Alkaline Phosphatase <i>IFCC</i>	55	U/L	30-120	
Proteins (Total) <i>Biuret</i>	7.21	g/dL	6.6-8.3	
Albumin <i>Bromo Cresol Green</i>	4.55	g/dL	3.5-5.2	
Globulin <i>Calculated</i>	2.66	g/dL	1.80 - 3.60	
A/G Ratio <i>Calculated</i>	1.71		1.2 - 2.0	
Gamma Glutamyl Transferase <i>IFCC</i>	28	U/L	0-55	

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

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Bill. Loc. : Howrah Direct		Mob.No : 9163217039
Sample Date and Time : 14-Sep-2024 18:07	Sample Type : Serum	Ref Id1 :
Report Date and Time : 15-Sep-2024 12:19		Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>Thyroid Function Test</b>				
Triiodothyronine (T3) ECLIA	1.28	ng/mL	0.58 - 1.59	
Thyroxine (T4) ECLIA	6.59	µg/dL	4.87 - 11.72	
TSH ECLIA	2.06	µIU/mL	0.35-4.94	

INTERPRETATIONS

- Circulating TSH measurement has been used for screening for euthyroidism, screening and diagnosis for hyperthyroidism & hypothyroidism. Suppressed TSH (<0.01 µIU/mL) suggests a diagnosis of hyperthyroidism and elevated concentration (>7 µIU/mL) suggest hypothyroidism. TSH levels may be affected by acute illness and several medications including dopamine and glucocorticoids. Decreased (low or undetectable) in Graves disease. Increased in TSH secreting pituitary adenoma (secondary hyperthyroidism), PPTH and in hypothalamic disease thyrotropin (tertiary hyperthyroidism). Elevated in hypothyroidism (along with decreased T4) except for pituitary & hypothalamic disease.
- Mild to modest elevations in patient with normal T3 & T4 levels indicates impaired thyroid hormone reserves & incipient hypothyroidism (subclinical hypothyroidism).
- Mild to modest decrease with normal T3 & T4 indicates subclinical hyperthyroidism.
- Degree of TSH suppression does not reflect the severity of hyperthyroidism, therefore, measurement of free thyroid hormone levels is required in patient with a suppressed TSH level.

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

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Sample Date and Time : 14-Sep-2024 18:07	Sample Type : Serum	Ref Id1 :
Report Date and Time : 15-Sep-2024 12:19		Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>Prostate Specific Antigen (PSA)</b>				
Prostate Specific Antigen <i>ECLIA</i>	0.82	ng/mL	0-2.0	

**Use**  
The total PSA test and digital rectal exam (DRE) are used together to help determine the need for the prostate biopsy. The goal of screening is to minimize unnecessary biopsies and to detect clinically significant prostate cancer while it is still confined to the prostate.  
Clinical Significance of elevated levels of PSA are associated with prostate cancer, but they may also be seen with prostatitis and benign prostatic hyperplasia (BPH). Mild to moderately increased concentrations of PSA may be seen in those of African American heritage, and levels tend to increase in all men as they age.  
Prostate biopsy is required for the diagnosis of cancer.

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

**Subhajit Bhunia**

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Ref. By : Self	Reg Date : 14-Sep-2024 18:06	Pt. ID : 4419529
Bill. Loc. : Howrah Direct		Mob.No : 9163217039
Sample Date and Time : 14-Sep-2024 18:07	Sample Type : Urine	Ref Id1 :
Report Date and Time : 14-Sep-2024 22:23		Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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**URINE EXAMINATION**

Physical examination

Urine Volume	40	mL		
Colour	Pale Straw		Pale Straw to Dark Yellow	
Appearance	Slight Hazy		Clear	
Deposit	Present		Absent	

Chemical Examination

Sp.Gravity	1.010		1.010-1.030	
pH	6.0		5-8.5	
Protein	Absent		Absent	
Glucose	Absent		Absent	
Ketone Bodies Urine	Absent		Absent	
Urobilinogen	Normal		Normal	
Blood	Absent		Absent	
Bilirubin	Absent		Absent	
Nitrite	Absent		Absent	

Microscopic examination

Pus Cells	1-2	/HPF	<=5 /HPF	
Red Blood Cell	Absent	/HPF	Nil	
Epithelial Cell	1-2	/HPF	A Few	
Cast	Nil	/HPF	Nil	
Crystals	Nil	/HPF	Nil	

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

**Anupriya Roy Chowdhury**

Verified by



*Shaheena Perween*

**Dr.Shaheena Perween**

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Pathologist  
WBMC 71326



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Bill. Loc. : Howrah Direct		Mob.No : 9163217039
Sample Date and Time : 14-Sep-2024 18:07	Sample Type : Urine	Ref Id1 :
Report Date and Time : 14-Sep-2024 22:23		Ref Id2 :

**METHOD : SEDIMENTATION AND  
MICROSCOPE / CLINITEK ADVANTUS URINE ANALYSER**

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.

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

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

**Anupriya Roy  
Chowdhury**  
Verified by



*Shaheena Perween*

**Dr. Shaheena Perween**

MBBS, MD (Path)  
Pathologist  
WBMC 71326



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Name : <b>Mr. KOUSHIK SEN</b>	Sex/Age : <b>Male / 42 Years</b>	Case ID : <b>40935501522</b>
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Bill. Loc. : Howrah Direct		Mob.No : 9163217039
Sample Date and Time : 14-Sep-2024 18:07	Sample Type : Urine F	Ref Id1 :
Report Date and Time : 14-Sep-2024 22:23		Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Urine Glucose (Fasting)	Not Present		Absent	

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

**Anupriya Roy Chowdhury**  
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**Dr. Shaheena Perween**

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WBMC 71326



MC - 2167

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**RADIOLOGY REPORT**



<b>Name :</b>	Mr. KUSHIK SEN	<b>Patient ID :</b>	40935501522
<b>Gender / Age :</b>	Male / 42 Years	<b>Registration Date &amp; Time :</b>	14-Sep-2024 18:06
<b>Ref Id :</b>		<b>Receiving Date &amp; Time :</b>	14-Sep-2024 18:07
<b>Bill Location :</b>	Pulse Howrah	<b>Report Date &amp; Time :</b>	14-Sep-2024 18:21
<b>Ref By :</b>	Self		

**USG STUDY OF WHOLE ABDOMEN**

**LIVER :**

Is normal in size (measures 13.6 cm), outline and echotexture. No focal lesion is seen. Intrahepatic biliary radicles are not dilated. Portal vein measures 1.1 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 0.27 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 8.4 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 or calculus is seen in either kidneys.

Right kidney measures 10.5 cm.

Left kidney measures 11.0 cm.

**URETERS :**

Ureters are not dilated.



**RADIOLOGY REPORT**



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<b>Gender / Age :</b>	Male / 42 Years	<b>Registration Date &amp; Time :</b>	14-Sep-2024 18:06
<b>Ref Id :</b>		<b>Receiving Date &amp; Time :</b>	14-Sep-2024 18:07
<b>Bill Location :</b>	Pulse Howrah	<b>Report Date &amp; Time :</b>	14-Sep-2024 18:21
<b>Ref By :</b>	Self		

**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 3.7 x 3.0 x 2.6 cm and volume 15.8 cc.

**IMPRESSION :**

**Normal study.**

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)  
WBMC 72022

Jhumpa Halder  
**Verified BY**



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Ref. By : Self	Reg Date : 14-Sep-2024 18:06	Pt. ID : 4419529
Bill. Loc. : Howrah Direct		Mob.No : 9163217039
Sample Date and Time : 14-Sep-2024 18:07	Sample Type : Health Check	Ref Id1 :
Report Date and Time : 27-Sep-2024 15:39		Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	TEST REMARK
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**Physician Examination**

Present History	Nil Particular
Past History	Nil Particular
Family History	Nil Particular
Personal History	Nil Particular
C V S	S1, S2+
RS	B/L NVBS
Abdomen	SOFT
CNS	NFND

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)



....





Patient Name :	KOUSHIK SEN	Patient ID :	ID1522
Modality :	DX	Sex :	M
Age :	42Yrs	Study :	CHEST PA
Reff. Dr. :	SELF	Study Date :	14-09-2024

**X-RAY CHEST PA VIEW**

**FINDINGS :**

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.

**IMPRESSION:**

**No obvious abnormality detected.**  
**No evidence of fracture or dislocation.**

*Recommended clinical correlation\*.*



**Dr. Manish Kumar Jha**  
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Registration No. 77237 (WBMC)



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Bill. Loc. : <b>Howrah Direct</b>		Mob.No : <b>9163217039</b>
Sample Date and Time : <b>14-Sep-2024 18:07</b>	Sample Type : <b>Serum</b>	Ref Id1 :
Report Date and Time : <b>15-Sep-2024 12:19</b>		Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	TEST REMARK
<b>Kidney Function Test</b>				
Urea <i>GLDH</i>	28	mg/dL	17-43	
Creatinine <i>Jaffe - Kinetic</i>	0.79	mg/dL	<1.2	
Uric Acid <i>Uricase</i>	5.87	mg/dL	3.4 - 7.0	
Blood Urea Nitrogen ,Serum <i>Urease</i>	15.00	mg/dL	6.0 - 20.0	
Calcium <i>BAPTA</i>	9.56	mg/dL	8.6-10	
Sodium <i>ISE, Indirect</i>	138	mmol/L	136.0 - 145.0	
Potassium <i>Ion Selective Electrode</i>	4.00	mmol/L	3.5 - 5.1	
Chloride <i>ISE, Indirect</i>	103	mmol/L	97 - 111	

**Pending Services**  
Glucose - Post Prandial

----- End Of Report -----

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

**Subhajit Bhunia**

Verified by



*Supratik Biswas*

**DR Supratik Biswas**  
MBBS, MD  
Consultant Biochemist  
WBMC 64600



MC - 2167

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**RADIOLOGY REPORT**



<b>Name :</b>	Mr. KOUSHIK SEN	<b>Patient ID :</b>	40935501522
<b>Gender / Age :</b>	Male / 42 Years	<b>Registration Date &amp; Time :</b>	14-Sep-2024 18:06
<b>Ref Id :</b>		<b>Receiving Date &amp; Time :</b>	14-Sep-2024 18:19
<b>Bill Location :</b>	Pulse Howrah	<b>Report Date &amp; Time :</b>	14-Sep-2024 18:44
<b>Ref By :</b>	Self		

**2D ECHOCARDIOGRAPHY**

<b>Mode Data :Parameter</b>	<b>Test Value</b>	<b>Normal Range(Adults)</b>	<b>Unit</b>
Aortic Root Diameter	2.6	2.0 – 4.0	cm
Left atrial diameter	3.5	2.0 – 4.0	cm
RV internal diameter	2.2	2.2 – 3.0	cm
IV septal thickness (diastole)	0.9	0.60 – 1.10	cm
LV Internal diameter (diastole)	4.4	3.50 – 5.4	cm
Post. Wall thickness (diastole)	0.9	0.60 – 1.10	cm
Internal diameter (systole)	2.8	2.4 – 4.20	cm
LV Ejection fraction	65 %	55 – 65	%

**LV shows:**

Normal size cardiac chambers.  
 No RWMA.  
 Grade I diastolic dysfunction. E/E' - 8  
 Good LV systolic function with LVEF – 65 %  
 Normal RV systolic function.  
 All valve morphology normal..  
 IAS & IVS intact.  
 No PDA/COA.  
 Trivial TR (17 mmHg).  
 No PE / PAH.  
 IVC normal in size, collapsing well.



**RADIOLOGY REPORT**



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**CONCLUSION:**

**Normal size cardiac chambers.**  
**Good biventricular systolic function.**  
**Grade I diastolic dysfunction.**  
**Trivial TR.**  
**No PE / PAH.**

----- End Of Report -----

Dr. Abhinay Tibdewal  
MD, DM (Cardiologist)  
WBMC 85811

Arpita Chatterjee  
**Verified BY**

**PREVENTIVE HEALTH CHECKS**

Mr./Mrs./Ms. Mr. Koushik Sen Date: 14/9/2024  
 Age: 42y Sex: Male  Female  ID No: \_\_\_\_\_  
 Case Examined by Dr. Samar Ghosh  
 Ref. by Dr. \_\_\_\_\_

Present Complaint: Neck Pain

Known Case of DM: Yes  No  HTN: Yes  No  CAD: Yes  No  Ashma: Yes  No   
 Anyothers \_\_\_\_\_

Present Medication: Cholestrol

Past History Medical: -

Surgical: -

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) Other:  Yes  No

Personal History Status Smoking  Non-smoker  Smoker Since: \_\_\_\_\_ Year Alcohol  Nil  Social  Habitual Diet  Vegetarian  Non-Vegetarian Physical Activity  Exercise  Regular  Irregular  No

Centre Lansdowne  Behala  James Long Sarani  Shyambazar  Hawrah  Ekbalpur

# PHYSICAL EXAMINATION

Height: 168cm

Weight: 70kg

Gen. Examination : Anaemia  Oedema  Jaundice  Others  Normal

Blood Pressure : 100/70 mmHg Pulse Rate 68 /min Normal

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

Abdomen : C.N.S.: OK R.S.: OK

Breast Examination : N/A

## 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 : N/A

Others : OK

Clinical Impression : Normal Health

Advice :

Clinically fit.

  
DR. SOURAV SH  
Doctor's Signature  
B.S.



PULSE DIAGNOSTIC CENTRE

107/1, G.T. ROAD(South), Sandhya Bazar, Howrah-711101

12340/Koushik sen 42Yrs/Male 70 Kgs/168 Cms BP: / / mmHg

Ref.: SELF Test Date: 14-Sep-2024(12:19:28) Notch: 50Hz 0.05Hz - 100Hz 10mm/mV 25mm/Sec

HR: 56 bpm

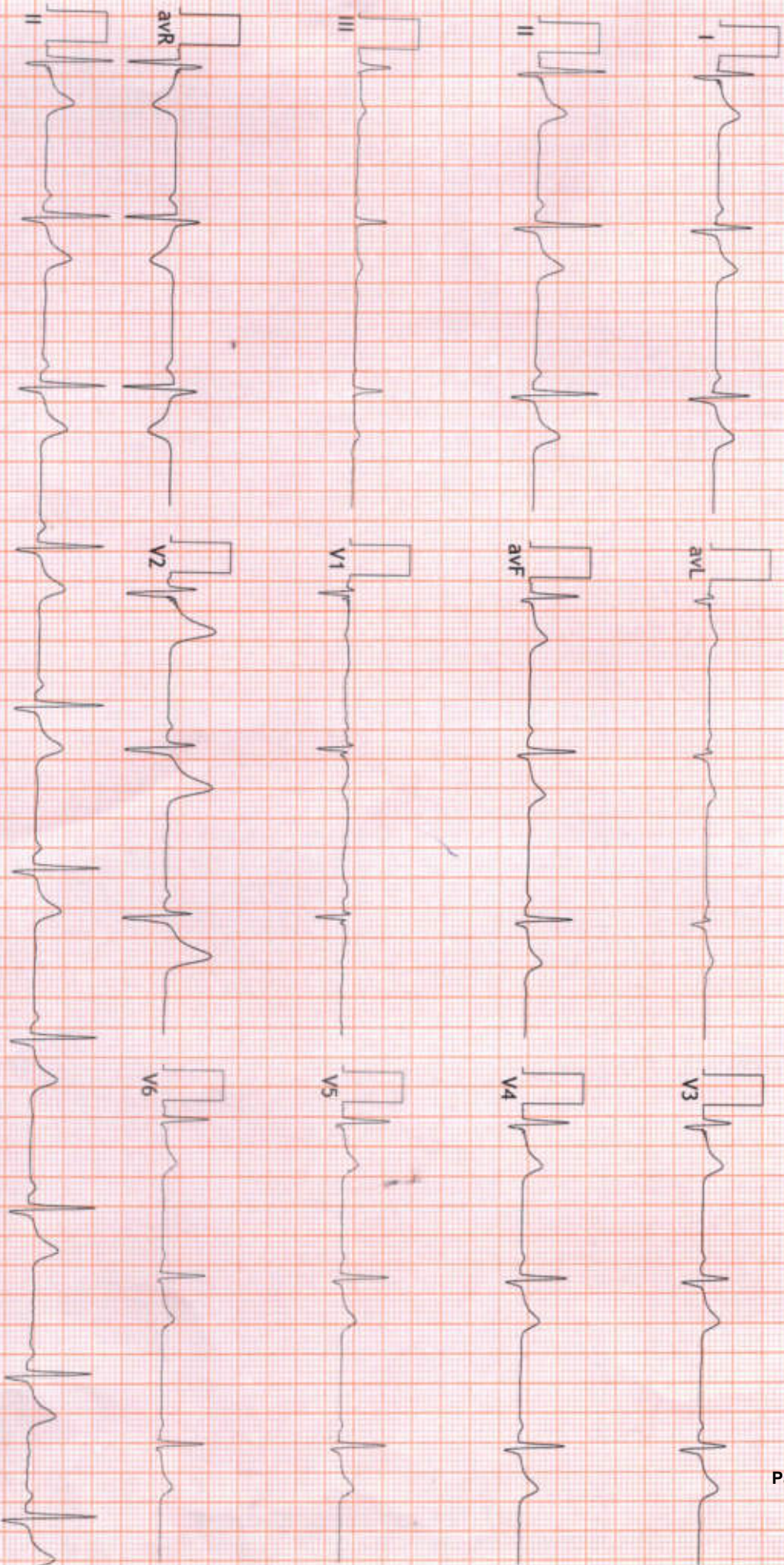


PR Interval: 130 ms

QRS Duration: 116 ms

QT/QTc: 409/396ms

P-QRS-T Axis: 40 - 84 - 40 (Deg)



FINDINGS: Abnormal ECG with indication of Sinus Bradycardia  
Vent Rate : 56 bpm; PR Interval : 130 ms; QRS Duration: 116 ms; QT/QTc Int : 409/396 ms  
P-QRS-T axis: 40• 84• 40• (Deg)  
Comments :

*sinus brady cardies  
no specific st-t change  
Axeant correcte chit*

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

*Abhinav Tibdewal*

DR. ABHINAV TIBDEWAL





Patient Name : MR. KOUSHIK SEN

Age / Gender : 42 Years / Male

Branch : - Pulse-Howrah

Doctor : SELF

Invoice No : 40935501522

Invoice Date :14-Sep-2024, 06:06 PM

Contact No : 9163217039

Sample Type : BMI

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**BLOOD PRESSURE WEIGHT, HEIGHT & BMI**

BLOOD PRESSURE: 100/70 mmHg

WEIGHT : 70 kg.

HEIGHT : 168 cm.

BMI – 24.8 KG/M<sup>2</sup>

\*\*END OF REPORT\*\*

Checked by  
Mousumi Das Sharma