**Patient Name :** MS. TIAS NANDAN
**Age / Gender :** 37 Years / Female
**Mobile No. :** 9830861188
**Patient ID :** 112918
**Bill ID :** 116651
**Referral :** DR SELF
**Source :** ALLIANCE & PROJECT

**Optional ID :** -
**Collection Time :** 08/08/2024, 09:31 AM
**Receiving Time :** 08/08/2024, 01:28 PM
**Reporting Time :** 08/08/2024, 04:56 PM
**Sample ID :** 1924055695
**Sample Type :** Edta Blood

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

## Blood Group & RH Typing

| | | | |
|---|---|---|---|
| BLOOD GROUP | **"AB"** | | |
| RH TYPING | **POSITIVE** | | |

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


**END OF REPORT**

Checked by
Anwesha Maji

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

Reported By : -

Registered By : BAISHAKHI DEY

MC-2167

**Patient Name :** MS. TIAS NANDAN
**Optional ID :** -
**Age / Gender :** 37 Years / Female
**Collection Time :** 08/08/2024, 09:31 AM
**Mobile No. :** 9830861188
**Receiving Time :** 08/08/2024, 01:28 PM
**Patient ID :** 112918
**Reporting Time :** 08/08/2024, 04:30 PM
**Bill ID :** 116651
**Sample ID :** 1924055695
**Referral :** DR SELF
**Sample Type :** Urine
**Source :** ALLIANCE & PROJECT

| Test Description | Value(s) | Unit(s) | Reference Range |
|---|---|---|---|
| **Urine Fasting Sugar** | | | |
| URINE FOR SUGAR | | | |
| Result | **Absent** | | |
| **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: 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 - 4 /hpf | | <5 /hpf |
| R.B.C | Not found | | Absent |
| Epithelial Cells | 10 - 15 /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

Reported By : -

Registered By : BAISHAKHI DEY

**Patient Name :** MS. TIAS NANDAN

**Age / Gender :** 37 Years / Female

**Mobile No. :** 9830861188

**Patient ID :** 112918

**Bill ID :** 116651

**Referral :** DR SELF

**Source :** ALLIANCE & PROJECT

**Optional ID :** -

**Collection Time :** 08/08/2024, 09:31 AM

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

**Reporting Time :** 08/08/2024, 04:30 PM

**Sample ID :** 1924055695

**Sample Type :** Urine

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

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

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

Reported By : -

Registered By : BAISHAKHI DEY

Pulse DIAGNOSTICS™

Neuberg Pulse DIAGNOSTICS

**Patient Name :** MS. TIAS NANDAN
**Age / Gender :** 37 Years / Female
**Mobile No. :** 9830861188
**Patient ID :** 112918
**Bill ID :** 116651
**Referral :** DR SELF
**Source :** ALLIANCE & PROJECT

**Optional ID :** -
**Collection Time :** 08/08/2024, 09:31 AM
**Receiving Time :** 08/08/2024, 01:28 PM
**Reporting Time :** 08/08/2024, 03:56 PM
**Sample ID :** 1924055695
**Sample Type :** Edta Blood

| Test Description | Value(s) | Unit(s) | Reference Range |
|---|---|---|---|
| **Complete Blood Count** | | | |
| HAEMOGLOBIN | 13.4 | gm/dl | 12 - 15 |
| TOTAL LEUCOCYTE COUNT | 8700 | /cumm | 4000 - 10000 |
| HCT | 43.4 | Vol% | 36 - 46 |
| R B C | **5.04** | millions/cumm | 3.8 - 4.8 |
| M C V | 86.1 | Femtolitre(fl) | 80 - 100 |
| M C H | **26.6** | Picograms(pg) | 27 - 31 |
| M C H C | **30.9** | gm/dl | 32 - 36 |
| PLATELET COUNT | 2,88,000 | /cumm | 150000 - 410000 |
| **DIFFERENTIAL COUNT** | | | |
| Neutrophils | 66 | % | 40 - 80 |
| Lymphocytes | 26 | % | 20 - 40 |
| Monocytes | 02 | % | 2 - 10 |
| Eosinophils | 06 | % | 1 - 6 |
| Basophils | 00 | % | 0 - 1 |
| ESR | 16 | mm | < 50 years : <=12<br>51 - 60 years : <=19<br>61 - 70 years : <=20<br>> 70 years : <=35 |
| Remarks | Normocytic Normochromic.<br>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**

Checked by
Sharmistha Das

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

Reported By : -

Registered By : BAISHAKHI DEY

MC-2167

**Patient Name :** MS. TIAS NANDAN
**Optional ID :** -
**Age / Gender :** 37 Years / Female
**Collection Time :** 08/08/2024, 09:31 AM
**Mobile No. :** 9830861188
**Receiving Time :** 08/08/2024, 01:28 PM
**Patient ID :** 112918
**Reporting Time :** 08/08/2024, 03:34 PM
**Bill ID :** 116651
**Sample ID :** 1924055695
**Referral :** DR SELF
**Sample Type :** Serum
**Source :** ALLIANCE & PROJECT

| Test Description | Value(s) | Unit(s) | Reference Range |
|---|---|---|---|
| **Glucose Fasting Plasma** | | | |
| GLUCOSE FASTING PLASMA<br>Method : Hexokinase | 82 | mg/dL | 74 - 109 |
| **Uric Acid, Serum** | | | |
| URIC ACID<br>Method : Uricase PAP | 3.87 | mg/dL | 2.6 - 6 |
| **T3,T4 & TSH** | | | |
| T3<br>Method : Chemiluminescent Microparticle Immunoassay (CMIA) | 1.12 | ng/mL | 1 - 30 days: 1 - 7.4<br>1m - 11m: 1.05 - 2.45<br>1yr - 5yrs: 1.05 - 2.69<br>6yrs - 10yrs: 0.94 - 2.41<br>11yrs - 15yrs: 0.82 - 2.13<br>16yrs- 20yrs: 0.8 - 2.1<br>Adult: 0.58 - 1.59 |
| T4<br>Method : Chemiluminescent Microparticle Immunoassay (CMIA) | 8.17 | µg/dL | 1d - 6d : 11.8 - 22.6<br>7d - 14d : 9.9 - 16.6<br>15d - 4m : 7.2 - 14.4<br>4m - 12m : 7.8 - 16.5<br>1yr - 5yr : 7.2 - 15.0<br>5yr - 10yr : 6.4 - 13.6<br>> 10yr : 4.87 - 11.72<br>Adult : 4.87 - 11.72 |
| TSH<br>Method : Chemiluminescent Microparticle Immunoassay (CMIA) | 2.12 | 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.

Reported By : -

Registered By : BAISHAKHI DEY

MC-2167

**Patient Name :** MS. TIAS NANDAN
**Age / Gender :** 37 Years / Female
**Mobile No. :** 9830861188
**Patient ID :** 112918
**Bill ID :** 116651
**Referral :** DR SELF
**Source :** ALLIANCE & PROJECT

**Optional ID :** -
**Collection Time :** 08/08/2024, 09:31 AM
**Receiving Time :** 08/08/2024, 01:28 PM
**Reporting Time :** 08/08/2024, 03:34 PM
**Sample ID :** 1924055695
**Sample Type :** Serum

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

**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 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.

**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

MC-2167

**Patient Name :** MS. TIAS NANDAN
**Optional ID :** -
**Age / Gender :** 37 Years / Female
**Collection Time :** 08/08/2024, 09:31 AM
**Mobile No. :** 9830861188
**Receiving Time :** 08/08/2024, 01:28 PM
**Patient ID :** 112918
**Reporting Time :** 08/08/2024, 05:17 PM
**Bill ID :** 116651
**Sample ID :** 1924055695
**Referral :** DR SELF
**Sample Type :** Edta Blood
**Source :** ALLIANCE & PROJECT

| Test Description | Value(s) | Unit(s) | Reference Range |
|---|---|---|---|
| **HbA1c HPLC** | | | |
| HbA1c HPLC<br>Method : High Performance Liquid Chromatography (HPLC) | 5.5 | % | Normal : < 5.7<br>Pre Diabetes : 5.7 - 6.4<br>Diabetes : >= 6.5 |
| Estimated Average Glucose | 111 | 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 : BAISHAKHI DEY

**Patient Name :** MS. TIAS NANDAN

**Age / Gender :** 37 Years / Female

**Mobile No. :** 9830861188

**Patient ID :** 112918

**Bill ID :** 116651

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**Source :** ALLIANCE & PROJECT

**Optional ID :** -

**Collection Time :** 08/08/2024, 09:31 AM

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

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

**Sample ID :** 1924055695

**Sample Type :** Edta Blood

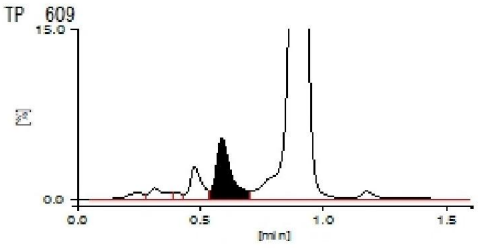
| Test Description | Value(s) | Unit(s) | Reference Range |
|---|---|---|---|

TOSOH G8 VAR V05.29 490206 2024-08-08 16:58:37
ID 1924055695
Sample No. 08080016 SL 0001 - 05
Patient ID
Name
Comment

CALIB Y =1.1318X + 0.6771

| Name | % | Time | Area |
|---|---|---|---|
| A1A | 0.5 | 0.24 | 4.75 |
| A1B | 0.9 | 0.32 | 7.83 |
| F | 0.3 | 0.41 | 2.36 |
| LA1C+ | 1.8 | 0.48 | 16.02 |
| SA1C | 5.5 | 0.59 | 38.14 |
| A0 | 92.7 | 0.89 | 846.09 |
| H-V0 | | | |
| H-V1 | | | |
| H-V2 | | | |
| Total Area | | | 915.19 |

**HbA1c 5.5 %** **IFCC 37 mmol/mol**
HbA1 6.9 % HbF 0.3 %




**END OF REPORT**

**Checked by**
**Nisha Malakar**

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

Reported By : -

Registered By : BAISHAKHI DEY

**Patient Name :** MS. TIAS NANDAN
**Age / Gender :** 37 Years / Female
**Mobile No. :** 9830861188
**Patient ID :** 112918
**Bill ID :** 116651
**Referral :** DR SELF
**Source :** ALLIANCE & PROJECT

**Optional ID :** -
**Collection Time :** 08/08/2024, 09:20 AM
**Receiving Time :** 08/08/2024, 10:58 AM
**Reporting Time :** 08/08/2024, 12:30 PM
**Sample ID :** 1924055695
**Sample Type :** 2D Echo

## Echocardiography/TMT

| Mode Data : Parameter | Test Value | Normal Range (Adults) | Unit |
|---|---|---|---|
| Aortic Root Diameter | 2.6 | 2.0 – 4.0 | cm |
| Left atrial diameter | 3.2 | 2.0 – 4.0 | cm |
| RV internal diameter | 2.2 | 0.6 – 2.3 | cm |
| IV septal thickness (diastole) | 0.6 | 0.60 – 1.10 | cm |
| LV Internal diameter (diastole) | 4.3 | 3.50 – 5.6 | cm |
| Post. Wall thickness (diastole) | 0.6 | 0.60 – 1.10 | cm |
| Internal diameter (systole) | 2.8 | 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'-6.
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.**

Reported By : RUMA BANERJEE

Registered By : BAISHAKHI DEY

**Patient Name :** MS. TIAS NANDAN
**Age / Gender :** 37 Years / Female
**Mobile No. :** 9830861188
**Patient ID :** 112918
**Bill ID :** 116651
**Referral :** DR SELF
**Source :** ALLIANCE & PROJECT

**Optional ID :** -
**Collection Time :** 08/08/2024, 09:20 AM
**Receiving Time :** 08/08/2024, 10:58 AM
**Reporting Time :** 08/08/2024, 12:30 PM
**Sample ID :** 1924055695
**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

| | |
|---|---|
| **Patient Name :** MS. TIAS NANDAN | **Optional ID :** - |
| **Age / Gender :** 37 Years / Female | **Collection Time :** 08/08/2024, 09:20 a.m. |
| **Mobile No. :** 9830861188 | **Receiving Time :** 08/08/2024, 10:16 a.m. |
| **Patient ID :** 112918 | **Reporting Time :** 08/08/2024, 12:52 p.m. |
| **Bill ID :** 116651 | **Sample ID :** 1924055695 |
| **Referral :** DR SELF | **Sample Type :** USG |

**USG Whole Abdomen**

## USG STUDY OF WHOLE ABDOMEN

### LIVER
Is marginally enlarged (149 mm) in size, normal in outline and echotexture. No focal lesion is seen. Intrahepatic billary radicles are not seen dilated. Hepatic & Portal venous systems appear normal. Portal vein 7 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 80 mm. in length.

### KIDNEYS
Are normal in size, position, outline and echogenicity with maintained cortico-medullary differentiation. No focal lesion is seen involving either kidneys. Central echocomplexes of both kidneys appear normal. There is no evidence of hydronephrosis or calculus.
Right kidney measures 97 mm.
Left kidney measures 90 mm.

### URETERS
Ureters are not seen dilated.

| | |
|---|---|
| **Patient Name :** MS. TIAS NANDAN | **Optional ID :** - |
| **Age / Gender :** 37 Years / Female | **Collection Time :** 08/08/2024, 09:20 a.m. |
| **Mobile No. :** 9830861188 | **Receiving Time :** 08/08/2024, 10:16 a.m. |
| **Patient ID :** 112918 | **Reporting Time :** 08/08/2024, 12:52 p.m. |
| **Bill ID :** 116651 | **Sample ID :** 1924055695 |
| **Referral :** DR SELF | **Sample Type :** USG |

## URINARY BLADDER

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

## UTERUS

Uterus is anteverted in position, regular in outline and normal in size. Myometrial echotexture is homogeneous & normal. No focal lesion is seen. Endometrial echoes are compact, centrally placed and normal in thickness (7 mm). Cervix is normal in size & echotexture.
Uterus measures 66 mm x 42 mm x 32 mm.

## OVARIES

Both ovaries are visualized. They appear normal in size & echotexture. No adnexal mass lesion is seen.
Right ovary measures 26 mm x 24 mm.
Left ovary measures 29 mm x 28 mm.

No evidence of ascites, pleural effusion or abdominal lymphadenopathy.

## IMPRESSION

- **Marginal hepatomegaly.**

**END OF REPORT**

Dr. Anirban Mondal
MBBS (Hons.)(Cal),
MD (Radiology)

Checked by
Priyanka Chatterjee

Reported By : Sumona Bhattacharjee

Registered By : BAISHAKHI DEY

**Patient Name :** MS. TIAS NANDAN
**Age / Gender :** 37 Years / Female
**Mobile No. :** 9830861188
**Patient ID :** 112918
**Bill ID :** 116651
**Referral :** DR SELF
**Source :** ALLIANCE & PROJECT

**Optional ID :** -
**Collection Time :** 08/08/2024, 09:31 AM
**Receiving Time :** 08/08/2024, 01:28 PM
**Reporting Time :** 08/08/2024, 02:28 PM
**Sample ID :** 1924055695
**Sample Type :** Serum

| Test Description | Value(s) | Unit(s) | Reference Range |
|---|---|---|---|
| **Liver Function Test** | | | |
| TOTAL BILIRUBIN<br>Method : DPD | 0.46 | mg/dL | <1.2 |
| CONJUGATED BILIRUBIN<br>Method : DPD | 0.19 | mg/dl | < 0.2 |
| UNCONJUGATED BILIRUBIN<br>Method : Calculation | 0.27 | mg/dL | |
| SGPT<br>Method : IFCC (without pyridoxal phosphate activation) | **38** | U/L | < 35 |
| SGOT<br>Method : IFCC (without pyridoxal phosphate activation) | 30 | U/L | < 35 |
| ALKALINE PHOSPHATASE<br>Method : IFCC AMP Buffer | 74 | U/L | 30 - 120 |
| TOTAL PROTEIN<br>Method : Biuret | 7.38 | g/dL | 6.6 - 8.3 |
| ALBUMIN<br>Method : Bromocresol Green | 4.77 | g/dL | Adults: 3.5 - 5.2<br>Newborn (1–4 days): 2.8 - 4.4 |
| GLOBULIN<br>Method : Calculation | 2.61 | g/dL | 1.80 - 3.60 |
| A/G RATIO<br>Method : Calculation | 1.83 | | 1.2 - 2 |
| GAMMA-GLUTAMYL TRANSFERASE<br>Method : IFCC | 21 | U/L | < 38 |
| **Bun / Creatrnine Ratio** | | | |
| BUN/Creatinine ratio<br>Method : Calculation | 15.36 | | 12 - 20 |
| **Total Proteins, Serum** | | | |
| TOTAL PROTEIN<br>Method : Biuret | 7.38 | g/dl | 6.6 - 8.3 |
| ALBUMIN<br>Method : Bromocresol green | 4.77 | g/dl | Adults: 3.5 - 5.2<br>Newborn(0-4days): 2.8 - 4.4 |
| GLOBULIN<br>Method : Calculation | 2.61 | g/dl | 1.8 - 3.6 |
| A/G RATIO<br>Method : Calculation | 1.83 | | 1.2 - 2.0 |

Reported By : -

Registered By : BAISHAKHI DEY

MC-2167

Pulse DIAGNOSTICS™

Neuberg Pulse DIAGNOSTICS

**Patient Name :** MS. TIAS NANDAN
**Optional ID :** -
**Age / Gender :** 37 Years / Female
**Collection Time :** 08/08/2024, 09:31 AM
**Mobile No. :** 9830861188
**Receiving Time :** 08/08/2024, 01:28 PM
**Patient ID :** 112918
**Reporting Time :** 08/08/2024, 02:28 PM
**Bill ID :** 116651
**Sample ID :** 1924055695
**Referral :** DR SELF
**Sample Type :** Serum
**Source :** ALLIANCE & PROJECT

| Test Description | Value(s) | Unit(s) | Reference Range |
|---|---|---|---|
| **Lipid Profile** | | | |
| TRIGLYCERIDES<br>Method : Enzymatic Colorimetric Assay using GPO-POD | 73 | mg/dL | Normal : < 150<br>Borderline High : 150 - 199<br>High : 200 - 499<br>Very High : >= 500 |
| CHOLESTEROL<br>Method : Enzymatic Colorimetric Assay using CHOD-POD | 207 | mg/dl | Desirable : < 200<br>Borderline High : 200 - 240<br>High Risk : > 240 |
| HDL CHOLESTEROL<br>Method : Enzymatic Immunoinhibition | 53 | mg/dl | Low HDL : <40<br>High HDL : >= 60 |
| LDL CHOLESTEROL<br>Method : Enzymatic Selective Protection | 147 | mg/dl | Optimal : < 100<br>Above Optimal : 100 - 129<br>Borderline High : 130 - 159<br>High : 160 - 189<br>Very High : > 190 |
| VLDL / CHOLESTEROL REMNANTS<br>Method : Calculation | 7 | mg/dl | < 30 |
| NON HDL CHOLESTEROL<br>Method : Calculation | 154 | mg/dl | <130 |
| TOTAL CHOLESTEROL / HDL CHOLESTEROL RATIO | 3.91 | Ratio | |
| LDL CHOLESTEROL / HDL CHOLESTEROL RATIO | 2.77 | Ratio | |

Remark :

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

**END OF REPORT**

Checked by
Pritam Nandy

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

Reported By : -

Registered By : BAISHAKHI DEY

MC-2167

**Patient Name :** MS. TIAS NANDAN
**Age / Gender :** 37 Years / Female
**Mobile No. :** 9830861188
**Patient ID :** 112918
**Bill ID :** 116651
**Referral :** DR SELF
**Source :** ALLIANCE & PROJECT

**Optional ID :** -
**Collection Time :** 08/08/2024, 09:31 AM
**Receiving Time :** 08/08/2024, 01:28 PM
**Reporting Time :** 08/08/2024, 03:10 PM
**Sample ID :** 1924055695
**Sample Type :** Serum

| Test Description | Value(s) | Unit(s) | Reference Range |
|---|---|---|---|
| **Prostate Specific Antigen (PSA), Serum** | | | |
| PSA (PROSTATE SPECIFIC ANTIGEN) | <0.006 | ng/mL | |
| Method : Electrochemiluminescence Immunoassay (ECLIA) | | | |
| Remark | | | |

**END OF REPORT**

**Checked By**
**Debolina Bhadra**

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

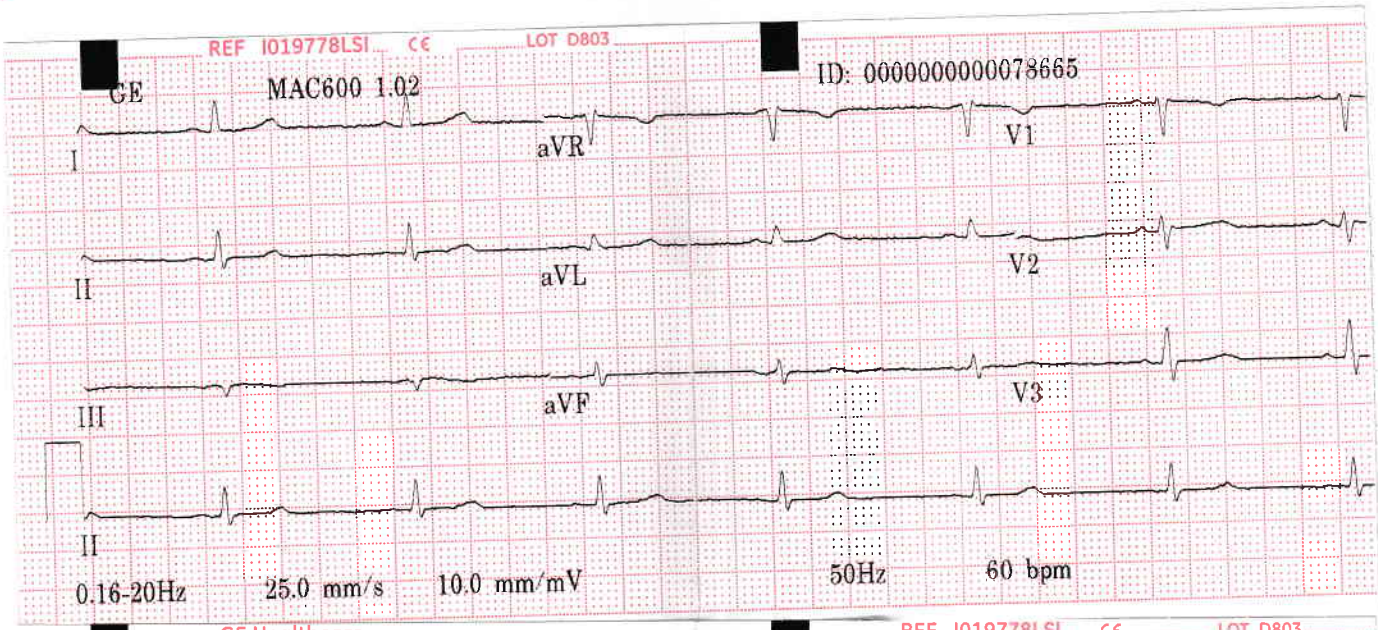
Reported By : -

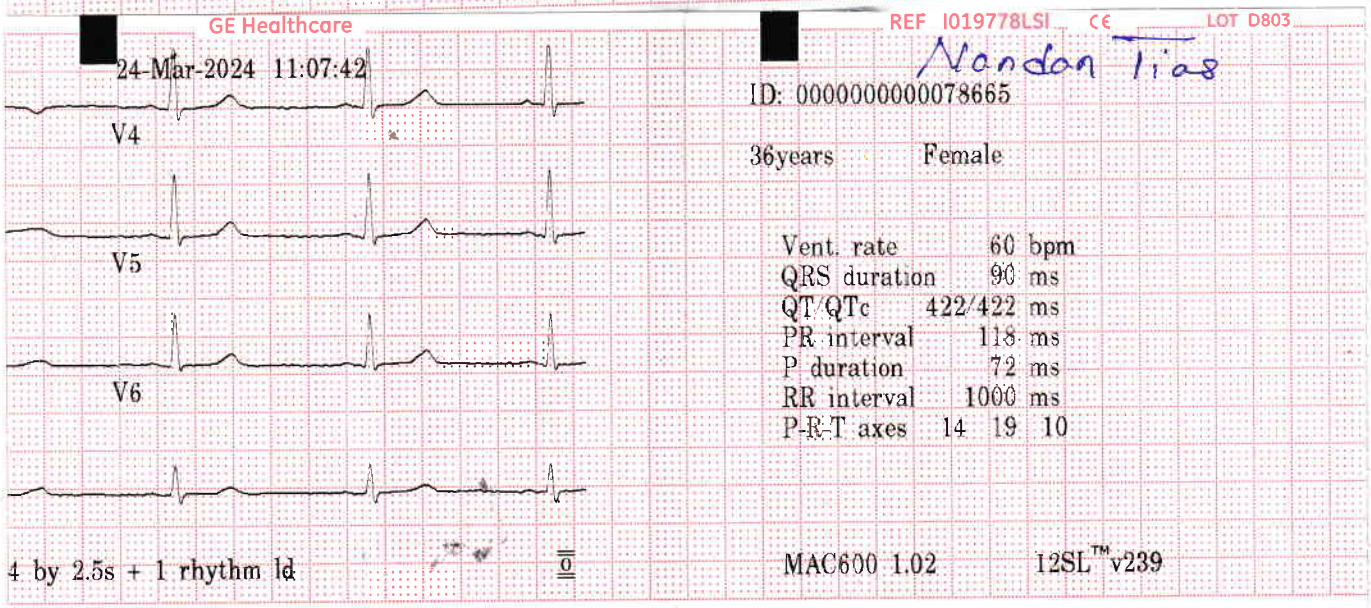
Registered By : BAISHAKHI DEY

MC-2167

Pulse DIAGNOSTICS TM

Neuberg Pulse DIAGNOSTICS




Normal sinus rhythm
Normal ECG

DASGUPTA
MD. (Medicine)
Consultant Cardiologist
Regn. No. WBMC 1[illegible]3

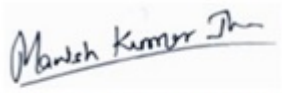
MAC600 1.02 12SL™v239

| | | | |
|---|---|---|---|
| Patient Name : | TIAS NANDAN | Patient ID : | I-116651 |
| Modality : | DX | Sex : | F |
| Age : | 037Y | Study : | CHEST PA |
| Reff. 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)**