

PATIENT NAME & ADDRESS

KUMAR GAURAV

SUGAM SUDHIR, 24pg(S)-24 Parganas (South), West Bengal
India, 700103
9831457657
DESUN
HOSPITAL
A NABH HOSPITAL

 Desun More, E.M. Bypass, Kasba Golpark, Kolkata-700 107, Ph.: 71 222 000, Fax : 2443 9003
 Email : desun@desunhospital.com, Website : www.desunhospital.com
 (A unit of P. N. Memorial Neurocentre & Research Institute Ltd.)
DRAWN : 27-01-2024
10:30 Hrs.RECEIVED : 27-01-2024
14:12 Hrs.REPORTED : 27-01-2024
18:31 Hrs.

OPD/IPD DOC NO SD01/OPD/BILL/2023-24/OP40483751

PATIENT CODE SD01/PAT/1000157917



2331166290

REFERRING DOCTOR

ACCESSION NO DHHI-1/2023-24/0007535

AGE 40 Yrs 2 Dys

SEX Male

Results relate only to the samples tested

TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
Glucose - Fasting			
Glucose - Fasting Specimen : Plasma Fluide Methodology : Hexokinase * CLINICAL CORRELATION REQUESTED.	* 134	Adult : 74 - 106 Children 60 - 100	mg/dL
Uric Acid			
Uric Acid Specimen : Serum Methodology : Uricase Peroxidase	4.7	Male : 3.5 - 7.2 Female : 2.6 - 6.0	mg/dL
Creatinine			
Creatinine Specimen : Serum Methodology : Jaffe Method	0.89	Male (<50 years) : 0.84 - 1.25 Male (>50 years) : 0.81 - 1.44 Female : 0.66 - 1.09 Neonate : 0.5 - 1.2 Infant : 0.4 - 0.7 Child : 0.5 - 1.2	mg/dL
LFT (Liver Function Test)			
Total Bilirubin Specimen : Serum Methodology : Diazotization	0.66	Adults : 0.3 - 1.2 Children 0-1 day 1.4 - 8.7 1-2 days 3.4 - 11.5 3-5 days 1.5 - 12.0	mg/dL
Direct Bilirubin Specimen : Serum Methodology : Diazotization	0.17	Adults and Children : < 0.2	mg/dL
Indirect Bilirubin Methodology : Calculated Value	0.49		mg/dL
Total Protein Specimen : Serum Methodology : Biuret	7.8	Adult : 6.6 - 8.3 Children (1 - 18 y) : 5.7 - 8.0 Newborns (1 - 30 d) : 4.1 - 6.3	g/dL
Albumin Specimen : Serum Methodology : Bromocresol Green (BCG)	4.3	Adults : 3.5 - 5.2 Newborn (0 - 4 day) : 2.8 - 4.4	g/dL
Globulin Methodology : Calculated Value	3.5	1.8 - 3.6	g/dL



 Dr. Prerana Mondal
 MD (Path), WBMCO-70606
 Consultant Pathologist

29012024095057

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TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
LFT (Liver Function Test)			
Aspartate Aminotransferase (SGOT) (AST) Specimen : Serum Methodology : IFCC (UV without P5P)	36	Male (Adult): <50 Female (Adult): <35 Newborn: 25 - 75 Infant: 15 - 60	U/L
Alanine Aminotransferase (SGPT) (ALT) Specimen : Serum Methodology : IFCC (UV without P5P)	51	Male(Adult): <50 Female(Adult): <35 Newborn/Infant: 13 - 45	U/L
Alkaline Phosphatase (ALP) Specimen : Serum Methodology : IFCC (PNPP, AMP buffer)	134	75 - 316	U/L



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Glucose - PP (Post Prandial)			
Glucose - Post Prandial	* 155	70.0 - 140.0	mg/dL
Specimen : Plasma Fluoride			
Methodology : Hexokinase			
* CLINICAL CORRELATION REQUESTED.			
* VALUE RECHECKED.			
** Sample Drawn : 27.01.2024 14:07 Hrs.	Received : 27.01.2024 14:42 Hrs.	Reported : 27.01.2024 18:01 Hr	



29012024095057

 Dr. Swapan Pathak
 MD (Path), WBMC-43069
 Sr Consultant

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TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
Lipid Profile			
Cholesterol - Total Specimen : Serum Methodology : CHOD-POD * CLINICAL CORRELATION REQUESTED.	* 219	<200 : Desirable 200 - 239 : Borderline High ≥240 : High	mg/dL
Cholesterol - HDL Specimen : Serum Methodology : Direct Enzymatic Colorimetric	41	40.0 - 59.0	mg/dL
Cholesterol - LDL Methodology : Calculated Value	138.8	> 160.0 : High Risk 130.0 - 160.0 : Borderline High ≤ 130.0 : Desirable	mg/dL
Cholesterol - VLDL Methodology : Calculated Value	39.2	< 40.0	mg/dL
Triglyceride Specimen : Serum Methodology : GPO POD	196	Normal : <150 Borderline high : 150 - 199 High : 200 - 499 Very high : ≥500	mg/dL



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Lipid Profile			
Cholesterol - Total/HDL ratio Methodology : Calculated Value	5.34	3.4 : 1/2 Average Risk 5.0 : Average Risk 9.6 : 2 x Average Risk 23.4 : 3 x Average Risk	ratio
Cholesterol - HDL/LDL ratio Methodology : Calculated Value	0.30		



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TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
HbA1c (Glycosylated Haemoglobin)			
Glycosylated Haemoglobin (HBA1C)	* 7.1	4.6 - 6.2	%
Specimen : Methodology : NGSP			
* CLINICAL CORRELATION REQUESTED.			
BUN (Blood Urea Nitrogen)			
Blood Urea Nitrogen (BUN)	09	Newborn : 4 - 18 Child : 5 - 18 Adult : 6 - 20	mg/dL
Specimen : Serum Methodology : Urease, GLDH			
LFT (Liver Function Test)			
A/G Ratio	1.23	1.1 - 2.2	ratio
Specimen : serum Methodology : Calculated Value			
GGT (Gamma-glutamyltransferase)			
Gamma-glutamyltransferase (GGT)	* 70.4	12 - 122	U/L
Specimen : Serum Methodology :			
* CLINICAL CORRELATION REQUESTED.			



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TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
CBC (Complete Blood Count)			
Haemoglobin (Hb) Specimen : Whole Blood - EDTA Methodology : Colorimetry	14.6	13.0 - 17.0	gm %
RBC Count Specimen : Whole Blood - EDTA Methodology : Electrical Impedance	5.26	4.5 - 5.5	million/cmm
Packed Cell Volume (Hematocrit) (PCV) Specimen : Whole Blood - EDTA Methodology : Pulse height detection	43.0	40.0 - 50.0	%
Mean Cell Volume (MCV) Specimen : Whole Blood - EDTA Methodology : Calculated Value	81.7	83.0 - 101.0	fL
Mean Cell Haemoglobin (MCH) Specimen : Whole Blood - EDTA Methodology : Calculated Value	27.8	27 - 32	pg
Mean Cell Haemoglobin Concentration (MCHC) Specimen : Whole Blood - EDTA Methodology : Calculated Value	34.0	31.5 - 34.5	g/dL
Platelet Count Specimen : Whole Blood - EDTA Methodology : Electrical Impedance	2.76	1.5 - 4.1	lakh/cmm
Total Count			
WBC Count Specimen : Whole Blood - EDTA Methodology : Electrical Impedance	8.4	4.0 - 10.0	thou/cmm
Differential Count (Microscopy)			
Neutrophil	66	40 - 80	%
Lymphocyte	23	20 - 40	%
Monocyte	02	2 - 10	%
Eosinophil	09	1 - 6	%
Basophil	00	<1 - 2	%
Peripheral Blood Smear (Microscopy)			



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TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
CBC (Complete Blood Count)			
RBC	Normocytic Normochromic		
WBC	Eosinophilia		
Erythrocyte Sedimentation Rate (ESR) Specimen : Whole Blood - EDTA Methodology : Westergren	08	<=15	mm / hr



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TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
ABO Group & RH Type			
ABO Blood Group Methodology : Tube Agglutination / Slide method	A		
Rh Typing Specimen : Whole Blood - EDTA Methodology : Tube Agglutination / Slide method	POSITIVE		
	Note : Following factors are responsible for discrepancies in ABO Grouping: 1. Patients may fail to express ABO antigens on red cells due to diseases like Leukaemia & lymphoma. 2. Acquired B antigen can occur due to Infections; gram negative septicaemia, carcinoma colon, Blood Group chimera i.e. an individual with two population of cells which may occur as a result of either Bone marrow transplantation or Transfusion of group 'O' blood to 'A' or 'B' patient. 3. Rouleaux formation: It occurs in patients with abnormal Albumin/globulin concentration or in cord blood samples due to Whartons Jelly contamination. 4. Acquired antibodies i.e. Anti -A1 in A2 persons Anti -H in Bombay phenotype Cold auto - antibodies Unexpected allo-antibodies.		



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TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
Urinalysis			
<i>Urinalysis</i>			
<i>Physical Examination</i>			
Volume Methodology : By graduated container	45		mL
Colour	Pale Straw		
Appearance Methodology : Visual	Slightly Hazy		
Specific Gravity Methodology : pKa change	1.015		ratio
<i>Chemical Examination</i>			
Reaction Methodology : Double indicator (Strip)	Acidic		
Protein Methodology : Protein-error-of-indicators	Absent		
Glucose Methodology : Glucose oxidase (Strip) Benedict's Test	Absent		
Ketone Bodies Methodology : Nitroprusside method (Strip)/ Tube	Absent		
Bile Salt Methodology : Hay's Method	Absent		
Bile Pigment Methodology : Diazo Method (Strip)	Absent		
Blood Methodology : Benzidine method (Strip) Microscopy	Absent		
<i>Microscopic Examination</i>			
Pus Cells	2-3		/hpf
RBC	Not Seen		/hpf
Epithelial Cells	1-2		/hpf



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TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
Urinalysis			
Casts	Not Seen		
Crystals	Not Seen		
----- End of Report -----			



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SUGAM SUDHIR, 24pg(S)-24 Parganas (South), West Bengal
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BED NO : OPD

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OPD/IPD DOC NO OP40483751

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ACCESSION NO DHHI-3/2023-24/0014869

AGE 40 Yrs 2 Dys

SEX Male



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Phone No. : 033 40016355, 033 46006439

Email : care@desunpathology.com

Website : www.desunpathology.com



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TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
Thyroid Profile - 1 (T3, T4, TSH)			
Triiodothyronine (T3) Specimen : Serum Methodology : Electrochemiluminescence	1.32	0.80 - 2.00	ng/mL
Thyroxine (T4) Specimen : Serum Methodology : Electrochemiluminescence	8.08	5.10 - 14.10	µg/dL
Thyroid Stimulating Hormone (TSH) Specimen : Serum Methodology : Electrochemiluminescence	2.24	0.270 - 4.20	µIU/mL
----- End of Report -----			

Dr. Jayati Gupta
Ph.D (Bio.Chem)
Senior Consultant Biochemist

29012024094013

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CARDIOLOGY

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SEX : M

ELECTROCARDIOGRAM REPORT - NO.395



Dr. IMRAN AHMED KHAN

Reg No: 64336, MBBS
Dept. of Cardiac Science

Prepared By : Sutapa Checked By : Sumita Bar

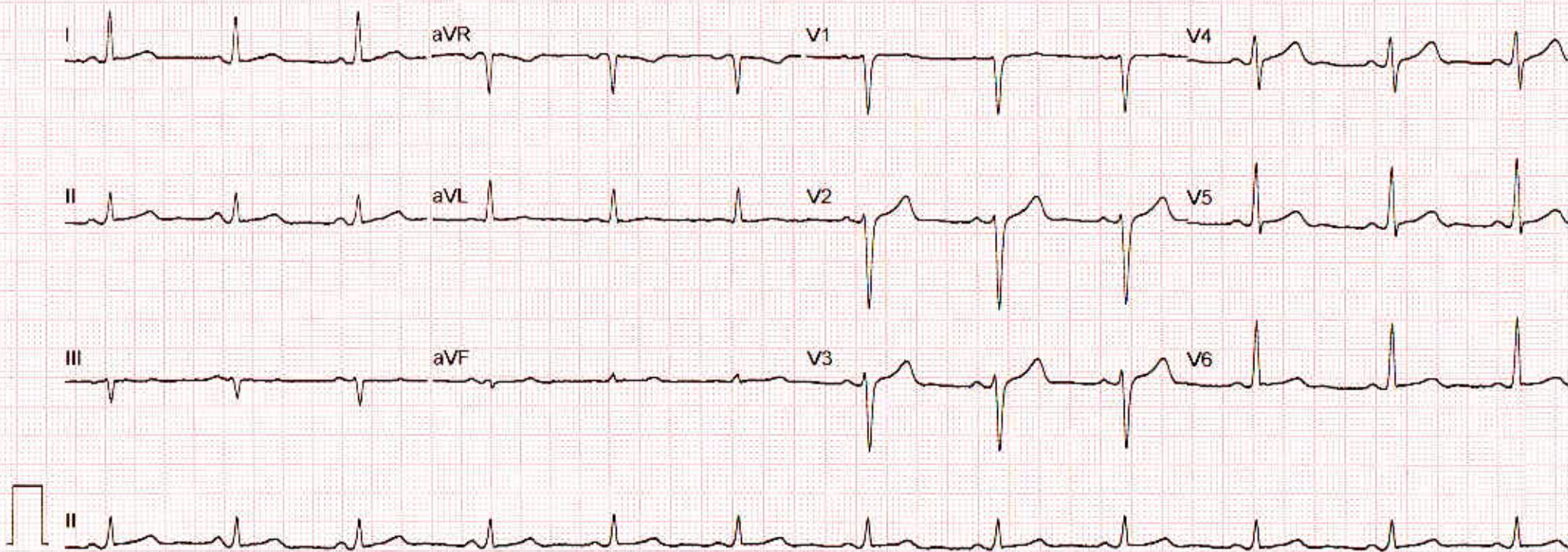
I A K

Male

QRS : 98 ms
QT / QTcBaz : 396 / 430 ms
PR : 132 ms
P : 104 ms
RR / PP : 850 / 845 ms
P / QRS / T : 29 / 9 / 30 degrees

Normal sinus rhythm
Normal ECG

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:



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CARDIOLOGY

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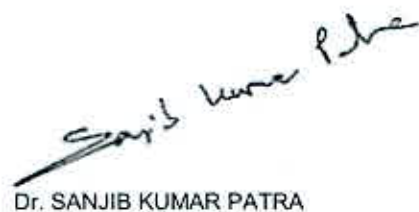
REPORTED : 27.01.2024
PATIENT CODE : SD01/PAT/1000157917
AGE : 40 Yrs 2 Dys
SEX : M

ECHO CARDIOGRAPHY REPORT**ECHO NO : 401****SUMMARY**

- >> Normal LV cavity size.
- >> No Regional wall motion abnormality.
- >> Good LV systolic function. LVEF = 65 %.
- >> Left ventricular diastolic dysfunction Grade I (E/E'=11).
- >> Trivial MR.
- >> Great arteries normal in size and relation.
- >> Interatrial and interventricular septum intact.
- >> Systemic and pulmonary venous drainage normal.
- >> No PE.

FINAL IMPRESSION

- >> No Regional wall motion abnormality.
- >> Good LV systolic function.
- >> Left ventricular diastolic dysfunction Grade I

Please Correlate Clinically.


Dr. SANJIB KUMAR PATRA

Reg No: 53571 (WBMC)
DM CARD
Dept. of Cardiac Science

Prepared By : Utpal Checked By : A Esai

SKP

PATIENT NAME & ADDRESS

CARDIOLOGY

KUMAR GAURAVSUGAM SUDHIR, 24pg(S)-24 Parganas (South), West Bengal
India, 700103
9831457657


DESUN
HOSPITAL
A NABH HOSPITAL

Desun More, E.M. Bypass, Kasba Gopark, Kolkata-700 107, Ph: 71 222 000, Fax: 2443 9003
E-mail: desun@desunhospital.com, Website: www.desunhospital.com
(A Unit of P. N. Memorial Neurocentre & Research Institute Ltd.)

PROCEDURE DONE ON : 27.01.2024
OPD / IPD DOC NO : SD01/OPD/BILL/2023-24/OP40483751
REFERRING DOCTOR :
ACCESSION NO : R/DHHI-1/2023-24/0009864

REPORTED : 27.01.2024
PATIENT CODE : SD01/PAT/1000157917
AGE : 40 Yrs 2 Dys
SEX : M

M - mode Measurements Valves :-

Aorta - 2.9 cm	LV ed - 4.5 cm
LA - 3.5 cm	LV es - 2.4 cm
ACS - cm	IVS ed - 1.0 cm
RV ed - cm	PW (LV) - 1.0 cm
FS - %	LVEF - 65 %

CHAMBERS:-

Left Ventricle : Normal in size. Walls normal in thickness and motion.

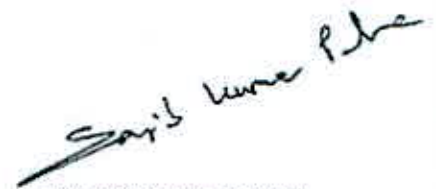
Left Atrium : Normal in size.

Right Atrium : Normal in size.

Right Ventricle : Normal in size.

OTHERS :-

GREAT ARTERIES : Normal in size and relation.



Dr. SANJIB KUMAR PATRA

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PATIENT NAME & ADDRESS

CARDIOLOGY

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PERICARDIUM : Normal**VALVES :-****MITRAL VALVE**

Morphology : Normal

Doppler : Mitral Regurgitation : Trivial

TRICUSPID VALVE

Morphology : Normal

Doppler : Normal

AORTIC VALVE


Morphology : Normal

Doppler : Normal

PULMONARY VALVE

Morphology : Normal

Doppler : Normal



Dr. SANJIB KUMAR PATRA

Reg No: 53571 (WBMC)
DM CARD
Dept. of Cardiac Science

Prepared By : Utpal Checked By : A Esai

S K P

PATIENT NAME & ADDRESS

RADIOLOGY

KUMAR GAURAV
SUGAM SUDHIR, 24pg(S)-24 Parganas (South), West Bengal
India, 700103
9831457657

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PROCEDURE DONE ON : 27.01.2024
OPD / IPD DOC NO : SD01/OPD/BILL/2023-24/OP40483751
REFERRING DOCTOR :
ACCESSION NO : R/DHHI-1/2023-24/0009910

REPORTED : 27.01.2024
PATIENT CODE : SD01/PAT/1000157917
AGE : 40 Yrs 2 Dys
SEX : M

(US- 10568) USG OF WHOLE ABDOMEN

LIVER

Grade - II fatty changes. Intrahepatic biliary ducts and hepatic vein tributaries are not dilated. No obvious focal lesion seen.

GALL BLADDER

Physiologically distended. Wall thickness is normal. No evidence of any intraluminal lesion seen.

C.B.D.

Normal for age. No obvious intraluminal lesion seen in visible parts.

PORTAL VEIN

Normal for age.

PANCREAS

Normal in size, shape and echotexture. No obvious focal lesion or intraparenchymal calcification seen. Main pancreatic duct is not dilated. No peripancreatic fluid collection seen.

SPLEEN

Spleen is normal in size, shape and echotexture. No focal lesion seen. Spleno-portal axis is normal.

KIDNEYS

Both the kidneys are normal in size, shape and axis. Cortical echotexture and cortico-medullary differentiation are normal in both sides. No evidence of any focal lesion seen in either kidneys. No hydronephrosis detected.

URETERS

Pelvi-ureteric junction and vesico-ureteric junctions are normal. No obvious intraluminal lesion seen in visible part.

URINARY BLADDER

Optimally distended, normal in shape and wall thickness. No evidence of any intraluminal lesion seen.

PROSTATE

Prepared By : TAMAY Checked By : A K Dey

DJ

PATIENT NAME & ADDRESS

KUMAR GAURAV

SUGAM SUDHIR, 24pg(S)-24 Parganas (South), West Bengal
India, 700103
9831457657

RADIOLOGY



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E-mail: desun@desunhospital.com, Website: www.desunhospital.com
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PROCEDURE DONE ON : 27.01.2024
OPD / IPD DOC NO : SD01/OPD/BILL/2023-24/OP40483751
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AGE : 40 Yrs 2 Dys
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Normal echotexture. No obvious enlargement of median lobe seen. Inner glandular zone appear normal. Capsule is intact sonologically.

RETROPERITONEUM

No obvious sonological evidence of any retroperitoneal mass lesion or lymphadenopathy seen in visible part. Aorta and I.V.C. appear normal.

PERITONEUM

No free fluid seen in the peritoneal cavity. Mesenteric echogenicity appears normal.

LOWER PLEURAL SPACES

No free fluid seen.

R.I.F

No obvious mass lesion/localized collection seen.

IMPRESSION:

* Grade - II fatty changes in liver.



Dr. DINESH JAIN

WBMC-70597

MD, DNB (Radiology), EDIR, FRCR

Patient Name:	KUMAR GOURAV 40Y OPD	Study Date/Time:	27-01-2024 10:35 AM
Sex/Age/Modality:	M/40Y/CR	Report Date/Time:	27-01-2024 02:44 PM
Patient ID:	17123	Report:	CHEST
Ref. Physician:	DESUN HOSPITAL & HEART INSTITUTE,KOLKATA	Report ID:	1221932D1305

X-Ray of Chest PA view

No active Parenchymal lesion could be shown in lung fields.

Bony thoracic cage and its related soft tissue shadow looks normal.

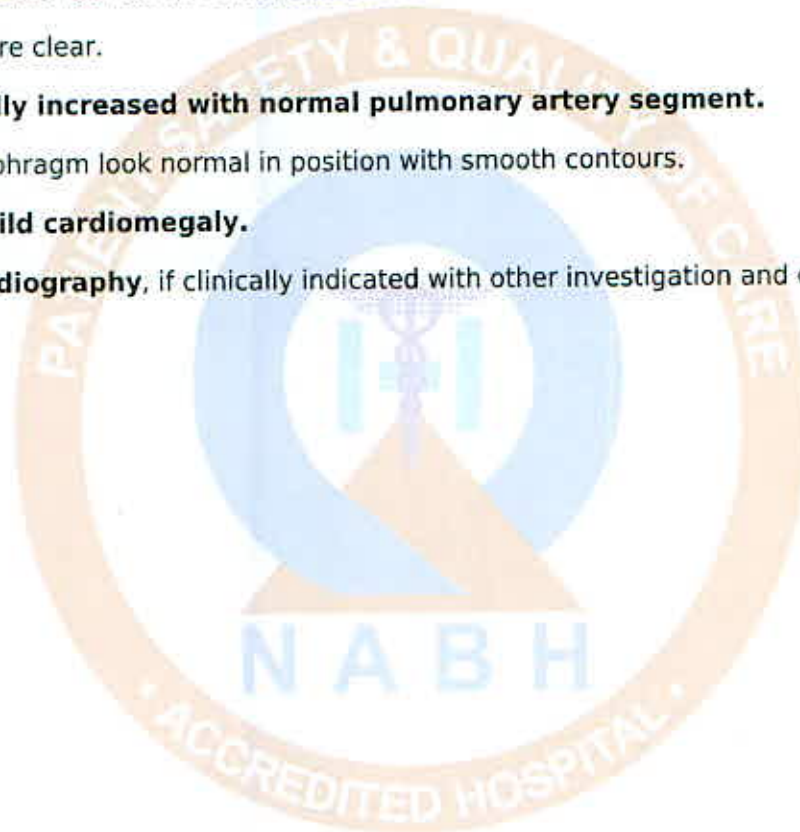
Both C. P. angles are clear.

C. T. ratio is mildly increased with normal pulmonary artery segment.

Both domes of diaphragm look normal in position with smooth contours.

Impression :- Mild cardiomegaly.

Suggests **Echocardiography**, if clinically indicated with other investigation and clinical correlation.



Dr. Tarique Ajij
MBBS, MD(Radiology)
Consultant Radiologist
Reg-64888



Disclaimer: The report is prepared by the image and patient information provided by the origin. In no event, Radisky Labs Private Limited shall be liable for any special, direct, indirect, consequential or any damages, arising out of or in connection with the use of the service.



Name : Mr. Kumar Gourav

Date : 27.01.24

U/Doctor : Dr. Anish Chakraborty

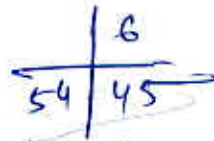
Age : 40y Sex : M

Doctor's Prescription

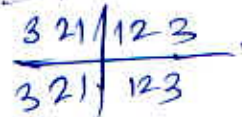
Rx 4c Sensitivity in teeth

O/S

① Cervical Abrasion in



② Stain and Calculus in



Adv

① LC/GIC Restoration in



② Sealing (Anterior teeth only) - Single Sitting.



①

Rx.

Toothpaste Sensodent - KF.

use twice daily with
Toothbrush for 2 months.

② mouthrinse - Hexidine (10 ml) + lukewarm water (10 ml)



3 times daily x 15 days

[Handwritten signature]

DR. ANISH CHAKRABORTY

(BDS)
DENTISTRY
REGN. NO. 6648 A
DESUN HOSPITAL

29/1/24





Name: Mr. Kuman Gourov

Date: 27.01.24

U/Doctor: Dr. Sreemanti Bag

Age: 40y Sex: M

Doctor's Prescription

pt had bleeding
from ruptured
ear laceration back
1870 trauma
(blunt)
caused by ear-bow
habit of clavic
ear-picking
Known eye
allergic
rhinitis

Rx

Adult

- Exam 25E
Complete allergy profile
- Tab TAXIM O (250mg) / 2 Tab 30AC
x 5 days
- SURFAC SN cream / apply locally
(B/L EAC) x 2 days
- DUONASE nasal spray
1 puff twice daily in
each nasal cavity x 2 weeks
- SOLSPRE nasal spray
1 puff twice daily
in each nasal cavity
x 2 weeks
- Tab MONTICOPRE AY
2 Tab 0.5AC at 0.5 x 2 weeks
- Review after 2 weeks
5 days or earlier SOS

Known eye
↓ RX
0.1 Enam
Not on MR -
DNS (4-) 1/2 (1/2)
B/L nasal mucosa
carried
that -
best nasal drip
Low! - B/L 7M
N-EAC
traumatic
injury
clavic
in his ear
777 - B/L
webel - Central



Sreemanti Bag

27.01.2024

Dr. Sreemanti Bag
MBBS, MS
Reg. No.- 73883 WBMC
Department of ENT
Desun Hospital



NAME - Mr. KUMAR GOURAV

AGE - 40 Yrs, M

DATE - 27.01.24

Go - blurring in N/A & watering in BE.

NA < E/C
NA < F/G

RE → Plano

LE → Plano

Add → +0.75 Dsph

Jshikatta test is 100% correct.



Dr. Soumyadeep Majumder

MBBS MS

Reg. No. 68259 WB/MC

Department of Ophthalmology

DESUN HOSPITAL

(A unit of P N Memorial Neurocentre & Research Institute Ltd.)

CIN - U85110WB2000PLC091118

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