



NAME - MR. ARIJIT GHOSH

AGE - 39 Yrs, M

DATE - 23.03.24

Sub - physical Examination

Height - 166.2 cm

Weight - 75 kg

BP - 120/70 mmHg

SPO₂ - 98% (R.A)

Pulse - 86 b/m

BMI - 27.2 kg/m²



PATIENT NAME & ADDRESS

MR. ARIJIT GHOSH



Desun More, E.M. Bypass, Kabra Golpark, Kolkata-700 107, Ph: 71 222 000, Fax: 2443 9000
 Email: desun@desunhospital.com, Website: www.desunhospital.com
 (A unit of P. N. Memorial Neurocentre & Research Institute Ltd.)

DRAWN : 23-03-2024
 10:12 Hrs.

RECEIVED : 23-03-2024
 13:28 Hrs.

REPORTED : 23-03-2024
 15:23 Hrs.

OPD/IPD DOC NO SD01/OPD/BILL/2023-24/OP40505322

PATIENT CODE SD01/PAT/1000164610



REFERRING DOCTOR

ACCESSION NO DHHI-1/2023-24/0009929

AGE 39 Yrs 4 Mths 16 Dys SEX Male

Results relate only to the samples tested

TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
Glucose - Fasting			
Glucose - Fasting Specimen : Plasma Flouride Methodology : Hexokinase	94	Adult: 74 - 106 Children 60 - 100	mg/dL
Uric Acid			
Uric Acid Specimen : Serum Methodology : Uricase Peroxidase	6.2	Male : 3.5 - 7.2 Female : 2.6 - 6.0	mg/dL
Creatinine			
Creatinine Specimen : Serum Methodology : Jaffe Method	0.96	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	0.84	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	0.12	Adults and Children: < 0.2	mg/dL
Indirect Bilirubin Methodology : Calculated Value	0.72		mg/dL
Total Protein Specimen : Serum Methodology : Biuret	6.6	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	2.3	1.8 - 3.6	g/dL



Prerana Mondal

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

23032024165340

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TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
LFT (Liver Function Test)			
Aspartate Aminotransferase (SGOT) (AST)	20	Male (Adult): <50 Female (Adult): <35 Newborn: 25 - 75 Infant: 15 - 60	U/L
Specimen : Serum Methodology : IFCC (UV without P5P)			
Alanine Aminotransferase (SGPT) (ALT)	24	Male(Adult): <50 Female(Adult): <35 Newborn/Infant: 13 - 45	U/L
Specimen : Serum Methodology : IFCC (UV without P5P)			
Alkaline Phosphatase (ALP)	73	75 - 316	U/L
Specimen : Serum Methodology : IFCC (PNPP, AMP buffer)			



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TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
Glucose - PP (Post Prandial)			
Glucose - Post Prandial	102	70.0 - 140.0	mg/dL
Specimen : Plasma Flouride			
Methodology : Hexokinase			
** Sample Drawn : 23.03.2024 13:22 Hrs.	Received : 23.03.2024 14:06 Hrs.	Reported : 23.03.2024 15:01 Hr	



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TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
Lipid Profile			
Cholesterol - Total/HDL ratio Methodology : Calculated Value	6.03	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	0.22		



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BUN (Blood Urea Nitrogen)			
Blood Urea Nitrogen (BUN) Specimen : Serum Methodology : Urease, GLDH	11	Newborn : 4 - 18 Child : 5 - 18 Adult : 6 - 20	mg/dL
GGT (Gamma-glutamyltransferase)			
Gamma-glutamyltransferase (GGT) Specimen : Serum Methodology :	19.1	12 - 122	U/L
LFT (Liver Function Test)			
A/G Ratio Specimen : serum Methodology : Calculated Value	0	1.1 - 2.2	ratio
HbA1c (Glycosylated Haemoglobin)			
Glycosylated Haemoglobin (HbA1C) Specimen : Methodology : NGSP	6.0	4.6 - 6.2	%
Microalbuminuria / ACR,			
Spot Microalbumin Methodology : Immunoturbidimetry	0.84		mg/L
Creatinine, Urine Methodology : Modified Jaffe	35.29		mg/dL
Spot Microalbumin / Creatinine Ratio Methodology : Calculated Value	2.38	Normal < 30.0 Microalbuminuria : 30 - 299 Clinical albuminuria : 300.0	µg of Albumin /mg Creatinine



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TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
<p>ABO Group & RH Type</p> <p>ABO Blood Group Methodology : Tube Agglutination / Slide method</p> <p>Rh Typing Specimen : Whole Blood - EDTA Methodology : Tube Agglutination / Slide method</p>	<p>B</p> <p>POSITIVE</p> <p>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.</p>		



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TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
CBC (Complete Blood Count)			
RBC	Normocytic Normochromic		
WBC	Normal morphology. No immature cell seen.		
Erythrocyte Sedimentation Rate (ESR) Specimen : Whole Blood - EDTA Methodology : Westergren	48	<=15	mm / hr



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TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
Routine Stool Examination			
<i>Physical Examination.</i>			
Colour	Brown		
Consistency	Semi Soft		
<i>Chemical Examination</i>			
Reaction	Alkaline	< 6.5 (Acidic)	
<i>Physical Examination.</i>			
Adult Parasite Segments	Absent		
Mucus	Present		
Frank Blood	Absent		
<i>Microscopic Examination</i>			
Ova	Not Found		
Cyst of Protozoa	Not Found		
Trophozoite	Not Found		
Larva	Not Found		
Pus Cells	2-3		/hpf
RBC	Not Found		/hpf
Fat	Absent		
Muscle Cells	Absent		
Starch	Absent		
Vegetable Cells	Present		



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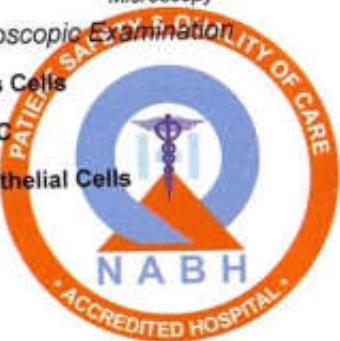
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TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
Urinalysis			
<i>Urinalysis</i>			
<i>Physical Examination</i>			
Volume <i>Methodology : By graduated container</i>	50		mL
Colour	Pale Straw		
Appearance <i>Methodology : Visual</i>	Slightly Hazy	Clear	
Specific Gravity <i>Methodology : pKa change</i>	1.015	1.000 - 1.030	ratio
<i>Chemical Examination</i>			
Reaction <i>Methodology : Double indicator (Strip)</i>	Acidic		
Protein <i>Methodology : Protein-error-of-indicators</i>	Absent	Absent	
Glucose <i>Methodology : Glucose oxidase (Strip) Benedict's Test</i>	Absent	Absent	
Ketone Bodies <i>Methodology : Nitroprusside method (Strip)/ Tube</i>	Absent	Absent	
Bile Salt <i>Methodology : Hay's Method</i>	Absent	Absent	
Bile Pigment <i>Methodology : Diazo Method (Strip)</i>	Absent	Absent	
Blood <i>Methodology : Benzidine method (Strip) Microscopy</i>	Absent	Absent	
<i>Microscopic Examination</i>			
Pus Cells	1-2	0 - 5	/hpf
RBC	Not Seen	Nil	/hpf
Epithelial Cells	0-1	0 - 1	/hpf



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TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
Urinalysis			
Casts	Not Seen		
Crystals	Not Seen		



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DESUN
REFERENCE LAB

AN ISO 9001:2000 ORGANISATION

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BED NO : OPD

DRAWN : 23-03-2024
10:12 Hrs.

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PATIENT CODE 164610

OPD/IPD DOC NO OP40505322

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2331469510

ACCESSION NO DHHI-3/2023-24/0018528

AGE 39 Yrs 4 Mths 16 Dys SEX Male

Results relate only to the samples tested

TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
Thyroid Profile - 1 (T3, T4, TSH)			
Triiodothyronine (T3) Specimen : Serum Methodology : Electrochemiluminescence	1.22	0.80 - 2.00	ng/mL
Thyroxine (T4) Specimen : Serum Methodology : Electrochemiluminescence	6.99	5.10 - 14.10	µg/dL
Thyroid Stimulating Hormone (TSH) Specimen : Serum Methodology : Electrochemiluminescence	2.49	0.270 - 4.20	µIU/mL
----- End of Report -----			

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

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CARDIOLOGY

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SEX : M

REPORT OF ELECTROCARDIOGRAM

Standardization : 10 mm/mv.
Rhythm : Regular/Sinus.
Rate : 63 bpm
QRS Axis : Normal.
QRS : Normal.
QTC : Normal.
'P' Wave : Normal.
P.R : Normal.
QRS Complex : Normal.
'Q' Wave : Absent.
ST Segment : Isoelectric.
'T' Wave : ↓ III, V1
'U' Wave : Absent.
IMPRESSION : **SINUS RHYTHM.**



Dr. IMRAN AHMED KHAN

Reg No: 64336, MBBS
Dept. of Cardiac Science

Prepared By : Utpal Checked By : Sumita Bar

I A K

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CARDIOLOGY

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ECHO CARDIOGRAPHY SCREENING REPORT

ECHO NO : 514

SUMMARY

- >> Normal LV Cavity.
- >> No RWMA.
- >> Good LV Systolic Function. LVEF = 60 %.
- >> Normal RVSF.
- >> Trivial TR. No PAH.
- >> Great arteries Normal in Size and Relation.
- >> IAS & IVS Intact.
- >> Systemic and Pulmonary Venous Drainage Normal.
- >> No PE.
- >> IVC Collapsing.

FINAL IMPRESSION

- >> No RWMA.
- >> Good LV Systolic Function.
- >> Normal RVSF.

****Please Correlate Clinically.**

Sanjib Kumar Patra
Dr. SANJIB KUMAR PATRA

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

Prepared By : Sutapa Checked By : A Esai

S K P

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M - mode Measurements Valves :-

Aorta - 3.0 cm LV ed - 4.2 cm
LA - 3.5 cm LV es - 2.6 cm
ACS - cm IVS ed - 1.2 cm
RV ed - cm PW (LV) - 1.1 cm
FS - % LVEF - 60 %

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

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

Prepared By : Sutapa Checked By : A Esai

S K P

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CARDIOLOGY

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PROCEDURE DONE ON : 23.03.2024
 OPD / IPD DOC NO : SD01/OPD/BILL/2023-24/OP40505322
 REFERRING DOCTOR :
 ACCESSION NO : R/DHHI-1/2023-24/0015426

REPORTED : 23.03.2024
 PATIENT CODE : SD01/PAT/1000164610
 AGE : 39 Yrs 4 Mths 16 Dys
 SEX : M

PERICARDIUM : Normal.

VALVES :-

MITRAL VALVE

Morphology : Normal

Doppler : Normal

TRICUSPID VALVE

Morphology : Normal

Doppler : Tricuspid Regurgitation : Trivial

AORTIC VALVE

Morphology : Normal

Doppler : Normal

PULMONARY VALVE

Morphology : Normal

Doppler : Normal

Sanjib Kumar Patra

Dr. SANJIB KUMAR PATRA

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

Prepared By : Sutapa Checked By : A Esai

S K P

PATIENT NAME & ADDRESS
MR. ARIJIT GHOSH

RADIOLOGY



Desun More, E.M. Bypass, Kasba Golpark, Kolkata-700 107, Ph: 71 222 000, Fax: 2443 9000
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OPD / IPD DOC NO : SD01/OPD/BILL/2023-24/OP40505322
REFERRING DOCTOR :
ACCESSION NO : R/DHHI-1/2023-24/0015466

REPORTED : 23.03.2024
PATIENT CODE : SD01/PAT/1000164610
AGE : 39 Yrs 4 Mths 16 Dys
SEX : M

(US-13132) USG OF WHOLE ABDOMEN

LIVER

Shows normal homogeneous echotexture. 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.

PATIENT NAME & ADDRESS
MR. ARIJIT GHOSH

RADIOLOGY

DESUN
HOSPITAL
A NABH HOSPITAL

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PROSTATE

Normal echotexture. No obvious enlargement of median lobe seen. Inner glandular zone appear normal. Capsule is intact sonologically.
Prostate weight : 15 gms (approx.)

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:

* Sonological features are within normal limit.

Dinesh Jain

Dr. DINESH JAIN
WBMC-70597
MD, DNB (Radiology), EDIR, FRCR



NAME - ARIJIT GHOSH

AGE - 39y, M

DATE - 23/03/24

Refraction Done.

Adv.

RE $\rightarrow -1.00$ D cyl $\times 100^\circ \downarrow$, 6/6

LE $\rightarrow -0.50$ D cyl $\times 60^\circ \downarrow$, 6/6

BENV Add $\rightarrow +1.00$ D sph, N/6

For Bifocal/progressive use.

Dr. Soumyadeep Majumder

MBS-18

Reg. No. 68358-WBMC

Department of Ophthalmology





Name : Mr. Anijit Ghosh

Date : 23. 03. 24

U / Doctor : Dr. Anish Chakraborty

Age : 39y Sex : M

Doctor's Prescription

Rx

10/12 Stain ⊕ Int.

adv → Sealing (Single Sitting)

✓ Moulti Rinse Clohex-Heal
(0.2% Chlorhexidine),

↓
20 ml (without dilution)

↓
3 DS (3 times/day) / 2 times/day

↓
for 2 weeks ⊕ ↓
for 3 weeks

✓ use (Hexigel)
topically on gum
2 times/day for
2 weeks

Adv
Stop All deleterious habits immediately

Anish Chakraborty

23/3/24

DR. ANISH CHAKRABORTY
(BDS)
DENTISTRY
REGN. NO. 6648 A
DESUN HOSPITAL

→ Sleep studies

Polysonnography = 4 hours C-PAP trial

→ Body weight reduction

→ Blood Pr. T₃, T₄, TSH,

FF,

Complete allergy profile

→ Xray PNS (OM view)

→ Review after 3 weeks.
or earlier SOS.



S. Bag
22.08.24

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