

PATIENT NAME & ADDRESS
MR. BIMAN ROY

PATHOLOGY



Desun More, E.M. Bypass, Kasba 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 10:10 Hrs. RECEIVED : 23-03-2024 13:52 Hrs. REPORTED : 23-03-2024 16:34 Hrs.

OPD/IPD DOC NO SD01/OPD/BILL/2023-24/OP40505316 PATIENT CODE SD01/PAT/1000164606



REFERRING DOCTOR
ACCESSION NO DHHI-1/2023-24/0009927 AGE 38 Yrs 6 Mths 6 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	104	Adult: 74 - 106 Children 60 - 100	mg/dL
Creatinine			
Creatinine Specimen : Serum Methodology : Jaffe Method	0.98	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
Uric Acid			
Uric Acid Specimen : Serum Methodology : Uricase Peroxidase * CLINICAL CORRELATION REQUESTED.	* 7.5	Male : 3.5 - 7.2 Female : 2.6 - 6.0	mg/dL
LFT (Liver Function Test)			
Total Bilirubin Specimen : Serum Methodology : Diazotization	0.77	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	0.15	Adults and Children: < 0.2	mg/dL
Indirect Bilirubin Methodology : Calculated Value	0.62		mg/dL
Total Protein Specimen : Serum Methodology : Biuret	7.0	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)	4.6	Adults : 3.5 - 5.2 Newborn (0 - 4 day) : 2.8 - 4.4	g/dL
Globulin Methodology : Calculated Value	2.4	1.8 - 3.6	g/dL



Dr. Prerana Mondal

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

23032024165650

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AGE 38 Yrs 6 Mths 6 Dys

SEX Male

2331469420

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TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
LFT (Liver Function Test)			
Aspartate Aminotransferase (SGOT) (AST)	25	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)	21	Male(Adult): <50 Female(Adult): <35 Newborn/Infant: 13 - 45	U/L
Specimen : Serum Methodology : IFCC (UV without P5P)			
Alkaline Phosphatase (ALP)	86	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	87	70.0 - 140.0	mg/dL
Specimen : Plasma Flouride			
Methodology : Hexokinase			
*PP SUGAR CAN BE LOWER THAN FASTING SUGAR DUE TO THE FOLLOWING REASONS:			
1) IN LATENT DIABETICS, HYPERSECRETION OF INSULIN BY THE ISLET CELLS OF PANCREAS MAY LEAD TO INCREASED UTILISATION OF POST PRANDIAL BLOOD GLUCOSE.			
2) OPTIMUM AMOUNT OF GLUCOSE (I.E. 75GM) MAY NOT HAVE BEEN CONSUMED.			
3) INSULIN SURGE MAY TAKE PLACE AFTER INGESTION OF DIRECT GLUCOSE.			
4) PATIENT MAY BE A KNOWN DIABETIC UNDER TREATMENT.			
* VALUE RECHECKED.			
** Sample Drawn : 23.03.2024 13:46 Hrs.	Received : 23.03.2024 14:23 Hrs.	Reported : 23.03.2024 16:34 Hr	



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TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
Lipid Profile			
Cholesterol - Total Specimen : Serum Methodology : CHOD-POD	177	<200 : Desirable 200 - 239 : Borderline High >=240 : High	mg/dL
Cholesterol - HDL Specimen : Serum Methodology : Direct Enzymatic Colorimetric	53	40.0 - 59.0	mg/dL
Cholesterol - LDL Methodology : Calculated Value	103.2	> 160.0 : High Risk 130.0 - 160.0 : Borderline High <= 130.0 : Desirable	mg/dL
Cholesterol - VLDL Methodology : Calculated Value	20.8	< 40.0	mg/dL
Triglyceride Specimen : Serum Methodology : GPO POD	104	Normal : <150 Borderline high : 150 - 199 High : 200 - 499 Very high : >=500	mg/dL



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TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
Lipid Profile			
Cholesterol - Total/HDL ratio <i>Methodology : Calculated Value</i>	3.34	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 <i>Methodology : Calculated Value</i>	0.51		



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TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
CBC (Complete Blood Count)			
Haemoglobin (Hb) Specimen : Whole Blood - EDTA Methodology : Colorimetry	12.8	13.5 - 17.5	gm %
RBC Count Specimen : Whole Blood - EDTA Methodology : Electrical Impedance	4.43	4.5 - 5.5	million/cmm
Packed Cell Volume (Hematocrit) (PCV) Specimen : Whole Blood - EDTA Methodology : Pulse height detection	39.4	40.0 - 50.0	%
Mean Cell Volume (MCV) Specimen : Whole Blood - EDTA Methodology : Calculated Value	88.9	83 - 101	fL
Mean Cell Haemoglobin (MCH) Specimen : Whole Blood - EDTA Methodology : Calculated Value	28.9	27 - 32	pg
Mean Cell Haemoglobin Concentration (MCHC) Specimen : Whole Blood - EDTA Methodology : Calculated Value	32.5	31.5 - 34.5	g/dL
Platelet Count Specimen : Whole Blood - EDTA Methodology : Electrical Impedance	1.20	1.5 - 4.1	lakh/cmm
Total Count			
WBC Count Specimen : Whole Blood - EDTA Methodology : Electrical Impedance	4.8	4 - 10	thou/cmm
Differential Count (Microscopy)			
Neutrophil	67	40 - 80	%
Lymphocyte	30	20 - 40	%
Monocyte	02	2 - 8	%
Eosinophil	01	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	Normal morphology. No immature cell seen.		
Erythrocyte Sedimentation Rate (ESR) <i>Specimen : Whole Blood - EDTA</i> <i>Methodology : Westergren</i>	10	<=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	B		
Rh Typing Specimen : Whole Blood - EDTA Methodology : Tube Agglutination / Slide method	POSITIVE		
	<p>Note : Following factors are responsible for discrepancies in ABO Grouping:</p> <ol style="list-style-type: none"> 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 <i>Methodology : By graduated container</i>	35		mL
Colour	Pale Straw		
Appearance <i>Methodology : Visual</i>	Slightly Hazy	Clear	
Specific Gravity <i>Methodology : pKa change</i>	1.020	1.000 - 1.030	ratio
<i>Chemical Examination</i>			
Reaction <i>Methodology : Double indicator (Strip)</i>	Alkaline		
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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REFERENCE LAB

AN ISO 9001:2000 ORGANISATION

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BED NO : OPD

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OPD/IPD DOC NO OP40505316

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ACCESSION NO DHHI-3/2023-24/0018530

AGE 38 Yrs 6 Mths 6 Dys

SEX Male



2331469420

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TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
Thyroid Profile - 1 (T3, T4, TSH)			
Triiodothyronine (T3) Specimen : Serum Methodology : Electrochemiluminescence	1.25	0.80 - 2.00	ng/mL
Thyroxine (T4) Specimen : Serum Methodology : Electrochemiluminescence	6.37	5.10 - 14.10	µg/dL
Thyroid Stimulating Hormone (TSH) Specimen : Serum Methodology : Electrochemiluminescence	3.29	0.270 - 4.20	µIU/mL
----- End of Report -----			

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

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 SEX : M

REPORT OF ELECTROCARDIOGRAM

Standardization : 10 mm/mv.
 Rhythm : Irregular/Sinus Bradycardia.
 Rate : 56 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 : ↓ V1
 'U' Wave : Absent.
IMPRESSION : **SINUS BRADYCARDIA.**



Dr. IMRAN AHMED KHAN

Reg No: 64336, MBBS
 Dept. of Cardiac Science

Prepared By : Utpal Checked By : Sumita Bar

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 SEX : M

ECHO CARDIOGRAPHY SCREENING REPORT**ECHO NO : 512****SUMMARY**

- >> Normal LV Cavity.
- >> No RWMA.
- >> Good LV Systolic Function. LVEF = 64 %.
- >> Normal LV Diastolic Function.
- >> Great arteries Normal in Size and Relation.
- >> IAS & IVS Intact.
- >> Systemic and Pulmonary Venous Drainage Normal.
- >> No PE.

FINAL IMPRESSION

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

****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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SEX : M

M - mode Measurements Valves :-

Aorta - 2.6 cm LV ed - 4.2 cm
LA - 3.0 cm LV es - 2.5 cm
ACS - cm IVS ed - 1.0 cm
RV ed - cm PW (LV) - 1.0 cm
FS - % LVEF - 64 %

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.

Sanjib Kumar Patra
Dr. SANJIB KUMAR PATRA

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

Prepared By : Sutapa Checked By : A Essai

SKP

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PROCEDURE DONE ON : 23.03.2024
OPD / IPD DOC NO : SD01/OPD/BILL/2023-24/OP40505316
REFERRING DOCTOR :
ACCESSION NO : R/DHHI-1/2023-24/0015425

REPORTED : 23.03.2024
PATIENT CODE : SD01/PAT/1000164606
AGE : 38 Yrs 6 Mths 6 Dys
SEX : M

PERICARDIUM : Normal.

VALVES :-**MITRAL VALVE**

Morphology : Normal
Doppler : Normal

TRICUSPID VALVE

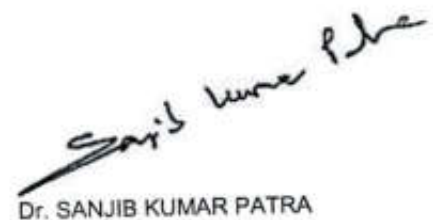
Morphology : Normal
Doppler : Normal

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 : Sutapa Checked By : A Esai

S K P

PATIENT NAME & ADDRESS
MR. BIMAN ROY

RADIOLOGY

DESUN
HOSPITAL
A NABH HOSPITAL

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(US-13128) 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. BIMAN ROY

RADIOLOGY



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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 : 20 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

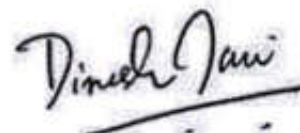
No free fluid seen.

R.I.F

No obvious mass lesion/localized collection seen.

IMPRESSION:

* Sonological features are within normal limit.



Dr. DINESH JAIN

WBMC-70597
MD, DNB (Radiology), EDIR, FRCR

Prepared By : TAMAY Checked By : A K Dey

DJ



NAME - BIMAN ROY
AGE - 38Y, M
DATE - 23/03/24

Refractive Done.
Adv.

~~BE~~ → PLANO 6/6
NO gl. prescribed.

VA 6/6
(Un-Aided)

- Patient can read all plates of
ISHIHARA Chart.

» Soumyadeep Majumdar
MBB
Reg. No. 68358 WBMC
Department of Ophthalmology
23.03.2024





Name: **Mn. Biman Roy**

Date: **23.03.24**

U/Doctor: **Dr. Sneemanti Bag**

Age: **38y** Sex: **M**

Doctor's Prescription

Rx

o/e BIL diminished hearing
habit of ear-picking
o/e :- BIL TM Intact
Nipt EAC -
clewicohis
antenna
Tummy sticking?
BIL Nipt :- +ve
Waker - Actualised
to Nipt ear

Advice

- > PTA
- > Blood for FBS, PPBS
- > No ear-picking
- > Cap ABSOLUT 3Gly
1 cap once daily
after meal x 10 days.
- > SURFAZ SN creamly
apply locally 2 times daily
(Nipt EAC) x 7 days
- > Nicew - reports.



S. Bag
23.03.24.

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



Name : Mr. Biman Roy

Date : 23.03.24

U / Doctor : Dr. Anish Chakraborty

Age : 38y Sex : M

Doctor's Prescription

Rx Stain and Calculus ⊕

adv

Scaling of full mouth :
(Single sitting)

Anish Chakraborty

23/3/24

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

