



Patient Name : MR. SUMANTA GHOSH
Age / Gender : 35 Years / Male
Mobile No. : -
Patient ID : 79635
Bill ID : 82467
Referral : DR SELF

Optional ID : -
Collection Time : 29/03/2024, 10:16 a.m.
Receiving Time : 29/03/2024, 01:06 p.m.
Reporting Time : 29/03/2024, 03:48 p.m.
Sample ID : 1924021761
Sample Type : Serum

Test Description	Value(s)	Unit(s)	Reference Range
<u>Bun / Creatrine Ratio</u>			
BUN/Creatinine ratio	7.78		12 - 20
Method : Calculation			

****END OF REPORT****

Checked by
Pintu Manna

Supratik Biswas
 Dr. Supratik Biswas
 MBBS, MD
 Consultant Biochemist
 Regn.No.: 64600 (WBMC)



Reported By : -

Registered By : Sumita Das



Patient Name : MR. SUMANTA GHOSH
Age / Gender : 35 Years / Male
Mobile No. : -
Patient ID : 79635
Bill ID : 82467
Referral : DR SELF
Source : ALLIANCE & PROJECT

Optional ID : -
Collection Time : 29/03/2024, 10:16 AM
Receiving Time : 29/03/2024, 01:06 PM
Reporting Time : 29/03/2024, 04:45 PM
Sample ID : 1924021761
Sample Type : Edta Blood

Test Description	Value(s)	Unit(s)	Reference Range
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Blood Group & RH Typing

BLOOD GROUP	"AB"
RH TYPING	POSITIVE

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



****END OF REPORT****

Checked by
Sharmistha Das

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



Reported By : -

Registered By : Sumita Das





Patient Name : MR. SUMANTA GHOSH

Age / Gender : 35 Years / Male

Mobile No. : -

Patient ID : 79635

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Referral : DR SELF

Source : ALLIANCE & PROJECT

Optional ID : -

Collection Time : 29/03/2024, 10:16 AM

Receiving Time : 29/03/2024, 01:06 PM

Reporting Time : 29/03/2024, 03:14 PM

Sample ID : 1924021761

Sample Type : Urine

Test Description	Value(s)	Unit(s)	Reference Range
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Urine Routine

PHYSICAL EXAMINATION

Volume	45 ml
Colour	Straw
Appearance	Slightly hazy
Deposit	Present
Specific Gravity	1.010

CHEMICAL EXAMINATION

Reaction	Acidic (PH: 5.0)
Protein	Absent
Sugar	Absent
Ketones Bodies	Absent
Urobilinogen	Normal
Blood	Absent

MICROSCOPIC EXAMINATION

Pus Cells	2 - 4 /hpf
R.B.C	Not found
Epithelial Cells	1 - 2 /hpf
Casts	Not found
Crystals	Not found
Others	Microorganisms present

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 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.



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Sample ID : 1924021761
Sample Type : Urine

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

****END OF REPORT****

Checked by
Gouranga Bera


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



Reported By : -

Registered By : Sumita Das



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Source : ALLIANCE & PROJECT

Optional ID : -
Collection Time : 29/03/2024, 10:16 AM
Receiving Time : 29/03/2024, 01:06 PM
Reporting Time : 29/03/2024, 02:00 PM
Sample ID : 1924021761
Sample Type : Serum

Test Description	Value(s)	Unit(s)	Reference Range
Prostate Specific Antigen (PSA), Serum			
PSA (PROSTATE SPECIFIC ANTIGEN)	0.65	ng/mL	< 1.4
Method : Electrochemiluminescence Immunoassay (ECLIA)			
Remark			

****END OF REPORT****

Checked by
Barun Jana

Supratik Biswas
Dr. Supratik Biswas
MBBS, MD,
Consultant Biochemist



Reported By : -

Registered By : Sumita Das





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Age / Gender : 35 Years / Male

Mobile No. : -

Patient ID : 79635

Bill ID : 82467

Referral : DR SELF

Optional ID : -

Collection Time : 29/03/2024, 10:12 a.m.

Receiving Time : 29/03/2024, 01:16 p.m.

Reporting Time : 29/03/2024, 06:06 p.m.

Sample ID : 1924021761

Sample Type : USG

USG Whole Abdomen

LIVER

Is normal in size (measures 13.3 cm), outline and echotexture. **A 0.85 x 0.89 cm sized hyperechoic lesion is seen in the right lobe of liver, likely suggestive of hemangioma.** Intrahepatic biliary radicles are not seen dilated. Hepatic & Portal venous systems appear normal. Portal vein measures 0.99 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 seen dilated and measures 0.44 cm.

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 8.8 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 9.0 cm.

Left kidney measures 9.4 cm.

URETERS

Ureters are not seen dilated.

URINARY BLADDER





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Reporting Time : 29/03/2024, 06:06 p.m.

Sample ID : 1924021761

Sample Type : USG

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 4.2 x 3.2 x 3.2 cm and volume - 22.6 cc.

Retroperitoneum- No abdominal lymphadenopathy is seen.
No evidence of Ascites is seen.

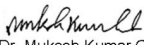
IMPRESSION :

Small hemangioma in right lobe of liver (benign findings)

Rest of the study is normal.

Please correlate with clinical findings.

****END OF REPORT****


Dr. Mukesh Kumar Gupta
DMRD, ENB (Radio-Diagnosis)
WBMC - 68415

Checked by
Jhumpa Halder



Reported By : Prasenjit Sarkar

Registered By : Sumita Das



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Patient ID : 79635

Bill ID : 82467

Referral : DR SELF

Source : ALLIANCE & PROJECT

Optional ID : -

Collection Time : 29/03/2024, 10:12 AM

Receiving Time : 29/03/2024, 11:45 AM

Reporting Time : 29/03/2024, 01:29 PM

Sample ID : 1924021761

Sample Type : 2D Echo

Echocardiography/TMT

M Mode Data : Parameter	Test Value	Normal Range (Adults)	Unit
Aortic Root Diameter	2.7	2.0 – 4.0	cm
Left atrial diameter	2.9	2.0 – 4.0	cm
RV internal diameter	2.2	2.2 – 3.0	cm
IV septal thickness (diastole)	0.8	0.60 – 1.1	cm
LV Internal diameter (diastole)	4.2	3.50 – 5.4	cm
Post. Wall thickness (diastole)	0.8	0.60 – 1.1	cm
Internal diameter (systole)	2.7	2.4 – 4.2	cm
LV Ejection fraction	65 %	55 – 65	%

LV shows:

Normal size cardiac chambers.

No RWMA.

Normal diastolic flow pattern. E/E' - 7

Good LV systolic function with LVEF – 65 %

Normal RV systolic function.

All valve morphology normal.

IAS & IVS intact.

No PDA/COA.

Trivial TR (18 mmHg).

No PE / PAH.

IVC normal in size, collapsing well.



Reported By : APURBA DUTTA

Registered By : Sumita Das



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Referral : DR SELF

Source : ALLIANCE & PROJECT

Optional ID : -

Collection Time : 29/03/2024, 10:12 AM

Receiving Time : 29/03/2024, 11:45 AM

Reporting Time : 29/03/2024, 01:29 PM

Sample ID : 1924021761

Sample Type : 2D Echo

CONCLUSION:

Normal size cardiac chambers.

Good biventricular systolic function.


Normal diastolic flow pattern.

Trivial TR.

No PE / PAH.

****END OF REPORT****

Checked by
Mousumi Das Sharma


Dr. Abhinay Tibdewal
MD, DM (Cardiologist)
Regn. No.: WBMC 85811



Reported By : APURBA DUTTA

Registered By : Sumita Das



Patient Name : MR. SUMANTA GHOSH

Age / Gender : 35 Years / Male

Mobile No. : -

Patient ID : 79635

Bill ID : 82467

Referral : DR SELF

Source : ALLIANCE & PROJECT

Optional ID : -

Collection Time : 29/03/2024, 10:12 AM

Receiving Time : 29/03/2024, 11:45 AM

Reporting Time : 29/03/2024, 04:08 PM

Sample ID : 1924021761


Sample Type : Ecg

ECG

Kindly collect the graphical ECG report from reception

****END OF REPORT****

Checked by
Mousumi Das Sharma


Dr. Abhinay Tibdewal
MD, DM (Cardiologist)
Regn. No.: WBMC 85811



Reported By : MOUSUMI DAS SHARMA

Registered By : Sumita Das



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Bill ID : 82467

Referral : DR SELF

Source : ALLIANCE & PROJECT

Optional ID : -

Collection Time : 29/03/2024, 10:16 AM

Receiving Time : 29/03/2024, 01:06 PM

Reporting Time : 29/03/2024, 02:01 PM

Sample ID : 1924021761

Sample Type : Serum

Test Description	Value(s)	Unit(s)	Reference Range
<u>Total Proteins, Serum</u>			
TOTAL PROTEIN	7.2	g/dl	6.6 - 8.3
Method : Biuret			
ALBUMIN	4.02	g/dl	Adults: 3.5 - 5.2 Newborn(0-4days): 2.8 - 4.4
Method : Bromocresol green			
GLOBULIN	3.18	g/dl	1.8 - 3.6
Method : Calculation			
A/G RATIO	1.26		1.2 - 2.0
Method : Calculation			

****END OF REPORT****

Checked by
Pintu Manna

Supratik Biswas
Dr. Supratik Biswas
MBBS, MD
Consultant Biochemist
Regn.No.: 64600 (WBMC)



Reported By : -

Registered By : Sumita Das





Patient Name : MR. SUMANTA GHOSH

Age / Gender : 35 Years / Male

Mobile No. : -

Patient ID : 79635

Bill ID : 82467

Referral : DR SELF

Source : ALLIANCE & PROJECT

Optional ID : -

Collection Time : 29/03/2024, 10:16 AM

Receiving Time : 29/03/2024, 01:06 PM

Reporting Time : 29/03/2024, 03:42 PM


Sample ID : 1924021761

Sample Type : Edta Blood

Test Description	Value(s)	Unit(s)	Reference Range
Complete Blood Count			
HAEMOGLOBIN	12.7	gm/dl	13 - 17
TOTAL LEUCOCYTE COUNT	11,800	/cumm	4000 - 11000
HCT	39.5	Vol%	40 - 50
R B C	4.02	millions/cumm	4.2 - 5.5
M C V	98.3	Femtolitre(fl)	80 - 100
M C H	31.6	Picograms(pg)	27 - 31
M C H C	32.2	gm/dl	32 - 36
PLATELET COUNT	3,04,000	/cumm	150000 - 450000
DIFFERENTIAL COUNT			
Neutrophils	68	%	40 - 75
Lymphocytes	27	%	20 - 40
Monocytes	02	%	2 - 8
Eosinophils	03	%	1 - 6
Basophils	00	%	0 - 1
ESR	30	mm	2 - 17
Remarks	Normocytic Normochromic. Mild leucocytosis seen. Platelets adequate.		
Note	XN 1000, SYSMEX METHOD : FLOWCYTOMETRY ESR : AUTOMATED VESCUBE - 30 TOUCH		

****END OF REPORT****

Checked by
Tamal Sarkar


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



Reported By : -

Registered By : Sumita Das





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Source : ALLIANCE & PROJECT

Optional ID : -
Collection Time : 29/03/2024, 10:16 AM
Receiving Time : 29/03/2024, 01:06 PM
Reporting Time : 29/03/2024, 01:48 PM
Sample ID : 1924021761
Sample Type : Serum

Test Description	Value(s)	Unit(s)	Reference Range
<u>Uric Acid, Serum</u>			
URIC ACID Method : Uricase PAP	6.61	mg/dL	3.5 - 7.2

****END OF REPORT****

Checked by
Barun Jana

Supratik Biswas
 Dr. Supratik Biswas
 MBBS, MD,
 Consultant Biochemist



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Patient Name : MR. SUMANTA GHOSH

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Source : ALLIANCE & PROJECT

Optional ID : -

Collection Time : 29/03/2024, 10:16 AM

Receiving Time : 29/03/2024, 01:06 PM

Reporting Time : 29/03/2024, 02:00 PM

Sample ID : 1924021761

Sample Type : Serum

Test Description	Value(s)	Unit(s)	Reference Range
<u>T3,T4 & TSH</u>			
T3 Method : Chemiluminescent Microparticle Immunoassay (CMIA)	1.33	ng/mL	1 - 30 days: 1 - 7.4 1m - 11m: 1.05 - 2.45 1yr - 5yrs: 1.05 - 2.69 6yrs - 10yrs: 0.94 - 2.41 11yrs - 15yrs: 0.82 - 2.13 16yrs- 20yrs: 0.8 - 2.1 Adult: 0.58 - 1.59
T4 Method : Chemiluminescent Microparticle Immunoassay (CMIA)	8.48	µg/dL	1d - 6d : 11.8 - 22.6 7d - 14d : 9.9 - 16.6 15d - 4m : 7.2 - 14.4 4m - 12m : 7.8 - 16.5 1yr - 5yr : 7.2 - 15.0 5yr - 10yr : 6.4 - 13.6 > 10yr : 4.87 - 11.72 Adult : 4.87 - 11.72
TSH Method : Chemiluminescent Microparticle Immunoassay (CMIA)	4.19	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.

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



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Sample ID : 1924021761

Sample Type : Serum

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



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Source : ALLIANCE & PROJECT

Optional ID : -

Collection Time : 29/03/2024, 10:16 AM

Receiving Time : 29/03/2024, 01:06 PM

Reporting Time : 29/03/2024, 01:51 PM

Sample ID : 1924021761

Sample Type : Serum

Test Description	Value(s)	Unit(s)	Reference Range
<u>Liver Function Test</u>			
TOTAL BILIRUBIN Method : DPD	0.79	mg/dL	<1.2
CONJUGATED BILIRUBIN Method : DPD	0.4	mg/dl	< 0.2
UNCONJUGATED BILIRUBIN Method : Calculation	0.39	mg/dL	
SGPT Method : IFCC (without pyridoxal phosphate activation)	10	U/L	< 50
SGOT Method : IFCC (without pyridoxal phosphate activation)	18	U/L	< 50
ALKALINE PHOSPHATASE Method : IFCC AMP Buffer	84	U/L	30 - 120
TOTAL PROTEIN Method : Biuret	7.2	g/dL	6.6 - 8.3
ALBUMIN Method : Bromocresol Green	4.02	g/dL	Adults: 3.5 - 5.2 Newborn (1-4 days): 2.8 - 4.4
GLOBULIN Method : Calculation	3.18	g/dL	1.80 - 3.60
A/G RATIO Method : Calculation	1.26		1.2 - 2
GAMMA-GLUTAMYL TRANSFERASE Method : IFCC	10	U/L	< 55

****END OF REPORT****

Checked by
Pintu Manna

Supratik Biswas
Dr. Supratik Biswas
MBBS, MD
Consultant Biochemist
Regn.No.: 64600 (WBMC)



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Registered By : Sumita Das





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Referral : DR SELF

Source : ALLIANCE & PROJECT

Optional ID : -

Collection Time : 29/03/2024, 10:16 AM

Receiving Time : 29/03/2024, 01:06 PM

Reporting Time : 29/03/2024, 01:54 PM

Sample ID : 1924021761

Sample Type : Serum

Test Description	Value(s)	Unit(s)	Reference Range
<u>Lipid Profile</u>			
TRIGLYCERIDES Method : Enzymatic Colorimetric Assay using GPO-POD	142	mg/dL	Normal : < 150 Borderline High : 150 - 199 High : 200 - 499 Very High : >= 500
CHOLESTEROL Method : Enzymatic Colorimetric Assay using CHOD-POD	109	mg/dl	Desirable : < 200 Borderline High : 200 - 240 High Risk : > 240
HDL CHOLESTEROL Method : Enzymatic Inhibition	33	mg/dl	Low HDL : <40 High HDL : >= 60
LDL CHOLESTEROL Method : Enzymatic Selective Protection	55	mg/dl	Optimal : < 100 Above Optimal : 100 - 129 Borderline High : 130 - 159 High : 160 - 189 Very High : > 190
VLDL / CHOLESTEROL REMNANTS Method : Calculation	21	mg/dl	< 30
NON HDL CHOLESTEROL Method : Calculation	76	mg/dl	<130
TOTAL CHOLESTEROL / HDL CHOLESTEROL RATIO	3.30	Ratio	
LDL CHOLESTEROL / HDL CHOLESTEROL RATIO	1.67	Ratio	

Remark :

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

****END OF REPORT****

Checked by
Pintu Manna

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Reporting Time : 29/03/2024, 04:26 PM
Sample ID : 1924021761
Sample Type : Edta Blood

Test Description	Value(s)	Unit(s)	Reference Range
HbA1c HPLC			
HbA1c HPLC Method : High Performance Liquid Chromatography (HPLC)	4.3	%	Normal : < 5.7 Pre Diabetes : 5.7 - 6.4 Diabetes : >= 6.5
Estimated Average Glucose	77	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 Haemoglobinopathy 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.



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Test Description	Value(s)	Unit(s)	Reference Range
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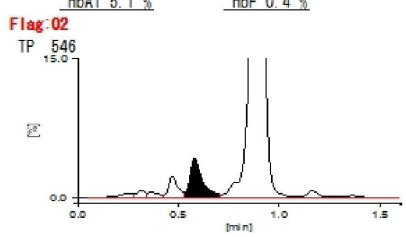
Chromatogram Report

TOSOH G8 VAR V05.29 490206 2024-03-29 16:25:08
 ID 1924021761
 Sample No. 03290038 SL 0001 - 10
 Patient ID
 Name
 Comment

CALIB			
Name	%	Time	Area
A1A	0.4	0.24	4.26
A1B	0.4	0.31	4.32
F	0.4	0.36	4.62
LA1C+	1.3	0.47	13.92
SA1C	4.3	0.58	34.59
A0	94.5	0.88	980.83
H-V0			
H-V1			
H-V2			

Total Area 1042.54

HbA1c 4.3 % **IFCC 23 mmol/mol**
 HbA1 5.1 % HbF 0.4 %



29-03-2024 16:26:20 TOSOH

1 / 1

NEUBERG PULSE DIAGNOSTIC CENTRE
 75,SARAT BOSE RD, KOL - 26

****END OF REPORT****



Reported By : -

Registered By : Sumita Das



Patient Name : MR. SUMANTA GHOSH

Age / Gender : 35 Years / Male

Mobile No. : -

Patient ID : 79635

Bill ID : 82467

Referral : DR SELF

Source : ALLIANCE & PROJECT

Optional ID : -

Collection Time : 29/03/2024, 10:16 AM

Receiving Time : 29/03/2024, 01:06 PM

Reporting Time : 29/03/2024, 04:26 PM

Sample ID : 1924021761

Sample Type : Edta Blood

Test Description	Value(s)	Unit(s)	Reference Range
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Checked by
Nisha Malakar

Supratik Biswas
Dr. Supratik Biswas
MBBS, MD
Consultant Biochemist
Regn.No.: 64600 (WBMC)



Reported By : -

Registered By : Sumita Das



Patient Name : MR. SUMANTA GHOSH
Age / Gender : 35 Years / Male
Mobile No. : -
Patient ID : 79635
Bill ID : 82467
Referral : DR SELF
Source : ALLIANCE & PROJECT

Optional ID : -
Collection Time : 29/03/2024, 10:16 AM
Receiving Time : 29/03/2024, 01:06 PM
Reporting Time : 29/03/2024, 03:14 PM
Sample ID : 1924021761
Sample Type : Urine

Test Description	Value(s)	Unit(s)	Reference Range
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Urine Fasting Sugar

URINE FOR SUGAR

Result

Absent

****END OF REPORT****

Checked by
Gouranga Bera

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



Reported By : -

Registered By : Sumita Das



Patient Name : MR. SUMANTA GHOSH
Age / Gender : 35 Years / Male
Mobile No. : -
Patient ID : 79635
Bill ID : 82467
Referral : DR SELF
Source : ALLIANCE & PROJECT

Optional ID : -
Collection Time : 29/03/2024, 02:49 PM
Receiving Time : 29/03/2024, 03:55 PM
Reporting Time : 29/03/2024, 04:30 PM
Sample ID : 1924021761P
Sample Type : Fluoride Plasma

Test Description	Value(s)	Unit(s)	Reference Range
Glucose Post Prandial Plasma			
GLUCOSE POST PRANDIAL PLASMA Method : Hexokinase	106	mg/dL	70 - 140

****END OF REPORT****

Checked by
Barun Jana

Supratik Biswas
Dr. Supratik Biswas
MBBS, MD,
Consultant Biochemist



Reported By : -

Registered By : Sumita Das





Patient Name : MR. SUMANTA GHOSH
Age / Gender : 35 Years / Male
Mobile No. : -
Patient ID : 79635
Bill ID : 82467
Referral : DR SELF
Source : ALLIANCE & PROJECT

Optional ID : -
Collection Time : 29/03/2024, 10:16 AM
Receiving Time : 29/03/2024, 01:06 PM
Reporting Time : 29/03/2024, 01:54 PM
Sample ID : 1924021761F
Sample Type : Fluoride - F

Test Description	Value(s)	Unit(s)	Reference Range
Glucose Fasting Plasma			
GLUCOSE FASTING PLASMA Method : Hexokinase	84	mg/dL	74 - 109

****END OF REPORT****

Checked by
Barun Jana

Supratik Biswas
Dr. Supratik Biswas
MBBS, MD,
Consultant Biochemist



Reported By : -

Registered By : Sumita Das



Patient Name :	SUMANTA GHOSH	Patient ID :	79635
Modality :	DX	Sex :	M
Age :	35Yrs	Study :	CHEST PA
Reff. Dr. :	SELF	Study Date :	29-03-2024

RADIOGRAPH OF THE CHEST PA VIEW

FINDINGS:

Both the lung fields are clear.

Both the costophrenic angles are clear.

Hilar shadows appear normal.

Cardiothoracic ratio is within normal limits.

Hemidiaphragms are normal in position and contour.

Trachea is in the midline.

Bony thorax under view is unremarkable.

IMPRESSION:

Radiograph chest does not reveal any significant abnormality.

Barkha Keswani

Dr. Barkha Keswani

DNB, (Radio diagnosis)

Reg. No: 2004/02/0648