

PATIENT NAME & ADDRESS  
MR. ROSHAN PASWAN

PATHOLOGY



**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 : 29-03-2024  
10:27 Hrs.

RECEIVED : 29-03-2024  
13:50 Hrs.

REPORTED : 29-03-2024  
16:09 Hrs.

OPD/IPD DOC NO SD01/OPD/BILL/2023-24/OP40507090

PATIENT CODE SD01/PAT/1000165165



2331492790

REFERRING DOCTOR

ACCESSION NO DHHI-1/2023-24/0010149

AGE 41 Yrs 15 Dys

SEX Male

Results relate only to the samples tested

TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
<b>Glucose - Fasting</b>			
Glucose - Fasting Specimen : Plasma Flouride Methodology : Hexokinase	96	Adult: 74 - 106 Children 60 - 100	mg/dL
<b>Uric Acid</b>			
Uric Acid Specimen : Serum Methodology : Uricase Peroxidase * CLINICAL CORRELATION REQUESTED.	* 7.0	Male : 3.5 - 7.2 Female : 2.6 - 6.0	mg/dL
<b>Creatinine</b>			
Creatinine Specimen : Serum Methodology : Jaffe Method	0.83	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
<b>LFT (Liver Function Test)</b>			
Total Bilirubin Specimen : Serum Methodology : Diazotization	1.00	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	0.19	Adults and Children: < 0.2	mg/dL
Indirect Bilirubin Methodology : Calculated Value	0.81		mg/dL
Total Protein Specimen : Serum Methodology : Biuret	7.3	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	2.7	1.8 - 3.6	g/dL



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TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
<b>LFT (Liver Function Test)</b>			
<b>Aspartate Aminotransferase (SGOT) (AST)</b>	23	Male (Adult): <50 Female (Adult): <35 Newborn: 25 - 75 Infant: 15 - 60	U/L
Specimen : Serum Methodology : IFCC (UV without P5P)			
<b>Alanine Aminotransferase (SGPT) (ALT)</b>	32	Male(Adult): <50 Female(Adult): <35 Newborn/Infant: 13 - 45	U/L
Specimen : Serum Methodology : IFCC (UV without P5P)			
<b>Alkaline Phosphatase (ALP)</b>	77	75 - 316	U/L
Specimen : Serum Methodology : IFCC (PNPP, AMP buffer)			



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<b>Glucose - PP (Post Prandial)</b>			
Glucose - Post Prandial Specimen : Plasma Flouride Methodology : Hexokinase	105	70.0 - 140.0	mg/dL
** Sample Drawn : 29.03.2024 13:45 Hrs.	Received : 29.03.2024 14:23 Hrs.	Reported : 29.03.2024 16:09 Hr	



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TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
<b>Lipid Profile</b>			
<b>Cholesterol - Total</b> Specimen : Serum Methodology : CHOD-POD	<b>* 278</b>	<200 : Desirable 200 - 239 : Borderline High >=240 : High	mg/dL
<b>Cholesterol - HDL</b> Specimen : Serum Methodology : Direct Enzymatic Colorimetric	<b>39</b>	40.0 - 59.0	mg/dL
<b>Cholesterol - LDL</b> Methodology : Calculated Value	<b>188.6</b>	> 160.0 : High Risk 130.0 – 160.0 : Borderline High <= 130.0 : Desirable	mg/dL
<b>Cholesterol - VLDL</b> Methodology : Calculated Value	<b>50.4</b>	< 40.0	mg/dL
<b>Triglyceride</b> Specimen : Serum Methodology : GPO POD	<b>* 252</b>	Normal : <150 Borderline high : 150 - 199 High : 200 - 499 Very high : >=500	mg/dL
<b>* CLINICAL CORRELATION REQUESTED.</b>			



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<b>Lipid Profile</b>			
<b>Cholesterol - Total/HDL ratio</b> <i>Methodology : Calculated Value</i>	<b>7.13</b>	3.4 : 1/2 Average Risk 5.0 : Average Risk 9.6 : 2 x Average Risk 23.4 : 3 x Average Risk	ratio
<b>Cholesterol - HDL/LDL ratio</b> <i>Methodology : Calculated Value</i>	<b>0.21</b>		



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TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
<b>HbA1c (Glycosylated Haemoglobin)</b>			
Glycosylated Haemoglobin (HBA1C)	6.1	4.6 - 6.2	%
<i>Specimen : Serum</i>			
<i>Methodology : NGSP</i>			
<b>BUN (Blood Urea Nitrogen)</b>			
Blood Urea Nitrogen (BUN)	14	Newborn : 4 - 18 Child : 5 - 18 Adult : 6 - 20	mg/dL
<i>Specimen : Serum</i>			
<i>Methodology : Urease, GLDH</i>			
<b>LFT (Liver Function Test)</b>			
A/G Ratio	1.70	1.1 - 2.2	ratio
<i>Specimen : serum</i>			
<i>Methodology : Calculated Value</i>			
<b>GGT (Gamma-glutamyltransferase)</b>			
Gamma-glutamyltransferase (GGT)	52.6	12 - 122	U/L
<i>Specimen : Serum</i>			
<i>Methodology :</i>			



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TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
<b>CBC (Complete Blood Count)</b>			
<b>Haemoglobin (Hb)</b> Specimen : Whole Blood - EDTA Methodology : Colorimetry	<b>13.0</b>	13.5 - 17.5	gm %
<b>RBC Count</b> Specimen : Whole Blood - EDTA Methodology : Electrical Impedance	<b>4.28</b>	4.5 - 5.5	million/cmm
<b>Packed Cell Volume (Hematocrit) (PCV)</b> Specimen : Whole Blood - EDTA Methodology : Pulse height detection	<b>40.2</b>	40.0 - 50.0	%
<b>Mean Cell Volume (MCV)</b> Specimen : Whole Blood - EDTA Methodology : Calculated Value	<b>94.0</b>	83 - 101	fL
<b>Mean Cell Haemoglobin (MCH)</b> Specimen : Whole Blood - EDTA Methodology : Calculated Value	<b>30.5</b>	27 - 32	pg
<b>Mean Cell Haemoglobin Concentration (MCHC)</b> Specimen : Whole Blood - EDTA Methodology : Calculated Value	<b>32.3</b>	31.5 - 34.5	g/dL
<b>Platelet Count</b> Specimen : Whole Blood - EDTA Methodology : Electrical Impedance	<b>1.88</b>	1.5 - 4.1	lakh/cmm
<b>Total Count</b>			
<b>WBC Count</b> Specimen : Whole Blood - EDTA Methodology : Electrical Impedance	<b>6.6</b>	4 - 10	thou/cmm
<b>Differential Count (Microscopy)</b>			
<b>Neutrophil</b>	<b>75</b>	40 - 80	%
<b>Lymphocyte</b>	<b>21</b>	20 - 40	%
<b>Monocyte</b>	<b>02</b>	2 - 8	%
<b>Eosinophil</b>	<b>02</b>	1 - 6	%
<b>Basophil</b>	<b>00</b>	<1 - 2	%
<b>Peripheral Blood Smear (Microscopy)</b>			



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TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
<b>CBC (Complete Blood Count)</b>			
RBC	Normocytic Normochromic		
WBC	Normal morphology. No immature cell seen.		
<b>Erythrocyte Sedimentation Rate (ESR)</b> Specimen : Whole Blood - EDTA Methodology : Westergren	<b>39</b>	<=15	mm / hr



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TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
<p><b>ABO Group &amp; RH Type</b></p> <p><b>ABO Blood Group</b>                      Methodology : Tube Agglutination / Slide method</p> <p><b>Rh Typing</b>                      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:</p> <ol style="list-style-type: none"> <li>1. Patients may fail to express ABO antigens on red cells due to diseases like Leukaemia &amp; lymphoma.</li> <li>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.</li> <li>3. Rouleaux formation: It occurs in patients with abnormal Albumin/globulin concentration or in cord blood samples due to Whartons Jelly contamination.</li> <li>4. Acquired antibodies i.e.                      Anti -A1 in A2 persons                      Anti -H in Bombay phenotype                      Cold auto - antibodies                      Unexpected allo-antibodies.</li> </ol>			



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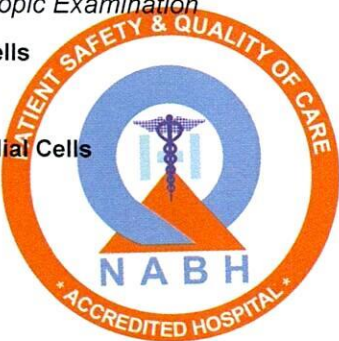
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TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
<b>Urinalysis</b>			
<i>Urinalysis</i>			
<i>Physical Examination</i>			
<b>Volume</b> <i>Methodology : By graduated container</i>	35		mL
<b>Colour</b>	Pale Yellow		
<b>Appearance</b> <i>Methodology : Visual</i>	Slightly Hazy	Clear	
<b>Specific Gravity</b> <i>Methodology : pKa change</i>	1.015	1.000 - 1.030	ratio
<i>Chemical Examination</i>			
<b>Reaction</b> <i>Methodology : Double indicator (Strip)</i>	Acidic		
<b>Protein</b> <i>Methodology : Protein-error-of-indicators</i>	Absent	Absent	
<b>Glucose</b> <i>Methodology : Glucose oxidase (Strip) Benedict's Test</i>	Absent	Absent	
<b>Ketone Bodies</b> <i>Methodology : Nitroprusside method (Strip)/ Tube</i>	Absent	Absent	
<b>Bile Salt</b> <i>Methodology : Hay's Method</i>	Absent	Absent	
<b>Bile Pigment</b> <i>Methodology : Diazo Method (Strip)</i>	Absent	Absent	
<b>Blood</b> <i>Methodology : Benzidine method (Strip) Microscopy</i>	Absent	Absent	
<i>Microscopic Examination</i>			
<b>Pus Cells</b>	1-2	0 - 5	/hpf
<b>RBC</b>	Not Seen	Nil	/hpf
<b>Epithelial Cells</b>	0-1	0 - 1	/hpf



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<b>Urinalysis</b>			
Casts	Not Seen		
Crystals	Not Seen		



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<b>Urinalysis</b>			
<i>Chemical Examination</i>			
<b>Urobilinogen</b>	Absent	Absent	
<i>Methodology : Modified Ehrlich reaction (Strip)</i>			
----- End of Report -----			



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REPORTED : 29-03-2024  
 12:52 Hrs.

PATIENT CODE 165165

OPD/IPD DOC NO OP40507090



2331492790

REFERRING DOCTOR

ACCESSION NO DHHI-3/2023-24/0018864

AGE 41 Yrs 15 Dys

SEX Male

*Results relate only to the samples tested*

TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
<b>Thyroid Profile - 1 (T3, T4, TSH)</b>			
<b>Triiodothyronine (T3)</b> <i>Specimen : Serum</i> <i>Methodology : Electrochemiluminescence</i>	1.23	0.80 - 2.00	ng/mL
<b>Thyroxine (T4)</b> <i>Specimen : Serum</i> <i>Methodology : Electrochemiluminescence</i>	8.55	5.10 - 14.10	µg/dL
<b>Thyroid Stimulating Hormone (TSH)</b> <i>Specimen : Serum</i> <i>Methodology : Electrochemiluminescence</i>	2.39	0.270 - 4.20	µIU/mL

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

30032024140252

Any investigation has limited significance in terms of sensitivity and specificity of the assay procedure and the quality of the sample received in the laboratory.  
 Any laboratory test results is not the final diagnosis, it has to be interpreted with clinical correlation and other related investigations.

PATIENT NAME & ADDRESS  
**MR. ROSHAN PASWAN**



AN ISO 9001:2000 ORGANISATION  
 A Unit of Desun Healthcare & Research Institute Ltd.

S-16, Phase-III, K. I. Estate, E. M. Bypass, Kolkata-700 107, India  
 Phone No. : 033 40016355, 033 46006439  
 Email : care@desunpathology.com  
 Website : www.desunpathology.com

BED NO : OPD

DRAWN : 29-03-2024  
 10:27 Hrs.

RECEIVED : 29-03-2024  
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ACCESSION NO DHHI-3/2023-24/0018864


AGE 41 Yrs 15 Dys

SEX Male

Results relate only to the samples tested

TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
<b>PSA (Prostate Specific Antigen) Total</b>			
Prostate-Specific Antigen - Total (PSA - Total)	0.718	<= 4.4	ng/mL
Specimen : Serum			
Methodology : Electrochemiluminescence			
----- End of Report -----			

30032024140252

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

Any investigation has limited significance in terms of sensitivity and specificity of the assay procedure and the quality of the sample received in the laboratory.  
 Any laboratory test results is not the final diagnosis, it has to be interpreted with clinical correlation and other related investigations.

PARTIAL REPRODUCTION OF THIS REPORT IS NOT PERMITTED.

PATIENT NAME &amp; ADDRESS

MR. ROSHAN PASWAN

CARDIOLOGY

**DESUN**  
**HOSPITAL**  
**A NABH HOSPITAL**

PROCEDURE DONE ON : 29.03.2024  
OPD / IPD DOC NO : SD01/OPD/BILL/2023-24/OP40507090  
REFERRING DOCTOR :  
ACCESSION NO : R/DHHI-1/2023-24/0016136

REPORT NO: 29-03-2024  
Desun More, E.M. Bypass, Sector-3, V.K. Rajwade Park, Kolkata-700 107, Ph: 71 222 000, Fax: 2443 9003  
E-mail: desun@desunhospital.com, Website: www.desunhospital.com  
PATIENT CODE: SD01/PAT/100016136  
(A unit of Desun Institute Ltd.)  
AGE : 41 Yrs 15 Dys  
SEX : M

## REPORT OF ELECTROCARDIOGRAM

Standardization : 10 mm/mv.  
Rhythm : Irregular/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 : Normal.  
'U' Wave : Absent.  
**IMPRESSION : SINUS RHYTHM.**

*Sanjib Kumar Patra*  
Dr. SANJIB KUMAR PATRA

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

SKP

Prepared By : Utpal      Checked By : Sumita Bar

Roshan paswan  
ID: 165165

29.03.2024 10:09:10  
DESU HOSPITAL  
EM Bapas, Kasba Golpark  
kolkata - 700107

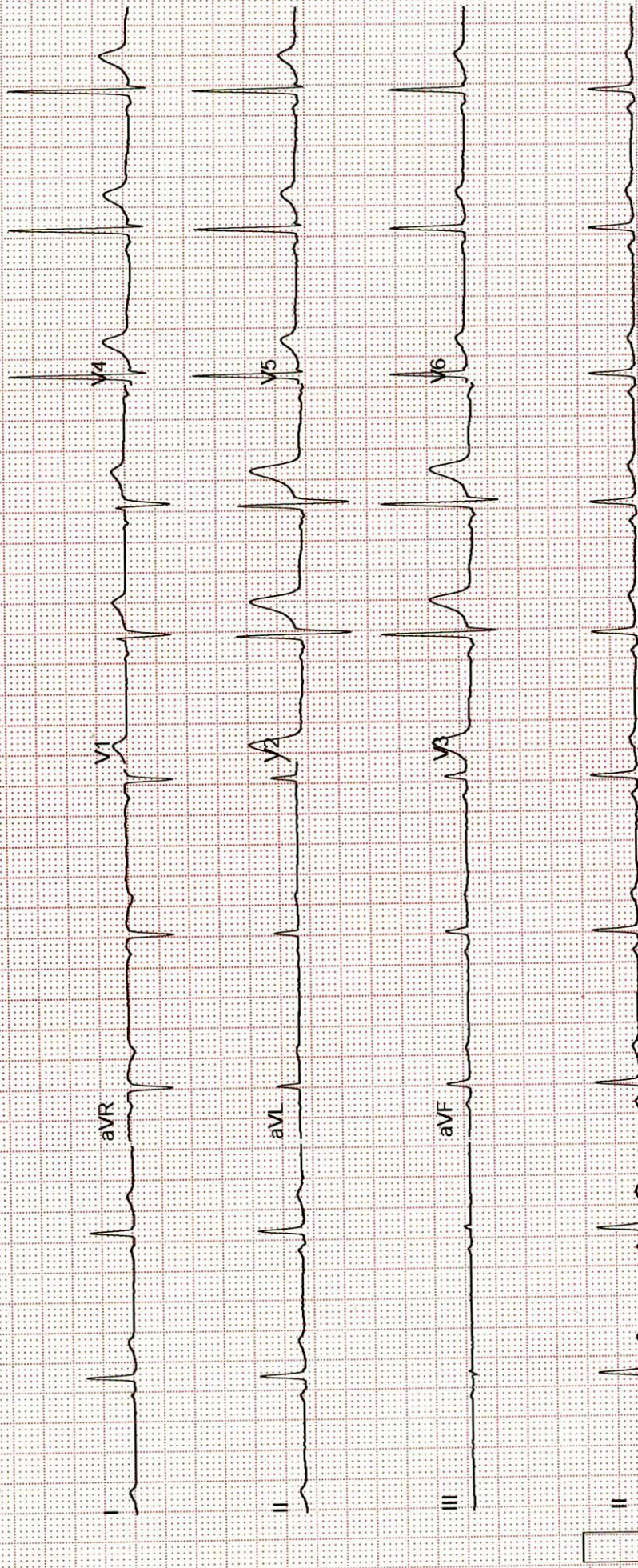
Male

QRS 76 ms  
QT / QTcBaz 346 / 354 ms  
PR 138 ms  
P 110 ms  
RR / PP 946 / 952 ms  
P / QRS / T 55 / 33 / 36 degrees

Normal sinus rhythm  
Normal ECG

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

63 bpm  
-- / -- mmHg





PATIENT NAME &amp; ADDRESS

MR. ROSHAN PASWAN

CARDIOLOGY

**DESUN**  
**HOSPITAL**  
**A NABH HOSPITAL**

Desun More, E.M. Bypass, Kasba Golpark, 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 : 29.03.2024  
OPD / IPD DOC NO : SD01/OPD/BILL/2023-24/OP40507090  
REFERRING DOCTOR :  
ACCESSION NO : R/DHHI-1/2023-24/0016083

REPORTED : 29.03.2024  
PATIENT CODE : SD01/PAT/1000165165  
AGE : 41 Yrs 15 Dys  
SEX : M

**ECHO CARDIOGRAPHY SCREENING REPORT****ECHO NO : 634****SUMMARY**

- >> Normal LV Cavity.
- >> No RWMA.
- >> Good LV Systolic Function. LVEF = 66 %.
- >> 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

PATIENT NAME &amp; ADDRESS

MR. ROSHAN PASWAN

CARDIOLOGY

**DESUN**  
**HOSPITAL**  
**A NABH HOSPITAL**

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REFERRING DOCTOR :  
ACCESSION NO : R/DHHI-1/2023-24/0016083

REPORTED : 29.03.2024  
PATIENT CODE : SD01/PAT/1000165165  
AGE : 41 Yrs 15 Dys  
SEX : M

**M - mode Measurements Valves :-**

Aorta - 2.5 cm      LV ed - 4.0 cm  
LA - 2.8 cm      LV es - 2.6 cm  
ACS - cm      IVS ed - 1.0 cm  
RV ed - cm      PW (LV) - 1.0 cm  
FS - %      LVEF - 66 %

**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 Esai

S K P

PATIENT NAME &amp; ADDRESS

MR. ROSHAN PASWAN

CARDIOLOGY

**DESUN**  
**HOSPITAL**  
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REFERRING DOCTOR :  
ACCESSION NO : R/DHHI-1/2023-24/0016083

REPORTED : 29.03.2024  
PATIENT CODE : SD01/PAT/1000165165  
AGE : 41 Yrs 15 Dys  
SEX : M

**PERICARDIUM** : Normal.

**VALVES :-**

**MITRAL VALVE**

Morphology : Normal  
Doppler : Normal

**TRICUSPID VALVE**

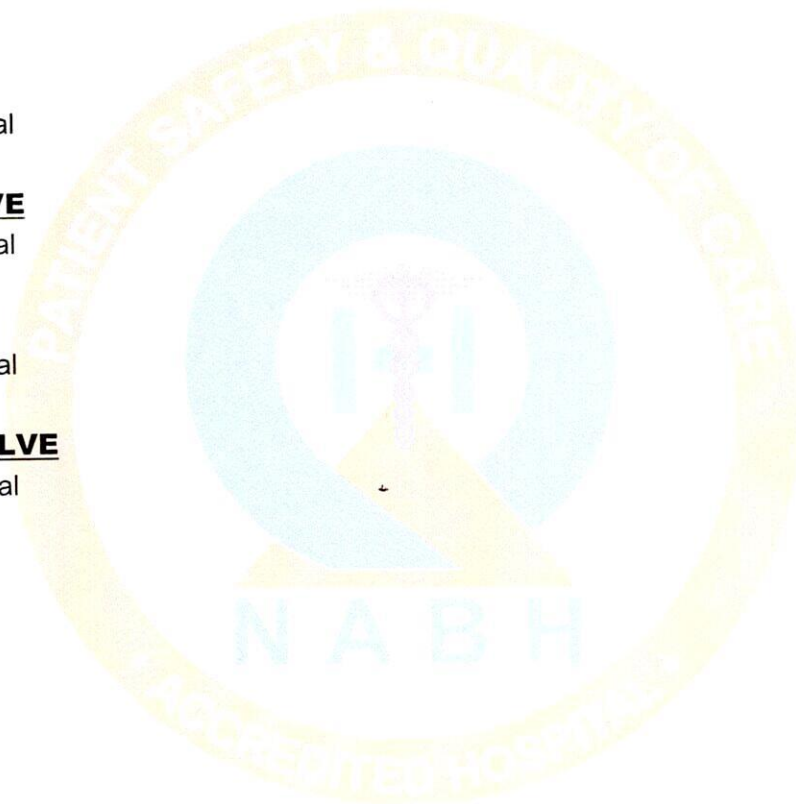
Morphology : Normal  
Doppler : Normal

**AORTIC VALVE**

Morphology : Normal  
Doppler : Normal

**PULMONARY VALVE**

Morphology : Normal  
Doppler : Normal



*Sanjib Kumar Patra*

Dr. SANJIB KUMAR PATRA

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

Prepared By : Sutapa Checked By : A Esai

SKP

PATIENT NAME & ADDRESS  
MR. ROSHAN PASWAN

RADIOLOGY



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E-mail : desun@desunhospital.com, Website : www.desunhospital.com  
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PROCEDURE DONE ON : 29.03.2024  
OPD / IPD DOC NO : SD01/OPD/BILL/2023-24/OP40507090  
REFERRING DOCTOR :  
ACCESSION NO : R/DHHI-1/2023-24/0016112

REPORTED : 29.03.2024  
PATIENT CODE : SD01/PAT/1000165165  
AGE : 41 Yrs 15 Dys  
SEX : M

## (US-13322) USG OF WHOLE ABDOMEN

### LIVER

Grade - I to 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.

PATIENT NAME & ADDRESS  
MR. ROSHAN PASWAN

## RADIOLOGY



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ACCESSION NO : R/DHHI-1/2023-24/0016112

REPORTED : 29.03.2024  
PATIENT CODE : SD01/PAT/1000165165  
AGE : 41 Yrs 15 Dys  
SEX : M

**PROSTATE**

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 - I to Grade - II fatty changes in liver.

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

Patient Name:	<b>ROSHAN PASWAN 41Y OPD</b>	Study Date/Time:	29-03-2024 10:37 AM
Sex/Age/Modality:	M/41Y/CR	Report Date/Time:	29-03-2024 03:02 PM
Patient ID:	21320	Report:	CHEST PA
Ref. Physician:	DESUN	Report ID:	1310580D847

**X-RAY REPORT OF CHEST PA VIEW**

**FINDINGS:**

- No evidence of any parenchymal lesion is seen in the lung field.
- No focal Space occupying lesion is seen.
- Mediastinal shadow is appears normal and central in position. Trachea is in midline.
- Both domes of diaphragm are smoothly outlined with normal in position.
- Both lateral costo-phrenic angles are appears clear.
- Hilum appears normal bilaterally.
- Cardiothoracic ratio appears normal.
- Bony thorax appears normal.

**IMPRESSION:**

**Normal Study.**

Please correlate clinically



**Dr. Raman Sau**  
MBBS, MD (Radio-  
diagnosis)  
Consultant Radiologist  
Reg No-WBMC 74057



**Disclaimer:** The report is prepared based on the image and patient information provided by the origin. In no event shall Radisky Labs Private Limited be liable for any special, direct, indirect, consequential, or any damages, arising out of or in connection with the use of the service. Patient identification in online reporting is not established, so this report cannot be used for any medicolegal purpose/certifications.



Name : Mr. Roshan Pawan

Date : 29.03.24

U / Doctor : Dr. Madhuri Nath

Age : 41y Sex : M

**Doctor's Prescription**

Rx

C/C :- Routine Dental check up

M/H :- NAD

O/E :- Smin +  
Calculus +

Mising ist + 6

Buccal Bony protuberance ist + 5

Adv. OPQ

medic

**Dr. Madhuri Nath Kahar**  
Reg. No.-6160 WBMC  
BDS, MDS  
Dept. of Dental Surgery  
DESUN HOSPITAL





Name - Mr. Rohan Paswan,

Age - 41 yrs, M, Date - 29/03/24

for Routine Eye check-up

Un Vn < 6/6, -N6  
6/6, -N6

CL Vn - Pt cannot read Ishihara all plates,

Adv - No need to glasses.



Dr. Soumyadeep Majumdar  
MBBCh  
Reg. No. 68358 WBMC  
Department of Ophthalmology





Name : Mr. Roshan Paswan

Date : 29.03.24

U / Doctor : Dr. Sneemanti Bag

Age : 41Y Sex : M

Doctor's Prescription

Op  
c/astak  
episodes  
of sneezing/  
runny nose  
on exposure  
to dust,  
pollen,  
fumes.  
C/astak  
necess/  
steroid  
in treat-  
ment -  
Post nasal  
drip +++  
Nose on MM!  
B/L ITH

Rx

advice

- > Avoid cold, dust, pollen, runny nose
- > use face mask
- > Xray PNS (OM view)
- > Blood for IgE
- > Duponase nasal spray  
1 puff twice daily each nasal cavity x 2 weeks
- > SOLSARE nasal spray  
2 puff 4 times daily each nasal cavity x 2 weeks
- > Tab MONTEK LC 1 tab once daily at bedtime x 2 weeks

P 70

→ Tab RM CLEANY 1 tab twice daily  
X1 week

→ Tab CEPODEM XP 325 1 tab twice  
→ Mu'aw offer daily after meal X 5 days.

2 weekly c reports.

S. Bag

29-03-24.

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

