# **PATHOLOGY**





re, 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

RECEIVED: 29-03-2024

10:20 Hrs.

14:01 Hrs.

REPORTED: 29-03-2024

15:55 Hrs.

OPD/IPD DOC NO SD01/OPD/BILL/2023-24/OP40507072

PATIENT CODE SD01/PAT/1000165159

REFERRING DOCTOR

ACCESSION NO DHHI-1/2023-24/0010131

AGE 32 Yrs 1 Mths 3 Dys

SEX Male

Results relate only to the

TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
Glucose - Fasting			
Glucose - Fasting Specimen : Plasma Flouride Methodology : Hexokinase	87	Adult: 74 - 106 Children 60 - 100	mg/dL
LFT (Liver Function Test)			
Total Bilirubin Specimen: Serum Methodology: Diazotization	0.44	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	0.11	3-5 days 1.5 - 12.0 Adults and Children: < 0.2	mg/dL
Indirect Bilirubin Methodology : Calculated Value	0.33		mg/dL
Total Protein Specimen : Serum Methodology : Biuret	7.1	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)	4.1	Adults: 3.5 - 5.2 Newborn (0 - 4 day) : 2.8 - 4.4	g/dL
Globulin Methodology : Calculated Value	3.0	1.8 - 3.6	g/dL
ASPARTATE Aminotransferase (SGOT) AST) Specimen: Serum Methodology: IFCC (UV without P5P)	23	Male (Adult): <50 Female (Adult): <35 Newborn: 25 - 75 Infant: 15 - 60	U/L
lanine Aminotransferase (SGPT) (ALT) Specimen : Serum Sethodology : IFCC (UV without P5P)	19	Male(Adult): <50 Female(Adult): <35 Newborn/Infant: 13 - 45	U/L
Ikaline Phosphatase (ALP) pecimen: Serum fethodology FCC (PNPP, AMP buffer)	49	75 - 316	U/L
ic Acid			)
TO CAEDITED HOSPITAL		Alm	del .
		Dr. Prerana MD (Path), WB	

Consultant Pathologist

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2331100410

REFERRING DOCTOR

ACCESSION NO DHHI-1/2023-24/0010131

AGE 32 Yrs 1 Mths 3 Dys

SEX Male

Results relate only to the samples tested

RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
5.1	Male : 3.5 - 7.2 Female : 2.6 - 6.0	mg/dL
0.93	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
	5.1	5.1 Male: 3.5 - 7.2 Female: 2.6 - 6.0  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



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

MD (Path), WBMC-70606 Consultant Pathologist

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2331492410

REFERRING DOCTOR

ACCESSION NO DHHI-1/2023-24/0010131

AGE 32 Yrs 1 Mths 3 Dys

SEX Male

BIOLOGICAL REFERENCE INTERVAL

Results relate only to the samples tested

Glucose - PP (Post Prandial)

Glucose - Post Prandial

TEST REPORT STATUS

Specimen: Plasma Flouride Methodology: Hexokinase

\*\* Sample Drawn: 29.03.2024 13:55 Hrs.

98

RESULTS

70.0 - 140.0

mg/dL

UNITS

Received: 29.03.2024 14:03 Hrs.

Reported: 29.03.2024 15:55 Hr



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

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AGE 32 Yrs 1 Mths 3 Dys

SEX Male

SEX I

Results relate only to the samples tested

RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
159	<200 : Desirable 200 - 239 : Borderline High >=240 : High	mg/dL
33	40.0 - 59.0	mg/dL
111.2	> 160.0 : High Risk 130.0 – 160.0 : Borderline High <= 130.0 : Desirable	mg/dL
14.8	< 40.0	mg/dL
74	Normal : <150 Borderline high : 150 - 199 High : 200 - 499 Very high : >=500	mg/dL
	159 <b>33</b> 111.2 14.8	159  <200 : Desirable 200 - 239 : Borderline High >=240 : High  33  40.0 - 59.0  111.2  > 160.0 : High Risk 130.0 - 160.0 : Borderline High <= 130.0 : Desirable <40.0  74  Normal : <150 Borderline high : 150 - 199 High : 200 - 499



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SEX Male

Results relate only to the samples tested

TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS	SHE STATES
Lipid Profile				
Cholesterol - Total/HDL ratio Methodology : Calculated Value	4.82	3.4 : 1/2 Average Risk 5.0 : Average Risk 9.6 : 2 x Average Risk	ratio	
Cholesterol - HDL/LDL ratio Methodology: Calculated Value	0.30	23.4 : 3 x Average Risk		



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TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
GGT (Gamma-glutamyltransferase)			
Gamma-glutamyltransferase (GGT) Specimen: Serum Methodology:	14.3	12 - 122	U/L
Microalbuminuria / ACR,			
Spot Microalbumin Methodology: Immunoturbidimetry	3.79		mg/L
Creatinine, Urine Methodology: Modified Jaffe	102.40		mg/dL
Spot Microalbumin / Creatinine Ratio Methodology: Calculated Value	3.70	Normal:< 30.0 Microalbuminuria : 30 - 299 Clinical albuminuria : 300.0	µg of Albumii /mg Creatinir
LFT (Liver Function Test)			
A/G Ratio Specimen: serum Methodology: Calculated Value	1.37	1.1 - 2.2	ratio
HbA1c (Glycosylated Haemoglobin)			
Glycosylated Haemoglobin (HBA1C) Specimen: Methodology: NGSP	5.7	4.6 - 6.2	%
BUN (Blood Urea Nitrogen)			
Blood Urea Nitrogen (BUN) Specimen: Serum Methodology: Urease, GLDH	14	Newborn : 4 - 18 Child : 5 - 18 Adult : 6 - 20	mg/dL
NABH.			P1.0

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AGE 32 Yrs 1 Mths 3 Dys

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Results relate only to the samples tested

TEST REPORT STATUS

RESULTS

BIOLOGICAL REFERENCE INTERVAL

UNITS

ABO Group & RH Type

ABO Blood Group

Methodology: Tube Agglutination / Slide

method

Rh Typing

Specimen: Whole Blood - EDTA

Methodology: Tube Agglutination / Slide

method

0

**POSITIVE** 

Note: Following factors are responsible for discrepancies in ABO Grouping:

- Patients may fail to express ABO antigens on red cells due to diseases like Leukaemia & lymphoma.
- 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.
- Rouleaux formation: It occurs in patients with abnormal Albumin/globulin concentration or in cord blood samples due to Whartons Jelly contamination.
- Acquired antibodies i.e. Anti -A1 in A2 persons

Anti –H in Bombay phenotype

Cold auto - antibodies

Unexpected allo-antibodies.

'H' Antigen Present.



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TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
CBC (Complete Blood Count)			
Haemoglobin (Hb) Specimen: Whole Blood - EDTA Methodology: Colorimetry	13.2	13.5 - 17.5	gm %
RBC Count Specimen: Whole Blood - EDTA Methodology: Electrical Impedance	5.62	4.5 - 5.5	million/cr
Packed Cell Volume (Hematocrit) (PCV) Specimen: Whole Blood - EDTA Methodology: Pulse height detection	40.4	40.0 - 50.0	%
Mean Cell Volume (MCV) Specimen: Whole Blood - EDTA Methodology: Calculated Value	71.8	83 - 101	fL
Mean Cell Haemoglobin (MCH) Specimen: Whole Blood - EDTA Methodology: Calculated Value	23.4	27 - 32	pg
Mean Cell Haemoglobin Concentration (MCHC) Specimen: Whole Blood - EDTA Methodology: Calculated Value	32.7	31.5 - 34.5	g/dL
Platelet Count Specimen: Whole Blood - EDTA Methodology: Electrical Impedance Total Count	2.28	1.5 - 4.1	lakh/cmm
WBC Count  Specimen: Whole Blood - EDTA  Methodology: Electrical Impedance  Differential Count (Microscopy)	6.3	4 - 10	thou/cmm
Neutrophil	67	40 - 80	%
Lymphocyte	28	20 - 40	%
Monocyte ENEETY & QUALITY	02	2 - 8	%
Eosinophil	03	1 - 6	%
Basophil Peripheral Blood Smear (Microscopy)	00	<1 - 2	%
NABH.		A. Branch	del
NABH.		Dr. Preran MD (Path), W	/BMC-70606

Consultant Pathologist

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AGE 32 Yrs 1 Mths 3 Dys

SEX Male

Results relate only to the samples tested

TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
CBC (Complete Blood Count)			
RBC	Predominantly Normocytic Normochromic with some Microcytic RBC`S seen.		
	Normal morphology. No immature cell seen.		
Erythrocyte Sedimentation Rate (ESR) Specimen: Whole Blood - EDTA Methodology: Westergren	24	<=15	mm / hr



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

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Results relate only to the samples teste			samples tested
TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
Urinalysis			
Urinalysis			
Physical Examination			
Volume Methodology: By graduated container	45		mL
Colour	Pale Yellow		
Appearance Methodology: Visual	Slightly Hazy	Clear	
Specific Gravity  Methodology: pKa change	1.015	1.000 - 1.030	ratio
Chemical Examination			Tatio
Reaction  Methodology: Double indicator (Strip)	Acidic		
Protein Methodology: Protein-error-of-indicators	Absent	Absent	
Glucose Methodology: Glucose oxidase (Strip) Benedict's Test	Absent	Absent	
Ketone Bodies  Methodology: Nitroprusside method (Strip)/ Tube	Absent	Absent	
Bile Salt Methodology: Hay's Method	Absent	Absent	
Bile Pigment Methodology : Diazo Method (Strip)	Absent	Absent	
Blood  Methodology: Benzidine method (Strip)  Microscopy	Absent	Absent	
icroscopic Examination			
us Cells QUALITY			
BC ST	2-3	0 - 5	/hpf
pithelial Cells	Not Seen	Nil	/hpf
The state of the s	0-1	0 - 1	/hpf
NABH.			dl
		Dr. Prerana	Mondal
		MD (Path) WD	

MD (Path), WBMC-70606

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AGE 32 Yrs 1 Mths 3 Dys

SEX Male

Results relate only to the samples tested

		and the sa	THES TESTE
TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
Urinalysis Casts			
	Not Seen		
Crystals	Not Seen		



29032024190103

Dr. Prerana Mondal

### **PATHOLOGY**



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3334400440

REFERRING DOCTOR

ACCESSION NO DHHI-1/2023-24/0010131

AGE 32 Yrs 1 Mths 3 Dys

SEX Male

		Results relate only to the sa	mples tested
TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
<b>Urinalysis</b> Chemical Examination			
Urobilinogen Methodology: Modified Ehrlich reaction (Strip)	Absent	Absent	
	End of Report		



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

29032024190103

#### MR. ARITRA ROY

BED NO : OPD

12:52 Hrs.



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



DRAWN: 29-03-2024 10:20 Hrs.

RECEIVED: 29-03-2024

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PATIENT CODE 165159

OPD/IPD DOC NO OP40507072

REFERRING DOCTOR

ACCESSION NO DHHI-3/2023-24/0018861

AGE 32 Yrs 1 Mths 3 Dys

SEX Male

		Results relate only to the sample	es tested
TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
Thyroid Profile - 1 (T3, T4, TSH)			
Triiodothyronine (T3) Specimen: Serum Methodology: Electrochemiluminescence	1.28	0.80 - 2.00	ng/mL
Thyroxine (T4) Specimen: Serum Methodology: Electrochemiluminescence	8.95	5.10 - 14.10	µg/dL
Thyroid Stimulating Hormone (TSH) Specimen: Serum Methodology: Electrochemiluminescence	3.00	0.270 - 4.20	μIU/mL

Dr. Jayati Gupta Ph.D (Bio.Chem) Senior Consultant Biochemist PATIENT NAME & ADDRESS

CARDIOLOGY

#### MR. ARITRA ROY

PROCEDURE DONE ON

: 29.03.2024

OPD / IPD DOC NO

: SD01/OPD/BILL/2023-24/OP40507072

REFERRING DOCTOR

: R/DHHI-1/2023-24/0016148



PATIENT CODE Munit of P. S. Donyija A-Lycotta Research Institute Ltd.)

: 32 Yrs 1 Mths 3 Dys

SEX

: M

# REPORT OF ELECTROCARDIOGRAM

Standardization

: 10 mm/mv.

Rhythm

: Irregular /Sinus.

Rate

: 71 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** 

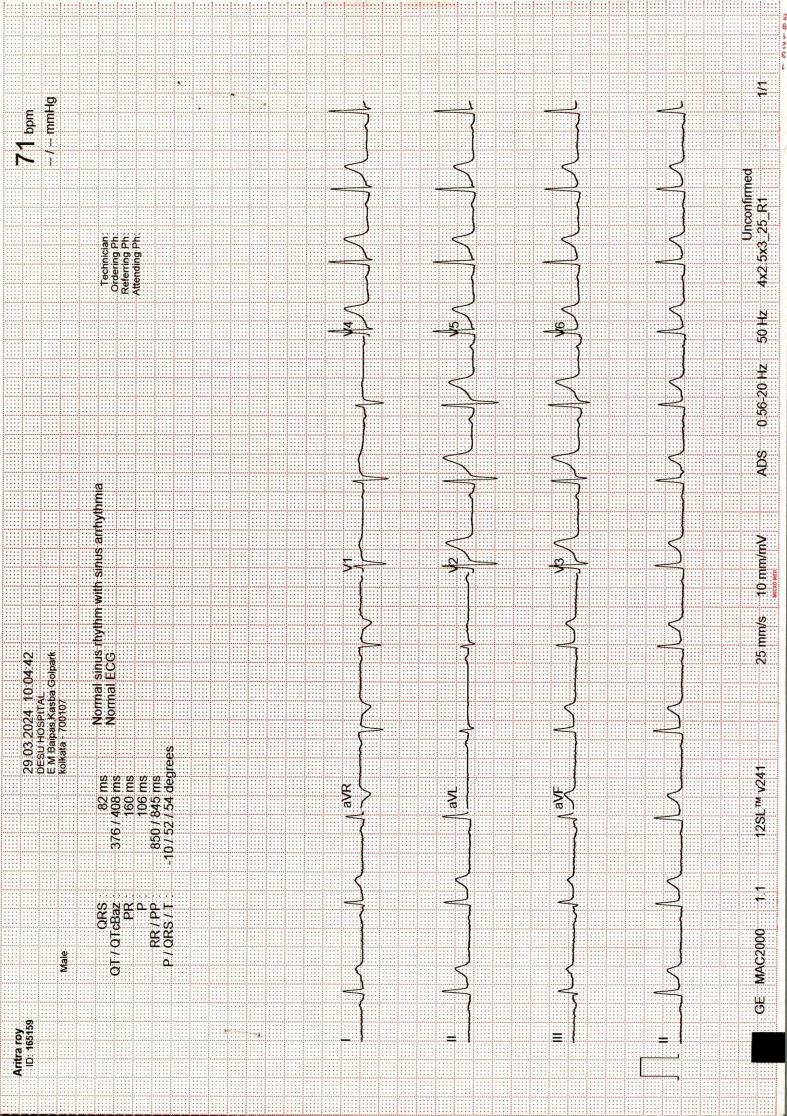
: SINUS RHYTHM.

gai's war ele

Dr. SANJIB KUMAR PATRA

Reg No: 53571 (WBMC) DM CARD

Dept. of Cardiac Science



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CARDIOLOGY

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AGE

: 32 Yrs 1 Mths 3 Dys

SEX

: M

# ECHO CARDIOGRAPHY SCREENING REPORT

: R/DHHI-1/2023-24/0016075

**ECHO NO: 635** 

## SUMMARY

- >> Normal LV Cavity.
- >> No RWMA.
- >> Good LV Systolic Function. LVEF = 62 %.
- >> 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.

paris were ghe Dr. SANJIB KUMAR PATRA

Reg No: 53571 (WBMC)

DM CARD

Dept. of Cardiac Science

Prepared By: Sutapa Checked By: Abhishek Majhi

Page 2 of 3

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CARDIOLOGY

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: 32 Yrs 1 Mths 3 Dys

SEX

### M - mode Measurements Valves :-

Aorta - 3.0 cm

LV ed - 4.7 cm

**LA - 3.6** cm

LV es - 2.8 cm

ACS - cm

IVS ed - 1.0 cm

RV ed - cm

PW (LV) - 1.0 cm

FS - %

LVEF - 62 %

### **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.

poil was fle Dr. SANJIB KUMAR PATRA

Reg No: 53571 (WBMC)

DM CARD

Dept. of Cardiac Science

Prepared By: Sutapa Checked By: Abhishek Majhi

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: 32 Yrs 1 Mths 3 Dys

SEX

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

> gail we ghe Dr. SANJIB KUMAR PATRA

Reg No: 53571 (WBMC) DM CARD

Dept. of Cardiac Science

Prepared By: Sutapa

Checked By: Abhishek Majhi

**RADIOLOGY** 



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

PROCEDURE DONE ON

: 29.03.2024

REPORTED

: 29.03.2024

OPD / IPD DOC NO

: SD01/OPD/BILL/2023-24/OP40507072

PATIENT CODE : SD01/PAT/1000165159

REFERRING DOCTOR

AGE

: 32 Yrs 1 Mths 3 Dys

ACCESSION NO

: R/DHHI-1/2023-24/0016113

SEX

# (US-13324) 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.

Prepared By : TAMAY Checked By: A K Dey DJ

#### **RADIOLOGY**



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: M

#### PROSTATE

Normal echotexture. No obvious enlargement of median lobe seen. Inner glandular zone appear normal. Capsule is intact sonologically. Prostate weight : 13 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

Registered Office: 8/1A/1 Keyatala Road, Kolkata - 700 029, Phone: 2464 2703, Fax: 2464 3927



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Patient Name:

**ARITRA ROY 32Y OPD** 

Study Date/Time:

29-03-2024 10:26 AM

Sex/Age/Modality:

M/32Y/CR

Report Date/Time:

29-03-2024 03:10 PM

Patient ID:

21315

Report:

CHEST PA

Ref. Physician:

DESUN

Report ID:

1310574D1236

### X-RAY CHEST PA VIEW

### FINDINGS :-

The lungs on the either side show equal translucency.

The peripheral pulmonary vasculature is normal.

No focal lung lesion is seen.

Bilateral CP angles are normal.

Both hila are normal in size, have equal density and bear normal relationship.

The heart and trachea are central in position and no mediastinal abnormality is visible.

The cardiac size is normal.

The domes of the diaphragms are normal in position, and show smooth outline.

IMPRESSION :- No significant abnormality detected.

ADVICE :- Clinical correlation and follow up.

Dr. Santosh Bharat Rathod

Consultant Radiologist MBBS, DMRD, DNB Reg no: MMCI-4060

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 - Mrs. Aritha Roy, Age - 32 yrs. M. Date - 29/03/24.

Colour vision Normal
And I No presmibe glass,



Reg. No. 68358 WBMC
Separament of Ophthalmolog

### **DESUN HOSPITAL**

(A unit of P N Memorial Neurocentre & Research Institute Ltd.) Desun More, Kasba Golpark, E. M. Bypass, Kolkata - 700 107

Ph.: 033-71-222-000, Fax: 2443-9003 / 5050

E-mail : desun@desunhospital.com Website: www.desunhospital.com





Name:

U / Doctor:

Mrs. Anitra Roy

Dr. Speemants Bag

Date: 29.03.24

Age: 317 Sex: Mall

# **Doctor's Prescription**

R podu se BIL ear itchip -> No ear pidy -> SURFAZ SN cream / + Snowly ++ apply locally BIL EAC + Day Ame X10 days. cleep, vers -2070B1071C /2(am 420 C A ear dry, y zolays sos 0/E ! --> META SPRAY nasal. Uhrsapy!-Spray 1 puff- tevice closily each and cour'd B(L 7M Short BIL EAC'-Chaic ohim -> SOLSPAE nasal spray I juffer thice doily to Dr. DNS (Mr) may toraleuly -Studies/Alysomnography copp mal. Bulky palak Sleep + bully base Body av. XRAY ANS (OM vice)

> Grun Locky wt. Molucey

> Blood Per. T3, 74, 75H,

lipid profile

Sufferted dichician

Consultation for aceful

Scaluclin



Dr. Sreemanti Por

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