

Age / Gender: 31 years / Male

Mobile No.: 8334048626



Optional ID: -

Collection Time: 10/08/2024, 10:00 AM

Receiving Time: 10/08/2024, 12:40 PM

Reporting Time: 10/08/2024, 03:41 PM

Sample ID: 1924056243

Sample Type : Urine

Patient ID: 113464
Bill ID: 117201

Referral: DR SELF

Source: ALLIANCE & PROJECT

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

PHYSICAL EXAMINATION

Volume 30 ml --

Colour Pale Straw Pale to dark yellow

Appearance Slightly hazy Clear

Deposit Present Absent

Specific Gravity 1.010 1.010 1.010 - 1.030

CHEMICAL EXAMINATION

Reaction / PH Neutral (PH: 7.0) 5.0 - 8.0Protein Absent Absent Absent Absent Sugar **Ketones Bodies** Absent Absent Normal Normal Urobilinogen Bilirubin Absent Absent Blood Absent Absent Nitrite Negative Negative

MICROSCOPIC EXAMINATION

Pus Cells1 - 2 /hpf<5 /hpf</th>R.B.CNot foundAbsentEpithelial Cells1 - 2 /hpfA fewCastsNot foundAbsentCrystalsNot found--

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.



Reported By : - Registered By : SUDIPA BANIK



Neuberg Pulse

Optional ID: -

Collection Time: 10/08/2024, 10:00 AM **Receiving Time**: 10/08/2024, 12:40 PM

Reporting Time: 10/08/2024, 03:41 PM

Sample ID: 1924056243

Sample Type: Urine

Patient Name: MR. SANJIT DHAR

Age / Gender: 31 years / Male

Mobile No.: 8334048626

Patient ID: 113464

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Source: ALLIANCE & PROJECT

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

Test result may show inter laboratory variations.

The test results are not valid for medico legal purposes.

Urine Fasting Sugar

URINE FOR SUGAR

Result Absent

END OF REPORT

Checked by Sudipta Halder

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



Reported By : - Registered By : SUDIPA BANIK



Age / Gender: 31 years / Male

Mobile No.: 8334048626

Patient ID: 113464

Bill ID: 117201

Referral: DR SELF

Source: ALLIANCE & PROJECT

Neuberg
P

Optional ID: -

Collection Time: 10/08/2024, 09:56 AM Receiving Time: 10/08/2024, 12:40 PM Reporting Time: 10/08/2024, 03:38 PM

Sample ID: 1924056243

Sample Type: Edta Blood

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

Blood Group & RH Typing

BLOOD GROUP

RH TYPING

"AB"

POSITIVE

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



Complete Blood Count

Reported By: -

HAEMOGLOBIN	14.4	gm/dl	13 - 17
TOTAL LEUCOCYTE COUNT	11,700	/cumm	4000 - 10000
HCT	46.5	Vol%	40 - 50
RBC	5.29	millions/cumm	4.5 - 5.5
MCV	87.9	Femtolitre(fl)	80 - 100
MCH	27.2	Picograms(pg)	27 - 31
MCHC	31.0	gm/dl	32 - 36
PLATELET COUNT	2,43,000	/cumm	150000 - 410000
DIFFERENTIAL COUNT			
Neutrophils	71	%	40 - 80





Neuberg Pulse

Optional ID: -

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Sample ID: 1924056243

Sample Type: Edta Blood

Patient Name: MR. SANJIT DHAR

Age / Gender: 31 years / Male

Mobile No.: 8334048626

Patient ID: 113464

Bill ID: 117201

Referral: DR SELF

Source: ALLIANCE & PROJECT

Test Description	Value(s)	Unit(s)	Reference Range
Lymphocytes	20	%	20 - 40
Monocytes	04	%	2 - 10
Eosinophils	05	%	1 - 6
Basophils	00	%	0 - 1
ESR	08	mm	< 50 years : <=10
			51 - 60 years : <=12
			61 - 70 years : <=14
			> 70 years : <=30

Normocytic Normochromic.

Leucocytosis seen. Platelets

adequate.

Note

Remarks

XN 1000, SYSMEX

METHOD: FLOWCYTOMETRY

ESR: AUTOMATED VESCUBE - 30 TOUCH

*Biological Reference Values Updated as per Dacie & Lewis 12th Edition

END OF REPORT

Checked by Sharmistha Das Dr. Meenakshi Mohan MD (Pathology) Consultant Pathologist Regn. No. : WBMC 54631



Registered By : SUDIPA BANIK



Neuberg Pulse

Patient Name: MR. SANJIT DHAR

Age / Gender: 31 years / Male

Mobile No.: 8334048626

Patient ID: 113464

Bill ID: 117201

Referral: DR SELF

Source: ALLIANCE & PROJECT

Optional ID: -

Collection Time: 10/08/2024, 09:56 AM

Receiving Time: 10/08/2024, 12:40 PM

Reporting Time: 10/08/2024, 01:21 PM

Sample ID: 1924056243F

Sample Type: Fluoride - F

Test Description	Value(s)	Unit(s)	Reference Range
Prostate Specific Antigen (PSA), Serum			
PSA (PROSTATE SPECIFIC ANTIGEN) Method : Electrochemiluminescence Immunoassay (ECLIA) Remark	0.3	ng/mL	< 1.4
CREATININE Method: Modified Jaffe kinetic.	1.04	mg/dl	< 1.2
Uric Acid, Serum URIC ACID Method: Uricase PAP	4.60	mg/dL	3.5 - 7.2
Glucose Fasting Plasma GLUCOSE FASTING PLASMA Method: Hexokinase	91	mg/dL	74 - 109

END OF REPORT

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



Registered By : SUDIPA BANIK





Age / Gender: 31 years / Male

Mobile No.: 8334048626

Patient ID: 113464

Bill ID: 117201

Referral: DR SELF

Source: ALLIANCE & PROJECT

Optional ID: -

Collection Time: 10/08/2024, 09:56 AM

Receiving Time: 10/08/2024, 12:40 PM

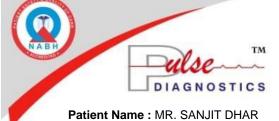
Reporting Time: 10/08/2024, 03:27 PM

Sample ID: 1924056243

Sample Type: Edta Blood

Test Description	Value(s)	Unit(s)	Reference Range
HbA1c HPLC			
IDATC HPLO			
HbA1c HPLC	5.8	%	Normal : < 5.7
Method : High Performance Liquid Chromatography (HPLC)			Pre Diabetes : 5.7 - 6.4
			Diabetes: >= 6.5
Estimated Average Glucose	120	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 Haemoglobinapathy 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.





Optional ID: -

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Sample ID: 1924056243

Sample Type : Edta Blood

Age / Gender: 31 years / Male

Patient ID: 113464

Mobile No.: 8334048626

Bill ID: 117201

Referral : DR SELF

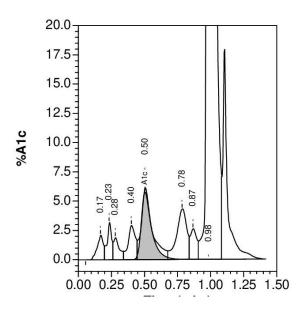
Source: ALLIANCE & PROJECT

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

Peak Name	NGSP %	Area %	Retention Time (min)	Peak Area
A1a		1.0	0.167	24267
A1b		1.1	0.232	26604
F		0.9	0.278	20972
LA1c		1.7	0.402	40452
A1c	5.8		0.504	112921
P3		3.5	0.784	82070
P4		1.3	0.866	31517
Ao		85.6	0.985	2017695

Total Area: 2,356,498

HbA1c (NGSP) = 5.8 %



END OF REPORT

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



Reported By : - Registered By : SUDIPA BANIK





Optional ID: -

Collection Time: 10/08/2024, 09:53 AM Receiving Time: 10/08/2024, 10:16 AM Reporting Time: 10/08/2024, 01:06 PM

Sample ID: 1924056243 Sample Type: 2D Echo

Age / Gender : 31 years / Male

Mobile No.: 8334048626

Patient ID: 113464

Bill ID: 117201

Referral : DR SELF

Source: ALLIANCE & PROJECT

Echocardiography/TMT

INDICATION	:	Evaluation of functional status.
SYMPTOMS	:	Asymptomatic
MEDICATIONS	:	Nil
RISK FACTOR	:	Age, Male Gender.
PROTOCOL USED	:	Bruce
STAGE REACHED	:	IV
MAXIMUM WORK LOAD	:	10.9 METs.
EXERCISE TIME	:	9 min. 31 sec.
HR ACHIEVED	:	189 / 163 (86 %)
REASON FOR TERMINATION	:	Target heart rate achieved
BLOOD PRESSURE RESPONSE	:	Normal.
ST DEPRESSION	:	No Significant ST-T changes seen during the study
LV DYSFUNCTION	:	Nil
ARRHYTHMIA	:	Nil.

Conclusion:

- Stress test is NEGATIVE for the electrocardiographic evidence of provocable myocardial ischaemia.
- · Good exercise tolerance.

END OF REPORT

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

Checked by Ruma Banerjee



Reported By : Minakashmi Patra Sarkar Registered By : SUDIPA BANIK



Age / Gender: 31 years / Male

Mobile No.: 8334048626

Patient ID: 113464



Optional ID: -

Collection Time: 10/08/2024, 09:56 a.m. Receiving Time: 10/08/2024, 12:40 p.m.

Reporting Time: 10/08/2024, 01:28 p.m.

Sample ID: 1924056243

Sample Type: Serum

Bill ID: 117201 Referral: DR SELF

Test Description	Value(s)	Unit(s)	Reference Range
<u>T3,T4 & TSH</u>			
T3	0.93	ng/mL	1 - 30 days: 1 - 7.4
Method : Chemiluminescent Microparticle Immunoassay (CMIA)			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	4.31	μg/dL	1d - 6d : 11.8 - 22.6
Method : Chemiluminescent Microparticle Immunoassay (CMIA)			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	2.69	μIU/ml	0.35 - 4.94
Method : Chemiluminescent Microparticle Immunoassay (CMIA)		-	

Interpretation:

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 detection of primary and secondary hypothyroidism, and the monitoring of TSH suppression therapy.



Reported By: -Registered By: SUDIPA BANIK





Age / Gender: 31 years / Male

Mobile No.: 8334048626

Patient ID: 113464

Bill ID: 117201

Test Description

Referral: DR SELF

Optional ID: -

Collection Time: 10/08/2024, 09:56 a.m.

Receiving Time: 10/08/2024, 12:40 p.m.

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Sample ID: 1924056243

Sample Type: Serum

Value(s) Unit(s) Reference Range

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.

Bun / Creatrnine Ratio

BUN/Creatinine ratio 20.19 12 - 20

Method : Calculation

END OF REPORT

Checked by Pritam Nandy

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



Reported By:-Registered By: SUDIPA BANIK





Age / Gender: 31 years / Male

Mobile No.: 8334048626

Patient ID: 113464

Bill ID: 117201

Referral: DR SELF

Source: ALLIANCE & PROJECT

Optional ID: -

Collection Time: 10/08/2024, 09:56 AM

Receiving Time : 10/08/2024, 12:40 PM

Reporting Time: 10/08/2024, 01:28 PM

Sample ID: 1924056243

Sample Type : Serum

Test Description	Value(s)	Unit(s)	Reference Range
<u>Lipid Profile</u>			
TRIGLYCERIDES Method : Enzymatic Colorimetric Assay using GPO-POD	115	mg/dL	Normal : < 150 Borderline High : 150 - 199 High : 200 - 499 Very High : >= 500
CHOLESTEROL Method: Enzymatic Colorimetric Assay using CHOD-POD	172	mg/dl	Desirable: < 200 Borderline High: 200 - 240 High Risk: > 240
HDL CHOLESTEROL Method : Enzymatic Immunoinhibition	33	mg/dl	Low HDL : <40 High HDL : >= 60
LDL CHOLESTEROL Method : Enzymatic Selective Protection	111	mg/dl	Optimal : < 100 Above Optimal : 100 - 129 Borderline High : 130 - 159 High : 160 - 189 Very High : > 190
VLDL / CHOLESTEROL REMNANTS Method : Calculation	28	mg/dl	< 30
NON HDL CHOLESTEROL Method : Calculation	139	mg/dl	<130
TOTAL CHOLESTEROL / HDL CHOLESTEROL RATIO	5.21	Ratio	
LDL CHOLESTEROL / HDL CHOLESTEROL RATIO Remark:	3.36	Ratio	
* National Cholesterol Education Programme Adult Treat	tment Panel III Guidelines	s (US)	
<u>Urea Nitrogen (Bun)</u>			
Urea Method : GLDH Kinetic assay	21	mg/dl	Adult : 17 - 43 Newborn: 8.4 - 25.8
UREA NITROGEN (BUN) Method : GLDH Kinetic assay (AU480), calculation.	9.81	mg/dl	6 - 20
Total Proteins, Serum			
TOTAL PROTEIN Method: Biuret	7.47	g/dl	6.6 - 8.3
ALBUMIN Method: Bromocresol green	4.77	g/dl	Adults: 3.5 - 5.2 Newborn(0-4days): 2.8 - 4.4



Reported By:-



Age / Gender: 31 years / Male

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Collection Time: 10/08/2024, 09:56 AM Receiving Time: 10/08/2024, 12:40 PM

Reporting Time: 10/08/2024, 01:28 PM

Sample ID: 1924056243

Sample Type : Serum

Test Description	Value(s)	Unit(s)	Reference Range
GLOBULIN	2.70	g/dl	1.8 - 3.6
Method : Calculation	-	3.	
A/G RATIO	1.77	1.2	- 2.0
Method : Calculation			
<u>Liver Function Test</u>			
TOTAL BILIRUBIN	0.70	mg/dL	<1.2
Method : DPD			
CONJUGATED BILIRUBIN	0.20	mg/dl	< 0.2
Method : DPD			
UNCONJUGATED BILIRUBIN	0.50	mg/dL	
Method : Calculation			
SGPT	35	U/L	< 50
Method : IFCC (without pyridoxal phosphate activation)			
SGOT	26	U/L	< 50
Method : IFCC (without pyridoxal phosphate activation)			
ALKALINE PHOSPHATASE	80	U/L	30 - 120
Method : IFCC AMP Buffer			
TOTAL PROTEIN	7.47	g/dL	6.6 - 8.3
Method : Biuret			
ALBUMIN	4.77	g/dL	Adults: 3.5 - 5.2
Method : Bromocresol Green			Newborn (1-4 days): 2.8 - 4.4
GLOBULIN	2.70	g/dL	1.80 - 3.60
Method : Calculation			
A/G RATIO	1.77		1.2 - 2
Method : Calculation			
GAMMA-GLUTAMYL TRANSFERASE	44	U/L	< 55
Method : IFCC			

END OF REPORT

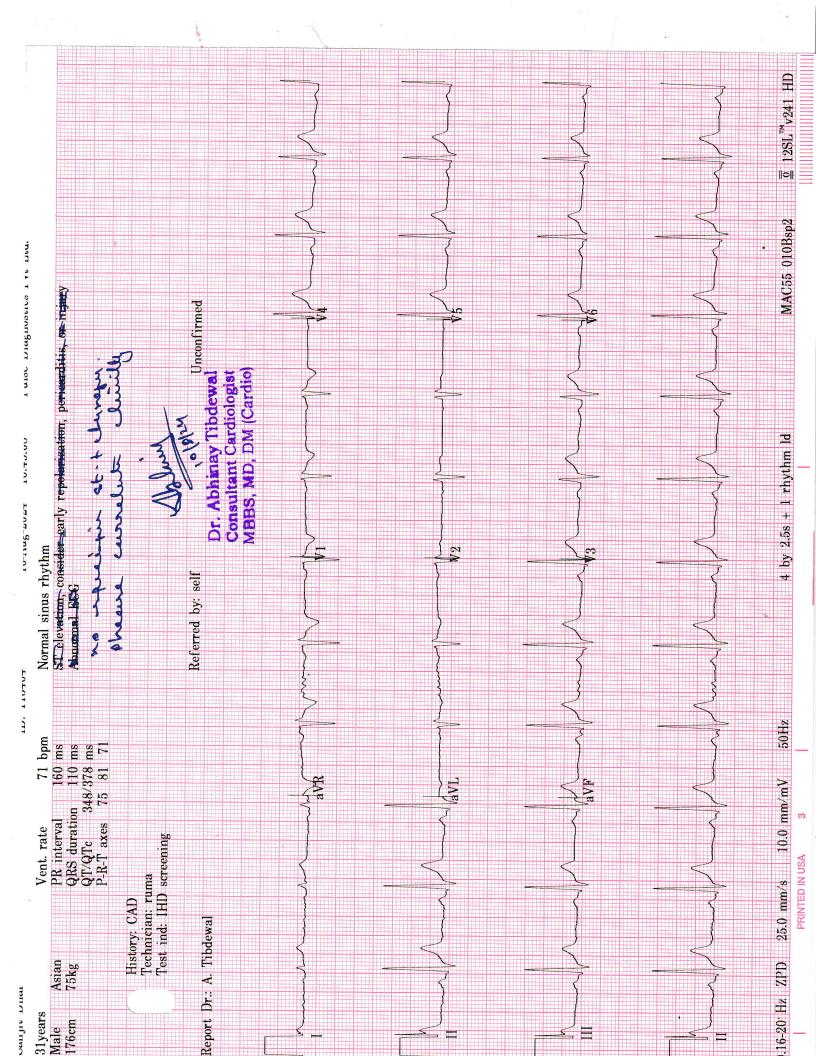
Checked by Subhajit Bhunia

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



Registered By: SUDIPA BANIK





Patient Name :	SANJIT DHAR	Patient ID:	I-117201
Modality:	DX	Sex:	M
Age:	031Y	Study:	CHEST PA
Reff. Dr. :	SELFT	Study Date:	10-08-2024

X-RAY CHEST PA VIEW.

Bilateral lung fields appear normal.

Bilateral costophrenic angles are unremarkable.

Bilateral hila & vascular markings are unremarkable.

Domes of diaphragm are normal in morphology & contour.

Cardiac size is within normal limits.

Healing fracture of the right 6th rib is noted.

Recommended clinical correlation with other investigation...

Dr. Manish Kumar Jha

Marteh Kummer The

MBBS, MD (Radio-diagnosis) Registration No. 77237 (WBMC)