



MC-3319

Unipath
SPECIALTY LABORATORY Ltd.

Kolkata Lab : Block DD-30, Sector-1, "Andromeda", Ground Floor, Salt lake, Kolkata-700064
Landline No: 033-40818800/ 8888/ 8899 | Email ID: kolkata@unipath.in | Website: www.unipath.in
CIN : U85195GJ2009PLC057059



30602104742

TEST REPORT

Reg.No : 30602104742	Reg.Date : 12-Jun-2023 16:19	Collection : 12-Jun-2023 16:19
Name : MR. CHAMPAK KUMAR DASGUPTA		Received : 12-Jun-2023 16:19
Age : 71 Years	Sex : Male	Report : 12-Jun-2023 17:45
Referred By : INDRAJIT MITRA @ KOLKATA		Dispatch : 13-Jun-2023 19:25
Referral Dr : S MUKHERJEE	Status : Final	Location : KOLKATA

Hematology

Parameter	Result	Biological Reference Interval
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COMPLETE BLOOD COUNT (CBC)**RBC PARAMETERS**

HAEMOGLOBIN	(Cyanide-free SLS method)	8.3	13.0 - 17.0	g/dL
HEMATOCRIT	(Numeric Integration)	27.7	40 - 50	%
RBC Count	(Electrical Impedance)	3.95	4.5 - 5.5	million/cumm
MCV	(Calculated)	70.1	83 - 101	fL
MCH	(Calculated)	21.0	27 - 32	pg
MCHC	(Calculated)	30.0	31.5 - 34.5	g/dL
RDW - CV	(Calculated)	20.60	11.6 - 14	%

WBC PARAMETERS

WHITE BLOOD CELL COUNT (WBC-TOTAL)	(Flow Cytometry)	6740	4000 - 11000	/cumm
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DIFFERENTIAL WBC COUNT(Fluorescence FlowCytometry)

Neutrophils	55	40 - 80	%
Lymphocytes	39	20 - 40	%
Monocytes	03	2 - 10	%
Eosinophils	03	1 - 6	%
Basophils	00	<2	%

PLATELET PARAMETERS

Platelet Count	(Electrical Impedance)	1.83	1.5 - 4.5	lakhs/cumm
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PERIPHERAL SMEAR EXAMINATION

RBC	Gross anisopoikilocytosis seen with Microcytic Hypochromic RBCs .Elliptocytes,macrocytes,tear drop cells and polychromasia seen
WBC	Total counts within range .No toxic or atypical changes seen
PLATELET	Adequate on smear studied
Sample Type: EDTA Whole Blood	

Dr. Mandeep Bedi

MBBS, DCP, MD (PATHOLOGY)
HEAD OF HEMATOLOGY & CLINICAL PATHOLOGY
55315 (WBMC)



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Name	: MR. CHAMPAK KUMAR DASGUPTA	Received	: 12-Jun-2023 16:19	Report	: 12-Jun-2023 17:42
Age	: 71 Years	Sex	: Male	Dispatch	: 13-Jun-2023 19:25
Referred By	: INDRAJIT MITRA @ KOLKATA	Status	: Final	Location	: KOLKATA
Referral Dr	: S MUKHERJEE				

Clinical Biochemistry

Parameter	Result	Biological Reference Interval
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CREATININE 0.73 <1.20 mg/dL

Method:Jaffe Kinetic Colorimetric

Useful for

1) Diagnosing and monitoring treatment of acute and chronic renal disease.

2) adjusting dosage of renally excreted medications

3) Monitoring renal transplant recipients.

Lactate Dehydrogenase (LDH) 170 <250 U/L

Method:UV Assay IFCC

Sample Type: Serum**Comments**

LDH is present in all cells of the body with highest concentrations in heart,liver,muscle,kidney,lung,RBC.

Increased in

- 1.Megaloblastic anemia
- 2.Abdominal and lung cancers
- 3.Severe shock
- 4.Hypoxia
- 5.Myocardial infarction
- 6.Pulmonary embolism
- 7.Hemolytic anemia

Dr.Niranjana Mondal

MBBS, DO, MD (Biochemistry)
Consultant Biochemist
Reg No.:- 64023 (WBMC)



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Name : MR. CHAMPAK KUMAR DASGUPTA		Received : 12-Jun-2023 16:19
Age : 71 Years	Sex : Male	Report : 12-Jun-2023 17:34
Referred By : INDRAJIT MITRA @ KOLKATA		Dispatch : 13-Jun-2023 19:25
Referral Dr : S MUKHERJEE	Status : Final	Location : KOLKATA

Clinical Biochemistry

Parameter	Result	Biological Reference Interval	
<u>LIVER FUNCTION TEST(LFT 1)</u>			
BILIRUBIN - TOTAL Method:Colorimetric Diazo	2.01	<1.1	mg/dL
BILIRUBIN CONJUGATED (DIRECT BILIRUBIN) Method:Diazo	0.73	<=0.2	mg/dL
BILIRUBIN UNCONJUGATED (INDIRECT BILIRUBIN) Method:Calculated	1.28	<=0.9	mg/dL
ALANINE AMINOTRANSFERASE (ALT / SGPT) Method:IFCC, without P5P	9	<41	U/L
ASPARTATE AMINOTRANSFERASE (AST / SGOT) Method:IFCC, without P5P	13	<40	U/L
ALKALINE PHOSPHATASE (ALP) Method:Colorimetric IFCC	84	<119	U/L
TOTAL PROTEIN Method:Biuret	6.42	6.4 - 8.3	g/dL
ALBUMIN Method:Bromocresol-Green	4.14	3.97 - 4.94	g/dL
GLOBULIN Method:Calculated	2.28	1.8 - 3.4	g/dL
A:G RATIO Method:Calculated	1.8	1 - 2.5	
Sample Type: Serum			

Dr.Niranjana Mondal

MBBS, DO, MD (Biochemistry)
Consultant Biochemist
Reg No.:- 64023 (WBMC)



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 CIN: U85195GJ2009PLC057059

LABORATORY REPORT



Reg. No	: 30602104742	Reg. Date	: 12-Jun-2023 16:19
Name	: Mr. CHAMPAK KUMAR DASGUPTA	Collected on	: 12-Jun-2023 16:19
Sex/Age	: Male / 71 Years	Approved on	: 13-Jun-2023 19:18
Ref. By	: S MUKHERJEE	Report Date	: 13-Jun-2023 19:25
Location	: INDRAJIT MITRA @ KOLKATA	Tele. No	:
Dispatch At	:		

Immunofixation Electrophoresis

Specimen: Serum

Method: Serum proteins are electrophoresed on Tris Barbitol Buffered agarose gel and immunofixed by antisera with different specificities anti IgG, IgA, IgM heavy chains and anti kappa and lambda (free and bound) light chains. After immunofixation, the precipitated proteins are stained with acid violet.

Result: IgG kappa monoclonal protein detected.
 IgG : 9.73 g/L (Normal range: 7.0 – 16.0 g/L)

Interpretation:

Remark	Bands seen in serum Protein electrophoresis	Serum Immunofixation electrophoresis		Interpretation
		Heavy chain (IgG/ IgM/IgA)	Light chain (Kappa/Lambda)	
1	1 band present	+	+	Presence of monoclonal
2	1 band present	-	+	Light chain disease, suggest urine immunofixation
				IgD or IgE disease
				Multiple bands in lambda region indicates polymerised form
3	1 bands present	+	-	Heavy chain disease
4	1 faint band present	Faint band	-	Cryoglobulin
5	2 bands present	2 bands with same or different heavy chain	2 bands with same or different light chain	Biclonal gammopathy
				Paraprotein (monomer/polymer of immunoglobulins)

DR. PARIMAL SARADA

Haematopathologist
 PDF, CMC vellore
 Reg No.: G-13598

This is an electronically authenticated report.

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Regd. Office : 5th Floor, Doctor House, Nr. Parimal Garden, Ahmedabad-380006 Gujarat
CIN: U85195GJ2009PLC057059

ID: **230602104742**

Sample: **1**

Date: **13/06/23**

Age : Sex :

Serum Immunofixation



Comment:



MC-2024

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Name	: MR. CHAMPAK KUMAR DASGUPTA	Received	: 12-Jun-2023 16:19	Report	: 13-Jun-2023 16:49
Age	: 71 Years	Sex	: Male	Dispatch	: 13-Jun-2023 19:25
Referred By	: INDRAJIT MITRA @ KOLKATA	Status	: Final	Location	: KOLKATA
Referral Dr	: S MUKHERJEE				

Test Name	Results	Units	Bio. Ref. Interval
SERUM PROTEIN ELECTROPHORESIS			
TOTAL PROTEIN <i>Method:Biuret</i>	6.80	g/dL	6.4 - 8.2
ALBUMIN	L 3.85	g/dL	4.02 - 4.76
GLOBULIN	2.95	g/dL	2.0 - 3.5
A/G RATIO	1.31		1.2 - 2.2
ALPHA 1	0.33	g/dL	0.21 - 0.35
ALPHA 2	0.67	g/dL	0.51 - 0.85
BETA 1	0.36	g/dL	0.34 - 0.52
BETA 2	0.36	g/dL	0.23 - 0.47
GAMMA	1.24	g/dL	0.80 - 1.35
M BAND	0.38	g/dL	
INTERPRETATION	Monoclonal protein detected. K/C IgG Kappa multiple myeloma.		

Sample Type: Serum**Remarks:**

1. Serum immunofixation is required in the following conditions to differentiate monoclonal and polyclonal disorders.
2.
 - A well defined 'M' band
 - Faint band
 - Chronic inflammatory pattern (decreased albumin, increased alpha, increased gamma protein) which may mask the monoclonal band.
 - Isolated increase in any region, with otherwise normal pattern.
3. Shouldering of albumin peak along anodal or cathodal side may be seen with lipoproteins, drugs, bilirubin or radiological contrast.
4. Normal serum protein electrophoresis does not rule out the monoclonal gammopathy and should not be used to screen for the disorder.
5. Approximately 11% of patients with multiple myeloma patients have completely normal serum electrophoresis with the monoclonal protein only identified by immunofixation electrophoresis.
6. Approximately 8% of multiple myeloma patients have hypogammaglobulinemia without a quantifiable M-spike on protein electrophoresis but identified by immunofixation electrophoresis.

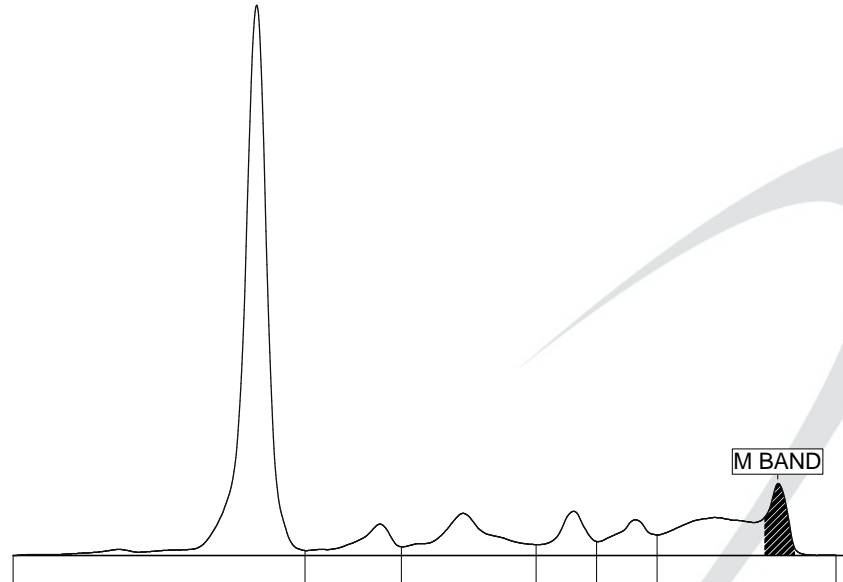
**Dr. Avinash B Panchal**MBBS, DCP
G-44623

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Phone: +91-79-49006800 | WhatsApp: 6356005900 | Email: info@unipath.in | Website: www.unipath.in
Name : CHAMPAK KUMAR DASGUP Regd. Of ce : 5th Floor, Doctor House, Park Road, Parimal Garden, Ahmedabad-380006 Gujarat
Lab ID : 230602104742 Age: 71 CIN: U85195GJ2009PLC057059

Sex : M

Date : 13/06/2023

Capillary Electrophoresis by Sebia



Serum protein electrophoresis

Fractions	%	Conc. (g/dL)	Ref. (g/dL)
Albumin	56.6	3.85 <	4.02 - 4.76
Alpha 1	4.8	0.33	0.21 - 0.35
Alpha 2	9.8	0.67	0.51 - 0.85
Beta 1	5.3	0.36	0.34 - 0.52
Beta 2	5.3	0.36	0.23 - 0.47
Gamma	18.2	1.24	0.80 - 1.35

Peaks	%	g/dl	A/G Ratio: 1.30
M BAND	5.6	0.38	T.P.: 6.8 g/dL

Signature

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CIN: U85195GJ2009PLC057059

PROTEIN ELECTROPHORESIS

Interferences:

Components	Compositions	Interferences
Albumin	Albumin	Lipoproteins, drugs, bilirubin, radiological contrast.
Alpha - 1 globulins	α -1 antitrypsin, α -1 acid glycoprotein	-
Alpha - 2 globulins	α -2 macroglobulin, haptoglobulin	Haptoglobin – haemoglobin complex
Beta globulins	Transferrin, β -lipoprotein, IgA, IgM & sometimes IgG with complement protein	*Fibrinogen
Gamma globulins	IgG, IgA, IgM, IgD, IgE	CRP

* Fibrinogen band mimic monoclonal protein in gamma fraction of protein electrophoresis. Fibrinogen is due to the use of plasma or serum not fully clot from a patient under heparin therapy or dialysis. The antisera in immunofixation will not react with fibrinogen.

Interpretation:

1. The major clinical application of serum protein electrophoresis is the detection of monoclonal immunoglobulins (paraproteins) to assist in the diagnosis and monitoring of multiple myeloma and related disorders.
2. Serum protein can be grouped in to 5 fractions by protein electrophoresis Albumin, Alpha-1, Alpha-2, Beta and Gamma globulins.
3. The concentration of these fractions and characteristic electrophoretic pattern is useful in the diagnosis of certain disorders.

Electrophoretic characteristics of serum proteins in certain clinical conditions						
	Total protein	Albumin	Alpha 1	Alpha 2	Beta	Gamma
Acute inflammation		↓N	↑	↑		N↓
Subacute inflammation	N	N↓	N	↑	N	N
Chronic inflammation		↓N	↑	↑	N↑	↑
Sever hepatitis	↓N	↓↓	↓	↓	↓	↓
Chronic cirrhosis	↓N or ↑	↓↓		↓	↓	↑
Acute cirrhosis	↓N or ↑	↓↓		↓	Beta-gamma bridge	
Nephrotic syndrome	↓↓	↓↓		↑↑		N↓
Hypogammaglobulinemia						↓↓↓
Paraprotein	N or ↑	↓	↓	↓	Homogeneous peak	
Hyergammaglobulinemia	↑N	↓				↑
Hypoproteinemia (protein loss)	↓↓	↓↓	N↑	N↑	↓	↓N or
Alpha 1 antitrypsin deficiency			↓↓			

N: Normal, ↑: Increase, ↓: Decrease



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Name	: MR. CHAMPAK KUMAR DASGUPTA	Received	: 12-Jun-2023 16:19	Report	: 13-Jun-2023 14:42
Age	: 71 Years	Sex	: Male	Dispatch	: 13-Jun-2023 19:25
Referred By	: INDRAJIT MITRA @ KOLKATA	Status	: Final	Location	: KOLKATA
Referral Dr	: S MUKHERJEE				

Test Name	Results	Units	Bio. Ref. Interval
IMMUNOGLOBULIN PROFILE			
IgA <i>Nephelometry</i>	2.27	g/L	0.70 - 4.00
IgM <i>Nephelometry</i>	0.56	g/L	0.40 - 2.30
IgG, Serum <i>Nephelometry</i>	9.73	g/L	7.0 - 16.0

Sample Type: Serum

Dr. Jwalant Shah
M.D. Pathology
G-7593

Dr. Avani Patel
M.D. Biochemistry
Reg No.- G-34103



MC-2024

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Name : MR. CHAMPAK KUMAR DASGUPTA **Received** : 12-Jun-2023 16:19
Age : 71 Years **Sex** : Male **Report** : 13-Jun-2023 15:08
Referred By : INDRAJIT MITRA @ KOLKATA **Dispatch** : 13-Jun-2023 19:25
Referral Dr : S MUKHERJEE **Status** : Final **Location** : KOLKATA

Test Name	Results	Units	Bio. Ref. Interval
FREE LIGHT CHAIN ASSAY			
FREE KAPPA LIGHT CHAIN <i>Latex Immunoturbidimetric Assay</i>	H 30.42	mg/L	3.3 - 19.4
FREE LAMBDA LIGHT CHAIN, Serum <i>Latex Immunoturbidimetric Assay</i>	26.61	mg/L	5.71 - 26.3
KAPPA/LAMBDA RATIO	1.14		0.26 - 1.65

Sample Type: Serum

Interpretation:

1. In patients with monoclonal lambda chain, ratio is < 0.26
2. In patients with monoclonal kappa chain, ratio is > 1.65
3. Both elevated kappa and lambda free light chain (FLC) may occur due to polyclonal hypergammaglobulinemia or impaired renal clearance.

Dr. Jwalant Shah
M.D. Pathology
G-7593

Dr. Hiral Arora
M.D. Biochemistry
Reg. No.: G-32999



MC-2024

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Name	: MR. CHAMPAK KUMAR DASGUPTA	Received	: 12-Jun-2023 16:19	Report	: 13-Jun-2023 19:05
Age	: 71 Years	Sex	: Male	Dispatch	: 13-Jun-2023 19:25
Referred By	: INDRAJIT MITRA @ KOLKATA	Status	: Final	Location	: KOLKATA
Referral Dr	: S MUKHERJEE				

Immunoassay

Parameter	Result	Biological Reference Interval
B-2 MICROGLOBULINE	2.15	0.81 - 2.19 mg/L

Chemiluminescent Immunometric Assay

Sample Type: Serum

β 2 microglobulin also known as B2M is a component of MHC class 1 molecules, present on all nucleated cells. Levels of β 2 microglobulin can be elevated in multiple myeloma and lymphoma.

In patients on long-term hemodialysis, it can aggregate into amyloid fibers that deposit in joint spaces, a disease, known as dialysis-related amyloidosis. It can be used in assessing renal function, particularly in kidney-transplant recipients and in patients suspected of having renal tubulointerstitial disease.

----- End Of Report -----

Dr. Jwalant Shah
M.D. Pathology
G-7593

Dr. Hiral Arora
M.D. Biochemistry
Reg. No.:- G-32999



Department of Pathology

Reg. Number : Q23F220197/CPD-22

Patient Name: MR. CHAMPAK KUMAR DASGUPTA

Patient Age : 72Y , Sex: Male

Address : 11 NO MALLICK PARA HALTU

Referred By : Dr. AMRITAKSHA DEB



SCAN FOR GENUINITY

Bill Number : 53Q23F220273

Bill Date,Time : 22-Jun-2023 02:38 PM

Coll. Date,Time : 22-Jun-2023 02:39 PM

Lab Rec. Date, Time : 22-Jun-2023 02:53 PM

Rpt. Date, Time : 22-Jun-2023 05:18 PM

URINE RE (Test Report)

Test Parameter	Result	Unit	Biological Reference Interval
Physical Examination			
Quantity Method: Container Measurement	80	ml	
Colour Method: Visual	Pale yellow		(Pale / dark yellow)
Appearance Method: Visual	Slightly hazy		(Clear)
Chemical Examination			
Specific Gravity Method: pka change	1.025		(1.003 - 1.035)
pH Method: Methyl red bromthymol blue	5.5		(4.6-8)
Glucose Method: Glucose oxidase peroxidase / Cu reduction	Nil		(Nil)
Protein Method: Protein error of pH indicators / SSA	Positive +		(Nil)
Ketones Method: Nitroprusside reaction	Nil		(Nil)
Urobilinogen Method: Ehrlich's aldehyde	Normal		(Normal)
Bilirubin Method: Diazonium reaction/FeCL3	Nil		(Nil)
Blood Method: Oxygen from peroxide	Positive		(Nil)
Nitrite Method: P arsanic acid diazonium salt	Nil		(Nil)
Leucocytes Method: Leucocyte esterase	Nil		(Nil)
Microscopic Examination of Centrifuged Deposit			
Pus Cells Method: Microscopy	0 - 1	/H.P.F	(< 5 /H.P.F)
Casts Method: Microscopy	Granular casts present		(< 3 hyaline casts / L.P.F)
Epithelial Cells Method: Microscopy	0 - 1	/H.P.F	
Crystals Method: Microscopy	Not Found		
RBC Method: Microscopy	1 - 2	/H.P.F	(< 3 /H.P.F)
Yeast Method: Microscopy	Not Found		(Not found)
Others Method: Microscopy	-		

Note: No dysmorphic RBCs seen.

Dr. Asish Kr. Datta

CHIEF OF PATHOLOGY
MD (PGI)

Dr. Sukanya Hajra

CONSULTANT PATHOLOGIST
DNB (PATH)

Dr. Manas Muhury

CONSULTANT PATHOLOGIST
MD (PATH)

Dr. Rina Chanda

CONSULTANT CLINICAL PATHOLOGIST
MBBS

VERIFIED

Drafted By : SD179, Checked by : GR096

Page 1 of 2

Towards A Healthier Tomorrow

Hazra Road - Unit 1 & 2 • Behala • Patuli • Dunlop • Kalyani



Department of Pathology

Reg. Number : Q23F220197/CPD-22

Patient Name: MR. CHAMPAK KUMAR DASGUPTA

Patient Age : 72Y , Sex: Male

Address : 11 NO MALLICK PARA HALTU

Referred By : Dr. AMRITAKSHA DEB



SCAN FOR GENUINITY

Bill Number

: 53Q23F220273

Bill Date,Time

: 22-Jun-2023 02:38 PM

Coll. Date,Time

: 22-Jun-2023 02:39 PM

Lab Rec. Date, Time

: 22-Jun-2023 02:53 PM

Rpt. Date, Time

: 22-Jun-2023 05:18 PM

Primary Sample : URINE

Equipment(s) Used : URISCAN PRO / SIEMENS CLINITEK ADVANTUS (Method : Reflectance Spectrophotometry)

-----End of Report-----



Dr. Asish Kr. Datta

CHIEF OF PATHOLOGY
MD (PGI)

Dr. Sukanya Hajra

CONSULTANT PATHOLOGIST
DNB (PATH)

Dr. Manas Muhury

CONSULTANT PATHOLOGIST
MD (PATH)

Dr. Rina Chanda

CONSULTANT CLINICAL PATHOLOGIST
MBBS

VERIFIED

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Page 2 of 2

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