

Galaxy Medical Centre

AN ISO 9001 : 2015 CERTIFIED LAB

A DIAGNOSTIC CENTRE OWNED, RUN & PROFESSIONALLY

MANAGED BY PATHOLOGIST & BIOCHEMIST

1, Baikuntha Saha Road, Santoshpur (Battala), Kolkata - 700 075
Phone 033-24160028, 6291920442, 8584066805 to 08, 9230088848 / 49, 9831607236, 9230566342



SYSMEX KX - 21



BS - 300



300mA X-RAY



9180 ELECTROLYTEANALYZER



MAGLUMI - 800 (CLIA)



LOGIQ-V5 EXPERT



ERBACHEM 5 PLUS



CR 30-X (DIGITAL X-RAY)

Specialists' Chamber & Collection Centre
112, Santoshpur Avenue, Kolkata - 700 075, Phone : 8584066804
E-mail : galaxymedicalcentre2011@gmail.com / Website : www.galaxymedicalcentre.co.in

Invoice No. 3109716-17

Report No.

Patient Name 15511/16-17

Referred By Dr. MR. ASHOK AGARWAL

APURBA GANGULY,-

Collection Dt. 11/08/24

Report Dt. 14/08/24

Age / Sex 52 Yrs./MALE

BIOCHEMISTRY

TESTS PARAMETER RESULTS PRIMARY SAMPLE UNIT REF.RANGE

Sr. CALCIUM 8.7 SERUM mg/dl 8.4 – 10.8

Methodology: Arsenazo III

Kit Used: Diasys Lot No: 26236 Exp.date: 10/2024

COMMENTS:

Decreased total calcium levels can be associated with diseases of the bone apparatus (especially osteoporosis), kidney diseases (especially under dialysis), defective intestinal absorption and hypoparathyroidism. Increased total calcium can be measured in hyperparathyroidism, malignant diseases with metastases and sarcoidosis. Calcium measurements also help in monitoring of calcium supplementation mainly in the prevention of osteoporosis.

INORGANIC PHOSPHATE 4.1 SERUM mg/dl 2.6 – 4.5

Methodology: Photometric UV

Kit Used: Diasys Lot No: 26236 Exp.date: 09/2024

CALCIUM : PHOSPHORUS RATIO = 2.12:1

COMMENTS:

Phosphorus exists in the body almost exclusively as phosphate, mainly as inorganic substance of the bones, but also in cells in phospholipids and nucleic acids as well as in adenosine triphosphate, which is involved in the energy transfer. Increased concentrations are found in renal failure, hypoparathyroidism, pseudo-hyperparathyroidism and loss of calcium phosphate of bones and cells. Decreased values occur in malabsorption, hyperparathyroidism and vitamin D deficiency. Additional information can be obtained by supplementary measurement of calcium.

CK MM 138 SERUM U/L 54.0 – 168.0

Methodology: Optimized UV IFCC, Immunoinhibition

Kit Used: Diasys Lot No: 26335 Exp.date: 07/2024

COMMENTS:

Creatinine Phosphokinase (CPK) is an enzyme found mainly in the skeletal and cardiac muscle. This enzyme has three major isoenzymes MM (mainly in skeletal muscle) MB (mainly in cardiac tissue) BB from brain. CPK from brain virtually never crosses the blood-brain barrier to reach plasma. CPK is increased in skeletal muscle injury from variety of causes including Rhabdomyolysis, chronic muscle damage eg; Muscular Dystrophy, Myopathy, Polymyositis.

DR. TUHIN PAL CHOUDHURY

MBBS, DMCW, DCP

CONSULTANT PATHOLOGIST

DR. SWARAN KR. ROY

Ph. D (BIO CHEMISTRY)

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Invoice No. 3409/16-17

Collection Dt. 11/08/24

Report No. 15512/16-17

Report Dt. 14/08/24

Patient Name MR. ASHOK AGARWAL

Age / Sex 52 Yrs/MALE

Referred By Dr APURBA GANGULY,-



SYSMEX KX - 21



BS - 300



MAGLUMI - 800 (CLIA)



ERBACHEM 5 PLUS



CR 30-X (DIGITAL X-RAY)

BIOCHEMISTRY

TESTS PARAMETER RESULTS PRIMARY SAMPLE UNIT REF.RANGE

Sr. ALDOLASE 7.9 SERUM U/L < 7.6

Methodology: Enzymatic (TIM, GDH & NADH)

Kit Used: Randox Lot No:569578 Exp.date: 06/2024

COMMENTS:

Aldolase is a glycoytic enzyme that catalyses the cleavages of fructose 1 – 6 diphosphate in two trios molecules . serum aldolase elevates in skeletal muscle disease, carcinomatosis, granulocytic leukemia, megeblastic anemia, hepatitis & other types of hepatic necrosis. Elevated values may be obtained in muscular dystrophy & inflammatory muscle disease.

Intact Parathyroid Hormone 30.1 SERUM pg/ml 15 – 65

(i-PTH)

Methodology : Elisa

Kit Used: Biomerica Lot No: 3381 Exp.date: 09/2024

COMMENTS:

Intact PTH assay are important for the differentiation of primary hyperthyroidism from other forms of hypercalcemia, such as malignancy, sarcoidosis and thyrotoxicosis. The measurement of parathyroid hormone is the most specific way of making the diagnosis of primary hyperthyroidism. In the presence of hypercalcemia, an elevated level of parathyroid hormone virtually establishes the diagnosis. The most common other cause of hypercalcemia, namely hypercalcemia of malignancy, is associated with suppressed levels of parathyroid hormone or PTH levels within the normal range. PTH values are typically undetectable in hypocalcemia due to total hypoparathyroidism, but are found within the normal range in hypocalcemia due to partial loss or inhibition.

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M4570910IN

Invoice No. 3409/16-17

Collection Dt. 11/08/24

Patient ID. 3409/16-17

Report No. 15513/16-17

Patient Name MR. ASHOK AGARWAL

Report Dt. 14/08/24

Referred By Dr. APURBA GANGULY

Age / Sex 52 Yrs./MALE



SYSMEX KX - 21



BS - 300



300mA X-RAY



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CR 30-X (DIGITAL X-RAY)

SEROLOGY & IMMUNOLOGY

TEST : C - REACTIVE PROTEIN (CRP)

METHOD : Immunoturbidimetric Assay (Quantitative)

RESULT : 5.0 mg / L

INTERPRETATION : A titre of 6.0 mg / L or above is considered positive.

Kit Used: Agappe Lot.no. 39100101 Exp.date: 05/2024

Note : The test is rechecked by Latex agglutination method (Kit used : AVITEX -CRP- Qualigens Diagnostics), which shows no agglutination with undiluted serum only indicating a CRP titre of <6.0 mg / L

NB: C-Reactive Protein (CRP) is an Acute Phase Reactant. Acute Phase Reactants (APRs) are a group of proteins which show an elevation in concentration in response to stressful or inflammatory states that occur with infections, injuries, surgery, trauma or other tissue necrosis. Other than CRP, this group includes α -1-anti-trypsin (AAT), α -1 acid glycoprotein, haptoglobin, ceruloplasmin & fibrinogen. Apart from the clinical parameters like fever, leucocytosis or ESR, these proteins provide another dimension of quantitation which are used for monitoring the course of a patient by serial measurement. However, in some cases, these constituents may not show the dramatic increase expected e.g., when there is an impairment of synthesis due to drugs or organ defects or in newborns who normally have a lower level. Since CRP is the fastest rising Acute Phase Reactant and one which returns to normal after successful therapy, it is a popularly used tool for monitoring particularly in post surgical cases. It rises strikingly whenever there is tissue necrosis and therefore has a major significance as a highly sensitive Acute Phase Reactant. It has a molecular weight between 1,18,000 - 1,44,000 with substantial carbohydrate content and belongs to the gamma globulin fraction in electrophoresis. In severe inflammatory response, it may even form a distinct monoclonal band.

- End of Report -

Prepared By RAKESH

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Name	: Mr Ashok Agarwal	Gender	: Male	Age	: 54 Years
UHID	: AK10.0000408833	Bill No	: ACS701630	Lab No	: 38
Ref. by	: Dr. Shashi B Sah Naupukhri	Date	: 06-Oct-2023	Time	: 04:36 PM

TEST

RESULTS

REFERENCE RANGE

25 OH VITAMIN D Total

25 OH Vitamin D Total

13.41 ng/ml

>100 Potential Toxicity
<20 Deficient
20 - 29 Insufficient
30 - 100 Sufficient

Remarks

It helps the body to absorb calcium and maintain strong bones throughout your entire life. The body produces vitamin D when the sun's UV rays contact your skin. Other good sources of the vitamin include fish, eggs, and fortified dairy products. It's also available as a dietary supplement.

The 25-hydroxy vitamin D test is the best way to monitor vitamin D levels. The amount of 25-hydroxyvitamin D in your blood is a good indication of how much vitamin D your body has.

Lower-than-normal levels can be due to a vitamin D deficiency, which can result from:

1. Lack of exposure to sunlight
2. Lack of enough vitamin D in the diet
3. Liver and kidney diseases
4. Poor food absorption
5. Use of certain medicines, including phenytoin, phenobarbital, and rifampin



Dr (Mrs.) Purusha Bhuyan
MBBS, DCP (Path)

This is radiological / Pathological Impression & not the final Diagnosis. It should be Correlated with relevant clinical data & Investigation. Not valid for Medico-Legal