


MER- MEDICAL EXAMINATION REPORT

Date of Examination	26.10.24		
NAME	SUMANTA DAS		
AGE	41	Gender	M
HEIGHT(cm)	168	WEIGHT (kg)	78
B.P.	132/83 - 73		
ECC	NORMAL		
X Ray	NORMAL		
Vision Checkup	NV-N6, CV-NAD DV-6/6,		
Present Ailments	NO		
Details of Past ailments (If Any)	NIL		
Comments / Advice : She / He is Physically Fit	YES		


 DR. S.B. NAGORI
 MBBS, MD, DCC
 Consultant Cardiologist & Physician
 REGN. NO. 36000 (WDMC)
 Cell No. : 780078911

Signature with Stamp of Medical Examiner



ALOKA MEDICARE PVT. LTD.

Formerly *Calcutta Heart Research Centre*

Website : www.alokamedicare.in, Email : mail@alokamedicare.in

CIN : U85110WB1992PTC055426

Patient Name:	SUMANTA DAS	Patient ID:	AMP34358
Age:	41 Yrs	Sex:	MALE
Ref by:	APOLLO	Study Date	26/10/2024

OPHTHALMIC REPORT

Chief complaints:

Routine checkup.

Physical Examination:

VISUAL ACUITY:

DISTANT VISION: -

RIGHT EYE

6/6

LEFT EYE

6/6

NEER VISION: -

N6

N6

COLOUR VISION: - NAD (By modified Ishiara's Chart).

Exam

Right Eye

Left Eye

Cornea

Clear

Clear

Lens

Clear

Clear

Diagnosis: Normal parameters.

Dr. P. K. Dadawala
M.B.B.S., M.S. (Oph)

H.O & Lab

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Other Clinics :

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2G, N. S. Road, Shantinagar Colony, Liluah, Hwh - 204, 93313 17276



HEALTH FIRST
ISO 9001 : 2015

CERTIFICATE OF MEDICAL FITNESS


This is to certify that I have conducted the clinical examination

of SUMANTA DAS on 26.10.24

After reviewing the medical history and on clinical examination it has been found that he/she is

	Tick
<ul style="list-style-type: none"> • Medically Fit 	<input checked="" type="checkbox"/>
<ul style="list-style-type: none"> • Fit with restrictions/recommendations <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1.....</p> <p>2.....</p> <p>3.....</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	
<ul style="list-style-type: none"> • Currently Unfit. <p>Review after _____ recommended</p>	
<ul style="list-style-type: none"> • Unfit 	

Dr. _____
 Medical Officer
 The Apollo Clinic, (Location)


 DR. S. B. NAGORI
 MBBS, MD
 General & Physician
 REGN. NO. 36938 (WBMC)
 Cell No. : 7860078911

This certificate is not meant for medico-legal purposes

भारत सरकार
Government of India

सुमंत दास
Sumanta Das
जन्म तारीख / DOB : 02/10/1983
पुरुष / Male

2170 6769 9939

मेरा आधार, मेरी पहचान

Sumanta Das

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

ठिकाना: S/O: बंशी बदन दास, 33,
बिप्रदास चाटार्जी लेन, शिबपुर, हाउड़ा
(एम. कॉर्पोरेशन), हाउड़ा, पश्चिम बंग, 711102

Address: S/O: Banshi Badan Das, 33,
BIPRADAS CHATTERJEE LANE,
SHIBPUR, Haora (M.Corp), Howrah,
West Bengal, 711102

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Dr. S. B. Nagori
DR. S. B. NAGORI
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Cell No. : 7890078911



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Department of Laboratory Services

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UHID/MR No : AMP.0000031358	Collected : 26/Oct/2024 10:51AM
Patient Name : MR. SUMANTA DAS	Received : 26/Oct/2024 11:18AM
Age/Gender : 41 Y O M O D /M	Reported : 26/Oct/2024 01:11PM
Ref Doctor : ARCOFEMI	Status : Final Report
Barcode No : 10123479	Client Code : 106
Client Name : APOLLO	Other Doctor : SELF

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range
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PLASMA GLUCOSE- FASTING (FBS)

Sample Type : FLOURIDE PLASMA

Plasma Glucose Fasting (FBS) GOD-POD	123	mg/dl	70-110
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PLASMA GLUCOSE- POST PRANDIAL (PPBS)

Sample Type : FLOURIDE PLASMA (PP)

PLASMA GLUCOSE POST PRANDIAL (PPBS) GOD-POD	175	mg/dl	90-140
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**CHECKED TWICE.PLEASE CORELATE CLINICALLY.

SERUM UREA

Sample Type : SERUM

SERUM UREA Urease GLDH, Fixed Time	28	mg/dL	13-45
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SERUM CREATININE

Sample Type : SERUM

SERUM CREATININE JAFFES. INITIAL RATE	1.23	mg/dl	MALE : 0.6 - 1.4-FEMALE : 0.6 - 1.2
--	------	-------	-------------------------------------

SERUM URIC ACID

Sample Type : SERUM

SERUM URIC ACID URICASE-TRINDER, End Point	8.50	mg/dl	2.5-6.8
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**CHECKED TWICE.PLEASE CORELATE CLINICALLY.



Checked By

Kamalesh Chatterjee

Dr. Kamalesh Chatterjee
Ph.D. (FAIC, UK)
Sr. Consultant Biochemistry



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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range
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SERUM SODIUM

Sample Type : Serum

SERUM SODIUM
ISE

136.0

mEq/L

136-145

SERUM POTASSIUM

Sample Type : Serum

SERUM POTASSIUM
ISE

3.60

mEq/L

3.5-5.0

SERUM CHLORIDE

Sample Type : Serum

SERUM CHLORIDE
ISE

99.00

mEq/L

98.0-106.0

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M4579101N



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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range
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LIVER FUNCTION TEST

Sample Type : SERUM

TOTAL BILIRUBIN	0.59	mg/dL	0.1-1.2
Diazo			
CONJUGATED (D. Bilirubin)	0.25	mg/dL	0.1-0.3
Diazo			
UNCONJUGATED (I.D. Bilirubin)	0.34	mg/dL	0.2-0.7
Calculated			
TOTAL PROTEINS	7.80	gm/dl	5.5-8.0
Biuret, End point			
ALBUMIN	4.30	g/dl	3.5-5.0
BCG DYE, End point			
GLOBULIN	3.50	g/dl	2.0-3.5
Calculated			
A/G RATIO	1.23		1.0-2.1
Calculated			
Aspartate Transaminase (AST/SGOT)	41	IU/L	< 45
IFCC, KINETIC			
Alanine Aminotransferase (ALT/SGPT)	48	IU/L	< 45
IFCC, KINETIC			
ALKALINE PHOSPHATASE	69	U/L	Male:41-137
MODIFIED IFCC , KINETIC			Female:39-118



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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range
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LIPID PROFILE

Sample Type : SERUM

TOTAL CHOLESTEROL TRINDERS , END POINT	229	mg/dl	< 200 Desirable 200 - 239 Border line high > 240 high
TRIGLYCERIDES GPO-Trinders End Point	218	mg/dl	UPTO 170
HDL CHOLESTEROL DIRECT	48	mg/dl	45-65
L D L CHOLESTEROL Calculated	137	mg/dl	Desirable < 130-Borderline high 130-159-High > 160
VLDL Calculated	44	mg/dl	20-50
NON HDL CHOLESTEROL Calculated	181	mg/dl	Desirable: <130-BorderLine : 150-199-High : 200-499-Very High : >=500
T. CHOLESTEROL/ HDL RATIO Calculated	4.77		< 4.5
LDL / HDL RATIO Calculated	2.85		Desirable: 0.5-3.0-BorderLine : 3.0-6.0-High Risk : >6.0

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Age/Gender : 41 Y O M O D /M	Reported : 26/Oct/2024 04:05PM
Ref Doctor : ARCOFEMI	Status : Final Report
Barcode No : 10123479	Client Code : 106
Client Name : APOLLO	Other Doctor : SELF

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range
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HbA1C-Glycosylated Hemoglobin

Sample Type : WHOLE BLOOD EDTA

Glycosylated Hemoglobin- HbA1C HPLC	6.20	%	Non-diabetic 4-5.7 ~Pre-diabetic 5.7-6.4 ~Diabetic > 6.5
Estimated Average Glucose Calculated	131.24	mg/dl	

Comments:

- HbA1c is used for monitoring diabetic control.
- HbA1c has been endorsed by clinical groups & ADA(American Diabetes Association) guidelines
- Trends in HbA1c are a better indicator of diabetic control than a solitary test.
- Low glycosylated haemoglobin (below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases. Chronic anaemia (especially severe iron deficiency & haemolytic anaemia), chronic renal failure and liver diseases.. Clinical correlation suggested.
- Interference of haemoglobinopathies in HbA1c estimation:
- For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
- Homozygous haemoglobinopath is detected, fructosamine is recommended for monitoring diabetic status
- Heterozygous state detected(D10/turbo is corrected for HbS and HbC trait).
- In known diabetic patients, following values can be considered as a tool for monitoring the glycemic control. Excellent Control-6 to 7 %, Fair to Good Control -7 to 8 %, Unsatisfactory Control. 8 to 10 % and Poor Control – More than 10 %.

Note : Hemoglobin electrophoresis (HPLC method) is recommended for detecting haemoglobinopathy.

* This result is true for the sample from this laboratory.

* Remarks : Clinical correlation suggested

* Test results may show interlaboratory variations.

* Typed by :

* Checked by:



Checked By

Dr. Arindam Das
M.B.B.S., M.D.(Path)
Consultant Pathologist



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Barcode No : 10123479	Client Code : 106
Client Name : APOLLO	Other Doctor : SELF

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range
-----------	--------	------	-----------------

BLOOD UREA NITROGEN (BUN)

Sample Type : SERUM

BLOOD UREA NITROGEN (BUN)	13	mg/dl	5-25
SERUM UREA Urease GLDH, Fixed Time	28	mg/dL	13-45

GGT

Sample Type : Serum

GGT CARBOXY SUBSTRATE	60	U/L	5-32
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**CHECKED TWICE.PLEASE CORRELATE CLINICALLY.

BICARBONATE

Sample Type : SERUM

Bicarbonate Phosphoenolpyruvate carboxylase	24.00	mmol/L	22-29
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PHOSPHORUS

Sample Type : SERUM

S. PHOSPHORUS MOLYBDATEU.V	2.90	mg/dL	ADULT : 2.0-5.0-CHILD : 4.0-6.5
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SERUM CALCIUM

Sample Type : SERUM

SERUM CALCIUM ARSENAZO	9.4	mg/dL	8.4-10.4
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*** End Of Report ***



Checked By

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Patient Name	: MR. SUMANTA DAS	Received	: 26/Oct/2024 11:18AM
Age/Gender	: 41 Y 0 M 0 D /M	Reported	: 26/Oct/2024 03:58PM
Ref Doctor	: ARCOFEMI	Status	: Final Report
Barcode No	: 10123479	Client Code	: 106
Client Name	: APOLLO	Other Doctor	: SELF



DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Unit	Bio. Ref. Range
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URINE SUGAR - PP

Sample Type : Urine

Result

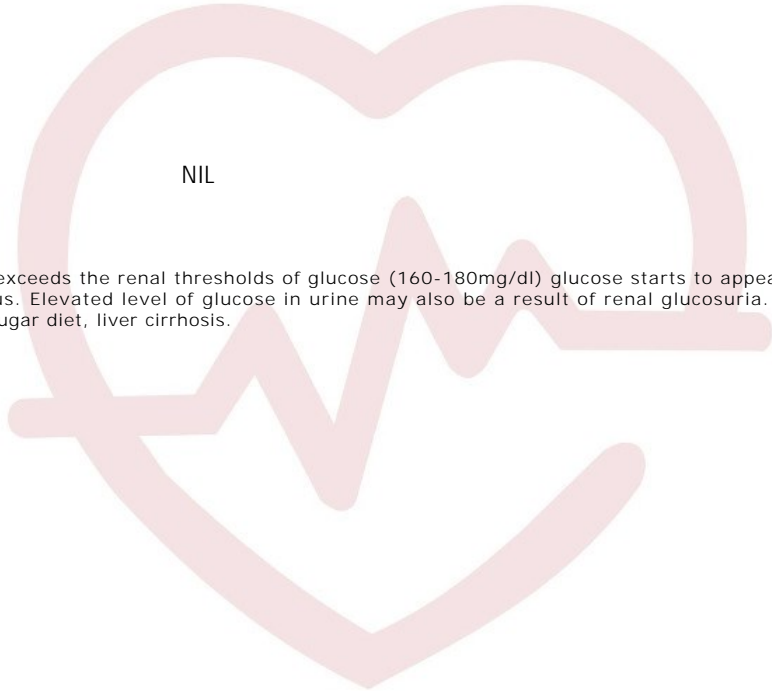
Benedicts test

NIL

Nil

INTERPRETATION:

When the glucose level in blood exceeds the renal thresholds of glucose (160-180mg/dl) glucose starts to appear in urine. Glucose in urine gets excreted in diabetes mellitus. Elevated level of glucose in urine may also be a result of renal glucosuria. Other causes of glucose in urine are hyperthyroidism, high sugar diet, liver cirrhosis.



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Client Name : APOLLO	Other Doctor : SELF



DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Unit	Bio. Ref. Range
-----------	--------	------	-----------------

URINE ROUTINE EXAMINATION (URE)

Sample Type : URINE

PHYSICAL EXAMINATION

VOLUME	40	ml	
COLOUR	PALE STRAW		STRAW YELLOW
APPEARANCE	SLIGHTLY HAZY		CLEAR
SEDIMENT	PRESENT		ABSENT

CHEMICAL EXAMINATION

SPECIFIC GRAVITY	1.005		1.005-1.030
pKa change			
REACTION (PH)	ACIDIC(6.0)		ACIDIC (6.0-6.8)
PH : double indicator principle			
PROTEIN	NIL		NIL
protein-error-of-indicators principle			
SUGAR	NIL		NIL
double sequential enzyme reaction			
UROBILINOGEN	NORMAL		NORMAL
Ehrlichs Reaction			
BILE SALT	ABSENT		ABSENT
Sulpher power method			
BILE PIGMENTS	ABSENT		ABSENT
Fouchets method			
KETONE BODIES	ABSENT		ABSENT
Nitroprusside			
BLOOD	NEGATIVE		NEGATIVE
peroxide-like activity of hemoglobin			

MICROSCOPIC EXAMINATION

PUS CELLS	1-2	/HPF	0-5/HPF
RBCs	NOT FOUND	/HPF	NIL
EPITHELIAL CELLS	2-3		F - 8-10/hpf-M - 2-3/hpf
CRYSTALS	NOT FOUND		ABSENT
CASTS	NOT FOUND		ABSENT
BACTERIA	ABSENT		ABSENT



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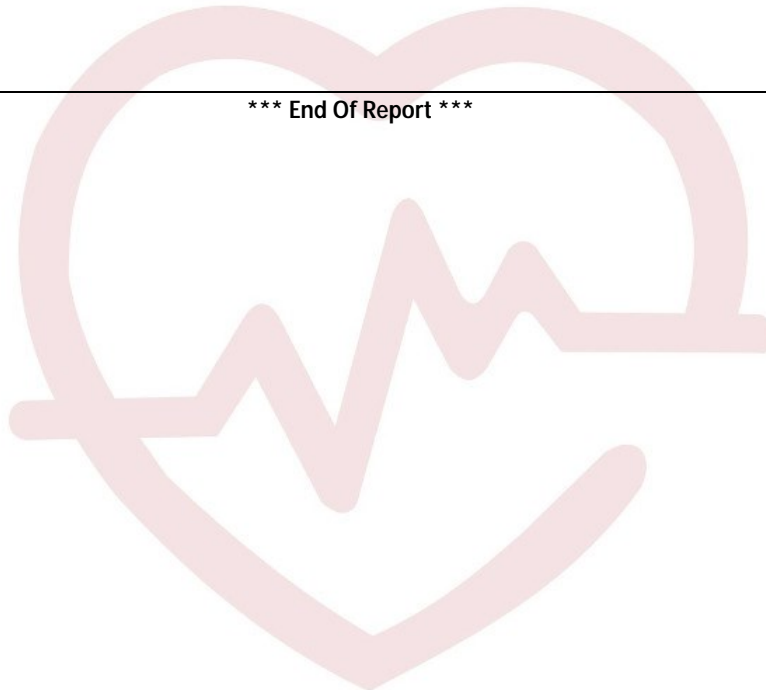
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Ref Doctor : ARCOFEMI	Status
Barcode No : 10123479	Client Code
Client Name : APOLLO	Other Doctor



DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Unit	Bio. Ref. Range
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*** End Of Report ***



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DEPARTMENT OF HAEMATOLOGY

BLOOD GROUP ABO & RH

TEST NAME	RESULT
Blood Group ABO	"B"
RH Typing	POSITIVE

KIT USED : SPANCLONE

KIT USED : ERYSCREEN

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Ref Doctor : ARCOFEMI	Status : Final Report
Barcode No : 10123479	Client Code : 106
Client Name : APOLLO	Other Doctor : SELF



DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Range
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COMPLETE HAEMOGRAM

Sample Type : WHOLE BLOOD EDTA

HAEMOGLOBIN (HB) Spectrophotometry	14.1	gm/dl	Female : 12 - 15 Male : 13 - 17
RBC COUNT (RED BLOOD CELL COUNT) Electronic Impedance	5.23	m./cu.mm	4.5-5.5
PCV/ Haematocrit Electronic Impedance	43.5	%	40-50
MCV Calculated	81.0	fL	83-101
MCH Calculated	26.9	pg	24.0-30.0
MCHC Calculated	32.4	g/dL	31.5-34.5
TOTAL LEUCOCYTE COUNT (TLC) Electronic Impedance	6,900	/cu.mm	4000-10000
DLC (Flow cytometry by Laser/ Microscopy Leishman Staining)			
NEUTROPHIL Microscopy	69	%	40-80
LYMPHOCYTE Microscopy	29	%	20-40
MONOCYTE Microscopy	1	%	2-10
EOSINOPHIL Microscopy	1	%	1-6
BASOPHIL Microscopy	0	%	<1-2
PLATELET COUNT Electrical Impedance	2,73,000	/cu mm	150000-410000
ERYTHROCYTE SEDIMENTATION RATE Modified Westergren	8	mm	<10 mm after 1st hour



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Department of Laboratory Services

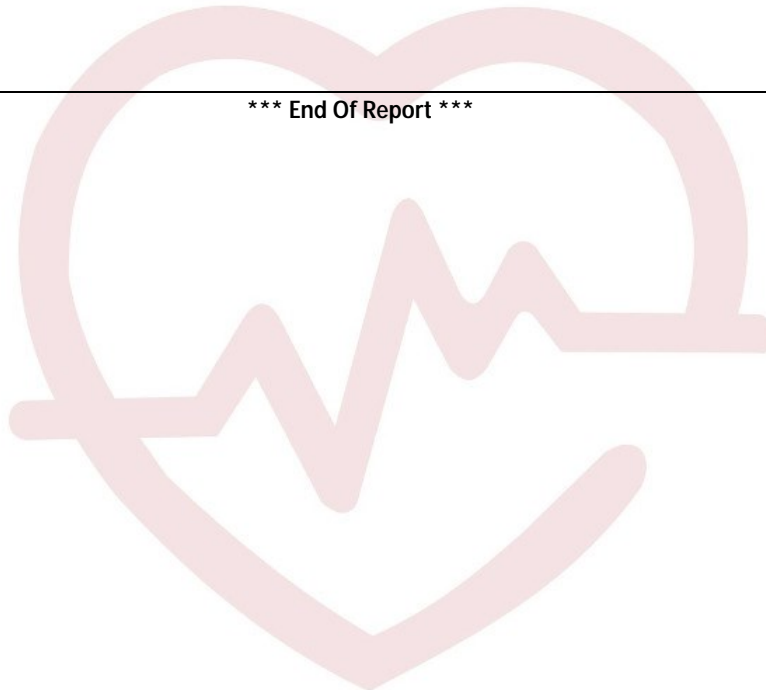
Visit ID	: AMP34358	Registration	: 26/Oct/2024 10:21AM
UHID/MR No	: AMP.0000031358	Collected	: 26/Oct/2024 10:51AM
Patient Name	: MR. SUMANTA DAS	Received	: 26/Oct/2024 11:18AM
Age/Gender	: 41 Y 0 M 0 D /M	Reported	: 26/Oct/2024 01:54PM
Ref Doctor	: ARCOFEMI	Status	: Final Report
Barcode No	: 10123479	Client Code	: 106
Client Name	: APOLLO	Other Doctor	: SELF



DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Range
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*** End Of Report ***



AMPL



Checked By

Dr. Arindam Das
M.B.B.S., M.D.(Path)
Consultant Pathologist

Our Centers :
114-B, Sarat Bose Road, Kolkata - 700 029, Ph. : 78900 78966, 95200 95201
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Department of Laboratory Services

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Patient Name	: MR. SUMANTA DAS	Received	: 26/Oct/2024 11:18AM
Age/Gender	: 41 Y 0 M 0 D /M	Reported	: 26/Oct/2024 05:14PM
Ref Doctor	: ARCOFEMI	Status	: Final Report
Barcode No	: 10123479	Client Code	: 106
Client Name	: APOLLO	Other Doctor	: SELF

DEPARTMENT OF HORMONE ASSAYS

Test Name	Result	Unit	Bio. Ref. Range
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25 HYDROXY VITAMIN D

Sample Type : SERUM

VITAMIN D CLIA	15.82	ng/ml	Deficiency < 10-Insufficiency 10-29-Sufficiency 30-100-Toxicity > 100
-------------------	-------	-------	--

Vitamin D is influenced by sunlight, latitude, skin pigmentation, sunscreen use and hepatic function. Optimal calcium absorption requires vitamin D 25 (OH) levels exceeding 75 nmol/L. It shows seasonal variation, with values being 40-50% lower in winter than in summer. Levels vary with age and are increased in pregnancy. The recommended test for evaluation of 25 Hydroxy Vitamin D is by LC- MS/MS

1. Vit D is the fat soluble vitamin and exists in two main forms as cholecalciferol (Vit D3) which is synthesised in skin from 7 dehydrocholesterol in response to sunlight exposure and Ergocalciferol (Vit D2) present mainly in dietary sources. Both cholecalciferol & Ergocalciferol are converted to 25(OH) vitamin D in liver.
2. Testing for 25(OH) vitamin D is recommended as it is the best indicator of vitamin D nutritional status as obtained from sunlight exposure & dietary intake. For diagnosis of Vitamin D deficiency it is recommended to have clinical correlation with serum 25(OH) vitamin D, serum calcium, serum PTH and serum alkaline phosphate.
3. During monitoring of oral vitamin D therapy-suggested testing of serum 25(OH) vitamin D supplement and time to achieve sufficient vitamin D levels show significant seasonal (especially winter) and individual variability depending on age, body fat, sun exposure, physical activity, genetic factor associated renal or liver disease, malabsorption syndromes and calcium or magnesium deficiency influencing the vitamin D metabolism. Vitamin D toxicity is known but very rare. Kindly correlate clinically. If necessary discuss/repeat. This is an electronically authenticated report

- * This result is true for the sample from this laboratory.
- * Remarks : Clinical correlation suggested
- *Test results may show interlaboratory variations.
- *Checked by :



Checked By

Dr. Arindam Das
M.B.B.S, M.D.(Path)
Consultant Pathologist



ISO 27001 : 2016
Registered QMS



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DEPARTMENT OF HORMONE ASSAYS

Test Name	Result	Unit	Bio. Ref. Range
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PROSTATE SPECIFIC ANTIGEN (PSA) - TOTAL

Sample Type : SERUM

PROSTATE SPECIFIC ANTIGEN CLIA	0.98	ng/mL	0-4
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INTERPRETATION:

Raised Total PSA levels may indicate prostate cancer, benign prostate hypertartion (BPH), or inflammation of the prostate. Prostate manipulation by biopsy or rigorous physical activity may temporarily elevate PSA levels. The blood test should be done before surgery or six weeks after manipulation. The total PSA may be ordered at regular intervals during treatment of men who have been diagnosed with Prostate cancer and in prostatic cancer cases under observation.

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Client Name	: APOLLO	Other Doctor	: SELF

DEPARTMENT OF HORMONE ASSAYS

Test Name	Result	Unit	Bio. Ref. Range
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VITAMIN B12

Sample Type : SERUM

VITAMIN B12 CLIA	271	pg/mL	200-1100
---------------------	-----	-------	----------

Vitamin B12, also known as cyanocobalamin, is a water soluble vitamin that is required for the maturation of erythrocytes and coenzyme form for more than 12 different enzyme systems. Groups at risk for vitamin B12 deficiency include those (1) older than 65 years of age (2) with malabsorption (3) who are vegetarians (4) with autoimmune disorders (5) taking prescribed medication known to interfere with vitamin absorption or metabolism, including nitrous oxide, phenytoin, dihydrofolate reductase inhibitors, metformin, and proton pump inhibitors (6) infants with suspected metabolic disorders.

The most common cause of Vitamin B12 deficiency is pernicious anemia. Deficiency of Vitamin B12 is associated with megaloblastic anemia and neuropathy. Excess Vitamin B12 is excreted in urine. No adverse effects have been associated with excess vitamin B12 intake from food or supplements in healthy people

COMMENTS:

Results may differ between laboratories due to variation in population and test method. Vitamin B12 is implicated in the formation of myelin, and along with Folate is required for DNA synthesis. The most prominent source of B12 for humans is meat while untreated fresh water can also be a source.

Megaloblastic anaemia has been found to be due to B12 deficiency, a major cause being Pernicious anemia due to poor B12 uptake resulting in below normal serum levels. Other conditions related to low B12 levels include iron deficiency anemia, pregnancy, vegetarianism, partial gastrectomy, ileal damage, oral contraceptives, parasitic infestations, pancreatic deficiency, treated epilepsy and advancing age. The correlation of serum B12 levels and Megaloblastic anemia however is not always clear - some patients with high MCV may have normal B12 levels, while some individuals with B12 deficiency may not have megaloblastic anemia. Disorders renal failure, liver diseases and myeloproliferative diseases may have elevated vitamin B12 levels.

LIMITATIONS:

For diagnostic purposes, the B12 results should be used in conjunction with other data; e.g.: symptoms results of other testing, clinical impressions, etc.

If the B12 level is inconsistent with clinical evidence, additional testing is suggested to confirm the result.



Checked By

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Consultant Pathologist



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DEPARTMENT OF HORMONE ASSAYS

Test Name	Result	Unit	Bio. Ref. Range
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THYROID PROFILE (T3,T4.TSH)

Sample Type : Blood

T3- TRI-IODOTHYRONINE TOTAL CLIA	1.02	ng/mL	0.69-2.15
T4 - THYROXINE TOTAL CLIA	6.34	µg/dL	5.0-13.0
Thyroid Stimulating Hormone (TSH) CLIA	12.21	µIU/mL	0.3-4.5

**Please Correlate Clinically

*** End Of Report ***

AMPL



Checked By

Dr. Arindam Das
M.B.B.S, M.D.(Path)
Consultant Pathologist

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PULMONARY FUNCTION TEST REPORT

ID No. : 668

Report Date: 26-10-2024

Patient Name : SUMANTA DAS

Eth. Corr.(%): 80

Age(yrs.) : 41 Sex:M

Weight(Kg): 78

Height(cm): 168

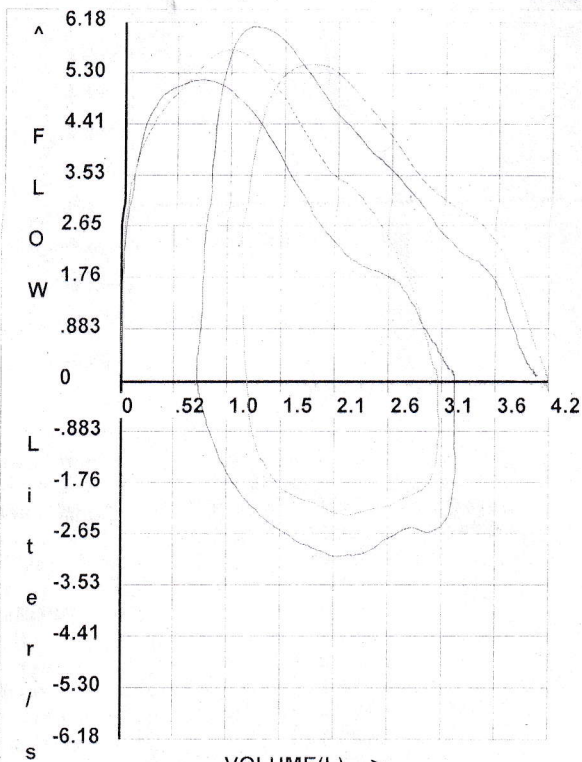
BSA(m²): 1.88

Indications :

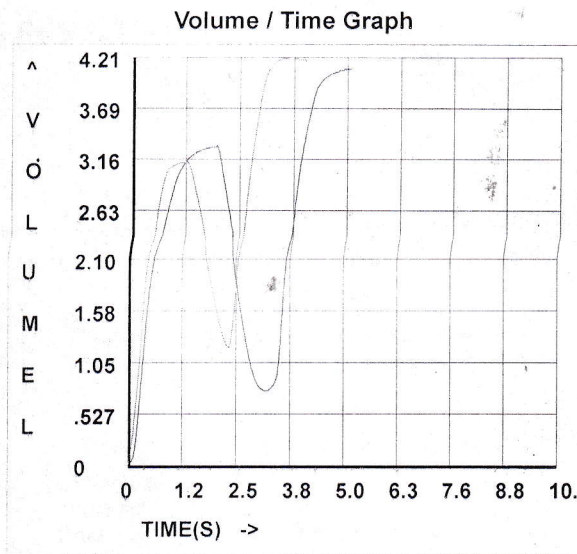
Comments :

History of Smoking : Non - Smoker

Flow / Volume Graph



FVC GRAPHS



TEST RESULTS

Date of Test ->	26/10/2024			26/10/2024			
Time of Test ->	10:32:24			10:37:26			
Parameter (U)	Pred.#	Pre	%Pred.	Post	%Pre	%Pred.	%Change
FVC (L)	3.417	4.108	120.2	4.217	102.6	123.4	2.653
FEV0.5 (L)		1.774		2.211	124.6		24.63
FEV1 (L)	2.836	2.866	101.0	3.098	108.0	109.2	8.094
FEV1/FVC %	79.83	69.76	87.39	73.46	105.2	92.02	5.297
PEF (L/s)	6.962	6.187	88.86	5.732	92.64	82.33	-7.35
PIF (L/s)		3.094		2.366	76.47		-23.5
FEF25-75% (L/s)	3.357	2.294	68.33	2.005	87.40	59.72	-12.5
V _{max} 25% (L/s)	6.011	5.187	86.29	5.641	108.7	93.84	8.752
V _{max} 50% (L/s)	3.797	2.639	69.50	3.549	134.4	93.46	34.48
V _{max} 75% (L/s)	1.583	0.637	40.24	1.911	300	120.7	200
FET100% (s)		9.92		3.82	38.50		-61.4

EST. Lung Age (Yrs.)

39

29

INTERPRETATION: ESA Obs

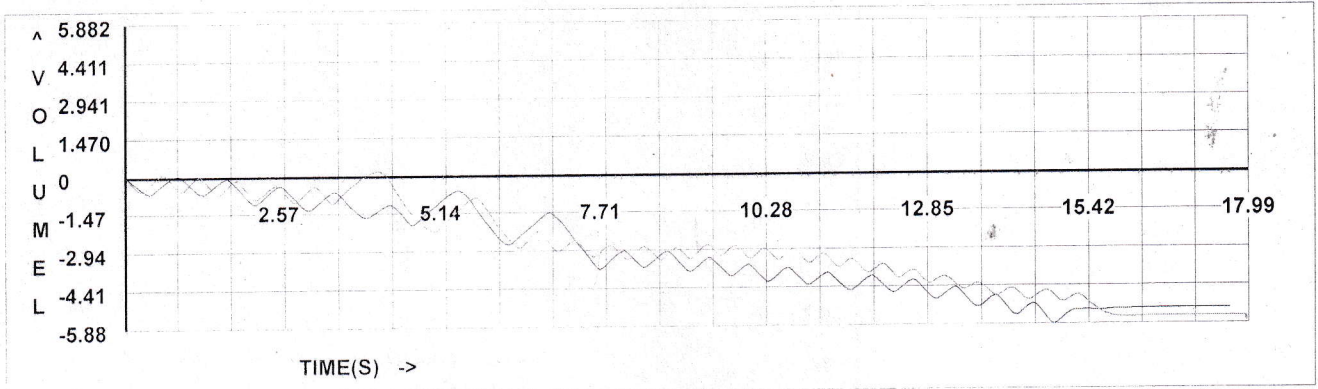
This may be clinically co - related.

[Signature]
 DR. S. B. NAGORI
 MBBS, MD,
 Consultant Cardiologist & Physician
 REGN. NO. 36963 (WBMC)
 Cell No. : 7890078911

PULMONARY FUNCTION TEST REPORT

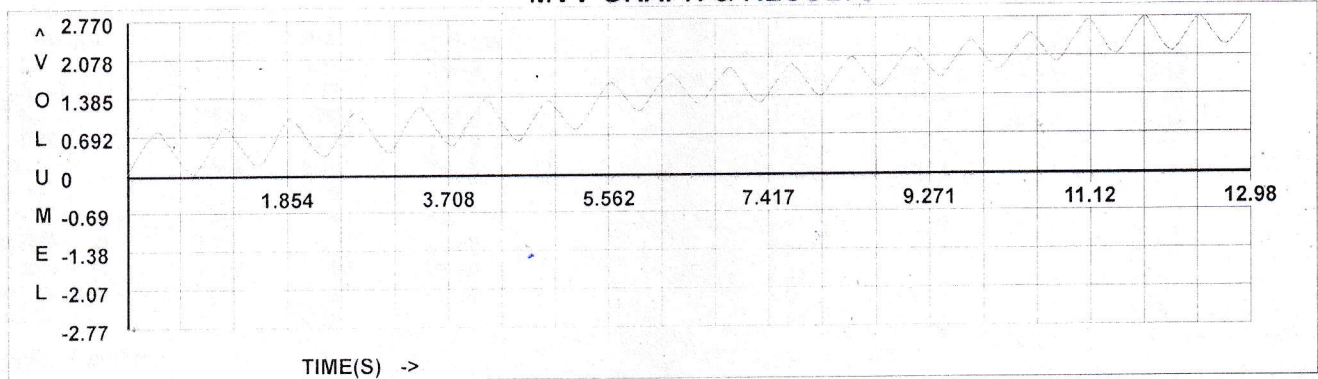
ID No. : 668 Report Date: 26-10-2024
 Patient Name : SUMANTA DAS Eth. Corr.(%): 80
 Age(yrs.) : 41 Sex:M Weight(Kg): 78 Height(cm): 168 BSA(m²): 1.88
 Indications :
 Comments :
 History of Smoking : Non - Smoker

SVC GRAPH & RESULTS



Date of Test ->	26/10/2024			26/10/2024		
Time of Test ->	10:38:10			10:38:49		
Parameter (U)	Pred.#	Pre	%Pred.	Post	%Pre	%Pred.
SVC (L)	3.56	5.883	165.2	5.787	98.36	162.5
ERV (L)		4.917		4.924	100.1	
IRV (L)		0.182		0.209	114.8	
Rf (BrPM)		60.85		85.22	140.0	
TV (L)		0.784		0.654	83.41	
t, I (s)		0.413		0.307	74.33	
t, E (s)		0.573		0.397	69.28	
VE (L/m)		47.68		55.73	116.8	
TV/t, I (L/s)		1.898		2.130	112.2	
t, I/t, tot		0.418		0.436	104.1	
SVC/FVC		1.395		1.372	98.36	
VC/FEF25-75%		2.934		2.886	98.36	

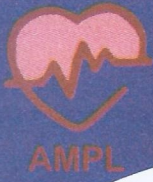
MVV GRAPH & RESULTS



Date of Test ->	26/10/2024		
Time of Test ->	10:40:24		
Parameter (U)	Pred.#	Pre	%Pred.
MVV (L)		56.18	955.0

#Predicted Equations : ERS93

APOLLO



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Website : www.alokamedicare.in, Email : mail@alokamedicare.in
CIN : U85110WB1992PTC055426

Patient Name : Mr.SUMANTA DAS	UHID No	:	AMP.0000031358
Age/Gender : 41 Y O M O D /M	Reg.Date	:	26/Oct/2024 10:21AM
Bill No : AMP34358	Reported	:	26/Oct/2024 10:25AM
Referred By : Dr.ARCOFEMI	Report Status	:	Final Report
Centre Name : APOLLO	ESIC/CGHS/ECHS	:	

DEPARTMENT OF CARDIOLOGY

ECHOCARDIOGRAPHY COLOUR DOPPLER

M.Mode Data Parameter	Test value	Normal range (Adult)	Unit	M.Mode Data Parameter	Test value	Normal range (Adult)	Unit
Aortic Root Diameter	30	20-40	mm	EF slope	64	50-150	mm/sec
Aortic Cusp Opening	16	15-20	mm	DE Amplitude	18	15-20	Mm
Left Atrial Diameter	33	20-40	mm	EPSS	04	01-10	mm
IV Septal thickness (diastole)	10	06-11	mm				
LV internal diameter (diastole)	42	35-56	mm	LV ejection fraction	65	55-75	%
LV Posterior wall thickness(diastole)	11	06-11	mm	Fraction shortening)	35	20-45	%
LV internal diameter (systole)	26	24-42	mm	RV Internal Diameter	15	6-23	mm
Doppler Data Structure	Flow Velocity(m/Sec) Pressure Gradient (mmHg)			Regurgitation in Grade			
Mitral valve	E: 0.63 A: 0.84	2.8		0/4			
Tricuspid Valve	0.55	1.2		0/4			
Aortic Valve	0.80	2.6		0/4			
Pulmonary Valve	0.93	3.5		0/4			

IMPRESSION:

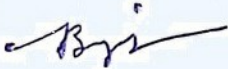
• Left ventricle shows :

The cavity size & wall thickness are within normal limits.
No regional wall motion abnormality.

Good systolic function with LVEF – 65% E/e' - 6

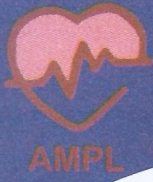
- Normal size LA, RV & RA. Good RV systolic function.
- Normal cardiac valves.
- No pulmonary arterial hypertension.
- No intra cardiac shunt / mass.
- No pericardial effusion. ----- Please correlate clinically.



Checked By 
Dr. S.B. Nagori M.D.
Chief Cardiologist

DR. ADITYA VERMA, MD
Consultant Cardiologist





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DEPARTMENT OF ULTRASOUND

ULTRA SOUND WHOLE ABDOMEN

Liver: Is normal in size, its parenchyma presents increased homogenous echopattern. No hepatic focal lesions. No intrahepatic biliary duct dilatation.

CBD: Not dilated. (4 mm) **Portal vein:** Normal in caliber. (8 mm)

Gall bladder: It is normally distended. The wall appears to be of normal thickness. No evidence of calculi or biliary mud in the visualized lumen.

Spleen: Is of normal size (82 mm) and uniform echopattern.

Pancreas: Normal sonographic appearance of the visualized parts.
Aorta and IVC appears normal. No significant paraaortic lymphadenopathy.

Both kidneys: Are of normal size, shape with regular outline. No evidence of calculi, backpressure or cystic changes on both sides. Good corticomedullary differentiation and adequate parenchymal thickness.

Right kidney measures – 86 mm. Left kidney measures – 70 mm.
No evidence of free or loculated intraperitoneal or pelvic fluid collections.

Urinary bladder: Is normally distended with no masses or calculi. Visualized lumen appears clear.

Prostate: Is normal in size (15 cc) with homogenous echopattern, intact capsule and peripheral zone.

IMPRESSION:

- Grade I fatty changes in liver.

-----Clinical correlation & further investigation suggested.



Checked By

DR. J. PAL
M.D.
RADIOLOGIST

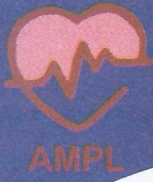
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Referred By : Dr.ARCOFEMI	Report Status	:	Final Report
Centre Name : APOLLO	ESIC/CGHS/ECHS	:	

DEPARTMENT OF X-RAY

X-RAY CHEST PA VIEW

STUDY SHOWS

- Lung fields appear clear.
- Both hila are normal.
- Mediastinum is central.
- Transverse cardiac diameter is within normal limits.
- Both CP angles are clear.
- Both hemidiaphragm are normal.
- Rib cage and spine appears normal.

IMPRESSION:

- No significant abnormality detected.

*** End Of Report ***



Checked By

DR. J. PAL
M.D.
RADIOLOGIST

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