

GOVERNMENT OF WEST BENGAL
INDIAN UNION DRIVING LICENCE

Driving Licence No : WB20 20140065980


Name : BIDESH BHATTACHARJEE

Address :
VILL. BHOGOANDA P.O. GURUGANJ
P.S. PINGLA DIST. PASCHIM MEDINIPUR
C.D. BLOCK - PINGLA, WEST BENGAL INDIA. 721124


Form 7 (Rate 16/2)

S/D/W Of : BISWESWAR BHATTACHARJEE


| | | |
|-----------------|------------|------------------|
| Date of Issue | 03-11-2014 | Blood Group : A+ |
| Valid Till (NT) | 07-02-2034 | Date of Birth : |
| Valid Till (TR) | | 08-02-1984 |

Licence holder sign 

Licencing Authority : L.A. PASCHIM MEDINIPUR

Licencing Authority Sign 

Bidesh Bhattacharja


DR. S. B. NAGORI
MBBS, MD,
Consultant Cardiologist & Physician
REGN. NO. 35968 (WBMC)
Cell No. : 7890078911



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Department of Laboratory Services

| | |
|---|------------------------------------|
| Visit ID : AMP33944 | Registration : 19/Oct/2024 03:50PM |
| UHID/MR No : AMP.0000031000 | Collected : 19/Oct/2024 03:53PM |
| Patient Name : MR. BIDESH BHATTACHARJEE | Received : 19/Oct/2024 05:13PM |
| Age/Gender : 40 Y O M O D /M | Reported : 19/Oct/2024 05:22PM |
| Ref Doctor : ARCOFEMI MEDI WHEEL | Status : Final Report |
| Barcode No : 10122675 | Client Code : 106 |
| Client Name : APOLLO | Other Doctor : SELF |



MC - 5981

DEPARTMENT OF BIOCHEMISTRY

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

PLASMA GLUCOSE- FASTING (FBS)

Sample Type : FLOURIDE PLASMA

| | | | |
|---|-----|-------|--------|
| Plasma Glucose Fasting (FBS) GOD-POD | 103 | mg/dl | 70-110 |
|---|-----|-------|--------|



AMPL



Checked By

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

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114-B, Sarat Bose Road, Kolkata - 700 029, Ph. : 78900 78966, 95200 95201
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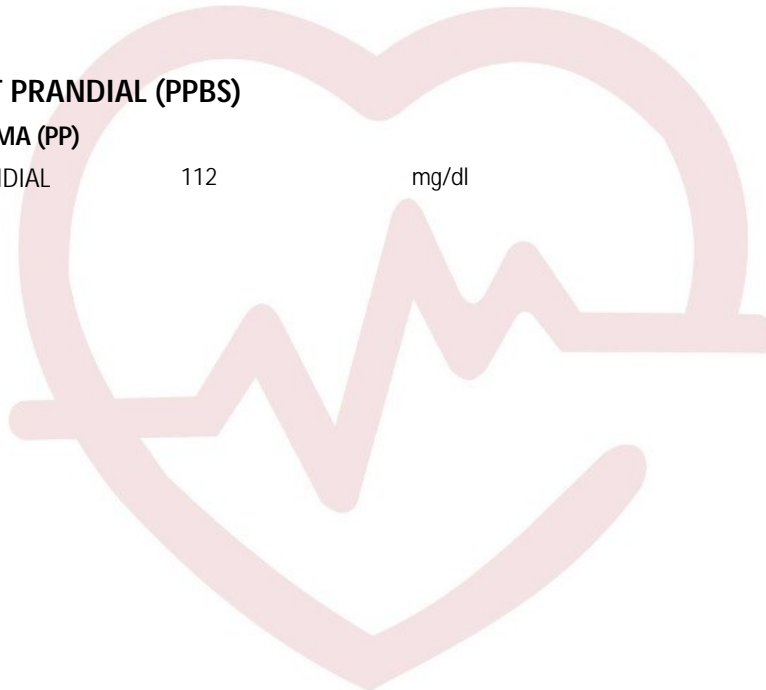
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|-----------|--------|------|-----------------|

PLASMA GLUCOSE- POST PRANDIAL (PPBS)

Sample Type : FLOURIDE PLASMA (PP)

| | | | |
|--|-----|-------|--------|
| PLASMA GLUCOSE POST PRANDIAL (PPBS) GOD-POD | 112 | mg/dl | 90-140 |
|--|-----|-------|--------|



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

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SERUM UREA

Sample Type : SERUM

SERUM UREA
Urease GLDH, Fixed Time

21 mg/dL 13-45

SERUM CREATININE

Sample Type : SERUM

SERUM CREATININE
JAFFES. INITIAL RATE

1.01 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

5.40 mg/dl 2.5-6.8

SERUM SODIUM

Sample Type : Serum

SERUM SODIUM
ISE

138.0 mEq/L 136-145

SERUM POTASSIUM

Sample Type : Serum

SERUM POTASSIUM
ISE

4.70 mEq/L 3.5-5.0

SERUM CHLORIDE

Sample Type : Serum

SERUM CHLORIDE
ISE

101.00 mEq/L 98.0-106.0



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MC - 5981

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LIVER FUNCTION TEST

Sample Type : SERUM

| | | | |
|-------------------------------------|------|-------|---------------|
| TOTAL BILIRUBIN | 0.64 | mg/dL | 0.1-1.2 |
| Diazo | | | |
| CONJUGATED (D. Bilirubin) | 0.25 | mg/dL | 0.1-0.3 |
| Diazo | | | |
| UNCONJUGATED (I.D. Bilirubin) | 0.39 | mg/dL | 0.2-0.7 |
| Calculated | | | |
| TOTAL PROTEINS | 7.10 | gm/dl | 5.5-8.0 |
| Biuret, End point | | | |
| ALBUMIN | 4.10 | g/dl | 3.5-5.0 |
| BCG DYE, End point | | | |
| GLOBULIN | 3.00 | g/dl | 2.0-3.5 |
| Calculated | | | |
| A/G RATIO | 1.37 | | 1.0-2.1 |
| Calculated | | | |
| Aspartate Transaminase (AST/SGOT) | 25 | IU/L | < 45 |
| IFCC, KINETIC | | | |
| Alanine Aminotransferase (ALT/SGPT) | 32 | IU/L | < 45 |
| IFCC, KINETIC | | | |
| ALKALINE PHOSPHATASE | 110 | U/L | Male:41-137 |
| MODIFIED IFCC , KINETIC | | | Female:39-118 |



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LIPID PROFILE

Sample Type : SERUM

| | | | |
|---|------|-------|--|
| TOTAL CHOLESTEROL TRINDERS , END POINT | 178 | mg/dl | < 200 Desirable 200 - 239 Border line high > 240 high |
| TRIGLYCERIDES GPO-Trinders End Point | 130 | mg/dl | UPTO 170 |
| HDL CHOLESTEROL DIRECT | 39 | mg/dl | 45-65 |
| L D L CHOLESTEROL Calculated | 113 | mg/dl | Desirable < 130-Borderline high 130-159-High > 160 |
| VLDL Calculated | 26 | mg/dl | 20-50 |
| NON HDL CHOLESTEROL Calculated | 139 | mg/dl | Desirable: <130-BorderLine : 150-199-High : 200-499-Very High : >=500 |
| T. CHOLESTEROL/ HDL RATIO Calculated | 4.56 | | < 4.5 |
| LDL / HDL RATIO Calculated | 2.9 | | Desirable: 0.5-3.0-BorderLine : 3.0-6.0-High Risk : >6.0 |

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|-----------|--------|------|-----------------|

HbA1C-Glycosylated Hemoglobin

Sample Type : WHOLE BLOOD EDTA

| | | | |
|--------------------------------------|-------|-------|--|
| Glycosylated Hemoglobin- HbA1C HPLC | 4.70 | % | Non-diabetic 4-5.7 ~Pre-diabetic 5.7-6.4 ~Diabetic > 6.5 |
| Estimated Average Glucose Calculated | 88.19 | 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

Kamalesh Chatterjee

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



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BLOOD UREA NITROGEN (BUN)

Sample Type : SERUM

| | | | |
|---------------------------------------|----|-------|-------|
| BLOOD UREA NITROGEN (BUN) | 10 | mg/dl | 5-25 |
| SERUM UREA Urease GLDH, Fixed Time | 21 | mg/dL | 13-45 |

GGT

Sample Type : Serum

| | | | |
|--------------------------|----|-----|------|
| GGT CARBOXY SUBSTRATE | 30 | U/L | 5-32 |
|--------------------------|----|-----|------|

BICARBONATE

Sample Type : SERUM

| | | | |
|--|-------|--------|-------|
| Bicarbonate Phosphoenolpyruvate carboxylase | 24.00 | mmol/L | 22-29 |
|--|-------|--------|-------|

PHOSPHORUS

Sample Type : SERUM

| | | | |
|-------------------------------|------|-------|---------------------------------|
| S. PHOSPHORUS MOLYBDATEU.V | 2.40 | mg/dL | ADULT : 2.0-5.0-CHILD : 4.0-6.5 |
|-------------------------------|------|-------|---------------------------------|

SERUM CALCIUM

Sample Type : SERUM

| | | | |
|---------------------------|-----|-------|----------|
| SERUM CALCIUM ARSENAZO | 9.9 | mg/dL | 8.4-10.4 |
|---------------------------|-----|-------|----------|

*** End Of Report ***



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MC - 5981

DEPARTMENT OF CLINICAL PATHOLOGY

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URINE SUGAR - PP

Sample Type : Urine

Result

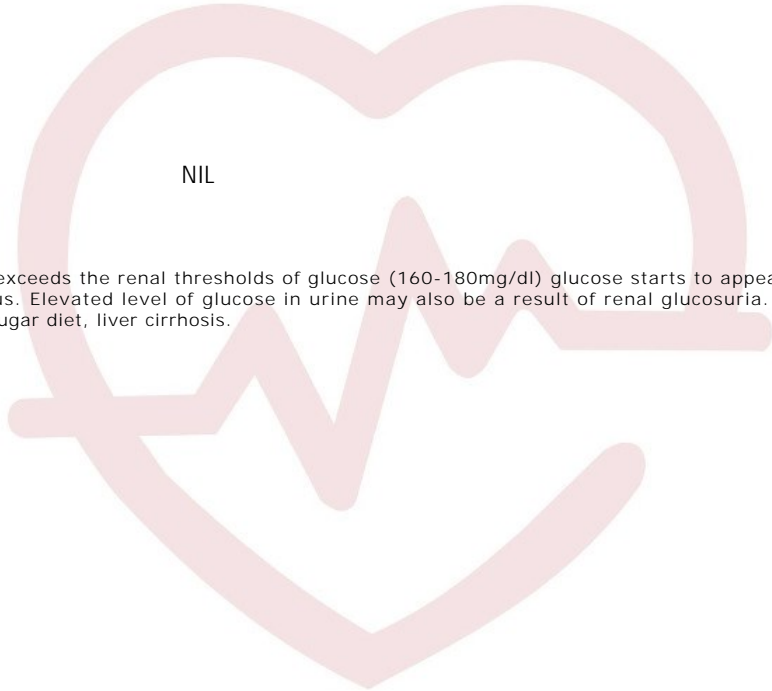
Benedicts test

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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URINE ROUTINE EXAMINATION (URE)

Sample Type : URINE

PHYSICAL EXAMINATION

| | | | |
|------------|---------------|----|--------------|
| VOLUME | 50 | ml | |
| COLOUR | PALE YELLOW | | STRAW YELLOW |
| APPEARANCE | SLIGHTLY HAZY | | CLEAR |
| SEDIMENT | ABSENT | | ABSENT |

CHEMICAL EXAMINATION

| | | | |
|---------------------------------------|--------------|--|------------------|
| SPECIFIC GRAVITY | 1.005 | | 1.005-1.030 |
| pKa change | | | |
| REACTION (PH) | ACIDIC (6.5) | | 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 | 3-4 | | F - 8-10/hpf-M - 2-3/hpf |
| CRYSTALS | NOT FOUND | | ABSENT |
| CASTS | NOT FOUND | | ABSENT |
| BACTERIA | ABSENT | | ABSENT |



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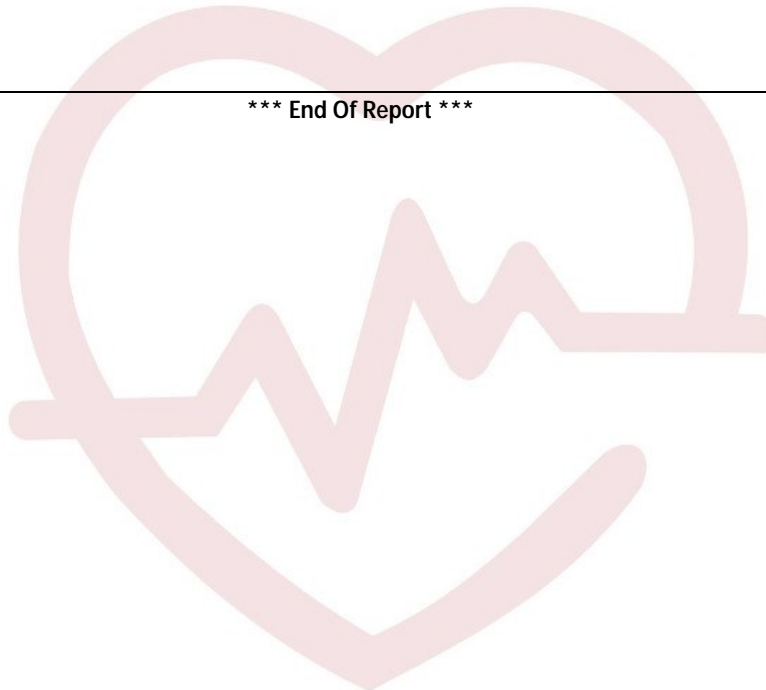
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DEPARTMENT OF HAEMATOLOGY

BLOOD GROUP ABO & RH

| TEST NAME | RESULT |
|-----------------|----------|
| Blood Group ABO | "A" |
| RH Typing | POSITIVE |

KIT USED : SPANCLONE

KIT USED : ERYSCREEN

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COMPLETE HAEMOGRAM

Sample Type : WHOLE BLOOD EDTA

| | | | |
|--|-------------|----------|------------------------------------|
| HAEMOGLOBIN (HB) Spectrophotometry | 15.2 | gm/dl | Female : 12 - 15 Male : 13 - 17 |
| RBC COUNT (RED BLOOD CELL COUNT) Electronic Impedance | 4.81 | m./cu.mm | 4.5-5.5 |
| PCV/ Haematocrit Electronic Impedance | 46.4 | % | 40-50 |
| MCV Calculated | 93.9 | fL | 83-101 |
| MCH Calculated | 31.6 | pg | 24.0-30.0 |
| MCHC Calculated | 32.7 | g/dL | 31.5-34.5 |
| TOTAL LEUCOCYTE COUNT (TLC) Electronic Impedance | 8,100 | /cu.mm | 4000-10000 |
| DLC (Flow cytometry by Laser/ Microscopy Leishman Staining) | | | |
| NEUTROPHIL Microscopy | 64 | % | 40-80 |
| LYMPHOCYTE Microscopy | 33 | % | 20-40 |
| MONOCYTE Microscopy | 1 | % | 2-10 |
| EOSINOPHIL Microscopy | 2 | % | 1-6 |
| BASOPHIL Microscopy | 0 | % | <1-2 |
| PLATELET COUNT Electrical Impedance | 1,50,000 | /cu mm | 150000-410000 |
| ERYTHROCYTE SEDIMENTATION RATE Modified Westergren | 5 | mm | <10 mm after 1st hour |



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
169, G.T. Road (S) Shibpur, Near Aloka Cinema, Howrah - 2, Ph. : 98368 12298





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Department of Laboratory Services

| | |
|---|------------------------------------|
| Visit ID : AMP33944 | Registration : 19/Oct/2024 03:50PM |
| UHID/MR No : AMP.0000031000 | Collected : 19/Oct/2024 03:53PM |
| Patient Name : MR. BIDESH BHATTACHARJEE | Received : 19/Oct/2024 05:13PM |
| Age/Gender : 40 Y 0 M 0 D /M | Reported : 19/Oct/2024 05:17PM |
| Ref Doctor : ARCOFEMI MEDI WHEEL | Status : Final Report |
| Barcode No : 10122675 | Client Code : 106 |
| Client Name : APOLLO | Other Doctor : SELF |

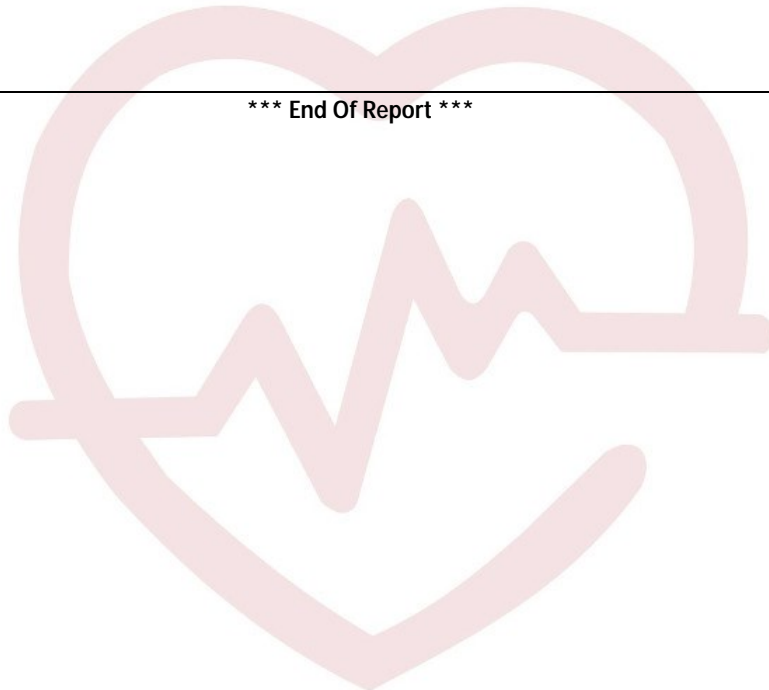


MC - 5981

DEPARTMENT OF HAEMATOLOGY

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

*** End Of Report ***



AMPL



Checked By

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

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| Patient Name | : MR. BIDESH BHATTACHARJEE | Received | : 19/Oct/2024 05:13PM |
| Age/Gender | : 40 Y O M O D /M | Reported | : 19/Oct/2024 05:15PM |
| Ref Doctor | : ARCOFEMI MEDI WHEEL | Status | : Final Report |
| Barcode No | : 10122675 | Client Code | : 106 |
| Client Name | : APOLLO | Other Doctor | : SELF |

DEPARTMENT OF HORMONE ASSAYS

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

25 HYDROXY VITAMIN D

Sample Type : SERUM

| | | | |
|-------------------|------|-------|--|
| VITAMIN D CLIA | 14.4 | 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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| Barcode No | : 10122675 | Client Code | : 106 |
| Client Name | : APOLLO | Other Doctor | : SELF |

DEPARTMENT OF HORMONE ASSAYS

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

PROSTATE SPECIFIC ANTIGEN (PSA) - TOTAL

Sample Type : SERUM

| | | | |
|-----------------------------------|------|-------|-----|
| PROSTATE SPECIFIC ANTIGEN CLIA | 0.91 | ng/mL | 0-4 |
|-----------------------------------|------|-------|-----|

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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Checked By

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DEPARTMENT OF HORMONE ASSAYS

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

VITAMIN B12

Sample Type : SERUM

| | | | |
|---------------------|-----|-------|----------|
| VITAMIN B12 CLIA | 246 | 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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Department of Laboratory Services

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| Barcode No | : 10122675 | Client Code | : 106 |
| Client Name | : APOLLO | Other Doctor | : SELF |

DEPARTMENT OF HORMONE ASSAYS

| Test Name | Result | Unit | Bio. Ref. Range |
|---|--------|--------|-----------------|
| THYROID PROFILE (T3,T4.TSH) | | | |
| Sample Type : Blood | | | |
| T3- TRI-IODOTHYRONINE TOTAL CLIA | 1.38 | ng/mL | 0.69-2.15 |
| T4 - THYROXINE TOTAL CLIA | 8.57 | µg/dL | 5.0-13.0 |
| Thyroid Stimulating Hormone (TSH) CLIA | 2.47 | µIU/mL | 0.3-4.5 |

*** End Of Report ***

AMPL



Checked By

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

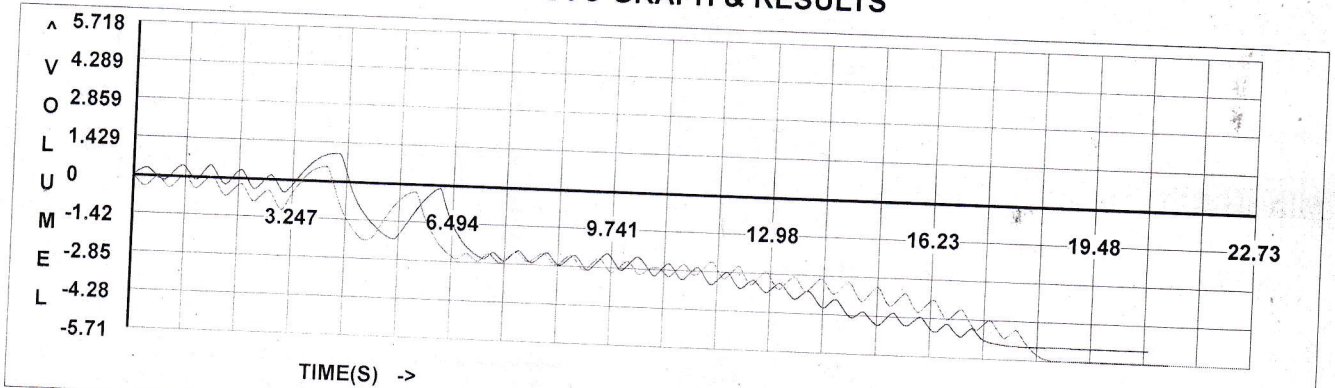
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169, G.T. Road (S) Shibpur, Near Apollo Cinema, Howrah - 7, Ph. 98366 1298



PULMONARY FUNCTION TEST REPORT

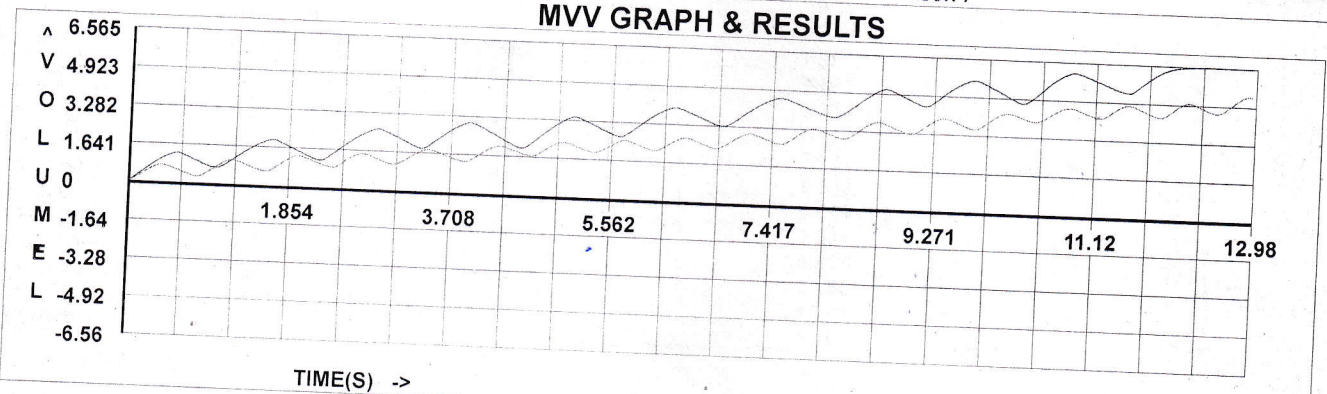
ID No. : 650
 Patient Name : BIDES BHATTACHARJEE
 Age(yrs.) : 40 Sex: M Weight(Kg): 72
 Indications :
 Comments :
 History of Smoking : Smoker for Years @ 4-5 Cigarettes/Day
 Report Date: 19-10-2024
 Eth. Corr.(%): 80
 Height(cm): 172 BSA(m²): 1.85

SVC GRAPH & RESULTS



| Parameter (U) | 19/10/2024 10:55:30 | | | 19/10/2024 10:56:20 | | |
|---------------|------------------------|-------|--------|------------------------|-------|--------|
| | Pred.# | Pre | %Pred. | Post | %Pre | %Pred. |
| SVC (L) | 3.778 | 6.224 | 164.7 | 6.21 | 99.77 | 164.3 |
| ERV (L) | | 5.018 | | 5.19 | 103.4 | |
| IRV (L) | | 0.682 | | 0.514 | 75.36 | |
| Rf (BrPM) | | 69.12 | | 94.19 | 136.2 | |
| TV (L) | | 0.523 | | 0.506 | 96.74 | |
| t, I (s) | | 0.63 | | 0.297 | 47.14 | |
| t, E (s) | | 0.238 | | 0.34 | 142.8 | |
| VE (L/m) | | 36.16 | | 47.67 | 131.8 | |
| TV/t, I (L/s) | | 0.830 | | 1.703 | 205.2 | |
| t, I/t, tot | | 0.725 | | 0.466 | 64.23 | |
| SVC/FVC | | 1.530 | | 1.526 | 99.77 | |
| VC/FEF25-75% | | 2.307 | | 2.302 | 99.77 | |

MVV GRAPH & RESULTS



| Parameter (U) | 19/10/2024 10:57:07 | | | 19/10/2024 10:57:41 | | |
|---------------|------------------------|-------|--------|------------------------|-------|--------|
| | Pred.# | Pre | %Pred. | Post | %Pre | %Pred. |
| MVV (L) | 107.2 | 50.45 | 47.03 | 44.33 | 87.86 | 41.32 |

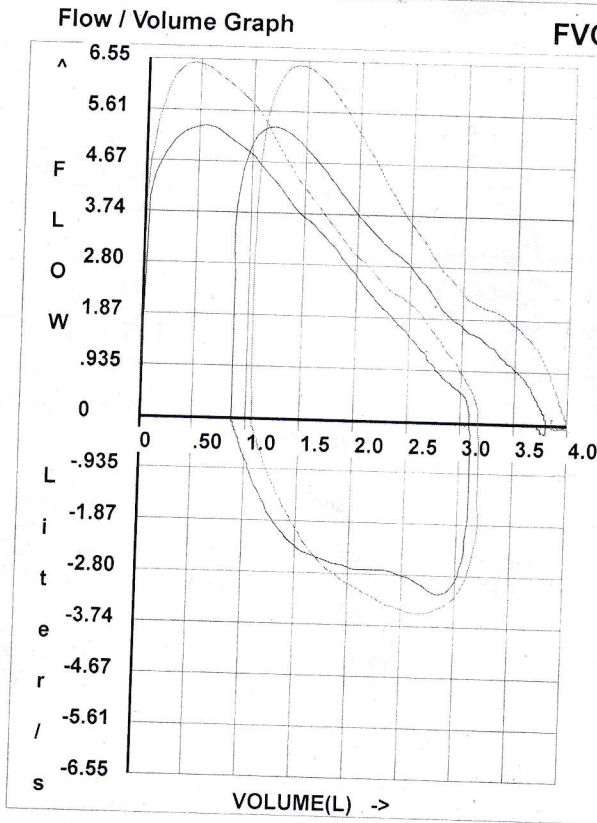
#Predicted Equations : ERS93

Dr. Shree Daliah Nagori M.D.
 Regd. No. - 36968
 Cell No. : APOLLO 11

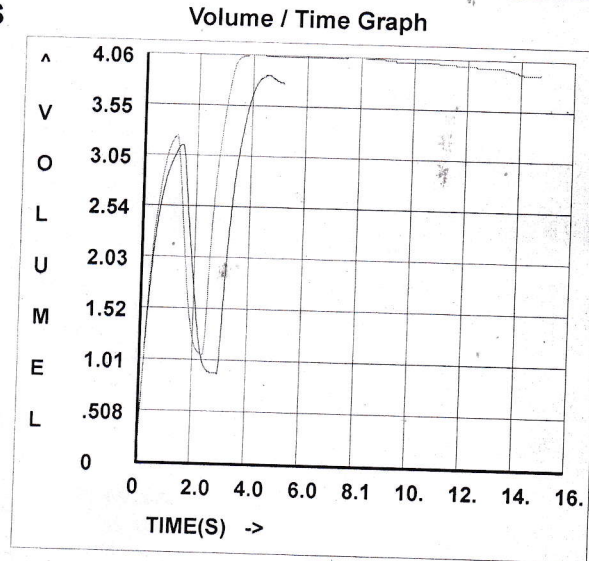
PULMONARY FUNCTION TEST REPORT

ID No. : 650
 Patient Name : BIDES BHATTACHARJEE
 Age(yrs.) : 40 Sex: M Weight(Kg): 72
 Indications :
 Comments :
 History of Smoking : Smoker for Years @ 4-5 Cigarettes/Day

Report Date: 19-10-2024
 Eth. Corr.(%): 80
 Height(cm): 172 BSA(m²): 1.85



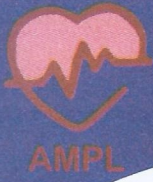
FVC GRAPHS



TEST RESULTS

| Date of Test -> | 19/10/2024 | | | 19/10/2024 | | | |
|----------------------|------------|-------|--------|------------|-------|--------|---------|
| Time of Test -> | 10:53:27 | | | 10:54:38 | | | |
| Parameter (U) | Pred.# | Pre | %Pred. | Post | %Pre | %Pred. | %Change |
| FVC (L) | 3.622 | 3.863 | 106.6 | 4.067 | 105.2 | 112.2 | 5.280 |
| FEV0.5 (L) | | 2.088 | | 2.225 | 106.5 | | 6.561 |
| FEV1 (L) | 2.997 | 2.894 | 96.56 | 3.112 | 107.5 | 103.8 | 7.532 |
| FEV1/FVC % | 80.01 | 74.91 | 93.62 | 76.51 | 102.1 | 95.62 | 2.133 |
| PEF (L/s) | 7.193 | 5.369 | 74.64 | 6.551 | 122.0 | 91.07 | 22.01 |
| PIF (L/s) | | 3.185 | | 3.549 | 111.4 | | 11.42 |
| FEF25-75% (L/s) | 3.453 | 2.355 | 68.20 | 2.697 | 114.5 | 78.10 | 14.52 |
| Vmax25% (L/s) | 6.209 | 5.096 | 82.07 | 6.096 | 119.6 | 98.18 | 19.62 |
| Vmax50% (L/s) | 3.943 | 3.094 | 78.46 | 3.185 | 102.9 | 80.77 | 2.941 |
| Vmax75% (L/s) | 1.687 | 0.819 | 48.54 | 1.001 | 122.2 | 59.33 | 22.22 |
| FET100% (s) | | 4.74 | | 8.26 | 174.2 | | 74.26 |
| EST. Lung Age (Yrs.) | | 44 | | | | | 35 |

INTERPRETATION: ESA Obs
 This may be clinically co - related.



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| | | | |
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| Referred By | : Dr.ARCOFEMI MEDI WHEEL | 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 | 33 | 20-40 | mm | EF slope | -- | 50-150 | mm/sec |
| Aortic Cusp Opening | 16 | 15-20 | mm | DE Amplitude | -- | 15-20 | Mm |
| Left Atrial Diameter | 36 | 20-40 | mm | EPSS | -- | 01-10 | mm |
| IV Septal thickness (diastole) | 09 | 06-11 | mm | | | | |
| LV internal diameter (diastole) | 44 | 35-56 | mm | LV ejection fraction | 63 | 55-75 | % |
| LV Posterior wall thickness(diastole) | 09 | 06-11 | mm | Fraction shortening) | 34 | 20-45 | % |
| LV internal diameter (systole) | 24 | 24-42 | mm | RV Internal Diameter | | 6-23 | mm |
| Doppler Data Structure | Flow Velocity(m/Sec) Pressure Gradient (mmHg) | | | Regurgitation in Grade | | | |
| Mitral valve | E: 0.68 A: 0.41 | 1.8 | | | 0/4 | | |
| Tricuspid Valve | 0.55 | 1.2 | | | 0/4 | | |
| Aortic Valve | 1.03 | 4.3 | | | 0/4 | | |
| Pulmonary Valve | 0.60 | 1.4 | | | 0/4 | | |

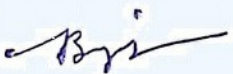
IMPRESSION:

• Left ventricle shows :

The cavity size & wall thickness are within normal limits.
No regional wall motion abnormality.
Good systolic function with LVEF – 63% E/A - 1.6 & E/e' - 5

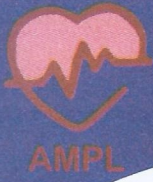
- Normal size LA, RV & RA. Good RV systolic function.
 - Normal cardiac valves.
 - No pulmonary arterial hypertension.
 - No intra cardiac shunt / mass.
 - No pericardial effusion.
- Please correlate clinically.



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

DR. ADITYA VERMA, MD
Consultant Cardiologist





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

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 (100 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 – 97 mm. Left kidney measures – 88 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.

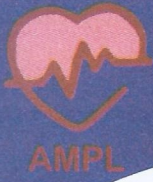


Checked By

M. Nuruzzaman

DR. M. NURUZZAMAN
MBBS, DMRD, MD
Consultant Radiologist





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| Referred By | : Dr.ARCOFEMI MEDI WHEEL | 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

Page 3 of 3

H.O. & Lab :
114-B, Sarat Bose Road, Kolkata-700 029, 78900 78986, 95200 95201

Other Clinics :
169, G. T. Road (S), Shibpur, Near Alok Cinema, Hwh - 002, 98368 12298
2G, N. S. Road, Shantinagar Colony, Liluah, Hwh - 204, 9331317276



HEALTH FIRST
ISO 9001 : 2015

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of BIDESH BHATTACHARYA on 19.10.24

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
 Consultant Cardiologist & Physician
 REGN. NO. 36968 (WBMC)
 Cell No. : 7890078911

This certificate is not meant for medico-legal purposes

MER- MEDICAL EXAMINATION REPORT

| | | | |
|---|--------------------------|-------------|----|
| Date of Examination | 19.10.24 | | |
| NAME | BIDESH BHATTACHARJEE | | |
| AGE | 40 | Gender | M |
| HEIGHT(cm) | 172 | WEIGHT (kg) | 72 |
| B.P. | 107/69-69 | | |
| ECG | SINUS BRADYCARDIA | | |
| X Ray | NORMAL | | |
| Vision Checkup | RV-M6, LV-NAD DT-C/B, | | |
| Present Ailments | NO | | |
| Details of Past ailments (If Any) | NIL | | |
| Comments / Advice : She /He is Physically Fit | YES | | |
| | | | |


 DR. S. B. NAGORI
 MBBS, MD, FRCS
 Consultant Cardiologist & Physician
 REGN. NO. 35958 (WBMCO)
 Cell No. : 7890078911

Signature with Stamp of Medical Examiner



ॐ

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| | | | |
|---------------|----------------------|-------------|------------|
| Patient Name: | BIDESH BHATTACHARJEE | Patient ID: | AMP33944 |
| Age: | 40 Yrs | Sex: | MALE |
| Ref by: | APOLLO | Study Date | 19/10/2024 |

OPHTHALMIC REPORT

Chief complaints:

Routine checkup.

Physical Examination:

VISUAL ACUITY:

| | <u>RIGHT EYE</u> | <u>LEFT EYE</u> |
|-------------------|------------------|-----------------|
| DISTANT VISION: - | 6/6 | 6/6 |
| NEER VISION: - | N6 | N6 |

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

| <u>Exam</u> | <u>Right Eye</u> | <u>Left Eye</u> |
|-------------|------------------|-----------------|
| 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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