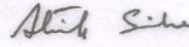




नाम अतीश रामेश्वर सिंह  
Name : ATISH RAMESHWAR SINHA  
कर्मचारी कूट. क्र. ६०७७८  
E. C. No. 60778

  
जारीकर्ता प्राधिकारी

  
धारक के हस्ताक्षर

subrataa sinha

फोन व पत्तिका न मिस्र  
रुग्ण रुग्णधर (एन) , हे सधे सधे, सधे सधे हे  
श - 26 , सधे श, सधे सधे सधे, सधे (श), सधे: 400 051, सधे  
सधे: 91 22 6698 5196, सधे: 91 22 2652 5747  
If Found, Please return to,  
Asst. General Manager (Security) Bank of Baroda, Baroda Corporate Centre  
C-26, G Block, Bandra-Kurla Complex, Mumbai 400 051, India  
Phone:- 91 22 6698 5196 Fax : 91 22 2652 5747  
'सधे सधे/Blood Group B+'  
'सधे सधे Identification mark'  
CUT MARK ON FOREHEAD  
KZ

Subrataa sinha



भारत सरकार  
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

Enrollment No. : 0000/00728/39774

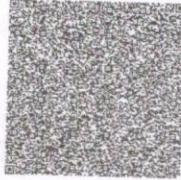
To  
Subrataa Sinha

W/O ATISH SINHA,  
264,  
R.N. THAKUR ROAD BEDIAPARA SOUTH DUM DUM NORTI  
BEDIAPARA,  
VTC: Bediapara, PO: Bediapara,  
District: Kolkata,  
State: West Bengal, PIN Code: 700077,  
Mobile: 8981585584

47186531



KF471865315FI



आपका आधार क्रमांक / Your Aadhaar No. :

**7175 7164 4084**

मेरा आधार, मेरी पहचान



भारत सरकार  
Government of India



Issue Date: 21/03/2012



Subrataa Sinha  
DOB: 01/01/1972  
Female

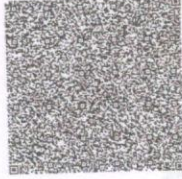
7175 7164 4084

मेरा आधार, मेरी पहचान

subrataa sinha

APOLLO CLINIC OM TOWER  
36C, B.T ROAD OPP "RBU"  
KOL 700002  
Ph 033 25565555

7175 7164 4084



Address: W/O ATISH SINHA, 264, R.N. THAKUR ROAD BEDIAPARA SOUTH DUM DUM NORTH 24 PARGANAS, BEDIAPARA, Bediapore, Kolkata, West Bengal, 700077



Unique Identification Authority of India

भारतीय विभिन्न पहचान प्राधिकरण



- **Aadhaar** देश भर में मान्य है।
- **Aadhaar** कई सरकारी और गैर सरकारी सेवाओं को पाना आसान बनाता है।
- **Aadhaar** में मोबाइल नंबर और ईमेल ID अपडेट रखें।
- **Aadhaar** को अपने स्मार्ट फोन पर रखें, **mAadhaar App** के साथ।
- **Aadhaar** is valid throughout the country.
- **Aadhaar** helps you avail various Government and non-Government services easily.
- Keep your mobile number & email ID updated in **Aadhaar**.
- Carry Aadhaar in your smart phone – use **mAadhaar App**.

**INFORMATION**  
Aadhaar is a proof of identity, not of citizenship. Verify identity using Secure QR Code / Offline XML / Online Authentication.

- **Aadhaar** पहचान का प्रमाण है, नागरिकता का नहीं।
- सुरक्षित **QR कोड**/ऑफलाइन **XML**/ ऑनलाइन ऑथेंटिकेशन से पहचान प्रमाणित करें।

सूचना



Government of India



Subrataasinha

To The Officer  
Medical

All test Done At the moment  
not available my school maintain

Thank you  
MISS Subrataa Sinha

**APOLLO CLINIC OM TOWER**  
36C, B.T ROAD OPP "RBU"  
KOL 700002  
Ph 033 25565555  
033 25563333



Patient Name: Mrs. SUBRATNA SINHA 50/F

Date: June 03, 2022

Time: 10:16:30

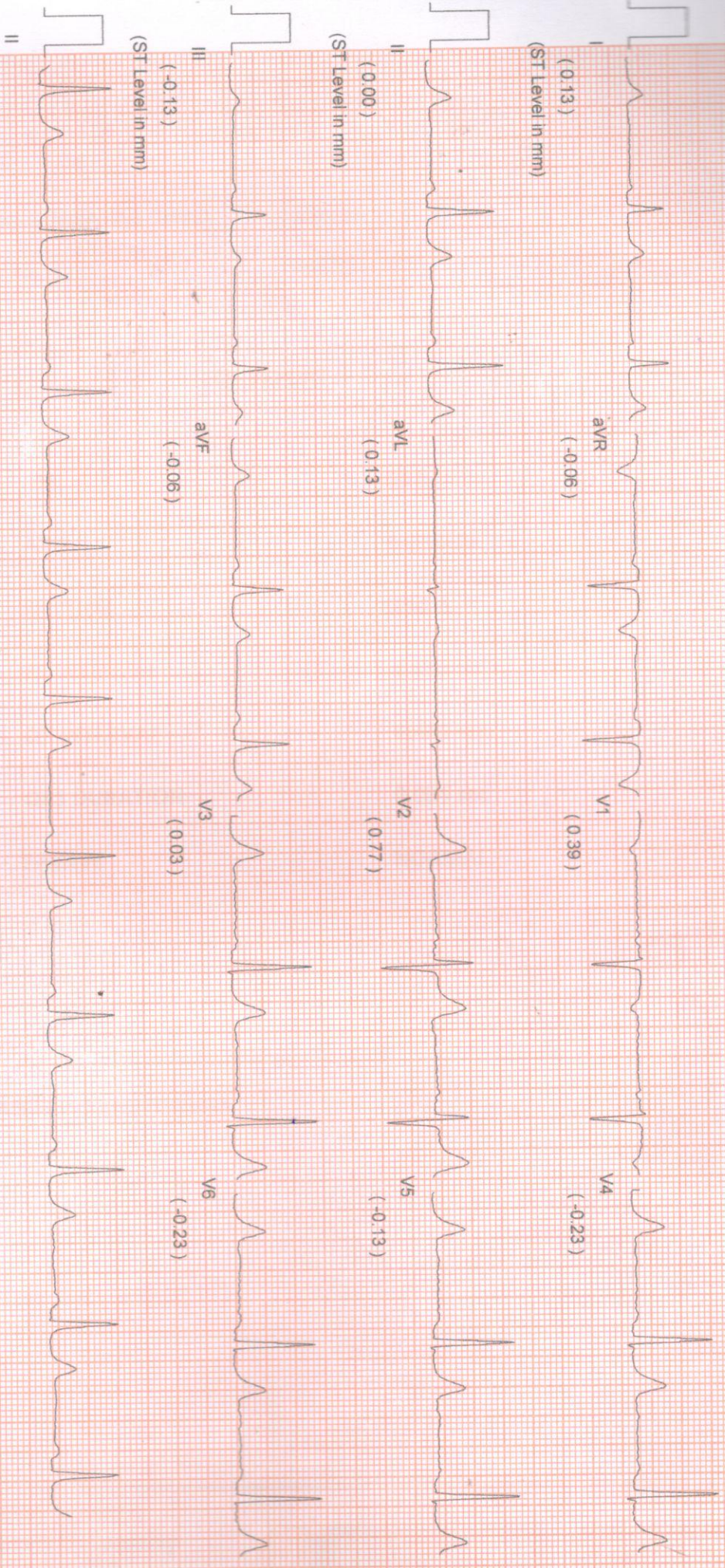
Resting ECG Report

QT / QTc : 0.480 / 0.477 Sec  
P-QRS-T Axis (45) (-54) (-44) deg

PR Interval: 0.15 sec  
QRS Duration : 0.084 Sec

RR Interval: 1.01 sec

HR : 59 bpm  
BP : 120 / 70 mmHg



Comments :-

*Subratna Sinha*


<b>NAME: MRS.SUBRATAA SINHA</b>	<b>MR NO: FSIN-0000</b>	<b>DATE : 03.06.2022</b>
<b>AGE: 50YRS.</b>	<b>SEX:FEMALE</b>	<b>REF BY:SELF</b>

### ECG REPORT

HR : 59 b/min  
AXIS : NORMAL  
RHYTHM : SINUS  
PR INTERVAL : 0.15 sec  
QT INTERVAL : 0.480 sec  
QRS DURATION : 0.084 sec  
T-WAVE : NORMAL.

### IMPRESSION:

- SINUS BRADYCARDIA.

  
**Dr. SIDDHARTHA KUNDU**  
MBBS (Cal), PGDCC, OCEBDM  
Clinical Cardiologist  
Ex Sr Resident, Cardiology Dept  
B.R Singh Hospital, Eastern Railway

<b>NAME: MRS.SUBROTAA SINHA</b>	<b>AGE: 50YRS</b>	<b>SEX:FEMALE</b>
<b>REF BY: SELF</b>	<b>MR NO:FSIN-0000</b>	<b>DATE: 03/06/2022</b>

### ULTRASOUND OF WHOLE ABDOMEN

**LIVER** : Liver is **enlarged** in size, **mild fatty changes seen** in shape, outline and echotexture. The intrahepatic tubular structures are normal. The porta hepatis is normal . The common bile duct measures **0.29cm** in diameater. The portal vein measures **0.78cm** at porta .

**GALL BLADDER**: Gall bladder is distended. Wall is normal. No calculus or mass is seen within the gall bladder.

**SPLEEN**: It is normal in size (**8.87cm**), Shape, Outline and echotexture. No parenchymal lesion is noted.

**PANCREAS**: It is normal in size, Shape, Outline and echotexture. Pancreatic duct is not dilated.

**RIGHT KIDNEY**: kidney are normal in position, size, shape, outline and echotexture. The cortico medullary differentiation is maintained. No calculus or hydronephrosis is seen.

**RIGHT KIDNEY**: measures – (**8.84cm**).

**LEFT KIDNEY**: kidney are normal in position, size, shape, outline and echotexture. The cortico medullary differentiation is maintained. No calculus or hydronephrosis is seen.


**LEFT KIDNEY**: measures – (**9.20cm**).

**URINARY BLADDER**: It is suboptimally distended.

**UTERUS AND OVARIES**: They are operated.

### IMPRESSION:

- HEPATOMEGALY MILD FATTY CHANGES.



**DR.SUSMITA CHOWDHURY**  
CONSULTANT SONOLOGIST  
M.B.B.S, MD.



Patient Name: MRS. SUBROTAA SINHA  
UHID/MR No.: FSIN.0000014804  
Visit Date: 03.06.2022  
Sample collected on: 03.06.2022  
Ref Doctor: SELF

Age/Gender: 50 Years / Female  
OP Visit No.: FSINOPV17874  
Reported on: 03.06.2022  
Specimen: BLOOD

## DEPARTMENT OF SEROLOGICAL EXAMINATION

<u>TEST NAME</u>	<u>RESULT</u>
<u>Blood Group (A, B &amp; O) &amp; Rh factor</u>	"A"
BLOOD GROUP	POSITIVE (+Ve)
RH TYPE	

Results are to be correlate clinically.

\*\*\* End of the report\*\*\*

*BK*

Lab Technician / Technologist  
Ranit Bhattacharjee

DR. BIPARNAK HALDAR  
MBBS, MD (PATHOLOGY)  
CONSULTANT PATHOLOGIST



Patient Name: MRS. SUBROTAA SINHA  
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## DEPARTMENT OF HAEMATOLOGY

TEST NAME	RESULT	BIOLOGICAL REFERENCE	UNIT
<b>COMPLETE BLOOD COUNT</b>			
HEMOGLOBIN	11.3	Female 11.5-14.5 Male 12.5-16.5	gm%
Method: Cyanmethemoglobin			
RBC COUNT	3.8	Female 3.8-4.8 Male 4.5-5.5	mill/Cumm
Method: Electronic Impedance			
HEMATOCRIT (PCV)	36.0	Female 36-46 Male 42-52	%
MCV	94.7	83-101 fl	fl
Method: Calculated			
MCH	29.7	27-32 pg	pg
Method: Calculated			
MCHC	31.3	31.5-34.5	%
Method: Calculated			
PLATELET COUNT	2.20	1.5-4.5 lakhs/cu mm	Lakhs/cumm
Method: Electronic Impedance			
TOTAL WBC COUNT (TC)	9,400	4,000-11,000	/cumm
Method: Electronic Impedance			
DIFFERENTIAL COUNT (DC)			
Method: Microscopy			
NEUTROPHIL	70	40-70	%
LYMPHOCYTE	25	20-45	%
MONOCYTE	02	2-8	%
EOSINOPHIL	03	1-4	%
BASOPHIL	00	<1-2	%
ESR	32	Male:12 Female:19	mm/hr
Method: westergreen			

**Note:** RBC are normocytic with normochromic.

**INSTRUMENT USED:**

SYSMEX (XP 100)

\*Please correlate with clinical conditions.

\*\*\*End of the report\*\*\*

*BK*

Lab Technician/Technologist  
Ranit Bhattacharjee

Dr. BIPARNAK HALDAR  
MBBS, MD(PATHOLOGY)  
CONSULTANT PATHOLOGIST



Patient Name: MRS. SUBROTAA SINHA  
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## DEPARTMENT OF LABORATORY MEDICINE

<u>TEST NAME</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE INTERVALS</u>	<u>UNITS</u>
GLUCOSE- (FASTING) Method: (GOD-POD)	82.0	70.0- 110.0	mg/dl
GLUCOSE- (POST PRANDIAL) Method: (GOD-POD)	103.0	80.0- 140.0	mg/dl

End of the report  
*Results are to be correlate clinically*

*BN*

Lab Technician / Technologist  
Ranit Bhattacharjee

DR. BIPARNAK HALDAR  
MBBS, MD (PATHOLOGY)  
CONSULTANT PATHOLOGIST



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**DEPARTMENT OF SPECIAL BIOCHEMISTRY**  
**REPORT PREPARED ON PATHOLOGY**

Test Name	Value	Unit	Normal Range
Glycosylated Haemoglobin (HbA1c), HPLC	4.1	%	Excellent Control: <4 Good Control: 4-6 Fair Control : >6-7 Action Suggested: >7-8 Poor Control : >8
<i>Methodology: HPLC</i> <i>Instrument Used: Bio-Rad D-10</i>			
Estimated Average Glucose (EAG)	105	mg/dL	Excellent Control: 90-120 Good Control: 120-150 Fair Control: > 150-180 Action Suggested: 181-210 Panic Value: >211

**Comment**

- For patients with Hb variant diseases there may be lowering of HbA1c due to low HBA synthesis.
- EAG is value calculated from HbA1c & indicates average glucose level over past three months.

**Factors that interfere with HbA1c Measurement:** Genetic variants (e.g. Hbs trait, HbC trait), elevated fetal hemoglobin (HbF) and chemically modified derivatives of hemoglobin (e.g. carbamylated Hb in patients with renal failure) can affect the accuracy of HbA1c measurements. The effects vary depending on the specific Hb variant or derivative and the specific HbA1c method.

**Factors that affect interpretation of HbA1c Results:** Any condition that shortens erythrocyte survival or decreases mean erythrocyte age (e.g. recovery from acute blood loss, hemolytic anemia) will falsely lower HbA1c test results regardless of the assay method used.

\*\*\*\*\* End Of Report\*\*\*\*\*

*BK*

Lab Technician / Technologist  
Susmita Saha

DR. BIPARNAK HALDAR  
MBBS, MD (PATHOLOGY)  
CONSULTANT PATHOLOGIST



Patient Name: MRS. SUBROTAA SINHA  
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Age/Gender: 50 Years / Female  
OP Visit No.: FSINOPV17874  
Reported on: 03.06.2022  
Specimen: BLOOD

## DEPARTMENT OF LABORATORY MEDICINE

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVALS	UNITS
<b>LIVER FUNCTION TEST (PACKAGE)</b>			
BILIRUBIN- TOTAL Method: Daizo	0.75	1.1 Adult	mg/dl
BILIRUBIN- DIRECT Method: Daizo with DPD	0.14	Adult & Children: <0.25	mg/dl
BILIRUBIN- INDIRECT Method: calculated	0.61	0.1-1.0	mg/dl
TOTAL- PROTIEN Method: Photometric UV test	7.25	Adult: 6.6-8.8	gms/dl
ALBUMIN Method: BCG	4.32	3.5-5.2	gms/dl
GLOBULIN Method: calculated	2.93	1.8-3.0	gms/dl
A:G Ratio	1.47:1		
SGOT/AST Method: IFCC WITHOUT P5P	25.3	up to 45	U/L
SGPT/ALT Method: IFCC WITHOUT P5P	18.9	up to 40	U/L
ALKA-PHOS Method: PNPP- AMP BUFFER	123.6	Adult: 20-220 Child: 104-380	U/L
GGT [Gamma Glutamyl Transferase]	13.7	7-32	U/L

\*Please correlate with clinical conditions.

\*\*\*End of the report\*\*\*

*BK*

Lab Technician / Technologist  
Ranit Bhattacharjee

DR. BIPARNAK HALDAR  
MBBS, MD (PATHOLOGY)  
CONSULTANT PATHOLOGIST



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Reported on: 03.06.2022  
Specimen: BLOOD

DEPARTMENT OF LABORATORY MEDICINE

<u>TEST NAME</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE</u>	<u>UNITS</u>
<b>LIPID PROFILE</b>		<b><u>INTERVALS</u></b>	
Triglyceride Method: GPO-POD	152.0	<200	mg/dl
Cholesterol Method: CHO - POD	<b>241.0</b>	Desirable blood cholesterol :< 220 Borderline High: 170.0-199.0 High: > 199.0 mg/dl	mg/dl mg/dl
HDL CHOLESTEROL [DIRECT] Method: PVS and PEGME Coupled	61.0	30-80mg/dl	mg/dl
LDL CHOLESTEROL [DIRECT] Method: PVS and PEGME Coupled	<b>149.6</b>	<130.0 mg/dl	mg/dl
VLDL CHOLESTEROL	30.4	20-35 mg/dl	mg/dl
CHOLESTEROL: HDL RATIO	3.95		
LDL: HDL RATIO	2.45		

End of the report

Results are to be correlate clinically

*BL*

Lab Technician / Technologist  
Ranit Bhattacharjee

DR. BIPARNAK HALDAR  
MBBS, MD (PATHOLOGY)  
CONSULTANT PATHOLOGIST



Patient Name: MRS. SUBROTAA SINHA  
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Reported on: 03.06.2022  
Specimen: BLOOD

**DEPARTMENT OF LABORATORY MEDICINE**

<u>TEST NAME</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE INTERVALS</u>	<u>UNITS</u>
BLOOD UREA NITROGEN (BUN) BLOOD UREA NITROGEN (BUN) Method: Calculated	16.0	8 - 20	mg/ dl
CREATININE Methodology: Jaffe Reaction Instrument Used: FULLY AUTOMATED ANALYZER EM-200	0.96	Male: 0.7-1.4 Female: 0.6-1.2 Newborn: 0.3-1.0 Infant: 0.2-0.4 Child: 0.3-0.7 Adolescent: 0.5-1.0	mg/dl
BUN: CREATININE RATIO	16.6		
URIC ACID Method: Uricase	4.58	Female: 2.6 - 6.0 Male: 3.4 - 7.0	mg/dl

End of the report

Results are to be correlate clinically

*BK*

Lab Technician / Technologist  
Ranit Bhattacharjee

DR. BIPARNAK HALDAR  
MBBS, MD (PATHOLOGY)  
CONSULTANT PATHOLOGIST



Patient Name: MRS. SUBROTAA SINHA  
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Age/Gender: 50 Years / Female  
OP Visit No.: FSINOPV17874  
Reported on: 03.06.2022  
Specimen: BLOOD

## DEPARTMENT OF LABORATORY MEDICINE

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVALS	UNIT
TSH:THYROID STIMULATING HORMONE-SERUM Method : CLIA	0.97	0.35-5.50	μIU/ml
TOTAL T3: TRI IODOTHYRONINE – SERUM Method : CLIA	1.09	0.87 – 1.78	ng/dl
TOTAL T4: THYROXINE – SERUM Method : CLIA	8.46	8.09 – 14.03	μg/Dl

**Comment:**

Note :>1. TSH levels are subject to circadian variation, reaching peak levels between 2 - 4.a.m. and at a minimum between 6-10 pm . The variation is of the order of 50% . hence time of the day has influence on the measured serum TSH concentrations  
> 2. Values <0.03 μIU/mL need to be clinically correlated due to presence of a rare TSH variant in some individuals.  
Clinical Use:> Primary Hypothyroidism > Hyperthyroidism > Hypothalamic – Pituitary hypothyroidism  
> Inappropriate TSH secretion > Nonthyroidal illness > Autoimmune thyroid disease  
>Pregnancy associated thyroid disorders > Thyroid dysfunction in infancy and early childhood.

Results are to be correlate clinically .

\*\*\*End of the report\*\*\*

BK

Lab Technician / Technologist  
Ranit Bhattacharjee

DR. BIPARNAK HALDAR  
MBBS, MD (PATHOLOGY)  
CONSULTANT PATHOLOGIST





Patient Name: MRS. SUBROTAA SINHA  
UHID/MR No.: FSIN.0000014804  
Visit Date: 03.06.2022  
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Age/Gender: 50 Years / Female  
OP Visit No.: FSINOPV17874  
Reported on: 03.06.2022  
Specimen: URINE

### URINE ROUTINE EXAMINATION

#### URINE FOR ROUTINE EXAMINATION

Test Name	Result	Unit	Method
<b>PHYSICAL EXAMINATION</b>			
QUANTITY	30	ml	Container Measurement
COLOUR	Pale yellow		Naked Eye Observation
APPEARANCE	Slightly hazy		Naked Eye Observation
REACTION	Acidic		Multiple Reagent Strip
SPECIFIC GRAVITY	1.010		Multiple Reagent Strip
<b>CHEMICAL EXAMINATION</b>			
BLOOD	Nil		Multiple Reagent Strip
ALBUMIN	Nil		Multiple Reagent Strip / Heat & Acetic Acid
BILE PIGMENT	Nil		Fuchet's Test
BILE SALT	Nil		Hey's Sulphur Test
KETONE BODIES	Nil		Multiple Reagent Strip / Rothera Test
SUGAR	Nil		Multiple Reagent Strip / Benedict
<b>MICROSCOPIC EXAMINATION</b>			
PUS CELL	1-2	/HPF	Light Microscopy
RBC	Not found	/HPF	Light Microscopy
EPITHELIAL CELL	3-4	/HPF	Light Microscopy
MICRO ORGANISM	Present(+)		
Others	Not found		

Note : Any Abnormal Chemical Analysis Rechecked By Respective Manual Method

\*\*\* End of Report\*\*\*

*BK*

Lab Technician / Technologist  
Madhumita\_Biswas

Dr. BIPARNAK HALDER  
MBBS, MD (PATHOLOGY)  
CONSULTANT PATHOLOGIST



Patient Name: MRS. SUBROTAA SINHA  
UHID/MR No.: FSIN.0000014804  
Visit Date: 03.06.2022  
Sample collected on: 03.06.2022  
Ref Doctor: SELF

Age/Gender: 50 Years / Female  
OP Visit No.: FSINOPV17874  
Reported on: 03.06.2022  
Specimen: SMEAR

## CYTOLOGICAL EXAMINATION

Specimen Type : Cervical & Vaginal smear for pap stain.

Microscopical Findings : Stained smears show,  
No dysplastic or malignancy found in this smear.

Interpretation / Result : Negative for Intraepithelial lesion or malignancy (NILM)

**End of the report**  
Results are to be correlate clinically

*BH*

Lab Technician / Technologist  
Madhumita\_Biswas

DR. BIPARNAK HALDAR  
MBBS, MD (PATHOLOGY)  
CONSULTANT PATHOLOGIST

