



Issue Date: 03/12/2012




भारत सरकार
Government of India

अनिबान बन्धोपाध्याय
Anirban Bandyopadhyay
जन्म तिथि / DOB: 03/02/1989
पुरुष / MALE



9091 9030 1413



भेरा आधार, भेरी पहचान

Anirban Bandyopadhyay



भारतीय विशिष्ट पहचान अधिकरण

Unique Identification Authority of India

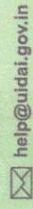
पता: फ्लैट ५५३ मया अपार्टमेंट, १ बय १ खारपुर रोड,
नक्तला पल्ली उद्योग समिति क्लब, नक्तला, कोलकाता,
कोलकाता, पिन कोड, ७०००४७

Print Date: 09/05/2024

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1947



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बैंक ऑफ बरोडा
Bank of Baroda

नाम: ANIRBAN BANDYOPADHYAY
Name: ANIRBAN BANDYOPADHYAY

कार्यकारी कार्ड क्र. 101112
E. C. No. 101112



जातिपाली अधिकारी ए. ए. (वि.) अ. का. नदि.
Issuing Authority CM (S) ZO, ND.




ANIRBAN BANDYOPADHYAY



आधारक के हस्ताक्षर
Signature of Holder

Handwritten signature

मिलने पर निम्नलिखित को लौटाएँ
सहायक महाप्रबंधक (सुरक्षा)
बैंक ऑफ़ इंडिया कॉर्पोरेट सेंटर
सी-26, जी ब्लॉक, बान्द्रा कुर्ला कॉम्प्लेक्स
मुंबई 400 051, भारत
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Mumbai 400 051, India
Phone : 91 22 6688 5196, Fax :91 22 2652 5747
रक्त समूह / Blood Group : B+
सूचक चिह्न
Identification Marks : mole on face



28 Aug 2021 10:58:35 am
Satchasi Para



28 Aug 2021 10:23:04 am

DEPARTMENT OF RADIOLOGY X-RAY REPORT OF CHEST-PA

MR. NO- FSIN.00000000

SEX- MALE

NAME- ANIRBAN BANDYOPADHYAY

EXAMINATION DATE- 28/08/21

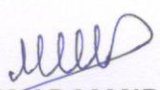
AGE- 32 YRS

REPORT DATE- 28/08/21

REF DR- SELF

FINDINGS:

- Bilateral lung fields are clear.
- Tracheal shadow is in the midline.
- Bilateral CP angle are clear.
- Both hilum appear unremarkable.
- CTR within normal limit.
- No definite bone fracture is noted.


DR. ARNAB MANDAL

MD, Physician, PGDUS (Delhi) CEPT-USG (WBUHS KOLKATA)
Fellow of Jefferson Ultrasound Radiology and Education Institute
Philadelphia Ex-Radiology Resident (S.E. Railway)
Regd.No:72022(WBMC)

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Patient Name: Mr. ANIRBAN BANDYOPADHYAY 32/M

Resting ECG Report

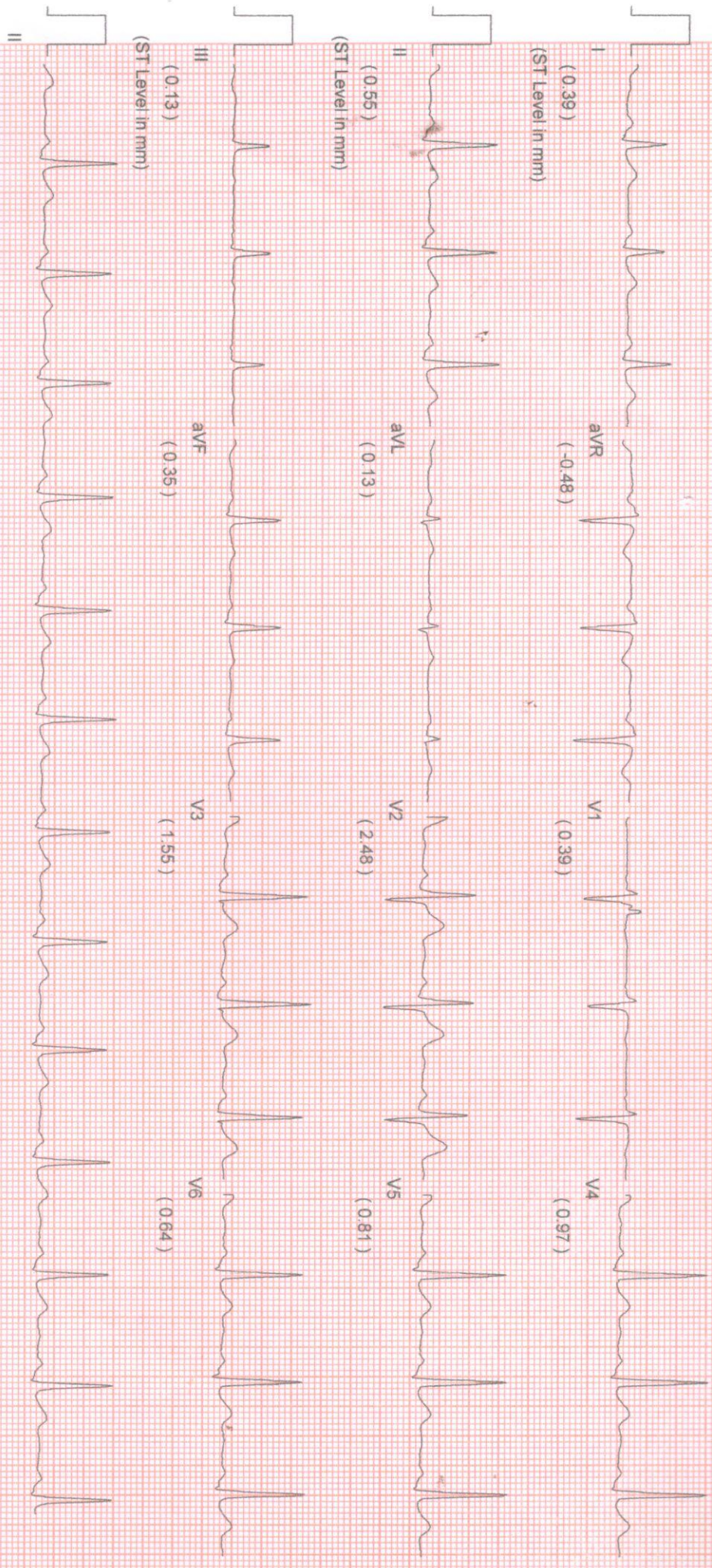
August 28, 2021
Time: 12:47:44

QT / QTc : 0.372 / 0.428 Sec
P-QRS-T Axis (33)-(40)-(30) deg

PR Interval: 0.14 sec
QRS Duration: 0.124 Sec

RR Interval: 0.75 sec

HR : 79 bpm
BP : 110 / 70 mmHg



Comments :-

Anirban Bandyopadhyay

NAME: MR. ANIRBAN BANDYOPADHYAY	MR NO: FSIN-0000	DATE : 28.08.2021
AGE: 32YRS.	SEX:MALE	REF BY: SELF(CORPORATE)

ECG REPORT

HR : 79 b/min
AXIS : NORMAL
RHYTHM : SINUS
PR INTERVAL : 0.14 sec
QT INTERVAL : 0.428 sec
QRS DURATION : 0.124 sec
T-WAVE : NORMAL

IMPRESSION:

- RESTING ECG IS WITHIN NORMAL LIMITS.



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

NAME: MR. ANIRBAN BANDYOPADHYAY	AGE:32YRS	SEX:MALE
REF BY: CORPORATE (SELF)	MR NO:FSIN-0000	DATE: 28.08.2021

ULTRASOUND OF WHOLE ABDOMEN

LIVER: Liver is **Enlarged** in size(15.75cm), shape outline and echotexture. The intrahepatic tubular structures are normal. No focal area of altered echogenicity is noted. The porta hepatis is normal. The common bile duct at porta measures **4mm**. The portal vein measures **9mm** at porta.

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

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

SPLEEN: Spleen in normal size, **9.39cm** hape, Outline and echotexture. No parenchymal lesion is noted.

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

RIGHT KIDNEY: measures – **11.51cm**.

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

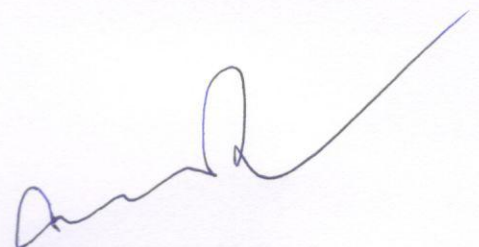
LEFT KIDNEY: measures – **10.87cm**.

URINARY BLADDER: : It is well distended with normal wall thickness . No calculus or mass is seen within the urinary bladder. The post void residual volume of urine is insignificant.

PROSTATE: It is normal in size, Shape & homogenous echotexture. The prostatic outline is smooth. The periprostatic plane is normal. It is normal measures- (**3.52cmX2.64cmX4.66cm**) **Vol-22.70ml**.

IMPRESSION:

- HEPATOMEGALY.



DR.A.K.ROY

M.B.B.S, Dip BMSc, DTM&H (Cal)
Certificate on CEBT Abdomino Pelvic, USG(WBHSU)

Report Number : IR/283264	Web Slip No : SAS/INV/99/187310-08/2021
Lab Slip No. : SASGO/INV/187894-08/2021	Report Date : 28/08/2021 7:50:00PM
Patient Name : ANIRBAN BANDYOPADHYAY	Collection Date : 28/08/2021 3:49:00PM
Age / Sex : 32 Year /Male	Phlebotomist :
Referred By : SELF	Collected From : SINTHI-APOLLO

REPORT PREPARED ON PATHOLOGY
DEPARTMENT OF HAEMATOLOGY

Test Name	Value	Unit	Normal Range
Haemoglobin	15.8	gm%	Child : 11.0 - 15.5gm% (M) : 13.0-17.0gm% (F) : 11.0-15.0gm% Up to 15 days : 16 -24gm%
<i>Instrument Used :</i>			
Haematocrit (PCV)	44.9	%	42 - 52
Mean Corpuscular Volume (MCV)	86.5	fl	76 - 101
Mean Corpuscular Hemoglobin (MCH)	30.4	pg	27.0 - 32.0
Mean Corpuscular Hemoglobin Concentration (MCHC)	35.1	%	31.5 - 34.5
Platelet Count	1.39	lacs/cmm	1.5 - 4.5
Total Count (TC)			
Total Leucocytes	6700	/cmm	4000 - 11000
Total Erythrocytes	5.19	mill/cmm	4.5 - 5.5
Differential Count (DC)			
Neutrophil	50	%	40 - 75
Lymphocyte	46	%	20 - 45
Monocyte	02	%	02-10
Eosinophil	02	%	01 - 06
Basophil	00	%	00 - 01
ESR (Erythrocyte Sedimentation Rate)	11	mm	0 - 15
<i>Methodology: Westergren method</i>			
RBC Morphology	NORMOCHROMIC.NORMOCYTIC		

INSTRUMENT USED:

HORIBA (YUMIZEN H500)

*Please Correlate with Clinical Conditions.

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

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Report Number : IR/283322	Web Slip No : SAS/INV/99/187310-08/2021
Lab Slip No. : SASGO/INV/187894-08/2021	Report Date : 28/08/2021 8:35:00PM
Patient Name : ANIRBAN BANDYOPADHYAY	Collection Date : 28/08/2021 3:49:00PM
Age / Sex : 32 Year /Male	Phlebotomist :
Referred By : SELF	Collected From : SINTHI-APOLLO

REPORT PREPARED ON PATHOLOGY
DEPARTMENT OF SPECIAL BIOCHEMISTRY

Test Name	Value	Unit	Normal Range
BUN (BLOOD UREA NITROGEN)	7.5	mg/dl	8 - 20

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

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Lab Slip No. : SASGO/INV/187894-08/2021
Patient Name : ANIRBAN BANDYOPADHYAY
Age / Sex : 32 Year /Male
Referred By : SELF

Web Slip No : SAS/INV/99/187310-08/2021
Report Date : 28/08/2021 8:34:00PM
Collection Date : 28/08/2021 3:49:00PM
Phlebotomist :
Collected From : SINTHI-APOLLO

REPORT PREPARED ON PATHOLOGY
DEPARTMENT OF BIOCHEMISTRY

Test Name	Value	Unit	Normal Range
CREATININE	0.8	mg/dl	Male : 0.7-1.4 Female : 0.6-1.2
URIC ACID	5.7	mg/dl	Male : 3.4 - 7.0

Methodology: Jaffe Reaction
Instrument Used: AGAPPE (Mispa Clinia Plus)

Methodology: Uricase
Instrument Used: AGAPPE (Mispa Clinia Plus)

*Please Correlate with Clinical Conditons.

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

Report Prepared By:

PRINAMONDAL

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Report Number : IR/283348	Web Slip No : SAS/INV/99/187310-08/2021
Lab Slip No. : SASGO/INV/187894-08/2021	Report Date : 28/08/2021 9:01:00PM
Patient Name : ANIRBAN BANDYOPADHYAY	Collection Date : 28/08/2021 3:49:00PM
Age / Sex : 32 Year /Male	Phlebotomist :
Referred By : SELF	Collected From : SINTHI-APOLLO


REPORT PREPARED ON PATHOLOGY
DEPARTMENT OF SEROLOGY


Test Name	Value	Unit	Normal Range
BLOOD GROUPING	"B"		
Rh Factor	Positive		

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

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Report Number : IR/283323	Web Slip No : SAS/INV/99/187310-08/2021
Lab Slip No. : SASGO/INV/187894-08/2021	Report Date : 28/08/2021 8:36:00PM
Patient Name : ANIRBAN BANDYOPADHYAY	Collection Date : 28/08/2021 3:49:00PM
Age / Sex : 32 Year /Male	Phlebotomist :
Referred By : SELF	Collected From : SINTHI-APOLLO

REPORT PREPARED ON PATHOLGY
DEPARTMENT OF BIOCHEMISTRY

Test Name	Value	Unit	Normal Range
GLUCOSE FASTING <i>Methodology: GOD POD</i> <i>Instrument Used: AGAPPE (Mispa Clinia Plus)</i>	85	mg/dl	70 - 110
GLUCOSE POSTPRANDIAL <i>Methodology: GOD POD</i> <i>Instrument Used: AGAPPE (Mispa Clinia Plus)</i>	97	mg/dl	80 - 140


*Please Correlate with Clinical Conditons.

NOTE: Regarding blood sugar levels, if a patient is diabetic and if He/she is on oral medication for diabetes, the sugar levels can be fasting blood sugar level more than the post prandial blood sugar. This happens because most of the anti-diabetic medications are taken either with or before breakfast. If the patient is not a diabetic, as soon as He/she takes the breakfast, it will act as a stimulant to produce insulin in the body and that will bring down the post prandial blood sugar level (PP). Normal diet can be 2 or 3 doses, chapatis or rotis, in which the blood glucose level will be lower than 75 grams of direct glucose. This direct glucose might also increase the sugar level to 260. Another scenario for increase in sugar after empty stomach will be because of the hormone called glucagon, which will induce glycogenolysis and neoglucogenesis in the body when the sugar levels are very low. In this mechanism, the stored glycogen or lipids will be converted into glucose, thus increasing the blood sugar level.


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

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Report Number : IR/283309
 Lab Slip No. : SASGO/INV/187894-08/2021
 Patient Name : ANIRBAN BANDYOPADHYAY
 Age / Sex : 32 Year /Male
 Referred By : SELF

Web Slip No : SAS/INV/99/187310-08/2021
 Report Date : 28/08/2021 8:24:00PM
 Collection Date : 28/08/2021 3:49:00PM
 Phlebotomist :
 Collected From : SINTHI-APOLLO

REPORT PREPARED ON PATHOLOGY
DEPARTMENT OF SPECIAL BIOCHEMISTRY

Test Name	Value	Unit	Normal Range
Glycosylated Haemoglobin (HbA1c), HPLC Glycosylated Haemoglobin (HbA1c), HPLC	5.1	%	Excellent Control: <4 Good Control: 4-6 Fair Control: >6-7 Action Suggested: >7-8 Poor Control: >8
<i>Methodology: HPLC Instrument Used: Bio-Rad D-10</i>			
Estimated Average Glucose (EAG)	100	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 *****

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Report Number : IR/283318	Web Slip No : SAS/INV/99/187310-08/2021
Lab Slip No. : SASGO/INV/187894-08/2021	Report Date : 28/08/2021 8:31:00PM
Patient Name : ANIRBAN BANDYOPADHYAY	Collection Date : 28/08/2021 3:49:00PM
Age / Sex : 32 Year /Male	Phlebotomist :
Referred By : SELF	Collected From : SINTHI-APOLLO

REPORT PREPARED ON PATHOLOGY
DEPARTMENT OF BIOCHEMISTRY


Test Name	Value	Unit	Normal Range
LIVER FUNCTION TEST			
BILIRUBIN TOTAL	0.7	mg/dl	Below 1 day : <5.8mg/dl. 1 To 2 days : <8.2mg/dl. Infants : 1.0 To 10.0mg/dl Adults Upto : 1.1mg/dl.
<i>Methodology: Jendrassik & Groff</i> <i>Instrument Used: AGAPPE (Mispa Clinia Plus)</i>			
BILIRUBIN CONJUGATED	0.3	mg/dl	0.0 - 0.25
<i>Instrument Used: AGAPPE (Mispa Clinia Plus)</i>			
BILIRUBIN UNCONJUGATED	0.4	mg/dl	
ALANINE AMINOTRANSFERASE [SGPT]	56	U/L	Male : 0 - 38
<i>Methodology: UV without P5P</i> <i>Instrument Used: AGAPPE (Mispa Clinia Plus)</i>			
ASPARTATE AMINOTRANSFERASE [SGOT]	34	U/L	0 - 38
<i>Methodology: UV without P5P</i> <i>Instrument Used: AGAPPE (Mispa Clinia Plus)</i>			
ALKALINE PHOSPHATASE [ALP]	79	U/L	Adult : 20-116 Children: 104-380
<i>Methodology: PNPP with AMP buffer</i> <i>Instrument Used: AGAPPE (Mispa Clinia Plus)</i>			
PROTEIN TOTAL	7.4	gms/dl	6.0 - 8.5
<i>Methodology: Biuret</i> <i>Instrument Used: AGAPPE (Mispa Clinia Plus)</i>			
ALBUMIN.	4.5	gms/dl	3.2 - 5.5
<i>Methodology: BromocresolGreen</i> <i>Instrument Used: AGAPPE (Mispa Clinia Plus)</i>			
GLOBULIN	2.9	gms/dl	1.8 - 3
ALBUMIN : GLOBULIN RATIO	1.55 : 1		
GGT [Gamma Glutamyl Transferase]	27	U/L	11 - 50


*Please Correlate with Clinical Conditons.

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

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Lab Slip No. : SASGO/INV/187894-08/2021	Report Date : 28/08/2021 8:34:00PM
Patient Name : ANIRBAN BANDYOPADHYAY	Collection Date : 28/08/2021 3:49:00PM
Age / Sex : 32 Year /Male	Phlebotomist :
Referred By : SELF	Collected From : SINTHI-APOLLO

REPORT PREPARED ON PATHOLOGY
DEPARTMENT OF BIOCHEMISTRY

Test Name	Value	Unit	Normal Range
LIPID PROFILE			
SERUM TRIGLYCERIDE <i>Methodology: Lipase-Glycerol Kinase</i> <i>Instrument Used: AGAPPE (Mispa Clinia Plus)</i>	95	mg/dl	< 200 mg/dl.
TOTAL CHOLESTEROL <i>Methodology: CHOD POD</i> <i>Instrument Used: AGAPPE (Mispa Clinia Plus)</i>	136	mg/dl	< 200 mg/dl.
HDL CHOLESTEROL [DIRECT] <i>Methodology: Homogeneous</i> <i>Instrument Used: AGAPPE (Mispa Clinia Plus)</i>	38	mg/dl	No Risk : 50 - 80mg/dl. Moderate Risk : 35 - 50mg/dl. High Risk : <35mg/dl
LDL CHOLESTEROL [DIRECT] <i>Methodology: Homogeneous</i> <i>Instrument Used: AGAPPE (Mispa Clinia Plus)</i>	77	mg/dl	Optimal : < 129 mg/dl Borderline High : 130 - 159 mg/dl High : 160 - 189 mg/dl Very High : > 190 mg/dl.
VLDL CHOLESTEROL <i>Methodology: Homogeneous</i> <i>Instrument Used: AGAPPE (Mispa Clinia Plus)</i>	21	mg/dl	20 - 35
CHOLESTEROL : HDL Ratio	3.57		Low Risk < 3.0 Moderate Risk 3.0 - 5.0 High Risk > 5.0
LDL : HDL Ratio	2.0		Low Risk < 2.6 Moderate Risk 2.6 - 3.6 High Risk > 3.6

*Please Correlate with Clinical Conditons.

Interpretation

Lipids are most commonly measured to ass cardiovascular risk. Maintaining desirable concentrations of lipids lowers the risk of heart attacks or strokes. Establishing appropriate treatment strategies and lipid goals require the results for each component of a lipid profile be consider in context with other risk factors including, age, sex, smoking status, family and personal history of heart disease.

Cautions


Fasting overnight (12 hours)
Patient must not consume any alcohol for 24 hours before the specimen is drawn.
Cholesterol levels fluctuate over time. The American Heart Association recommends a minimum of 2 measures at least 2 weeks apart before beginning a new treatment plan.


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

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Report Number : IR/283315	Web Slip No : SAS/INV/99/187310-08/2021
Lab Slip No. : SASGO/INV/187894-08/2021	Report Date : 28/08/2021 8:30:00PM
Patient Name : ANIRBAN BANDYOPADHYAY	Collection Date : 28/08/2021 3:49:00PM
Age / Sex : 32 Year /Male	Phlebotomist :
Referred By : SELF	Collected From : SINTHI-APOLLO

Page 1 of 2

REPORT PREPARED ON PATHOLOGY
DEPARTMENT OF SPECIAL BIOCHEMISTRY

Test Name	Value	Unit	Normal Range
T3 [Tri Iodothyronine] (CLIA) <i>Instrument Used: BECKMAN COULTER (ACCESS-2)</i>	1.20	ng/ml	0.87 to 1.78 ng/mL
T4 [Total Thyroxine] (CLIA) <i>Instrument Used: BECKMAN COULTER (ACCESS-2)</i>	9.7	µg/dl	4.82 - 15.65
TSH [Thyroid Stimulating Hormone] <i>Methodology: CLIA</i> <i>Instrument Used: BECKMAN COULTER (ACCESS-2)</i>	2.04	µIU/mL	0.38 - 5.33

Triiodothyronine

Triiodothyronine (T3) values >1.8 ng/mL in adults or > age related cutoffs in children are consistent with hyperthyroidism or increased thyroid hormone-binding proteins.

Abnormal levels (high or low) of thyroid hormone-binding proteins (primarily albumin and thyroid-binding globulin) may cause abnormal T3 concentrations in euthyroid patients.

Total Thyroxine

*Values of more than 10.8 mcg/dL in adults or more than the age-related cutoffs in children are seen in hyperthyroidism and patients with acute thyroiditis.

*Values below 4.4 mcg/dL in adults or below the age-related cutoffs in children are seen in hypothyroidism, myxedema, cretinism, chronic thyroiditis, and occasionally, subacute thyroiditis.

*Increased total thyroxine (T4) is seen in pregnancy and patients who are on estrogen medication. These patients have increased total T4 levels (increased thyroxine-binding globulin, TBG levels).

*Decreased total T4 is seen in patients on treatment with anabolic steroids, or nephrosis (decreased TBG levels).

*A thyrotropin-releasing hormone stimulation test may be required for certain cases of hyperthyroidism.

*Clinical findings are necessary to determine if thyroid-stimulating hormone, TBG, or free T4 testing is needed

Reference range during pregnancy

Pregnancy	TSH Level(µIU/ml)
Pregnant Females, 1st Trimester	0.05 to 3.70
Pregnant Females, 2nd Trimester	0.31 to 4.35
Pregnant Females, 3rd Trimester	0.41 to 5.18

Note:

*TSH stimulates the thyroid gland to produce the main thyroid hormones T3 and T4.

*In case of hyperthyroidism TSH level is severely inhibited and may even be undetectable.

*In rare forms of high-origin hyperthyroidism, the TSH level is not reduced, since the negative-feedback control of the thyroid hormones has no effect.

*In case of primary hypothyroidism, TSH level are always much higher than normal and thyroid levels are low.

*The TSH assay aids in diagnosis thyroid or hypophysial disorder.

Continued...

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Lab Slip No. : SASGO/INV/187894-08/2021	Report Date : 28/08/2021 8:30:00PM
Patient Name : ANIRBAN BANDYOPADHYAY	Collection Date : 28/08/2021 3:49:00PM
Age / Sex : 32 Year /Male	Phlebotomist :
Referred By : SELF	Collected From : SINTHI-APOLLO

*In patients with hyperthyroidism, the FT4 concentration increases, whereas in patients with hypothyroidism it generally decreases.

*Patients on hormone replacement therapy may have an elevation of FT4, although clinically they are euthyroid.


*FT3 plays an important diagnostic role in hyperthyroidism, Monitoring of patients with hypothyroidism treated with thyroxine and Anti-thyroid agents and low T3 syndrome.

*The FT3 and FT4 assay must be used in conjunction with other tests such as TSH as well as a clinical examination of the patient.

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

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Patient Name : ANIRBAN BANDYOPADHYAY	Collection Date : 28/08/2021 3:49:00PM
Age / Sex : 32 Year /Male	Phlebotomist :
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DEPARTMENT OF CLINICAL PATHOLOGY
ROUTINE EXAMINATION OF URINE

Test Name	Value	Unit	Normal Range
PHYSICAL EXAMINATION			
Volume	50	ml	
Colour	Pale yellow		
Appearance	Clear		
Specific Gravity	1005		
Sediment	Absent		
CHEMICAL EXAMINATION			
Reaction	Acidic		
Albumin	Nil		
Sugar	Nil		
Bile Salt	Absent		
Bile Pigment	Negative		
MICROSCOPICAL EXAMINATION			
Pus Cells	0-2	/hpf	
Epithelial Cells	0-1	/hpf	
R.B.C.	Nil	/hpf	
Micro Organism	Nil		
Others	Nil		

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

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