

 भारत सरकार
GOVERNMENT OF INDIA

 सुप्रिया रक्षित
Supriya Rakshit
जन्म तारीख/DOB: 01/01/1978
पुरुष / MALE

2607 5938 8118 

MEERA AADHAAR, MERI PEHACHAN



 बैंक ऑफ़ बड़ौदा
Bank of Baroda

नाम सुप्रिया रक्षित
Name : SUPRIYA RAKSHIT
कर्मचारी कुट. क्र. २७७४२३
E. C. No. 177423



 जायकलता प्राधिकारी

 चारक के हुस्ताक्षर

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

K.Z.

मिलने पर निम्नलिखित को सौंपें
सहायक महाप्रबंधक (सुरक्षा), बैंक ऑफ़ बरोडा, बरोडा कॉर्पोरेट सेंटर
सी - 26, ब्लॉक जी, बंगला कुर्ला कॉम्प्लेक्स, बंगला (पूर्व), मुंबई: 400 051, भारत
फ़ोन: 91 22 6698 5196, फ़ैक्स: 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

किसी का नाम एवं दुरुपयोग करने से बचना
Name & Ph. Person of emergency contact: SHIPRA RAKSHIT
9434564492

रक्त समूह/Blood Group B+

एलर्जी/Allergy NIL

पहचान चिह्न /Identification mark

CUT MARK ON EYEBROW

आसुत कार्यालय /Issuing office
BOB, KOLKATA ZONE, Plot No 38/2, Block - GN, Sector-V, Salt Lake City, Kolkata - 700091



आधार

भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:

Address

वडिलाचे/आईचे नांव:
बासुदेव रक्षित, 155,
रामकृष्ण नगर, नाटागढ,
पीएस.घोला, पाणिहटी
(एम), नॉर्थ 24 परगना,
वेस्ट बेंगाल - 700113

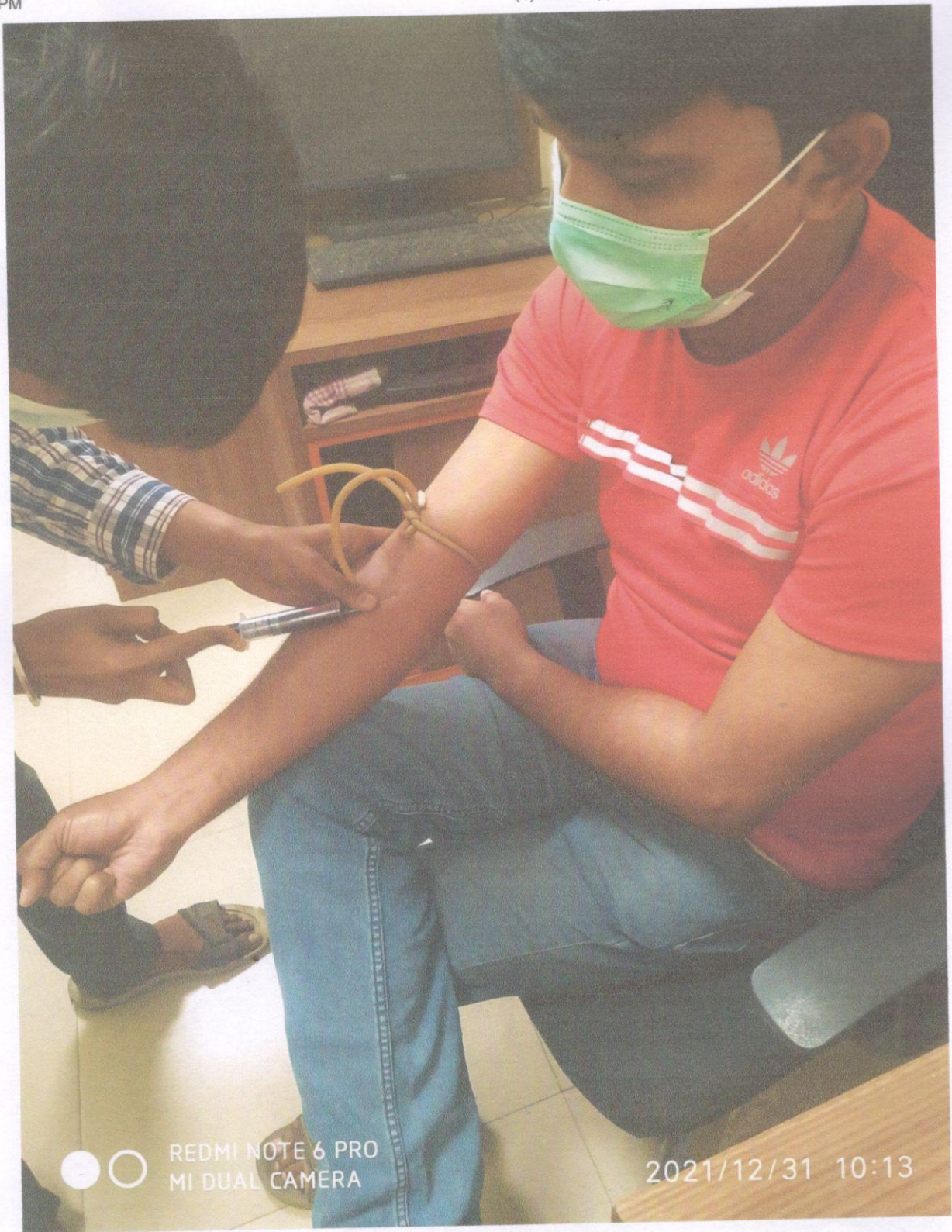
S/O: Basudeb Rakshit, 155,
ramkrishna nagar, natagarh,
ps.ghola, Panihati (m), North
24 Parganas,
West Bengal - 700113



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1800 300 1947

help@uidai.gov.in

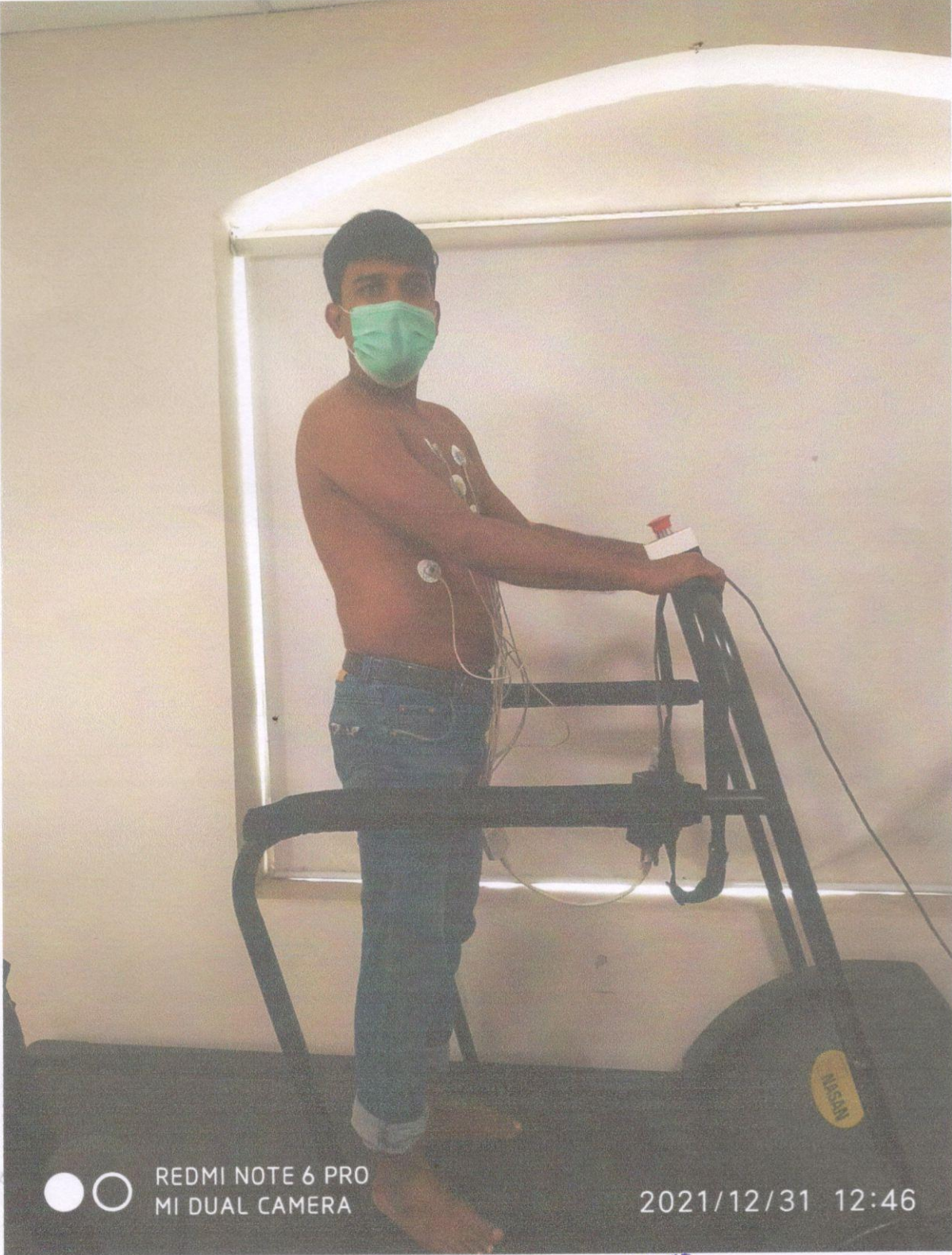
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Bengaluru-560 001



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APOLLO CLINIC OM TOWER
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Patient Name: MR. SUPRIYA RAKSHIT
UHID/MR No.: FSIN.0000013823
Visit Date: 31.12.2021
Sample collected on: 31.12.2021
Ref Doctor: SELF

Age/Gender: 43 Years / Male
OP Visit No.: FSINOPV16870
Reported on: 31.12.2021
Specimen: BLOOD

DEPARTMENT OF LABORATORY MEDICINE

<u>TEST NAME</u> <u>UNIT</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE</u>
BLOOD GROUP RH TYPE	"B" POSITIVE(+Ve)	

Results are to be correlate clinically.

*** End of the report***

Lab Technician/Technologist
Madhumita_Biswas

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

Patient Name: MR. SUPRIYA RAKSHIT
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Reported on: 31.12.2021
Specimen: BLOOD

DEPARTMENT OF HAEMATOLOGY

TEST NAME	RESULT	BIOLOGICAL REFERENCE	UNIT
COMPLETE BLOOD COUNT			
HAEMOGLOBIN	12.3	Female 12-15 Male 13-16	gm%
Method: Non cyanideSis Based			
RBC COUNT	5.91	Female 3.8-4.8 Male 4.5-5.5	mill/Cumm
Method: Electrical Impedence			
HEMATPOCRIT (PCV)	41.3	Female 36-46 Male 42-52	%
MCV	81.6	83-101 fl	fl
Method: Calculated			
MCH	28.0	27-32 pg	pg
Method: Calculated			
MCHC	34.5	31.5-34.5	%
Method: Calculated			
PLATELET COUNT	4.15	1.5-4 lakhs/cu mm	Lac/cumm
Method: Electrical Impedence			
TOTAL WBC COUNT	6900	4.0-10.0	/cumm
Method: Electrical Impedence			
NEUTROPHIL	52	40-80	%
Method: Microscopy			
LYMPHOCYTE	44	20-45	%
Method: Microscopy			
MONOCYTE	02	2-10	%
Method: Microscopy			
EOSINOPHIL	02	1-6	%
Method: Microscopy			
BASOPHIL	00	<1-2	%
Method: Microscopy			
ESR	46	Male:12 Female:19	mm/hr mm/hr
Method: westergren's			

Note: RBC are Normocytic with normochromic.

INSTRUMENT USED:

SYSMEX (XP 100)

*Please correlate with clinical conditions.

End of the report

Lab Technician/Technologist


Madhumita Biswas


Dr. BIPARNAK HALDAR

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Patient Name: MR. SUPRIYA RAKSHIT
UHID/MR No.: FSIN.0000013823
Visit Date: 31.12.2021
Sample collected on: 31.12.2021
Ref Doctor: SELF

Age/Gender: 47 Yrs / Male
APOLLO CLINIC @ OM TOWER
OP Visit No.: FSINOPV16870
Opp. of Rabindra Bharati University
Reported on: 31.12.2021
Specimen: BLOOD

DEPARTMENT OF LABORATORY MEDICINE

<u>TEST NAME</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE INTERVALS</u>	<u>UNITS</u>
GLUCOSE- (FASTING) GLUCOSE- (FASTING) Method: (GOD-POD)	96.0	70.0- 110.0	mg/dL
GLUCOSE- (POST PRANDIAL) GLUCOSE- (POST PRANDIAL) Method: (GOD-POD)	127.0	80.0- 140.0	mg/dL

End of the report

Results are to be correlate clinically

BK

Lab Technician / Technologist
Madhumita_Biswas

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Specimen: BLOOD

DEPARTMENT OF SPECIAL BIOCHEMISTRY
REPORT PREPARED ON PATHOLOGY

Test Name	Value	Unit	Normal Range
Glycosylated Haemoglobin (HbA1c), HPLC Glycosylated Haemoglobin (HbA1c), HPLC	4.9	%	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)	112	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 HbA_{1c} & 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

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Age/Gender: 43 Years / Male
OP Visit No.: FSINOPV16870
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DEPARTMENT OF LABORATORY MEDICINE

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVALS	UNITS
LIVER FUNCTION TEST (PACKAGE) BILIRUBIN-TOTAL Method: Daizo	0.9	1.1 Adult	mg/dl
BILIRUBIN-DIRECT Method: Daizo with DPD	0.2	Adult & Children: <0.25	mg/dl
BILIRUBIN-INDIRECT Method: calculated	0.7	0.1-1.0	mg/dl
TOTAL-PROTIEN Method: Photometric UV test	7.1	Adult: 6.6-8.8	gms/dl
ALBUMIN Method: BCG	4.3	3.5-5.2	gms/dl
GLOBULIN Method: calculated	2.8	1.8-3.0	gms/dl
A:G Ratio	1.5:1		
SGOT/AST Method: IFCC WITHOUT P5P	69	up to 38	U/L
SGPT/ALT Method: IFCC WITHOUT P5P	106	up to 38	U/L
ALKA-PHOS Method: PNPP-AMP BUFFER	138	Child: 104-380 Adult: 20-116	U/L
GGT [Gamma Glutamyl Transferase]	39	7-32	U/L

*Please correlate with clinical conditions.

End of the report

Lab Technician / Technologist

Susmita Saha

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UHID/MR No.: FSIN.0000013823
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Age/Gender: 43 Years / Male
OP Visit No.: FSINOPV16870
Reported on: 31.12.2021
Specimen: BLOOD

DEPARTMENT OF LABORATORY MEDICINE

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVALS	UNITS
LIPID PROFILE			
Triglyceride Method: GPO-POD	155	<200	mg/dl
Cholesterol Method: CHO - POD	195	Desirable blood cholesterol :< 220 Borderline High: 170.0-199.0 High: > 199.0 mg/dl	mg/dl
HDL CHOLESTEROL [DIRECT] Method: PVS and PEGME Coupled	49	50-80mg/dl	mg/dl
LDL CHOLESTEROL [DIRECT] Method: PVS and PEGME Coupled	115	<130.0 mg/dl	mg/dl
VLDL CHOLESTEROL	31	20-35 mg/dl	mg/dl
LDL: HDL RATIO	2.3	1.5-3.5	

End of the report

Results are to be correlate clinically

Lab Technician / Technologist
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Patient Name: MR. SUPRIYA RAKSHIT
UHID/MR No.: FSIN.0000013823
Visit Date: 31.12.2021
Sample collected on: 31.12.2021
Ref Doctor: SELF

Age/Gender: 48 Years / Male
OP Visit No.: FSINOPV46870
Reported on: 31.12.2021
Specimen: BLOOD

DEPARTMENT OF LABORATORY MEDICINE

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVALS	UNITS
BLOOD UREA NITROGEN (BUN) BLOOD UREA NITROGEN (BUN) Method: Calculated	8.8	8 - 20	mg/ dl
CREATININE Methodology: Jaffe Reaction Instrument Used: FULLY AUTOMATED ANALYZER EM-200	1.0	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	8.8		
URIC ACID URIC ACID Method: Uricase	5.9	Female: 2.6 - 6.0 Male: 3.4 - 7.0	mg/dl

End of the report

* Results are to be correlate clinically

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Age/Gender: 43 Years / Male
OP Visit No.: FSINOPV16870
Reported on: 31.12.2021
Specimen: BLOOD

DEPARTMENT OF LABORATORY MEDICINE

<u>TEST NAME</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE INTERVALS</u>	<u>UNIT</u>
TSH:THYROID STIMULATING HORMONE-SERUM TSH:THYROID STIMULATING HORMONE-SERUM Method : CLIA	3.6	0.35-5.50	uIU/ml
TOTAL T3: TRI IODOTHYRONINE – SERUM TOTAL T3: TRI IODOTHYRONINE – SERUM Method : CLIA	1.02	0.87 – 1.78	ug/dl
TOTAL T4: THYROXINE – SERUM TOTAL T4: THYROXINE – SERUM Method : CLIA	11.60	8.09 – 14.03	ug/dl

Results are to be correlate clinically .

End of the report

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UHID/MR No.: FSIN.0000013823
Visit Date: 31.12.2021
Sample collected on: 31.12.2021
Ref Doctor: SELF

Age/Gender: 43 Years / Male
OP Visit No.: FSINOPV16870
Reported on: 31.12.2021
Specimen: BLOOD

DEPARTMENT OF LABORATORY MEDICINE
REPORT PREPARED ON PATHOLOGY

TEST NAME	VALUE	UNITS	RANGE
PSA (prostate-Specific Antigen)(TOTAL)	0.93	ng/ml	<4.0ng/ml. :Negative 4.0 – 10.0ng/ml. :Borderline >10.0ng/ml. : Elevated

Methodology:CLIA

****Interpretation :** PSA is a product of prostatic epithelium and is normally secreted in the semen. It has been widely used in the diagnosis and management of prostatic cancer. A universal cutoff value of 4ng/ml is generally being used. However this simplified approach has led to delayed diagnosis, as well as overdiagnosis in many cases. Several refinements in the interpretation of the PSA value have been proposed.

Serum PSA density Reflects the PSA produced per gram of the prostate tissue. It is calculated by dividing the total serum PSA by the estimated gland volume (by transrectal ultrasound). Upper normal value for PSA density is 0.15

Age Specific reference ranges :	Age group	Upper reference range
	40 -49 Yrs	2.5 ng/ml
	50 -59Yrs	3.5 ng/ml
	60 -69 Yrs	4.5 ng/ml
	70 – 79Yrs	6.5 ng/ml

Serum PSA Velocity Men with prostatic cancer demonstrate an increased rate of rise in PSA level as compared to men having other conditions. The rate of change that best distinguishes between men with and without prostatic cancer is 0.75ng/ml per year. For this to be valid at least three PSA measurements should be done over a period of 1.5 yrs to 2.0 years.

Free PSA estimation PSA exists in two forms, a major fraction bound to alpha 1 chymotrypsin and a minor free fraction. The percentage of Free PSA (free PSA/total PSAX100) is very useful in discriminating the reconditions from prostate cancer when the total PSA level is in the "grey zone" of 4 – 10 ng/ml. Depending on the free PSA % the probability of prostate cancer can be determined as follows

%free PSA	probability of CA prostate
0 -10%	55%
10-15%	28%
15 – 20%	25%
>20%	10%

INSTRUMENT USED:

FULLY AUTOMATED CLIA – TOSOH AIA – 360
FULLY AUTOMATED CLIA - MINDRAY CL – 1000i
FULLY AUTOMATED CLIA - MAGLUMI 800


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


BR

Lab Technician / Technologist
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Age/Gender: 43 Years / Male
OP Visit No.: FSINOPV16870
Reported on: 31.12.2021
Specimen: URINE

URINE ROUTINE EXAMINATION

URINE FOR ROUTINE EXAMINATION

Test Name	Result	Unit	Method
<u>PHYSICAL EXAMINATION</u>			
QUANTITY	30	ml	Container Measurement
COLOUR	Pale yellow		Naked Eye Observation
APPEARANCE	Slightly hazy		Naked Eye Observation
REACTION	Acidic		Multiple Reagent Strip
SPECIFIC GRAVITY	1.020		Multiple Reagent Strip
<u>CHEMICAL EXAMINATION</u>			
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
<u>MICROSCOPIC EXAMINATION</u>			
PUS CELL	3-4	/HPF	Light Microscopy
RBC	Not found	/HPF	Light Microscopy
EPITHELIAL CELL	1-2	/HPF	Light Microscopy
MICRO ORGANISM	Present(+)		
Others	Not found		

Note : Any Abnormal Chemical Analysis Rechecked By Respective Manual Method

*** End of Report***

Lab Technician / Technologist
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DEPARTMENT OF RADIOLOGY X-RAY REPORT OF CHEST-PA

MR. NO- FSIN.0000003251

SEX- MALE

NAME- SUPRIYA RAKSHIT

EXAMINATION DATE- 31/12/21

AGE- 43 YRS

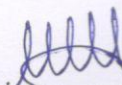
REPORT DATE- 31/12/21

REF DR- DR.SELF

FINDINGS:

- **Bilateral accentuated pulmonary vascular marking noted.**
- 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.

IMPRESSION: Bilateral pulmonary vascular congestion.



DR. ARNAB MANDAL

MD, Physician, PGDUS (Delhi) CEBT-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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NAME: MR. SUPRIYA RAKSHIT	AGE: 43YRS	SEX:MALE
REF BY: CORPORATE	MR NO:FSIN-0000	DATE:31/12/2021

ULTRASOUND OF WHOLE ABDOMEN

LIVER: Liver is **enlarged** in size (**19.93cm**) in shape outline and echotexture. The intrahepatic tubular structures are normal. No focal area of alterea echogenicity is noted. The porta hepatis is normal. The common bile duct measures (**4mm**) in diameter. 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.

SPLEEN: It is normal in size (**10.01cm**), 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 – (**10.19cm**).

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 –(**10.03cm**).

URINARY BLADDER: It is well distended with Wall is normal . No calculus or mass is seen within the urinary bladder.

PROSTATE: It is normal in size, Shape & homogenous echotexture. The prostatic outline is smooth. The periprostatic plane is normal. It is normal size measures- (**3.88cmX3.22cmX2.55cm**) Vol = 16.72 ml

IMPRESSION:

- HEPATOMEGALY



A.K.ROY

M.B.B.S, Dip BMSc, DTM&H (Cal)

Certificate on CEBT Abdomino Pelvic, USG(WBHSU)



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