

भारत सरकार
GOVERNMENT OF INDIA

रोमि मंडल
Romi Mondal
जन्मतिथि/ DOB: 02/10/1996
महिला / FEMALE

7050 2861 4635

आधार - साधारण मानुषेअ अधिकार



Romi Mondal



भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

ठिकाना:

डि/३: विनय कृष्ण मंडल,
894, एस.एच.के.वि सरानी,
प्रायद्वीप (एम), उत्तर
२४ पारगना,
पश्चिम बंगाल - 700074

Address

D/O: Binoy Krishna
Mondal, 894, S.H.K.B
SARANI, South Dumdum
(m), North 24 Parganas,
West Bengal - 700074



1947
1800 300 1947



help@uidai.gov.in



www.uidai.gov.in

P.O. Box No. 1947,
Bengaluru-560 001

Romi Mondal



SATYAM CLINIC

Satyam Clinic

SATYAM CLINIC @ OM TOWER

Opp. of Rabindra Bharati University

To
Apollo Clinic Sinthi Mare
Kolkata

Dear Sir,

I, Romi Mondal, have booked a cashless health checkup facility at your centre under corporate tie up scheme on 13.05.2023. I hereby declare that I don't want to undergo the following tests on my own accord —

- Post Prandial
- ECG • Xray - Chest
- TMT • Stool • Urine • Eye

Yours faithfully,
Romi Mondal
(ROMI MONDAL)
13/05/2023

SATYAM CLINIC @ OM TOWER

Opp. of Rabindra Bharati University

A unit of Satyam Credit Pvt. Ltd.



+91 98521 66666



+91 74392 83407

NAME: Ms. ROMI MONDAL	AGE: 26 YRS	SEX: FEMALE
REF BY: SELF	MR NO:FSIN-0000	DATE: 13/05/2023

ULTRASOUND OF WHOLE ABDOMEN

LIVER: Liver is normal in size (**13.66 cm**), shape, outline and echotexture. The intrahepatic tubular structures are normal. No focal area of altered echogenicity is noted. The portahepatis is normal. The common bile duct measures (**4 mm**) in diameter. The portal vein measures (**10 mm**) at porta.

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

SPLEEN: It is normal in size (**9.79 cm**), Shape, Outline and echotexture. No parenchymal lesion is noted.

PANCREAS: It is normal size, shape, outline and echotexture. Pancreatic duct is not dilated.

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

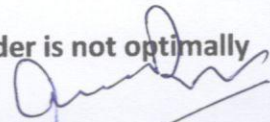
RIGHT KIDNEY: measures – (**9.52 cm**).

LEFT KIDNEY: measures – (**9.65 cm**).

URINARY BLADDER: It is **not optimally distended** with normal wall thickness. No calculus or mass is seen within the urinary bladder. The post void residual volume of urine is insignificant.

UTERUS: Uterus is normal in size (**7.48cm X5.18 cm X3.66cm**). It is anteverted. No SOL is seen in the myometrium. Uterine cavity is empty. Endometrium thickness is normal. It measures- (**0.38 cm**).

OVARIES: Both ovaries are could not be visualized due to urinary bladder is not optimally distended.



A.K. ROY

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

Certificate on CBET Abdomino Pelvic, USG(WBHSU)

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UHID/MR No.: FSIN.0000018990
Visit Date: 13.05.2023
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Ref Doctor: SELF

Age/Gender: 26 Years/ Female
OP Visit No.: FSINOPV21038
Reported on: 13.05.2023
Specimen: BLOOD

DEPARTMENT OF SEROLOGICAL EXAMINATION

TEST NAME

RESULT

Blood Group (A, B & O) & Rh factor
BLOOD GROUP
RH TYPE

"A"
POSITIVE (+Ve)

Results are to be correlate clinically.

*** End of the report***

Lab Technician / Technologist
Ranit Bhattacharjee



DR. KRISTI CHATTERJEE
MBBS, MD (PATHOLOGY)
CONSULTANT PATHOLOGIST



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DEPARTMENT OF HAEMATOLOGY

TEST NAME	RESULT	BIOLOGICAL REFERENCE	UNIT
COMPLETE BLOOD COUNT			
HEMOGLOBIN	12.3	Female 11.5-14.5 Male 12.5-16.5	gm%
Method: Cyanmethemoglobin			
RBC COUNT	4.1	Female 3.8-4.8 Male 4.5-5.5	mill/Cumm
Method: Electronic Impedance			
HEMATOCRIT (PCV)	38.0	Female 36-46 Male 42-52	%
MCV	92.6	83-101 fl	fl
Method: Calculated			
MCH	30.0	27-32 pg	pg
Method: Calculated			
MCHC	32.3	31.5-34.5	%
Method: Calculated			
PLATELET COUNT	2.65	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	60	40-70	%
LYMPHOCYTE	35	20-45	%
MONOCYTE	02	2-8	%
EOSINOPHIL	03	1-4	%
BASOPHIL	00	<1-2	%
ESR	27	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

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LABORATORY MEDICINE

<u>TEST NAME</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE INTERVALS</u>	<u>UNITS</u>
GLUCOSE- (FASTING) Method: (GOD-POD)	93.0	70.0- 110.0	mg/dl

End of the report
Results are to be correlate clinically



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DEPARTMENT OF SPECIAL BIOCHEMISTRY
REPORT PREPARED ON PATHOLOGY

Test Name	Value	Unit	Normal Range
Glycosylated Haemoglobin (HbA1c), HPLC	5.6	%	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)	132.0	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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DEPARTMENT OF LABORATORY MEDICINE

<u>TEST NAME</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE INTERVALS</u>	<u>UNITS</u>
LIPID PROFILE			
Triglyceride Method: GPO-POD	125.0	<200	mg/dl
Cholesterol Method: CHO - POD	197.0	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	42.0	30-80mg/dl	mg/dl
LDL CHOLESTEROL [DIRECT] Method: PVS and PEGME Coupled	130.0	<130.0 mg/dl	mg/dl
VLDL CHOLESTEROL	25.0	20-35 mg/dl	mg/dl
CHOLESTEROL: HDL RATIO	4.6		
LDL: HDL RATIO	3.0		

End of the report
 Results are to be correlate clinically

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DEPARTMENT OF LABORATORY MEDICINE

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVALS	UNITS
LIVER FUNCTION TEST (PACKAGE)			
BILIRUBIN- TOTAL	0.68	1.1 Adult	mg/dl
Method: Daizo			
BILIRUBIN- DIRECT	0.12	Adult & Children: <0.25	mg/dl
Method: Daizo with DPD			
BILIRUBIN- INDIRECT	0.56	0.1-1.0	mg/dl
Method: calculated			
TOTAL- PROTIEN	7.13	Adult: 6.6-8.8	gms/dl
Method: Photometric UV test			
ALBUMIN	4.50	3.5-5.2	gms/dl
Method: BCG			
GLOBULIN	2.63	1.8-3.0	gms/dl
Method: calculated			
A:G Ratio	1.71:1		
SGOT/AST	25.36	up to 45	U/L
Method: IFCC WITHOUT P5P			
SGPT/ALT	19.87	up to 40	U/L
Method: IFCC WITHOUT P5P			
ALKA-PHOS	92.54	Adult: 20-220 Child: 104-380	U/L
Method: PNPP- AMP BUFFER			
GGT [Gamma Glutamyl Transferase]	13.90	7-32	U/L

*Please correlate with clinical conditions.

End of the report

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DEPARTMENT OF LABORATORY MEDICINE

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVALS	UNITS
BLOOD UREA NITROGEN (BUN) Method: Calculated	12.31	8 - 20	mg/ dl
CREATININE Methodology: Jaffe Reaction Instrument Used: FULLY AUTOMATED ANALYZER EM-200	0.98	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 Method: Calculated	12.56		
URIC ACID Method: Uricase	4.36	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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DEPARTMENT OF LABORATORY MEDICINE

<u>TEST NAME</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE INTERVALS</u>	<u>UNIT</u>
TSH: THYROID STIMULATING HORMONE-SERUM Method : CLIA	1.38	0.35-5.50	μIU/ml
TOTAL T3: TRI IODOTHYRONINE – SERUM Method: CLIA	1.13	0.87 – 1.78	ng/dl
TOTAL T4: THYROXINE – SERUM Method: CLIA	9.59	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

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 Specimen: URINE

CLINICAL PATHOLOGY

URINE FOR ROUTINE EXAMINATION

Test Name	Result	Unit	Method
PHYSICAL EXAMINATION			
QUANTITY	30	ml	Container Measurement
COLOUR	Pale yellow		Naked Eye Observation
APPEARANCE	Slightly hazy		Naked Eye Observation
REACTION	Acidic		Multiple Reagent Strip
SPECIFIC GRAVITY	1.015		Multiple Reagent Strip
CHEMICAL EXAMINATION			
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
MICROSCOPIC EXAMINATION			
PUS CELL	1-2	/HPF	Light Microscopy
RBC	Not found	/HPF	Light Microscopy
EPITHELIAL CELL	1-2	/HPF	Light Microscopy
MICRO ORGANISM	Present a few		
Others	Not found		

Note : Any Abnormal Chemical Analysis Rechecked By Respective Manual Method
 *** End of Report***

Lab Technician / Technologist
 Madhumita Biswas



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