



भारत सरकार
GOVERNMENT OF INDIA

दीपक कुमार पाल
Dipak Kumar Pal
जन्मतिथि / DOB: 10/12/1971
पुरुष / MALE

6051 6011 1118

আমার আধার, আমার পরিচয়



Handwritten signature in blue ink.

To
Apollo Clinic
Sithes area

Dear
Sir, I Depaul Kumar Pal EC NO 100607
not interested for stool test and eye test.

27/08/22

~~Depaul~~
Depaul K. Pal
100607

To The



Patient Name: MR. DIPAK KUMAR PAL

UHID/MR No.: FSIN.0000015455

Visit Date: 27.08.2022

Sample collected on: 27.08.2022

Ref Doctor: SELF

Age/Gender: 51 Years / Male

OP Visit No.: FSINOPV18529

Reported on: 27.08.2022

Specimen: BLOOD

DEPARTMENT OF SEROLOGICAL EXAMINATION

TEST NAME

RESULT

Blood Group (A, B & O) & Rh factor

BLOOD GROUP

RH TYPE

"B"

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	13.6	Female 11.5-14.5 Male 12.5-16.5	gm%
Method: Cyanmethemoglobin			
RBC COUNT	5.1	Female 3.8-4.8 Male 4.5-5.5	mill/Cumm
Method: Electronic Impedance			
HEMATOCRIT (PCV)	44.7	Female 36-46 Male 42-52	%
MCV	87.4	83-101 fl	fl
Method: Calculated			
MCH	26.6	27-32 pg	pg
Method: Calculated			
MCHC	30.4	31.5-34.5	%
Method: Calculated			
PLATELET COUNT	1.60	1.5-4.5 lakhs/cu mm	Lakhs/cumm
Method: Electronic Impedance			
TOTAL WBC COUNT (TC)	5,700	4,000-11,000	/cumm
Method: Electronic Impedance			
DIFFERENTIAL COUNT (DC)			
Method: Microscopy			
NEUTROPHIL	70	40-70	%
LYMPHOCYTE	27	20-45	%
MONOCYTE	01	2-8	%
EOSINOPHIL	02	1-4	%
BASOPHIL	00	<1-2	%
ESR	28	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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DEPARTMENT OF LABORATORY MEDICINE

<u>TEST NAME</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE INTERVALS</u>	<u>UNITS</u>
GLUCOSE- (FASTING) Method: (GOD-POD)	75.2	70.0- 110.0	mg/dl
GLUCOSE- (POST PRANDIAL) Method: (GOD-POD)	92.6	80.0- 140.0	mg/dl

End of the report
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DEPARTMENT OF SPECIAL BIOCHEMISTRY
REPORT PREPARED ON PATHOLOGY

Test Name	Value	Unit	Normal Range
Glycosylated Haemoglobin (HbA1c), HPLC Glycosylated Haemoglobin (HbA1c), HPLC	3.9	%	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)	97.0	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</u>	<u>UNITS</u>
<u>LIPID PROFILE</u>		<u>INTERVALS</u>	
Triglyceride Method: GPO-POD	109.0	<200	mg/dl
Cholesterol Method: CHO - POD	190.0	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	43.0	30-80mg/dl	mg/dl
LDL CHOLESTEROL [DIRECT] Method: PVS and PEGME Coupled	125.2	<130.0 mg/dl	mg/dl
VLDL CHOLESTEROL	21.8	20-35 mg/dl	mg/dl
CHOLESTEROL: HDL RATIO	4.4		
LDL: HDL RATIO	2.9		

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>UNITS</u>
LIVER FUNCTION TEST (PACKAGE)			
BILIRUBIN- TOTAL	0.65	1.1 Adult	mg/dl
Method: Daizo			
BILIRUBIN- DIRECT	0.17	Adult & Children: <0.25	mg/dl
Method: Daizo with DPD			
BILIRUBIN- INDIRECT	0.48	0.1-1.0	mg/dl
Method: calculated			
TOTAL- PROTIEN	6.75	Adult: 6.6-8.8	gms/dl
Method: Photometric UV test			
ALBUMIN	3.79	3.5-5.2	gms/dl
Method: BCG			
GLOBULIN	2.96	1.8-3.0	gms/dl
Method: calculated			
A:G Ratio	1.28:1		
SGOT/AST	34.5	up to 45	U/L
Method: IFCC WITHOUT P5P			
SGPT/ALT	22.0	up to 40	U/L
Method: IFCC WITHOUT P5P			
ALKA-PHOS	62.9	Adult: 20-220 Child: 104-380	U/L
Method: PNPP- AMP BUFFER			
GGT [Gamma Glutamyl Transferase]	15.4	7-32	U/L

*Please correlate with clinical conditions.

End of the report

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DEPARTMENT OF LABORATORY MEDICINE

<u>TEST NAME</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE INTERVALS</u>	<u>UNITS</u>
BLOOD UREA NITROGEN (BUN) Method: Calculated	6.54	8 - 20	mg/ dl
CREATININE Methodology: Jaffe Reaction Instrument Used: FULLY AUTOMATED ANALYZER EM-200	0.79	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	8.2		
URIC ACID Method: Uricase	5.20	Female: 2.6 - 6.0 Male: 3.4 - 7.0	mg/dl

End of the report

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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 Method : CLIA	1.58	0.35-5.50	μIU/ml
TOTAL T3: TRI IODOTHYRONINE – SERUM Method : CLIA	1.24	0.87 – 1.78	ng/dl
TOTAL T4: THYROXINE – SERUM Method : CLIA	9.60	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: BLOOD

DEPARTMENT OF LABORATORY MEDICINE
REPORT PREPARED ON PATHOLOGY

TEST NAME	VALUE	UNITS	RANGE
PSA (prostate-Specific Antigen)(TOTAL)	0.43	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 -59 Yrs	3.5 ng/ml
	60 -69 Yrs	4.5 ng/ml
	70-79 Yrs	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:
FULLU AUTOMATED CLIA – TOSOH AIA – 360

****End Of Report****

Lab Technician / Technologist
Ranit Bhattacharjee

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Ref Doctor: SELF

Age/Gender: 51 Years / Male
OP Visit No.: FSINOPV18529
Reported on: 27.08.2022
Specimen: URINE

CLINICAL PATHOLOGY

URINE FOR ROUTINE EXAMINATION

<u>Test Name</u>	<u>Result</u>	<u>Unit</u>	<u>Method</u>
<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	1.015		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	2-3	/HPF	Light Microscopy
RBC	Not found	/HPF	Light Microscopy
EPITHELIAL CELL	1-2	/HPF	Light Microscopy
MICRO ORGANISM	Present a few		
Others	Not found		
<p>Note : Any Abnormal Chemical Analysis Rechecked By Respective Manual Method *** End of Report***</p>			

Lab Technician / Technologist
Madhumita Biswas

Kristi Chatterjee

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



NAME: MR. DIPAK KR. PAL	MR NO: FSIN-0000	DATE : 27.08.2022
AGE: 51 YRS	SEX:MALE	REF BY: SELF

ECG REPORT

HR : 67 b/min
AXIS : NORMAL
RHYTHM : SINUS
PR INTERVAL : 0.16 sec
QT INTERVAL : 0.408 sec
QRS DURATION : 0.056 sec
T-WAVE : NORMAL

IMPRESSION:

● **RESTING ECG WITHIN NORMAL LIMITS.**

Shweta Parth Upadhyay

DR.S.P.UPADHYAY
MBBS,DTDC,M
Physician & Chest specialist

Patient Name: M. DIPAK KR. PAL 51/M

Resting ECG Report

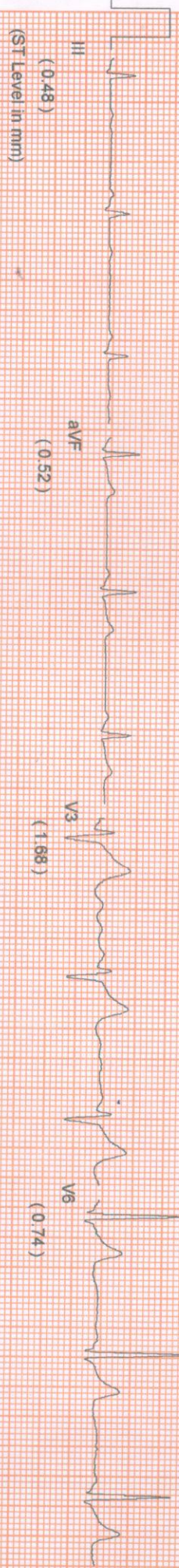
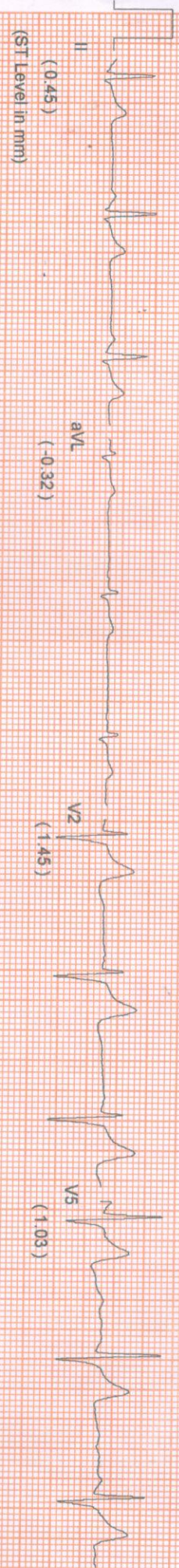
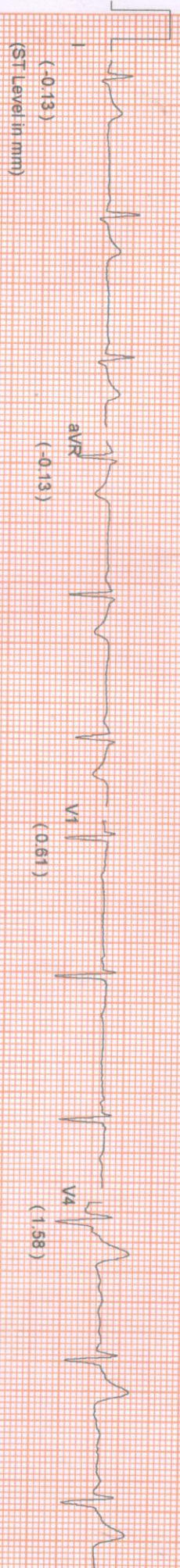
August 27, 2022
Time: 16:47:54

QT / QTc : 0.408 / 0.432 Sec
P-QRS-T Axis (54) (-49) (-39) deg

PR Interval: 0.16 sec
QRS Duration : 0.096 Sec

RR Interval: 0.89 sec

HR : 67 bpm BP : 105 / 80 mmHg



aVR (-0.13)

V1 (0.61)

V4 (1.58)

aVL (0.32)

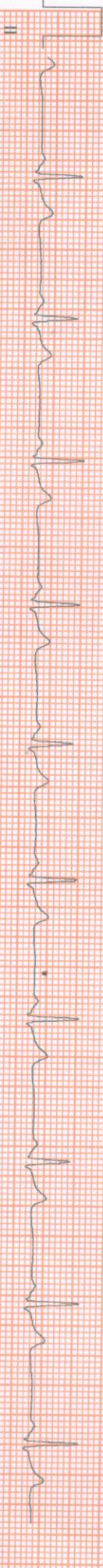
V2 (1.45)

V5 (1.03)

aVF (0.52)

V3 (1.88)

V6 (0.74)



Comments :-

Dr. S. S. Srinivas

NAME: MR. DIPAK KR PAL	MR NO: FSIN-0000	DATE: 27/08/2022
AGE : 51 YRS	SEX: MALE	REF BY: SELF

ULTRASOUND OF WHOLE ABDOMEN

LIVER: Liver is **Enlarged** in size(**18.40 cm**), 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 measures (**5 cm**) in diameater. The portal vein measures (**10 cm**) at porta.

GALLBLADDER: Gall bladder is normal. Wall is normal. 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: It is normal in size (**8.82 cm**), Shape, Outline and echotexture. No parenchymal lesion is noted.

BOTH KIDNEYS: Both 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 (**9.23 cm**).

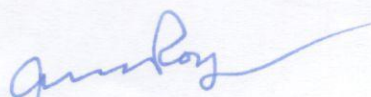
LEFT KIDNEY measures (**9.97 cm**).

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 in size measures **4.45cmX4.23cmX3.87cm VOL = 38.10 gms.**

IMPRESSION:

- HEPATOMEGALY.
- ENLARGED PROSTATE.



A.K.ROY

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

Certificate on CEBT Abdomino Pelvic, USG(WBHSU)



DEPARTMENT OF RADIOLOGY X-RAY OF CHEST (PA) VIEW

MR. NO- FSIN.0000000

SEX-MALE

NAME: -DIPAK KUMAR PAL

EXAMINATION DATE-27/08/2022

AGE-52 YRS

REPORT DATE-27/08/2022

REF DR:-SELF

FINDINGS:

- Bilateral accentuated pulmonary vascular marking noted.
- Tracheal shadow is in the midline.
- Bilateral CP angle are clear
- Both hila appear normal .
- CTR appears normal .
- No definite bone fracture is noted.



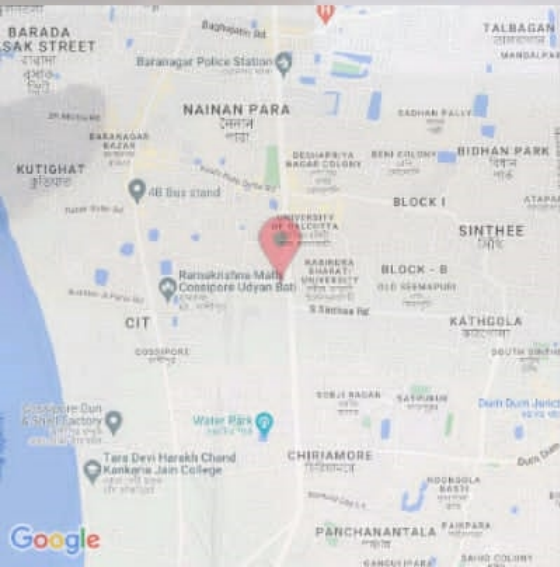
DR.ARNAB MANDAL

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)



Apollo Clinic

Experts closer to you.



36C, Barrackpore Trunk Rd, CIT, Satchasi Para, Kolkata, West Bengal 700002, India

Kolkata
West Bengal
India



32°C
90°F

2022-08-27(Sat) 10:24(am)



36C, Barackpore Trunk Rd, G/T, Satchani Park, Kolkata, West Bengal 700002, India

Kolkata
West Bengal
India

2022-08-27(Sat) 10:53(AM)

32°C
90°F