



सत्यमेव जयते



आधार

ভারতীয় বিশিষ্ট পরিচয় সনাক্তকরণ

ভারত সরকার

Unique Identification Authority of India  
Government of India

তালিকাভুক্তির নম্বর/ Enrolment No.: 2189/69147/41435

Download Date: 10/09/2018

To  
মেবশ্রী দত্ত  
Deboshree Dutta  
W/O: Amab Kumar Dutta  
s,2nd floor block-2  
maya complex  
reckjoani hospital road  
debaki memorial school  
Rajarhat  
Rajarhat  
North 24 Parganas West Bengal - 700135  
8617434699

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আপনার **আধার** সংখ্যা / Your **Aadhaar** No. :

5903 1134 1233

আমার **আধার**, আমার পরিচয়



ভারত সরকার  
Government of India



মেবশ্রী দত্ত  
Deboshree Dutta  
জন্মতারিখ/DOB: 21/07/1988  
মহিলা/ FEMALE

5903 1134 1233

আমার **আধার**, আমার পরিচয়

Deboshree Dutta.





### তথ্য

- আধার পরিচয়ের প্রমাণ, নাগরিকত্বের প্রমাণ নয়
- পরিচয়ের প্রমাণ অনলাইন অথেন্টিকেশন দ্বারা লাভ করুন
- এটা এক ইলেক্ট্রনিক প্রক্রিয়ায় তৈরী পত্র

### INFORMATION

- Aadhaar is a proof of identity, not of citizenship.
- To establish identity, authenticate online.
- This is electronically generated letter.

- আধার সারা দেশে মান্য।
- আধার ভবিষ্যতে সরকারী ও বেসরকারী পরিষেবা প্রাপ্তির সহায়ক হবে।
- Aadhaar is valid throughout the country .
- Aadhaar will be helpful in availing Government and Non-Government services in future .



কেন্দ্রীয় বিশ্বাস-পরিচয়-প্রাধিকরণ  
Unique Identification Authority of India

ঠিকানা:  
ওয়াই/ও: অর্নব কুমার দুত্ত, এম, দ্বিতীয় ফ্লোর ব্লক-২, মায়াম  
কমপ্লেক্স, রেকজোনি হাসপাতাল রোড, দেবকী  
মেমোরিয়াল বিদ্যালয়, রাজারহাট, উত্তর ২৪ পরগনা,  
পশ্চিম বঙ্গ - 700135

Address:  
W/O: Arnab Kumar Dutta, 5,2nd floor block-  
2, maya complex, reckjoani hospital road,  
debaki memorial school, Rajarhat, North  
24 Parganas,  
West Bengal - 700135



5903 1134 1233

Debochree Sulta.

To  
Apollo Clinic,  
Sinthi More,  
Kolkata

Re: Unable to undertake TMT & stool sample test.

Sir/Madam,  
This is to inform you that I will not be able  
to undertake the TMT test as I have a ligament  
tear in my left knee, which has not yet healed.  
Also, I will not be able to provide stool sample  
for the test due to natural reasons.

Kindly consider the same.

Thank you.

Yours faithfully

Date: 25/02/23

Deborah Sultana





To  
The Apollo Clinic  
Sinthi More  
Kolkata

Madam / Dear Sir,

Re: Unable to undertake vision screening test.

This is to inform you that as the vision testing centre is located at a different location, it is not possible for me to travel around in public transport as I have knee issues.

Hence, I am not undertaking the vision screening test.

Regards, *Sebohrac Sulta*  
25/02/23





Patient Name: MRS. DEBOSHREE DUTTA  
UHID/MR No.: FSIN.0000016585  
Visit Date: 25.02.2023  
Sample collected on: 25.02.2023  
Ref Doctor: SELF

Age/Gender: 35 Years / Female  
OP Visit No.: FSINOPV19714  
Reported on: 25.02.2023  
Specimen: BLOOD

DEPARTMENT OF SEROLOGICAL EXAMINATION

<u>TEST NAME</u>	<u>RESULT</u>
<u>Blood Group (A, B &amp; O) &amp; Rh factor</u>	
BLOOD GROUP	"A"
RH TYPE	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
<b>COMPLETE BLOOD COUNT</b>			
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	2.10	1.5-4.5 lakhs/cu mm	Lakhs/cumm
Method: Electronic Impedance			
TOTAL WBC COUNT (TC)	4,800	4,000-11,000	/cumm
Method: Electronic Impedance			
DIFFERENTIAL COUNT (DC)			
Method: Microscopy			
NEUTROPHIL	57	40-70	%
LYMPHOCYTE	38	20-45	%
MONOCYTE	02	2-8	%
EOSINOPHIL	03	1-4	%
BASOPHIL	00	<1-2	%
ESR	36	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\*\*\*

Lab Technician / Technologist  
Ranit Bhattacharjee

*Kristi Chatterjee*

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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)	119.0	80.0- 140.0	mg/dl

End of the report  
Results are to be correlate clinically

Lab Technician / Technologist  
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DEPARTMENT OF SPECIAL BIOCHEMISTRY

REPORT PREPARED ON PATHOLOGY

Test Name	Value	Unit	Normal Range
Glycosylated Haemoglobin (HbA1c), HPLC	4.5	%	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)	128.0	mg/dl	Excellent Control: 90-120 Good Control: 120-150 Fair Control: > 150-180 Action Suggested: 181-210 Panic Value: >211

**Comment**

1. For patients with Hb variant diseases there may be lowering of HbA1c due to low HBA synthesis.
2. 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\*\*\*\*\*

Lab Technician / Technologist  
Ranit bhattacharjee

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## DEPARTMENT OF LABORATORY MEDICINE

<u>TEST NAME</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE INTERVALS</u>	<u>UNITS</u>
<b>LIPID PROFILE</b> Triglyceride Method: GPO-POD	172.0	<200	mg/dl
Cholesterol Method: CHO - POD	184.0	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	43.0	30-80mg/dl	mg/dl
LDL CHOLESTEROL [DIRECT] Method: PVS and PEGME Coupled	106.6	<130.0 mg/dl	mg/dl
VLDL CHOLESTEROL	34.4	20-35 mg/dl	mg/dl
CHOLESTEROL: HDL RATIO	4.2		
LDL: HDL RATIO	2.4		

End of the report

Results are to be correlate clinically

Lab Technician / Technologist  
Ranit Bhattacharjee

*Kristi Chatterjee*

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Specimen: BLOOD

## DEPARTMENT OF LABORATORY MEDICINE

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVALS	UNITS
<b>LIVER FUNCTION TEST (PACKAGE)</b>			
BILIRUBIN- TOTAL Method: Daizo	0.70	1.1 Adult	mg/dl
BILIRUBIN- DIRECT Method: Daizo with DPD	0.16	Adult & Children: <0.25	mg/dl
BILIRUBIN- INDIRECT Method: calculated	0.54	0.1-1.0	mg/dl
TOTAL- PROTIEN Method: Photometric UV test	7.20	Adult: 6.6-8.8	gms/dl
ALBUMIN Method: BCG	4.29	3.5-5.2	gms/dl
GLOBULIN Method: calculated	2.91	1.8-3.0	gms/dl
A:G Ratio	1.38:1		
SGOT/AST Method: IFCC WITHOUT P5P	27.1	up to 45	U/L
SGPT/ALT Method: IFCC WITHOUT P5P	25.7	up to 40	U/L
ALKA-PHOS Method: PNPP- AMP BUFFER	94.3	Adult: 20-220 Child: 104-380	U/L
GGT [Gamma Glutamyl Transferase]	15.4	7-32	U/L

\*Please correlate with clinical conditions.

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

Lab Technician / Technologist  
Ranit Bhattacharjee

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Sample collected on: 25.02.2023  
Ref Doctor: SELF

Age/Gender: 35 Years / Female  
OP Visit No.: FSINOPV19714  
Reported on: 25.02.2023  
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) Method: Calculated	15.70	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	16.02		
URIC ACID Method: Uricase	4.87	Female: 2.6 - 6.0 Male: 3.4 - 7.0	mg/dl

End of the report  
Results are to be correlate clinically

Lab Technician / Technologist  
Ranit Bhattacharjee

*Kristi Chatterjee*

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



Patient Name: MRS. DEBOSHREE DUTTA  
UHID/MR No.: FSIN.0000016585  
Visit Date: 25.02.2023  
Sample collected on: 25.02.2023  
Ref Doctor: SELF

Age/Gender: 35.Years / Female  
OP Visit No.: FSINOPV19714  
Reported on: 25.02.2023  
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	1.87	0.35-5.50	μIU/ml
TOTAL T3: TRI IODOTHYRONINE – SERUM Method : CLIA	1.29	0.87 – 1.78	ng/dl
TOTAL T4: THYROXINE – SERUM Method : CLIA	9.40	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\*\*\*

Lab Technician / Technologist  
Ranit Bhattacharjee

*Kristi Chatterjee*

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





Patient Name: MRS. DEBOSHREE DUTTA  
UHID/MR No.: FSIN.0000016585  
Visit Date: 25.02.2023  
Sample collected on: 25.02.2023  
Ref Doctor: SELF

Age/Gender: 35 Years / Female  
OP Visit No.: FSINOPV19714  
Reported on: 25.02.2023  
Specimen: URINE

**CLINICAL PATHOLOGY**

**URINE FOR ROUTINE EXAMINATION**

Test Name	Result	Unit	Method
<b>PHYSICAL EXAMINATION</b>			
QUANTITY	40	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
<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	2-3	/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\*\*\*

Lab Technician / Technologist  
Madhumita Biswas

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

**APOLLO CLINIC @ OM TOWER**  
Opp. of Rabindra Bharati University

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**+91 74392 83407**

NAME: MRS. DEBOSHREE DUTTA	MR NO: FSIN-0000	DATE : 25.02.2023
AGE: 35 YRS	SEX: FEMALE	REF BY: SELF

ECG REPORT

HR : 83 b/min  
AXIS : NORMAL  
RHYTHM : SINUS  
PR INTERVAL : 0.10 sec  
QT INTERVAL : 0.160 sec  
QRS DURATION : 0.052 sec  
T-WAVE : NORMAL

IMPRESSION:

- RESTING ECG WITHIN NORMAL LIMITS .

*Shriha Parida Upadhyay*

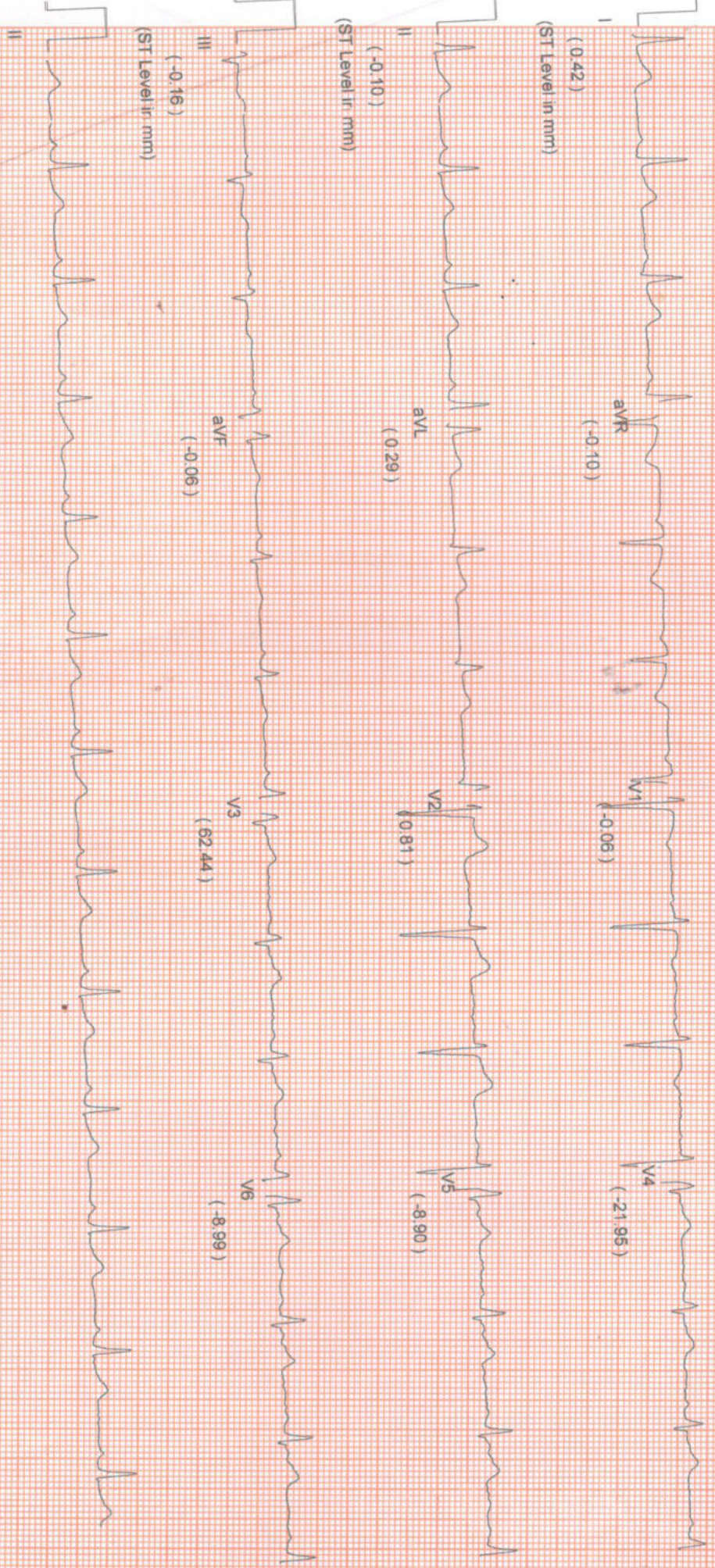
**DR.S.P.UPADHYAY**  
MBBS,DTDC,MD  
Physician & Chest specialist





Resting ECG Report

Time: 12:00:27  
 Patient: Arnel/MS DEBOSHREE DUTTA 35/F  
 Date: January 25, 2023  
 QT/QTc: 0.160 / 0.189 Sec  
 P-QRS-T Axis: (144)-(165)-(167) deg  
 PR Interval: 0.10 sec  
 QRS Duration: 0.052 Sec  
 RR Interval: 0.72 sec  
 HR: 83 bpm  
 BP: 110/70 mmHg



Comments :-

*Arbo drava Saha*  
 10mm/mv 25mm/sec NASAM Sirful G BL U 4 6/13



NAME : DEBOSHREE DUTTA.	AGE : 35 YRS	SEX : FEMALE
REF BY : DR. SELF	MR NO : FSIN – 0000	DATE : 25/02/2023

### ULTRASOUND OF WHOLE ABDOMEN

**LIVER** : Liver is **Marginally Enlarged** size (15.95cm) 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( 4 mm) in diameter. The portal vein measures ( 10 mm) at porta..

**GALLBLADDER** : Gall bladder is normal.wall is normal.no calculus or mass is seen within the gallbladder.

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

**SPLEEN** : It is normal in size( 9.23cm), shape, outline and echotexture. No parenchymal lesion is noted.

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

RIGHT KIDNEY measures ( 10.39 cm)

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

LEFT KIDNEY measures ( 10.81 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.

**UTERUS** : It is Normal in size, shape and echotexture. It is anteverted. No SOL is seen in the myometrium. Uterine cavity is empty. Uterus measures ( 10.35 cm × 4.40 cm × 3.80 cm). Endometrial thickness is **Thickened** measures 0.62 cm.

**RIGHT OVARY** : They are normal in size, shape, outline and echotexture. Measure ( 2.36cmx1.71 cm)

**LEFT OVARY** : They are normal in size, shape, outline and echotexture. Measures ( 1.72cm × 1.83 cm)

#### IMPRESSION :

- HEPATOMEGALY (MARGINALLY)

  
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-FEMALE

NAME: -DEBOSHREE DUTTA

EXAMINATION DATE-25/02/2023


AGE-35YRS

REPORT DATE-25/02/2023

REF DR. SELF

**FINDINGS:**

- Bilateral lung fields are clear.
- 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(Del9hi) CEBT-USG (WBUHS KOLKATA)  
Fellow of Jefferson Ultrasound Radiology and Education Institute  
Philadelphia Ex-Radiology Resident (S.E. Railway)  
Regd.No:72022(WBMC)

