

**MEDICAL CERTIFICATE**

I have examined Mr. / Miss. / Mrs. Chaitali Karma Kar

Aged 43 years, S/D of MR. / Mrs. 1st Rabi Sahan Karma Kar

On 14/04/2023 a candidate for Medical

My examination findings are as follows:

1. General appearance Good
2. Height 146 Cm. 3. Weight 62 Kg. 4. BMI
5. Chest Measurement : a) Full expiration 80 cm.  
b) Full inspiration 85 cm.
6. Abdomen measurement 75 cm.
7. Pulse 72 / mm Reg.
8. Blood pressure 110/68 mmHg.
9. Heart S<sub>1</sub> S<sub>2</sub> Audible, normal 10. Lungs clear
11. Eye sight - Left Eye 6/6 Right Eye 6/6
12. Colour vision normal 13. Hearing
14. Gum & Teeth Healthy
15. Abdominal viscera            16. Hernia no
17. Muscular Skeletal System
18. Genito - Urinary System

I hereby certify that from the above findings I found him / her   
Physically and mentally fit.

Date : Durgapur , the 14th day of April 2023.

Debabrata Sahana  
Signature of the Medical Examiner  
Name - Dr. Debabrata Sahana  
MBBS,CAL  
Reg. No-58564 WBMC  
Stamp- Dr. Debabrata Sahana  
MBBS (Cal.)  
Regd. No. - 58564

Chaitali Karma Kar  
Signature of the candidate.



Patient Name: Mrs. CHAITALI KANAKAKAR 43/F

April 14, 2023

Time: 09:30:37

Unaveraged ECG Report

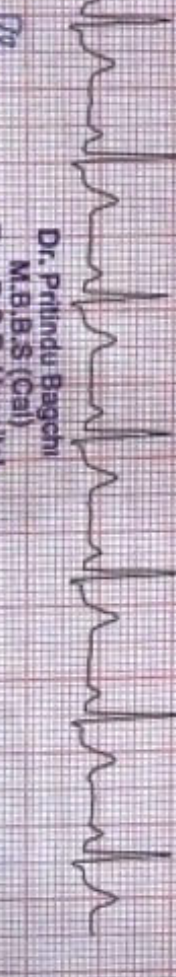
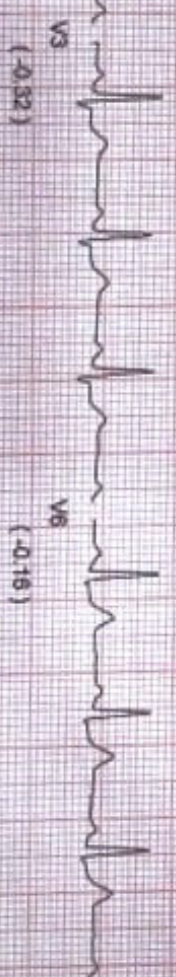
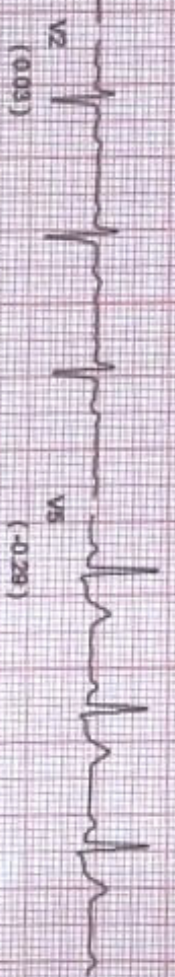
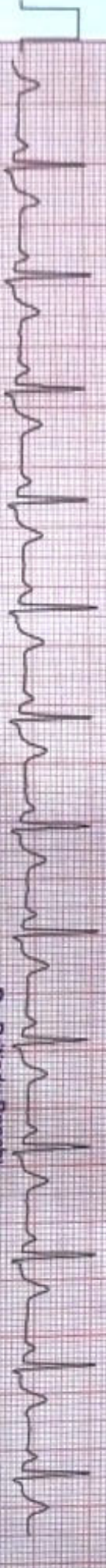
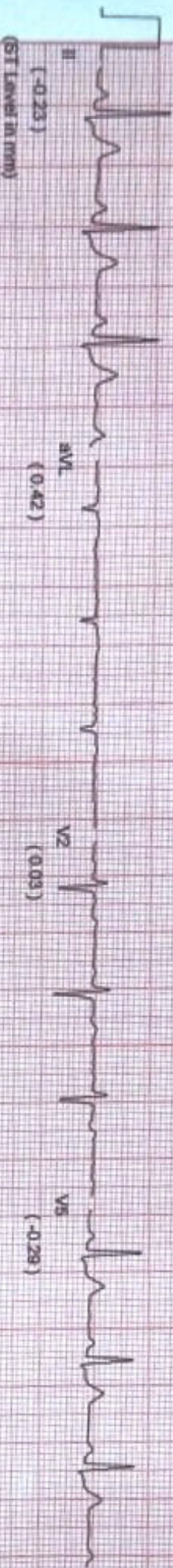
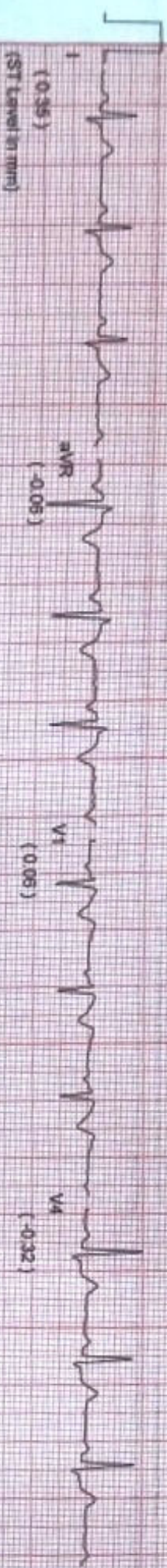
QT / QTc : 0.364 / 0.423 Sec

P-QRS-T Axis (°): (-51) (-51) (-57) deg

PR Interval: 0.14 sec

QRS Duration : 0.084 Sec

HR : 80 bpm BP : 0 / 0 mmHg



Comments -> R S R 80 bpm : Axis - 65° : Normal

Dr. Prilindu Bagchi  
 M.B.B.S. (Cal)  
 Ex - D.S.P. Hospital  
 Regd. No. - 28603 (W.B.)



Name of Patient	: Chaitali Karmakar	Code	: 002
Ref. By	:	Date	: 14.04.2023
Age	: 43 Years	Sex	: Female

**X-RAY OF CHEST PA VIEW**

No active parenchymal lesion is seen in the lung fields.

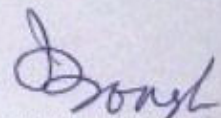
Hila appear normal.

Both domes of the diaphragms are regular in outline.

Costophrenic angles are clear.

Cardio thoracic ratio is normal.

**IMPRSSION :** No abnormality seen in skiagram.



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**Dr. J. K. Bokshi**  
**MBBS, DMRD (Cal)**  
**RADIOLOGIST**



Name of Patient	: Chaitali Karmakar	ID No. :	1404202301
Ref. By	:	Date :	14.04.2023
Age	: 43 Years	Sex :	Female

### ULTRASONOGRAPHY OF WHOLE ABDOMEN

- LIVER** : Normal in size (141.6 mm), shape & position with normal echotexture. Margin is regular. No SOL seen with in liver. Intra hepatic biliary channels are not dilated. PV measures: 10.0 mm. in width.
- CBD** : It appears normal and 4.0 mm. in diameter. No calculus is seen in the lumen of CBD.
- GALL BLADDER** : Normal in size, shape & position. Wall thickness appears normal. **Few comet tail artifacts noted in wall of GB. No calculus or SOL seen.**
- PANCREAS** : Normal in size, shape and outline. Parenchyma is homogeneous in echotexture. Pancreatic duct is not dilated. No focal parenchymal lesion is visualized in or around the pancreas.
- SPLEEN** : Normal in size, shape and echotexture. Echopattern of spleen appears to be normal. Splenic hilum is normal. Measurement of spleen - 110.5 mm.
- RIGHT KIDNEY** : It is normal in size, shape and position. Normal cortical echotexture. Cortico medullary differentiation is well maintained. Pelvi- calyceal system of right kidney is normal. No hydronephrosis SOL or calculi are seen. Rt. kidney measures - 112.3 mm.
- LEFT KIDNEY** : It is normal in size, shape and position. Normal cortical echotexture. Cortico medullary differentiation is well maintained. Pelvi- calyceal system of left kidney is normal. No hydronephrosis SOL or calculi are seen. Lt. Kidney measures - 106.7 mm.

Contd...



Name of Patient : Chaitali Karmakar

ID No. : 1404202301

**URETERS** : Both ureters are not dilated.

**URINARY BLADDER** : Normally distended. Wall thickness appears normal.  
No intraluminal calculus or mass seen.

**UTERUS** : Bulky in size & globular in shape. Myometrium is diffusely heterogeneous. Endomyometrial junction is ill defined (3.7 mm).  
A small subserosal fibroid measuring - 15.0 mm x 14.3 mm is seen in posterior wall.  
Measurement of the uterus 86.9 mm x 59.4 mm x 50.5 mm.

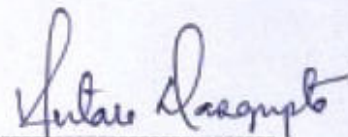
**RIGHT OVARY** : It is normal in shape, size and position.  
No cystic or solid SOL is seen.  
Rt. Ovary size - 21.7 mm x 13.0 mm.

**LEFT OVARY** : It is normal in shape, size and position.  
No cystic or solid SOL is seen.  
Lt. Ovary size - 23.7 mm x 21.1 mm.

**P.O.D.** : Clear.

**IMPRESSION** : 1. Comet tail artifacts in gall bladder wall - suggestive of mild cholesterosis.  
2. Bulky, globular uterus with a small subserosal fibroid in posterior wall in a background of diffuse adenomyosis.

*Clinical correlation & further investigations may be suggested, if clinically indicated.*



Dr. Antara Dasgupta  
MD, DNB (Radiodiagnosis)  
(SSKM Kolkata)  
Consultant Radiologist

NAME : Chaitali Karmakar	AGE : 43 Years	SL. NO : 1404202307
REF. BY :	SEX : Female	DATE : 14.04.2023

**REPORT OF THE ECHOCARDIOGRAPHY / COLOUR DOPPLER**  
(The figure in brackets are normal adults values )

**M. MODE DATA**

AO	30	(20-37 mm)	DE	15	(15-20mm)
ACS	16	(15-26mm)	EF	110	(50-150mm/ sec)
LA	33	(19-40mm)	EPSS	3.9	(0-8mm)
LVID(S)	30	(24-42mm)			
LVID(D)	44	(35-56mm)			
IVS(D)	10	(6-11 mm)	LVEF	60	% (Teich)
LVPW(D)	10	(6-11 mm)	FS	32	%

CONTD.....





○ WBSIDC COMMERCIAL ESTATE,  
City Centre, Durgapur - 713216  
○ Phone : (0343) 2545400, 2546600  
+91 75015 46897

**NAME :** Chaitali Karmakar      **AGE :** 43 Years      **SL. NO :** 1404202307

**OTHERS FINDINGS:**

**Transthoracic 2d Study done through parasternal, apical, subcostal & suorasternal windows in Long axis, short axis, 5 chamber & 2 chamber views**

Cardiac chambers are normal in size.

L.V wall thickness & wall motion are within normal limits. Normal global L.V systolic function.

R.V shows normal wall motion & wall thickness. Normal R.V systolic function.

Valves are normal in appearance & motion.

Intact I.V.S & intact I.A.S.

Normal great arteries.

Normal pericardium.

No clot or vegetation.

**IMPRESSION :** Good biventricular function.  
No RWMA/ vegetation/ clot/ PE.

**This report needs clinical co-relation. Interpretation should not be done in isolation.**

.....  
**Dr. Ashish Hota**  
**M.D (Med.), D.M (Cardio)**

NAME OF PATIENT : CHAITALI KARMAKAR	AGE : 43 YEARS
SEX : FEMALE	DATE : 14.04.2023

**REPORT ON HEAMOTOLOGY EXAMINATION**

<u>INVESTIGATION</u>	<u>RESULT</u>	<u>UNIT</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
HAEMOGLOBIN	: 8.6	gm/dl	Male : 14.0-17.5 Female : 11.6-14.5
T.R.B.C. COUNT	: 3.61	million/cumm	M: 4.5 - 6.5 F : 3.8 - 5.8
Total W.B.C. COUNT	: 5,400	cumm	4,000-11,000
<b>Differential Count of W.B. C.</b>			
Neutrophils	: 61	%	Adult: 40-75
Lymphocytes	: 35	%	Adult : 20-40
Eosinophils	: 02	%	Adult : 1-6
Monocytes	: 02	%	Adult : 2-10
Basophils	: 00	%	Adult: 0.2- 1.0
Erythrocyte Sedimentation Rate : 09 ESR 1 <sup>st</sup> . Hour		mm	Male : 15mm/hr Female : 20mm/hr
PCV	: 30.1	%	M : 45 -55 % F : 37 - 47%
MCV	: 83.4	fL	Adult: 76- 96
MCH	: 23.8	pgm	Adult: 27-32
MCHC	: 28.6	gm/dl	Adult: 30 - 35
PLATELET COUNT	: 1.50	lakhs/cumm	Adult 1.5 - 4.0 lakhs.



**Dr. S. Khatua.**  
MBBS(HONS)MD(Path.)



<b>NAME OF PATIENT</b> : CHAITALI KARMAKAR	<b>AGE</b> : 43 YEARS
<b>SEX</b> : FEMALE	<b>DATE</b> : 14.04.2023

**URINE RE**

**REPORT ON CLINICAL PATHOLOGY**

**PHYSICAL EXAMINATION**


QUANTITY	30 ML	SEDIMENT	NIL
COLOUR	LIGHT STRAW	SPECIFIC GRAVITY	1.010
APPEARANCE	CLEAR		

**CHEMICAL EXAMINATION**

PH	5.5	REACTION	ACIDIC
ALBUMIN	NIL	BILE SALT	-
SUGAR	NIL	BILE PIGMENT	-
PHOSPHATE	NIL	OTHERS	-

**MICROSCOPICAL EXAMINATION**

PUS CELLS	1-2/HPF	CAST	NOT FOUND
EPITHELIAL CELLS	0-1/HPF	CRYSTALS	NOT FOUND
RBC	NIL	OTHERS	NIL



**Dr. S. Khatua.**  
**MBBS(HONS)MD(Path.)**



<b>NAME OF PATIENT</b> : CHAITALI KARMAKAR	<b>AGE</b> : 43 YEARS
<b>SEX</b> : FEMALE	<b>DATE</b> : 14.04.2023

**REPORT ON THE BIOCHEMICAL EXAMINATION**

<u>INVESTIGATION</u>	<u>RESULT</u>	<u>UNIT</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
TOTAL CHOLESTEROL (CHOD-PAD METHOD)	: 190	mg/dl	Desirable blood cholesterol 200mg/dl Borderline high blood cholesterol 200- 239 mg/dl High blood cholesterol >239 mg/dl
H.D.L. CHOLESTEROL (DIRECT METHOD)	: 47.9	mg/dl	M: 35.3 - 79.5 mg/dl F : 42.0 - 88.0 mg/dl
TRIGLYCERIDE (GPO METHOD)	: 143.2	mg/dl	M : 40-160 mg/dl F :35-135 mg/dl
L.D.L. CHOLESTEROL (DIRECT METHOD)	: 123.7	mg/dl	Optimal - Less than 100 mg/dl Near /Above optimal - 100 - 129 mg/dl Borderline high - 130 - 159 mg/dl High - 160 - 189 mg/dl Very high - $\geq$ 190 mg/dl
V.L.D.L. (CALCULATIVE)	: 28.6	mg/dl	5-40
T. CHOLESTEROL/HDL CHOLESTEROL RATIO : 4.0 (CALCULATIVE)		Ratio	3.0-5.0
LDL- CHOLESTEROL / HDL- CHOLESTEROL RATIO :2.6 (CALCULATIVE)		Ratio	1.5-3.5



**Dr. S. Khatua.**  
**MBBS(HONS)MD(Path.)**



**NAME OF PATIENT : CHAITALI KARMAKAR**  
**SEX : FEMALE**

**AGE : 43 YEARS**  
**DATE : 14.04.2023**

**REPORT ON THE BIOCHEMICAL EXAMINATION**

<u>INVESTIGATION</u>	<u>RESULT</u>	<u>UNIT</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
BILIRUBIN - TOTAL (DIAZO METHOD)	1.12	mg/dl	<2
BILIRUBIN - DIRCT (DIAZO METHOD)	0.47	mg/dl	<0.4
BILIRUBIN (INDIRECT)	0.65	mg/dl	<1.6
SGOT (IFCC METHOD)	23.8	U/l	M: 0 to 35 - F: 0 to 31
SGPT (IFCC METHOD)	20.2	U/l	M: 0 to 45 - F: 0 to 34
GGT (Glupa C METHOD)	19.5	U/l	M: 0 to 55 - F: 0 to 38
ALKALINE PHOSPHATASE (AMP METHOD)	51	U/l	M: 53 -128 U/ I F : 42 - 98 U/I
TOTAL PROTEIN (BIURET METHOD)	6.70	gm/dl	6.4 - 8.3
SERUM ALBUMIN (BCG METHOD)	4.10	gm/dl	3.5 - 5.2
SERUM GLOBULIN	2.60	gm/dl	2.50 - 3.40
ALBUMIN /GLOBULIN RATIO	1.5	Ratio	0.9 - 2.0



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**NAME OF PATIENT : CHAITALI KARMAKAR**  
**SEX : FEMALE**

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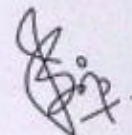
**REPORT ON THE EXAMINATION OF IMMUNOENZYMOMETRIC ASSAY**

<u>INVESTIGATION</u>	<u>RESULT</u>	<u>UNIT</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
Total Triiodothyronine (T3) (ELISA METHOD)	: 0.80	ng/dl	0.5 - 2.0
Total Thyroxine (T4) (ELISA METHOD)	: 6.7	µg/dl	M:- 4.4 - 10.8 F :- 4.8 - 11.6
Thyroid Stimulating Hormone(TSH) (ELISA METHOD)	: 3.3	µIU/ml	Adults : 0.39 - 6.16 Children: Age: Range: <3 Days 3.20 - 34.60 3-4 Days 0.70 - 15.40 5 Days - 5 Months 1.70 - 9.10 >5 Months - 12 Years 0.70 - 6.40 Pregnancy women: 1 <sup>st</sup> Trimester = 0.1 - 2.5 2 <sup>nd</sup> Trimester = 0.2 - 3.0 3 <sup>rd</sup> Trimester = 0.3 - 3.0

*Test done by lisascan EM (Erba Mannheim).*

**Note:-** Thyroid-stimulating hormone(TSH) or thyrotrophin is are glycoprotein with a molecular weight of about 28,000 secreted by the pituitary gland. TSH has a specific site of action which is the thyroid gland. Its main function is to regulate the release of thyroxin(T<sub>4</sub>) and the more biologically active triiodothyronine(T<sub>3</sub>).

*\*Kindly co-relate clinically.*



**Dr. S. Khatua.**  
**MBBS(HONS)MD(Path.)**



NAME OF PATIENT : CHAITALI KARMAKAR  
SEX : FEMALE

AGE : 43 YEARS  
DATE : 14.04.2023

**REPORT ON THE BIOCHEMICAL EXAMINATION**

<u>INVESTIGATION</u>	<u>RESULT</u>	<u>UNIT</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
BLOOD SUGAR (F) (GOD-POD METHOD)	: 103	mg/dl	70-110
BLOOD SUGAR (PP) (GOD-POD METHOD)	: 116	mg/dl	80-140
UREA (UREASE-GLDH METHOD)	: 15.4	mg/dl	Male 18-55 Female 15-43
CREATININE (ENZYMATIC METHOD)	: 0.50	mg/dl	Male 0.7-1.3 Female 0.6-1.1
URIC ACID (URICASE METHOD)	: 3.8	mg/dl	Male: 3.5-7.2 Female : 2.6-6.0

**EXAMINATION OF BLOOD FOR ABO & Rh TYPE**

ABO : "B" Group  
Rh - Type : "+ve" (Positive)



Dr. S. Khatua.  
MBBS(HONS)MD(Path.)



NAME OF PATIENT : CHAITALI KARMAKAR  
SEX : FEMALE

AGE : 43 YEARS  
DATE : 14.04.2023

### REPORT ON THE BIOCHEMICAL EXAMINATION

Glycosylate Hemoglobin (HbA1c) : 5.5 %  
(Turbidimetric Method)

<u>Biological Reference</u>	<u>% NGSP</u>
Non - diabetics	4 - 6
Target of therapy	>7
Change of therapy	>8

Estimated Average Glucose (EAG) : 111

#### # Biological Reference

Excellent Control	: 90 - 120 mg/dl.
Good Control	: 120 - 150 mg.dl.
Fair control	: > 150 - 180 mg/dl.
Action suggested	: 181 - 210 mg/dl.
Panic value	: >211 mg / dl.

#### Method Standardization :

IFCC : International Federation of clinical chemistry.  
DCCT : Diabetics control and complications trial .  
NGSP : National Glycohemoglobin Standardization program.

#### Note:-

Hemoglobin A1c (HbA1c) is a glycated hemoglobin which is formed by the non - enzymatic reaction of glucose with native hemoglobin .This process runs continuously throughout the circulatory life of the red cell (average life time 100 - 120 days). The rate of glycation is directly proportional to the concentration of glucose in the blood .The blood level Of HbA1c represents the average blood glucose level over the preceding 6 to 8 weeks (due to the kinetics of erythrocyte turnover this period is more affected by the blood glucose level than the preceding weeks). Therefore , **HbA1c is suitable for retrospective long-term monitoring of blood glucose concentration in individuals with diabetes mellitus.** Clinical studies have shown that lowering of HbA1c level can help to prevent or delay the incidence of late diabetic complication. As the amount of HbA1c also depends on the total quantity of hemoglobin the reported HbA1c value is indicated as a percentage of the total hemoglobin concentration . Falsely low values (low HbA1c despite high blood glucose) may occur in people with conditions with shortened red blood cell survival (hemolytic diseases) or significant recent blood loss (higher fraction of young erythrocytes). Falsely high values (high HbA1c despite normal blood glucose) have been reported in iron deficiency anemia. These circumstances have to be considered in clinical interpretation of HbA1c values.

Dr. S. Khatua.  
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