

Mrs. Aparna De
Age 36y1A

BP - 100/60

P - 78/min

H - 14g

Wt - 42kg





भारतीय विशिष्ट पहचान प्राधिकरण
भारत सरकार
Unique Identification Authority of India
Government of India

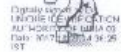
Enrolment No.: 1221/79985/16684

To
Aparna De
W/O Subham Kargupta
FLAT NO 12 3RD FLOOR MIRA TOWER
229A 230 LAKE TOWN BLOCK A
KOLKATA
NEAR LAKE TOWN SWIMMING POOL
Lake Town
Lake Town
North 24 Parganas West Bengal - 700089
9681001910

Down card Date: 27/10/2017

Generation Date: 24/10/2017

Validity unknown



आपका आधार क्रमांक / Your Aadhaar No. :

2586 7756 4516

मेरा आधार, मेरी पहचान



भारत सरकार
Government of India



Aparna De
Date of Birth/DOB: 23/02/1987
Female/ FEMALE



2586 7756 4516

मेरा आधार, मेरी पहचान



सूचना

- आधार पहचान का प्रमाण है, नागरिकता का नहीं।
- पहचान का प्रमाण ऑनलाइन ऑथेंटिकेशन द्वारा प्राप्त करें।
- यह एक इलेक्ट्रॉनिक प्रक्रिया द्वारा बना हुआ पत्र है।

INFORMATION

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

- आधार देश भर में मान्य है।
- आधार भविष्य में सरकारी और गैर-सरकारी सेवाओं का लाभ उठाने में उपयोगी होगा।
- Aadhaar is valid throughout the country.
- Aadhaar will be helpful in availing Government and Non-Government services in future.



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Address:

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229A 230 LAKE TOWN BLOCK A,
NEAR LAKE TOWN SWIMMING
POOL, KOLKATA, Lake Town,
North 24 Parganas,
West Bengal - 700089

2586 7756 4516



Dr. Sweety Lath

BDS (Cosmetic Dental Surgeon)



Dr. Vivek Lath

Chief Dental Consultant
BDS, MDS, Diplomate (WCOI, Japan)
Professor MCDRC - Durg
Reg. No. CGDC/14/PG/45

- Consult for : Digital Dentistry • Fixed Teeth • RCT • Dental Implants • Gums Diseases • Dentures • Cosmetic Filling • Tooth Jewellery
- Digital OPG • Braces Treatment • Tooth Removal • Kids Dental Treatment • All Kind of Dental Surgeries

Aparna De
36/AF

7/10/23

Pt has come for routine dental checkup

O/E → Stains +
Impacted 8/8

Adv → Deal prophylaxis

ryche



Apollo Clinic

LICENSEE : SAMRIDDHI AROGYAM PVT. LTD.

Apollo Clinic @ Tiara Complex A.T. Classic Near Ashoka Ratan, VIP Estate, Raipur (C.G.)

Email : raipur1@apolloclinic.com

Online appointments: www.askapollo.com | Online reports: https://pht.apolloclinic.com



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EXAMINATION OF EYES :- (BY OPHTHALMOLOGIST)

Patient Name Mrs. Aparna De

Date 7/10/23

Sex/Age 36/f

MR No

Employee Id

EXTERNAL EXAMINATION

SQUINT - NO

NYSTAGMUS - NO

COLOUR VISION - Normal

FUNDUS:(RE):- normal (LE):- normal

INDIVIDUAL COLOUR IDENTIFICATION

DISTANT VISION:(RE):- normal (LE):- E PG 6/6

NEAR VISION:(RE):- NG (LE):- NG

NIGHT BLINDNESS

	SPH	CYL	AXIS	ADD
RIGHT	-	-	-	-
LEFT	-	-	-	-

REMARKS :-

fundus - normal
Vn < E PG 6/6 normal
 E PG 6/6 normal



Dr. Vikas Mishra
MBBS,MS(Ophthalmologist)
Reg. No. CGMC 621/2006

*THIS PAPER IS USED FOR CLINICAL REPORTING PURPOSE ONLY

Patient Name : MRS APARNA
UHID/ MR No : 7111
Visit Date : 07/10/2023
Sample Collected On : 07/10/2023 05:09PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 36 Y. Female
OP Visit No : OPD-UNIT-II-2
Reported On : 09/10/2023 08:57PM

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
HEMOGRAM			
Haemoglobin(HB) Method: CELL COUNTER	12.5	gm/dl	12 - 16
Erythrocyte (RBC) Count Method: CELL COUNTER	4.22	mill/cu.mm.	4.20 - 6.00
PCV (Packed Cell Volume) Method: CELL COUNTER	37.50	%	39 - 52
MCV (Mean Corpuscular Volume) Method: CELL COUNTER	88.9	fL	76.00 - 100
MCH (Mean Corpuscular Haemoglobin) Method: CELL COUNTER	29.6	pg	26 - 34
MCHC (Mean Corpuscular Hb Conc.) Method: CELL COUNTER	33.3	g/dl	32 - 35
RDW (Red Cell Distribution Width) Method: CELL COUNTER	14.9	%	11- 16
Total Leucocytes (WBC) Count Method: CELL COUNTER	5.62	cells/cumm	3.50 - 11.00
Neutrophils Method: CELL COUNTER	46	%	40.0 - 73.0
Lymphocytes Method: CELL COUNTER	48	%	15.0 - 45.0
Eosinophils Method: CELL COUNTER	01	%	1-6%
Monocytes Method: CELL COUNTER	05	%	4.0 - 12.0
Basophils Method: CELL COUNTER	00	%	0.0 - 2.0

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
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Amul
DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

Patient Name : MRS APARNA
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Sample Collected On : 07/10/2023 05:09PM
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Sponsor Name :

Age/Gender : 36 Y. Female
OP Visit No : OPD-UNIT-II-4
Reported On : 09/10/2023 08:57PM

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
Platelet Count Method: CELL COUNTER	117	lacs/cu.mm	150-400
ESR- Erythrocyte Sedimentation Rate Method: Westergren's Method	25	mm /HR	0 - 20
Blood Group (ABO Typing)			
Blood Group (ABO Typing)	B		
RhD factor (Rh Typing)	POSITIVE		

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Lab Technician / Technologist
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DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

Patient Name : MRS APARNA
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Visit Date : 07/10/2023
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Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 36 Y. Female
OP Visit No : OPD-UNIT-II-2
Reported On : 09/10/2023 08:57PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
HbA1c (Glycosalated Haemoglobin)	5.5	%	Non- diabetic:<=5.6, Pre-Diabetic 5.7-6.4, Diabetic:>=6.5

- 1.HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
- 2.HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2017, for diagnosis of diabetes using a cut-off point of 6.5%.
3. Trends in HbA1c are a better indicator of diabetic control than a solitary test.
4. Low glycated haemoglobin(below 4%) in a non-diabetic individual are often associated with systemic inflam

- 1.HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
- 2.HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2017, for diagnosis of diabetes using a cut-off point of 6.5%.
3. Trends in HbA1c are a better indicator of diabetic control than a solitary test.
4. Low glycated haemoglobin(below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia(especially severe iron deficiency & haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
5. To estimate the eAG from the HbA1C value, the following equation is used: $eAG(mg/dl) = 28.7 * A1c - 46.7$
6. Interference of Haemoglobinopathies in HbA1c estimation.
 - A. For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
 - B. Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
 - C. Heterozygous state dele

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Dhananjay
DR DHANANJAY RAMCHANDRA PRASAD
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BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
GLUCOSE (FASTING)			
Glucose- Fasting	77.0	mg/dl	70 - 120
SUGAR REAGENT GRADE WATER			
KFT - RENAL PROFILE - SERUM			
BUN-Blood Urea Nitrogen METHOD: Spectrophotometric	08	mg/dl	7 - 20
Creatinine METHOD: Spectrophotometric	0.84	mg/dl	0.6-1.4
Uric Acid Method: Spectrophotometric	3.71	mg/dL	2.6 - 7.2

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BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIPID PROFILE TEST (PACKAGE)			
Cholesterol - Total	138.0	mg/dl	Desirable: < 200 Borderline High: 200-239 High: >= 240
Triglycerides level	84.0	mg/dl	Normal : < 150 Borderline High : 150-199 Very High : >=500
Method: Spectrophotometric			
HDL Cholesterol	43.0	mg/dl	Major risk factor for heart disease: < 40 Negative risk factor for heart disease :>60
Method: Spectrophotometric			
LDL Cholesterol	78.20	mg/dl	Optimal:< 100 Near Optimal :100 – 129 Borderline High : 130-159 High : 160-189 Very HiOptimal:< 100 Near Optimal :100 – 129 Borderline High : 130-159 High : 160-189 Very High : >=1
Method: Spectrophotometric			
VLDL Cholesterol	16.80	mg/dl	6 - 38
Total Cholesterol/HDL Ratio	3.21		3.5 - 5
Method: Spectrophotometric			

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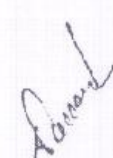
BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIVER FUNCTION TEST			
Bilirubin - Total Method: Spectrophotometric	0.7	mg/dl	0.1-1.2
Bilirubin - Direct Method: Spectrophotometric	0.3	mg/dl	0.05-0.3
Bilirubin (Indirect) Method: Calculated	0.40	mg/dl	0 - 1
SGOT (AST) Method: Spectrophotometric	17	U/L	0 - 32
SGPT (ALT) Method: Spectrophotometric	23	U/L	0 - 33
ALKALINE PHOSPHATASE	75	U/L	25-147
Total Proteins Method: Spectrophotometric	6.8	g/dl	6 - 8
Albumin Method: Spectrophotometric	4.2	mg/dl	3.4 - 5.0
Globulin Method: Calculated	2.6	g/dl	1.8 - 3.6
A/G Ratio Method: Calculated	1.61	%	1.1 - 2.2

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IMMUNO ASSAY

Investigation	Observed Value	Unit	Biological Reference Interval
T3, T4, TSH			
T3 (Total) by CLIA,serum	1.42	ng/mL	0.87-1.78
Clinical Use · Diagnose and monitor treatment of Hyperthyroidism Increased Levels: Pregnancy, Graves disease, T3 thyrotoxicosis, TSH dependent Hyperthyroidism, Increased TBG Decreased Levels: Nonthyroidal illness, Hypothyroidism, Nutritional deficiency, Systemic illness, Decreased TBG			
T4(Total) by CLIA,serum	11.10	mcg/dl	6.09-12.23
Clinical Use · Diagnose Hypothyroidism and Hyperthyroidism when overt and / or due to pituitary or hypothalamic disease. Increased Levels: Hyperthyroidism, Increased TBG, Familial dysalbuminemic hyperthyroxinemia, Increased Transthyretin, Estrogen therapy, Pregnancy Decreased Levels: Primary hypothyroidism, Pituitary TSH deficiency, Hypothalamic TRH deficiency, Non thyroidal illness, Decreased TBG.			
TSH (Ultrasensitive) CLIA Serum	1.58	mIU/ml	0.34- 6.0
Initial test of thyroid function in patients with suspected thyroid dysfunction · Assess thyroid status in patients with abnormal total T4 concentrations · Distinguish Euthyroid hyperthyroxinemias from hypothyroidism Increased Levels: Thyroid hormone resistance, Hyperthyroidism Decreased Levels: Primary hypothyroidism, Secondary hypothyroidism Clinical Use · Initial test of thyroid function in patients with suspected thyroid dysfunction			

Note: Total T3 & T4 levels measure the hormone which is in the bound form and is not available to most tissues. In addition severe systemic illness which affects the thyroid binding proteins can falsely alter Total T4 levels in the absence of a primary thyroid disease. Hence Free T3 & T4 levels are recommended for accurate assessment of thyroid dysfunction.

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CLINICAL PATHOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
URINE ROUTINE EXAMINATION			
Physical Examination			
Volum of urine	30ML		
Appearance	Clear		Clear
Colour	Pale Yellow		Colourless
Specific Gravity	1.020		1.001 - 1.030
Reaction (pH)	6.5		
Chemical Examination			
Protein(Albumin) Urine	Absent		Absent
Glucose(Sugar) Urine	Absent		Absent
Blood	Absent		Absent
Leukocytes	Absent		Absent
Ketone Urine	Absent		Absent
Bilirubin Urine	Absent		Absent
Urobilinogen	Absent		Absent
Nitrite (Urine)	Absent		Absent
Microscopic Examination			
RBC (Urine)	0-1	/hpf	0 - 2
Pus cells	2 - 4	/hpf	0 - 5
Epithelial Cell	2 - 4	/hpf	0 - 5
Crystals	Not Seen	/hpf	Not Seen
Bacteria	Not Seen	/hpf	Not Seen
Budding yeast	Not Seen	/hpf	

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