



ভারত সরকার

Government of India

তালিকাভুক্তির আই ডি / Enrollment No. : 1040/20019/27094

Chaitali Pal চৈতালী পাল

27/01/2013

Ramanathpur Kumirmora,Hooghly West Bengal - 712704

KL182419372DF

18241937



আপনার আধার সংখ্যা/ Your Aadhaar No. :

4631 2611 5720

আধার - সাধারণ মানুষের অধিকার





চৈতালী পাল Chaitali Pal পিতা: গোপাল ঘোষ Father: GOPAL GHOSH

क्षत्र शत/Year of Birth: 1983 महिला / Female

4631 2611 5720



আধার - সাধারণ মানুষের অধিকার

Chaitali Pal



তথ্য

- আধার পরিচয়ের প্রমাণ, নাগরিকত্বের প্রমাণ নয়।
- পরিচয়ের প্রমাণ অনলাইন অথেন্টিকেশন দ্বারা প্রাপ্ত করুন।

INFORMATION

- Aadhaar is proof of identity, not of citizenship.
- To establish identity, authenticate online.
- 🔳 আধার সারা দেশে মান্য।
- আঁধার ভবিষ্যতে সরকারী ও বেসরকারী পরিসেবা প্রাপ্তির সহায়ক হবে।
- Aadhaar is valid throughout the country.
- Aadhaar will be helpful in availing Government and Non-Government services in future.



ভারতীয় বিশিষ্ট পরিচয় প্রাধিকরণ UNIQUE IDENTIFICATION AUTHORITY OF INDIA

ঠিকানা:, রমানাথপুর, কুমিরমোড়া, হগলী পশ্চিমবঙ্গ, 712704 Address: Ramanathpur, Kumirmora, Hooghly, West Bengal, 712704











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Patient Name: MRS. CHAITALI PAL UHID/MR No.: FSIN.0000016632

Visit Date: 11.03.2023

Sample collected on: 11.03.2023

Ref Doctor: SELF

Age/Gender: 40 Years/ Female OP Visit No.: FSINOPV19758 Reported on: 11.03.2023

Specimen: BLOOD

DEPARTMENT OF SEROLOGICAL EXAMINATION

TEST NAME

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

RH TYPE

"O"

RESULT

POSITIVE (+Ve)

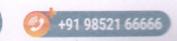
Results are to be correlate clinically.

*** End of the report***

Lab Technician / Technologist Ranit Bhattacharjee DR. KRISTI CHATTERJEE
MBBS, MD (PATHOLOGY)
CONSULTANT PATHOLOGIST

Anshta Chattign

F-mail · sinthimor@theanolloclinic c





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DEPARTMENT OF HAEMATOLOGY

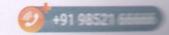
TEST NAME	RESULT	BIOLOGICAL REFERENCE	UNIT
COMPLETE BLOOD COUNT			
HEMOGLOBIN Method: Cyanmethemoglobin	12.9	Female 11.5-14.5 Male 12.5-16.5	gm%
RBC COUNT Method: Electronic Impedance	4.3	Female 3.8-4.8 Male 4.5-5.5	mill/Cumm
HEMATOCRIT (PCV)	41.0	Female 36-46	%
1401		Male 42-52	
MCV Method: Calculated	95.3	83-101 fl	fl
MCH Method: Calculated	30.0	27-32 pg	pg
MCHC Method: Calculated	31.4	31.5-34.5	%
PLATELET COUNT Method: Electronic Impedance	1.86	1.5-4.5 lakhs/cu mm	Lakhs/cumm
TOTAL WBC COUNT (TC) Method: Electronic Impedance DIFFERENTIAL COUNT (DC)	8,500	4,000-11,000	/cumm
Method: Microscopy			
NEUTROPHIL	60	40-70	%
LYMPHOCYTE	35	20-45	%
MONOCYTE	02	2-8	%
EOSINOPHIL	03	1-4	%
BASOPHIL	00	<1-2	%
ESR	32	Male: 12	mm/hr
Method: westergreen		Female: 19	
Note: RBC are normocytic with normo	chromic.		
INSTRUMENT USED:			
SYSMEX (XP 100)			

*Please correlate with clinical conditions.

End of the report

Lab Technician / Technologist Ranit Bhattachariee

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





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DEPARTMENT OF LABORATORY MEDICINE

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVALS	UNITS
GLUCOSE- (FASTING) Method: (GOD-POD)	148.0	70.0- 110.0	mg/dl
GLUCOSE- (POST PRANDIAL) Method: (GOD-POD)	236.0	80.0- 140.0	mg/dl

End of the report
Results are to be correlate clinically

Lab Technician / Technologist Ranit Bhattacharjee DR. KRISTI CHATTERJEE
MBBS, MD (PATHOLOGY)
CONSULTANT PATHOLOGIST

36C, B. T. Road, Kolkata - 700 002 E-mail:sinthimor@theapolloclinic.com







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Specimen: BLOOD

DEPARTMENT OF SPECIAL BIOCHEMISTRY

REPORT PREPARED ON PATHOLOGY

Test Name	Value	Unit	Normal Range
Glycosylated Haemoglobin (HbA1c), HPLC	7.4	%	Excellent Control: <4
			Good Control: 4-6 Fair Control: >6-7
Methodology: HPLC			Action Suggested: >7-8
Instrument Used: Bio-Rad D-10			Poor Control : >8
Estimated Average Glucose (EAG)	209.0	mg/dl	Excellent Control: 90-120
9			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 very 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 DR. KRISTI CHATTERJEE
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Specimen: BLOOD

DEPARTMENT OF LABORATORY MEDICINE

TEST NAME LIPID PROFILE	RESULT	BIOLOGICAL REFERENCE INTERVALS	UNITS
Triglyceride Method: GPO-POD	187.0	<200	mg/dl
Cholesterol Method: CHO - POD	176.0	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	47.0	30-80mg/dl	mg/dl
LDL CHOLESTEROL [DIRECT] Method: PVS and PEGME Coupled	91.6	<130.0 mg/dl	mg/dl
VLDL CHOLESTEROL	37.4	20-35 mg/dl	mg/dl
CHOLESTEROL: HDL RATIO	3.7	· ·	
LDL: HDL RATIO	1.9		

End of the report

Results are to be correlate clinically

Lab Technician / Technologist Ranit Bhattacharjee

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

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Specimen: BLOOD

DEPARTMENT OF LABORATORY MEDICINE

		ONATORT WIEDICINE	
TEST NAME LIVER FUNCTION TEST (PACKAGE)	RESULT	BIOLOGICAL REFERENCE INTERVALS	UNITS
BILIRUBIN- TOTAL Method: Daizo	0.70	1.1 Adult	mg/dl
BILIRUBIN- DIRECT Method: Daizo with DPD	0.14	Adult & Children: <0.25	mg/dl
BILIRUBIN- INDIRECT Method: calculated	0.56	0.1-1.0	mg/dl
TOTAL- PROTIEN Method: Photometric UV test	7.20	Adult: 6.6-8.8	gms/dl
ALBUMIN Method: BCG	4.36	3.5-5.2	gms/dl
GLOBULIN Method: calculated	2.84	1.8-3.0	gms/dl
A:G Ratio	1.53:1		
GGOT/AST Method: IFCC WITHOUT P5P	34.8	up to 45	U/L
GPT/ALT Method: IFCC WITHOUT P5P	38.0	up to 40	U/L
ALKA-PHOS Method: PNPP- AMP BUFFER	107.9	Adult: 20-220 Child: 104-380	U/L
GT [Gamma Glutamyl Transferase]	21.5	7-32	U/L

^{*}Please correlate with clinical conditions.

End of the report

Lab Technician / Technologist Ranit Bhattacharjee

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







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Ref Doctor: SELF

Age/Gender: 40 Years/ Female OP Visit No.: FSINOPV19758 Reported on: 11.03.2023

Specimen: BLOOD

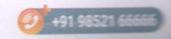
DEPARTMENT OF LABORATORY MEDICINE

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVALS	UNITS
BLOOD UREA NITROGEN (BUN) Method: Calculated	13.74	8 - 20	mg/ dl
CREATININE Methodology: Jaffe Reaction Instrument Used: FULLY AUTOMATED ANA	0.86 SEYZER EM-200	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	mg/dl
BUN: CREATININE RATIO Method: Calculated	15.97	Adolescent: 0.5-1.0	
URIC ACID Method: Uricase	5.23	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 DR. KRISTI CHATTERJEE
MBBS, MD (PATHOLOGY)
CONSULTANT PATHOLOGIST

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Age/Gender: 40 Years/ Female OP Visit No.: FSINOPV19758

Reported on: 11.03:2023 Specimen: BLOOD

DEPARTMENT OF LABORATORY MEDICINE

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVALS	UNIT
TSH: THYROID STIMULATING HORMONE-SERUM Method: CLIA	4.36	0.35-5.50	μIU/mI
TOTAL T3: TRI IODOTHYRONINE – SERUM Method: CLIA	1.45	0.87 - 1.78	ng/dl
TOTAL T4: THYROXINE - SERUM Method: CLIA	11.20	8.09 – 14.03	μg/DI

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 μ IU/mL need to be clinically correlated due to presence of a rare TSH variant in some

Clinical Use:> Primary Hypothyroidism > Hyperthyroidism > Hypothalamic - Pituitary hypothyroidism

> Inappropriate TSH secretion > Nonthyroidal illness > Autoimmune thyroid disease

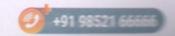
>Pregnancy associated thyroid disorders > Thyroid dysfunction in infancy and early childhood.

Results are to be correlate clinically .

End of the report

Lab Technician / Technologist Ranit Bhattacharjee

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





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Specimen: URINE

CLINICAL PATHOLOGY

	URINE FOR ROUTIN	IE EXAMINATI	ON
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	Trace		Multiple Reagent Strip / Benedict
MICROSCOPIC EXAMINATION			
PUS CELL	1-2	/HPF	Light Microscopy
RBC	Not found	/HPF	Light Microscopy
EPITHELIAL CELL	3-4	/HPF	Light Microscopy
MICRO ORGANISM	Present (+)		
Others	Not found		

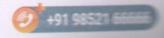
Note: Any Abnormal Chemical Analysis Rechecked By Respective Manual Method *** End of Report***

Lab Technician / Technologist Madhumita Biswas

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

Joshta Challen







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

MR. NO- FSIN.0000000

SEX-FEMALE

NAME: -CHAITALI PAL

EXAMINATION DATE-11/03/2023

AGE-40YRS

REPORT DATE-11/03/2023

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.

Juno

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)



NAME : CHAITALI PAL	AGE: 40 YRS	SEX : FEMALE
REF BY : SELF	MR NO : FSIN - 0000	DATE: 11/03/2023

ULTRASOUND OF WHOLE ABDOMEN

<u>LIVER</u>: Liver is **enlarged** in size(**18.21** cm), 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: Gallbladder is normal. Wall is normal. No calculus or mass is seen within the Gallbladder.

<u>PANCREAS</u>: It is normal in size, shape, outline and echotexture. Pancreatic duct is not dilated.

<u>SPLEEN</u>: It is normal in size(11.21 cm), shape, outline and echotexture. No parenchymal lesion is noted.

<u>RIGHT KIDNEY</u>: 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 (10.15 cm)

<u>LEFT KIDNEY</u>: 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 (10.89 cm)



NAME : CHAITALI PAL	AGE: 40 YRS	SEX : FEMALE
REF BY : SELF	MR NO : FSIN -0000	DATE: 11/03/2023

<u>URINARY BLADDER</u>: It is well distended with normal wall thickness. No calculus or mass is seen within the urinary bladder.

UTERUS: Uterus is **operated**.

RIGHT OVARY: They are enlarged in size, shape, outline and echotexture.

Measures (3.77 cm x 1.85 cm x 3.66 cm) VOL = 13 CC

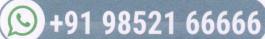
<u>LEFT OVARY</u>: They are **enlarged** in size, shape, outline and echotexture.

Measures ($3.53 \text{ cm} \times 2.57 \text{ cm} \times 3.81 \text{ cm}$) VOL = 18 CC

IMPRESSION:

- * HEPATOMEGALY GRADE I FATTY INFILTRATION .
- UTERUS OPERATED.
- ENLARGED BOTH OVARIES.

M.B.B.S,Dip BMSc,DTM&H(Cal)
Certificate on CEBT Abdomino Pelvic,USG(WBHSU)







IAME: MRS. CHAITALI PAL	MR NO: FSIN-0000	DATE: 11.03.2023
AGE: 40 YRS	SEX: FEMALE	REF BY: SELF

ECG REPORT

HR : 71 b/min

AXIS : NORMAL

RHYTHM : SINUS

PR INTERVAL : 147 ms

QT INTERVAL : 364 ms

QRS DURATION : 94 ms

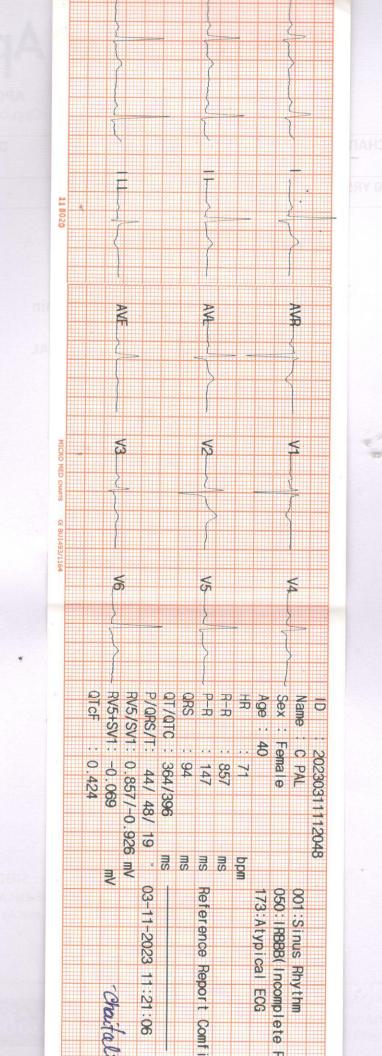
T-WAVE : NORMAL

IMPRESSION:

RESTING ECG WITHIN NORMAL LIMITS.

Dr. SIDDHARTHA KUNDU MBBS(CAL), PGDCC, CCEBDM CLINICAL CARDIOLOGIST





Organization:apollo clini Doctor:----ID:20230311112048 Name: C PAL 25mm/s 0.5~75Hz AC: 50Hz 10mm/mv VM[X V5.