

## DR. PUSPENDU ROY


BDS, MDS  
Conservative Dentistry & Endodontics  
Contact: 9852166666

NAME: Mr. Samit Kr. Roy. DATE: 08/04/23.  
AGE: 42/M SEX: Male

At 40 dirty teeth.

8/2- Extrinsic and Intrinsic stain  
Staining / Caries

History - chewing of Bitter Nap.

Adv. Ultrasonic scaling 

Dr. Puspendu Roy  
8/04/23

# Lawrence & Mayo

PRECISION EYE TEST

- Case History
- Visual Acuity Test
- Objective Refraction with Auto Refractor
- Subjective Refraction
- Duochrome Test
- Pupillary Reaction Test
- Muscle Balance Test
- Colour Vision Test
- Eye Examination using Slit Lamp
- Counselling and Management

New Rx	SPH	CYL	AXIS	PRISM	VA
R.E	Plano		—		6/6
L.E	Plano		—		6/6

Age: 42+ ADD: +1.00 N.VA No Intermediate: \_\_\_\_\_

PD: \_\_\_\_\_ Nature of Work : Duo R-h

Your eyes have been examined in accordance with L&M Precision Eye Test we have the following recommendations

- New Prescription advised
- No clinical change in Prescription
- No Prescription necessary
- Your next check-up 1 yr

After considering your Prescription we recommend the following Lens options

- Glass
- Plastic(CR-39)
- Polycarbonate
- Transition lenses
- Photochromatic lenses
- Single Vision lenses
- Bi-focal lenses
- Progressive Addition lenses
- High Index lenses
- Anti-reflection coating
- Contact Lenses

Date of Examination : 08/04/2022

Optometrist Name : Jinesha Saha

Optometrist Signature : [Signature]

\*Conditions Apply



भारत सरकार  
Unique Identification Authority of India  
Government of India

नामांकन क्रम / Enrollment No.: 2017/60050/18844

To  
समित कुमार राय  
Samit Kumar Roy  
S/O: Dilip Kumar Roy  
BEHIND GURUDWARA, NUNUDI, H,  
Sabaldih  
Patherdih  
Dhanbad-cum-kenduadih-cum-jagta Dhanbad  
Jharkhand 828119  
8298052530

30/01/2014  
1259937

ML222599J74FT



आपका आधार क्रमांक / Your Aadhaar No. :

**5124 1071 6157**

आधार - आम आदमी का अधिकार



भारत सरकार  
Government of India



समित कुमार राय  
Samit Kumar Roy  
जन्म तिथि / DOB : 05/03/1982  
पुरुष / Male



5124 1071 6157

भार - आम आदमी का अधिकार

*Samit Kumar Roy*





### सूचना

- आधार पहचान का प्रमाण है, नागरिकता का नहीं।
- पहचान का प्रमाण ऑनलाइन प्रमाणीकरण द्वारा प्राप्त करें।

### INFORMATION

- Aadhaar is proof of identity, not of citizenship.
- To establish identity, authenticate online.

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.



आरक्षण विधि आधार अधिकरण

Unique Identification Authority of India

पता:  
S/O: दिलीप कुमार राय, गुरुद्वारा के  
पीछे, नुनुडीह, सबलडीह, धनबाद,  
पथेरडीह, झारखण्ड, 828119

Address:  
S/O: Dilip Kumar Roy, BEHIND  
GURUDWARA, NUNUDIH,  
Sabaldih, Dhanbad, Patherdih,  
Jharkhand, 828119

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1947  
300 1947

help@uidai.gov.in

Samit Kumar

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

MR. NO- FSIN.0000000

SEX-MALE

NAME-SAMIT KUMAR ROY

EXAMINATION DATE-08/04/2023

AGE-42YRS.

REPORT DATE-08/04/2023

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(Delhi) CEPT-USG (WBUHS KOLKATA)  
Fellow of Jefferson Ultrasound Radiology and Education Institute  
Philadelphia Ex-Radiology Resident (S.E. Railway)  
Regd.No:72022(WBMC)





NAME:SAMIT KUMAR ROY.	AGE:42YRS	SEX:MALE
REF BY: DR. SELF	MR NO:FSIN-0000	DATE:08/04/2023

## ULTRASOUND OF WHOLE ABDOMEN

**LIVER** : Liver is **enlarged** in size ( **17.13 cm**), shape, outline and echotexture. The intrahepatic tubular structures are normal. The portal hepatis is normal. The common bile duct measures 4 mm in diameater. The portal vein measures **10 mm** 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( **8.96 cm**), shape, outline and echotexture. No parenchymal lesion is noted.

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

**RIGHT KIDNEY** measures( **9.65 cm**)

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

**LEFT KIDNEY** measures ( **9.47 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, & has a homogenous echotexture. The prostatic outline is smooth. The periprostatic plane is normal. It is normal in size measures (4.03cm x 3.13 cm x 2.52 cm = 16.68gm).

### IMPRESSION :

- HEPATOMEGALY.



A.K.ROY

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

Certificate on CEBT Abdomino Pelvic,USG(WBHSU)

NAME: MR. SAMIT KUMAR ROY	MR NO: FSIN-0000	DATE : 08.04.2023
AGE: 42 YRS	SEX: MALE	REF BY: SELF

### ECG REPORT

HR : 68 b/min  
AXIS : NORMAL  
RHYTHM : SINUS  
PR INTERVAL : 0.15 sec  
QT INTERVAL : 0.396 sec  
QRS DURATION : 0.060 sec  
T-WAVE : NORMAL

### IMPRESSION:

- RESTING ECG WITHIN NORMAL LIMITS.

*Shritta Parid Upadhyay*

**DR.S.P.UPADHYAY**

MBBS,DTDC,MD

Physician & Chest specialist





Patient Name: Mr. SAMIT KUMAR ROY 42M

Resting ECG Report

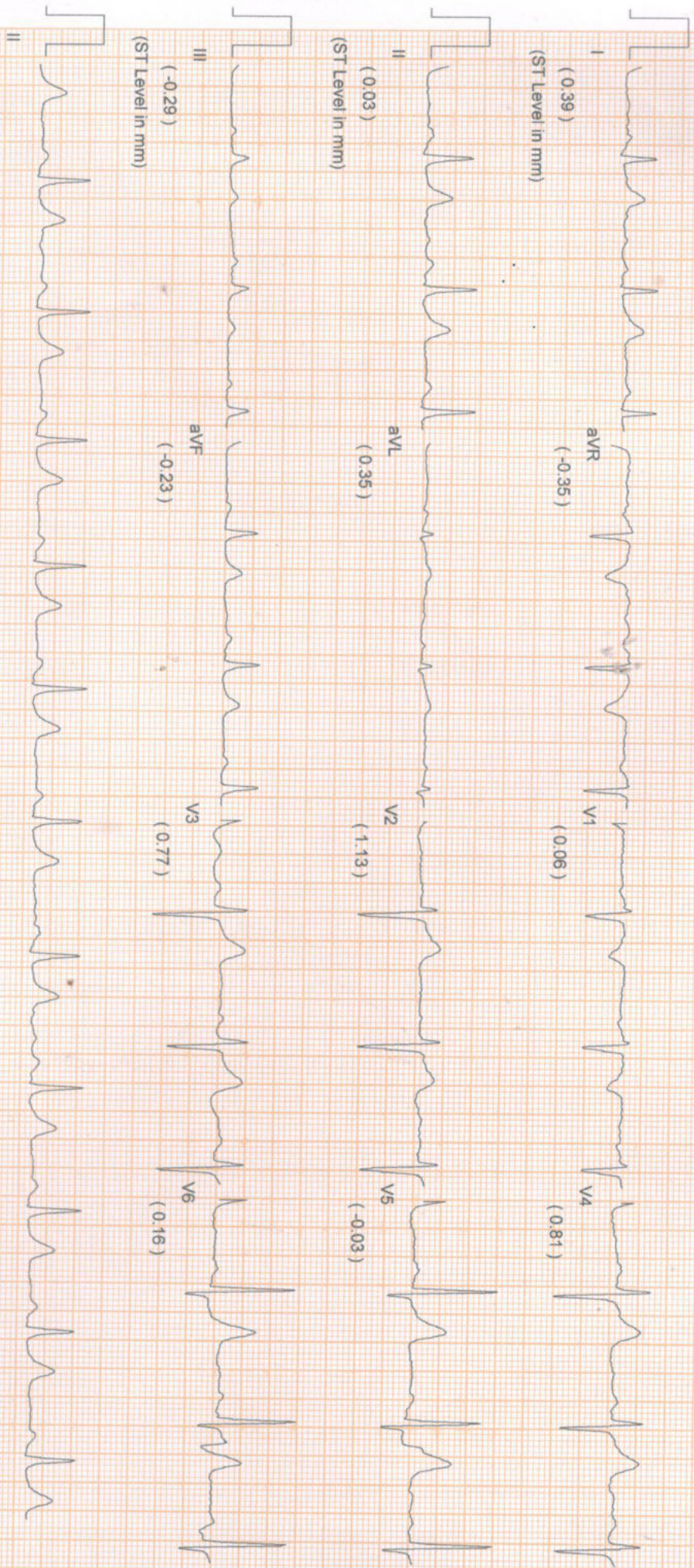
April 08, 2023  
Time: 11:21:09

QT / QTc : 0.396 / 0.424 Sec  
P-QRS-T Axis (43)-(42)-(38) deg

PR Interval: 0.15 sec  
QRS Duration : 0.060 Sec

RR Interval: 0.87 sec

HR : 68 bpm  
BP : 130 / 90 mmHg



Comments :-

*Samit Kumar Roy*



Patient Name: MR. SAMIT KUMAR ROY  
UHID/MR No.: FSIN.0000018579  
Visit Date: 08.04.2023  
Sample collected on: 08.04.2023  
Ref Doctor: SELF

Age/Gender: 42 Years/ Male  
OP Visit No.: FSINOPV20527  
Reported on: 08.04.2023  
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
<b>COMPLETE BLOOD COUNT</b>			
HEMOGLOBIN	13.2	Female 11.5-14.5 Male 12.5-16.5	gm%
Method: Cyanmethemoglobin			
RBC COUNT	4.4	Female 3.8-4.8 Male 4.5-5.5	mill/Cumm
Method: Electronic Impedance			
HEMATOCRIT (PCV)	43.0	Female 36-46 Male 42-52	%
MCV	97.7	83-101 fl	fl
Method: Calculated			
MCH	30.0	27-32 pg	pg
Method: Calculated			
MCHC	30.7	31.5-34.5	%
Method: Calculated			
PLATELET COUNT	1.89	1.5-4.5 lakhs/cu mm	Lakhs/cumm
Method: Electronic Impedance			
TOTAL WBC COUNT (TC)	5,800	4,000-11,000	/cumm
Method: Electronic Impedance			
DIFFERENTIAL COUNT (DC)			
Method: Microscopy			
NEUTROPHIL	60	40-70	%
LYMPHOCYTE	35	20-45	%
MONOCYTE	02	2-8	%
EOSINOPHIL	03	1-4	%
BASOPHIL	00	<1-2	%
ESR	26	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*

DR. 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)	89.0	70.0- 110.0	mg/dl

End of the report

*Results are to be correlate clinically*

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DEPARTMENT OF SPECIAL BIOCHEMISTRY  
REPORT PREPARED ON PATHOLOGY

Test Name	Value	Unit	Normal Range
Glycosylated Haemoglobin (HbA1c), HPLC	5.1	%	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**

- 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

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVALS	UNITS
<b>LIPID PROFILE</b>			
Triglyceride Method: GPO-POD	125.0	<200	mg/dl
Cholesterol Method: CHO - POD	204.0	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	136.0	<130.0 mg/dl	mg/dl
VLDL CHOLESTEROL	25.0	20-35 mg/dl	mg/dl
CHOLESTEROL: HDL RATIO	4.7		
LDL: HDL RATIO	3.1		

End of the report

Results are to be correlate clinically

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## 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	0.14	Adult & Children: <0.25	mg/dl
BILIRUBIN- INDIRECT Method: calculated	0.56	0.1-1.0	mg/dl
TOTAL- PROTIEN Method: Photometric UV test	6.90	Adult: 6.6-8.8	gms/dl
ALBUMIN Method: BCG	4.30	3.5-5.2	gms/dl
GLOBULIN Method: calculated	2.60	1.8-3.0	gms/dl
A:G Ratio	1.65:1		
SGOT/AST Method: IFCC WITHOUT P5P	32.6	up to 45	U/L
SGPT/ALT Method: IFCC WITHOUT P5P	42.9	up to 40	U/L
ALKA-PHOS Method: PNPP- AMP BUFFER	119.8	Adult: 20-220 Child: 104-380	U/L
GGT [Gamma Glutamyl Transferase]	19.4	7-32	U/L

\*Please correlate with clinical conditions.

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

Lab Technician / Technologist  
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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	15.51	8 - 20	mg/ dl
CREATININE Methodology: Jaffe Reaction Instrument Used: FULLY AUTOMATED ANALYZER EM-200	0.87	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	17.82		
URIC ACID Method: Uricase	5.98	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  
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 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/ml
TOTAL T3: TRI IODOTHYRONINE – SERUM Method : CLIA	1.23	0.87 – 1.78	ng/dl
TOTAL T4: THYROXINE – SERUM Method : CLIA	12.65	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  
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 Specimen: BLOOD

**DEPARTMENT OF LABORATORY MEDICINE**  
**REPORT PREPARED ON PATHOLOGY**

TEST NAME	VALUE	UNITS	RANGE
PSA (prostate-Specific Antigen) (TOTAL)	1.25	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 wide lyusedin the diagnosis and management of prostaticcancer. 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 acases. 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

*Kristi Chatterjee*  
 DR. KRISTI CHATTERJEE  
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Ref Doctor: SELF

Age/Gender: 42 Years/ Male  
OP Visit No.: FSINQPV20527  
Reported on: 08.04.2023  
Specimen: URINE

## CLINICAL PATHOLOGY

### URINE FOR ROUTINE EXAMINATION

Test Name	Result	Unit	Method
<b>PHYSICAL EXAMINATION</b>			
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
<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	2-3	/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