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Report Number	: IR/286260	**Web Slip No**	: SAS/INV/99/188795-09/2021
Lab Slip No.	: SASGO/INV/189379-09/2021	**Report Date**	: 11/09/2021 7:06:00PM
Patient Name	: **ANIRBAN DAS**	**Collection Date**	: 11/09/2021 4:25:00PM
Age / Sex	: 37 Year /Male	**Phlebotomist**	:
Referred By	: SELF	**Collected From**	: SINTHI-APOLLO

REPORT PREPARED ON PATHOLOGY

DEPARTMENT OF HAEMATOLOGY

Test Name	Value	Unit	Normal Range
Haemoglobin	15.6	gm%	Child : 11.0 - 15.5gm% (M) : 13.0-17.0gm% (F) : 11.0-15.0gm% Up to 15 days : 16 -24gm%
Instrument Used:			
Haematocrit (PCV)	46.4	%	42 - 52
Mean Corpuscular Volume (MCV)	85.1	fl	76 - 101
Mean Corpuscular Hemoglobin (MCH)	28.6	pg	27.0 - 32.0
Mean Corpuscular Hemoglobin Concentration (MCHC)	33.6	%	31.5 - 34.5
Platelet Count	2.71	lacs/cmm	1.5 - 4.5
Total Count (TC)			
Total Leucocytes	7100	/cmm	4000 - 11000
Total Erythrocytes	5.45	mill/cmm	4.5 - 5.5
Differential Count (DC)			
Neutrophil	67	%	40 - 75
Lymphocyte	30	%	20 - 45
Monocyte	02	%	02-10
Eosinophil	01	%	01 - 06
Basophil	00	%	00 - 01
ESR (Erythrocyte Sedimentation Rate) *Methodology: Westergren method*	13	mm	0 - 15
RBC Morphology	NORMOCHROMIC.NORMOCYTIC		

INSTRUMENT USED:
HORIBA (YUMIZEN H500)
***Please Correlate with Clinical Conditions.**

********** End Of Report **********

Report Prepared By,
SOVENDU KARMAKAR

DR. GOUTAM SAHA
MD (Path)
Consultant Pathologist

Report Number	: IR/286387	Web Slip No	: SAS/INV/99/188795-09/2021
Lab Slip No.	: SASGO/INV/189379-09/2021	Report Date	: 11/09/2021 9:11:00PM
Patient Name	: ANIRBAN DAS	Collection Date	: 11/09/2021 4:25:00PM
Age / Sex	: 37 Year /Male	Phlebotomist	:
Referred By	: SELF	Collected From	: SINTHI-APOLLO

REPORT PREPARED ON PATHOLGY

DEPARTMENT OF BIOCHMEMISTRY

Test Name	Value	Unit	Normal Range
GLUCOSE FASTING *Methodology: GOD POD* *Instrument Used: AGAPPE (Mispa Clinia Plus)*	83	mg/dl	70 - 110

***Please Correlate with Clinical Conditons.**

NOTE: Regarding blood sugar levels, if a patient is diabetic and if He/she is on oral medication for diabetes, the sugar levels can be fasting blood sugar level more than the post prandial blood sugar. This happens because most of the anti-diabetic medications are taken either with or before breakfast. If the patient is not a diabetic, as soon as He/she takes the breakfast, it will act as a stimulant to produce insulin in the body and that will bring down the post prandial blood sugar level (PP). Normal diet can be 2 or 3 doses, chapatis or rotis, in which the blood glucose level will be lower than 75 grams of direct glucose. This direct glucose might also increase the sugar level to 260. Another scenario for increase in sugar after empty stomach will be because of the hormone called glucagon, which will induce glycogenolysis and neoglucogenesis in the body when the sugar levels are very low. In this mechanism, the stored glycogen or lipids will be converted into glucose, thus increasing the blood sugar level.

********** End Of Report **********

Report Prepared By,
PRIYA MONDAL

DR. GOUTAM SAHA
MD (Path)
Consultant Pathologist

Report Number	: IR/286398	Web Slip No	: SAS/INV/99/188795-09/2021
Lab Slip No.	: SASGO/INV/189379-09/2021	Report Date	: 11/09/2021 9:19:00PM
Patient Name	: ANIRBAN DAS	Collection Date	: 11/09/2021 4:25:00PM
Age / Sex	: 37 Year /Male	Phlebotomist	:
Referred By	: SELF	Collected From	: SINTHI-APOLLO

REPORT PREPARED ON PATHOLOGY

DEPARTMENT OF SEROLOGY

Test Name	Value	Unit	Normal Range
BLOOD GROUPING	"A"		-
Rh Factor	Positive		

********** End Of Report **********

Report Prepared By,
SUBHOJIT KARMAKAR

DR. GOUTAM SAHA
MD (Path)
Consultant Pathologist

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Patient Name: Mr. ANIRBAN DAS
UHID/MR No.: FSIN.0000013298
Visit Date: 13.09.2021
Sample collected on: 13.09.2021
Ref Doctor: SELF

Age/Gender: 37 Years / Male
OP Visit No.: FSINOPV16318
Reported on: 14.09.2021
Specimen: BLOOD

DEPARTMENT OF LABORATORY MEDICINE

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVALS	UNITS
BLOOD UREA NITROGEN (BUN) BLOOD UREA NITROGEN (BUN) Method: Calculated	12.1	8 - 20	mg/ dl
CREATININE *Methodology: Jaffe Reaction* *Instrument Used: FULLY AUTOMATED ANALYZER EM-200*	0.09	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
URIC ACID URIC ACID Method: Uricase	4.2	Female: 2.6 - 6.0 Male: 3.4 - 7.0	mg/dl

End of the report

Results are to be correlated clinically

BK

Lab Technician / Technologist
Susmita_Saha

DR. BIPARNAK HALDAR
MBBS, MD (PATHOLOGY)
CONSULTANT PATHOLOGIST

Patient Name: Mr. ANIRBAN DAS
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DEPARTMENT OF SPECIAL BIOCHEMISTRY

REPORT PREPARED ON PATHOLOGY

Test Name	Value	Unit	Normal Range
Glycosylated Haemoglobin (HbA1c), HPLC Glycosylated Haemoglobin (HbA1c), HPLC	4.3	%	Excellent Control: <4 Good Control: 4-6 Fair Control : >6-7 Action Suggested: >7-8 Poor Control : >8
Methodology: HPLC *Instrument Used: Bio-Rad D-10*			
Estimated Average Glucose (EAG)	95	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 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
Susmita_Saha

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Reported on: 14.09.2021
Specimen: BLOOD

DEPARTMENT OF LABORATORY MEDICINE

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVALS	UNITS
LIVER FUNCTION TEST (PACKAGE)			
BILIRUBIN-TOTAL Method: Daizo	0.5	1.1 Adult	mg/dl
BILIRUBIN-DIRECT Method: Daizo with DPD	0.2	Adult & Children: <0.25	mg/dl
BILIRUBIN-INDIRECT Method: calculated	0.3	0.1-1.0	mg/dl
TOTAL-PROTIEN Method: Photometric UV test	6.8	Adult: 6.6-8.8	gms/dl
ALBUMIN Method: BCG	4.0	3.5-5.2	gms/dl
SGOT/AST Method: IFCC WITHOUT P5P	31	up to 38	U/L
SGPT/ALT Method: IFCC WITHOUT P5P	64	up to 38	U/L
ALKA-PHOS Method: PNPP-AMP BUFFER	73	Child: 104-380 Adult: 20-116	U/L
GLOBULIN Method: Calculated	3.1	1.8 - 3	gms/dl
A:G Ratio	1:2:9		
GGT [Gamma Glutamyl Transferase]	21	7-32	U/L

End of the report

Lab Technician / Technologist
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DEPARTMENT OF LABORATORY MEDICINE

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVALS	UNITS
LIPID PROFILE TEST (PACKAGE)			
Triglyceride Method: GPO-POD	118	<200	mg/dl
Cholesterol Method: CHOD - PAP	197	Desirable blood cholesterol :< 220 Borderline High: 170.0-199.0 High: > 199.0 mg/dl	mg/dl mg/dl
HDL Method: PVS and PEGME coupled	72	50 - 80 mg/dl	mg/dl
LDL Method: Selective Detergent	95	<130.0 mg/dl	mg/dl
VLDL	30	20-35 mg/dl	mg/dl
CHOL : HDL RATIO	2.73	3.0 - 5.0	
LDL : HDL RATIO	1.31	2.6 - 3.6	

End of the report

Results are to be correlated clinically

BK

Lab Technician / Technologist
Madhumita_Biswas

DR. BIPARNAK HALDAR
MBBS, MD (PATHOLOGY)
CONSULTANT PATHOLOGIST

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LDL : HDL RATIO	1.31	2.6 - 3.6	

End of the report

Results are to be correlated clinically

BK

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Visit Date: 13.09.2021
Sample collected on: 13.09.2021
Ref Doctor: SELF

Age/Gender: 37 Years / Male
OP Visit No.: FSINOPV16318
Reported on: 14.09.2021
Specimen: BLOOD

DEPARTMENT OF LABORATORY MEDICINE

TEST NAME	RESULT	BIOLOGICAL REFERENCE	UNITS
GLUCOSE- (POST PRANDIAL)			
GLUCOSE- (POST PRANDIAL) Method: (GOD-POD)	109.0	70.0- 140.0	mg/dL

End of the report

Results are to be correlated clinically

BK

Lab Technician / Technologist
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Sample collected on: 13.09.2021
Ref Doctor: SELF

Age/Gender: 37 Years / Male
OP Visit No.:-FSINOPV16318
Reported on: 14.09.2021
Specimen: BLOOD

DEPARTMENT OF LABORATORY MEDICINE

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVALS	UNIT
TSH:THYROID STIMULATING HORMONE-SERUM TSH:THYROID STIMULATING HORMONE-SERUM Method : CLIA	2.32	0.35-5.50	uIU/ml
TOTAL T3: TRI IODOTHYRONINE – SERUM TOTAL T3: TRI IODOTHYRONINE – SERUM Method : CLIA	0.90	0.87 – 1.78	ug/dl
TOTAL T4: THYROXINE – SERUM TOTAL T4: THYROXINE – SERUM Method : CLIA	09.01	8.09 – 14.03	ug/dl

End of the report

Results are to be correlated clinically

Lab Technician / Technologist
Susmita_Saha

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UHID/MR No.: FSIN.0000013298
Visit Date: 13.09.2021
Sample collected on: 13.09.2021
Ref Doctor: SELF

Age/Gender: 37 Years / Male
OP Visit No.: FSINOPV16318
Reported on: 14.09.2021
Specimen: URINE

URINE ROUTINE EXAMINATION

URINE FOR ROUTINE EXAMINATION

Test Name	Result	Unit	Method
Specimen: Urine			
PHYSICAL EXAMINATION			
QUANTITY	40	ml	Container Measurement
COLOUR	Pale Yellow		Naked Eye Observation
APPEARANCE	Clear		Naked Eye Observation
REACTION	Acidic		Multiple Reagent Strip
SPECIFIC GRAVITY	1020		Multiple Reagent Strip
CHEMICAL EXAMINATION			
BLOOD	Nil		Multiple Reagent Strip
ALBUMIN	Present(+)		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
MICROSCOPIC EXAMINATION			
PUS CELL	0-2	/HPF	Light Microscopy
RBC	Not found	/HPF	Light Microscopy
EPITHELIAL CELL	1-3	/HPF	Light Microscopy
MICRO ORGANISM	Present(+)		
Others	Not found		

Note : Any Abnormal Chemical Analysis Rechecked By Rechecked By Respective Manual Method

End of Report

Lab Technician / Technologist
Madhumita_Biswas

Dr.BIPARNAK HALDER
MBBS, MD (PATHOLOGY)
CONSULTANT PATHOLOGIST

NAME: MR.ANIRBAN DAS	AGE: 37YRS	SEX:MALE
REF BY: CORPORATE	MR NO:FSIN-0000	DATE:11/09/2021

ULTRASOUND OF WHOLE ABDOMEN

LIVER: Liver is **enlarged** in size **(16.30cm)** in 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 **(4mm)** in diameter. The portal vein measures **(9mm)** at porta.

GALL BLADDER: Gall bladder is normal. Wall is normal limits. No calculus or mass is seen within the gall bladder.

SPLEEN: It is normal in size **(9.83cm)**, Shape, Outline and echotexture. No parenchymal lesion is noted.

PANCREAS: It is normal in size, Shape, Outline and echotexture. Pancreatic duct is not dilated.

RIGHT KIDNEY: kidney are normal in position, size, shape, outline and echotexture. The cortico medullary differentiation is maintained. **A calculus seen in mid calyces (0.60cm).**
RIGHT KIDNEY: measures – **(10.09cm).**

LEFT KIDNEY: kidney are normal in position, size, shape, outline and echotexture. The cortico medullary differentiation is maintained. No calculus or hydronephrosis is seen.
LEFT KIDNEY: measures –**(10.99cm).**

URINARY BLADDER: It is well distended with Wall is normal . No calculus or mass is seen within the urinary bladder.

PROSTATE: It is normal in size, Shape & homogenous echotexture. The prostatic outline is smooth. The periprostatic plane is normal. It is normal size measures-
(3.78cmX3.46cmX3.04cm) Vol = 20.84 ml

IMPRESSION:

- **MARGINAL HEPATOMEGALY.**
- **NEPHROLITHIASIS RIGHT KIDNEY.**

DR.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- MALE

NAME: -MR. ANIRBAN DAS

EXAMINATION DATE- 11/09/2021

AGE- 37 YRS

REPORT DATE- 13/09/2021

REF DR.:-SELF

FINDINGS:

- Bilateral lung fields are clear.
- Tracheal shadow is in the midline.
- Bilateral CP angle are clear
- Both hilam appear normal .
- CTR appears normal .
- No definite bone fracture is noted.

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)

APOLLO CLINIC

Patient NameMr.ANIRBAN DAS 37/M

Resting ECG Report

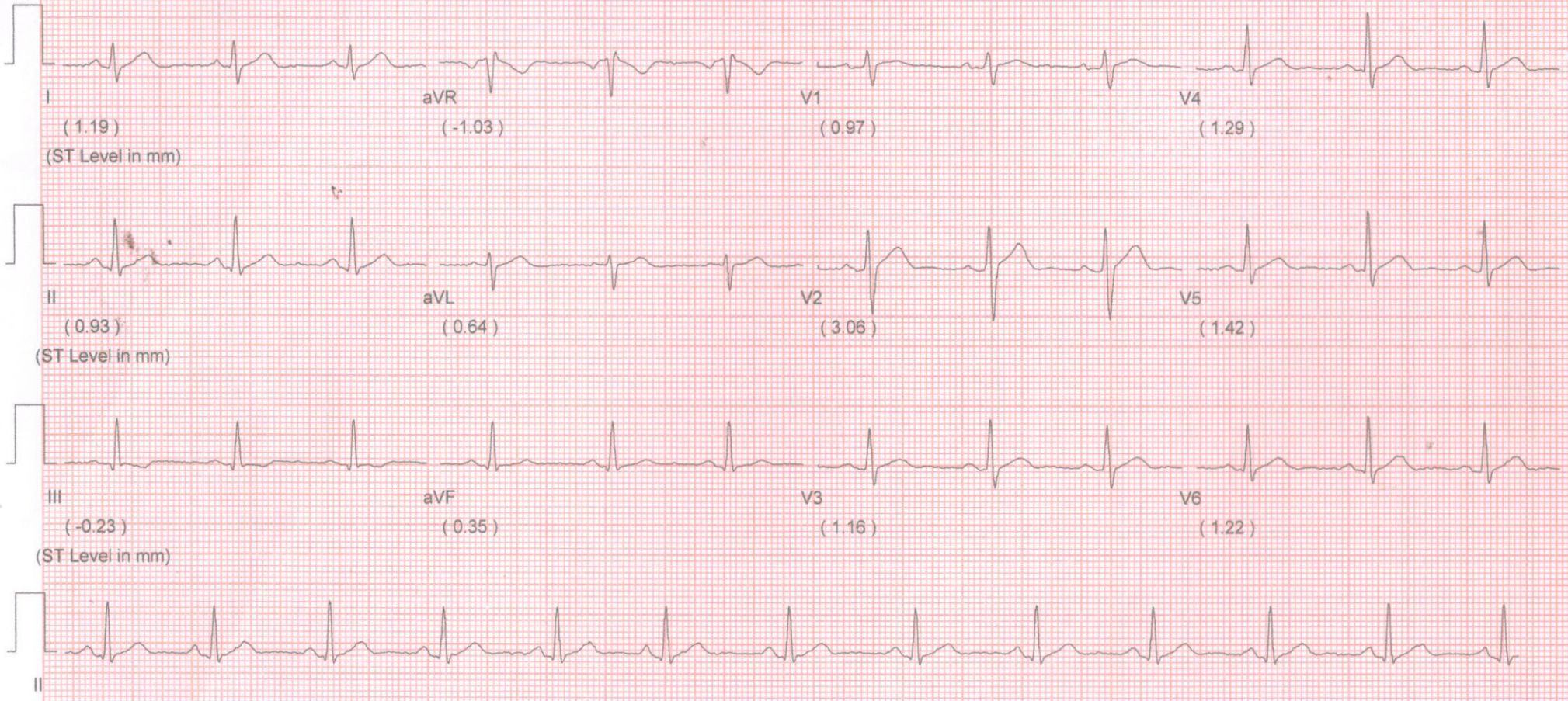
September 11, 2021
Time:13:24:58

QT / QTc : 0.328 / 0.377 Sec
P-QRS-T Axis (46)-(50)-(26) deg

PR Interval: 0.14 sec
QRS Duration : 0.064 Sec

RR Interval: 0.76 sec

HR : 79 bpm BP : 120 / 80 mmHg



Comments :-

Anirban Das

10mm/mv.25mm/sec NASAN (C) Simul-G BL U 4.3/1.13

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NAME: MR. ANIRBAN DAS		MR NO: FSIN-0000	DATE : 11.09.2021
AGE: 79YRS.	SEX:MALE	REF BY: SELF(CORPORATE)	

ECG REPORT

HR	:	79 b/min
AXIS	:	NORMAL
RHYTHM	:	SINUS
PR INTERVAL	:	0.14 sec
QT INTERVAL	:	0.377 sec
QRS DURATION	:	0.064 sec
T-WAVE	:	NORMAL.

Dr. SIDDHARTHA KUNDU
MBBS (Cal), PGDCC, CCEBDM
Clinical Cardiologist
Ex Sr Resident, Cardiology Dept.
B.R Singh Hospital, Eastern Railway

IMPRESSION:

- RESTING ECG IS WITHIN NORMAL LIMITS.