

भारत सरकार
GOVERNMENT OF INDIA

नीरु चनानी
NIRU CHANANI
DOB: 12-08-1978
Gender: Female



6680 6844 1238

आधार - आम आदमी का अधिकार

Niru Chanani
8/04/2023
For Apollo



भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

D/O पवन चनानी, फ्लैट ५बी, डायमंड
सिटी नॉर्थ, ब्लॉक २७, ६८ जैसूर रोड,
निज़र आदित्य हॉस्पिटल, बांगुर एवेन्यू
एस.ओ, कोलकाता, पश्चिम बंगाल,
700055

Address:
D/o Pawan Chanani, Flat 5b,
Diamond City North, Block 27, 68
Jessore Road, Near Aditya
Hospital, Bangur Avenue S.o,
Kolkata, West Bengal, 700055



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P.O. Box No.1947,
Bengakuru-560 001

Ninu Chanani
8/4/2023
For Apollo.

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

MR. NO- FSIN.0000000

SEX-FEMALE

NAME-NIRU CHANANI.

EXAMINATION DATE-08/04/2023

AGE-44YRS.

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 : NIRU CHANANI.	AGE : 44 YRS	SEX : FEMALE
REF BY : DR. SELF	MR NO : FSIN - 0000	DATE : 08/04/2023

ULTRASOUND OF WHOLE ABDOMEN

LIVER : Liver is enlarged in size(18.24cm),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 (10mm) at porta.

GALLBLADDER : Gall bladder is normal.wall is normal.no calculus or mass is seen within the gallbladder.

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

SPLEEN : It is normal in size(8.69cm), shape, outline and echotexture. No parenchymal lesion is noted.

RIGHT KIDNEY : 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 (8.21cm)

LEFT KIDNEY : 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 (11.17 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.

UTERUS : It is normal in size, shape and echotexture. It is anteverted. No SOL is seen in the myometrium. Uterine cavity is empty. Uterus measures (8.51cm x 5.81 cm x 4.02 cm).

Endometrial thickness is normal measures 0.55cm

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

Measures (3.20cm x 1.99cm).Cystic change in Right Ovary.

LEFT OVARY : They are normal in size, shape, outline and echotexture.

Measures (1.79 cmx1.78cm)

IMPRESSION :

- HEPATOMEGALY GR-I FATTY INFILTRATION.
- CYSTIC CHANGE IN RIGHT OVARY.



A.K.ROY

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

Certificate on CEBT Abdomino Pelvic,USG(WBHSU)

NAME: MRS. NIRU CHANANI	MR NO: FSIN-0000	DATE : 08.04.2023
AGE: 44 YRS	SEX: FEMALE	REF BY: SELF

ECG REPORT

HR : 74 b/min
AXIS : NORMAL
RHYTHM : SINUS
PR INTERVAL : 0.14 sec
QT INTERVAL : 0.180 sec
QRS DURATION : 0.092 sec
T-WAVE : NORMAL

IMPRESSION:

• RESTING ECG WITHIN NORMAL LIMITS.

Shruti Parth Upadhyay

DR.S.P.UPADHYAY
MBBS,DTDC,MD
Physician & Chest specialist

Patient Name/Mrs. NIRU CHANANI 44/F

Resting ECG Report

April 08, 2023
Time: 11:32:29

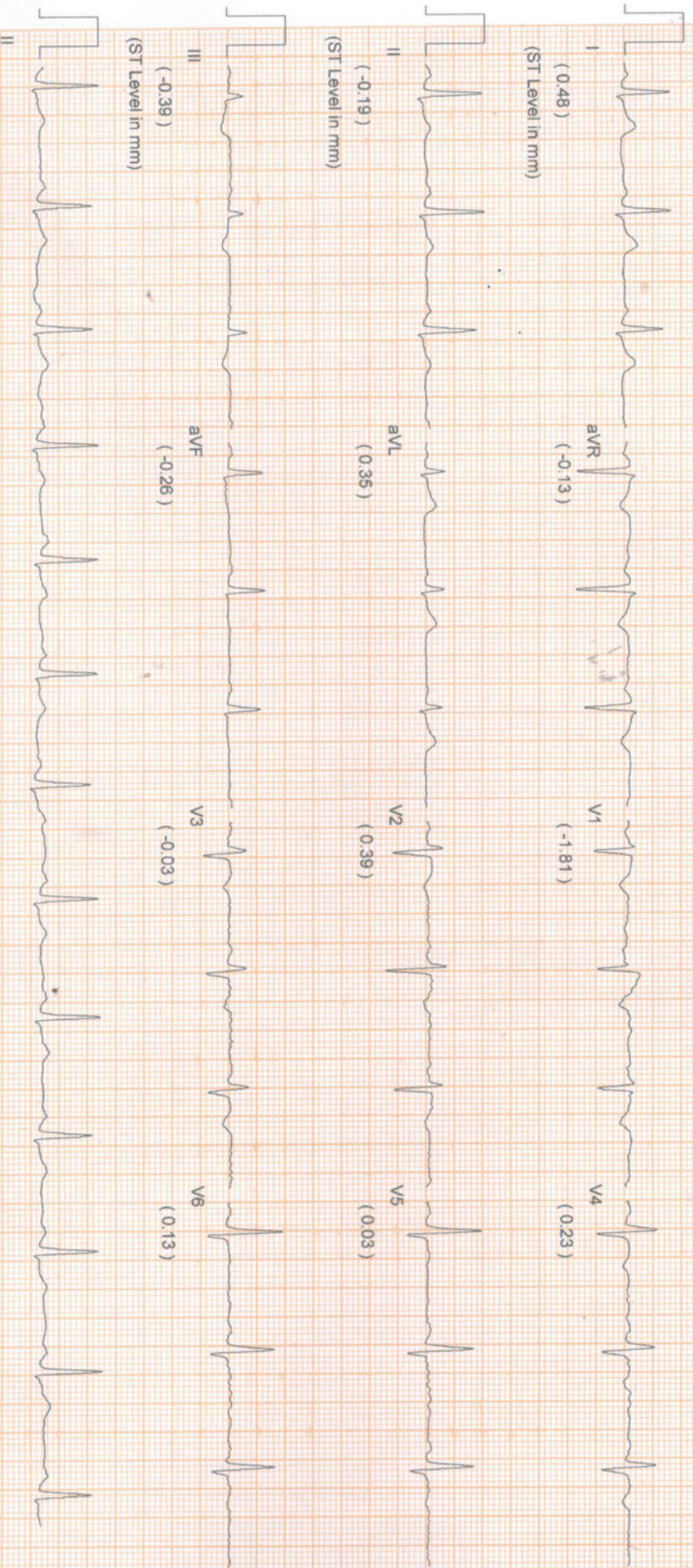
QT / QTc : 0.180 / 0.200 Sec
P-QRS-T Axis (37)-(37)-(30) deg

PR Interval: 0.14 sec
QRS Duration : 0.092 Sec

RR Interval: 0.80 sec

HR : 74 bpm

BP : 120 / 90 mmHg



Comments :-

Niru Chanani

Patient Name: MRS. NIRU CHANANI
UHID/MR No.: FSIN.0000018580
Visit Date: 08.04.2023
Sample collected on: 08.04.2023
Ref Doctor: SELF

Age/Gender: 44 Years/ Female
OP Visit No.: FSINOPV20528
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

"O"
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
COMPLETE BLOOD COUNT			
HEMOGLOBIN	12.4	Female 11.5-14.5 Male 12.5-16.5	gm%
Method: Cyanmethemoglobin			
RBC COUNT	4.1	Female 3.8-4.8 Male 4.5-5.5	mill/Cumm
Method: Electronic Impedance			
HEMATOCRIT (PCV)	38.0	Female 36-46 Male 42-52	%
MCV	92.6	83-101 fl	fl
Method: Calculated			
MCH	30.2	27-32 pg	pg
Method: Calculated			
MCHC	32.6	31.5-34.5	%
Method: Calculated			
PLATELET COUNT	2.24	1.5-4.5 lakhs/cu mm	Lakhs/cumm
Method: Electronic Impedance			
TOTAL WBC COUNT (TC)	8,100	4,000-11,000	/cumm
Method: Electronic Impedance			
DIFFERENTIAL COUNT (DC)			
Method: Microscopy			
NEUTROPHIL	65	40-70	%
LYMPHOCYTE	30	20-45	%
MONOCYTE	02	2-8	%
EOSINOPHIL	03	1-4	%
BASOPHIL	00	<1-2	%
ESR	30	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
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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)	92.0	70.0- 110.0	mg/dl

End of the report
Results are to be correlate clinically

Lab Technician / Technologist
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DEPARTMENT OF SPECIAL BIOCHEMISTRY

REPORT PREPARED ON PATHOLOGY

Test Name	Value	Unit	Normal Range
Glycosylated Haemoglobin (HbA1c), HPLC	5.4	%	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)	135.0	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*****

Lab Technician / Technologist
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DEPARTMENT OF LABORATORY MEDICINE

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVALS	UNITS
LIPID PROFILE			
Triglyceride Method: GPO-POD	127.0	<200	mg/dl
Cholesterol Method: CHO - POD	192.0	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	46.0	30-80mg/dl	mg/dl
LDL CHOLESTEROL [DIRECT] Method: PVS and PEGME Coupled	120.6	<130.0 mg/dl	mg/dl
VLDL CHOLESTEROL	25.4	20-35 mg/dl	mg/dl
CHOLESTEROL: HDL RATIO *	4.1		
LDL: HDL RATIO	2.6		

End of the report

Results are to be correlate clinically

Lab Technician / Technologist
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 OP Visit No.: FSINQPV20528
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 Specimen: BLOOD

DEPARTMENT OF LABORATORY MEDICINE

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVALS	UNITS
LIVER FUNCTION TEST (PACKAGE)			
BILIRUBIN- TOTAL Method: Daizo	0.64	1.1 Adult	mg/dl
BILIRUBIN- DIRECT Method: Daizo with DPD	0.13	Adult & Children: <0.25	mg/dl
BILIRUBIN- INDIRECT Method: calculated	0.51	0.1-1.0	mg/dl
TOTAL- PROTIEN Method: Photometric UV test	7.20	Adult: 6.6-8.8	gms/dl
ALBUMIN Method: BCG	4.54	3.5-5.2	gms/dl
GLOBULIN Method: calculated	2.66	1.8-3.0	gms/dl
A:G Ratio	1.70:1		
SGOT/AST Method: IFCC WITHOUT P5P	18.9	up to 45	U/L
SGPT/ALT Method: IFCC WITHOUT P5P	21.3	up to 40	U/L
ALKA-PHOS Method: PNPP- AMP BUFFER	103.8	Adult: 20-220 Child: 104-380	U/L
GGT [Gamma Glutamyl Transferase]	13.9	7-32	U/L

*Please correlate with clinical conditions.

End of the report

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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	11.82	8 - 20	mg/ dl
CREATININE Methodology: Jaffe Reaction Instrument Used: FULLY AUTOMATED ANALYZER EM-200	0.85	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	13.90		
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

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OP Visit No.: FSINOPV20528
Reported on: 08.04.2023
Specimen: BLOOD

DEPARTMENT OF LABORATORY MEDICINE

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVALS	UNIT
TSH:THYROID STIMULATING HORMONE-SERUM Method : CLIA	0.98	0.35-5.50	μU/ml
TOTAL T3: TRI IODOTHYRONINE – SERUM Method : CLIA	1.13	0.87 – 1.78	ng/dl
TOTAL T4: THYROXINE – SERUM Method : CLIA	8.97	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 μU/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
Ranit Bhattacharjee



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Age/Gender: 44 Years/ Female
 OP Visit No.: FSINOPV20528
 Reported on: 08.04.2023
 Specimen: URINE

CLINICAL PATHOLOGY

URINE FOR ROUTINE EXAMINATION

Test Name	Result	Unit	Method
PHYSICAL EXAMINATION			
QUANTITY	40	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	Nil		Multiple Reagent Strip / Benedict
MICROSCOPIC EXAMINATION			
PUS CELL	2-3	/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

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

DR. PUSPENDU ROY

BDS, MDS

Conservative Dentistry & Endodontics

Contact: 9852166666

NAME: Mrs. Nixu Chakraborty DATE: 08/04/23

AGE: 44 yrs. SEX: Female

Pt 40 bad breath during breakfast and discolouration of teeth.

A/E. Stomatitis / Calculus ++

Adv. ultrasonic scaling — ϕ .

1
Dr. Puspendu Roy.
08/04/23.

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	-0.50				6/6
L.E	-0.25				6/6


Age: 44 ADD: +1.25 N.VA N6 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 : 08/04/2023
 Optometrist Name : Anusha Saha
 Optometrist Signature : 

*Conditions Apply