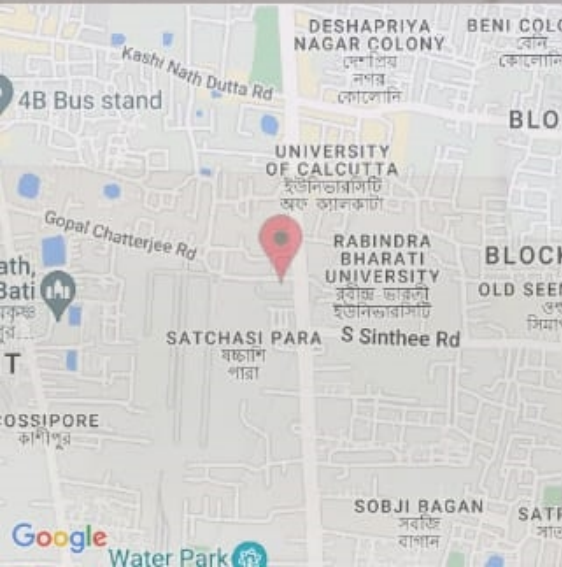


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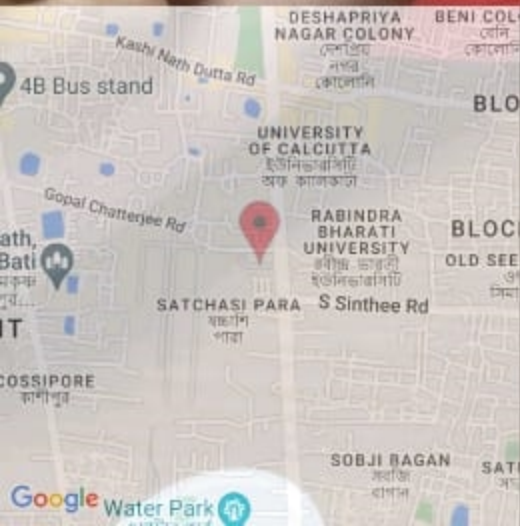


36C, Barrackpore Trunk Rd, CIT, Satchasi Para, Kolkata, West Bengal 700002, India

Kolkata
West Bengal
India

2022-08-09(Tue) 09:29(AM)

29°C
84°F



36/C, OM TOWER, Barrackpore Trunk Rd, CIT, Satchasi Para, Kolkata, West Bengal 700002, India

Kolkata
West Bengal
India



30°C
86°F

2022-08-09(Tue) 10:10(AM)



30/C, DM TOWER, Banerjee Park Road, Satchas Para, Kolkata, West Bengal 700022, India

Kolkata
West Bengal
India



27°C
81°F

2022-08-09(Tue) 01:32(PM)

NAME: MRS. BAISHALI PATHAK	AGE: 50 YRS	SEX: FEMALE
REF BY: SELF	MR NO:FSIN-0000	DATE: 10/08/2022

ULTRASOUND OF WHOLE ABDOMEN

LIVER: Liver is **Enlarged** in size (**15.34**), shape outline and echotexture. The intrahepatic tubular structures are normal. No focal area of altered echogenicity is noted. The porta hepatis is normal. The common bile duct measures (**5 cm**) in diameter. The portal vein measures (**10 cm**) at porta.

GALL BLADDER: OPERATED.

SPLEEN: It is normal in size (**9.89 cm**), Shape, Outline and echotexture. No parenchymal lesion is noted.

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

KIDNEYS: kidneys are normal in position, size, shape, outline and echotexture. The cortico medullary differentiation is maintained. No calculus or hydronephrosis is seen.

RIGHT KIDNEY: measures – (**10.40 cm**).

LEFT KIDNEY: measures –(**9.77 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: Uterus is normal in size, shape, outline and echotexture. It is anteverted. No SOL is seen in the myometrium. Uterine cavity is empty. Uterus measures (**8.15cmX5.18cmX3.63cm**). Endometrial thickness is **Thickened**.It measures – (**1.25cm**).

RIGHT OVARY: It is normal in size, shape, outline and echotexture. Right ovary measures - **2.54cmX1.53cmX2.97cm VOL= 6.04 grm.**

LEFT OVARY : It is **Enlarged** in size, shape, outline and echotexture. Left ovary measures - **4.13cmX2.33cmX2.45cm VOL= 12.33 grm. Cystic changes seen.**

IMPRESSION:-

- HEPATOMEGALY.
- GB OPERATED.
- ENLARGED AND CYSTIC CHANGES SEEN IN LEFT OVARY
- THICKEND ENDOMETRIUM.


A.K.ROY

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


Certificate on CEPT Abdomino Pelvic, USG(WBHSU)




भारत सरकार
Government of India

आधार

Issue Date: 11/05/2013



Baishali Pathak
DOB: 11/10/1972
Female



7952 9069 8126

मेरा आधार, मेरी पहचान

Baishali Pathak

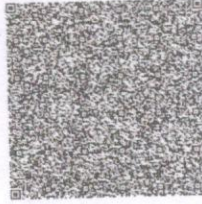


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Unique Identification Authority of India



Print Date: 18/02/2022

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REGENT PARA, NEAR WATER TANK,
Khardah (m), North 24 Parganas, West
Bengal, 700118



7952 9069 8126



1947



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www.uidai.gov.in

Blattak

Patient Name: MRS. BAISHALI PATHAK
UHID/MR No.: FSIN.0000015254
Visit Date: 09.08.2022
Sample collected on: 09.08.2022
Ref Doctor: SELF

Age/Gender: 50 Years / Female
OP Visit No.: FSINOPV18326
Reported on: 09.08.2022
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	11.2	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)	33.6	Female 36-46 Male 42-52	%
MCV	75.3	83-101 fl	fl
Method: Calculated			
MCH	25.1	27-32 pg	pg
Method: Calculated			
MCHC	32.1	31.5-34.5	%
Method: Calculated			
PLATELET COUNT	2.10	1.5-4.5 lakhs/cu mm	Lakhs/cumm
Method: Electronic Impedance			
TOTAL WBC COUNT (TC)	5,700	4,000-11,000	/cumm
Method: Electronic Impedance			
DIFFERENTIAL COUNT (DC)			
Method: Microscopy			
NEUTROPHIL	55	40-70	%
LYMPHOCYTE	41	20-45	%
MONOCYTE	01	2-8	%
EOSINOPHIL	03	1-4	%
BASOPHIL	00	<1-2	%
ESR	28	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
MBBS, MD (PATHOLOGY)
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Specimen: BLOOD

DEPARTMENT OF LABORATORY MEDICINE

<u>TEST NAME</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE INTERVALS</u>	<u>UNITS</u>
GLUCOSE- (FASTING) Method: (GOD-POD)	116.0	70.0- 110.0	mg/dl
GLUCOSE- (POST PRANDIAL) Method: (GOD-POD)	153.0	80.0- 140.0	mg/dl

End of the report

Results are to be correlate clinically

Lab Technician / Technologist
Ranit Bhattacharjee

Kristi Chatterjee

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Reported on: 09.08.2022
Specimen: BLOOD

DEPARTMENT OF SPECIAL BIOCHEMISTRY
REPORT PREPARED ON PATHOLOGY

Test Name	Value	Unit	Normal Range
Glycosylated Haemoglobin (HbA1c), HPLC Glycosylated Haemoglobin (HbA1c), HPLC Methodology: HPLC Instrument Used: Bio-Rad D-10	6.3	%	Excellent Control: <4 Good Control: 4-6 Fair Control : >6-7 Action Suggested: >7-8 Poor Control : >8
Estimated Average Glucose (EAG)	149.0	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
Ranit Bhattacharjee

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DEPARTMENT OF LABORATORY MEDICINE

<u>TEST NAME</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE INTERVALS</u>	<u>UNITS</u>
LIPID PROFILE			
Triglyceride Method: GPO-POD	66.0	<200	mg/dl
Cholesterol Method: CHO - POD	126.0	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	29.0	30-80mg/dl	mg/dl
LDL CHOLESTEROL [DIRECT] Method: PVS and PEGME Coupled	83.8	<130.0 mg/dl	mg/dl
VLDL CHOLESTEROL	13.2	20-35 mg/dl	mg/dl
CHOLESTEROL: HDL RATIO	4.3		
LDL: HDL RATIO	2.8		

End of the report

Results are to be correlate clinically

Lab Technician / Technologist
Ranit Bhattacharjee

Kristi Chatterjee
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OP Visit No.: FSINOPV18326
Reported on: 09.08.2022
Specimen: BLOOD

DEPARTMENT OF LABORATORY MEDICINE

<u>TEST NAME</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE INTERVALS</u>	<u>UNITS</u>
LIVER FUNCTION TEST (PACKAGE)			
BILIRUBIN- TOTAL Method: Daizo	0.72	1.1 Adult	mg/dl
BILIRUBIN- DIRECT Method: Daizo with DPD	0.15	Adult & Children: <0.25	mg/dl
BILIRUBIN- INDIRECT Method: calculated	0.57	0.1-1.0	mg/dl
TOTAL- PROTIEN Method: Photometric UV test	7.24	Adult: 6.6-8.8	gms/dl
ALBUMIN Method: BCG	4.61	3.5-5.2	gms/dl
GLOBULIN Method: calculated	2.63	1.8-3.0	gms/dl
A:G Ratio	1.75:1		
SGOT/AST Method: IFCC WITHOUT P5P	25.6	up to 45	U/L
SGPT/ALT Method: IFCC WITHOUT P5P	37.1	up to 40	U/L
ALKA-PHOS Method: PNPP- AMP BUFFER	90.0	Adult: 20-220 Child: 104-380	U/L
GGT [Gamma Glutamyl Transferase]	17.5	7-32	U/L

*Please correlate with clinical conditions.

End of the report

Lab Technician / Technologist
Ranit Bhattacharjee

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DR. KRISTI CHATTERJEE
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Visit Date: 09.08.2022
Sample collected on: 09.08.2022
Ref Doctor: SELF

Age/Gender: 50 Years / Female
OP Visit No.: FSINOPV18326
Reported on: 09.08.2022
Specimen: BLOOD

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	7.1	8 - 20	mg/ dl
CREATININE Methodology: Jaffe Reaction Instrument Used: FULLY AUTOMATED ANALYZER EM-200	0.62	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	11.4		
URIC ACID Method: Uricase	4.35	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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Visit Date: 09.08.2022
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Age/Gender: 50 Years / Female
OP Visit No.: FSINOPV18326
Reported on: 09.08.2022
Specimen: BLOOD

DEPARTMENT OF LABORATORY MEDICINE

<u>TEST NAME</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE INTERVALS</u>	<u>UNIT</u>
TSH: THYROID STIMULATING HORMONE - SERUM Method : CLIA	1.23	0.35-5.50	μIU/ml
TOTAL T3: TRI IODOTHYRONINE - SERUM Method : CLIA	1.01	0.87 - 1.78	ng/dl
TOTAL T4: THYROXINE - SERUM Method : CLIA	9.57	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
Ranit Bhattacharjee

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

Patient Name: MRS. BAISHALI PATHAK
UHID/MR No.: FSIN.0000015254
Visit Date: 09.08.2022
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Ref Doctor: SELF

Age/Gender: 50 Years / Female
OP Visit No.: FSINOPV18326
Reported on: 09.08.2022
Specimen: URINE

CLINICAL PATHOLOGY

URINE FOR ROUTINE EXAMINATION

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	1.025		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	1-2	/HPF	Light Microscopy
RBC	Not found	/HPF	Light Microscopy
EPITHELIAL CELL	2-3	/HPF	Light Microscopy
MICRO ORGANISM	Present a few		
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



Patient Name: MRS. BAISHALI PATHAK
UHID/MR No.: FSIN.0000015254
Visit Date: 09.08.2022
Sample collected on: 09.08.2022
Ref Doctor: SELF

Age/Gender: 50 Years / Female
OP Visit No.: FSINOPV18326
Reported on: 09.08.2022
Specimen: STOOL

CLINICAL PATHOLOGY

STOOL FOR ROUTINE EXAMINATION

<u>Test Name</u>	<u>Result</u>	<u>Unit</u>	<u>Method</u>
<u>PHYSICAL EXAMINATION</u>			
COLOUR	Brownish		Naked Eye Observation
CONSISTANCY	Semi Solid		Naked Eye Observation
ODOUR	Offensive		Naked Eye Observation
MUCUS	Present (+)		Naked Eye Observation
<u>CHEMICAL EXAMINATION</u>			
REACTION	Acidic		
OCCULT BLOOD TEST	Negative		
PH	6.4		
<u>MICROSCOPICAL EXAMINATION</u>			
VEG CELL	Present(+)	/hpf	Light Microscopy
PUS CELL	1-2	/hpf	Light Microscopy
RBC	Nil	/hpf	Light Microscopy
OVA	Nil		Light Microscopy
PARASITE	Nil		Light Microscopy
CYST	Nil		Light Microscopy
OTHERS	Bacteria present a few		Light Microscopy
<p>Note : Any Abnormal Chemical Analysis Rechecked By Respective Manual Method</p> <p>End of Report</p>			

Lab Technician / Technologist
Madhumita Biswas

Kristi Chatterjee

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

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

MR. NO- FSIN.0000000

SEX-FEMALE

NAME: -BAISHALI PATHAK

EXAMINATION DATE-09/08/2022

AGE-50YRS

REPORT DATE-09/08/2022

REF DR. SELF

FINDINGS:

- Bilateral accentuated pulmonary vascular marking noted.
- 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) CEBT-USG (WBUHS KOLKATA)
Fellow of Jefferson Ultrasound Radiology and Education Institute
Philadelphia Ex-Radiology Resident (S.E.Railway)
Regd.No:72022(WBMC)



NAME: MRS. BAISHALI PATHAK	MR NO: FSIN-0000	DATE : 09.08.2022
AGE: 50 YRS.	SEX: FEMALE	REF BY: SELF

ECG REPORT

HR : 76b/min
AXIS : NORMAL
RHYTHM : SINUS
PR INTERVAL : 0.15 sec
QT INTERVAL : 0.352 sec
QRS DURATION : 0.080 sec
T-WAVE : NORMAL

IMPRESSION:

- RESTING ECG WITHIN NORMAL LIMIT .

Shruti Parashar Upadhyay

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

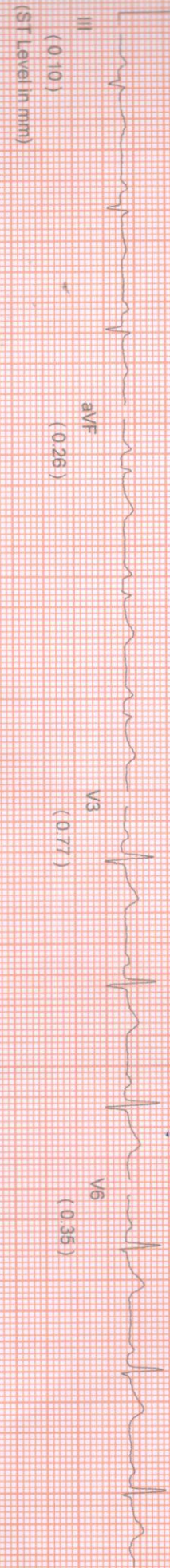
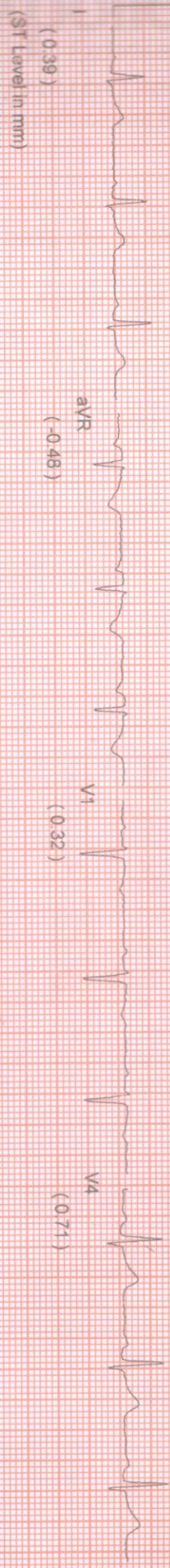


Patient Name: Mrs. BAISHALI PATHAK 50/F

August 09, 2022
Time: 09:52:18

Resting ECG Report

QT / QTc: 0.352 / 0.368 Sec
 PR Interval: 0.15 sec
 RR Interval: 0.78 sec
 HR : 76 bpm
 BP : 120 / 80 mmHg
 P-QRS-T Axis (75)-(13)-(51) deg
 QRS Duration : 0.080 Sec




Comments :-

Signature


भारत सरकार
Government of India

आधार

Issue Date: 11/05/2013



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DOB: 11/10/1972
Female



7952 9069 8126

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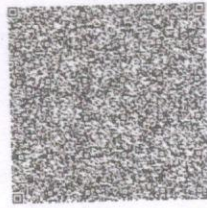


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Blattak

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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
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Method: Electronic Impedance			
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Method: Calculated			
MCH	25.1	27-32 pg	pg
Method: Calculated			
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Method: Calculated			
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DIFFERENTIAL COUNT (DC)			
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LYMPHOCYTE	41	20-45	%
MONOCYTE	01	2-8	%
EOSINOPHIL	03	1-4	%
BASOPHIL	00	<1-2	%
ESR	28	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

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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 Glycosylated Haemoglobin (HbA1c), HPLC Methodology: HPLC Instrument Used: Bio-Rad D-10	6.3	%	Excellent Control: <4 Good Control: 4-6 Fair Control : >6-7 Action Suggested: >7-8 Poor Control : >8
Estimated Average Glucose (EAG)	149.0	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
Ranit Bhattacharjee

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

Patient Name: MRS. BAISHALI PATHAK
UHID/MR No.: FSIN.0000015254
Visit Date: 09.08.2022
Sample collected on: 09.08.2022
Ref Doctor: SELF

Age/Gender: 50 Years / Female
OP Visit No.: FSINOPV18326
Reported on: 09.08.2022
Specimen: BLOOD

DEPARTMENT OF LABORATORY MEDICINE

<u>TEST NAME</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE INTERVALS</u>	<u>UNITS</u>
LIPID PROFILE			
Triglyceride Method: GPO-POD	66.0	<200	mg/dl
Cholesterol Method: CHO - POD	126.0	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	29.0	30-80mg/dl	mg/dl
LDL CHOLESTEROL [DIRECT] Method: PVS and PEGME Coupled	83.8	<130.0 mg/dl	mg/dl
VLDL CHOLESTEROL	13.2	20-35 mg/dl	mg/dl
CHOLESTEROL: HDL RATIO	4.3		
LDL: HDL RATIO	2.8		

End of the report

Results are to be correlate clinically

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DEPARTMENT OF LABORATORY MEDICINE

<u>TEST NAME</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE INTERVALS</u>	<u>UNITS</u>
LIVER FUNCTION TEST (PACKAGE)			
BILIRUBIN- TOTAL Method: Daizo	0.72	1.1 Adult	mg/dl
BILIRUBIN- DIRECT Method: Daizo with DPD	0.15	Adult & Children: <0.25	mg/dl
BILIRUBIN- INDIRECT Method: calculated	0.57	0.1-1.0	mg/dl
TOTAL- PROTIEN Method: Photometric UV test	7.24	Adult: 6.6-8.8	gms/dl
ALBUMIN Method: BCG	4.61	3.5-5.2	gms/dl
GLOBULIN Method: calculated	2.63	1.8-3.0	gms/dl
A:G Ratio	1.75:1		
SGOT/AST Method: IFCC WITHOUT P5P	25.6	up to 45	U/L
SGPT/ALT Method: IFCC WITHOUT P5P	37.1	up to 40	U/L
ALKA-PHOS Method: PNPP- AMP BUFFER	90.0	Adult: 20-220 Child: 104-380	U/L
GGT [Gamma Glutamyl Transferase]	17.5	7-32	U/L

*Please correlate with clinical conditions.

End of the report

Lab Technician / Technologist
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DEPARTMENT OF LABORATORY MEDICINE

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVALS	UNITS
BLOOD UREA NITROGEN (BUN) Method: Calculated	7.1	8 - 20	mg/ dl
CREATININE Methodology: Jaffe Reaction Instrument Used: FULLY AUTOMATED ANALYZER EM-200	0.62	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	11.4		
URIC ACID Method: Uricase	4.35	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

<u>TEST NAME</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE INTERVALS</u>	<u>UNIT</u>
TSH: THYROID STIMULATING HORMONE - SERUM Method : CLIA	1.23	0.35-5.50	μIU/ml
TOTAL T3: TRI IODOTHYRONINE - SERUM Method : CLIA	1.01	0.87 - 1.78	ng/dl
TOTAL T4: THYROXINE - SERUM Method : CLIA	9.57	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
Ranit Bhattacharjee

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UHID/MR No.: FSIN.0000015254
Visit Date: 09.08.2022
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Ref Doctor: SELF

Age/Gender: 50 Years / Female
OP Visit No.: FSINOPV18326
Reported on: 09.08.2022
Specimen: URINE

CLINICAL PATHOLOGY

URINE FOR ROUTINE EXAMINATION

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	1.025		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	1-2	/HPF	Light Microscopy
RBC	Not found	/HPF	Light Microscopy
EPITHELIAL CELL	2-3	/HPF	Light Microscopy
MICRO ORGANISM	Present a few		
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



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Visit Date: 09.08.2022
Sample collected on: 09.08.2022
Ref Doctor: SELF

Age/Gender: 50 Years / Female
OP Visit No.: FSINOPV18326
Reported on: 09.08.2022
Specimen: STOOL

CLINICAL PATHOLOGY

STOOL FOR ROUTINE EXAMINATION

<u>Test Name</u>	<u>Result</u>	<u>Unit</u>	<u>Method</u>
<u>PHYSICAL EXAMINATION</u>			
COLOUR	Brownish		Naked Eye Observation
CONSISTANCY	Semi Solid		Naked Eye Observation
ODOUR	Offensive		Naked Eye Observation
MUCUS	Present (+)		Naked Eye Observation
<u>CHEMICAL EXAMINATION</u>			
REACTION	Acidic		
OCCULT BLOOD TEST	Negative		
PH	6.4		
<u>MICROSCOPICAL EXAMINATION</u>			
VEG CELL	Present(+)	/hpf	Light Microscopy
PUS CELL	1-2	/hpf	Light Microscopy
RBC	Nil	/hpf	Light Microscopy
OVA	Nil		Light Microscopy
PARASITE	Nil		Light Microscopy
CYST	Nil		Light Microscopy
OTHERS	Bacteria present a few		Light Microscopy
<p>Note : Any Abnormal Chemical Analysis Rechecked By Respective Manual Method</p> <p>End of Report</p>			

Lab Technician / Technologist
Madhumita Biswas

Kristi Chatterjee

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

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

MR. NO- FSIN.0000000

SEX-FEMALE

NAME: -BAISHALI PATHAK

EXAMINATION DATE-09/08/2022

AGE-50YRS

REPORT DATE-09/08/2022

REF DR. SELF

FINDINGS:

- Bilateral accentuated pulmonary vascular marking noted.
- 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) CEBT-USG (WBUHS KOLKATA)
Fellow of Jefferson Ultrasound Radiology and Education Institute
Philadelphia Ex-Radiology Resident (S.E.Railway)
Regd.No:72022(WBMC)



NAME: MRS. BAISHALI PATHAK	MR NO: FSIN-0000	DATE : 09.08.2022
AGE: 50 YRS.	SEX: FEMALE	REF BY: SELF

ECG REPORT

HR : 76b/min
AXIS : NORMAL
RHYTHM : SINUS
PR INTERVAL : 0.15 sec
QT INTERVAL : 0.352 sec
QRS DURATION : 0.080 sec
T-WAVE : NORMAL

IMPRESSION:

- RESTING ECG WITHIN NORMAL LIMIT .

Shweta Parashar Upadhyay

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

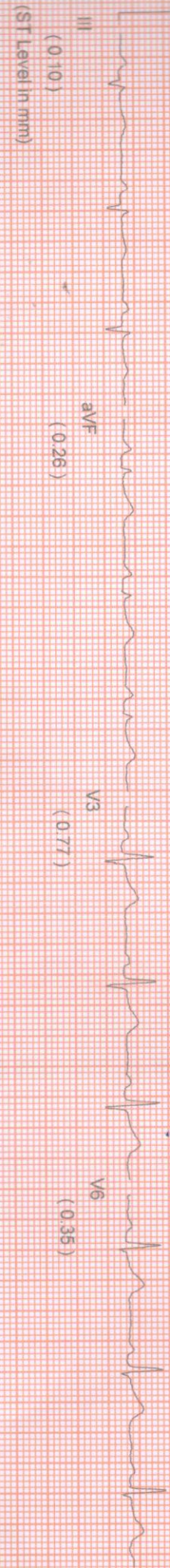
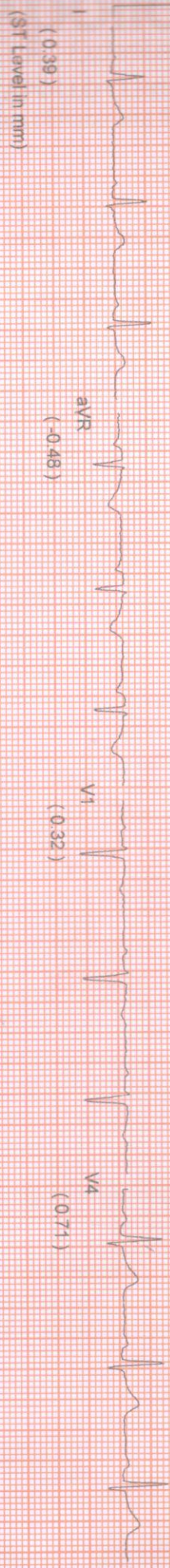


Patient Name: Mrs. BAISHALI PATHAK 50/F

August 09, 2022
Time: 09:52:18

Resting ECG Report

QT / QTc: 0.352 / 0.368 Sec
PR Interval: 0.15 sec
RR Interval: 0.78 sec
HR : 76 bpm
BP : 120 / 80 mmHg
P-QRS-T Axis (75)-(13)-(51) deg
QRS Duration : 0.080 Sec



Comments :-

[Handwritten signature]