



भारत सरकार
Government of India



Shilpi Das
Date of Birth/DOB: 11/11/1986
Female/ FEMALE



3027 8057 8071

मेरा आधार, मेरी पहचान

Shilpi Das



भारतीय विशिष्ट पहचान अधिकरण
Unique Identification Authority of India

Address:

D/O Chapala Kanta Das,
CHHOTONILPUR, MADHYAPARA,
Barddhaman (m), Barddhaman,
West Bengal - 713103

3027 8057 8071

1947

help@uidai.gov.in

www.uidai.gov.in

Shilpi Das

 **बैंक ऑफ बड़ौदा**
Bank of Baroda

नाम शिल्पी दास
Name Shilpi Das
कार्यकारी इ. नं.
E.C. No. 117121




आपूर्तिकर्ता प्रतिकारी
Issuing Authority L.M. 100-0001, E.C.

Shilpi Das
धारक के हस्ताक्षर
Signature of Holder

Shilpi Das

I, Shilpi Das, Bank of Baroda staff, have come in Apollo Clinic, Sishi More today, on 04.06.2022, for health checkup from Medic Wheel.

Out of all the tests as scheduled, I am not giving the stool for stool routine checkup.

Shilpi Das
04.06.2022.

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

MR. NO- FSIN.0000000

SEX-FEMALE

NAME: -SHILPI DAS

EXAMINATION DATE-04/06/2022

AGE-35 YRS

REPORT DATE-04/06/2022

REF DR:-SELF

FINDINGS:

- Bilateral accentuated pulmonary vascular marking noted.
- Both hila appear normal.
- CTR within normal limit.
- Tracheal shadow is in the midline.
- Bilateral CP angle are clear.
- 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)



Resting ECG Report

Patient Name: Mr. SHILPI DAS 35/F

June 04, 2022

Time: 10:40:32

QT / QTc : 0.352 / 0.403 Sec

P-QRS-T Axis (41)-(65)-(34) deg

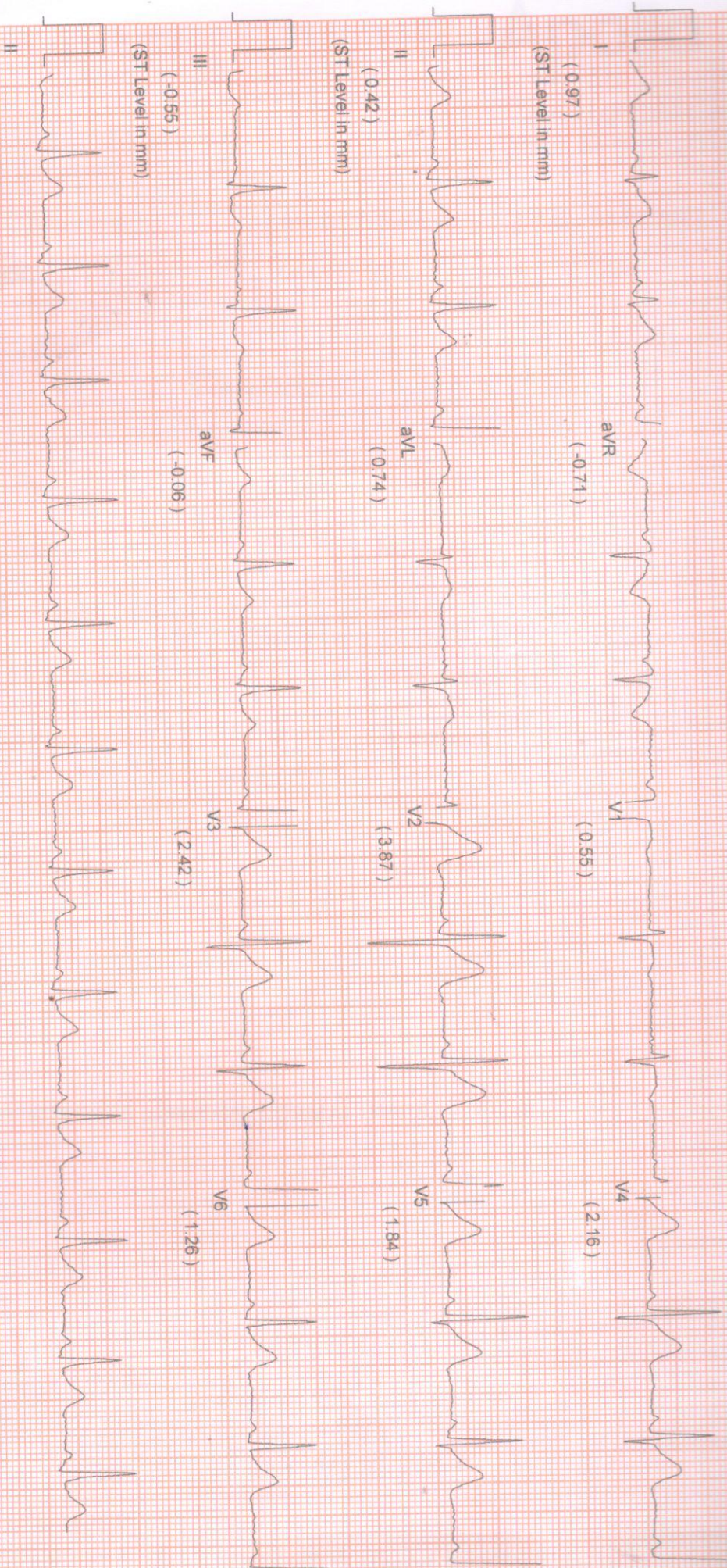
PR Interval : 0.15 sec

QRS Duration : 0.080 Sec

RR Interval : 0.76 sec

HR : 78 bpm

BP : 100 / 60 mmHg



Comments :-

Shilpi Das

NAME: MRS.SHILPI DAS	MR NO: FSIN-0000	DATE : 04.06.2022
AGE: 35YRS.	SEX:FEMALE	REF BY:SELF

ECG REPORT

HR : **78 b/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 IS WITHIN NORMAL LIMITS.**



Dr. SIDDHARTHA KUNDU

MBBS (Cal), PGDCC, CCEBDM

Clinical Cardiologist

Ex Sr Resident, Cardiology Dept

B.R Singh Hospital, Eastern Railway



NAME: MRS.SHILPI DAS	AGE:35YRS	SEX:FEMALE
REF BY: CORPORATE	MR NO:FSIN-0000	DATE:04/06/2022

ULTRASOUND OF WHOLE ABDOMEN

LIVER: Liver is **mild enlarged** in size (**15.72cm**) 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 (**9.66cm**), 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. No calculus or hydronephrosis is seen.

RIGHT KIDNEY: measures – (**11.15cm**).

LEFT KIDNEY: kidney are normal in position, size, shape, outline and echotexture. The cortico medullary differentiation is maintainē. No calculus or hydronephrosis is seen.

LEFT KIDNEY: measures –(**10.77cm**).

URINARY BLADDER: It is with normal wall thickness. No calculus or mass is seen within the urinary bladder.

UTERUS: It is normal in size, shape and echotexture. It is anteverted. No SOL is seen in the myometrium. Uterine cavity is empty. Endometrial thickness is normal. Uterus measures- (**5.13cmX7.01cmX4.81cm**). Endometrial thickness is normal measures- **0.59cm**.

RIGHT OVARY- They are normal in size, shape ,outline and echotexture. measures-(**2.82cmX2.17cm**).

- Cystic changes right ovary.

LEFT OVARY- They are normal in size, shape ,outline and echotexture. measures-(**2.10cmX1.83cm**).

- Cystic changes left ovary.

IMPRESSION:

- HEPATOMEGALY.
- CYSTIC CHANGES BOTH OVARIES.



A.K.ROY

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

Certificate on CEPT Abdomino Pelvic, USG(WBHSU)



Patient Name: MRS. SHILPI DAS
UHID/MR No.: FSIN.0000014806
Visit Date: 04.06.2022
Sample collected on: 04.06.2022
Ref Doctor: SELF

Age/Gender: 35 Years / Female
OP Visit No.: FSINOPV17876
Reported on: 04.06.2022
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***

BK

Lab Technician / Technologist
Ranit Bhattacharjee

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

Patient Name: MRS. SHILPI DAS
UHID/MR No.: FSIN.0000014806
Visit Date: 04.06.2022
Sample collected on: 04.06.2022
Ref Doctor: SELF

Age/Gender: 35 Years / Female
OP Visit No.: FSINOPV17876
Reported on: 04.06.2022
Specimen: BLOOD

DEPARTMENT OF HAEMATOLOGY

TEST NAME	RESULT	BIOLOGICAL REFERENCE	UNIT
COMPLETE BLOOD COUNT			
HEMOGLOBIN	11.0	Female 11.5-14.5 Male 12.5-16.5	gm%
Method: Cyanmethemoglobin			
RBC COUNT	3.7	Female 3.8-4.8 Male 4.5-5.5	mill/Cumm
Method: Electronic Impedance			
HEMATOCRIT (PCV)	36.0	Female 36-46 Male 42-52	%
MCV	97.3	83-101 fl	fl
Method: Calculated			
MCH	29.7	27-32 pg	pg
Method: Calculated			
MCHC	30.5	31.5-34.5	%
Method: Calculated			
PLATELET COUNT	1.75	1.5-4.5 lakhs/cu mm	Lakhs/cumm
Method: Electronic Impedance			
TOTAL WBC COUNT (TC)	6,200	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	34	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

BK

Lab Technician/Technologist
Ranit Bhattacharjee

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

APOLLO CLINIC @ OM TOWER
Opp. of Rabindra Bharati University

Licensee : Satyam Credit Pvt. Ltd.

36C, B. T. Road, Kolkata - 700 002

E-mail : sinthimor@theapolloclinic.com

satyamcreditovtld@gmail.com



033 2556 3333



033 2556 5555



+91 98521 66666



+91 74392 83407

Patient Name: MRS. SHILPI DAS
UHID/MR No.: FSIN.0000014806
Visit Date: 04.06.2022
Sample collected on: 04.06.2022
Ref Doctor: SELF

Age/Gender: 35 Years / Female
OP Visit No.: FSINOPV17876
Reported on: 04.06.2022
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)	86.0	70.0- 110.0	mg/dl
GLUCOSE- (POST PRANDIAL) Method: (GOD-POD)	109.0	80.0- 140.0	mg/dl

End of the report
Results are to be correlate clinically

BK

Lab Technician / Technologist
Ranit Bhattacharjee

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

Patient Name: MRS. SHILPI DAS
UHID/MR No.: FSIN.0000014806
Visit Date: 04.06.2022
Sample collected on: 04.06.2022
Ref Doctor: SELF

Age/Gender: 35 Years / Female
OP Visit No.: FSINOPV17876
Reported on: 04.06.2022
Specimen: BLOOD

DEPARTMENT OF SPECIAL BIOCHEMISTRY
REPORT PREPARED ON PATHOLOGY

Test Name	Value	Unit	Normal Range
Glycosylated Haemoglobin (HbA1c), HPLC Glycosylated Haemoglobin (HbA1c), HPLC	4.1	%	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)	105	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*****

BK

Lab Technician / Technologist

Susmita Saha

APOLLO CLINIC @ OM TOWER
Opp. of Rabindra Bharati University

Licensee : Satyam Credit Pvt. Ltd.

36C, B.T. Road, Kolkata - 700 002

E-mail : sinthimor@theapolloclinic.com

satyamcreditpvtltd@gmail.com

DR. BIPARNAK HALDAR

MBBS, MD (PATHOLOGY)

CONSULTANT PATHOLOGIST



033 2556 3333



033 2556 5555



+91 98521 66666



+91 74392 83407

Patient Name: MRS. SHILPI DAS
UHID/MR No.: FSIN.0000014806
Visit Date: 04.06.2022
Sample collected on: 04.06.2022
Ref Doctor: SELF

Age/Gender: 35 Years / Female
OP Visit No.: FSINOPV17876
Reported on: 04.06.2022
Specimen: BLOOD

DEPARTMENT OF LABORATORY MEDICINE

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVALS	UNITS
LIVER FUNCTION TEST (PACKAGE)			
BILIRUBIN- TOTAL Method: Daizo	0.78	1.1 Adult	mg/dl
BILIRUBIN- DIRECT Method: Daizo with DPD	0.15	Adult & Children: <0.25	mg/dl
BILIRUBIN- INDIRECT Method: calculated	0.63	0.1-1.0	mg/dl
TOTAL- PROTIEN Method: Photometric UV test	7.05	Adult: 6.6-8.8	gms/dl
ALBUMIN Method: BCG	4.31	3.5-5.2	gms/dl
GLOBULIN Method: calculated	2.74	1.8-3.0	gms/dl
A:G Ratio	1.57:1		
SGOT/AST Method: IFCC WITHOUT P5P	36.8	up to 45	U/L
SGPT/ALT Method: IFCC WITHOUT P5P	41.2	up to 40	U/L
ALKA-PHOS Method: PNPP- AMP BUFFER	86.1	Adult: 20-220 Child: 104-380	U/L
GGT [Gamma Glutamyl Transferase]	27.6	7-32	U/L

*Please correlate with clinical conditions.

End of the report

BR

Lab Technician / Technologist
Ranit Bhattacharjee

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



Patient Name: MRS. SHILPI DAS
UHID/MR No.: FSIN.0000014806
Visit Date: 04.06.2022
Sample collected on: 04.06.2022
Ref Doctor: SELF

Age/Gender: 35 Years / Female
OP Visit No.: FSINOPV17876
Reported on: 04.06.2022
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	13.4	8 - 20	mg/ dl
CREATININE Methodology: Jaffe Reaction Instrument Used: FULLY AUTOMATED ANALYZER EM-200	0.89	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	15.0		
URIC ACID Method: Uricase	4.29	Female: 2.6 - 6.0 Male: 3.4 - 7.0	mg/dl

End of the report
Results are to be correlate clinically

BX

Lab Technician / Technologist
Ranit Bhattacharjee

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

Patient Name: MRS. SHILPI DAS
UHID/MR No.: FSIN.0000014806
Visit Date: 04.06.2022
Sample collected on: 04.06.2022
Ref Doctor: SELF

Age/Gender: 35 Years / Female
OP Visit No.: FSINOPV17876
Reported on: 04.06.2022
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	1.38	0.35-5.50	μIU/ml
TOTAL T3: TRI IODOTHYRONINE – SERUM Method : CLIA	1.09	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 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

BK

Lab Technician / Technologist
Ranit Bhattacharjee

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

Patient Name: MRS. SHILPI DAS
UHID/MR No.: FSIN.0000014806
Visit Date: 04.06.2022
Sample collected on: 04.06.2022
Ref Doctor: SELF

Age/Gender: 35 Years / Female
OP Visit No.: FSINOPV17876
Reported on: 04.06.2022
Specimen: URINE

URINE ROUTINE EXAMINATION

URINE FOR ROUTINE EXAMINATION

Test Name	Result	Unit	Method
<u>PHYSICAL EXAMINATION</u>			
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
<u>CHEMICAL EXAMINATION</u>			
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
<u>MICROSCOPIC EXAMINATION</u>			
PUS CELL	1-2	/HPF	Light Microscopy
RBC	Not found	/HPF	Light Microscopy
EPITHELIAL CELL	4-5	/HPF	Light Microscopy
MICRO ORGANISM	Present(+)		
Others	Not found		

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

BK

Lab Technician / Technologist
Madhumita_Biswas

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

