

Medical Examination Form

Client ID :
 ID Proof : PAN Driving License Passport Voter ID Any other, please specify **Aadhar**

Please fill up the following details before conducting the medical examination:

Personal History

Name : **SOUMYAJEET SEN**
 Date of Birth : **21/10/1982** (DD/MM/YYYY)
 Occupation : **SERVICE** Married : Y N

Medical Examiner's Report

Measurements

Height (cms) : **170**

Weight (kg) : **63**

BMI :

Blood pressure reading in mm Hg (3 readings at 10 min intervals) :

12.30 $\frac{130}{90}$ 12.40 $\frac{125}{80}$ 12.50 $\frac{128}{86}$

Pulse Rate/min : **68**

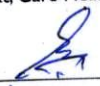
Respiratory Rate/min :

Chest Circumference (cms: Inspiration

Doctors Comment

Declaration by the Customer

I understand that, Care Health Insurance has the right to access my health reports and shall maintain full secrecy with respect to my individual health status.

Signature : 
 Name : **Soumyajeet Sen**
 Address : **Kalyangram, Palta PO, Bengal Enamel**
 24 PGS (N) WB 743122
 Phone : **8390219764**
 E-mail : **sencor82@gmail.com**



Lab No. : BKP/12-08-2023/SR8013659
 Patient Name : SOUMYAJEET SEN
 Age : 40 Y 9 M 22 D
 Gender : M

Lab Add. : Newtown, Kolkata-700156
 Ref Dr. : Dr.MEDICAL OFFICER
 Collection Date: 12/Aug/2023 08:18AM
 Report Date : 12/Aug/2023 01:27PM



Test Name	Result	Unit	Bio Ref. Interval	Method
BILI RUBIN (TOTAL) , GEL SERUM				
BILI RUBIN (TOTAL)	1.10	mg/dL	0.3-1.2	Vanadate oxidation
ALKALI NE PHOSPHATASE , GEL SERUM				
ALKALI NE PHOSPHATASE	79	U/L	46-116	IFCC standardization
PHOSPHORUS- I NORGANIC, BLOOD				
PHOSPHORUS- I NORGANIC	3.6	mg/dL	2.4-5.1 mg/dL	Phosphomolybdate/UV
SGOT/ AST				
SGOT/ AST	20	U/L	13-40	Modified IFCC
POTASSI UM, BLOOD				
POTASSI UM	4.10	mEq/L	3.5-5.5	ISE INDIRECT
CREATI NI NE, BLOOD				
CREATI NI NE	0.91	mg/dL	0.7-1.3	Jaffe, alkaline picrate, kinetic
GLUCOSE, FASTING				
GLUCOSE	86	mg/dL	Impaired Fasting-100-125 ~ Diabetes- >= 126.~ Fasting is defined as no caloric intake for at least 8 hours.	Gluc Oxidase Trinder

In the absence of unequivocal hyperglycemia, diagnosis requires two abnormal test results from the same sample or in two separate test samples.

Reference :
 ADA Standards of Medical Care in Diabetes – 2020. Diabetes Care Volume 43, Supplement 1.

CHLORI DE, BLOOD	102	mEq/L	99-109	ISE INDIRECT
URI C ACI D, BLOOD	8.00	mg/dL	3.5-7.2	Uricase/Peroxidase
THYROID PANEL (T3, T4, TSH) , GEL SERUM				
T3-TOTAL (TRI IODOTHYRONINE)	0.92	ng/ml	0.60-1.81 ng/ml	CLIA
T4-TOTAL (THYROXINE)	8.7	µg/dL	3.2-12.6	CLIA
TSH (THYROID STIMULATING HORMONE)	2.86	µIU/mL	0.55-4.78	CLIA

Serum TSH levels exhibit a diurnal variation with the peak occurring during the night and the nadir, which approximates to 50% of the peak value, occurring between 1000 and 1600 hours.[1,2]

References:

- Bugalho MJ, Domingues RS, Pinto AC, Garrao A, Catarino AL, Ferreira T, Limbert E and Sobrinho L. Detection of thyroglobulin mRNA transcripts in peripheral blood of individuals with and without thyroid glands: evidence for thyroglobulin expression by blood cells. *Eur J Endocrinol* 2001;145:409-13.
- Bellantone R, Lombardi CP, Bossola M, Ferrante A, Princi P, Boscherini M et al. Validity of thyroglobulin mRNA assay in peripheral blood of postoperative thyroid carcinoma patients in predicting tumor recurrence varies according to the histologic type: results of a prospective study. *Cancer* 2001;92:2273-9.

BIOLOGICAL REFERENCE INTERVAL: [ONLY FOR PREGNANT MOTHERS]



Lab No. : SR8013659 Name : SOUMYAJEET SEN Age/ G : 40 Y 9 M 22 D / M Date : 12-08-2023

Trimester specific TSH LEVELS during pregnancy:

FIRST TRIMESTER: 0.10 – 3.00 μ IU/mL

SECOND TRIMESTER: 0.20 -3.50 μ IU/mL

THIRD TRIMESTER : 0.30 -3.50 μ IU/mL

References:

1. Erik K. Alexander, Elizabeth N. Pearce, Gregory A. Brent, Rosalind S. Brown, Herbert Chen, Chrysoula Dosiou, William A. Grobman, Peter Laurberg, John H. Lazarus, Susan J. Mandel, Robin P. Peeters, and Scott Sullivan. *Thyroid*. Mar 2017. 315-389. <http://doi.org/10.1089/thy.2016.0457>
2. Kalra S, Agarwal S, Aggarwal R, Ranabir S. *Trimester-specific thyroid-stimulating hormone: An indian perspective. Indian J Endocr Metab* 2018;22:1-4.

SODIUM, BLOOD	139	mEq/L	132 - 146	ISE INDIRECT
GLUCOSE, PP	122	mg/dL	Impaired Glucose Tolerance-140 to 199.~ Diabetes>= 200.	Gluc Oxidase Trinder

The test should be performed as described by the WHO, using a glucose load containing the equivalent of 75-g anhydrous glucose dissolved in water. In the absence of unequivocal hyperglycemia, diagnosis requires two abnormal test results from the same sample or in two separate test samples.

Reference :
ADA Standards of Medical Care in Diabetes – 2020. *Diabetes Care* Volume 43, Supplement 1.

SGPT/ ALT	25	U/L	7-40	Modified IFCC
-----------	----	-----	------	---------------

Dr NEEPA CHOWDHURY
MBBS MD (Biochemistry)
Consultant Biochemist



Lab No. : SR8013659 Name : SOUMYAJEET SEN Age/ G : 40 Y 9 M 22 D / M Date : 12-08-2023

CBC WITH PLATELET (THROMBOCYTE) COUNT , EDTA WHOLE BLOOD

HEMOGLOBIN	14.5	g/dL	13 - 17	PHOTOMETRIC
WBC	7.8	*10 ³ /μL	4 - 10	DC detection method
RBC	4.80	*10 ⁶ /μL	4.5 - 5.5	DC detection method
PLATELET (THROMBOCYTE) COUNT	320	*10 ³ /μL	150 - 450* 10 ³	DC detection method/Microscopy

DIFFERENTIAL COUNT

NEUTROPHILS	51	%	40 - 80 %	Flowcytometry/Microscopy
LYMPHOCYTES	33	%	20 - 40 %	Flowcytometry/Microscopy
MONOCYTES	07	%	2 - 10 %	Flowcytometry/Microscopy
EOSINOPHILS	08	%	1 - 6 %	Flowcytometry/Microscopy
BASOPHILS	01	%	0-0.9%	Flowcytometry/Microscopy

CBC SUBGROUP

HEMATOCRIT / PCV	43.0	%	40 - 50 %	Calculated
MCV	89.5	fl	83 - 101 fl	Calculated
MCH	30.1	pg	27 - 32 pg	Calculated
MCHC	33.6	gm/dl	31.5-34.5 gm/dl	Calculated
RDW - RED CELL DISTRIBUTION WIDTH	15.6	%	11.6-14%	Calculated
PDW-PLATELET DISTRIBUTION WIDTH	13.8	fL	8.3 - 25 fL	Calculated
MPV-MEAN PLATELET VOLUME	8.3		7.5 - 11.5 fl	Calculated

ESR (ERYTHROCYTE SEDI MENTATI ON RATE) , EDTA WHOLE BLOOD

1stHour	20	mm/hr	0.00 - 20.00 mm/hr	Westergren
---------	----	-------	--------------------	------------

DR. NEHA GUPTA
MD, DNB (Pathology)
Consultant Pathologist

Lab No. : SR8013659 Name : SOUMYAJEET SEN Age/ G : 40 Y 9 M 22 D / M Date : 12-08-2023

TOTAL PROTEIN [BLOOD] ALB:GLO RATIO , .

TOTAL PROTEIN	7.40	g/dL	5.7-8.2 g/dL	BIURET METHOD
ALBUMIN	4.8	g/dL	3.2-4.8 g/dL	BCG Dye Binding
GLOBULIN	2.60	g/dl	1.8-3.2	Calculated
AG Ratio	1.85		1.0 - 2.5	Calculated
BI LI RUBIN (DI RECT)	0.30	mg/dL	<0.2	Vanadate oxidation

Suggested follow up

Correlate clinically

URIC ACID, URINE, SPOT URINE


URIC ACID, SPOT URINE	29.00	mg/dL	37-92 mg/dL	URICASE
-----------------------	-------	-------	-------------	---------

ESTIMATED TWICE

Suggested follow up

Correlate clinically

□


Dr. SANCHAYAN SINHA
 MBBS, MD, DNB (BIOCHEMISTRY)
 CONSULTANT BIOCHEMIST



Lab No. : SR8013659 Name : SOUMYAJEET SEN Age/ G : 40 Y 9 M 22 D / M Date : 12-08-2023

UREA,BLOOD	17.1	mg/dL	19-49	Urease with GLDH
LIPID PROFILE , GEL SERUM				
CHOLESTEROL-TOTAL	205	mg/dL	Desirable: < 200 mg/dL Borderline high: 200-239 mg/dL High: > or = 240 mg/dL	Enzymatic
TRIGLYCERIDES	113	mg/dL	Normal:: < 150, BorderlineHigh::150-199, High:: 200-499, VeryHigh::> 500	GPO-Trinder
HDL CHOLESTEROL	46	mg/dl	< 40 - Low 40-59- Optimum 60 - High	Elimination/catalase
LDL CHOLESTEROL DIRECT	155	mg/dL	OPTIMAL : < 100 mg/dL, Near optimal/ above optimal : 100-129 mg/dL, Borderline high : 130-159 mg/dL, High : 160-189 mg/dL, Very high : >= 190 mg/dL	Elimination / Catalase
VLDL	4	mg/dl	< 40 mg/dl	Calculated
CHOL HDL Ratio	4.5		LOW RISK 3.3-4.4 AVERAGE RISK 4.47-7.1 MODERATE RISK 7.1-11.0 HIGH RISK >11.0	Calculated

Reference: National Cholesterol Education Program. Executive summary of the third report of The National Cholesterol Education Program (NCEP) Expert Panel on detection, evaluation, and treatment of high blood cholesterol in adults (Adult Treatment Panel III). JAMA. May 16 2001;285(19):2486-97.

PDF Attached

GLYCATED HAEMOGLOBIN (HBA1C) , EDTA WHOLE BLOOD

GLYCATED HEMOGLOBIN (HBA1C)	5.5	%	*** FOR BIOLOGICAL REFERENCE INTERVAL DETAILS , PLEASE REFER TO THE BELOW MENTIONED REMARKS/NOTE WITH ADDITIONAL CLINICAL INFORMATION ***
HbA1c (IFCC)	36.0	mmol/mol	HPLC

Clinical Information and Laboratory clinical interpretation on Biological Reference Interval:

- Low risk / Normal / non-diabetic : <5.7% (NGSP) / < 39 mmol/mol (IFCC)
- Pre-diabetes/High risk of Diabetes : 5.7%- 6.4% (NGSP) / 39 - < 48 mmol/mol (IFCC)
- Diabetics-HbA1c level : >/= 6.5% (NGSP) / > 48 mmol/mol (IFCC)

Analyzer used : Bio-Rad-VARIANT TURBO 2.0
Method : HPLC Cation Exchange

Recommendations for glycemc targets

- Ø Patients should use self-monitoring of blood glucose (SMBG) and HbA1c levels to assess glycemc control.
- Ø The timing and frequency of SMBG should be tailored based on patients' individual treatment, needs, and goals.
- Ø Patients should undergo HbA1c testing at least twice a year if they are meeting treatment goals and have stable glycemc control.
- Ø If a patient changes treatment plans or does not meet his or her glycemc goals, HbA1c testing should be done quarterly.
- Ø For most adults who are not pregnant, HbA1c levels should be < 7% to help reduce microvascular complications and macrovascular disease . Action suggested > 8% as it indicates poor control.
- Ø Some patients may benefit from HbA1c goals that are stringent.

Result alterations in the estimation has been established in many circumstances, such as after acute/ chronic blood loss, for example, after surgery, blood transfusions, hemolytic anemia, or high erythrocyte turnover; vitamin B₁₂/ folate deficiency, presence of chronic renal or liver disease; after administration of high-dose vitamin E / C; or erythropoietin treatment.

Reference: Glycated hemoglobin monitoring BMJ 2006; 333;586-8

References:

- Chamberlain JJ, Rhinehart AS, Shaefer CF, et al. Diagnosis and management of diabetes: synopsis of the 2016 American Diabetes Association Standards of Medical Care in

Lab No. : BKP/12-08-2023/SR8013659



Lab No. : SR8013659 Name : SOUMYAJEET SEN Age/ G : 40 Y 9 M 22 D / M Date : 12-08-2023

Diabetes. Ann Intern Med. Published online 1 March 2016. doi:10.7326/M15-3016.
 2. Mosca A, Goodall I, Hoshino T, Jeppsson JO, John WG, Little RR, Miedema K, Myers GL, Reinauer H, Sacks DB, Weykamp CW. International Federation of Clinical Chemistry and Laboratory Medicine, IFCC Scientific Division. Global standardization of glycated hemoglobin measurement: the position of the IFCC Working Group. *Clin Chem Lab Med.* 2007;45(8):1077-1080.

CALCIUM, BLOOD 9.30 mg/dL 8.7-10.4 mg/dL Arsenazo III

DR. ANANNYA GHOSH
MBBS, MD (Biochemistry)
Consultant Biochemist



Lab No. : SR8013659 Name : SOUMYAJEET SEN Age/ G : 40 Y 9 M 22 D / M Date : 12-08-2023

BLOOD GROUP ABO+ RH [GEL METHOD] , EDTA WHOLE BLOOD

ABO	B	Gel Card
RH	POSITIVE	Gel Card

TECHNOLOGY USED: GEL METHOD

ADVANTAGES :

- Gel card allows simultaneous forward and reverse grouping.
- Card is scanned and record is preserved for future reference.
- Allows identification of Bombay blood group.
- Daily quality controls are run allowing accurate monitoring.

Historical records check not performed.

DR. A. SHARMA
MBBS. MD (Path)
DM (Hematopathology)
PGIMER Chandigarh
Consultant Hematopathologist



Lab No. : SR8013659 Name : SOUMYAJEET SEN Age/ G : 40 Y 9 M 22 D / M Date : 12-08-2023

URINE ROUTINE ALL, ALL, URINE

PHYSICAL EXAMINATION

COLOUR PALE YELLOW
APPEARANCE SLIGHTLY HAZY

CHEMICAL EXAMINATION

pH	7.0	4.6 - 8.0	Dipstick (triple indicator method)
SPECIFIC GRAVITY	1.010	1.005 - 1.030	Dipstick (ion concentration method)
PROTEIN	NOT DETECTED	NOT DETECTED	Dipstick (protein error of pH indicators)/Manual
GLUCOSE	NOT DETECTED	NOT DETECTED	Dipstick (glucose-oxidase-peroxidase method)/Manual
KETONES (ACETOACETIC ACID, ACETONE)	NOT DETECTED	NOT DETECTED	Dipstick (Legals test)/Manual
BLOOD	NOT DETECTED	NOT DETECTED	Dipstick (pseudoperoxidase reaction)
BILIRUBIN	NEGATIVE	NEGATIVE	Dipstick (azo-diazo reaction)/Manual
UROBILINOGEN	NEGATIVE	NEGATIVE	Dipstick (diazonium ion reaction)/Manual
NITRITE	NEGATIVE	NEGATIVE	Dipstick (Griess test)
LEUCOCYTE ESTERASE	NEGATIVE	NEGATIVE	Dipstick (ester hydrolysis reaction)

MICROSCOPIC EXAMINATION

LEUKOCYTES (PUS CELLS)	0-1	/hpf	0-5	Microscopy
EPITHELIAL CELLS	0-1	/hpf	0-5	Microscopy
RED BLOOD CELLS	NOT DETECTED	/hpf	0-2	Microscopy
CAST	NOT DETECTED		NOT DETECTED	Microscopy
CRYSTALS	NOT DETECTED		NOT DETECTED	Microscopy
BACTERIA	NOT DETECTED		NOT DETECTED	Microscopy
YEAST	NOT DETECTED		NOT DETECTED	Microscopy

- Note:**
- All urine samples are checked for adequacy and suitability before examination.
 - Analysis by urine analyzer of dipstick is based on reflectance photometry principle. Abnormal results of chemical examinations are confirmed by manual methods.
 - The first voided morning clean-catch midstream urine sample is the specimen of choice for chemical and microscopic analysis.
 - Negative nitrite test does not exclude urinary tract infections.
 - Trace proteinuria can be seen in many physiological conditions like exercise, pregnancy, prolonged recumbency etc.
 - False positive results for glucose, protein, nitrite, urobilinogen, bilirubin can occur due to use of certain drugs, therapeutic dyes, ascorbic acid, cleaning agents used in urine collection container.
 - Discrepancy between results of leukocyte esterase and blood obtained by chemical methods with corresponding pus cell and red blood cell count by microscopy can occur due to cell lysis.
 - Contamination from perineum and vaginal discharge should be avoided during collection, which may falsely elevate epithelial cell count and show presence of bacteria and/or yeast in the urine.

Bidisha Chakraborty
Dr. Bidisha Chakraborty
 Consultant Pathologist
 MD, DNB (Pathology)
 Dip RC Path(UK)

Lab No. : BKP/12-08-2023/SR8013659
Patient Name : SOUMYAJEET SEN
Age : 40 Y 9 M 22 D
Gender : M

Lab Add. :
Ref Dr. : Dr.MEDICAL OFFICER
Collection Date:
Report Date : 12/Aug/2023 01:18PM



E.C.G. REPORT

DATA	
HEART RATE	76 Bpm
PR INTERVAL	144 Ms
QRS DURATION	94 Ms
QT INTERVAL	344 Ms
QTC INTERVAL	391 Ms
AXIS	
P WAVE	56 Degree
QRS WAVE	62 Degree
T WAVE	42 Degree
IMPRESSION	: Normal sinus rhythm, within normal limits.

□

Dr. A C RAY
Department of Non-invasive
Cardiology

Lab No. : BKP/12-08-2023/SR8013659
Patient Name : SOUMYAJEET SEN
Age : 40 Y 9 M 22 D
Gender : M

Lab Add. :
Ref Dr. : Dr.MEDICAL OFFICER
Collection Date:
Report Date : 12/Aug/2023 04:43PM



X-RAY REPORT OF CHEST (PA)


FINDINGS :

No active lung parenchymal lesion is seen.
Both the hila are normal in size, density and position.
Mediastinum is in central position. Trachea is in midline.
Domes of diaphragm are smoothly outlined. Position is within normal limits.
Lateral costo-phrenic angles are clear.
The cardio-thoracic ratio is normal.
Bony thorax reveals no definite abnormality.

IMPRESSION :

Normal study.

□


Dr. Anoop Sastry
MBBS, DMRT(CAL)
CONSULTANT RADIOLOGIST
Registration No.: WB-36628

Lab No. : BKP/12-08-2023/SR8013659
Patient Name : SOUMYAJEET SEN
Age : 40 Y 9 M 22 D
Gender : M

Lab Add. :
Ref Dr. : Dr.MEDICAL OFFICER
Collection Date:
Report Date : 12/Aug/2023 03:15PM



DEPARTMENT OF ULTRASONOGRAPHY

REPORT ON EXAMINATION OF WHOLE ABDOMEN

LIVER

Liver is normal in size (12.42 cm.) having **grade-I fatty change**. No focal parenchymal lesion is evident. Intrahepatic biliary radicles are not dilated. Branches of portal vein are normal.

PORTA

The appearance of porta is normal. Common Bile duct is (0.43 cm.) with no intraluminal pathology (Calculi/mass) could be detected at its visualized part. Portal vein is normal (0.95 cm.) at porta.

GALL BLADDER

Gallbladder is physiologically distended. Wall thickness appears normal. No intraluminal pathology (Calculi/mass) could be detected.

PANCREAS

Echogenicity appears within limits, without any focal lesion. Shape, size & position appears normal. No calculus disease noted. Pancreatic duct is not dilated. No peri-pancreatic collection of fluid noted.

SPLEEN

Spleen is normal in size (11.1 cm.). Homogenous and smooth echotexture without any focal lesion. Splenic vein at hilum appears normal. No definite collaterals could be detected.

KIDNEYS

Both the kidneys are normal in shape, size (Rt. kidney 9.61 cm. & Lt. kidney 9.57 cm.) axes & position. Cortical echogenicity appears normal maintaining cortico-medullary & cortico-hepatic differentiation. Margin is regular and cortical thickness is uniform. No calculus disease noted. No hydronephrosis changes detected. Visualized part of upper ureters are not dilated.

URINARY BLADDER

Urinary bladder is distended, wall thickness appeared normal. No intraluminal pathology (calculi/mass) could be detected.

PROSTATE

Prostate is normal in size. Echotexture appears within normal limits. No focal alteration of its echogenicity could be detectable.

It measures : 3.64 cm x 3.39 cm x 3.33 cm

Approximate weight could be around = 21.5 gms

RETROPERITONEUM & PERITONEUM

No ascites noted. No definite evidence of any mass lesion detected. No detectable evidence of enlarged lymph nodes noted. Visualized part of aorta & IVC are within normal limit.

Lab No. : BKP/12-08-2023/SR8013659
Patient Name : SOUMYAJEET SEN
Age : 40 Y 9 M 22 D
Gender : M

Lab Add. :
Ref Dr. : Dr.MEDICAL OFFICER
Collection Date:
Report Date : 12/Aug/2023 03:15PM



IMPRESSION :

Grade-I fatty change in liver.

Kindly note

- Ultrasound is not the modality of choice to rule out subtle bowel lesion.
- Please Intimate us for any typing mistakes and send the report for correction within 7 days.
- The science of Radiological diagnosis is based on the interpretation of various shadows produced by both the normal and abnormal tissues and are not always conclusive. Further biochemical and radiological investigation & clinical correlation is required to enable the clinician to reach the final diagnosis.

The report and films are not valid for medico-legal purpose.

Patient Identity not verified.

Avisek Nath
DR. AVISEK NATH
MD (Radio-diagnosis)

Patient Data

Sample ID: D02132237183
 Patient ID: SR8013659
 Name:
 Physician:
 Sex:
 DOB:

Analysis Data

Analysis Performed: 12/AUG/2023 13:04:26
 Injection Number: 1915U
 Run Number: 34
 Rack ID: 0003
 Tube Number: 4
 Report Generated: 12/AUG/2023 13:33:42
 Operator ID: TRISHA

Comments:

Peak Name	NGSP %	Area %	Retention Time (min)	Peak Area
A1a	---	1.0	0.164	22932
A1b	---	1.8	0.233	39937
LA1c	---	1.8	0.408	40463
A1c	5.5	---	0.515	105561
P3	---	3.3	0.789	75947
P4	---	1.3	0.869	29266
Ao	---	86.2	0.981	1963681

Total Area: 2,277,787

HbA1c (NGSP) = 5.5 % HbA1c (IFCC) = 36 mmol/mol

