



भारत सरकार
GOVERNMENT OF INDIA



सर्मिस्था बिसवास भौमिक
Sarmistha Biswas Bhaumik
जन्म तिथि / DOB : 03/03/1982
महिला / FEMALE



2354 6072 1546

आधार - आम आदमी का अधिकार

Sarmistha

APOLLO CLINIC OM TOWER
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Division



भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:

अध्यागिनी: सुरजीत बिसवास, फ्लैट
न. 1बी, शुक्ल शरी अपार्टमेंट, 8/11
बैंक पार्क, बरकपोर, बार्कपोरे (एम),
नॉर्थ 24 परगानास, वेस्ट बंगाल,
700122

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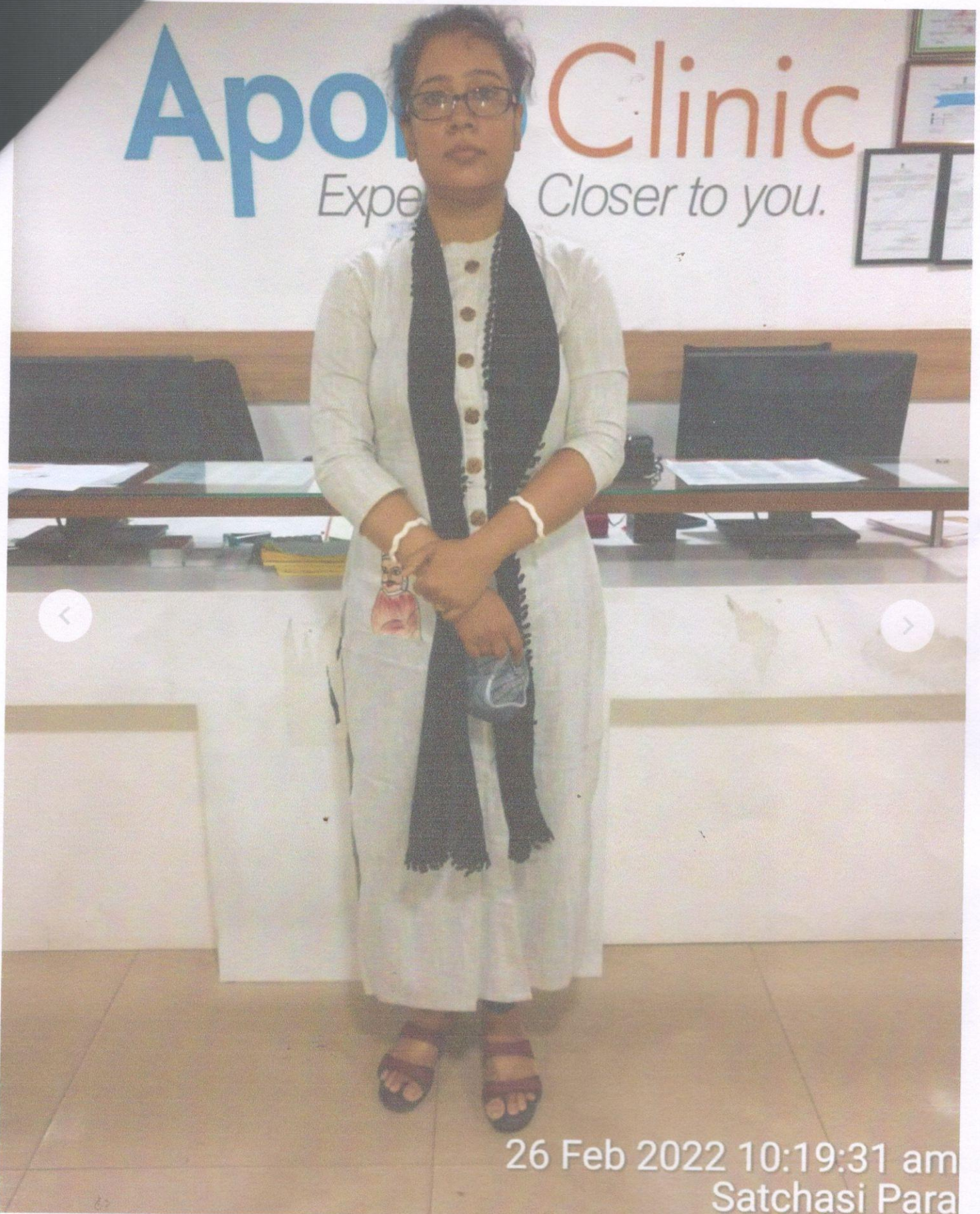


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Apollo Clinic

Expe Closer to you.



26 Feb 2022 10:19:31 am
Satchasi Para

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2022-02-26 14:33

APOLLO CLINIC ON TOWER
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26-02-2022, 18:10



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26-02-2022, 18:15

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

MR. NO- FSIN.0000000

SEX-FEMALE

NAME:-SARMISTHA BISWAS BHAUMIK

EXAMINATION DATE-26/02/2022

AGE-39 YRS

REPORT DATE-26/02/2022

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

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NAME: MRS. SARMISTHA BISWAS BHAUMIK	AGE: 39YRS	SEX:FEMALE
REF BY: SELF(CORPORATE)	MR NO:FSIN-0000	DATE: 26/02/2022

ULTRASOUND OF WHOLE ABDOMEN

LIVER : Liver is **marginal size(15.02cm)**, 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 distended .Wall is normal limits. No calculus or mass is seen within the gall bladder.

SPLEEN: It is normal in size **(8.03cm)**, 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 – **(09.22cm)**.

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 –**(10.35cm)**.

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

UTERUS It is **elongated**, shape and echotexture. It is anteverted. No SOL is seen in the myometrium. Uterine cavity is empty. Uterus measures- **(3.33cmX5.48cmX3.54cm)** Endometrial thickness is normal measures- **0.73cm**

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

measures-**(3.12cmX3.26cmX1.53cm)**

- **Bilateral polycystic right ovary(8cc).**

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

measures-**(2.50cmX2.71cmX1.63cm)**

- **Policystic left ovary(5cc).**



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IMPRESSION:

- LO-POLYCYSTIC OVARIE.
- RO-BILATERAL POLYCYSTIC OVARIE.



A.K.ROY

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

Certificate on CEBT Abdomino Pelvic, USG(WBHSU)

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Patient Name: MRS. SARMISTHA BISWAS BHAUMIK
UHID/MR No.: FSIN.0000014122
Visit Date: 26.02.2022
Sample collected on: 26.02.2022
Ref Doctor: SELF

Age/Gender: 39 Years / Female
OP Visit No.: FSINOPV17175
Reported on: 26.02.2022
Specimen: BLOOD
Opp. of Rabindra Bharati University

DEPARTMENT OF HAEMATOLOGY

TEST NAME	RESULT	BIOLOGICAL REFERENCE	UNIT
COMPLETE BLOOD COUNT			
HAEMOGLOBIN	11.4	Female 11.5-14.5 Male 12.5-16.5	gm%
Method: Non cyanideSis Based			
RBC COUNT	3.8	Female 3.8-4.8 Male 4.5-5.5	mill/Cumm
Method: Electrical Impedence			
HEMATOCRIT (PCV)	36.0	Female 36-46 Male 42-52	%
MCV	94.7	83-101 fl	fl
Method: Calculated			
MCH	30.0	27-32 pg	pg
Method: Calculated			
MCHC	31.6	31.5-34.5	%
Method: Calculated			
PLATELET COUNT	2.38	1.5-4.5 lakhs/cu mm	Lakhs/cumm
Method: Electrical Impedence			
TOTAL WBC COUNT	5300	4000-11000	/cumm
Method: Electrical Impedence			
NEUTROPHIL	68	40-80	%
Method: Microscopy			
LYMPHOCYTE	27	20-45	%
Method: Microscopy			
MONOCYTE	03	2-10	%
Method: Microscopy			
EOSINOPHIL	02	1-6	%
Method: Microscopy			
BASOPHIL	00	<1-2	%
Method: Microscopy			
ESR	25	Male:12 Female:19	mm/hr mm/hr
Method: westergreen's			

Note: RBC are Normocytic with normochromic.

INSTRUMENT USED:

SYMEX (XP 100)

*Please correlate with clinical conditions.


End of the report

BK

Lab Technician/Technologist
Madhumita_Biswas

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

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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) GLUCOSE- (FASTING) Method: (GOD-POD)	81.0	70.0- 110.0	mg/dl
GLUCOSE- (POST PRANDIAL) GLUCOSE- (POST PRANDIAL) Method: (GOD-POD)	115.0	80.0- 140.0	mg/dl

End of the report

Results are to be correlate clinically

BK

Lab Technician / Technologist
Madhumita_Biswas

DR. BIPARNAK HALDAR
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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	4.1	%	Excellent Control: <4 Good Control: 4-6 Fair Control : >6-7 Action Suggested: >7-8 Poor Control : >8
<i>Methodology: HPLC Instrument Used: Bio-Rad D-10</i>			
Estimated Average Glucose (EAG)	102	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

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DEPARTMENT OF LABORATORY MEDICINE

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVALS	UNITS
LIPID PROFILE Triglyceride Method: GPO-POD	125	<200	mg/dl
Cholesterol Method: CHO - POD	192	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	51	50-80mg/dl	mg/dl
LDL CHOLESTEROL [DIRECT] Method: PVS and PEGME Coupled	116	<130.0 mg/dl	mg/dl
VLDL CHOLESTEROL	25	20-35 mg/dl	mg/dl
CHOLESTEROL: HDL RATIO	3.7		
LDL: HDL RATIO	2.2		

End of the report

Results are to be correlate clinically

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Madhumita_Biswas

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DEPARTMENT OF LABORATORY MEDICINE

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVALS	UNITS
LIVER FUNCTION TEST (PACKAGE) BILIRUBIN- TOTAL Method: Daizo	0.8	1.1 Adult	mg/dl
BILIRUBIN- DIRECT Method: Daizo with DPD	0.2	Adult & Children: <0.25	mg/dl
BILIRUBIN- INDIRECT Method: calculated	0.6	0.1-1.0	mg/dl
TOTAL- PROTIEN Method: Photometric UV test	6.9	Adult: 6.6-8.8	gms/dl
ALBUMIN Method: BCG	4.5	3.5-5.2	gms/dl
GLOBULIN Method: calculated	2.4	1.8-3.0	gms/dl
A:G Ratio	1.8:1		
SGOT/AST Method: IFCC WITHOUT P5P	21	up to 45	U/L
SGPT/ALT Method: IFCC WITHOUT P5P	28	up to 40	U/L
ALKA-PHOS Method: PNPP- AMP BUFFER	236	Adult: 20-220 Child: 104-380	U/L
GGT [Gamma Glutamyl Transferase] *Please correlate with clinical conditions.	19	7-32	U/L

End of the report

BL

Lab Technician / Technologist

Susmita Saha

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Reported on: 26.02.2022
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) BLOOD UREA NITROGEN (BUN) Method: Calculated	11.0	8 - 20	mg/ dl
CREATININE Methodology: Jaffe Reaction Instrument Used: FULLY AUTOMATED ANALYZER EM-200	0.87	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 Method: Uricase	4.89	Female: 2.6 - 6.0 Male: 3.4 - 7.0	mg/dl

End of the report

Results are to be correlate clinically

BL

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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	0.98	0.35-5.50	µU/ml
TOTAL T3: TRI IODOTHYRONINE – SERUM Method : CLIA	0.95	0.87 – 1.78	ng/dl
TOTAL T4: THYROXINE – SERUM Method : CLIA	8.15	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

BK

Lab Technician / Technologist
Ranit Bhattacharjee

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Age/Gender: 39 Years / Female
OP Visit No.: FSINOPV17175
Reported on: 26.02.2022
Specimen: URINE

URINE ROUTINE EXAMINATION

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	1.010		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	4-5	/HPF	Light Microscopy
MICRO ORGANISM	Present(+)		
Others	Not found		

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

BL

Lab Technician / Technologist
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