

John





· 51 sts

# ভারতীয় বিশিষ্ট পরিচয় প্রাধিকরণ UNIQUE IDENTIFICATION AUTHORITY OF INDIA

ঠিকালা: 5এ, কুমারটুলী স্থীট, হাটখোলা, হাটখোলা, কোলকাভা, পশ্চিমবঙ্গ, 700005 Address: 5A, KUMARTULI STREET, HATKHOLA, Hatkhola S.O, Hatkhola, Kolkata, West Bengal, 700005



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(D)



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

MR. NO- FSIN.0000000

**SEX-FEMALE** 

NAME: -VAIJAYANTI JOSHI

EXAMINATION DATE-09/07/2022

AGE-33 YRS

REPORT DATE-09/07/2022

REF DR:- SELF

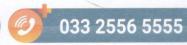
## **FINDINGS**:

- 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.



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. VAIJANTI JOSHI	AGE: 33 YRS	SEX: FEMALE	1
REF BY: SELF	MR NO:FSIN-0000	DATE: 9/07/2022	-

### **ULTRASOUND OF WHOLE ABDOMEN**

<u>LIVER</u>: Liver is **Enlarged moderate fatty changes seen** in size, 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 **(0.33 cm)** in diameter. The portal vein measures **(1.03 cm)** at porta.

<u>GALL BLADDER</u>: Gall bladder is normal. Wall is normal. No calculus or mass is seen within the gall bladder.

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

**SPLEEN:** It is normal in size **(8.01cm)**, Shape, Outline and echotexture. No parenchymal lesion is noted.

<u>RIGHT KIDNEY</u>: kidney are normal in position, size, shape, outline and echotexture. The cortico medullary differentiation is maintained. No calculus or hydronephrosis is seen.

<u>RIGHT KIDNEY</u>: measures – (10.50 cm).

**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 \*(9.74 cm).

URINARY BLADDER: Empty.

Uterus and Ovaries could not be visualized.

IMPESSION:-

• HEPATOMEGALY WITH MODERATE FATTY CHANGES.

DR.SUSMITA CHOWDHURY CONSULTANT SONOLOGIST M.B.B.S, MD.







Apollo Clinic Expertise. Closer to you.

APOLLO CLINIC @ OM TOWER

Opp. of Rabindra Bharati University

09/07/2022

To, The Maneger Apollo Clinic, Sinther Mae Lol-700002

> Sub-Conelele to tororiæle Semple to Strol fest

Respected Sin,

I, Mrs. Vaijayanti Joshi, EC 178478,
an employee of the Benth of Baroda, alongwith
any hurfand MR. KUNAR SAHA, is unable to provide
Sample on the shoot fest as we are for from the
fest Centre:

Please approve our fests and

do the needful.

Thousking Sou,

Jours feighfuly)



NAME: MRS. VAIJANTI JOSHI	DATE: 9.07.2022	MR. NO- FSIN-0000	
AGE: 33 YRS	SEX : FEMALE	REF BY: SELF	

### **ECHOCARDIOGRAPHY 2D**

PARAMETER	TEST VALUE	<b>NORMAL RANGE</b>
Aortic root diameter	3.05cm	2.0-4.0 cm
Left atrial diameter	3.05cm	2.0-4.0 cm
RV internal diameter	2.1cm	0.6-2.3 cm
IV septal thickness (diastole)	0.93cm	0.60-1.10 cm
LV internal diameter (diastole)	3.54cm	3.50-5.60 cm
Post wall thickness(diastole)	0.93cm	0.60-1.10 cm
LV internal diameter (systole)	2.11cm	2.40-4.20 cm
LV Ejection fraction	64%	55%-75%

#### 1. Left Ventricle:

Cavity Size & wall thickness

: Within Normal Limits.

LV wall motion study

: No regional wall motion abnormality.

Systolic function

Good.

Diastolic compliance

: Reduced.

#### 2. Left Atrium:

Normal size, no mass in the appendage.

### 3. Right Ventricle and Right Atrium:

Normal size, Good RV systolic function.

### 4. Mitral Valve:

Normal leaflets, good excursion, normal Subvalvular apparatus. Trivial MR

#### 5. Aortic Valve:

Three cusps, good systolic excursion.







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## 6. Tricuspid Valve:

Normal leaflets, normal sized annulus. TR Gradient= 18.9 mmHg

### 7. Pulmonary Valve:

Normal cusps, good systolic excursion.

#### 8. Ventricular Septum:

Intact

### 9. Inter Atrial Septum:

Intact

#### 11.Pericardium:

No thickness, no effusion.

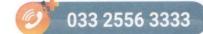
#### 12.Others:

No intra-cardiac mass.

### **IMPRESSION:**

- NO RWMA.
- LVEF=64%
- PASP= 28 mmHg.
- TRIVIAL MR.

Dr. SIDDHARTHA KUNDU MBBS(CAL), PGDCC, CCEBDM CLINICAL CARDIOLOGIST







Patient Name: MRS. VAIJAYANTI JOSHI UHID/MR No.: FSIN.0000015032

Visit Date: 09.07.2022

Sample collected on: 09.07.2022

Ref Doctor: SELF

Age/Gender: 33 Years / Female OP Visit No.: FSINOPV18103 Reported on: 09.07.2022 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





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## DEPARTMENT OF HAEMATOLOGY

TEST NAME	RESULT	BIOLOGICAL REFERENCE	UNIT
COMPLETE BLOOD COUNT			
HEMOGLOBIN .	12.4	Female 11.5-14.5	gm%
Method: Cyanmethemoglobin		Male 12.5-16.5	61170
RBC COUNT	4.4	Female 3.8-4.8	mill/Cumm
Method: Electronic Impedance		Male 4.5-5.5	
HEMATOCRIT (PCV)	38.5	Female 36-46	%
		Male 42-52	
MCV	87.5	83-101 fl	fl
Method: Calculated			
MCH	28.1	27-32 pg	pg
Method: Calculated MCHC			
Method: Calculated	32.2	31.5-34.5	- %
PLATELET COUNT	4.70		
Method: Electronic Impedance	1.72	1.5-4.5 lakhs/cu mm	Lakhs/cumm
TOTAL WBC COUNT (TC)	8,800	4.000 11.000	
Method: Electronic Impedance	0,000	4,000-11,000	/cumm
DIFFERENTIAL COUNT (DC)			
Method: Microscopy			
NEUTROPHIL	58	40-70	%
LYMPHOCYTE	39	20-45	%
MONOCYTE	01	2-8	%
EOSINOPHIL *	02	1-4	%
BASOPHIL	00	<1-2	%
ESR	27	Male:12	mm/hr
Method: westergreen		Female:19	
Note: RBC are normocytic with normo	ochromic.		
INICTOLINAENT LICED			

INSTRUMENT USED: SYSMEX (XP 100)

\*\*\*End of the report\*\*\*

Lab Technician/Technologist Ranit Bhattacharjee





<sup>\*</sup>Please correlate with clinical conditions.





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Specimen: BLOOD

## **DEPARTMENT OF LABORATORY MEDICINE**

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVALS	UNITS
GLUCOSE- (FASTING) Method: (GOD-POD)	78.0	70.0- 110.0	mg/dl
GLUCOSE- (POST PRANDIAL) Method: (GOD-POD)	89.0	80.0- 140.0	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



033 2556 3333







Patient Name: MRS. VAIJAYANTI JOSHI

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Specimen: BLOOD

## DEPARTMENT OF SPECIAL BIOCHEMISTRY REPORT PREPARED ON PATHOLOGY

Test Name	Value	Unit	Normal Range
Glycosylated Haemoglobin (HbA1c), HPLC Glycosylated Haemoglobin (HbA1c), HPLC	3.9	%	Excellent Control: <4 Good Control: 4-6 Fair Control : >6-7 Action Suggested: >7-8
Methodology: HPLC Instrument Used: Bio-Rad D-10			Poor Control : >8
Estimated Average Glucose (EAG)	95.0	mg/dL	Excellent Control: 90-120
			Good Control: 120-150 Fair Control: > 150-180 Action Suggested: 181-210
			Panic Value: >211

#### Comment

- 1. For patients with Hb variant diseases there may be lowering of HbA1c due to low HBA synthesis.
- 2. EAG is value calculated from HbA1c & indicates average glucose level over past three months.

Factors that interfere with HbA1c Measurement: Genétic 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 very depending on the specific Hb variant or derivative and the specific HbA1c

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

Susmita Saha **APOLLO CLINIC @ OM TOWER** Opp. of Rabindra Bharati University

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DR. BIPARNAK HALDAR MBBS, MD (PATHOLOGY)

CONSULTANT PATHOLOGIST





Patient Name: MRS. VAIJAYANTI JOSHI

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Specimen: BLOOD

## DEPARTMENT OF LABORATORY MEDICINE

TEST NAME LIPID PROFILE	RESULT	BIOLOGICAL REFERENCE	UNITS
Triglyceride Method: GPO-POD	74.0	INTERVALS <200	mg/dl
Cholesterol Method: CHO - POD	104.0	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	38.0	30-80mg/dl	mg/dl
LDL CHOLESTEROL [DIRECT] Method: PVS and PEGME Coupled	51.2	<130.0 mg/dl	mg/dl
VLDL CHOLESTEROL	14.8	20-35 mg/dl	mg/dl
CHOLESTEROL: HDL RATIO	2.7		
LDL: HDL RATIO	1.3		

## End of the report

Results are to be correlate clinically

Lab Technician / Technologist Ranit Bhattacharjee

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

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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	0.63	1.1 Adult	mg/dl
BILIRUBIN- DIRECT Method: Daizo with DPD	0.14	Adult & Children: <0.25	mg/dl
BILIRUBIN- INDIRECT Method: calculated	0.49	0.1-1.0	mg/dl
TOTAL- PROTIEN  Method: Photometric UV test	7.15	Adult: 6.6-8.8	gms/dl
ALBUMIN Method: BCG	4.29	3.5-5.2	gms/dl
GLOBULIN Method: calculated	2.86	1.8-3.0	gms/dl
A:G Ratio	1.50:1		
SGOT/AST Method: IFCC WITHOUT P5P	32.6	up to 45	U/L
SGPT/ALT Method: IFCC WITHOUT P5P*	9.0	up to 40	U/L
ALKA-PHOS Method: PNPP- AMP BUFFER	54.3	Adult: 20-220 Child: 104-380	U/L
GGT [Gamma Glutamyl Transferase] *Please correlate with clinical condition	12.0 ons.	7-32	U/L

\*\*\*End of the report\*\*\*

Lab Technician / Technologist Ranit Bhattacharjee







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Specimen: BLOOD

## DEPARTMENT OF LABORATORY MEDICINE

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVALS	UNITS
BLOOD UREA NITROGEN (BU Method: Calculated	N) 11.6	8 - 20	mg/dl
CREATININE  Methodology: Jaffe Reaction Instrument Used: FULLY AUTOM	0.60 NATED ANALYZER EM-200	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	mg/dl
BUN: CREATININE RATIO	19.3	Adolescent: 0.5-1.0	
URIC ACID Method: Uricase	4.70	Female: 2.6 - 6.0 Male: 3.4 - 7.0	mg/dl

End of the report
Results are to be correlate clinically

BK

Lab Technician / Technologist Ranit Bhattacharjee









Patient Name: MRS. VAIJAYANTI JOSHI

UHID/MR No.: FSIN.0000015032

Visit Date: 09.07.2022

Sample collected on: 09.07.2022

Ref Doctor: SELF

Age/Gender: 33 Years / Female OP Visit No.: FSINOPV18103 Reported on: 09.07.2022

Specimen: BLOOD

## DEPARTMENT OF LABORATORY MEDICINE

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVALS	UNIT
TSH:THYROID STIMULATING HORMONE-SERUM Method : CLIA	2.87	0.35-5.50	μIU/ml
TOTAL T3: TRI IODOTHYRONINE – SERUM Method : CLIA	1.08	0.87 - 1.78	ng/di
TOTAL T4: THYROXINE - SERUM Method : CLIA	9.65	8.09 – 14.03	μg/DI

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  $\mu$ IU/mL need to be clinically correlated due to presence of a rare TSH variant in some

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













Patient Name: MRS. VAIJAYANTI JOSHI UHID/MR No.: FSIN.0000015032

Visit Date: 09.07.2022

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Ref Doctor: SELF

Age/Gender: 33 Years / Female OP Visit No.: FSINOPV18103 Reported on: 09.07.2022

Specimen: URINE

## URINE ROUTINE EXAMINATION

	URINE FOR ROU	TINE EXAMINATIO	N.
<u>Test Name</u>	Result	Unit	Method
PHYSICAL EXAMINATION QUANTITY COLOUR APPEARANCE REACTION SPECIFIC GRAVITY	40 Straw Slightly hazy Acidic 1.010	ml	Container Measurement Naked Eye Observation Naked Eye Observation Multiple Reagent Strip Multiple Reagent Strip
CHEMICAL EXAMINATION BLOOD ALBUMIN BILE PIGMENT BILE SALT KETONE BODIES SUGAR	Nil Nil Nil Nil Nil		Multiple Reagent Strip Multiple Reagent Strip / Heat & Acetic Acid Fuchet's Test Hey's Sulphur Test Multiple Reagent Strip / Rothera Test Multiple Reagent Strip / Benedict
MICROSCOPIC EXAMINATION PUS CELL RBC EPITHELIAL CELL MICRO ORGANISM Others	1-2 Not found 3-4 Present(+) Not found	/HPF /HPF	Light Microscopy Light Microscopy Light Microscopy

Note : Any Abnormal Chemical Analysis Rechecked By Respective Manual Method

\*\*\* End of Report\*\*\*

Lab Technician / Technologist Madhumita\_Biswas



NAME: MRS. VAIJAYANTI JOSHI	MR NO: FSIN-0000	DATE: 09.07.2022
AGE: 33 YRS.	SEX: FEMALE	REF BY: SELF

## ECG REPORT

HR : 75 b/min

AXIS : NORMAL

RHYTHM : SINUS

PR INTERVAL : 189 mS

QT INTERVAL : 402 mS

QRS DURATION : 86 mS

T-WAVE : INVERTED

#### IMPRESSION:

INFERIOR WALL ISCHEMIA CHANGES.

Shita Porta upartion

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

