



Visit Date: 18.06.2021

Sample collected on: 18.06.2021

Ref Doctor: SELF

Apollo CLINIC @ OM TOWER OP Visit No.: FSINOPV9609 Rabindra Bharati University

Reported on: 19.06.2021 Specimen: BLOOD

DEPARTMENT OF LABORATORY MEDICINE

TEST NAME	RESULT	BIOLOGICAL R INTERVALS	EFERENCE	<u>UNIT</u>
TSH:THYROID STIMULATING HORMONE-SERUM TSH:THYROID STIMULATING HORMONE-SERUM Method : CLIA	2.07	0.35-5.50		uIU/ml
TOTAL T3: TRI IODOTHYRONINE – SERUM TOTAL T3: TRI IODOTHYRONINE – SERUM	0.91	0.87 - 1.78	2/42	ug/dl
Method : CLIA			mi	
TOTAL T4: THYROXINE – SERUM TOTAL T4: THYROXINE – SERUM Method : CLIA	8.15	8.09 – 14.03		ug/dl

End of the report

Results are to be correlatede clinically

Lab Technician / Technologist Madhumita_Biswas

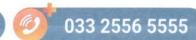
DR. BIPARNAK HALDAR MBBS, MD (PATHOLOGY) CONSULTANT PATHOLOGIST

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 satyamcreditpvtltd@gmail.com

033 2556 3333







UHID/MR No.: FSIN.0000006631

Visit Date: 18.06.2021

Sample collected on: 18.06.2021

Ref Doctor: SELF

Age/Gender: 26 Years / Female
OP Visit No.: FSINOPV9609 Expertise. Closer to you.

Reported on: 19.06203 LO CLINIC @ OM TOWER Specimen: BLOOD pp. of Rabindra Bharati University

DEPARTMENT OF LABORATORY MEDICINE

TEST NAME	RESULT	BIOLOGICAL REFERENCE	UNIT
COMPLETE BLOOD COUNT			
HAEMOGLOBIN	12.9	Female 12-16	gm/dl
Method: Non cyanide, Sis Based		Male 13-17	
RBC COUNT	4.1	Female 3.8-4.8	MII/Cumm
Method :Electrical Impedence		Male 4.5-5.5	
HEMATPOCRIT (PCV)	39.5	Female 36-46	%
		Male 40-50	
MCV	91.8	83-101 fl	fl
Method: Calculated			
MCH	30.8	27-32 pg	pg
Method:Calculated			0.000
MCHC	32.4	31.5-34.5	%
Method:Calculated			
PLATELET COUNT	2.48	1.5-4 lakhs/cu mm	Lac/cumm
Method:Electrical Impedence	7.0	40400	
TOTAL WBC COUNT	7.2	4.0-10.0	/cumm
Method:Electrical Impedence NEUTROPHIL	70	40-80	%
Method:Microscopy	70	40-80	70
LYMPHOCYTE	37	20-45	%
Method:Microscopy	37	20 40	, ,
MONOCYTE	03	2-10	%
Method:Microscopy			
EOSINOPHIL	02	1-6	%
Method:Microscopy		9	
BASOPHIL	00	<1-2	%
Method:Microscopy			
ESR	13	Male:12	mm/hr
Method:westergren's		Female:19	mm/hr

Note: RBC are Normocytic with normochromic.

End of the report

Results are to be correlated clinically

Lab Technician/Technologist Madhumita_Biswas Dr.BIPARNAK HALDAR MBBS, MD(PATHOLOGY) CONSULTANT PATHOLOGIST

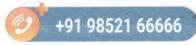
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APOLLO CLINIC @ OM TOWER
Opp. of Rabindra Bharati University
Licensee: Satyam Credit Pvt. Ltd.

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













Visit Date: 18.06.2021

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Ref Doctor: SELF

Age/Gender: 26 APPOLICAGLINIC @ OM TOWER

OP Visit No.: FSINOPV9669Rabindra Bharati University

Reported on: 19.06.2021

Specimen: URINE

URINE ROUTINE EXAMINATION

URINE FOR ROUTINE EXAMINATION

ml

Result **Test Name**

Unit

Method

Specimen: Urine

PHYSICAL EXAMINATION

40 QUANTITY Pale Yellow COLOUR **APPEARANCE** Clear Acidic REACTION SPECIFIC GRAVITY 1015

Container Measurement

Naked Eye Observation Naked Eye Observation Multiple Reagent Strip Multiple Reagent Strip

CHEMICAL EXAMINATION

BLOOD **ALBUMIN BILE PIGMENT BILE SALT** KETONE BODIES SUGER

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 0 - 1Present (+)

Not found

Nil

Nil

Nil

Nil

Nil

Present(+)

/HPF /HPF /HPF

Light Microscopy Light Microscopy Light Microscopy

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

BK

Lab Technician / Technologist Madhumita Biswas

Dr.BIPARNAK HALDER 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 satyamcreditpvtltd@gmail.com



033 2556 3333



033 2556 5555





+91 74392 97827





Visit Date: 18.06.2021

Sample collected on: 18.06.2021

Ref Doctor: SELF

Age/Gender: 26 Perc) Femal INIC @ OM TOWER

OP Visit No.: FSINOP1966 Rabindra Bharati University

Reported on: 19.06.2021 Specimen: BLOOD

DEPARTMENT OF LABORATORY MEDICINE

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVALS	UNITS
BLOOD UREA NITROGEN (BUN) BLOOD UREA NITROGEN (BUN) Method : Calculated	09.7	8 - 20	mg/ dl
CREATININE Methodology: Jaffe Reaction Instrument Used: FULLY AUTOMATED	0.7 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 Adolescent: 0.5-1.0	mg/dl
URIC ACID URIC ACID Method: Uricase	3.11	Female: 2.6 - 6.0	mg/dl

End of the report

Results are to be correlated clinically

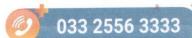
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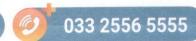
Lab Technician / Technologist Madhumita_Biswas

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













Visit Date: 18.06.2021

Sample collected on: 18.06.2021

Ref Doctor: SELF

Age/Gender: 26 AGG/LEGILINIC @ OM TOWER

OP Visit No.: FSINOBY96PRabindra Bharati University

Reported on: 19.06.2021

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 Poor Control: >8
Methodology: HPLC Instrument Used: Bio-Rad D-10			
Estimated Average Glucose (EAG)	102		Excellent Control: 90-120 Good Control: 120-150
	mg/dL		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.

Genetic variants (e.g. Hbs trait, HbC trait), elevated fetal hemoglobin Factors that interfere with HbA1c Measurement: (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 method.

Any condition that shortens erythrocyte survival or decreases mean Factors that affect interpretation of HbA1c Results: 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 *******

RX

Lab Technician / Technologist Madhumita_Biswas

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E-mail:sinthimor@theapolloclinic.com satyamcreditpvtltd@gmail.com 033 2556 3333

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Age/Gender: 26 AGO/LEO DEINIC @ OM TOWER OP Visit No.: FSINOPY960 Rabindra Bharati University

Reported on: 19.06.2021

Specimen: BLOOD

DEPARTMENT OF LABORATORY MEDICINE

TEST NAME

RESULT

BIOLOGICAL REFERENCE

UNITS

GGTP: GAMMA GLUTAMYL TRANSPEPTIDASE

GGTP: GAMMA GLUTAMYL TRANSPEPTIDASE -

21.0

10 - 50 U/L

INTERVALS

U/L

SERUM

Method: Carboxy Substrate

End of the report

Results are to be correlated clinically

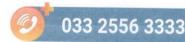
RX

Lab Technician / Technologist Madhumita_Biswas

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









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Age/Gender: 26 Years / Female Old Cinic
OP Visit No.: FSINOPV9609 Expertise. Closer to you.

Reported on: 19.06.2021 Specimen: BLOOD CLINIC @ OM TOWER

Opp. of Rabindra Bharati University

DEPARTMENT OF LABORATORY MEDICINE

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVALS	<u>UNITS</u>
LIVER FUNCTION TEST(PACKAGE) BILIRUBIN-TOTAL Method: Daizo	0.6	1.1 Adult	mg/dl
BILIRUBIN-DIRECT Method: Daizo with DPD	0.2	Adult & Children: <0.25	mg/dl
BILIRUBIN-INDIRECT Method: calculated	0.4	0.1-1.0	mg/dl
TOTAL-PROTIEN Method: Photometric UV test	6.8	Adult: 6.6-8.8	gms/dl
ALBUMIN Method: BCG	4.3	3.5-5.2	gms/dl
SGOT/AST Method: IFCC WITHOUT P5P	31	up to 38	U/L
SGPT/ALT Method: IFCC WITHOUT P5P	25	up to 38	U/L
ALKA-PHOS Method: PNPP-AMP BUFFER	79	Child :104-380 Adult: 20-116	U/L
GLOBULIN Method: Calculated	2.5	1.8 - 3	gms/dl
A:G Ratio	1:72:1		
*	Fuel of	the report	

End of the report

Lab Technician / Technologist Madhumita_Biswas DR. BIPARNAK HALDAR MBBS, MD (PATHOLOGY) CONSULTANT PATHOLOGIST

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Licensee: Satyam Credit Pvt. Ltd.

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











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Sample collected on: 18.06.2021

Ref Doctor: SELF



Age/Gender: 26 Years/Female CLINIC @ OM TOWER

OP Visit No.: FSINOPV9609

Opport Rabindra Rharati University Reported on: 19.06.2021. of Rabindra Bharati University

Specimen: BLOOD

DEPARTMENT OF LABORATORY MEDICINE

TEST NAME LIPID PROFILE TEST (PACKAGE)	RESULT	BIOLOGICAL REFERENCE INTERVALS	<u>UNITS</u>
Triglyceride Method: GPO-POD	125	<200	mg/dl
Cholesterol Method: CHOD - PAP	159	Desirable blood cholesterol :<200 Borderline High : 170.0-199.0 High : > 199.0 mg/dl	mg/dl mg/dl
HDL Method: PVS and PEGME coupled	50	50 - 80 mg/dl	mg/dl
LDL Method: Selective Detergent	91	<130.0 mg/dl	mg/dl
VLDL	26	<35 mg/dl	mg/dl
CHOL: HDL RATIO	3.18	•	
LDL : HDL RATIO	2.3		

End of the report

Result are to be correlated clinically

RX

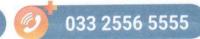
Lab Technician / Technologist Madhumita_Biswas

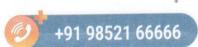
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36C, B.T. Road, Kolkata - 700 002













APOLLO CLINIC @ OM TOWER

Opp. of Rabindra Bharati University

Report Number

: IR/266586

Lab Slip No.

: SASGO/INV/179688-06/2021

Patient Name

: ANISHA KESHRI

Age / Sex

: 26 Year /Female

Referred By

: SELF

Web Slip No

: SAS/INV/99/179108-06/2021

Report Date

: 18/06/2021 6:36:00PM

Collection Date

: 18/06/2021 2:12:00PM

Phlebotomist

=7

Collected From

: SINTHI-APOLLO

REPORT PREPARED ON PATHOLOGY

DEPARTMENT OF SEROLOGY

Test Name	Value	Unit	Normal Range	
BLOOD GROUPING	"O"		-	
Rh Factor	Positive			
			The state of the s	

****** End Of Report *********

Report APOLEVO 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



033 2556 3333



033 25 DO PATO 55





+91 74392 97827





APOLLO CLINIC @ OM TOWER

Opp. of Rabindra Bharati University

Report Number

: IR/266524

Lab Slip No.

: SASGO/INV/179688-06/2021

Patient Name

Referred By

: ANISHA KESHRI : 26 Year /Female

Age / Sex

: SELF

Web Slip No

: SAS/INV/99/179108-06/2021

Report Date

: 18/06/2021 5:33:00PM

Collection Date

: 18/06/2021 2:12:00PM

Phlebotomist

Collected From

: SINTHI-APOLLO

REPORT PREPARED ON PATHOLGY

DEPARTMENT OF BIOCHMEMISTRY

	DEPARTMENT OF BIOCHMENTO TAKE		Normal Range	
	Value	Unit	70 - 110	
Test Name	87	mg/dl	70 - 110	
GLUCOSE FASTING Methodology: GOD POD Instrument Used: AGAPPE (Mispa Clinia Plus)			32	

^{*}Please Correlate with Clinical Conditons.

NOTE: Regarding blood sugar levels, if a patient is diabetic and if He/she is on oral medication for diabetes, the sugar levels can be fasting blood sugar level more than the post prandial blood sugar. This happens because most of the anti-diabetic medications are taken either with or before breakfast. If the patient is not a diabetic, as soon as He/she takes the breakfast, it will act as a stimulant to produce insulin in the body and that will bring down the post prandial blood sugar level (PP). Normal diet can be 2 or 3 doses, chapatis or rotis, in which the blood glucose level will be lower than 75 grams of direct glucose. This direct glucose might also increase the sugar level to 260. Another scenario for increase in sugar after empty stomach will be because of the hormone called glucagon, which will induce glycogenolysis and neoglucogenesis in the body when the sugar levels are very low. In this mechanism, the stored glycogen or lipids will be converted into glucose, thus increasing the blood sugar level.

****** End Of Report ********

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

E-mail:sinthimor@theapolloclinic.com catvamcreditnvtltd@gmail.com 033 2556 3333

DR. GOUTAM SAHA 033 2556 5555



