


MER- MEDICAL EXAMINATION REPORT

Date of Examination	10/02/24	
NAME	ARNAB SENGUPTA	
AGE	24	Gender: MALE
HEIGHT(cm)	179	WEIGHT (kg): 92
B.P.	130/90	
ECG	NORMAL	
X Ray	No significant abnormality	
Vision Checkup	Color Vision: NORMAL Far Vision Ratio: R1 - (-1.5) Near Vision Ratio: L1 - (-1.5)	
Present Ailments	NIL	
Details of Past ailments (If Any)	NIL	
Comments / Advice : She /He is Physically Fit	FIT	


Dr. VATSAL SINGH
 CIMS, Bilaspur (C.G.)
 CGMC-8519/2018
 Signature with Stamp of Medical Examiner

Arnab Sengupta
 10/2/24


CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of ARNAB SEN GUPTA on _____

After reviewing the medical history and on clinical examination it has been found that he/she is

	Tick
<ul style="list-style-type: none"> • Medically Fit 	<input type="checkbox"/>
<ul style="list-style-type: none"> • Fit with restrictions/recommendations <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1.....</p> <p>2.....</p> <p>3.....</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	<input type="checkbox"/>
<ul style="list-style-type: none"> • Currently Unfit. Review after _____ recommended 	<input type="checkbox"/>
<ul style="list-style-type: none"> • Unfit 	<input type="checkbox"/>


Dr. VATSAL SINGH
 CIMS, Bilaspur (C.G.)
 Medical Officer **CGMC-8518/2018**
 The Apollo Clinic, (Location)

This certificate is not meant for medico-legal purposes

*Arnab Sen Gupta
10/2/2019*



Mr. ARNAB SENGUPTA

Reference: SELF..

VID: 600100/3215

PID NO. 202410218434

Sample Received on/at:

10/02/2024 10:40AM

AGE 34 Y / SEX Male

Reported on/at

10/02/2024 02:19PM

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
CBC Haemogram			
Haemoglobin(Hb)	14.4	gm/dl	12 - 17
Erythrocyte (RBC) Count	4.69	mill/cu.mm	4.0-6.0
PCV (Packed Cell Volume)	43.2	%	38-48
MCV (Mean Corpuscular Volume)	92.1	fL	78 - 100
MCH (Mean Corpuscular Haemoglobin)	30.7	pg	27 - 32
MCHC (Mean Corpuscular Hb Concn.)	33.3	g/dl	32 - 36
Total Leucocytes Count (TLC)	7000	cells/cu.mm.	4000-11000
Differential Leucocyte Count (DLC)			
Neutrophils	59	%	40-75
Lymphocytes	34	%	20-45
Monocytes	04	%	2 - 10
Eosinophils	03	%	1 - 6
Basophils	00	%	0 - 1
Absolute Neutrophil count	4130	/cu.mm	2000-7000
Absolute Lymphocyte count	2380	/cu.mm	1000-3000
Absolute Eosinophils Count	210	/cmm	20-500
Absolute Monocyte count	280	/cu.mm	200-1000
Absolute Basophil count	0	/cu.mm	0-200
Platelets			
PLT Count	297,000	/cmm	150,000 - 450,000

Remarks (CBC)

EDTA Whole Blood - Tests done on Automated Five Part Cell Cellenium 5D RetiC.

(WBC, RBC Platelet count by impedance method, WBC differential by VCS technology other parameters calculated) All Abnormal Haemograms are reviewed confirmed microscopically.

Differential count is based on approximately 10,000 cells.

These report are machine generated for assisting medical professionals in their diagnosis and treatments. Findings should be co-related clinically. This is not valid for medico-legal purposes / evidences.

Checked By
Sr. Technician

Page 1 of 1

Dr. Digvijay Singh
MBBS, DCP (Pathologist)
Ex Resident AIIMS, New Delhi

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Cont No. : 07752 408222, +91 9630066355
E-mail : riddhidiagnosticsbilaspur@gmail.com



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HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
ESR- Erythrocyte Sedimentation Rate			
ESR- Erythrocyte Sedimentation Rate (Citrate Blood)	08	mm/hr	0 - 15

Method: Westergren manual

Interpretation:-

1. It indicates presence and intensity of an inflammatory process, never diagnostic of a specific disease. Changes are more significant than a single abnormal test.
2. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, bacterial endocarditis, acute rheumatic fever, rheumatoid arthritis, SLE, Hodgkins disease, temporal arteritis, polymyalgia rheumatica.
3. Also increased in pregnancy, multiple myeloma, menstruation & hypothyroidism

Blood Group ABO & Rh Typing

(EDTA Whole Blood)

Blood Group (ABO Typing)	"B"
RhD factor (Rh Typing)	POSITIVE

HbA1c (Glycosylated Haemoglobin)

HbA1C-Glycated Haemoglobin	5.7	%	Less than 5.7% Non-diabetic Prediabetes 5.7% to 6.4% Diabetes 6.5% or Higher 6.4% to 7% Excellent control 7 to 8% fair to good control 8 to 10% Unsatisfactory control
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Estimated Average Glucose (EAG) 116.89

Interpretation & Remark:

1. HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
2. HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2017, for diagnosis of diabetes using a cut-off point of 6.5%.
3. Trends in HbA1c are a better indicator of diabetic control than a solitary test.
4. Low glycated haemoglobin (below 4%) in a non-diabetic individual are often.

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Page 6 of 8

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RIDDHI

DIAGNOSTICS PVT. LTD.

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BIOCHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
Creatinine	0.8	mg/dl	0.7-1.3

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BUN Urea Nitrogen Serum

BUN-Blood Urea Nitrogen (Serum,Urease)	10.6	mg/dl	7 - 20
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Remark: In blood, Urea is usually reported as BUN and expressed in mg/dl. BUN mass units can be converted to urea mass units by multiplying by 2.14.

FBS (Fasting Blood Sugar)

Glucose- Fasting	95	mg/dl	Normal: 70-99 Impaired Tolerance: 100-125 Diabetes mellitus: \geq 126
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(on more than one occasion) (American diabetes association guidelines 2018)

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Lipid Profile

Cholesterol - Total	172	mg/dl	Desirable: < 200 Borderline High: 200-239 High: >= 240
Triglycerides level	144	mg/dl	60 - 165
HDL Cholesterol	46	mg/dl	Major risk factor for heart disease: < 35 Negative risk factor for heart disease: >65
LDL Cholesterol	97.20	mg/dl	Optimal: < 100 Near Optimal: 100 - 129 Borderline High: 130-159 High: 160-189 Very High: >=190
VLDL Cholesterol	28.80	mg/dl	6 - 38
LDLC/HDLC Ratio	2.11		2.5 - 3.5
TCH/HDLC Ratio	3.74		0-5.0

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PP (Glucose-Post Prandial)

Glucose -Post prandial	118	mg/dl	Normal: 70-139 Impaired Tolerance: 140-199 Diabetes mellitus: >= 200
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An individual may show higher fasting glucose level in comparison to post prandial glucose level due to following reasons:

The glycaemic index and response to food consumed, Changes in body composition, Increased insulin response and sensitivity, Alimentary hypoglycemia, Renal glycosuria, Effect of oral hypoglycaemics & Insulin treatment.

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Urea Serum

Urea Serum	27	mg/dl	21 - 43
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Uric Acid

Uric Acid	4.92	mg/dL	3.5 - 7.2
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LFT-Liver Function Test

Bilirubin - Total (Serum, Diazo)	0.42	mg/dl	0.1 - 1.2
Bilirubin - Direct (Serum, Diazo)	0.17	mg/dl	0 - 0.2
Bilirubin (Indirect) (Serum, Calculated)	0.25	mg/dl	0 - 1
Total Proteins (Serum, Biuret)	7.27	g/dl	6.6-8.8
Albumin (Serum, Bromocresol green)	4.03	g/dl	3.5 - 5.2
Globulin (Serum)	3.24	g/dl	1.8 - 3.6
A/G Ratio (Serum)	1.24	%	1.1 - 2.2
SGOT (AST) (Serum, Enzymatic)	23	U/L	0 - 35
SGPT (ALT) (Serum, Enzymatic)	31	U/L	0 - 45
Alkaline Phosphatase	88	U/L	40 - 129
Gamma-glutamyltransferase (GGT)	21	U/L	<49

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IMMUNOASSAY

Investigation	Observed Value	Unit	Biological Reference Interval
Thyroid Panel-1(T3T4TSH)			
T3	1.48	ng/mL	0.69 - 2.15
T4	100	ng/ml	52 - 127
TSH	1.96	uIU/ml	0.3 - 4.5

Method: CLIA

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CLINICAL PATHOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
<u>Urine Examination Routine</u>			
Volume	25	ml	
Colour	Pale yellow		Straw
Transparency	Clear		Clear
Reaction (pH)	5.5		5.0 - 8.0
Specific Gravity	1.014		1.010 - 1.030
<u>Chemical Examination</u>			
Urine Protein(Albumin)	Nil		Nil
Urine Glucose(Sugar)	Nil		Nil
<u>Microscopic Examination</u>			
Pus cells	0-1	/hpf	0 - 5
Red Blood Cells	Nil	/hpf	Nil
Epithelial Cell	0-1	/hpf	0 - 4
Crystals	Nil	/hpf	Nil
Casts	Nil	/hpf	Nil

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Urine - Sugar PP

Urine S(PP)	Nil	Nil
-------------	-----	-----

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Urine Sugar - Fasting

Urine - Glucose	Nil	Nil
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Stool Routine Microscopic

Colour	Greenish Yellow	Straw
Consistency	Semi Solid	Semi Solid
Reaction (pH)	5.5	5.0 - 8.0
Blood	Absent	Absent
Mucus	Absent	Absent
Ova	Absent	Absent
Cyst	Absent	Absent
Fat Globules	Present	Absent
Pus Cell.	1-2 /hpf	1-5
RBCs (STOOL)	Absent / hpf	Absent
Bacteria	Present	Absent

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RIDDHI

DIAGNOSTICS PVT. LTD.

NAME	MR. ARNAB	AGE/SEX	34Y/M
REF BY.	SELF	DATE	10/ 02/ 2024

X-RAY CHEST PA VIEW

FINDINGS :-

The lungs on the either side show equal translucency.

The peripheral pulmonary vasculature is normal.

No focal lung lesion is seen.

Bilateral CP angles are normal.

Both hila are normal in size, have equal density and bear normal relationship.

The heart and trachea are central in position and no mediastinal abnormality is visible.

The cardiac size is normal.

The domes of the diaphragms are normal in position, and show smooth outline.

IMPRESSION :- No significant abnormality detected.

ADVICE :- Clinical correlation and follow up.

Dr. Avinash. Rathod,
MBBS, DMRD.
Consultant Radiologist
Reg.no 2011/05/1616.

Disclaimer: Report is done by teleradiology after the images acquired by PACS (picture archiving and communication system). Investigations have their limitations. Solitary pathological/Radiological and other investigations never confirm the final diagnosis. Conclusion is markedly affected by input provided at that time. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Please interpret accordingly.

शालिषपाण्डव
नित्यसक विनायकपुर
हार्दिक शोककामनाएं...

Ready



DELL

डॉ. अनिरुद्ध कौशिक

एम डी (मैडिसीन), डी एम कार्डियोलॉजी (मुंबई)
इंटरनैशनल कार्डियोलॉजी (हृदय रोग विशेषज्ञ)
भूतपूर्व अमि. प्रोफेसर जे.जे. हॉस्पिटल (मुंबई)



श्री हरि हार्ट क्लीनिक

स्थान : महामाया ट्रुड सेंटर, प्रधान डाकघर के पास,
बृहस्पति बाजार, विलासपुर (उ.ग.)
मो. : 9406272512
Email : shrechariheartclinic@gmail.com

2 D ECHO REPORT

Name:- MR. ARNAB SEN GUPTA
Ref. By:- RIDDHI DIAGNOSTIC

Age/Sex:-34Y/M
Date:-10/02/2024

M Mode study (Dimensions in cm)

DOPPLER STUDY FINDINGS

Ao = 3.5	LA = 3.1
IVSd = 1.1	LVPWd = 1.0
LVIDd = 4.3	LVIDs = 3.1
EF = 60%	

NO Diastolic Dysfunction

NO AS/AR/MS/MR

NO PAH

Description

Mitral valve Leaflets Normal, subvalvular apparatus Normal, Mitral valve area Normal No e/o prolapse, calcification or vegetation

Aortic valve Trileaflet, Opening Amplitude is adequate, NO significant AS/AR

Tricuspid Valve is normal, No TR

Pulmonary Valve is normal

PA is normal in size


Normal chamber dimension,

NO Regional wall motion Abnormality

NO CLOT/VEGETATION/EFFUSION

Impression **Normal Study**

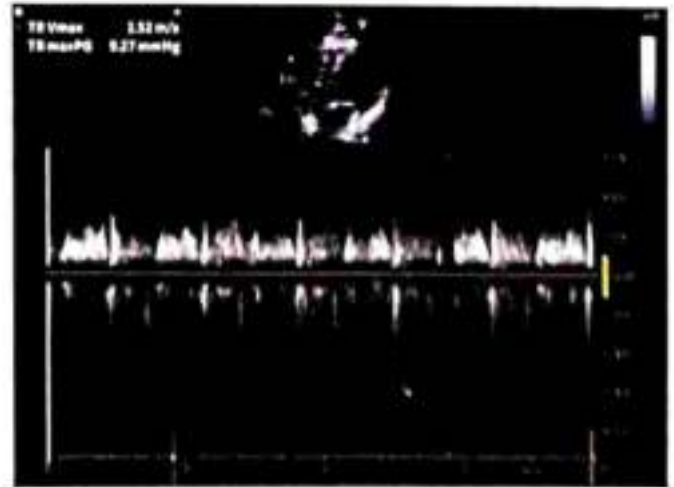
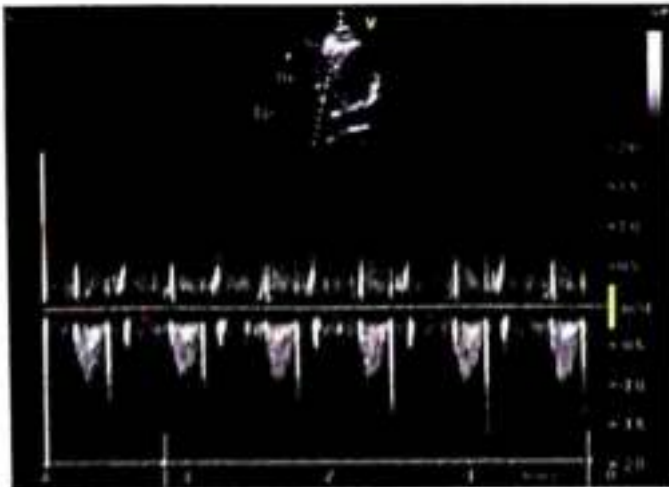
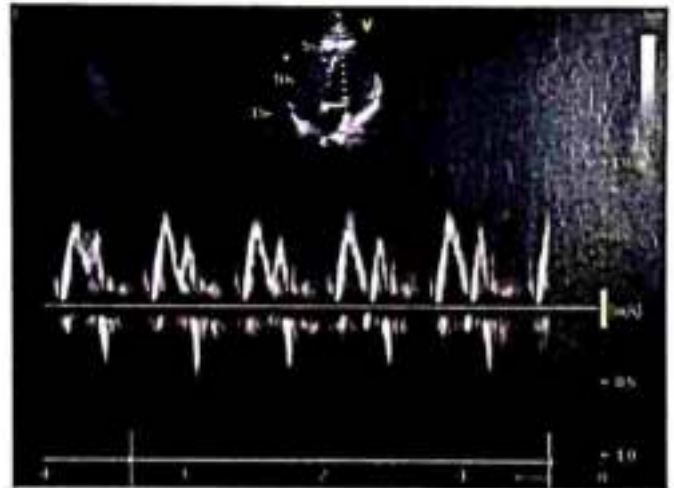
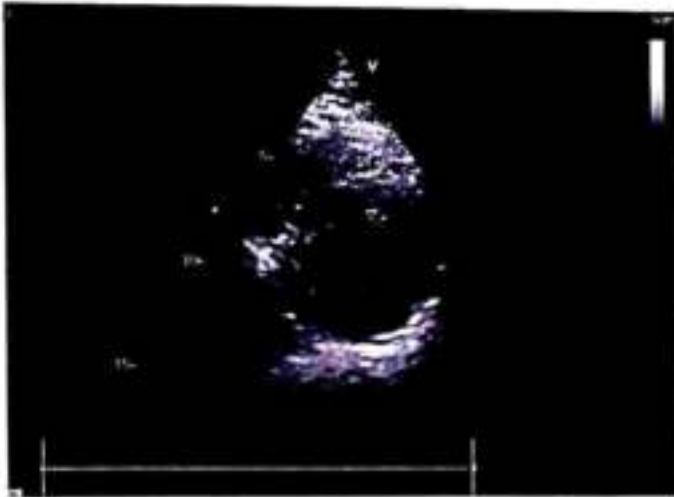
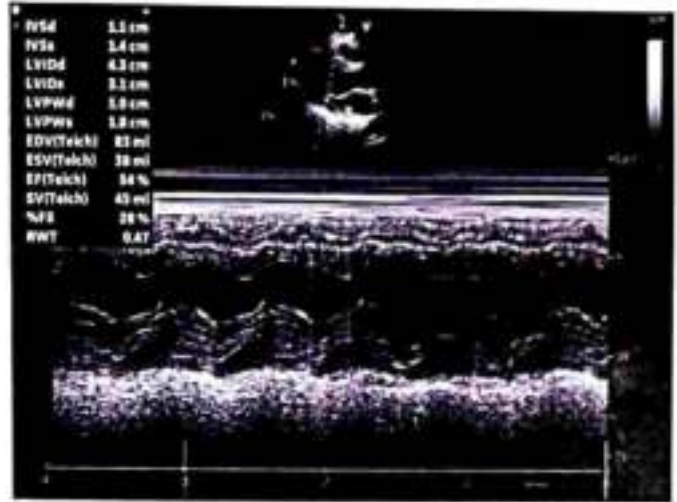
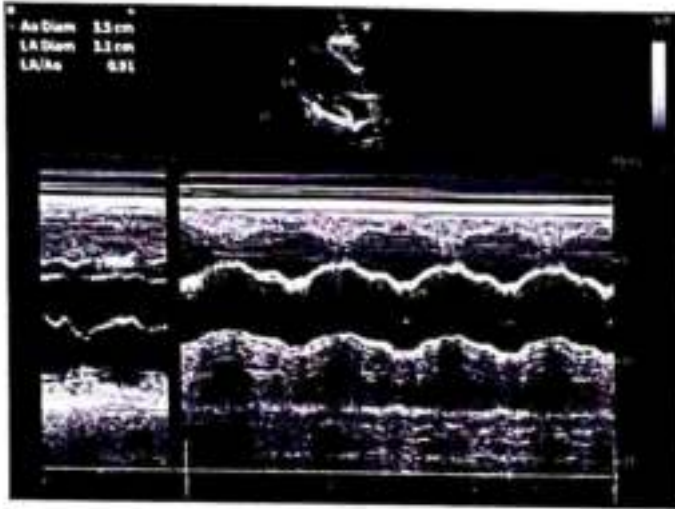
Good LV/RV function


DR. ANIRUDDHA KAUSHIK
MD Medicine, DM Cardiology

SHREE HARI HEART CLINIC

Name ARNAB SEN GUPTA, 34Y/M

Date 10/02/2024



ANUSHKA DIAGNOSTICS

Dr. Prashant S. Barpande

Consultant Radiologist

M.B.B.S, D.M.R.D.

D.N.B. (Radiodiagnosis), M.N.A.M.S.

Reg. No. CGMC-3232/2010



Dr. Chitrangi P. Barpande

Consultant Pathologist

M.B.B.S, MD (Pathology)

Msc. (Medical Biochemistry)

Reg. No. CGMC-3298/2011

Near Ganesh Chowk, Besides Lav Kush Phal Bhandar, Balram Talkies Road,
Nehru Nagar, Bilaspur (C.G.) Mobile : +91 7720044949, E-mail : anushka.diagnostics@gmail.com

NAME : ARNAB SEN GUPTA

AGE : 34 YEARS

SEX : M

REF. BY : RD.

DATE: 10-02-2024

WHOLE ABDOMINAL SONOGRAPHY STUDY.

- LIVER** : Normal in Size- 14.9 cm, Normal in Shape.
Evidence Of Increased Echogenicity Of Hepatic Parenchyma With Posterior Beam Attenuation.
IHBR's & CBD are Normal in Appearance. Portal vein appears normal in caliber.
- GALL BLADDER** : Lumen Is Well Distended & Echo free. No Calculus or Sludge Is Seen.
Wall thickness is normal(2mm). No evidence of pericholecystic collection.
- SPLEEN** : Normal In Size- 9 cm, Normal In Shape & Echotexture.
No Focal Lesion Seen. Splenic Vein – Normal.
- PANCREAS** : Normal in size shape position and echotexture.
- RIGHT KIDNEY** : Normal in size(9.2 x 4.5 cm) shape position and echotexture seen.
Cortical Thickness & Corticomedullary Differentiation Normal.
No Calculus Seen. No Hydronephrosis.
- LEFT KIDNEY** : Normal in size(9 x 4.3 cm) shape position and echotexture seen.
Cortical Thickness & Corticomedullary Differentiation Normal.
No Calculus Seen. No Hydronephrosis.
- PROSTATE** : Prostate Is Normal In Size(Volume=14 ml). No Focal/Diffuse Lesion Seen.
No Evidence Of Median Lobe Bulge Seen.
- URINARY BLADDER** : Shows Normal Uniform Wall Thickness- 4 mm. And Echo free Lumen.
- No Evidence Of Free Fluid Seen In Peritoneal Cavity.
 - No Evidence Of Lymphadenopathy Seen. Visualized Bowel Loops Appears Normal.
 - No Sonographic Evidence Of Appendicitis In Present Scan.

IMPRESSION :

- Grade-1 Fatty Liver.

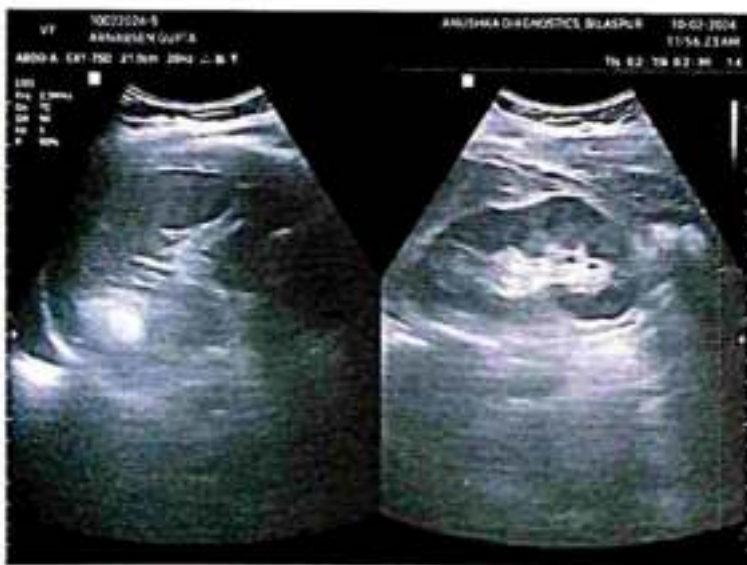
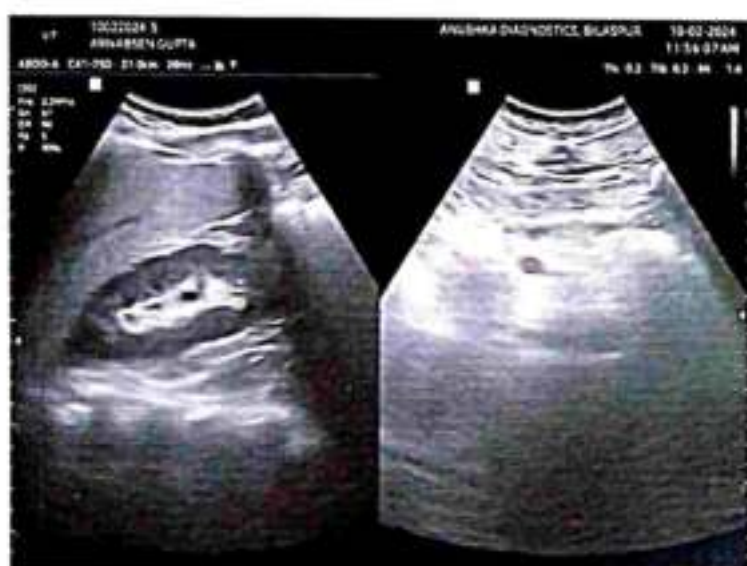
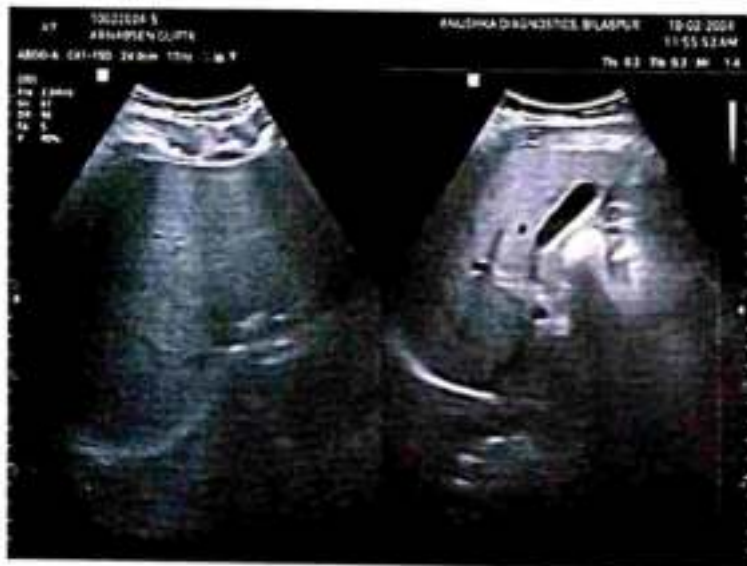
Thanks For Referral.

DR. PRASHANT S. BARPANDE
MBBS, D.M.R.D, DNB (RADIOLOGIST)
M.N.A.M.S, CONSULTANT RADIOLOGIST
REG. NO.- CGMC-3232/10

Radiological Impressions Are Merely An Opinion And Not The Final Diagnosis As They Are Based On Available Imaging Findings.



सर्वे वाचं - सर्वे ज्ञानं



10-02-2024 09:20:23 AM

ID: 61
arnab sengupta
Male 34Years
Req. No. :

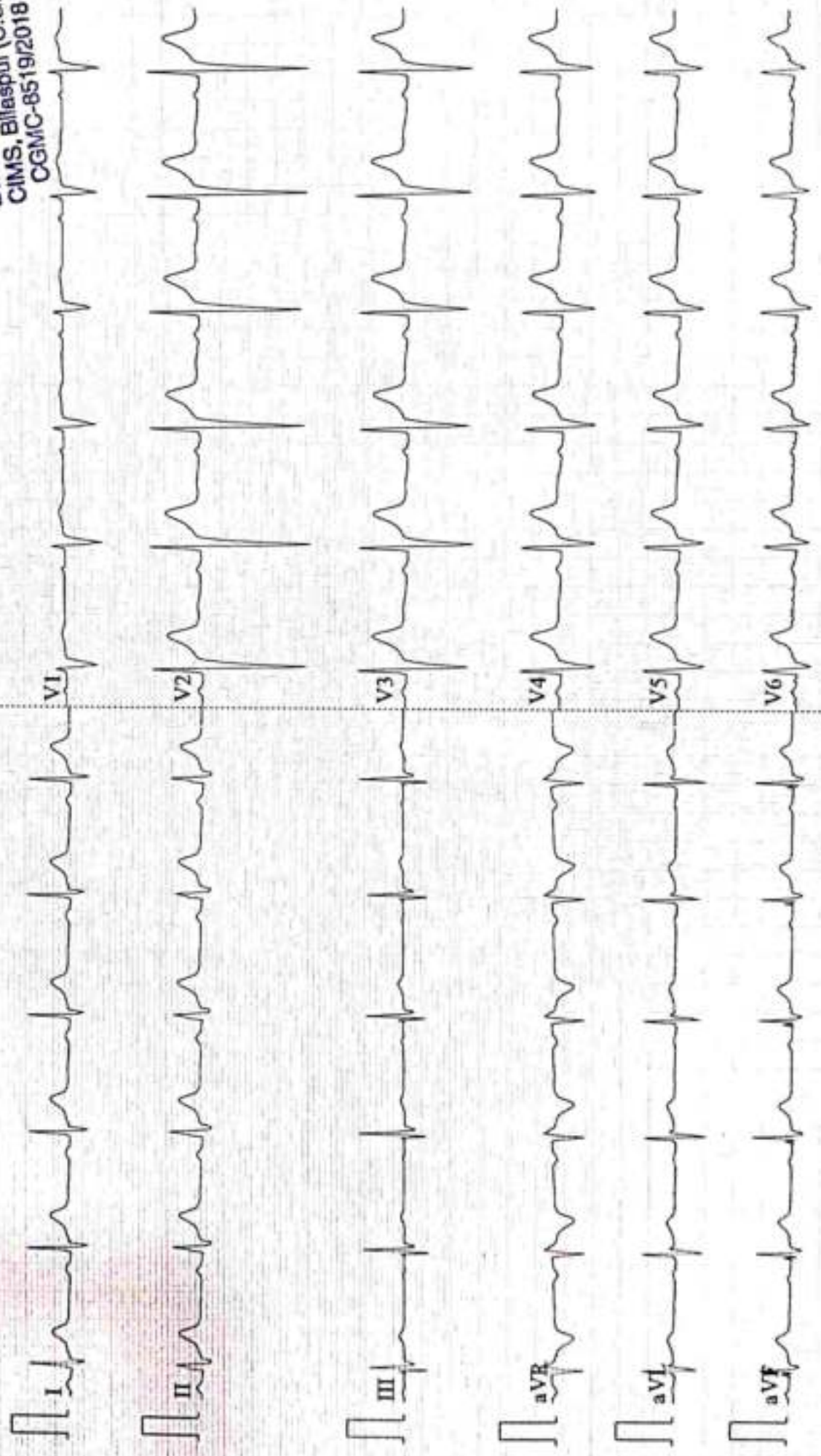
Diagnosis Information:
Sinus rhythm
Normal ECG

HR : 70 bpm
P : 102 ms
PR : 166 ms
QRS : 106 ms
QT/QTcBz : 372/402 ms
P/QRS/T : 37/37/38 °
RV5/SVI : 0.610/0.562 mV

Arnab Sengupta
10/2/24

Dr. VATSAL SINGH
CIMS, Billespur (C.G.)
CGMC-8519/2018

Report Confirmed by:



भारत सरकार
Government of India

Download Date: 03/02/2020



Anub Sengupta
Date of Birth/DOB: 01/01/1990
Male/ MALE

Issue Date: 28/11/2020

5829 8580 8993
VID : 8194 2810 0064 9952

मेरा आधार, मेरी पहचान

भारत सरकार
Unique Identification Authority of India

Address:
S/O Manik Sengupta, 113, Vidyasagar Pally,
Near Bibhutibhusan High School, Gayeshpur,
English Bazar, Malda,
West Bengal - 732102




5829 8580 8993
VID : 8194 2810 0064 9952

1847 | help@uidai.gov.in | www.uidai.gov.in

Anub Sengupta.
10/2/29.

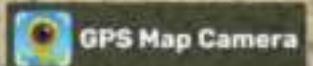


 GPS Map Camera



Bilaspur, Chhattisgarh, India
Vrindavan plaza, C-22, Nehru Chowk, near Bilaspur Post Office, Civil
Lines, Bilaspur, Masanganj, Chhattisgarh 495001, India
Lat 22.086673°
Long 82.144022°
10/02/24 08:58 AM GMT +05:30

Google



Bilaspur, Chhattisgarh, India

Vrindavan plaza, C-22, Nehru Chowk, near Bilaspur Post Office, Civil Lines, Bilaspur, Masanganj, Chhattisgarh 495001, India

Lat 22.08664°

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 **GPS Map Camera**

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10/02/24 09:35 AM GMT +05:30



Google



Mr. ARNAB SENGUPTA

Reference: SELF..

VID: 600100/3215

PID NO. 202410218434

Sample Received on/at:

10/02/2024 10:40AM

AGE 34 Y / SEX Male

Reported on/at

10/02/2024 02:19PM

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
CBC Haemogram			
Haemoglobin(Hb)	14.4	gm/dl	12 - 17
Erythrocyte (RBC) Count	4.69	mill/cu.mm	4.0-6.0
PCV (Packed Cell Volume)	43.2	%	38-48
MCV (Mean Corpuscular Volume)	92.1	fL	78 - 100
MCH (Mean Corpuscular Haemoglobin)	30.7	pg	27 - 32
MCHC (Mean Corpuscular Hb Concn.)	33.3	g/dl	32 - 36
Total Leucocytes Count (TLC)	7000	cells/cu.mm	4000-11000
Differential Leucocyte Count (DLC)			
Neutrophils	59	%	40-75
Lymphocytes	34	%	20-45
Monocytes	04	%	2 - 10
Eosinophils	03	%	1 - 6
Basophils	00	%	0 - 1
Absolute Neutrophil count	4130	/cu.mm	2000-7000
Absolute Lymphocyte count	2380	/cu.mm	1000-3000
Absolute Eosinophils Count	210	/cmm	20-500
Absolute Monocyte count	280	/cu.mm	200-1000
Absolute Basophil count	0	/cu.mm	0-200
Platelets			
PLT Count	297,000	/cmm	150,000 - 450,000

Remarks (CBC)

EDTA Whole Blood - Tests done on Automated Five Part Cell Cellenium 5D Retic.

(WBC, RBC Platelet count by impedance method, WBC differential by VCS technology other parameters calculated) All Abnormal Haemograms are reviewed confirmed microscopically.

Differential count is based on approximately 10,000 cells.

These report are machine generated for assisting medical professionals in their diagnosis and treatments. Findings should be co-related clinically. This is not valid for medico-legal purposes / evidences.

Checked By
Sr. Technician

Page 1 of 1

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E-mail : riddhidiagnosticsbilaspur@gmail.com



Mr. ARNAB SENGUPTA PID NO. 202410218434 AGE 34 Y / SEX Male	Reference: SELF,.	VID: 600100/3215 Sample Received on/at: 10/02/2024 10:40AM Reported on/at 10/02/2024 02:19PM
--	-------------------	--

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
ESR- Erythrocyte Sedimentation Rate			
ESR- Erythrocyte Sedimentation Rate (Citrate Blood)	08	mm/hr	0 - 15

Method: Westergren manual

Interpretation:-

1. It indicates presence and intensity of an inflammatory process, never diagnostic of a specific disease. Changes are more significant than a single abnormal test.
2. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, bacterial endocarditis, acute rheumatic fever, rheumatoid arthritis, SLE, Hodgkins disease, temporal arteritis, polymyalgia rheumatica.
3. Also increased in pregnancy, multiple myeloma, menstruation & hypothyroidism

Blood Group ABO & Rh Typing

(EDTA Whole Blood)

Blood Group (ABO Typing)	"B"
RhD factor (Rh Typing)	POSITIVE

HbA1c (Glycosylated Haemoglobin)

HbA1C-Glycated Haemoglobin	5.7	%	Less than 5.7% Non-diabetic Prediabetes 5.7% to 6.4% Diabetes 6.5% or Higher 6.4% to 7% Excellent control 7 to 8% fair to good control 8 to 10% Unsatisfactory control
----------------------------	-----	---	---

Estimated Average Glucose (EAG) 116.89

Interpretation & Remark:

1. HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
2. HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2017, for diagnosis of diabetes using a cut-off point of 6.5%.
3. Trends in HbA1c are a better indicator of diabetic control than a solitary test.
4. Low glycated haemoglobin (below 4%) in a non-diabetic individual are often.

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Page 6 of 8

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DIAGNOSTICS PVT. LTD.

Mr. ARNAB SENGUPTA

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BIOCHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
Creatinine	0.8	mg/dl	0.7-1.3

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BUN Urea Nitrogen Serum

BUN-Blood Urea Nitrogen (Serum,Urease)	10.6	mg/dl	7 - 20
---	------	-------	--------

Remark: In blood, Urea is usually reported as BUN and expressed in mg/dl. BUN mass units can be converted to urea mass units by multiplying by 2.14.

FBS (Fasting Blood Sugar)

Glucose- Fasting	95	mg/dl	Normal: 70-99 Impaired Tolerance: 100-125 Diabetes mellitus: \geq 126
------------------	----	-------	---

(on more than one occasion) (American diabetes association guidelines 2018)

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Page 1 of 8

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Lipid Profile

Cholesterol - Total	172	mg/dl	Desirable: < 200 Borderline High: 200-239 High: >= 240
Triglycerides level	144	mg/dl	60 - 165
HDL Cholesterol	46	mg/dl	Major risk factor for heart disease: < 35 Negative risk factor for heart disease :>65
LDL Cholesterol	97.20	mg/dl	Optimal < 100 Near Optimal :100 – 129 Borderline High : 130-159 High : 160-189 Very High : >=190
VLDL Cholesterol	28.80	mg/dl	6 - 38
LDLC/HDLC Ratio	2.11		2.5 - 3.5
TCH/HDLC Ratio	3.74		0-5.0

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PP (Glucose-Post Prandial)

Glucose -Post prandial	118	mg/dl	Normal: 70-139 Impaired Tolerance: 140-199 Diabetes mellitus: >= 200
------------------------	-----	-------	--

An individual may show higher fasting glucose level in comparison to post prandial glucose level due to following reasons :

The glycaemic index and response to food consumed, Changes in body composition, Increased insulin response and sensitivity. Alimentary hypoglycemia, Renal glycosuria, Effect of oral hypoglycaemics & Insulin treatment.

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Urea Serum

Urea Serum	27	mg/dl	21 - 43
------------	----	-------	---------

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Page 2 of 8

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Uric Acid

Uric Acid 4.92 mg/dL 3.5 - 7.2

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LFT-Liver Function Test

Bilirubin - Total (Serum, Diazo)	0.42	mg/dl	0.1 - 1.2
Bilirubin - Direct (Serum, Diazo)	0.17	mg/dl	0 - 0.2
Bilirubin (Indirect) (Serum, Calculated)	0.25	mg/dl	0 - 1
Total Proteins (Serum, Biuret)	7.27	g/dl	6.6-8.8
Albumin (Serum, Bromocresol green)	4.03	g/dl	3.5 - 5.2
Globulin (Serum)	3.24	g/dl	1.8 - 3.6
A/G Ratio (Serum)	1.24	%	1.1 - 2.2
SGOT (AST) (Serum, Enzymatic)	23	U/L	0 - 35
SGPT (ALT) (Serum, Enzymatic)	31	U/L	0 - 45
Alkaline Phosphatase	88	U/L	40 - 129
Gamma-glutamyltransferase (GGT)	21	U/L	<49

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Page 3 of 8

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IMMUNOASSAY

Investigation	Observed Value	Unit	Biological Reference Interval
Thyroid Panel-1(T3T4TSH)			
T3	1.48	ng/mL	0.69 - 2.15
T4	100	ng/ml	52 - 127
TSH	1.96	uIU/ml	0.3 - 4.5

Method: CLIA

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CLINICAL PATHOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
<u>Urine Examination Routine</u>			
Volume	25	ml	
Colour	Pale yellow		Straw
Transparency	Clear		Clear
Reaction (pH)	5.5		5.0 - 8.0
Specific Gravity	1.014		1.010 - 1.030
<u>Chemical Examination</u>			
Urine Protein(Albumin)	Nil		Nil
Urine Glucose(Sugar)	Nil		Nil
<u>Microscopic Examination</u>			
Pus cells	0-1	/hpf	0 - 5
Red Blood Cells	Nil	/hpf	Nil
Epithelial Cell	0-1	/hpf	0 - 4
Crystals	Nil	/hpf	Nil
Casts	Nil	/hpf	Nil

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Urine - Sugar PP

Urine S(PP) Nil Nil

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Urine Sugar - Fasting

Urine - Glucose Nil Nil

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Checked By
Sr. Technician

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Stool Routine Microscopic

Colour	Greenish Yellow	Straw
Consistency	Semi Solid	Semi Solid
Reaction (pH)	5.5	5.0 - 8.0
Blood	Absent	Absent
Mucus	Absent	Absent
Ova	Absent	Absent
Cyst	Absent	Absent
Fat Globules	Present	Absent
Pus Cell.	1-2 /hpf	1-5
RBCs (STOOL)	Absent / hpf	Absent
Bacteria	Present	Absent

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Checked By
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Page 5 of 8

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E-mail : riddhidiagnosticsbilaspur@gmail.com

MER- MEDICAL EXAMINATION REPORT

Date of Examination	10/02/24	
NAME	ARNAB SENGUPTA	
AGE	24	Gender: MALE
HEIGHT(cm)	179	WEIGHT (kg): 92
B.P.	130/90	
ECG	NORMAL	
X Ray	No significant abnormality	
Vision Checkup	Color Vision : NORMAL Far Vision Ratio : Rt - (-1.5) Near Vision Ratio : Lt - (-1.5)	
Present Ailments	NIL	
Details of Past ailments (If Any)	NIL	
Comments / Advice : She /He is Physically Fit	FIT	


Dr. VATSAL SINGH
 CIMS, Bilaspur (C.G.)
 CGMC-8519/2018
 Signature with Stamp of Medical Examiner

Arnab Sengupta.
 10/2/24.

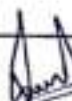
CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of ARNAB SEN GUPTA on _____

After reviewing the medical history and on clinical examination it has been found that he/she is

	Tick
<ul style="list-style-type: none"> • Medically Fit 	<input type="checkbox"/>
<ul style="list-style-type: none"> • Fit with restrictions/recommendations <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1.....</p> <p>2.....</p> <p>3.....</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	<input type="checkbox"/>
<ul style="list-style-type: none"> • Currently Unfit. Review after _____ recommended 	<input type="checkbox"/>
<ul style="list-style-type: none"> • Unfit 	<input type="checkbox"/>


Dr. YATSAL SINGH
 CIMS, Bilaspur (C.C.)
 Medical Office CGMC-8518/2018
 The Apollo Clinic, (Location)

This certificate is not meant for medico-legal purposes

*Arnab Sen Gupta
20/8/2019*



RIDDHI

DIAGNOSTICS PVT. LTD.

NAME	MR. ARNAB	AGE/SEX	34Y/M
REF BY.	SELF	DATE	10/ 02/ 2024

X-RAY CHEST PA VIEW

FINDINGS :-

The lungs on the either side show equal translucency.

The peripheral pulmonary vasculature is normal.

No focal lung lesion is seen.

Bilateral CP angles are normal.

Both hila are normal in size, have equal density and bear normal relationship.

The heart and trachea are central in position and no mediastinal abnormality is visible.

The cardiac size is normal.

The domes of the diaphragms are normal in position, and show smooth outline.

IMPRESSION :- No significant abnormality detected.

ADVICE :- Clinical correlation and follow up.

Dr. Avinash. Rathod.
MBBS, DMRD.
Consultant Radiologist
Reg.no 2011/05/1616.

Disclaimer: Report is done by teleradiology after the images acquired by PACS (picture archiving and communication system). Investigations have their limitations. Solitary pathological/Radiological and other investigations never confirm the final diagnosis. Conclusion is markedly affected by input provided at that time. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Please interpret accordingly.

10-02-2024 09:20:23 AM

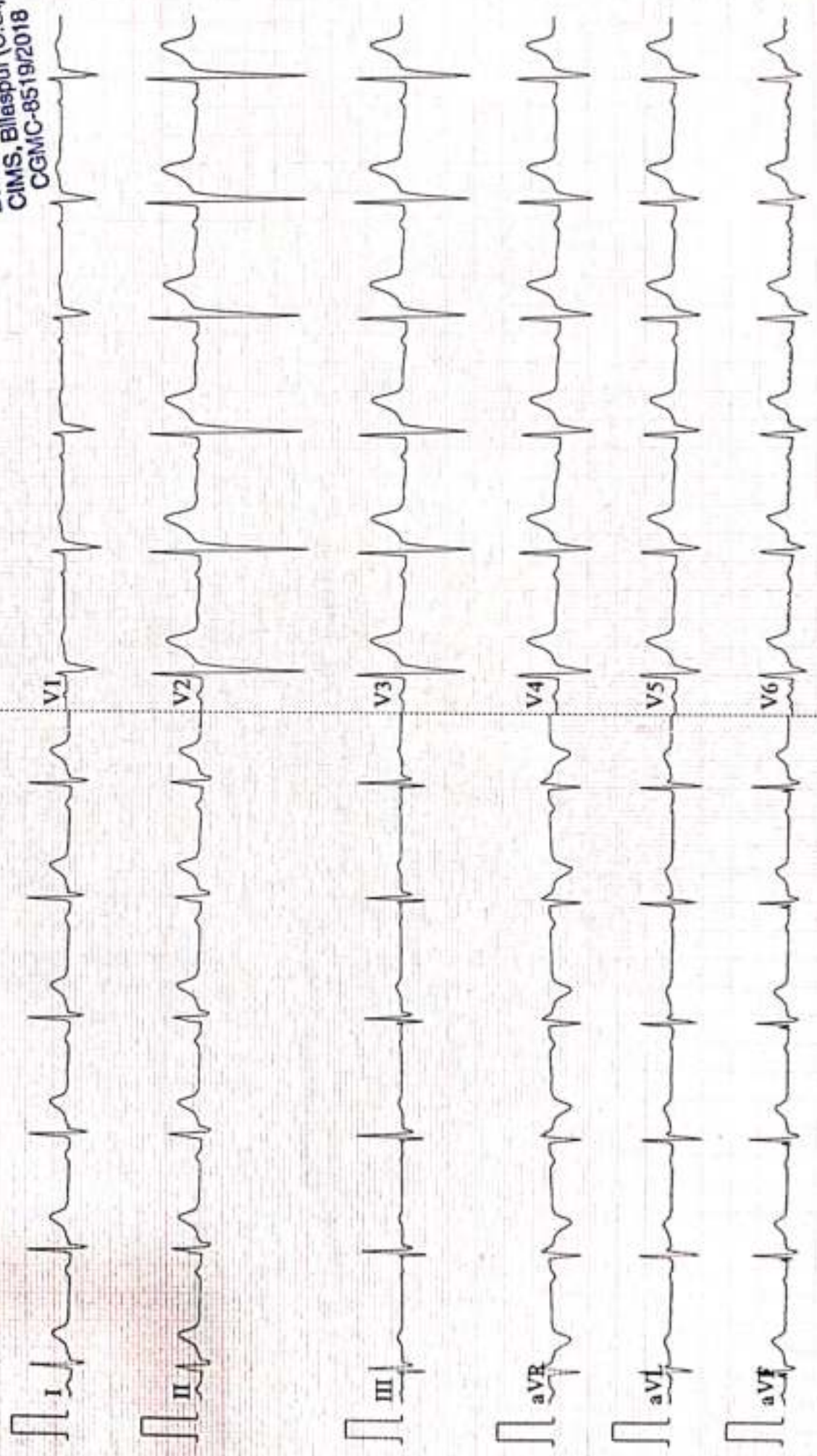
ID: 61
arnab sengupta
Male 34Years
Req. No. :

Diagnosis Information:
Sinus rhythm
Normal ECG

HR : 70 bpm
P : 102 ms
PR : 166 ms
QRS : 106 ms
QT/QTcBz : 372/402 ms
P/QRS/T : 37/37/38 °
RV5/SV1 : 0.610/0.562 mV

Arnab Sengupta
10/2/24
DR. VATSAL SINGH
CIMS, Billespur (C.G.)
CGMC-8519/2018

Report Confirmed by:



डॉ. अनिरुद्ध कौशिक

एम डी. (मेडिसीन), डी एम. कार्डियोलॉजी (मुंबई)
इंटरनैशनल कार्डियोलॉजी (हृदय रोग विशेषज्ञ)
भारत अरि प्राफेसर जे.जे. हॉस्पिटल (मुंबई)



श्री हरि हार्ट क्लिनिक

स्थान : महामाया ट्रेड सेंटर, प्रधान डाक्टर के पार,
बृहस्पति बाजार, विलासपुर (उ.ग.)
मो. : 9406272512
Email : shreehariheartclinic@gmail.com

2 D ECHO REPORT

Name:- MR. ARNAB SEN GUPTA
Ref. By:- RIDDHI DIAGNOSTIC

Age/Sex:-34Y/M
Date:-10/02/2024

M Mode study (Dimensions in cm)

DOPPLER STUDY FINDINGS

Ao = 3.5	LA = 3.1
IVSd = 1.1	LVPWd = 1.0
LVIDd = 4.3	LVIDs = 3.1
EF = 60%	

NO Diastolic Dysfunction
NO AS/AR/MS/MR
NO PAH

Description

Mitral valve Leaflets Normal, subvalvular apparatus Normal ,Mitral valve area Normal No e/o prolapse,calcification or vegetation

Aortic valve Trileaflet , Opening Amplitude is adequate ,NO significant AS/AR

Tricuspid Valve is normal ,No TR

Pulmonary Valve is normal

PA is normal in size


Normal chamber dimension,

NO Regional wall motion Abnormality

NO CLOT/VEGETATION/EFFUSION

Impression **Normal Study**

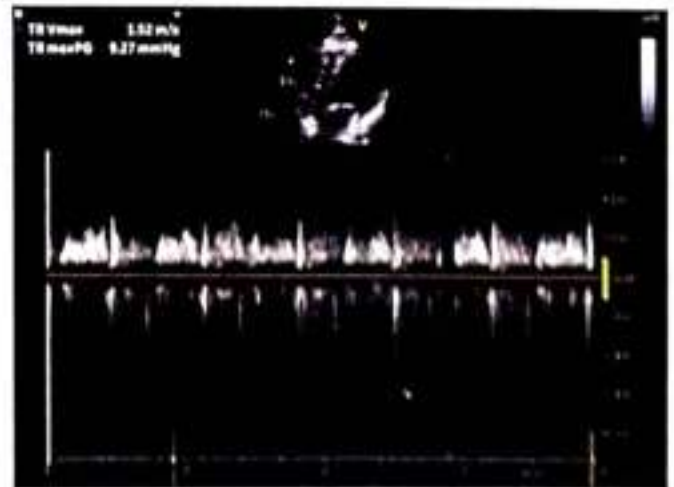
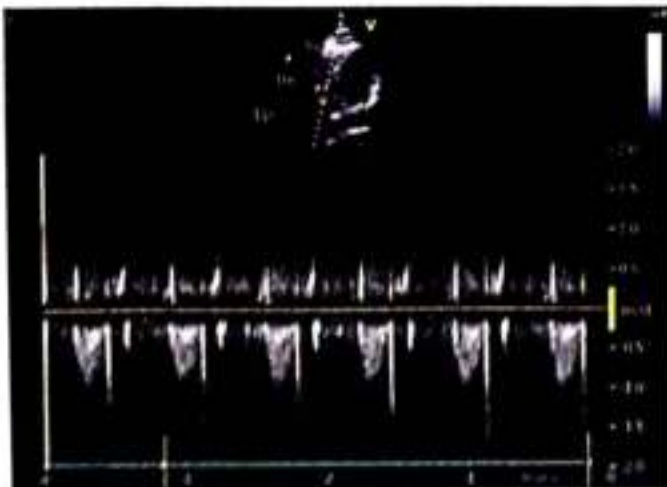
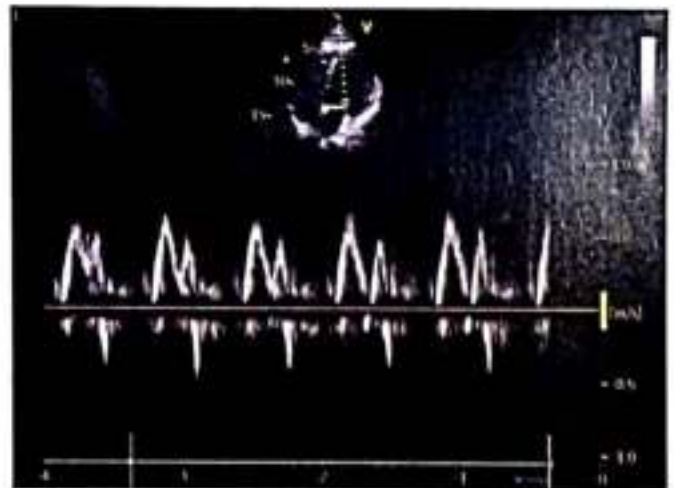
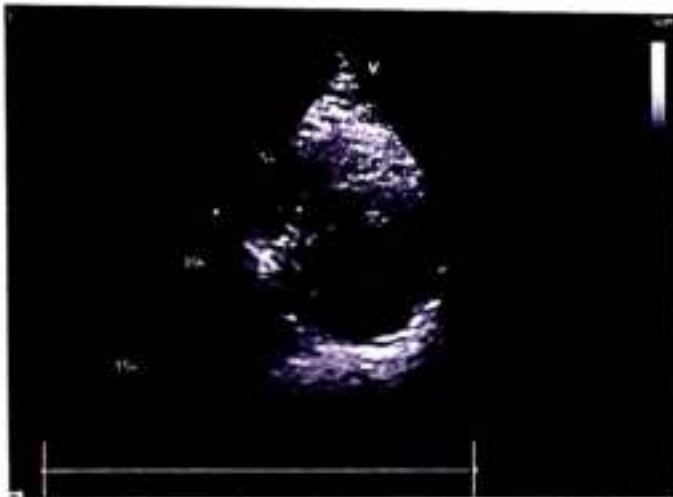
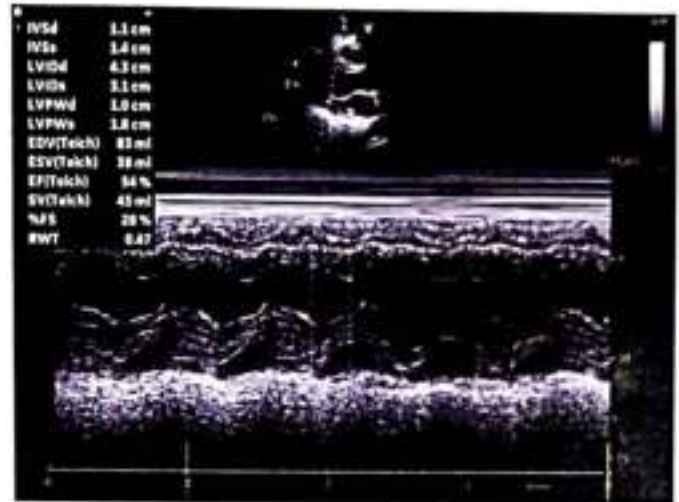
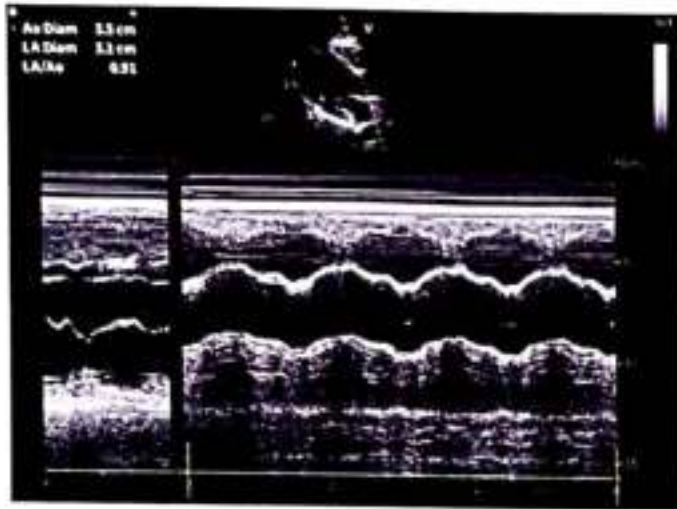
Good LV/RV function


DR.ANIRUDDHA KAUSHIK
MD Medicine ,DM Cardiology


SHREE HARI HEART CLINIC

Name ARNAB SEN GUPTA, 34Y/M

Date 10/02/2024





 GPS Map Camera



Bilaspur, Chhattisgarh, India
Vrindavan plaza, C-22, Nehru Chowk, near Bilaspur Post Office, Civil
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हार्दिक शुभकामनाएं...

श्रीलक्ष्मी पाण्डेय

निवासीक, विलासपुर



Ready



MR. ANAND SEN GUPTA,
M.D.

34Y Male

18620024 10:24:32 AM

DELL

ANUSHKA DIAGNOSTICS

Dr. Prashant S. Barpande

Consultant Radiologist

M.B.B.S, D.M.R.D

D.N.B. (Radiodiagnosis), M.N.A.M.S.

Reg. No. CGMC-3232/2010



Dr. Chitrangi P. Barpande

Consultant Pathologist

MBBS, MD (Pathology)

McC. (Medical Biochemistry)

Reg. No. CGMC-3298/2011

Near Ganesh Chowk, Besides Lav Kush Phal Bhandar, Balram Talkies Road,
Nehru Nagar, Bilaspur (C.G.) Mobile : +91 7720044949, E-mail : anushka.diagnostics@gmail.com

NAME : ARNAB SEN GUPTA

AGE : 34 YEARS

SEX : M

REF. BY : RD.

DATE: 10-02-2024

WHOLE ABDOMINAL SONOGRAPHY STUDY,

- LIVER** : Normal in Size- 14.9 cm, Normal in Shape.
Evidence Of Increased Echogenicity Of Hepatic Parenchyma With Posterior Beam Attenuation.
IHBR's & CBD are Normal in Appearance. Portal vein appears normal in caliber.
- GALL BLADDER** : Lumen Is Well Distended & Echo free. No Calculus or Sludge Is Seen.
Wall thickness is normal(2mm). No evidence of pericholecystic collection.
- SPLEEN** : Normal In Size- 9 cm, Normal In Shape & Echotexture.
No Focal Lesion Seen. Splenic Vein – Normal.
- PANCREAS** : Normal in size shape position and echotexture.
- RIGHT KIDNEY** : Normal in size(9.2 x 4.5 cm) shape position and echotexture seen.
Cortical Thickness & Corticomedullary Differentiation Normal.
No Calculus Seen. No Hydronephrosis.
- LEFT KIDNEY** : Normal in size(9 x 4.3 cm) shape position and echotexture seen.
Cortical Thickness & Corticomedullary Differentiation Normal.
No Calculus Seen. No Hydronephrosis.
- PROSTATE** : Prostate Is Normal In Size(Volume=14 ml). No Focal/Diffuse Lesion Seen.
No Evidence Of Median Lobe Bulge Seen.
- URINARY BLADDER** : Shows Normal Uniform Wall Thickness- 4 mm. And Echo free Lumen.
- No Evidence Of Free Fluid Seen In Peritoneal Cavity.
 - No Evidence Of Lymphadenopathy Seen. Visualized Bowel Loops Appears Normal.
 - No Sonographic Evidence Of Appendicitis In Present Scan.

IMPRESSION :

- Grade-1 Fatty Liver.

Thanks For Referral.

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Radiological Impressions Are Merely An Opinion And Not The Final Diagnosis As They Are Based On Available Imaging Findings.



सर्वे वाचं - सर्वे वपुः

