



ভারত সরকার

Government of India

কৌস্তব মিত্র

Kaustav Mitra

পিতা : দীপক মিত্র

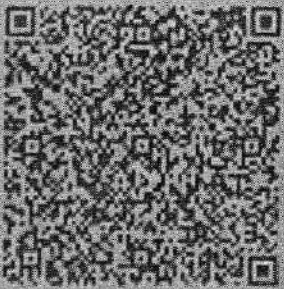
Father : Dipak Mitra

জন্মতারিখ/DOB 10/12/1984

সঙ্গ / Male



9553 3041 4091



সাধারণ - সাধারণ মানুষের অধিকার



ভারতীয় পরিচয় পরিচয়

# Unique Identification Authority of India

ঠিকানা: জাতিপাড়া, জানকুনি  
স্বনামা, হুগলী, পশ্চিম বঙ্গ

Address: TANTIPARA  
Dankuni, Mrigala, Hooghly,  
West Bengal, 712311

## 9553 3041 4091



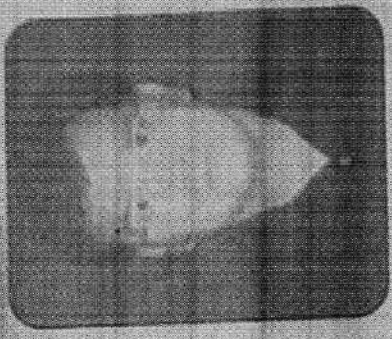
1947  
1990 300 1947



help@uidai.gov.in



www.uidai.gov.in



Kaustav Mitra

SECRETARY OF HIGHER

Bank of Baroda

KAUSTAV MITRA

72167

A handwritten signature in black ink, appearing to be 'Kaustav Mitra', written over a horizontal line.

SECRETARY OF HIGHER

KMR NO. 3363  
DATE 10/10/2010  
BRABOURNE ROAD BRANCH

PO. & VILL MRIGALA DANKUNI.

TANTIPARA DIST HOOGHLY PIN 712311 PH 03212 260960

DIPAK MITRA (FATHER)

CUTMARK ON RIGHT EYEBROW

O+



LETTER OF APPROVAL / RECOMMENDATION

To,

The Coordinator,  
Mediwheel (Arcofemi Healthcare Limited)  
Helpline number: 011- 41195959

Dear Sir / Madam,

**Sub: Annual Health Checkup for the employees of Bank of Baroda**

This is to inform you that the following employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS	EMPLOYEE DETAILS
NAME	MR. MITRA KAUSTAV
EC NO.	72167
DESIGNATION	RBDM
PLACE OF WORK	GANDHINAGAR,RO GANDHINAGAR
BIRTHDATE	10-12-1984
PROPOSED DATE OF HEALTH CHECKUP	05-12-2022
BOOKING REFERENCE NO.	22D72167100032056E

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **29-11-2022** till **31-03-2023** The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

**Chief General Manager**  
**HRM Department**  
**Bank of Baroda**

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))

Kansteav Mitra 38/Male.

5:00 PM  
 5/12/2022

On

KIDNEY - HYPOTHYROIDISM. — since 2013 → Tab Thyronorm (125)  
 Hypertension — @ years — on Tab Telmisartan AM 1/2-00 (40/5)

clo - Blasting abdomen — Bduys.

Not any drug, allergic history.  
 Not any habit.

(5/12)

- USG-Abdo - (N)
- CXR(PA) - (N)
- 2 PECTO - (N)
- Lipid - LDL - 105 (N)
- TSH - 0.178 (N)
- T3 - 90. T4 - 10.7 (N)
- Hb - 14.9.
- CRP - 4240.
- PL - 189000.
- urine-R/M - NAD
- FBS - 98
- PP2AS - 102
- Total Bili - 0.65.
- creat - 0.76.
- HbA1c - 4.68
- esg - NR/uric.

Temp (N).  
 PR - 68/min  
 BP - 130/86 mmHg  
 SpO2 - 98% RA.  
 RS - Bil. AFB  
 eu - @ 8/2  
 CNS - conscious/oriented P/P/P  
 weight - 70 kg.

(PTO)

Advice.

Cep (Cepha) (20 mg) 1-0-1 — 10 days.

① Tab Thyronorm - 75 mcg 1-0-0  
BBF 30 min.

. repeat TSH, free T<sub>3</sub>, free T<sub>4</sub> after ① month.

. continue Anti-hypertensive.



**Aashka Hospitals Ltd.**

Between Sargasan and Reliance Cross Roads  
Sargasan, Gandhinagar - 382421. Gujarat, India  
Phone: 079 29750750, +91-7575006000 / 9000  
Emergency No.: +91-7575007707 / 9879752777  
www.aashkahospitals.in  
CIN: L85110GJ2012PLC072647



**DR. TAPAS RAVAL**  
**MBBS . D.O**  
**(FELLOW IN PHACO & MEDICAL**  
**RATINA)**  
**REG.NO.G-21350**

UHID:	Date: 05/12/22	Time:
Patient Name: Kaustav mitra	Age/Sex: 38 (M)	Height:
	Weight:	
History: CXB Ran ch us		
Allergy History:		
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Examination: D.V. 2G1G G1G N.V. 2G1G G1G Colon visum ordem.		
Diagnosis:		



**DR.UNNATI SHAH**  
**B.D.S. (DENTAL SURGEON)**  
**REG. NO. A-7742**  
**MO.NO- 9904596691**

<b>UHID:</b> 0SP29244	<b>Date:</b> 8/12/22	<b>Time:</b>
<b>Patient Name:</b> Kaustav Patra	<b>Age /Sex:</b> 32/M	<b>Height:</b> 156cm
	<b>Weight:</b> 71.2kg	
<b>History:</b>		
<b>Examination:</b> Saw Re Restored ——— G. /		
<b>Diagnosis:</b>		

5/12

- Scaling

Re Re -

5/12/92

Scaling with

1/100

Dr. van

**Aashka Hospitals Ltd.**

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www.aashkahospitals.in  
CIN: L85110GJ2012PLC072647



**PATIENT NAME:KAUSTAV MITRA**

**GENDER/AGE:Male / 38 Years**

**DATE:05/12/22**

**DOCTOR:**

**OPDNO:OSP29244**

**SONOGRAPHY OF ABDOMEN AND PELVIS**

**LIVER:** Liver appears normal in size and shows normal parenchymal echoes. No evidence of focal or diffuse lesion is seen. No evidence of dilated IHBR is seen. Intrahepatic portal radicles appear normal. No evidence of solid or cystic mass lesion is seen.

**GALL BLADDER:** Gall bladder is physiologically distended and appears normal. No evidence of calculus or changes of cholecystitis are seen. No evidence of pericholecystic fluid collection is seen. CBD appears normal.

**PANCREAS:** Pancreas appears normal in size and shows normal parenchymal echoes. No evidence of pancreatitis or pancreatic mass lesion is seen.

**SPLEEN:** Spleen appears normal in size and shows normal parenchymal echoes. No evidence of focal or diffuse lesion is seen.

**KIDNEYS:** Both kidneys are normal in size, shape and position. Both renal contours are smooth. Cortical and central echoes appear normal. Bilateral cortical thickness appears normal. No evidence of renal calculus, hydronephrosis or mass lesion is seen on either side. No evidence of perinephric fluid collection is seen.

Right kidney measures about 10.1 x 4.6 cms in size.

Left kidney measures about 10.6 x 4.8 cms in size.

No evidence of suprarenal mass lesion is seen on either side.

**Aorta, IVC and para aortic region** appears normal.

No evidence of ascites is seen.


**BLADDER:** Bladder is normally distended and appears normal. No evidence of bladder calculus, diverticulum or mass lesion is seen. Prevoid bladder volume measures about 120 cc.

**PROSTATE:** Prostate appears normal in size and shows normal parenchymal echoes. No evidence of pathological calcification or solid or cystic mass lesion is seen.

Prostate measures about 2.8 x 3.8 x 3.2 cms in size.

Prostate volume measures about 14 cc.

**COMMENT:** Normal sonographic appearance of liver, GB; Pancreas, spleen, kidneys, bladder and prostate.

  
**DR. SNEHAL PRAJAPATI**  
**CONSULTANT RADIOLOGIST**

**Aashka Hospitals Ltd.**

Between Sargasan and Reliance Cross Roads  
Sargasan, Gandhinagar - 382421. Gujarat, India  
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CIN: L85110GJ2012PLC072647



**PATIENT NAME: KAUSTAV MITRA**

**GENDER/AGE: Male / 38 Years**


**DATE: 05/12/22**

**DOCTOR:**

**OPDNO: OSP29244**

**X-RAY CHEST PA**

Both lung fields show increased broncho-vascular markings.  
**No evidence of collapse, consolidation, mediastinal lymph adenopathy, soft tissue infiltration or pleural effusion is seen.**  
Both hilar shadows and C.P. angles are normal.  
Heart shadow appears normal in size. Aorta appears normal.  
Bony thorax and both domes of diaphragm appear normal.  
No evidence of cervical rib is seen on either side.

  
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**CONSULTANT RADIOLOGIST**

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**PATIENT NAME:KAUSTAV MITRA**  
**GENDER/AGE:Male / 38 Years**  
**DOCTOR:DR.HASIT JOSHI**  
**OPDNO:OSP29244**

**DATE:05/12/22**

**2D-ECHO**

MITRAL VALVE	: NORMAL	
AORTIC VALVE	: NORMAL	
TRICUSPID VALVE	: NORMAL	
PULMONARY VALVE	: NORMAL	
AORTA	: 36mm	
LEFT ATRIUM	: 33mm	
LV Dd / Ds	: 39/24mm	EF 60%
IVS / LVPW / D	: 11/10mm	
IVS	: INTACT	
IAS	: INTACT	
RA	: NORMAL	
RV	: NORMAL	
PA	: NORMAL	
PERICARDIUM	: NORMAL	
VEL	: PEAK	MEAN
M/S	: Gradient mm Hg	Gradient mm Hg
MITRAL	: 1.2/0.7m/s	
AORTIC	: 1.0m/s	
PULMONARY	: 0.7m/s	
COLOUR DOPPLER	: MILD MR/TR	
RVSP	: 30mmHg	
CONCLUSION	: NORMAL LV SIZE / SYSTOLIC FUNCTION.	

**CARDIOLOGIST**  
**DR.HASIT JOSHI (9825012235)**



## LABORATORY REPORT



Name : KAUSTAV MITRA	Sex/Age : Male / 38 Years	Case ID : 21202200130
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 2432791
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 05-Dec-2022 08:57	Sample Type :	Mobile No : 9051417132
Sample Date and Time : 05-Dec-2022 08:57	Sample Coll. By :	Ref Id1 : OSP29244
Report Date and Time :	Acc. Remarks : Normal	Ref Id2 : O22237152

### Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
<b>Lipid Profile</b>			
HDL Cholesterol	<b>43.0</b>	mg/dL	48 - 77
LDL Cholesterol	<b>105.9</b>	mg/dL	65 - 100
<b>Liver Function Test</b>			
Globulin	<b>1.99</b>	gm/dL	2 - 4.1
A/G Ratio	<b>2.3</b>		1.0 - 2.1
<b>Thyroid Function Test</b>			
Thyroxine (T4)	<b>10.7</b>	ng/dL	4.6 - 10.5
TSH	<b>0.178</b>	µIU/mL	0.4 - 4.2

Abnormal Result(s) Summary End

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

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**Neuberg Supratech Reference Laboratories Private Limited**

“KEDAR” Opposite Krupa Petrol Pump, Near Parimal Garden, Ahmedabad - 380006

Phone : 079-40408181 / 61618181 | Email : contact@supratechlabs.com | Website : www.neubergsupratech.com



## LABORATORY REPORT



Name : **KAUSTAV MITRA** Sex/Age : **Male / 38 Years** Case ID : **21202200130**  
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **2432791**  
 Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : 05-Dec-2022 08:57 Sample Type : Whole Blood EDTA Mobile No : 9051417132  
 Sample Date and Time : 05-Dec-2022 08:57 Sample Coll. By : Ref Id1 : OSP29244  
 Report Date and Time : 05-Dec-2022 09:44 Acc. Remarks : Normal Ref Id2 : O22237152

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
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### HAEMOGRAM REPORT

#### HB AND INDICES

Haemoglobin (Colorimetric)	14.9	G%	13.00 - 17.00
RBC (Electrical Impedance)	5.37	millions/cumm	4.50 - 5.50
PCV(Calc)	46.24	%	40.00 - 50.00
MCV (RBC histogram)	86.1	fL	83.00 - 101.00
MCH (Calc)	27.7	pg	27.00 - 32.00
MCHC (Calc)	32.2	gm/dL	31.50 - 34.50
RDW (RBC histogram)	13.60	%	11.00 - 16.00

#### TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)

Total WBC Count	4240	/μL	4000.00 - 10000.00	
	[ % ]	EXPECTED VALUES	[ Abs ]	EXPECTED VALUES
Neutrophil	57.0	% 40.00 - 70.00	2417	/μL 2000.00 - 7000.00
Lymphocyte	34.0	% 20.00 - 40.00	1442	/μL 1000.00 - 3000.00
Eosinophil	3.0	% 1.00 - 6.00	127	/μL 20.00 - 500.00
Monocytes	5.0	% 2.00 - 10.00	212	/μL 200.00 - 1000.00
Basophil	1.0	% 0.00 - 2.00	42	/μL 0.00 - 100.00

#### PLATELET COUNT (Optical)

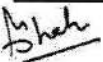
Platelet Count	189000	/μL	150000.00 - 410000.00
Neutrophil to Lymphocyte Ratio (NLR)	1.68		0.78 - 3.53

#### SMEAR STUDY

RBC Morphology	Normocytic Normochromic RBCs.
WBC Morphology	Total WBC count within normal limits.
Platelet	Platelets are adequate in number.
Parasite	Malarial Parasite not seen on smear.

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

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**Dr. Manoj Shah**  
 M.D. (Path. & Bact.)

**Dr. Shreya Shah**  
 M.D. (Pathologist)

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**Neuberg Supratech Reference Laboratories Private Limited**

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## LABORATORY REPORT



Name : KAUSTAV MITRA	Sex/Age : Male / 38 Years	Case ID : 21202200130
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 2432791
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 05-Dec-2022 08:57	Sample Type : Whole Blood EDTA	Mobile No : 9051417132
Sample Date and Time : 05-Dec-2022 08:57	Sample Coll. By :	Ref Id1 : OSP29244
Report Date and Time : 05-Dec-2022 09:44	Acc. Remarks : Normal	Ref Id2 : O22237152

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

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## LABORATORY REPORT



Name : KAUSTAV MITRA	Sex/Age : Male / 38 Years	Case ID : 21202200130
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 2432791
Bill. Loc. : Aashka hospital		Pt. Loc :

Reg Date and Time : 05-Dec-2022 08:57	Sample Type : Whole Blood EDTA	Mobile No : 9051417132
Sample Date and Time : 05-Dec-2022 08:57	Sample Coll. By :	Ref Id1 : OSP29244
Report Date and Time : 05-Dec-2022 10:51	Acc. Remarks : Normal	Ref Id2 : O22237152

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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### HAEMATOLOGY INVESTIGATIONS

ESR	04	mm after 1hr	3 - 15	
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Note:(LL-VeryLow,L-Low,HI-High,HH-VeryHigh ,A-Abnormal)

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*Shah*  
**Dr. Manoj Shah**  
 M.D. (Path. & Bact.)

**Dr. Shreya Shah**  
 M.D. (Pathologist)

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## LABORATORY REPORT



Name : KAUSTAV MITRA	Sex/Age : Male / 38 Years	Case ID : 21202200130
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 2432791
Bill. Loc. : Aashka hospital		Pt. Loc :

Reg Date and Time : 05-Dec-2022 08:57	Sample Type : Whole Blood EDTA	Mobile No : 9051417132
Sample Date and Time : 05-Dec-2022 08:57	Sample Coll. By :	Ref Id1 : OSP29244
Report Date and Time : 05-Dec-2022 10:05	Acc. Remarks : Normal	Ref Id2 : O22237152

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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### HAEMATOLOGY INVESTIGATIONS

#### BLOOD GROUP AND RH TYPING (Erythrocyte Magnetized Technology) (Both Forward and Reverse Group )

ABO Type	O
Rh Type	POSITIVE

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

*Dr. Shah*

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## LABORATORY REPORT



Name : KAUSTAV MITRA      Sex/Age : Male / 38 Years      Case ID : 21202200130  
 Ref.By : HOSPITAL      Dis. At :      Pt. ID : 2432791  
 Bill. Loc. : Aashka hospital      Pt. Loc :

Reg Date and Time : 05-Dec-2022 08:57	Sample Type : Spot Urine	Mobile No : 9051417132
Sample Date and Time : 05-Dec-2022 08:57	Sample Coll. By :	Ref Id1 : OSP29244
Report Date and Time : 05-Dec-2022 10:33	Acc. Remarks : Normal	Ref Id2 : O22237152

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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### URINE EXAMINATION (STRIP METHOD AND FLOWCYTOMETRY)

Physical examination

Colour : Pale yellow  
 Transparency : Clear

Chemical Examination By Sysmex UC-3500

Sp.Gravity	>1.025		1.005 - 1.030
pH	6.00		5 - 8
Leucocytes (ESTERASE)	Negative		Negative
Protein	Negative		Negative
Glucose	Negative		Negative
Ketone Bodies Urine	Negative		Negative
Urobilinogen	Negative		Negative
Bilirubin	Negative		Negative
Blood	Negative		Negative
Nitrite	Negative		Negative

Flowcytometric Examination By Sysmex UF-5000

Leucocyte	Nil	/HPF	Nil
Red Blood Cell	Nil	/HPF	Nil
Epithelial Cell	Present +	/HPF	Present(+)
Bacteria	Nil	/ul	Nil
Yeast	Nil	/ul	Nil
Cast	Nil	/LPF	Nil
Crystals	Negative		Negative

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

*Dr. Manoj Shah*

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## LABORATORY REPORT



Name : KAUSTAV MITRA      Sex/Age : Male / 38 Years      Case ID : 21202200130  
 Ref.By : HOSPITAL      Dis. At :      Pt. ID : 2432791  
 Bill. Loc. : Aashka hospital      Pt. Loc :

Reg Date and Time : 05-Dec-2022 08:57      Sample Type : Spot Urine      Mobile No : 9051417132  
 Sample Date and Time : 05-Dec-2022 08:57      Sample Coll. By :      Ref Id1 : OSP29244  
 Report Date and Time : 05-Dec-2022 10:33      Acc. Remarks : Normal      Ref Id2 : O22237152

Parameter	Unit	Expected value	Result/Notations				
			Trace	+	++	+++	++++
pH	-	4.6-8.0					
SG	-	1.003-1.035					
Protein	mg/dL	Negative (<10)	10	25	75	150	500
Glucose	mg/dL	Negative (<30)	30	50	100	300	1000
Bilirubin	mg/dL	Negative (0.2)	0.2	1	3	6	-
Ketone	mg/dL	Negative (<5)	5	15	50	150	-
Urobilinogen	mg/dL	Negative (<1)	1	4	8	12	-

Parameter	Unit	Expected value	Result/Notifications				
			Trace	+	++	+++	++++
Leukocytes (Strip)	/micro L	Negative (<10)	10	25	100	500	-
Nitrite(Strip)	-	Negative	-	-	-	-	-
Erythrocytes(Strip)	/micro L	Negative (<5)	10	25	50	150	250
Pus cells (Microscopic)	/hpf	<5	-	-	-	-	-
Red blood cells(Microscopic)	/hpf	<2	-	-	-	-	-
Cast (Microscopic)	/lpf	<2	-	-	-	-	-

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

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## LABORATORY REPORT



Name : KAUSTAV MITRA	Sex/Age : Male / 38 Years	Case ID : 21202200130
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 2432791
Bill. Loc. : Aashka hospital		Pt. Loc :

Reg Date and Time : 05-Dec-2022 08:57	Sample Type : Plasma Fluoride F, Plasma Fluoride PP	Mobile No : 9051417132
Sample Date and Time : 05-Dec-2022 08:57	Sample Coll. By :	Ref Id1 : OSP29244
Report Date and Time : 05-Dec-2022 13:18	Acc. Remarks : Normal	Ref Id2 : Q22237152

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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### BIOCHEMICAL INVESTIGATIONS

#### Biochemical Investigations by Dimension EXL (Siemens)

Plasma Glucose - F	98	mg/dL	70.0 - 100
Plasma Glucose - PP	102.71	mg/dL	70.0 - 140.0

Reference range has been changed as per recent guidelines of ISPAD 2018.  
 <100 mg/dL : Normal level  
 100-<126 mg/dL: Impaired fasting glucoseer guidelines  
 >=126 mg/dL: Probability of Diabetes, Confirm as per guidelines

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

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## LABORATORY REPORT



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 Ref.By : HOSPITAL      Dis. At :      Pt. ID : 2432791  
 Bill. Loc. : Aashka hospital      Pt. Loc :

Reg Date and Time : 05-Dec-2022 08:57      Sample Type : Serum      Mobile No : 9051417132  
 Sample Date and Time : 05-Dec-2022 08:57      Sample Coll. By :      Ref Id1 : OSP29244  
 Report Date and Time : 05-Dec-2022 10:33      Acc. Remarks : Normal      Ref Id2 : O22237152

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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### BIOCHEMICAL INVESTIGATIONS

#### Lipid Profile

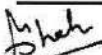
Cholesterol		169.09	mg/dL	110 - 200
HDL Cholesterol	L	43.0	mg/dL	48 - 77
Triglyceride		101.18	mg/dL	40 - 200
VLDL <i>Calculated</i>		20.24	mg/dL	10 - 40
Chol/HDL <i>Calculated</i>		3.93		0 - 4.1
LDL Cholesterol <i>Calculated</i>	H	105.9	mg/dL	65 - 100

#### NEW ATP III GUIDELINES (MAY 2001). MODIFICATION OF NCEP

LDL CHOLESTEROL	CHOLESTEROL	HDL CHOLESTEROL	TRIGLYCERIDES
Optimal <100	Desirable <200	Low <40	Normal <150
Near Optimal 100-129	Border Line 200-239	High >60	Border High 150-199
Borderline 130-159	High >240	-	High 200-499
High 160-189	-	-	-

- LDL Cholesterol level is primary goal for treatment and varies with risk category and assesment
- For LDL Cholesterol level Please consider direct LDL value  
Risk assessment from HDL and Triglycende has been revised. Also LDL goals have changed.
- Detail test interpretation available from the lab
- All tests are done according to NCEP guidelines and with FDA approved kits.
- LDL Cholesterol level is primary goal for treatment and varies with risk category and assesment

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)



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## LABORATORY REPORT



Name : KAUSTAV MITRA	Sex/Age : Male / 38 Years	Case ID : 21202200130
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 2432791
Bill. Loc. : Aashka hospital		Pt. Loc :

Reg Date and Time : 05-Dec-2022 08:57	Sample Type : Serum	Mobile No : 9051417132
Sample Date and Time : 05-Dec-2022 08:57	Sample Coll. By :	Ref Id1 : OSP29244
Report Date and Time : 05-Dec-2022 10:33	Acc. Remarks : Normal	Ref Id2 : O22237152

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>BIOCHEMICAL INVESTIGATIONS</b>				
<b>Liver Function Test</b>				

S.G.P.T.	22.36	U/L	0 - 41	
S.G.O.T.	20.24	U/L	15 - 37	
Alkaline Phosphatase	84.36	U/L	40 - 130	
Gamma Glutamyl Transferase	20.69	U/L	8 - 61	
Proteins (Total)	6.49	gm/dL	6.4 - 8.2	
Albumin	4.50	gm/dL	3.4 - 5	
Globulin <i>Calculated</i>	L 1.99	gm/dL	2 - 4.1	
A/G Ratio <i>Calculated</i>	H 2.3		1.0 - 2.1	
Bilirubin Total	0.65	mg/dL	0.2 - 1.0	
Bilirubin Conjugated	0.28	mg/dL		
Bilirubin Unconjugated <i>Calculated</i>	0.37	mg/dL	0 - 0.8	

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## LABORATORY REPORT



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Ref.By : HOSPITAL	Dis. At :	Pt. ID : 2432791
Bill. Loc. : Aashka hospital		Pt. Loc :

Reg Date and Time : 05-Dec-2022 08:57	Sample Type : Serum	Mobile No : 9051417132
Sample Date and Time : 05-Dec-2022 08:57	Sample Coll. By :	Ref Id1 : OSP29244
Report Date and Time : 05-Dec-2022 10:34	Acc. Remarks : Normal	Ref Id2 : O22237152

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>BIOCHEMICAL INVESTIGATIONS</b>				

<b>BUN (Blood Urea Nitrogen)</b> <i>GLDH</i>	<b>9.7</b>	mg/dL	6.00 - 20.00	
<b>Creatinine</b>	<b>0.76</b>	mg/dL	0.50 - 1.50	
<b>Uric Acid</b>	<b>4.44</b>	mg/dL	3.5 - 7.2	

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

*Shah*

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## LABORATORY REPORT



Name : KAUSTAV MITRA	Sex/Age : Male / 38 Years	Case ID : 21202200130
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 2432791
Bill. Loc. : Aashka hospital		Pt. Loc :

Reg Date and Time : 05-Dec-2022 08:57	Sample Type : Whole Blood EDTA	Mobile No : 9051417132
Sample Date and Time : 05-Dec-2022 08:57	Sample Coll. By :	Ref Id1 : OSP29244
Report Date and Time : 05-Dec-2022 09:45	Acc. Remarks : Normal	Ref Id2 : O22237152

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>BIOCHEMICAL INVESTIGATIONS</b>				
<b>Glycated Haemoglobin Estimation</b>				

<b>HbA1C</b>	<b>4.68</b>	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes
<b>Estimated Avg Glucose (3 Mths)</b> <i>Calculated</i>	<b>87.62</b>	mg/dL	

Please Note change in reference range as per ADA 2021 guidelines.

**Interpretation :**

HbA1C level reflects the mean glucose concentration over previous 8-12 weeks and provides better indication of long term glycemic control.  
Levels of HbA1C may be low as result of shortened RBC life span in case of hemolytic anemia.  
Increased HbA1C values may be found in patients with polycythemia or post splenectomy patients.  
Patients with Homozygous forms of rare variant Hb(CC,SS,EE,SC) HbA1c can not be quantitated as there is no HbA.  
In such circumstances glycemic control can be monitored using plasma glucose levels or serum Fructosamine.  
The A1c target should be individualized based on numerous factors, such as age, life expectancy, comorbid conditions, duration of diabetes, risk of hypoglycemia or adverse consequences from hypoglycemia, patient motivation and adherence.

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 Ref.By : HOSPITAL      Dis. At :      Pt. ID : 2432791  
 Bill. Loc. : Aashka hospital      Pt. Loc :

Reg Date and Time : 05-Dec-2022 08:57      Sample Type : Serum      Mobile No : 9051417132  
 Sample Date and Time : 05-Dec-2022 08:57      Sample Coll. By :      Ref Id1 : OSP29244  
 Report Date and Time : 05-Dec-2022 09:57      Acc. Remarks : Normal      Ref Id2 : O22237152

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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### BIOCHEMICAL INVESTIGATIONS

Triiodothyronine (T3)	90.68	ng/dL	70 - 204	
Thyroxine (T4) <small>CMIA</small>	H 10.7	ng/dL	4.6 - 10.5	
TSH <small>CMIA</small>	L 0.178	μIU/mL	0.4 - 4.2	

### INTERPRETATIONS

- Circulating TSH measurement has been used for screening for euthyroidism, screening and diagnosis for hyperthyroidism & hypothyroidism. Suppressed TSH (<0.01 μIU/mL) suggests a diagnosis of hyperthyroidism and elevated concentration (>7 μIU/mL) suggest hypothyroidism. TSH levels may be affected by acute illness and several medications including dopamine and glucocorticoids. Decreased (low or undetectable) in Graves disease. Increased in TSH secreting pituitary adenoma (secondary hyperthyroidism), PRTN and in hypothalamic disease thyrotropin (tertiary hyperthyroidism). Elevated in hypothyroidism (along with decreased T4) except for pituitary & hypothalamic disease.
- Mild to modest elevations in patient with normal T3 & T4 levels indicates impaired thyroid hormone reserves & incipient hypothyroidism (subclinical hypothyroidism).
- Mild to modest decrease with normal T3 & T4 indicates subclinical hyperthyroidism.
- Degree of TSH suppression does not reflect the severity of hyperthyroidism, therefore, measurement of free thyroid hormone levels is required in patient with a suppressed TSH level.

### CAUTIONS

Sick, hospitalized patients may have falsely low or transiently elevated thyroid stimulating hormone. Some patients who have been exposed to animal antigens, either in the environment or as part of treatment or imaging procedure, may have circulating antianimal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.

### TSH ref range in Pregnancy

First trimester  
 Second trimester  
 Third trimester

### Reference range (microIU/ml)

0.24 - 2.00  
 0.43-2.2  
 0.8-2.5

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

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**Interpretation Note:**

Ultra sensitive thyroid-stimulating hormone (TSH) is a highly effective screening assay for thyroid disorders. In patients with an intact pituitary-thyroid axis, s-TSH provides a physiologic indicator of the functional level of thyroid hormone activity. Increased s-TSH indicates inadequate thyroid hormone, and suppressed s-TSH indicates excess thyroid hormone. Transient s-TSH abnormalities may be found in seriously ill, hospitalized patients, so this is not the ideal setting to assess thyroid function. However, even in these patients, s-TSH works better than total thyroxine (an alternative screening test), when the s-TSH result is abnormal, appropriate follow-up tests T4 & free T3 levels should be performed. If TSH is between 5.0 to 10.0 & free T4 & free T3 level are normal then it is considered as subclinical hypothyroidism which should be followed up after 4 weeks & If TSH is > 10 & free T4 & free T3 level are normal then it is considered as overt hypothyroidism.

Serum triiodothyronine (T3) levels often are depressed in sick and hospitalized patients, caused in part by the biochemical shift to the production of reverse T3. Therefore, T3 generally is not a reliable predictor of hypothyroidism. However, in a small subset of hyperthyroid patients, hyperthyroidism may be caused by overproduction of T3 (T3 toxicosis). To help diagnose and monitor this subgroup, T3 is measured on all specimens with suppressed s-TSH and normal FT4 concentrations.

Normal ranges of TSH & thyroid hormones vary according trimester in pregnancy.

TSH ref range in Pregnancy	Reference range (microIU/ml)
First trimester	0.24 - 2.00
Second trimester	0.43-2.2
Third trimester	0.8-2.5

	T3	T4	TSH
Normal Thyroid function	N	N	N
Primary Hyperthyroidism	↑	↑	↓
Secondary Hyperthyroidism	↑	↑	↑
Grave's Thyroiditis	↑	↑	↑
T3 Thyrotoxicosis	↑	N	N/↓
Primary Hypothyroidism	↓	↓	↑
Secondary Hypothyroidism	↓	↓	↓
Subclinical Hypothyroidism	N	N	↑
Patient on treatment	N	N/↑	↓

----- End Of Report -----

# For test performed on specimens received or collected from non-NSRL locations, it is presumed that the specimen belongs to the patient named or identified as labeled on the container/test request and such verification has been carried out at the point generation of the said specimen by the sender. NSRL will be responsible Only for the analytical part of test carried out. All other responsibility will be of referring Laboratory.

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

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Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

QRS : 114 ms  
QT / QTcBaz : 392 / 420 ms  
PR : 138 ms  
P : 88 ms  
RR / PP : 862 / 869 ms  
P / QRS / T : 7 / 65 / 32 degrees

Normal sinus rhythm  
Normal ECG

Location: 1  
Order Number:  
Indication:  
Medication 1:  
Medication 2:  
Medication 3:

Room:

69 bpm  
-- / -- mmHg

