



ভারতীয় বিশিষ্ট পরিচয় প্রাধিকরণ  
ভারত সরকার  
Unique Identification Authority of India  
Government of India

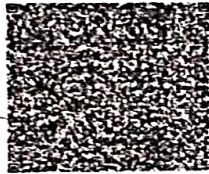
তালিকাভুক্তির নম্বর/ Enrolment No.: 2189/71804/03605

Download Date: 28/09/2018

To  
প্রনয় রায়  
Pranoy Roy  
S/O Pratap Chandra Roy  
Putkhali  
Rashpur  
Howrah West Bengal - 711401  
9674509480

Generation Date: 24/09/2018

Signature Not Verified  
Digitally signed by Pranoy Roy  
DN: cn=Pranoy Roy, o=Government of India, email=pranoy.roy@nic.in



QR Code with Photograph

আপনার আধার সংখ্যা / Your Aadhaar No. :

8064 2692 1633

VID : 9110 1139 3071 2806

আমার আধার, আমার পরিচয়



ভারত সরকার  
Government of India



প্রনয় রায়  
Pranoy Roy  
জন্মতারিখ/DOB: 02/01/1991  
পুরুষ/ MALE

8064 2692 1633  
VID : 9110 1139 3071 2806



আমার আধার, আমার পরিচয়



ভবা

- আধার পরিচয়ের প্রমাণ, নাগরিকত্বের প্রমাণ নয়
- পরিচয়ের প্রমাণ অনলাইন অথেন্টিকেশন দ্বারা লাভ করুন
- এটা এক ইলেক্ট্রনিক প্রক্রিয়াম তৈরী পত্র

INFORMATION

- Aadhaar is a proof of identity, not of citizenship.
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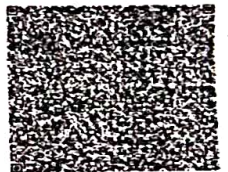
- আধার সারা দেশে মান্য।
- আধার ভবিষ্যতে সরকারী ও বেসরকারী পরিষেবা প্রাপ্তির সহায়ক হবে।
- Aadhaar is valid throughout the country .
- Aadhaar will be helpful in availing Government and Non-Government services in future .



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Unique Identification Authority of India

ঠিকানা:  
S/O প্রতাপ চন্দ্র রায়, পুটখালী, হাওড়া,  
পশ্চিম বঙ্গ - 711401

Address:  
S/O Pratap Chandra Roy, Putkhali, Howrah,  
West Bengal - 711401



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Pranoy Roy



SATYAM CLINIC

# Satyam Clinic

SATYAM CLINIC @ OM TOWER  
Opp. of Rabindra Bharati University

Poornoy Roy

I don't want to test stool and tmt test.  
I will do it later. and Eye check up.

Poornoy Roy

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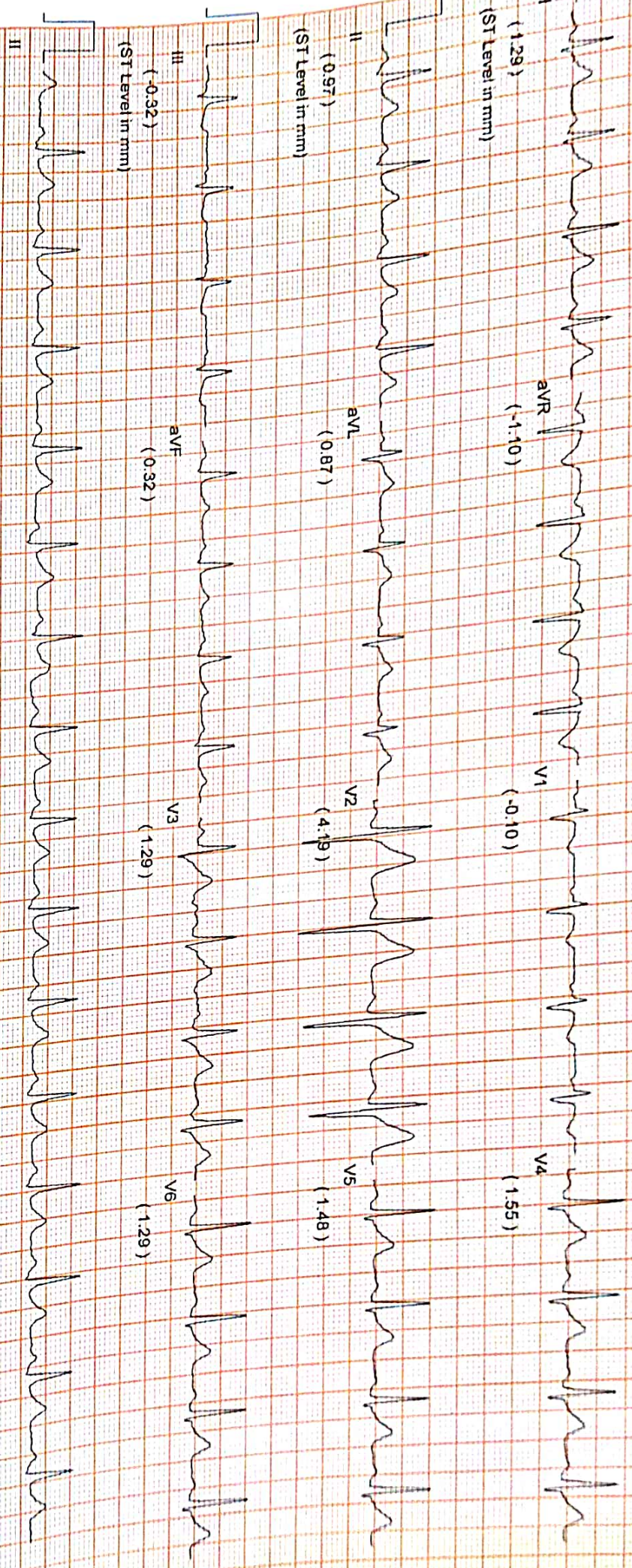
12.2024  
12:00:00

QT / QTc : 0.276 / 0.346 Sec  
P-QRS-T Axis (45)-(37)-(26) deg

PR Interval: 0.16 sec  
QRS Duration: 0.072 Sec

RR Interval: 0.84 sec

HR : 94 bpm  
BP : 0 / 0 mmHg



Comments :-

*Pranov Roy*



# Satyam Clinic

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NAME: Mr. PRANOY ROY	MR NO: FSIN-0000	DATE : 12.01.2024
AGE: 33 YRS	SEX: MALE	REF BY: SELF

## ECG REPORT

HR : 94 b/min  
AXIS : NORMAL  
RHYTHM : SINUS  
PR INTERVAL : 0.16 sec  
QT INTERVAL : 0.276 sec  
QRS DURATION : 0.072 sec  
T-WAVE : NORMAL

### IMPRESSION:

- RESTING ECG WITHIN NORMAL LIMITS

*Shweta Prada Upadhyay*

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

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PATIENT'S NAME : MR. PRANOY ROY  
ADDRESS :  
ORGAN SCANNED : WHOLE ABDOMEN  
REFERRED BY : SELF

AGE : 33 YRS.  
SEX : MALE.  
DATE : 12.1.24  
M.No. : /1-24

**REPORT :-**

**LIVER :-**

Liver is enlarged in size. Echogenicity is increased. The Intrahepatic tubular structures are normal. No focal area of altered echogenicity is noted. The porta hepatis is normal. The common bile duct at porta measures 0.4 cm. in diameter. The portal vein measures 0.9 cm. at porta.

**GALL BLADDER :-**

Gall bladder is distended. 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 (9.5 cm), shape, outline and echotexture. No parenchymal lesion is noted.

**BOTH KIDNEYS :-**

Both the kidneys are normal in position, size, shape, outline and echotexture. The cortico medullary differentiation is maintained. No calculus or hydronephrosis is seen. Right kidney measures 11.1 cm & Left kidney measures 10.8 cm.

**URETER :-**

Ureter is not visualised


**URINARY BLADDER:-**

Bladder is well distended with normal wall thickness. No calculus or mass is seen within the urinary bladder. The post void residual volume of urine is insignificant.

**PROSTATE :**

Prostate is normal in size. It has a homogenous echotexture. The prostatic outline is smooth. Periprostatic plane is normal. It measures 4.1 x 3.2 x 3.1 cm. & weighs 22 gms. approx.

**REMARKS : HEPATOMEGALY WITH GRADE I FATTY INFILTRATION OF LIVER**



Sonologist  
Dr. Ajoy K. Roy.  
MBBS., Dip BMSc. DTM&H(Cal)  
Certificate on CBET Abdomino Pelvic  
USG (WBHSU)



# Satyam Clinic

SATYAM CLINIC @ OM TOWER  
Opp. of Rabindra Bharati University

Patient Name: MR. PRANOY ROY  
UHID/MR No.: FSIN.0000056680  
Visit Date: 12.01.2024  
Sample collected on: 12.01.2024  
Ref Doctor: SELF

Age/Gender: 33 Years/ Male  
OP Visit No.: FSINOPV28701  
Reported on: 12.01.2024  
Specimen: BLOOD

## DEPARTMENT OF SEROLOGICAL EXAMINATION

### TEST NAME

### RESULT

Blood Group (A, B & O) & Rh factor  
BLOOD GROUP  
RH TYPE

"B"  
POSITIVE (+Ve)

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

DR. KRISTI CHATTERJEE  
MBBS, MD (PATHOLOGY)  
CONSULTANT PATHOLOGIST

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# Satyam Clinic

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Opp. of Rabindra Bharati University

Age/Gender: 33 Years/ Male

OP Visit No.: FSINOPV28701

Reported on: 12.01.2024

Specimen: BLOOD

## DEPARTMENT OF LABORATORY MEDICINE

<u>TEST NAME</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE INTERVALS</u>	<u>UNITS</u>
GLUCOSE- (FASTING) Method: (GOD-POD)	99.3	70.0- 110.0	mg/dl

This measures your blood sugar after an overnight fast (not eating). A fasting blood sugar level of 99 mg/dL or lower is normal, 100 to 125 mg/dL indicates you have prediabetes, and 126 mg/dL or higher indicates you have diabetes. It is your body's main source of energy. A hormone called insulin helps move glucose from your bloodstream into your cells.

GLUCOSE- (POST PRANDIAL) Method: (GOD-POD)	124.0	80.0- 140.0	mg/dl
---	-------	-------------	-------

This is a blood test to check for diabetes. If you have diabetes, your body doesn't make enough insulin to keep your blood sugar in check. This means your blood sugar levels are too high, and over time this can lead to serious health problems including heart, nerve, kidney, and eye damage. Postprandial means after a meal. This test is done to see how your body responds to sugar and starch after you eat a meal. As you digest the food in your stomach, blood glucose, or blood sugar, levels rise sharply. In response, your pancreas releases insulin to help move these sugars from the blood into the cells of muscles and other tissues to be used for fuel. Within two hours of eating, your insulin and blood glucose levels should return to normal. If your blood glucose levels remain high, you may have diabetes.

End of the report

Results are to be correlate clinically

*Kristi Chatterjee*

DR. KRISTI CHATTERJEE  
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CONSULTANT PATHOLOGIST

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SATYAM CLINIC

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Sample collected on: 12.01.2024  
Ref Doctor: SELF

Age/Gender: 33 Years/ Male  
OP Visit No.: FSINOPV28701  
Reported on: 12.01.2024  
Specimen: BLOOD

DEPARTMENT OF SPECIAL BIOCHEMISTRY

REPORT PREPARED ON PATHOLOGY

Test Name	Value	Unit	Normal Range
Glycosylated Haemoglobin (HbA1c), HPLC	5.4	%	Excellent Control: <4 Good Control: 4-6 Fair Control : >6-7 Action Suggested: >7-8 Poor Control : >8
<i>Methodology: HPLC</i> <i>Instrument Used: Bio-Rad D-10</i>			
Estimated Average Glucose (EAG)	129.0	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\*\*\*\*\*

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SATYAM CLINIC

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UHID/MR No.: FSIN.0000056680  
Visit Date: 12.01.2024  
Sample collected on: 12.01.2024  
Ref Doctor: SELF

# Satyam Clinic

SATYAM CLINIC @ OM TOWER

Opp. of Rabindra Bharati University  
Age/Gender: 33 Years/ Male  
OP Vislt No.: FSINOPV28701  
Reported on: 12.01.2024  
Specimen: BLOOD

## DEPARTMENT OF HAEMATOLOGY

TEST NAME	RESULT	BIOLOGICAL REFERENCE	UNIT
<b>COMPLETE BLOOD COUNT</b>			
HEMOGLOBIN	13.3	Female 11.5-14.5 Male 12.5-16.5	gm%
Method: Cyanmethemoglobin			
RBC COUNT	4.72	Female 3.8-4.8	mill/Cumm
Method: Electronic Impedance		Male 4.5-5.5	
HEMATOCRIT (PCV)	41.7	Female 36-46	%
		Male 42-52	
MCV	88.3	83-101 fl	fl
Method: Calculated			
MCH	28.1	27-32 pg	pg
Method: Calculated			
MCHC	31.8	31.5-34.5	%
Method: Calculated			
PLATELET COUNT	1.75	1.5-4.5 lakhs/cu mm	Lakhs/cumm
Method: Electronic Impedance			
TOTAL WBC COUNT (TC)	9,100	4,000-11,000	/cumm
Method: Electronic Impedance			
DIFFERENTIAL COUNT (DC)			
Method: Microscopy			
NEUTROPHIL	75	40-70	%
LYMPHOCYTE	22	20-45	%
MONOCYTE	01	2-8	%
EOSINOPHIL	02	1-4	%
BASOPHIL	00	<1-2	%
ESR	12	Male: 12 Female: 19	mm/hr
Method: westergreen			
Note: RBC are normocytic with normochromic.			
INSTRUMENT USED:			
SYSMEX (XP 100)			
*Please correlate with clinical conditions.			

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

*Kristi Chatterjee*

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Age/Gender: 33 Years/ Male  
OP Visit No.: FSINOPV28701  
Reported on: 12.01.2024  
Specimen: BLOOD

## DEPARTMENT OF LABORATORY MEDICINE

<u>TEST NAME</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE INTERVALS</u>	<u>UNITS</u>
<u>LIPID PROFILE</u> Triglyceride Method: GPO-POD	176.0	<200	mg/dl
Cholesterol Method: CHO - POD	179.0	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	41.0	30-80mg/dl	mg/dl
LDL CHOLESTEROL [DIRECT] Method: PVS and PEGME Coupled	102.8	<130.0 mg/dl	mg/dl
VLDL CHOLESTEROL	35.2	20-35 mg/dl	mg/dl
CHOLESTEROL: HDL RATIO	4.3		
LDL: HDL RATIO	2.5		

End of the report  
Results are to be correlate clinically

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Specimen: BLOOD

## DEPARTMENT OF LABORATORY MEDICINE

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVALS	UNITS
LIVER FUNCTION TEST (PACKAGE)			
BILIRUBIN- TOTAL	0.68	1.1 Adult	mg/dl
Method: Daizo			
BILIRUBIN- DIRECT	0.17	Adult & Children: <0.25	mg/dl
Method: Daizo with DPD			
BILIRUBIN- INDIRECT	0.51	0.1-1.0	mg/dl
Method: calculated			
TOTAL- PROTIEN	6.30	Adult: 6.6-8.8	gms/dl
Method: Photometric UV test			
ALBUMIN	3.70	3.5-5.2	gms/dl
Method: BCG			
GLOBULIN	2.60	1.8-3.0	gms/dl
Method: calculated			
A:G Ratio	1.42:1		U/L
SGOT/AST	25.3	up to 45	U/L
Method: IFCC WITHOUT P5P			
SGPT/ALT	22.7	up to 40	U/L
Method: IFCC WITHOUT P5P			
ALKA-PHOS	99.8	Adult: 20-220 Child: 104-380	U/L
Method: PNPP- AMP BUFFER			

\*Please correlate with clinical conditions.

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

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Age/Gender: 33 Years/ Male

OP Visit No.: FSINOPV28701

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SATYAM CLINIC

Patient Name: MR. PRANJOY ROY

UHID/MR No.: FSIN.0000056680

Visit Date: 12.01.2024

Sample collected on: 12.01.2024

Ref Doctor: SELF

## DEPARTMENT OF LABORATORY MEDICINE

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVALS	UNITS
BLOOD UREA NITROGEN (BUN) Method: Calculated	8.59	8 - 20	mg/dl
CREATININE Methodology: Jaffe Reaction Instrument Used: FULLY AUTOMATED ANALYZER EM-200	0.76	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
BUN: CREATININE RATIO Method: Calculated	11.30		
URIC ACID Method: Uricase	5.34	Female: 2.6 - 6.0 Male: 3.4 - 7.0	mg/dl

End of the report  
Results are to be correlate clinically

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OP Visit No.: FSINOPV28701

Reported on: 12.01.2024

Specimen: BLOOD



Patient Name: MR. PRANOY ROY

UHID/MR No.: FSIN.0000056680

Visit Date: 12.01.2024

Sample collected on: 12.01.2024

Ref Doctor: SELF

## 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	5.04	0.35-5.50	μIU/ml
TOTAL T3: TRI IODOTHYRONINE – SERUM Method: CLIA	1.49	0.87 – 1.78	ng/dl
TOTAL T4: THYROXINE – SERUM Method: CLIA	11.70	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 μIU/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\*\*\*

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Visit Date: 12.01.2024  
Sample collected on: 12.01.2024  
Ref Doctor: SELF

Age/Gender: 33 Years/ Male  
OP Visit No.: FSINOPV28701  
Reported on: 12.01.2024  
Specimen: URINE

## CLINICAL PATHOLOGY

### URINE FOR ROUTINE EXAMINATION

Test Name	Result	Unit	Method
<b>PHYSICAL EXAMINATION</b>			
QUANTITY	30	ml	Container Measurement
COLOUR	Pale yellow		Naked Eye Observation
APPEARANCE	Slightly hazy		Naked Eye Observation
REACTION	Acidic		Multiple Reagent Strip
SPECIFIC GRAVITY	1.015		Multiple Reagent Strip
<b>CHEMICAL EXAMINATION</b>			
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
<b>MICROSCOPIC EXAMINATION</b>			
PUS CELL	2-3	/HPF	Light Microscopy
RBC	Not found	/HPF	Light Microscopy
EPITHELIAL CELL	1-2	/HPF	Light Microscopy
MICRO ORGANISM	Present (+)		
Others	Not found		

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

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