

20/80

भारत सरकार
Government of India

Issue Date: 15/12/2012



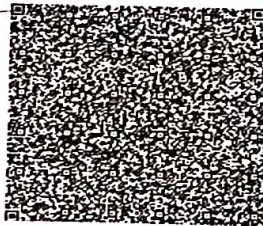
Nabanita Roy Barui
Date of Birth/DOB: 30/03/2001
Female/ FEMALE

2613 8341 0809
VID : 9196 1358 9121 8090

मेरा आधार, मेरी पहचान

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

Address:
C/O Pranoy Roy, Putkhal, Howrah,
West Bengal - 711401



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Nabanita Roy Barui



Satyam Clinic

SATYAM CLINIC @ OM TOWER
Opp. of Rabindra Bharati University

Nabamita Roy Barui

I don't want to do stool, tmt and Parkeston
I will do it later and eye check up.

Nabamita Roy Barui

Patient Name: Mrs. NABANITA ROY BARUI 23/F

Resting ECG Report

January 12, 2024
Time: 11:41:23

QT/QTc: 0.284 / 0.352 Sec
P-QRS-T Axis: (39)-(58)-(5) deg

PR Interval: 0.14 sec
QRS Duration: 0.084 Sec

RR Interval: 0.65 sec

HR: 92 bpm
BP: 0/0 mmHg



Comments :-

Nabanita Roy Barui

10mm/mv, 25mm/sec NASAN Simul-Q BL J 4.6/1.13

| | | |
|------------------------------|------------------|-------------------|
| NAME: Mrs.NABANITA ROY BARUI | MR NO: FSIN-0000 | DATE : 12.01.2024 |
| AGE: 23 YRS | SEX: FEMALE | REF BY: SELF |

ECG REPORT

HR : 92 b/min
AXIS : NORMAL
RHYTHM : SINUS
PR INTERVAL : 0.14 sec
QT INTERVAL : 0.284 sec
QRS DURATION : 0.064 sec
T-WAVE : NORMAL

IMPRESSION:

- RESTING ECG WITHIN NORMAL LIMITS

Shweta Prasad Upadhyay

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

PATIENTS NAME : MS. NABANITA ROY BARUI
ADDRESS :
ORGAN SCANNED : WHOLE ABDOMEN
REFERRED BY : SELF

AGE : 23 YRS.
SEX : FEMALE
DATE : 12.1.24
M.No. : /1-24

REPORT :-

LIVER :-

Liver is enlarged in size (16.9 cm), echotexture is normal. 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 1.0 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 (9.0 cm), shape, outline and echotexture. No parenchymal lesion is noted

KIDNEYS :-

They are normal in position, size, shape, outline and echotexture. The cortico medullary differentiation is maintained. No calculus or hydronephrosis is seen. Right kidney measures 11.0 cm. and left kidney measures 10.8 cm.

URETER :-

Ureter is not visualised

URINARY BLADDER:-

It 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 10 cc.

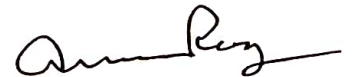
UTERUS :-

Uterus is normal in size, shape and echotexture. It is anteverted. No SOL is seen in the myometrium. Uterine cavity is empty. Endometrial thickness is normal.

OVARIES :-

They are normal in size, shape, outline and echotexture. Right ovary measures 2.2 cm. & Left ovary measures 2.5 cm.

REMARKS : HEPATOMEGALY



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



Satyam Clinic

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Opp. of Rabindra Bharati University

Patient Name: MRS. NABANITA ROY BARUI
UHID/MR No.: FSIN.0000056681
Vist Date: 12.01.2024
Sample collected on: 12.01.2024
Ref Doctor: SELF

Age/Gender: 23 Years/ Female
OP Vist No.: FSINOPV28702
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

"A"
POSITIVE (+Ve)

*** End of the report***

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

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Patient Name: MRS. NABANITA ROY BARUI

UHID/MR No.: FSIN.0000056681

Visit Date: 12.01.2024

Sample collected on: 12.01.2024

Ref Doctor: SELF

DEPARTMENT OF HAEMATOLOGY

| TEST NAME | RESULT | BIOLOGICAL REFERENCE | UNIT |
|------------------------------|--------|------------------------------------|------------|
| COMPLETE BLOOD COUNT | | | |
| HEMOGLOBIN | 12.6 | Female 11.5-14.5 Male 12.5-16.5 | gm% |
| Method: Cyanmethemoglobin | | | |
| RBC COUNT | 4.27 | Female 3.8-4.8 Male 4.5-5.5 | mill/Cumm |
| Method: Electronic Impedance | | | |
| HEMATOCRIT (PCV) | 38.7 | Female 36-46 Male 42-52 | % |
| MCV | 90.6 | 83-101 fl | fl |
| Method: Calculated | | | |
| MCH | 29.5 | 27-32 pg | pg |
| Method: Calculated | | | |
| MCHC | 32.5 | 31.5-34.5 | % |
| Method: Calculated | | | |
| PLATELET COUNT | 1.87 | 1.5-4.5 lakhs/cu mm | Lakhs/cumm |
| Method: Electronic Impedance | | | |
| TOTAL WBC COUNT (TC) | 13,500 | 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 | 24 | Male: 12 Female: 19 | mm/hr |
| Method: westergreen | | | |

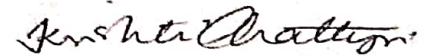
Note: RBC are normocytic with normochromic.

INSTRUMENT USED:

SYSMEX (XP 100)

*Please correlate with clinical conditions.

End of the report



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Age/Gender: 23 Years/ Female

OP Visit No.: FSINOPV28702

Reported on: 12.01.2024

Specimen: BLOOD

Patient Name: MRS. NABANITA ROY BARUI

UHID/MR No.: FSIN.0000056681

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>UNITS</u> |
|---|---------------|---------------------------------------|--------------|
| GLUCOSE- (FASTING) Method: (GOD-POD) | 85.7 | 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) | 103.8 | 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

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UHID/MR No.: FSIN.0000056681
Visit Date: 12.01.2024
Sample collected on: 12.01.2024
Ref Doctor: SELF

Age/Gender: 23 Years/ Female
OP Visit No.: FSINOPV28702
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 | 5.1 | % | Excellent Control: <4 Good Control: 4-6 Fair Control : >6-7 Action Suggested: >7-8 Poor Control : >8 |
| Estimated Average Glucose (EAG) | 115.0 | mg/dl | Excellent Control: 90-120 Good Control: 120-150 Fair Control: > 150-180 Action Suggested: 181-210 Panic Value: >211 |

Methodology: HPLC
Instrument Used: Bio-Rad D-10

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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Patient Name: MRS. NABANITA ROY BARUI

UHID/MR No.: FSIN.0000056681

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 |
|---|--------|---|----------------|
| LIPID PROFILE | | | |
| Triglyceride Method: GPO-POD | 163.0 | <200 | mg/dl |
| Cholesterol Method: CHO - POD | 187.0 | 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 | 42.0 | 30-80mg/dl | mg/dl |
| LDL CHOLESTEROL [DIRECT] Method: PVS and PEGME Coupled | 112.4 | <130.0 mg/dl | mg/dl |
| VLDL CHOLESTEROL | 32.6 | 20-35 mg/dl | mg/dl |
| CHOLESTEROL: HDL RATIO | 4.4 | | |
| LDL: HDL RATIO | 2.6 | | |

End of the report

Results are to be correlate clinically



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SATYAM CLINIC

Patient Name: MRS. NABANITA ROY BARUI
UHID/MR No.: FSIN.0000056681
Visit Date: 12.01.2024
Sample collected on: 12.01.2024
Ref Doctor: SELF

Satyam Clinic

SATYAM CLINIC @ OM TOWER
Age/Gender/Race/Year of Birth/Fertility University
OP Visit No.: FSINOPV28702
Reported on: 12.01.2024
Specimen: BLOOD

DEPARTMENT OF LABORATORY MEDICINE

| TEST NAME | RESULT | BIOLOGICAL REFERENCE INTERVALS | UNITS |
|-------------------------------|--------|---------------------------------|--------|
| LIVER FUNCTION TEST (PACKAGE) | | | |
| BILIRUBIN- TOTAL | 0.70 | 1.1 Adult | mg/dl |
| Method: Daizo | | | |
| BILIRUBIN- DIRECT | 0.14 | Adult & Children: <0.25 | mg/dl |
| Method: Daizo with DPD | | | |
| BILIRUBIN- INDIRECT | 0.56 | 0.1-1.0 | mg/dl |
| Method: calculated | | | |
| TOTAL- PROTIEN | 6.90 | Adult: 6.6-8.8 | gms/dl |
| Method: Photometric UV test | | | |
| ALBUMIN | 4.10 | 3.5-5.2 | gms/dl |
| Method: BCG | | | |
| GLOBULIN | 2.80 | 1.8-3.0 | gms/dl |
| Method: calculated | | | |
| A:G Ratio | 1.46:1 | | |
| SGOT/AST | 19.6 | up to 45 | U/L |
| Method: IFCC WITHOUT P5P | | | |
| SGPT/ALT | 24.3 | up to 40 | U/L |
| Method: IFCC WITHOUT P5P | | | |
| ALKA-PHOS | 97.8 | Adult: 20-220 Child: 104-380 | U/L |
| Method: PNPP- AMP BUFFER | | | |

*Please correlate with clinical conditions.

End of the report

Kristi Chatterjee

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UHID/MR No.: FSIN.0000056681
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DEPARTMENT OF LABORATORY MEDICINE

| TEST NAME | RESULT | BIOLOGICAL REFERENCE INTERVALS | UNITS |
|---|--------|--|--------|
| BLOOD UREA NITROGEN (BUN) Method: Calculated | 11.68 | 8 - 20 | mg/ dl |
| CREATININE Methodology: Jaffe Reaction Instrument Used: FULLY AUTOMATED ANALYZER EM-200 | 0.80 | 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 | 14.60 | | |
| 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

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Age/Gender: 23 Years/ Female

OP Visit No.: FSINOPV28702

Reported on: 12.01.2024

Specimen: BLOOD

Patient Name: MRS. NABANITA ROY BARUI

UHID/MR No.: FSIN.0000056681

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 | 3.91 | 0.35-5.50 | μIU/ml |
| TOTAL T3: TRI IODOTHYRONINE – SERUM Method: CLIA | 1.24 | 0.87 – 1.78 | ng/dl |
| TOTAL T4: THYROXINE – SERUM Method: CLIA | 9.89 | 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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UHID/MR No.: FSIN.0000056681
Visit Date: 12.01.2024
Sample collected on: 12.01.2024
Ref Doctor: SELF

Age/Gender: 23 Years/ Female
OP Visit No.: FSINOPV28702
Reported on: 12.01.2024
Specimen: URINE

CLINICAL PATHOLOGY

URINE FOR ROUTINE EXAMINATION

| Test Name | Result | Unit | Method |
|--------------------------------|---------------|------|---|
| PHYSICAL EXAMINATION | | | |
| QUANTITY | 40 | 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 |
| CHEMICAL EXAMINATION | | | |
| 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 |
| MICROSCOPIC EXAMINATION | | | |
| PUS CELL | 2-3 | /HPF | Light Microscopy |
| RBC | Not found | /HPF | Light Microscopy |
| EPITHELIAL CELL | 3-4 | /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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