

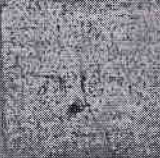

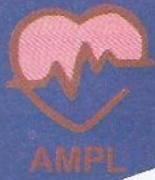


आयकर विभाग  
INCOME TAX DEPARTMENT  
RATAN KUMAR JANA  
DHIRENDRANATH JANA  
18/10/1972  
Permanent Account Number  
ADPPJ9354E  
Signature  
भारत सरकार  
GOVT. OF INDIA



DR. S. B. NAGORI  
MBBS, MD, 75  
Consultant Cardiologist & Physician  
REGN. NO: 36968 (WBMC)  
Cell No. : 7890078911



# ALOKA MEDICARE PVT. LTD.

(DEPARTMENT OF LABORATORY SERVICES)

Website : www.alokamedicare.in, Email : mail@alokamedicare.in  
CIN : U85110WB1992PTC055426

Visit ID	: AMP19019	Registration	: 23/Mar/2024 02:24PM
UHID/MR No	: AMP.0000017803	Collected	: 23/Mar/2024 02:29PM
Patient Name	: MR. RATAN KUMAR JANA	Received	: 23/Mar/2024 04:00PM
Age/Gender	: 51 Y O M O D /M	Reported	: 23/Mar/2024 07:15PM
Ref Doctor	: ARCOFEMI	Status	: Final Report
Barcode No	: 10093661	Client Code	: 106
Client Name	: APOLLO	Other Doctor	: SELF

## DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range
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### PLASMA GLUCOSE- FASTING (FBS)

Sample Type : FLOURIDE PLASMA

Plasma Glucose Fasting (FBS) GOD-POD	110	mg/dl	70-110
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### PLASMA GLUCOSE- POST PRANDIAL (PPBS)

Sample Type : FLOURIDE PLASMA (PP)

PLASMA GLUCOSE POST PRANDIAL (PPBS) GOD-POD	154	mg/dl	90-140
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\*\* Checked twice. Please correlate clinically.

### SERUM UREA

Sample Type : SERUM

SERUM UREA Urease GLDH, Fixed Time	18	mg/dL	13-45
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### SERUM CREATININE

Sample Type : SERUM

SERUM CREATININE JAFFES. INITIAL RATE	0.90	mg/dl	MALE : 0.6 - 1.4-FEMALE : 0.6 - 1.2
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### SERUM URIC ACID

Sample Type : SERUM

SERUM URIC ACID URICASE-TRINDER, End Point	5.60	mg/dl	2.5-6.8
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Checked By

Dr. Kamallesh Chatterjee  
Ph.D. (FAIC, UK)  
Sr. Consultant Biochemistry

H.O. & Lab :  
114-B, Sarat Bose Road, Kolkata-700 029, 78900 78966, 95200 95201

Other Clinics :  
169, G. T. Road (S), Shibpur, Near Alok Cinema, Hwh - 002, 98368 12298  
2G, N. S. Road, Shantinagar Colony, Liluah, Hwh - 204, 9331317276

Test Performed at: No.28,80 Feet Raod Hal 3rd Stage



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Client Name	: APOLLO	Other Doctor	: SELF

## DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range
<b>SERUM SODIUM</b>			
Sample Type : Serum			
SERUM SODIUM ISE	135.0	mEq/L	136-145
<b>SERUM POTASSIUM</b>			
Sample Type : Serum			
SERUM POTASSIUM ISE	4.30	mEq/L	3.5-5.0
<b>SERUM CHLORIDE</b>			
Sample Type : Serum			
SERUM CHLORIDE ISE	98.00	mEq/L	98.0-106.0



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Barcode No : 10093661	Client Code : 106
Client Name : APOLLO	Other Doctor : SELF



## DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range
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### LIVER FUNCTION TEST

Sample Type : SERUM

TOTAL BILIRUBIN	0.7	mg/dl	0.1-1.2
Diazo			
CONJUGATED ( D. Bilirubin)	0.30	mg/dl	0.1-0.3
Diazo			
UNCONJUGATED ( I.D. Bilirubin)	0.4	mg/dl	0.2-0.7
Calculated			
TOTAL PROTEINS	7.40	gm/dl	5.5-8.0
Biuret, End point			
ALBUMIN	4.10	g/dl	3.5-5.0
BCG DYE, End point			
GLOBULIN	3.30	g/dl	2.0-3.5
Calculated			
A/G RATIO	1.24		1.0-2.1
Calculated			
Aspartate Transaminase (AST/ SGOT)	26	IU/L	< 45
IFCC, KINETIC			
Alanine Aminotransferase (ALT/ SGPT)	30	IU/L	< 45
IFCC, KINETIC			
ALKALINE PHOSPHATASE	77	U/L	MALE : 41-137
MODIFIED IFCC , KINETIC			FEMALE : 39-118



Checked By

*Kamalesh Chatterjee*

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Client Name	: APOLLO	Other Doctor	: SELF



## DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range
-----------	--------	------	-----------------

### LIPID PROFILE

Sample Type : SERUM

TOTAL CHOLESTEROL TRINDERS , END POINT	142	mg/dl	< 200 Desirable 200 - 239 Border line high > 240 high
TRIGLYCERIDES GPO-Trinders End Point	96	mg/dl	UPTO 170
HDL CHOLESTEROL DIRECT	36	mg/dl	45-65
L D L CHOLESTEROL Calculated	87	mg/dl	Desirable < 130-Borderline high 130-159-High > 160
VDL Calculated	19	mg/dl	20-50
NON HDL CHOLESTEROL Calculated	106	mg/dl	Desirable: <130-BorderLine : 150-199-High : 200-499-Very High : >=500
T. CHOLESTEROL/ HDL RATIO Calculated	3.94		< 4.5
LDL / HDL RATIO Calculated	2.42		Desirable: 0.5-3.0-BorderLine : 3.0-6.0-High Risk : >6.0



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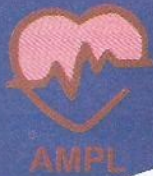
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Age/Gender	: 51 Y 0 M 0 D /M	Reported	: 23/Mar/2024 07:52PM
Ref Doctor	: ARCOFEMI	Status	: Final Report
Barcode No	: 10093661	Client Code	: 106
Client Name	: APOLLO	Other Doctor	: SELF

## DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range
-----------	--------	------	-----------------

### HbA1C-Glycosylated Hemoglobin

Sample Type : WHOLE BLOOD EDTA

Glycosylated Hemoglobin- HbA1C HPLC	5.20	%	Non-diabetic 4-5.7 -Pre-diabetic 5.7-6.4 -Diabetic > 6.5
Estimated Average Glucose Calculated	102.54	mg/dl	

#### Comments:

- HbA1c is used for monitoring diabetic control.
- HbA1c has been endorsed by clinical groups & ADA(American Diabetes Association) guidelines
- Trend in HbA1c are a better indicator of diabetic control than a solitary test.
- Low glycosylated haemoglobin (below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases. Chronic anaemia (especially severe iron deficiency & haemolytic anaemia), chronic renal failure and liver diseases.. Clinical correlation suggested.
- Interference of haemoglobinopathies in HbA1c estimation:
- For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
- Homozygous haemoglobinopath is detected, fructosamine is recommended for monitoring diabetic status
- Heterozygous state detected(D10/turbo is corrected for HbS and HbC trait).
- In known diabetic patients, following values can be considered as a tool for monitoring the glycaemic control. Excellent Control-6 to 7 %, Fair to Good Control -7 to 8 %, Unsatisfactory Control. 8 to 10 % and Poor Control – More than 10 %.

Note : Hemoglobin electrophoresis (HPLC method) is recommended for detecting haemoglobinopathy.

\* This result is true for the sample from this laboratory.

\* Remarks : Clinical correlation suggested

\*Test results may show interlaboratory variations.

\* Typed by :

\* Checked by:

Checked By

Dr. Arindam Das  
M.B.B.S., M.D.(Path)  
Consultant Pathologist



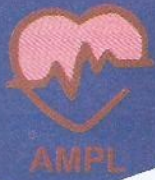
H.O. & Lab :  
114-B, Sarat Bose Road, Kolkata-700 029, 78900 78966, 95200 95201

Other Clinics : Test Performed at: No.28,80 Feet Raod Hal 3rd Stage  
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Age/Gender : 51 Y O M O D /M	Reported : 23/Mar/2024 07:15PM
Ref Doctor : ARCOFEMI	Status : Final Report
Barcode No : 10093661	Client Code : 106
Client Name : APOLLO	Other Doctor : SELF

## DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range
-----------	--------	------	-----------------

### BLOOD UREA NITROGEN (BUN)

Sample Type : SERUM

BLOOD UREA NITROGEN (BUN)	08	mg/dl	5-25
SERUM UREA Urease GLDH, Fixed Time	18	mg/dL	13-45

### GGT

Sample Type : Serum

GGT CARBOXY SUBSTRATE	41	U/L	5-32
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### BICARBONATE

Sample Type : SERUM

Biocarbonate Phosphoenolpyruvate carboxylase	23.00	mmol/L	22-29
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### CALCIUM

Sample Type : SERUM

SERUM IONIC CALCIUM ARSENazo	8.5	mg/dL	8.4-10.4
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### PHOSPHORUS

Sample Type : SERUM

S. PHOSPHORUS MOLYBDATEU.V	3.30	mg/dL	ADULT : 2.0-5.0-CHILD : 4.0-6.5
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Checked By

Dr. Kamalesh Chatterjee  
Ph.D. (FAIC, UK)  
Sr. Consultant Biochemistry

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Patient Name	: MR. RATAN KUMAR JANA	Received	: 23/Mar/2024 04:00PM
Age/Gender	: 51 Y O M O D /M	Reported	: 23/Mar/2024 08:04PM
Ref Doctor	: ARCOFEMI	Status	: Final Report
Barcode No	: 10093661	Client Code	: 106
Client Name	: APOLLO	Other Doctor	: SELF

## DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range
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### URINE FOR SUGAR PP

Sample Type : URINE

URINE FOR SUGAR PP	NIL		
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\*\*\* End Of Report \*\*\*



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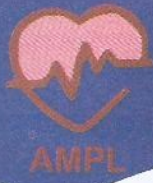
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M.B.B.S., M.D.(Path)  
Consultant Pathologist

H.O. & Lab :  
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## DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Unit	Bio. Ref. Range
-----------	--------	------	-----------------

### URINE ROUTINE EXAMINATION (URE)

Sample Type : URINE

#### PHYSICAL EXAMINATION

VOLUME	60	ml	
COLOUR	PALE YELLOW		STRAW YELLOW
APPEARANCE	SLIGHTLY HAZY		CLEAR
SEDIMENT	PRESENT		ABSENT

#### CHEMICAL EXAMINATION

SPECIFIC GRAVITY	1.010		1.005-1.030
pKa change			
REACTION (PH)	ACIDIC (6.5)		ACIDIC (6.0-6.8)
PH : double indicator principle			
PROTEIN	NIL		NIL
protein-error-of-indicators principle			
SUGAR	NIL		NIL
double sequential enzyme reaction			
UROBILINOGEN	NORMAL		NORMAL
Ehrlichs Reaction			
BILE SALT	ABSENT		ABSENT
Sulpher power method			
BILE PIGMENTS	ABSENT		ABSENT
Fouchets method			
KETONE BODIES	ABSENT		ABSENT
Nitroprusside			
BLOOD	NEGATIVE		NEGATIVE
peroxide-like activity of hemoglobin			

#### MICROSCOPIC EXAMINATION

PUS CELLS	3-4	/HPF	0-5/HPF
RBCs	NOT FOUND	/HPF	NIL
EPITHELIAL CELLS	1-2		F - 8-10/hpf-M - 2-3/hpf
CRYSTALS	NOT FOUND		ABSENT
CASTS	NOT FOUND		ABSENT
BACTERIA	PRESENT		ABSENT



Checked By

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MC - 5981

## DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Unit	Bio. Ref. Range
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\*\*\* End Of Report \*\*\*



Checked By

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## DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Range
-----------	--------	------	-----------------

### PERIPHERAL SMEAR

Sample Type : WHOLE BLOOD EDTA

RBC	Normocytic Normochromic and A few Microcytic Hypochromic
WBC	No Abnormal Cell Seen
PLATELET	Adequate



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## DEPARTMENT OF HAEMATOLOGY

### BLOOD GROUP ABO & RH

TEST NAME	RESULT
Blood Group ABO	"AB"
RH Typing	POSITIVE

KIT USED : SPANCLONE

KIT USED : ERYSCREEN



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Client Name : APOLLO	Other Doctor : SELF



## DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Range
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### COMPLETE HAEMOGRAM

Sample Type : WHOLE BLOOD EDTA

HAEMOGLOBIN (HB) Spectrophotometry	12.4	gm/dl	13.0-17.0
RBC COUNT (RED BLOOD CELL COUNT) Electronic Impedance	4.90	m./cu.mm	4.5-5.5
PCV/ Haematocrit Electronic Impedance	38.1	%	40-50
MCV Calculated	77.8	fL	83-101
MCH Calculated	25.3	pg	27-32
MCHC Calculated	32.5	g/dL	31.5-34.5
TOTAL LEUCOCYTE COUNT (TLC) Electronic Impedance	7,100	/cu.mm	4000-10000
<b>DLC (Flow cytometry by Laser/ Microscopy Leishman Staining)</b>			
NEUTROPHIL Microscopy	62	%	40-80
LYMPHOCYTE Microscopy	33	%	20-40
MONOCYTE Microscopy	2	%	2-10
EOSINOPHIL Microscopy	3	%	1-6
BASOPHIL Microscopy	0	%	<1-2
PLATELET COUNT Electrical Impedance	1,70,000	/cu mm	150000-410000
ERYTHROCYTE SEDIMENTATION RATE Modified Westergren	8	mm	<10 mm after 1st hour



Checked By

Dr. Arindam Das  
M.B.B.S., M.D.(Path)  
Consultant Pathologist

H.O. & Lab :  
114-B, Sarat Bose Road, Kolkata-700 029, 78900 78966, 95200 95201

Other Clinics :  
169, G. T. Road (S), Shibpur, Near Aloka Cinema, Hwh - 002, 98368 12298  
2G, N. S. Road, Shantinagar Colony, Liluah, Hwh - 204, 9331317276



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# ALOKA MEDICARE PVT. LTD.

(DEPARTMENT OF LABORATORY SERVICES)

Website : www.alokamedicare.in, Email : mail@alokamedicare.in  
CIN : U85110WB1992PTC055426

Visit ID	: AMP19019	Registration	: 23/Mar/2024 02:24PM
UHID/MR No	: AMP.0000017803	Collected	: 23/Mar/2024 02:29PM
Patient Name	: MR. RATAN KUMAR JANA	Received	: 23/Mar/2024 04:00PM
Age/Gender	: 51 Y O M O D /M	Reported	: 23/Mar/2024 07:35PM
Ref Doctor	: ARCOFEMI	Status	: Final Report
Barcode No	: 10093661	Client Code	: 106
Client Name	: APOLLO	Other Doctor	: SELF



## DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Range
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\*\*\* End Of Report \*\*\*



Checked By

Dr. Arindam Das  
M.B.B.S., M.D.(Path)  
Consultant Pathologist

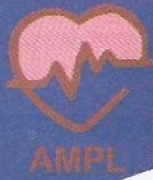
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Patient Name : MR. RATAN KUMAR JANA	Received : 23/Mar/2024 04:00PM
Age/Gender : 51 Y 0 M 0 D /M	Reported : 23/Mar/2024 06:40PM
Ref Doctor : ARCOFEMI	Status : Final Report
Barcode No : 10093661	Client Code : 106
Client Name : APOLLO	Other Doctor : SELF

## DEPARTMENT OF HORMONE ASSAYS

Test Name	Result	Unit	Bio. Ref. Range
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### THYROID PROFILE TOTAL (T3,T4,TSH)

Sample Type : SERUM

T3- TRI-iodothyronine Total CLIA	1.32	ng/mL	0.69-2.15
T4 - Thyroxine Total CLIA	89.9	ng/mL	52-127
Thyroid Stimulating Hormone (TSH) CLIA	<b>6.14</b>	µIU/mL	0.3-4.5

\*\*Please Correlate With Clinically

#### INTERPRETATION:

- Serum T3, T4 and TSH are the measurements form three components of thyroid screening panel and are useful in diagnosing various disorders of thyroid gland function.
- Primary hyperthyroidism is accompanied by elevated serum T3 and T4 values along with depressed TSH levels.
- Primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH levels.
- Normal T4 levels accompanied by high T3 levels are seen in patients with T3 thyrotoxicosis. Slightly elevated T3 levels may be found in pregnancy and in estrogen therapy while depressed levels may be encountered in severe illness, malnutrition, renal failure and during therapy with drugs like propranolol and propylthiouracil.
- Although elevated TSH levels are nearly always indicative of primary hypothyroidism, rarely they can result from TSH secreting pituitary tumors (secondary hyperthyroidism).
- Low levels of Thyroid hormones (T3, T4 & FT3, FT4) are seen in cases of primary, secondary and tertiary hypothyroidism and sometimes in non-thyroidal illness also.
- Increased levels are found in Grave's disease, hyperthyroidism and thyroid hormone resistance.
- TSH levels are raised in primary hypothyroidism and are low in hyperthyroidism and secondary hypothyroidism.

#### 9. REFERENCE RANGE :

PREGNANCY	TSH in uIU/mL
1st Trimester	0.60 - 3.40
2nd Trimester	0.37 - 3.60
3rd Trimester	0.38 - 4.04

Age	TSH in uIU/mL
0 - 4 Days	1.00 - 39.00
2 Weeks to 5 Months	1.70 - 9.10
6 Months to 20 Yrs.	0.70 - 6.40
>55 Yrs.	0.50 - 8.90

(References range recommended by the American Thyroid Association)

#### Comments:

- During pregnancy, Free thyroid profile (FT3, FT4 & Ultra-TSH) is recommended.
- TSH levels are subject to circadian variation, reaches peak levels between 2-4 AM and at a minimum between 6-10 PM. The variation of the day has influence on the measured serum TSH concentrations.



Checked By

Dr. Arindam Das  
M.B.B.S, M.D.(Path)  
Consultant Pathologist

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Test Performed at: No.28,80 Feet Raod Hal 3rd Stage



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Client Name	: APOLLO	Other Doctor	: SELF

## DEPARTMENT OF HORMONE ASSAYS

Test Name	Result	Unit	Bio. Ref. Range
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Checked By

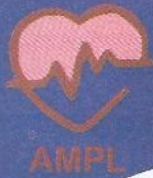
Dr. Arindam Das  
M.B.B.S., M.D.(Path)  
Consultant Pathologist

H.O. & Lab :  
114-B, Sarat Bose Road, Kolkata-700 029, 78900 78966, 95200 95201

Other Clinics : Test Performed at: No.28,80 Feet Raod Hal 3rd Stage  
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## DEPARTMENT OF HORMONE ASSAYS

Test Name	Result	Unit	Bio. Ref. Range
-----------	--------	------	-----------------

### 25 HYDROXY VITAMIN D

Sample Type : SERUM

VITAMIN D CLIA	14.8	ng/ml	Deficiency < 10-Insufficiency 10-29-Sufficiency 30-100-Toxicity > 100
-------------------	------	-------	--

Vitamin D is influenced by sunlight, latitude, skin pigmentation, sunscreen use and hepatic function. Optimal calcium absorption requires vitamin D 25 (OH) levels exceeding 75 nmol/L It shows seasonal variation, with values being 40-50% lower in winter than in summer. Levels vary with age and are increased in pregnancy. The recommended test for evaluation of 25 Hydroxy Vitamin D is by LC- MS/MS

1. Vit D is the fat soluble vitamin and exists in two main forms as cholecalciferol (Vit D3) which is synthesised in skin from 7 dehydrocholesterol in response to sunlight exposure and Ergocalciferol (Vit D2) present mainly in dietary sources. Both cholecalciferol & Ergocalciferol are converted to 25(OH) vitamin D in liver.
2. Testing for 25(OH) vitamin D is recommended as it is the best indicator of vitamin D nutritional status as obtained from sunlight exposure & dietary intake. For diagnosis of Vitamin D deficiency it is recommended to have clinical correlation with serum 25(OH) vitamin D, serum calcium, serum PTH and serum alkaline phosphate.
3. During monitoring of oral vitamin D therapy-suggested testing of serum 25(OH) vitamin D supplement and time to achieve sufficient vitamin D levels show significant seasonal (especially winter) and individual variability depending on age, body fat, sun exposure, physical activity, genetic factor associated renal or liver disease, malabsorption syndromes and calcium or magnesium deficiency influencing the vitamin D metabolism. Vitamin D toxicity is known but very rare. Kindly correlate clinically. If necessary discuss/repeat. This is an electronically authenticated report

- \* This result is true for the sample from this laboratory.
- \* Remarks : Clinical correlation suggested
- \* Test results may show interlaboratory variations.
- \* Checked by :



Checked By

Dr. Arindam Das  
M.B.B.S., M.D.(Path)  
Consultant Pathologist

H.O. & Lab :  
114-B, Sarat Bose Road, Kolkata-700 029, 78900 78966, 95200 95201

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Client Name	: APOLLO	Other Doctor	: SELF

## DEPARTMENT OF HORMONE ASSAYS

Test Name	Result	Unit	Bio. Ref. Range
-----------	--------	------	-----------------

### PROSTATE SPECIFIC ANTIGEN (PSA) - TOTAL

Sample Type : SERUM

PROSTATE SPECIFIC ANTIGEN CLIA	0.48	ng/mL	0-4
-----------------------------------	------	-------	-----

#### INTERPRETATION:

Raised Total PSA levels may indicate prostate cancer, benign prostate hypertartion (BPH), or inflammation of the prostate. Prostate manipulation by biopsy or rigorous physical activity may temporarily elevate PSA levels. The blood test should be done before surgery or six weeks after manipulation. The total PSA may be ordered at regular intervals during treatment of men who have been diagnosed with Prostate cancer and in prostatic cancer cases under observation.



Checked By

Dr. Arindam Das  
M.B.B.S., M.D.(Path)  
Consultant Pathologist

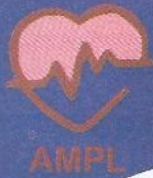
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Barcode No	: 10093661	Client Code	: 106
Client Name	: APOLLO	Other Doctor	: SELF

## DEPARTMENT OF HORMONE ASSAYS

Test Name	Result	Unit	Bio. Ref. Range
-----------	--------	------	-----------------

### VITAMIN B12

Sample Type : SERUM

VITAMIN B12 CLIA	393	pg/mL	200-1100
---------------------	-----	-------	----------

Vitamin B12, also known as cyanocobalamin, is a water soluble vitamin that is required for the maturation of erythrocytes and coenzyme form for more than 12 different enzyme systems. Groups at risk for vitamin B12 deficiency include those (1) older than 65 years of age (2) with malabsorption (3) who are vegetarians (4) with autoimmune disorders (5) taking prescribed medication known to interfere with vitamin absorption or metabolism, including nitrous oxide, phenytoin, dihydrofolate reductase inhibitors, metformin, and proton pump inhibitors (6) infants with suspected metabolic disorders.

The most common cause of Vitamin B12 deficiency is pernicious anemia. Deficiency of Vitamin B12 is associated with megaloblastic anemia and neuropathy. Excess Vitamin B12 is excreted in urine. No adverse effects have been associated with excess vitamin B12 intake from food or supplements in healthy people

#### COMMENTS:

Results may differ between laboratories due to variation in population and test method. Vitamin B12 is implicated in the formation of myelin, and along with Folate is required for DNA synthesis. The most prominent source of B12 for humans is meat while untreated fresh water can also be a source.

Megaloblastic anaemia has been found to be due to B12 deficiency, a major cause being Pernicious anemia due to poor B12 uptake resulting in below normal serum levels. Other conditions related to low B12 levels include iron deficiency anemia, pregnancy, vegetarianism, partial gastrectomy, ileal damage, oral contraceptives, parasitic infestations, pancreatic deficiency, treated epilepsy and advancing age. The correlation of serum B12 levels and Megaloblastic anemia however is not always clear - some patients with high MCV may have normal B12 levels, while some individuals with B12 deficiency may not have megaloblastic anemia. Disorders renal failure, liver diseases and myeloproliferative diseases may have elevated vitamin B12 levels.

#### LIMITATIONS:

For diagnostic purposes, the B12 results should be used in conjunction with other data; e.g.; symptoms results of other testing, clinical impressions, etc.

If the B12 level is inconsistent with clinical evidence, additional testing is suggested to confirm the result.

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



Checked By

Dr. Arindam Das  
M.B.B.S., M.D.(Path)  
Consultant Pathologist

H.O. & Lab :  
114-B, Sarat Bose Road, Kolkata-700 029, 78900 78966, 95200 95201

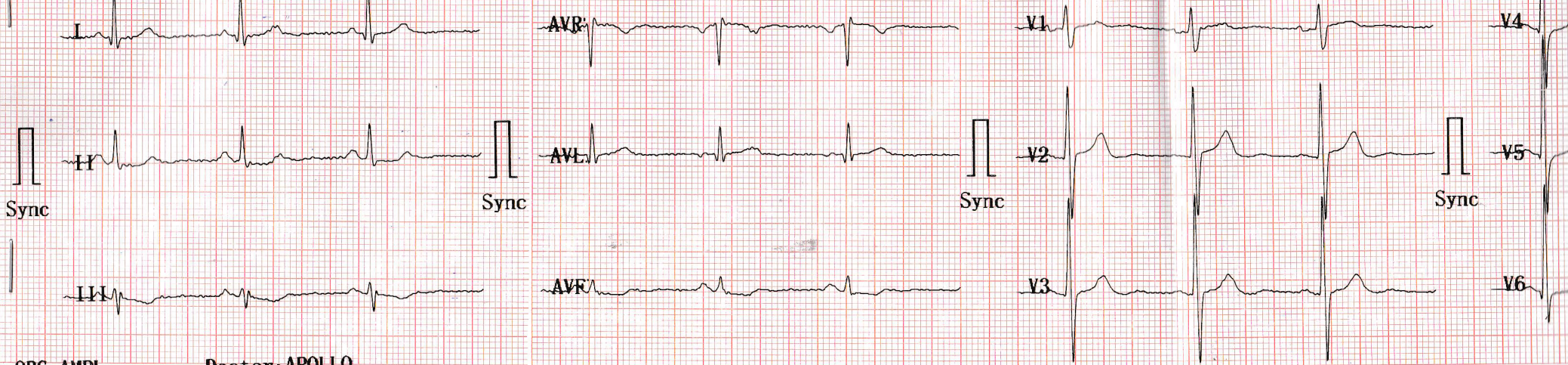
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2G, N. S. Road, Shantinagar Colony, Liluah, Hwh - 204, 9331317276





REPORT :

ID: 20240323121126 NAME: RATAN KUMAR 25mm/s 0.5~35Hz



ORG:AMPL

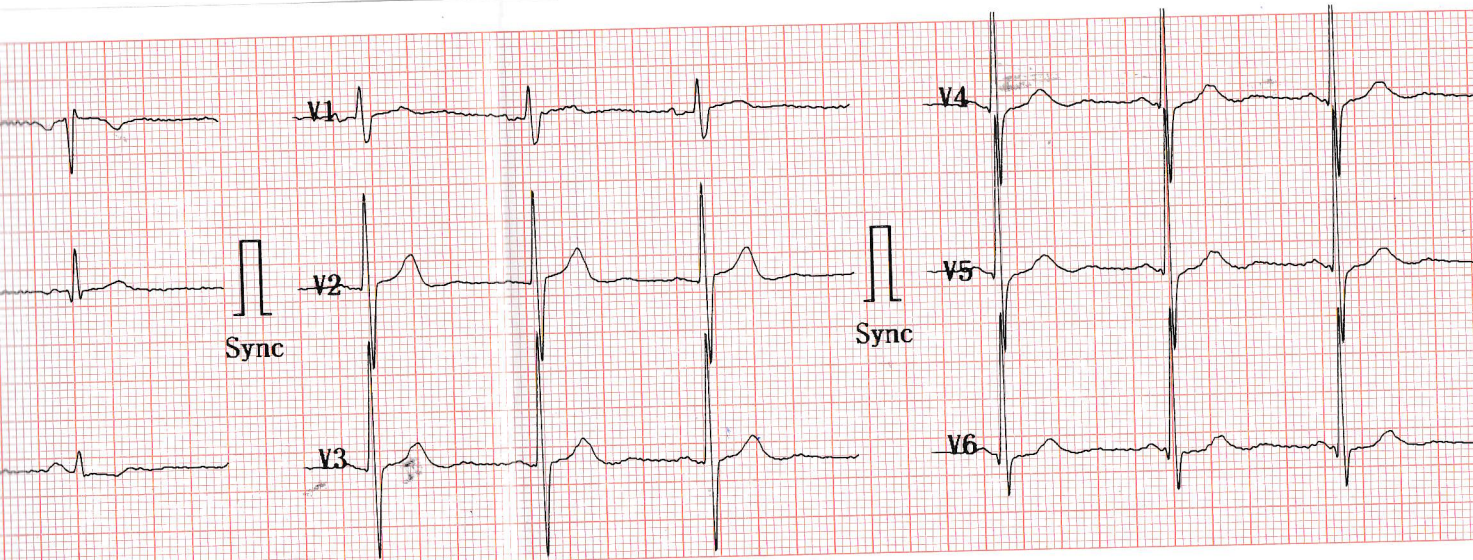
Doctor: APOLLO

ARROW CE  
Consultant Cardiologist



REPORT :

HR: 66 bpm



ID : 20240323121126

Name : RATAN KUMAR

Sex : Male

Age : 51

HR : 66 bpm

R-R : 902 ms

P-R : 143 ms

QRS : 88 ms

QT/QTc : 390/410 ms

P/QRS/T : 60/ 30/ 15 °

RV5/SV1 : 1.963/ -0.322 mV

RV5+SV1 : 1.642 mV

QTcF : 0.432

001: Sinus Rhythm

147: T Wave Abnormality

175: Abnormal ECG

Report Confirmed by:


2024-03-23 12:11:45

REPORT :

HR: 66 bpm

Sinus Rhythm

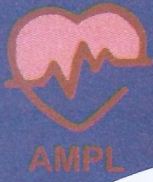
Within normal  
limits

  
28/03/24

**Dr. S. B. Nagori, M. D.**  
Chief Cardiologist

Consultant Cardiologist





# ALOKA MEDICARE PVT. LTD.

Formerly *Calcutta Heart Research Centre*

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CIN : U85110WB1992PTC055426

<b>Patient Name</b> : Mr.RATAN KUMAR JANA	Bill No	: AMP19019
Age/Gender : 51 Y O M O D /M	Reg.Date	: 23/Mar/2024 02:24PM
Referred By : Dr.ARCOFEMI	Reported	: 23/Mar/2024 04:39PM
Centre Name : APOLLO	Report Status	: Final Report

## DEPARTMENT OF CARDIOLOGY

### ECHOCARDIOGRAPHY COLOUR DOPPLER

M.Mode Data Parameter	Test value	Normal range (Adult)	Unit	M.Mode Data Parameter	Test value	Normal range (Adult)	Unit
Aortic Root Diameter	39	20-40	mm	EF slope	73	50-150	mm/sec
Aortic Cusp Opening	17	15-20	mm	DE Amplitude	13	15-20	Mm
Left Atrial Diameter	38	20-40	mm	EPSS	08	01-10	mm
IV Septal thickness (diastole)	12	06-11	mm	LV ejection fraction	66	55-75	%
LV internal diameter (diastole)	52	35-56	mm	Fraction shortening	37	20-45	%
LV Posterior wall thickness(diastole)	12	06-11	mm	RV Internal Diameter	19	6-23	mm
LV internal diameter (systole)	32	24-42	mm				
Doppler Data Structure	Flow Velocity(m/Sec)		Pressure Gradient (mmHg)		Regurgitation in Grade		
Mitral valve	E : 0.81 A : 0.64				0/4		
Tricuspid Valve	0.70	1.9			0/4		
Aortic Valve	0.98	3.8			0/4		
Pulmonary Valve	1.39	7.2			0/4		

### IMPRESSION:

#### • Left ventricle shows :

Concentric LV hypertrophy.  
No regional wall motion abnormality.  
Good systolic function with LVEF – 66%

Adequate diastolic compliance (E/E' = 12)

- Normal size LA, RV & RA. Good RV systolic function.
- Normal cardiac valves.
- No pulmonary arterial hypertension.
- No intra cardiac shunt / mass.
- No pericardial effusion. ----- Please correlate clinically.

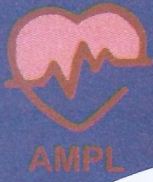


Checked By

**Dr. Aditya Verma**  
**MD, DNB, DM(Cardiology)**  
**Consultant International**  
**Cardiologist**







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CIN : U85110WB1992PTC055426

<b>Patient Name</b> : Mr.RATAN KUMAR JANA	Bill No	: AMP19019
Age/Gender : 51 Y O M O D /M	Reg.Date	: 23/Mar/2024 02:24PM
Referred By : Dr.ARCOFEMI	Reported	: 23/Mar/2024 04:14PM
Centre Name : APOLLO	Report Status	: Final Report

## DEPARTMENT OF ULTRASOUND

### ULTRA SOUND WHOLE ABDOMEN

**Liver:** Is normal in size, its parenchyma presents increased homogenous echopattern. No hepatic focal lesions. No intrahepatic biliary duct dilatation.

**CBD:** Not dilated. (4 mm)

**Portal vein:** Normal in caliber. (8 mm)

**Gall bladder:** It is normally distended. The wall appears to be of normal thickness. No evidence of calculi or biliary mud in the visualized lumen.

**Spleen:** Is of normal size (114 mm) and uniform echopattern.

**Pancreas:** Normal sonographic appearance of the visualized parts.

Aorta and IVC appears normal. No significant paraaortic lymphadenopathy.

**Both kidneys:** Are of normal size, shape with regular outline. No evidence of calculi, backpressure or cystic changes on both sides. Good corticomedullary differentiation and adequate parenchymal thickness.

Right kidney measures – 90 mm. Left kidney measures – 104 mm.

No evidence of free or loculated intraperitoneal or pelvic fluid collections.

**Urinary bladder:** Is normally distended with no masses or calculi. Visualized lumen appears clear.

**Prostate:** Is normal in size (20 cc) with homogenous echopattern, intact capsule and peripheral zone.

### IMPRESSION:

- Grade I fatty changes in liver.

-----Clinical correlation & further investigation suggested.



Checked By

M. Nuruzzaman

DR. M. NURUZZAMAN  
MBBS, DMRD, MD  
Consultant Radiologist

Page 2 of 3

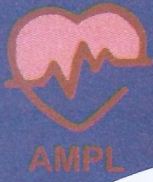
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Age/Gender : 51 Y O M O D /M	Reg.Date	: 23/Mar/2024 02:24PM
Referred By : Dr.ARCOFEMI	Reported	: 23/Mar/2024 04:55PM
Centre Name : APOLLO	Report Status	: Final Report

## DEPARTMENT OF X-RAY

### X-RAY CHEST PA VIEW

### STUDY SHOWS

- **Prominent bilateral vascular markings.**
- Both hila are normal.
- Mediastinum is central.
- Transverse cardiac diameter is within normal limits.
- Both CP angles are clear.
- Both hemidiaphragm are normal.
- Rib cage and spine appears normal.

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



Checked By

DR. J. PAL  
M.D.  
RADIOLOGIST

Page 3 of 3

H.O. & Lab :  
114-B, Sarat Bose Road, Kolkata-700 029, 78900 78986, 95200 95201  
Test Performed at: No:28 80 Feet Raod Hal 3rd Stage

Other Clinics :  
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## CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of RATAN KR. JHA on 23.03.24

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

	Tick
<ul style="list-style-type: none"> <li>• Medically Fit</li> </ul>	<input checked="" type="checkbox"/>
<ul style="list-style-type: none"> <li>• Fit with restrictions/recommendations</li> </ul> <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>	
<ul style="list-style-type: none"> <li>• Currently Unfit.</li> </ul> <p>Review after _____ recommended</p>	
<ul style="list-style-type: none"> <li>• Unfit</li> </ul>	


  
**Dr. S. B. NAGORI**  
 MBBS, MD, FC  
 Consultant Cardiologist Physician  
 The Apollo Clinic, (Location)  
 REGN. NO. 36968 (WBMC)  
 Cell No. : 7890078911

*This certificate is not meant for medico-legal purposes*



MER- MEDICAL EXAMINATION REPORT

Date of Examination	23.3.24		
NAME	RATAN KR. JHA		
AGE	51	Gender	M
HEIGHT(cm)	165	WEIGHT (kg)	74
B.P.	130/89-62		
ECCG	NORMAL		
X Ray	NORMAL		
Vision Checkup	MV-M18, CV-NORMAL DV-616,		
Present Ailments	NO		
Details of Past ailments (If Any)	NIL		
Comments / Advice : She /He is Physically Fit	YES		

  
**DR. S. B. NAGORI**  
 MBBS, MD, DNB  
 Consultant Cardiologist & Physician  
 REGN. NO. 36968 (WBMC)  
 Cell No. : 7890078911

Signature with Stamp of Medical Examiner



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**ALOKA MEDICARE PVT. LTD.**Formerly *Calcutta Heart Research Centre*

Website : www.alokamedicare.in, Email : mail@alokamedicare.in

CIN : U85110WB1992PTC055426

Patient Name:	RATAN KUMAR JANA	Patient ID:	AMP19019
Age:	51 Yrs	Sex:	MALE
Ref by:	APOLLO	Study Date	23/03/2024

**OPHTHALMIC REPORT****Chief complaints:***Routine checkup.***Physical Examination:****VISUAL ACUITY:**

		<u>RIGHT EYE</u>	<u>LEFT EYE</u>
DISTANT VISION: -	Without glasses	6/6	6/6
	With glasses	6/6	6/6
NEER VISION: -	Without glasses	N18	N18
	With Glasses	N6	N6

COLOUR VISION: - NAD (By modified Ishiara's Chart)

<u>Exam</u>	<u>Right Eye</u>	<u>Left Eye</u>
Cornea	Clear	Clear
Lens	Clear	Clear

**Diagnosis:** Normal parameters with refractive error.

Dr. P. K. Dadawala  
M.B.B.S., M.S. (Oph)

**H.O & Lab**  
114-B, Sarat Bose Road, Kolkata-700 029, 78900 78966, 95200 95201

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