



Sudhir Mittal

Sudhir Mittal
DR. S. B. NAGORI
MBBS, MD.
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 : UB5110WB1992PTC055428

Visit ID	: AMP16676	Registration	: 24/Feb/2024 05:20PM
UHID/MR No	: AMP.0000015642	Collected	: 24/Feb/2024 05:21PM
Patient Name	: MR. SUDHIN MAITRA	Received	: 24/Feb/2024 06:35PM
Age/Gender	: 33 Y 0 M 0 D /M	Reported	: 26/Feb/2024 02:31PM
Ref Doctor	: ARCOFEMI	Status	: Final Report
Barcode No	: 10089803	Client Code	: 106
Client Name	: APOLLO		

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	108	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	135	mg/dl	90-140
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SERUM UREA

Sample Type : SERUM

SERUM UREA Urease GLDH, Fixed Time	24	mg/dL	13-45
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SERUM CREATININE

Sample Type : SERUM

SERUM CREATININE JAFES. INITIAL RATE	1.38	mg/dl	MALE: 0.6 - 1.4~FEMALE: 0.6 - 1.2
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SERUM URICACID

Sample Type : SERUM

SERUM URICACID URICASE-TRINDER, End Point	6.70	mg/dl	2.5-6.8
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SERUM SODIUM

Sample Type : Serum

SERUM SODIUM ISE	139.0	mEq/L	136-145
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Checked By

Dr. Kamalish 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 : Test Performed at: No.28,80 Feet Raod Hal 3rd Stage
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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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range
SERUM POTASSIUM			
Sample Type : Serum			
SERUM POTASSIUM ISE	3.90	mEq/L	3.5-5.0
SERUM CHLORIDE			
Sample Type : Serum			
SERUM CHLORIDE ISE	102.00	mEq/L	98.0-106.0



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LIVER FUNCTION TEST

Sample Type : SERUM

TOTAL BILIRUBIN	0.57	mg/dl	0.1-1.2
Diazo			
CONJUGATED (D. Bilirubin)	0.24	mg/dl	0.1-0.3
Diazo			
UNCONJUGATED (I.D. Bilirubin)	0.33	mg/dl	0.2-0.7
Calculated			
TOTAL PROTEINS	7.40	gm/dl	5.5-8.0
Biuret, End point			
ALBUMIN	4.20	g/dl	3.5-5.0
BCG DYE, End point			
GLOBULIN	3.20	g/dl	2.0-3.5
Calculated			
A/G RATIO	1.31		1.0-2.1
Calculated			
Aspartate Transaminase (AST/ SGOT)	51	IU/L	<45
IFCC, KINETIC			
Alanine Aminotransferase (ALT/ SGPT)	90	IU/L	<45
IFCC, KINETIC			
ALKALINE PHOSPHATASE	64	U/L	MALE: 41-137 FEMALE: 39-118
MODIFIED IFCC, KINETIC			

** Checked twice. Please correlate clinically.



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LIPID PROFILE

Sample Type : SERUM

TOTAL CHOLESTEROL TRINDERS , END POINT	220	mg/dl	< 200 Desirable 200 - 239 Border line high > 240 high
TRIGLYCERIDES GPO-Trinders End Point	385	mg/dl	UPTO 170
HDL CHOLESTEROL DIRECT	47	mg/dl	45-65
LDL CHOLESTEROL Calculated	118	mg/dl	Desirable < 130~Borderline high 130-159~High > 160
VDL Calculated	55	mg/dl	20-50
NON HDL CHOLESTEROL Calculated	173	mg/dl	Desirable: <130~BorderLine : 150-199~High : 200-499~Very High : >=500
T. CHOLESTEROL/ HDL RATIO Calculated	4.68		<4.5
LDL/ HDL RATIO Calculated	2.51		Desirable: 0.5-3.0~BorderLine : 3.0-6.0~High Risk : >6.0

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DEPARTMENT OF BIOCHEMISTRY

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HbA1C-Glycosylated Hemoglobin

Sample Type : WHOLE BLOOD EDTA

Glycosylated Hemoglobin- HbA1C HPLC	5.50	%	Non-diabetic 4-5.7 ~Pre-diabetic 5.7-6.4 ~Diabetic > 6.5
Estimated Average Glucose Calculated	111.15	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

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





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BLOOD UREA NITROGEN (BUN)

Sample Type : SERUM

BLOOD UREA NITROGEN (BUN)	11	mg/dl	5-25
SERUM UREA Urease GLDH, Fixed Time	24	mg/dL	13-45

GGT

Sample Type : Serum

GGT CARBOXY SUBSTRATE	65	U/L	5-32
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** Checked twice. Please correlate clinically.

BICARBONATE

Sample Type : SERUM

Biocarbonate Phosphoenolpyruvate carboxylase	23.00	mmol/L	22-29
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PHOSPHORUS

Sample Type : SERUM

S PHOSPHORUS MOLYBDATEU.V	3.50	mg/dL	ADULT : 2.0-5.0~CHILD : 4.0-6.5
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SERUM CALCIUM

Sample Type : SERUM

SERUM IONIC CALCIUM ARSENAZO	9.2	mg/dL	8.4-10.4
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DEPARTMENT OF BIOCHEMISTRY

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

Sample Type : URINE

URINEFOR SUGAR PP	NIL		
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*** End Of Report ***



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Consultant Pathologist





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DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Unit	Bio. Ref. Range
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URINE FOR SUGAR - FASTING

Sample Type : Urine

Result	NIL	Bio. Ref. Range	Nil
Benedicts test			

INTERPRETATION:

When the glucose level in blood exceeds the renal thresholds of glucose (160-180mg/dl) glucose starts to appear in urine. Glucose in urine gets excreted in diabetes mellitus. Elevated level of glucose in urine may also be a result of renal glucosuria. Other causes of glucose in urine are hyperthyroidism, high sugar diet, liver cirrhosis.



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Visit ID : AMP16676	Registration	: 24/Feb/2024 05:20PM
UHID/MR No : AMP.0000015642	Collected	: 24/Feb/2024 05:21PM
Patient Name : MR. SUDHIN MAI TRA	Received	: 24/Feb/2024 06:35PM
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Barcode No : 10089803	Client Code	: 106
Client Name : APOLLO		



DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Unit	Bio. Ref. Range
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URINE ROUTINE EXAMINATION (URE)

Sample Type : URINE

PHYSICAL EXAMINATION

VOLUME	50	ml	
COLOUR	PALE YELLOW		STRAW YELLOW
APPEARANCE	SLIGHTLY HAZY		CLEAR
SEDIMENT	ABSENT		ABSENT

CHEMICAL EXAMINATION

SPECIFIC GRAVITY	1.025		1.005-1.030
pKa change			
REACTION (PH)	ACIDIC(6.0)		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
Sulphur 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	02-03	/HPF	0-5/HPF
RBCs	NOT FOUND	/HPF	NIL
EPITHELIAL CELLS	01-03		F - 8-10/hpf-M - 2-3/hpf
CRYSTALS	NOT FOUND		ABSENT
CASTS	NOT FOUND		ABSENT
BACTERIA	PRESENT		ABSENT



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DEPARTMENT OF CLINICAL PATHOLOGY

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DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Range
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PERIPHERAL SMEAR

Sample Type : WHOLE BLOOD EDTA

FBC	Normocytic Normochromic and few are macrocytes		
WBC	No Abnormal Cell Seen		
PLATELET	Slightly Reduced		



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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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DEPARTMENT OF HAEMATOLOGY

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COMPLETE HAEMOGRAM

Sample Type : WHOLE BLOOD EDTA

HAEMOGLOBIN (HB) Spectrophotometry	13.3	gm/dl	13.0-17.0
FBC COUNT (RED BLOOD CELL COUNT) Electronic Impedance	4.26	m./cu.mm	4.5-5.5
PCV/ Haematocrit Electronic Impedance	42.4	%	40-50
MCV Calculated	99.6	fL	83-101
MCH Calculated	31.2	pg	27-32
MCHC Calculated	31.4	g/dL	31.5-34.5
TOTAL LEUCOCYTE COUNT (TLC) Electronic Impedance	9,300	/cu.mm	4000-10000
DLC (Flow cytometry by Laser/ Microscopy Leishman Staining)			
NEUTROPHIL Microscopy	59	%	40-80
LYMPHOCYTE Microscopy	38	%	20-40
MONOCYTE Microscopy	1	%	2-10
EOSINOPHIL Microscopy	2	%	1-6
BASOPHIL Microscopy	0	%	<1-2
PLATELET COUNT Electrical Impedance	1,21,000	/cu mm	150000-410000
ERYTHROCYTE SEDIMENTATION RATE Modified Westergren	18	mm	<10 mm after 1st hour



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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	1.56	ng/mL	0.69-2.15
T4 - THYROXINE TOTAL CLIA	69.3	ng/mL	52-127
Thyroid Stimulating Hormone (TSH) CLIA	5.22	µIU/mL	0.3-4.5

****PLEASE CORRELATE 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 ul U/ mL
1st Trimester	0.60 - 3.40
2nd Trimester	0.37 - 3.60
3rd Trimester	0.38 - 4.04

Age	TSH in ul U/ 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





ALOKA MEDICARE PVT. LTD.

(DEPARTMENT OF LABORATORY SERVICES)

Website : www.alokamedicare.in, Email : mail@alokamedicare.in
CIN : UB5110WB1992PTC055428

Visit ID	: AMP16676	Registration	: 24/Feb/2024 05:20PM
UHID/MR No	: AMP.0000015642	Collected	: 24/Feb/2024 05:21PM
Patient Name	: MR. SUDHIN MAITRA	Received	: 24/Feb/2024 06:35PM
Age/Gender	: 33 Y 0 M 0 D /M	Reported	: 24/Feb/2024 10:28PM
Ref Doctor	: ARCOFEMI	Status	: Final Report
Barcode No	: 10089803	Client Code	: 106
Client Name	: APOLLO		

DEPARTMENT OF HORMONE ASSAYS

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

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

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





ALOKA MEDICARE PVT. LTD.

Formerly *Calcutta Heart Research Centre*

Website : www.alokamedicare.in, Email : mail@alokamedicare.in
CIN : U85110WB1992PTC055425

Patient Name : Mr.SUDHIN MAITRA	Bill No	: AMP16676
Age/Gender : 33 Y 0 M 0 D /M	Reg.Date	: 24/Feb/2024 05:20PM
Referred By : Dr.ARCOFEMI	Reported	: 24/Feb/2024 06:48PM
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	31	20-40	mm	EF slope	69	50-150	mm/sec
Aortic Cusp Opening	19	15-20	mm	DE Amplitude	18	15-20	Mm
Left Atrial Diameter	31	20-40	mm	EPSS	04	01-10	mm
IV Septal thickness (diastole)	10	06-11	mm				
LV internal diameter (diastole)	47	35-56	mm	LV ejection fraction	67	55-75	%
LV Posterior wall thickness(diastole)	11	06-11	mm	Fraction shortening)	37	20-45	%
LV internal diameter (systole)	27	24-42	mm	RV Internal Diameter	15	6-23	mm
Doppler Data Structure	Flow Velocity(m/Sec)	Pressure Gradient (mmHg)		Regurgitation in Grade			
Mitral valve	E : 0.73 A : 0.57	2.1		0/4			
Tricuspid Valve	1.07	4.60		0/4			
Aortic Valve	1.70	11.58		0/4			
Pulmonary Valve	1.16	5.43		0/4			

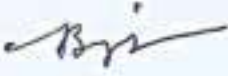
IMPRESSION:

• Left ventricle shows :

The cavity size & wall thickness are within normal limits.
No regional wall motion abnormality.
Good systolic function with LVEF – 67%

- 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. S.B. Nagori M.D.
Chief Cardiologist

DR. ADITYA VERMA, MD
Consultant Cardiologist





ALOKA MEDICARE PVT. LTD.

Formerly *Calcutta Heart Research Centre*

Website : www.alokamedicare.in, Email : mail@alokamedicare.in
CIN : U85110WB1992PTC055425

Patient Name : Mr.SUDHIN MAITRA	Bill No	: AMP16676
Age/Gender : 33 Y 0 M 0 D /M	Reg.Date	: 24/Feb/2024 05:20PM
Referred By : Dr.ARCOFEMI	Reported	: 25/Feb/2024 11:59AM
Centre Name : APOLLO	Report Status	: Final Report

DEPARTMENT OF ULTRASOUND

ULTRA SOUND WHOLE ABDOMEN

Liver: Is normal in size (138 mm), 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 (94 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 – 96 mm. Left kidney measures – 101 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 (22 cc) with homogenous echopattern, intact capsule and peripheral zone.

IMPRESSION:

- Grade I fatty liver.



Checked By

DR. S. CHOWDHURY
M.D.
Consultant Radiologist





ALOKA MEDICARE PVT. LTD.

Formerly *Calcutta Heart Research Centre*

Website : www.alokamedicare.in, Email : mail@alokamedicare.in
CIN : U85110WB1992PTC055425

Patient Name : Mr.SUDHIN MAITRA	Bill No	: AMP16676
Age/Gender : 33 Y 0 M 0 D /M	Reg.Date	: 24/Feb/2024 05:20PM
Referred By : Dr.ARCOFEMI	Reported	: 24/Feb/2024 06:35PM
Centre Name : APOLLO	Report Status	: Final Report

DEPARTMENT OF X-RAY

X-RAY CHEST PA VIEW

STUDY SHOWS

- Lung fields appear clear.
- 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.

IMPRESSION:

- **No significant abnormality detected.**

*** End Of Report ***



Checked By

DR. J. PAL
M.D.
RADIOLOGIST

Page 3 of 3

H.O. & Lab :
114-B, Sarat Bose Road, Kolkata-700 125, 78300 78300, 93200 93201
Test Performed at: No:28,80 Feet Road Hal 3rd Stage

Other Clinics :
169, G. T. Road (S), Shibpur, Near Aloka Cinema, Hwh - 002, 98366 12298
2G, N. S. Road, Shantinagar Colony, Liluah, Hwh - 204, 9331317276



HEALTH FIRST
ISO 9001:2015

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of SUDHIN MAITRA on 24.2.24

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


	Tick
<ul style="list-style-type: none"> • Medically Fit 	<input checked="" 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>	
<ul style="list-style-type: none"> • Currently Unfit. Review after _____ recommended 	
<ul style="list-style-type: none"> • Unfit 	

Dr. DR. S. B. NAGORI
 Medical Officer
 The Apollo Clinic (Location)
 Consultant & Emergency Physician
 REGN. NO. 36968 (WBMC)
 No. : 7890078911

This certificate is not meant for medico-legal purposes

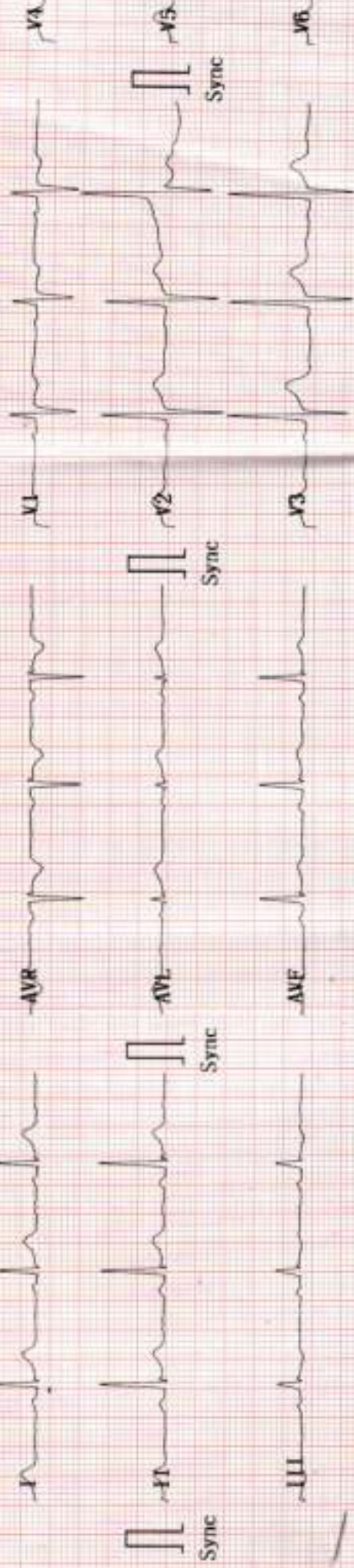
MER- MEDICAL EXAMINATION REPORT

Date of Examination	24.2.24		
NAME	SUDHIN MATTA		
AGE	33	Gender	M
HEIGHT(cm)	160	WEIGHT (kg)	73
B.P.	130/85 - 79		
ECG	Normal		
X Ray	Normal		
Vision Checkup	—		
Present Ailments	NO		
Details of Past ailments (If Any)	NIL		
Comments / Advice : She /He is Physically Fit	YES		


DR. S. B. NAGORI
 MBBS, MD.
 Consultant Cardiologist & Physician
 REGN NO. 36968 (WBMC)
 Cell No. : 7890078911
 Signature with Stamp of Medical Examiner

REPORT

ID: 20240224125432 NAME: sudhin MAITR 25mm/s 0.5 35Hz

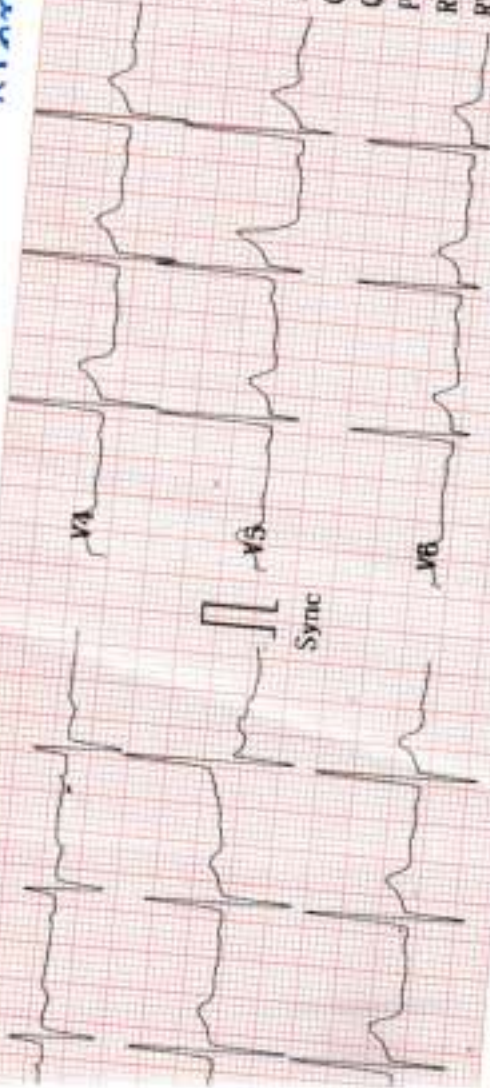


ORG: AMPL Doctor: apollo

Consultant Cardiologist

REPORT :

HR: 71 bpm
Sinus rhythm
An specific ST-T changes



ID : 20240224125432
Name : sudhin MAITR
Sex : Male
Age : 33
HR : 71
R-R : 828
P-R : 155
QRS : 80
QT/QTc : 331/361
P/QRS/T : 56/ 51/ 18
RV5/SV1 : 1.426/-0.658 mV
RV5+SV1 : 0.768
QTcF : 0.399

001: Sinus Rhythm
147: T Wave Abnormality
175: Abnormal ECG

Report Confirmed by:

2024-02-24 12:54:49

P-W CC

REPORT :

HR: 71 bpm
Sinus rhythm
Non specific ST-T changes
Please correlate clinically

Dr. S. B. Nagori
24/02/24

DR. S. B. NAGORI
MBBS, MD
Consultant Cardiologist & Physician
REGN. NO. 36968 (WBMC)
Cell No. : 7830078911

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

Consultant Cardiologist