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Bank of Baroda



नाम चटर्जी अमरनाथ

Name : CHATTERJEE AMARNATH

कार्डवरी क्र. १६५९६५

E. C. No. 165965

कार्डवरी अधिकारी

बैंक के प्रशासक

भारत सरकार
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To
Amarnath Chatterjee
S/O Gitananda Chatterjee
BALAJI APPARTMENT FLAT NO 2A
167 PARINDRA NAGAR
Rajpur Sonarpur (M)
Laskarpur
South 24 Parganas West Bengal - 700153
9836722797

Signature valid

Signature of AMARNATH CHATTERJEE
Date: 28/10/2017 18:00:24



आपका आधार क्रमांक / Your Aadhaar No. :

2989 1666 7321

मेरा आधार मेरी पहचान



भारत सरकार

Government of India



Amarnath Chatterjee
Date of Birth/DOR: 16/10/1969
Male/ MALE



2989 1666 7321

मेरा आधार, मेरी पहचान

PATIENT NAME & ADDRESS
AMARNATH CHATTERJEE

PATHOLOGY



DESUN
HOSPITAL
A NABH HOSPITAL

Desun More, E.M. Bypass, Kasba Golpark, Kolkata-700 107, Ph: 71 222 000, Fax: 2443 9003
Email: desun@desunhospital.com, Website: www.desunhospital.com
(A Unit of P. N. Memorial Neurocentre & Research Institute Ltd.)

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09:50 Hrs.

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15:36 Hrs.

OPD/IPD DOC NO SD01/OPD/BILL/2023-24/OP40473026

PATIENT CODE SD01/PAT/1000154095



2331009900

REFERRING DOCTOR

ACCESSION NO DHHI-1/2023-24/0006518

AGE 54 Yrs 2 Mths 7 Dys

SEX Male

Results relate only to the samples tested

TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
Glucose - Fasting			
Glucose - Fasting	117	Adult: 74 - 106 Children 60 - 100	mg/dL
Specimen : Plasma Fluoride			
Methodology : Hexokinase			
Uric Acid			
Uric Acid	4.2	Male : 3.5 - 7.2 Female : 2.6 - 6.0	mg/dL
Specimen : Serum			
Methodology : Uricase Peroxidase			
Creatinine			
Creatinine	0.95	Male (<50 years) : 0.84 - 1.25 Male (>50 years) : 0.81 - 1.44 Female : 0.66 - 1.09 Neonate : 0.5 - 1.2 Infant : 0.4 - 0.7 Child : 0.5 - 1.2	mg/dL
Specimen : Serum			
Methodology : Jaffe Method			
LFT (Liver Function Test)			
Total Bilirubin	0.56	Adults : 0.3 - 1.2 Children 0-1 day 1.4 - 8.7 1-2 days 3.4 - 11.5 3-5 days 1.5 - 12.0	mg/dL
Specimen : Serum			
Methodology : Diazotization			
Direct Bilirubin	0.13	Adults and Children : < 0.2	mg/dL
Specimen : Serum			
Methodology : Diazotization			
Indirect Bilirubin	0.43		mg/dL
Methodology : Calculated Value			
Total Protein	7.2	Adult : 6.6 - 8.3 Children (1 - 18 y) : 5.7 - 8.0 Newborns (1 - 30 d) : 4.1 - 6.3	g/dL
Specimen : Serum			
Methodology : Biuret			
Albumin	4.3	Adults : 3.5 - 5.2 Newborn (0 - 4 day) : 2.8 - 4.4	g/dL
Specimen : Serum			
Methodology : Bromocresol Green (BCG)			
Globulin	2.9	1.8 - 3.6	g/dL
Methodology : Calculated Value			



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Prerana Mondal

Dr. Prerana Mondal
MD (Path), WBMC-70606

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LFT (Liver Function Test)			
Aspartate Aminotransferase (SGOT) (AST) Specimen : Serum Methodology : IFCC (UV without P5P)	33	Male (Adult): <50 Female (Adult): <35 Newborn: 25 - 75 Infant: 15 - 60	U/L
Alanine Aminotransferase (SGPT) (ALT) Specimen : Serum Methodology : IFCC (UV without P5P)	29	Male(Adult): <50 Female(Adult): <35 Newborn/Infant: 13 - 45	U/L
Alkaline Phosphatase (ALP) Specimen : Serum Methodology : IFCC (PNPP, AMP buffer)	88	75 - 316	U/L



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TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
Glucose - PP (Post Prandial)			
Glucose - Post Prandial	103	70.0 - 140.0	mg/dL
Specimen : Plasma Flouride			
Methodology : Hexokinase			
*PP SUGAR CAN BE LOWER THAN FASTING SUGAR DUE TO THE FOLLOWING REASONS:			
1) IN LATENT DIABETICS, HYPERSECRETION OF INSULIN BY THE ISLET CELLS OF PANCREAS MAY LEAD TO INCREASED UTILISATION OF POST PRANDIAL BLOOD GLUCOSE.			
2) OPTIMUM AMOUNT OF GLUCOSE (I.E. 75GM) MAY NOT HAVE BEEN CONSUMED.			
3) INSULIN SURGE MAY TAKE PLACE AFTER INGESTION OF DIRECT GLUCOSE.			
4) PATIENT MAY BE A KNOWN DIABETIC UNDER TREATMENT.			
** Sample Drawn : 23.12.2023 12:55 Hrs.	Received : 23.12.2023 13:40 Hrs.	Reported : 23.12.2023 15:29 Hr	



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TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
Lipid Profile			
Cholesterol - Total Specimen : Serum Methodology : CHOD-POD * CLINICAL CORRELATION REQUESTED.	* 212	<200 : Desirable 200 - 239 : Borderline High >=240 : High	mg/dL
Cholesterol - HDL Specimen : Serum Methodology : Direct Enzymatic Colorimetric	56	40.0 - 59.0	mg/dL
Cholesterol - LDL Methodology : Calculated Value	127	> 160.0 : High Risk 130.0 - 160.0 : Borderline High <= 130.0 : Desirable	mg/dL
Cholesterol - VLDL Methodology : Calculated Value	29	< 40.0	mg/dL
Triglyceride Specimen : Serum Methodology : GPO POD	145	Normal : <150 Borderline high : 150 - 199 High : 200 - 499 Very high : >=500	mg/dL



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TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
Lipid Profile			
Cholesterol - Total/HDL ratio <i>Methodology : Calculated Value</i>	3.79	3.4 : 1/2 Average Risk 5.0 : Average Risk 9.6 : 2 x Average Risk 23.4 : 3 x Average Risk	ratio
Cholesterol - HDL/LDL ratio <i>Methodology : Calculated Value</i>	0.44		



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TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
HbA1c (Glycosylated Haemoglobin)			
Glycosylated Haemoglobin (HBA1C)	* 7.1	4.6 - 6.2	%
Specimen : Methodology : NGSP * VALUE RECHECKED.			
BUN (Blood Urea Nitrogen)			
Blood Urea Nitrogen (BUN)	6	Newborn : 4 - 18 Child : 5 - 18 Adult : 6 - 20	mg/dL
Specimen : Serum Methodology : Urease, GLDH			
LFT (Liver Function Test)			
A/G Ratio	1.48	1.1 - 2.2	ratio
Specimen : serum Methodology : Calculated Value			
GGT (Gamma-glutamyltransferase)			
Gamma-glutamyltransferase (GGT)	103	12 - 122	U/L
Specimen : Serum Methodology :			



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TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
CBC (Complete Blood Count)			
Haemoglobin (Hb) Specimen : Whole Blood - EDTA Methodology : Colorimetry * VALUE RECHECKED.	* 9.4	13.0 - 17.0	gm %
RBC Count Specimen : Whole Blood - EDTA Methodology : Electrical Impedance	3.99	4.5 - 5.5	million/cmm
Packed Cell Volume (Hematocrit) (PCV) Specimen : Whole Blood - EDTA Methodology : Pulse height detection	31.1	40.0 - 50.0	%
Mean Cell Volume (MCV) Specimen : Whole Blood - EDTA Methodology : Calculated Value	77.9	83.0 - 101.0	fL
Mean Cell Haemoglobin (MCH) Specimen : Whole Blood - EDTA Methodology : Calculated Value	23.6	27 - 32	Pg
Mean Cell Haemoglobin Concentration (MCHC) Specimen : Whole Blood - EDTA Methodology : Calculated Value	30.2	31.5 - 34.5	g/dL
Platelet Count Specimen : Whole Blood - EDTA Methodology : Electrical Impedance	3.51	1.5 - 4.1	lakh/cmm
Total Count			
WBC Count Specimen : Whole Blood - EDTA Methodology : Electrical Impedance	7.8	4.0 - 10.0	thou/cmm
Differential Count (Microscopy)			
Neutrophil	70	40 - 80	%
Lymphocyte	18	20 - 40	%
Monocyte	02	2 - 10	%
Eosinophil	10	1 - 6	%
Basophil	00	<1 - 2	%



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TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
CBC (Complete Blood Count)			
<i>Peripheral Blood Smear (Microscopy)</i>			
RBC	Microcytic Hypochromic with Anisocytosis		
WBC	Eosinophilia		
Erythrocyte Sedimentation Rate (ESR)	46	<=15	mm / hr
<i>Specimen : Whole Blood - EDTA</i>			
<i>Methodology : Westergren</i>			



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TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
<p>ABO Group & RH Type</p> <p>ABO Blood Group Methodology : Tube Agglutination / Slide method</p> <p>Rh Typing Specimen : Whole Blood - EDTA Methodology : Tube Agglutination / Slide method</p> <p>'H' ANTIGEN PRESENT.</p>	<p>O</p> <p>POSITIVE</p> <p>Note : Following factors are responsible for discrepancies in ABO Grouping: 1. Patients may fail to express ABO antigens on red cells due to diseases like Leukaemia & lymphoma. 2. Acquired B antigen can occur due to Infections; gram negative septicaemia, carcinoma colon, Blood Group chimera i.e. an individual with two population of cells which may occur as a result of either Bone marrow transplantation or Transfusion of group 'O' blood to 'A' or 'B' patient. 3. Rouleaux formation: It occurs in patients with abnormal Albumin/globulin concentration or in cord blood samples due to Whartons Jelly contamination. 4. Acquired antibodies i.e. Anti -A1 in A2 persons Anti -H in Bombay phenotype Cold auto - antibodies Unexpected allo-antibodies.</p>		



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TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
Urinalysis			
<i>Urinalysis</i>			
<i>Physical Examination</i>			
Volume <i>Methodology : By graduated container</i>	40		mL
Colour	Pale Straw		
Appearance <i>Methodology : Visual</i>	Slightly Hazy		
Specific Gravity <i>Methodology : pKa change</i>	1.015		ratio
<i>Chemical Examination</i>			
Reaction <i>Methodology : Double indicator (Strip)</i>	Acidic		
Protein <i>Methodology : Protein-error-of-indicators</i>	Absent		
Glucose <i>Methodology : Glucose oxidase (Strip) Benedict's Test</i>	Trace		
Ketone Bodies <i>Methodology : Nitroprusside method (Strip)/ Tube</i>	Absent		
Bile Salt <i>Methodology : Hay's Method</i>	Absent		
Bile Pigment <i>Methodology : Diazo Method (Strip)</i>	Absent		
Blood <i>Methodology : Benzidine method (Strip) Microscopy</i>	Absent		
<i>Microscopic Examination</i>			
Pus Cells	2-3		/hpf
RBC	Not Seen		/hpf
Epithelial Cells	1-2		/hpf



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TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
Urinalysis			
Casts	Not Seen		
Crystals	Not Seen		
----- End of Report -----			



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LABORATORY REPORT

CLIENT CODE : DHHI-3

CLIENT NAME : DESUN HOSPITAL & HEART INSTITUTE
720, Anandapur, Kasba Golpark, E.M Bypass,
Kolkata-700107
Ph. No. : (033)71222000



DESUN
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A Unit of Desun Healthcare & Research Institute Ltd.

S-16, Phase-III, K. I. Estate, E. M. Bypass, Kolkata-700 107, India

Phone No. : 033 40016355, 033 46006439

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ACCESSION NO. : DHHI-3/2023-24/0012921

AGE : 54 Yrs 2 Mths 7 Dys

SEX : Male

Bed No / IPD ID / OPD ID : OPD

PATIENT ID : 154095



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TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
Thyroid Profile - 1 (T3, T4, TSH)			
Triiodothyronine (T3) Specimen : Serum Methodology : Electrochemiluminescence	1.20	0.80 - 2.00	ng/mL
Thyroxine (T4) Specimen : Serum Methodology : Electrochemiluminescence	10.02	5.10 - 14.10	µg/dL
Thyroid Stimulating Hormone (TSH) Specimen : Serum Methodology : Electrochemiluminescence	0.369	0.270 - 4.20	µIU/mL

25122023084755

Dr. Jayati Gupta

Ph.D (Bio.Chem)

Senior Consultant Biochemist

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PATIENT ID : 154095



2331009900

Results relate only to the samples tested

TEST REPORT STATUS	RESULTS	BIOLOGICAL REFERENCE INTERVAL	UNITS
PSA (Prostate Specific Antigen) Total			
Prostate-Specific Antigen - Total (PSA - Total)	0.335	<= 4.4	ng/mL
Specimen : Serum			
Methodology : Electrochemiluminescence			
----- End of Report -----			

Dr. Jayati Gupta
Ph.D (Bio.Chem)
Senior Consultant Biochemist

25122023084755

Any investigation has limited significance in terms of sensitivity and specificity of the assay procedure and the quality of the sample received in the laboratory.
Any laboratory test results is not the final diagnosis, it has to be interpreted with clinical correlation and other related investigations.

PARTIAL REPRODUCTION OF THIS REPORT IS NOT PERMITTED.

PATIENT NAME & ADDRESS

CARDIOLOGY

AMARNATH CHATTERJEE
9836722797



PROCEDURE DONE ON : 23.12.2023
 OPD / IPD DOC NO : SD01/OPD/BILL/2023-24/OP40473026
 REFERRING DOCTOR :
 ACCESSION NO : R/DHHI-1/2023-24/0008442

REPORTED : 23.12.2023
Desun Hospital, E.M. Bypass, Kankarbagich, Kolkata-700 107, Ph: 71 222 000, Fax: 2443 9003
 E-mail: desun@desunhospital.com, Website: www.desunhospital.com
 Unit of Desun Hospital (Pvt.) Ltd. (Formerly Desun Institute Ltd.)
 PATIENT CODE : SD01/OPD/100/154095
 AGE : 54 Yrs 2 Mths 7 Dys
 SEX : M

ELECTROCARDIOGRAM REPORT - NO.253



Dr. IMRAN AHMED KHAN

Reg No: 64336, MBBS
Dept. of Cardiac Science

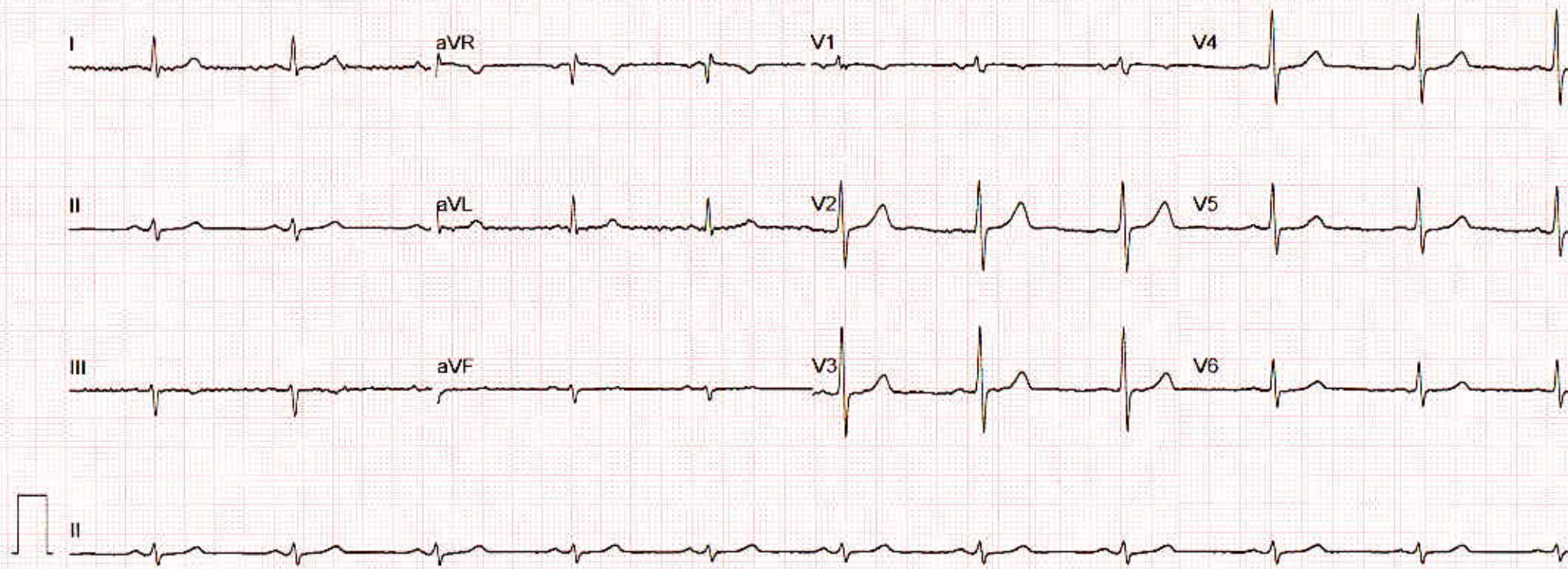
Prepared By : ARCHISMAN Checked By : I A K

I A K

Male

QRS :	80 ms	Normal sinus rhythm
QT / QTcBaz :	398 / 413 ms	Normal ECG
PR :	148 ms	
P :	108 ms	
RR / PP :	928 / 923 ms	
P / QRS / T :	45 / 29 / 9 degrees	

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:



PATIENT NAME & ADDRESS

AMARNATH CHATTERJEE
9836722797

CARDIOLOGY



DESUN
HOSPITAL
A NABH HOSPITAL

Desun More, E.M. Bypass, Khasra Golpark, Kolkata-700 107, Ph: 71 222 000, Fax: 2443 9003
E-mail: desun@desunhospital.com, Website: www.desunhospital.com
(A unit of P.N. Memorial Neurocentre & Research Institute Ltd.)

PROCEDURE DONE ON : 23.12.2023
OPD / IPD DOC NO : SD01/OPD/BILL/2023-24/OP40473026
REFERRING DOCTOR :
ACCESSION NO : R/DHHI-1/2023-24/0008429

REPORTED : 23.12.2023
PATIENT CODE : SD01/PAT/1000154095
AGE : 54 Yrs 2 Mths 7 Dys
SEX : M

ECHO CARDIOGRAPHY REPORT**ECHO NO : 300****SUMMARY**

- >> Normal LV Cavity.
- >> No RWMA.
- >> Good LV Systolic Function. LVEF = 60 %.
- >> LV Diastolic Dysfunction Grade I.
- >> Trivial MR / TR.
- >> Great arteries Normal in Size and Relation.
- >> RA, RV & LA are Normal in Size.
- >> IAS & IVS Intact.
- >> Systemic and Pulmonary Venous Drainage Normal.
- >> No PE.

FINAL IMPRESSION

- >> No RWMA.
- >> Good LV Systolic Function.
- >> LV Diastolic Dysfunction Grade I.

****Please Correlate Clinically.**


Dr. SANJIB KUMAR PATRA

Reg No: 53571 (WBMC)
DM CARD
Dept. of Cardiac Science

Prepared By : Sutapa Checked By : A Esal

S K P

PATIENT NAME & ADDRESS

AMARNATH CHATTERJEE
9836722797

CARDIOLOGY



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AGE : 54 Yrs 2 Mths 7 Dys
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M - mode Measurements Valves :-

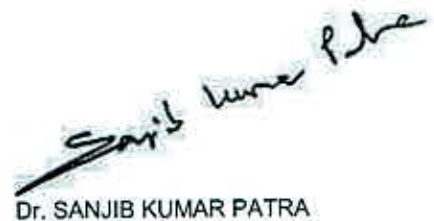
Aorta - 2.7 cm LV ed - 5.0 cm
LA - 3.7 cm LV es - 2.8 cm
ACS - cm IVS ed - 0.9 cm
RV ed - cm PW (LV) - 0.9 cm
FS - % LVEF - 60 %

CHAMBERS:-

Left Ventricle : Normal in Size. Walls Normal in Thickness and Motion.
Left Atrium : Normal in Size.
Right Atrium : Normal in Size.
Right Ventricle : Normal in Size.

OTHERS :-

GREAT ARTERIES : Normal in Size and Relation.
PERICARDIUM : Normal.



Dr. SANJIB KUMAR PATRA

Reg No: 53571 (WBMC)
DM CARD
Dept. of Cardiac Science

Prepared By : Sutapa Checked By : A Esai

SKP

PATIENT NAME & ADDRESS

AMARNATH CHATTERJEE
9836722797

CARDIOLOGY



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VALVES :-**MITRAL VALVE**

Morphology : Normal
Doppler : Mitral Regurgitation : Trivial

TRICUSPID VALVE

Morphology : Normal
Doppler : Tricuspid Regurgitation : Trivial

AORTIC VALVE

Morphology : Normal
Doppler : Normal

PULMONARY VALVE

Morphology : Normal
Doppler : Normal



Sanjib Kumar Patra
Dr. SANJIB KUMAR PATRA

Reg No: 53571 (WBMC)
DM CARD
Dept. of Cardiac Science

Prepared By : Sutapa Checked By : A Esai

SKP

PATIENT NAME & ADDRESS

RADIOLOGY

AMARNATH CHATTERJEE
9836722797

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PROCEDURE DONE ON : 23.12.2023
OPD / IPD DOC NO : SD01/OPD/BILL/2023-24/OP40473026
REFERRING DOCTOR :
ACCESSION NO : R/DHHI-1/2023-24/0008408

REPORTED : 23.12.2023
PATIENT CODE : SD01/PAT/1000154095
AGE : 54 Yrs 2 Mths 7 Dys
SEX : M

(US-8582) USG OF WHOLE ABDOMEN

LIVER

Shows increased echotexture. Intrahepatic biliary ducts and hepatic vein tributaries are not dilated. No obvious focal lesion seen.

GALL BLADDER

Physiologically distended. Wall thickness is normal. No evidence of any intraluminal lesion seen.

C.B.D.

Normal for age. No obvious intraluminal lesion seen in visible parts.

PORTAL VEIN

Normal for age.

PANCREAS

Normal in size, shape and echotexture. No obvious focal lesion or intraparenchymal calcification seen. Main pancreatic duct is not dilated. No peripancreatic fluid collection seen.

SPLEEN

Spleen is normal in size, shape and echotexture. No focal lesion seen. Spleno-portal axis is normal.

KIDNEYS

Both the kidneys are normal in size, shape and axis. Cortical echotexture and cortico-medullary differentiation are normal in both sides. No evidence of any focal lesion seen in either kidneys. No hydronephrosis detected.

URETERS

Pelvi-ureteric junction and vesico-ureteric junctions are normal. No obvious intraluminal lesion seen in visible part.

URINARY BLADDER

Optimally distended, normal in shape and wall thickness. No evidence of any intraluminal lesion seen.

Prepared By: Buddha Checked By: D J

D J

PATIENT NAME & ADDRESS

RADIOLOGY

AMARNATH CHATTERJEE
9836722797

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AGE : 54 Yrs 2 Mths 7 Dys
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PROSTATE

Normal echotexture. No obvious enlargement of median lobe seen. Inner glandular zone appear normal. Capsule is intact sonologically.

Prostate measures : 2.9 x 3.7 x 2.7 cm

Prostate weight : 15 gms (approx.)

RETROPERITONEUM

No obvious sonological evidence of any retroperitoneal mass lesion or lymphadenopathy seen in visible part. Aorta and I.V.C. appear normal.

PERITONEUM

No free fluid seen in the peritoneal cavity. Mesenteric echogenicity appears normal.

LOWER PLEURAL SPACES

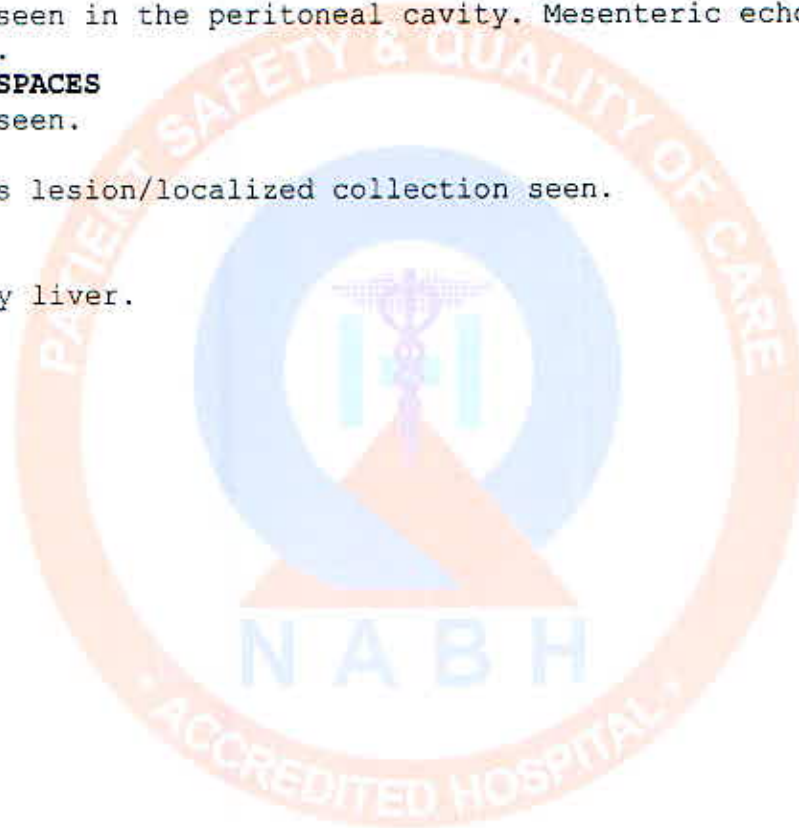
No free fluid seen.

R.I.F

No obvious mass lesion/localized collection seen.

IMPRESSION:

* Grade I fatty liver.



Dinesh Jain

Dr. DINESH JAIN

WBMC-70597

MD, DNB (Radiology), EDIR

Prepared By : Buddha Checked By : DJ

DJ

Patient Name :	AMARNATH CHATTERJEE 54Y OPD	Patient ID :	15054
Modality :	CR	Sex :	M
Age :	54Y	Study :	CXR PA
Reff. Dr. :		Study Date :	23-12-2023

PA view of the chest

The view is rotated.

Lung parenchyma does not show any definite pathology.

Both costophrenic angles are clear.

Cardiac size is normal.

Clinical correlation is necessary.



Dr. Ajay Aggarwal
M.B.B.S, M.D. (RADIO-DIAGNOSIS)
Reg. No: 6800
Date 23-12-2023 Time 14-48-04



Disclaimer: - It is an online interpretation of medical imaging based on clinical data. All modern machines/ procedures have their own limitation. If there is any clinical discrepancy, this investigation may be repeated or reassessed by other tests. Patient's identification in online reporting is not established, so in no way can this report be utilized for any medico legal purpose.



Name: Mr. Amannath Chatterjee
U/Doctor: Dr. Anish Chakraborty

Date: 23/12/23
Age: 54 Y Sex: M

Doctor's Prescription

Rx

Health Check-up
|
O/E.

Stomach and Calculus ϕ .

Habit of Smoking. - for past 50 years.
10 cigarettes/day.

Adv

Immediately stop All Deleterious Habits.

Advice - Scaling of full mouth.

Anish Chakraborty
23/12/23

DR. ANISH CHAKRABORTY
(BDS)
DENTISTRY
REGN. NO. 6648 A
DESUN HOSPITAL

