



भारत सरकार
भारत सरकार

Unique Identification Authority of India
Government of India

नर्सिकन क्रम/ Enrollment No.: 0647/00005/00305

To
शुभा एड गौरी
BIDHAN CHANDRA PARIDA
S/O Biswambar Parida
39/1
NANDLAL MITRA LANE
GOLA BARI THANA
Haora (M.Corp)
Sajikia
Howrah West Bengal - 711106
9903412789

Download Date: 23/01/2018
Generation Date: 17/01/2018



आधार क्रमांक / Your Aadhaar No. :

8517 4210 2886

मेरा आधार, मेरी पहचान



भारत सरकार
Government of India

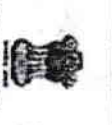


शुभा एड गौरी
BIDHAN CHANDRA PARIDA
जन्म तिथि/DOB: 05/07/1982
पुरुष/ MALE

8517 4210 2886



मेरा आधार, मेरी पहचान



सूचना

- आधार पहचान का प्रमाण है, नागरिकता का नहीं।
- पहचान का प्रमाण ऑनलाइन अंशिकृतिकरण द्वारा प्राप्त करें।
- यह एक इलेक्ट्रॉनिक प्रक्रिया द्वारा बना हुआ पत्र है।

INFORMATION

- Aadhaar is a proof of identity, not of citizenship.
- To establish identity, authenticate online.
- This is electronically generated letter.

- आधार देश भर में मान्य है।
- आधार भविष्य में सरकारी और गैर-सरकारी सेवाओं का लाभ उठाने में उपयोगी होगा।
- 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

Address:
S/O Biswambar Parida, 39/1,
NANDLAL MITRA LANE, GOLA
BARI THANA, Haora (M.Corp),
Howrah,
West Bengal - 711106

पता:
शुभा एड गौरी, 39/1, नंदलाल मित्रा
लेन, गौरी बारी थाना, हावड़ा (एम.कोर्प),
हावड़ा,
पश्चिम बंगाल - 711106

8517 4210 2886

Dr. S. S. Nagori
Parent

DR. S. S. NAGORI
MBBS, MD
Consultant Radiologist & Physician
REGN. NO. 31956 (WBMC)
Cell No. : 7893070011

भारत सरकार
Government of India

नेन्सी चौधरी
Naincy Choudhary
जन्म तिथि/DOB: 12/09/2001
महिला/ FEMALE

8456 3741 5295
VID: 9130 1915 5952 3324

मेरा आधार, मेरी पहचान



W - 51 Kg
H - 157 cm
B.P - 114/80
SpOr - 997.

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता:
C/O प्रदीप कुमार चौधरी, एम / 796, वॉर्ड नं. 61,
आदर्शनगर, कुसमुंडा, कोरबा,
छत्तीसगढ़ - 495454

Address:
C/O Pradeep Kumar Choudhary, M / 796,
ward no. 61, adarshnagar, kumunda,
Korba M. Corp, Korba,
Chhattisgarh - 495454

8456 3741 5295
VID: 9130 1915 5952 3324



QR Code with Photograph

Name - Naincy.
Phone No - 6266706572
Company - Unicharm

Naincy



Miss NAINCY
ID: 000

22 Years
Female

07.09.2024 10:48:49 AM
slm hospital
sector 63
Gautam Budhha Nagar, UP-201307

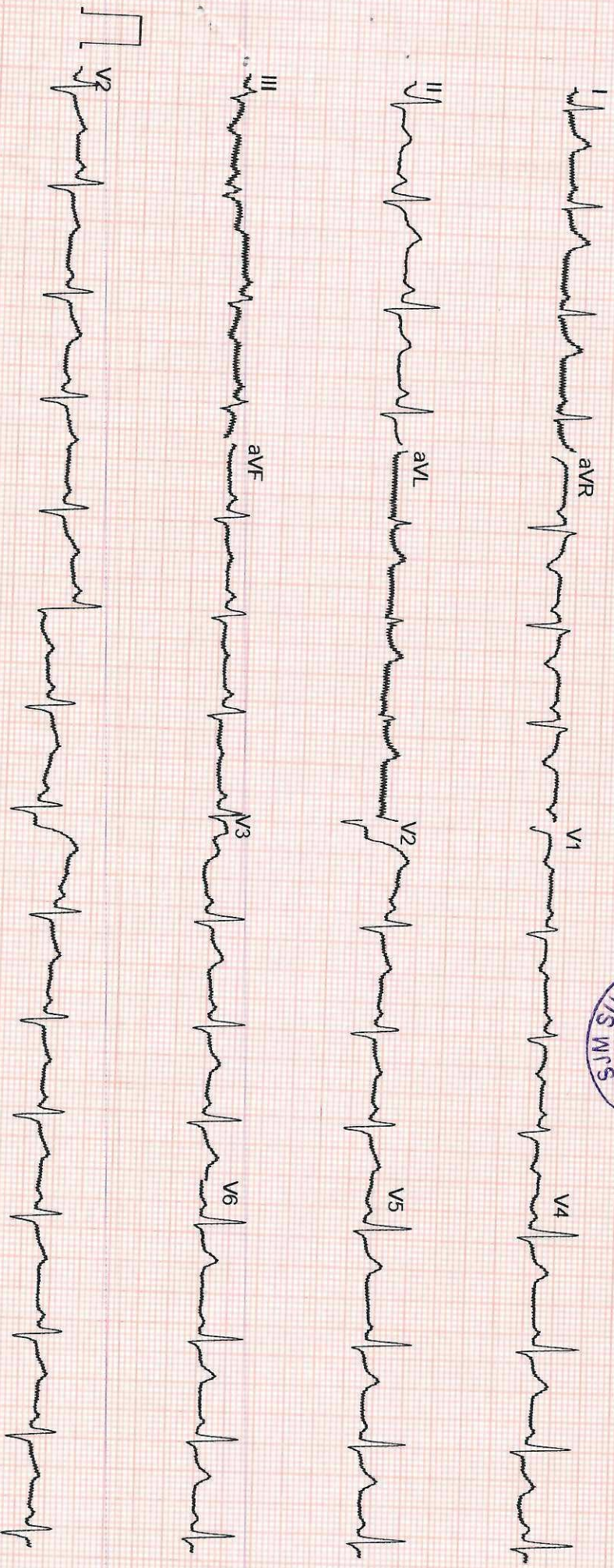
Location:
Room:
Order Number:
Indication:
Medication 1:
Medication 2:
Medication 3:

QRS : 84 ms
QT / QTcBaz : 398 / 476 ms
PR : 96 ms
P : 50 ms
RR / PP : 696 / 697 ms
P / QRS / T : 41 / 45 / 38 degrees

Sinus rhythm with short PR
Nonspecific ST and T wave abnormality
Abnormal ECG

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

86 bpm
-- / -- mmHg



GE MAC2000 1.1 12SL™ V241

25 mm/s 10 mm/mV

ADS 0.56-20 Hz 50 Hz 4V2 5V3 25 P1 Unconfirmed



SJM SUPER SPECIALITY HOSPITAL



100 Bedded Super Speciality Hospital

Sector-63, Noida, NH-9, Near Hindon Bridge

Ph.: 0120-6530900 / 10, Mob.: +91 9599259072

E-mail: sjmhospital@yahoo.com / Website: sjmhospital.com

(24 Hours Emergency, NICU/ICU, Pharmacy & Ambulance Available)

(IVF SPECIALIST)

- Dr. Pushpa Kaul (IVF)
- M.B.B.S, MD(Obst, & Gynae)
- Dr. Neha Zutshi (Embryologist)

OTHER SPECIALIST

- Dr. Pushpa Kaul (IVF)
- M.B.B.S, MD(Obst, & Gynae)
- Dr. Smritee Virmani (Endoscopy)
- MBBS, DGO, DNB, ICOG (Obst. & Gynae)
- Dr. Vinod Bhat
- M.B.B.S, MD (General Medicine)
- Dr. Vineet Gupta, MS (ENT)
- Dr. Naveen Gupta, MS (EYE)
- Dr. Ashutosh Singh, MS (Urology)
- Dr. Rahul Kaul (Spine Surgeon)
- MBBS, MS, (Orthopaedic)
- Dr Jaideep Gambhir, M.D(Psychiatrist)
- Consultant Psychiatry, Mob.: 8006888664
- Dr Monica Gambhir, MBBS
- Family Therapist & Relationship Counsellor
- Mob.: 8006888663
- Dr. B.P. Gupta, MS (Surgeon)
- Dr. Deepa Maheshwari
- M.B.B.S., MD, FRM, (IVF Specialist)
- Dr. Vivek Kumar Gupta
- MBBS, MS (General Surgeon)
- M.Ch. (Plastic Surgery)
- Dr. Anand Kumar
- MBBS, MD (Paediatrics)
- Dr. Amit kumar Kothari
- MBBS, MD (Medicine)
- Dr. Amit Aggarwal
- M.B.B.S., M.S. Ortho.

Facilities:

- 100 Beds. Private & Public wards
- Inpatient & Outpatient - (OPD)Facilities
- 24-Hour ambulance and emergency
- 3 Operation theatres
- Laparoscopic & Conventional Surgery
- In vitro fertilization centre (IVF)
- Intensive Care Unit. (ICU)
- Neonatal ICUs (NICU)
- Dental Clinic
- Computerized pathology lab
- Digital X-ray and ultrasound
- Physiotherapy facilities
- 24-Hour Pharmacy
- Cafeteria & Kitchen

Ms. Naincy (22y/f)

7/9/24

- Routine checkup

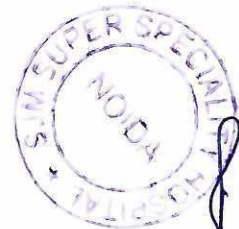
Vn 61b
61b,
N6

⊙

(BE)

Lubrex Eye Drops - 2T/D

X 2 months



CGHS & AYUSHMAN BHARAT

+ Not for medico legal purpose + No substitution of drugs allowed

Panels Raksha TPA Pvt Ltd., Vipul Med Corp TPA Pvt Ltd., E-Meditek (TPA) Services Ltd., Medi-Assit India TPA Pvt Ltd., Park Mediclaim, Genins India TPA Pvt Ltd., Family Healthcare TPA Pvt Ltd., Medsave Healthcare TPA Pvt Ltd., Vidal Health Care TPA Pvt Ltd., MD India Healthcare, DHS TPA (India) Private Ltd., Medicate TPA Service (I) Pvt. Ltd., East West Assist TPA Pvt Ltd., United Healthcare Parekh TPA Pvt Ltd., Good Health TPA Services Ltd., Bajaj Allianz General Insurance Co. Ltd., IFFCO Tokio General Insurance Co. Ltd., IFFCO Tokio General Insurance Co. Ltd., Universal Insurance General Co. Ltd., Cholamandalam General Insurance Co. Ltd., Liberty Videocon General Insurance Co. Ltd., TATA AIG General Insurance Co. Ltd., Kotak Mahindra General Insurance Co. Ltd., HDFC Standard Life Insurance Co. Ltd., SBI General Insurance Co. Ltd.(Corporate), National Insurance Co. Ltd.(Corporate), The New India Insurance Co. Ltd., The Oriental United India Insurance Co Ltd. (Corporate)

Laboratory Report

Lab Serial no. : LSHHI299945	Mr. No : 120689
Patient Name : Miss. NAINCY CHOUDHARY	Reg. Date & Time : 07-Sep-2024 11:08 AM
Age / Sex : 22 Yrs / F	Sample Receive Date : 07-Sep-2024 11:33 AM
Referred by : Dr. SELF	Result Entry Date : 07-Sep-2024 12:58PM
Doctor Name : Dr. RMO	Reporting Time : 07-Sep-2024 12:59 PM
OPD : OPD	

HAEMATOLOGY

	results	unit	reference
CBC / COMPLETE BLOOD COUNT			
HB (Haemoglobin)	11.0	gm/dL	12.0 - 16.0
TLC	6.36	Thousand/mm	4.0 - 11.0
DLC			
Neutrophil	49	%	40 - 70
Lymphocyte	45	%	20 - 40
Eosinophil	01	%	02 - 06
Monocyte	05	%	02 - 08
Basophil	00	%	00 - 01
R.B.C.	3.95	Thousand / UI	3.8 - 5.10
P.C.V	32.8	million/UI	0 - 40
M.C.V.	83.1	fL	78 - 100
M.C.H.	27.7	pg	27 - 32
M.C.H.C.	33.4	g/dl	32 - 36
Platelet Count	2.64	Lacs/cumm	1.5 - 4.5

INTERPRETATION:

To determine your general health status; to screen for, diagnose, or monitor any one of a variety of diseases and conditions that affect blood cells, such as anemia, infection, inflammation, bleeding disorder or cancer



technician :

Typed By : Mr. BIRJESH

PATIENT ID : 30086 OPD **X-Ray Report** PATIENT NAME : MS NAINCY CHAUDHARY
AGE : 022Y SEX : Female
REF. PHY. : STUDY DATE : 07-Sep-2024

RADIOLOGY REPORT EXAM: X RAY CHEST

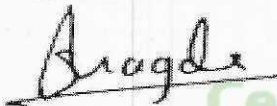
CLINICAL HISTORY: NA

COMPARISON:
None.

TECHNIQUE:
Frontal projections of the chest were obtained.

FINDINGS:
Bilateral bulky hila seen.
Prominent bronchovascular markings seen in both lung fields.
Both costophrenic angles appear normal.
The tracheal lucency is centrally placed.
The mediastinal and diaphragmatic outlines appear normal.
The heart shadow is normal.
The bony thoracic cage and soft tissues are normal.

IMPRESSION:
Bilateral bulky hila seen.
Prominent bronchovascular markings seen in both lung fields.



Dr Sonam Kagde
Consultant Radiologist
MBBS, DMIRE
Regn No: 2017/09/4619

Dr Sonam Kagde
07th Sep 2024





AMPL

ALOKA MEDICARE PVT. LTD.

www.alokamedicare.in | mail@alokamedicare.in

Department of Laboratory Services

Visit ID	: AMP34566	Registration	: 29/Oct/2024 11:44AM
UHID/MR No	: AMP.0000031537	Collected	: 29/Oct/2024 01:43PM
Patient Name	: MR. BIDHAN CHANDRA PARIDA	Received	: 29/Oct/2024 01:52PM
Age/Gender	: 42 Y 0 M 0 D /M	Reported	: 29/Oct/2024 04:27PM
Ref Doctor	: ARCOFEMI	Status	: Final Report
Barcode No	: 10123878	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	101	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	138	mg/dl	90-140
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SERUM UREA

Sample Type : SERUM

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

SERUM CREATININE

Sample Type : SERUM

SERUM CREATININE JAFFES. INITIAL RATE	1.03	mg/dl	MALE: 0.6 - 1.4~FEMALE: 0.6 - 1.2
--	------	-------	-----------------------------------

SERUM URICACID

Sample Type : SERUM

SERUM URICACID URICASE-TRINDER, End Point	6.30	mg/dl	2.5-6.8
--	------	-------	---------

SERUM SODIUM

Sample Type : Serum

SERUM SODIUM ISE	138.0	mEq/L	136-145
---------------------	-------	-------	---------



Checked By

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



Our Centers :
114-B, Sarat Bose Road, Kolkata - 700 029, Ph. : 78900 78966, 95200 95201
169, G.T. Road (S) Shibpur, Near A.P.C. Cinema, Howrah - 7, Ph. 98366 1226



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DEPARTMENT OF BIOCHEMISTRY

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

SERUM POTASSIUM

Sample Type : Serum

SERUM POTASSIUM
ISE

4.10 mEq/L 3.5-5.0

SERUM CHLORIDE

Sample Type : Serum

SERUM CHLORIDE
ISE

102.00 mEq/L 98.0-106.0



AMPL



Checked By

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

Our Centers :
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Department of Laboratory Services

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UHID/MR No : AMP.0000031537	Collected : 29/Oct/2024 01:43PM
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Age/Gender : 42 Y 0 M 0 D /M	Reported : 29/Oct/2024 04:27PM
Ref Doctor : ARCOFEMI	Status : Final Report
Barcode No : 10123878	Client Code : 106
Client Name : APOLLO	Other Doctor : SELF



DEPARTMENT OF BIOCHEMISTRY

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

LIVER FUNCTION TEST

Sample Type : SERUM

TOTAL BILIRUBIN	0.72	mg/dL	0.1-1.2
Diazo			
CONJUGATED (D. Bilirubin)	0.31	mg/dL	0.1-0.3
Diazo			
UNCONJUGATED (I.D. Bilirubin)	0.41	mg/dL	0.2-0.7
Calculated			
TOTAL PROTEINS	7.20	gm/dl	5.5-8.0
Biuret, End point			
ALBUMIN	4.00	g/dl	3.5-5.0
BCG DYE, End point			
GLOBULIN	3.20	g/dl	2.0-3.5
Calculated			
A/G RATIO	1.25		1.0-2.1
Calculated			
Aspartate Transaminase (AST/SGOT)	30	IU/L	<45
IFCC, KINETIC			
Alanine Aminotransferase (ALT/SGPT)	37	IU/L	<45
IFCC, KINETIC			
ALKALINE PHOSPHATASE	74	U/L	Male:41-137
MODIFIED IFCC , KINETIC			Female:39-118



Checked By

Kamalesh Chatterjee

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

Our Centers :
114-B, Sarat Bose Road, Kolkata - 700 029, Ph. : 78900 78966, 95200 95201
169, G.T. Road (S) Shibpur, Near Aloka Cinema, Howrah - 2, Ph. : 98368 12298





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Department of Laboratory Services

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Patient Name : MR. BIDHAN CHANDRA PARIDA	Received	: 29/Oct/2024 01:52 PM
Age/Gender : 42 Y 0 M 0 D / M	Reported	: 29/Oct/2024 04:27 PM
Ref Doctor : ARCOFEMI	Status	: Final Report
Barcode No : 10123878	Client Code	: 106
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	184	mg/dl	< 200 Desirable 200 - 239 Border line high > 240 high
TRIGLYCERIDES GPO-Trinders End Point	84	mg/dl	UPTO 170
HDL CHOLESTEROL DIRECT	42	mg/dl	45-65
L.D.L. CHOLESTEROL Calculated	125	mg/dl	Desirable < 130~Borderline high 130-159~High > 160
VDL Calculated	17	mg/dl	20-50
NON HDL CHOLESTEROL Calculated	142	mg/dl	Desirable: <130~BorderLine : 150-199~High : 200-499~Very High : >=500
T. CHOLESTEROL/ HDL RATIO Calculated	4.38		< 4.5
LDL/ HDL RATIO Calculated	2.98		Desirable: 0.5-3.0~BorderLine : 3.0-6.0~High Rsk : >6.0

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Ph.D. (FAIC, UK)
Sr. Consultant Biochemistry

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Department of Laboratory Services

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Patient Name : MR. BIDHAN CHANDRA PARIDA	Received : 29/Oct/2024 01:52 PM
Age/Gender : 42 Y 0 M 0 D / M	Reported : 29/Oct/2024 05:02 PM
Ref Doctor : ARCOFEMI	Status : Final Report
Barcode No : 10123878	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	5.50	%	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
- Trends 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 glycemic 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



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114-B, Sarat Bose Road, Kolkata - 700 029, Ph. : 78900 78966, 95200 95201
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Ref Doctor	: ARCOFEMI	Status	: Final Report
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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)	11	mg/dl	5-25
SERUM UREA Urease GLDH, Fixed Time	24	mg/dL	13-45

GGT

Sample Type : Serum

GGT CARBOXY SUBSTRATE	55	U/L	5-32
--------------------------	----	-----	------

BICARBONATE

Sample Type : SERUM

Biocarbonate Phosphoenolpyruvate carboxylase	22.00	mmol/L	22-29
---	-------	--------	-------

PHOSPHORUS

Sample Type : SERUM

S PHOSPHORUS MOLYBDATEU.V	3.40	mg/dL	ADULT : 2.0-5.0~CHILD : 4.0-6.5
------------------------------	------	-------	---------------------------------

SERUM CALCIUM

Sample Type : SERUM

SERUM CALCIUM ARSENAZO	8.6	mg/dL	8.4-10.4
---------------------------	-----	-------	----------

*** End Of Report ***



Checked By

Kamalesh Chatterjee

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



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Patient Name	: MR. BIDHAN CHANDRA PARIDA	Received	: 29/Oct/2024 01:52PM
Age/Gender	: 42 Y 0 M 0 D /M	Reported	: 29/Oct/2024 06:14PM
Ref Doctor	: ARCOFEMI	Status	: Final Report
Barcode No	: 10123878	Client Code	: 106
Client Name	: APOLLO	Other Doctor	: SELF



DEPARTMENT OF CLINICAL PATHOLOGY

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

URINE SUGAR - PP

Sample Type : Urine

Result

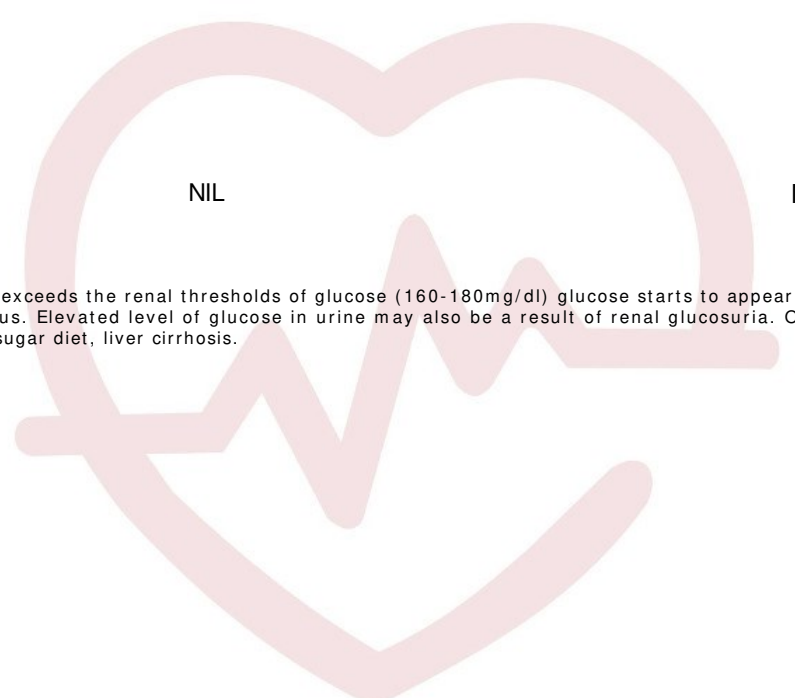
NIL

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.



AMPL



Checked By

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

Our Centers :
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Department of Laboratory Services

Visit ID : AMP34566	Registration
UHID/MR No : AMP.0000031537	Collected
Patient Name : MR. BIDHAN CHANDRA PARIDA	Received
Age/Gender : 42 Y 0 M 0 D / M	Reported
Ref Doctor : ARCOFEMI	Status
Barcode No : 10123878	Client Code
Client Name : APOLLO	Other Doctor



DEPARTMENT OF CLINICAL PATHOLOGY

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

URINE ROUTINE EXAMINATION (URE)

Sample Type : URINE

PHYSICAL EXAMINATION

VOLUME	40	ml	
COLOUR	PALE YELLOW		STRAW YELLOW
APPEARANCE	SLIGHTLY HAZY		CLEAR
SEDIMENT	PRESENT		ABSENT

CHEMICAL EXAMINATION

SPECIFIC GRAVITY	1.005		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
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	0-1	/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	ABSENT		ABSENT



Checked By

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

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DEPARTMENT OF CLINICAL PATHOLOGY

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

*** End Of Report ***



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M.B.B.S., M.D.(Path)
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Department of Laboratory Services

Visit ID	: AMP34566	Registration	: 29/Oct/2024 11:44AM
UHID/MR No	: AMP.0000031537	Collected	: 29/Oct/2024 01:43PM
Patient Name	: Mr. BI DHAN CHANDRA PARI DA	Received	: 29/Oct/2024 01:52PM
Age/Gender	: 42 Y 0 M 0 D / M	Reported	: 29/Oct/2024 03:47PM
Ref Doctor	: ARCOFEMI	Status	: Final Report
Barcode No	: 10123878	Client Code	: 106
Client Name	: APOLLO	Other Doctor	: SELF

DEPARTMENT OF HAEMATOLOGY

BLOOD GROUP ABO & RH

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

KIT USED : SPANCLONE

KIT USED : ERYSCREEN

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

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Department of Laboratory Services

Visit ID : AMP34566	Registration : 29/Oct/2024 11:44AM
UHID/MR No : AMP.0000031537	Collected : 29/Oct/2024 01:43PM
Patient Name : MR. BIDHAN CHANDRA PARIDA	Received : 29/Oct/2024 01:52PM
Age/Gender : 42 Y 0 M 0 D / M	Reported : 29/Oct/2024 03:49PM
Ref Doctor : ARCOFEMI	Status : Final Report
Barcode No : 10123878	Client Code : 106
Client Name : APOLLO	Other Doctor : SELF



DEPARTMENT OF HAEMATOLOGY

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

COMPLETE HAEMOGRAM

Sample Type : WHOLE BLOOD EDTA

HAEMOGLOBIN (HB) Spectrophotometry	14.4	gm/dl	Female : 12 - 15 Male : 13 - 17
RBC COUNT (RED BLOOD CELL COUNT)	5.04	m./cu.mm	4.5-5.5
Electronic Impedance			
PCV/ Haematocrit Electronic Impedance	44.4	%	40-50
MCV Calculated	85.8	fL	83-101
MCH Calculated	28.5	pg	24.0-30.0
MCHC Calculated	32.4	g/dL	31.5-34.5
TOTAL LEUCOCYTE COUNT (TLC) Electronic Impedance	5,700	/cu.mm	4000-10000
DLC (Flow cytometry by Laser/ Microscopy Leishman Staining)			
NEUTROPHIL Microscopy	65	%	40-80
LYMPHOCYTE Microscopy	33	%	20-40
MONOCYTE Microscopy	1	%	2-10
EOSINOPHIL Microscopy	1	%	1-6
BASOPHIL Microscopy	0	%	<1-2
PLATELET COUNT Electrical Impedance	1,72,000	/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



ISO 27001 : 2016
Registered QMS

JAS-ANZ



M4579101N



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Department of Laboratory Services

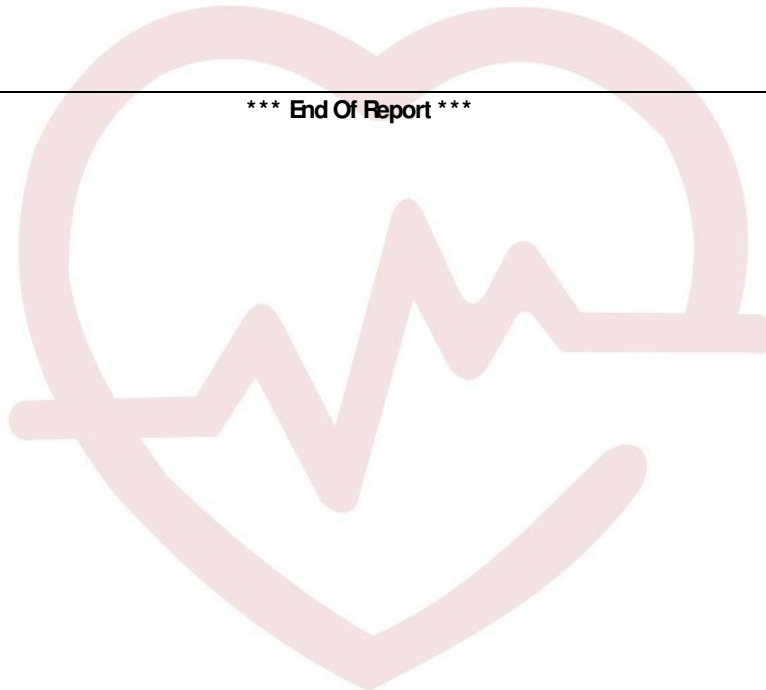
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Client Name	: APOLLO	Other Doctor	: SELF



DEPARTMENT OF HAEMATOLOGY

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

*** End Of Report ***



AMPL



Checked By

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M.B.B.S., M.D.(Path)
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Age/Gender	: 42 Y 0 M 0 D /M	Reported	: 29/Oct/2024 04:34PM
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Barcode No	: 10123878	Client Code	: 106
Client Name	: APOLLO	Other Doctor	: SELF

DEPARTMENT OF HORMONE ASSAYS

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

25 HYDROXY VITAMIN D

Sample Type : SERUM

VITAMIN D CLIA	25.61	ng/ml	Deficiency < 20 Insufficiency 20-29 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



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Registered QMS



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DEPARTMENT OF HORMONE ASSAYS

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

PROSTATE SPECIFIC ANTIGEN (PSA) - TOTAL

Sample Type : SERUM

PROSTATE SPECIFIC ANTIGEN CLIA	0.81	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.

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Checked By

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

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Ref Doctor : ARCOFEMI	Status	: Final Report
Barcode No : 10123878	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	209	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.



Checked By

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

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DEPARTMENT OF HORMONE ASSAYS

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

THYROID PROFILE (T3, T4, TSH)

Sample Type : Blood

T3- TRI-iodothyronine TOTAL CLIA	1.37	ng/mL	0.69-2.15
T4 - THYROXINE TOTAL CLIA	8.98	µg/dL	5.0-13.0
Thyroid Stimulating Hormone (TSH) CLIA	2.29	µIU/mL	0.3-4.5

*** End Of Report ***

AMPL



Checked By

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

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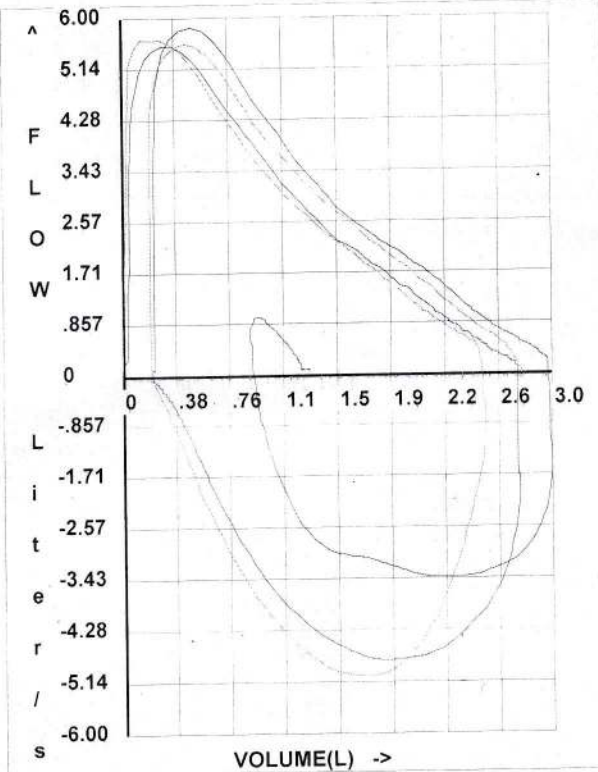


PULMONARY FUNCTION TEST REPORT

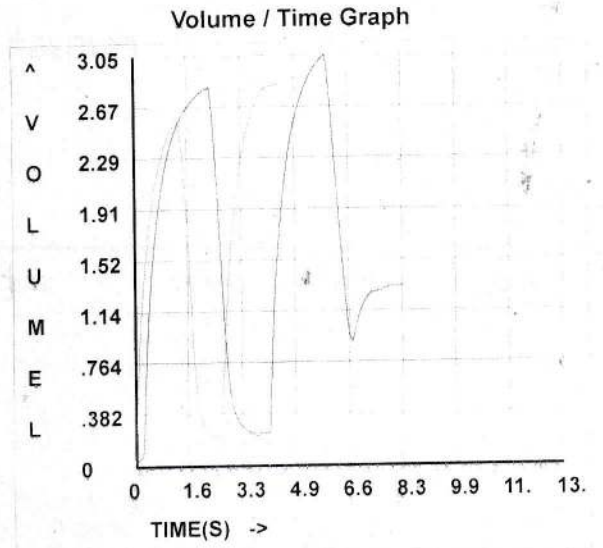
ID No. : 674
 Patient Name : BIDHAN CHANDRA PARIDA
 Age(yrs.) : 42 Sex:M Weight(Kg): 67
 Indications :
 Comments :
 History of Smoking : Non - Smoker

Report Date: 29-10-2024
 Eth. Corr.(%): 80
 Height(cm): 162 BSA(m²): 1.72

Flow / Volume Graph



FVC GRAPHS



TEST RESULTS

Date of Test ->	29/10/2024			29/10/2024			
Time of Test ->	11:53:12			11:54:22			
Parameter (U)	Pred.#	Pre	%Pred.	Post	%Pre	%Pred.	%Change
FVC (L)	3.119	3.057	98.01	2.839	92.86	91.02	-7.13
FEV0.5 (L)		1.242		1.802	145.0		45.08
FEV1 (L)	2.606	2.225	85.37	2.389	107.3	91.67	7.370
FEV1/FVC %	79.65	72.76	91.35	84.13	115.6	105.6	15.62
PEF (L/s)	6.633	6.005	90.53	5.732	95.45	86.41	-4.54
PIF (L/s)		4.823		5.096	105.6		5.660
FEF25-75% (L/s)	3.229	2.169	67.17	2.376	109.5	73.58	9.543
Vmax25% (L/s)	5.726	4.914	85.81	5.005	101.8	87.40	1.851
Vmax50% (L/s)	3.59	2.366	65.90	2.639	111.5	73.50	11.53
Vmax75% (L/s)	1.437	1.001	69.65	1.183	118.1	82.32	18.18
FET100% (s)		5.96		4.49	75.33		-24.6
EST. Lung Age (Yrs.)	58			51			

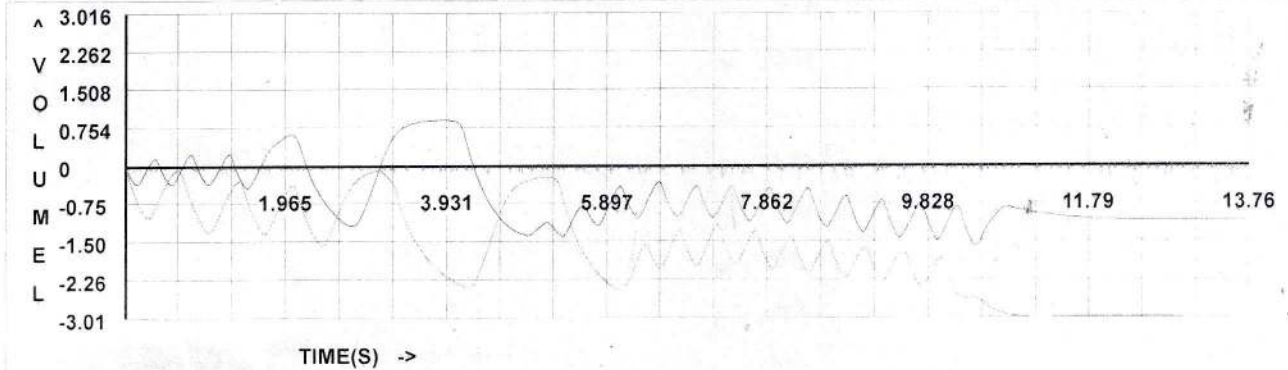
INTERPRETATION: ESA Obs
 This may be clinically co - related.

Rm
DR. S. B. NAGORI
 MBBS, MD, DNB
 Consultant Cardiologist & Physician
 REGN. NO. 30067 (WBMC)
 Cell No. : 7800073511

PULMONARY FUNCTION TEST REPORT

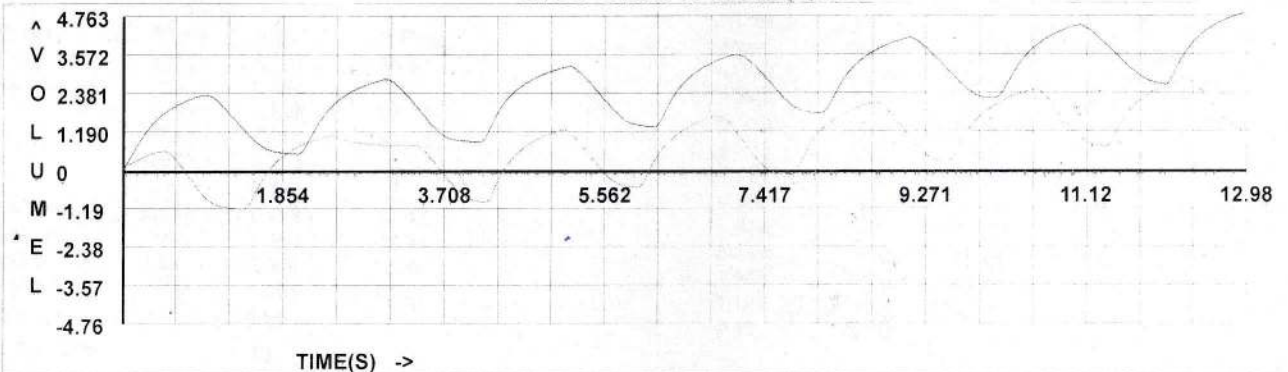
ID No. : 674 Report Date: 29-10-2024
 Patient Name : BIDHAN CHANDRA PARIDA Eth. Corr.(%): 80
 Age(yrs.) : 42 Sex:M Weight(Kg): 67 Height(cm): 162 BSA(m^2): 1.72
 Indications :
 Comments :
 History of Smoking : Non - Smoker

SVC GRAPH & RESULTS



Date of Test ->	29/10/2024			29/10/2024		
Time of Test ->	11:53:38			11:54:48		
Parameter (U)	Pred.#	Pre	%Pred.	Post	%Pre	%Pred.
SVC (L)	3.245	2.498	76.97	3.016	120.7	92.94
ERV (L)		1.211		1.675	138.3	
IRV (L)		0.701		0.287	40.94	
Rf (BrPM)		120		74.34	61.95	
TV (L)		0.586		1.054	179.8	
t _I (s)		0.23		0.36	156.5	
t _E (s)		0.27		0.447	165.5	
VE (L/m)		70.29		78.39	111.5	
TV/t _I (L/s)		2.547		2.927	114.9	
t _I /t _{tot}		0.46		0.446	96.97	
SVC/FVC		0.817		1.062	130.0	
VC/FEF25-75%		1.151		1.269	110.2	

MVV GRAPH & RESULTS



Date of Test ->	29/10/2024			29/10/2024		
Time of Test ->	11:53:58			11:55:11		
Parameter (U)	Pred.#	Pre	%Pred.	Post	%Pre	%Pred.
MVV (L)	96.44	61.81	64.08	60.62	98.07	62.85

#Predicted Equations : ERS93



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Formerly *Calcutta Heart Research Centre*

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

Patient Name	: Mr. BIDHAN CHANDRA PARIDA	UHID No	: AMP.0000031537
Age/Gender	: 42 Y 0 M 0 D / M	Reg.Date	: 29/Oct/2024 11:44AM
Bill No	: AMP34566	Reported	: 29/Oct/2024 04:56PM
Referred By	: Dr.ARCOFEMI	Report Status	: Final Report
Centre Name	: APOLLO	ESIC/CGHS/ECHS	:

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	--	50-150	mm/sec
Aortic Cusp Opening	18	15-20	mm	DE Amplitude	--	15-20	Mm
Left Atrial Diameter	32	20-40	mm	EPSS	--	01-10	mm
IV Septal thickness (diastole)	09	06-11	mm				
LV internal diameter (diastole)	43	35-56	mm	LV ejection fraction	65	55-75	%
LV Posterior wall thickness(diastole)	09	06-11	mm	Fraction shortening)	35	20-45	%
LV internal diameter (systole)	25	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: 0.70 A: 0.54	1.9			0/4		
Tricuspid Valve	0.51	1.0			0/4		
Aortic Valve	0.98	3.8			0/4		
Pulmonary Valve	0.75	2.5			0/4		

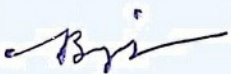
IMPRESSION:

• Left ventricle shows :

The cavity size & wall thickness are within normal limits.
No regional wall motion abnormality.
Good systolic function with LVEF – 65%. E/A - 1.3

- 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





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CIN : U85110WB1992PTC055426

Patient Name	: Mr. BIDHAN CHANDRA PARIDA	UHID No	: AMP.0000031537
Age/Gender	: 42 Y 0 M 0 D / M	Reg.Date	: 29/Oct/2024 11:44AM
Bill No	: AMP34566	Reported	: 29/Oct/2024 01:11 PM
Referred By	: Dr.ARCOFEMI	Report Status	: Final Report
Centre Name	: APOLLO	ESIC/CGHS/ECHS	:

DEPARTMENT OF ULTRASOUND

ULTRA SOUND WHOLE ABDOMEN

Liver: Is normal in size, its parenchyma presents 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 (85 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 – 91 mm. Left kidney measures – 100 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:

- No significant abnormality detected.



Checked By

DR. J. PAL
M.D.
RADIOLOGIST





ALOKA MEDICARE PVT. LTD.

Formerly *Calcutta Heart Research Centre*

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

Patient Name	: Mr. BIDHAN CHANDRA PARIDA	UHID No	: AMP.0000031537
Age/Gender	: 42 Y 0 M 0 D / M	Reg.Date	: 29/Oct/2024 11:44AM
Bill No	: AMP34566	Reported	: 29/Oct/2024 05:31 PM
Referred By	: Dr.ARCOFEMI	Report Status	: Final Report
Centre Name	: APOLLO	ESIC/CGHS/ECHS	:

DEPARTMENT OF X-RAY

X-RAY CHEST PA VIEW

X-RAY CHEST PA VIEW

OBSERVATIONS :-

- **Mild Prominent bronchovascular markings noted at bilateral lung fields.**
- Trachea is in midline.
- Cardiac silhouette maintained.
- Both CP angles are clear.
- Rest of lung parenchyma are normal.
- Bony cage and soft tissues are normal.
- The domes of the diaphragms are normal in position, and show smooth outline.

IMPRESSION :- Mild Prominent bronchovascular markings noted at bilateral lung fields.

ADVICE :- Clinical correlation and follow up.

DR. AJAY KUMAR
REG. NO :- 3906
MBBS, MD (RADIO-DIAGNOSIS)

*** End Of Report ***



Checked By




CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of BIDHAM CH. PARIDA on 29.10.24

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. <p>Review after _____ recommended</p>	
<ul style="list-style-type: none"> • Unfit 	


DR. S. D. NAGORI
 MBBS, MD
 Consultant & Physician
 The Apollo Clinic, (Location)
 31368 (WB/C)
 0078911

This certificate is not meant for medico-legal purposes

MER- MEDICAL EXAMINATION REPORT

Date of Examination	29.10.24	
NAME	BIDHAN CH. PARIDA	
AGE	42	Gender M
HEIGHT(cm)	162	WEIGHT (kg) 67
B.P.	110/75 - 90	
ECG	Normal	
X Ray	Normal	
Vision Checkup	NV - NG, CV - Normal DV - 6/6	
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. 30868 (WBMC)
 Cell No. : 7695078911

Signature with Stamp of Medical Examiner

ॐ

ALOKA MEDICARE PVT. LTD.

Formerly *Calcutta Heart Research Centre*

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

Patient Name:	BIDHAN CHANDRA PARIDA	Patient ID:	AMP34566
Age:	42 Yrs	Sex:	MALE
Ref by:	APOLLO	Study Date	29/10/2024

OPHTHALMIC REPORT

Chief complaints:

Routine checkup.

Physical Examination:


VISUAL ACUITY:

	<u>RIGHT EYE</u>	<u>LEFT EYE</u>
DISTANT VISION: -	6/6	6/6
NEER VISION: -	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.


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

Other Clinics :
169, G.T. Road (S), Shibpur, Near Aloka Cinema, Hwh - 002, 98368 12298
2G, N. S. Road, Shantinagar Colony, Liluah, Hwh - 204, 93313 17276



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