

PACKAGE TRACK SHEET

Package : : Mediwheel Full Body Health Checkup Male Below 40

Name	: Mr. ANIRBAN BARDHAN / 35 Year(s) / Male	Date	: 29/03/2024 9:37AM
UHID No.	: NH9X.2406179	Bill No.	: OPCR11847
Start Time	: 09:37:18	Completion Time	:
Corporate Company	:	Payer	: ArcoFem Healthcare Ltd.
Insurance	:		

Time In	Time Out	Signature/Date Time
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Initial Assessment

Height. 179cm

Pulse. 88/min

Weight. 61kg

BP. 110/70mmHg
SBP 97%

BMI.

Temp. 98°F

Package Details

1. HEALTH CHECKUPS

- GLYCOSYLATED HAEMOGLOBIN (HBA1C)-()
- THYROID FUNCTION TEST-()
- BLOOD GROUPING & RH TYPING-()
- BLOOD SUGAR(PP)-()
- BLOOD SUGAR(F)-()
- COMPLETE HAEMOGRAM (CBC)-()
- LIPID PROFILE-()
- STOOL FOR R/E-()
- LIVER FUNCTION TEST (LFT)-()
- SERUM CREATININE-()
- URIC ACID-()
- BLOOD UREA NITROGEN-()
- URINE FOR R/E-()
- URINE FOR SUGAR FASTING-()
- URINE FOR SUGAR PP-()
- BUN / CREATINE RATIO-()
- X-RAY CHEST PA-()
- USG SCREENING (WHOLE ABDOMEN)-()
- ECG-()
- ECHO SCREENING-()
- STRESS TEST (TREAD MILL)-()

2. GP Consultation

- General Medicine-(Dr. SELF)
- Ophthalmology-(Dr. SELF EYE)

Narayan Memorial Hospital

(A Unit of Narayan Health Services Pvt. Ltd.)

GIN No : U85110WB2005PTC104884

GSTIN No : 19AACCN1707E1ZS



DIAGNOSTICS REPORT

Patient Name	: Mr. ANIRBAN BARDHAN	Order Date	: 29/03/2024 09:37
Age/Sex	: 35 Year(s)/Male	Report Date	: 30/03/2024 14:32
UHID	: NMHK.2406179	Facility	: NARAYAN MEMORIAL HOSPITAL
Ref. Doctor	:	Mobile	: 9674440990
Address	: RAGHUVAR ENCLAVE, SARSUNA, Kolkata, West Bengal, 700061		

USG REPORT OF WHOLE ABDOMEN (SCREENING)

LIVER : Liver is normal in size and parenchymal echotexture. Intrahepatic biliary radicles are not dilated. No focal mass lesion is seen.

PORTA :PV : Normal.

CBD : Normal.

GALL BLADDER :Gall bladder is normal in size, contour, outline and position. No calculus is seen. Wall thickness is normal.

PANCREAS :Pancreas is normal in size and parenchymal echogenicity. Pancreatic duct is not dilated.

SPLEEN :Spleen is not enlarged and parenchyma shows normal homogeneous pattern.

KIDNEYS :Both kidneys are normal in size, shape, outline, position and parenchymal echogenicity. Corticomedullary differentiation maintained. No evidence of any calculus/ mass / hydronephrosis is seen.

Right kidney measures : 10.3 cm & Left kidney measures : 10.8 cm.

URINARY BLADDER : Urinary bladder is normal in contour, outline and distension. No vesical lesion is seen.

POST VOID BLADDER : No significant residual urine is seen (29 cc).

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PROSTATE : Prostate is normal size, outline and echotexture appear normal. No focal lesion is seen. Prostate measures 2.9 cm x 4.0 cm x 2.8 cm. It weight approx 17 gm.

PERITONEUM : : No free fluid is noted.

RETROPERITONEUM : IVC and aorta appear normal. No lymphadenopathy is seen.

IMPRESSION : Normal study.

Dr. MADHUSHREE RAY NASKAR
MBBS, DMRD

Consultant Radiologist

RegNo: 57032

Narayan Memorial Hospital

(A Unit of Narayan Health Services Pvt. Ltd.)

CIN No. U85110WB2005PTC104884

GSTIN No. 19AACCN1707E1Z5



LABORATORY INVESTIGATION REPORT

Patient Name : Mr. ANIRBAN BARDHAN	Age/Sex : 35 Year(s) / Male
UHID : NMHK.2406179	Order Date : 29/03/2024 09:37
Episode : OP	Mobile No : 9674440990
Ref. Doctor : NMH	DOB : 01/01/1989
Address : RAGHUVAR ENCLAVE, SARSUNA, Kolkata, West Bengal, 700061	Facility : NARAYAN MEMORIAL HOSPITAL

Hematology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REFERENCE
Sample No : 0740168625	Collection Date : 29/03/24 09:47	Acc Date : 29/03/2024 11:47	Report Date : 29/03/24 05:34

BLOOD GROUPING & Rh TYPING

SAMPLE : EDTA BLOOD

BLOOD GROUP : 'A'

Method - Agglutination forward & Reverse

RH TYPE : POSITIVE

COMPLETE HAEMOGRAM (CBC)

SAMPLE : EDTA BLOOD

HAEMOGLOBIN (HB)	14.1	gm/dl	13 - 17
Method - Colorimetric method (Cyn Meth)			
RBC COUNT	5.1	$\times 10^6/\mu\text{l}$	4.5 - 5.5
Method - Electrical Impedance Method			
TOTAL WBC COUNT	3.5 ∇ (L)	$10^3/\text{cmm}$	4 - 10
Method - Electrical Impedance Method			
PLATELET COUNT	170	$10^3/\text{cmm}$	150 - 410
Method - Electrical Impedance Method			
PCV	43	%	40 - 50
Method - RBC pulse ht. detection method			
MCV	84	fL	83 - 101
Method - Calculated			
MCH	28	pg	27 - 32
Method - Calculated			
MCHC	33	gm/dl	31.5 - 34.5
Method - Calculated			
ESR	05	%	0 - 10
Method - Modified Westergren Method			

DIFFERENTIAL COUNT

Method - Microscopy

NEUTROPHILS	59	%	40 - 80
Method - Microscopy			
LYMPHOCYTES	33	%	20 - 40
Method - Microscopy			
MONOCYTES	03	%	2 - 10
Method - Microscopy			
EOSINOPHILS	05	%	1 - 6
Method - Microscopy			
BASOPHILS	00	%	0 - 2
Method - Microscopy			

PERIPHERAL BLOOD SMEAR

RBC : Normocytic normochromic.

WBC : Leukopenia.

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LABORATORY INVESTIGATION REPORT

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UHID : NMHK.2406179

Episode : OP

Ref. Doctor : NMH

Address : RAGHUVAR ENCLAVE , SARSUNA ,Kolkata,West Bengal ,700061

Age/Sex : 35 Year(s) / Male

Order Date : 29/03/2024 09:37

Mobile No : 9674440990

DOB : 01/01/1989

Facility : NARAYAN MEMORIAL HOSPITAL

PLATELET

Adequate.

End of Report

Dr. MAZNAK CHAKRABORTY
MBBS, MD(PATH)
(CONSULTANT PATHOLOGIST)

Checked By

Dr. SHAHEENA PERWEEN
MBBS, MD (Path)
Consultant Pathologist
RegNo: 71325



LABORATORY INVESTIGATION REPORT

Patient Name :	Mr. ANIRBAN BARDHAN	Age/Sex :	35 Year(s) / Male
UHID :	NMHK.2406179	Order Date :	29/03/2024 09:37
Episode :	OP	Mobile No :	9674440990
Ref. Doctor :	NMH	DOB :	01/01/1989
Address :	RAGHUVAR ENCLAVE, SARSUNA, Kolkata, West Bengal, 700061	Facility :	NARAYAN MEMORIAL HOSPITAL

Immunology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REFERENCE
Sample No: OTH132095	Collection Date: 29/03/24 09:47	Ask Date: 29/03/2024 11:27	Report Date: 29/03/24 16:47

THYROID FUNCTION TEST

SAMPLE : SERUM

T3	0.92	ng/ml	0.60 - 1.80
Method - ECLIA			
T4	6.77	ug/dL	5.40 - 11.70
Method - ECLIA			
TSH	2.17	uIU/ml	Adult Male - 0.27-5.50 Adult Female - 0.27-5.50 Newborns - <25 Upto 12 years - 0.3-5
Method - ECLIA			

Interpretations:

- For diagnostic purposes, the result should always be assessed in conjunction with the patient's medical history, clinical examinations and other findings.
- The assay is unaffected by icterus (Bilirubin < 701 $\mu\text{mol/L}$ or < 41 mg/dL), hemolysis (Hb < 0.621 mmol/L or < 1 g/dL), lipemia (Intralipid < 1500 mg/dL), biotin (< 102 nmol/L or < 25 ng/ml), IgG < 2 g/dL and IgM < 0.5 g/dL)
- There is no high dose hook effect at TSH concentrations upto 1000 $\mu\text{mol/ml}$.
- TSH values may be transiently altered because of non thyroidal illness like several infections, liver disease, renal and heart failure, several burns, trauma and surgery etc. Drugs that decrease TSH values e.g. L-dopa, Glucocorticoid drugs that increase TSH values e.g. Iodine, Lithium, Amlodarane.
- The assay is unaffected by icterus (bilirubin < 633 $\mu\text{mol/L}$ or < 37 mg/dl), hemolysis (Hb < 1.4 mmol/L or < 2.3 g/dl), lipemia (triglycerides < 28.5 mmol/L or 2500 mg/dl) and biotin (< 409 nmol or < 100 ng/ml).
- The assay is unaffected by icterus (bilirubin < 599 $\mu\text{mol/L}$ or < 35 mg/dl), hemolysis (Hb < 1.2 mmol/L or < 2.0 g/dl), lipemia (Intralipid < 1800 mg/dl) and biotin (< 123 nmol or < 30 ng/ml).

End of Report

Dr. S. Chatterjee
MD, MBBS, FAAC
(CONSULTANT BIOCHEMIST)

Checked By



LABORATORY INVESTIGATION REPORT

Patient Name	: Mr. ANIRBAN BARDHAN	Age/Sex	: 35 Year(s) / Male
UHED	: NHHC2406179	Order Date	: 29/03/2024 09:41
Episode	: OP	Mobile No	: 9674440990
Ref. Doctor	: SELF	DOB	: 01/01/1989
Address	: RAGHUVAR ENCLAVE, SANSUNA, Kolkata, West Bengal, 700061	Facility	: NARAYAN MEMORIAL HOSPITAL

Immunology

Sample No	Collector Date	Ask Date	Report Date
IMC18004	28/03/24 09:46	29/03/2024 11:29	29/03/24 14:49

VITAMIN-D3			
SAMPLE : SERUM			
VITAMIN D3	10.2	ng/ml	Deficiency: <= 20 Insufficiency: 21-29 Sufficiency: 30-100 Hypervitaminosis: > 100

(Serum, ECLIA)

*Rechecked

COMMENT

Interpretation :

- Vitamin D is a fat soluble vitamin and exists in two main forms as D3 & D2. Both are converted to 25(OH) vitamin D in liver.
- For diagnosis of vitamin D deficiency, it is recommended to have clinical correlation with serum 25(OH) vitamin D, serum calcium, serum iPTH & serum alkaline phosphatase
- During monitoring of oral vitamin D therapy- suggested testing of serum 25(OH) vitamin D is after 12 weeks or 3 months of treatment.

Caution:

- Patients on Biotin supplement may have interference in some immunoassays. With individuals taking high dose Biotin (more than 5 mg per day) supplements, at least 8-hour wait time before blood draw is recommended.

Disclaimer:

- The required dosage of vitamin D supplements & time to achieve sufficient vitamin D levels show significant seasonal (especially winter) & individual variability depending on age, body fat, sun exposure, physical activity, genetic factors (especially variable vitamin D receptor responses), associated liver or renal diseases, malabsorption syndromes and calcium or magnesium deficiency.
- Vitamin D toxicity is known but very rare. Kindly correlate clinically, repeat with fresh sample if indicated. Associated

Tests:

- iPTH-Intact Molecule Parathyroid hormone Serum/Plasma (P0114), Calcium(C0017), Vitamin D plus profile(V0016)

Reference:

1. Package insert

End of Report



LABORATORY INVESTIGATION REPORT

Patient Name : Mr. ARSUN BARCHAN

UNID : NPH/240519

Episode : OP

Ref. Doctor : SD

Address : RAGHUN ENCLAVE, SARDINA, Kolkata, West Bengal, 700061

Age/Sex : 35 Year(s) / Male

Order Date : 26/05/2024 (09:40)

Mobile No : 9874402882

DOB : 01/01/1989

Facility : NARAYAN MEMORIAL HOSPITAL

Dr. S. Chatterjee
MD, MBBS, FRAC
(CONSULTANT SCHEMIST)

Order by





LABORATORY INVESTIGATION REPORT

Patient Name :	Mr. ANIRBAN BARDHAN	Age/Sex :	35 Year(s) / Male
UHID :	NMHK.2406179	Order Date :	29/03/2024 09:37
Episode :	OP	Mobile No :	9674440990
Ref. Doctor :	NMH	DOB :	01/01/1989
Address :	RAGHUVAR ENCLAVE , SARSUNA ,Kolkata,West Bengal ,700061	Facility :	NARAYAN MEMORIAL HOSPITAL

Biochemistry

TESTS	RESULTS	UNITS	LOGICAL REF RANGE
Sample No. : 279235093	Collection Date : 29/03/24 09:47	Acc Date : 29/03/2024 11:27	Report Date : 29/03/24 16:47

SERUM CREATININE

SAMPLE : SERUM

SERUM CREATININE 0.9 mg/dl 0.7 - 1.2
 Method - Jaffe Gen2 Compensated

LIVER FUNCTION TEST (LFT)

SAMPLE : SERUM

TOTAL BILIRUBIN 0.8 mg/dl 0 - 1.1
 Method - Diazo Method

DIRECT BILIRUBIN 0.3 ▲ (H) mg/dl 0 - 0.2
 Method - Diazo Method

INDIRECT BILIRUBIN 0.5 mg/dl 0.2 - 0.9
 Method - Calculated

SGPT (ALT) 16 U/L 0 - 34
 Method - JFCC Without Pyridoxal Phosphate

SGOT (AST) 16 U/L 0 - 31
 Method - JFCC Without Pyridoxal Phosphate

ALKALINE PHOSPHATASE 77 U/L 53 - 128
 Method - JFCC

TOTAL PROTEIN 6.9 g/dl 6.4 - 8.2
 Method - Buret

ALBUMIN 4.8 gm/dl 3.5 - 5.2
 Method - Bromocresol Green

GLOBULIN 2.1 g/dl 2 - 3.5
 Method - Calculated

ALBUMIN:GLOBULIN 2.3 - 1.1 - 2.5
 Method - Calculated

GGT 19 U/L 8 - 61
 Method - Enzymatic colorimetric assay

BLOOD UREA NITROGEN

BLOOD UREA NITROGEN 6.5 mg/dl 6 - 20
 Method - Calculated

LIPID PROFILE

SAMPLE : SERUM

TOTAL CHOLESTEROL 172 mg/dl Desirable <200
 Borderline 200 - 239
 High >=240
 Method - CHOD-PAP

HDL CHOLESTEROL 45 mg/dl 40 - 60
 Method - Homogenous Enzymatic Colorimetric



LABORATORY INVESTIGATION REPORT

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UAD : OP	Order Date : 29/03/2024 09:37
Episode : NMH	Mobile No : 9674440990
Ref. Doctor : NMH	DOB : 01/01/1989
Address : RAGHUVAR ENCLAVE , SARSUNA ,Kolkata,West Bengal ,700061	Facility : NARAYAN MEMORIAL HOSPITAL

LDL CHOLESTEROL <small>Method - Homogenous Enzymatic Colorimetric</small>	98	mg/dl	Optimal < 100 Borderline 130 - 159 High > 160
VLDL <small>Method - CALCULATED</small>	29	mg/dl	0 - 30
CHOLESTEROL-HDL RATIO	3.82	-	
LDL-HDL RATIO	2.18	-	
TRIGLYCERIDES <small>Method - Enzymatic Colorimetric</small>	145	mg/dl	Desirable <150 Borderline 150 - 200 High >200

URIC ACID

SAMPLE : SERUM

URIC ACID <small>Method - Enzymatic Colorimetric</small>	5.9	mg/dl	3.4 - 7
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BUN / CREATINE RATIO

SAMPLE : SERUM

BUN / CREATINE RATIO	7.2
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GLYCOSYLATED HAEMOGLOBIN (HBA1C)

SAMPLE : EDTA BLOOD

HBA1C	5.4
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Interpretation & Remark:

1. HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose.
2. HbA1c has been endorsed by clinical groups & American Diabetes Association guidelines 2017, for diagnosis of diabetes using a cut-off point of 6.5%.
3. Trends in HbA1c are a better indicator of diabetic control than a solitary test.
4. Low HbA1c in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (Specially severe iron deficiency anemia & haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
5. Interference of Haemoglobinopathies in HbA1c estimation.
 - A. For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
 - B. Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status.
 - C. Heterozygous state detected (D10/ turbo is corrected for HbS and HbC trait).
6. For known diabetic patients, following values can be considered as a tool for monitoring the glycemic control :

Excellent Control - 6 - 7 %
 Fair to Good Control - 7 - 8 %
 Unsatisfactory Control - 8 - 10 %
 Poor Control - > 10 %

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



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BLOOD SUGAR(F)

SAMPLE : PLASMA

BLOOD SUGAR FASTING 101 mg/dl 70 - 109
Method - Hexokinase

BLOOD SUGAR(PP)

SAMPLE : PLASMA

BLOOD SUGAR PP 105 mg/dl 70 - 140
Method - Hexokinase

End of Report

Dr.S. Chatterjee
MD, MBBS, FAACC
(CONSULTANT BIOCHEMIST)

Checked By



LABORATORY INVESTIGATION REPORT

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Address :	RAGHUVAR ENCLAVE, SARSUNA, Kolkata, West Bengal, 700061	Facility :	NARAYAN MEMORIAL HOSPITAL

Clinical Pathology

Sample No.	Requested	Received Date	Acc. Date	Report Date
		29/03/24 09:47	29/03/24 09:47	04/04/24 06:38

URINE FOR R/E

SAMPLE : URINE

PHYSICAL EXAMINATION

VOLUME	40	ml
COLOUR	STRAW	
APPEARANCE	SLIGHTLY HAZY	
SPECIFIC GRAVITY	1.015	1.010 - 1.030
REACTION (pH)	ACIDIC (pH - 6.5)	

CHEMICAL EXAMINATION

SUGAR	ABSENT	ABSENT
ALBUMIN	ABSENT	ABSENT
BLOOD	ABSENT	ABSENT
KETONE	ABSENT	ABSENT
BILE SALT	ABSENT	ABSENT
BILE PIGMENTS	ABSENT	ABSENT

MICROSCOPIC EXAMINATION

PLS CELLS	2-4/HPF	<5/HPF
EPITHELIAL CELLS	1-2/HPF	<20/HPF
RBC	ABSENT	ABSENT
CAST	ABSENT	ABSENT
CRYSTAL	ABSENT	ABSENT

Please correlate clinically

URINE FOR SUGAR FASTING

SAMPLE : URINE

RESULT ABSENT

URINE FOR SUGAR PP

SAMPLE : URINE

RESULT ABSENT

End of Report



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Dr.S. Chatterjee
MD, MBBS, FAAC
(CONSULTANT BIOCHEMIST)

Dr.SHAHEENA PERWEEN
MBBS, MD (Path)
Consultant Pathologist
RegNo: 71326

Checked By



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GSTIN No. : 19AACCN1707E1Z5



DIAGNOSTICS REPORT

Patient Name	: Mr. ANIRBAN BARDHAN	Order Date	: 29/03/2024 09:37
Age/Sex	: 35 Year(s)/Male	Report Date	: 30/03/2024 08:46
UHID	: NMHK.2406179	Facility	: NARAYAN MEMORIAL HOSPITAL
Ref. Doctor	:	Mobile	: 9674440990
Address	: RAGHUVAR ENCLAVE, SARSUNA, Kolkata, West Bengal, 700061		

X-RAY CHEST PA VIEW

No active lung parenchymal lesion is seen.

Both hila are normal in position, size and density.

Cardiothoracic ratio appear normal.

Trachea and mediastinum are normal in position.

Both costo-phrenic angles are clear.

Domes of diaphragm are normal in position and outlines are well delineated.

Bony thorax appears unremarkable.

IMPRESSION :-

No significant lung parenchyma abnormality.

Needs clinical correlation.

Dr. SUBRATA NAG
MBBS, DNB, Fellow intervention/endovascular surgery

RegNo: 66718

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DIAGNOSTICS REPORT

Patient Name	: Mr. ANIRBAN BARDHAN	Order Date	: 29/03/2024 09:37
Age/Sex	: 35 Year(s)/Male	Report Date	: 29/03/2024 15:09
UHID	: NH9K.2406179	Facility	: NARAYAN MEMORIAL HOSPITAL
Ref. Doctor	:	Mobile	: 9674440990
Address	: RAGHUVAR ENCLAVE, SARSUNA, Kolkata, West Bengal, 700061		

ELECTROCARDIOGRAM REPORT (ECG)

HR	: 86 bpm
Rhythm	: Sinus
P wave	: Normal
PR interval	: 140 msec
QRS axis	: Normal
QRS duration	: 94 msec
QRS configuration	: Incomplete RBBB
T wave	: Non specific changes
ST segment	: Non specific changes
QTc	: 400 msec
QT	: 332 msec

IMPRESSION

- Sinus rhythm. Normal QRS axis.
 - Incomplete Right Bundle Branch Block.
- Clinical correlation please.

Dr. Sudip Chakraborty
MBBS, D1P (Preventative Cardiology)
fellow Clinical

RegNo: 56285



DIAGNOSTICS REPORT

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Age/Sex	: 35 Year(s)/Male	Report Date	: 30/03/2024 14:40
UHID	: NMHK.2406179		
Ref. Doctor	:	Facility	: NARAYAN MEMORIAL HOSPITAL
		Mobile	: 9674440990
Address	: RAGHUVAR ENCLAVE, SARSUNA, Kolkata, West Bengal, 700061		

REPORT OF ECHO SCREENING

No regional wall motion abnormality at rest.
Normal LV systolic function (LVEF = 66 %).
Normal RV systolic function. (TAPSE = 1.6 cm).
Adequate diastolic compliance (E/e' = 7.85, E/A - 1.37).
No pericardial effusion.
Trivial TR. Estimated PASP 21 mmHg.
IVC normal diameter &> 50 % respiratory compressibility.
No thrombus, mass / vegetation.

Dr. Sudip Chakraborty
MBBS, DIP (Preventative Cardiology)
fellow Clinical

RegNo: 56285

ADHAN

HR 86/min

Axis:

SINUS RHYTHM
R-S TRANSITION ZONE IN V LEADS DISPLACED TO THE RIGHT
INCOMPLETE RIGHT BUNDLE BRANCH BLOCK
OTHERWISE NORMAL ECG

Male

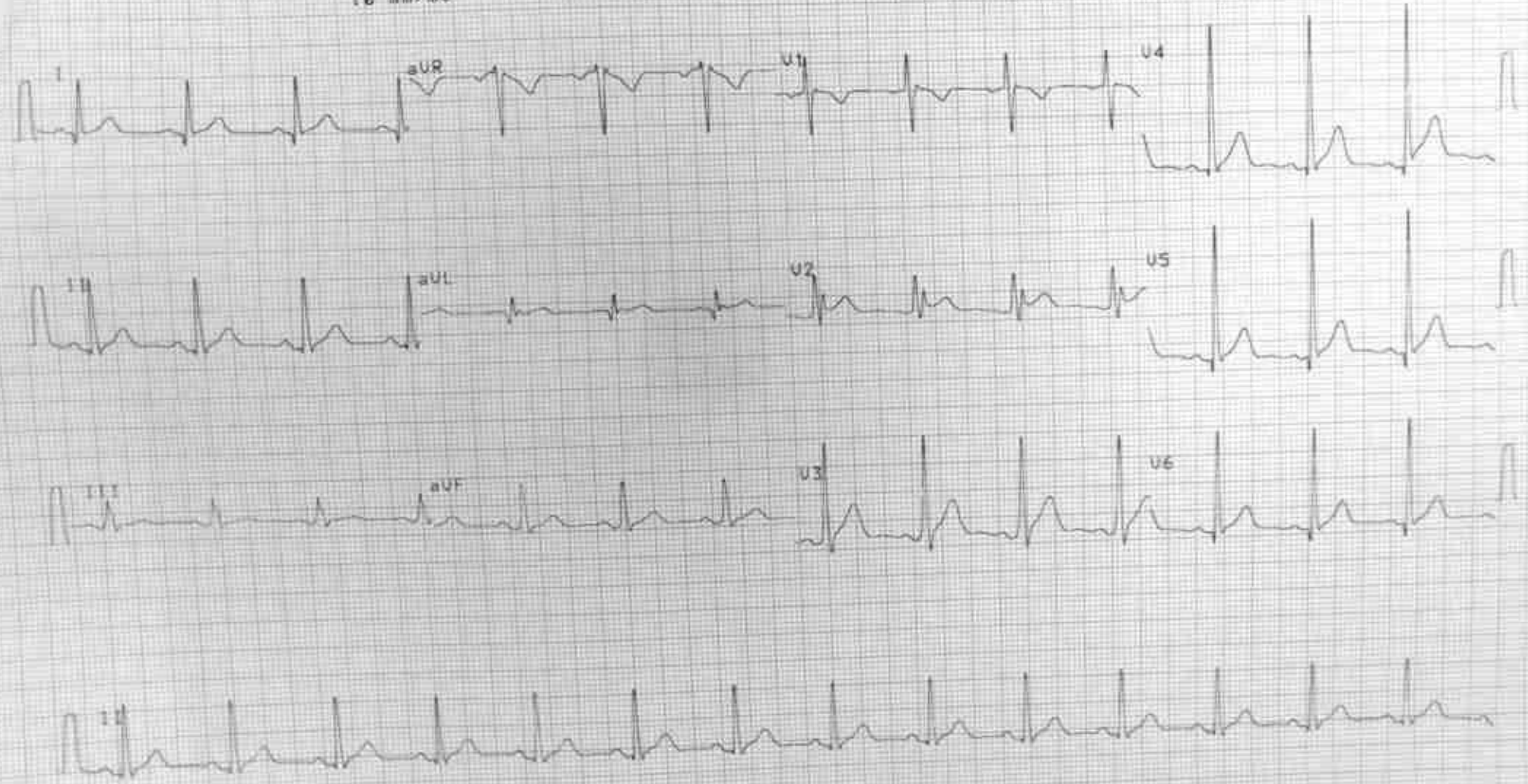
Intervals:
RR 697 ms
P 96 ms
PR 148 ms
QRS 94 ms
QT 332 ms
QTc 400 ms
(Bazett)
18 mm/mV

P 44°
QRS 49°
T 39°

P (II) 0.12 mV 6.82
S (VI) -0.94 mV
R (V5) 2.97 mV
Sokol. 3.90 mV

UNCONFIRMED REPORT

18 mm/mV



18 mm/mV

14:31:33

NARAYAN MEMORIAL
HOSPITAL - BEHALA

AT-182plus 1.25 CI