

PACKAGE TRACK SHEET

Package : : Mediwheel Full Body Health Checkup Male Above 40

Name : Mr. SHANKAR NARAYAN SINGHA / 52 Year(s) / Male	Date : 17/05/2023 8:45AM
UHID No. : NMHK.2311447	Bill No. : OPCR7186
Start Time : 08:45:02	Completion Time :
Corporate Company :	Payer : ArcoFemi Healthcare Ltd.
Insurance :	
Follow-up meeting fixed	Date
Status	



ভারত সরকার
Government of India



অদিতি সিংহ
Aditi Singha
জন্মতারিখ / DOB : 16/11/1974
মহিলা / Female



9894 7688 3935

আধার - সাধারণ মানুষের অধিকার

Angela



आधार

ভারতীয় বিশিষ্ট পরিচয় প্রাধিকরণ
Unique Identification Authority of India

ঠিকানা: ওয়াই/ও: শংকর নারায়ন
সিংহ, সী-1/16, দক্ষিণী হাউসিং
এস্টেট ফেজ-2, বড়তলা, কোলকাতা,
বড়তলা, পশ্চিম বঙ্গ, 700018

Address: W/O: Shankar Narayan
Singha, C-1/16, DAKSHINEE
HOUSING ESTATE PHASE-2,
Maheshtala (M), South 24
Parganas, Bartala, West Bengal,
700018

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DIAGNOSTICS REPORT

Patient Name	: Mrs. ADITI SINGHA	Order Date	: 17/05/2023 08:40
Age/Sex	: 48 Year(s)/Female	Report Date	: 18/05/2023 12:32
UHID	: NMHK.2311445	IP No	:
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
		Mobile	: 8981742267
Address	: AKRA FATAK, akra,Kolkata, West Bengal, 700018		

USG REPORT OF BREAST(SCREENING)

Both breasts were scanned quadrantwise using a high frequency probe.

Both breasts revealed normal parenchymal echotexture.

No obvious focal mass lesion seen.


No microcalcifications are seen.

Bilateral retroareolar regions appear normal.

No significant enlarged lymph nodes seen in either axillary region.

IMPRESSION : No obvious abnormality seen in either breast.

Please correlate clinically.



**Dr. MADHUSHREE RAY NASKAR , MBBS
,DMRD**

Consultant Radiologist

RegNo: 57032

DIAGNOSTICS REPORT

Patient Name	: Mrs. ADITI SINGHA	Order Date	: 17/05/2023 08:40
Age/Sex	: 48 Year(s)/Female	Report Date	: 18/05/2023 12:30
UHID	: NMHK.2311445	IP No	:
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USG REPORT OF WHOLE ABDOMEN (SCREENING)

LIVER : Liver is enlarged in size and parenchymal echotexture. Intrahepatic biliary radicles are not dilated.No focal mass lesion is seen. Liver measures 15.5 cm.

PORTA :PV : Normal. PV measures 0.8 cm.

CD : Normal . CD measures 0.3 cm.

GALL BLADDER : Gall bladder is normal in size, contour, outline and position. No calculus is seen. Wall thickness is normal. **Few small (2 mm) sessile echogenic polyps are seen attached to gall bladder walls.**

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. Cortico medullary differentiation maintained. No evidence of any calculus/ hydronephrosis is seen.

A small hyperechoic lesion measuring 1.7 x 1.4 mm approx is noted at upper pole of left kidney. Right kidney measures : 9.8 cm & Left kidney measures : 9.7 cm.

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

UTERUS : Operated.

OVARIES : Not visualized.

PERITONEUM : :No free fluid is noted.

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

IMPRESSION : USG of Whole Abdomen in Post hysterectomy status shows -

- * Hepatomegaly.
- * A small hyperechoic lesion in upper pole of left kidney - suggestive of Angiomyolipoma.
- * Few small sessile polyps in gall bladder walls.



**Dr.MADHUSHREE RAY NASKAR , MBBS
,DMRD**

Consultant Radiologist

RegNo: 57032



LABORATORY INVESTIGATION REPORT

Patient Name : Mr. ADITI SINGHA
UHID : NMHK.2311445
Episode : OP
Ref. Doctor : NMH
Address : AKRA FATAK , akra ,Kolkata,West Bengal ,700018

Age/Sex : 48 Year(s)/Male
Order Date : 17/05/2023 08:40
Mobile No : 8981742267
DOB : 16/11/1974
Facility : NARAYAN MEMORIAL HOSPITAL

Immunology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0116461	Collection Date : 17/05/23 09:30	Ack Date : 17/05/2023 10:56	Report Date : 18/05/23 10:25

BLOOD GROUPING & Rh TYPING

SAMPLE : EDTA BLOOD

BLOOD GROUP

Agglutination forward & Reverse

RH TYPE

' B '

POSITIVE

End of Report

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

Checked By



LABORATORY INVESTIGATION REPORT

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Hematology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0116461	Collection Date : 17/05/23 09:30	Ack Date : 17/05/2023 10:56	Report Date : 18/05/23 10:20

COMPLETE HAEMOGRAM (CBC)

SAMPLE : EDTA BLOOD

HAEMOGLOBIN (HB)	12.9 ▼	gm/dl	13 - 17
<i>Colorimetric method (Cyn Meth)</i>			
RBC COUNT	4.4 ▼	$\times 10^6/\text{ul}$	4.5 - 5.5
<i>Electrical Impedance Method</i>			
TOTAL WBC COUNT	7.1	$10^3/\text{cm}^3$	4 - 10
<i>Electrical Impedance Method</i>			
PLATELET COUNT	200	$10^3/\text{cm}^3$	150 - 410
<i>Electrical Impedance Method</i>			
PCV	40	%	40 - 50
<i>RBC pulse ht. detection method</i>			
MCV	92	fl	83 - 101
<i>calculated</i>			
MCH	30	pg	27 - 32
<i>Calculated</i>			
MCHC	32	gm/dl	31.5 - 34.5
<i>Calculated</i>			
ESR	25 ▲	%	0 - 10
<i>Modified Westergren Method</i>			

DIFFERENTIAL COUNT

NEUTROPHILS	57	%	40 - 80
<i>Microscopy</i>			
LYMPHOCYTES	34	%	20 - 40
<i>Microscopy</i>			
MONOCYTES	05	%	2 - 10
<i>Microscopy</i>			
EOSINOPHILS	04	%	1 - 6
<i>Microscopy</i>			
BASOPHILS	00	%	0 - 2
<i>Microscopy</i>			

PERIPHERAL BLOOD SMEAR

RBC Normocytic normochromic



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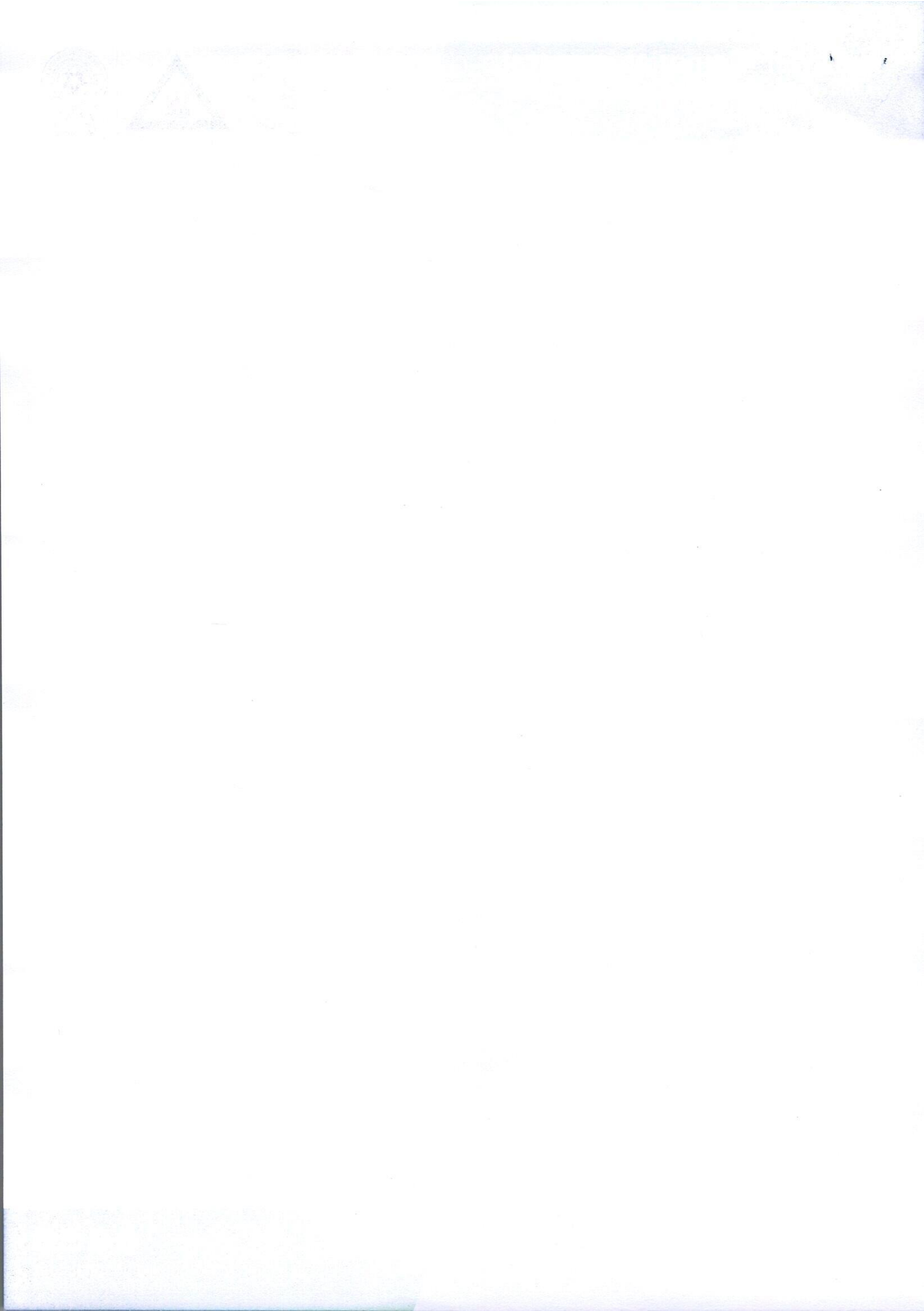
WBC
PLATELET

Within normal limits
Adequate

End of Report

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

Checked By





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Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0116461	Collection Date : 17/05/23 09:30	Ack Date : 17/05/2023 11:15	Report Date : 17/05/23 18:35

BUN / CREATINE RATIO

SAMPLE : SERUM

BUN / CREATINE RATIO

8.7

End of Report

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

Checked By

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Biochemistry

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LIPID PROFILE

SAMPLE : SERUM

TOTAL CHOLESTEROL	208	mg/dl	Desirable <200 Borderline 200-239 High >=240
<i>CHOD-PAP</i> HDL CHOLESTEROL	40	mg/dl	40 - 60
<i>Homogenous Enzymatic Colorimetric</i> LDL CHOLESTEROL	127	mg/dl	Optimal < 100 Borderline 130 - 159 High >160
<i>Homogenous Enzymatic Colorimetric</i> VLDL	41 ▲	mg/dl	0 - 30
<i>CALCULATED</i> CHOLESTEROL-HDL RATIO	5.20	-	
LDL-HDL RATIO	3.17	-	
TRIGLYCERIDES	209	mg/dl	Desirable <150 Borderline 150 - 200 High >200

Enzymatic Colorimetric

End of Report



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MD, MBBS, FAACC
(CONSULTANT BIOCHEMIST)



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Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0116461	Collection Date : 17/05/23 09:30	Ack Date : 17/05/2023 11:15	Report Date : 17/05/23 18:35

LIVER FUNCTION TEST (LFT)

SAMPLE : SERUM

TOTAL BILIRUBIN <i>Diazo Method</i>	0.5	mg/dl	0 - 1.1
DIRECT BILIRUBIN <i>Diazo Method</i>	0.2	mg/dl	0 - 0.2
INDIRECT BILIRUBIN <i>Calculated</i>	0.3	mg/dl	0.2 - 0.9
SGPT (ALT) <i>IFCC Without Pyridoxal Phosphate</i>	15	U/L	0 - 34
SGOT (AST) <i>IFCC Without Pyridoxal Phosphate</i>	19	U/L	0 - 31
ALKALINE PHOSPHATASE <i>IFCC</i>	57	U/L	53 - 128
TOTAL PROTEIN <i>Biuret</i>	7.4	g/dl	6.4 - 8.2
ALBUMIN <i>Bromocresol Green</i>	5.1	gm/dl	3.5 - 5.2
GLOBULIN <i>Calculated</i>	2.3	g/dl	2 - 3.5
ALBUMIN:GLOBULIN <i>Calculated</i>	2.2	-	1.1 - 2.5
GGT <i>Enzymatic colorimetric assay</i>	10	U/L	8 - 61

End of Report

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Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
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Sample No : 07H0116461 Collection Date : 17/05/23 09:30 Ack Date : 17/05/2023 11:15 Report Date : 17/05/23 18:35

SERUM CREATININE

SAMPLE : SERUM

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

BLOOD UREA NITROGEN

BLOOD UREA NITROGEN	6.1	mg/dl	6 - 20
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Calculated

URIC ACID

SAMPLE : SERUM

URIC ACID	5.4	mg/dl	3.4 - 7
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Enzymatic Colorimetric

Sample No : 07H0116461B Collection Date : 17/05/23 09:30 Ack Date : 17/05/2023 11:16 Report Date : 17/05/23 18:35

BLOOD SUGAR(F)

SAMPLE : PLASMA

BLOOD SUGAR FASTING	95	mg/dl	70 - 109
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Hexokinase

Sample No : 07H0116501B Collection Date : 17/05/23 13:43 Ack Date : 17/05/2023 15:01 Report Date : 17/05/23 18:35

BLOOD SUGAR(PP)

SAMPLE : PLASMA

BLOOD SUGAR PP	101	mg/dl	70.00 - 140.00
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Hexokinase

End of Report

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(CONSULTANT BIOCHEMIST)



LABORATORY INVESTIGATION REPORT

Patient Name : Mr. ADITI SINGHA	Age/Sex : 48 Year(s)/Male
UHID : NMHK.2311445	Order Date : 17/05/2023 08:40
Episode : OP	Mobile No : 8981742267
Ref. Doctor : NMH	DOB : 16/11/1974
Address : AKRA FATAK , akra ,Kolkata,West Bengal ,700018	Facility : NARAYAN MEMORIAL HOSPITAL

Immunology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0116461	Collection Date : 17/05/23 09:30	Ack Date : 17/05/2023 11:15	Report Date : 17/05/23 18:36

THYROID FUNCTION TEST

SAMPLE : SERUM

T3 ECLIA	1.08	ng/ml	0.60 - 1.80
T4 ECLIA	9.89	ug/dL	5.40 - 11.70
TSH	3.34	uIU/ml	Adult Male – 0.27-5.5 0 Adult Female – 0.27- 5.50 Newborns – <25 Upto 12 years – 0.3- 5

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 µmol/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 µmol/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, Amiodarone.
- The assay is unaffected by icterus (bilirubin < 633 µmol/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 µmol/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

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(CONSULTANT BIOCHEMIST)

LABORATORY INVESTIGATION REPORT

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Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0116461A	Collection Date : 17/05/23 09:30	Ack Date : 17/05/2023 14:51	Report Date : 17/05/23 18:35

GLYCOSYLATED HAEMOGLOBIN (HBA1C)

SAMPLE : EDTA BLOOD

HBA1C

5.3

Interpretation & Remark:

- HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose.
- HbA1c has been endorsed by clinical groups & American Diabetes Association guidelines 2017, for diagnosis of diabetes using a cut-off point of 6.5%.
- Trends in HbA1c are a better indicator of diabetic control than a solitary test.
- Low HbA1c in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (Specially severe iron deficiency anaemia & haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
- 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).
- 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.

End of Report



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MD, MBBS, FAACC
(CONSULTANT BIOCHEMIST)



LABORATORY INVESTIGATION REPORT

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UHID : NMHK.2311445 **Order Date** : 17/05/2023 08:40
Episode : OP **Mobile No** : 8981742267
Ref. Doctor : NMH **DOB** : 16/11/1974
Address : AKRA FATAK , akra ,Kolkata,West Bengal ,700018 **Facility** : NARAYAN MEMORIAL HOSPITAL

Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0116461	Collection Date : 17/05/23 09:30	Ack Date : 17/05/2023 12:39	Report Date : 18/05/23 10:22

URINE FOR R/E

SAMPLE : URINE

PHYSICAL EXAMINATION

VOLUME	50	ml	
COLOUR	PALE STRAW		
APPEARANCE	SLIGHTLY HAZY		
SPECIFIC GRAVITY	1.005		1.010 - 1.030
REACTION(pH)	ALKALINE (pH-7.5)		

CHEMICAL EXAMINATION

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

MICROSCOPIC EXAMINATION

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

Please correlate clinically.

End of Report

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



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Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0116461	Collection Date : 17/05/23 09:30	Ack Date : 17/05/2023 12:39	Report Date : 17/05/23 18:35

URINE FOR SUGAR FASTING

SAMPLE : URINE

RESULT

ABSENT

End of Report

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

Checked By



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Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0116501	Collection Date : 17/05/23 13:43	Ack Date : 17/05/2023 17:15	Report Date : 17/05/23 18:35

URINE FOR SUGAR PP

SAMPLE : URINE

RESULT

ABSENT

End of Report

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

Checked By



DIAGNOSTICS REPORT

Patient Name	: Mrs. ADITI SINGHA	Order Date	: 17/05/2023 08:40
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X-RAY CHEST PA VIEW

Prominent bronchovascular markings are seen in both lung fields.

Hila are normal in size.

Cardiothoracic ratio appear normal.

Trachea and mediastinum are normal in position.

Costophrenic angles are clear.

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

Bony thorax appears unremarkable.

Needs clinical correlation.

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

RegNo: 66718



DIAGNOSTICS REPORT

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ECHOCARDIOGRAPHY REPORT (SCREENING)

FINDINGS :

- Normal sized cardiac chambers.
- No significant wall motion abnormality at rest.
- Normal LV systolic function.
- LVEF 65 %.
- Grade I LV diastolic dysfunction.
- All cardiac valves are normal.
- IAS/IVS are intact.
- No vegetation or clot seen.
- Normal pericardium.
- No PAH.

IMPRESSION:

Good biventricular systolic function with Grade I diastolic dysfunction.

**Dr. ANKUSH DUTTA , MBBS,DIP CARD,M
RCP,FCCP**

RegNo: 55979



DIAGNOSTICS REPORT

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ELECTROCARDIOGRAM REPORT (ECG)

HR : 76 bpm
Rhythm : Sinus
P wave : Normal
PR Interval : 136 msec
QRS axis : Normal (44 Degree)
QRS duration : 86 msec
QRS configuration : Normal
T wave : Non specific changes
ST segment : Non specific changes
QTc : 450 msec
QT : 396 msec

IMPRESSION:

- Sinus rhythm. Normal QRS axis.
 - Non specific ST-T changes.
- Clinical correlation please.

**Dr.INDIRA BANERJEE , MD,DNB,FNB,M
RCPCH (UK)**

Board Certified Comprehensive
Echocardiographer (USA)

ADITI SINGHA

2311445

Female

48 years

..... cm / kg

HR 76/min

SINUS RHYTHM

Intervals:

RR 786 ms

P 90 ms

PR 136 ms

QR5 86 ms

QT 396 ms

QTc 450 ms

(Bazett)

10 mm/mV

P axis: 42°

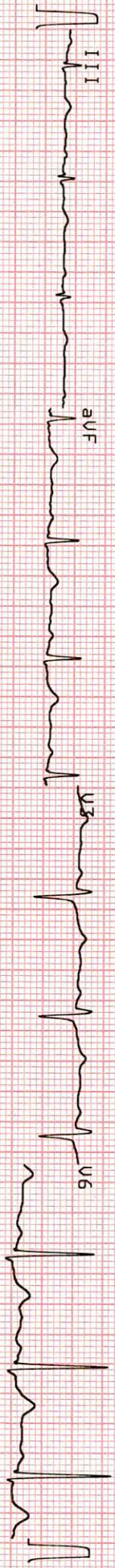
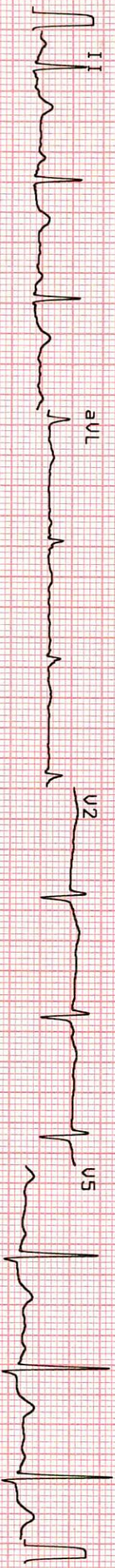
QRS 44°

T 41°

6.02

UNCONFIRMED REPORT

10 mm/mV



10 mm/mV

25 mm/s

0.05-25 Hz FS0 SSF SBS 17.05.2023

11:47:36

NARAYAN MEMORIAL HOSPITAL, BEHALA

AT-102plus 1.25 Ct

