

Name : Mr. DIPANKAR BISWAS (38 /M)

Date : 20/03/2023

Address : KALYANI,PO 2 NO,ANANDA NAGAR, NADIA, NADIA, WEST BENGAL, INDIA

Examined by:

UHID : AGHL.0001386376

Package : BARTAMAN ANNUAL HCK PACKAGE I (BELOW 50 YRS)

AHC No : AMHLAH170333



CHIEF COMPLAINTS

For corporate health checkup

PRESENT KNOWN ILLNESS

No history of - Diabetes mellitus,
Hypertension,
Dyslipidemia, Thyroid
disorder, Asthma



DRUG ALLERGY

Nil. :07/08/2018



SYSTEMIC REVIEW

Cardiovascular system

- Nil Significant

Respiratory system

- Nil Significant

Oral and dental

- Nil Significant

Gastrointestinal system

- Nil Significant

Genitourinary system

- Nil Significant

Central nervous system

- Nil Significant

Eyes

- Nil Significant

ENT

- Nil Significant

Musculoskeletal system

Spine and joints

- Nil Significant

Skin

- Nil Significant



Past medical history

Past medical history - nil significant



Personal history

Marital status - Married
No. of children - 2
Diet - Non Vegetarian
Alcohol - consumes alcohol
occasionally
Smoking - Yes
Type - Beedi
Number - 5
Frequency - daily
Chews tobacco - No
Physical activity - Sedentary



Family history

Father - alive
Mother - alive
Sisters - 2
Diabetes - father
Hypertension - father
Coronary artery
disease - none
Cancer - None

PHYSICAL EXAMINATION



General

Build - normal
Height - 167
Weight - 51
BMI - 18.29
Pallor - No
Oedema - no



Cardiovascular system

Heart rate (Per minute) - 80

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Rhythm - Regular
- B.P. Sitting
Systolic(mm of Hg) - 120
Diastolic(mm of Hg) - 88
Heart sounds - S1S2+

Respiratory system

Breath sounds - Normal vesicular breath sounds

Abdomen

Appearance - Normal
Organomegaly - No
Tenderness - No
Bowel sounds - Normal

Printed By : Benazir Begaum

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COMPLETE HAEMOGRAM PROFILE

Test Name	Result	Unit	Level	Range
Hemoglobin	15.8	g/dl	●	13.0-17.0
RBC COUNT	4.92	Million/ ul	●	4.5-5.5
Hematocrit - Hct:	47.4	%	●	41-53
MCV	96.5	fl	●	83-101
MCH	32.1 *	pg	●	27-32
MCHC	33.2	%	●	31.5-34.5
RDW	14.0	%	●	11.8-14.0
WBC Count	8000	/cu mm	●	4000-10000
Platelet Count	2.04	lacs/cu mm	●	1.5-4.0
Neutrophils	63	%	●	40-80
Lymphocytes	29	%	●	20-40
Monocytes	06	%	●	2-10
Eosinophils	02	%	●	01-06
Basophils	00	%	●	0-0
RBC:	Normocytic Normochromic cells			
Platelets:	Adequate.			
ERYTHROCYTE SEDIMENTATION RATE (ESR)	06	mm/1st hr	●	0-15

URINE ROUTINE AND MICROSCOPY

Test Name	Result	Unit	Level	Range
Volume:	40	mL		
Colour:	Pale Straw			
Appearance	Slightly Turbid			
Specific Gravity	1.005			
pH:	6.0			
Albumin:	Not Detected			
Glucose	Not Detected			
Ketone:	Not Detected			
Bile Pigments	Not Detected			
RBC	Nil	/hpf		
Pus Cells	Occasional/hpf			
Epithelial Cells	Occasional/hpf			

Casts: Not Found
 Crystals: Not Found
 Note: Biological reference interval
 RBC- 0-2/hpf
 Pus Cell - 0-5/hpf.

ALT(SGPT) - SERUM

Test Name	Result	Unit	Level	Range
ALT(SGPT) - SERUM	15	U/L	●	10-40

AST (SGOT) - SERUM

Test Name	Result	Unit	Level	Range
AST (SGOT) - SERUM	21	U/L	●	10-42

CHOLESTEROL - SERUM

Test Name	Result	Unit	Level	Range
CHOLESTEROL - SERUM	197	mg/dL	●	0-200

CREATININE - SERUM

Test Name	Result	Unit	Level	Range
CREATININE - SERUM	0.9	mg/dL	●	0.9-1.3

GLUCOSE - PLASMA (FASTING)

Test Name	Result	Unit	Level	Range
GLUCOSE - PLASMA (FASTING)	94	mg/dL	●	70-99

HDL CHOLESTEROL - SERUM

Test Name	Result	Unit	Level	Range
HDL CHOLESTEROL - SERUM	45	mg/dL	●	30-70

LDL CHOLESTEROL -SERUM

Test Name	Result	Unit	Level	Range
LDL CHOLESTEROL -SERUM	128	mg/dL	●	Optimal: <100
VLDL CHOLESTEROL - SERUM (Calculated)	24	mg/dL	●	0-35

URIC ACID - SERUM

Test Name	Result	Unit	Level	Range
URIC ACID - SERUM	4.1	mg/dL	●	3.5-7.2

BILIRUBIN SERUM - TOTAL/DIRECT

Test Name	Result	Unit	Level	Range

● Within Normal Range ● Borderline High/Low ● Out of Range

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BILIRUBIN TOTAL - SERUM	1.0	mg/dL	●	0.0-1.0
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BILIRUBIN CONJUGATED (DIRECT) - SERUM	0.2	mg/dL	●	0.0-0.2
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ECG

SINUS RHYTHM.
RSR IN V1-V2.

X-RAY CHEST PA

Normal study.



Within Normal Range



Borderline High/Low



Out of Range

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Printed By :

AHC Physician / Consultant Internal Medicine

Note :- The Health Check-up examinations and routine investigations have certain limitations and may not be able to detect all the diseases. Any new or persisting symptoms should be brought to the attention of the Consulting Physician. Additional tests, consultations and follow up may be required in some cases.