

Name : Ms. ISHITA BANERJEE (31 /F)

Date : 03/04/2023

Address :

Examined by:

UHID : AMHL.0001990534

Package : MEDI WHEEL FULL BODY HCK - FEMALE (BELOW 40 YRS WITH TMT/ECHO)

AHC No : AMHLAH171388



CHIEF COMPLAINTS

For corporate health checkup

PRESENT KNOWN ILLNESS

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



DRUG ALLERGY

NO KNOWN ALLERGY

:03/04/2023



SYSTEMIC REVIEW

Cardiovascular system

- Nil Significant

Respiratory system

- Nil Significant

Oral and dental

- Nil Significant

Gastrointestinal system

- Nil Significant

Genitourinary system

- Nil Significant

Gynaec history

Last menstrual period - 20.3.23; Periods - regular

Central nervous system

- Nil Significant

Eyes

- Nil Significant

ENT

- Nil Significant

Musculoskeletal system

Spine and joints

- Nil Significant

Skin

- fungal rash; - on medication



Past medical history

Past medical history - nil significant



Personal history

Marital status - Married

Diet - Non Vegetarian

Alcohol - does not consume alcohol

Smoking - No

Chews tobacco - No

Physical activity - Sedentary



Family history

Father - alive

Mother - alive

Sisters - 1

Diabetes - father

Hypertension - mother

Coronary artery disease - none

Cancer - None

PHYSICAL EXAMINATION



General

Build - over weight

Height - 158

Weight - 67

BMI - 26.84

Pallor - No

Oedema - no



Cardiovascular system

Heart rate (Per minute) - 72

Rhythm - Regular

- B.P. Sitting

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Systolic(mm of Hg) - 96
Diastolic(mm of Hg) - 72
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

Table with 5 columns: Test Name, Result, Unit, Level, Range. Rows include Hemoglobin, RBC COUNT, Hematocrit - Hct, MCV, MCH, MCHC, RDW, WBC Count, Platelet Count, Neutrophils, Lymphocytes, Monocytes, Eosinophils, Basophils, RBC, Platelets, and ERYTHROCYTE SEDIMENTATION RATE (ESR).

Casts: Not Found
Crystals: Not Found
Note: Biological reference interval RBC- 0-2/hpf Pus Cell - 0-5/hpf.
NOTE : - Urine protein rechecked and confirmed by sulphosalicylic acid test~Urine glucose rechecked and confirmed by Benedict's test

URINE SUGAR- FASTING(QUALITATIVE)

Table with 5 columns: Test Name, Result, Unit, Level, Range. Row: URINE GLUCOSE(FASTING) Nil

BLOOD GROUPING AND TYPING (ABO AND RH)

Table with 5 columns: Test Name, Result, Unit, Level, Range. Rows: ABO Group: O, Rh (D) Type: POSITIVE

LIVER FUNCTION TEST (PACKAGE)

Table with 5 columns: Test Name, Result, Unit, Level, Range. Rows: ALT(SGPT) - SERUM, ALBUMIN - SERUM, ALKALINE PHOSPHATASE - SERUM, AST (SGOT) - SERUM, BILIRUBIN TOTAL - SERUM

URINE ROUTINE AND MICROSCOPY

Table with 5 columns: Test Name, Result, Unit, Level, Range. Rows: Volume, Colour, Appearance, Specific Gravity, pH, Albumin, Glucose, Ketone, Bile Pigments, RBC, Pus Cells, Epithelial Cells

LIPID PROFILE TEST (PACKAGE)

Table with 5 columns: Test Name, Result, Unit, Level, Range. Row: CHOLESTEROL - SERUM

CREATININE - SERUM

Table with 5 columns: Test Name, Result, Unit, Level, Range. Row: CREATININE - SERUM

LIVER FUNCTION TEST (PACKAGE)

Table with 5 columns: Test Name, Result, Unit, Level, Range

Legend: Green dot = Within Normal Range, Yellow dot = Borderline High/Low, Red dot = Out of Range

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GGTP: GAMMA GLUTAMYL TRANSPEPTIDASE - SERUM 6 * U/L ● 7-64

TOTAL T4: THYROXINE - SERUM 13.4 µg/dL ● 5.1-14.1

GLUCOSE - PLASMA (FASTING)

Test Name Result Unit Level Range
GLUCOSE - PLASMA (FASTING) 78 mg/dL ● 70-99

HBA1C (GLYCOSYLATED HAEMOGLOBIN)-WHOLE BLOOD

Test Name Result Unit Level Range
HBA1C (GLYCOSYLATED HAEMOGLOBIN)-WHOLE BLOOD 4.9 % ●
Nondiabetic : 4 - 5.6 %
Prediabetics : 5.7 - 6.4%
Diabetes : >= 6.5%
ADA Therapeutic goal : <7%

LIPID PROFILE TEST (PACKAGE)

Test Name Result Unit Level Range
HDL CHOLESTEROL - SERUM 49 mg/dL ● 30-70
LDL CHOLESTEROL -SERUM 103 * mg/dL ● 0-100
VLDL CHOLESTEROL - SERUM (Calculated) 5 mg/dL ● 0-35

LIVER FUNCTION TEST (PACKAGE)

Test Name Result Unit Level Range
PROTEIN TOTAL - SERUM 7.4 g/dL ● 6.4-8.3
GLOBULIN: (CALCULATED) - SERUM 3.1 g/dL ● 1.8-3.6

THYROID PROFILE - I(T3,T4 AND TSH)

Test Name Result Unit Level Range
TOTAL T3: TRI IODOTHYRONINE - SERUM 1.0 ng/ml ● 0.8-2

LIPID PROFILE TEST (PACKAGE)

Test Name Result Unit Level Range
TRIGLYCERIDES - SERUM 71 mg/dL ● 0-150

THYROID PROFILE - I(T3,T4 AND TSH)

Test Name Result Unit Level Range
TSH: THYROID STIMULATING HORMONE - SERUM 3.1 µIU/mL ● 0.270-4.200

URIC ACID - SERUM

Test Name Result Unit Level Range
URIC ACID - SERUM 3.8 mg/dL ● 2.6-6.0

LIVER FUNCTION TEST (PACKAGE)

Test Name Result Unit Level Range
BILIRUBIN CONJUGATED (DIRECT) - SERUM 0.2 mg/dL ● 0.0-0.2

BUN (BLOOD UREA NITROGEN)

Test Name Result Unit Level Range
BUN (BLOOD UREA NITROGEN) 9.0 mg/dL ● 7.0-18.0

LIVER FUNCTION TEST (PACKAGE)

Test Name Result Unit Level Range
A/G - RATIO 1.4 ● 1.0-2.0

PAP SMEAR /CERVICAL SMEAR

Ref No: AG01.C2302318
SPECIMEN TYPE: Conventional cervical smear (Pap) x 1
SPECIMEN ADEQUACY: Satisfactory for evaluation with endocervical cells.
INTERPRETATION/RESULT: Negative for intraepithelial lesion or malignancy, Reactive cellular changes associated with inflammation (includes typical repair)

ECG

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

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SINUS BRADYCARDIA.
LOW VOLTAGE T WAVES.

TREADMILL TEST / STRESS TEST

STRESS TEST IS NEGATIVE FOR PROVOCABLE MYOCARDIAL ISCHAEMIA.

ULTRASOUND SCREENING WHOLE ABDOMEN

* No significant abnormality noted.

X-RAY CHEST PA

Normal study.

INVESTIGATIONS NOT DONE / NOT YET REPORTED / NOT PART OF PACKAGE(LAB,RADIOLOGY & CARDIOLOGY)

Haematology

URINE SUGAR - POST PRANDIAL (QUALITATIVE)

STOOL ROUTINE

Biochemistry

GLUCOSE - PLASMA (POST PRANDIAL)



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.