







सत्यमेव जयते

भारत सरकार

GOVERNMENT OF INDIA



सैकत अधिकारी

SAIKAT ADHIKARY

जन्म तिथि/ DOB: 25/03/1992

पुरुष / MALE



4588 3998 5229

आधार - आम आदमी का अधिकार



आधार

भारतीय विशिष्ट पहचान प्राधिकरण

UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:

Address

S/O सुकुमार अधिकारी,  
सुबसलाया, बैशाली गार्डन  
जोते शिब्रमपुर, प्स  
महेसताला बेहाला,  
महेशटाला (एम), साउथ 24  
परगानास,  
वेस्ट बंगाल - 700141

S/O Sukumar Adhikary,  
subasalaya, baishali garden  
jote shibrampur, ps  
mahestala behala,  
Maheshtala (M), South 24  
Parganas,  
West Bengal - 700141

4588 3998 5229



1800 180 1947



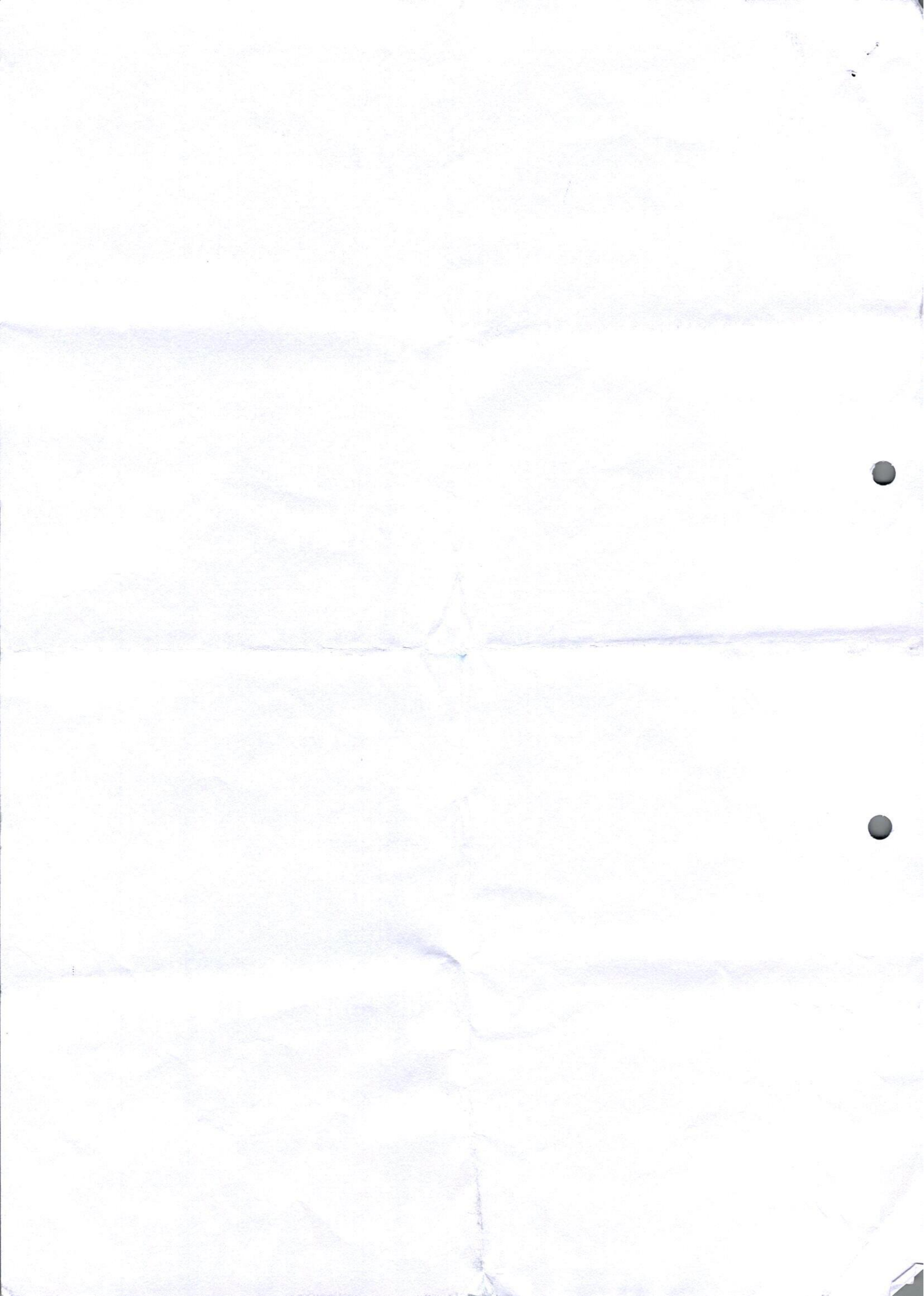
help@uidai.gov.in



www.uidai.gov.in



P.O. Box No. 1947,  
Banshalaya, New Delhi





## DIAGNOSTICS REPORT

Patient Name	: Mr. MITHUN SENAPATI	Order Date	: 29/06/2023 08:28
Age/Sex	: 36 Year(s)/Male	Report Date	: 29/06/2023 13:17
UHID	: NMHK.2314566	IP No	:
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
		Mobile	: 9007118952
Address	: F-15/5B,DTC SOUTHERH HEIGHTS, JOKA,Kolkata, West Bengal, 700104		

### ECHOCARDIOGRAPHY (SCREENING)

#### Status of Patient :

- \* No regional wall motion abnormality at rest.
- \* Good LV systolic function (EF = 66%).
- \* Good RV systolic function (TAPSE = 21 mm).
- \* Normal valve morphology.
- \* Normal LV diastolic function.
- \* No pericardial effusion.
- \* No pulmonary arterial hypertension.
- \* IVC normal diameter & > 50% respiratory variation.
- \* No thrombus, mass, vegetation seen.

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

RegNo: 55979





## DIAGNOSTICS REPORT

Hw

Patient Name	: Mr. MITHUN SENAPATI	Order Date	: 29/06/2023 08:28
Age/Sex	: 36 Year(s)/Male	Report Date	: 29/06/2023 13:11
UHID	: NMHK.2314566	IP No	:
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
		Mobile	: 9007118952
Address	: F-15/5B,DTC SOUTHERH HEIGHTS, JOKA,Kolkata, West Bengal, 700104		

### ELECTROCARDIOGRAM REPORT (ECG)

HR : 65 bpm  
Rhythm : Sinus  
P wave : Normal  
PR Interval : 152 msec  
QRS axis : Normal ( 77 Degree)  
QRS duration : 98 msec  
QRS configuration : Normal  
T wave : Non specific changes  
ST segment : Non specific changes  
QTc : 362 msec  
QT : 344 msec

#### IMPRESSION:

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

Clinical correlation please.

**Dr. MUNNA DAS , MD (MEDICINE),DM(CARDIOLOGY)**

Consultant Cardiologist

RegNo: 55696





MITHUN SENAPATI

2314566

Male

36 years

cm / kg

HR 65/min

P 46°

QRS 77°

T 37°

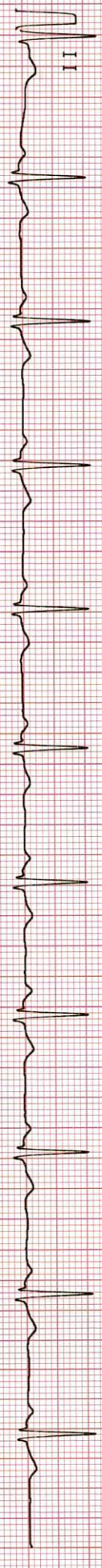
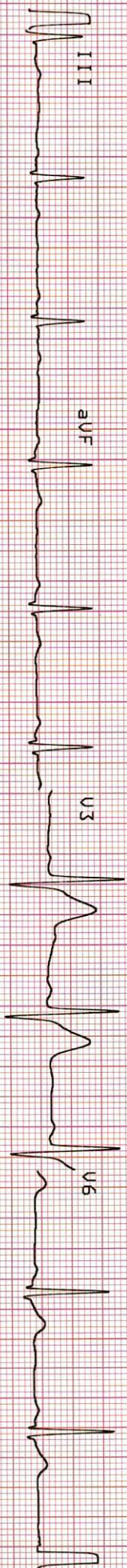
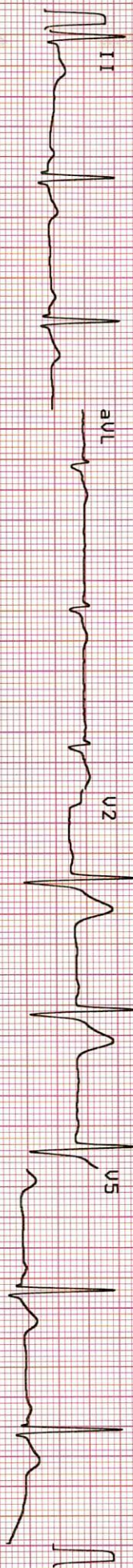
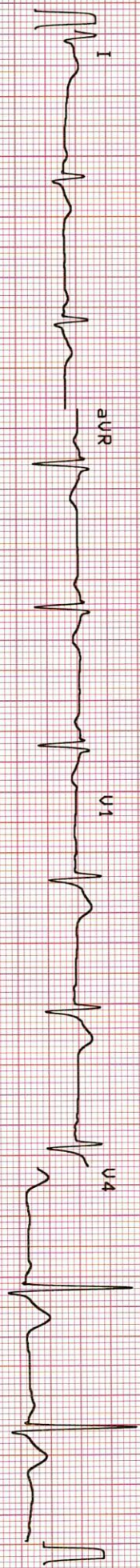
SINUS RHYTHM  
NORMAL ECG

6.02

UNCONFIRMED REPORT

Intervals:	
RR	919 ms
P	110 ms
PR	152 ms
QRS	98 ms
QT	344 ms
QTc	362 ms (Bazett)
P (II)	0.10 mV
S (V1)	-0.67 mV
R (V5)	1.81 mV
Sokol.	2.78 mV

10 mm/mV



10 mm/mV

25 mm/s

0.05-25 Hz F50 SSF 5BS 29.06.2023 11:22:12

NARAYAN MEMORIAL  
HOSPITAL, BEHRLA

AT-102plus 1.25 Ct

SCHILLER

Part No.2.157017M © 0123

L8D



## LABORATORY INVESTIGATION REPORT

<b>Patient Name</b> : Mr. SAIKAT ADHIKARY	<b>Age/Sex</b> : 31 Year(s)/Male
<b>UHID</b> : NMHK.2314569	<b>Order Date</b> : 29/06/2023 08:45
<b>Episode</b> : OP	
<b>Ref. Doctor</b> : NMH	<b>Mobile No</b> : 8696889406
	<b>DOB</b> : 25/03/1992
<b>Address</b> : SUBASALAYA BAISHALI GARDEN JOTE SHIBRAMPUR , Kolkata, West Bengal ,700141	<b>Facility</b> : NARAYAN MEMORIAL HOSPITAL

### Hematology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0122585	Collection Date : 29/06/23 09:07	Ack Date : 29/06/2023 09:54	Report Date : 29/06/23 13:41

#### BLOOD GROUPING & Rh TYPING

Sample- EDTA Whole Blood

##### SAMPLE : EDTA BLOOD

BLOOD GROUP

'O'

Agglutination forward & Reverse

RH TYPE

POSITIVE

#### COMPLETE HAEMOGRAM ( CBC )

Sample- EDTA Whole Blood

##### SAMPLE : EDTA BLOOD

HAEMOGLOBIN (HB)

15.5

gm/dl

13 - 17

Colorimetric method (Cyn Meth)

RBC COUNT

4.7

$\times 10^6/\mu\text{l}$

4.5 - 5.5

Electrical Impedance Method

TOTAL WBC COUNT

7.2

$10^3/\text{cm}^3$

4 - 10

m

Electrical Impedance Method

PLATELET COUNT

220

$10^3/\text{cm}^3$

150 - 410

m

Electrical Impedance Method

PCV

47

%

40 - 50

RBC pulse ht. detection method

MCV

100

fL

83 - 101

calculated

MCH

33 ▲

pg

27 - 32

Calculated

MCHC

33

gm/dl

31.5 - 34.5

Calculated

ESR

05

%

0 - 10

Modified Westergren Method

##### DIFFERENTIAL COUNT





## LABORATORY INVESTIGATION REPORT

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**Facility** : NARAYAN MEMORIAL HOSPITAL

NEUTROPHILS	55	%	40 - 80
<i>Microscopy</i>			
LYMPHOCYTES	39	%	20 - 40
<i>Microscopy</i>			
MONOCYTES	05	%	2 - 10
<i>Microscopy</i>			
EOSINOPHILS	01	%	1 - 6
<i>Microscopy</i>			
BASOPHILS	00	%	0 - 2
<i>Microscopy</i>			

### **PERIPHERAL BLOOD SMEAR**

RBC

Normocytic normochromic.

WBC

Within normal limits.

PLATELET

Adequate.

End of Report

*Angkita K. Ghosh*

**Dr. ANGKITA K. GHOSH**  
**MBBS, MD(PATH)**  
(CONSULTANT PATHOLOGIST)

RegNo: 82734

Checked By





## LABORATORY INVESTIGATION REPORT

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**UHID** : NMHK.2314569  
**Episode** : OP  
**Ref. Doctor** : NMH  
**Address** : SUBASALAYA BAISHALI GARDEN JOTE SHIBRAMPUR ,  
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**Age/Sex** : 31 Year(s)/Male  
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**Facility** : NARAYAN MEMORIAL HOSPITAL

### Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0122585	Collection Date : 29/06/23 09:07	Ack Date : 29/06/2023 09:51	Report Date : 29/06/23 12:19

#### BUN / CREATINE RATIO

Sample- Serum

#### SAMPLE : SERUM

BUN / CREATINE RATIO

10.0

End of Report

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

Checked By







## LABORATORY INVESTIGATION REPORT

<b>Patient Name</b> : Mr. SAIKAT ADHIKARY	<b>Age/Sex</b> : 31 Year(s)/Male
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### Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0122585	Collection Date : 29/06/23 09:07	Ack Date : 29/06/2023 09:51	Report Date : 29/06/23 12:19

#### SERUM CREATININE

Sample- Serum

##### SAMPLE : SERUM

SERUM CREATININE 1.0 mg/dl 0.7 - 1.2

*Jaffe Gen2 Compensated*

#### LIVER FUNCTION TEST ( LFT )

Sample- Serum

##### SAMPLE : SERUM

TOTAL BILIRUBIN 1.1 mg/dl 0 - 1.1

*Diazo Method*

DIRECT BILIRUBIN 0.3 ▲ mg/dl 0 - 0.2

*Diazo Method*

INDIRECT BILIRUBIN 0.8 mg/dl 0.2 - 0.9

*Calculated*

SGPT (ALT) 41 ▲ U/L 0 - 34

*IFCC Without Pyridoxal Phosphate*

SGOT (AST) 33 ▲ U/L 0 - 31

*IFCC Without Pyridoxal Phosphate*

ALKALINE PHOSPHATASE 87 U/L 53 - 128

*IFCC*

TOTAL PROTEIN 7.4 g/dl 6.4 - 8.2

*Biuret*

ALBUMIN 5.0 gm/dl 3.5 - 5.2

*Bromocresol Green*

GLOBULIN 2.4 g/dl 2 - 3.5

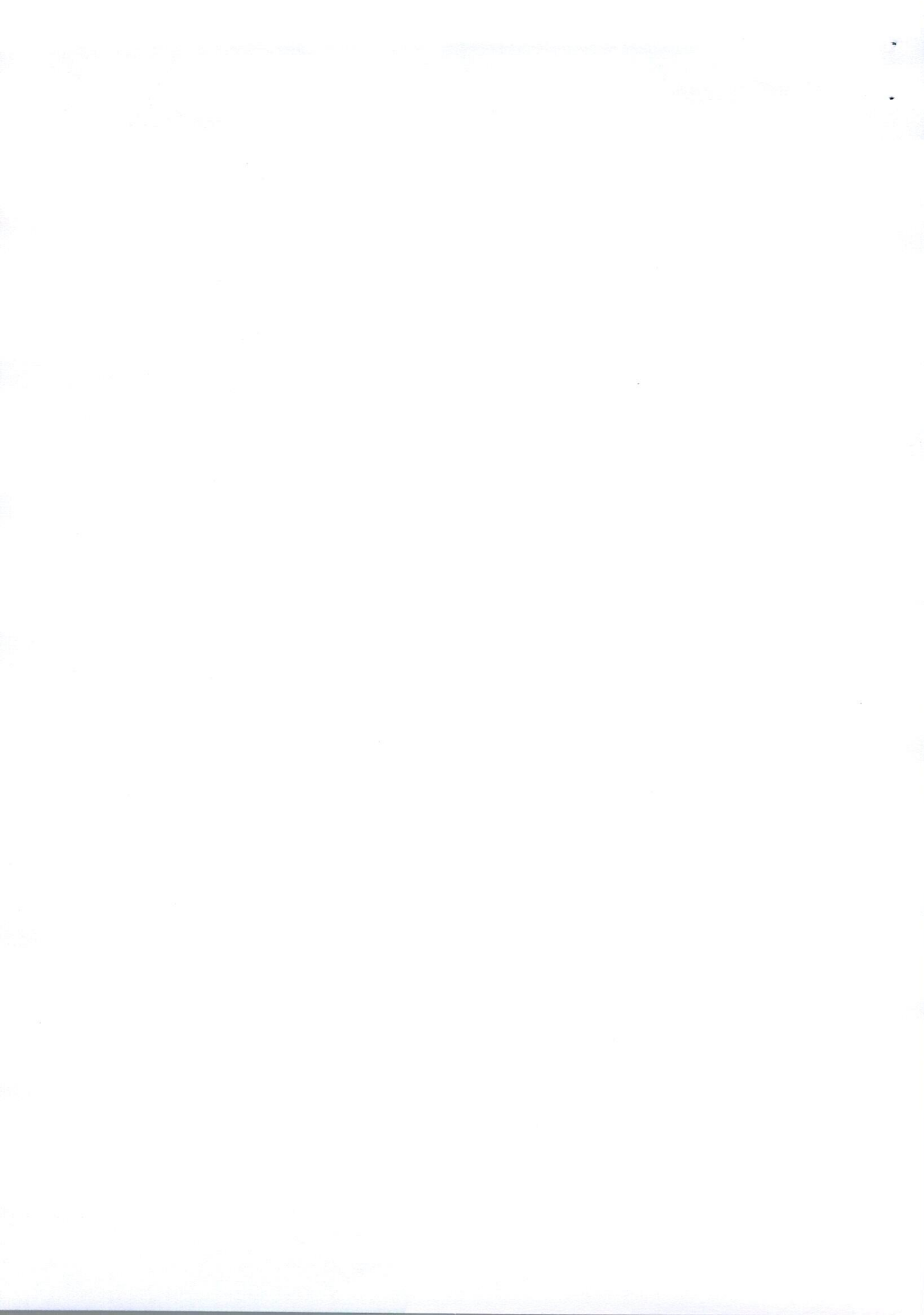
*Calculated*

ALBUMIN:GLOBULIN 2.1 - 1.1 - 2.5

*Calculated*

GGT 26 U/L 8 - 61

*Enzymatic colorimetric assay*





## LABORATORY INVESTIGATION REPORT

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### BLOOD UREA NITROGEN

Sample- Serum

BLOOD UREA NITROGEN 10 mg/dl 6 - 20

Calculated

### LIPID PROFILE

Sample- Serum

#### SAMPLE : SERUM

TOTAL CHOLESTEROL 227 mg/dl Desirable <200 |  
Borderline 200-239 |  
High >=240

CHOD-PAP

HDL CHOLESTEROL 49 mg/dl 40 - 60

Homogenous Enzymatic Colorimetric

LDL CHOLESTEROL 149 mg/dl Optimal < 100 |  
Borderline 130 - 159  
| High >160

Homogenous Enzymatic Colorimetric

VLDL 39 ▲ mg/dl 0 - 30

CALCULATED

CHOLESTEROL-HDL RATIO 4.63 -

LDL-HDL RATIO 3.04 -

TRIGLYCERIDES 198 mg/dl Desirable <150 |  
Borderline 150 - 200  
| High >200

Enzymatic Colorimetric

### URIC ACID

Sample- Serum

#### SAMPLE : SERUM

URIC ACID 7.5 ▲ mg/dl 3.4 - 7

Enzymatic Colorimetric

### GLYCOSYLATED HAEMOGLOBIN (HBA1C)

Sample- EDTA Whole Blood A

#### SAMPLE : EDTA BLOOD

HBA1C 5.1



## LABORATORY INVESTIGATION REPORT

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**Age/Sex** : 31 Year(s)/Male  
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**Mobile No** : 8696889406  
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### 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.

### BLOOD SUGAR(F)

Sample- Plasma

#### SAMPLE : PLASMA

BLOOD SUGAR FASTING 101 mg/dl 70 - 109

Hexokinase

### BLOOD SUGAR(PP)

Sample- Plasma

#### SAMPLE : PLASMA

BLOOD SUGAR PP 90 mg/dl 70.00 - 140.00

Hexokinase

End of Report



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



## LABORATORY INVESTIGATION REPORT

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**UHID** : NMHK.2314569 **Order Date** : 29/06/2023 08:45  
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Kolkata, West Bengal , 700141 **Facility** : NARAYAN MEMORIAL HOSPITAL

### Immunology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0122585	Collection Date : 29/06/23 09:07	Ack Date : 29/06/2023 09:51	Report Date : 29/06/23 16:24

#### THYROID FUNCTION TEST

Sample-

Serum

##### SAMPLE : SERUM

T3	1.34	ng/ml	0.60 - 1.80
ECLIA			
T4	7.99	ug/dL	5.40 - 11.70
ECLIA			
TSH	2.09	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







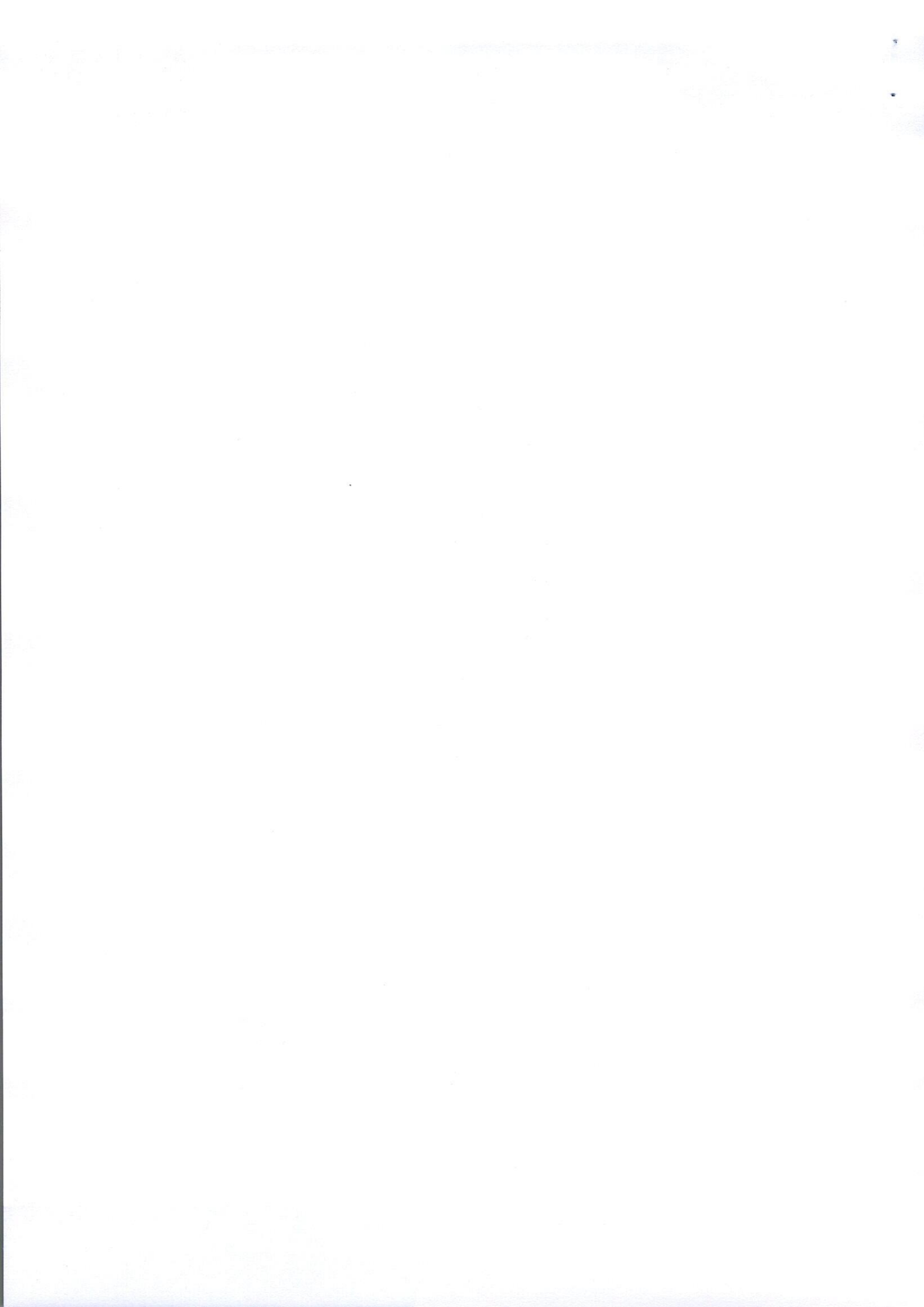


## LABORATORY INVESTIGATION REPORT

<b>Patient Name</b>	: Mr. SAIKAT ADHIKARY	<b>Age/Sex</b>	: 31 Year(s)/Male
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**Dr.S. Chatterjee**  
**MD, MBBS, FAACC**  
(CONSULTANT BIOCHEMIST)

Checked By





## LABORATORY INVESTIGATION REPORT

**Patient Name** : Mr. SAIKAT ADHIKARY **Age/Sex** : 31 Year(s)/Male  
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,Kolkata,West Bengal ,700141 **Facility** : NARAYAN MEMORIAL HOSPITAL

### Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0122585	Collection Date : 29/06/23 09:07	Ack Date : 29/06/2023 11:40	Report Date : 29/06/23 12:34

#### URINE FOR R/E

Sample- Urine

#### **SAMPLE : URINE**

#### **PHYSICAL EXAMINATION**

VOLUME	40	ml	
COLOUR	STRAW		
APPEARANCE	CLEAR		
SPECIFIC GRAVITY	1.015		1.010 - 1.030
REACTION(pH)	ACIDIC (pH - 6.0)		

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

Please correlate clinically.

End of Report

*Angkita K. Ghosh*





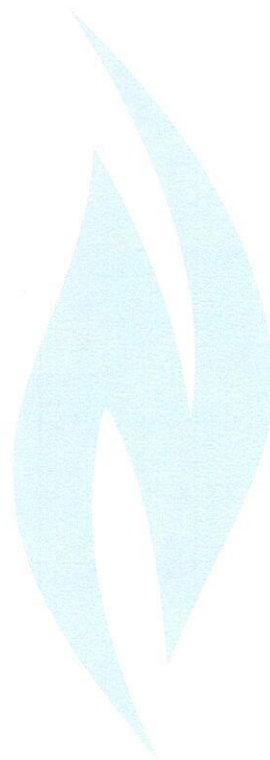
## LABORATORY INVESTIGATION REPORT

<b>Patient Name</b>	: Mr. SAIKAT ADHIKARY	<b>Age/Sex</b>	: 31 Year(s)/Male
<b>UHID</b>	: NMHK.2314569	<b>Order Date</b>	: 29/06/2023 08:45
<b>Episode</b>	: OP	<b>Mobile No</b>	: 8696889406
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**Dr.ANGKITA K. GHOSH**  
**MBBS, MD(PATH)**  
(CONSULTANT PATHOLOGIST)

RegNo: 82734

Checked By







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### Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0122585	Collection Date : 29/06/23 09:07	Ack Date : 29/06/2023 11:40	Report Date : 29/06/23 16:24

#### URINE FOR SUGAR FASTING

Sample- Urine

#### SAMPLE : URINE

RESULT

ABSENT

End of Report

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

Checked By







## LABORATORY INVESTIGATION REPORT

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### Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0122617	Collection Date : 29/06/23 12:29	Ack Date : 29/06/2023 15:37	Report Date : 29/06/23 16:24

#### URINE FOR SUGAR PP

Sample- Urine

#### **SAMPLE : URINE**

RESULT

ABSENT

End of Report

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

Checked By





## DIAGNOSTICS REPORT

Patient Name	: Mr. SAIKAT ADHIKARY	Order Date	: 29/06/2023 08:45
Age/Sex	: 31 Year(s)/Male	Report Date	: 29/06/2023 12:03
UHID	: NMHK.2314569	IP No	:
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### USG REPORT OF WHOLE ABDOMEN (SCREENING)

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

**PORTA :PV** : Normal. PV measures 0.9 cm.

**CD** : Normal. CD measures 0.4 cm.

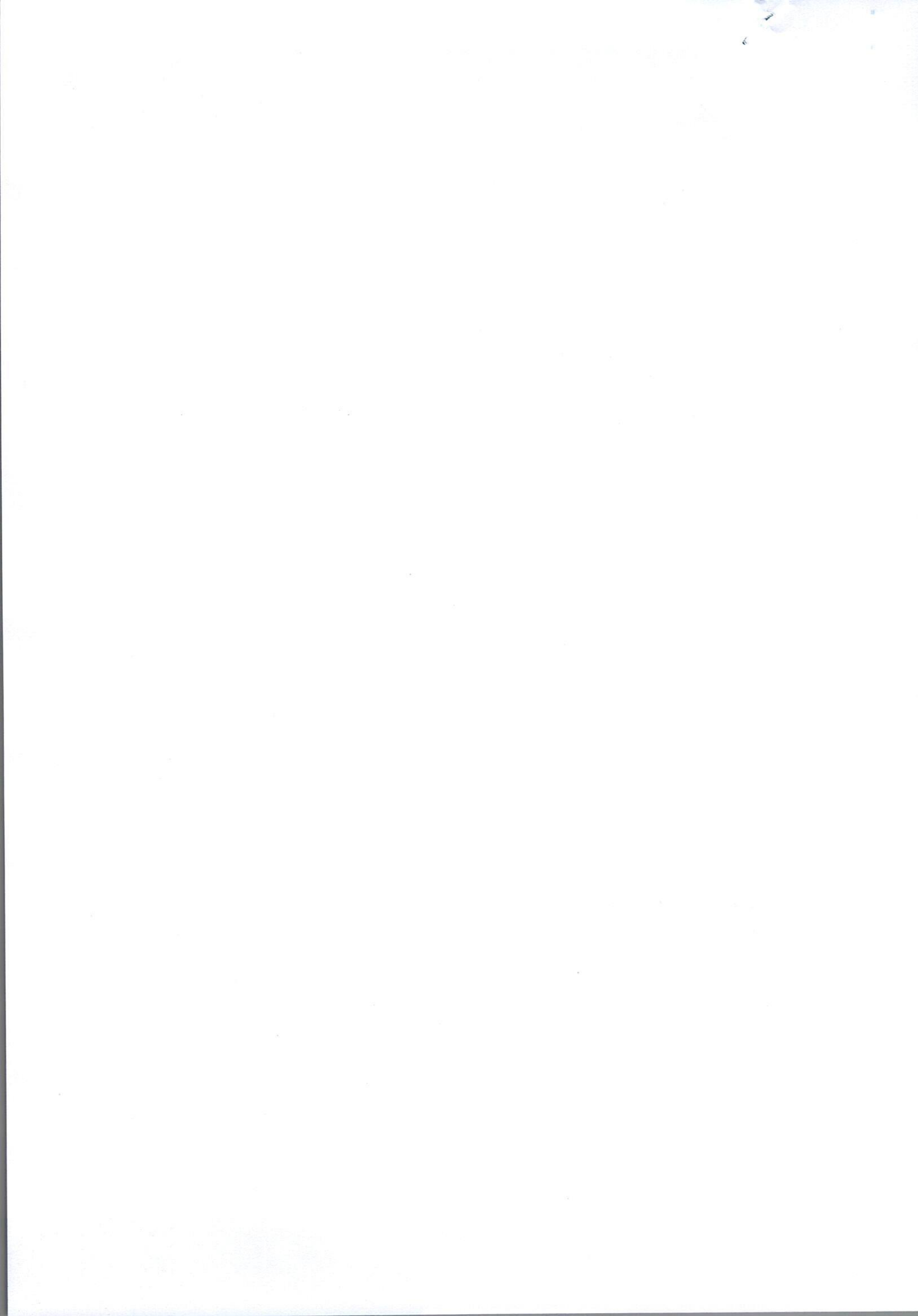
**GALL BLADDER** :Gall bladder is normal in size, contour, outline and position. No calculus is seen. Wall thickness is normal. **Small echogenic polyps (2-3 mm approx) are noted attached to GB walls.**

**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. Corticomedullary differentiation maintained. No evidence of any calculus/ mass / hydronephrosis is seen. Right kidney measures : 10.8 cm & Left kidney measures : 10.6 cm.

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





## DIAGNOSTICS REPORT

Patient Name	: Mr. SAIKAT ADHIKARY	Order Date	: 29/06/2023 08:45
Age/Sex	: 31 Year(s)/Male	Report Date	: 29/06/2023 12:03
UHID	: NMHK.2314569	IP No	:
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
		Mobile	: 8696889406
Address	: SUBASALAYA BAISHALI GARDEN JOTE SHIBRAMPUR, ,Kolkata, West Bengal, 700141		

**POST VOID BLADDER** : No significant residual urine is seen.

**PROSTATE** : Prostate is normal size, outline and echotexture appear normal. No focal lesion is seen. Prostate measures 3.2 cm x 3.8 cm x 3.1 cm. It weight approx 20 gm.

**PERITONEUM** : : No free fluid is noted.

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

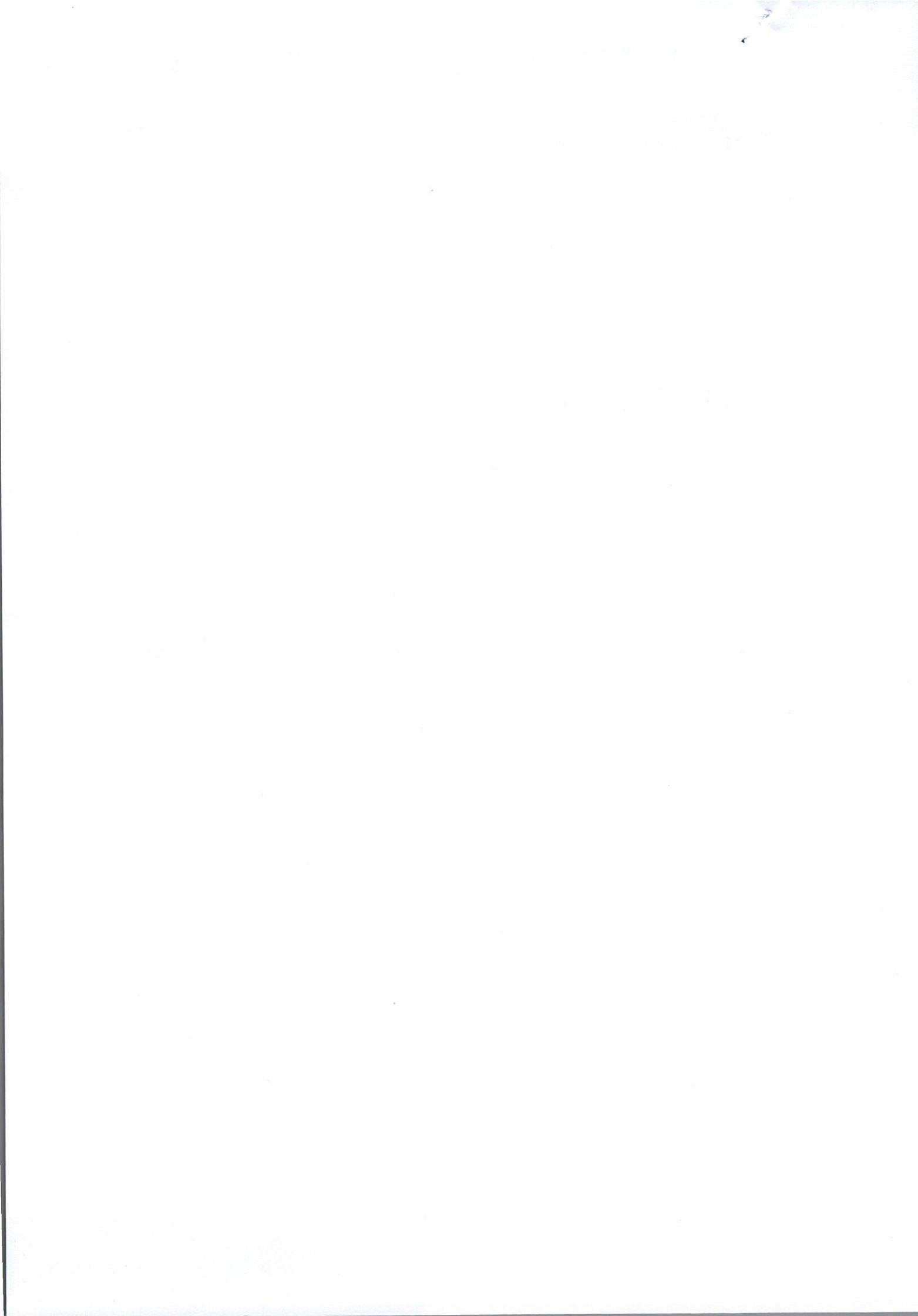
### IMPRESSION :

- Mild fatty changes in liver.
- Few small GB polyps.

Dr.MADHUSHREE RAY NASKAR, MBBS  
,DMRD

Consultant Radiologist

RegNo: 57032





## DIAGNOSTICS REPORT

Patient Name	: Mr. SAIKAT ADHIKARY	Order Date	: 29/06/2023 08:45
Age/Sex	: 31 Year(s)/Male	Report Date	: 29/06/2023 13:16
UHID	: NMHK.2314569	IP No	:
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
		Mobile	: 8696889406
Address	: SUBASALAYA BAISHALI GARDEN JOTE SHIBRAMPUR, ,Kolkata, West Bengal, 700141		

### ECHOCARDIOGRAPHY (SCREENING)

#### Status of Patient :

- \* No regional wall motion abnormality at rest.
- \* Good LV systolic function (EF = 68%).
- \* Good RV systolic function (TAPSE = 21 mm).
- \* Normal valve morphology.
- \* Normal LV diastolic function.
- \* No pericardial effusion.
- \* No pulmonary arterial hypertension.
- \* IVC normal diameter & > 50% respiratory variation.
- \* No thrombus, mass, vegetation seen.

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

RegNo: 55979







## DIAGNOSTICS REPORT

Hw

Patient Name	: Mr. SAIKAT ADHIKARY	Order Date	: 29/06/2023 08:45
Age/Sex	: 31 Year(s)/Male	Report Date	: 29/06/2023 13:16
UHID	: NMHK.2314569	IP No	:
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
		Mobile	: 8696889406
Address	: SUBASALAYA BAISHALI GARDEN JOTE SHIBRAMPUR, ,Kolkata, West Bengal, 700141		

### ELECTROCARDIOGRAM REPORT (ECG)

HR	: 68 bpm
Rhythm	: Sinus
P wave	: Normal
PR Interval	: 136 msec
QRS axis	: Normal (28 Degree)
QRS duration	: 94 msec
QRS configuration	: Normal
T wave	: Non specific changes
ST segment	: Non specific changes
QTc	: 400 msec
QT	: 376 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)



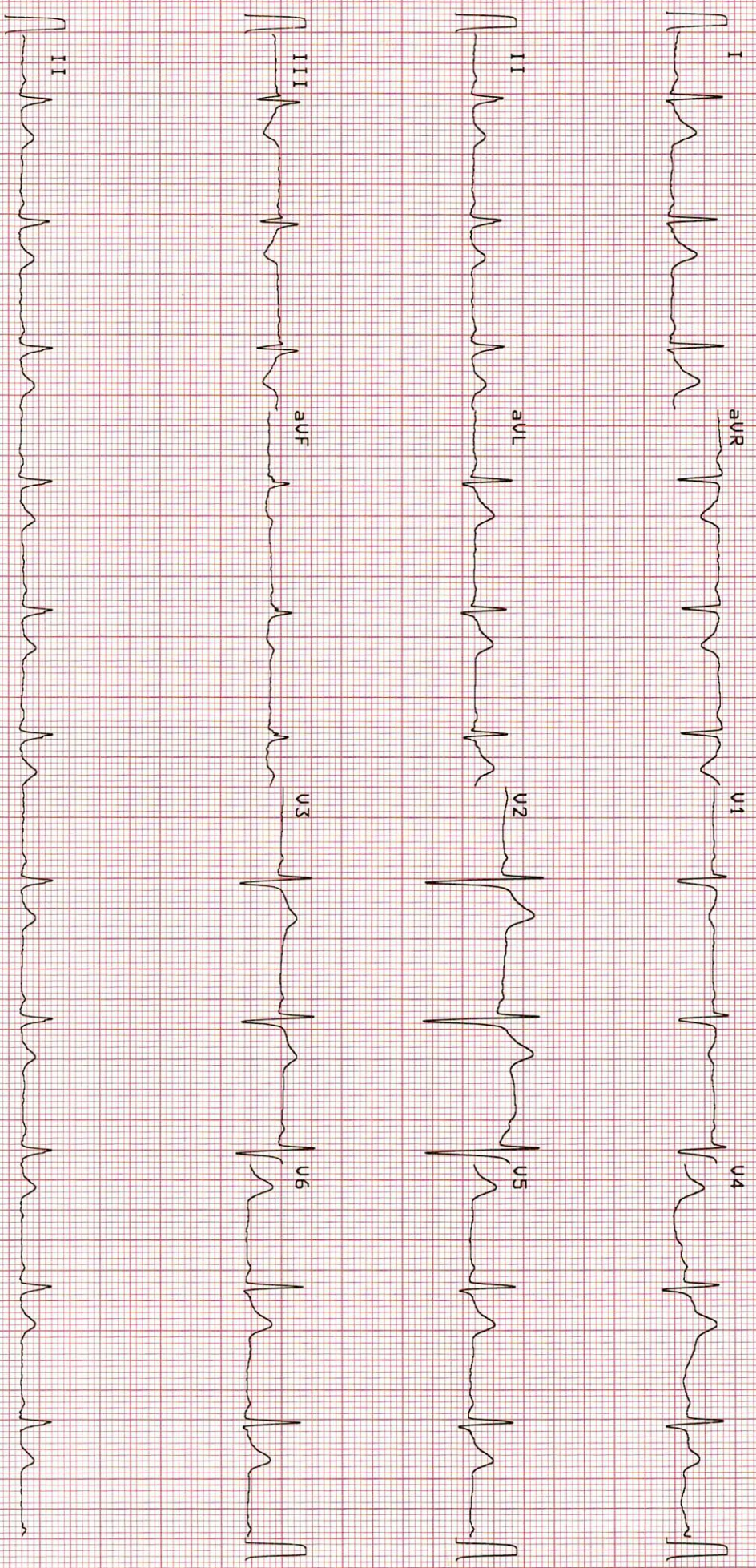
SRIKANT ADHIKARY  
2314569  
31 years  
Male  
kg

HR 68/min  
Intervals:  
RR 888 ms  
P 86 ms  
PR 136 ms  
QRS 94 ms  
QT 376 ms  
QTc 400 ms  
(Bazett)  
10 mm/mV

Axis:  
P 0°  
QRS 28°  
T 1°  
P (I) 0.06 mV  
S (V1) -0.70 mV  
R (V5) 0.85 mV  
Sokol. 2.61 mV

SINUS RHYTHM  
T ABNORMALITY IN INFERIOR LEADS  
6.02

UNCONFIRMED REPORT



10 mm/mV

25 mm/s  
2 mm/mV

0.05-25 Hz F50 SSF 585 29.06.2023 11:26:52

NARAYAN MEMORIAL  
HOSPITAL, BEHRLA

PT-1020 US 1.25 CI

SCHILLER

Part No.2.157017M

LB0





## DIAGNOSTICS REPORT

Patient Name	: Mr. SAIKAT ADHIKARY	Order Date	: 29/06/2023 08:45
Age/Sex	: 31 Year(s)/Male	Report Date	: 29/06/2023 12:41
UHID	: NMHK.2314569	IP No	:
Ref. Doctor	: NMH	Facility	: NARAYAN MEMORIAL HOSPITAL
		Mobile	: 8696889406
Address	: SUBASALAYA BAISHALI GARDEN JOTE SHIBRAMPUR, ,Kolkata, West Bengal, 700141		

### X-RAY CHEST PA VIEW

No active lung parenchymal lesion is seen.

Both hila are normal in position, size and density.

**Cardio thoracic ratio is mildly increased - to be correlated with echocardiography.**

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 .

**Needs clinical correlation.**

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

RegNo: 66718

