

### CHECK LIST

NAME		PATHOLOGY/PP
OP		ECG/PFT
AGE		ECHO/TMT
DATE		USG / CXR
PACKAGE		URINE / STOOL
REFERRED BY		MAMMO/ PAP
HT	186.3cm	EYE/ DENTAL
WT	85kg	GP CONSULTATION
BP	120/80mmHg	DIETITION
PULSE	105	CARDIOLOGIST
WAIST	93.5cm	GYNECOLOGIST
HIP	103.5cm	DENTAL
RESPIRATORY RATE		
CHEST (INHALE)	99cm	
CHEST (EXHALE)	98cm	
ABDOMEN	91.5cm	

$SpO_2$  - 96%



ভারত সরকার

Government of India



RUPAM PRADHAN

পিতা : তারাপদ প্রাধান

Father : TARAPADA PRADHAN

জন্মতারিখ / DOB: 02/04/1989

পুরুষ / Male



7697 2673 2519

আধার - সাধারণ মানুষের অধিকার



ভারতীয় বাসস্থান পরিচয় প্রাধিকরণ  
Unique Identification Authority of India

ঠিকানা: বি/সেক্টর  
হলদিয়া (এম), হলদিয়া টাউনশিপ  
পূর্ব মেদিনীপুর, পশ্চিম বঙ্গ,  
721607

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Rupam Pradhan



## LABORATORY INVESTIGATION REPORT

<b>Patient Name</b> : Mr. RUPAM PRADHAN	<b>Age/Sex</b> : 33 Year(s) / Male
<b>UHID</b> : NMHK.2308812	<b>Order Date</b> : 14/04/2023 08:38
<b>Episode</b> : OP	
<b>Ref. Doctor</b> : NMH	<b>Mobile No</b> : 9475262403
	<b>DOB</b> : 01/01/1990
<b>Address</b> : HALDIA TOWNSHIP , ,Midnapore,West Bengal ,7 2160	<b>Facility</b> : NARAYAN MEMORIAL HOSPITAL

### Immunology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
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Sample No : 07H0111523      Collection Date : 14/04/23 09:03      Ack Date : 14/04/2023 10:37      Report Date : 14/04/23 13:05

#### BLOOD GROUPING & Rh TYPING

##### SAMPLE : EDTA BLOOD

BLOOD GROUP : ' O '      Method - Agglutinationforward & Reverse

RH TYPE : POSITIVE

#### THYROID FUNCTION TEST

##### SAMPLE : SERUM

T3	1.14	ng/ml	0.6 - 1.8
Method - ECLIA			
T4	9.33	ug/dL	5.4 - 11.7
Method - ECLIA			
TSH	4.45	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 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 (triglycerid es< 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).



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2160

**Age/Sex** : 33 Year(s) / Male

**Order Date** : 14/04/2023 08:38

**Mobile No** : 9475262403

**DOB** : 01/01/1990

**Facility** : NARAYAN MEMORIAL HOSPITAL

End of Report

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

Checked By

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

RegNo: 82734



## LABORATORY INVESTIGATION REPORT

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### Hematology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0111523	Collection Date : 14/04/23 09:03	Ack Date : 14/04/2023 10:37	Report Date : 14/04/23 14:30
<b>COMPLETE HAEMOGRAM ( CBC )</b>			
<b><u>SAMPLE : EDTA BLOOD</u></b>			
HAEMOGLOBIN (HB)	14.0	gm/dl	13 - 17
<i>Method - Colorimetric method (Cyn Meth)</i>			
RBC COUNT	5.0	x10 <sup>6</sup> /ul	4.5 - 5.5
<i>Method - Electrical Impedance Method</i>			
TOTAL WBC COUNT	5.6	10 <sup>3</sup> /cmm	4 - 10
<i>Method - Electrical Impedance Method</i>			
PLATELET COUNT	210	10 <sup>3</sup> /cmm	150 - 410
<i>Method - Electrical Impedance Method</i>			
PCV	43	%	40 - 50
<i>Method - RBC pulse ht. detection method</i>			
MCV	85	fl	83 - 101
<i>Method - calculated</i>			
MCH	28	pg	27 - 32
<i>Method - Calculated</i>			
MCHC	33	gm/dl	31.5 - 34.5
<i>Method - Calculated</i>			
ESR	05	%	0 - 10
<i>Method - Modified Westergren Method</i>			
<b><u>DIFFERENTIAL COUNT</u></b>			
NEUTROPHILS	61	%	40 - 80
<i>Method - Microscopy</i>			
LYMPHOCYTES	35	%	20 - 40
<i>Method - Microscopy</i>			
MONOCYTES	03	%	2 - 10
<i>Method - Microscopy</i>			



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2160

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EOSINOPHILS 01 % 1 - 6  
*Method - Microscopy*

BASOPHILS 00 % 0 - 2  
*Method - Microscopy*

### 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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### Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0111523	Collection Date : 14/04/23 09:03	Ack Date : 14/04/2023 10:52	Report Date : 14/04/23 19:16
<b>SERUM CREATININE</b>			
<b>SAMPLE : SERUM</b>			
SERUM CREATININE	0.9	mg/dl	0.7 - 1.2
<i>Method - Jaffe Gen2 Compensated</i>			
<b>LIVER FUNCTION TEST ( LFT )</b>			
<b>SAMPLE : SERUM</b>			
TOTAL BILIRUBIN	0.4	mg/dl	0 - 1.1
<i>Method - Diazo Method</i>			
DIRECT BILIRUBIN	0.2	mg/dl	0 - 0.2
<i>Method - Diazo Method</i>			
INDIRECT BILIRUBIN	0.2	mg/dl	0.2 - 0.9
<i>Method - Calculated</i>			
SGPT (ALT)	31	U/L	0 - 34
<i>Method - IFCC Without Pyridoxal Phosphate</i>			
SGOT (AST)	19	U/L	0 - 31
<i>Method - IFCC Without Pyridoxal Phosphate</i>			
ALKALINE PHOSPHATASE	98	U/L	53 - 128
<i>Method - IFCC</i>			
TOTAL PROTEIN	7.4	g/dl	6.4 - 8.2
<i>Method - Biuret</i>			
ALBUMIN	5.0	gm/dl	3.5 - 5.2
<i>Method - Bromocresol Green</i>			
GLOBULIN	2.4	g/dl	2 - 3.5
<i>Method - Calculated</i>			
ALBUMIN:GLOBULIN	2.1	-	1.1 - 2.5
<i>Method - Calculated</i>			
GGT	16	U/L	8 - 61



## LABORATORY INVESTIGATION REPORT

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Method - Enzymatic colorimetric assay

### BLOOD UREA NITROGEN

BLOOD UREA NITROGEN 10 mg/dl 6 - 20

Method - Calculated

### LIPID PROFILE

#### SAMPLE : SERUM

TOTAL CHOLESTEROL 192 mg/dl Desirable <200 | Borderline 200-239 | High >=240

Method - CHOD-PAP

HDL CHOLESTEROL 52 mg/dl 40 - 60

Method - Homogenous Enzymatic Colorimetric

LDL CHOLESTEROL 115 mg/dl Optimal < 100 | Borderline 130

Method - Homogenous Enzymatic Colorimetric

VLDL 25 mg/dl 0 - 30

Method - CALCULATED

CHOLESTEROL-HDL RATIO 3.69 -

LDL-HDL RATIO 2.21 -

TRIGLYCERIDES 141 mg/dl Desirable <150 | Borderline 150 - 200 | High >200

Method - Enzymatic Colorimetric

### URIC ACID

#### SAMPLE : SERUM

URIC ACID 7.2 ▲ mg/dl 3.4 - 7

Method - Enzymatic Colorimetric

### BUN / CREATINE RATIO<sup>a</sup>

#### SAMPLE : SERUM

BUN / CREATINE RATIO 11.1

Sample No : 07H0111523A Collection Date : 14/04/23 09:03 Ack Date : 14/04/2023 15:13 Report Date : 14/04/23 19:16

### GLYCOSYLATED HAEMOGLOBIN (HBA1C)



## LABORATORY INVESTIGATION REPORT

**Patient Name** : Mr. RUPAM PRADHAN **Age/Sex** : 33 Year(s) / Male  
**UHID** : NMHK.2308812 **Order Date** : 14/04/2023 08:38  
**Episode** : OP  
**Ref. Doctor** : NMH **Mobile No** : 9475262403  
**Address** : HALDIA TOWNSHIP , ,Midnapore,West Bengal ,7 **DOB** : 01/01/1990  
2160 **Facility** : NARAYAN MEMORIAL HOSPITAL

### SAMPLE : EDTA BLOOD

HBA1C 5.9

#### 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.

Sample No : 07H0111523B Collection Date : 14/04/23 09:03 Ack Date : 14/04/2023 10:53 Report Date : 14/04/23 19:16

### BLOOD SUGAR(PP)

#### SAMPLE : PLASMA

BLOOD SUGAR PP 99 mg/dl 70 - 140

Method - Hexokinase

Sample No : 07H0111574B Collection Date : 14/04/23 12:45 Ack Date : 14/04/2023 13:31 Report Date : 14/04/23 19:16

### BLOOD SUGAR(F)

#### SAMPLE : PLASMA

BLOOD SUGAR FASTING 90 mg/dl 70.00 - 109.00

Method - Hexokinase

End of Report





## LABORATORY INVESTIGATION REPORT

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**Episode** : OP

**Ref. Doctor** : NMH

**Address** : HALDIA TOWNSHIP , ,Midnapore,West Bengal ,7  
2160

**Age/Sex** : 33 Year(s) / Male

**Order Date** : 14/04/2023 08:38

**Mobile No** : 9475262403

**DOB** : 01/01/1990

**Facility** : NARAYAN MEMORIAL HOSPITAL

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

Checked By





## LABORATORY INVESTIGATION REPORT

<b>Patient Name</b> : Mr. RUPAM PRADHAN	<b>Age/Sex</b> : 33 Year(s) / Male
<b>UHID</b> : NMHK.2308812	<b>Order Date</b> : 14/04/2023 08:38
<b>Episode</b> : OP	<b>Mobile No</b> : 9475262403
<b>Ref. Doctor</b> : NMH	<b>DOB</b> : 01/01/1990
<b>Address</b> : HALDIA TOWNSHIP , ,Midnapore,West Bengal ,7 2160	<b>Facility</b> : NARAYAN MEMORIAL HOSPITAL

### Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0111523	Collection Date : 14/04/23 09:03	Ack Date : 14/04/2023 12:55	Report Date : 14/04/23 19:34

#### URINE FOR R/E

##### SAMPLE : URINE

##### PHYSICAL EXAMINATION

VOLUME	40	ml	
COLOUR	PALE YELLOW		
APPEARANCE	SLIGHTLY HAZY		
SPECIFIC GRAVITY	1.010		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	1-2/HPF	<5/HPF
EPITHELIAL CELLS	1-2/HPF	<20/HPF
RBC	ABSENT	
CAST	ABSENT	ABSENT
CRYSTAL	ABSENT	ABSENT

Please correlate clinically.

#### URINE FOR SUGAR FASTING<sup>a</sup>

##### SAMPLE : URINE

RESULT ABSENT

Sample No : 07H0111574	Collection Date : 14/04/23 12:45	Ack Date : 14/04/2023 16:38	Report Date : 14/04/23 19:16
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#### URINE FOR SUGAR PP



## LABORATORY INVESTIGATION REPORT

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**Address** : HALDIA TOWNSHIP , ,Midnapore,West Bengal ,7  
2160

**Age/Sex** : 33 Year(s) / Male

**Order Date** : 14/04/2023 08:38

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**DOB** : 01/01/1990

**Facility** : NARAYAN MEMORIAL HOSPITAL

### SAMPLE : URINE

RESULT

ABSENT

End of Report

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

Checked By

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



## DIAGNOSTICS REPORT

Patient Name	: Mr. RUPAM PRADHAN	Order Date	: 14/04/2023 08:38
Age/Sex	: 33 Year(s)/Male	Report Date	: 14/04/2023 16:33
UHID	: NMHK.2308812	IP No	:
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Address	: HALDIA TOWNSHIP, Midnapore, West Bengal, 72160	Mobile	: 9475262403

### USG REPORT OF WHOLE ABDOMEN (SCREENING)

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

**PORTA :PV** : Normal.

**CD** : 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 : 11.4 cm & Left kidney measures : 11.2 cm.

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

**PROSTATE** : Prostate is normal size, outline and echotexture appear normal. No focal lesion is seen. Prostate measures 3.0 cm x 2.9 cm x 2.6 cm. It weight approx 12 gm.



## DIAGNOSTICS REPORT

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

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

**IMPRESSION** : Fatty changes in liver (Grade I).

**Dr.MADHUSHREE RAY NASKAR**, MBBS  
,DMRD  
Consultant Radiologist  
RegNo: 57032



## DIAGNOSTICS REPORT

Heo

Patient Name	: Mr. RUPAM PRADHAN	Order Date	: 14/04/2023 08:38
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### ELECTROCARDIOGRAM REPORT (ECG)

HR	: 88 bpm
Rhythm	: Sinus
P wave	: Normal
PR Interval	: 152 msec
QRS axis	: Normal ( 32 Degree)
QRS duration	: 94 msec
QRS configuration	: Normal
T wave	: Non specific changes
ST segment	: Non specific changes
QTc	: 415 msec
QT	: 340 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

RUPAM PRADHAN

2308812

Male

32 years

kg

HR 88/min

Axis: P 41°

SINUS RHYTHM

NORMAL ECG

6.02

UNCONFIRMED REPORT

Intervals:

RR 684 ms

P 114 ms

PR 152 ms

QR5 94 ms

QT 340 ms

QTc 415 ms

(Bazett)

T 19°

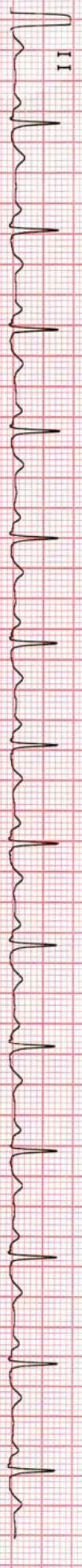
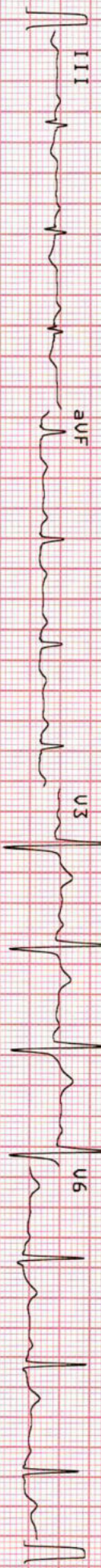
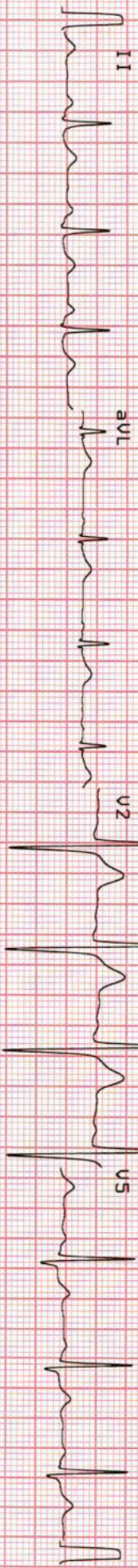
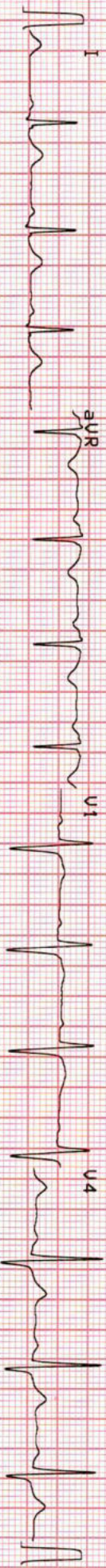
P (II) 0.12 mV

S (V1) -0.93 mV

R (V5) 1.56 mV

Sokol. 3.49 mV

10 mm/mV



25 mm/s

0.05-25 Hz FS0 SSF SBS

14.04.2023

1:59

NARAYAN MEMORIAL HOSPITAL, BEHALA

AT-102plus 1.25 Ct





## DIAGNOSTICS REPORT

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### CHEST X-RAY REPORT OF PA VIEW

Lung fields are clear. No focal parenchymal opacity is seen.  
No appreciable pleural thickening / calcification is noted.  
Costo-phrenic angles are normal.  
Cardiac shadow appears normal.  
Bilateral hilar shadows are normal.  
No obvious bony abnormality is seen.

**Dr.Sayani Mahal,**

MD Radiology (AIIMS), PDCC (AIIMS)

RegNo: 74369



## DIAGNOSTICS REPORT

Patient Name	: Mr. RUPAM PRADHAN	Order Date	: 14/04/2023 08:38
Age/Sex	: 33 Year(s)/Male	Report Date	: 14/04/2023 13:08
UHID	: NMHK.2308812	IP No	:
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### ECHOCARDIOGRAPHY (SCREENING)

#### Status of Patient :

- \* No regional wall motion abnormality at rest.
- \* Good LV systolic function (EF = 62%).
- \* Good RV systolic function (TAPSE = 21 mm).
- \* Mild TR, TR gradient = 21 mmHg.
- \* 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.INDIRA BANERJEE , MD,DNB,FNB,M  
RCPCH (UK)**

Board Certified Comprehensive  
Echocardiographer (USA)