



Health Check Up NMH <healthcheckup.nmh@gmail.com>

Health Check up Booking Re Schedule Request(bobE8544), Package Code-PKG10000474, Beneficiary Code-306219

1 message

Mediwheel <wellness@mediwheel.in>
 To: healthcheckup.nmh@gmail.com
 Cc: customercare@mediwheel.in

13 February 2024 at 13:54



011-41195959

Dear **Narayan Memorial Hospital**,

We regret to state that following request for Health check up appointment has been Re Scheduled by you. Please let us know if request had not been Re Schedule from your end. We will ask the user to make a fresh request for the same.

9am (SMS)

Hospital Package Name : Mediwheel Full Body Health Checkup Male Below 40

Patient Package Name : Mediwheel Full Body Health Checkup Male Below 40

Package Code : PKG10000474

Member Information		
Booked Member Name	Age	Gender
MR. TUDU MEGHRAY	31 year	Male

Contact Details : 9102504900

Email : meghray.tudu@gmail.com

Booking Date : 08-02-2024

Appointment Date : 23-02-2024

Booking Status : Booking ReSchedule

Preferred Time : 8:00am-9:00am

Please login to your account to confirm the same. Also you mail us for confirmation.

Thanks,
 Mediwheel Team

You have received this mail because your e-mail ID is registered with this user. If you do not wish to receive mail from Arcolami Healthcare Limited, please don't reply to this mail.

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PACKAGE TRACK SHEET

Mediwheel Full Body Health Checkup Male Below 40

No. : Mr. HEGRAY TJOU / 31 Year(s) / Male	Date : 23/02/2024 - 8:45AM
MID No. : MWK2403795	Bill No. : OPCR11229
Start Time : 08:45:19	Completion Time :
Corporate Company :	Payer : Asciparis Healthcare Ltd.
Insurance :	Date
Follow-up meeting fixed	Date
Status	Date

Logo of the Ministry of Health and Family Welfare, Government of India, and the National Health Authority (NHA).

5554 4460 7393
मेरा **आरोग्य**, मेरी पहचान

QR Code

5554 4460 7393
मेरा **आरोग्य**, मेरी पहचान

Portrait photo of a man in a light blue shirt.

5554 4460 7393
मेरा **आरोग्य**, मेरी पहचान

Moghtaj Taha



DIAGNOSTICS REPORT

Patient Name	: Mr. MEGHRAY TUDU	Order Date	: 23/02/2024 08:49
Age/Sex	: 31 Year(s)/Male	Report Date	: 24/02/2024 14:51
UHID	: NMHK.2403795	Facility	: NARAYAN MEMORIAL HOSPITAL
Ref. Doctor	:	Mobile	: 9102504900
Address	: SHARKOL PAKUR, Jharkhand, DELHI, 816117		

X-RAY CHEST PA VIEW

No active lung parenchymal lesion is seen.

Both hila are normal in position, size and density.

Cardiothoracic ratio appear normal.

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.

IMPRESSION :-

No significant lung parenchyma abnormality.

Needs clinical correlation.

Dr. SUBRATA NAG

MBBS, DNB, Fellow intervention/endovascular surgery

RegNo: 66718



DIAGNOSTICS REPORT

Patient Name	: Mr. MEGHRAY TUDU	Order Date	: 23/02/2024 08:49
Age/Sex	: 31 Year(s)/Male	Report Date	: 24/02/2024 12:54
UHID	: NMHK.2403795	Facility	: NARAYAN MEMORIAL HOSPITAL
Ref. Doctor	:	Mobile	: 9102504900
Address	: SHARKOL PAKUR, ,Jharkhand, DELHI, 816117		

USG REPORT OF WHOLE ABDOMEN (SCREENING)

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

PORTA :PV : Normal. PV measures 0.9 cm.

CD : Normal . CD measures 0.3 cm.

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. **A cortical cyst measuring 6.1 x 4.5 cm approx is noted in left kidney.**

Right kidney measures : 9.7 cm & Left kidney measures : 11.2 cm.

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



DIAGNOSTICS REPORT

Patient Name	: Mr. MEGHRAY TUDU	Order Date	: 23/02/2024 08:49
Age/Sex	: 31 Year(s)/Male	Report Date	: 24/02/2024 12:54
UHID	: NMHK.2403795	Facility	: NARAYAN MEMORIAL HOSPITAL
Ref. Doctor	:	Mobile	: 9102504900
Address	: SHARKOL PAKUR, Jharkhand, DELHI, 816117		

PROSTATE : Prostate is normal size, outline and echotexture appear normal. No focal lesion is seen. Prostate measures 2.8 cm x 3.1 cm x 3.2 cm. It weight approx 15.4 gm.

PERITONEUM : : No free fluid is noted.

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

IMPRESSION :

- A cortical cyst in left kidney.

Dr. MADHUSHREE RAY NASKAR
MBBS, DMRD

Consultant Radiologist

RegNo: 57032



LABORATORY INVESTIGATION REPORT

Patient Name : Mr. MEGHRAY TUDU	Age/Sex : 31 Year(s) / Male
UHID : NMHK_2403795	Order Date : 23/02/2024 08:49
Episode : OP	Mobile No : 9102504900
Ref. Doctor : NMH	DOB : 02/03/1992
Address : SHARKOL PAKUR, ,Jharkhand,DELHI ,816117	Facility : NARAYAN MEMORIAL HOSPITAL

Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0163360	Collection Date : 23/02/24 10:17	Ask Date : 23/02/2024 13:19	Report Date : 23/02/24 16:16

URINE FOR R/E

SAMPLE : URINE

PHYSICAL EXAMINATION

VOLUME	30	ml	
COLOUR	STRAW		
APPEARANCE	SLIGHTLY HAZY		
SPECIFIC GRAVITY	1.015		1.010 - 1.030
REACTION(pH)	ACIDIC (pH-6.0)		

CHEMICAL EXAMINATION

SUGAR	PRESENT(+++)	ABSENT
ALBUMIN	PRESENT(++)	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	0-1/HPF	<20/HPF
RBC	ABSENT	
CAST	ABSENT	ABSENT
CRYSTAL	ABSENT	ABSENT

Please correlate clinically.

URINE FOR SUGAR FASTING

SAMPLE : URINE

RESULT PRESENT

Sample No : 07H0163393	Collection Date : 23/02/24 13:16	Ask Date : 23/02/2024 17:53	Report Date : 24/02/24 14:14
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URINE FOR SUGAR PP

SAMPLE : URINE

RESULT PRESENT(+++)

End of Report





LABORATORY INVESTIGATION REPORT

Patient Name	: Mr. MEGHRAY TUDU	Age/Sex	: 31 Year(s) / Male
UHID	: NMHK.2403795	Order Date	: 23/02/2024 08:49
Episode	: OP		
Ref. Doctor	: NMH	Mobile No	: 9102504900
		DOB	: 02/03/1992
Address	: SHARKOL PAKUR, Jharkhand,DELHI,816117	Facility	: NARAYAN MEMORIAL HOSPITAL

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

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

Checked By



LABORATORY INVESTIGATION REPORT

Patient Name : Mr. MEGHRAY TUDU	Age/Sex : 31 Year(s) / Male
UHID : NMHK.2403795	Order Date : 23/02/2024 08:49
Episode : OP	Mobile No : 9102504900
Ref. Doctor : NMH	DOB : 02/03/1992
Address : SHARKOL PAKUR, Jharkhand,DELHI, 816117	Facility : NARAYAN MEMORIAL HOSPITAL

Immunology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REFERENCE
Sample No. : 07H0152360	Collection Date : 23/02/24 10:57	Ask Date : 23/02/2024 12:18	Report Date : 23/02/24 14:28

THYROID FUNCTION TEST

SAMPLE I SERUM

TEST	RESULT	UNIT	BIOL. REF.
T3 Method - ECLIA	0.68	ng/ml	0.60 - 1.80
T4 Method - ECLIA	5.75	ug/dL	5.40 - 11.70
TSH Method - ECLIA	2.05	uIU/ml	Adult Male - 0.27-5.50 Adult Female - 0.27-5.50 Newborns - <25 Upto 12 years - 0.3-5

Interpretation:

1. For diagnostic purposes, the result should always be assessed in conjunction with the patient's medical history, clinical examinations and other findings.

2. The assay is unaffected by icterus (Bilirubin < 701 μ mol/L or < 41 mg/dL), hemolysis (Hb < 0.621 mmol/L or < 1 g/dL), lipemia (triglycerides < 1500 mg/dL), biotin (< 102 nmol/L or < 25 ng/ml), IgG < 2 g/dL and IgM < 0.5 g/dL)

3. There is no high dose hook effect at TSH concentrations upto 1000 μ mol/ml.

4. 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.

5. The assay is unaffected by icterus (bilirubin < 633 μ mol/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).

6. The assay is unaffected by icterus (bilirubin < 999 μ mol/L or < 35 mg/dL), hemolysis (Hb < 1.2 mmol/L or < 2.0 g/dL), lipemia (triglycerides < 1800 mg/dL) and biotin (< 123 nmol or < 30 ng/ml).

End of Report

Dr. S. Chatterjee
MD, MBBS, FAAC
(CONSULTANT MEDICINIST)

Checked By



LABORATORY INVESTIGATION REPORT

Patient Name : Mr. MEGHRAY TUDU	Age/Sex : 31 Year(s) / Male
UHID : NMHK.2403795	Order Date : 23/02/2024 08:49
Episode : OP	Mobile No : 9102504900
Ref. Doctor : NMH	DOB : 02/03/1992
Address : SHARKOL PAKUR, Jharkhand, DELHI, 816117	Facility : NARAYAN MEMORIAL HOSPITAL

Hematology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H016266	Collection Date : 23/02/24 10:57	Ask Date : 23/02/2024 11:10	Report Date : 23/02/24 12:08

BLOOD GROUPING & Rh TYPING

SAMPLE : EDTA BLOOD

BLOOD GROUP : 'AB'

Method - Agglutination forward & Reverse

RH TYPE : POSITIVE

COMPLETE HAEMOGRAM (CBC)

SAMPLE : EDTA BLOOD

HAEMOGLOBIN (HB)	13.6	gm/dl	13 - 17
<i>Method - Colorimetric method (Cyr Meth)</i>			
RBC COUNT	6.0 \uparrow (H)	$\times 10^6$ /ul	4.5 - 5.5
<i>Method - Electrical Impedance Method</i>			
TOTAL WBC COUNT	5.6	10^3 /cmm	4 - 10
<i>Method - Electrical Impedance Method</i>			
PLATELET COUNT	150	10^3 /cmm	150 - 410
<i>Method - Electrical Impedance Method</i>			
PCV	44	%	40 - 50
<i>Method - BCC pulse fit detection method</i>			
MCV	73 ∇ (L)	fL	83 - 101
<i>Method - calculated</i>			
MCH	23 ∇ (L)	pg	27 - 32
<i>Method - Calculated</i>			
MCHC	31 ∇ (L)	gm/dl	31.5 - 34.5
<i>Method - Calculated</i>			
ESR	05	%	0 - 10
<i>Method - Modified Westergren Method</i>			
DIFFERENTIAL COUNT			
<i>Method - Microscopy</i>			
NEUTROPHILS	63	%	40 - 80
<i>Method - Microscopy</i>			
LYMPHOCYTES	28	%	20 - 40
<i>Method - Microscopy</i>			
MONOCYTES	06	%	2 - 10
<i>Method - Microscopy</i>			
EOSINOPHILS	03	%	1 - 6
<i>Method - Microscopy</i>			
BASOPHILS	00	%	0 - 2
<i>Method - Microscopy</i>			

PERIPHERAL BLOOD SMEAR



LABORATORY INVESTIGATION REPORT

Patient Name : Mr. MEGHRAY TUDU	Age/Sex : 31 Year(s) / Male
UHID : NMHK.2403795	Order Date : 23/02/2024 08:49
Episode : OP	Mobile No : 9102504900
Ref. Doctor : NMH	DOB : 02/03/1992
Address : SHARKOL PAKUR, ,Jharkhand,DELHI ,816117	Facility : NARAYAN MEMORIAL HOSPITAL

RBC

Erythrocytosis. Mixture of normocytes and microcytes. Some cells are hypochromic.

WBC

Within normal limits.

PLATELET

Adequate.

COMMENT

Advice: Hb electrophoresis by HPLC method.

End of Report

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

Checked By



LABORATORY INVESTIGATION REPORT

Patient Name : Mr. HEGHARI TUDU
 Age/Sex : 31 Years / Male
 UHSD : NMRH/2403791
 Order Date : 25/02/2024 08:49
 Episode : OP
 Ref. Doctor : NMRH
 Mobile No : 9102504900
 Address : SHARDA, PAUL, Faridabad, DELHI, 815117
 DOB : 02/03/1992
 Facility : NARAYAN MEMORIAL HOSPITAL

Biochemistry

INVESTIGATION	RESULTS	UNIT	REFERENCE RANGE
Sample No. : CHE-03786	Collection Date : 25/02/2024 08:37	AN Date : 25/02/2024 12:18	Report Date : 25/02/2024 14:27
SERUM CREATININE			
SAMPLE : SERUM			
SERUM CREATININE	0.9	mg/dl	0.7 - 1.2
Method : Jaffe Gen2 Compensated			
LEVER FUNCTION TEST (LFT)			
SAMPLE : SERUM			
TOTAL BILIRUBIN	0.6	mg/dl	0 - 1.1
Method : Jaffe Method			
DIRECT BILIRUBIN	0.2	mg/dl	0 - 0.2
Method : Jaffe Method			
INDIRECT BILIRUBIN	0.4	mg/dl	0.2 - 0.9
Method : Calculated			
SGPT (ALT)	29	U/L	0 - 34
Method : JET without Pyridoxal Phosphate			
SGOT (AST)	18	U/L	0 - 31
Method : JET without Pyridoxal Phosphate			
ALKALINE PHOSPHATASE	79	U/L	51 - 128
Method : JET			
TOTAL PROTEIN	6.8	g/dl	6.4 - 8.2
Method : Biuret			
ALBUMIN	4.7	g/dl	3.5 - 5.2
Method : Bromocresol Green			
GLOBULIN	2.1	g/dl	2 - 3.5
Method : Calculated			
ALBUMIN GLOBULIN	2.2		1.1 - 2.1
Method : Calculated			
GOT	34	U/L	0 - 41
Method : Pyridoxal Compensated Assay			
BLOOD UREA NITROGEN			
BLOOD UREA NITROGEN			
BLOOD UREA NITROGEN	15	mg/dl	8 - 20
Method : Calculated			
LIPID PROFILE			
SAMPLE : SERUM			
TOTAL CHOLESTEROL	205	mg/dl	Desirable < 200 Borderline 200 - 239 High > 240
Method : HDL-2/40			
HDL CHOLESTEROL	40	mg/dl	40 - 60
Method : Homogenous Enzymatic Assay			



LABORATORY INVESTIGATION REPORT

Patient Name : Mr. MEGHRAY TUDU

UHID : NMHK.2403795

Episode : OP

Ref. Doctor : NMH

Address : SHARKOL PAKUR, Jharkhand, DELHI, 816117

Age/Sex : 31 Year(s) / Male

Order Date : 23/02/2024 08:49

Mobile No : 9102504900

DOB : 02/03/1992

Facility : NARAYAN MEMORIAL HOSPITAL

LDL CHOLESTEROL Method - Homogenous Enzymatic Colorimetric	135	mg/dl	Optimal < 100 Borderline 130 - 159 High > 160
VLDL Method - CALCULATED	30	mg/dl	0 - 30
CHOLESTEROL-HDL RATIO	5.13	-	
LDL-HDL RATIO	3.38	-	
TRIGLYCERIDES Method - Enzymatic Colorimetric	154	mg/dl	Desirable < 150 Borderline 150 - 200 High > 200
URIC ACID			
SAMPLE : SERUM			
URIC ACID Method - Enzymatic Colorimetric	5.4	mg/dl	3.4 - 7
BUN / CREATINE RATIO			
SAMPLE : SERUM			
BUN / CREATINE RATIO	17.7		
GLYCOSYLATED HAEMOGLOBIN (HBA1C)			
SAMPLE : EDTA BLOOD			
HBA1C	7.9		



LABORATORY INVESTIGATION REPORT

Patient Name : Mr. MEGHRAY TUDU	Age/Sex : 31 Year(s) / Male
UHID : NMHK.2403795	Order Date : 23/02/2024 08:49
Episode : OP	
Ref. Doctor : NMH	Mobile No : 9102504900
	DOB : 02/03/1992
Address : SHARKOL PAKUR, ,Jharkhand,DELHI ,816117	Facility : NARAYAN MEMORIAL HOSPITAL

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 (D1Q/ turbo is corrected for HbS and HbC trait).
- For known diabetic patients, following values can be considered as a tool for monitoring the glycaemic 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

BLOOD SUGAR FASTING 105 mg/dl 70 - 100
Method - Hexokinase

BLOOD SUGAR(PP)

SAMPLE : PLASMA

BLOOD SUGAR PP 247 ▲ (H) mg/dl 70 - 140
Method - Hexokinase

End of Report



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

Checked By

LABORATORY INVESTIGATION REPORT

Patient Name : Mr. MEGHRAY TUDU	Age/Sex : 31 Year(s) / Male
UHID : NMHK.2403795	Order Date : 23/02/2024 08:49
Episode : OP	Mobile No : 9102504900
Ref. Doctor : NMH	DOB : 02/03/1992
Address : SHARKOL PAKUR , ,Jharkhand,DELHI ,816117	Facility : NARAYAN MEMORIAL HOSPITAL

Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : E7H0163360	Collection Date : 23/02/24 10:37	Ask Date : 23/02/2024 13:19	Report Date : 23/02/24 16:18

URINE FOR R/E

SAMPLE : URINE

PHYSICAL EXAMINATION

VOLUME	30	ml	
COLOUR	STRAW		
APPEARANCE	SLIGHTLY HAZY		
SPECIFIC GRAVITY	1.015		1.010 - 1.030
REACTION(pH)	ACIDIC (pH-6.0)		

CHEMICAL EXAMINATION

SUGAR	PRESENT(+++)	ABSENT
ALBUMIN	PRESENT(++)	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	0-1/HPF	<20/HPF
RBC	ABSENT	
CAST	ABSENT	ABSENT
CRYSTAL	ABSENT	ABSENT

Please correlate clinically.

URINE FOR SUGAR FASTING

SAMPLE : URINE

RESULT PRESENT

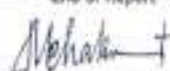
Sample No : 07H0161397 Collection Date : 23/02/24 13:36 Ask Date : 23/02/2024 17:53 Report Date : 24/02/24 14:14

URINE FOR SUGAR PP

SAMPLE : URINE

RESULT PRESENT(+++)

End of Report



LABORATORY INVESTIGATION REPORT

Patient Name	: Mr. MEGHRAY TUDU	Age/Sex	: 31 Year(s) / Male
UHID	: NMHK.2403795	Order Date	: 23/02/2024 08:49
Episode	: OP		
Ref. Doctor	: NMI	Mobile No	: 9102504900
		DOB	: 02/03/1992
Address	: SHARKOL, PAKUR, Jharkhand, DELHI, 816117	Facility	: NARAYAN MEMORIAL HOSPITAL

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

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

Checked By



DIAGNOSTICS REPORT

Patient Name	: Mr. MEGHRAY TUDU	Order Date	: 23/02/2024 08:49
Age/Sex	: 31 Year(s)/Male	Report Date	: 24/02/2024 09:38
UHID	: NMHK.2403795		
Ref. Doctor	:	Facility	: NARAYAN MEMORIAL HOSPITAL
		Mobile	: 9102504900
Address	: SHARKOL PAKUR, Jharkhand, DELHI, 816117		

ELECTROCARDIOGRAM REPORT (ECG)

HR	: 72 bpm
Rhythm	: Sinus
P wave	: Normal
PR interval	: 128 msec
QRS axis	: Leftward
QRS duration	: 66 msec
QRS configuration	: Low voltage complex in limb leads
T wave	: Non specific changes
ST segment	: Non specific changes
QTc	: 385 msec
QT	: 350 msec

IMPRESSION

- Sinus rhythm. Leftward axis.
 - Low voltage complex in limb leads.
- Clinical correlation please.

Dr. Sudip Chakraborty
MBBS, DIP (Preventative Cardiology)
fellow Clinical

RegNo: 56285



700U

HR 72/min

Axist:

SINUS RHYTHM
LEFTWARD AXIS
LOW LIMB LEAD VOLTAGE

UNCONFIRMED REPORT

Intervals:

P 34°

QRS -13°

T 37°

6.82

Male

RR 833 ms

P 82 ms

PR 128 ms

QRS 66 ms

QT 358 ms

QTc 385 ms

(Bazett)

18 ms/mV

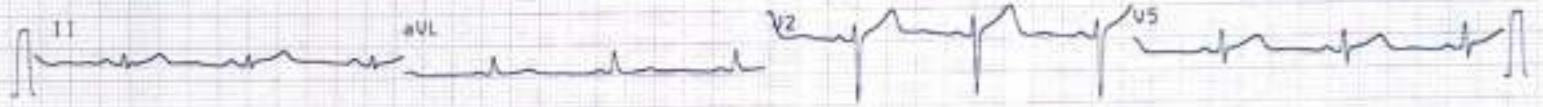
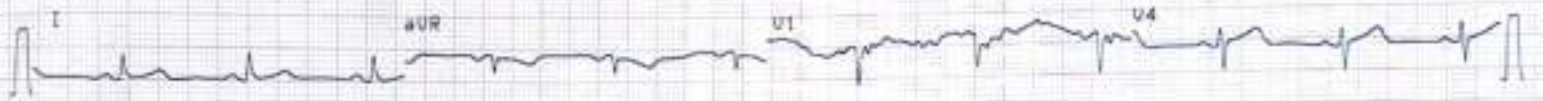
P (II) 0.89 mV

S (V1) -0.73 mV

R (V5) 0.42 mV

Sokol. 1.61 mV

18 mm/mV



18 mm/mV

25 mm/s

0.05-25 Hz F50 55F 585 23.02.2024 09:23:04

NARAYAN MEMORIAL
HOSPITAL, BEHALA

AT-102plus 1.25 Cl

Part No. 3 18700710 14 000



DIAGNOSTICS REPORT

Patient Name	: Mr. MEGHRAY TUDU	Order Date	: 23/02/2024 08:49
Age/Sex	: 31 Year(s)/Male	Report Date	: 23/02/2024 19:53
UHID	: NMHK.2403795	Facility	: NARAYAN MEMORIAL HOSPITAL
Ref. Doctor	:	Mobile	: 9102504900
Address	: SHARKOL PAKUR, Jharkhand, DELHI, 816117		

REPORT OF ECHO SCREENING

No regional wall motion abnormality at rest.

Normal LV systolic function (LVEF = 60%).

Normal RV systolic function. (TAPSE = 1.6 cm, RVS' = 0.12 m/s).

Adequate diastolic compliance (E/e' = 14.5).

Mild to moderate pericardial effusion (near RV 1.9 cm, near RA 1-0 cm, near LV 0.7 cm, near LA 0.8 cm).

Mild TR. Estimated PASP =19 mmHg.

IVC normal diameter & > 50 % respiratory compressibility.

No thrombus, mass / vegetation.

Dr. Sudip Chakraborty
MBBS, DIP (Preventative Cardiology)
fellow Clinical

RegNo: 56285