

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

### Health Check up Booking Request(bobE19015)

1 message

28 March 2024 at 13:38

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



**Mediwheel**  
...Your wellness partner

011-41195959

Dear Narayan Memorial Hospital

We have received a booking request with the following details. Provide your confirmation by clicking on the Yes button.

**You confirm this booking?**      Yes      No

Name : MR. SINHA ABHIJIT

Contact Details : 7686801295

Hospital Package Name : Mediwheel Full Body Health Checkup Male Above 40 *gam*

Location : 801, Diamond Harbour Rd, Manton, Behala, Kolkata, West Bengal  
700034

Appointment Date : 29-03-2024

Member Information		
Booked Member Name	Age	Gender
MR. SINHA ABHIJIT	43 year	Male

#### Tests included in this Package -

- Stool Test
- Thyroid Profile
- ESR
- Blood Glucose (Fasting)
- General Physician Consultation
- TMT OR 2D ECHO
- Blood Group
- Blood Glucose (Post Prandial)
- Chest X-ray
- ECG
- USG Whole Abdomen
- Eye Check-up consultation
- Urine Sugar Fasting
- Urine Sugar PP
- Dental Consultation
- Urine analysis
- CBC
- HbA1c
- Lipid Profile
- Kidney Profile
- Liver profile
- Prostate Specific Antigen (PSA Male)





# Narayan Memorial Hospital

(A Unit of Narayan Health Services Pvt. Ltd.)

CIN No. : U85110WB2005PTC104884  
GSTIN No. : 19AACCN1707E1ZS



## DIAGNOSTICS REPORT

Patient Name : Mr. ABHIJIT SINHA  
Age/Sex : 43 Year(s)/Male  
UHID : NMHK.2406181  
Ref. Doctor :

Order Date : 29/03/2024 10:07  
Report Date : 30/03/2024 14:39

Facility :

NARAYAN MEMORIAL  
HOSPITAL  
7686801295

Mobile :

Address : 194,B/1,NSC BOSE, NAKTALA,Kolkata, West Bengal, 700047

## 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).
- \* Adequate diastolic compliance (E/e' = 6.52). E/A - 1.23.
- \* No pericardial effusion.
- \* Mild TR. Estimated PASP 22 mmHg.
- \* IVC normal diameter & > 50 % respiratory compressibility.
- \* No thrombus, mass / vegetation.

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

RegNo: 56285

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Print By : Arpita Mondal

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Age/Sex : 43 Year(s)/Male  
UHID : NMHK.2406181  
Ref. Doctor :

Order Date : 29/03/2024 10:07  
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**PROSTATE** : Prostate is normal size, outline and echotexture appear normal. No focal lesion is seen. Prostate measures 3.2 cm x 3.3 cm x 2.8 cm. It weight approx 15 gm.

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

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

### IMPRESSION :

\* Fatty changes in liver (Grade D).

Dr. MADHUSHREE RAY NASKAR  
MBBS,DMRD

Consultant Radiologist

RegNo: 57032

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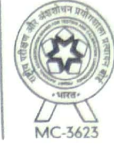
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## DIAGNOSTICS REPORT

Patient Name	: Mr. ABHIJIT SINHA	Order Date	: 29/03/2024 10:07
Age/Sex	: 43 Year(s)/Male	Report Date	: 30/03/2024 15:23
UHID	: NMHK.2406181	Facility	: NARAYAN MEMORIAL HOSPITAL
Ref. Doctor	:	Mobile	: 7686801295
Address	: 194,B/1,NSC BOSE, NAKTALA,Kolkata, West Bengal, 700047		

## USG REPORT OF WHOLE ABDOMEN (SCREENING)

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

**PORTA :PV** : Normal. PV measures 1.1 cm.  
**CBD** : Normal . CBD 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. Spleen measures : 11.0 cm.

**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 : 10.5 cm & Left kidney measures : 10.6 cm.

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

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Abhijit Sinha  
ECHO  
1-1-1-1-1

## DIAGNOSTICS REPORT

Patient Name	: Mr. ABHIJIT SINHA	Order Date	: 29/03/2024 10:07
Age/Sex	: 43 Year(s)/Male	Report Date	: 30/03/2024 08:54
UHID	: NMHK.2406181	Facility	: NARAYAN MEMORIAL HOSPITAL
Ref. Doctor	:	Mobile	: 7686801295
Address	: 194,B/1,NSC BOSE, NAKTALA,Kolkata, West Bengal, 700047		

**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.**

*Subrata Nag*

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

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Print By : Madhumita Roy  
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LABORATORY INVESTIGATION REPORT

KOLKATA

CERTIFIED

MC-3623

**Patient Name** : Mr. ABHIJIT SINHA

**UHID** : NMHK.2406181

**Episode** : OP

**Ref. Doctor** : NMH

**Address** : 194,B/1,NSC BOSE , NAKTALA ,Kolkata,West Bengal ,700047

**Age/Sex** : 43 Year(s) / Male

**Order Date** : 29/03/2024 10:07

**Mobile No** : 7686801295

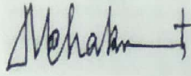
**DOB** : 13/02/1981

**Facility** : NARAYAN MEMORIAL HOSPITAL

PLATELET

Adequate.

End of Report



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

Checked By



**Dr. SHAHEENA PERWEEN**  
MBBS, MD (Path)  
Consultant Pathologist

RegNo: 71326

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**LABORATORY INVESTIGATION**

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<b>Ref. Doctor</b> : NMH	<b>DOB</b> : 13/02/1981
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**Hematology**

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0168702	Collection Date : 29/03/24 10:20	Ack Date : 29/03/2024 11:51	Report Date : 29/03/24 16:32

**BLOOD GROUPING & Rh TYPING**

**SAMPLE : EDTA BLOOD**

BLOOD GROUP : ' B '  
 Method - Agglutinationforward & Reverse  
 RH TYPE : POSITIVE

**COMPLETE HAEMOGRAM ( CBC )**

**SAMPLE : EDTA BLOOD**

HAEMOGLOBIN (HB) Method - Colorimetric method (Cyn Meth)	15.1	gm/dl	13 - 17
RBC COUNT Method - Electrical Impedance Method	5.3	x10 <sup>6</sup> /ul	4.5 - 5.5
TOTAL WBC COUNT Method - Electrical Impedance Method	6.5	10 <sup>3</sup> /cmm	4 - 10
PLATELET COUNT Method - Electrical Impedance Method	160	10 <sup>3</sup> /cmm	150 - 410
PCV Method - RBC pulse ht. detection method	47	%	40 - 50
MCV Method - calculated	88	fl	83 - 101
MCH Method - Calculated	29	pg	27 - 32
MCHC Method - Calculated	33	pg	27 - 32
ESR Method - Modified Westergren Method	05	gm/dl	31.5 - 34.5
<b>DIFFERENTIAL COUNT</b> Method - Microscopy		%	0 - 10
NEUTROPHILS Method - Microscopy	57		
LYMPHOCYTES Method - Microscopy	35	%	40 - 80
MONOCYTES Method - Microscopy	03	%	20 - 40
EOSINOPHILS Method - Microscopy	05	%	2 - 10
BASOPHILS Method - Microscopy	00	%	1 - 6
<b>PERIPHERAL BLOOD SMEAR</b>			
RBC		%	0 - 2
WBC		%	0 - 2

Normocytic normochromic.  
 Within normal limits.

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102

**Narayan Memorial Hospital**  
 Narayan Health Services Pvt. Ltd.)  
 No. : U85110WB2005PTC104884  
 GSTIN No. : 19AACCN1707E1ZS



**LABORATORY INVESTIGATION REPORT**

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**Immunoassays- Tumuor Markers**

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0168702	Collection Date : 29/03/24 10:20	Ack Date : 29/03/2024 11:30	Report Date : 29/03/24 14:34

**PROSTATE SPECIFIC ANTIGEN ( PSA )**

PROSTATE SPECIFIC ANTIGEN ( PSA )	0.58	ng/ml	<3.5
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*Interpretation : Prostate-specific antigen (PSA) is a glycoprotein that is produced by the prostate gland, the lining of the urethra, and the bulbourethral gland. PSA exists in serum mainly in two forms, complexed to alpha-1 -anti -chymotrypsin (PSA-ACT complex) and unbound (free PSA). Increases in prostatic glandular size and tissue damage caused by benign prostatic hypertrophy, prostatitis, or prostate cancer may increase circulating PSA levels. Transient increase in PSA can also be seen following per rectal digital or sonological examinations*

End of Report

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

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### Immunology

#### INVESTIGATION

#### RESULTS

#### UNITS

#### BIOLOGICAL REF RANGE

Sample No : 07H0168702

Collection Date : 29/03/24 10:20

Ack Date : 29/03/2024 11:30

Report Date : 29/03/24 14:34

#### THYROID FUNCTION TEST

##### SAMPLE : SERUM

Parameter	Result	Units	Biological Ref Range
T3 Method - ECLIA	1.22	ng/ml	0.60 - 1.80
T4 Method - ECLIA	8.21	ug/dL	5.40 - 11.70
TSH Method - ECLIA	4.85	uIU/ml	Adult Male - 0.27-5.50 Adult Female - 0.27-5.50 Newborns - <25 Upto 12 years - 0.3-5

#### 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

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

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Abhijit Sinha (2406181)



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

**Dr.SHAHEENA PERWEEN**  
MBBS, MD (Path)  
Consultant Pathologist  
RegNo: 71326

Checked By

Abhjit Sinha (2406181)

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### Clinical Pathology

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0168702	Collection Date : 29/03/24 10:20	Ack Date : 29/03/2024 15:43	Report Date : 29/03/24 16:33

**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 - 6.5)		

**CHEMICAL EXAMINATION**

SUGAR	ABSENT		ABSENT
ALBUMIN.	PRESENT(TRACE)		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		ABSENT
CAST	ABSENT		ABSENT
CRYSTAL	ABSENT		ABSENT

Please correlate clinically.

**URINE FOR SUGAR FASTING**  
**SAMPLE : URINE**

RESULT	ABSENT
--------	--------

Sample No : 07H0168748	Collection Date : 29/03/24 13:39	Ack Date : 29/03/2024 17:27	Report Date : 30/03/24 13:59
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**URINE FOR SUGAR PP**  
**SAMPLE : URINE**

RESULT	ABSENT
--------	--------

End of Report

Abhijit Sinha (2406181)



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### BLOOD SUGAR(F)

**SAMPLE : PLASMA**

BLOOD SUGAR FASTING

Method - Hexokinase

137 ▲ (H)

mg/dl

70 - 109

BLOOD SUGAR(PP)

**SAMPLE : PLASMA**

BLOOD SUGAR PP

Method - Hexokinase

151 ▲ (H)

mg/dl

70 - 140

End of Report

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

Checked By

Abhijit Sinha (2406181)





## LABORATORY INVESTIGATION REPORT

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<b>LDL CHOLESTEROL</b> <i>Method - Homogenous Enzymatic Colorimetric</i>	88	mg/dl	Optimal < 100 Borderline 130 - 159 High >160
<b>VLDL</b> <i>Method - CALCULATED</i>	35 ▲ (H)	mg/dl	0 - 30
<b>CHOLESTEROL-HDL RATIO</b>	3.67	-	
<b>LDL-HDL RATIO</b>	1.91	-	
<b>TRIGLYCERIDES</b> <i>Method - Enzymatic Colorimetric</i>	177 ▲ (H)	mg/dl	Desirable <150 Borderline 150 - 200 High >200

### URIC ACID

#### SAMPLE : SERUM

<b>URIC ACID</b> <i>Method - Enzymatic Colorimetric</i>	4.8	mg/dl	3.4 - 7
--	-----	-------	---------

### BUN / CREATINE RATIO

#### SAMPLE : SERUM

<b>BUN / CREATINE RATIO</b>	10.8
-----------------------------	------

### GLYCOSYLATED HAEMOGLOBIN (HBA1C)

#### SAMPLE : EDTA BLOOD

<b>HBA1C</b>	6.7
--------------	-----

#### 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.
  - For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
  - Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status.
  - 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 glycemc 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.

Abhijit Sinha (2406181)

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(A Unit of Narayan Health Services Pvt. Ltd.)

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GSTIN No. : 19AACCN1707E1ZS



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<b>UHID</b> : NMHK.2406181	<b>Order Date</b> : 29/03/2024 10:07
<b>Episode</b> : OP	<b>Mobile No</b> : 7686801295
<b>Ref. Doctor</b> : NMH	<b>DOB</b> : 13/02/1981
<b>Address</b> : 194,B/1,NSC BOSE , NAKTALA ,Kolkata,West Bengal ,700047	<b>Facility</b> : NARAYAN MEMORIAL HOSPITAL

### Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
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Sample No : 07H0168702	Collection Date : 29/03/24 10:20	Ack Date : 29/03/2024 11:30	Report Date : 29/03/24 14:34
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#### SERUM CREATININE

##### SAMPLE : SERUM

SERUM CREATININE 0.9 mg/dl 0.7 - 1.2  
 Method - Jaffe Gen2 Compensated

#### LIVER FUNCTION TEST ( LFT )

##### SAMPLE : SERUM

TOTAL BILIRUBIN Method - Diazo Method	0.7	mg/dl	0 - 1.1
DIRECT BILIRUBIN Method - Diazo Method	0.3 ▲ (H)	mg/dl	0 - 0.2
INDIRECT BILIRUBIN Method - Calculated	0.4	mg/dl	0.2 - 0.9
SGPT (ALT) Method - IFCC Without Pyridoxal Phosphate	58 ▲ (H)	U/L	0 - 34
SGOT (AST) Method - IFCC Without Pyridoxal Phosphate	44 ▲ (H)	U/L	0 - 31
ALKALINE PHOSPHATASE Method - IFCC	123	U/L	53 - 128
TOTAL PROTEIN Method - Biuret	7.5	g/dl	6.4 - 8.2
ALBUMIN Method - Bromocresol Green	5.0	gm/dl	3.5 - 5.2
GLOBULIN Method - Calculated	2.5	g/dl	2 - 3.5
ALBUMIN:GLOBULIN Method - Calculated	2.0	-	1.1 - 2.5
GGT Method - Enzymatic colorimetric assay	69 ▲ (H)	U/L	8 - 61
<b>BLOOD UREA NITROGEN</b>			
BLOOD UREA NITROGEN Method - Calculated	9.8	mg/dl	6 - 20
<b>LIPID PROFILE</b>			
<b>SAMPLE : SERUM</b>			
TOTAL CHOLESTEROL Method - CHOD-PAP	169	mg/dl	Desirable <200 Borderline 200 - 239 High >=240
HDL CHOLESTEROL Method - Homogenous Enzymatic Colorimetric	46	mg/dl	40 - 60

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