



DIAGNOSTICS REPORT

| | | | |
|--------------|---|-------------|-----------------------------|
| Patient Name | : Mr. Saumen Das | Order Date | : 09/03/2024 10:14 |
| Age/Sex | : 38 Year(s)/Male | Report Date | : 09/03/2024 14:32 |
| UHID | : NMHC.2117095 | Facility | : NARAYAN MEMORIAL HOSPITAL |
| Ref. Doctor | : | Mobile | : 8238082088 |
| Address | : BL 2A 2ND FL., Kolkata, West Bengal, 700040 | | |

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. Arun Kumar Mazumder

MBBS, MD (Radiodiagnosis)

RegNo: WBMC 48851

024

024

7 March 2024 at 17:36

011-41195959

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| ment s | Action |
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| | Upload Report |

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Great - Urgent Reminder for Report Pending until booking date -07/03/2024

Gmail

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

Urgent Reminder for Report Pending until booking date -07/03/2024
1 message

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

7 March 2024 at 17:38



011-41195553

Dear Narayan Memorial Hospital and Narayan Memorial Hospital
Please note the following details of booking with pending health checkup reports. We required the health checkup reports within 48 hours as per an MOU. You are requested to upload the same

| S. No. | Name | Mobile | Package | Booking ID | Booking Date | Appointment Date | Appointment Time | Action |
|--------|----------------|------------|--|------------|--------------|------------------|------------------|---------------|
| 1 | MR. DAS SALMEN | 8238082088 | Mediwheel Full Body Health Checkup Male Below 40 | bobE8322 | 07/02/2024 | 10/02/2024 | 8:00am | Upload Report |

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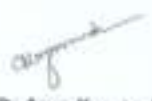
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CHEST X-RAY REPORT OF PA VIEW

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. Arun Kumar Mazumder


MBBS, MD (Radiodiagnosis)
RegNo: WSMC 48861

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|--------------|---|-------------|-----------------------------|
| Patient Name | : Mr. Saumen Das | Order Date | : 09/03/2024 10:14 |
| Age/Sex | : 38 Year(s)/Male | Report Date | : 10/03/2024 11:47 |
| UHID | : NMHK.2117095 | Facility | : NARAYAN MEMORIAL HOSPITAL |
| Ref. Doctor | : | Mobile | : 8238082088 |
| Address | : BL 2A 2ND FL, ,Kolkata, West Bengal, 700040 | | |

USG REPORT OF WHOLE ABDOMEN (SCREENING)

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

PORTA :PV : Normal. PV measures 1.0 cm.
CD : Normal . CD measures 0.5 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. Right kidney measures : 10.8 cm & Left kidney measures : 11.3 cm.

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

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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 3.0 cm. It weight approx 14 gm.

PERITONEUM : : No free fluid is noted.

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

IMPRESSION : Mild fatty changes in liver.

Dr. MADHUSHREE RAY NASKAR
MBBS,DMRD

Consultant Radiologist
RegNo: 57032



LABORATORY INVESTIGATION REPORT

| | | | |
|---------------------|--|-------------------|-----------------------------|
| Patient Name | : Mr. Soumen Das | Age/Sex | : 138 Year(s) / Male |
| UHID | : NPHK2117095 | Order Date | : 08/03/2024 10:14 |
| Episode | : OP | Mobile No | : 8238082088 |
| Ref. Doctor | : SPH | DOB | : 08/01/1986 |
| Address | : Bl. 2A 2ND FL., Kolkata, West Bengal, 700040 | Facility | : NARAYAN MEMORIAL HOSPITAL |

Hematology

| | | | | | | | |
|------------|---------|-----------------|------------|---------|------------|-------------|------------|
| Sample No. | 2117095 | Collection Date | 08/03/2024 | NA Date | 08/03/2024 | Report Date | 08/03/2024 |
|------------|---------|-----------------|------------|---------|------------|-------------|------------|

BLOOD GROUPING & Rh TYPING

SAMPLE : EDTA BLOOD

BLOOD GROUP : O⁺

Method - Agglutination Forward & Reverse

Rh TYPE : POSITIVE

COMPLETE HAEMOGRAM (CBC)

SAMPLE : EDTA BLOOD

| | | | |
|---|------|---------------------------|-------------|
| HAEMOGLOBIN (Hb) | 14.9 | gm/dl | 13 - 17 |
| Method - Colorimetric method (Dr. Hest) | | | |
| RBC COUNT | 5.3 | $\times 10^6/\mu\text{l}$ | 4.5 - 5.5 |
| Method - Electrical Impedance Method | | | |
| TOTAL WBC COUNT | 6.2 | $10^3/\text{cmm}$ | 4 - 10 |
| Method - Electrical Impedance Method | | | |
| PLATELET COUNT | 180 | $10^3/\text{cmm}$ | 150 - 410 |
| Method - Electrical Impedance Method | | | |
| PCV | 47 | % | 40 - 50 |
| Method - JKC yule H. detection method | | | |
| MCV | 89 | f | 83 - 101 |
| Method - Calculated | | | |
| MCH | 28 | pg | 27 - 32 |
| Method - Calculated | | | |
| MCHC | 32 | gm/dl | 31.5 - 34.5 |
| Method - Calculated | | | |
| ESR | 10 | % | 0 - 10 |
| Method - Modified Westergren Method | | | |
| DIFFERENTIAL COUNT | | | |
| Method - Microscopy | | | |
| NEUTROPHILS | 64 | % | 40 - 80 |
| Method - Microscopy | | | |
| LYMPHOCYTES | 27 | % | 20 - 40 |
| Method - Microscopy | | | |
| MONOCYTES | 05 | % | 2 - 10 |
| Method - Microscopy | | | |
| EOSINOPHILS | 04 | % | 1 - 6 |
| Method - Microscopy | | | |
| BASOPHILS | 00 | % | 0 - 2 |
| Method - Microscopy | | | |

PERIPHERAL BLOOD SMEAR

RBC : Normocytic normochromic
 WBC : Within normal limits.

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LABORATORY INVESTIGATION REPORT

| | | | | |
|---------------------|--|-------------------|-----------------------|-------------------------|
| Patient Name | : Mr. Saumen Das | Age/Sex | : 1.38 Year(X) / Male | |
| UHID | : NMEK.2117095 | Order Date | : 09/03/2024 10:14 | |
| Episode | : OP | Mobile No | : 8238052088 | |
| Ref. Doctor | : NMEH | DOB | : 05/01/1996 | |
| Address | : BL 2A 2ND FL, ,Kolkata,West Bengal ,700040 | | Facility | : NARAYAN MEMORIAL HOSP |

PLATELET

Adequate.

End of Report

DR. MADAN CHAKRABORTY
MBBS, MD(PATH)
(CONSULTANT PATHOLOGIST)

Checked By





LABORATORY INVESTIGATION REPORT

| | |
|--|---|
| Patient Name : Mr. Soumen Das | Age/Sex : 38 Year(s) / Male |
| UHID : NM9K,2117095 | Order Date : 09/03/2024 10:14 |
| Episode : OP | Mobile No : 8238082088 |
| Ref. Doctor : NMH | DOB : 08/01/1986 |
| Address : BL 2A 2ND FL , ,Kolkata,West Bengal ,700040 | Facility : NARAYAN MEMORIAL HOSPITAL |

Biochemistry

| INVESTIGATION | RESULTS | UNITS | PHYSIOLOGICAL REFERENCE |
|--|----------------------------------|------------------------------|--|
| Sample No. : 09216560 | Collection Date : 09/03/24 10:03 | Req. Date : 09/03/2024 12:28 | Report Date : 25/03/24 16:24 |
| SERUM CREATININE | | | |
| SAMPLE : SERUM | | | |
| SERUM CREATININE | 0.9 | mg/dl | 0.7 - 1.2 |
| Method - Jaffe-Gotz Coproprecipitation | | | |
| LIVER FUNCTION TEST (LFT) | | | |
| SAMPLE : SERUM | | | |
| TOTAL BILIRUBIN | 0.7 | mg/dl | 0 - 1.1 |
| Method - Diazo Method | | | |
| DIRECT BILIRUBIN | 0.3 ▲ (H) | mg/dl | 0 - 0.2 |
| Method - Diazo Method | | | |
| INDIRECT BILIRUBIN | 0.4 | mg/dl | 0.2 - 0.9 |
| Method - Calculated | | | |
| SGPT (ALT) | 54 ▲ (H) | U/L | 0 - 34 |
| Method - JPC Without Pyridoxal Phosphate | | | |
| SGOT (AST) | 30 | U/L | 0 - 31 |
| Method - JPC Without Pyridoxal Phosphate | | | |
| ALKALINE PHOSPHATASE | 134 ▲ (H) | U/L | 53 - 128 |
| Method - JPC | | | |
| TOTAL PROTEIN | 7.5 | g/dl | 6.4 - 8.2 |
| Method - Biuret | | | |
| ALBUMIN | 5.3 ▲ (H) | g/dl | 3.5 - 5.2 |
| Method - Bromocresol Green | | | |
| GLOBULIN | 2.2 | g/dl | 2 - 3.5 |
| Method - Calculated | | | |
| ALBUMIN:GLOBULIN | 2.4 | - | 1.1 - 2.5 |
| Method - Calculated | | | |
| GGT | 38 | U/L | 8 - 61 |
| Method - Enzymatic colorimetric assay | | | |
| BLOOD UREA NITROGEN | | | |
| BLOOD UREA NITROGEN | 8.4 | mg/dl | 6 - 20 |
| Method - Calculated | | | |
| LIPID PROFILE | | | |
| SAMPLE : SERUM | | | |
| TOTAL CHOLESTEROL | 184 | mg/dl | Desirable <200 Borderline 200 - 239 High >=240 |
| Method - CHOD-PAP | | | |
| HDL CHOLESTEROL | 40 | mg/dl | 40 - 60 |
| Method - Homogenous Polymeric Colorimetric | | | |



LABORATORY INVESTIGATION REPORT

| | | | | |
|---------------------|--|-------------------|--------------------|-----------------------------|
| Patient Name | : Mr. Saumen Das | Age/Sex | : 28 Years / Male | |
| UHID | : 1896.2117001 | Order Date | : 2023/03/20 10:27 | |
| Episodes | : 1 OP | Ward No | : 40000000 | |
| Ref. Doctor | : 1 SRM | DOB | : 1995/01/09 | |
| Address | : B. 24 2ND FL., Kolkata West Bengal, 700040 | | Facility | : Narayan Memorial Hospital |

| | | | |
|--|----------|-------|---|
| LDL CHOLESTEROL Unit: mmol/L Serum Cholesterol | 1.14 | mg/dL | Optimal < 100 Borderline 100 - 129 High > 130 |
| VLDL Unit: mmol/L Serum | 30 | mg/dL | 1 - 35 |
| CHOLESTEROL-HDL RATIO | 4.00 | - | - |
| LDL-HDL RATIO | 2.00 | - | - |
| TRIGLYCERIDES Unit: mmol/L Serum | 150 x 10 | mg/dL | Desirable < 100 Borderline 100 - 150 High > 150 |
| URIC ACID SAMPLE : SERUM | 6.3 | mg/dL | 4 - 7 |
| URIC ACID Unit: mmol/L Serum | 6.3 | - | - |
| BUN / CREATINE RATIO SAMPLE : SERUM | 9.3 | - | - |
| BUN / CREATINE RATIO | 9.3 | - | - |
| GLYCOSYLATED HAEMOGLOBIN (HBA1C) SAMPLE : EDTA BLOOD | 5.3 | - | - |
| HBA1C | 5.3 | - | - |

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 (especially severe iron deficiency anaemia & haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
- Interference of haemoglobinopathies in HbA1c estimation.
 - A. For HbF > 20%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
 - B. Non-specific haemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status.
 - C. Haemoglobin state detected (SIC) tube is corrected for HbS and HbC level.
- For known diabetic patients, following values can be considered as a tool for monitoring the glycemic control:
 - Excellent Control: < 7 %
 - Fair to Good Control: 7 - 8 %
 - Unsatisfactory Control: 9 - 10 %
 - Poor Control: > 10 %

Note: Hemoglobin electrophoresis (HPLC method) is recommended for detecting hemoglobinopathy.



LABORATORY INVESTIGATION REPORT

| | |
|--|---|
| Patient Name : Mr. Saumen Das | Age/Sex : 38 Year(s) / Male |
| UHID : NMHK,2117095 | Order Date : 09/03/2024 10:14 |
| Episode : OP | Mobile No : 8238082088 |
| Ref. Doctor : NMH | DOB : 06/01/1986 |
| Address : BL 2A 2ND FL , ,Kolkata,West Bengal ,700040 | Facility : NARAYAN MEMORIAL HOSPITAL |

| | | | |
|--|------------------|-------|---|
| LDL CHOLESTEROL Method - Homogenous Enzymatic Colorimetric | 114 | mg/dl | Optimal < 100 Borderline 130 - 159 High > 160 |
| VLDL Method - CALCULATED | 30 | mg/dl | 0 - 30 |
| CHOLESTEROL-HDL RATIO | 4.60 | - | |
| LDL-HDL RATIO | 2.85 | - | |
| TRIGLYCERIDES Method - Enzymatic Colorimetric | 150 Δ (H) | mg/dl | Desirable < 150 Borderline 150 - 200 High > 200 |
| URIC ACID | | | |
| SAMPLE : SERUM | | | |
| URIC ACID Method - Enzymatic Colorimetric | 6.5 | mg/dl | 3.4 - 7 |
| BUN / CREATINE RATIO | | | |
| SAMPLE : SERUM | | | |
| BUN / CREATINE RATIO | 9.3 | | |
| GLYCOSYLATED HAEMOGLOBIN (HBA1C) | | | |
| SAMPLE : EDTA BLOOD | | | |
| HBA1C | 5.3 | | |

Interpretation & Remark:

1. HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose.
2. HbA1c has been endorsed by clinical groups & American Diabetes Association guidelines 2017, for diagnosis of diabetes using a cut-off point of 6.5%.
3. Trends in HbA1c are a better indicator of diabetic control than a solitary test.
4. 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.
5. 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).
6. 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.

LABORATORY INVESTIGATION REPORT



Patient Name : Mr. Saumen Das
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Episode : OP
Ref. Doctor : NMH
Address : BL 2A 2ND FL , ,Kolkata,West Bengal ,700040

Age/Sex : 38 Year(s) / Male
Order Date : 09/03/2024 10:14
Mobile No : 8238082088
DOB : 08/01/1986
Facility : NARAYAN MEMORIAL HOSPITAL

BLOOD SUGAR(F)

SAMPLE : PLASMA

BLOOD SUGAR FASTING
Method - Hexokinase

102 mg/dl 70 - 109

BLOOD SUGAR(PP)

SAMPLE : PLASMA

BLOOD SUGAR PP
Method - Hexokinase

95 mg/dl 70 - 140

End of Report

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

Checked By



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|---------------------|---|-------------------|-----------------------------|
| Patient Name | : Mr. Saumen Das | Age/Sex | : 38 Year(s) / Male |
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| Ref. Doctor | : NMH | DOB | : 08/01/1986 |
| Address | : BL 2A 2ND FL , ,Kolkata,West Bengal ,700040 | Facility | : NARAYAN MEMORIAL HOSPITAL |

Immunology

| INVESTIGATION | RESULTS | UNITS | BIOLOGICAL REFERENCE |
|------------------------|----------------------------------|-----------------------------|------------------------------|
| Sample No : 07H0165550 | Collection Date : 09/03/24 10:33 | Ack Date : 09/03/2024 12:26 | Report Date : 09/03/24 16:29 |

THYROID FUNCTION TEST

SAMPLE : SERUM

| | | | |
|----------------|------|--------|---|
| T3 | 0.85 | ng/ml | 0.60 - 1.80 |
| Method - ECLIA | | | |
| T4 | 7.86 | ug/dL | 5.40 - 11.70 |
| Method - ECLIA | | | |
| TSH | 2.59 | 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 (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, FAAC
 (CONSULTANT BIOCHEMIST)

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| Ref. Doctor : NMH | DOB : 08/01/1986 |
| Address : BL 2A 2ND FL., ,Kolkata,West Bengal ,700040 | Facility : NARAYAN MEMORIAL HOSPITAL |

Clinical Pathology

| INVESTIGATION | RESULTS | UNIT | REFERENCE RANGE |
|------------------------|----------------------------------|-----------------------------|------------------------------|
| Sample No. : 07H016560 | Collection Date : 09/03/24 10:33 | Ask Date : 09/03/2024 10:20 | Report Date : 09/03/24 12:21 |

URINE FOR R/E

SAMPLE : URINE

PHYSICAL EXAMINATION

| | | | |
|------------------|-----------------|----|---------------|
| VOLUME | 40 | ml | |
| COLOUR | STRAW | | |
| APPEARANCE | SLIGHTLY HAZY | | |
| 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 | 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

SAMPLE : URINE

| | |
|--------|--------|
| RESULT | ABSENT |
|--------|--------|

| | | | |
|------------------------|----------------------------------|-----------------------------|------------------------------|
| Sample No. : 07H016578 | Collection Date : 20/03/24 11:23 | Ask Date : 09/03/2024 10:22 | Report Date : 09/03/24 12:21 |
|------------------------|----------------------------------|-----------------------------|------------------------------|

URINE FOR SUGAR PP

SAMPLE : URINE

| | |
|--------|--------|
| RESULT | ABSENT |
|--------|--------|

End of Report



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Patient Name : Mr. Saumen Das
UHID : NMHK.2117095
Episode : OP
Ref. Doctor : NMH
Address : BL 2A 2ND FL, ,Kolkata,West Bengal ,700040

Age/Sex : 38 Year(s) / Male
Order Date : 09/03/2024 10:14
Mobile No : 8238082088
DOB : 08/01/1986
Facility : NARAYAN MEMORIAL HOSPITAL

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

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

Checked By



Narayan Memorial Hospital

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

CIN No. : U85110WB2005PTC104884

GSTIN No. : 19AACGN1707E125



DIAGNOSTICS REPORT

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| Patient Name | : Mr. Saumen Das | Order Date | : 09/03/2024 10:14 |
| Age/Sex | : 38 Year(s)/Male | Report Date | : 10/03/2024 14:17 |
| UHID | : NMHK.2117095 | Facility | : NARAYAN MEMORIAL HOSPITAL |
| Ref. Doctor | : | Mobile | : 823882088 |
| Address | : BL 2A 2ND FL, Kolkata, West Bengal, 700040 | | |

ELECTROCARDIOGRAM REPORT (ECG)

HR : 68 bpm
Rhythm : Sinus
P wave : Normal
PR Interval : 170 msec
QRS axis : Normal
QRS duration : 100 msec
QRS configuration : Normal
T wave : Non specific changes
ST segment : Non specific changes
QTc : 378 msec
QT : 352 msec

IMPRESSION

- Sinus rhythm.
- Within normal limits.
Clinical correlation please.

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

RegNo: 56285





DIAGNOSTICS REPORT

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|--------------|--|-------------|-----------------------------|
| Patient Name | : Mr. Soumen Das | Order Date | : 09/03/2024 10:14 |
| Age/Sex | : 38 Year(s)/Male | Report Date | : 09/03/2024 17:48 |
| UHID | : NMRK.2117095 | Facility | : NARAYAN MEMORIAL HOSPITAL |
| Ref. Doctor | : | Mobile | : 8238082088 |
| Address | : BL 2A 2ND FL, Kolkata, West Bengal, 700040 | | |

REPORT OF ECHO SCREENING

No regional wall motion abnormality at rest.
Normal LV systolic function (LVEF = 68%).
Normal RV systolic function. (TAPSE =1.6 cm, RVS' =0.11 m/s).
Borderline concentric left ventricular hypertrophy.
Adequate diastolic compliance (E/e' =11.00) (E/A - 1.57).
No pericardial effusion.
Mild TR. Estimated PASP 27 mmHg.
IVC normal diameter &> 50 % respiratory compressibility.
No thrombus, mass / vegetation.

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