

Lab No.	: SG2/08-03-2025/MR0439156	Lab Add.	: Sevoke Road, Siliguri 734001
Patient Name	: SONIYA THAPA	Ref Dr.	: Dr.MEDICAL OFFICER
Age	: 34 Y 0 M 9 D	Collection Date	: 08/Mar/2025 09:06AM
Gender	: F	Report Date	: 08/Mar/2025 04:33PM



DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
*BILIRUBIN (TOTAL) , GEL SERUM			
BILIRUBIN (TOTAL) (Method:DIAZONIUM ION)	0.63	0.2 - 1.2	mg/dL
SGPT/ALT , GEL SERUM			
(Method:UV WITH P5P)	20	16- 63	U/L
SODIUM,BLOOD			
(Method:ISE INDIRECT)	137	136 - 145	mEq/L
POTASSIUM,BLOOD			
(Method:ISE INDIRECT)	4.1	3.5 - 5.1	mEq/L
UREA,BLOOD			
(Method:UREASE-COLORIMETRIC)	17	12.8 - 42.8	mg/dl
PHOSPHORUS-INORGANIC,BLOOD			
(Method:UV PHOSPHOMOLYBDATE)	4.2	2.5 - 4.5	mg/dL
*TOTAL PROTEIN [BLOOD] ALB:GLO RATIO , .			
TOTAL PROTEIN (Method:BIURET METHOD)	6.94	6.6 - 8.7	g/dL
ALBUMIN (Method:BCP)	3.8	3.4-5.0	g/dL
GLOBULIN (Method:Calculated)	3.15	1.8-3.2	g/dL
AG Ratio (Method:Calculated)	1.2	1.0 - 2.5	
ALKALINE PHOSPHATASE			
(Method:P-NPP,AMP BUFFER)	85	46 - 116	U/L
*THYROID PANEL (T3, T4, TSH) , GEL SERUM			
T3-TOTAL (TRI IODOTHYRONINE) (Method:CLIA)	0.97	0.60 - 1.81	ng/mL
T4-TOTAL (THYROXINE) (Method:CLIA)	8.4	4.5 - 10.9	microgram/dl
TSH (THYROID STIMULATING HORMONE) (Method:CLIA)	2.37	0.35 - 5.5	µIU/mL

BIOLOGICAL REFERENCE INTERVAL : [ONLY FOR PREGNANT MOTHERS]

Trimester specific TSH LEVELS during pregnancy:

FIRST TRIMESTER : 0.10 2.50 µ IU/mL
 SECOND TRIMESTER : 0.20 3.00 µ IU/mL
 THIRD TRIMESTER : 0.30 3.00 µ IU/mL

References :

- 1.Indian Thyroid Society guidelines for management of thyroid dysfunction during pregnancy. Clinical Practice Guidelines, New Delhi: Elsevier; 2012.
- 2.Stagnaro-Green A, Abalovich M, Alexander E, Azizi F, Mestman J, Negro R, et al. Guidelines of the American Thyroid Association for the Diagnosis and Management of Thyroid Disease During Pregnancy and Postpartum. Thyroid 2011;21: 1081-25.
- 3.Dave A, Maru L, Tripathi M. Importance of Universal screening for thyroid disorders in first trimester of pregnancy. Indian J Endocr Metab [serial online] 2014 [cited 2014 Sep 25]; 18: 735-8. Available from: <http://www.ijem.in/text.asp?2014/18/5/735/139221>.

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
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GLUCOSE,PP (Method:Hexokinase Method)	100	75-140	mg/dl
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GLUCOSE,FASTING (Method:HEXOKINASE)	80	70 - 100	mg/dL
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CREATININE, BLOOD (Method: ALKALINE PICRATE)	0.79	0.5 - 1.1	mg/L
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LIPID PROFILE , GEL SERUM

CHOLESTEROL-TOTAL (Method:CHOLESTEROL OXIDASE, ESTERASE,PEROXIDASE)	114	Desirable: < 200, Borderline high: 200-239, High: > 240	mg/dL
TRIGLYCERIDES (Method:ENZYMATIC, END POINT)	65	NORMAL: < 150, BORDERLINE HIGH: 150-199, HIGH: 200-499, VERY HIGH: > 500	mg/dL
HDL CHOLESTEROL (Method:DIRECT MEASURE-PEG)	46	NO RISK : >60, MODERATE RISK : 40-60, HIGH RISK : <40	mg/dL
LDL CHOLESTEROL DIRECT (Method:DIRECT MEASURE)	56	Optimal : <100, Above optimal : 100-129, Borderline High : 130-159, High : 160-189, Very High : >=190	mg/dL
VLDL (Method:Calculated)	13	< 40	mg/dL
CHOL HDL Ratio (Method:Calculated)	2.5	LOW RISK 3.3-4.4 AVERAGE RISK 4.47-7.1 MODERATE RISK 7.1-11.0 HIGH RISK >11.0	
NON-HDL CHOLESTEROL (Method:Calculated)	68.68	< 130	mg/dL

SGOT/AST (Method:UV WITH P5P)	21	15 - 37	U/L
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URIC ACID,BLOOD (Method:URICASE ,COLORIMETRIC)	5.34	2.6 - 6.0	mg/dL
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CHLORIDE,BLOOD (Method:ISE INDIRECT)	108	98 - 107	mEq/L
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BILIRUBIN (DIRECT) (Method:DIAZOTIZATION)	0.17	< 0.2	mg/dL
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CALCIUM,BLOOD (Method:OCPC)	8.54	8.6-10.0	mg/L
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***GLYCATED HAEMOGLOBIN (HBA1C) , EDTA WHOLE BLOOD**

GLYCATED HEMOGLOBIN (HBA1C)	5	***For biological reference interval, please refer to the below mentioned remarks ***	%
HbA1c (IFCC)	31		mmol/mol

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
(Method:HPLC)			

Clinical Information and Laboratory clinical interpretation on Biological Reference Interval:

Low risk / Normal / non-diabetic : <5.7% (NGSP) / < 39 mmol/mol (IFCC)
 Pre-diabetes/High risk of Diabetes : 5.7%- 6.4% (NGSP) / 39 - < 48 mmol/mol (IFCC)
 Diabetics-HbA1c level : >/= 6.5% (NGSP) / > 48 mmol/mol (IFCC)

Analyzer used : Bio-Rad D 10
Method : HPLC Cation Exchange

Recommendations for glycemc targets

- Ø Patients should use self-monitoring of blood glucose (SMBG) and HbA1c levels to assess glycemc control.
 - Ø The timing and frequency of SMBG should be tailored based on patients' individual treatment, needs, and goals.
 - Ø Patients should undergo HbA1c testing at least twice a year if they are meeting treatment goals and have stable glycemc control.
 - Ø If a patient changes treatment plans or does not meet his or her glycemc goals, HbA1c testing should be done quarterly.
 - Ø For most adults who are not pregnant, HbA1c levels should be <7% to help reduce microvascular complications and macrovascular disease . Action suggested >8% as it indicates poor control.
 - Ø Some patients may benefit from HbA1c goals that are stringent.
- Result alterations in the estimation has been established in many circumstances, such as after acute/ chronic blood loss, for example, after surgery, blood transfusions, hemolytic anemia, or high erythrocyte turnover; vitamin B12/ folate deficiency, presence of chronic renal or liver disease; after administration of high-dose vitamin E / C; or erythropoietin treatment.
- Reference: Glycated hemoglobin monitoring BMJ 2006; 333:586-8

References:

1. Chamberlain JJ, Rhinehart AS, Shaefer CF, et al. Diagnosis and management of diabetes: synopsis of the 2016 American Diabetes Association Standards of Medical Care in Diabetes. Ann Intern Med. Published online 1 March 2016. doi:10.7326/M15-3016.
2. Mosca A, Goodall I, Hoshino T, Jeppsson JO, John WG, Little RR, Miedema K, Myers GL, Reinauer H, Sacks DB, Weykamp CW. International Federation of Clinical Chemistry and Laboratory Medicine, IFCC Scientific Division. Global standardization of glycated hemoglobin measurement: the position of the IFCC Working Group. Clin Chem Lab Med. 2007;45(8):1077-1080.

[PDF Attached](#)

*** End Of Report ***

Dr. Ankush Chakraborty
 MBBS, MD (Path), IFCAP
 Consultant Pathologist
 Reg. No. 65992 (WBMC)



MC-2176

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Gender	: F	Report Date	: 08/Mar/2025 06:55PM



DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Bio Ref. Interval	Unit
CBC WITH PLATELET (THROMBOCYTE) COUNT , EDTA WHOLE BLOOD			
HEMOGLOBIN (Method:SLS haemoglobin method)	12.7	12 - 15	g/dL
WBC (Method:Impedance)	5.1	4 - 10	x10 ³ /μL
RBC (Method:Impedance)	4.58	3.8 - 4.8	x10 ⁶ /μL
PLATELET (Method:Impedance/Microscopy)	238	150-450	x10 ³ /μL
DIFFERENTIAL COUNT			
NEUTROPHILS (Method:Flowcytometry/Microscopy)	62	40 - 80	%
LYMPHOCYTES (Method:Flowcytometry/Microscopy)	31	20 - 40	%
MONOCYTES (Method:Flowcytometry/Microscopy)	03	2 - 10	%
EOSINOPHILS (Method:Flowcytometry/Microscopy)	04	1 - 6	%
BASOPHILS (Method:Impedance/Microscopy)	00	0-0.9	%
CBC SUBGROUP			
HEMATOCRIT / PCV (Method:Calculated)	39.5	36 - 46	%
MCV (Method:Calculated)	86.3	83 - 101	fL
MCH (Method:Calculated)	27.8	27 - 32	pg
MCHC (Method:Calculated)	32.2	31.5-34.5	g/dL
RDW - RED CELL DISTRIBUTION WIDTH (Method:Calculated)	13.2	11.6-14	%
PDW-PLATELET DISTRIBUTION WIDTH (Method:Calculated)	21.3	8.3 - 25	fL
MPV-MEAN PLATELET VOLUME (Method:Calculated)	12.2	7.5 - 11.5	fL
RBC	Normocytic normochromic.		
WBC.	Normal in number & morphology.		
PLATELET	Adequate.		

ESR (ERYTHROCYTE SEDIMENTATION RATE) , EDTA WHOLE BLOOD

ESR (Method:Modified Westergren Method)	10	0.0 - 20	mm/hr
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BLOOD GROUP ABO+RH [GEL METHOD] , EDTA WHOLE BLOOD

ABO (Method:Column Agglutination)	A
Rh (Method:Column Agglutination)	Positive

Gel technology Dia Med ID Micro typing system is the latest technology in transfusion Medicine.

It gives more reproducible and standardized test results.

It more repaid, reliable, very sensitive and objective , and hence more consistent and comparable results are obtained.

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DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Bio Ref. Interval	Unit
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Single used cards are individualised for every patient and results can be photographed / scanned and stored for future use. Special instruments that are used only for this technology also reduce risk of any contamination.

Ref:- WHO technical manual on transfusion medicine-Second Edition 2003

(RESULTS ALSO VERIFIED BY : FORWARD AND REVERSE GROUPING (TUBE AND SLIDE METHOD))

Advantages:

- Column agglutination by gel card allows simultaneous forward and reverse grouping.
- Card is scanned and record is preserved for future reference.
- Allows identification of Bombay blood group.
- Daily quality controls are run allowing accurate monitoring.

Note: Historical records check not performed.

*** End Of Report ***

Dr. Ankush Chakraborty
MBBS, MD (Path), IFCAP
Consultant Pathologist
Reg. No. 65992 (WBMC)



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Patient Name	: SONIYA THAPA	Ref Dr.	: Dr. MEDICAL OFFICER
Age	: 34 Y 0 M 9 D	Collection Date	: 08/Mar/2025 04:08PM
Gender	: F	Report Date	: 10/Mar/2025 01:16PM



DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Bio Ref. Interval	Unit
URINE ROUTINE ALL, ALL , URINE			
<u>PHYSICAL EXAMINATION</u>			
COLOUR	PALE YELLOW		
APPEARANCE	SLIGHTLY HAZY		
<u>CHEMICAL EXAMINATION</u>			
pH (Method:Dipstick (triple indicator method))	7.0	4.6 - 8.0	
SPECIFIC GRAVITY (Method:Dipstick (ion concentration method))	1.010	1.005 - 1.030	
PROTEIN (Method:Dipstick (protein error of pH indicators)/Manual)	ABSENT	NOT DETECTED	
GLUCOSE (Method:Dipstick(glucose-oxidase-peroxidase method)/Manual)	ABSENT	NOT DETECTED	
KETONES (ACETOACETIC ACID, ACETONE) (Method:Dipstick (Legals test)/Manual)	ABSENT	NOT DETECTED	
BLOOD (Method:Dipstick (pseudoperoxidase reaction))	PRESENT (++++)	NOT DETECTED	
BILIRUBIN (Method:Dipstick (azo-diazo reaction)/Manual)	NEGATIVE	NEGATIVE	
UROBILINOGEN (Method:Dipstick (diazonium ion reaction)/Manual)	NEGATIVE	NEGATIVE	
NITRITE (Method:Dipstick (Griess test))	NEGATIVE	NEGATIVE	
LEUCOCYTE ESTERASE (Method:Dipstick (ester hydrolysis reaction))	NEGATIVE	NEGATIVE	
<u>MICROSCOPIC EXAMINATION</u>			
LEUKOCYTES (PUS CELLS) (Method:Microscopy)	0-2	0-5	/hpf
EPITHELIAL CELLS (Method:Microscopy)	3-4	0-5	/hpf
RED BLOOD CELLS (Method:Microscopy)	ABSENT	0-2	/hpf
CAST (Method:Microscopy)	ABSENT	NOT DETECTED	
CRYSTALS (Method:Microscopy)	ABSENT	NOT DETECTED	
BACTERIA (Method:Microscopy)	PRESENT (+)	NOT DETECTED	
YEAST (Method:Microscopy)	ABSENT	NOT DETECTED	
OTHERS	ABSENT		

Note:

- All urine samples are checked for adequacy and suitability before examination.
- Analysis by urine analyzer of dipstick is based on reflectance photometry principle. Abnormal results of chemical examinations are confirmed by manual methods.
- The first voided morning clean-catch midstream urine sample is the specimen of choice for chemical and microscopic analysis.
- Negative nitrite test does not exclude urinary tract infections.
- Trace proteinuria can be seen in many physiological conditions like exercise, pregnancy, prolonged recumbency etc.
- False positive results for glucose, protein, nitrite, urobilinogen, bilirubin can occur due to use of certain drugs, therapeutic dyes, ascorbic acid, cleaning agents used in urine collection container.
- Discrepancy between results of leukocyte esterase and blood obtained by chemical methods with corresponding pus cell and red blood cell count by

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DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Bio Ref. Interval	Unit
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microscopy can occur due to cell lysis.

8. Contamination from perineum and vaginal discharge should be avoided during collection, which may falsely elevate epithelial cell count and show presence of bacteria and/or yeast in the urine.

*** End Of Report ***

Dr. Richa Agarwal
Consultant Pathologist
M.B.B.S, M.D Pathology

Lab No. : SG2/08-03-2025/MR0439156

Lab Add. :

Patient Name : SONIYA THAPA

Ref Dr. : Dr.MEDICAL OFFICER

Age : 34 Y 0 M 9 D

Collection Date :

Gender : F

Report Date : 08/Mar/2025 12:29PM



X-RAY CHEST PA VIEW

Bilateral lung fields appear normal.

Bilateral costophrenic angles are unremarkable.

Bilateral hila and vascular markings are unremarkable.

Domes of diaphragm are normal in morphology and contour.

Cardiac size is within normal limits.


Bony thoracic cage appears normal.

IMPRESSION:

No significant abnormality detected.

Recommended clinical correlation with other investigation.

*** End Of Report ***


Dr. Manish Kumar Jha
MD Radiodiagnosis
Reg. No.- 77237(WBMC)

Lab No. : SG2/08-03-2025/MR0439156
Patient Name : SONIYA THAPA
Age : 34 Y 0 M 9 D
Gender : F

Lab Add. :
Ref Dr. : Dr.MEDICAL OFFICER
Collection Date :
Report Date : 08/Mar/2025 05:01PM



DEPARTMENT OF ULTRASONOGRAPHY
REPORT ON EXAMINATION OF WHOLE ABDOMEN

LIVER

Liver is normal in size having normal shape, regular smooth outline and of homogeneous echotexture. No focal parenchymal lesion is evident. Intrahepatic biliary radicles are not dilated. Branches of portal vein are normal

PORTA

The appearance of porta is normal. Common Bile duct is normal with no intraluminal pathology (Calculi /mass) could be detected at its visualised part. Portal vein is normal at porta.

GALL BLADDER

Gallbladder is physiologically distended. Wall thickness appears normal. No intraluminal pathology (Calculi/mass) could be detected. Sonographic Murphys sign is negative.

PANCREAS

Echogenicity appears within limits, without any focal lesion. Shape, size & position appears normal. No Calcular disease noted. Pancreatic duct is not dilated. No peri-pancreatic collection of fluid noted.

SPLEEN

Spleen is normal in size (102 mm). Homogenous and smooth echotexture without any focal lesion. Splenic vein at hilum appears normal. No definite collaterals could be detected.

KIDNEYS

Both kidneys are normal in shape, size (Rt. kidney 94 mm. & Lt. kidney 99 mm.) axes & position. Cortical echogenicity appears normal maintaining cortico-medullary differentiation. Margin is regular and cortical thickness is uniform. No calcular disease noted. No hydronephrotic changes detected. Visualised part of upper ureters are not dilated.

URINARY BLADDER

Urinary bladder is distended, wall thickness appeared normal. No intraluminal pathology (calculi/mass) could be detected.

UTERUS

Uterus is anteverted, normal in size. Endometrium (collapsed wall) is in midline. Myometrium appears smooth & homogenous without any detectable/sizable focal lesion. Cervix looks normal. Pouch of Douglas is free.

OVARIES

Ovaries are normal in size, shape, position, margin and echotexture.

IMPRESSION :

Sonographic study of whole abdomen does not reveal any significant abnormality.

Kindly note

- *Ultrasound is not the modality of choice to rule out subtle bowel lesion.*
- *Please Intimate us for any typing mistakes and send the report for correction within 7 days.*
- *The science of Radiological diagnosis is based on the interpretation of various shadows produced by both the normal and abnormal tissues and are not always*

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conclusive. Further biochemical and radiological investigation & clinical correlation is required to enable the clinician to reach the final diagnosis.

The report and films are not valid for medico-legal purpose.

Patient Identity not verified.

*** End Of Report ***

A handwritten signature in black ink, appearing to read 'Ziaul Mustafa'.

DR. Ziaul Mustafa
MD, Radiodiagnosis

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Gender	: F	Report Date	: 08/Mar/2025 02:08PM



DEPARTMENT OF RADIOLOGY
MAMMOGRAPHY OF BOTH BREAST

Cranio-caudal & medio-lateral oblique views of both mammary gland are taken along with axillary tail.

Reveal coarse texture of glandular elements mixed with fatty tissue.

No macro / micro calcification noted.

Skin & nipple outline are normal on both sides.

AXILLA : No nodes on both sides.

IMPRESSION :

Normal mammography of both breast.

N.B: Mammography may be normal in fibroadenosis.

Breast imaging and data system
 Category 0: Need additional imaging
 Category 1: Negative category 2: Benign findings
 Category 3: Probably benign (< 2 % risk of malignancy)
 short interval follow up suggested (in 6 months)
 Category 4: Suspicious abnormality - biopsy should be considered
 Category 5: Highly suggestive of malignancy
 Appropriate action should be taken
 Category 6: Known biopsy proven malignancy]
 [INFORMATION REGARDING MAMMOGRAMS
 1.A report that is negative for malignancy should not delay biopsy if there is a dominant or clinically suspicious mass.
 2.In dense breasts an underlying mass lesion may be obscured.
 3.False positive diagnoses of cancer may occur in small percentage of case.]

*** End Of Report ***


DR. MukTI SARKAR MD.
CONSULTANT RADIOLOGIST

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Gender : F

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Collection Date :
Report Date : 08/Mar/2025 03:33PM



DEPARTMENT OF CARDIOLOGY
REPORT OF E.C.G.

HEART RATE : 53 /min.
RHYTHM : Regular sinus.
P-WAVE : Normal
P - R INTERVAL : 160 ms,
QRS DURATION : 80 ms
QRS CONFIGURATION : NORMAL
QRS VOLTAGE : R/S in V1 2/6 mm.
R/S in V6 7/2 mm.
QRS AXIS : Normal
Q- Waves : No significant Q-wave.
QT TIME : Normal.
ST SEGMENT : Normal.
T WAVE : NORMAL
ROTATION : Normal.
OTHER FINDINGS : Nil.
IMPRESSION : SINUS BRADYCARDIA.

*** End Of Report ***

DR. PRAJJAL KUMAR SINHA
MBBS, MD (General Medicine)
DM Cardiology
WBMC - 69828

Lab No. : SG2/08-03-2025/MR0439156

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Collection Date :

Gender : F

Report Date : 11/Mar/2025 03:58PM



DEPARTMENT OF CARDIOLOGY
REPORT ON EXAMINATION OF STRESS TEST (T.M.T)

RESULT : FAIR EXERCISE (7.0 METS) TOLERANCE. NORMAL
HEART RATE & BP RESPONSE. SIGNIFICANT ST-T
SEGMENT CHANGE IN LEADS II, III, avF.

THE TEST TERMINATED BECAUSE OF SOB.

IMPRESSION : THE TEST POSITIVE FOR INDUCIBLE ISCHAEMIA.

Thank you for the opportunity to participate in the care of your patient

*** End Of Report ***


Dr. ARABINDA SAHA (MD,DM)
CONSULTANT CARDIOLOGIST

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Age : 34 Y 0 M 9 D

Collection Date :

Gender : F

Report Date : 11/Mar/2025 12:53PM



DEPARTMENT OF RESPIRATORY MEDICINE
REPORT OF PULMONARY FUNCTION TEST

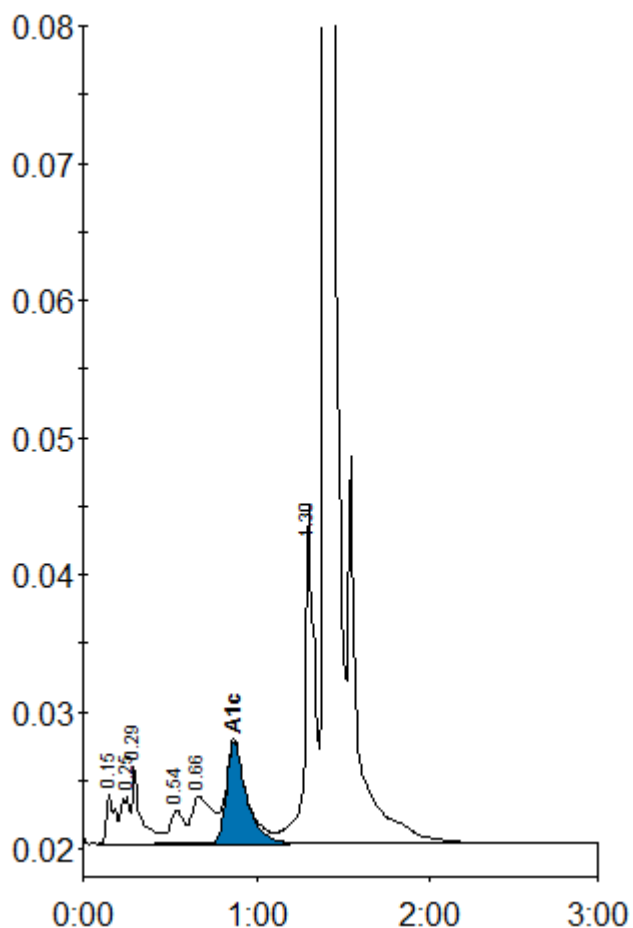
	PRE					
	Pred	Best	% Pred	Meas 1	Meas 2	Meas 3
FVC	2.96	2.89	98	2.89	2.77	2.66
FEV 1.0	2.56	2.58	101	2.58	2.54	2.53
FEV1.0/FVC	83	89	108	89	92	95
FEF25-75%	3.67	3.11	85	3.11	3.27	3.69
PEF	6.23	5.79	93	5.79	5.19	5.04
MEF 75%	5.64	5.78	102	5.78	5.17	4.97
MEF 50%	4.03	3.72	92	3.72	4.06	4.20
MEF 25%	1.85	1.40	75	1.40	1.61	1.95

IMPRESSION :
NORMAL PULMONARY FUNCTION.


Dr. ARABINDA SAHA (MD,DM)
CONSULTANT CARDIOLOGIST

Patient report

Sample ID: E02132119458
 Injection date 08/03/2025 11:43 PM
 Injection #: 11 D-10 Method: HbA1c
 Rack #: --- Rack position: 1
 Bio-Rad v: 5.00-2 S/N: #DM23F10804



Peak table - ID: E02132119458

Peak	R.time	Height	Area	Area %
A1a	0.15	3601	12797	0.7
Unknown	0.25	3417	11732	0.7
A1b	0.29	5823	20658	1.2
F	0.54	2383	13614	0.8
LA1c/CHb-1	0.66	3473	28092	1.6
A1c	0.87	7388	59918	5.0
P3	1.30	24624	94775	5.5
A0	1.40	666609	1491275	86.1
Total Area:			1732863	

Concentration:	%	mmol/mol
A1c	5.0	31