



Lab No. : KNK/10-06-2023/SR7743274  
 Patient Name : SUJAY PODDER  
 Age : 31 Y 4 M 5 D  
 Gender : M

Lab Add. : Newtown, Kolkata-700156  
 Ref Dr. : Dr.MEDICAL OFFICER  
 Collection Date: 10/Jun/2023 09:43AM  
 Report Date : 11/Jun/2023 11:20AM



Test Name	Result	Unit	Bio Ref. Interval	Method
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[PDF Attached](#)

**GLYCATED HAEMOGLOBIN (HBA1C) , EDTA WHOLE BLOOD**

GLYCATED HEMOGLOBIN (HBA1C)	4.9	%	***FOR BIOLOGICAL REFERENCE INTERVAL DETAILS , PLEASE REFER TO THE BELOW MENTIONED REMARKS/NOTE WITH ADDITIONAL CLINICAL INFORMATION ***	
HbA1c (IFCC)	30.0	mmol/mol		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-VARIANT TURBO 2.0  
 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 B<sub>12</sub>/ 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.

**Dr NEEPA CHOWDHURY**  
 MBBS MD (Biochemistry)  
 Consultant Biochemist



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PHOSPHORUS-INORGANIC, BLOOD , GEL SERUM

PHOSPHORUS-INORGANIC,BLOOD      3.0      mg/dL      2.4-5.1 mg/dL      Phosphomolybdate/UV

□

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<b>*ALKALINE PHOSPHATASE , GEL SERUM</b>					
ALKALINE PHOSPHATASE	104	U/L	46-116 U/L		PNPP- AMP
<b>*BILIRUBIN (DIRECT) , GEL SERUM</b>					
BILIRUBIN (DIRECT)	<b>0.22</b>	mg/dL	<0.2 mg/dL		DIAZOTIZED DCA
<b>*BILIRUBIN (TOTAL) , GEL SERUM</b>					
BILIRUBIN (TOTAL)	0.97	mg/dL	0.3-1.2 mg/dL		DIAZOTIZED DCA
<b>*SGPT/ALT , GEL SERUM</b>					
SGPT/ALT	<b>103</b>	U/L	7-40 U/L		IFCC KINETIC METHOD
<b>*POTASSIUM, BLOOD , GEL SERUM</b>					
POTASSIUM,BLOOD	4.50	mEq/L	3.5 - 5.5 mEq/L		ISE DIRECT
CREATININE, BLOOD , GEL SERUM	0.74	mg/dL	0.7-1.3 mg/dL		Jaffe, alkaline picrate, kinetic
<b>GLUCOSE, FASTING , BLOOD, NAF PLASMA</b>					
GLUCOSE,FASTING	83	mg/dL		Impaired Fasting-100-125 mg/dL. Hexokinase Method Diabetes- >= 126 mg/dL. Fasting is defined as no caloric intake for at least 8 hours.	
<b>*ESR (ERYTHROCYTE SEDIMENTATION RATE) , EDTA WHOLE BLOOD</b>					
1stHour	10	mm/hr	0.00 - 20.00 mm/hr		Westergren
<b>*TOTAL PROTEIN [BLOOD] ALB:GLO RATIO , .</b>					
TOTAL PROTEIN	<b>8.40</b>	g/dL	5.7-8.2 g/dL		BIURET METHOD
ALBUMIN	4.4	g/dL	3.2-4.8 g/dL		BCG Dye Binding
GLOBULIN	<b>4.00</b>	g/dl	1.8-3.2 g/dl		Calculated
AG Ratio	1.10		1.0 - 2.5		Calculated
<b>*URIC ACID, URINE, SPOT URINE</b>					
URIC ACID, SPOT URINE	<b>18.50</b>	mg/dL	37-92 mg/dL		URICASE
<b>*THYROID PANEL (T3, T4, TSH) , GEL SERUM</b>					
T3-TOTAL (TRI IODOTHYRONINE)	0.92	ng/ml	0.60-1.81 ng/ml		CLIA
T4-TOTAL (THYROXINE)	6.3	µg/dL	3.2-12.6 µg/dL		CLIA
TSH (THYROID STIMULATING HORMONE)	3.91	µIU/mL	0.35-5.5 µIU/mL		CLIA

**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

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*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>.*

**\*GLUCOSE, PP , BLOOD, NAF PLASMA**

GLUCOSE,PP	128	mg/dL	Impaired Glucose Tolerance-140 mg/dL to 199 mg/dL. Diabetes >= 200 mg/dL.	Hexokinase Method
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**\*SODIUM, BLOOD , GEL SERUM**

SODIUM,BLOOD	139	mEq/L	136 - 145 mEq/L	ISE DIRECT
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**\*CALCIUM, BLOOD**

CALCIUM,BLOOD	9.40	mg/dL	8.7-10.4 mg/dL	Modified OCPC
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**\*BLOOD GROUP ABO+RH [GEL METHOD] , EDTA WHOLE BLOOD**

ABO	B			Gel Card
RH	NEGATIVE			Gel Card
BLOOD GROUP COMMENTS	DU TEST : NEGATIVE			

**TECHNOLOGY USED: GEL METHOD**

**ADVANTAGES :**

- 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.

**Historical records check not performed.**

**\*URINE ROUTINE ALL, ALL , URINE**

**PHYSICAL EXAMINATION**

COLOUR	PALE YELLOW
APPEARANCE	SLIGHTLY HAZY

**CHEMICAL EXAMINATION**

pH	7		4.8 - 7.4	DIPSTICK
SPECIFIC GRAVITY	<b>1.010</b>		1.016-1.022	DIPSTICK
PROTEIN	NOT DETECTED		NOT DETECTED	DIPSTICK(Protein Error Principle)/MANUAL
GLUCOSE	NOT DETECTED		NOT DETECTED	DIPSTICK (Glucose Oxidase - peroxidase)/ MANUAL
KETONES (ACETOACETIC ACID, ACETONE)	NOT DETECTED		NOT DETECTED	Dipstick (Legals test)/Manual
BLOOD	NEGATIVE		NOT DETECTED	DIPSTICK(Pseudo Peroxidase Method)
BILIRUBIN	ABSENT		NEGATIVE	DIPSTICK(Azo-Diazo Reaction)/MANUAL
UROBILINOGEN	NORMAL		NORMAL	DIPSTICK(Diazonium Ion Reaction)/MANUAL
NITRITE	NEGATIVE		NEGATIVE	DIPSTICK(GRIESS TEST)
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	DIPSTICK

**MICROSCOPIC EXAMINATION**

LEUKOCYTES (PUS CELLS)	2 - 3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2 - 3	/hpf	0-5	Microscopy
RED BLOOD CELLS	NOT DETECTED	/hpf	0-2	Microscopy
CAST	NOT DETECTED		NOT DETECTED	Microscopy

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Lab No. : SR7743274	Name : SUJAY PODDER	Age/G : 31 Y 4 M 5 D / M	Date : 10-06-2023
CRYSTALS	NOT DETECTED	NOT DETECTED	Microscopy
BACTERIA	NOT DETECTED	NOT DETECTED	Microscopy
YEAST	NOT DETECTED	NOT DETECTED	Microscopy
OTHERS	NIL		

**Note:**

1. All urine samples are checked for adequacy and suitability before examination.
2. Analysis by urine analyzer of dipstick is based on reflectance photometry principle. Abnormal results of chemical examinations are confirmed by manual methods.
3. The first voided morning clean-catch midstream urine sample is the specimen of choice for chemical and microscopic analysis.
4. Negative nitrite test does not exclude urinary tract infections.
5. Trace proteinuria can be seen in many physiological conditions like exercise, pregnancy, prolonged recumbency etc.
6. 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.
7. Discrepancy between results of leukocyte esterase and blood obtained by chemical methods with corresponding pus cell and red blood cell count by 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.

**\*CBC WITH PLATELET (THROMBOCYTE) COUNT , EDTA WHOLE BLOOD**

HEMOGLOBIN	15.5	g/dL	13 - 17	PHOTOMETRIC
WBC	7.2	*10 <sup>3</sup> /μL	4 - 10	DC detection method
RBC	5.22	*10 <sup>6</sup> /μL	4.5 - 5.5	DC detection method
PLATELET (THROMBOCYTE) COUNT	152	*10 <sup>3</sup> /μL	150 - 450*10 <sup>3</sup> /μL	DC detection method/Microscopy

**DIFFERENTIAL COUNT**

NEUTROPHILS	61	%	40 - 80 %	Flowcytometry/Microscopy
LYMPHOCYTES	31	%	20 - 40 %	Flowcytometry/Microscopy
MONOCYTES	06	%	2 - 10 %	Flowcytometry/Microscopy
EOSINOPHILS	02	%	1 - 6 %	Flowcytometry/Microscopy
BASOPHILS	00	%	0-0.9%	Flowcytometry/Microscopy

**CBC SUBGROUP**

HEMATOCRIT / PCV	48.4	%	40 - 50 %	Calculated
MCV	92.7	fl	83 - 101 fl	Calculated
MCH	29.8	pg	27 - 32 pg	Calculated
MCHC	32.1	gm/dl	31.5-34.5 gm/dl	Calculated
RDW - RED CELL DISTRIBUTION WIDTH	<b>14.1</b>	%	11.6-14%	Calculated
PDW-PLATELET DISTRIBUTION WIDTH	40.8	fL	8.3 - 25 fL	Calculated
MPV-MEAN PLATELET VOLUME	16.2		7.5 - 11.5 fl	Calculated

**\*LIPID PROFILE , GEL SERUM**

CHOLESTEROL-TOTAL	235	mg/dL	Desirable: < 200 mg/dL Borderline high: 200-239 mg/dL High: > or =240 mg/dL	CHOD – PAP
TRIGLYCERIDES	<b>200</b>	mg/dL	Normal: < 150, BorderlineHigh::150-199, High:: 200-499, VeryHigh::>500	ENZYMATIC (END POINT)
HDL CHOLESTEROL	46	mg/dl	< 40 - Low 40-59- Optimum 60 - High	ENZYMATIC (PEG)
LDL CHOLESTEROL DIRECT	<b>155</b>	mg/dL	OPTIMAL : <100 mg/dL, Near optimal/ above optimal : 100-129 mg/dL, Borderline high : 130-159 mg/dL, High : 160-189 mg/dL, Very high : >=190 mg/dL	HOMOGENOUS ENZYMATICAL
VLDL	34	mg/dL	< 40 mg/dl	Calculated
CHOL HDL Ratio	<b>5.1</b>		LOW RISK 3.3-4.4 AVERAGE RISK 4.47-7.1 MODERATE RISK 7.1-11.0 HIGH RISK >11.0	Calculated

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\*SGOT/AST , GEL SERUM

SGOT/AST      59      U/L      13-40 U/L      IFCC Kinetic Method

\*CHLORIDE, BLOOD , .

CHLORIDE,BLOOD      101      mEq/L      98 - 107 mEq/L      ISE DIRECT

\*URIC ACID, BLOOD , GEL SERUM

URIC ACID,BLOOD      6.60      mg/dL      3.5-7.2 mg/dL      URICASE

UREA,BLOOD

14.0      mg/dL      19 - 49 mg/dL      Urease with GLDH

□



**DR. SHABNAM PARVIN**  
MD (Pathology)  
Consultant Pathologist

Lab No. : KNK/10-06-2023/SR7743274  
Patient Name : SUJAY PODDER  
Age : 31 Y 4 M 5 D  
Gender : M

Lab Add. :  
Ref Dr. : Dr.MEDICAL OFFICER  
Collection Date:  
Report Date : 11/Jun/2023 08:39AM



### E.C.G. REPORT

DATA		
HEART RATE	78	Bpm
PR INTERVAL	136	Ms
QRS DURATION	82	Ms
QT INTERVAL	344	Ms
QTC INTERVAL	395	Ms
AXIS		
P WAVE	38	Degree
QRS WAVE	51	Degree
T WAVE	-6	Degree
<b>IMPRESSION</b>	:	<b>Sinus arrhythmia otherwise normal ECG.</b>

□

*ACRay*

Dr. A C RAY  
Department of Non-invasive  
Cardiology

Lab No. : KNK/10-06-2023/SR7743274  
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Age : 31 Y 4 M 5 D  
Gender : M

Lab Add. :  
Ref Dr. : Dr.MEDICAL OFFICER  
Collection Date:  
Report Date : 11/Jun/2023 10:45AM



**X-RAY REPORT OF CHEST (PA) VIEW**

**FINDINGS:**

No active lung parenchymal lesion is seen.  
Both the hila are normal in size, density and position.  
Mediastinum is in central position. Trachea is in midline.  
Domes of diaphragm are smoothly outlined. Position is within normal limits.  
Lateral costo-phrenic angles are clear.  
The cardio-thoracic ratio is normal.  
Bony thorax reveals no definite abnormality.

DR. VIMLESH JI VIMAL  
MBBS (Cal)  
MD, DMRD(IPGME & R)  
Consultant Radiologist  
Reg No 61436



**Patient Data**

Sample ID: D02132169114  
 Patient ID: SR7743274  
 Name:  
 Physician:  
 Sex:  
 DOB:

**Analysis Data**

Analysis Performed: 10/JUN/2023 17:44:06  
 Injection Number: 2403U  
 Run Number: 60  
 Rack ID:  
 Tube Number: 6  
 Report Generated: 10/JUN/2023 17:53:13  
 Operator ID: ASIT

Comments:

Peak Name	NGSP %	Area %	Retention Time (min)	Peak Area
Unknown	---	0.1	0.111	2671
A1a	---	0.7	0.159	14343
A1b	---	1.6	0.223	33731
LA1c	---	1.6	0.392	34518
A1c	4.9	---	0.497	86480
P3	---	3.1	0.772	66826
P4	---	1.1	0.857	23840
Ao	---	87.7	0.977	1862585

Total Area: 2,124,993

**HbA1c (NGSP) = 4.9 %**      HbA1c (IFCC) = 30 mmol/mol

