



Lab No. : ASN/24-06-2023/SR7800026  
 Patient Name : CHETAN BARANWAL  
 Age : 40 Y 1 M 6 D  
 Gender : M

Lab Add. : Newtown, Kolkata-700156  
 Ref Dr. : Dr.MEDICAL OFFICER  
 Collection Date: 24/Jun/2023 10:11AM  
 Report Date : 25/Jun/2023 11:43AM



Test Name	Result	Unit	Bio Ref. Interval	Method
PHOSPHORUS-INORGANIC, BLOOD , GEL SERUM				
PHOSPHORUS-INORGANIC,BLOOD	2.9	mg/dL	2.4-5.1 mg/dL	Phosphomolybdate/UV

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

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<b>*BILIRUBIN (DIRECT) , GEL SERUM</b>				
BILIRUBIN (DIRECT)	0.20	mg/dL	< 0.3 mg/dl	Diazotized DCA Method
<b>*SGOT/AST , GEL SERUM</b>				
SGOT/AST	26	U/L	< 40 U/L	IFCC Kinetic Method
<b>*CHLORIDE, BLOOD , .</b>				
CHLORIDE,BLOOD	101	mEq/L	98 - 107 mEq/L	ISE DIRECT
<b>UREA,BLOOD , GEL SERUM</b>	21.3	mg/dl	12.8-42.8 mg/dl	UREASE-GLDH

<b>*CBC WITH PLATELET (THROMBOCYTE) COUNT , EDTA WHOLE BLOOD</b>				
HEMOGLOBIN	14.1	g/dL	13 - 17	PHOTOMETRIC
WBC	7.1	*10 <sup>3</sup> /μL	4 - 10	DC detection method
RBC	<b>4.41</b>	*10 <sup>6</sup> /μL	4.5 - 5.5	DC detection method
PLATELET (THROMBOCYTE) COUNT	169	*10 <sup>3</sup> /μL	150 - 450*10 <sup>3</sup> /μL	DC detection method/Microscopy

**DIFFERENTIAL COUNT**

NEUTROPHILS	44	%	40 - 80 %	Flowcytometry/Microscopy
LYMPHOCYTES	35	%	20 - 40 %	Flowcytometry/Microscopy
MONOCYTES	05	%	2 - 10 %	Flowcytometry/Microscopy
EOSINOPHILS	<b>16</b>	%	1 - 6 %	Flowcytometry/Microscopy
BASOPHILS	00	%	0-0.9%	Flowcytometry/Microscopy

**CBC SUBGROUP**

HEMATOCRIT / PCV	41.7	%	40 - 50 %	Calculated
MCV	94.6	fl	83 - 101 fl	Calculated
MCH	<b>32.1</b>	pg	27 - 32 pg	Calculated
MCHC	33.9	gm/dl	31.5-34.5 gm/dl	Calculated
RDW - RED CELL DISTRIBUTION WIDTH	<b>14.9</b>	%	11.6-14%	Calculated
PDW-PLATELET DISTRIBUTION WIDTH	26.3	fL	8.3 - 25 fL	Calculated
MPV-MEAN PLATELET VOLUME	13.2		7.5 - 11.5 fl	Calculated

**EOSINOPHILIA ON SMEAR**

**KINDLY CORRELATE CLINICALLY AND WITH SERUM IgE VALUES .**

<b>*ESR (ERYTHROCYTE SEDIMENTATION RATE) , EDTA WHOLE BLOOD</b>				
1stHour	07	mm/hr	0.00 - 20.00 mm/hr	Westergren

<b>*URIC ACID, BLOOD , GEL SERUM</b>				
URIC ACID,BLOOD	6.80	mg/dl	3.4 - 7.0 mg/dl	URICASE

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

**PHYSICAL EXAMINATION**

COLOUR	PALE YELLOW
APPEARANCE	CLEAR

**CHEMICAL EXAMINATION**

pH	6.5		4.6 - 8.0	Dipstick (triple indicator method)
SPECIFIC GRAVITY	1.005		1.005 - 1.030	Dipstick (ion concentration method)
PROTEIN	NOT DETECTED		NOT DETECTED	Dipstick (protein error of pH indicators)/Manual

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GLUCOSE	NOT DETECTED	NOT DETECTED	Dipstick (glucose-oxidase-peroxidase method)/Manual
KETONES (ACETOACETIC ACID, ACETONE)	NOT DETECTED	NOT DETECTED	Dipstick (Legals test)/Manual
BLOOD	NOT DETECTED	NOT DETECTED	Dipstick (pseudoperoxidase reaction)
BILIRUBIN	NEGATIVE	NEGATIVE	Dipstick (azo-diazo reaction)/Manual
UROBILINOGEN	NEGATIVE	NEGATIVE	Dipstick (diazonium ion reaction)/Manual
NITRITE	NEGATIVE	NEGATIVE	Dipstick (Griess test)
LEUCOCYTE ESTERASE	NEGATIVE	NEGATIVE	Dipstick (ester hydrolysis reaction)

### MICROSCOPIC EXAMINATION

LEUKOCYTES (PUS CELLS)	0-1	/hpf	0-5	Microscopy
EPITHELIAL CELLS	0-1	/hpf	0-5	Microscopy
RED BLOOD CELLS	NOT DETECTED	/hpf	0-2	Microscopy
CAST	NOT DETECTED		NOT DETECTED	Microscopy
CRYSTALS	NOT DETECTED		NOT DETECTED	Microscopy
BACTERIA	NOT DETECTED		NOT DETECTED	Microscopy
YEAST	NOT DETECTED		NOT DETECTED	Microscopy

#### 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.

#### \*LIPID PROFILE , GEL SERUM

CHOLESTEROL-TOTAL	183	mg/dL	Desirable: < 200 mg/dL Borderline high: 200-239 High: > or =240 mg/dL	CHOD PAP Method
TRIGLYCERIDES	206	mg/dL	NORMAL < 150 BORDERLINE HIGH 150-199 HIGH 200-499 VERY HIGH > 500	GPO-PAP
HDL CHOLESTEROL	42	mg/dL	35.3-79.5 mg/dl	DIRECT METHOD
LDL CHOLESTEROL DIRECT	113	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	Direct Method
VLDL	28	mg/dL	< 40 mg/dl	Calculated
CHOL HDL Ratio	4.4		LOW RISK 3.3-4.4 AVERAGE RISK 4.47-7.1 MODERATE RISK 7.1-11.0 HIGH RISK >11.0	Calculated

#### \*BILIRUBIN (TOTAL) , GEL SERUM

BILIRUBIN (TOTAL)	0.80	mg/dL	< 1.2 mg/dl	Diazotized DCA Method
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#### \*SODIUM, BLOOD , GEL SERUM

SODIUM,BLOOD	136	mEq/L	136 - 145 mEq/L	ISE DIRECT
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#### [PDF Attached](#)

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

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GLYCATED HEMOGLOBIN (HBA1C)	5.2	%	***FOR BIOLOGICAL REFERENCE INTERVAL DETAILS , PLEASE REFER TO THE BELOW MENTIONED REMARKS/NOTE WITH ADDITIONAL CLINICAL INFORMATION ***	
HbA1c (IFCC)	33.0	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 : BIORAD D-10**  
**Method : HPLC**

**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.

**\*GLUCOSE, FASTING , BLOOD, NAF PLASMA**

GLUCOSE,FASTING	92	mg/dL	(70 - 110 mg/dl)	GOD POD
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**\*ALKALINE PHOSPHATASE , GEL SERUM**

ALKALINE PHOSPHATASE	46	U/L	53-128 U/L	AMP
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**CREATININE, BLOOD**

CREATININE, BLOOD	0.85	mg/dL	0.70 - 1.3 mg/dl	ENZYMATIC
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**\*CALCIUM, BLOOD**

CALCIUM,BLOOD	9.20	mg/dL	8.6 - 10.2 mg/dl	ARSENAZO IIII
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**\*SGPT/ALT , GEL SERUM**

SGPT/ALT	37	U/L	< 41 U/L	IFCC Kinetic Method
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**\*TOTAL PROTEIN [BLOOD] ALB:GLO RATIO , .**

TOTAL PROTEIN	7.20	g/dL	6.6 - 8.7 g/dL	BIURET METHOD
ALBUMIN	4.5	g/dl	3.5-5.2 g/dl	BCG
GLOBULIN	2.70	g/dl	1.8-3.2 g/dl	Calculated

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Lab No. : SR7800026	Name : CHETAN BARANWAL	Age/G : 40 Y 1 M 6 D / M	Date : 24-06-2023
AG Ratio	1.67	1.0 - 2.5	Calculated
<b>*POTASSIUM, BLOOD , GEL SERUM</b>			
POTASSIUM,BLOOD	4.90	mEq/L 3.1-5.5 mEq/L	ISE DIRECT
<b>*THYROID PANEL (T3, T4, TSH) , GEL SERUM</b>			
T3-TOTAL (TRI IODOTHYRONINE)	<b>0.70</b>	ng/ml 0.9 - 2.2 ng/ml	CLIA
T4-TOTAL (THYROXINE)	<b>4.9</b>	5.5-16 microgram/dl 5.5-16 microgram/dl	CLIA
TSH (THYROID STIMULATING HORMONE)	1.70	$\mu$ IU/mL 0.5-4.7 $\mu$ IU/mL	CLIA

**BIOLOGICAL REFERENCE INTERVAL : [ONLY FOR PREGNANT MOTHERS]**

**Trimester specific TSH LEVELS during pregnancy:**

FIRST TRIMESTER : 0.10 2.50  $\mu$  IU/mL  
SECOND TRIMESTER : 0.20 3.00  $\mu$  IU/mL  
THIRD TRIMESTER : 0.30 3.00  $\mu$  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>.



**Dr Sayak Biswas**  
MBBS, MD  
Consultant Pathologist



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**BLOOD GROUP ABO+RH [GEL METHOD] , EDTA WHOLE BLOOD**

ABO	A	Gel Card
RH	POSITIVE	Gel Card

**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.**

□

*Bidisha Chakraborty*

**Dr. Bidisha Chakraborty**  
Consultant Pathologist  
MD, DNB (Pathology)  
Dip RC Path(UK)

Lab No. : ASN/24-06-2023/SR7800026  
Patient Name : CHETAN BARANWAL  
Age : 40 Y 1 M 6 D  
Gender : M

Lab Add. : ASANSOL  
Ref Dr. : Dr.MEDICAL OFFICER  
Collection Date:  
Report Date : 24/Jun/2023 03:04PM



**DEPARTMENT OF CARDIOLOGY**  
**REPORT OF E.C.G.**

**DATA**

HEART RATE	:	61 bpm
PR INTERVAL	:	124 ms
QRS DURATION	:	78 ms
QT INTERVAL	:	370 ms
QTC INTERVAL	:	374 ms

**AXIS**

P WAVE	:	41 degree
QRS WAVE	:	111 degree
T WAVE	:	20 degree

**IMPRESSION : Normal sinus rhythm, within normal limit.**

**\*\*\*Please correlate clinically\*\*\***

*ACR*

Dr. A C RAY  
Department of Non-invasive  
Cardiology

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Age : 40 Y 1 M 6 D  
Gender : M

Lab Add. : ASANSOL  
Ref Dr. : Dr.MEDICAL OFFICER  
Collection Date:  
Report Date : 24/Jun/2023 11:47AM



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

**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.

**IMPRESSION :**

- Normal study.

**DR. PRASHANT. Y. JOSHI**  
MD, Radiologist



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Age : 40 Y 1 M 6 D  
Gender : M

Lab Add. : ASANSOL  
Ref Dr. : Dr.MEDICAL OFFICER  
Collection Date:  
Report Date : 24/Jun/2023 05:13PM



## ULTRASONOGRAPHY OF WHOLE ABDOMEN

**LIVER:** Normal in shape, size (14.4 cm) and **shows increased echogenicity**. No focal lesion is seen. Intrahepatic biliary radicles are not dilated. The portal vein branches and hepatic veins are normal.

**GALL BLADDER:** Well distended lumen shows no intraluminal calculus or mass. Wall thickness is normal. No pericholecystic collection or mass formation is noted.

**PORTA HEPATIS:** The portal vein is normal in caliber (1.02 cm) with clear lumen. The common bile duct is normal in caliber. Visualized lumen is clear. Common bile duct measures 0.46 cm in diameter.

**PANCREAS:** It is normal in shape, size and echopattern. Main pancreatic duct is not dilated. No focal lesion is seen. The peripancreatic region shows no abnormal fluid collection.

**SPLEEN:** It is normal in shape, size (10.3 cm) and shows homogeneous echopattern. No focal lesion is seen. No abnormal venous dilatation is seen in the splenic hilum.

**KIDNEYS:** Both Kidneys are normal in shape, size and position. Cortical echogenicity and thickness are normal with normal cortico-medullary differentiation in both kidneys. No calculus, hydronephrosis or mass is noted. The perinephric region shows no abnormal fluid collection.

**RIGHT KIDNEY** measures 10.6 cm      **LEFT KIDNEY** measures 10.1 cm

**URINARY BLADDER:** It is adequately distended providing optimum scanning window. The lumen is clear and wall thickness is normal. Post void study shows no residual urine volume.

**PROSTATE:** It is normal in shape, size and echopattern. No focal lesion is seen. Capsule is smooth.

Prostate measures : 3.7 cm x 2.9 cm x 2.5 cm.      Weight : 14 gms.

### IMPRESSION:

\* **Grade-I hepatic steatosis.**

#### Kindly note

Ø *Ultrasound is not the modality of choice to rule out subtle bowel lesion.*

Ø *Please Intimate us for any typing mistakes and send the report for correction within 7 days.*

Ø *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 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.*

**DR. PRASHANT. Y. JOSHI**  
MD, Radiologist

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