

Lab No. : SG2/22-07-2023/SR7920983  
 Patient Name : SHASHANK VINAYAK  
 Age : 30 Y 11 M 16 D  
 Gender : M

Lab Add. : Sevoke Road, Siliguri 734001  
 Ref Dr. : Dr. MEDICAL OFFICER  
 Collection Date: 22/Jul/2023 11:15AM  
 Report Date : 22/Jul/2023 06:09PM



Test Name	Result	Unit	Bio Ref. Interval	Method
<b>*BILIRUBIN (TOTAL) , GEL SERUM</b>				
BILIRUBIN (TOTAL)	1.23	mg/dL	0.2 - 1.2 mg/dL	DIAZONIUM ION
<b>*GLUCOSE, FASTING , BLOOD, NAF PLASMA</b>				
GLUCOSE,FASTING	89	mg/dl	70 - 100 mg/dL	Hexokinase Method
<b>UREA,BLOOD , GEL SERUM</b>	22.0	mg/dl	12.8-42.8 mg/dl	UREASE-COLORIMETRIC
<b>*TOTAL PROTEIN [BLOOD] ALB:GLO RATIO , .</b>				
TOTAL PROTEIN	6.86	g/dL	6.6 - 8.7 g/dL	BIURET METHOD
ALBUMIN	4.0	g/dl	3.4 - 5.0 g/dl	BCP
GLOBULIN	2.84	g/dl	1.8-3.2 g/dl	Calculated
AG Ratio	1.42		1.0 - 2.5	Calculated
<b>*ALKALINE PHOSPHATASE , GEL SERUM</b>				
ALKALINE PHOSPHATASE	106	U/L	46 - 116 U/L	P-NPP,AMP BUFFER
<b>*BILIRUBIN (DIRECT) , GEL SERUM</b>				
BILIRUBIN (DIRECT)	0.24	mg/dL	< 0.2 mg/dl	DIAZOTIZATION
<b>*SGOT/AST , GEL SERUM</b>				
SGOT/AST	101	U/L	15 - 37 U/L	UV WITH P5P
<b>*SGPT/ALT , GEL SERUM</b>				
SGPT/ALT	226	U/L	16 - 63 U/L	UV WITH P5P
<b>*SODIUM, BLOOD , GEL SERUM</b>				
SODIUM,BLOOD	139	mEq/L	136 - 145 mEq/L	ISE INDIRECT
<b>*CHLORIDE, BLOOD , .</b>				
CHLORIDE,BLOOD	103	mEq/L	98 - 107 mEq/L	ISE INDIRECT
<b>*CALCIUM, BLOOD</b>				
CALCIUM,BLOOD	8.65	mg/L	8.6-10.0 mg/dl	OCPC
<b>*URIC ACID, BLOOD , GEL SERUM</b>				
URIC ACID,BLOOD	7.62	mg/dl	3.4 - 7.0 mg/dl	URICASE
<b>*POTASSIUM, BLOOD , GEL SERUM</b>				
POTASSIUM,BLOOD	4.10	mEq/L	3.5 - 5.1 mEq/L	ISE INDIRECT
<b>*PHOSPHORUS-INORGANIC, BLOOD , GEL SERUM</b>				
PHOSPHORUS-INORGANIC,BLOOD	3.4	mg/dl	2.5-4.5 mg/dl	UV PHOSPHOMOLYBDATE
<b>CREATININE, BLOOD</b>	1.01	mg/dl	0.70 - 1.30 mg/dl	ALKALINE PICRATE

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**\*LIPID PROFILE , GEL SERUM**

CHOLESTEROL-TOTAL	187	mg/dl	Desirable: < 200 mg/dL Borderline high: 200-239 High: > or =240 mg/dL	CHOLESTEROL OXIDASE, ESTERASE, PEROXIDASE
TRIGLYCERIDES	<b>278</b>	mg/dl	NORMAL < 150 BORDERLINE HIGH 150-199 HIGH 200-499 VERY HIGH > 500	ENZYMATIC, END POINT
HDL CHOLESTEROL	<b>33</b>	mg/dl	NO RISK : >60 mg/dL, MODERATE RISK : 40-60 mg/dL, HIGH RISK : <40 mg/dL	DIRECT MEASURE-PEG
LDL CHOLESTEROL DIRECT	<b>123</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	DIRECT MEASURE
VLDL	31	mg/dl	< 40 mg/dl	Calculated
CHOL HDL Ratio	<b>5.7</b>		LOW RISK 3.3-4.4 AVERAGE RISK 4.47-7.1 MODERATE RISK 7.1-11.0 HIGH RISK >11.0	Calculated

**NOTE :** Elevated Triglyceride value is to be interpreted in the light of previous 72 hrs dietary intake of lipids.Repeat estimation with 72 hrs fat restricted diet followed by 12 hrs fasting, suggested for better evaluation .



**DR. SANJAY KR. AGARWALA**  
MD CONSULTANT BIOCHEMIST

Lab No. : SR7920983      Name : SHASHANK VINAYAK      Age/G : 30 Y 11 M 16 D / M      Date : 23-07-2023

[PDF Attached](#)

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

GLYCATED HEMOGLOBIN (HBA1C)	5.6	%	***FOR BIOLOGICAL REFERENCE INTERVAL DETAILS , PLEASE REFER TO THE BELOW MENTIONED REMARKS/NOTE WITH ADDITIONAL CLINICAL INFORMATION ***	
HbA1c (IFCC)	38.0	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.

**URIC ACID, URINE, SPOT URINE**

URIC ACID, SPOT URINE	58.90	mg/dL	37-92 mg/dL	URICASE
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**Dr. SUPARBA CHAKRABARTI**  
 MBBS, MD(BIOCHEMISTRY)  
 Consultant Biochemist

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

ABO	B	Gel Card
RH	POSITIVE	Gel Card

**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. 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))**

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.**

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

HEMOGLOBIN	15.1	g/dL	13 - 17	PHOTOMETRIC
WBC	7.4	*10 <sup>3</sup> /μL	4 - 10	DC detection method
RBC	4.79	*10 <sup>6</sup> /μL	4.5 - 5.5	DC detection method
PLATELET (THROMBOCYTE) COUNT	228	*10 <sup>3</sup> /μL	150 - 450*10 <sup>3</sup> /μL	DC detection method/Microscopy

**DIFFERENTIAL COUNT**

NEUTROPHILS	52	%	40 - 80 %	Flowcytometry/Microscopy
LYMPHOCYTES	<b>45</b>	%	20 - 40 %	Flowcytometry/Microscopy
MONOCYTES	02	%	2 - 10 %	Flowcytometry/Microscopy
EOSINOPHILS	01	%	1 - 6 %	Flowcytometry/Microscopy
BASOPHILS	00	%	0-0.9%	Flowcytometry/Microscopy

**CBC SUBGROUP**

HEMATOCRIT / PCV	44.9	%	40 - 50 %	Calculated
MCV	93.8	fl	83 - 101 fl	Calculated
MCH	31.5	pg	27 - 32 pg	Calculated
MCHC	33.6	gm/dl	31.5-34.5 gm/dl	Calculated
RDW - RED CELL DISTRIBUTION WIDTH	<b>14.3</b>	%	11.6-14%	Calculated
PDW-PLATELET DISTRIBUTION WIDTH	29.8	fL	8.3 - 25 fL	Calculated
MPV-MEAN PLATELET VOLUME	13.9		7.5 - 11.5 fl	Calculated
RBC	NORMOCYTIC			
	NORMOCHROMIC.			
WBC.	NORMAL			
	MORPHOLOGY			
PLATELET	ADEQUATE ON SMEAR.			

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

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

GLUCOSE,PP	<b>168</b>	mg/dl	75-140	Hexokinase Method
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**\*THYROID PANEL (T3, T4, TSH) , GEL SERUM**

T3-TOTAL (TRI IODOTHYRONINE)	1.35	ng/ml	0.60 - 1.81 ng/ml	CLIA
T4-TOTAL (THYROXINE)	9.4	microgram/dl	4.5 - 10.9 microgram/dl	CLIA
TSH (THYROID STIMULATING HORMONE)	1.81	μIU/mL	0.35-5.5μIU/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 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. BARNALI PAUL**  
**MBBS, MD(PATH)**

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Collection Date:  
Report Date : 22/Jul/2023 12:42PM



## DEPARTMENT OF CARDIOLOGY

### REPORT OF E.C.G.

HEART RATE : 67 /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 1/5 mm.  
R/S in V6 13/1 mm.  
QRS AXIS : +60°  
Q- Waves : No significant Q-wave.  
QT TIME : Normal.  
ST SEGMENT : Normal.  
T WAVE : NORMAL  
ROTATION : Normal.  
OTHER FINDINGS : Nil.  
**IMPRESSION : ECG WITHIN NORMAL LIMIT.**

  
Dr. ARABINDA SAHA (MD,DM)  
CONSULTANT CARDIOLOGIST

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Report Date : 23/Jul/2023 12:14PM



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

**FINDINGS:**

- Cardiac size appears within normal limits. Margin is well visualised and cardiac silhouette is smoothly outlined. Shape is within normal limit.
- Lung parenchyma shows no focal lesion. No general alteration of radiographic density. Apices are clear. Bronchovascular lung markings are within normal.
- Lateral costo-phrenic angles are clear.
- Domes of diaphragm are smoothly outlined. Position is within normal limits.

**IMPRESSION :**

**Normal study.**

**DR. Ziaul Mustafa**  
MD, Radiodiagnosis



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Report Date : 22/Jul/2023 01:26PM



**DEPARTMENT OF ULTRASONOGRAPHY**  
**REPORT ON EXAMINATION OF WHOLE ABDOMEN**

**LIVER**

Liver is enlarged in size (160 mm at right MCL) with diffusely increased parenchymal echogenicity, subtle loss of periportal & maintained diaphragmatic echogenicity. 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 (96 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 107 mm. & Lt. kidney 104 mm) axes & position. Cortical echogenicity appears normal maintaining corticomedullary differentiation. Margin is regular and cortical thickness is uniform. No calcular disease noted. No hydronephrotic changes detected.

**URETERS**

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.

**PROSTATE**

Prostate is normal in size. Echotexture appears within normal limits. No focal alteration of its echogenicity could be detectable.

It measures : 37 x 26 x 27 mm.

Approximate weight could be around = 14 gms.

**IMPRESSION**

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**Hepatomegaly showing diffusely increased parenchymal echogenicity with subtle loss of periportal & maintained diaphragmatic echogenicity - - Suggestive of mild to moderate fatty change.**

**Please correlate clinically.**

**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. Ziaul Mustafa**  
MD, Radiodiagnosis

**Patient Data**

Sample ID: D02132224958  
 Patient ID: SR7920983  
 Name:  
 Physician:  
 Sex:  
 DOB:

**Analysis Data**

Analysis Performed: 23/JUL/2023 12:44:40  
 Injection Number: 10199U  
 Run Number: 253  
 Rack ID: 0006  
 Tube Number: 9  
 Report Generated: 23/JUL/2023 12:49:41  
 Operator ID: ANAMIKA

Comments:

Peak Name	NGSP %	Area %	Retention Time (min)	Peak Area
A1a	---	1.2	0.166	22343
A1b	---	0.9	0.228	16560
F	---	2.2	0.277	39007
LA1c	---	1.6	0.406	28872
A1c	5.6	---	0.514	85072
P3	---	3.2	0.786	58476
P4	---	1.1	0.868	20524
Ao	---	85.0	0.987	1535891

Total Area: 1,806,746

**HbA1c (NGSP) = 5.6 %**      HbA1c (IFCC) = 38 mmol/mol

