Lab No.	: LAK/09-05-2023/SR7618819	**Lab Add.**	: Newtown, Kolkata-700156
Patient Name	: **LIZA SHARAN**	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	: 38 Y 1 M 19 D	**Collection Date**	: 09/May/2023 09:22AM
Gender	: F	**Report Date**	: 09/May/2023 12:56PM

Test Name	Result	Unit	Bio Ref. Interval	Method
SODIUM, BLOOD , *GEL SERUM*				
SODIUM,BLOOD	137	mEq/L	132 - 146 mEq/L	ISE INDIRECT
***CHLORIDE, BLOOD ,** .				
CHLORIDE,BLOOD	104	mEq/L	99-109 mEq/L	ISE INDIRECT
CREATININE, BLOOD , *GEL SERUM*	0.69	mg/dL	0.5-1.1 mg/dL	Jaffe, alkaline picrate, kinetic
GLUCOSE, FASTING , *BLOOD, NAF PLASMA*				
GLUCOSE,FASTING	92	mg/dL	Impaired Fasting-100-125 .~Diabetes- >= 126.~Fasting is defined as no caloric intake for at least 8 hours.	Gluc Oxidase Trinder

In the absence of unequivocal hyperglycemia, diagnosis requires two abnormal test results from the same sample or in two separate test samples.

Reference :
ADA Standards of Medical Care in Diabetes – 2020. Diabetes Care Volume 43, Supplement 1.

POTASSIUM, BLOOD , *GEL SERUM*				
POTASSIUM,BLOOD	4.40	mEq/L	3.5-5.5 mEq/L	ISE INDIRECT
UREA,BLOOD	30.0	mg/dL	19-49 mg/dL	Urease with GLDH
PHOSPHORUS-INORGANIC, BLOOD , *GEL SERUM*				
PHOSPHORUS-INORGANIC,BLOOD	2.6	mg/dL	2.4-5.1 mg/dL	Phosphomolybdate/UV
THYROID PANEL (T3, T4, TSH) , *GEL SERUM*				
T3-TOTAL (TRI IODOTHYRONINE)	1.38	ng/ml	0.60-1.81 ng/ml	CLIA
T4-TOTAL (THYROXINE)	6.1	µg/dL	3.2-12.6 µg/dL	CLIA
TSH (THYROID STIMULATING HORMONE)	3.91	µIU/mL	0.55-4.78 µIU/mL	CLIA

Serum TSH levels exhibit a diurnal variation with the peak occurring during the night and the nadir, which approximates to 50% of the peak value, occurring between 1000 and 1600 hours.[1,2]

References:

1. Bugalho MJ, Domingues RS, Pinto AC, Garrao A, Catarino AL, Ferreira T, Limbert E and Sobrinho L. Detection of thyroglobulin mRNA transcripts in peripheral blood of
individuals with and without thyroid glands: evidence for thyroglobulin expression by blood cells. Eur J Endocrinol 2001;145:409-13.

2. Bellantone R, Lombardi CP, Bossola M, Ferrante A,Princi P, Boscherini M et al. Validity of thyroglobulin mRNA assay in peripheral blood of postoperative thyroid carcinoma patients in predicting tumor recurrence varies according to the histologic type: results of a prospective study. Cancer 2001;92:2273-9.

BIOLOGICAL REFERENCE INTERVAL: [ONLY FOR PREGNANT MOTHERS]

Trimester specific TSH LEVELS during pregnancy:
FIRST TRIMESTER: 0.10 – 3.00 µ IU/mL
SECOND TRIMESTER: 0.20 -3.50 µ IU/mL
THIRD TRIMESTER : 0.30 -3.50 µ IU/mL

References:

1. *Erik K. Alexander, Elizabeth N. Pearce, Gregory A. Brent, Rosalind S. Brown, Herbert Chen, Chrysoula Dosiou, William A. Grobman, Peter Laurberg, John H. Lazarus, Susan J. Mandel, Robin P. Peeters, and Scott Sullivan.Thyroid.Mar 2017.315-389.http://doi.org/10.1089/thy.2016.0457*
2. *Kalra S, Agarwal S, Aggarwal R, Ranabir S. Trimester-specific thyroid-stimulating hormone: An indian perspective. Indian J Endocr Metab 2018;22:1-4.*

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Lab No. : SR7618819 **Name : LIZA SHARAN** **Age/G : 38 Y 1 M 19 D / F** **Date : 09-05-2023**

URIC ACID, BLOOD , *GEL SERUM*

URIC ACID,BLOOD	6.00	mg/dL	2.6-6.0 mg/dL	Uricase/Peroxidase

PDF Attached

GLYCATED HAEMOGLOBIN (HBA1C) , *EDTA WHOLE BLOOD*

GLYCATED HEMOGLOBIN (HBA1C)	5.1	%	***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 : Bio-Rad-VARIANT TURBO 2.0
Method : HPLC Cation Exchange

Recommendations for glycemic targets
Ø Patients should use self-monitoring of blood glucose (SMBG) and HbA1c levels to assess glycemic 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 glycemic control.
Ø If a patient changes treatment plans or does not meet his or her glycemic 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_{12}/ 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.*

TOTAL PROTEIN [BLOOD] ALB:GLO RATIO , .

TOTAL PROTEIN	7.40	g/dL	5.7-8.2 g/dL	BIURET METHOD
ALBUMIN	4.3	g/dL	3.2-4.8 g/dL	BCG Dye Binding
GLOBULIN	3.10	g/dl	1.8-3.2 g/dl	Calculated
AG Ratio	1.39		1.0 - 2.5	Calculated

LIPID PROFILE , *GEL SERUM*

CHOLESTEROL-TOTAL	204	mg/dL	Desirable: < 200 mg/dL Borderline high: 200-239 mg/dL High: > or =240 mg/dL	Enzymatic
TRIGLYCERIDES	108	mg/dL	Normal:: < 150, BorderlineHigh::150-199, High:: 200-499, VeryHigh::>500	GPO-Trinder

Lab No. : SR7618819	Name : LIZA SHARAN		Age/G : 38 Y 1 M 19 D / F	Date : 09-05-2023
HDL CHOLESTEROL	44	mg/dl	< 40 - Low 40-59- Optimum 60 - High	Elimination/catalase
LDL CHOLESTEROL DIRECT	**138**	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	Calculated
VLDL	22	mg/dl	< 40 mg/dl	Calculated
CHOL HDL Ratio	4.6		LOW RISK 3.3-4.4 AVERAGE RISK 4.47-7.1 MODERATE RISK 7.1-11.0 HIGH RISK >11.0	Calculated

Reference: *National Cholesterol Education Program. Executive summary of the third report of The National Cholesterol Education Program (NCEP) Expert Panel on detection, evaluation, and treatment of high blood cholesterol in adults (Adult Treatment Panel III).* JAMA. *May 16 2001;285(19):2486-97.*

CALCIUM, BLOOD

CALCIUM,BLOOD	9.00	mg/dL	8.7-10.4 mg/dL	Arsenazo III

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Lab No. : SR7618819 **Name : LIZA SHARAN** **Age/G : 38 Y 1 M 19 D / F** **Date : 09-05-2023**

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

HEMOGLOBIN	13.3	g/dL	12 - 15	PHOTOMETRIC
WBC	6.7	*10^3/µL	4 - 10	DC detection method
RBC	4.51	*10^6/µL	3.8 - 4.8	DC detection method
PLATELET (THROMBOCYTE) COUNT	274	*10^3/µL	150 - 450*10^3/µL	DC detection method/Microscopy
DIFFERENTIAL COUNT				
NEUTROPHILS	69	%	40 - 80 %	Flowcytometry/Microscopy
LYMPHOCYTES	20	%	20 - 40 %	Flowcytometry/Microscopy
MONOCYTES	10	%	2 - 10 %	Flowcytometry/Microscopy
EOSINOPHILS	01	%	1 - 6 %	Flowcytometry/Microscopy
BASOPHILS	00	%	0-0.9%	Flowcytometry/Microscopy
CBC SUBGROUP				
HEMATOCRIT / PCV	39.5	%	36 - 46 %	Calculated
MCV	87.4	fl	83 - 101 fl	Calculated
MCH	29.6	pg	27 - 32 pg	Calculated
MCHC	33.8	gm/dl	31.5-34.5 gm/dl	Calculated
RDW - RED CELL DISTRIBUTION WIDTH	**15.6**	%	11.6-14%	Calculated
PDW-PLATELET DISTRIBUTION WIDTH	22.6	fL	8.3 - 25 fL	Calculated
MPV-MEAN PLATELET VOLUME	11.6		7.5 - 11.5 fl	Calculated

ESR (ERYTHROCYTE SEDIMENTATION RATE) , *EDTA WHOLE BLOOD*

1stHour	16	mm/hr	0.00 - 20.00 mm/hr	Westergren

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.

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Suraksha DIAGNOSTICS

Lab No.	: LAK/09-05-2023/SR7618819	**Lab Add.**	:
Patient Name	: **LIZA SHARAN**	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	: 38 Y 1 M 19 D	**Collection Date**	:
Gender	: F	**Report Date**	: 09/May/2023 02:34PM

DEPARTMENT OF CARDIOLOGY
REPORT OF E.C.G.

DATA		
HEART RATE	86	Bpm
PR INTERVAL	148	Ms
QRS DURATION	72	Ms
QT INTERVAL	346	Ms
QTC INTERVAL	417	Ms
AXIS		
P WAVE	63	Degree
QRS WAVE	47	Degree
T WAVE	20	Degree

IMPRESSION : Sinus rhythm, normal ECG.

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

ACRay
Dr. A C RAY
Department of Non-invasive Cardiology

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Lab No.	: LAK/09-05-2023/SR7618819	**Lab Add.**	:
Patient Name	: **LIZA SHARAN**	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	: 38 Y 1 M 19 D	**Collection Date**	:
Gender	: F	**Report Date**	: 09/May/2023 03:24PM

ULTRASONOGRAPHY OF WHOLE ABDOMEN

LIVER :
Liver is normal in size (measures 123 mm) 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.

COMMON BILE DUCT :

The common bile duct is not dilated. The common duct at porta hepatis, measures 5 mm. in diameter.

PORTAL VEIN :

Portal vein at porta, measures 10 mm. and is of normal calibre.

GALL BLADDER :
Gallbladder is physiologically distended. Wall thickness appears normal. No intraluminal pathology (Calculi/mass) could be detected.

PANCREAS :
Echogenecity appears within normal 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 (measures 79 mm). Homogenous and smooth echotexture without any focal lesion. Splenic vein at hilum appears normal. No definite collaterals could be detected.

KIDNEYS :
The Kidneys are normal in position, size, shape, outline and echotexture. The Corticomedullary differentiation is maintained. No calculus, hydronephrosis or mass is noted. The perinephric region shows no abnormal fluid collection.

Right Kidney length 100 mm. & Left Kidney length 107 mm.

URETER: Both ureters are not dilated. No calculus is noted in either side.

PERITONEUM & RETROPERITONEUM: The aorta and IVC are normal. Lymph nodes are not enlarged. No free fluid is seen in peritoneum.

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

UTERUS :
It is normal in shape, size (75 x 23 x 33 mm) and echopattern. No focal myometrial lesion is seen. Endometrial echo is in midline. Endometrial thickness is 8 mm. Endometrial cavity is empty. Cervix is normal.

ADNEXA: No adnexal SOL is noted.

Lab No.	: LAK/09-05-2023/SR7618819	**Lab Add.**	:
Patient Name	: **LIZA SHARAN**	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	: 38 Y 1 M 19 D	**Collection Date**	:
Gender	: F	**Report Date**	: 09/May/2023 03:24PM

OVARIES :
Ovaries are normal in size, shape, position, margin and echotexture.
Right ovary measures : 25 x 21 mm.
Left Ovary measures : 23 x 21 mm.

POD : No fluid is seen.

IMPRESSION :

- **Study within normal limits.**

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. P.C.Jain
MD Radiodiagnosis

Lab No.	: LAK/09-05-2023/SR7618819	**Lab Add.**	:
Patient Name	: **LIZA SHARAN**	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	: 38 Y 1 M 19 D	**Collection Date**	:
Gender	: F	**Report Date**	: 09/May/2023 11:01AM

X-RAY REPORT OF CHEST (PA)

FINDINGS :

Bilateral bronchovascular markings are coarse.

Calcifications are noted in bilateral hilar regions.

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.

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

Dr. P.C.Jain
MD Radiodiagnosis

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SURAKSHA DIAGNOSTIC,RAJARHAT,KOLKATA **PATIENT REPORT**
BIO-RAD VARIANT-II TURBO CDM5.4. SN-16122 **V2TURBO_A1c_2.0**

Patient Data

Sample ID:	D02135042652
Patient ID:	SR7618819
Name:	
Physician:	
Sex:	
DOB:	

Comments:

Analysis Data

Analysis Performed:	09/MAY/2023 12:08:40
Injection Number:	5032U
Run Number:	111
Rack ID:	0006
Tube Number:	5
Report Generated:	09/MAY/2023 12:20:55
Operator ID:	ASIT

Peak Name	NGSP %	Area %	Retention Time (min)	Peak Area
Unknown	---	0.4	0.110	4509
A1a	---	0.7	0.158	8838
A1b	---	1.1	0.219	13628
F	---	0.6	0.271	7956
LA1c	---	1.8	0.397	22854
A1c	5.1	---	0.503	51898
P3	---	3.4	0.782	43790
P4	---	1.2	0.862	14728
Ao	---	86.8	0.992	1109260

Total Area: 1,277,460

HbA1c (NGSP) = 5.1 % HbA1c (IFCC) = 33 mmol/mol