



Lab No. : JAD/20-03-2023/SR7428934
 Patient Name : JHULAN BHATTACHARYA
 Age : 28 Y O M O D
 Gender : F

Lab Add. : Newtown, Kolkata-700156
 Ref Dr. : Dr.MEDICAL OFFICER
 Collection Date: 20/Mar/2023 09:39AM
 Report Date : 20/Mar/2023 02:07PM



Test Name	Result	Unit	Bio Ref. Interval	Method
POTASSIUM, BLOOD , GEL SERUM				
POTASSIUM,BLOOD	3.50	mEq/L	3.5-5.5 mEq/L	ISE INDIRECT
GLUCOSE, FASTING , BLOOD, NAF PLASMA				
GLUCOSE,FASTING	84	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.

THYROID PANEL (T3, T4, TSH) , GEL SERUM

T3-TOTAL (TRI IODOTHYRONINE)	1.14	ng/ml	0.60-1.81 ng/ml	CLIA
T4-TOTAL (THYROXINE)	11.5	µg/dL	3.2-12.6 µg/dL	CLIA
TSH (THYROID STIMULATING HORMONE)	4.42	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:

- 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.
- 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:

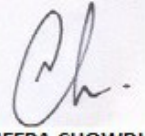
- Erik K. Alexander, Elizabeth N. Pearce, Gregory A. Brent, Rosalind S. Brown, Herbert Chen, Chrysoula Dosiou, William A. Grobman, Peter Laurberg, John H. Lazarus, Susan J. Mandel, Robin P. Peeters, and Scott Sullivan. *Thyroid*. Mar 2017.315-389. <http://doi.org/10.1089/thy.2016.0457>
- Kalra S, Agarwal 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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CREATININE, BLOOD , GEL SERUM	0.70	mg/dL	0.5-1.1 mg/dL	Jaffe, alkaline picrate, kinetic
*CHLORIDE, BLOOD , .				
CHLORIDE,BLOOD	102	mEq/L	99-109 mEq/L	ISE INDIRECT
PHOSPHORUS-INORGANIC, BLOOD , GEL SERUM				
PHOSPHORUS-INORGANIC,BLOOD	3.2	mg/dL	2.4-5.1 mg/dL	Phosphomolybdate/UV
SODIUM, BLOOD , GEL SERUM				
SODIUM,BLOOD	139	mEq/L	132 - 146 mEq/L	ISE INDIRECT

□



Dr NEEPA CHOWDHURY
MBBS MD (Biochemistry)
Consultant Biochemist



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GLUCOSE, PP , BLOOD, NAF PLASMA

GLUCOSE,PP	90	mg/dL	Impaired Glucose Tolerance-140 to 199. Diabetes >= 200.
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The test should be performed as described by the WHO, using a glucose load containing the equivalent of 75-g anhydrous glucose dissolved in water. 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.

LIPID PROFILE , GEL SERUM

CHOLESTEROL-TOTAL	174	mg/dL	Desirable: < 200 mg/dL Borderline high: 200-239 mg/dL High: > or =240 mg/dL	Enzymatic
TRIGLYCERIDES	76	mg/dL	Normal: < 150, BorderlineHigh::150-199, High:: 200-499, VeryHigh:: >500	GPO-Trinder
HDL CHOLESTEROL	79	mg/dl	< 40 - Low 40-59- Optimum 60 - High	Elimination/catalase
LDL CHOLESTEROL DIRECT	91	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	Elimination / Catalase
VLDL	4	mg/dl	< 40 mg/dl	Calculated
CHOL HDL Ratio	2.2		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.

[PDF Attached](#)

GLYCATED HAEMOGLOBIN (HBA1C) , EDTA WHOLE BLOOD

GLYCATED HEMOGLOBIN (HBA1C)	5.2	%	***FOR BIOLOGICAL REFERENCE INTERVAL DETAILS , PLEASE REFER TO THE BELOW MENTIONED REMARKS/NOTE WITH ADDITIONAL CLINICAL INFORMATION ***
HbA1c (IFCC)	34.0	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.



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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.

TOTAL PROTEIN [BLOOD] ALB:GLO RATIO , .

TOTAL PROTEIN	7.80	g/dL	5.7-8.2 g/dL	BIURET METHOD
ALBUMIN	4.5	g/dL	3.2-4.8 g/dL	BCG Dye Binding
GLOBULIN	3.30	g/dl	1.8-3.2 g/dl	Calculated
AG Ratio	1.36		1.0 - 2.5	Calculated
UREA,BLOOD	12.8	mg/dL	19-49 mg/dL	Urease with GLDH

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Dr. SUPARBA CHAKRABARTI
MBBS, MD(BIOCHEMISTRY)
Consultant Biochemist



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ESR (ERYTHROCYTE SEDIMENTATION RATE) , EDTA WHOLE BLOOD

1stHour 40 mm/hr 0.00 - 20.00 mm/hr Westergren

URINE ROUTINE ALL, ALL , URINE

PHYSICAL EXAMINATION

COLOUR PALE YELLOW
APPEARANCE HAZY

CHEMICAL EXAMINATION

pH	5.0		4.6 - 8.0	Dipstick (triple indicator method)
SPECIFIC GRAVITY	1.020		1.005 - 1.030	Dipstick (ion concentration method)
PROTEIN	NOT DETECTED		NOT DETECTED	Dipstick (protein error of pH indicators)/Manual
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)	1-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	18-20	/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	PRESENT(+++)		NOT DETECTED	Microscopy
YEAST	NOT DETECTED		NOT DETECTED	Microscopy

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 microscopy can occur due to cell lysis.
- 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	11.8	g/dL	12 - 15	PHOTOMETRIC
WBC	6.4	*10 ³ /μL	4 - 10	DC detection method
RBC	5.56	*10 ⁶ /μL	3.8 - 4.8	DC detection method
PLATELET (THROMBOCYTE) COUNT	155	*10 ³ /μL	150 - 450*10 ³ /μL	DC detection method/Microscopy

DIFFERENTIAL COUNT

NEUTROPHILS	50	%	40 - 80 %	Flowcytometry/Microscopy
LYMPHOCYTES	40	%	20 - 40 %	Flowcytometry/Microscopy
MONOCYTES	08	%	2 - 10 %	Flowcytometry/Microscopy
EOSINOPHILS	02	%	1 - 6 %	Flowcytometry/Microscopy

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BASOPHILS 00 % 0-0.9% Flowcytometry/Microscopy

CBC SUBGROUP

HEMATOCRIT / PCV	37.3	%	36 - 46 %	Calculated
MCV	67.1	fl	83 - 101 fl	Calculated
MCH	21.2	pg	27 - 32 pg	Calculated
MCHC	31.6	gm/dl	31.5-34.5 gm/dl	Calculated
RDW - RED CELL DISTRIBUTION WIDTH	17.7	%	11.6-14%	Calculated
PDW-PLATELET DISTRIBUTION WIDTH	15.6	fL	8.3 - 25 fL	Calculated
MPV-MEAN PLATELET VOLUME	9.8		7.5 - 11.5 fl	Calculated

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

ABO	B	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.

Dr. PANKTI PATEL
MBBS , MD (PATHOLOGY)
CONSULTANT PATHOLOGIST



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URIC ACID, BLOOD , GEL SERUM

URIC ACID,BLOOD 3.70 mg/dL 2.6-6.0 mg/dL Uricase/Peroxidase

CALCIUM, BLOOD

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

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DR. ANANNYA GHOSH
MBBS, MD (Biochemistry)
Consultant Biochemist

Lab No. : SR7428934 Name : JHULAN BHATTACHARYA Age/G : 28 Y 0 M 0 D / F Date : 21-03-2023

DEPARTMENT OF CYTOPATHOLOGY

PAP SMEAR REPORT

Lab No : P - 977/23

Reporting System : The 2014 Bethesda System
Specimen : Conventional Cervical Pap smear.

Specimen Adequacy : Satisfactory for evaluation :
A satisfactory squamous component is present.
Endocervical or transformation zone component : Absent.
Obscuring elements : Absent.

General Categorization :
Negative for Intraepithelial Lesion / Malignancy (NILM).

Non-Neoplastic Findings :
Mild inflammation is noted in the background.

INTERPRETATION / RESULTS : Negative for Intraepithelial Lesion / Malignancy (NILM).

Note : Pap smear cytology is a screening procedure. Findings should be correlated with colposcopic/local examination and ancillary findings. As per current recommendation, women aged 30-65 years should be screened with both the HPV test and the Pap test, called "co-testing," as the preferred strategy. Screening with the Pap test alone every 3 years is still acceptable.

Ancillary Testing – For HPV testing using PCR from the same sample (only in case of LBC) request should come within 15 days from the reporting date.

****Report relates to the item tested only.*

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DR. NEHA GUPTA
MD, DNB (Pathology)
Consultant Pathologist

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Lab Add. :
Ref Dr. : Dr.MEDICAL OFFICER
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Report Date : 20/Mar/2023 04:58PM



DEPARTMENT OF ULTRASONOGRAPHY
REPORT ON EXAMINATION OF WHOLE ABDOMEN

LIVER

Liver is normal in size with smooth margins. Parenchymal echotexture of both lobes are normal. No focal mass lesion is seen in liver. Intrahepatic biliary radicals are not dilated. Portal vein branches and hepatic veins are normal.

PORTA

Portal vein is normal in caliber measures 7 mm. Common bile duct is not dilated (2 mm). No intraluminal calculus or soft tissue is seen in CBD.

GALL BLADDER

Gall bladder is normal in size, shape. No intraluminal calculus or mass is seen. Gall bladder wall is normal in thickness. No pericholecystic fluid collection noted.

PANCREAS

Pancreas is normal in size, shape and contour. Parenchymal echogenicity is normal and homogeneous. No focal mass or calcification seen. Main pancreatic duct is not dilated. No peripancreatic fluid collection or pseudocyst noted.

SPLEEN

Spleen is normal in size (87 mm), shape, position. Echotexture is normal. No focal lesion is noted. Splenic vein at splenic hilum is normal in caliber. No collateral seen.

KIDNEYS

Both the kidneys are normal in size, shape and position. Surfaces are smooth. Cortical echogenicity and cortical thickness of both kidneys are normal. Cortico-medullary differentiation is maintained. No calculus, mass or hydronephrosis is seen in either kidney.

Right kidney measures : 89 mm. Left kidney measures : 98 mm.

URETERS

Ureters are not dilated.

URINARY BLADDER

Urinary bladder is optimally distended. Wall is normal in thickness. No intraluminal calculus or mass

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is seen.

UTERUS

Uterus is anteverted, normal in size, measures 81 mm x 31 mm x 28 mm. Myometrial echotexture is homogeneous. No obvious focal mass is seen in myometrium. Endometrial echo is normal in thickness (7 mm) and seen at midline.

POD is clear.

OVARIES

Both the ovaries are normal in size and echotexture. No focal lesion seen.

Right ovary measures : 25 mm x 16 mm.

Left ovary measures : 24 mm x 17 mm.

ADNEXAE

No abnormal mass seen.

RETROPERITONEUM & PERITONEUM

The aorta and IVC are normal. No enlarged lymphnodes are noted in the retroperitoneum. No free fluid is seen in peritoneum.

IMPRESSION:- Normal study.


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 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

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Dr. J Sen
MD Consultant, Radiologist

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Lab Add. :
Ref Dr. : Dr.MEDICAL OFFICER
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Report Date : 20/Mar/2023 02:54PM



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.

IMPRESSION :

Normal study.

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Dr. J Sen
MD Consultant, Radiologist

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Lab Add. :
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Report Date : 20/Mar/2023 03:57PM



E.C.G. REPORT

DATA	
HEART RATE	75 Bpm
PR INTERVAL	142 Ms
QRS DURATION	78 Ms
QT INTERVAL	378 Ms
QTC INTERVAL	425 Ms
AXIS	Normal
P WAVE	85 Degree
QRS WAVE	35 Degree
T WAVE	51 Degree
IMPRESSION	: Normal sinus rhythm.

Dr Pulak Ghosh Dastidar
MBBS, PGDC, Fellowship in Diabetes
Management (CMC VELLORE)

Patient Data

Sample ID: C02135000830
 Patient ID: SR7428934
 Name:
 Physician:
 Sex:
 DOB:

Analysis Data

Analysis Performed: 20/MAR/2023 13:56:00
 Injection Number: 9428U
 Run Number: 219
 Rack ID: 0007
 Tube Number: 2
 Report Generated: 20/MAR/2023 14:20:46
 Operator ID: ASIT

Comments:

Peak Name	NGSP %	Area %	Retention Time (min)	Peak Area
A1a	---	1.6	0.153	19878
A1b	---	0.9	0.216	11970
F	---	0.7	0.267	9388
LA1c	---	1.6	0.402	20153
A1c	5.2	---	0.512	53868
P3	---	3.3	0.790	42530
P4	---	1.3	0.871	16651
Ao	---	86.3	0.999	1102281

Total Area: 1,276,719

HbA1c (NGSP) = 5.2 % HbA1c (IFCC) = 34 mmol/mol

