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Suraksha DIAGNOSTICS

Lab No.	: ASN/14-01-2023/SR7179546	**Lab Add.**	: Newtown, Kolkata-700156
Patient Name	: **SUDIPTA CHATTERJEE**	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	: 32 Y 8 M 0 D	**Collection Date**	: 14/Jan/2023 11:35AM
Gender	: M	**Report Date**	: 18/Jan/2023 01:27PM

Test Name	Result	Unit	Bio Ref. Interval	Method
PHOSPHORUS-INORGANIC, BLOOD , *GEL SERUM*				
PHOSPHORUS-INORGANIC,BLOOD	3.4	mg/dL	2.4-5.1 mg/dL	Phosphomolybdate/UV
LIPID PROFILE , *GEL SERUM*				
CHOLESTEROL-TOTAL	201.00	mg/dL	Desirable: < 200 mg/dL Borderline high: 200-239 mg/dL High: > or =240 mg/dL	Enzymatic
TRIGLYCERIDES	149.00	mg/dL	Normal:: < 150, BorderlineHigh::150-199, High:: 200-499, VeryHigh::>500	GPO-Trinder
HDL CHOLESTEROL	**39.00**	mg/dl	< 40 - Low 40-59- Optimum 60 - High	Elimination/catalase
LDL CHOLESTEROL DIRECT	**132.0**	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	30	mg/dl	< 40 mg/dl	Calculated
CHOL HDL Ratio	5.2		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.*

URIC ACID, URINE, SPOT URINE				
URIC ACID, SPOT URINE	**16.00**	mg/dL	37-92 mg/dL	URICASE

ESTIMATED TWICE

TO CORRELATE CLINICALLY

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

Lab No. : SR7179546	Name : SUDIPTA CHATTERJEE	Age/G : 32 Y 8 M 0 D / M	Date : 15-01-2023

CBC WITH PLATELET & RETICULOCYTE COUNT , *EDTA WHOLE BLOOD*

HEMOGLOBIN	13.9	g/dL	13 - 17	PHOTOMETRIC
WBC	**10.2**	*10^3/µL	4 - 10	DC detection method
RBC	4.84	*10^6/µL	4.5 - 5.5	DC detection method
PLATELET (THROMBOCYTE) COUNT	155	*10^3/µL	150 - 450*10^3/µL	DC detection method/Microscopy
DIFFERENTIAL COUNT				
NEUTROPHILS	65	%	40 - 80 %	Flowcytometry/Microscopy
LYMPHOCYTES	24	%	20 - 40 %	Flowcytometry/Microscopy
MONOCYTES	06	%	2 - 10 %	Flowcytometry/Microscopy
EOSINOPHILS	04	%	1-6%	Flowcytometry/Microscopy
BASOPHILS	**01**	%	0-0.9%	Flowcytometry/Microscopy
CBC SUBGROUP 1				
HEMATOCRIT / PCV	40.8	%	40 - 50 %	Calculated
MCV	84.4	fl	83 - 101 fl	Calculated
MCH	28.7	pg	27 - 32 pg	Calculated
MCHC	34.0	gm/dl	31.5-34.5 gm/dl	Calculated
RDW - RED CELL DISTRIBUTION WIDTH	**14.9**	%	11.6-14%	Calculated
RETICULOCYTE COUNT-AUTOMATED,BLOOD	1.6	%	0.5-2.5%	Cell Counter/Microscopy

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

ABO	O	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 Mansi Gulati
Consultant Pathologist
MBBS, MD, DNB (Pathology)

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Lab No. : SR7179546 **Name : SUDIPTA CHATTERJEE** **Age/G : 32 Y 8 M 0 D / M** **Date : 14-01-2023**

***BILIRUBIN (DIRECT) ,** *GEL SERUM*				
BILIRUBIN (DIRECT)	0.20	mg/dL	< 0.3 mg/dl	Diazotized DCA Method
***TOTAL PROTEIN [BLOOD] ALB:GLO RATIO ,** .				
TOTAL PROTEIN	7.20	g/dL	6.6 - 8.7 g/dL	BIURET METHOD
ALBUMIN	4.2	g/dl	3.5-5.2 g/dl	BCG
GLOBULIN	3.00	g/dl	1.8-3.2 g/dl	Calculated
AG Ratio	1.40		1.0 - 2.5	Calculated
***BILIRUBIN (TOTAL) ,** *GEL SERUM*				
BILIRUBIN (TOTAL)	0.60	mg/dL	< 1.2 mg/dl	Diazotized DCA Method
***CHLORIDE, BLOOD ,** .				
CHLORIDE,BLOOD	100.00	mEq/L	98 - 107 mEq/L	ISE DIRECT
***GLUCOSE, PP ,** *BLOOD, NAF PLASMA*				
GLUCOSE,PP	**116**		(70 - 140 mg/dl)	GOD POD
***SODIUM, BLOOD ,** *GEL SERUM*				
SODIUM,BLOOD	141.00	mEq/L	136 - 145 mEq/L	ISE DIRECT
***ESR (ERYTHROCYTE SEDIMENTATION RATE) ,** *EDTA WHOLE BLOOD*				
1stHour	**34**	mm/hr	0.00 - 20.00 mm/hr	Westergren
***SGPT/ALT ,** *GEL SERUM*				
SGPT/ALT	**70.50**	U/L	< 41 U/L	IFCC Kinetic Method
***CBC WITH PLATELET (THROMBOCYTE) COUNT ,** *EDTA WHOLE BLOOD*				
HEMOGLOBIN	13.9	g/dL	13 - 17	PHOTOMETRIC
WBC	9.1	*10^3/µL	4 - 10	DC detection method
RBC	4.85	*10^6/µL	4.5 - 5.5	DC detection method
PLATELET (THROMBOCYTE) COUNT	**94**	*10^3/µL	150 - 450*10^3/µL	DC detection method/Microscopy
DIFFERENTIAL COUNT				
NEUTROPHILS	66	%	40 - 80 %	Flowcytometry/Microscopy
LYMPHOCYTES	26	%	20 - 40 %	Flowcytometry/Microscopy
MONOCYTES	05	%	2 - 10 %	Flowcytometry/Microscopy
EOSINOPHILS	03	%	1 - 6 %	Flowcytometry/Microscopy
BASOPHILS	00	%	0-0.9%	Flowcytometry/Microscopy
CBC SUBGROUP				
HEMATOCRIT / PCV	40.6	%	40 - 50 %	Calculated
MCV	83.6	fl	83 - 101 fl	Calculated
MCH	28.7	pg	27 - 32 pg	Calculated
MCHC	34.3	gm/dl	31.5-34.5 gm/dl	Calculated
RDW - RED CELL DISTRIBUTION WIDTH	**15.2**	%	11.6-14%	Calculated
PDW-PLATELET DISTRIBUTION WIDTH	25.5	fL	8.3 - 25 fL	Calculated
MPV-MEAN PLATELET VOLUME	11.7		7.5 - 11.5 fl	Calculated

PLATELET REDUCED ON SMEAR.

KIJNDLY CORRELATE WITH CLINICAL AND DRUG HISTORY.

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Lab No. : SR7179546 **Name : SUDIPTA CHATTERJEE** **Age/G : 32 Y 8 M 0 D / M** **Date : 14-01-2023**

***ALKALINE PHOSPHATASE ,** *GEL SERUM*				
ALKALINE PHOSPHATASE	113.00	U/L	53-128 U/L	AMP
***SGOT/AST ,** *GEL SERUM*				
SGOT/AST	**41.50**	U/L	< 40 U/L	IFCC Kinetic Method
***POTASSIUM, BLOOD ,** *GEL SERUM*				
POTASSIUM,BLOOD	4.50	mEq/L	3.1-5.5 mEq/L	ISE DIRECT
UREA,BLOOD , *GEL SERUM*	22.4	mg/dl	12.8-42.8 mg/dl	UREASE-GLDH
CREATININE, BLOOD	0.90	mg/dL	0.70 - 1.3 mg/dl	ENZYMATIC
***GLUCOSE, FASTING ,** *BLOOD, NAF PLASMA*				
GLUCOSE,FASTING	99	mg/dL	(70 - 110 mg/dl)	GOD POD
***CALCIUM, BLOOD**				
CALCIUM,BLOOD	8.90	mg/dL	8.6 - 10.2 mg/dl	ARSENAZO III
***URIC ACID, BLOOD ,** *GEL SERUM*				
URIC ACID,BLOOD	**8.20**	mg/dl	3.4 - 7.0 mg/dl	URICASE
***URINE ROUTINE ALL, ALL ,** *URINE*				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW			
APPEARANCE	CLEAR			
CHEMICAL EXAMINATION				
pH	7.0		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
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
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.

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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.

PDF Attached

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

GLYCATED HEMOGLOBIN (HBA1C)	5.3	%	***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 : BIORAD D-10
Method : HPLC

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.*

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

T3-TOTAL (TRI IODOTHYRONINE)	1.20	ng/ml	0.9 - 2.2 ng/ml	CLIA
T4-TOTAL (THYROXINE)	7.9	5.5-16 microgram/dl	5.5-16 microgram/dl	CLIA
TSH (THYROID STIMULATING HORMONE)	2.50	µIU/mL	0.5-4.7 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 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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Lab No.	: ASN/14-01-2023/SR7179546	**Lab Add.**	: ASANSOL
Patient Name	: **SUDIPTA CHATTERJEE**	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	: 32 Y 8 M 0 D	**Collection Date**	:
Gender	: M	**Report Date**	: 14/Jan/2023 06:35PM

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. Anoop Sastry
MBBS, DMRT(CAL)
CONSULTANT RADIOLOGIST
Registration No.: WB-36628

Suraksha DIAGNOSTICS

Lab No.	: ASN/14-01-2023/SR7179546	**Lab Add.**	: ASANSOL
Patient Name	: **SUDIPTA CHATTERJEE**	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	: 32 Y 8 M 0 D	**Collection Date**	:
Gender	: M	**Report Date**	: 14/Jan/2023 03:48PM

DEPARTMENT OF CARDIOLOGY
REPORT OF E.C.G.

DATA

STANDARDISATION	: 10 mm / mV
SPEED	: 25 mm / sec
RHYTHM	: Regular sinus
HEART RATE	: 69 beats / min
PR Interval	: 139 ms
QRS Duration	: 77 ms
QT Interval	: 355 ms
QTC Duration	: 381 ms
'Q' Wave	: Not significant.

AXIS

'P' Wave	: 32 degree
QRS	: 27 degree
'T' Wave	: Normal.
ST SEGMENT	: Isoelectric.
ARRHYTHMIA	: Nil.

IMPRESSION : **Within normal limit.**

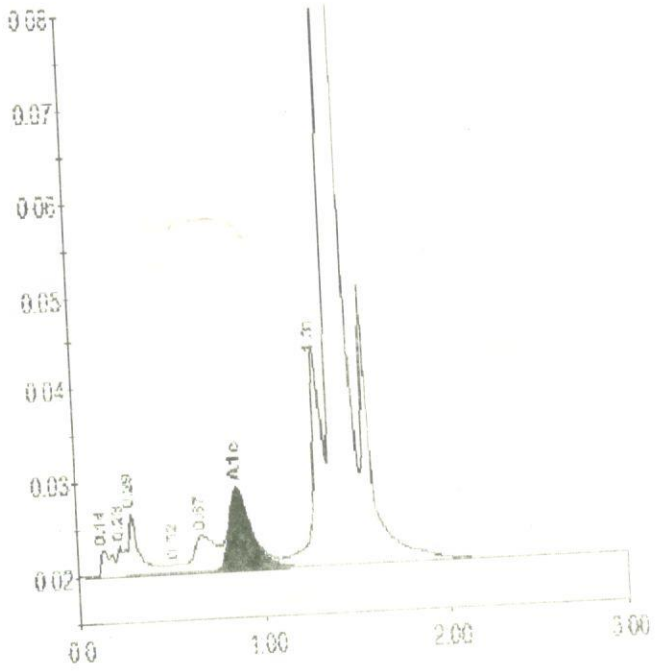
***** Please correlate clinically.*****

DR. S. BHAGAT
MBBS, MD
(NON-INVASIVE CARDIOLOGIST)

Patient report

Bio-Rad
D-10
S/N: #DJ4D012104
Sample ID:
Injection date
Injection #: 9
Rack #: ---

DATE: 14/01/2023
TIME: 03:56 PM
Software version: 4.30-2
C02135865095
14/01/2023 03:56 PM
Method: HbA1c
Rack position: 9



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BIO-RAD

Peak table - ID: C02135865095

Peak	R.time	Height	Area	Area %
A1a	0.14	2907	11615	0.6
Unknown	0.23	3135	10427	0.6
A1b	0.29	6643	25942	1.4
F	0.52	952	4120	0.2
LA1c/CHb-1	0.67	3834	34109	1.8
A1c	0.87	8545	73081	5.3
P3	1.31	23605	102788	5.5
A0	1.40	570253	1617571	86.1
Total Area:		1879654		

Concentration:	%	mmol/mol
A1c	5.3	34