



Lab No. : CHP/25-02-2023/SR7339285  
 Patient Name : SWASTIKA GHOSH  
 Age : 33 Y O M O D  
 Gender : F

Lab Add. : Newtown, Kolkata-700156  
 Ref Dr. : Dr.MEDICAL OFFICER  
 Collection Date: 25/Feb/2023 01:27PM  
 Report Date : 25/Feb/2023 05:03PM



Test Name	Result	Unit	Bio Ref. Interval	Method
<b>*CHLORIDE, BLOOD , .</b>				
CHLORIDE,BLOOD	100.00	mEq/L	99-109 mEq/L	ISE INDIRECT
<b>POTASSIUM, BLOOD , GEL SERUM</b>				
POTASSIUM,BLOOD	3.50	mEq/L	3.5-5.5 mEq/L	ISE INDIRECT
<b>THYROID PANEL (T3, T4, TSH) , GEL SERUM</b>				
T3-TOTAL (TRI IODOTHYRONINE)	0.96	ng/ml	0.60-1.81 ng/ml	CLIA
T4-TOTAL (THYROXINE)	9.6	µg/dL	3.2-12.6 µg/dL	CLIA
TSH (THYROID STIMULATING HORMONE)	0.84	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.

**SODIUM, BLOOD , GEL SERUM**

SODIUM,BLOOD	139.00	mEq/L	132 - 146 mEq/L	ISE INDIRECT
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**Suraksha**  
DIAGNOSTICS

Lab No. : SR7339285

Name : SWASTIKA GHOSH

Age/G : 33 Y 0 M 0 D / F

Date : 25-02-2023

Dr NEEPA CHOWDHURY  
MBBS MD (Biochemistry)  
Consultant Biochemist



Lab No. : SR7339285 Name : SWASTIKA GHOSH Age/G : 33 Y 0 M 0 D / F Date : 26-02-2023

**URINE ROUTINE ALL, ALL , URINE**

**PHYSICAL EXAMINATION**

COLOUR PALE YELLOW  
 APPEARANCE HAZY

**CHEMICAL EXAMINATION**

pH	6.0	4.6 - 8.0	Dipstick (triple indicator method)
SPECIFIC GRAVITY	1.015	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	PRESENT(+)	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	POSITIVE(+++)	NEGATIVE	Dipstick (ester hydrolysis reaction)

**MICROSCOPIC EXAMINATION**

LEUKOCYTES (PUS CELLS)	12-15	/hpf	0-5	Microscopy
EPITHELIAL CELLS	20-25	/hpf	0-5	Microscopy
RED BLOOD CELLS	2-3	/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.

Dr Mansi Gulati  
 Consultant Pathologist  
 MBBS, MD, DNB (Pathology)



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

HEMOGLOBIN	12.8	g/dL	12 - 15	PHOTOMETRIC
WBC	<b>10.6</b>	*10 <sup>3</sup> /μL	4 - 10	DC detection method
RBC	4.30	*10 <sup>6</sup> /μL	3.8 - 4.8	DC detection method
PLATELET (THROMBOCYTE) COUNT	258	*10 <sup>3</sup> /μL	150 - 450*10 <sup>3</sup> /μL	DC detection method/Microscopy

**DIFFERENTIAL COUNT**

NEUTROPHILS	61	%	40 - 80 %	Flowcytometry/Microscopy
LYMPHOCYTES	32	%	20 - 40 %	Flowcytometry/Microscopy
MONOCYTES	06	%	2 - 10 %	Flowcytometry/Microscopy
EOSINOPHILS	01	%	1 - 6 %	Flowcytometry/Microscopy
BASOPHILS	00	%	0-0.9%	Flowcytometry/Microscopy

**CBC SUBGROUP**

HEMATOCRIT / PCV	38.5	%	36 - 46 %	Calculated
MCV	89.5	fl	83 - 101 fl	Calculated
MCH	29.7	pg	27 - 32 pg	Calculated
MCHC	33.2	gm/dl	31.5-34.5 gm/dl	Calculated
RDW - RED CELL DISTRIBUTION WIDTH	<b>16.0</b>	%	11.6-14%	Calculated
PDW-PLATELET DISTRIBUTION WIDTH	16.7	fL	8.3 - 25 fL	Calculated
MPV-MEAN PLATELET VOLUME	9.6		7.5 - 11.5 fl	Calculated

**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.**

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



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<b>CREATININE, BLOOD , GEL SERUM</b>	0.66	mg/dL	0.5-1.1 mg/dL	Jaffe, alkaline picrate, kinetic
<b>CALCIUM, BLOOD</b>				
CALCIUM,BLOOD	9.30	mg/dL	8.7-10.4 mg/dL	Arsenazo III
<b>URIC ACID, BLOOD , GEL SERUM</b>				
URIC ACID,BLOOD	4.70	mg/dL	2.6-6.0 mg/dL	Uricase/Peroxidase
<b>GLUCOSE, PP , BLOOD, NAF PLASMA</b>				
GLUCOSE,PP	100	mg/dL	Impaired Glucose Tolerance-140 to 199. Diabetes>= 200.	Gluc Oxidase Trinder

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.

<b>GLUCOSE, FASTING , BLOOD, NAF PLASMA</b>				
GLUCOSE,FASTING	78	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.

<b>UREA,BLOOD</b>	<b>15.0</b>	mg/dL	19-49 mg/dL	Urease with GLDH
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[PDF Attached](#)

<b>GLYCATED HAEMOGLOBIN (HBA1C) , EDTA WHOLE BLOOD</b>				
GLYCATED HEMOGLOBIN (HBA1C)	5.4	%	***FOR BIOLOGICAL REFERENCE INTERVAL DETAILS , PLEASE REFER TO THE BELOW MENTIONED REMARKS/NOTE WITH ADDITIONAL CLINICAL INFORMATION ***	
HbA1c (IFCC)	35.0	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 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.

**TOTAL PROTEIN [BLOOD] ALB:GLO RATIO , .**

TOTAL PROTEIN	7.50	g/dL	5.7-8.2 g/dL	BIURET METHOD
ALBUMIN	4.4	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	1.42		1.0 - 2.5	Calculated

**PHOSPHORUS-INORGANIC, BLOOD , GEL SERUM**

PHOSPHORUS-INORGANIC,BLOOD	2.7	mg/dL	2.4-5.1 mg/dL	Phosphomolybdate/UV
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**LIPID PROFILE , GEL SERUM**

CHOLESTEROL-TOTAL	213.00	mg/dL	Desirable: < 200 mg/dL Borderline high: 200-239 mg/dL High: > or =240 mg/dL	Enzymatic
TRIGLYCERIDES	150.00	mg/dL	Normal:: < 150, BorderlineHigh::150-199, High:: 200-499, VeryHigh::>500	GPO-Trinder
HDL CHOLESTEROL	47.00	mg/dl	< 40 - Low 40-59- Optimum 60 - High	Elimination/catalase
LDL CHOLESTEROL DIRECT	<b>162.0</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	Elimination / Catalase
VLDL	4	mg/dl	< 40 mg/dl	Calculated
CHOL HDL Ratio	4.5		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.

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





Lab No. : SR7339285      Name : SWASTIKA GHOSH      Age/G : 33 Y 0 M 0 D / F      Date : 27-02-2023

**DEPARTMENT OF CYTOPATHOLOGY**  
**PAP SMEAR REPORT**

**Lab No : P -690/23**

**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 : Present.  
Obscuring elements : Absent.

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

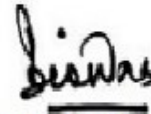
**INTERPRETATION / RESULTS : Negative for Intraepithelial Lesion / Malignancy (NILM).**

*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.

□



**Dr. Piyali Biswas**  
Senior Consultant Pathologist  
MD(KEMH, Mum), FRCPath (Histo, UK),  
PDR (Oncopath-TMH, Mum)





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Collection Date:  
Report Date : 25/Feb/2023 12:47PM



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

DATA		
HEART RATE	73	Bpm
PR INTERVAL	108	Ms
QRS DURATION	82	Ms
QT INTERVAL	354	Ms
QTC INTERVAL	393	Ms
AXIS		
P WAVE	37	Degree
QRS WAVE	59	Degree
T WAVE	22	Degree
<b>IMPRESSION</b>	<b>: Normal sinus rhythm, within normal limits.</b>	

**Dr. SOUMEN MAJUMBAR**  
Department of Non-invasive  
Cardiology



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Lab Add. :  
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Report Date : 25/Feb/2023 05:34PM



### 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. SUDIPTA SARKAR**  
MBBS,MD (Radio-Diagnosis)  
DNB (Radio-Diagnosis), MNAMS  
EDIR, D-ICRI, FRCR (UK)



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Lab Add. :  
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Report Date : 25/Feb/2023 02:08PM



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

**LIVER**

Liver is normal in size 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.

**PORTA**

The appearance of porta is normal. Common Bile duct is 4 mm. with no intraluminal pathology (Calculi/mass) could be detected at its visualised part. Portal vein is normal (10 mm.) 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 (98 mm). Homogenous and smooth echotexture without any focal lesion. Splenic vein at hilum appears normal. No definite collaterals could be detected.

**KIDNEYS**

Both the kidneys are normal in shape, size (Rt. kidney 89 mm. & Lt. kidney 101 mm.) axes & position. Cortical echogenicity appears normal maintaining cortico-medullary & cortico-hepatic differentiation. Margin is regular and cortical thickness is uniform. No calcular disease noted. No hydronephrotic changes detected. 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.

**UTERUS**

Uterus is anteverted, normal in size (84 mm x 35 mm x 40 mm). ET - 5.8 mm. Myometrium appears smooth & homogenous without any detectable/sizable focal lesion. Cervix looks normal. Pouch of Douglas is free.

**ADNEXA**

Adnexa appear clear with no obvious mass lesion could be detected.

**OVARIES**

**Right ovary is bulky in size. Both ovaries show multiple (10-15) small (4-5 mm) peripherally arranged follicles with hypertrophied echogenic central stroma.**



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Right ovary measures: 34 mm x 16 mm x 35 mm. volume is 10 cc.  
Left ovary measures: 36 mm x 14 mm x 26 mm. volume is 6 cc.

### **RETROPERITONEUM, PERITONEUM & LOWER PLEURAL SPACE**

No ascites noted. No definite evidence of any mass lesion detected. No detectable evidence of enlarged lymph nodes noted. Visualised part of aorta & IVC are within normal limit.No effusion noted at costo-phrenic angles.

### **IMPRESSION**

**Bilateral polycystic ovaries.**

#### **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. SUDIPTA SARKAR**  
MBBS,MD (Radio- Diagnosis)  
DNB (Radio-Diagnosis), MNAMS  
EDIR, D-ICRI, FRCR (UK)

**Patient Data**

Sample ID: C02135002883  
 Patient ID: SR7339285  
 Name:  
 Physician:  
 Sex:  
 DOB:

**Analysis Data**

Analysis Performed: 25/FEB/2023 16:53:11  
 Injection Number: 3148U  
 Run Number: 64  
 Rack ID: 0004  
 Tube Number: 2  
 Report Generated: 25/FEB/2023 17:11:25  
 Operator ID: ASIT

Comments:

Peak Name	NGSP %	Area %	Retention Time (min)	Peak Area
Unknown	---	0.2	0.113	2264
A1a	---	0.9	0.165	10728
A1b	---	1.0	0.223	11841
F	---	1.1	0.278	13122
LA1c	---	1.6	0.402	18136
A1c	5.4	---	0.508	49275
P3	---	3.2	0.786	36998
P4	---	1.3	0.870	14736
Ao	---	86.3	1.012	991026

Total Area: 1,148,126

**HbA1c (NGSP) = 5.4 %**      HbA1c (IFCC) = 35 mmol/mol

