



Patient Name: Mrs. SARBANI SARKAR  
 UHID/MR No.: FSIN.000006134  
 Visit Date: 05.06.2021  
 Sample collected on: 05.06.2021  
 Ref Doctor: SELF

Age/Gender: 26 Years / Female  
 OP Visit No.: FSINOPV9099  
 Reported on: 08.06.2021  
 Specimen: BLOOD

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DEPARTMENT OF LABORATORY MEDICINE

TEST NAME	RESULT	BIOLOGICAL REFERENCE	UNIT
<b>COMPLETE BLOOD COUNT</b>			
HAEMOGLOBIN Method: Non cyanide,Sis Based	12.1	Female 12-16 Male 13-17	gm/dl
RBC COUNT Method :Electrical Impedence	4.1	Female 3.8-4.8 Male 4.5-5.5	Mill/Cumm
HEMATOCRIT (PCV)	44.5	Female 36-46 Male 40-50	%
MCV Method: Calculated	92.8	83-101 fl	fl
MCH Method:Calculated	31.7	27-32 pg	pg
MCHC Method:Calculated	32.4	31.5-34.5	%
PLATELET COUNT Method:Electrical Impedence	2.7	1.5-4 lakhs/cu mm	Lac/cumm
TOTAL WBC COUNT Method:Electrical Impedence	6.2	4.0-10.0	/cumm
NEUTROPHIL Method:Microscopy	60	40-80	%
LYMPHOCYTE Method:Microscopy	35	20-45	%
MONOCYTE Method:Microscopy	03	2-10	%
EOSINOPHIL Method:Microscopy	02	1-6	%
BASOPHIL Method:Microscopy	00	<1-2	%
ESR Method:westergrén's	16	Male:12 Female:19	mm/hr mm/hr

Note: RBC are Normocytic with normochromic.

End of the report

*BK*

Results are to be correlated clinically

Lab Technician/Technologist  
 Madhumita\_Biswas

Dr.BIPARNAK HALDAR  
 MBBS, MD(PATHOLOGY)  
 CONSULTANT PATHOLOGIST

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Specimen: URINE

**URINE ROUTINE EXAMINATION**

URINE FOR ROUTINE EXAMINATION

Test Name	Result	Unit	Method
<b>Specimen: Urine</b>			
<u>PHYSICAL EXAMINATION</u>			
QUANTITY	45	ml	Container Measurement
COLOUR	Pale Yellow		Naked Eye Observation
APPEARANCE	Clear		Naked Eye Observation
REACTION	Acidic		Multiple Reagent Strip
SPECIFIC GRAVITY	1020		Multiple Reagent Strip
<u>CHEMICAL EXAMINATION</u>			
BLOOD	Nil		Multiple Reagent Strip
ALBUMIN	Present(+)		Multiple Reagent Strip / Heat & Acetic Acid
BILE PIGMENT	Nil		Fuchet's Test
BILE SALT	Nil		Hey's Sulphur Test
KETONE BODIES	Nil		Multiple Reagent Strip / Rothera Test
SUGER	Nil		Multiple Reagent Strip / Benedict
<u>MICROSCOPIC EXAMINATION</u>			
PUS CELL	1-2	/HPF	Light Microscopy
RBC	Not found	/HPF	Light Microscopy
EPITHELIAL CELL	0-1	/HPF	Light Microscopy
MICRO ORGANISM	Present (+)		
Others	Not found		

Note : Any Abnormal Chemical Analysis Rechecked By Rechecked By Respective Manual Method  
**End of Report**

*BK*

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Madhumita\_Biswas

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DEPARTMENT OF LABORATORY MEDICINE

<u>TEST NAME</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE</u>	<u>UNITS</u>
GLUCOSE- (POST PRANDIAL) GLUCOSE- (POST PRANDIAL) Method: (GOD-POD)	99.2	70.0- 140.0	mg/dL

End of the report

*Results are to be correlated clinically*

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<u>TEST NAME</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE INTERVALS</u>	<u>UNITS</u>
GLUCOSE- (FASTING) GLUCOSE- (FASTING) Method: (GOD-POD)	97.0	70.0- 110.0	mg/dl

End of the report

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Susmita\_Saha

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<u>TEST NAME</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE</u>	<u>UNIT</u>
BLOOD GROUP AND RH TYPE BLOOD GROUP AND RH TYPE	"A" POSITIVE (+Ve)		

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<u>TEST NAME</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE INTERVALS</u>	<u>UNITS</u>
<b>LIPID PROFILE TEST (PACKAGE )</b>			
Triglyceride Method: GPO-POD	141	<200	mg/dl
Cholesterol Method: CHOD - PAP	201	Desirable blood cholesterol : <200 Borderline High : 170.0-199.0 High : > 199.0 mg/dl	mg/dl mg/dl
HDL Method: PVS and PEGME coupled	50	50 - 80 mg/dl	mg/dl
LDL Method: Selective Detergent	101	<130.0 mg/dl	mg/dl
VLDL	30	<35 mg/dl	mg/dl
CHOL : HDL RATIO	4.0		
LDL : HDL RATIO	2.3		

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DEPARTMENT OF LABORATORY MEDICINE

<u>TEST NAME</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE INTERVALS</u>	<u>UNITS</u>
LIVER FUNCTION TEST(PACKAGE) BILIRUBIN-TOTAL Method: Daizo	0.6	1.1 Adult	mg/dl
BILIRUBIN-DIRECT Method: Daizo with DPD	0.4	Adult & Children: <0.25	mg/dl
BILIRUBIN-INDIRECT Method: calculated	0.2	0.1-1.0	mg/dl
TOTAL-PROTIEN Method: Photometric UV test	6.9	Adult: 6.6-8.8	gms/dl
ALBUMIN Method: BCG	4.1	3.5-5.2	gms/dl
SGOT/AST Method: IFCC WITHOUT P5P	22	up to 38	U/L
SGPT/ALT Method: IFCC WITHOUT P5P	26	up to 38	U/L
ALKA-PHOS Method: PNPP-AMP BUFFER	82	Child :104-380 Adult: 20-116	U/L
GLOBULIN Method: Calculated	2.8	1.8 - 3	gms/dl
A:G Ratio	1:46:1		

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<u>TEST NAME</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE INTERVALS</u>	<u>UNIT</u>
TSH:THYROID STIMULATING HORMONE-SERUM TSH:THYROID STIMULATING HORMONE-SERUM Method : CLIA	1.38	0.35-5.50	uIU/ml
TOTAL T3: TRI IODOTHYRONINE – SERUM TOTAL T3: TRI IODOTHYRONINE – SERUM Method : CLIA	0.95	0.87 – 1.78	ug/dl
TOTAL T4: THYROXINE – SERUM TOTAL T4: THYROXINE – SERUM Method : CLIA	6.17	6.09 – 14.03	ug/dl

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TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVALS	UNITS
GGTP : GAMMA GLUTAMYL TRANSPEPTIDASE GGTP : GAMMA GLUTAMYL TRANSPEPTIDASE – SERUM Method : Carboxy Substrate	25.0	10 – 50 U/L	U/L

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TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVALS	UNITS
BLOOD UREA NITROGEN (BUN) BLOOD UREA NITROGEN (BUN) Method : Calculated	10.1	8 - 20	mg/ dl
CREATININE Methodology: Jaffe Reaction Instrument Used: FULLY AUTOMATED ANALYZER EM-200	0.8	Male : 0.7-1.4 Female : 0.6-1.2 Newborn : 0.3-1.0 Infant : 0.2-0.4 Child : 0.3-0.7 Adolescent : 0.5-1.0	mg/dl
URIC ACID URIC ACID Method: Uricase	3.15	Female : 2.6-6.0 Male : 3.4 - 7.0	mg/dl

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**DEPARTMENT OF SPECIAL BIOCHEMISTRY**  
**REPORT PREPARED ON PATHOLOGY**

Test Name	Value	Unit	Normal Range
Glycosylated Haemoglobin (HbA1c), HPLC	4.8	%	Excellent Control: <4 Good Control : 4-6 Fair Control : >6-7 Action Suggested: >7-8 Poor Control : >8
<i>Methodology: HPLC</i>			
<i>Instrument Used: Bio-Rad D-10</i>			
Estimated Average Glucose (EAG)	119	mg/dL	Excellent Control: 90-120 Good Control : 120-150 Fair Control : > 150-180 Action Suggested: 181-210 Panic Value: >211

**Comment**

- For patients with Hb variant diseases there may be lowering of HbA1c due to low HBA synthesis.
- EAG is value calculated from HbA1c & indicates average glucose level over past three months.

**Factors that interfere with HbA1c Measurement :** Genetic variants (e.g. Hbs trait, HbC trait), elevated fetal hemoglobin (HbF) and chemically modified derivatives of hemoglobin (e.g. carbamylated Hb in patients with renal failure) can affect the accuracy of HbA1c measurements. The effects vary depending on the specific Hb variant or derivative and the specific HbA1c method.

**Factors that affect interpretation of HbA1c Results:** Any condition that shortens erythrocyte survival or decreases mean erythrocyte age (e.g. recovery from acute blood loss, hemolytic anemia) will falsely lower HbA1c test results regardless of the assay method used.


\*\*\*\*\* End Of Report \*\*\*\*\*

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