

Patient Name: Mr. ARGHA HALDER
UHID/MR No.: FSIN.0000005586
Visit Date: 21.05.2021
Sample collected on: 21.05.2021
Ref Doctor: SELF

Age/Gender: 36Years / Male
OP Visit No.: FSINOPV8544
Reported on: 22.05.2021
Specimen: BLOOD

DEPARTMENT OF SPECIAL BIOCHEMISTRY
REPORT PREPARED ON PATHOLOGY

Test Name	Value	Unit	Normal Range
Glycosylated Haemoglobin (HbA1c), HPLC Glycosylated Haemoglobin (HbA1c), HPLC	5.8	%	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)	123	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 *****

BH

Lab Technician / Technologist
Madhumita_Biswas

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

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DEPARTMENT OF LABORATORY MEDICINE

<u>TEST NAME</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE INTERVALS</u>	<u>UNITS</u>
BLOOD UREA NITROGEN (BUN) BLOOD UREA NITROGEN (BUN) Method : Calculated	12.2	8 - 20	mg/ dl
CREATININE Methodology: Jaffe Reaction Instrument Used: FULLY AUTOMATED ANALYZER EM-200	0.9	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	3.50	Female : 2.6 - 6.0 Male : 3.4 - 7.0	mg/dl

End of the report

Results are to be correlated clinically

BK

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DEPARTMENT OF LABORATORY MEDICINE

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVALS	UNITS
GGTP : GAMMA GLUTAMYL TRANSPEPTIDASE GGTP : GAMMA GLUTAMYL TRANSPEPTIDASE – SERUM Method : Carboxy Substrate	24.1	10 – 50 U/L	U/L

End of the report

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DEPARTMENT OF LABORATORY MEDICINE

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVALS	UNITS
LIVER FUNCTION TEST(PACKAGE) BILIRUBIN-TOTAL Method: Daizo	0.6	1.1 Adult	mg/dl
BILIRUBIN-DIRECT Method: Daizo with DPD	0.2	Adult & Children: <0.25	mg/dl
BILIRUBIN-INDIRECT Method: calculated	0.5	0.1-1.0	mg/dl
TOTAL-PROTIEN Method: Photometric UV test	6.8	Adult: 6.6-8.8	gms/dl
ALBUMIN Method: BCG	4.2	3.5-5.2	gms/dl
SGOT/AST Method: IFCC WITHOUT P5P	39	up to 38	U/L
SGPT/ALT Method: IFCC WITHOUT P5P	49	up to 38	U/L
ALKA-PHOS Method: PNPP-AMP BUFFER	88	Child :104-380 Adult: 20-116	U/L
GLOBULIN Method: Calculated	2.6	1.8 - 3	gms/dl
A:G Ratio	1:62:1		

End of the report

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DEPARTMENT OF LABORATORY MEDICINE

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVALS	UNITS
LIPID PROFILE TEST (PACKAGE)			
Triglyceride Method: GPO-POD	156	<200	mg/dl
Cholesterol Method: CHOD - PAP	187	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	46	50 - 80 mg/dl	mg/dl
LDL Method: Selective Detergent	109	<130.0 mg/dl	mg/dl
VLDL	32	<35 mg/dl	mg/dl
CHOL : HDL RATIO	4.0		
LDL : HDL RATIO	2.3		

End of the report

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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)	110.6	70.0- 140.0	mg/dL

End of the report

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DEPARTMENT OF LABORATORY MEDICINE

<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	27.4	0.35-5.50	uIU/ml
TOTAL T3: TRI IODOTHYRONINE – SERUM TOTAL T3: TRI IODOTHYRONINE – SERUM Method : CLIA	1.54	0.87 – 1.78	ug/dl
TOTAL T4: THYROXINE – SERUM TOTAL T4: THYROXINE – SERUM Method : CLIA	10.8	6.09 – 14.03	ug/dl

End of the report

Results are to be correlatede clinically

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Report Number : IR/261539	Web Slip No : SAS/INV/99/176561-05/2021
Lab Slip No. : SASGO/INV/177140-05/2021	Report Date : 21/05/2021 6:28:00PM
Patient Name : ARGHA HALDER	Collection Date : 21/05/2021 3:06:00PM
Age / Sex : 36 Year /Male	Phlebotomist :
Referred By : SELF	Collected From : SINTHI-APOLLO

REPORT PREPARED ON PATHOLGY
DEPARTMENT OF BIOCHEMISTRY

Test Name	Value	Unit	Normal Range
GLUCOSE FASTING	104	mg/dl	70 - 110

Methodology: GOD POD
Instrument Used: AGAPPE (Mitsa Clinia Plus)

***Please Correlate with Clinical Conditons.**

NOTE: Regarding blood sugar levels, if a patient is diabetic and if He/she is on oral medication for diabetes, the sugar levels can be fasting blood sugar level more than the post prandial blood sugar. This happens because most of the anti-diabetic medications are taken either with or before breakfast. If the patient is not a diabetic, as soon as He/she takes the breakfast, it will act as a stimulant to produce insulin in the body and that will bring down the post prandial blood sugar level (PP). Normal diet can be 2 or 3 doses, chapatis or rotis, in which the blood glucose level will be lower than 75 grams of direct glucose. This direct glucose might also increase the sugar level to 260. Another scenario for increase in sugar after empty stomach will be because of the hormone called glucagon, which will induce glycogenolysis and neoglucogenesis in the body when the sugar levels are very low. In this mechanism, the stored glycogen or lipids will be converted into glucose, thus increasing the blood sugar level.

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

Report Number	: IR/261541	Web Slip No	: SAS/INV/99/176561-05/2021
Lab Slip No.	: SASGO/INV/177140-05/2021	Report Date	: 21/05/2021 6:31:00PM
Patient Name	: ARGHA HALDER	Collection Date	: 21/05/2021 3:06:00PM
Age / Sex	: 36 Year /Male	Phlebotomist	:
Referred By	: SELF	Collected From	: SINTHI-APOLLO

REPORT PREPARED ON PATHOLOGY

DEPARTMENT OF SEROLOGY

Test Name	Value	Unit	Normal Range
BLOOD GROUPING	"A"		
Rh Factor	Positive		

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

Report Number : IR/261540	Web Slip No : SAS/INV/99/176561-05/2021
Lab Slip No. : SASGO/INV/177140-05/2021	Report Date : 21/05/2021 6:29:00PM
Patient Name : ARGHA HALDER	Collection Date : 21/05/2021 3:06:00PM
Age / Sex : 36 Year /Male	Phlebotomist :
Referred By : SELF	Collected From : SINTHI-APOLLO

REPORT PREPARED ON PATHOLOGY
DEPARTMENT OF HAEMATOLOGY

Test Name	Value	Unit	Normal Range
Haemoglobin	15.0	gm%	Child : 11.0 - 15.5gm% (M) : 13.0-17.0gm% (F) : 11.0-15.0gm% Up to 15 days : 16 -24gm%
<i>Instrument Used :</i>			
Haematocrit (PCV)	41.0	%	42 - 52
Mean Corpuscular Volume (MCV)	93.1	fl	76 - 101
Mean Corpuscular Hemoglobin (MCH)	34.0	pg	27.0 - 32.0
Mean Corpuscular Hemoglobin Concentration (MCHC)	36.5	%	31.5 - 34.5
Platelet Count	2.36	lacs/cmm	1.5 - 4.5
Total Count (TC)			
Total Leucocytes	4600	/cmm	4000 - 11000
Total Erythrocytes	4.40	mill/cmm	4.5 - 5.5
Differential Count (DC)			
Neutrophil	52	%	40 - 75
Lymphocyte	43	%	20 - 45
Monocyte	02	%	02-10
Eosinophil	03	%	01 - 06
Basophil	00	%	00 - 01
ESR (Erythrocyte Sedimentation Rate)	09	mm	0 - 15
<i>Methodology: Westergren method</i>			
RBC Morphology	NORMOCHROMIC NORMOCYTIC		

INSTRUMENT USED:

HORIBA (YUMIZEN H500)

*Please Correlate with Clinical Conditions.

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Specimen: URINE

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URINE ROUTINE EXAMINATION

URINE FOR ROUTINE EXAMINATION

Test Name	Result	Unit	Method
Specimen: Urine			
<u>PHYSICAL EXAMINATION</u>			
QUANTITY	35	ml	Container Measurement
COLOUR	Pale Yellow		Naked Eye Observation
APPEARANCE	Clear		Naked Eye Observation
REACTION	Acidic		Multiple Reagent Strip
SPECIFIC GRAVITY	1015		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 Respected Manual Method

End of Report

BK

Lab Technician / Technologist
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DR. BOUDHAYAN BHATTACHARJEE

MBBS. (MEDICAL COLLEGE, KOLKATA) MD (TROPICAL MEDICINE)
CONSULTANT PHYSICIAN & INTENSIVIST

TO WHOM IT MAY CONCERN

**THIS IS TO CERTIFY THAT MR. ARGHA HALDER,
36Y/MALE, IS PHYSICALLY FIT.**

**HE IS SUFFERING FROM THYROID, HE IS ADVISED TO
CONTINUE MEDICINE AND CONSULT WITH
ENDOCRINOLOGIST.**

DATE: *24.05.21*

Boudhayan Bhattacharjee
.....

SIGNATURE
STAMP

Dr. BOUDHAYAN BHATTACHARJEE
MBBS, MD (TROPICAL MEDICINE)
65631 of WBMC



DR. RAKTIMA BAKSHI MANDAL

CONSULTANT EYE SURGEON
& OPHTHALMOLOGIST

TO WHOM IT MAY CONCERN

THIS IS TO CERTIFY THAT **MR. ARGHA HALDER,**
36Y/MALE, HAS NO PROBLEM IN HIS EYE SIGHT.

HE IS WITH CLEAR VISION, WITH NO COLOR BLINDNESS.

RIGHT EYE	NORMAL
LEFT EYE	NORMAL

DATE: 24/05/21

R. B. Mandal

SIGNATURE
DC STAMP

DR. RAKTIMA BAKSHI MANDAL
M.B.B.S., M.S. (OPHTHALMOLOGY)
Regn. No.. 69521 of WBMC
Consultant Eye Surgeon

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DR. SOURADEEP RAY

MBBS, MS (ENT)
ASSOCIATE PROFESSOR R.G. KAR MEDICAL, KOLKATA.
REGD.NO. 63999 (WBMC)

TO WHOM IT MAY CONCERN

THIS IS TO CERTIFY THAT **MR. ARGHA HALDER,**
36Y/MALE HAS NO PROBLEM IN HIS EAR, NOSE AND THROAT.

HIS EAR IS CLEAN, NO HEARING PROBLEM.
HIS NASAL PASSAGE IS CLEAR, WITH PROPER SMELLING CAPACITY.
HIS THROAT IS CLEAR, NO INFECTION FOUND IS TONSILS.

DATE: 29/05/21.....

Souradeep Ray.....

SIGNATURE

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DR. ABHIRUP MUKHERJEE

BDS (WBUHS)
Oral & Dental Surgeon
Regn.No. 3726 Part A (Wbdc)

TO WHOM IT MAY CONCERN

THIS IS TO CERTIFY THAT **MR. ARGHA HALDER,**
36Y/MALE, HAS NO ORAL PROBLEM.

THERE IS NO CAVITY AND BAD SMELL OBSERVED IN HIS MOUTH.

DATE: 29.05.21

A. Mukherjee
.....

SIGNATURE

DC STAMP

DR. ABHIRUP MUKHERJEE
BDS (WBUHS)
Oral & Dental Surgeon
Regn. No. 3726 Part A (WBDC)

