


Lab No. : DUR/23-01-2023/SR7209756
Patient Name : SWARUP KUMAR GON
Age : 52 Y 3 M 21 D
Gender : M

Lab Add. : Newtown, Kolkata-700156
Ref Dr. : Dr.MEDICAL OFFICER
Collection Date: 23/Jan/2023 10:45AM
Report Date : 25/Jan/2023 03:14PM



Test Name	Result	Unit	Bio Ref. Interval	Method
URIC ACID, URINE, SPOT URINE				
URIC ACID, SPOT URINE	19.00	mg/dL	37-92 mg/dL	URICASE
ESTIMATED TWICE				

□


Dr NEEPA CHOWDHURY
MBBS MD (Biochemistry)
Consultant Biochemist



Lab No. : SR7209756 Name : SWARUP KUMAR GON Age/G : 52 Y 3 M 21 D / M Date : 24-01-2023

PHOSPHORUS-INORGANIC, BLOOD , GEL SERUM

PHOSPHORUS-INORGANIC,BLOOD	3.7	mg/dL	2.4-5.1 mg/dL	Phosphomolybdate/UV
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Dr NEEPA CHOWDHURY
MBBS MD (Biochemistry)
Consultant Biochemist



Lab No. : SR7209756 Name : SWARUP KUMAR GON Age/G : 52 Y 3 M 21 D / M Date : 24-01-2023

CBC WITH PLATELET & RETICULOCYTE COUNT , EDTA WHOLE BLOOD

HEMOGLOBIN	13.1	g/dL	13 - 17	PHOTOMETRIC
WBC	12.8	*10 ³ /μL	4 - 10	DC detection method
RBC	4.65	*10 ⁶ /μL	4.5 - 5.5	DC detection method
PLATELET (THROMBOCYTE) COUNT	162	*10 ³ /μL	150 - 450*10 ³ /μL	DC detection method/Microscopy

DIFFERENTIAL COUNT

NEUTROPHILS	83	%	40 - 80 %	Flowcytometry/Microscopy
LYMPHOCYTES	11	%	20 - 40 %	Flowcytometry/Microscopy
MONOCYTES	04	%	2 - 10 %	Flowcytometry/Microscopy
EOSINOPHILS	02	%	1-6%	Flowcytometry/Microscopy
BASOPHILS	00	%	0-0.9%	Flowcytometry/Microscopy

CBC SUBGROUP 1

HEMATOCRIT / PCV	40.6	%	40 - 50 %	Calculated
MCV	87.3	fl	83 - 101 fl	Calculated
MCH	28.2	pg	27 - 32 pg	Calculated
MCHC	32.3	gm/dl	31.5-34.5 gm/dl	Calculated
RDW - RED CELL DISTRIBUTION WIDTH	16.3	%	11.6-14%	Calculated
RETICULOCYTE COUNT- AUTOMATED,BLOOD	0.7	%	0.5-2.5%	Cell Counter/Microscopy

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



Lab No. : SR7209756 Name : SWARUP KUMAR GON Age/G : 52 Y 3 M 21 D / M Date : 24-01-2023

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. PANKTI PATEL
MBBS , MD (PATHOLOGY)
CONSULTANT PATHOLOGIST

Lab No. : SR7209756 Name : SWARUP KUMAR GON Age/G : 52 Y 3 M 21 D / M Date : 23-01-2023

*BILIRUBIN (DIRECT) , GEL SERUM					
BILIRUBIN (DIRECT)	0.30	mg/dL	< 0.3 mg/dl		Diazotized DCA Method
*SGOT/AST , GEL SERUM					
SGOT/AST	21.70	U/L	< 40 U/L		IFCC Kinetic Method
*CHLORIDE, BLOOD , .					
CHLORIDE,BLOOD	98.00	mEq/L	98 - 107 mEq/L		ISE DIRECT
UREA,BLOOD , GEL SERUM					
	11.9	mg/dl	12.8-42.8 mg/dl		UREASE-GLDH
*CBC WITH PLATELET (THROMBOCYTE) COUNT , EDTA WHOLE BLOOD					
HEMOGLOBIN	13.3	g/dL	13 - 17		PHOTOMETRIC
WBC	12.5	*10 ³ /μL	4 - 10		DC detection method
RBC	4.65	*10 ⁶ /μL	4.5 - 5.5		DC detection method
PLATELET (THROMBOCYTE) COUNT	165	*10 ³ /μL	150 - 450*10 ³ /μL		DC detection method/Microscopy
<u>DIFFERENTIAL COUNT</u>					
NEUTROPHILS	83	%	40 - 80 %		Flowcytometry/Microscopy
LYMPHOCYTES	12	%	20 - 40 %		Flowcytometry/Microscopy
MONOCYTES	04	%	2 - 10 %		Flowcytometry/Microscopy
EOSINOPHILS	01	%	1 - 6 %		Flowcytometry/Microscopy
BASOPHILS	00	%	0-0.9%		Flowcytometry/Microscopy
<u>CBC SUBGROUP</u>					
HEMATOCRIT / PCV	39.0	%	40 - 50 %		Calculated
MCV	83.9	fl	83 - 101 fl		Calculated
MCH	28.6	pg	27 - 32 pg		Calculated
MCHC	34.1	gm/dl	31.5-34.5 gm/dl		Calculated
RDW - RED CELL DISTRIBUTION WIDTH	16.6	%	11.6-14%		Calculated
PDW-PLATELET DISTRIBUTION WIDTH	28.6	fL	8.3 - 25 fL		Calculated
MPV-MEAN PLATELET VOLUME	14.2		7.5 - 11.5 fl		Calculated
*GLUCOSE, FASTING , BLOOD, NAF PLASMA					
GLUCOSE,FASTING	101	mg/dL	(70 - 110 mg/dl)		GOD POD
*CALCIUM, BLOOD					
CALCIUM,BLOOD	8.60	mg/dL	8.6 - 10.2 mg/dl		ARSENAZO III
*TOTAL PROTEIN [BLOOD] ALB:GLO RATIO , .					
TOTAL PROTEIN	6.90	g/dL	6.6 - 8.7 g/dL		BIURET METHOD
ALBUMIN	4.2	g/dl	3.5-5.2 g/dl		BCG
GLOBULIN	2.70	g/dl	1.8-3.2 g/dl		Calculated
AG Ratio	1.56		1.0 - 2.5		Calculated
*GLUCOSE, PP , BLOOD, NAF PLASMA					
GLUCOSE,PP	136		(70 - 140 mg/dl)		GOD POD
*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)	9.9	5.5-16 microgram/dl	5.5-16 microgram/dl		CLIA
TSH (THYROID STIMULATING HORMONE)	1.10	μIU/mL	0.5-4.7 μIU/mL		CLIA

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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>.

***SGPT/ALT , GEL SERUM**

SGPT/ALT	16.40	U/L	< 41 U/L	IFCC Kinetic Method
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***ESR (ERYTHROCYTE SEDIMENTATION RATE) , EDTA WHOLE BLOOD**

1stHour	20	mm/hr	0.00 - 20.00 mm/hr	Westergren
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***LIPID PROFILE , GEL SERUM**

CHOLESTEROL-TOTAL	175.00	mg/dL	Desirable: < 200 mg/dL Borderline high: 200-239 High: > or =240 mg/dL	CHOD PAP Method
TRIGLYCERIDES	136.00	mg/dL	NORMAL < 150 BORDERLINE HIGH 150-199 HIGH 200-499 VERY HIGH > 500	GPO-PAP
HDL CHOLESTEROL	41.00	mg/dL	35.3-79.5 mg/dl	DIRECT METHOD
LDL CHOLESTEROL DIRECT	102.0	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	Direct Method
VLDL	32	mg/dl	< 40 mg/dl	Calculated
CHOL HDL Ratio	4.3		LOW RISK 3.3-4.4 AVERAGE RISK 4.47-7.1 MODERATE RISK 7.1-11.0 HIGH RISK >11.0	Calculated

***BILIRUBIN (TOTAL) , GEL SERUM**

BILIRUBIN (TOTAL)	0.80	mg/dL	< 1.2 mg/dl	Diazotized DCA Method
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***URINE ROUTINE ALL, ALL , URINE**

PHYSICAL EXAMINATION

COLOUR	PALE YELLOW
APPEARANCE	SLIGHTLY HAZY

CHEMICAL EXAMINATION

pH	6.5		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,	NOT DETECTED		NOT DETECTED	Dipstick (Legals test)/Manual

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ACETONE)				
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:

- 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.

*ALKALINE PHOSPHATASE , GEL SERUM

ALKALINE PHOSPHATASE	89.00	U/L	53-128 U/L	AMP
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*POTASSIUM, BLOOD , GEL SERUM

POTASSIUM,BLOOD	3.80	mEq/L	3.1-5.5 mEq/L	ISE DIRECT
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*URIC ACID, BLOOD , GEL SERUM

URIC ACID,BLOOD	3.20	mg/dl	3.4 - 7.0 mg/dl	URICASE
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[PDF Attached](#)

*GLYCATED HAEMOGLOBIN (HBA1C) , EDTA WHOLE BLOOD

GLYCATED HEMOGLOBIN (HBA1C)	5.7	%	***FOR BIOLOGICAL REFERENCE INTERVAL DETAILS , PLEASE REFER TO THE BELOW MENTIONED REMARKS/NOTE WITH ADDITIONAL CLINICAL INFORMATION ***	
HbA1c (IFCC)	38.0	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.

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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 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.

***SODIUM, BLOOD , GEL SERUM**

SODIUM,BLOOD	134.00	mEq/L	136 - 145 mEq/L	ISE DIRECT
CREATININE, BLOOD	0.81	mg/dL	0.70 - 1.3 mg/dl	ENZYMATIC

□



Dr Sayak Biswas
MBBS, MD
Consultant Pathologist

Lab No. : DUR/23-01-2023/SR7209756
Patient Name : SWARUP KUMAR GON
Age : 52 Y 3 M 21 D
Gender : M

Lab Add. :
Ref Dr. : Dr.MEDICAL OFFICER
Collection Date:
Report Date : 28/Jan/2023 01:05PM



DEPARTMENT OF ULTRASONOGRAPHY

REPORT ON EXAMINATION OF WHOLE ABDOMEN

LIVER: Normal in size (12.74 cm), shape and parenchymal echopattern. No definite focal lesion is seen. Intrahepatic biliary radicles are not dilated. The portal vein branches and hepatic veins are normal.

GALL BLADDER: Well distended lumen shows no intraluminal calculus or mass. Wall thickness is normal. No pericholecystic collection or mass formation is noted.

PORTA HEPATIS: The portal vein is normal in caliber (0.90 cm) with clear lumen. *The common bile duct is mildly dilated measuring 0.84 cm at porta.* Visualized lumen is clear.

PANCREAS: It is normal in size, shape and echopattern. Main pancreatic duct is not dilated. No focal lesion of altered echogenicity is seen. The peripancreatic region shows no abnormal fluid collection.

SPLEEN: It is normal in size (8.59 cm), shape and shows homogeneous echopattern. No focal lesion is seen. No abnormal venous dilatation is seen in the splenic hilum.

KIDNEYS: Both kidneys are normal in size, shape and position. Cortical echogenicity and thickness are normal with normal cortico-medullary differentiation in both kidneys. *Well defined clear cyst measuring 1.18 cm x 1.00 cm is seen in lower pole of right kidney.* No calculus or hydronephrosis is noted. The perinephric region shows no abnormal fluid collection. Right kidney measures: 10.27 cm x 3.92 cm and Left Kidney measures: 10.34 cm x 4.98 cm.

URETER: Both ureters are not dilated. No calculus is noted in either side.

PERITONEUM & RETROPERITONEUM: The aorta and IVC are normal. Lymph nodes are not enlarged. No free fluid is seen in peritoneal cavity.

URINARY BLADDER: It is adequately distended providing optimum scanning window. The lumen is clear and *wall is slightly thickened (0.32 cm). Pre void urine volume 426 cc. Post void residual urine volume 84 cc (significant).*

PROSTATE: It is normal in size, shape and echopattern. No focal lesion is seen. Capsule is smooth. Prostate measures: 3.52 cm x 2.62 cm x 2.54 cm, weight 12.26 gms.

IMPRESSION:

- *Mildly dilated CBD.*
- *Simple right renal cyst.*
- *Slightly thickened urinary bladder wall with significant post void residual urine volume.*

Cystitis to be ruled out clinically .

***** Please correlate clinically.**

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Gender : M

Lab Add. :
Ref Dr. : Dr.MEDICAL OFFICER
Collection Date:
Report Date : 28/Jan/2023 01:05PM



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.

□

Dr Nidhi Sehgal
DNB (Radio-diagnosis)
Senior Consultant Radiologist

Lab No. : DUR/23-01-2023/SR7209756
Patient Name : SWARUP KUMAR GON
Age : 52 Y 3 M 21 D
Gender : M

Lab Add. :
Ref Dr. : Dr.MEDICAL OFFICER
Collection Date:
Report Date : 23/Jan/2023 03:37PM



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.

□

DR. ANIL SIDRAM GAIKWAD
MBBS, DNB (RADIO-DIAGNOSIS)

Lab No. : DUR/23-01-2023/SR7209756
Patient Name : SWARUP KUMAR GON
Age : 52 Y 3 M 21 D
Gender : M

Lab Add. :
Ref Dr. : Dr.MEDICAL OFFICER
Collection Date:
Report Date : 23/Jan/2023 02:56PM



DEPARTMENT OF CARDIOLOGY
REPORT OF E.C.G.

DATA		
HEART RATE	78	Bpm
PR INTERVAL	152	Ms
QRS DURATION	102	Ms
QT INTERVAL	364	Ms
QTC INTERVAL	418	Ms
AXIS		
P WAVE	42	Degree
QRS WAVE	-49	Degree
T WAVE	36	Degree
IMPRESSION	:	Left axis deviation. Left anterior fascicular block.

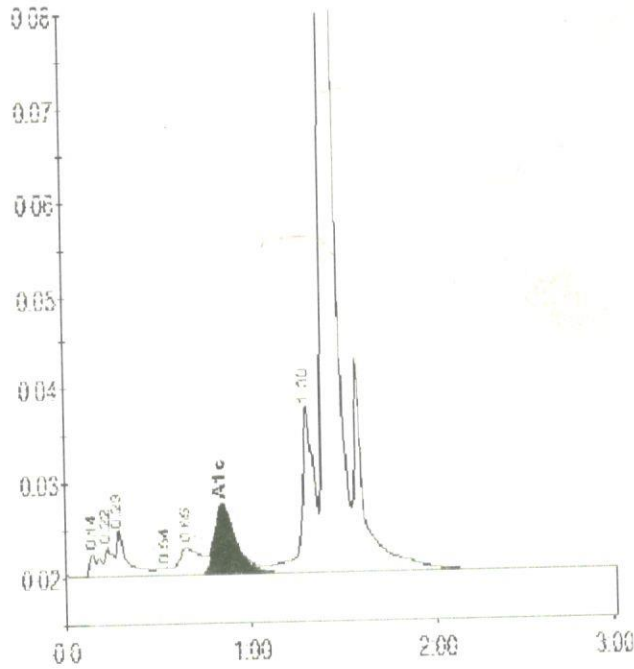
ADVICE : ECHO-CARDIOGRAPHY ; TMT

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

DR.ASHISH HOTA
MD,DM(CARDIOLOGY)
REG NO:15301 OCMR

Patient report

Bio-Rad DATE: 23/01/2023
 D-10 TIME: 03:27 PM
 S/N: #DJ4D012104 Software version: 4.30-2
 Sample ID: C02135924066
 Injection date 23/01/2023 03:27 PM
 Injection #: 5 Method: HbA1c
 Rack #: --- Rack position: 5



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BIO-RAD

Peak table - ID: C02135924066

Peak	R.time	Height	Area	Area %
Unknown	0.14	2387	9125	0.6
A1a	0.22	3156	9852	0.7
A1b	0.29	5061	19637	1.4
F	0.54	880	4888	0.3
LA1c/CHb-1	0.65	2954	23871	1.7
A1c	0.85	7350	58990	5.7
P3	1.30	17857	83071	5.9
A0	1.41	467447	1199612	85.1
Total Area:			1409045	

Concentration:	%	mmol/mol
A1c	5.7	38

PRINT