Lab No.	: HWH/28-09-2024/SR9716482	**Lab Add.**	: Newtown,Kolkata-700156
Patient Name	: MANOJ KUMAR JAISWAL	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	: 42 Y 4 M 19 D	**Collection Date**	: 28/Sep/2024 09:32AM
Gender	: M	Report Date	: 28/Sep/2024 02:50PM

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
CHLORIDE,BLOOD , . (Method:ISE INDIRECT)	107	99-109	mEq/L
THYROID PANEL (T3, T4, TSH) , *GEL SERUM*			
T3-TOTAL (TRI IODOTHYRONINE) (Method:CLIA)	1.12	0.60-1.81 ng/ml	ng/ml
T4-TOTAL (THYROXINE) (Method:CLIA)	9.6	3.2-12.6	µg/dL
TSH (THYROID STIMULATING HORMONE) (Method:CLIA)	1.752	0.55-4.78	µIU/mL

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:

1. 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.
2. 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:

1. *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*
2. *Kalra S, Agarwal S, Aggarwal R, Ranabir S. Trimester-specific thyroid-stimulating hormone: An indian perspective. Indian J Endocr Metab 2018;22:1-4.*

PHOSPHORUS-INORGANIC,BLOOD (Method:Phosphomolybdate/UV)	3.7	2.4-5.1 mg/dL	mg/dL
ALKALINE PHOSPHATASE (Method:IFCC standardization)	97	46-116	U/L
SODIUM,BLOOD (Method:ISE INDIRECT)	140	132 - 146	mEq/L
SGOT/AST (Method:Modified IFCC)	30	13-40	U/L
SGPT/ALT (Method:Modified IFCC)	31	7-40	U/L
POTASSIUM,BLOOD (Method:ISE INDIRECT)	4.4	3.5-5.5	mEq/L

Lab No.	: HWH/28-09-2024/SR9716482	**Lab Add.**	: Newtown,Kolkata-700156
Patient Name	: MANOJ KUMAR JAISWAL	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	: 42 Y 4 M 19 D	**Collection Date**	: 28/Sep/2024 09:32AM
Gender	: M	Report Date	: 28/Sep/2024 02:50PM

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
UREA,BLOOD (Method:Urease with GLDH)	23.5	19-49	mg/dL
CREATININE, BLOOD (Method:Jaffe, alkaline picrate, kinetic)	0.74	0.7-1.3	mg/dL
GLUCOSE,FASTING (Method:Gluc Oxidase Trinder)	85	Impaired Fasting-100-125 .~Diabetes- >= 126.~Fasting is defined as no caloric intake for at least 8 hours.	mg/dL

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.

CALCIUM,BLOOD (Method:Arsenazo III)	9.5	8.7-10.4	mg/dL
URIC ACID,BLOOD (Method:Uricase/Peroxidase)	5.5	3.5-7.2	mg/dL

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

Dr Neepa Chowdhury
MBBS, MD(Biochemistry)
SECTION DIRECTOR AND SENIOR CONSULTANT BIOCHEMIST
Reg no. WBMC 62456

Lab No.	: HWH/28-09-2024/SR9716482	**Lab Add.**	: Newtown,Kolkata-700156
Patient Name	: MANOJ KUMAR JAISWAL	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	: 42 Y 4 M 19 D	**Collection Date**	: 28/Sep/2024 09:32AM
Gender	: M	Report Date	: 28/Sep/2024 02:56PM

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
TOTAL PROTEIN [BLOOD] ALB:GLO RATIO , .			
TOTAL PROTEIN (Method:BIURET METHOD)	7.6	5.7-8.2 g/dL	g/dL
ALBUMIN (Method:BCG Dye Binding)	4.6	3.2-4.8 g/dL	g/dL
GLOBULIN (Method:Calculated)	3	1.8-3.2	g/dl
AG Ratio (Method:Calculated)	1.53	1.0-2.5	
BILIRUBIN (DIRECT) (Method:Vanadate oxidation)	**0.5**	<0.2	mg/dL
BILIRUBIN (TOTAL) , *GEL SERUM*			
BILIRUBIN (TOTAL) (Method:Vanadate oxidation)	**2**	0.3-1.2	mg/dL
URIC ACID, URINE, SPOT URINE			
URIC ACID, SPOT URINE (Method:URICASE)	**21**	37-92 mg/dL	mg/dL
GLYCATED HAEMOGLOBIN (HBA1C) , *EDTA WHOLE BLOOD*			
GLYCATED HEMOGLOBIN (HBA1C)	5.8	***FOR BIOLOGICAL REFERENCE INTERVAL DETAILS , PLEASE REFER TO THE BELOW MENTIONED REMARKS/NOTE WITH ADDITIONAL CLINICAL INFORMATION ***	%
HbA1c (IFCC) (Method:HPLC)	40		mmol/mol

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.**
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.*

Lab No.	: HWH/28-09-2024/SR9716482	**Lab Add.**	: Newtown,Kolkata-700156
Patient Name	: MANOJ KUMAR JAISWAL	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	: 42 Y 4 M 19 D	**Collection Date**	: 28/Sep/2024 09:32AM
Gender	: M	Report Date	: 28/Sep/2024 02:56PM

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit

PDF Attached

LIPID PROFILE , *GEL SERUM*

CHOLESTEROL-TOTAL (Method:Enzymatic)	139	Desirable: < 200 mg/dL Borderline high: 200-239 mg/dL High: > or =240 mg/dL	mg/dL
TRIGLYCERIDES (Method:GPO-Trinder)	72	Normal:: < 150, BorderlineHigh::150-199, High:: 200-499, VeryHigh::>500	mg/dL
HDL CHOLESTEROL (Method:Elimination/catalase)	49	< 40 - Low 40-59- Optimum 60 - High	mg/dl
LDL CHOLESTEROL DIRECT (Method:Elimination / Catalase)	70	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	mg/dL
VLDL (Method:Calculated)	20	< 40 mg/dl	mg/dl
CHOL HDL Ratio (Method:Calculated)	2.8	LOW RISK 3.3-4.4 AVERAGE RISK 4.47-7.1 MODERATE RISK 7.1-11.0 HIGH RISK >11.0	

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.*

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

Dr. Sudeshna Baral
M.B.B.S MD.
(Biochemistry)
(Consultant Biochemist)
Reg No. WBMC 64124

Lab No.	: HWH/28-09-2024/SR9716482	**Lab Add.**	: Newtown,Kolkata-700156
Patient Name	: MANOJ KUMAR JAISWAL	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	: 42 Y 4 M 19 D	**Collection Date**	: 28/Sep/2024 09:32AM
Gender	: M	Report Date	: 28/Sep/2024 02:38PM

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Bio Ref. Interval	Unit
ESR (ERYTHROCYTE SEDIMENTATION RATE) , *EDTA WHOLE BLOOD*			
1stHour (Method:Westergren)	16	0.00 - 20.00 mm/hr	mm/hr
BLOOD GROUP ABO+RH [GEL METHOD] , *EDTA WHOLE BLOOD*			
ABO (Method:Gel Card)	O		
RH (Method:Gel Card)	POSITIVE		

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.

CBC WITH PLATELET (THROMBOCYTE) COUNT , *EDTA WHOLE BLOOD*			
HEMOGLOBIN (Method:PHOTOMETRIC)	13.2	13 - 17	g/dL
WBC (Method:DC detection method)	5.8	4 - 10	*10^3/µL
RBC (Method:DC detection method)	4.82	4.5 - 5.5	*10^6/µL
PLATELET (THROMBOCYTE) COUNT (Method:DC detection method/Microscopy)	160	150 - 450*10^3	*10^3/µL
DIFFERENTIAL COUNT			
NEUTROPHILS (Method:Flowcytometry/Microscopy)	**38**	40 - 80	%
LYMPHOCYTES (Method:Flowcytometry/Microscopy)	**52**	20 - 40	%
MONOCYTES (Method:Flowcytometry/Microscopy)	08	2 - 10	%
EOSINOPHILS (Method:Flowcytometry/Microscopy)	01	1 - 6	%
BASOPHILS (Method:Flowcytometry/Microscopy)	**01**	0-0.9	%
CBC SUBGROUP			
HEMATOCRIT / PCV (Method:Calculated)	40.8	40 - 50 %	%
MCV (Method:Calculated)	84.7	83 - 101 fl	fl
MCH (Method:Calculated)	27.4	27 - 32 pg	pg
MCHC (Method:Calculated)	32.3	31.5-34.5 gm/dl	gm/dl
RDW - RED CELL DISTRIBUTION WIDTH (Method:Calculated)	**14.4**	11.6-14%	%
PDW-PLATELET DISTRIBUTION WIDTH (Method:Calculated)	33.1	8.3 - 25 fL	fL
MPV-MEAN PLATELET VOLUME (Method:Calculated)	13.1	7.5 - 11.5 fl	

Lab No.	: HWH/28-09-2024/SR9716482	**Lab Add.**	: Newtown,Kolkata-700156
Patient Name	: MANOJ KUMAR JAISWAL	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	: 42 Y 4 M 19 D	**Collection Date**	: 28/Sep/2024 09:32AM
Gender	: M	Report Date	: 28/Sep/2024 02:38PM

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Bio Ref. Interval	Unit

*** End Of Report ***

Dr. ANWESHA CHATTERJEE
MD(Pathology)
DipRCPath(Histopathology)

Lab No.	: HWH/28-09-2024/SR9716482	**Lab Add.**	:
Patient Name	: MANOJ KUMAR JAISWAL	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	: 42 Y 4 M 19 D	**Collection Date**	:
Gender	: M	Report Date	: 28/Sep/2024 12:42PM

DEPARTMENT OF X-RAY

DEPARTMENT OF RADIOLOGY
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 central. 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.

*** End Of Report ***

M Rabbani

DR. Mozammil Rabbani
MBBS., MD(Radiodiagnosis)
Consultant Radiologist
Registration No: 46973

Lab No.	: HWH/28-09-2024/SR9716482	**Lab Add.**	: Newtown,Kolkata-700156
Patient Name	: MANOJ KUMAR JAISWAL	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	: 42 Y 4 M 19 D	**Collection Date**	: 28/Sep/2024 10:28AM
Gender	: M	Report Date	: 28/Sep/2024 04:03PM

DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Bio Ref. Interval	Unit
URINE ROUTINE ALL, ALL , *URINE*			
PHYSICAL EXAMINATION			
COLOUR	PALE YELLOW		
APPEARANCE	SLIGHTLY HAZY		
CHEMICAL EXAMINATION			
pH (Method:Dipstick (triple indicator method))	6.5	4.6 - 8.0	
SPECIFIC GRAVITY (Method:Dipstick (ion concentration method))	1.010	1.005 - 1.030	
PROTEIN (Method:Dipstick (protein error of pH indicators)/Manual)	NOT DETECTED	NOT DETECTED	
GLUCOSE (Method:Dipstick(glucose-oxidase-peroxidase method)/Manual)	NOT DETECTED	NOT DETECTED	
KETONES (ACETOACETIC ACID, ACETONE) (Method:Dipstick (Legals test)/Manual)	NOT DETECTED	NOT DETECTED	
BLOOD (Method:Dipstick (pseudoperoxidase reaction))	NOT DETECTED	NOT DETECTED	
BILIRUBIN (Method:Dipstick (azo-diazo reaction)/Manual)	NEGATIVE	NEGATIVE	
UROBILINOGEN (Method:Dipstick (diazonium ion reaction)/Manual)	NEGATIVE	NEGATIVE	
NITRITE (Method:Dipstick (Griess test))	NEGATIVE	NEGATIVE	
LEUCOCYTE ESTERASE (Method:Dipstick (ester hydrolysis reaction))	NEGATIVE	NEGATIVE	
MICROSCOPIC EXAMINATION			
LEUKOCYTES (PUS CELLS) (Method:Microscopy)	0-1	0-5	/hpf
EPITHELIAL CELLS (Method:Microscopy)	0-1	0-5	/hpf
RED BLOOD CELLS (Method:Microscopy)	NOT DETECTED	0-2	/hpf
CAST (Method:Microscopy)	NOT DETECTED	NOT DETECTED	
CRYSTALS (Method:Microscopy)	NOT DETECTED	NOT DETECTED	
BACTERIA (Method:Microscopy)	NOT DETECTED	NOT DETECTED	
YEAST (Method:Microscopy)	NOT DETECTED	NOT DETECTED	

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.
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

Lab No.	: HWH/28-09-2024/SR9716482	**Lab Add.**	: Newtown,Kolkata-700156
Patient Name	: MANOJ KUMAR JAISWAL	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	: 42 Y 4 M 19 D	**Collection Date**	: 28/Sep/2024 10:28AM
Gender	: M	Report Date	: 28/Sep/2024 04:03PM

DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Bio Ref. Interval	Unit

and/or yeast in the urine.

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

Dr. ANWESHA CHATTERJEE
MD(Pathology)
DipRCPath(Histopathology)

Suraksha Diagnostic Limited
E-mail: info@surakshanet.com | Website: www.surakshanet.com

Lab No.	: HWH/28-09-2024/SR9716482	**Lab Add.**	:
Patient Name	: MANOJ KUMAR JAISWAL	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	: 42 Y 4 M 19 D	**Collection Date**	:
Gender	: M	Report Date	: 28/Sep/2024 02:23PM

DEPARTMENT OF CARDIOLOGY

DEPARTMENT OF CARDIOLOGY
REPORT OF E.C.G.

DATA	
HEART RATE	66 Bpm
PR INTERVAL	146 Ms
QRS DURATION	86 Ms
QT INTERVAL	386 Ms
QTC INTERVAL	406 Ms
AXIS	
P WAVE	56 Degree
QRS WAVE	65 Degree
T WAVE	64 Degree

IMPRESSION : Normal sinus rhythm.

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

Dr. Suman Ghosh
MBBS(Hons),MD(Medicine),
DM(Cardiology), MRCP UK (II),
Reg. No. - WBMC-72620

Lab No.	: HWH/28-09-2024/SR9716482	**Lab Add.**	:
Patient Name	: MANOJ KUMAR JAISWAL	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	: 42 Y 4 M 19 D	**Collection Date**	:
Gender	: M	Report Date	: 30/Sep/2024 12:03PM

DEPARTMENT OF ULTRASONOGRAPHY

REPORT OF EXAMINATION OF WHOLE ABDOMEN

LIVER: Normal in shape, size (126 mm) and parenchymal echopattern. No focal lesion of altered echogenicity 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 (7 mm) in caliber with clear lumen. The common bile duct is normal in caliber. Visualized lumen is clear. Common bile duct measures approx (3 mm) in diameter.

PANCREAS: It is normal in shape, size 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 shape, size (75 mm) 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 shape, size and position. Cortical echogenicity and thickness are normal with normal cortico-medullary differentiation in both kidneys. No calculus, hydronephrosis or mass is noted. The perinephric region shows no abnormal fluid collection.

RIGHT KIDNEY measures 93 mm **LEFT KIDNEY** measures 93 mm

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 peritoneum.

URINARY BLADDER: It is adequately distended providing optimum scanning window. The lumen is clear and wall thickness is normal.

PROSTATE: It is normal in shape, size and echopattern. No focal lesion is seen. Capsule is smooth.

Prostate measures : (38 mm x 36 mm x 29 mm) Weight 20.21 gms.

IMPRESSION:

Study within normal limits.

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.

Lab No.	: HWH/28-09-2024/SR9716482	**Lab Add.**	:
Patient Name	: MANOJ KUMAR JAISWAL	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	: 42 Y 4 M 19 D	**Collection Date**	:
Gender	: M	Report Date	: 30/Sep/2024 12:03PM

DEPARTMENT OF ULTRASONOGRAPHY

Patient Identity not verified.

Dr. Ranjit Kumar Gupta
MBBS (KOL)
Consultant Sonologist.

SURAKSHA DIAGNOSTIC,RAJARHAT,KOLKATA **PATIENT REPORT**

BIO-RAD VARIANT-II TURBO CDM5.4 SN-15893 **V2TURBO_A1c_2.0**

Patient Data

Sample ID:	E02132876599
Patient ID:	SR9716482
Name:	MANOJ KUMAR JAI
Physician:	
Sex:	F
DOB:	

Comments:

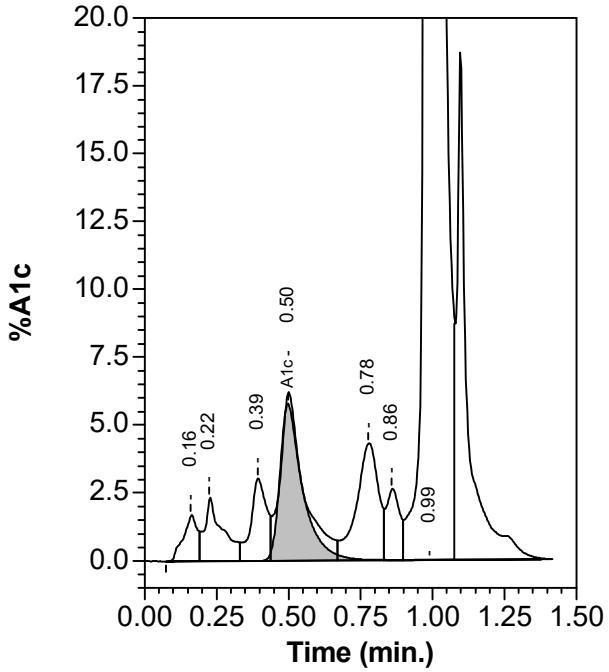
Analysis Data

Analysis Performed:	09/28/2024 15:25:02
Injection Number:	8333
Run Number:	121
Rack ID:	0007
Tube Number:	3
Report Generated:	09/28/2024 15:37:46
Operator ID:	ASIT

Peak Name	NGSP %	Area %	Retention Time (min)	Peak Area
A1a	---	0.9	0.159	19676
A1b	---	1.6	0.223	34955
LA1c	---	1.8	0.393	40436
A1c	5.8	---	0.497	109018
P3	---	3.5	0.776	77212
P4	---	1.3	0.858	28658
Ao	---	86.1	0.988	1924688

Total Area: 2,234,643

HbA1c (NGSP) = 5.8 % HbA1c (IFCC) = 40 mmol/mol



Lab No.	: HWH/28-09-2024/SR9716458	**Lab Add.**	: Newtown,Kolkata-700156
Patient Name	: RINKI JAISWAL	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	: 37 Y 1 M 1 D	**Collection Date**	: 28/Sep/2024 09:31AM
Gender	: F	Report Date	: 28/Sep/2024 03:26PM

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
ALKALINE PHOSPHATASE , *GEL SERUM* (Method:IFCC standardization)	77	46-116	U/L
BILIRUBIN (DIRECT) (Method:Vanadate oxidation)	0.2	<0.2	mg/dL
SGPT/ALT (Method:Modified IFCC)	12	7-40	U/L
POTASSIUM,BLOOD (Method:ISE INDIRECT)	4.2	3.5-5.5	mEq/L
CHLORIDE,BLOOD (Method:ISE INDIRECT)	106	99-109	mEq/L
PHOSPHORUS-INORGANIC,BLOOD (Method:Phosphomolybdate/UV)	3.5	2.4-5.1 mg/dL	mg/dL
GLUCOSE,FASTING (Method:Gluc Oxidase Trinder)	84	Impaired Fasting-100-125 .~Diabetes- >= 126.~Fasting is defined as no caloric intake for at least 8 hours.	mg/dL

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.

SGOT/AST (Method:Modified IFCC)	21	13-40	U/L
SODIUM,BLOOD (Method:ISE INDIRECT)	139	132 - 146	mEq/L
CREATININE, BLOOD (Method:Jaffe, alkaline picrate, kinetic)	0.67	0.5-1.1	mg/dL
URIC ACID,BLOOD (Method:Uricase/Peroxidase)	4	2.6-6.0	mg/dL
BILIRUBIN (TOTAL) , *GEL SERUM*			
BILIRUBIN (TOTAL) (Method:Vanadate oxidation)	0.8	0.3-1.2	mg/dL
CALCIUM,BLOOD (Method:Arsenazo III)	9.7	8.7-10.4	mg/dL
UREA,BLOOD (Method:Urease with GLDH)	19.3	19-49	mg/dL

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

MC-2743

CAP ACCREDITED
COLLEGE of AMERICAN PATHOLOGISTS

Suraksha DIAGNOSTICS

Lab No.	: HWH/28-09-2024/SR9716458	**Lab Add.**	: Newtown,Kolkata-700156
Patient Name	: RINKI JAISWAL	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	: 37 Y 1 M 1 D	**Collection Date**	: 28/Sep/2024 09:31AM
Gender	: F	Report Date	: 28/Sep/2024 03:26PM

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit

Dr Neepa Chowdhury
MBBS, MD(Biochemistry)
SECTION DIRECTOR AND SENIOR CONSULTANT BIOCHEMIST
Reg no. WBMC 62456

Lab No.	: HWH/28-09-2024/SR9716458	**Lab Add.**	: Newtown,Kolkata-700156
Patient Name	: RINKI JAISWAL	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	: 37 Y 1 M 1 D	**Collection Date**	: 28/Sep/2024 09:31AM
Gender	: F	Report Date	: 28/Sep/2024 04:27PM

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
TOTAL PROTEIN [BLOOD] ALB:GLO RATIO , .			
TOTAL PROTEIN (Method:BIURET METHOD)	8.1	5.7-8.2 g/dL	g/dL
ALBUMIN (Method:BCG Dye Binding)	4.7	3.2-4.8 g/dL	g/dL
GLOBULIN (Method:Calculated)	**3.4**	1.8-3.2	g/dl
AG Ratio (Method:Calculated)	1.38	1.0-2.5	
URIC ACID, URINE, SPOT URINE			
URIC ACID, SPOT URINE (Method:URICASE)	22	37-92 mg/dL	mg/dL
GLYCATED HAEMOGLOBIN (HBA1C) , *EDTA WHOLE BLOOD*			
GLYCATED HEMOGLOBIN (HBA1C)	5.1	***FOR BIOLOGICAL REFERENCE INTERVAL DETAILS , PLEASE REFER TO THE BELOW MENTIONED REMARKS/NOTE WITH ADDITIONAL CLINICAL INFORMATION ***	%
HbA1c (IFCC) (Method:HPLC)	32		mmol/mol

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.**
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.

PDF Attached

LIPID PROFILE , *GEL SERUM*			
CHOLESTEROL-TOTAL (Method:Enzymatic)	178	Desirable: < 200 mg/dL Borderline high: 200-239 mg/dL High: > or =240 mg/dL	mg/dL
TRIGLYCERIDES	71	Normal:: < 150,	mg/dL

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
(Method:GPO-Trinder)		BorderlineHigh::150-199, High:: 200-499, VeryHigh::>500	
HDL CHOLESTEROL (Method:Elimination/catalase)	50	< 40 - Low 40-59- Optimum 60 - High	mg/dl
LDL CHOLESTEROL DIRECT (Method:Elimination / Catalase)	**113**	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	mg/dL
VLDL (Method:Calculated)	15	< 40 mg/dl	mg/dl
CHOL HDL Ratio (Method:Calculated)	3.6	LOW RISK 3.3-4.4 AVERAGE RISK 4.47-7.1 MODERATE RISK 7.1-11.0 HIGH RISK >11.0	

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.*

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

T3-TOTAL (TRI IODOTHYRONINE) (Method:CLIA)	0.67	0.60-1.81 ng/ml	ng/ml
T4-TOTAL (THYROXINE) (Method:CLIA)	5.0	3.2-12.6	µg/dL
TSH (THYROID STIMULATING HORMONE) (Method:CLIA)	**105.204**	0.55-4.78	µIU/mL

ESTIMATED TWICE

Value at critical alert level .

Immediate medical attention required.

SUGGESTED FOLLOW-UP ESTIMATION WITH POLYETHYLENE GLYCOL (PEG) 6000 PRECIPITATION OF TSH TO RULE OUT THE POSSIBILITY OF MACRO TSH.

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:

1. 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.
2. 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

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit

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:

1. *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*
2. *Kalra S, Agarwal S, Aggarwal R, Ranabir S. Trimester-specific thyroid-stimulating hormone: An indian perspective. Indian J Endocr Metab 2018;22:1-4.*

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

Dr. Sudeshna Baral
M.B.B.S MD.
(Biochemistry)
(Consultant Biochemist)
Reg No. WBMC 64124

Lab No.	: HWH/28-09-2024/SR9716458	**Lab Add.**	: Newtown,Kolkata-700156
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Gender	: F	Report Date	: 28/Sep/2024 02:38PM

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Bio Ref. Interval	Unit
ESR (ERYTHROCYTE SEDIMENTATION RATE) , *EDTA WHOLE BLOOD*			
1stHour (Method:Westergren)	20	0.00 - 20.00 mm/hr	mm/hr
BLOOD GROUP ABO+RH [GEL METHOD] , *EDTA WHOLE BLOOD*			
ABO (Method:Gel Card)	A		
RH (Method:Gel Card)	POSITIVE		

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.

CBC WITH PLATELET (THROMBOCYTE) COUNT , *EDTA WHOLE BLOOD*			
HEMOGLOBIN (Method:PHOTOMETRIC)	**10.7**	12 - 15	g/dL
WBC (Method:DC detection method)	5.1	4 - 10	*10^3/µL
RBC (Method:DC detection method)	**3.63**	3.8 - 4.8	*10^6/µL
PLATELET (THROMBOCYTE) COUNT (Method:DC detection method/Microscopy)	179	150 - 450*10^3	*10^3/µL
DIFFERENTIAL COUNT			
NEUTROPHILS (Method:Flowcytometry/Microscopy)	60	40 - 80	%
LYMPHOCYTES (Method:Flowcytometry/Microscopy)	31	20 - 40	%
MONOCYTES (Method:Flowcytometry/Microscopy)	07	2 - 10	%
EOSINOPHILS (Method:Flowcytometry/Microscopy)	02	1 - 6	%
BASOPHILS (Method:Flowcytometry/Microscopy)	00	0-0.9	%
CBC SUBGROUP			
HEMATOCRIT / PCV (Method:Calculated)	**33.1**	36 - 46 %	%
MCV (Method:Calculated)	91.3	83 - 101 fl	fl
MCH (Method:Calculated)	29.6	27 - 32 pg	pg
MCHC (Method:Calculated)	32.4	31.5-34.5 gm/dl	gm/dl
RDW - RED CELL DISTRIBUTION WIDTH (Method:Calculated)	13.2	11.6-14%	%
PDW-PLATELET DISTRIBUTION WIDTH (Method:Calculated)	24.4	8.3 - 25 fL	fL
MPV-MEAN PLATELET VOLUME (Method:Calculated)	12.4	7.5 - 11.5 fl	

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DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Bio Ref. Interval	Unit

*** End Of Report ***

Dr. ANWESHA CHATTERJEE
MD(Pathology)
DipRCPath(Histopathology)

Lab No.	: HWH/28-09-2024/SR9716458	**Lab Add.**	:
Patient Name	: RINKI JAISWAL	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	: 37 Y 1 M 1 D	**Collection Date**	:
Gender	: F	Report Date	: 28/Sep/2024 12:33PM

DEPARTMENT OF X-RAY

DEPARTMENT OF RADIOLOGY
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 central. 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.

*** End Of Report ***

DR. Mozammil Rabbani
MBBS., MD(Radiodiagnosis)
Consultant Radiologist
Registration No: 46973

Lab No.	: HWH/28-09-2024/SR9716458	**Lab Add.**	: Newtown,Kolkata-700156
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Age	: 37 Y 1 M 1 D	**Collection Date**	: 28/Sep/2024 10:38AM
Gender	: F	Report Date	: 28/Sep/2024 04:03PM

DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Bio Ref. Interval	Unit
URINE ROUTINE ALL, ALL , *URINE*			
PHYSICAL EXAMINATION			
COLOUR	PALE YELLOW		
APPEARANCE	HAZY		
CHEMICAL EXAMINATION			
pH (Method:Dipstick (triple indicator method))	6.0	4.6 - 8.0	
SPECIFIC GRAVITY (Method:Dipstick (ion concentration method))	1.010	1.005 - 1.030	
PROTEIN (Method:Dipstick (protein error of pH indicators)/Manual)	NOT DETECTED	NOT DETECTED	
GLUCOSE (Method:Dipstick(glucose-oxidase-peroxidase method)/Manual)	NOT DETECTED	NOT DETECTED	
KETONES (ACETOACETIC ACID, ACETONE) (Method:Dipstick (Legals test)/Manual)	NOT DETECTED	NOT DETECTED	
BLOOD (Method:Dipstick (pseudoperoxidase reaction))	NOT DETECTED	NOT DETECTED	
BILIRUBIN (Method:Dipstick (azo-diazo reaction)/Manual)	NEGATIVE	NEGATIVE	
UROBILINOGEN (Method:Dipstick (diazonium ion reaction)/Manual)	NEGATIVE	NEGATIVE	
NITRITE (Method:Dipstick (Griess test))	NEGATIVE	NEGATIVE	
LEUCOCYTE ESTERASE (Method:Dipstick (ester hydrolysis reaction))	NEGATIVE	NEGATIVE	
MICROSCOPIC EXAMINATION			
LEUKOCYTES (PUS CELLS) (Method:Microscopy)	0-1	0-5	/hpf
EPITHELIAL CELLS (Method:Microscopy)	13-15	0-5	/hpf
RED BLOOD CELLS (Method:Microscopy)	NOT DETECTED	0-2	/hpf
CAST (Method:Microscopy)	NOT DETECTED	NOT DETECTED	
CRYSTALS (Method:Microscopy)	NOT DETECTED	NOT DETECTED	
BACTERIA (Method:Microscopy)	PRESENT(++)	NOT DETECTED	
YEAST (Method:Microscopy)	NOT DETECTED	NOT DETECTED	

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.
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

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DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Bio Ref. Interval	Unit

and/or yeast in the urine.

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

Dr. ANWESHA CHATTERJEE
MD(Pathology)
DipRCPath(Histopathology)

Lab No.	: HWH/28-09-2024/SR9716458	**Lab Add.**	:
Patient Name	: RINKI JAISWAL	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	: 37 Y 1 M 1 D	**Collection Date**	:
Gender	: F	Report Date	: 28/Sep/2024 02:22PM

DEPARTMENT OF CARDIOLOGY

DEPARTMENT OF CARDIOLOGY
REPORT OF E.C.G.

DATA	
HEART RATE	69 Bpm
PR INTERVAL	146 Ms
QRS DURATION	76 Ms
QT INTERVAL	352 Ms
QTC INTERVAL	378 Ms
AXIS	
P WAVE	44 Degree
QRS WAVE	63 Degree
T WAVE	24 Degree

IMPRESSION : Normal sinus rhythm.

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

Dr. Suman Ghosh
MBBS(Hons),MD(Medicine),
DM(Cardiology), MRCP UK (II),
Reg. No. - WBMC-72620

Lab No.	: HWH/28-09-2024/SR9716458	**Lab Add.**	:
Patient Name	: RINKI JAISWAL	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	: 37 Y 1 M 1 D	**Collection Date**	:
Gender	: F	Report Date	: 30/Sep/2024 12:11PM

DEPARTMENT OF ULTRASONOGRAPHY

REPORT OF EXAMINATION OF WHOLE ABDOMEN

LIVER: Normal in shape, size (116 mm) and parenchymal echopattern. No focal lesion of altered echogenicity 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 (9 mm) in caliber with clear lumen. The common bile duct is normal in caliber. Visualized lumen is clear. Common bile duct measures approx (3 mm) in diameter.

PANCREAS: It is normal in shape, size 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 shape, size (86 mm) 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 shape, size and position. Cortical echogenicity and thickness are normal with normal cortico-medullary differentiation in both kidneys. No calculus, hydronephrosis or mass is noted. The perinephric region shows no abnormal fluid collection.

RIGHT KIDNEY measures 89 mm **LEFT KIDNEY** measures 90 mm

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 peritoneum.

URINARY BLADDER: It is adequately distended providing optimum scanning window. The lumen is clear and wall thickness is normal.

UTERUS: **It is mildly bulky in size (91 mm x 36 mm x 52 mm)** and normal in echopattern. No focal myometrial lesion is seen. Endometrial echo is in midline. **Endometrium mildly thickened measures 9.8 mm.** Endometrial cavity is empty. Cervix is normal.

ADNEXA: No adnexal SOL is noted.

OVARIES : **Both ovaries showing multiple small peripherally situated cysts with hypertrophied central stroma.**

Right ovary measures (36 mm x 23 mm).

Left ovary measures (35 mm x 27 mm).

POD : No fluid is seen.

IMPRESSION:

1) Mild bulky uterus.

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DEPARTMENT OF ULTRASONOGRAPHY

2) Mild thickened endometrium.

3) Bilateral polycystic ovarian disease.

-----Suggested TVS.

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. Ranjit Kumar Gupta
MBBS (KOL)
Consultant Sonologist.

Suraksha Diagnostic Limited
E-mail: info@surakshanet.com | Website: www.surakshanet.com

SURAKSHA DIAGNOSTIC,RAJARHAT,KOLKATA **PATIENT REPORT**

BIO-RAD VARIANT-II TURBO CDM5.4 SN-15893 **V2TURBO_A1c_2.0**

Patient Data

Sample ID:	E02132876638
Patient ID:	SR9716458
Name:	RINKI JAISWAL
Physician:	
Sex:	F
DOB:	

Comments:

Analysis Data

Analysis Performed:	09/28/2024 15:34:38
Injection Number:	8339
Run Number:	121
Rack ID:	0007
Tube Number:	9
Report Generated:	09/28/2024 15:38:15
Operator ID:	ASIT

Peak Name	NGSP %	Area %	Retention Time (min)	Peak Area
A1a	---	0.9	0.159	24461
A1b	---	0.8	0.222	21046
F	---	0.7	0.269	20382
LA1c	---	1.8	0.390	47926
A1c	5.1	---	0.493	115732
P3	---	3.2	0.774	87239
P4	---	1.1	0.856	30176
Ao	---	87.2	0.984	2373573

Total Area: 2,720,536

HbA1c (NGSP) = 5.1 % HbA1c (IFCC) = 32 mmol/mol