



Lab No. : ASN/30-03-2023/SR7470128  
 Patient Name : BOIPAYE SABITA  
 Age : 31 Y 11 M 7 D  
 Gender : F

Lab Add. : Newtown, Kolkata-700156  
 Ref Dr. : Dr.MEDICAL OFFICER  
 Collection Date: 01/Apr/2023 09:17AM  
 Report Date : 01/Apr/2023 06:44PM



Test Name	Result	Unit	Bio Ref. Interval	Method
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**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. : SR7470128      Name : BOIPAYE SABITA      Age/G : 31 Y 11 M 7 D / F      Date : 01-04-2023

**\*CHLORIDE, BLOOD , .**

CHLORIDE,BLOOD	106	mEq/L	98 - 107 mEq/L	ISE DIRECT
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**\*URINE ROUTINE ALL, ALL , URINE**

**PHYSICAL EXAMINATION**

COLOUR	PALE YELLOW
APPEARANCE	CLEAR

**CHEMICAL EXAMINATION**

pH	7.0	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	NOT DETECTED	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	NEGATIVE	NEGATIVE	Dipstick (ester hydrolysis reaction)

**MICROSCOPIC EXAMINATION**

LEUKOCYTES (PUS CELLS)	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	6-7	/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.

[PDF Attached](#)

**\*GLYCATED HAEMOGLOBIN (HBA1C) , EDTA WHOLE BLOOD**

GLYCATED HEMOGLOBIN (HBA1C)	4.5	%	***FOR BIOLOGICAL REFERENCE INTERVAL DETAILS , PLEASE REFER TO THE BELOW MENTIONED REMARKS/NOTE WITH ADDITIONAL CLINICAL INFORMATION ***
HbA1c (IFCC)	26.0	mmol/mol	HPLC

**Clinical Information and Laboratory clinical interpretation on Biological Reference Interval:**

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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 glycemc targets**

- Ø Patients should use self-monitoring of blood glucose (SMBG) and HbA1c levels to assess glycemc 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 glycemc control.
- Ø If a patient changes treatment plans or does not meet his or her glycemc 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<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.

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

T3-TOTAL (TRI IODOTHYRONINE)	1.10	ng/ml	0.9 - 2.2 ng/ml	CLIA
T4-TOTAL (THYROXINE)	9.1	5.5-16 microgram/dl	5.5-16 microgram/dl	CLIA
TSH (THYROID STIMULATING HORMONE)	3.00	µIU/mL	0.5-4.7 µIU/mL	CLIA

**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>.

**\*CALCIUM, BLOOD**

CALCIUM,BLOOD	9.10	mg/dL	8.6 - 10.2 mg/dl	ARSENAZO IIII
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**\*POTASSIUM, BLOOD , GEL SERUM**

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POTASSIUM,BLOOD	4.90	mEq/L	3.1-5.5 mEq/L ISE DIRECT
<b>*CBC WITH PLATELET (THROMBOCYTE) COUNT , EDTA WHOLE BLOOD</b>			
HEMOGLOBIN	11.2	g/dL	12 - 15 PHOTOMETRIC
WBC	5.1	*10 <sup>3</sup> /μL	4 - 10 DC detection method
RBC	4.58	*10 <sup>6</sup> /μL	3.8 - 4.8 DC detection method
PLATELET (THROMBOCYTE) COUNT	85	*10 <sup>3</sup> /μL	150 - 450*10 <sup>3</sup> /μL DC detection method/Microscopy
<b><u>DIFFERENTIAL COUNT</u></b>			
NEUTROPHILS	63	%	40 - 80 % Flowcytometry/Microscopy
LYMPHOCYTES	26	%	20 - 40 % Flowcytometry/Microscopy
MONOCYTES	04	%	2 - 10 % Flowcytometry/Microscopy
EOSINOPHILS	07	%	1 - 6 % Flowcytometry/Microscopy
BASOPHILS	00	%	0-0.9% Flowcytometry/Microscopy
<b><u>CBC SUBGROUP</u></b>			
HEMATOCRIT / PCV	36.4	%	36 - 46 % Calculated
MCV	79.4	fl	83 - 101 fl Calculated
MCH	24.5	pg	27 - 32 pg Calculated
MCHC	30.8	gm/dl	31.5-34.5 gm/dl Calculated
RDW - RED CELL DISTRIBUTION WIDTH	17.1	%	11.6-14% Calculated
PDW-PLATELET DISTRIBUTION WIDTH	21.6	fL	8.3 - 25 fL Calculated
MPV-MEAN PLATELET VOLUME	11.1		7.5 - 11.5 fl Calculated
<b>*GLUCOSE, PP , BLOOD, NAF PLASMA</b>			
GLUCOSE,PP	96		(70 - 140 mg/dl) GOD POD
<b>*LIPID PROFILE , GEL SERUM</b>			
CHOLESTEROL-TOTAL	167	mg/dL	Desirable: < 200 mg/dL Borderline high: 200-239 High: > or =240 mg/dL CHOD PAP Method
TRIGLYCERIDES	103	mg/dL	NORMAL < 150 BORDERLINE HIGH 150-199 HIGH 200-499 VERY HIGH > 500 GPO-PAP
HDL CHOLESTEROL	64	mg/dL	42-88 mg/dl DIRECT METHOD
LDL CHOLESTEROL DIRECT	88	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	15	mg/dl	< 40 mg/dl Calculated
CHOL HDL Ratio	2.6		LOW RISK 3.3-4.4 AVERAGE RISK 4.47-7.1 MODERATE RISK 7.1-11.0 HIGH RISK >11.0 Calculated
<b>*URIC ACID, BLOOD , GEL SERUM</b>			
URIC ACID,BLOOD	3.50	mg/dl	2.4 - 5.7 mg/dl URICASE
<b>UREA,BLOOD , GEL SERUM</b>			
	10.2	mg/dl	12.8-42.8 mg/dl UREASE-GLDH
<b>*SODIUM, BLOOD , GEL SERUM</b>			
SODIUM,BLOOD	141	mEq/L	136 - 145 mEq/L ISE DIRECT
<b>CREATININE, BLOOD</b>			
	1.15	mg/dL	0.60 - 1.1 mg/dl ENZYMATIC
<b>*GLUCOSE, FASTING , BLOOD, NAF PLASMA</b>			
GLUCOSE,FASTING	92	mg/dL	(70 - 110 mg/dl) GOD POD

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**\*ESR (ERYTHROCYTE SEDIMENTATION RATE) , EDTA WHOLE BLOOD**

1stHour	<b>33</b>	mm/hr	0.00 - 20.00 mm/hr	Westergren
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**\*TOTAL PROTEIN [BLOOD] ALB:GLO RATIO , .**

TOTAL PROTEIN	7.70	g/dL	6.6 - 8.7 g/dL	BIURET METHOD
ALBUMIN	4.7	g/dl	3.5-5.2 g/dl	BCG
GLOBULIN	3.00	g/dl	1.8-3.2 g/dl	Calculated
AG Ratio	1.57		1.0 - 2.5	Calculated

□



**Dr Sayak Biswas**  
**MBBS, MD**  
**Consultant Pathologist**



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PHOSPHORUS-INORGANIC, BLOOD , GEL SERUM

PHOSPHORUS-INORGANIC,BLOOD      2.6      mg/dL      2.4-5.1 mg/dL      Phosphomolybdate/UV

□

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

**DEPARTMENT OF PATHOLOGY**  
**REPORT ON EXAMINATION OF CERVICAL SMEAR FOR EXFOLIATIVE**

**SITE :**

Conventional cervicovaginal cytology.

**SPECIMEN ADEQUACY :**

Adequate for evaluation but limited by evaluation endocervical cell.

**GENERAL DIAGNOSTIC CATEGORIZATION :**

Negative for intraepithelial lesion / malignancy.

**MICROSCOPY :**

Smear show predominantly intermediate & superficial squamous cells in a background containing lactobacilli.

Metaplastic cell - few.

Inflammatory cell - not seen.

Dysplastic cell - not seen on smear examined.

**IMPRESSION :**

**Smear Negative for Dysplasia..**

**Note :** Please correlate clinically.

**ENCL :one (01) slide.**

□



**Dr Sayak Biswas**  
MBBS, MD  
Consultant Pathologist

Lab No. : ASN/30-03-2023/SR7470128  
Patient Name : BOIPAYE SABITA  
Age : 31 Y 11 M 7 D  
Gender : F

Lab Add. : ASANSOL  
Ref Dr. : Dr.MEDICAL OFFICER  
Collection Date:  
Report Date : 01/Apr/2023 03:55PM



## ULTRASONOGRAPHY OF WHOLE ABDOMEN

**LIVER:** Normal in shape, size (12.2 cm) and parenchymal echopattern. No 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 intra-luminal calculus or mass. Wall thickness is normal. No pericholecystic collection or mass formation is noted.

**PORTA HEPATIS:** The portal vein is normal in caliber (0.93 cm) with clear lumen. The common bile duct is normal in caliber. Visualized lumen is clear. Common bile duct measures approx 0.33 cm in diameter.

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

**SPLEEN:** It is normal in shape, size (9.7 cm) 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 9.2 cm      **LEFT KIDNEY** measures 10.3 cm

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

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

**UTERUS:** It is normal in shape, size (7.4 x 3.5 x 4.9 cm) and echopattern. No focal myometrial lesion is seen. Endometrial echo is in midline. Double layer of endometrial echo measures 1.21 cm. Endometrial cavity is empty. Cervix is normal (3.1 x 2.3 cm).

**ADNEXA:** No adnexal SOL is noted.

**RIGHT OVARY** is normal in shape, size and echopattern. Right ovary measures 2.3 cm x 2.3 cm

**LEFT OVARY** is normal in shape, size and echopattern. Left ovary measures 2.2 cm x 1.9 cm

**POD:** Minimal free fluid in posterior cul de sac.

### IMPRESSION:

1. Minimal free fluid in posterior cul de sac.
2. Rest of study is within normal limit.

#### Kindly note

Ø Ultrasound is not the modality of choice to rule out subtle bowel lesion.

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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. PRASHANT. Y. JOSHI**  
**MD, Radiologist**

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Ref Dr. : Dr.MEDICAL OFFICER  
Collection Date:  
Report Date : 01/Apr/2023 11:41AM



**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. PRASHANT. Y. JOSHI**  
MD, Radiologist

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Ref Dr. : Dr.MEDICAL OFFICER  
Collection Date:  
Report Date : 01/Apr/2023 03:36PM



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

**DATA**

STANDARDISATION : 10 mm / mV  
SPEED : 25 mm / sec  
RHYTHM : Regular sinus  
  
HEART RATE : 91 beats / min  
PR Interval : 131 ms  
QRS Duration : 80 ms  
QT Interval : 350 ms  
QTC Duration : 430 ms  
'Q' Wave : Not present.

**AXIS**

'P' Wave : 38 degree  
QRS : 73 degree  
'T' Wave : Normal  
ST SEGMENT : Isoelectric  
ARRHYTHMIA : Nil.

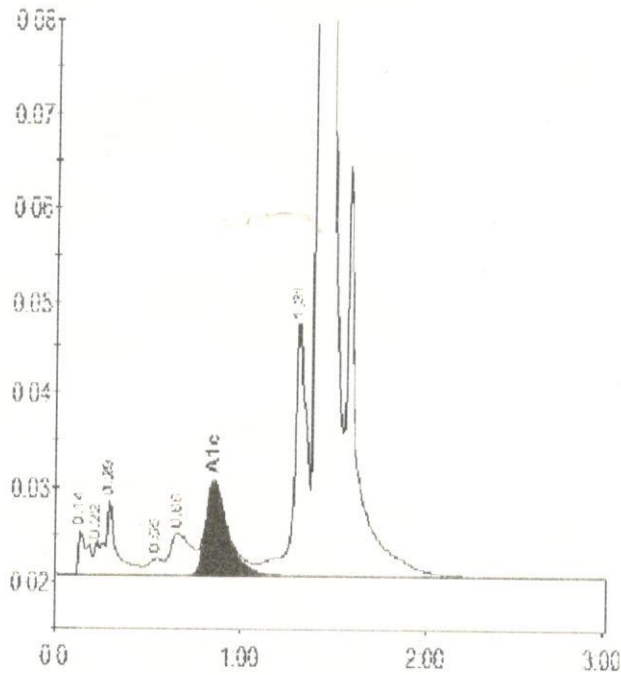
**IMPRESSION :    **Within normal limit.****

***\*\*\* Please correlate clinically.\*\*\****

**DR. S. BHAGAT**  
**MBBS, MD**  
**(NON-INVASIVE CARDIOLOGIST)**

## Patient report

Bio-Rad                      DATE: 01/04/2023  
 D-10                            TIME: 05:26 PM  
 S/N: #DJ4D012104      Software version: 4.30-2  
 Sample ID:                    C02135087522  
 Injection date              01/04/2023 05:26 PM  
 Injection #: 12              Method: HbA1c  
 Rack #: ---                  Rack position: 1



### Peak table - ID: C02135087522

Peak	R.time	Height	Area	Area %
A1a	0.14	4933	15634	0.6
Unknown	0.22	3612	7430	0.3
A1b	0.29	7907	33438	1.3
F	0.55	1711	9328	0.4
LA1c/CHb-1	0.66	4539	36075	1.4
A1c	0.86	9961	82664	4.5
P3	1.31	27720	126553	4.9
A0	1.41	764302	2258943	87.9
Total Area:				2570063

Concentration:	%	mmol/mol
A1c	4.5	26