



MC-2176

Lab No. : SIL/06-04-2023/SR7495835
Patient Name : SOUBDEN MOKTAN
Age : 33 Y 4 M 20 D
Gender : M

Lab Add. : Sevoke Road, Siliguri 734001
Ref Dr. : Dr. MEDICAL OFFICER
Collection Date: 06/Apr/2023 10:10AM
Report Date : 06/Apr/2023 04:37PM



Test Name	Result	Unit	Bio Ref. Interval	Method
ALKALINE PHOSPHATASE , GEL SERUM				
ALKALINE PHOSPHATASE	99	U/L	46 - 116 U/L	P-NPP,AMP BUFFER
BILIRUBIN (DIRECT) , GEL SERUM				
BILIRUBIN (DIRECT)	0.27	mg/dL	< 0.2 mg/dl	DIAZOTIZATION
SGOT/AST , GEL SERUM				
SGOT/AST	52	U/L	15 - 37 U/L	UV WITH P5P
*SODIUM, BLOOD , GEL SERUM				
SODIUM,BLOOD	134	mEq/L	136 - 145 mEq/L	ISE INDIRECT
*POTASSIUM, BLOOD , GEL SERUM				
POTASSIUM,BLOOD	3.80	mEq/L	3.5 - 5.1 mEq/L	ISE INDIRECT
UREA,BLOOD , GEL SERUM				
UREA,BLOOD	20.0	mg/dl	12.8-42.8 mg/dl	UREASE-COLORIMETRIC
PHOSPHORUS-INORGANIC, BLOOD , GEL SERUM				
PHOSPHORUS-INORGANIC,BLOOD	3.1	mg/dl	2.5-4.5 mg/dl	UV PHOSPHOMOLYBDATE
URIC ACID, BLOOD , GEL SERUM				
URIC ACID,BLOOD	7.40	mg/dl	3.5 -- 7.2 mg/dl	URICASE ,COLORICMETRIC
LIPID PROFILE , GEL SERUM				
CHOLESTEROL-TOTAL	168	mg/dl	Desirable: < 200 mg/dL Borderline high: 200-239 High: > or =240 mg/dL	CHOLESTEROL OXIDASE, ESTERASE,PEROXIDASE
TRIGLYCERIDES	238	mg/dl	NORMAL < 150 BORDERLINE HIGH 150-199 HIGH 200-499 VERY HIGH > 500	ENZYMATIC, END POINT
HDL CHOLESTEROL	50	mg/dl	NO RISK : >60 mg/dL, MODERATE RISK : 40-60 mg/dL, HIGH RISK : <40 mg/dL	DIRECT MEASURE-PEG
LDL CHOLESTEROL DIRECT	89	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 MEASURE
VLDL	29	mg/dl	< 40 mg/dl	Calculated
CHOL HDL Ratio	3.4		LOW RISK 3.3-4.4 AVERAGE RISK 4.47-7.1 MODERATE RISK 7.1-11.0 HIGH RISK >11.0	Calculated

NOTE : Elevated Triglyceride value is to be interpreted in the light of previous 72 hrs dietary intake of lipids.Repeat estimation with 72 hrs fat restricted diet followed by 12 hrs fasting, suggested for better evaluation .



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GLUCOSE, FASTING , BLOOD, NAF PLASMA

GLUCOSE,FASTING	100	mg/dl	70 - 100 mg/dL	Hexokinase Method
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THYROID PANEL (T3, T4, TSH) , GEL SERUM

T3-TOTAL (TRI IODOTHYRONINE)	0.92	ng/ml	0.60-1.81 ng/ml	CLIA
T4-TOTAL (THYROXINE)	7.1	µg/dL	3.2-12.6 µg/dL	CLIA
TSH (THYROID STIMULATING HORMONE)	7.46	µIU/mL	0.55-4.78 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>.

TOTAL PROTEIN [BLOOD] ALB:GLO RATIO , .

TOTAL PROTEIN	7.29	g/dL	6.6 - 8.7 g/dL	BIURET METHOD
ALBUMIN	4.4	g/dl	3.4 - 5.0 g/dl	BCP
GLOBULIN	2.90	g/dl	1.8-3.2 g/dl	Calculated
AG Ratio	1.51		1.0 - 2.5	Calculated

SGPT/ALT , GEL SERUM

SGPT/ALT	94	U/L	16 - 63 U/L	UV WITH P5P
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CREATININE, BLOOD

CREATININE, BLOOD	1.08	mg/dl	0.70 - 1.30 mg/dl	ALKALINE PICRATE
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GLUCOSE, PP , BLOOD, NAF PLASMA

GLUCOSE,PP	130	mg/dl	75-140	Hexokinase Method
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BILIRUBIN (TOTAL) , GEL SERUM

BILIRUBIN (TOTAL)	1.09	mg/dL	0.2 - 1.2 mg/dL	DIAZONIUM ION
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***CHLORIDE, BLOOD , .**

CHLORIDE,BLOOD	106	mEq/L	98 - 107 mEq/L	ISE INDIRECT
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CALCIUM, BLOOD

CALCIUM,BLOOD	9.00	mg/L	8.6-10.0 mg/dl	OCPC
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MC-2176

Suraksha
DIAGNOSTICS

Lab No. : SR7495835

Name : SOUBDEN MOKTAN

Age/G : 33 Y 4 M 20 D / M

Date : 06-04-2023

DR. SANJAY KR. AGARWALA
MD CONSULTANT BIOCHEMIST



Lab No. : SR7495835 Name : SOUBDEN MOKTAN Age/G : 33 Y 4 M 20 D / M Date : 07-04-2023

[PDF Attached](#)

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)	32.0	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 : Bio-Rad-VARIANT TURBO 2.0
Method : HPLC Cation Exchange

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 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.



Dr. SUPARBA CHAKRABARTI
MBBS, MD(BIOCHEMISTRY)
Consultant Biochemist



MC-2176

Lab No. : SR7495835

Name : SOUBDEN MOKTAN

Age/G : 33 Y 4 M 20 D / M

Date : 06-04-2023

URINE ROUTINE ALL, ALL, URINE**PHYSICAL EXAMINATION**COLOUR PALE YELLOW
APPEARANCE CLEAR**CHEMICAL EXAMINATION**

pH	6.5	4.6 - 8.0	Dipstick (triple indicator method)
SPECIFIC GRAVITY	1.010	1.005 - 1.030	Dipstick (ion concentration method)
PROTEIN	ABSENT	NOT DETECTED	Dipstick (protein error of pH indicators)/Manual
GLUCOSE	ABSENT	NOT DETECTED	Dipstick (glucose-oxidase-peroxidase method)/Manual
KETONES (ACETOACETIC ACID, ACETONE)	ABSENT	NOT DETECTED	Dipstick (Legals test)/Manual
BLOOD	ABSENT	NOT DETECTED	Dipstick (pseudoperoxidase reaction)
BILIRUBIN	ABSENT	NEGATIVE	Dipstick (azo-diazo reaction)/Manual
UROBILINOGEN	ABSENT	NEGATIVE	Dipstick (diazonium ion reaction)/Manual
NITRITE	ABSENT	NEGATIVE	Dipstick (Griess test)
LEUCOCYTE ESTERASE	ABSENT	NEGATIVE	Dipstick (ester hydrolysis reaction)

MICROSCOPIC EXAMINATION

LEUKOCYTES (PUS CELLS)	3-5	/hpf	0-5	Microscopy
EPITHELIAL CELLS	0-1	/hpf	0-5	Microscopy
RED BLOOD CELLS	ABSENT	/hpf	0-2	Microscopy
CAST	ABSENT		NOT DETECTED	Microscopy
CRYSTALS	ABSENT		NOT DETECTED	Microscopy
BACTERIA	FEW		NOT DETECTED	Microscopy
YEAST	ABSENT		NOT DETECTED	Microscopy
OTHERS	ABSENT			

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.

*Prabha***Dr. PRABHA ANAND, MD**
CONSULTANT MICROBIOLOGISTS

Lab No. : SR7495835 Name : SOUBDEN MOKTAN Age/G : 33 Y 4 M 20 D / M Date : 08-04-2023

URIC ACID, URINE, SPOT URINE

URIC ACID, SPOT URINE **7.00** mg/dL 37-92 mg/dL URICASE

ESTIMATED TWICE

□



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



Lab No. : SR7495835 Name : SOUBDEN MOKTAN Age/G : 33 Y 4 M 20 D / M Date : 06-04-2023

CBC WITH PLATELET (THROMBOCYTE) COUNT , EDTA WHOLE BLOOD

HEMOGLOBIN	15.7	g/dL	13 - 17	PHOTOMETRIC
WBC	5.4	*10 ³ /μL	4 - 10	DC detection method
RBC	4.76	*10 ⁶ /μL	4.5 - 5.5	DC detection method
PLATELET (THROMBOCYTE) COUNT	195	*10 ³ /μL	150 - 450*10 ³ /μL	DC detection method/Microscopy

DIFFERENTIAL COUNT

NEUTROPHILS	56	%	40 - 80 %	Flowcytometry/Microscopy
LYMPHOCYTES	39	%	20 - 40 %	Flowcytometry/Microscopy
MONOCYTES	03	%	2 - 10 %	Flowcytometry/Microscopy
EOSINOPHILS	02	%	1 - 6 %	Flowcytometry/Microscopy
BASOPHILS	00	%	0-0.9%	Flowcytometry/Microscopy

CBC SUBGROUP

HEMATOCRIT / PCV	47.5	%	40 - 50 %	Calculated
MCV	99.7	fl	83 - 101 fl	Calculated
MCH	32.9	pg	27 - 32 pg	Calculated
MCHC	33.0	gm/dl	31.5-34.5 gm/dl	Calculated
RDW - RED CELL DISTRIBUTION WIDTH	13.5	%	11.6-14%	Calculated
PDW-PLATELET DISTRIBUTION WIDTH	27.5	fL	8.3 - 25 fL	Calculated
MPV-MEAN PLATELET VOLUME	12.7		7.5 - 11.5 fl	Calculated

RBC NORMOCYTIC
WBC. NORMOCHROMIC.
PLATELET WITHIN NORMAL
 LIMIT.
 ADEQUATE ON
 SMEAR.

BLOOD GROUP ABO+RH [GEL METHOD] , EDTA WHOLE BLOOD

ABO	A	Gel Card
RH	POSITIVE	Gel Card

Gel technology Dia Med ID Micro typing system is the latest technology in transfusion Medicine. It gives more reproducible and standardized test results. It more repaid, reliable, very sensitive and objective , and hence more consistent and comparable results are obtained. Single used cards are individualised for every patient and results can be photographed / scanned and stored for future use. Special instruments that are used only for this technology also reduce risk of any contamination.

Ref:- WHO technical manual on transfusion medicine-Second Edition 2003

(RESULTS ALSO VERIFIED BY : FORWARD AND REVERSE GROUPING (TUBE AND SLIDE METHOD))

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.

ESR (ERYTHROCYTE SEDIMENTATION RATE) , EDTA WHOLE BLOOD

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1stHour 02 mm/hr 0.00 - 20.00 mm/hr Westergren

□

DR. BARNALI PAUL
MBBS, MD(PATH)

Lab No. : SIL/06-04-2023/SR7495835
Patient Name : SOUBDEN MOKTAN
Age : 33 Y 4 M 20 D
Gender : M

Lab Add. :
Ref Dr. : Dr.MEDICAL OFFICER
Collection Date:
Report Date : 06/Apr/2023 01:07PM



DEPARTMENT OF CARDIOLOGY

REPORT OF E.C.G.

HEART RATE : 59 /min.
RHYTHM : Regular sinus.
P-WAVE : Normal
P - R INTERVAL : 160 ms,
QRS DURATION : 80 ms
QRS CONFIGURATION : NORMAL
QRS VOLTAGE : R/S in V1 4/6 mm.
R/S in V6 18/2 mm.
QRS AXIS : +60°
Q- Waves : No significant Q-wave.
QT TIME : 378ms.
ST SEGMENT : Normal.
T WAVE : NORMAL
ROTATION : Normal.
OTHER FINDINGS : Nil.
IMPRESSION : **SINUS BRADYCARDIA.**


Dr. ARABINDA SAHA (MD,DM)
CONSULTANT CARDIOLOGIST

Lab No. : SIL/06-04-2023/SR7495835
Patient Name : SOUBDEN MOKTAN
Age : 33 Y 4 M 20 D
Gender : M

Lab Add. :
Ref Dr. : Dr.MEDICAL OFFICER
Collection Date:
Report Date : 06/Apr/2023 11:27AM



DEPARTMENT OF RADIOLOGY
X-RAY REPORT OF CHEST (PA)

FINDINGS:

- Cardiac size appears within normal limits. Margin is well visualised and cardiac silhouette is smoothly outlined. Shape is within normal limit.
- Lung parenchyma shows no focal lesion. No general alteration of radiographic density. Apices are clear. Bronchovascular lung markings are within normal.
- Lateral costo-phrenic angles are clear.
- Domes of diaphragm are smoothly outlined. Position is within normal limits.

IMPRESSION :
Normal study.

□


DR. MUKTI SARKAR MD.
CONSULTANT RADIOLOGIST

Lab No. : SIL/06-04-2023/SR7495835
Patient Name : **SOUBDEN MOKTAN**
Age : 33 Y 4 M 20 D
Gender : M

Lab Add. :
Ref Dr. : Dr.MEDICAL OFFICER
Collection Date:
Report Date : 06/Apr/2023 10:54AM



DEPARTMENT OF ULTRASONOGRAPHY
REPORT ON EXAMINATION OF WHOLE ABDOMEN

LIVER

Liver is normal in size having normal shape, **with grade I fatty change**. No focal parenchymal lesion is evident. Intrahepatic biliary radicles are not dilated. Branches of portal vein are normal.

PORTA

The appearance of porta is normal. Common Bile duct is normal with no intraluminal pathology (Calculi /mass) could be detected at its visualised part. Portal vein is normal at porta.

GALL BLADDER

Gallbladder is physiologically distended. Wall thickness appears normal. No intraluminal pathology (Calculi/mass) could be detected. Sonographic Murphys sign is negative.

PANCREAS

Echogenicity appears within limits, without any focal lesion. Shape, size & position appears normal. No Calcular disease noted. Pancreatic duct is not dilated. No peri-pancreatic collection of fluid noted.

SPLEEN

Spleen is normal in size. Homogenous and smooth echotexture without any focal lesion. Splenic vein at hilum appears normal. No definite collaterals could be detected.

KIDNEYS

Both kidneys are normal in shape, size (Rt. kidney 102 mm. & Lt. kidney 103 mm) axes & position. Cortical echogenicity appears normal maintaining corticomedullary differentiation. Margin is regular and cortical thickness is uniform. No calcular disease noted. No hydronephrotic changes detected.

URETERS

Visualised part of upper ureters are not dilated.

URINARY BLADDER

Urinary bladder is distended, wall thickness appeared normal. No intraluminal pathology (calculi / mass) could be detected.

PROSTATE

Prostate is normal in size. Echotexture appears within normal limits. No focal alteration of its echogenicity could be detected.

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Report Date : 06/Apr/2023 10:54AM



IMPRESSION

Grade I fatty change in liver.

(Please correlate clinically & with other investigation. Follow up suggested).

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. MUKTI SARKAR MD.
CONSULTANT RADIOLOGIST

Patient Data

Sample ID: C02135928430
 Patient ID: SR7495835
 Name:
 Physician:
 Sex:
 DOB:

Analysis Data

Analysis Performed: 07/APR/2023 11:56:53
 Injection Number: 10494U
 Run Number: 237
 Rack ID: 0004
 Tube Number: 1
 Report Generated: 07/APR/2023 12:30:18
 Operator ID: ASIT

Comments:

Peak Name	NGSP %	Area %	Retention Time (min)	Peak Area
Unknown	---	0.2	0.116	4988
A1a	---	0.9	0.169	18120
A1b	---	0.8	0.241	16465
F	---	0.7	0.293	14786
Unknown	---	0.2	0.364	3195
LA1c	---	1.1	0.449	21995
A1c	5.1	---	0.560	81630
P3	---	3.1	0.820	64011
P4	---	1.3	0.891	26582
Ao	---	87.7	0.997	1801160

Total Area: 2,052,931

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

