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COLLEGE of AMERICAN PATHOLOGISTS

Suraksha DIAGNOSTICS

Lab No.	: TLG/28-01-2023/SR7226814	**Lab Add.**	: Newtown, Kolkata-700156
Patient Name	: **SAHIL ARORA**	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	: 31 Y 0 M 18 D	**Collection Date**	: 28/Jan/2023 11:36AM
Gender	: M	**Report Date**	: 03/Feb/2023 12:32PM

Test Name	Result	Unit	Bio Ref. Interval	Method
PHOSPHORUS-INORGANIC, BLOOD , *GEL SERUM*				
PHOSPHORUS-INORGANIC,BLOOD	2.7	mg/dL	2.4-5.1 mg/dL	Phosphomolybdate/UV
URIC ACID, URINE, SPOT URINE				
URIC ACID, SPOT URINE	**27.00**	mg/dL	37-92 mg/dL	URICASE

Dr NEEPA CHOWDHURY
MBBS MD (Biochemistry)
Consultant Biochemist

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Lab No. : SR7226814 **Name : SAHIL ARORA** **Age/G : 31 Y 0 M 18 D / M** **Date : 28-01-2023**

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

T3-TOTAL (TRI IODOTHYRONINE)	1.29	ng/ml	0.60-1.81 ng/ml	CLIA
T4-TOTAL (THYROXINE)	6.8	µg/dL	3.2-12.6 µg/dL	CLIA
TSH (THYROID STIMULATING HORMONE)	3.82	µIU/mL	0.55-4.78 µIU/mL	CLIA

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.*

GLUCOSE, FASTING , *BLOOD, NAF PLASMA*

GLUCOSE,FASTING	86	mg/dL	Impaired Fasting-100-125 .~Diabetes- >= 126.~Fasting is defined as no caloric intake for at least 8 hours.	Gluc Oxidase Trinder

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.

Dr NEEPA CHOWDHURY
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Consultant Biochemist

Lab No. : SR7226814 **Name : SAHIL ARORA** **Age/G : 31 Y 0 M 18 D / M** **Date : 28-01-2023**

CBC WITH PLATELET & RETICULOCYTE COUNT , *EDTA WHOLE BLOOD*

HEMOGLOBIN	14.8	g/dL	13 - 17	PHOTOMETRIC
WBC	5.2	*10^3/µL	4 - 10	DC detection method
RBC	5.10	*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
DIFFERENTIAL COUNT				
NEUTROPHILS	63	%	40 - 80 %	Flowcytometry/Microscopy
LYMPHOCYTES	28	%	20 - 40 %	Flowcytometry/Microscopy
MONOCYTES	06	%	2 - 10 %	Flowcytometry/Microscopy
EOSINOPHILS	03	%	1-6%	Flowcytometry/Microscopy
BASOPHILS	00	%	0-0.9%	Flowcytometry/Microscopy
CBC SUBGROUP 1				
HEMATOCRIT / PCV	45.6	%	40 - 50 %	Calculated
MCV	89.5	fl	83 - 101 fl	Calculated
MCH	29.1	pg	27 - 32 pg	Calculated
MCHC	32.5	gm/dl	31.5-34.5 gm/dl	Calculated
RDW - RED CELL DISTRIBUTION WIDTH	**15.0**	%	11.6-14%	Calculated
RETICULOCYTE COUNT-AUTOMATED,BLOOD	0.9	%	0.5-2.5%	Cell Counter/Microscopy

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

Lab No. : SR7226814 **Name : SAHIL ARORA** **Age/G : 31 Y 0 M 18 D / M** **Date : 28-01-2023**

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

1stHour	15	mm/hr	0.00 - 20.00 mm/hr	Westergren

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

ABO	B	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. NEHA GUPTA
MD, DNB (Pathology)
Consultant Pathologist

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Lab No. : SR7226814 **Name : SAHIL ARORA** **Age/G : 31 Y 0 M 18 D / M** **Date : 29-01-2023**

URINE ROUTINE ALL, ALL , *URINE*

PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW			
APPEARANCE	SLIGHTLY HAZY			
CHEMICAL EXAMINATION				
pH	5.0		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)	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:

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 and/or yeast in the urine.

Dr. PANKTI PATEL
MBBS , MD (PATHOLOGY)
CONSULTANT PATHOLOGIST

BILIRUBIN (DIRECT) , *GEL SERUM*				
BILIRUBIN (DIRECT)	0.20	mg/dL	<0.2 mg/dL	Vanadate oxidation
SGPT/ALT , *GEL SERUM*				
SGPT/ALT	**62.00**	U/L	7-40 U/L	Modified IFCC
SODIUM, BLOOD , *GEL SERUM*				
SODIUM,BLOOD	140.00	mEq/L	132 - 146 mEq/L	ISE INDIRECT
CHLORIDE, BLOOD , .				
CHLORIDE,BLOOD	102.00	mEq/L	99-109 mEq/L	ISE INDIRECT
CREATININE, BLOOD , *GEL SERUM*	0.95	mg/dL	0.7-1.3 mg/dL	Jaffe, alkaline picrate, kinetic
BILIRUBIN (TOTAL) , *GEL SERUM*				
BILIRUBIN (TOTAL)	1.10	mg/dL	0.3-1.2 mg/dL	Vanadate oxidation
CALCIUM, BLOOD				
CALCIUM,BLOOD	9.50	mg/dL	8.7-10.4 mg/dL	Arsenazo III
URIC ACID, BLOOD , *GEL SERUM*				
URIC ACID,BLOOD	5.80	mg/dL	3.5-7.2 mg/dL	Uricase/Peroxidase
GLUCOSE, PP , *BLOOD, NAF PLASMA*				
GLUCOSE,PP	100	mg/dL	Impaired Glucose Tolerance-140 to 199. Diabetes>= 200.	Gluc Oxidase Trinder

The test should be performed as described by the WHO, using a glucose load containing the equivalent of 75-g anhydrous glucose dissolved in water. 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.

LIPID PROFILE , *GEL SERUM*				
CHOLESTEROL-TOTAL	227.00	mg/dL	Desirable: < 200 mg/dL Borderline high: 200-239 mg/dL High: > or =240 mg/dL	Enzymatic
TRIGLYCERIDES	**196.00**	mg/dL	Normal:: < 150, BorderlineHigh::150-199, High:: 200-499, VeryHigh::>500	GPO-Trinder
HDL CHOLESTEROL	**38.00**	mg/dl	< 40 - Low 40-59- Optimum 60 - High	Elimination/catalase
LDL CHOLESTEROL DIRECT	**150.0**	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	Calculated
VLDL	39	mg/dl	< 40 mg/dl	Calculated
CHOL HDL Ratio	6.0		LOW RISK 3.3-4.4 AVERAGE RISK 4.47-7.1 MODERATE RISK 7.1-11.0 HIGH RISK >11.0	Calculated

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.*

TOTAL PROTEIN [BLOOD] ALB:GLO RATIO , .

Lab No. : SR7226814	Name : SAHIL ARORA		Age/G : 31 Y 0 M 18 D / M	Date : 28-01-2023
TOTAL PROTEIN	7.60	g/dL	5.7-8.2 g/dL	BIURET METHOD
ALBUMIN	4.7	g/dL	3.2-4.8 g/dL	BCG Dye Binding
GLOBULIN	2.90	g/dl	1.8-3.2 g/dl	Calculated
AG Ratio	1.62		1.0 - 2.5	Calculated
ALKALINE PHOSPHATASE , *GEL SERUM*				
ALKALINE PHOSPHATASE	83.00	U/L	46-116 U/L	IFCC standardization
UREA,BLOOD	19.3	mg/dL	19-49 mg/dL	Urease with GLDH

PDF Attached

GLYCATED HAEMOGLOBIN (HBA1C) , *EDTA WHOLE BLOOD*				
GLYCATED HEMOGLOBIN (HBA1C)	5.5	%	***FOR BIOLOGICAL REFERENCE INTERVAL DETAILS , PLEASE REFER TO THE BELOW MENTIONED REMARKS/NOTE WITH ADDITIONAL CLINICAL INFORMATION ***	
HbA1c (IFCC)	37.0	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)

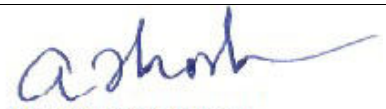
Analyzer used : Bio-Rad-VARIANT TURBO 2.0
Method : HPLC Cation Exchange

Recommendations for 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.

SGOT/AST , *GEL SERUM*				
SGOT/AST	32.00	U/L	13-40 U/L	Modified IFCC
POTASSIUM, BLOOD , *GEL SERUM*				
POTASSIUM,BLOOD	4.20	mEq/L	3.5-5.5 mEq/L	ISE INDIRECT

Lab No. : SR7226814 **Name : SAHIL ARORA** **Age/G : 31 Y 0 M 18 D / M** **Date : 28-01-2023**



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Consultant Biochemist

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Lab No. : SR7226814 **Name : SAHIL ARORA** **Age/G : 31 Y 0 M 18 D / M** **Date : 28-01-2023**

CBC WITH PLATELET (THROMBOCYTE) COUNT , *EDTA WHOLE BLOOD*

HEMOGLOBIN	14.8	g/dL	13 - 17	PHOTOMETRIC
WBC	5.2	*10^3/µL	4 - 10	DC detection method
RBC	5.10	*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
DIFFERENTIAL COUNT				
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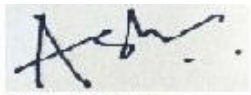
LYMPHOCYTES	28	%	20 - 40 %	Flowcytometry/Microscopy
MONOCYTES	06	%	2 - 10 %	Flowcytometry/Microscopy
EOSINOPHILS	03	%	1-6%	Flowcytometry/Microscopy
BASOPHILS	00	%	0-0.9%	Flowcytometry/Microscopy
CBC SUBGROUP				
HEMATOCRIT / PCV	45.6	%	40 - 50 %	Calculated
MCV	89.5	fl	83 - 101 fl	Calculated
MCH	29.1	pg	27 - 32 pg	Calculated
MCHC	32.5	gm/dl	31.5-34.5 gm/dl	Calculated
RDW - RED CELL DISTRIBUTION WIDTH	**15.0**	%	11.6-14%	Calculated
PDW-PLATELET DISTRIBUTION WIDTH	28.7	fL	8.3 - 25 fL	Calculated
MPV-MEAN PLATELET VOLUME	14		7.5 - 11.5 fl	Calculated



DR. A. SHARMA
MBBS. MD (Path)
DM (Hematopathology)
PGIMER Chandigarh
Consultant Hematopathologist

Suraksha DIAGNOSTICS

Lab No.	: TLG/28-01-2023/SR7226814	**Lab Add.**	: Tollygunge
Patient Name	: **SAHIL ARORA**	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	: 31 Y 0 M 18 D	**Collection Date:**	
Gender	: M	**Report Date**	: 28/Jan/2023 04:13PM

E.C.G. REPORT

DATA		
HEART RATE	63	Bpm
PR INTERVAL	157	Ms
QRS DURATION	85	Ms
QT INTERVAL	369	Ms
QTC INTERVAL	379	Ms
AXIS		
P WAVE	52	Degree
QRS WAVE	44	Degree
T WAVE	-12	Degree
IMPRESSION :	**Sinus rhythm.**	
	Non specific ST-T changes.	

DR S S SAHAI
DM (Cardiology)

Suraksha DIAGNOSTICS

Lab No.	: TLG/28-01-2023/SR7226814	**Lab Add.**	: Tollygunge
Patient Name	: **SAHIL ARORA**	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	: 31 Y 0 M 18 D	**Collection Date:**	
Gender	: M	**Report Date**	: 28/Jan/2023 12:01PM

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. UDIT KUMAR
MBBS, DNB (Radiology)
Consultant Radiologist

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Lab No.	: TLG/28-01-2023/SR7226814	**Lab Add.**	: Tollygunge
Patient Name	: **SAHIL ARORA**	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	: 31 Y 0 M 18 D	**Collection Date:**	
Gender	: M	**Report Date**	: 28/Jan/2023 11:58AM

DEPARTMENT OF ULTRASONOGRAPHY

REPORT ON EXAMINATION OF WHOLE ABDOMEN

LIVER

Liver is mildly enlarged (16.8 cm) in size with smooth margins. **Parenchymal echogenicity of both lobes are increased.** No focal mass lesion is seen in liver. Intrahepatic biliary radicals are not dilated. Portal vein branches and hepatic veins are normal.

PORTA

Portal vein is normal in caliber. Common bile duct is not dilated . No intraluminal calculus or soft tissue is seen in CBD.

GALL BLADDER

Gall bladder is normal in size, shape. No intraluminal calculus or mass is seen. Gall bladder wall is normal in thickness. No pericholecystic fluid collection noted.

PANCREAS

Pancreas is normal in size, shape and contour. Parenchymal echogenicity is normal and homogeneous. No focal mass or calcification seen. Main pancreatic duct is not dilated. No peripancreatic fluid collection or pseudocyst noted.

SPLEEN

Spleen is normal in size (11.1 cm), shape, position. Echotexture is normal. No focal lesion is noted. Splenic vein at splenic hilum is normal in caliber. No collateral seen.

KIDNEYS

Both the kidneys are normal in size (Right kidney measures : 10.6 cm. and Left kidney measures : 10.3 cm.), shape and position. Surfaces are smooth. Cortical echogenicity and cortical thickness of both kidneys are normal. Normal cortico-medullary differentiation is maintained. No calculus, mass or hydronephrosis is seen in either kidney.

URETER

Ureters are not dilated.

URINARY BLADDER

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

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Gender	: M	**Report Date**	: 28/Jan/2023 11:58AM

PROSTATE

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

It measures : 2.6 cm x 3.2 cm x 2.9 cm.

Approximate weight = 12.5 gms.

IMPRESSION:

Mild hepatomegaly with Grade I fatty changes

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.

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SURAKSHA DIAGNOSTIC, RAJARHAT, KOLKATA. **PATIENT REPORT**
BIO-RAD VARIANT TURBO CDM 5.4 **s/n 15893** **V2TURBO_A1c_2.0**

Patient Data

Sample ID:	C02135048388
Patient ID:	SR7226814
Name:	
Physician:	
Sex:	
DOB:	

Comments:

Analysis Data

Analysis Performed:	28/JAN/2023 15:57:02
Injection Number:	10858U
Run Number:	308
Rack ID:	0002
Tube Number:	7
Report Generated:	28/JAN/2023 16:05:37
Operator ID:	ASIT

Peak Name	NGSP %	Area %	Retention Time (min)	Peak Area
A1a	---	1.3	0.159	22316
A1b	---	1.0	0.213	16358
F	---	1.8	0.265	30683
LA1c	---	1.7	0.387	28909
A1c	5.5	---	0.486	74142
P3	---	3.4	0.771	57402
P4	---	1.2	0.853	20770
Ao	---	85.1	0.990	1434437

Total Area: 1,685,019

HbA1c (NGSP) = 5.5 % HbA1c (IFCC) = 37 mmol/mol