

Lab No. : SIL/24-06-2023/SR7800035  
 Patient Name : SAGARMAY KAR  
 Age : 38 Y 6 M 15 D  
 Gender : M

Lab Add. : Sevoke Road, Siliguri 734001  
 Ref Dr. : Dr.MEDICAL OFFICER  
 Collection Date: 24/Jun/2023 10:20AM  
 Report Date : 24/Jun/2023 02:10PM



Test Name	Result	Unit	Bio Ref. Interval	Method
<b>*ALKALINE PHOSPHATASE , GEL SERUM</b>				
ALKALINE PHOSPHATASE	54	U/L	46 - 116 U/L	P-NPP,AMP BUFFER
<b>*BILIRUBIN (DIRECT) , GEL SERUM</b>				
BILIRUBIN (DIRECT)	<b>0.24</b>	mg/dL	< 0.2 mg/dl	DIAZOTIZATION
<b>*SGOT/AST , GEL SERUM</b>				
SGOT/AST	<b>82</b>	U/L	15 - 37 U/L	UV WITH P5P
<b>*SGPT/ALT , GEL SERUM</b>				
SGPT/ALT	<b>149</b>	U/L	16 - 63 U/L	UV WITH P5P
<b>*SODIUM, BLOOD , GEL SERUM</b>				
SODIUM,BLOOD	142	mEq/L	136 - 145 mEq/L	ISE INDIRECT
<b>*POTASSIUM, BLOOD , GEL SERUM</b>				
POTASSIUM,BLOOD	4.40	mEq/L	3.5 - 5.1 mEq/L	ISE INDIRECT
<b>CREATININE, BLOOD , GEL SERUM</b>				
CREATININE, BLOOD	1.07	mg/dl	0.70 - 1.30 mg/dl	ALKALINE PICRATE
<b>*GLUCOSE, FASTING , BLOOD, NAF PLASMA</b>				
GLUCOSE,FASTING	<b>118</b>	mg/dl	70 - 100 mg/dL	Hexokinase Method
<b>*PHOSPHORUS-INORGANIC, BLOOD , GEL SERUM</b>				
PHOSPHORUS-INORGANIC,BLOOD	3.7	mg/dl	2.5-4.5 mg/dl	UV PHOSPHOMOLYBDATE
<b>*URIC ACID, BLOOD , GEL SERUM</b>				
URIC ACID,BLOOD	4.60	mg/dl	3.4 - 7.0 mg/dl	URICASE
<b>*TOTAL PROTEIN [BLOOD] ALB:GLO RATIO , .</b>				
TOTAL PROTEIN	8.17	g/dL	6.6 - 8.7 g/dL	BIURET METHOD
ALBUMIN	4.8	g/dl	3.4-5.0 g/dl	BCP
GLOBULIN	<b>3.41</b>	g/dl	1.8-3.2 g/dl	Calculated
AG Ratio	1.40		1.0 - 2.5	Calculated
<b>*GLUCOSE, PP , BLOOD, NAF PLASMA</b>				
GLUCOSE,PP	<b>172</b>	mg/dl	75-140	Hexokinase Method
<b>*LIPID PROFILE , GEL SERUM</b>				
CHOLESTEROL-TOTAL	115	mg/dl	Desirable: < 200 mg/dL Borderline high: 200-239 High: > 240 mg/dL	CHOLESTEROL OXIDASE, ESTERASE,PEROXIDASE
TRIGLYCERIDES	119	mg/dl	NORMAL < 150 BORDERLINE HIGH 150-199 HIGH 200-499 VERY HIGH > 500	ENZYMATIC, END POINT
HDL CHOLESTEROL	<b>33</b>	mg/dl	NO RISK : >60 mg/dL, MODERATE RISK : 40-60 mg/dL, HIGH RISK : <40 mg/dL	DIRECT MEASURE-PEG

Lab No. : SR7800035	Name : SAGARMAY KAR	Age/G : 38 Y 6 M 15 D / M	Date : 24-06-2023
LDL CHOLESTEROL DIRECT	64	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	19	mg/dL	< 40 mg/dl Calculated
CHOL HDL Ratio	3.5		LOW RISK 3.3-4.4 AVERAGE RISK 4.47-7.1 MODERATE RISK 7.1-11.0 HIGH RISK >11.0 Calculated
<b>*CHLORIDE, BLOOD , .</b>			
CHLORIDE,BLOOD	104	mEq/L	98 - 107 mEq/L ISE INDIRECT
<b>*CALCIUM, BLOOD</b>			
CALCIUM,BLOOD	9.40	mg/L	8.6-10.0 mg/dl OCPC
<b>*BILIRUBIN (TOTAL) , GEL SERUM</b>			
BILIRUBIN (TOTAL)	0.62	mg/dL	0.2 - 1.2 mg/dL DIAZONIUM ION
UREA,BLOOD	21.0	mg/dl	12.8-42.8 mg/dl UREASE-COLORIMETRIC
<b>*THYROID PANEL (T3, T4, TSH) , GEL SERUM</b>			
T3-TOTAL (TRI IODOTHYRONINE)	0.83	ng/ml	0.60 - 1.81 ng/ml CLIA
T4-TOTAL (THYROXINE)	<b>12.7</b>	microgram/dl	4.5 - 10.9 microgram/dl CLIA
TSH (THYROID STIMULATING HORMONE)	2.80	μIU/mL	0.35-5.5μIU/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>.



**DR. SANJAY KR. AGARWALA  
MD CONSULTANT BIOCHEMIST**

Lab No. : SR7800035      Name : SAGARMAY KAR      Age/G : 38 Y 6 M 15 D / M      Date : 26-06-2023


**URIC ACID, URINE, SPOT URINE**

URIC ACID, SPOT URINE      36.20      mg/dL      37-92 mg/dL      URICASE

***ESTIMATED TWICE***

**TO CORRELATE CLINICALLY**

□



**Dr NEEPA CHOWDHURY**  
MBBS MD (Biochemistry)  
Consultant Biochemist

Lab No. : SR7800035      Name : SAGARMAY KAR      Age/G : 38 Y 6 M 15 D / M      Date : 24-06-2023

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

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

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

HEMOGLOBIN	14.8	g/dL	13 - 17	PHOTOMETRIC
WBC	7.6	*10 <sup>3</sup> /μL	4 - 10	DC detection method
RBC	<b>5.58</b>	*10 <sup>6</sup> /μL	4.5 - 5.5	DC detection method
PLATELET (THROMBOCYTE) COUNT	194	*10 <sup>3</sup> /μL	150 - 450*10 <sup>3</sup> /μL	DC detection method/Microscopy


**DIFFERENTIAL COUNT**

NEUTROPHILS	52	%	40 - 80 %	Flowcytometry/Microscopy
LYMPHOCYTES	<b>46</b>	%	20 - 40 %	Flowcytometry/Microscopy
MONOCYTES	<b>01</b>	%	2 - 10 %	Flowcytometry/Microscopy
EOSINOPHILS	01	%	1 - 6 %	Flowcytometry/Microscopy
BASOPHILS	00	%	0-0.9%	Flowcytometry/Microscopy

**CBC SUBGROUP**

HEMATOCRIT / PCV	44.7	%	40 - 50 %	Calculated
MCV	<b>80.0</b>	fl	83 - 101 fl	Calculated
MCH	<b>26.6</b>	pg	27 - 32 pg	Calculated
MCHC	33.2	gm/dl	31.5-34.5 gm/dl	Calculated
RDW - RED CELL DISTRIBUTION WIDTH	<b>14.4</b>	%	11.6-14%	Calculated
PDW-PLATELET DISTRIBUTION WIDTH	16	fL	8.3 - 25 fL	Calculated
MPV-MEAN PLATELET VOLUME	11.5		7.5 - 11.5 fl	Calculated

RBC                                    NORMOCYTIC  
WBC                                    HYPOCHROMIC. MILD  
   ANISOPOIKILOCYTOSIS.  
PLATELET                                NORMAL MORPHOLOGY.  
   ADEQUATE ON SMEAR.

  
**Dr. Ankush Chakraborty**  
**MBBS, MD (Path), IFCAP**  
**Reg. No. 65992 (WBMC)**



Lab No. : SR7800035      Name : SAGARMAY KAR      Age/G : 38 Y 6 M 15 D / M      Date : 25-06-2023

[PDF Attached](#)

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

GLYCATED HEMOGLOBIN (HBA1C)	5.9	%	***FOR BIOLOGICAL REFERENCE INTERVAL DETAILS , PLEASE REFER TO THE BELOW MENTIONED REMARKS/NOTE WITH ADDITIONAL CLINICAL INFORMATION ***
HbA1c (IFCC)	41.0	mmol/mol	HPLC

**RECOMMENDED FOR Hb-TYPING TO RULE OUT ANY HEMOGLOBINOPATHY WHICH MAY INTERFERE WITH THE TRUE VALUE OF HbA1C.**

**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 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.

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

Lab No. : SR7800035      Name : SAGARMAY KAR      Age/G : 38 Y 6 M 15 D / M      Date : 24-06-2023

**\*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.**

**\*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)	1-2	/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	ABSENT		NOT DETECTED	Microscopy
YEAST	ABSENT		NOT DETECTED	Microscopy

Lab No. : SIL/24-06-2023/SR7800035

Page 6 of 11

Lab No. : SR7800035      Name : SAGARMAY KAR      Age/G : 38 Y 6 M 15 D / M      Date : 24-06-2023

---

OTHERS      ABSENT

**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. BARNALI PAUL**  
**MBBS, MD(PATH)**

Lab No. : SIL/24-06-2023/SR7800035  
Patient Name : SAGARMAY KAR  
Age : 38 Y 6 M 15 D  
Gender : M


Lab Add. :  
Ref Dr. : Dr.MEDICAL OFFICER  
Collection Date:  
Report Date : 24/Jun/2023 11:42AM



## DEPARTMENT OF CARDIOLOGY

### REPORT OF E.C.G.

HEART RATE : 61 /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 2/6 mm.  
R/S in V6 16/1 mm.  
QRS AXIS : +60°  
Q- Waves : No significant Q-wave.  
QT TIME : 391ms.  
ST SEGMENT : Normal.  
T WAVE : NORMAL  
ROTATION : Normal.  
OTHER FINDINGS : Nil.  
**IMPRESSION : ECG WITHIN NORMAL LIMIT.**

  
Dr. ARABINDA SAHA (MD,DM)  
CONSULTANT CARDIOLOGIST



Lab No. : SIL/24-06-2023/SR7800035  
Patient Name : SAGARMAY KAR  
Age : 38 Y 6 M 15 D  
Gender : M

Lab Add. :  
Ref Dr. : Dr.MEDICAL OFFICER  
Collection Date:  
Report Date : 24/Jun/2023 12:23PM



**DEPARTMENT OF ULTRASONOGRAPHY**  
**REPORT ON EXAMINATION OF WHOLE ABDOMEN**

**LIVER**

Liver is mildly enlarged in size (145 mm) 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**

Echogenecity 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 100 mm. & Lt. kidney 105 mm) axes & position. Cortical echogenecity 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 echogenecity could be detectable.

Lab No. : SIL/24-06-2023/SR7800035  
Patient Name : SAGARMAY KAR  
Age : 38 Y 6 M 15 D  
Gender : M

Lab Add. :  
Ref Dr. : Dr.MEDICAL OFFICER  
Collection Date:  
Report Date : 24/Jun/2023 12:23PM



It measures : 27 x 34 x 32 mm.  
Approximate weight could be around = 15 gms.

### **IMPRESSION**

**Mild hepatomegaly with grade I fatty change.**

**(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.

*MS*

**DR. Mukti Sarkar MD.  
CONSULTANT RADIOLOGIST**

Lab No. : SIL/24-06-2023/SR7800035  
Patient Name : SAGARMAY KAR  
Age : 38 Y 6 M 15 D  
Gender : M

Lab Add. :  
Ref Dr. : Dr.MEDICAL OFFICER  
Collection Date:  
Report Date : 24/Jun/2023 01:19PM



**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.**

*MS*  
**DR. MUKTI SARKAR MD.**  
**CONSULTANT RADIOLOGIST**

**Patient Data**

Sample ID: D02135191272  
 Patient ID: SR7800085  
 Name:  
 Physician:  
 Sex:  
 DOB:

**Analysis Data**

Analysis Performed: 25/JUN/2023 12:05:00  
 Injection Number: 4988U  
 Run Number: 124  
 Rack ID: 0004  
 Tube Number: 5  
 Report Generated: 25/JUN/2023 12:15:16  
 Operator ID: ANUP

Comments:

Peak Name	NGSP %	Area %	Retention Time (min)	Peak Area
A1a	---	1.0	0.160	23589
A1b	---	0.8	0.222	17739
F	---	0.9	0.283	21077
LA1c	---	1.2	0.391	29120
A1c	5.9	---	0.493	82280
P3	---	4.4	0.800	103329
P4	---	1.2	0.922	27904
Ao	---	58.1	0.982	1364258
Variant Window	---	28.9	1.086	677597

Total Area: 2,346,893

**HbA1c (NGSP) = 5.9 %**      HbA1c (IFCC) = 41 mmol/mol

