MC-2743

CAP ACCREDITED
COLLEGE of AMERICAN PATHOLOGISTS

Suraksha DIAGNOSTICS

Lab No.	**:** KNK/26-03-2024/SR8911911	**Lab Add.**	**:** Newtown,Kolkata-700156
Patient Name	: PAYEL MONDAL	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	**:** 25 Y 11 M 22 D	**Collection Date**	**:** 26/Mar/2024 10:45AM
Gender	**:** F	Report Date	**:** 26/Mar/2024 05:11PM

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
PHOSPHORUS-INORGANIC,BLOOD , *GEL SERUM* (Method:Phosphomolybdate/UV)	3.5	2.4-5.1 mg/dL	mg/dL

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

Dr NEEPA CHOWDHURY
MBBS MD (Biochemistry)
Consultant Biochemist
Reg No. WBMC 62456

Suraksha DIAGNOSTICS

Lab No.	**:** KNK/26-03-2024/SR8911911	**Lab Add.**	**:** Nadia, Krishnanagar - 741101
Patient Name	: PAYEL MONDAL	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	**:** 25 Y 11 M 22 D	**Collection Date**	**:** 26/Mar/2024 10:45AM
Gender	**:** F	Report Date	**:** 26/Mar/2024 01:22PM

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
GLUCOSE,PP (Method:Hexokinase Method)	99	Impaired Glucose Tolerance-140 to 199.~Diabetes>= 200.	mg/dL
SODIUM,BLOOD (Method:ISE DIRECT)	141	136 - 145	mEq/L
CHLORIDE,BLOOD (Method:ISE DIRECT)	103	98 - 107	mEq/L
CREATININE, BLOOD (Method:Jaffe, alkaline picrate, kinetic)	0.67	0.5-1.1	mg/dL
GLUCOSE,FASTING (Method:Hexokinase Method)	90	Impaired Fasting-100-125 .~Diabetes- >= 126.~Fasting is defined as no caloric intake for at least 8 hours.	mg/dL
CALCIUM,BLOOD (Method:Modified OCPC)	9.20	8.7-10.4 mg/dL	mg/dL
URIC ACID,BLOOD (Method:URICASE)	5.80	2.6-6.0	mg/dL
***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) (Method:HPLC)	26.0		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-D10
Method : HPLC Ion 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.*

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit

PDF Attached

***THYROID PANEL (T3, T4, TSH) ,** *GEL SERUM*			
T3-TOTAL (TRI IODOTHYRONINE) (Method:CLIA)	1.33	0.60-1.81 ng/ml	ng/ml
T4-TOTAL (THYROXINE) (Method:CLIA)	11.4	3.2-12.6	µg/dL
TSH (THYROID STIMULATING HORMONE) (Method:CLIA)	1.27	0.35-5.5	µIU/mL

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 (Method:BIURET METHOD)	**8.80**	5.7-8.2	g/dL
ALBUMIN (Method:BCG Dye Binding)	4.4	3.2-4.8 g/dL	g/dL
GLOBULIN (Method:Calculated)	**4.40**	1.8-3.2	g/dl
AG Ratio (Method:Calculated)	1.00	1.0 - 2.5	

UREA,BLOOD (Method:Urease with GLDH)	24.0	19 - 49	mg/dL

***LIPID PROFILE ,** *GEL SERUM*			
CHOLESTEROL-TOTAL (Method:CHOD – PAP)	166	Desirable: < 200 mg/dL Borderline high: 200-239 mg/dL High: > or =240 mg/dL	mg/dL
TRIGLYCERIDES (Method:ENZYMATIC (END POINT))	123	Normal:: < 150, BorderlineHigh::150-199, High:: 200-499, VeryHigh::>500	mg/dL
HDL CHOLESTEROL (Method:ENZYMATIC (PEG))	**39**	< 40 - Low 40-59- Optimum 60 - High	mg/dl
LDL CHOLESTEROL DIRECT (Method:HOMOGENOUS ENZYMATIC)	99	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

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Gender	**:** F	Report Date	**:** 26/Mar/2024 01:22PM

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
VLDL (Method:Calculated)	28	< 40 mg/dl	mg/dL
CHOL HDL Ratio (Method:Calculated)	4.3	LOW RISK 3.3-4.4 AVERAGE RISK 4.47-7.1 MODERATE RISK 7.1-11.0 HIGH RISK >11.0	
POTASSIUM,BLOOD (Method:ISE DIRECT)	4.80	3.5 - 5.5 mEq/L	mEq/L

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

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Lab No.	**:** KNK/26-03-2024/SR8911911	**Lab Add.**	**:** Nadia, Krishnanagar - 741101
Patient Name	: PAYEL MONDAL	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	**:** 25 Y 11 M 22 D	**Collection Date**	**:** 26/Mar/2024 10:46AM
Gender	**:** F	Report Date	**:** 26/Mar/2024 02:00PM

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Bio Ref. Interval	Unit
***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.

Test Name	Result	Bio Ref. Interval	Unit
***CBC WITH PLATELET (THROMBOCYTE) COUNT ,** *EDTA WHOLE BLOOD*			
HEMOGLOBIN (Method:PHOTOMETRIC)	12.1	12 - 15	g/dL
WBC (Method:DC detection method)	8.8	4 - 10	*10^3/µL
RBC (Method:DC detection method)	4.37	3.8 - 4.8	*10^6/µL
PLATELET (THROMBOCYTE) COUNT (Method:DC detection method/Microscopy)	161	150 - 450*10^3	*10^3/µL
DIFFERENTIAL COUNT			
NEUTROPHILS (Method:Flowcytometry/Microscopy)	56	40 - 80 %	%
LYMPHOCYTES (Method:Flowcytometry/Microscopy)	34	20 - 40 %	%
MONOCYTES (Method:Flowcytometry/Microscopy)	05	2 - 10 %	%
EOSINOPHILS (Method:Flowcytometry/Microscopy)	05	1 - 6 %	%
BASOPHILS (Method:Flowcytometry/Microscopy)	00	0-0.9%	%
CBC SUBGROUP			
HEMATOCRIT / PCV (Method:Calculated)	38.8	36 - 46 %	%
MCV (Method:Calculated)	88.9	83 - 101 fl	fl
MCH (Method:Calculated)	27.7	27 - 32 pg	pg
MCHC (Method:Calculated)	**31.1**	31.5-34.5 gm/dl	gm/dl
RDW - RED CELL DISTRIBUTION WIDTH (Method:Calculated)	**15.7**	11.6-14%	%
PDW-PLATELET DISTRIBUTION WIDTH (Method:Calculated)	41.1	8.3 - 25 fL	fL
MPV-MEAN PLATELET VOLUME (Method:Calculated)	14.8	7.5 - 11.5 fl	

Test Name	Result	Bio Ref. Interval	Unit
***ESR (ERYTHROCYTE SEDIMENTATION RATE) ,** *EDTA WHOLE BLOOD*			
1stHour (Method:Westergren)	**25**	0.00 - 20.00 mm/hr	mm/hr

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Gender	**:** F	Report Date	**:** 26/Mar/2024 02:00PM

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Bio Ref. Interval	Unit

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

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Lab No.	**:** KNK/26-03-2024/SR8911911	**Lab Add.**	**:**
Patient Name	: PAYEL MONDAL	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	**:** 25 Y 11 M 22 D	**Collection Date**	**:**
Gender	**:** F	Report Date	**:** 26/Mar/2024 12:46PM

DEPARTMENT OF X-RAY

X-RAY REPORT OF CHEST (PA) VIEW

FINDINGS:

Prominent bronchovascular marking noted over bilateral lung fields.

Both the hila are normal in size 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.

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

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Patient Name	: PAYEL MONDAL	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	: 25 Y 11 M 22 D	**Collection Date**	: 26/Mar/2024 11:00AM
Gender	: F	Report Date	: 26/Mar/2024 07:47PM

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)	6.5	4.8 - 7.4	
SPECIFIC GRAVITY (Method:DIPSTICK)	**1.010**	1.016-1.022	
PROTEIN (Method:DIPSTICK(Protein Error Principle)/MANUAL)	NOT DETECTED	NOT DETECTED	
GLUCOSE (Method:DIPSTICK (Glucose Oxidase - peroxidase)/ MANUAL)	NOT DETECTED	NOT DETECTED	
KETONES (ACETOACETIC ACID, ACETONE) (Method:Dipstick (Legals test)/Manual)	NOT DETECTED	NOT DETECTED	
BLOOD (Method:DIPSTICK(Pseudo Peroxidase Method))	NEGATIVE	NOT DETECTED	
BILIRUBIN (Method:DIPSTICK(Azo-Diazo Reaction)/MANUAL)	ABSENT	NEGATIVE	
UROBILINOGEN (Method:DIPSTICK(Diazonium Ion Reaction)/MANUAL)	NORMAL	NORMAL	
NITRITE (Method:DIPSTICK(GRIESS TEST))	NEGATIVE	NEGATIVE	
LEUCOCYTE ESTERASE (Method:DIPSTICK)	NEGATIVE	NEGATIVE	
MICROSCOPIC EXAMINATION			
LEUKOCYTES (PUS CELLS) (Method:Microscopy)	2 - 3	0-5	/hpf
EPITHELIAL CELLS (Method:Microscopy)	6 - 8	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	
OTHERS	NIL		

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.

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DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Bio Ref. Interval	Unit

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.

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

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Suraksha DIAGNOSTICS

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Patient Name	: PAYEL MONDAL	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	**:** 25 Y 11 M 22 D	**Collection Date**	**:**
Gender	**:** F	Report Date	**:** 26/Mar/2024 12:25PM

DEPARTMENT OF CARDIOLOGY

E.C.G. REPORT

DATA		
HEART RATE	84	Bpm
PR INTERVAL	170	Ms
QRS DURATION	76	Ms
QT INTERVAL	326	Ms
QTC INTERVAL	388	Ms
AXIS		
P WAVE	54	Degree
QRS WAVE	54	Degree
T WAVE	34	Degree

IMPRESSION : **Normal sinus rhythm, within normal limits.**

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

ACRay
Dr. A C RAY
Department of Non-invasive Cardiology

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Age	**:** 25 Y 11 M 22 D	**Collection Date**	**:**
Gender	**:** F	Report Date	**:** 26/Mar/2024 07:06PM

DEPARTMENT OF ULTRASONOGRAPHY

ULTRASONOGRAPHY OF WHOLE ABDOMEN

LIVER: Normal in shape and size but parenchymal echotexture early fatty changes. No focal lesion of altered echogenecity 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 (0.94 cm) is normal in caliber with clear lumen. The common bile duct (0.52 cm) is normal in caliber. Visualized lumen is clear.

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

SPLEEN: It is normal in shape, size (8.64 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 echogenecity 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 measure: 9.51 cm, Left Kidney measure: 10.07 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. Post void residual urine volume is insignificant.

UTERUS: It is mildly bulky in size (9.05 cm x 5.70 cm x 4.07 cm) but normal echopattern. Endometrial (thickness: 0.71 cm) and myometrial echotexture are within normal. No focal SOL is seen. Cervix is normal.

OVARIES: Both the ovaries are normal in shape, size and echopattern. No focal SOL is seen.

Right Ovary measures: 2.72 x 2.22 cm.

Left Ovary measures: 2.67 x 1.77 cm.

ADNEXA: No adnexal SOL is noted.

POD: No fluid is seen.

IMPRESSION:

- **Early fatty changes in Liver.**
- **Mild bulky Uterus.**

Kindly note

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

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DEPARTMENT OF ULTRASONOGRAPHY

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. Nishan Ghosh
MBBS,CBET, FELLOW IN FOETAL ECHOCARDIOGRAPHY FGI,
Reg.NO: 67862

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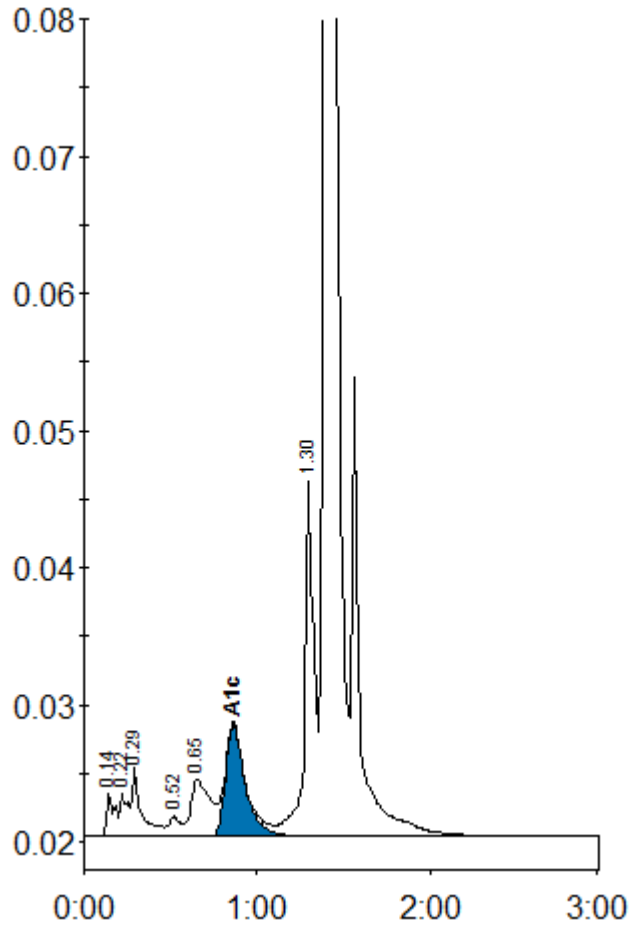
SURAKSHA DIAGNOSTICS
KRISHNANAGAR. NADIA

Patient report

Sample ID:	D02132625093
Injection date	26/03/2024 01:29 PM
Injection #: 17	D-10 Method: HbA1c
Rack #: ---	Rack position: 7
Bio-Rad v: 5.00-2	S/N: #DM23E24805



Peak table - ID: D02132625093

Peak	R.time	Height	Area	Area %
A1a	0.14	3168	10266	0.5
Unknown	0.22	3145	9758	0.5
A1b	0.29	5099	18670	0.9
F	0.52	1429	7183	0.4
LA1c/CHb-1	0.65	4126	31917	1.6
A1c	0.86	8122	64476	4.5
P3	1.30	26557	101938	5.1
A0	1.40	695908	1762207	87.8
Total Area:	2006416			

Concentration:	%	mmol/mol
A1c	4.5	26