



MC-2178

| | |
|---|--|
| Lab No. : SG2/26-08-2024/SR9565422 | Lab Add. : Sevoke Road, Siliguri 734001 |
| Patient Name : RUMPA DAS | Ref Dr. : Dr.MEDICAL OFFICER |
| Age : 28 Y 7 M 13 D | Collection Date : 26/Aug/2024 09:00AM |
| Gender : F | Report Date : 26/Aug/2024 03:38PM |



DEPARTMENT OF BIOCHEMISTRY

| Test Name | Result | Bio Ref. Interval | Unit |
|---|-------------|---|-------|
| CREATININE, BLOOD , GEL SERUM (Method: ALKALINE PICRATE) | 0.48 | 0.50 - 1.10 | mg/dl |
| URIC ACID, BLOOD (Method: URICASE , COLORIMETRIC) | 3.4 | 2.6 - 6.0 | mg/dl |
| CHLORIDE, BLOOD (Method: ISE INDIRECT) | 106 | 98 - 107 | mEq/L |
| LIPID PROFILE , GEL SERUM | | | |
| CHOLESTEROL-TOTAL (Method: CHOLESTEROL OXIDASE, ESTERASE, PEROXIDASE) | 131 | Desirable: < 200 mg/dL Borderline high: 200-239 High: > or =240 mg/dL | mg/dl |
| TRIGLYCERIDES (Method: ENZYMATIC, END POINT) | 45 | NORMAL < 150 BORDERLINE HIGH 150-199 HIGH 200-499 VERY HIGH > 500 | mg/dl |
| HDL CHOLESTEROL (Method: DIRECT MEASURE-PEG) | 60 | NO RISK : >60 mg/dL, MODERATE RISK : 40-60 mg/dL, HIGH RISK : <40 mg/dL | mg/dl |
| LDL CHOLESTEROL DIRECT (Method: DIRECT MEASURE) | 64 | 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 |
| VLDL (Method: Calculated) | 7 | < 40 mg/dl | mg/dL |
| CHOL HDL Ratio (Method: Calculated) | 2.2 | LOW RISK 3.3-4.4 AVERAGE RISK 4.47-7.1 MODERATE RISK 7.1-11.0 HIGH RISK >11.0 | |
| SODIUM, BLOOD (Method: ISE INDIRECT) | 134 | 136 - 145 | mEq/L |
| UREA, BLOOD (Method: UREASE-COLORIMETRIC) | 23 | 12.8-42.8 | mg/dl |
| POTASSIUM, BLOOD (Method: ISE INDIRECT) | 4.13 | 3.5 - 5.1 | mEq/L |
| PHOSPHORUS-INORGANIC, BLOOD (Method: UV PHOSPHOMOLYBDATE) | 4.1 | 2.5-4.5 mg/dl | mg/dl |
| *TOTAL PROTEIN [BLOOD] ALB:GLO RATIO , . | | | |
| TOTAL PROTEIN (Method: BIURET METHOD) | 7.1 | 6.6 - 8.7 | g/dL |
| ALBUMIN (Method: BCP) | 3.9 | 3.4 -5.0 g/dl | g/dl |
| GLOBULIN (Method: Calculated) | 3.2 | 1.8-3.2 | g/dl |
| AG Ratio (Method: Calculated) | 1.22 | 1.0 - 2.5 | |
| *GLYCATED HAEMOGLOBIN (HBA1C) , EDTA WHOLE BLOOD | | | |
| GLYCATED HEMOGLOBIN (HBA1C) | 4.5 | ***FOR BIOLOGICAL REFERENCE INTERVAL DETAILS , PLEASE | % |



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| HbA1c (IFCC) (Method:HPLC) | 26 | REFER TO THE BELOW MENTIONED REMARKS/NOTE WITH ADDITIONAL CLINICAL INFORMATION *** | mmol/mol |

NOTE : Patients HPLC shows > 30 % Hb fraction in variant window, Which suggests some form of Hemoglobinopathy. HPLC typing study is suggested to find the type of Hemoglobinopathy.

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 D 10**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 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.

[PDF Attached](#)

| *THYROID PANEL (T3, T4, TSH) , GEL SERUM | | | |
|---|------|-------------------|--------------|
| T3-TOTAL (TRI IODOTHYRONINE) (Method:CLIA) | 0.98 | 0.60 - 1.81 ng/ml | ng/ml |
| T4-TOTAL (THYROXINE) (Method:CLIA) | 6.2 | 4.5 - 10.9 | microgram/dl |
| TSH (THYROID STIMULATING HORMONE) (Method:CLIA) | 3.41 | 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

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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 (Method:OCPC) | 8.8 | 8.6-10.0 mg/dl | mg/L |
|---------------------------------------|-----|----------------|------|

| | | | |
|---|----|--------|-------|
| GLUCOSE,PP (Method:Hexokinase Method) | 92 | 75-140 | mg/dl |
|---|----|--------|-------|

| | | | |
|--|----|----------|-------|
| GLUCOSE,FASTING (Method:Hexokinase Method) | 84 | 70 - 100 | mg/dl |
|--|----|----------|-------|

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

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



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| Gender : F | Report Date : 26/Aug/2024 06:01PM |

**DEPARTMENT OF HAEMATOLOGY**

| Test Name | Result | Bio Ref. Interval | Unit |
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|-----------|--------|-------------------|------|

CBC WITH PLATELET (THROMBOCYTE) COUNT , EDTA WHOLE BLOOD

| | | | |
|---|-------------|---------------------------|----------------------|
| HEMOGLOBIN (Method:SLS haemoglobin method) | 10.9 | 12 - 15 | g/dL |
| WBC (Method:DC detection method) | 5.7 | 4 - 10 | *10 ³ /μL |
| RBC (Method:DC detection method) | 4.36 | 3.8 - 4.8 | *10 ⁶ /μL |
| PLATELET (THROMBOCYTE) COUNT (Method:DC detection method/Microscopy) | 286 | 150 - 450*10 ³ | *10 ³ /μL |

DIFFERENTIAL COUNT

| | | | |
|--|----|-----------|---|
| NEUTROPHILS (Method:Flowcytometry/Microscopy) | 60 | 40 - 80 % | % |
| LYMPHOCYTES (Method:Flowcytometry/Microscopy) | 36 | 20 - 40 % | % |
| MONOCYTES (Method:Flowcytometry/Microscopy) | 02 | 2 - 10 % | % |
| EOSINOPHILS (Method:Flowcytometry/Microscopy) | 02 | 1 - 6 % | % |
| BASOPHILS (Method:Flowcytometry/Microscopy) | 00 | 0-0.9% | % |

CBC SUBGROUP

| | | | |
|--|--|-----------------|-------|
| HEMATOCRIT / PCV (Method:Calculated) | 34.4 | 36 - 46 % | % |
| MCV (Method:Calculated) | 78.9 | 83 - 101 fl | fl |
| MCH (Method:Calculated) | 25 | 27 - 32 pg | pg |
| MCHC (Method:Calculated) | 31.7 | 31.5-34.5 gm/dl | gm/dl |
| RDW - RED CELL DISTRIBUTION WIDTH (Method:Calculated) | 16.3 | 11.6-14% | % |
| PDW-PLATELET DISTRIBUTION WIDTH (Method:Calculated) | 24.0 | 8.3 - 25 fL | fL |
| MPV-MEAN PLATELET VOLUME (Method:Calculated) | 13.0 | 7.5 - 11.5 fl | |
| RBC | MICROCYTIC HYPOCHROMIC MILD ANISOPOIKILOCYTOSIS | | |
| WBC. | NORMAL MORPHOLOGY. | | |
| PLATELET | ADEQUATE ON SMEAR. | | |

ESR (ERYTHROCYTE SEDIMENTATION RATE) , EDTA WHOLE BLOOD

| | | | |
|--------------------------------|----|--------------------|-------|
| 1stHour (Method:Westergren) | 15 | 0.00 - 20.00 mm/hr | mm/hr |
|--------------------------------|----|--------------------|-------|

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

| | |
|--------------------------|----------|
| ABO (Method:Gel Card) | O |
| RH (Method:Gel Card) | POSITIVE |

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.

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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.

*** End Of Report ***

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

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Age : 28 Y 7 M 13 D
Gender : F

Lab Add. :
Ref Dr. : Dr.MEDICAL OFFICER
Collection Date :
Report Date : 26/Aug/2024 10:37AM



DEPARTMENT OF X-RAY

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.

*** End Of Report ***


DR. Ziaul Mustafa
MD, Radiodiagnosis



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| Age : 28 Y 7 M 13 D | Collection Date : 26/Aug/2024 10:18AM |
| Gender : F | Report Date : 26/Aug/2024 03:57PM |

**DEPARTMENT OF CLINICAL PATHOLOGY**

| Test Name | Result | Bio Ref. Interval | Unit |
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|-----------|--------|-------------------|------|

URINE ROUTINE ALL, ALL , URINE**PHYSICAL EXAMINATION**

COLOUR STRAW
APPEARANCE CLEAR

CHEMICAL EXAMINATION

| | | | |
|---|--------|---------------|--|
| pH (Method:Dipstick (triple indicator method)) | 5.0 | 4.6 - 8.0 | |
| SPECIFIC GRAVITY (Method:Dipstick (ion concentration method)) | 1.005 | 1.005 - 1.030 | |
| PROTEIN (Method:Dipstick (protein error of pH indicators)/Manual) | ABSENT | NOT DETECTED | |
| GLUCOSE (Method:Dipstick(glucose-oxidase-peroxidase method)/Manual) | ABSENT | NOT DETECTED | |
| KETONES (ACETOACETIC ACID, ACETONE) (Method:Dipstick (Legals test)/Manual) | ABSENT | NOT DETECTED | |
| BLOOD (Method:Dipstick (pseudoperoxidase reaction)) | ABSENT | NOT DETECTED | |
| BILIRUBIN (Method:Dipstick (azo-diazo reaction)/Manual) | ABSENT | NEGATIVE | |
| UROBILINOGEN (Method:Dipstick (diazonium ion reaction)/Manual) | ABSENT | NEGATIVE | |
| NITRITE (Method:Dipstick (Griess test)) | ABSENT | NEGATIVE | |
| LEUCOCYTE ESTERASE (Method:Dipstick (ester hydrolysis reaction)) | ABSENT | NEGATIVE | |

MICROSCOPIC EXAMINATION

| | | | |
|---|------------|--------------|------|
| LEUKOCYTES (PUS CELLS) (Method:Microscopy) | 1-2 | 0-5 | /hpf |
| EPITHELIAL CELLS (Method:Microscopy) | 2-3 | 0-5 | /hpf |
| RED BLOOD CELLS (Method:Microscopy) | ABSENT | 0-2 | /hpf |
| CAST (Method:Microscopy) | ABSENT | NOT DETECTED | |
| CRYSTALS (Method:Microscopy) | ABSENT | NOT DETECTED | |
| BACTERIA (Method:Microscopy) | PRESENT(+) | NOT DETECTED | |
| YEAST (Method:Microscopy) | PRESENT(+) | NOT DETECTED | |
| 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

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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.

*** End Of Report ***

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Lab Add. :
Ref Dr. : Dr.MEDICAL OFFICER
Collection Date :
Report Date : 26/Aug/2024 12:22PM



DEPARTMENT OF CARDIOLOGY

DEPARTMENT OF CARDIOLOGY
REPORT OF E.C.G.

HEART RATE : 80 /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 0/3 mm.
R/S in V6 6/1 mm.
QRS AXIS : -15°
Q- Waves : No significant Q-wave.
QT TIME : Normal.
ST SEGMENT : Normal.
T WAVE : NORMAL
ROTATION : Normal.
OTHER FINDINGS : Nil.
IMPRESSION : ECG WITHIN NORMAL LIMIT.

*** End Of Report ***


Dr. ARABINDA SAHA (MD,DM)
CONSULTANT CARDIOLOGIST

Lab No. : SG2/26-08-2024/SR9565422
Patient Name : RUMPA DAS
Age : 28 Y 7 M 13 D
Gender : F

Lab Add. :
Ref Dr. : Dr.MEDICAL OFFICER
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Report Date : 26/Aug/2024 05:13PM



DEPARTMENT OF ULTRASONOGRAPHY

DEPARTMENT OF ULTRASONOGRAPHY
REPORT ON EXAMINATION OF WHOLE ABDOMEN

LIVER

Liver is normal in size having normal shape, regular smooth outline and of homogeneous echotexture. 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 (118 mm). 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 99 mm. & Lt. kidney 101 mm.) axes & position. Cortical echogenicity appears normal maintaining cortico-medullary differentiation. Margin is regular and cortical thickness is uniform. No calcular disease noted. No hydronephrotic changes detected. 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.

UTERUS

Uterus is anteverted, normal in size (87 mm. x 46 mm.) Endometrium (collapsed wall) is in midline. Myometrium appears smooth & homogenous without any detectable/sizable focal lesion. Cervix looks normal. Pouch of Douglas is free.

OVARIES

Ovaries are normal in size, shape, position, margin and echotexture.

IMPRESSION :

Sonographic study of whole abdomen does not reveal any significant abnormality.

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.*

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DEPARTMENT OF ULTRASONOGRAPHY

► 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.

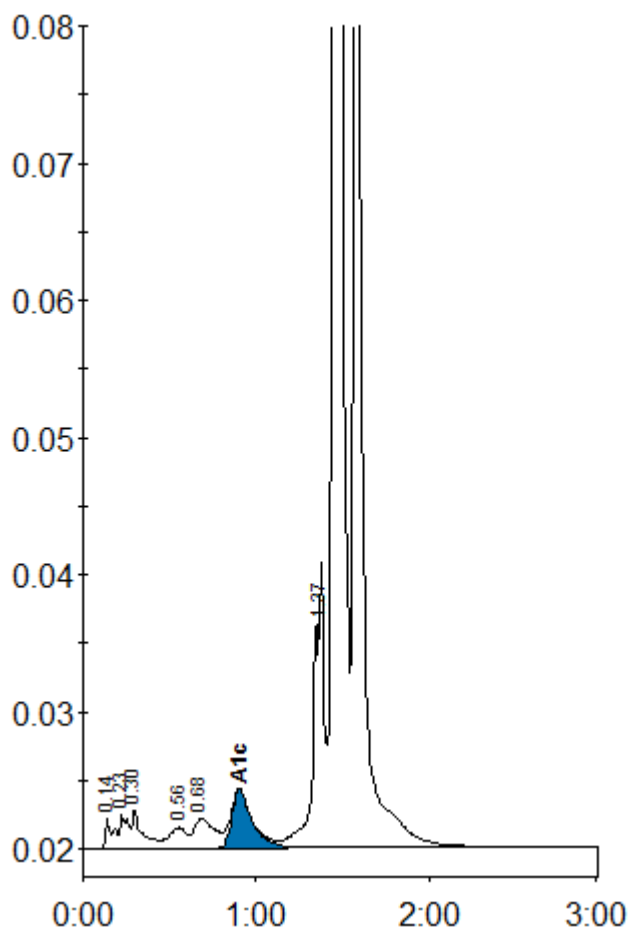
The report and films are not valid for medico-legal purpose.

Patient Identity not verified.

DR. Ziaul Mustafa
MD, Radiodiagnosis

Patient report

Sample ID: D02135827714
 Injection date 26/08/2024 08:04 AM
 Injection #: 3 D-10 Method: HbA1c
 Rack #: --- Rack position: 3
 Bio-Rad v: 5.00-2 S/N: #DM23F10804



Peak table - ID: D02135827714

| Peak | R.time | Height | Area | Area % |
|----------------|--------|---------|--------|--------|
| Unknown | 0.14 | 2235 | 4214 | 0.3 |
| A1a | 0.23 | 2460 | 10886 | 0.7 |
| A1b | 0.30 | 2841 | 11394 | 0.7 |
| F | 0.56 | 1530 | 11870 | 0.7 |
| LA1c/CHb-1 | 0.68 | 2153 | 17412 | 1.1 |
| A1c | 0.90 | 4272 | 34890 | 4.5 |
| P3 | 1.37 | 20707 | 85976 | 5.2 |
| A0 | 1.45 | 432181 | 966602 | 58.9 |
| Variant-Window | 1.58 | 215946 | 497001 | 30.3 |
| Total Area: | | 1640244 | | |

| Concentration: | % | mmol/mol |
|----------------|-----|----------|
| A1c | 4.5 | 26 |