Lab No.	: KNK/07-11-2024/SR9872369	**Lab Add.**	: Newtown,Kolkata-700156
Patient Name	: GARGI RUDRA	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	: 31 Y 3 M 8 D	**Collection Date**	: 07/Nov/2024 12:42PM
Gender	: F	Report Date	: 08/Nov/2024 04:59PM

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
PHOSPHORUS-INORGANIC,BLOOD , *GEL SERUM* (Method:Phosphomolybdate/UV)	2.7	2.4-5.1 mg/dL	mg/dL

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

Dr Neepa Chowdhury
MBBS, MD(Biochemistry)
SECTION DIRECTOR AND SENIOR CONSULTANT BIOCHEMIST
Reg no. WBMC 62456

Lab No.	: KNK/07-11-2024/SR9872369	**Lab Add.**	: Nadia, Krishnanagar - 741101
Patient Name	: GARGI RUDRA	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	: 31 Y 3 M 8 D	**Collection Date**	: 07/Nov/2024 12:42PM
Gender	: F	Report Date	: 07/Nov/2024 04:07PM

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
UREA,BLOOD (Method:Urease with GLDH)	**17**	19 - 49	mg/dL
CREATININE, BLOOD (Method:Jaffe, alkaline picrate, kinetic)	0.59	0.5-1.1	mg/dL
GLUCOSE,FASTING (Method:GOD-POD)	86	glucose fasting : Impaired Fasting- 100-125 .~Diabetes- >= 126.~Fasting is defined as no caloric intake for at least 8 hours.	mg/dL

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.

CALCIUM,BLOOD (Method:Modified OCPC)	**8.5**	8.7-10.4 mg/dL	mg/dL
***TOTAL PROTEIN [BLOOD] ALB:GLO RATIO ,** .			
TOTAL PROTEIN (Method:BIURET METHOD)	7.8	5.7-8.2	g/dL
ALBUMIN (Method:BCG Dye Binding)	4.2	3.2-4.8 g/dL	g/dL
GLOBULIN (Method:Calculated)	**3.6**	1.8-3.2	g/dl
AG Ratio (Method:Calculated)	1.17	1.0 - 2.5	
***LIPID PROFILE ,** *GEL SERUM*			
CHOLESTEROL-TOTAL (Method:CHOD – PAP)	171	Desirable: < 200 mg/dL Borderline high: 200-239 mg/dL High: > or =240 mg/dL	mg/dL
TRIGLYCERIDES (Method:ENZYMATIC (END POINT))	59	Normal:: < 150, BorderlineHigh::150-199, High:: 200-499, VeryHigh::>500	mg/dL
HDL CHOLESTEROL (Method:ENZYMATIC (PEG))	**65**	< 40 - Low 40-59- Optimum 60 - High	mg/dl
LDL CHOLESTEROL DIRECT (Method:HOMOGENOUS ENZYMATIC)	93	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)	13	< 40	mg/dL
CHOL HDL Ratio (Method:Calculated)	**2.6**	LOW RISK 3.3-4.4 AVERAGE RISK 4.47-7.1 MODERATE RISK 7.1-11.0 HIGH RISK >11.0	

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.

Lab No.	: KNK/07-11-2024/SR9872369	**Lab Add.**	: Nadia, Krishnanagar - 741101
Patient Name	: GARGI RUDRA	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	: 31 Y 3 M 8 D	**Collection Date**	: 07/Nov/2024 12:42PM
Gender	: F	Report Date	: 07/Nov/2024 04:07PM

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
URIC ACID,BLOOD (Method:URICASE)	4.1	2.6-6.0	mg/dL
CHLORIDE,BLOOD (Method:ISE DIRECT)	102	98 - 107	mEq/L
***GLYCATED HAEMOGLOBIN (HBA1C)** , *EDTA WHOLE BLOOD*			
GLYCATED HEMOGLOBIN (HBA1C)	4.4	***FOR BIOLOGICAL REFERENCE INTERVAL DETAILS , PLEASE REFER TO THE BELOW MENTIONED REMARKS/NOTE WITH ADDITIONAL CLINICAL INFORMATION ***	
HbA1c (IFCC) (Method:HPLC)	24		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.*

PDF Attached

POTASSIUM,BLOOD (Method:ISE DIRECT)	3.9	3.5 - 5.5 mEq/L	mEq/L
SODIUM,BLOOD (Method:ISE DIRECT)	138	136 - 145	mEq/L
***THYROID PANEL (T3, T4, TSH)** , *GEL SERUM*			
T3-TOTAL (TRI IODOTHYRONINE) (Method:CLIA)	1.14	0.60-1.81 ng/ml	ng/ml
T4-TOTAL (THYROXINE) (Method:CLIA)	9.6	3.2-12.6	µg/dL
TSH (THYROID STIMULATING HORMONE) (Method:CLIA)	4.94	0.35-5.5	µIU/mL

Lab No.	**:** KNK/07-11-2024/SR9872369	**Lab Add.**	**:** Nadia, Krishnanagar - 741101
Patient Name	: GARGI RUDRA	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	**:** 31 Y 3 M 8 D	**Collection Date**	**:** 07/Nov/2024 12:42PM
Gender	**:** F	Report Date	**:** 07/Nov/2024 04:07PM

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit

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.

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

DR. SHABNAM PARVIN
MD (Pathology)
Consultant Pathologist
Reg No. WBMC 64876

Lab No.	: KNK/07-11-2024/SR9872369	**Lab Add.**	: Nadia, Krishnanagar - 741101
Patient Name	: GARGI RUDRA	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	: 31 Y 3 M 8 D	**Collection Date**	: 07/Nov/2024 12:43PM
Gender	: F	Report Date	: 07/Nov/2024 03:48PM

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Bio Ref. Interval	Unit
***ESR (ERYTHROCYTE SEDIMENTATION RATE) ,** *EDTA WHOLE BLOOD*			
1stHour (Method:Westergren)	20	0.00 - 20.00 mm/hr	mm/hr
***BLOOD GROUP ABO+RH [GEL METHOD] ,** *EDTA WHOLE BLOOD*			
ABO (Method:Gel Card)	B		
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.

***CBC WITH PLATELET (THROMBOCYTE) COUNT ,** *EDTA WHOLE BLOOD*			
HEMOGLOBIN (Method:PHOTOMETRIC)	13	12 - 15	gm/dl
WBC (Method:DC detection method)	7.8	4 - 10*10^3	*10^3/µL
RBC (Method:DC detection method)	4.20	3.8 - 4.8 *10^6/µL	*10^6/µL
PLATELET (THROMBOCYTE) COUNT (Method:DC detection method/Microscopy)	214	150 - 450*10^3/µL	*10^3/µL
DIFFERENTIAL COUNT			
NEUTROPHILS (Method:Flowcytometry/Microscopy)	58	40 - 80 %	%
LYMPHOCYTES (Method:Flowcytometry/Microscopy)	35	20 - 40 %	%
MONOCYTES (Method:Flowcytometry/Microscopy)	04	2 - 10 %	%
EOSINOPHILS (Method:Flowcytometry/Microscopy)	03	1-6	%
BASOPHILS (Method:Flowcytometry/Microscopy)	00	0-0.9%	%
CBC SUBGROUP			
HEMATOCRIT / PCV (Method:Calculated)	39.5	36 - 46 %	%
MCV (Method:Calculated)	94.1	83 - 101 fl	fl
MCH (Method:Calculated)	31	27 - 32 pg	pg
MCHC (Method:Calculated)	32.9	31.5-34.5 gm/dl	gm/dl
RDW - RED CELL DISTRIBUTION WIDTH (Method:Calculated)	12.5	11.6-14%	%
PDW-PLATELET DISTRIBUTION WIDTH (Method:Calculated)	20.7	8.3 - 25 fl	fl
MPV-MEAN PLATELET VOLUME (Method:Calculated)	11.4	7.5 - 11.5 fl	fl

Suraksha DIAGNOSTICS

Lab No.	**:** KNK/07-11-2024/SR9872369	**Lab Add.**	**:** Nadia, Krishnanagar - 741101
Patient Name	: GARGI RUDRA	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	**:** 31 Y 3 M 8 D	**Collection Date**	**:** 07/Nov/2024 12:43PM
Gender	**:** F	Report Date	**:** 07/Nov/2024 03:48PM

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Bio Ref. Interval	Unit

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

DR. SHABNAM PARVIN
MD (Pathology)
Consultant Pathologist
Reg No. WBMC 64876

Lab No.	**:** KNK/07-11-2024/SR9872369	**Lab Add.**	**:**
Patient Name	: GARGI RUDRA	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	**:** 31 Y 3 M 8 D	**Collection Date**	**:**
Gender	**:** F	Report Date	**:** 07/Nov/2024 05:09PM

DEPARTMENT OF X-RAY

X-RAY CHEST PA VIEW

Bilateral lung fields appear normal.

Bilateral costophrenic angles are unremarkable.

Bilateral hila and vascular markings are unremarkable.

Domes of diaphragm are normal in morphology and contour.

Cardiac size is within normal limits.

Bony thoracic cage appears normal.

IMPRESSION:

No significant abnormality detected.

Recommended clinical correlation with other investigation.

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

Dr. Manish Kumar Jha
MD Radiodiagnosis
Reg. No.- 77237(WBMC)

Lab No.	: KNK/07-11-2024/SR9872369	**Lab Add.**	: Nadia, Krishnanagar - 741101
Patient Name	: GARGI RUDRA	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	: 31 Y 3 M 8 D	**Collection Date**	: 07/Nov/2024 12:43PM
Gender	: F	Report Date	: 07/Nov/2024 03:53PM

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	4.8 - 7.4	
SPECIFIC GRAVITY (Method:DIPSTICK)	**1.015**	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))	POSITIVE	NEGATIVE	
LEUCOCYTE ESTERASE (Method:DIPSTICK)	PRESENT(++)	NEGATIVE	
MICROSCOPIC EXAMINATION			
LEUKOCYTES (PUS CELLS) (Method:Microscopy)	14 - 16	0-5	/hpf
EPITHELIAL CELLS (Method:Microscopy)	8 - 10	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)	PRESENT(++)	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.

Lab No.	**:** KNK/07-11-2024/SR9872369	**Lab Add.**	**:** Nadia, Krishnanagar - 741101
Patient Name	: GARGI RUDRA	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	**:** 31 Y 3 M 8 D	**Collection Date**	**:** 07/Nov/2024 12:43PM
Gender	**:** F	Report Date	**:** 07/Nov/2024 03:53PM

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 *****

DR. SHABNAM PARVIN
MD (Pathology)
Consultant Pathologist
Reg No. WBMC 64876

Suraksha DIAGNOSTICS

Lab No.	: KNK/07-11-2024/SR9872369	**Lab Add.**	:
Patient Name	: GARGI RUDRA	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	: 31 Y 3 M 8 D	**Collection Date**	:
Gender	: F	Report Date	: 08/Nov/2024 09:30AM

DEPARTMENT OF CARDIOLOGY

E.C.G. REPORT

DATA		
HEART RATE	72	Bpm
PR INTERVAL	162	Ms
QRS DURATION	90	Ms
QT INTERVAL	364	Ms
QTC INTERVAL	400	Ms
AXIS		
P WAVE	23	Degree
QRS WAVE	38	Degree
T WAVE	24	Degree

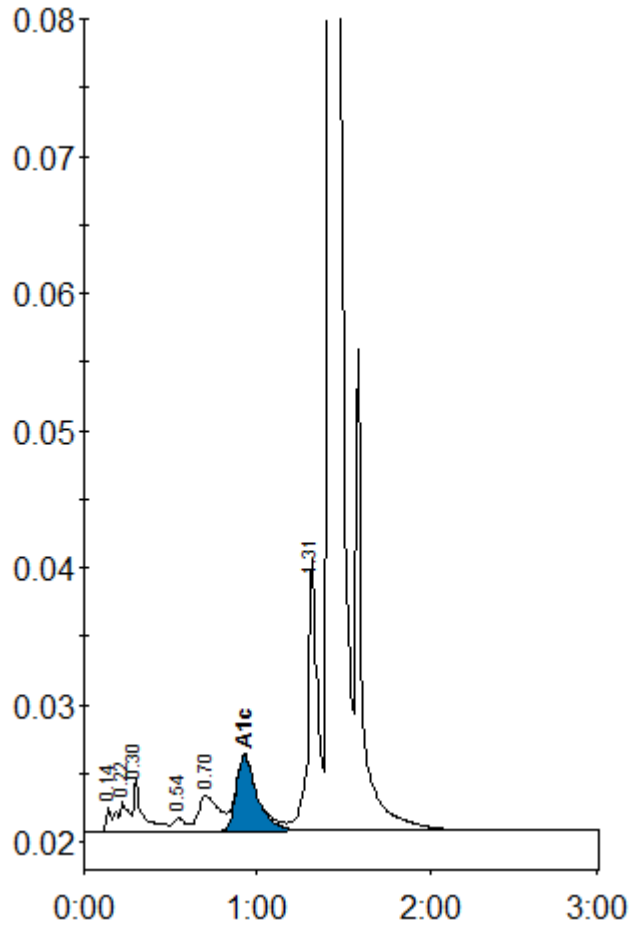
IMPRESSION : Normal sinus rhythm.

Dr. Suman Ghosh
MBBS(Hons),MD(Medicine),
DM(Cardiology), MRCP UK (II),
Reg. No. - WBMC-72620

SURAKSHA DIAGNOSTICS
KRISHNANAGAR. NADIA

Patient report

Sample ID:	E02132961778
Injection date	07/11/2024 05:16 PM
Injection #: 13	D-10 Method: HbA1c
Rack #: ---	Rack position: 3
Bio-Rad v: 5.00-2	S/N: #DM23E24805



Peak table - ID: E02132961778

Peak	R.time	Height	Area	Area %
Unknown	0.14	1849	3672	0.2
A1a	0.22	2207	9434	0.6
A1b	0.30	3724	12040	0.8
F	0.54	966	4790	0.3
LA1c/CHb-1	0.70	2596	21537	1.4
A1c	0.93	5516	46764	4.4
P3	1.31	19855	75392	4.9
A0	1.42	501900	1369862	88.8
Total Area:		1543490		

Concentration:	%	mmol/mol
A1c	4.4	24