



MC-2178

Lab No.	: SG2/10-06-2024/SR9220443	Lab Add.	: Sevoke Road, Siliguri 734001
Patient Name	: DINA NATH SINGH	Ref Dr.	: Dr.MEDICAL OFFICER
Age	: 43 Y 7 M 4 D	Collection Date	: 10/Jun/2024 09:58AM
Gender	: M	Report Date	: 10/Jun/2024 01:05PM



### DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
<b>CREATININE, BLOOD , GEL SERUM</b> (Method: ALKALINE PICRATE )	1.21	0.70 - 1.30	mg/dl
<b>GLUCOSE,PP</b> (Method:Hexokinase Method)	105	75-140	mg/dl
<b>PHOSPHORUS-INORGANIC,BLOOD</b> (Method:UV PHOSPHOMOLYBDATE)	3.3	2.5-4.5 mg/dl	mg/dl
<b>BILIRUBIN (DIRECT)</b> (Method:DIAZOTIZATION )	<b>0.21</b>	< 0.2	mg/dL
<b>SGOT/AST</b> (Method:UV WITH P5P)	30	15 - 37	U/L
<b>SGPT/ALT</b> (Method:UV WITH P5P)	48	16 - 63	U/L
<b>UREA,BLOOD</b> (Method:UREASE-COLORIMETRIC )	24.0	12.8-42.8	mg/dl
<b>CALCIUM,BLOOD</b> (Method:OCPC)	9.28	8.6-10.0 mg/dl	mg/L
<b>*TOTAL PROTEIN [BLOOD] ALB:GLO RATIO , .</b>			
TOTAL PROTEIN (Method:BIURET METHOD)	7.51	6.6 - 8.7	g/dL
ALBUMIN (Method:BCP)	4.1	3.4 -5.0 g/dl	g/dl
GLOBULIN (Method:Calculated)	<b>3.39</b>	1.8-3.2	g/dl
AG Ratio (Method:Calculated)	1.22	1.0 - 2.5	
<b>*THYROID PANEL (T3, T4, TSH) , GEL SERUM</b>			
T3-TOTAL (TRI IODOTHYRONINE) (Method:CLIA )	1.13	0.60 - 1.81 ng/ml	ng/ml
T4-TOTAL (THYROXINE) (Method:CLIA )	7.5	4.5 - 10.9	microgram/dl
TSH (THYROID STIMULATING HORMONE) (Method:CLIA )	2.23	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>.*



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### DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
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<b>CHLORIDE, BLOOD</b> (Method:ISE INDIRECT)	106	98 - 107	mEq/L
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<b>LIPID PROFILE , GEL SERUM</b>			
CHOLESTEROL-TOTAL (Method:CHOLESTEROL OXIDASE, ESTERASE, PEROXIDASE)	145	Desirable: < 200 mg/dL Borderline high: 200-239 High: > or =240 mg/dL	mg/dl
TRIGLYCERIDES (Method:ENZYMATIC, END POINT)	<b>214</b>	NORMAL < 150 BORDERLINE HIGH 150-199 HIGH 200-499 VERY HIGH > 500	mg/dl
HDL CHOLESTEROL (Method:DIRECT MEASURE-PEG)	42	NO RISK : >60 mg/dL, MODERATE RISK : 40-60 mg/dL, HIGH RISK : <40 mg/dL	mg/dl
LDL CHOLESTEROL DIRECT (Method:DIRECT MEASURE)	80	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)	23	< 40 mg/dl	mg/dl
CHOL HDL Ratio (Method:Calculated)	3.5	LOW RISK 3.3-4.4 AVERAGE RISK 4.47-7.1 MODERATE RISK 7.1-11.0 HIGH RISK >11.0	

NOTE : Elevated Triglyceride value is to be interpreted in the light of previous 72 hrs dietary intake of lipids.Repeat estimation with 72 hrs fat restricted diet followed by 12 hrs fasting, suggested for better evaluation .

<b>*BILIRUBIN (TOTAL) , GEL SERUM</b>			
BILIRUBIN (TOTAL) (Method:DIAZONIUM ION)	<b>1.32</b>	0.2 - 1.2	mg/dL

<b>POTASSIUM, BLOOD</b> (Method:ISE INDIRECT)	4.29	3.5 - 5.1	mEq/L
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<b>URIC ACID, BLOOD</b> (Method:URICASE ,COLORIMETRIC)	<b>9.30</b>	3.5 - 7.2	mg/dl
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<b>GLUCOSE, FASTING</b> (Method:Hexokinase Method)	89	70 - 100	mg/dl
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<b>*GLYCATED HAEMOGLOBIN (HBA1C) , EDTA WHOLE BLOOD</b>			
GLYCATED HEMOGLOBIN (HBA1C)	4.9	***FOR BIOLOGICAL REFERENCE INTERVAL DETAILS , PLEASE REFER TO THE BELOW MENTIONED REMARKS/NOTE WITH ADDITIONAL CLINICAL INFORMATION ***	%
HbA1c (IFCC)	30.0		mmol/mol

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<b>Gender</b> : M	<b>Report Date</b> : 10/Jun/2024 01:05PM

**DEPARTMENT OF BIOCHEMISTRY**

Test Name	Result	Bio Ref. Interval	Unit
(Method: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 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](#)

<b>ALKALINE PHOSPHATASE</b> (Method:P-NPP,AMP BUFFER )	<b>86</b>	46 - 116	U/L
<b>SODIUM,BLOOD</b> (Method:ISE INDIRECT)	<b>135</b>	136 - 145	mEq/L

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

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



<b>Lab No.</b>	: SG2/10-06-2024/SR9220443	<b>Lab Add.</b>	: Newtown,Kolkata-700156
<b>Patient Name</b>	: DINA NATH SINGH	<b>Ref Dr.</b>	: Dr.MEDICAL OFFICER
<b>Age</b>	: 43 Y 7 M 4 D	<b>Collection Date</b>	: 10/Jun/2024 10:35AM
<b>Gender</b>	: M	<b>Report Date</b>	: 12/Jun/2024 06:56PM




**DEPARTMENT OF BIOCHEMISTRY**

Test Name	Result	Bio Ref. Interval	Unit
<b>URIC ACID, URINE, SPOT URINE</b>			
URIC ACID, SPOT URINE (Method:URICASE)	<b><u>17.00</u></b>	37-92 mg/dL	mg/dL
<i>ESTIMATED TWICE</i>			

Suggested follow up

Correlate clinically

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

  
**Dr. SANCHAYAN SINHA**  
 MBBS, MD, DNB (BIOCHEMISTRY)  
 CONSULTANT BIOCHEMIST  
 Reg No. WBMC 63214



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<b>Age</b> : 43 Y 7 M 4 D	<b>Collection Date</b> : 10/Jun/2024 09:58AM
<b>Gender</b> : M	<b>Report Date</b> : 10/Jun/2024 03:11PM

**DEPARTMENT OF HAEMATOLOGY**

Test Name	Result	Bio Ref. Interval	Unit
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**BLOOD GROUP ABO+RH [GEL METHOD] , EDTA WHOLE BLOOD**

ABO (Method:Gel Card)	A
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.

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.

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

HEMOGLOBIN (Method:SLS haemoglobin method)	13.5	13 - 17	g/dL
WBC (Method:DC detection method)	7.3	4 - 10	*10 <sup>3</sup> /μL
RBC (Method:DC detection method)	<b>4.36</b>	4.5 - 5.5	*10 <sup>6</sup> /μL
PLATELET (THROMBOCYTE) COUNT (Method:DC detection method/Microscopy)	<b>476</b>	150 - 450*10 <sup>3</sup>	*10 <sup>3</sup> /μL

**DIFFERENTIAL COUNT**

NEUTROPHILS (Method:Flowcytometry/Microscopy)	54	40 - 80 %	%
LYMPHOCYTES (Method:Flowcytometry/Microscopy)	<b>42</b>	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)	41.2	40 - 50 %	%
MCV (Method:Calculated)	94.0	83 - 101 fl	fl
MCH (Method:Calculated)	30.9	27 - 32 pg	pg
MCHC (Method:Calculated)	32.7	31.5-34.5 gm/dl	gm/dl

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### DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Bio Ref. Interval	Unit
RDW - RED CELL DISTRIBUTION WIDTH (Method: Calculated)	<b>15.0</b>	11.6-14%	%
PDW-PLATELET DISTRIBUTION WIDTH (Method: Calculated)	7.1	8.3 - 25 fL	fL
MPV-MEAN PLATELET VOLUME (Method: Calculated)	8.1	7.5 - 11.5 fl	
RBC	NORMOCYTIC NORMOCHROMIC. MILD ANISOPOIKILOCYTOSIS.		
WBC.	NORMAL MORPHOLOGY.		
PLATELET	INCREASED ON SMEAR.		

ESR (ERYTHROCYTE SEDIMENTATION RATE) , EDTA WHOLE BLOOD			
1stHour (Method: Westergren)	02	0.00 - 20.00 mm/hr	mm/hr

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

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

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Patient Name : DINA NATH SINGH  
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Lab Add. :  
Ref Dr. : Dr.MEDICAL OFFICER  
Collection Date :  
Report Date : 10/Jun/2024 03:13PM



DEPARTMENT OF X-RAY

**DEPARTMENT OF RADIOLOGY**  
**X-RAY REPORT OF CHEST (PA)**

**FINDINGS:**

- **Mild prominence of hilar shadow.**
- Cardiac size appears within normal limits. Margin is well visualised and cardiac silhouette is smoothly outlined. Shape is within normal limit.
- Lateral costo-phrenic angles are clear.
- Domes of diaphragm are smoothly outlined. Position is within normal limits.

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

  
DR. Mukti Sarkar MD.  
CONSULTANT RADIOLOGIST



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<b>Age</b> : 43 Y 7 M 4 D	<b>Collection Date</b> : 10/Jun/2024 10:33AM
<b>Gender</b> : M	<b>Report Date</b> : 10/Jun/2024 05:16PM

**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 6.0 4.6 - 8.0  
(Method:Dipstick (triple indicator method))  
SPECIFIC GRAVITY 1.015 1.005 - 1.030  
(Method:Dipstick (ion concentration method))  
PROTEIN ABSENT NOT DETECTED  
(Method:Dipstick (protein error of pH indicators)/Manual)  
GLUCOSE ABSENT NOT DETECTED  
(Method:Dipstick(glucose-oxidase-peroxidase method)/Manual)  
KETONES (ACETOACETIC ACID, ACETONE) ABSENT NOT DETECTED  
(Method:Dipstick (Legals test)/Manual)  
BLOOD NEGATIVE NOT DETECTED  
(Method:Dipstick (pseudoperoxidase reaction))  
BILIRUBIN NEGATIVE NEGATIVE  
(Method:Dipstick (azo-diazo reaction)/Manual)  
UROBILINOGEN NEGATIVE NEGATIVE  
(Method:Dipstick (diazonium ion reaction)/Manual)  
NITRITE NEGATIVE NEGATIVE  
(Method:Dipstick (Griess test))  
LEUCOCYTE ESTERASE NEGATIVE NEGATIVE  
(Method:Dipstick (ester hydrolysis reaction))

**MICROSCOPIC EXAMINATION**

LEUKOCYTES (PUS CELLS) 0-1 0-5 /hpf  
(Method:Microscopy)  
EPITHELIAL CELLS 0-1 0-5 /hpf  
(Method:Microscopy)  
RED BLOOD CELLS ABSENT 0-2 /hpf  
(Method:Microscopy)  
CAST ABSENT NOT DETECTED  
(Method:Microscopy)  
CRYSTALS ABSENT NOT DETECTED  
(Method:Microscopy)  
BACTERIA FEW NOT DETECTED  
(Method:Microscopy)  
YEAST ABSENT NOT DETECTED  
(Method:Microscopy)  
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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<b>Gender</b> : M	<b>Report Date</b> : 10/Jun/2024 05:16PM



### DEPARTMENT OF CLINICAL PATHOLOGY

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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 \*\*\*

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

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Age : 43 Y 7 M 4 D  
Gender : M

Lab Add. :  
Ref Dr. : Dr.MEDICAL OFFICER  
Collection Date :  
Report Date : 10/Jun/2024 12:13PM



**DEPARTMENT OF CARDIOLOGY**

**DEPARTMENT OF CARDIOLOGY**  
**REPORT OF E.C.G.**

HEART RATE : 76 /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 3/6 mm.  
R/S in V6 7/3 mm.  
QRS AXIS : -5°  
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

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Age : 43 Y 7 M 4 D  
Gender : M

Lab Add. :  
Ref Dr. : Dr.MEDICAL OFFICER  
Collection Date :  
Report Date : 10/Jun/2024 02:13PM



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 **shows 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. **Two polyps (4mm) at anterior walled of gall bladder**. 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. 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 84 mm. & Lt. kidney 88 mm) axes & position. Cortical echogenicity 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 echogenicity could be detected.

It measures : 26 mm. x 36 mm. x 35 mm.

Approximate weight could be around = 17 gms

**IMPRESSION**

- I) Grade I fatty change in liver.
- II) Two polyps (4mm) at anterior walled of gall bladder.

***Kindly note***

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

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**DEPARTMENT OF ULTRASONOGRAPHY**

➤ 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.**

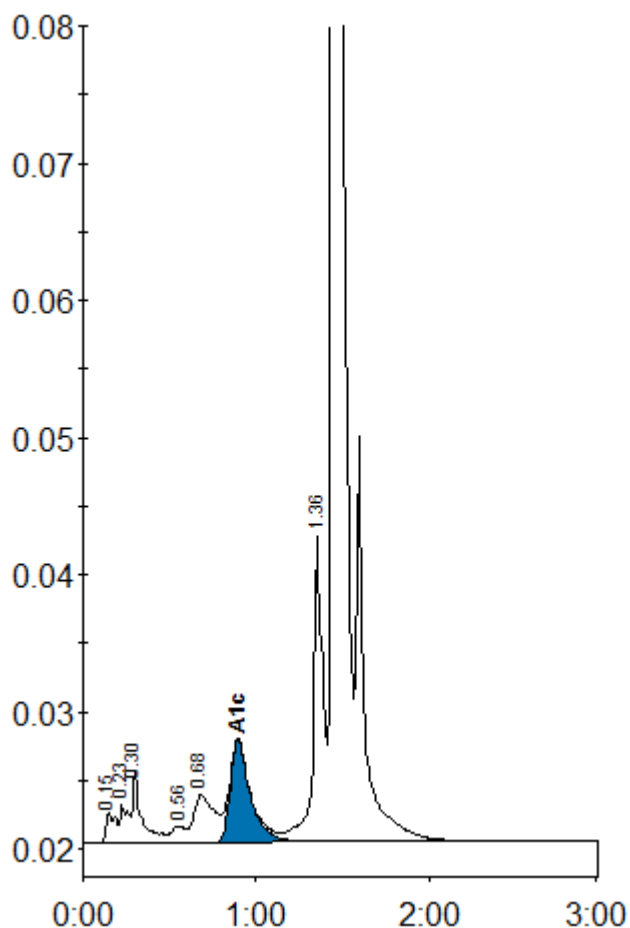
Patient Identity not verified.

MS

DR. MUKTI SARKAR MD.  
CONSULTANT RADIOLOGIST

### Patient report

Sample ID: D02135706601  
 Injection date 10/06/2024 04:30 AM  
 Injection #: 8 D-10 Method: HbA1c  
 Rack #: --- Rack position: 4  
 Bio-Rad v: 5.00-2 S/N: #DM23F10804



Peak table - ID: D02135706601

Peak	R.time	Height	Area	Area %
Unknown	0.15	2294	9175	0.5
A1a	0.23	2854	8897	0.5
A1b	0.30	5277	19261	1.1
F	0.56	1226	7088	0.4
LA1c/CHb-1	0.68	3458	27987	1.6
A1c	0.89	7447	60434	4.9
P3	1.36	22254	87672	5.0
A0	1.45	655298	1546132	87.5
Total Area:			1766646	

Concentration:	%	mmol/mol
A1c	4.9	30