



Lab No. : PHL/21-02-2023/SR7321563
 Patient Name : KAMALIKA NASKAR
 Age : 31 Y 6 M 15 D
 Gender : F

Lab Add. : Newtown, Kolkata-700156
 Ref Dr. : Dr.MEDICAL OFFICER
 Collection Date: 21/Feb/2023 09:34AM
 Report Date : 21/Feb/2023 03:56PM



Test Name	Result	Unit	Bio Ref. Interval	Method
TOTAL PROTEIN [BLOOD] ALB:GLO RATIO , .				
TOTAL PROTEIN	7.60	g/dL	5.7-8.2 g/dL	BIURET METHOD
ALBUMIN	4.3	g/dL	3.2-4.8 g/dL	BCG Dye Binding
GLOBULIN	3.30	g/dl	1.8-3.2 g/dl	Calculated
AG Ratio	1.30		1.0 - 2.5	Calculated
UREA,BLOOD , GEL SERUM	12.8	mg/dL	19-49 mg/dL	Urease with GLDH
CALCIUM, BLOOD				
CALCIUM,BLOOD	9.30	mg/dL	8.7-10.4 mg/dL	Arsenazo III

Dr NEEPA CHOWDHURY
 MBBS MD (Biochemistry)
 Consultant Biochemist



Lab No. : SR7321563 Name : KAMALIKA NASKAR Age/G : 31 Y 6 M 15 D / F Date : 21-02-2023

PHOSPHORUS-INORGANIC, BLOOD , GEL SERUM

PHOSPHORUS-INORGANIC,BLOOD	3.5	mg/dL	2.4-5.1 mg/dL	Phosphomolybdate/UV
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THYROID PANEL (T3, T4, TSH) , GEL SERUM

T3-TOTAL (TRI IODOTHYRONINE)	1.03	ng/ml	0.60-1.81 ng/ml	CLIA
T4-TOTAL (THYROXINE)	12.1	µg/dL	3.2-12.6 µg/dL	CLIA
TSH (THYROID STIMULATING HORMONE)	2.78	µIU/mL	0.55-4.78 µIU/mL	CLIA

Serum TSH levels exhibit a diurnal variation with the peak occurring during the night and the nadir, which approximates to 50% of the peak value, occurring between 1000 and 1600 hours.[1,2]

References:

1. Bugalho MJ, Domingues RS, Pinto AC, Garrao A, Catarino AL, Ferreira T, Limbert E and Sobrinho L. Detection of thyroglobulin mRNA transcripts in peripheral blood of individuals with and without thyroid glands: evidence for thyroglobulin expression by blood cells. *Eur J Endocrinol* 2001;145:409-13.
2. Bellantone R, Lombardi CP, Bossola M, Ferrante A,Princi P, Boscherini M et al. Validity of thyroglobulin mRNA assay in peripheral blood of postoperative thyroid carcinoma patients in predicting tumor recurrence varies according to the histologic type: results of a prospective study. *Cancer* 2001;92:2273-9.

BIOLOGICAL REFERENCE INTERVAL: [ONLY FOR PREGNANT MOTHERS]

Trimester specific TSH LEVELS during pregnancy:

FIRST TRIMESTER: 0.10 – 3.00 µ IU/mL

SECOND TRIMESTER: 0.20 -3.50 µ IU/mL

THIRD TRIMESTER : 0.30 -3.50 µ IU/mL

References:

1. Erik K. Alexander, Elizabeth N. Pearce, Gregory A. Brent, Rosalind S. Brown, Herbert Chen, Chrysoula Dosiou, William A. Grobman, Peter Laurberg, John H. Lazarus, Susan J. Mandel, Robin P. Peeters, and Scott Sullivan. *Thyroid*. Mar 2017.315-389. <http://doi.org/10.1089/thy.2016.0457>
2. Kalra S, Agarwal S, Aggarwal R, Ranabir S. Trimester-specific thyroid-stimulating hormone: An indian perspective. *Indian J Endocr Metab* 2018;22:1-4.

POTASSIUM, BLOOD , GEL SERUM

POTASSIUM,BLOOD	4.00	mEq/L	3.5-5.5 mEq/L	ISE INDIRECT
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***CHLORIDE, BLOOD , .**

CHLORIDE,BLOOD	105.00	mEq/L	99-109 mEq/L	ISE INDIRECT
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CREATININE, BLOOD

CREATININE, BLOOD	0.64	mg/dL	0.5-1.1 mg/dL	Jaffe, alkaline picrate, kinetic
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GLUCOSE, FASTING , BLOOD, NAF PLASMA

GLUCOSE,FASTING	82	mg/dL	Impaired Fasting-100-125 .-Diabetes- >= 126.-Fasting is defined as no caloric intake for at least 8 hours.	Gluc Oxidase Trinder
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In the absence of unequivocal hyperglycemia, diagnosis requires two abnormal test results from the same sample or in two separate test samples.

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Lab No. : SR7321563 Name : KAMALIKA NASKAR Age/G : 31 Y 6 M 15 D / F Date : 21-02-2023

Reference :
 ADA Standards of Medical Care in Diabetes – 2020. Diabetes Care Volume 43, Supplement 1.

SODIUM, BLOOD , GEL SERUM

SODIUM,BLOOD	140.00	mEq/L	132 - 146 mEq/L	ISE INDIRECT
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Dr NEEPA CHOWDHURY
 MBBS MD (Biochemistry)
 Consultant Biochemist



Lab No. : SR7321563 Name : KAMALIKA NASKAR Age/G : 31 Y 6 M 15 D / F Date : 21-02-2023

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

ABO	A	Gel Card
RH	POSITIVE	Gel Card

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.

Dr Mansi Gulati
Consultant Pathologist
MBBS, MD, DNB (Pathology)



Lab No. : SR7321563 Name : KAMALIKA NASKAR Age/G : 31 Y 6 M 15 D / F Date : 21-02-2023

CBC WITH PLATELET (THROMBOCYTE) COUNT , EDTA WHOLE BLOOD

HEMOGLOBIN	13.1	g/dL	12 - 15	PHOTOMETRIC
WBC	9.8	*10 ³ /μL	4 - 10	DC detection method
RBC	4.56	*10 ⁶ /μL	3.8 - 4.8	DC detection method
PLATELET (THROMBOCYTE) COUNT	284	*10 ³ /μL	150 - 450*10 ³ /μL	DC detection method/Microscopy

DIFFERENTIAL COUNT

NEUTROPHILS	59	%	40 - 80 %	Flowcytometry/Microscopy
LYMPHOCYTES	32	%	20 - 40 %	Flowcytometry/Microscopy
MONOCYTES	06	%	2 - 10 %	Flowcytometry/Microscopy
EOSINOPHILS	03	%	1 - 6 %	Flowcytometry/Microscopy
BASOPHILS	00	%	0-0.9%	Flowcytometry/Microscopy

CBC SUBGROUP

HEMATOCRIT / PCV	39.7	%	36 - 46 %	Calculated
MCV	87.0	fl	83 - 101 fl	Calculated
MCH	28.7	pg	27 - 32 pg	Calculated
MCHC	33.0	gm/dl	31.5-34.5 gm/dl	Calculated
RDW - RED CELL DISTRIBUTION WIDTH	16.3	%	11.6-14%	Calculated
PDW-PLATELET DISTRIBUTION WIDTH	21.2	fL	8.3 - 25 fL	Calculated
MPV-MEAN PLATELET VOLUME	11.4		7.5 - 11.5 fl	Calculated

ESR (ERYTHROCYTE SEDIMENTATION RATE) , EDTA WHOLE BLOOD

1stHour	47	mm/hr	0.00 - 20.00 mm/hr	Westergren
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DR. NEHA GUPTA
MD, DNB (Pathology)
Consultant Pathologist



Lab No. : SR7321563 Name : KAMALIKA NASKAR Age/G : 31 Y 6 M 15 D / F Date : 21-02-2023

URINE ROUTINE ALL, ALL , URINE

PHYSICAL EXAMINATION

COLOUR PALE YELLOW
 APPEARANCE SLIGHTLY HAZY

CHEMICAL EXAMINATION

pH	5.0	4.6 - 8.0	Dipstick (triple indicator method)
SPECIFIC GRAVITY	1.010	1.005 - 1.030	Dipstick (ion concentration method)
PROTEIN	NOT DETECTED	NOT DETECTED	Dipstick (protein error of pH indicators)/Manual
GLUCOSE	NOT DETECTED	NOT DETECTED	Dipstick (glucose-oxidase-peroxidase method)/Manual
KETONES (ACETOACETIC ACID, ACETONE)	NOT DETECTED	NOT DETECTED	Dipstick (Legals test)/Manual
BLOOD	NOT DETECTED	NOT DETECTED	Dipstick (pseudoperoxidase reaction)
BILIRUBIN	NEGATIVE	NEGATIVE	Dipstick (azo-diazo reaction)/Manual
UROBILINOGEN	NEGATIVE	NEGATIVE	Dipstick (diazonium ion reaction)/Manual
NITRITE	NEGATIVE	NEGATIVE	Dipstick (Griess test)
LEUCOCYTE ESTERASE	NEGATIVE	NEGATIVE	Dipstick (ester hydrolysis reaction)

MICROSCOPIC EXAMINATION

LEUKOCYTES (PUS CELLS)	0-1	/hpf	0-5	Microscopy
EPITHELIAL CELLS	4-6	/hpf	0-5	Microscopy
RED BLOOD CELLS	NOT DETECTED	/hpf	0-2	Microscopy
CAST	NOT DETECTED		NOT DETECTED	Microscopy
CRYSTALS	NOT DETECTED		NOT DETECTED	Microscopy
BACTERIA	NOT DETECTED		NOT DETECTED	Microscopy
YEAST	NOT DETECTED		NOT DETECTED	Microscopy

- 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. PANKTI PATEL
MBBS , MD (PATHOLOGY)
CONSULTANT PATHOLOGIST



Lab No. : SR7321563 Name : KAMALIKA NASKAR Age/G : 31 Y 6 M 15 D / F Date : 21-02-2023

URIC ACID, BLOOD , GEL SERUM

URIC ACID,BLOOD 5.00 mg/dL 2.6-6.0 mg/dL Uricase/Peroxidase

GLUCOSE, PP , BLOOD, NAF PLASMA

GLUCOSE,PP 104 mg/dL Impaired Glucose Tolerance-140 to 199. Diabetes>= 200. Gluc Oxidase Trinder

The test should be performed as described by the WHO, using a glucose load containing the equivalent of 75-g anhydrous glucose dissolved in water. 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.

LIPID PROFILE , GEL SERUM

CHOLESTEROL-TOTAL	170.00	mg/dL	Desirable: < 200 mg/dL Borderline high: 200-239 mg/dL High: > or =240 mg/dL	Enzymatic
TRIGLYCERIDES	169.00	mg/dL	Normal:: < 150, BorderlineHigh::150-199, High:: 200-499, VeryHigh:: >500	GPO-Trinder
HDL CHOLESTEROL	37.00	mg/dl	< 40 - Low 40-59- Optimum 60 - High	Elimination/catalase
LDL CHOLESTEROL DIRECT	123.0	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	Elimination / Catalase
VLDL	10	mg/dl	< 40 mg/dl	Calculated
CHOL HDL Ratio	4.6		LOW RISK 3.3-4.4 AVERAGE RISK 4.47-7.1 MODERATE RISK 7.1-11.0 HIGH RISK >11.0	Calculated

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.

[PDF Attached](#)

GLYCATED HAEMOGLOBIN (HBA1C) , EDTA WHOLE BLOOD

GLYCATED HEMOGLOBIN (HBA1C)	5.7	%	***FOR BIOLOGICAL REFERENCE INTERVAL DETAILS , PLEASE REFER TO THE BELOW MENTIONED REMARKS/NOTE WITH ADDITIONAL CLINICAL INFORMATION ***
HbA1c (IFCC)	39.0	mmol/mol	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-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.



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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 glycosylated hemoglobin measurement: the position of the IFCC Working Group. Clin Chem Lab Med. 2007;45(8):1077-1080.

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

Lab No. : SR7321563 Name : KAMALIKA NASKAR Age/G : 31 Y 6 M 15 D / F Date : 22-02-2023

DEPARTMENT OF CYTOPATHOLOGY
PAP SMEAR REPORT

Lab No : P -635/23

Reporting System : The 2014 Bethesda System
Specimen : Conventional Cervical Pap Smear.

Specimen Adequacy : Satisfactory for evaluation :
A satisfactory squamous component is present.
Endocervical or transformation zone component : Absent.
Obscuring elements : Absent.

General Categorization :
Negative for Intraepithelial Lesion / Malignancy (NILM).

INTERPRETATION / RESULTS : Negative for Intraepithelial Lesion / Malignancy (NILM).

*Note : Pap smear cytology is a screening procedure. Findings should be correlated with colposcopic/local examination and ancillary findings.
As per current recommendation, women aged 30-65 years should be screened with both the HPV test and the Pap test, called "co-testing," as the preferred strategy. Screening with the Pap test alone every 3 years is still acceptable.*

Ancillary Testing – For HPV testing using PCR from the same sample (only in case of LBC) request should come within 15 days from the reporting date.

****Report relates to the item tested only.*

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Dr Mansi Gulati
Consultant Pathologist
MBBS, MD, DNB (Pathology)

Lab No. : PHL/21-02-2023/SR7321563
Patient Name : KAMALIKA NASKAR
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Gender : F

Lab Add. :
Ref Dr. : Dr.MEDICAL OFFICER
Collection Date:
Report Date : 21/Feb/2023 05:25PM



X-RAY REPORT OF CHEST (PA)

FINDINGS :

No active lung parenchymal lesion is seen.
Both the hila are normal in size, density 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.

IMPRESSION :

Normal study.

Kindly note

Please Intimate us for any typing mistakes and send the report for correction within 7 days.

□


DR. GAUTAM GHOSH
MD
CONSULTANT RADIOLOGIST

Lab No. : PHL/21-02-2023/SR7321563
Patient Name : KAMALIKA NASKAR
Age : 31 Y 6 M 15 D
Gender : F

Lab Add. :
Ref Dr. : Dr.MEDICAL OFFICER
Collection Date:
Report Date : 21/Feb/2023 01:06PM



DEPARTMENT OF ULTRASONOGRAPHY

REPORT ON EXAMINATION OF WHOLE ABDOMEN

LIVER

Liver is enlarged in size with evidence of grade I fatty change, 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.

Liver = 157mm. in mid clavicular line.

Portal vein = 8.0mm.

GALL BLADDER

Gallbladder is physiologically distended. Wall thickness appears normal. No intraluminal pathology (Calculi/mass) could be detected. Sonographic Murphys sign is negative.

CBD is not dilated = 3.8mm.

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.

Spleen = 8.9cm.

KIDNEYS

Both kidneys are normal in shape, size (Rt. kidney 9.2cm. & Lt. kidney 9.3cm.) 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.

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 (7.3cm.x 3.7cm.x 4.4cm.)Endometrium thickness = 11.4mm. Myometrium appears smooth & homogenous without any detectable/sizable focal lesion.

Cervical length = 2.5cm.

Pouch of Douglas = Small amount of fluid seen at POD.

OVARIES

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

Right ovary measures : 2.3cm.x 1.3cm. approx.

Left Ovary measures : 2.3cm.x 1.7cm. approx.

Right iliac fossa & left iliac fossa : No mass lesion or fluid collection seen at both illiac fossa.

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Collection Date:
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IMPRESSION :

1. Grade I Fatty infiltration in liver parenchyma.
2. Small amount of fluid seen at POD.

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.

DR T.K BISWAS
Sonologist

Lab No. : PHL/21-02-2023/SR7321563
Patient Name : KAMALIKA NASKAR
Age : 31 Y 6 M 15 D
Gender : F

Lab Add. :
Ref Dr. : Dr.MEDICAL OFFICER
Collection Date:
Report Date : 21/Feb/2023 04:10PM



DEPARTMENT OF CARDIOLOGY
REPORT OF E.C.G.

DATA		
HEART RATE	78	Bpm
PR INTERVAL	146	Ms
QRS DURATION	88	Ms
QT INTERVAL	366	Ms
QTC INTERVAL	418	Ms
AXIS		
P WAVE	55	Degree
QRS WAVE	50	Degree
T WAVE	35	Degree
IMPRESSION	: Normal sinus rhythm, within normal limits.	

Dr. BHASWAR KONAR
MBBS, DNB, FIECHO, FICC

Patient Data

Sample ID: C02135067943
 Patient ID: SR7321563
 Name:
 Physician:
 Sex:
 DOB:

Analysis Data

Analysis Performed: 21/FEB/2023 13:50:49
 Injection Number: 2362U
 Run Number: 44
 Rack ID: 0004
 Tube Number: 3
 Report Generated: 21/FEB/2023 14:37:37
 Operator ID: ASIT

Comments:

Peak Name	NGSP %	Area %	Retention Time (min)	Peak Area
A1a	---	1.1	0.158	15343
A1b	---	1.8	0.219	24423
LA1c	---	1.6	0.397	21853
A1c	5.7	---	0.502	61779
P3	---	3.5	0.780	46271
P4	---	1.4	0.862	18589
Ao	---	85.9	0.995	1149655

Total Area: 1,337,912

HbA1c (NGSP) = 5.7 % HbA1c (IFCC) = 39 mmol/mol

