



Lab No. : DUN/03-04-2023/SR7483491  
 Patient Name : SRIJITA SARKAR  
 Age : 30 Y 6 M 28 D  
 Gender : F

Lab Add. : Newtown, Kolkata-700156  
 Ref Dr. : Dr.MEDICAL OFFICER  
 Collection Date: 03/Apr/2023 10:19AM  
 Report Date : 03/Apr/2023 02:52PM



Test Name	Result	Unit	Bio Ref. Interval	Method
<b>SODIUM, BLOOD , GEL SERUM</b>				
SODIUM,BLOOD	138	mEq/L	132 - 146 mEq/L	ISE INDIRECT
<b>*CHLORIDE, BLOOD , .</b>				
CHLORIDE,BLOOD	105	mEq/L	99-109 mEq/L	ISE INDIRECT
<b>CREATININE, BLOOD , GEL SERUM</b>	0.67	mg/dL	0.5-1.1 mg/dL	Jaffe, alkaline picrate, kinetic
<b>PHOSPHORUS-INORGANIC, BLOOD , GEL SERUM</b>				
PHOSPHORUS-INORGANIC,BLOOD	3.4	mg/dL	2.4-5.1 mg/dL	Phosphomolybdate/UV
<b>UREA,BLOOD</b>	32.1	mg/dL	19-49 mg/dL	Urease with GLDH
<b>POTASSIUM, BLOOD , GEL SERUM</b>				
POTASSIUM,BLOOD	4.40	mEq/L	3.5-5.5 mEq/L	ISE INDIRECT

□

**Dr NEEPA CHOWDHURY**  
 MBBS MD (Biochemistry)  
 Consultant Biochemist




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**LIPID PROFILE , GEL SERUM**

CHOLESTEROL-TOTAL	116	mg/dL	Desirable: < 200 mg/dL Borderline high: 200-239 mg/dL High: > or =240 mg/dL	Enzymatic
TRIGLYCERIDES	48	mg/dL	Normal: < 150, BorderlineHigh:150-199, High: 200-499, VeryHigh: >500	GPO-Trinder
<b>ESTIMATED TWICE</b>				
HDL CHOLESTEROL	46	mg/dl	< 40 - Low 40-59- Optimum 60 - High	Elimination/catalase
LDL CHOLESTEROL DIRECT	57	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	13	mg/dl	< 40 mg/dl	Calculated
CHOL HDL Ratio	2.5		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.

  
**Dr. SUPARBA CHAKRABARTI**  
MBBS, MD(BIOCHEMISTRY)  
Consultant Biochemist



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

HEMOGLOBIN	<b>9.5</b>	g/dL	12 - 15	PHOTOMETRIC
WBC	5.7	*10 <sup>3</sup> /μL	4 - 10	DC detection method
RBC	<b>3.55</b>	*10 <sup>6</sup> /μL	3.8 - 4.8	DC detection method
PLATELET (THROMBOCYTE) COUNT	184	*10 <sup>3</sup> /μL	150 - 450*10 <sup>3</sup> /μL	DC detection method/Microscopy

**DIFFERENTIAL COUNT**

NEUTROPHILS	66	%	40 - 80 %	Flowcytometry/Microscopy
LYMPHOCYTES	26	%	20 - 40 %	Flowcytometry/Microscopy
MONOCYTES	06	%	2 - 10 %	Flowcytometry/Microscopy
EOSINOPHILS	02	%	1 - 6 %	Flowcytometry/Microscopy
BASOPHILS	00	%	0-0.9%	Flowcytometry/Microscopy

**CBC SUBGROUP**

HEMATOCRIT / PCV	<b>29.5</b>	%	36 - 46 %	Calculated
MCV	83.0	fl	83 - 101 fl	Calculated
MCH	<b>26.7</b>	pg	27 - 32 pg	Calculated
MCHC	32.2	gm/dl	31.5-34.5 gm/dl	Calculated
RDW - RED CELL DISTRIBUTION WIDTH	<b>15.8</b>	%	11.6-14%	Calculated
PDW-PLATELET DISTRIBUTION WIDTH	25.9	fL	8.3 - 25 fL	Calculated
MPV-MEAN PLATELET VOLUME	12.8		7.5 - 11.5 fl	Calculated

□

**DR. NEHA GUPTA**  
**MD, DNB (Pathology)**  
**Consultant Pathologist**



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

ABO	AB	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. PANKTI PATEL**  
**MBBS , MD (PATHOLOGY)**  
**CONSULTANT PATHOLOGIST**



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ESR (ERYTHROCYTE SEDIMENTATION RATE) , EDTA WHOLE BLOOD

1stHour      18      mm/hr      0.00 - 20.00 mm/hr      Westergren

**DR. A. SHARMA**  
MBBS. MD (Path)  
DM (Hematopathology)  
PGIMER Chandigarh  
Consultant Hematopathologist

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Report Date : 03/Apr/2023 03:17PM



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

DATA	
HEART RATE	83 Bpm
PR INTERVAL	118 Ms
QRS DURATION	82 Ms
QT INTERVAL	320 Ms
QTC INTERVAL	381 Ms
AXIS	
P WAVE	52 Degree
QRS WAVE	78 Degree
T WAVE	28 Degree
<b>IMPRESSION</b>	<b>Normal sinus rhythm, within normal limits.</b>

*ACR*

Dr. A C RAY  
Department of Non-invasive  
Cardiology

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## 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.

  
Dr. Anoop Sastry  
MBBS, DMRT(CAL)  
CONSULTANT RADIOLOGIST  
Registration No.: WB-36628



**Patient Data**

Sample ID: C02135008662  
 Patient ID: SR7483491  
 Name:  
 Physician:  
 Sex:  
 DOB:

**Analysis Data**

Analysis Performed: 03/APR/2023 13:53:19  
 Injection Number: 9872U  
 Run Number: 218  
 Rack ID: 0005  
 Tube Number: 3  
 Report Generated: 03/APR/2023 14:06:11  
 Operator ID: ASIT

Comments:

Peak Name	NGSP %	Area %	Retention Time (min)	Peak Area
Unknown	---	0.2	0.111	2092
A1a	---	1.0	0.165	11165
A1b	---	0.5	0.221	5554
F	---	1.7	0.274	18975
LA1c	---	1.2	0.397	13977
A1c	4.8	---	0.502	28980
P3	---	4.0	0.785	45339
P4	---	1.4	0.931	16073
Ao	---	57.6	1.002	657127
Variant Window	---	29.9	1.090	341355

Total Area: 1,140,637

**HbA1c (NGSP) = 4.8 %**      HbA1c (IFCC) = 29 mmol/mol

