



MC-5661

Lab No.	: GHY/12-12-2023/SR8511280	Lab Add.	: Sri Kamakhya Tower, Christian Basti, Guwahati-781005
Patient Name	: PAVITRA KUMAR SIL	Ref Dr.	: Dr.SELF .
Age	: 43 Y 9 M 9 D	Collection Date	: 12/Dec/2023 10:23AM
Gender	: M	Report Date	: 12/Dec/2023 11:55AM



DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
CALCIUM,BLOOD (Method:BAPTA)	9.12	8.6-10.2 mg/dL	

GLYCATED HAEMOGLOBIN (HBA1C) , EDTA WHOLE BLOOD			
GLYCATED HEMOGLOBIN (HBA1C)	5.2	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 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](#)

UREA,BLOOD	18.5	19 - 44	mg/dL
ALKALINE PHOSPHATASE (Method:IFCC)	56	40-129 U/L	U/L
BILIRUBIN (DIRECT) (Method:Diazo)	0.14	< 0.30 mg/dL	mg/dL
SGPT/ALT (Method: IFCC, with PLP)	35	10-50 U/L	U/L
SGOT/AST (Method:IFCC, with PLP)	21	<50 U/L	U/L
POTASSIUM,BLOOD (Method:ISE DIRECT)	4.50	3.5 - 5.1 mEq/L	mEq/L
CREATININE, BLOOD (Method:Kinetic Jaffe [Compensated])	0.69	0.7 - 1.2	mg/dL



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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
GLUCOSE,FASTING (Method:Hexokinase Method)	90	70 - 100	mg/dL
PHOSPHORUS-INORGANIC,BLOOD (Method:UV PHOSPHOMOLYBDATE)	3.0	2.5-4.5 mg/dl	mg/dl
*URIC ACID, URINE, SPOT URINE			
URIC ACID, SPOT URINE (Method:URICASE)	23.80	37-92 mg/dL	mg/dL
THYROID PANEL (T3, T4, TSH) , GEL SERUM			
T3-TOTAL (TRI IODOTHYRONINE) (Method:ECLIA)	1.10	0.80–2.0 ng/mL	ng/mL
T4-TOTAL (THYROXINE) (Method:ECLIA)	7.8	5.1–14.1 µg/dL	µg/dL
TSH (THYROID STIMULATING HORMONE) (Method:ECLIA)	1.62	0.27-4.2	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>.

CHLORIDE,BLOOD (Method:ISE DIRECT)	104	98-107	mEq/L
SODIUM,BLOOD (Method:ISE DIRECT)	138	136-145	mEq/L
TOTAL PROTEIN [BLOOD] ALB:GLO RATIO , .			
TOTAL PROTEIN (Method:Biuret)	6.47	6.4-8.3 g/dL	g/dL
ALBUMIN (Method:BCG)	4.5	3.5-5.2 g/dl	g/dl
GLOBULIN (Method:Calculated)	1.93	1.8-3.2	g/dl
AG Ratio (Method:Calculated)	2.35	1.0 - 2.5	
BILIRUBIN (TOTAL) , GEL SERUM			
BILIRUBIN (TOTAL) (Method:DIAZO)	0.34	0.1-1.1	mg/dL



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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
URIC ACID,BLOOD (Method:Enzymatic)	5.43	3.4-7.0	mg/dL

LIPID PROFILE , GEL SERUM			
CHOLESTEROL-TOTAL (Method:Enzymatic)	159	Desirable cholesterol level : < 200 mg/dL Borderline high cholesterol : 200-239 mg/dL High cholesterol : = 240 mg/dL	mg/dL
TRIGLYCERIDES (Method:Enzymatic)	106	< 150 mg/dL	mg/dL
HDL CHOLESTEROL (Method:Enzymatic)	38	No risk: > 55 mg/dL, Moderate risk: 35-55 mg/dL, High risk: < 35 mg/dL	mg/dL
LDL CHOLESTEROL DIRECT (Method:Enzymatic)	119	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)	2	< 40 mg/dl	mg/dL
CHOL HDL Ratio (Method:Calculated)	4.2	LOW RISK 3.3-4.4 AVERAGE RISK 4.47-7.1 MODERATE RISK 7.1-11.0 HIGH RISK >11.0	

*** End Of Report ***

DR. RASHMI REKHA PHUKAN
Reg.No: 18757
MBBS,MD,BIOCHEMISTRY



Lab No. : GHY/12-12-2023/SR8511280	Lab Add. : Newtown,Kolkata-700156
Patient Name : PAVITRA KUMAR SIL	Ref Dr. : Dr.SELF .
Age : 43 Y 9 M 9 D	Collection Date : 12/Dec/2023 10:23AM
Gender : M	Report Date : 13/Dec/2023 04:39PM



DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Bio Ref. Interval	Unit
CBC WITH PLATELET & RETICULOCYTE COUNT , EDTA WHOLE BLOOD			
HEMOGLOBIN (Method:PHOTOMETRIC)	14.0	13 - 17	g/dL
WBC (Method:DC detection method)	6.2	4 - 10	*10 ³ /μL
RBC (Method:DC detection method)	5.11	4.5 - 5.5	*10 ⁶ /μL
PLATELET (THROMBOCYTE) COUNT (Method:DC detection method/Microscopy)	176	150 - 450*10 ³ /μL	*10 ³ /μL
<u>DIFFERENTIAL COUNT</u>			
NEUTROPHILS (Method:Flowcytometry/Microscopy)	57	40 - 80 %	%
LYMPHOCYTES (Method:Flowcytometry/Microscopy)	34	20 - 40 %	%
MONOCYTES (Method:Flowcytometry/Microscopy)	04	2 - 10 %	%
EOSINOPHILS (Method:Flowcytometry/Microscopy)	04	1-6%	%
BASOPHILS (Method:Flowcytometry/Microscopy)	01	0-0.9%	%
<u>CBC SUBGROUP 1</u>			
HEMATOCRIT / PCV (Method:Calculated)	45.3	40 - 50 %	%
MCV (Method:Calculated)	88.8	83 - 101 fl	fl
MCH (Method:Calculated)	27.4	27 - 32 pg	pg
MCHC (Method:Calculated)	30.8	31.5-34.5 gm/dl	gm/dl
RDW - RED CELL DISTRIBUTION WIDTH (Method:Calculated)	14.7	11.6-14%	%
RETICULOCYTE COUNT- AUTOMATED,BLOOD (Method:Cell Counter/Microscopy)	1.9	0.5-2.5%	%

*** End Of Report ***

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



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Age	: 43 Y 9 M 9 D	Collection Date	: 12/Dec/2023 10:23AM
Gender	: M	Report Date	: 12/Dec/2023 12:04PM

**DEPARTMENT OF HAEMATOLOGY**

Test Name	Result	Bio Ref. Interval	Unit
ESR (ERYTHROCYTE SEDIMENTATION RATE) , EDTA WHOLE BLOOD			
1stHour (Method:Westergren)	05	0.00 - 20.00 mm/hr	mm/hr

Test Name	Result	Bio Ref. Interval	Unit
CBC WITH PLATELET (THROMBOCYTE) COUNT , EDTA WHOLE BLOOD			
HEMOGLOBIN (Method:PHOTOMETRIC)	13.9	13 - 17	g/dL
WBC (Method:DC detection method)	6.0	4 - 10	*10 ³ /μL
RBC (Method:DC detection method)	4.70	4.5 - 5.5	*10 ⁶ /μL
PLATELET (THROMBOCYTE) COUNT (Method:DC detection method/Microscopy)	190	150 - 450*10 ³	*10 ³ /μL
<u>DIFFERENTIAL COUNT</u>			
NEUTROPHILS (Method:Flowcytometry/Microscopy)	56	40 - 80 %	%
LYMPHOCYTES (Method:Flowcytometry/Microscopy)	35	20 - 40 %	%
MONOCYTES (Method:Flowcytometry/Microscopy)	04	2 - 10 %	%
EOSINOPHILS (Method:Flowcytometry/Microscopy)	05	1 - 6 %	%
BASOPHILS (Method:Flowcytometry/Microscopy)	00	0-0.9%	%
<u>CBC SUBGROUP</u>			
HEMATOCRIT / PCV (Method:Calculated)	42.2	40 - 50 %	%
MCV (Method:Calculated)	89.7	83 - 101 fl	fl
MCH (Method:Calculated)	29.5	27 - 32 pg	pg
MCHC (Method:Calculated)	32.9	31.5-34.5 gm/dl	gm/dl
RDW - RED CELL DISTRIBUTION WIDTH (Method:Calculated)	14.8	11.6-14%	%
PDW-PLATELET DISTRIBUTION WIDTH (Method:Calculated)	26.0	8.3 - 25 fL	fL
MPV-MEAN PLATELET VOLUME (Method:Calculated)	12.8	7.5 - 11.5 fl	fl

BLOOD GROUP ABO+RH [GEL METHOD] , EDTA WHOLE BLOOD	
ABO (Method:Gel Card)	"O"
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.

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Suraksha

DIAGNOSTICS

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Gender	: M	Report Date	: 12/Dec/2023 12:04PM



DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Bio Ref. Interval	Unit
Historical records check not performed.			

*** End Of Report ***

DR. RASHMI REKHA PHUKAN
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Lab No. : GHY/12-12-2023/SR8511280

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Suraksha Diagnostic Private Limited

E-mail: info@surakshanet.com | Website: www.surakshanet.com

Lab No. : GHY/12-12-2023/SR8511280
Patient Name : PAVITRA KUMAR SIL
Age : 43 Y 9 M 9 D
Gender : M

Lab Add. : Sri Kamakhya Tower, Christian Basti, Guwahati-781005
Ref Dr. : Dr.SELF .
Collection Date :
Report Date : 12/Dec/2023 12:00PM

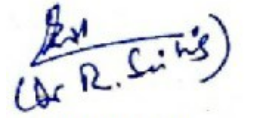


X-RAY CHEST (PA VIEW)

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.

*** End Of Report ***


Dr. Rabin Saikia
MD (Radio-Diagnosis)



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Age	: 43 Y 9 M 9 D	Collection Date	: 12/Dec/2023 10:23AM
Gender	: M	Report Date	: 12/Dec/2023 01:38PM

**DEPARTMENT OF CLINICAL PATHOLOGY**

Test Name	Result	Bio Ref. Interval	Unit
URINE ROUTINE ALL, ALL , URINE			
<u>PHYSICAL EXAMINATION</u>			
COLOUR	PALE YELLOW		
APPEARANCE	CLEAR		
<u>CHEMICAL EXAMINATION</u>			
pH (Method:Dipstick (triple indicator method))	5.0	4.6 - 8.0	
SPECIFIC GRAVITY (Method:Dipstick (ion concentration method))	1.010	1.005 - 1.030	
PROTEIN (Method:Dipstick (protein error of pH indicators)/Manual)	NOT DETECTED	NOT DETECTED	
GLUCOSE (Method:Dipstick(glucose-oxidase-peroxidase method)/Manual)	NOT DETECTED	NOT DETECTED	
KETONES (ACETOACETIC ACID, ACETONE) (Method:Dipstick (Legals test)/Manual)	NOT DETECTED	NOT DETECTED	
BLOOD (Method:Dipstick (pseudoperoxidase reaction))	NOT DETECTED	NOT DETECTED	
BILIRUBIN (Method:Dipstick (azo-diazo reaction)/Manual)	NEGATIVE	NEGATIVE	
UROBILINOGEN (Method:Dipstick (diazonium ion reaction)/Manual)	NEGATIVE	NEGATIVE	
NITRITE (Method:Dipstick (Griess test))	NEGATIVE	NEGATIVE	
LEUCOCYTE ESTERASE (Method:Dipstick (ester hydrolysis reaction))	NEGATIVE	NEGATIVE	
<u>MICROSCOPIC EXAMINATION</u>			
LEUKOCYTES (PUS CELLS) (Method:Microscopy)	0-2	0-5	/hpf
EPITHELIAL CELLS (Method:Microscopy)	1-2	0-5	/hpf
RED BLOOD CELLS (Method:Microscopy)	NOT DETECTED	0-2	/hpf
CAST (Method:Microscopy)	NOT DETECTED	NOT DETECTED	
CRYSTALS (Method:Microscopy)	CALCIUM OXALATE CRYSTALS FEW	NOT DETECTED	
BACTERIA (Method:Microscopy)	NOT DETECTED	NOT DETECTED	
YEAST (Method:Microscopy)	NOT DETECTED	NOT DETECTED	

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 occur due to cell lysis.

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**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 ******Rphukan***DR. RASHMI REKHA PHUKAN**
Reg.No: 18757
MBBS,MD,BIOCHEMISTRY

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Ref Dr. : Dr.SELF .

Age : 43 Y 9 M 9 D

Collection Date :

Gender : M

Report Date : 12/Dec/2023 10:51AM



E.C.G. REPORT

DATA
HEART RATE 60 Bpm

PR INTERVAL 130 Ms

QRS DURATION 88 Ms

QT INTERVAL 411 Ms

QTC INTERVAL 412 Ms

AXIS

QRS WAVE 41 Degree

IMPRESSION : Normal sinus rhythm, within normal limits.

DR. NARESWAR BARMAN
Reg no. 18662 (AMC)
MBBS, PG Diploma- Clinical Cardiology