

Lab No. : SIL/24-06-2023/SR7800044  
 Patient Name : TUMPA KAR  
 Age : 35 Y 0 M 11 D  
 Gender : F

Lab Add. : Sevoke Road, Siliguri 734001  
 Ref Dr. : Dr.MEDICAL OFFICER  
 Collection Date: 24/Jun/2023 10:27AM  
 Report Date : 24/Jun/2023 12:01PM



Test Name	Result	Unit	Bio Ref. Interval	Method
<b>*POTASSIUM, BLOOD , GEL SERUM</b>				
POTASSIUM,BLOOD	4.80	mEq/L	3.1-5.5 mEq/L	ISE INDIRECT
<b>UREA,BLOOD , GEL SERUM</b>				
UREA,BLOOD	14.0	mg/dl	12.8-42.8 mg/dl	UREASE-COLORIMETRIC
<b>*GLUCOSE, FASTING , BLOOD, NAF PLASMA</b>				
GLUCOSE,FASTING	94	mg/dl	70 - 100 mg/dL	Hexokinase Method
<b>*PHOSPHORUS-INORGANIC, BLOOD , GEL SERUM</b>				
PHOSPHORUS-INORGANIC,BLOOD	3.2	mg/dl	2.5-4.5 mg/dl	UV PHOSPHOMOLYBDATE
<b>*TOTAL PROTEIN [BLOOD] ALB:GLO RATIO , .</b>				
TOTAL PROTEIN	7.17	g/dL	6.6 - 8.7 g/dL	BIURET METHOD
ALBUMIN	3.5	g/dl	3.4-5.0 g/dl	BCP
GLOBULIN	<b>3.68</b>	g/dl	1.8-3.2 g/dl	Calculated
AG Ratio	<b>0.95</b>		1.0 - 2.5	Calculated
<b>CREATININE, BLOOD</b>				
CREATININE, BLOOD	0.66	mg/dl	0.55 - 1.02 mg/dl	ALKALINE PICRATE
<b>*LIPID PROFILE , GEL SERUM</b>				
CHOLESTEROL-TOTAL	166	mg/dl	Desirable: < 200 mg/dL Borderline high: 200-239 High: > 240 mg/dL	CHOLESTEROL OXIDASE, ESTERASE, PEROXIDASE
TRIGLYCERIDES	97	mg/dl	NORMAL < 150 BORDERLINE HIGH 150-199 HIGH 200-499 VERY HIGH > 500	ENZYMATIC, END POINT
HDL CHOLESTEROL	44	mg/dl	NO RISK : >60 mg/dL, MODERATE RISK : 40-60 mg/dL, HIGH RISK : <40 mg/dL	DIRECT MEASURE-PEG
LDL CHOLESTEROL DIRECT	<b>112</b>	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	DIRECT MEASURE
VLDL	11	mg/dL	< 40 mg/dl	Calculated
CHOL HDL Ratio	3.8		LOW RISK 3.3-4.4 AVERAGE RISK 4.47-7.1 MODERATE RISK 7.1-11.0 HIGH RISK >11.0	Calculated
<b>*URIC ACID, BLOOD , GEL SERUM</b>				
URIC ACID,BLOOD	5.25	mg/dl	2.4 - 5.7 mg/dl	URICASE
<b>*CHLORIDE, BLOOD , .</b>				
CHLORIDE,BLOOD	104	mEq/L	98 - 107 mEq/L	ISE INDIRECT
<b>*THYROID PANEL (T3, T4, TSH) , GEL SERUM</b>				
T3-TOTAL (TRI IODOTHYRONINE)	0.81	ng/ml	0.60 - 1.81 ng/ml	CLIA
T4-TOTAL (THYROXINE)	7.3	microgram/dl	4.5 - 10.9 microgram/dl	CLIA
TSH (THYROID STIMULATING HORMONE)	0.95	μIU/mL	0.35-5.5μIU/mL	CLIA

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**BIOLOGICAL REFERENCE INTERVAL : [ONLY FOR PREGNANT MOTHERS]**

***Trimester specific TSH LEVELS during pregnancy:***

FIRST TRIMESTER : 0.10 - 2.50  $\mu$  IU/mL  
SECOND TRIMESTER : 0.20 - 3.00  $\mu$  IU/mL  
THIRD TRIMESTER : 0.30 - 3.00  $\mu$  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>.

**\*CALCIUM, BLOOD**

CALCIUM, BLOOD	<b>8.58</b>	mg/L	8.6-10.0 mg/dl	OCPC
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**\*SODIUM, BLOOD , GEL SERUM**

SODIUM, BLOOD	138	mEq/L	136 - 145 mEq/L	ISE INDIRECT
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**DR. SANJAY KR. AGARWALA**  
MD CONSULTANT BIOCHEMIST

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**\*ESR (ERYTHROCYTE SEDIMENTATION RATE) , EDTA WHOLE BLOOD**

1stHour	<b>26</b>	mm/hr	0.00 - 20.00 mm/hr	Westergren
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**\*CBC WITH PLATELET (THROMBOCYTE) COUNT , EDTA WHOLE BLOOD**

HEMOGLOBIN	12.6	g/dL	12 - 15	PHOTOMETRIC
WBC	7.3	*10 <sup>3</sup> /μL	4 - 10	DC detection method
RBC	4.35	*10 <sup>6</sup> /μL	3.8 - 4.8	DC detection method
PLATELET (THROMBOCYTE) COUNT	318	*10 <sup>3</sup> /μL	150 - 450*10 <sup>3</sup> /μL	DC detection method/Microscopy


**DIFFERENTIAL COUNT**

NEUTROPHILS	64	%	40 - 80 %	Flowcytometry/Microscopy
LYMPHOCYTES	32	%	20 - 40 %	Flowcytometry/Microscopy
MONOCYTES	02	%	2 - 10 %	Flowcytometry/Microscopy
EOSINOPHILS	02	%	1 - 6 %	Flowcytometry/Microscopy
BASOPHILS	00	%	0-0.9%	Flowcytometry/Microscopy

**CBC SUBGROUP**

HEMATOCRIT / PCV	37.3	%	36 - 46 %	Calculated
MCV	86.0	fl	83 - 101 fl	Calculated
MCH	29.0	pg	27 - 32 pg	Calculated
MCHC	33.9	gm/dl	31.5-34.5 gm/dl	Calculated
RDW - RED CELL DISTRIBUTION WIDTH	<b>14.5</b>	%	11.6-14%	Calculated
PDW-PLATELET DISTRIBUTION WIDTH	14.4	fL	8.3 - 25 fL	Calculated
MPV-MEAN PLATELET VOLUME	9.7		7.5 - 11.5 fl	Calculated

RBC                                   NORMOCYTIC  
   NORMOCHROMIC. MILD  
   ANISOPOIKILOCYTOSIS.  
 WBC.                                 NORMAL MORPHOLOGY.  
 PLATELET                         ADEQUATE ON SMEAR.

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



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[PDF Attached](#)

**GLYCATED HAEMOGLOBIN (HBA1C) , EDTA WHOLE BLOOD**

GLYCATED HEMOGLOBIN (HBA1C)	4.8	%	***FOR BIOLOGICAL REFERENCE INTERVAL DETAILS , PLEASE REFER TO THE BELOW MENTIONED REMARKS/NOTE WITH ADDITIONAL CLINICAL INFORMATION ***
HbA1c (IFCC)	29.0	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.
- Ø If a patient changes treatment plans or does not meet his or her glycemc 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<sub>12</sub>/ 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.

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



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**(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.

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DR. BARNALI PAUL  
MBBS, MD(PATH)

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## DEPARTMENT OF CARDIOLOGY

### REPORT OF E.C.G.

HEART RATE : 68 /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 1/2 mm.  
R/S in V6 6/4 mm.  
QRS AXIS : 0°  
Q- Waves : No significant Q-wave.  
QT TIME : 386ms.  
ST SEGMENT : Normal.  
T WAVE : Inversion V1-V4  
ROTATION : Normal.  
OTHER FINDINGS : Nil.  
**IMPRESSION : ANTERO SEPTAL ISCHAEMIA..**

  
Dr. ARABINDA SAHA (MD,DM)  
CONSULTANT CARDIOLOGIST

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## DEPARTMENT OF ULTRASONOGRAPHY

### REPORT ON EXAMINATION OF WHOLE ABDOMEN

#### LIVER

Liver is normal in size having normal shape, **with 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. No intraluminal pathology (Calculi/mass) could be detected. 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 95 mm. & Lt. kidney 92 mm.) axes & 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. 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.

#### UTERUS

Uterus is anteverted, normal in size (88 mm. x 33 mm. x 43 mm). Endometrium (collapsed wall) is in midline. Myometrium appears smooth & homogenous without any detectable/sizable focal lesion. Cervix looks normal. Pouch of Douglas is free.

#### OVARIES

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

#### IMPRESSION :

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Report Date : 24/Jun/2023 06:57PM



**Grade I fatty change in liver.**

**NB : No evidence of sludge seen at gall bladder at present.**

**(Please correlate clinically & with other investigation. Follow up suggested).**

**Kindly note**

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

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

Ø *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**

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Report Date : 24/Jun/2023 01:17PM



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

**FINDINGS:**

- Cardiac size appears within normal limits. Margin is well visualised and cardiac silhouette is smoothly outlined. Shape is within normal limit.
- **Prominence of bronchovascular marking seen. No definite active lung lesion seen.**
- Lateral costo-phrenic angles are clear.
- Domes of diaphragm are smoothly outlined. Position is within normal limits.

**IMPRESSION :**

**Prominence of bronchovascular marking - - Bronchitis.**

**(Please correlate clinically & with other investigation. Follow up suggested).**

  
**DR. MUKTI SARKAR MD.**  
**CONSULTANT RADIOLOGIST**

**Patient Data**

Sample ID: D02135191236  
 Patient ID: SR7800044  
 Name:  
 Physician:  
 Sex:  
 DOB:

**Analysis Data**

Analysis Performed: 25/JUN/2023 11:56:51  
 Injection Number: 4983U  
 Run Number: 124  
 Rack ID: 0006  
 Tube Number: 10  
 Report Generated: 25/JUN/2023 12:10:31  
 Operator ID: ANUP

Comments:

Peak Name	NGSP %	Area %	Retention Time (min)	Peak Area
A1a	---	1.0	0.161	22698
A1b	---	0.7	0.224	16699
F	---	0.8	0.271	19412
LA1c	---	1.5	0.392	36185
A1c	4.8	---	0.494	96185
P3	---	3.1	0.773	73829
P4	---	1.1	0.854	26677
Ao	---	87.7	0.974	2084291

Total Area: 2,375,977

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

