



<b>Lab No.</b>	: DUN/14-10-2023/SR8295839	<b>Lab Add.</b>	: Newtown,Kolkata-700156
<b>Patient Name</b>	: INDRANI DAS	<b>Ref Dr.</b>	: Dr.MEDICAL OFFICER
<b>Age</b>	: 29 Y 7 M 22 D	<b>Collection Date</b>	: 14/Oct/2023 09:56AM
<b>Gender</b>	: F	<b>Report Date</b>	: 14/Oct/2023 01:36PM

**DEPARTMENT OF BIOCHEMISTRY**

Test Name	Result	Bio Ref. Interval	Unit
<b>SODIUM,BLOOD , GEL SERUM</b> (Method:ISE INDIRECT)	140	132 - 146	mEq/L
<b>POTASSIUM,BLOOD</b> (Method:ISE INDIRECT)	4.50	3.5-5.5	mEq/L
<b>CHLORIDE,BLOOD</b> (Method:ISE INDIRECT)	105	99-109	mEq/L
<b>URIC ACID,BLOOD</b> (Method:Uricase/Peroxidase)	4.60	2.6-6.0	mg/dL
<b>THYROID PANEL (T3, T4, TSH) , GEL SERUM</b>			
T3-TOTAL (TRI IODOTHYRONINE) (Method:CLIA)	1.23	0.60-1.81 ng/ml	ng/ml
T4-TOTAL (THYROXINE) (Method:CLIA)	9.9	3.2-12.6	µg/dL
TSH (THYROID STIMULATING HORMONE) (Method:CLIA)	2.670	0.55-4.78	µIU/mL

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:**

- 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.
- 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:**

- 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>
- Kalra S, Agarwal S, Aggarwal R, Ranabir S. Trimester-specific thyroid-stimulating hormone: An indian perspective. *Indian J Endocr Metab* 2018;22:1-4.

<b>PHOSPHORUS-INORGANIC,BLOOD</b> (Method:Phosphomolybdate/UV)	3.7	2.4-5.1 mg/dL	mg/dL
<b>GLUCOSE,FASTING</b> (Method:Gluc Oxidase Trinder)	88	Impaired Fasting-100-125 ~Diabetes- >= 126.~Fasting is defined as no caloric intake for at least 8 hours.	mg/dL



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**DEPARTMENT OF BIOCHEMISTRY**

Test Name	Result	Bio Ref. Interval	Unit
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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.*

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

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



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



<b>Lab No.</b>	: DUN/14-10-2023/SR8295839	<b>Lab Add.</b>	: Newtown,Kolkata-700156
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<b>Gender</b>	: F	<b>Report Date</b>	: 14/Oct/2023 12:31PM



**DEPARTMENT OF BIOCHEMISTRY**

Test Name	Result	Bio Ref. Interval	Unit
<b>CALCIUM,BLOOD</b> (Method:Arzenazo III)	9.60	8.7-10.4 mg/dL	mg/dL

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

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



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<b>Gender</b>	: F	<b>Report Date</b>	: 14/Oct/2023 12:46PM



### DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
<b>CREATININE, BLOOD</b> (Method:Jaffe, alkaline picrate, kinetic)	<b>0.41</b>	0.5-1.1	mg/dL

*Suggested follow up and to correlate clinically.*

GLYCATED HAEMOGLOBIN (HbA1C) , EDTA WHOLE BLOOD			
GLYCATED HEMOGLOBIN (HbA1C)	5.1	***FOR BIOLOGICAL REFERENCE INTERVAL DETAILS , PLEASE REFER TO THE BELOW MENTIONED REMARKS/NOTE WITH ADDITIONAL CLINICAL INFORMATION ***	%
HbA1c (IFCC) (Method:HPLC)	33.0		mmol/mol

### RECOMMENDED FOR Hb-TYPING TO RULE OUT ANY HEMOGLOBINOPATHY WHICH MAY INTERFERE WITH THE TRUE VALUE OF HbA1C.

#### 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.

#### PDF Attached

TOTAL PROTEIN [BLOOD] ALB:GLO RATIO , .			
TOTAL PROTEIN (Method:BIURET METHOD)	7.80	5.7-8.2 g/dL	g/dL
ALBUMIN (Method:BCG Dye Binding)	4.7	3.2-4.8 g/dL	g/dL
GLOBULIN (Method:Calculated)	3.10	1.8-3.2	g/dl
AG Ratio (Method:Calculated)	1.52	1.0 - 2.5	



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### DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
<b>LIPID PROFILE , GEL SERUM</b>			
CHOLESTEROL-TOTAL (Method:Enzymatic)	162	Desirable: < 200 mg/dL Borderline high: 200-239 mg/dL High: > or =240 mg/dL	mg/dL
TRIGLYCERIDES (Method:GPO-Trinder)	101	Normal: < 150, BorderlineHigh::150-199, High:: 200-499, VeryHigh::>500	mg/dL
HDL CHOLESTEROL (Method:Elimination/catalase)	<b>64</b>	< 40 - Low 40-59- Optimum 60 - High	mg/dl
LDL CHOLESTEROL DIRECT (Method:Elimination / Catalase)	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)	18	< 40 mg/dl	mg/dl
CHOL HDL Ratio (Method:Calculated)	2.5	LOW RISK 3.3-4.4 AVERAGE RISK 4.47-7.1 MODERATE RISK 7.1-11.0 HIGH RISK >11.0	

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.

<b>UREA,BLOOD</b> (Method:Urease with GLDH)	<b>15.0</b>	19-49	mg/dL
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\*\*\* End Of Report \*\*\*

**Dr.Sudeshna Baral**  
MBBS (MD Biochemistry)  
(Consultant Biochemist)



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<b>Age</b> : 29 Y 7 M 22 D	<b>Collection Date</b> : 14/Oct/2023 09:56AM
<b>Gender</b> : F	<b>Report Date</b> : 14/Oct/2023 01:04PM



### DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Bio Ref. Interval	Unit
<b>CBC WITH PLATELET (THROMBOCYTE) COUNT , EDTA WHOLE BLOOD</b>			
HEMOGLOBIN (Method:PHOTOMETRIC)	12.0	12 - 15	g/dL
WBC (Method:DC detection method)	6.5	4 - 10	*10 <sup>3</sup> /μL
RBC (Method:DC detection method)	<b>5.14</b>	3.8 - 4.8	*10 <sup>6</sup> /μL
PLATELET (THROMBOCYTE) COUNT (Method:DC detection method/Microscopy)	166	150 - 450*10 <sup>3</sup>	*10 <sup>3</sup> /μL
<b><u>DIFFERENTIAL COUNT</u></b>			
NEUTROPHILS (Method:Flowcytometry/Microscopy)	65	40 - 80 %	%
LYMPHOCYTES (Method:Flowcytometry/Microscopy)	27	20 - 40 %	%
MONOCYTES (Method:Flowcytometry/Microscopy)	07	2 - 10 %	%
EOSINOPHILS (Method:Flowcytometry/Microscopy)	01	1 - 6 %	%
BASOPHILS (Method:Flowcytometry/Microscopy)	00	0-0.9%	%
<b><u>CBC SUBGROUP</u></b>			
HEMATOCRIT / PCV (Method:Calculated)	36.2	36 - 46 %	%
MCV (Method:Calculated)	<b>70.3</b>	83 - 101 fl	fl
MCH (Method:Calculated)	<b>23.4</b>	27 - 32 pg	pg
MCHC (Method:Calculated)	33.3	31.5-34.5 gm/dl	gm/dl
RDW - RED CELL DISTRIBUTION WIDTH (Method:Calculated)	<b>15.7</b>	11.6-14%	%
PDW-PLATELET DISTRIBUTION WIDTH (Method:Calculated)	27.7	8.3 - 25 fL	fL
MPV-MEAN PLATELET VOLUME (Method:Calculated)	13.2	7.5 - 11.5 fl	

<b>ESR (ERYTHROCYTE SEDIMENTATION RATE) , EDTA WHOLE BLOOD</b>			
1stHour (Method:Westergren)	<b>28</b>	0.00 - 20.00 mm/hr	mm/hr

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

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





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<b>Gender</b>	: F	<b>Report Date</b>	: 14/Oct/2023 02:06PM



**DEPARTMENT OF HAEMATOLOGY**

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

Historical records check not performed.

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

MD (PATHOLOGY)  
CONSULTANT PATHOLOGIST

Lab No. : DUN/14-10-2023/SR8295839  
Patient Name : INDRANI DAS  
Age : 29 Y 7 M 22 D  
Gender : F

Lab Add. :  
Ref Dr. : Dr.MEDICAL OFFICER  
Collection Date :  
Report Date : 14/Oct/2023 04:30PM



## 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.**

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

  
**Dr. J. Bardhan**  
Consultant Radiologist  
MD, Radiodiagnosis





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<b>Patient Name</b>	: INDRANI DAS	<b>Ref Dr.</b>	: Dr.MEDICAL OFFICER
<b>Age</b>	: 29 Y 7 M 22 D	<b>Collection Date</b>	: 14/Oct/2023 10:02AM
<b>Gender</b>	: F	<b>Report Date</b>	: 14/Oct/2023 12:45PM



### DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Bio Ref. Interval	Unit
<b>URINE ROUTINE ALL, ALL , URINE</b>			
<b><u>PHYSICAL EXAMINATION</u></b>			
COLOUR	PALE YELLOW		
APPEARANCE	SLIGHTLY HAZY		
<b><u>CHEMICAL EXAMINATION</u></b>			
pH (Method:Dipstick (triple indicator method))	5.0	4.6 - 8.0	
SPECIFIC GRAVITY (Method:Dipstick (ion concentration method))	1.015	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	
<b><u>MICROSCOPIC EXAMINATION</u></b>			
LEUKOCYTES (PUS CELLS) (Method:Microscopy)	0-1	0-5	/hpf
EPITHELIAL CELLS (Method:Microscopy)	4-6	0-5	/hpf
RED BLOOD CELLS (Method:Microscopy)	NOT DETECTED	0-2	/hpf
CAST (Method:Microscopy)	NOT DETECTED	NOT DETECTED	
CRYSTALS (Method:Microscopy)	NOT DETECTED	NOT DETECTED	
BACTERIA (Method:Microscopy)	PRESENT(+)	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.
- Contamination from perineum and vaginal discharge should be avoided during collection, which may falsely elevate epithelial cell count and show presence of bacteria

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<b>Gender</b>	: F	<b>Report Date</b>	: 14/Oct/2023 12:45PM



**DEPARTMENT OF CLINICAL PATHOLOGY**

Test Name	Result	Bio Ref. Interval	Unit
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and/or yeast in the urine.

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

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

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Gender : F

Lab Add. :  
Ref Dr. : Dr.MEDICAL OFFICER  
Collection Date :  
Report Date : 14/Oct/2023 01:18PM



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

DATA  
HEART RATE 83 Bpm

PR INTERVAL 146 Ms

QRS DURATION 80 Ms

QT INTERVAL 340 Ms

QTC INTERVAL 400 Ms

AXIS  
P WAVE 60 Degree

QRS WAVE 55 Degree

T WAVE 44 Degree

**IMPRESSION : Normal sinus rhythm, within normal limits.**

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

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

Dr. A C RAY  
Department of Non-invasive  
Cardiology



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Patient Name : INDRANI DAS  
Age : 29 Y 7 M 22 D  
Gender : F

Lab Add. :  
Ref Dr. : Dr.MEDICAL OFFICER  
Collection Date :  
Report Date : 14/Oct/2023 05:59PM

## DEPARTMENT OF ULTRASONOGRAPHY

### REPORT ON EXAMINATION OF WHOLE ABDOMEN

**LIVER:** Normal in shape, size and parenchymal echopattern. No focal lesion of altered echogenicity is seen. Intrahepatic biliary radicles are not dilated. The portal vein branches and hepatic veins are normal.

**GALL BLADDER:** Well distended lumen shows no intra-luminal calculus or mass. Wall thickness is normal. No pericholecystic collection is noted.

**PORTA HEPATIS:** The portal vein ( 0.9 cm) is normal in caliber with clear lumen. The common bile duct is normal in caliber. Visualized lumen is clear till visualised extent. Common bile duct measures approx 0.3 cm in diameter. *Extreme lower end of common bile duct is not visualised due to bowel gas shadow.*

**PANCREAS:** It is normal in shape, size and echopattern. Main pancreatic duct is not dilated. No focal lesion of altered echogenicity is seen. The peripancreatic region shows no abnormal fluid collection.

**SPLEEN:** It is normal in shape, size ( 8.8 cm) and shows homogeneous echopattern. No focal lesion is seen. No abnormal venous dilatation is seen in the splenic hilum.

**KIDNEYS:** Both Kidneys are normal in shape, size and position. Cortical echogenicity and thickness are normal with normal cortico-medullary differentiation in both kidneys. No calculus, hydronephrosis or mass is noted. The perinephric region shows no abnormal fluid collection.

**RIGHT KIDNEY** measures 10.3 cm      **LEFT KIDNEY** measures 11.7 cm

**URETER:** Both ureters are not dilated. No calculus is noted in either side.

**PERITONEUM & RETROPERITONEUM:** The aorta and IVC are normal. Lymph nodes are not enlarged. No free fluid is seen in peritoneum.

**URINARY BLADDER:** It is adequately distended providing optimum scanning window. The lumen is clear and wall thickness is normal.

**UTERUS:** It is normal in shape, size (8.2 x 3.2 x 5.3 cm) and echopattern. No focal myometrial lesion is seen. Endometrial echo is in midline. Double layer of endometrial echo measures 1.0 cm. Endometrial cavity is empty. Cervix is normal.

**ADNEXA:** No adnexal SOL is noted.

**RIGHT OVARY** is normal in shape, size and echopattern. Right ovary measures 3.2 cm x 1.7 cm

**LEFT OVARY** is normal in shape, size and echopattern. Left ovary measures 3.2 cm x 2.3 cm

**POD :** No fluid is seen.

### IMPRESSION:

**Study within normal limits.**

### Kindly note

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Patient Name : INDRANI DAS

Ref Dr. : Dr.MEDICAL OFFICER

Age : 29 Y 7 M 22 D

Collection Date :

Gender : F

Report Date : 14/Oct/2023 05:59PM



- ***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. J. Bardhan**  
Consultant Radiologist  
MD, Radiodiagnosis

**Patient Data**

Sample ID: D02135412666  
 Patient ID: SR8295839  
 Name:  
 Physician:  
 Sex:  
 DOB:

**Analysis Data**

Analysis Performed: 14/OCT/2023 12:34:08  
 Injection Number: 3437U  
 Run Number: 75  
 Rack ID: 0007  
 Tube Number: 3  
 Report Generated: 14/OCT/2023 12:47:11  
 Operator ID: TRISHA

Comments:

Peak Name	NGSP %	Area %	Retention Time (min)	Peak Area
A1a	---	1.3	0.168	27927
A1b	---	0.5	0.236	11667
F	---	1.2	0.285	26554
LA1c	---	1.3	0.414	28001
A1c	5.1	---	0.528	66236
P3	---	3.4	0.805	73817
P4	---	0.9	0.873	20085
Unknown	---	1.2	0.933	25732
Ao	---	59.2	0.992	1276590
Variant Window	---	27.9	1.092	601607

Total Area: 2,158,215

**HbA1c (NGSP) = 5.1 %**    HbA1c (IFCC) = 33 mmol/mol

