



Lab No. : DUR/25-02-2023/SR7339769
 Patient Name : ABHISHEK TIGGA
 Age : 42 Y 2 M 27 D
 Gender : M

Lab Add. : Newtown, Kolkata-700156
 Ref Dr. : Dr.MEDICAL OFFICER
 Collection Date: 25/Feb/2023 11:42AM
 Report Date : 25/Feb/2023 07:06PM



Test Name	Result	Unit	Bio Ref. Interval	Method
CBC WITH PLATELET & RETICULOCYTE COUNT , EDTA WHOLE BLOOD				
HEMOGLOBIN	16.2	g/dL	13 - 17	PHOTOMETRIC
WBC	4.7	*10 ³ /μL	4 - 10	DC detection method
RBC	5.61	*10 ⁶ /μL	4.5 - 5.5	DC detection method
PLATELET (THROMBOCYTE) COUNT	195	*10 ³ /μL	150 - 450*10 ³ /μL	DC detection method/Microscopy
<u>DIFFERENTIAL COUNT</u>				
NEUTROPHILS	56	%	40 - 80 %	Flowcytometry/Microscopy
LYMPHOCYTES	28	%	20 - 40 %	Flowcytometry/Microscopy
MONOCYTES	06	%	2 - 10 %	Flowcytometry/Microscopy
EOSINOPHILS	10	%	1-6%	Flowcytometry/Microscopy
BASOPHILS	00	%	0-0.9%	Flowcytometry/Microscopy
<u>CBC SUBGROUP 1</u>				
HEMATOCRIT / PCV	46.5	%	40 - 50 %	Calculated
MCV	83.0	fl	83 - 101 fl	Calculated
MCH	28.9	pg	27 - 32 pg	Calculated
MCHC	34.8	gm/dl	31.5-34.5 gm/dl	Calculated
RDW - RED CELL DISTRIBUTION WIDTH	15.2	%	11.6-14%	Calculated
RETICULOCYTE COUNT- AUTOMATED,BLOOD	0.8	%	0.5-2.5%	Cell Counter/Microscopy

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.

Pankti Patel

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

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*ALKALINE PHOSPHATASE , GEL SERUM					
ALKALINE PHOSPHATASE	58.00	U/L	53-128 U/L	AMP	
*BILIRUBIN (DIRECT) , GEL SERUM					
BILIRUBIN (DIRECT)	0.30	mg/dL	< 0.3 mg/dl	Diazotized DCA Method	
*SGOT/AST , GEL SERUM					
SGOT/AST	25.80	U/L	< 40 U/L	IFCC Kinetic Method	
*POTASSIUM, BLOOD , GEL SERUM					
POTASSIUM,BLOOD	4.60	mEq/L	3.1-5.5 mEq/L	ISE DIRECT	
*CHLORIDE, BLOOD , .					
CHLORIDE,BLOOD	101.00	mEq/L	98 - 107 mEq/L	ISE DIRECT	
*ESR (ERYTHROCYTE SEDIMENTATION RATE) , EDTA WHOLE BLOOD					
1stHour	08	mm/hr	0.00 - 20.00 mm/hr	Westergren	
*CALCIUM, BLOOD					
CALCIUM,BLOOD	10.40	mg/dL	8.6 - 10.2 mg/dl	ARSENAZO III	
*URIC ACID, BLOOD , GEL SERUM					
URIC ACID,BLOOD	9.70	mg/dl	3.4 - 7.0 mg/dl	URICASE	
*URINE ROUTINE ALL, ALL , URINE					
<u>PHYSICAL EXAMINATION</u>					
COLOUR	PALE YELLOW				
APPEARANCE	CLEAR				
<u>CHEMICAL EXAMINATION</u>					
pH	5.5		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	
<u>MICROSCOPIC EXAMINATION</u>					
LEUKOCYTES (PUS CELLS)	0-1	/hpf	0-5	Microscopy	
EPITHELIAL CELLS	0-1	/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:

- 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.

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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.

PDF Attached

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

GLYCATED HEMOGLOBIN (HBA1C)	5.6	%	***FOR BIOLOGICAL REFERENCE INTERVAL DETAILS , PLEASE REFER TO THE BELOW MENTIONED REMARKS/NOTE WITH ADDITIONAL CLINICAL INFORMATION ***	
HbA1c (IFCC)	37.0	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 : BIORAD D-10
Method : HPLC

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.

***LIPID PROFILE , GEL SERUM**

CHOLESTEROL-TOTAL	232.00	mg/dL	Desirable: < 200 mg/dL Borderline high: 200-239 High: > or =240 mg/dL	CHOD PAP Method
TRIGLYCERIDES	137.00	mg/dL	NORMAL < 150 BORDERLINE HIGH 150-199 HIGH 200-499 VERY HIGH > 500	GPO-PAP
HDL CHOLESTEROL	73.00	mg/dL	35.3-79.5 mg/dl	DIRECT METHOD
LDL CHOLESTEROL DIRECT	136.0	mg/dl	OPTIMAL : <100 mg/dL, Near optimal/ above optimal : 100-129	Direct Method

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Lab No. : SR7339769		Name : ABHISHEK TIGGA		Age/G : 42 Y 2 M 27 D / M		Date : 25-02-2023	
VLDL	23	mg/dl	mg/dL, Borderline high : 130-159 mg/dL, High : 160-189 mg/dL, Very high : >=190 mg/dL		< 40 mg/dl	Calculated	
CHOL HDL Ratio	3.2		LOW RISK 3.3-4.4 AVERAGE RISK 4.47-7.1 MODERATE RISK 7.1-11.0 HIGH RISK >11.0			Calculated	
*SODIUM, BLOOD , GEL SERUM							
SODIUM,BLOOD	140.00	mEq/L	136 - 145 mEq/L			ISE DIRECT	
UREA,BLOOD , GEL SERUM							
	16.4	mg/dl	12.8-42.8 mg/dl			UREASE-GLDH	
*SGPT/ALT , GEL SERUM							
SGPT/ALT	29.70	U/L	< 41 U/L			IFCC Kinetic Method	
*GLUCOSE, FASTING , BLOOD, NAF PLASMA							
GLUCOSE,FASTING	95	mg/dL	(70 - 110 mg/dl)			GOD POD	
*TOTAL PROTEIN [BLOOD] ALB:GLO RATIO , .							
TOTAL PROTEIN	6.70	g/dL	6.6 - 8.7 g/dL			BIURET METHOD	
ALBUMIN	4.4	g/dl	3.5-5.2 g/dl			BCG	
GLOBULIN	2.30	g/dl	1.8-3.2 g/dl			Calculated	
AG Ratio	1.91		1.0 - 2.5			Calculated	
*BILIRUBIN (TOTAL) , GEL SERUM							
BILIRUBIN (TOTAL)	0.80	mg/dL	< 1.2 mg/dl			Diazotized DCA Method	
*CBC WITH PLATELET (THROMBOCYTE) COUNT , EDTA WHOLE BLOOD							
HEMOGLOBIN	15.8	g/dL	13 - 17			PHOTOMETRIC	
WBC	4.6	*10 ³ /μL	4 - 10			DC detection method	
RBC	5.30	*10 ⁶ /μL	4.5 - 5.5			DC detection method	
PLATELET (THROMBOCYTE) COUNT	204	*10 ³ /μL	150 - 450*10 ³ /μL			DC detection method/Microscopy	
<u>DIFFERENTIAL COUNT</u>							
NEUTROPHILS	58	%	40 - 80 %			Flowcytometry/Microscopy	
LYMPHOCYTES	26	%	20 - 40 %			Flowcytometry/Microscopy	
MONOCYTES	05	%	2 - 10 %			Flowcytometry/Microscopy	
EOSINOPHILS	11	%	1 - 6 %			Flowcytometry/Microscopy	
BASOPHILS	00	%	0-0.9%			Flowcytometry/Microscopy	
<u>CBC SUBGROUP</u>							
HEMATOCRIT / PCV	45.3	%	40 - 50 %			Calculated	
MCV	85.5	fl	83 - 101 fl			Calculated	
MCH	29.8	pg	27 - 32 pg			Calculated	
MCHC	34.9	gm/dl	31.5-34.5 gm/dl			Calculated	
RDW - RED CELL DISTRIBUTION WIDTH	15.7	%	11.6-14%			Calculated	
PDW-PLATELET DISTRIBUTION WIDTH	16.3	fL	8.3 - 25 fL			Calculated	
MPV-MEAN PLATELET VOLUME	10.4		7.5 - 11.5 fl			Calculated	
*THYROID PANEL (T3, T4, TSH) , GEL SERUM							
T3-TOTAL (TRI IODOTHYRONINE)	1.00	ng/ml	0.9 - 2.2 ng/ml			CLIA	
T4-TOTAL (THYROXINE)	8.2	5.5-16 microgram/dl	5.5-16 microgram/dl			CLIA	
TSH (THYROID STIMULATING HORMONE)	3.20	μIU/mL	0.5-4.7 μIU/mL			CLIA	

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ESTIMATED WITH FRESHLY COLLECTED SAMPLE

SAMPLE COLLECTED ON 28-02-2023.

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>.

CREATININE, BLOOD	1.05	mg/dL	0.70 - 1.3 mg/dl	ENZYMATIC
*GLUCOSE, PP , BLOOD, NAF PLASMA				
GLUCOSE, PP	145		(70 - 140 mg/dl)	GOD POD

□



Dr Sayak Biswas
MBBS, MD
Consultant Pathologist



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URIC ACID, URINE, SPOT URINE

URIC ACID, SPOT URINE 27.00 mg/dL 37-92 mg/dL URICASE

ESTIMATED TWICE

PHOSPHORUS-INORGANIC, BLOOD , GEL SERUM

PHOSPHORUS-INORGANIC,BLOOD 3.4 mg/dL 2.4-5.1 mg/dL Phosphomolybdate/UV

□

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

Lab No. : DUR/25-02-2023/SR7339769
Patient Name : ABHISHEK TIGGA
Age : 42 Y 2 M 27 D
Gender : M

Lab Add. :
Ref Dr. : Dr.MEDICAL OFFICER
Collection Date:
Report Date : 27/Feb/2023 02:27PM



DEPARTMENT OF ULTRASONOGRAPHY

REPORT ON EXAMINATION OF WHOLE ABDOMEN

LIVER: Normal in size (13.53 cm) *with mild to moderate increased echogenicity suggesting fat infiltration grade I to II*. No definite focal lesion is seen. Intrahepatic biliary radicles are not dilated. The portal vein branches and hepatic veins are normal.

GALL BLADDER: Well distended lumen shows no intraluminal calculus or mass. Wall thickness is normal. No pericholecystic collection or mass formation is noted.

PORTA HEPATIS: The portal vein is normal in caliber (0.90 cm) with clear lumen. The common bile duct is normal in caliber. Visualized lumen is clear. Common bile duct measures approx (0.30 cm) in diameter.

PANCREAS: It is normal in size, shape 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 size (9.80 cm), shape 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 size, shape and position. Cortical echogenicity and thickness are normal with normal cortico-medullary differentiation in both kidneys. *Two calculi measuring 6.1 mm and 5.5 mm are seen in mid pole calyx of left kidney*. No hydronephrosis or mass is noted. The perinephric region shows no abnormal fluid collection. Right kidney measures: 10.47 cm x 4.43 cm and Left Kidney measures: 10.38 cm x 4.47 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 peritoneal cavity.

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

PROSTATE: It is normal in size, shape and echopattern. No focal lesion is seen. Capsule is smooth. Prostate measures: 3.86 cm x 3.49 cm x 3.02 cm, weight 21 gms.

IMPRESSION:

- *Left renal calculi.*
- *Fatty liver Grade I -II.*

*** Please correlate clinically.

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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.

Nidhi Sehgal

Dr Nidhi Sehgal
DNB (Radio-diagnosis)
Senior Consultant Radiologist

Lab No. : DUR/25-02-2023/SR7339769
Patient Name : ABHISHEK TIGGA
Age : 42 Y 2 M 27 D
Gender : M

Lab Add. :
Ref Dr. : Dr.MEDICAL OFFICER
Collection Date:
Report Date : 25/Feb/2023 03:00PM



DEPARTMENT OF CARDIOLOGY
REPORT OF E.C.G.

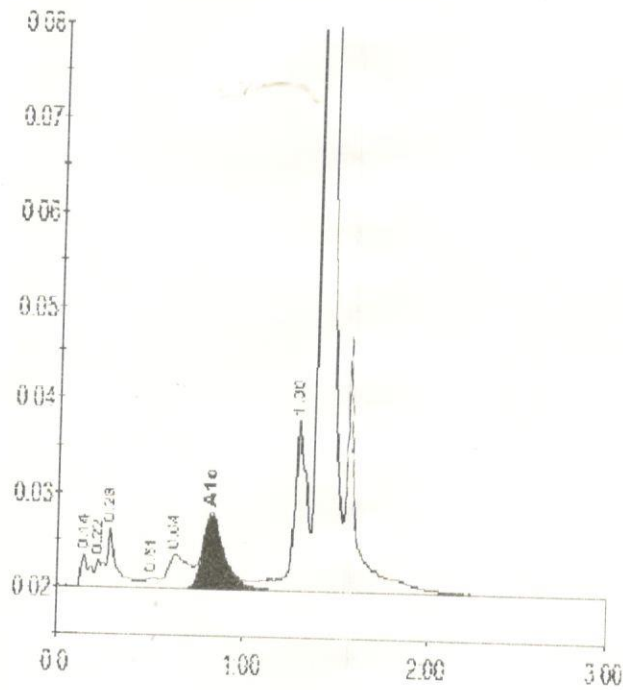
DATA		
HEART RATE	55	Bpm
PR INTERVAL	128	Ms
QRS DURATION	96	Ms
QT INTERVAL	390	Ms
QTC INTERVAL	375	Ms
AXIS		
P WAVE	34	Degree
QRS WAVE	-11	Degree
T WAVE	09	Degree
IMPRESSION	:	Sinus bradycardia otherwise normal E.C.G.

*****Please correlate clinically*****

DR.ASHISH HOTA
MD,DM(CARDIOLOGY)
REG NO:15301 OCMR

Patient report

Bio-Rad DATE: 25/02/2023
 D-10 TIME: 02:21 PM
 S/N: #DJ4D012104 Software version: 4.30-2
 Sample ID: C02135092301
 Injection date 25/02/2023 02:21 PM
 Injection #: 10 Method: HbA1c
 Rack #: --- Rack position: 10



Peak table - ID: C02135092301

Peak	R.time	Height	Area	Area %
A1a	0.14	3354	10871	0.7
Unknown	0.22	2919	8606	0.6
A1b	0.28	6306	21832	1.5
F	0.51	1016	5498	0.4
LA1c/CHb-1	0.64	3527	27913	1.9
A1c	0.83	7784	61119	5.6
P3	1.30	18486	87739	5.9
A0	1.40	510964	1272887	85.1
Total Area:		1496464		

Concentration:	%	mmol/mol
A1c	5.6	37