



Lab No. : DUN/03-04-2023/SR7483533
Patient Name : DIPANKAR BHATTCHARIYA
Age : 31 Y 0 M 0 D
Gender : M

Lab Add. : Newtown, Kolkata-700156
Ref Dr. : Dr.MEDICAL OFFICER
Collection Date: 03/Apr/2023 10:22AM
Report Date : 03/Apr/2023 01:52PM



Test Name	Result	Unit	Bio Ref. Interval	Method
SODIUM, BLOOD , GEL SERUM				
SODIUM,BLOOD	138	mEq/L	132 - 146 mEq/L	ISE INDIRECT
*CHLORIDE, BLOOD , .				
CHLORIDE,BLOOD	103	mEq/L	99-109 mEq/L	ISE INDIRECT
PHOSPHORUS-INORGANIC, BLOOD , GEL SERUM				
PHOSPHORUS-INORGANIC,BLOOD	3.8	mg/dL	2.4-5.1 mg/dL	Phosphomolybdate/UV
POTASSIUM, BLOOD , GEL SERUM				
POTASSIUM,BLOOD	4.60	mEq/L	3.5-5.5 mEq/L	ISE INDIRECT

Dr NEEPA CHOWDHURY
MBBS MD (Biochemistry)
Consultant Biochemist



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ESR (ERYTHROCYTE SEDIMENTATION RATE) , EDTA WHOLE BLOOD

1stHour	27	mm/hr	0.00 - 20.00 mm/hr	Westergren
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BLOOD GROUP ABO+RH [GEL METHOD] , EDTA WHOLE BLOOD

ABO	B		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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SGPT/ALT , GEL SERUM

SGPT/ALT 63 U/L 7-40 U/L Modified IFCC

ALKALINE PHOSPHATASE , GEL SERUM

ALKALINE PHOSPHATASE 102 U/L 46-116 U/L IFCC standardization

BILIRUBIN (TOTAL) , GEL SERUM

BILIRUBIN (TOTAL) 0.50 mg/dL 0.3-1.2 mg/dL Vanadate oxidation

GLUCOSE, FASTING , BLOOD, NAF PLASMA

GLUCOSE,FASTING 91 mg/dL Impaired Fasting-100-125 . Gluc Oxidase Trinder
Diabetes- >= 126.
Fasting is defined as no caloric intake for at least 8 hours.

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.

CALCIUM, BLOOD

CALCIUM,BLOOD 9.40 mg/dL 8.7-10.4 mg/dL Arsenazo III

URIC ACID, BLOOD , GEL SERUM

URIC ACID,BLOOD 6.40 mg/dL 3.5-7.2 mg/dL Uricase/Peroxidase

[PDF Attached](#)

GLYCATED HAEMOGLOBIN (HBA1C) , EDTA WHOLE BLOOD

GLYCATED HEMOGLOBIN (HBA1C) 5.4 %
***FOR BIOLOGICAL REFERENCE INTERVAL DETAILS , PLEASE REFER TO THE BELOW MENTIONED REMARKS/NOTE WITH ADDITIONAL CLINICAL INFORMATION ***

HbA1c (IFCC) 35.0 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 glycemetic targets

- Ø Patients should use self-monitoring of blood glucose (SMBG) and HbA1c levels to assess glycemetic 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 glycemetic control.
- Ø If a patient changes treatment plans or does not meet his or her glycemetic 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



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/ 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	172	mg/dL	Desirable: < 200 mg/dL Borderline high: 200-239 mg/dL High: > or =240 mg/dL	Enzymatic
TRIGLYCERIDES	90	mg/dL	Normal:: < 150, BorderlineHigh::150-199, High:: 200-499, VeryHigh::>500	GPO-Trinder
HDL CHOLESTEROL	36	mg/dl	< 40 - Low 40-59- Optimum 60 - High	Elimination/catalase
LDL CHOLESTEROL DIRECT	118	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	Calculated
VLDL	18	mg/dl	< 40 mg/dl	Calculated
CHOL HDL Ratio	4.8		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.

SGOT/AST , GEL SERUM

SGOT/AST	27	U/L	13-40 U/L	Modified IFCC
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CREATININE, BLOOD , GEL SERUM

CREATININE	0.90	mg/dL	0.7-1.3 mg/dL	Jaffe, alkaline picrate, kinetic
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TOTAL PROTEIN [BLOOD] ALB:GLO RATIO , .

TOTAL PROTEIN	7.20	g/dL	5.7-8.2 g/dL	BIURET METHOD
ALBUMIN	4.4	g/dL	3.2-4.8 g/dL	BCG Dye Binding
GLOBULIN	2.80	g/dl	1.8-3.2 g/dl	Calculated
AG Ratio	1.57		1.0 - 2.5	Calculated

BILIRUBIN (DIRECT) , GEL SERUM

BILIRUBIN (DIRECT)	0.10	mg/dL	<0.2 mg/dL	Vanadate oxidation
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UREA,BLOOD

UREA	32.1	mg/dL	19-49 mg/dL	Urease with GLDH
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THYROID PANEL (T3, T4, TSH) , GEL SERUM

T3-TOTAL (TRI IODOTHYRONINE)	0.89	ng/ml	0.60-1.81 ng/ml	CLIA
T4-TOTAL (THYROXINE)	11.3	µg/dL	3.2-12.6 µg/dL	CLIA
TSH (THYROID STIMULATING HORMONE)	1.92	µIU/mL	0.55-4.78 µIU/mL	CLIA

Serum TSH levels exhibit a diurnal variation with the peak occurring during the night and the nadir, which approximates to 50% of



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the peak value, occurring between 1000 and 1600 hours.[1,2]

References:

1. 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.
2. 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:

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

GLUCOSE, PP , BLOOD, NAF PLASMA

GLUCOSE,PP	107	mg/dL	Impaired Glucose Tolerance-140 to 199. Diabetes>= 200.
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The test should be performed as described by the WHO, using a glucose load containing the equivalent of 75-g anhydrous glucose dissolved in water. 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.

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



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CBC WITH PLATELET (THROMBOCYTE) COUNT , EDTA WHOLE BLOOD

HEMOGLOBIN	11.3	g/dL	13 - 17	PHOTOMETRIC
WBC	8.6	*10 ³ /μL	4 - 10	DC detection method
RBC	4.40	*10 ⁶ /μL	4.5 - 5.5	DC detection method
PLATELET (THROMBOCYTE) COUNT	160	*10 ³ /μL	150 - 450*10 ³ /μL	DC detection method/Microscopy

DIFFERENTIAL COUNT

NEUTROPHILS	63	%	40 - 80 %	Flowcytometry/Microscopy
LYMPHOCYTES	28	%	20 - 40 %	Flowcytometry/Microscopy
MONOCYTES	06	%	2 - 10 %	Flowcytometry/Microscopy
EOSINOPHILS	03	%	1 - 6 %	Flowcytometry/Microscopy
BASOPHILS	00	%	0-0.9%	Flowcytometry/Microscopy

CBC SUBGROUP

HEMATOCRIT / PCV	35.4	%	40 - 50 %	Calculated
MCV	80.4	fl	83 - 101 fl	Calculated
MCH	25.8	pg	27 - 32 pg	Calculated
MCHC	32.1	gm/dl	31.5-34.5 gm/dl	Calculated
RDW - RED CELL DISTRIBUTION WIDTH	17.6	%	11.6-14%	Calculated
PDW-PLATELET DISTRIBUTION WIDTH	27.4	fL	8.3 - 25 fL	Calculated
MPV-MEAN PLATELET VOLUME	13.4		7.5 - 11.5 fl	Calculated

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

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DEPARTMENT OF CARDIOLOGY
REPORT OF E.C.G.

DATA	
HEART RATE	64 Bpm
PR INTERVAL	136 Ms
QRS DURATION	74 Ms
QT INTERVAL	364 Ms
QTC INTERVAL	379 Ms
AXIS	
P WAVE	50 Degree
QRS WAVE	24 Degree
T WAVE	22 Degree
IMPRESSION	: Normal sinus rhythm, within normal limits.

ACR

Dr. A C RAY
Department of Non-invasive
Cardiology

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Report Date : 03/Apr/2023 04:20PM



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

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Collection Date:
Report Date : 03/Apr/2023 05:40PM



DEPARTMENT OF ULTRASONOGRAPHY

REPORT ON EXAMINATION OF WHOLE ABDOMEN

LIVER: It is enlarged in size (15.58 cm) with grade I fatty changes. 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 intraluminal calculus or mass. Wall thickness is normal. No pericholecystic collection is noted.

PORTA HEPATIS: The portal vein (0.74 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 0.31 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 shows **mild fatty infiltration.** 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 (10.13 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 11.25 cm **LEFT KIDNEY** measures 10.15 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.

PROSTATE: It is normal in shape, size and echopattern. No focal lesion is seen. Capsule is smooth.

Prostate measures : 2.84 x 3.38 x 3.52 cm. Weight 17.69 gms.

IMPRESSION:

Hepatomegaly with grade I fatty changes in liver.

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Mild fatty infiltration in pancreas.

Please correlate clinically.

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



DR. NAMRATA CHATTERJEE
MBBS,CONSULTANT SONOLOGIST
Reg No : 79092

Patient Data

Sample ID: C02135008710
 Patient ID: SR7483533
 Name:
 Physician:
 Sex:
 DOB:

Analysis Data

Analysis Performed: 03/APR/2023 14:03:08
 Injection Number: 9878U
 Run Number: 218
 Rack ID: 0005
 Tube Number: 9
 Report Generated: 03/APR/2023 14:09:20
 Operator ID: ASIT

Comments:

Peak Name	NGSP %	Area %	Retention Time (min)	Peak Area
Unknown	---	0.1	0.111	2318
A1a	---	0.8	0.159	15974
A1b	---	1.2	0.219	22871
F	---	0.6	0.271	12163
LA1c	---	1.8	0.393	34652
A1c	5.4	---	0.495	83151
P3	---	3.4	0.781	65567
P4	---	1.2	0.860	23145
Ao	---	86.6	0.988	1680779

Total Area: 1,940,620

HbA1c (NGSP) = 5.4 % HbA1c (IFCC) = 35 mmol/mol

