



Lab No. : ASN/25-03-2023/SR7449489  
 Patient Name : KAMAL KUMAR DAS  
 Age : 36 Y 8 M 29 D  
 Gender : M

Lab Add. : Newtown, Kolkata-700156  
 Ref Dr. : Dr.MEDICAL OFFICER  
 Collection Date: 25/Mar/2023 09:01AM  
 Report Date : 25/Mar/2023 07:13PM



Test Name	Result	Unit	Bio Ref. Interval	Method
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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. NEHA GUPTA**  
**MD, DNB (Pathology)**  
**Consultant Pathologist**

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CREATININE, BLOOD , GEL SERUM	0.86	mg/dL	0.70 - 1.3 mg/dl	ENZYMATIC
<b>*GLUCOSE, PP , BLOOD, NAF PLASMA</b>				
GLUCOSE,PP	<b>119</b>		(70 - 140 mg/dl)	GOD POD
<b>*ALKALINE PHOSPHATASE , GEL SERUM</b>				
ALKALINE PHOSPHATASE	80	U/L	53-128 U/L	AMP
<b>*SGOT/AST , GEL SERUM</b>				
SGOT/AST	27	U/L	< 40 U/L	IFCC Kinetic Method
UREA,BLOOD	19.5	mg/dl	12.8-42.8 mg/dl	UREASE-GLDH
<b>*CALCIUM, BLOOD</b>				
CALCIUM,BLOOD	9.50	mg/dL	8.6 - 10.2 mg/dl	ARSENAZO III
<b>*BILIRUBIN (TOTAL) , GEL SERUM</b>				
BILIRUBIN (TOTAL)	0.70	mg/dL	< 1.2 mg/dl	Diazotized DCA Method
<b>*URINE ROUTINE ALL, ALL , URINE</b>				
<b><u>PHYSICAL EXAMINATION</u></b>				
COLOUR	PALE YELLOW			
APPEARANCE	CLEAR			
<b><u>CHEMICAL EXAMINATION</u></b>				
pH	5.5		4.6 - 8.0	Dipstick (triple indicator method)
SPECIFIC GRAVITY	1.015		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
NITRITE	NEGATIVE		NEGATIVE	Dipstick (Griess test)
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Dipstick (ester hydrolysis reaction)
<b><u>MICROSCOPIC EXAMINATION</u></b>				
LEUKOCYTES (PUS CELLS)	1-2	/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.
- 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

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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.

**\*BILIRUBIN (DIRECT) , GEL SERUM**

BILIRUBIN (DIRECT)	0.30	mg/dL	< 0.3 mg/dl	Diazotized DCA Method
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**\*SGPT/ALT , GEL SERUM**

SGPT/ALT	30	U/L	< 41 U/L	IFCC Kinetic Method
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**\*POTASSIUM, BLOOD , GEL SERUM**

POTASSIUM,BLOOD	4.70	mEq/L	3.1-5.5 mEq/L	ISE DIRECT
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**\*CHLORIDE, BLOOD , .**

CHLORIDE,BLOOD	104	mEq/L	98 - 107 mEq/L	ISE DIRECT
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**\*CBC WITH PLATELET (THROMBOCYTE) COUNT , EDTA WHOLE BLOOD**

HEMOGLOBIN	15.4	g/dL	13 - 17	PHOTOMETRIC
WBC	5.9	*10 <sup>3</sup> /μL	4 - 10	DC detection method
RBC	<b>5.61</b>	*10 <sup>6</sup> /μL	4.5 - 5.5	DC detection method
PLATELET (THROMBOCYTE) COUNT	152	*10 <sup>3</sup> /μL	150 - 450*10 <sup>3</sup> /μL	DC detection method/Microscopy

**DIFFERENTIAL COUNT**

NEUTROPHILS	57	%	40 - 80 %	Flowcytometry/Microscopy
LYMPHOCYTES	34	%	20 - 40 %	Flowcytometry/Microscopy
MONOCYTES	04	%	2 - 10 %	Flowcytometry/Microscopy
EOSINOPHILS	05	%	1 - 6 %	Flowcytometry/Microscopy
BASOPHILS	00	%	0-0.9%	Flowcytometry/Microscopy

**CBC SUBGROUP**

HEMATOCRIT / PCV	46.9	%	40 - 50 %	Calculated
MCV	83.6	fl	83 - 101 fl	Calculated
MCH	27.4	pg	27 - 32 pg	Calculated
MCHC	32.8	gm/dl	31.5-34.5 gm/dl	Calculated
RDW - RED CELL DISTRIBUTION WIDTH	<b>14.6</b>	%	11.6-14%	Calculated
PDW-PLATELET DISTRIBUTION WIDTH	20.0	fL	8.3 - 25 fL	Calculated
MPV-MEAN PLATELET VOLUME	11.6		7.5 - 11.5 fl	Calculated

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

1stHour	05	mm/hr	0.00 - 20.00 mm/hr	Westergren
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**\*URIC ACID, BLOOD , GEL SERUM**

URIC ACID,BLOOD	<b>8.10</b>	mg/dl	3.4 - 7.0 mg/dl	URICASE
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[PDF Attached](#)

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

GLYCATED HEMOGLOBIN (HBA1C)	5.3	%	***FOR BIOLOGICAL REFERENCE INTERVAL DETAILS , PLEASE REFER TO THE BELOW MENTIONED REMARKS/NOTE WITH ADDITIONAL CLINICAL INFORMATION ***
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HbA1c (IFCC)	35.0	mmol/mol	HPLC
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**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 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.

**\*GLUCOSE, FASTING , BLOOD, NAF PLASMA**

GLUCOSE,FASTING	107	mg/dL	(70 - 110 mg/dl)	GOD POD
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**\*TOTAL PROTEIN [BLOOD] ALB:GLO RATIO , .**

TOTAL PROTEIN	7.70	g/dL	6.6 - 8.7 g/dL	BIURET METHOD
ALBUMIN	4.4	g/dl	3.5-5.2 g/dl	BCG
GLOBULIN	<b>3.30</b>	g/dl	1.8-3.2 g/dl	Calculated
AG Ratio	1.33		1.0 - 2.5	Calculated

**\*THYROID PANEL (T3, T4, TSH) , GEL SERUM**

T3-TOTAL (TRI IODOTHYRONINE)	<b>0.70</b>	ng/ml	0.9 - 2.2 ng/ml	CLIA
T4-TOTAL (THYROXINE)	<b>4.8</b>	5.5-16 microgram/dl	5.5-16 microgram/dl	CLIA
TSH (THYROID STIMULATING HORMONE)	3.70	µIU/mL	0.5-4.7 µIU/mL	CLIA

**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.





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**URIC ACID, URINE, SPOT URINE**

URIC ACID, SPOT URINE      **22.00**      mg/dL      37-92 mg/dL      URICASE

**ESTIMATED TWICE**

**LIPID PROFILE , GEL SERUM**

CHOLESTEROL-TOTAL	161	mg/dL	Desirable: < 200 mg/dL Borderline high: 200-239 mg/dL High: > or =240 mg/dL	Enzymatic
TRIGLYCERIDES	257	mg/dL	Normal: < 150, BorderlineHigh::150-199, High: 200-499, VeryHigh::>500	GPO-Trinder
HDL CHOLESTEROL	31	mg/dl	< 40 - Low 40-59- Optimum 60 - High	Elimination/catalase
LDL CHOLESTEROL DIRECT	104	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	Elimination / Catalase
VLDL	26	mg/dl	< 40 mg/dl	Calculated
CHOL HDL Ratio	5.2		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.

**PHOSPHORUS-INORGANIC, BLOOD , GEL SERUM**

PHOSPHORUS-INORGANIC,BLOOD      3.0      mg/dL      2.4-5.1 mg/dL      Phosphomolybdate/UV

□

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

Lab No. : ASN/25-03-2023/SR7449489  
Patient Name : KAMAL KUMAR DAS  
Age : 36 Y 8 M 29 D  
Gender : M

Lab Add. : ASANSOL  
Ref Dr. : Dr.MEDICAL OFFICER  
Collection Date:  
Report Date : 25/Mar/2023 01:09PM



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

**DATA**

HEART RATE	:	78 bpm
PR INTERVAL	:	142 ms
QRS DURATION	:	94 ms
QT INTERVAL	:	369 ms
QTC INTERVAL	:	421 ms

**AXIS**

P WAVE	:	44 degree
QRS WAVE	:	5 degree
T WAVE	:	39 degree

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

*ACR*  
Dr. A C RAY  
Department of Non-invasive  
Cardiology

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Ref Dr. : Dr.MEDICAL OFFICER  
Collection Date:  
Report Date : 25/Mar/2023 01:17PM




## 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 :

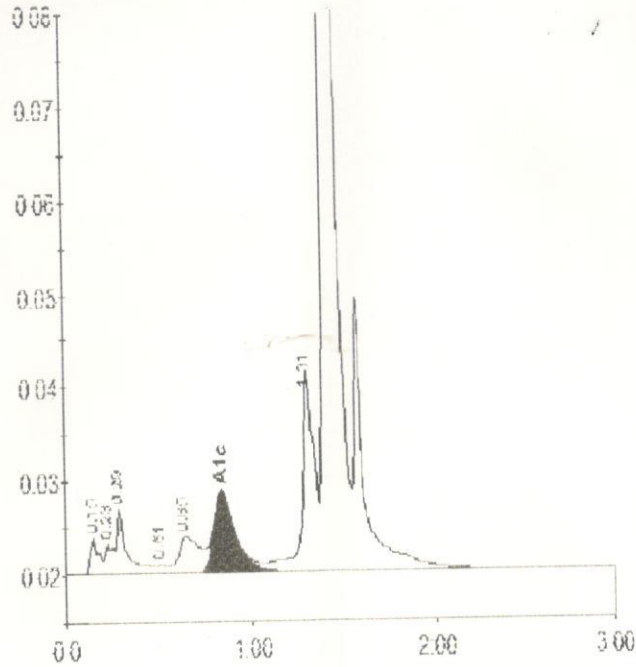
Normal study.

  
Dr. Anoop Sastry  
MBBS, DMRT(CAL)  
CONSULTANT RADIOLOGIST  
Registration No.: WB-36628



# Patient report

Bio-Rad DATE: 25/03/2023  
 D-10 TIME: 03:41 PM  
 S/N: #DJ4D012104 Software version: 4.30-2  
 Sample ID: C02135103631  
 Injection date: 25/03/2023 03:40 PM  
 Injection #: 8 Method: HbA1c  
 Rack #: --- Rack position: 8



Peak table - ID: C02135103631

Peak	R.time	Height	Area	Area %
A1a	0.15	3878	12006	0.7
Unknown	0.23	3177	10281	0.6
A1b	0.29	6831	24714	1.4
F	0.51	917	3850	0.2
LA1c/CHb-1	0.65	3891	30877	1.8
A1c	0.85	8524	68098	5.3
P3	1.31	21160	100998	5.9
A0	1.41	550183	1471435	85.4
Total Area:			1722259	

Concentration:	%	mmol/mol
A1c	5.3	35