

## LABORATORY INVESTIGATION REPORT

**Patient Name** : Mrs. Payel Hati  
**UHID** : NMHK.2117303  
**Episode** : OP  
**Ref. Doctor** : NMH  
**Address** : MIRZA BAZAR GOYAPARA , ,Medinipur,West Bengal ,721101

**Age/Sex** : 23 Year(s)/Female  
**Order Date** : 09/11/2021 12:46  
**Mobile No** : 8116415787  
**Facility** : NARAYAN MEMORIAL HOSPITAL

### Biochemistry

INVESTIGATION	RESULTS	UNITS	BIOLOGICAL REF RANGE
Sample No : 07H0046930	Collection Date : 09/11/21 13:03		Report Date : 10/11/21 19:52
	Ack Date :		

#### KIDNEY FUNCTION TEST

##### SAMPLE : SERUM

SERUM CREATININE **0.5 ▼** mg/dl 0.6 - 1.2  
*Jaffe Gen2 Compensated*

BLOOD UREA NITROGEN **7.0** mg/dl 6 - 20  
*Calculated*

##### SAMPLE : SERUM

URIC ACID **5.0** mg/dl 2.6 - 6.2  
*Enzymatic Colorimetric*

#### LIVER FUNCTION TEST ( LFT )

##### SAMPLE : SERUM

TOTAL BILIRUBIN **0.6** mg/dl 0 - 2  
*Diazo Method*

DIRECT BILIRUBIN **0.3 ▲** mg/dl 0 - 0.2  
*Diazo Method*

INDIRECT BILIRUBIN **0.3** mg/dl 0.2 - 0.9  
*Calculated*

SGPT (ALT) **22** U/L 0 - 34  
*IFCC Without Pyridoxal Phosphate*

SGOT (AST) **18** U/L 0 - 31  
*IFCC Without Pyridoxal Phosphate*

ALKALINE PHOSPHATASE **121** U/L 53 - 128  
*IFCC*

TOTAL PROTEIN **7.0** g/dl 6.4 - 8.2  
*Biuret*

ALBUMIN **4.7** gm/dl 3.5 - 5.2  
*Bromocresol Green*

GLOBULIN **2.3** g/dl 2 - 3.5  
*Calculated*

ALBUMIN:GLOBULIN **2.0** - 1.1 - 2.5  
*Calculated*

GGT **14** U/L 5 - 36  
*Enzymatic colorimetric assay*

#### LIPID PROFILE

##### SAMPLE : SERUM

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TOTAL CHOLESTEROL	133	mg/dl	Desirable <200   Borderline 200-239   High >=240
<i>CHOD-PAP</i>			
HDL CHOLESTEROL	36 ▼	mg/dl	40 - 60
<i>Homogenous Enzymatic Colorimetric</i>			
LDL CHOLESTEROL	76	mg/dl	Optimal < 100   Borderline 130
<i>Homogenous Enzymatic Colorimetric</i>			
VLDL	30.80 ▲	mg/dl	0 - 30
<i>CALCULATED</i>			
CHOLESTEROL-HDL RATIO	3.69	-	
LDL-HDL RATIO	2.11	-	
TRIGLYCERIDES	154	mg/dl	Desirable <150   Borderline 150 - 200   High >200

*Enzymatic Colorimetric*

Sample No : 07H0046930B Collection Date : 09/11/21 13:03 Ack Date : Report Date : 10/11/21 19:52

**SAMPLE : PLASMA**

BLOOD SUGAR FASTING 82 mg/dl 70 - 110

*Hexokinase*


Sample No : 07H0046931B Collection Date : 09/11/21 13:04 Ack Date : Report Date : 10/11/21 19:52

**SAMPLE : PLASMA**

BLOOD SUGAR PP 111 mg/dl 80 - 140

*Hexokinase*

End of Report



**Dr.S. Chatterjee**  
**MD, MBBS, FAACC**  
 (CONSULTANT BIOCHEMIST)

Checked By

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**Immunoassay**

<b>INVESTIGATION</b>	<b>RESULTS</b>	<b>UNITS</b>	<b>BIOLOGICAL REF RANGE</b>
Sample No : 07H0046930	Collection Date : 09/11/21 13:03	Ack Date :	Report Date : 10/11/21 19:13

**THYROID FUNCTION TEST**

**SAMPLE : SERUM**

T3	0.92	ng/ml	0.6 - 1.8
<i>ECLIA</i>		ug/dL	5.4 - 11.7
T4	5.83		
<i>ECLIA</i>		uIU/ml	Adult Male - 0.27-5.50 Adult Female - 0.27-5.50 Newborns - <25 Upto 12 years - 0.3-5
TSH	3.42		

*ECLIA*

**Interpretations:**

- For diagnostic purposes, the result should always be assessed in conjunction with the patient's medical history, clinical examinations and other findings.
- The assay is unaffected by icterus (Bilirubin < 701 µmol/L or < 41 mg/dL), hemolysis (Hb < 0.621 mmol/L or < 1 g/dL), lipemia (Intralipid < 1500 mg/dL), biotin (< 102 nmol/L or < 25 ng/ml), IgG < 2 g/dL and IgM < 0.5 g/dL)
- There is no high dose hook effect at TSH concentrations upto 1000 µmol/ml.
- TSH values may be transiently altered because of non thyroidal illness like several infections, liver disease, renal and heart failure, several burns, trauma and surgery etc. Drugs that decrease TSH values e.g. L-dopa, Glucocorticoid drugs that increase TSH values e.g. Iodine, Lithium, Amiodarone.
- The assay is unaffected by icterus (bilirubin < 633 µmol/L or < 37 mg/dl), hemolysis (Hb < 1.4 mmol/L or < 2.3 g/dl), lipemia (triglycerides < 28.5 mmol/L or 2500 mg/dl) and biotin (< 409 nmol or < 100 ng/ml).
- The assay is unaffected by icterus (bilirubin < 599 µmol/L or < 35 mg/dl), hemolysis (Hb < 1.2 mmol/L or < 2.0 g/dl), lipemia (Intralipid < 1800 mg/dl) and biotin (< 123 nmol or < 30 ng/ml).

End of Report



**Dr. MAINAK CHAKRABORTY**  
**MBBS, MD(PATH)**  
 (CONSULTANT PATHOLOGIST)

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**Hematology**

INVESTIGATION RESULTS UNITS BIOLOGICAL REF RANGE  
 Sample No : 07H0046930 Collection Date : 09/11/21 13:03 Ack Date : Report Date : 09/11/21 16:54

**COMPLETE HAEMOGRAM ( CBC )**

**SAMPLE : EDTA BLOOD**

HAEMOGLOBIN (HB)	13.2	gm/dl	12 - 15
RBC COUNT	4.43	$\times 10^6/\mu\text{l}$	3.8 - 4.8
TOTAL WBC COUNT	8.8	$10^3/\text{cmm}$	4 - 10
PLATELET COUNT	210	$10^3/\text{cmm}$	150 - 410
PCV	39	%	36 - 46
MCV	88	fl	83 - 101
MCH	30	pg	27 - 32
MCHC	34	gm/dl	31.5 - 34.5
ESR	90	mm/hr	$\leq 12$

**DIFFERENTIAL COUNT**

NEUTROPHILS	65	%	40 - 80
LYMPHOCYTES	31	%	20 - 40
MONOCYTES	02	%	2 - 10
EOSINOPHILS	02	%	1 - 6
BASOPHILS	00	%	0 - 2

**PERIPHERAL BLOOD SMEAR**

RBC Normocytic normochromic  
 End of Report

*Angkita K. Ghosh*

**Dr. ANGKITA K. GHOSH**  
**MBBS, MD(PATH)**  
 (CONSULTANT PATHOLOGIST)  
 RegNo: 82734  
 Checked By



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**Immunology**

INVESTIGATION

Sample No : 07H0046930

RESULTS

Collection Date : 09/11/21 13:03

Ack Date :

UNITS

BIOLOGICAL REF RANGE

Report Date : 09/11/21 16:54

**SAMPLE : EDTA BLOOD**

BLOOD GROUP  
RH TYPE

' B '  
POSITIVE

End of Report

*Angkita K. Ghosh*

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B  
P  
E

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**Clinical Pathology**

INVESTIGATION

Sample No : 07H0046933

Collection Date : 09/11/21 13:07

Ack Date :

UNITS

BIOLOGICAL REF RANGE

Report Date : 10/11/21 12:51

**URINE FOR R/E**

**SAMPLE : URINE**

**PHYSICAL EXAMINATION**

VOLUME	50	ml
COLOUR	PALE STRAW	
APPEARANCE	SLIGHTLY HAZY	
SPECIFIC GRAVITY	1.010	1.010 - 1.030
REACTION(pH)	ACIDIC (6.0)	

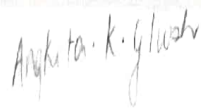
**CHEMICAL EXAMINATION**

SUGAR	ABSENT	ABSENT
ALBUMIN.	ABSENT	ABSENT
BLOOD	ABSENT	ABSENT
KETONE	ABSENT	ABSENT
BILE SALT	ABSENT	ABSENT
BILE PIGMENTS	ABSENT	ABSENT

**MICROSCOPIC EXAMINATION**

PUS CELLS	3-4/ HPF	<5/HPF
EPITHELIAL CELLS	25-30/ HPF	<20/HPF
RBC	NIL	ABSENT
CAST	ABSENT	ABSENT
CRYSTAL	ABSENT	

End of Report



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Biochemistry

INVESTIGATION

Sample No : 07H0046930A

RESULTS

Collection Date : 09/11/21 13:03

Ack Date :

UNITS

BIOLOGICAL REF RANGE

Report Date : 10/11/21 19:52

%

Non-diabetic : 4-6

HBA1C

By HPLC

1. HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose.
2. HbA1c has been endorsed by clinical group & American Diabetes Association guidelines 2017, for diagnosis of Diabetes using a cut-off point of 6.5%.
3. Trends in HbA1c are a better indicator of diabetic control than a solitary test.
4. Low HbA1c in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (Specially in Severe iron deficiency anaemia and hemolytic), chronic renal failure and liver disease. Clinical correlation suggested.
5. Interference of Haemoglobinopathies in HbA1c estimation.
  - a) For HbF > 25%, an alternate platform (fructosamine) is recommended for testing of HbA1c.
  - b) Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status.

Note: Hemoglobin electrophoresis (HPLC method) is recommended for detecting hemoglobinopathy.  
c) Heterozygous state detected (D10/turbo is corrected for HbS and HbC trait).  
6. For known diabetic patients, following values can be considered as a tool for monitoring the glycemic control:  
Excellent control:- 6 - 7%,  
Fair to good control:- 7 - 8%,  
Unsatisfactory control:- 8 - 10%  
Poor control > 10%

End of Report

  
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HBA1C	5.7	%	Non-diabetic : 4-6
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# Patient report

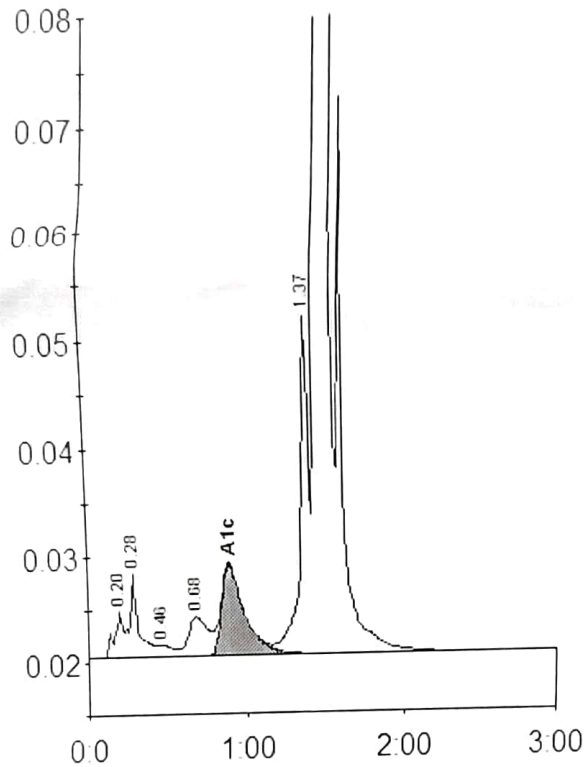
Bio-Rad  
 D-10  
 S/N: #DJ0A467747  
 Sample ID:  
 Injection date  
 Injection #: 2  
 Rack #: ---

DATE: 10/11/2021  
 TIME: 15:55  
 Software version: 4.30-2  
 07H0046930A  
 10/11/2021 15:15  
 Method: HbA1c  
 Rack position: 2

Mrs. Payal Hatj  
 (R)NMHK 2117303 23y/ F



07H0046930A  
 EDTA WH 09-11 13:03



Peak table - ID: 07H0046930A

Peak	R.time	Height	Area	Area %
Ala	0.20	4286	16415	0.7
Alb	0.28	7903	31878	1.3
F	0.46	1217	8315	0.3
LA1c/CHb-1	0.68	3757	32369	1.3
Alc	0.89	8757	87219	5.7
P3	1.37	32314	124732	5.1
A0	1.44	678719	2163594	87.8
Total Area:		2464523		

Concentration:	%	mmol/mol
Alc	5.7	39