Lab No.	: SRE/27-11-2023/SR8451229	**Lab Add.**	: Newtown,Kolkata-700156
Patient Name	: PINKI MONDAL	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	: 29 Y 0 M 0 D	**Collection Date**	: 27/Nov/2023 09:43AM
Gender	: F	Report Date	: 27/Nov/2023 01:50PM

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
THYROID PANEL (T3, T4, TSH) , *GEL SERUM*			
T3-TOTAL (TRI IODOTHYRONINE) (Method:CLIA)	0.86	0.60-1.81 ng/ml	ng/ml
T4-TOTAL (THYROXINE) (Method:CLIA)	4.1	3.2-12.6	µg/dL
TSH (THYROID STIMULATING HORMONE) (Method:CLIA)	4.196	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:

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.*

CHLORIDE,BLOOD , . (Method:ISE INDIRECT)	104	99-109	mEq/L
PHOSPHORUS-INORGANIC,BLOOD (Method:Phosphomolybdate/UV)	3.7	2.4-5.1 mg/dL	mg/dL
POTASSIUM,BLOOD (Method:ISE INDIRECT)	4.20	3.5-5.5	mEq/L
SODIUM,BLOOD (Method:ISE INDIRECT)	139	132 - 146	mEq/L
GLUCOSE,FASTING (Method:Gluc Oxidase Trinder)	92	Impaired Fasting-100-125 .~Diabetes- >= 126.~Fasting is defined as no caloric intake for at least 8 hours.	mg/dL

In the absence of unequivocal hyperglycemia, diagnosis requires two abnormal test results from the same sample or in two separate test samples.

Reference :

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit

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

CREATININE, BLOOD (Method:Jaffe, alkaline picrate, kinetic)	0.70	0.5-1.1	mg/dL

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

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Lab No.	**:** SRE/27-11-2023/SR8451229	**Lab Add.**	**:** Newtown,Kolkata-700156
Patient Name	: PINKI MONDAL	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	**:** 29 Y 0 M 0 D	**Collection Date**	**:** 27/Nov/2023 09:43AM
Gender	**:** F	Report Date	**:** 27/Nov/2023 01:58PM

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
UREA,BLOOD (Method:Urease with GLDH)	**17.1**	19-49	mg/dL
CALCIUM,BLOOD (Method:Arsenazo III)	9.80	8.7-10.4 mg/dL	mg/dL
URIC ACID,BLOOD (Method:Uricase/Peroxidase)	**6.50**	2.6-6.0	mg/dL

Correlate clinically

Suggested follow up

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 ***	%
HbA1c (IFCC) (Method:HPLC)	34.0		mmol/mol

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 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_{12}/ 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)	8.10	5.7-8.2 g/dL	g/dL

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
ALBUMIN (Method:BCG Dye Binding)	4.5	3.2-4.8 g/dL	g/dL
GLOBULIN (Method:Calculated)	**3.60**	1.8-3.2	g/dl
AG Ratio (Method:Calculated)	1.25	1.0 - 2.5	

LIPID PROFILE , *GEL SERUM*

CHOLESTEROL-TOTAL (Method:Enzymatic)	186	Desirable: < 200 mg/dL Borderline high: 200-239 mg/dL High: > or =240 mg/dL	mg/dL
TRIGLYCERIDES (Method:GPO-Trinder)	**310**	Normal:: < 150, BorderlineHigh::150-199, High:: 200-499, VeryHigh::>500	mg/dL
HDL CHOLESTEROL (Method:Elimination/catalase)	43	< 40 - Low 40-59- Optimum 60 - High	mg/dl
LDL CHOLESTEROL DIRECT (Method:Elimination / Catalase)	**118**	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)	25	< 40 mg/dl	mg/dl
CHOL HDL Ratio (Method:Calculated)	4.3	LOW RISK 3.3-4.4 AVERAGE RISK 4.47-7.1 MODERATE RISK 7.1-11.0 HIGH RISK >11.0	

Correlate clinically

Suggested follow up

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.*

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

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Suraksha DIAGNOSTICS

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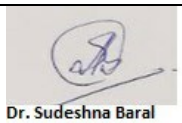
Gender	**:** F	Report Date	**:** 27/Nov/2023 01:58PM

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit



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Age	: 29 Y 0 M 0 D	**Collection Date**	: 27/Nov/2023 09:43AM
Gender	: F	Report Date	: 27/Nov/2023 05:33PM

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Bio Ref. Interval	Unit
CBC WITH PLATELET (THROMBOCYTE) COUNT , *EDTA WHOLE BLOOD*			
HEMOGLOBIN (Method:PHOTOMETRIC)	13.0	12 - 15	g/dL
WBC (Method:DC detection method)	7.5	4 - 10	*10^3/µL
RBC (Method:DC detection method)	4.06	3.8 - 4.8	*10^6/µL
PLATELET (THROMBOCYTE) COUNT (Method:DC detection method/Microscopy)	153	150 - 450*10^3	*10^3/µL
DIFFERENTIAL COUNT			
NEUTROPHILS (Method:Flowcytometry/Microscopy)	63	40 - 80 %	%
LYMPHOCYTES (Method:Flowcytometry/Microscopy)	30	20 - 40 %	%
MONOCYTES (Method:Flowcytometry/Microscopy)	05	2 - 10 %	%
EOSINOPHILS (Method:Flowcytometry/Microscopy)	02	1 - 6 %	%
BASOPHILS (Method:Flowcytometry/Microscopy)	00	0-0.9%	%
CBC SUBGROUP			
HEMATOCRIT / PCV (Method:Calculated)	38.0	36 - 46 %	%
MCV (Method:Calculated)	93.7	83 - 101 fl	fl
MCH (Method:Calculated)	32.0	27 - 32 pg	pg
MCHC (Method:Calculated)	34.2	31.5-34.5 gm/dl	gm/dl
RDW - RED CELL DISTRIBUTION WIDTH (Method:Calculated)	**15.0**	11.6-14%	%
PDW-PLATELET DISTRIBUTION WIDTH (Method:Calculated)	27.1	8.3 - 25 fL	fL
MPV-MEAN PLATELET VOLUME (Method:Calculated)	12.9	7.5 - 11.5 fl	

ESR (ERYTHROCYTE SEDIMENTATION RATE) , *EDTA WHOLE BLOOD*			
1stHour (Method:Westergren)	**25**	0.00 - 20.00 mm/hr	mm/hr

BLOOD GROUP ABO+RH [GEL METHOD] , *EDTA WHOLE BLOOD*	
ABO (Method:Gel Card)	AB
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.

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Gender	**:** F	Report Date	**:** 27/Nov/2023 05:33PM

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Bio Ref. Interval	Unit

Historical records check not performed.

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

Kaushik Dey
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Lab No.	**:** SRE/27-11-2023/SR8451229	**Lab Add.**	**:**
Patient Name	: PINKI MONDAL	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	**:** 29 Y 0 M 0 D	**Collection Date**	**:**
Gender	**:** F	Report Date	**:** 27/Nov/2023 03:51PM

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. BIPLAB KR. GHOSH
MD(CAL),RADIO-DIAGNOSIS

Suraksha DIAGNOSTICS

Lab No.	: SRE/27-11-2023/SR8451229	**Lab Add.**	:
Patient Name	: PINKI MONDAL	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	: 29 Y 0 M 0 D	**Collection Date**	:
Gender	: F	Report Date	: 27/Nov/2023 04:34PM

DEPARTMENT OF CARDIOLOGY

REPORT OF E.C.G.

DATA		
HEART RATE	65	Bpm
PR INTERVAL	140	Ms
QRS DURATION	76	Ms
QT INTERVAL	414	Ms
QTC INTERVAL	431	Ms
AXIS		
P WAVE	31	Degree
QRS WAVE	45	Degree
T WAVE	34	Degree

IMPRESSION :

Sinus rhythm.

Normal axis.

No significant ischemic changes.

Please correlate clinically.

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SURAKSHA DIAGNOSTIC, RAJARHAT, KOLKATA. **PATIENT REPORT**

BIO-RAD VARIANT TURBO CDM 5.4 **s/n 15893** **V2TURBO_A1c_2.0**

Patient Data

Sample ID:	D02135369092
Patient ID:	SR8451229
Name:	
Physician:	
Sex:	
DOB:	

Comments:

Analysis Data

Analysis Performed:	27/11/2023 14:46:41
Injection Number:	689U
Run Number:	13
Rack ID:	0004
Tube Number:	6
Report Generated:	27/11/2023 15:01:51
Operator ID:	ASIT

Peak Name	NGSP %	Area %	Retention Time (min)	Peak Area
A1a	---	1.0	0.163	25900
A1b	---	1.0	0.225	24178
F	---	1.2	0.276	28759
LA1c	---	1.7	0.402	41981
A1c	5.3	---	0.511	107773
P3	---	3.1	0.790	77602
P4	---	1.1	0.870	27226
Ao	---	86.6	0.990	2149857

Total Area: 2,483,276

HbA1c (NGSP) = 5.3 % HbA1c (IFCC) = 34 mmol/mol