

Lab No. : SG2/27-07-2024/SR9434910	Lab Add. : Sevoke Road, Siliguri 734001
Patient Name : PRINCE KUMAR	Ref Dr. : Dr.MEDICAL OFFICER
Age : 42 Y 6 M 8 D	Collection Date : 27/Jul/2024 10:06AM
Gender : M	Report Date : 27/Jul/2024 12:51PM



DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
BILIRUBIN (DIRECT) , GEL SERUM (Method:DIAZOTIZATION)	0.08	< 0.2	mg/dL
*BILIRUBIN (TOTAL) , GEL SERUM BILIRUBIN (TOTAL) (Method:DIAZONIUM ION)	0.42	0.2 - 1.2	mg/dL
SGPT/ALT (Method:UV WITH P5P)	47	16 - 63	U/L
SODIUM,BLOOD (Method:ISE INDIRECT)	137	136 - 145	mEq/L
UREA,BLOOD (Method:UREASE-COLORIMETRIC)	22	12.8-42.8	mg/dl
CREATININE, BLOOD (Method: ALKALINE PICRATE)	0.98	0.70 - 1.30	mg/dl
GLUCOSE,FASTING (Method:Hexokinase Method)	97	70 - 100	mg/dl
CALCIUM,BLOOD (Method:OCPC)	9.23	8.6-10.0 mg/dl	mg/L
URIC ACID,BLOOD (Method:URICASE ,COLORIMETRIC)	6.79	3.5 - 7.2	mg/dl
*TOTAL PROTEIN [BLOOD] ALB:GLO RATIO , . TOTAL PROTEIN (Method:BIURET METHOD)	7.77	6.6 - 8.7	g/dL
ALBUMIN (Method:BCP)	4	3.4-5.0 g/dl	g/dl
GLOBULIN (Method:Calculated)	3.74	1.8-3.2	g/dl
AG Ratio (Method:Calculated)	1.08	1.0 - 2.5	
GLUCOSE,PP (Method:Hexokinase Method)	115	75-140	mg/dl
*THYROID PANEL (T3, T4, TSH) , GEL SERUM T3-TOTAL (TRI IODOTHYRONINE) (Method:CLIA)	0.91	0.60 - 1.81 ng/ml	ng/ml
T4-TOTAL (THYROXINE) (Method:CLIA)	5.3	4.5 - 10.9	microgram/dl
TSH (THYROID STIMULATING HORMONE) (Method:CLIA)	3.01	0.35-5.5	µIU/mL

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

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DEPARTMENT OF BIOCHEMISTRY

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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>.

ALKALINE PHOSPHATASE (Method:P-NPP,AMP BUFFER)	138	46 - 116	U/L
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CHLORIDE,BLOOD (Method:ISE INDIRECT)	111	98 - 107	mEq/L
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LIPID PROFILE , GEL SERUM			
CHOLESTEROL-TOTAL (Method:CHOLESTEROL OXIDASE, ESTERASE,PEROXIDASE)	166	Desirable: < 200 mg/dL Borderline high: 200-239 High: > or =240 mg/dL	mg/dl
TRIGLYCERIDES (Method:ENZYMATIC, END POINT)	202	NORMAL < 150 BORDERLINE HIGH 150-199 HIGH 200-499 VERY HIGH > 500	mg/dl
HDL CHOLESTEROL (Method:DIRECT MEASURE-PEG)	43	NO RISK : >60 mg/dL, MODERATE RISK : 40-60 mg/dL, HIGH RISK : <40 mg/dL	mg/dl
LDL CHOLESTEROL DIRECT (Method:DIRECT MEASURE)	99	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)	24	< 40 mg/dl	mg/dL
CHOL HDL Ratio (Method:Calculated)	3.9	LOW RISK 3.3-4.4 AVERAGE RISK 4.47-7.1 MODERATE RISK 7.1-11.0 HIGH RISK >11.0	

NOTE : Elevated Triglyceride value is to be interpreted in the light of previous 72 hrs dietary intake of lipids.Repeat estimation with 72 hrs fat restricted diet followed by 12 hrs fasting, suggested for better evaluation .

PHOSPHORUS-INORGANIC,BLOOD (Method:UV PHOSPHOMOLYBDATE)	3.5	2.5-4.5 mg/dl	mg/dl
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POTASSIUM,BLOOD (Method:ISE INDIRECT)	4.67	3.5 - 5.1	mEq/L
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*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	%

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Gender	: M	Report Date	: 27/Jul/2024 12:51PM



DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
HbA1c (IFCC) (Method:HPLC)	38	INFORMATION ***	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 D 10
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 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.

[PDF Attached](#)

SGOT/AST (Method:UV WITH P5P)	27	15 - 37	U/L
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*** End Of Report ***

Dr. Ankush Chakraborty
MBBS, MD (Path), IFCAP
Consultant Pathologist
Reg. No. 65992 (WBMC)



Lab No.	: SG2/27-07-2024/SR9434910	Lab Add.	: Newtown,Kolkata-700156
Patient Name	: PRINCE KUMAR	Ref Dr.	: Dr.MEDICAL OFFICER
Age	: 42 Y 6 M 8 D	Collection Date	: 27/Jul/2024 10:12AM
Gender	: M	Report Date	: 29/Jul/2024 12:20PM



DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
URIC ACID, URINE, SPOT URINE			
URIC ACID, SPOT URINE (Method:URICASE)	<u>30</u>	37-92 mg/dL	mg/dL
ESTIMATED TWICE			

*** End Of Report ***

DR. ANANNYA GHOSH
MBBS, MD (Biochemistry)
Consultant Biochemist
Reg No. WBMC 73007



MC-2178

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Age	: 42 Y 6 M 8 D	Collection Date	: 27/Jul/2024 10:06AM
Gender	: M	Report Date	: 27/Jul/2024 04:37PM

**DEPARTMENT OF HAEMATOLOGY**

Test Name	Result	Bio Ref. Interval	Unit
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BLOOD GROUP ABO+RH [GEL METHOD] , EDTA WHOLE BLOOD

ABO (Method: Gel Card)	O
RH (Method: Gel Card)	POSITIVE

Gel technology Dia Med ID Micro typing system is the latest technology in transfusion Medicine.

It gives more reproducible and standardized test results.

It more repaid, reliable, very sensitive and objective , and hence more consistent and comparable results are obtained.

Single used cards are individualised for every patient and results can be photographed / scanned and stored for future use.

Special instruments that are used only for this technology also reduce risk of any contamination.

Ref:- WHO technical manual on transfusion medicine-Second Edition 2003

(RESULTS ALSO VERIFIED BY : FORWARD AND REVERSE GROUPING (TUBE AND SLIDE METHOD))

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.

ESR (ERYTHROCYTE SEDIMENTATION RATE) , EDTA WHOLE BLOOD

1st Hour (Method: Westergren)	17	0.00 - 20.00 mm/hr	mm/hr
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CBC WITH PLATELET (THROMBOCYTE) COUNT , EDTA WHOLE BLOOD

HEMOGLOBIN (Method: SLS haemoglobin method)	12.6	13 - 17	g/dL
WBC (Method: DC detection method)	7.8	4 - 10	*10 ³ /μL
RBC (Method: DC detection method)	4.73	4.5 - 5.5	*10 ⁶ /μL
PLATELET (THROMBOCYTE) COUNT (Method: DC detection method/Microscopy)	217	150 - 450*10 ³	*10 ³ /μL
<u>DIFFERENTIAL COUNT</u>			
NEUTROPHILS (Method: Flowcytometry/Microscopy)	73	40 - 80 %	%
LYMPHOCYTES (Method: Flowcytometry/Microscopy)	22	20 - 40 %	%
MONOCYTES (Method: Flowcytometry/Microscopy)	02	2 - 10 %	%
EOSINOPHILS (Method: Flowcytometry/Microscopy)	03	1 - 6 %	%
BASOPHILS (Method: Flowcytometry/Microscopy)	00	0-0.9%	%
<u>CBC SUBGROUP</u>			
HEMATOCRIT / PCV (Method: Calculated)	38.9	40 - 50 %	%
MCV	82.2	83 - 101 fl	fl

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Gender : M	Report Date : 27/Jul/2024 04:37PM

**DEPARTMENT OF HAEMATOLOGY**

Test Name	Result	Bio Ref. Interval	Unit
(Method:Calculated) MCH	26.7	27 - 32 pg	pg
(Method:Calculated) MCHC	32.5	31.5-34.5 gm/dl	gm/dl
(Method:Calculated) RDW - RED CELL DISTRIBUTION WIDTH	18.4	11.6-14%	%
(Method:Calculated) PDW-PLATELET DISTRIBUTION WIDTH	27.1	8.3 - 25 fL	fL
(Method:Calculated) MPV-MEAN PLATELET VOLUME	13.1	7.5 - 11.5 fl	
RBC	NORMOCYTIC HYPOCHROMIC ,MILD ANISOPOIKILOCYTOSIS.		
WBC.	NORMAL MORPHOLOGY		
PLATELET	ADEQUATE ON SMEAR.		

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

Dr. Ankush Chakraborty
MBBS, MD (Path), IFCAP
Consultant Pathologist
Reg. No. 65992 (WBMC)

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Gender : M

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Ref Dr. : Dr.MEDICAL OFFICER
Collection Date :
Report Date : 27/Jul/2024 01:37PM



DEPARTMENT OF X-RAY

X-RAY REPORT OF CHEST (PA)

(Rotated film)

FINDINGS :

Visualised lung fields show no significant abnormality.

Domes of the diaphragm appear expiratory in position with normalcosto-phrenic angles.

Cardiac size appears normal.

Visualised thoracic bones show no significant abnormality.

Please correlate clinically.

Kindly note
Please Intimate us for any typing mistakes and send the report for correction within 7 days.

*** End Of Report ***

DR. SUBHADRO GHOSE
MD, CONSULTANT RADIOLOGIST



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Patient Name : PRINCE KUMAR	Ref Dr. : Dr.MEDICAL OFFICER
Age : 42 Y 6 M 8 D	Collection Date : 27/Jul/2024 10:11AM
Gender : M	Report Date : 27/Jul/2024 04:11PM

**DEPARTMENT OF CLINICAL PATHOLOGY**

Test Name	Result	Bio Ref. Interval	Unit
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URINE ROUTINE ALL, ALL , URINE**PHYSICAL EXAMINATION**

COLOUR PALE YELLOW
APPEARANCE Clear

CHEMICAL EXAMINATION

pH (Method:Dipstick (triple indicator method))	5.0	4.6 - 8.0
SPECIFIC GRAVITY (Method:Dipstick (ion concentration method))	1.020	1.005 - 1.030
PROTEIN (Method:Dipstick (protein error of pH indicators)/Manual)	NEGATIVE	NOT DETECTED
GLUCOSE (Method:Dipstick(glucose-oxidase-peroxidase method)/Manual)	NEGATIVE	NOT DETECTED
KETONES (ACETOACETIC ACID, ACETONE) (Method:Dipstick (Legals test)/Manual)	ABSENT	NOT DETECTED
BLOOD (Method:Dipstick (pseudoperoxidase reaction))	NEGATIVE	NOT DETECTED
BILIRUBIN (Method:Dipstick (azo-diazo reaction)/Manual)	NEGATIVE	NEGATIVE
UROBILINOGEN (Method:Dipstick (diazonium ion reaction)/Manual)	NEGATIVE	NEGATIVE
NITRITE (Method:Dipstick (Griess test))	NEGATIVE	NEGATIVE
LEUCOCYTE ESTERASE (Method:Dipstick (ester hydrolysis reaction))	NEGATIVE	NEGATIVE

MICROSCOPIC EXAMINATION

LEUKOCYTES (PUS CELLS) (Method:Microscopy)	0 - 1	0-5	/hpf
EPITHELIAL CELLS (Method:Microscopy)	0 - 1	0-5	/hpf
RED BLOOD CELLS (Method:Microscopy)	ABSENT	0-2	/hpf
CAST (Method:Microscopy)	ABSENT	NOT DETECTED	
CRYSTALS (Method:Microscopy)	ABSENT	NOT DETECTED	
BACTERIA (Method:Microscopy)	FEW	NOT DETECTED	
YEAST (Method:Microscopy)	ABSENT	NOT DETECTED	
OTHERS	ABSENT		

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 urine collection container.
- Discrepancy between results of leukocyte esterase and blood obtained by chemical methods with corresponding pus cell and red blood cell count by microscopy can

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DEPARTMENT OF CLINICAL PATHOLOGY

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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.

*** End Of Report ***

Dr. Ankush Chakraborty
MBBS, MD (Path), IFCAP
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Gender : M


Lab Add. :
Ref Dr. : Dr.MEDICAL OFFICER
Collection Date :
Report Date : 27/Jul/2024 01:22PM



DEPARTMENT OF CARDIOLOGY

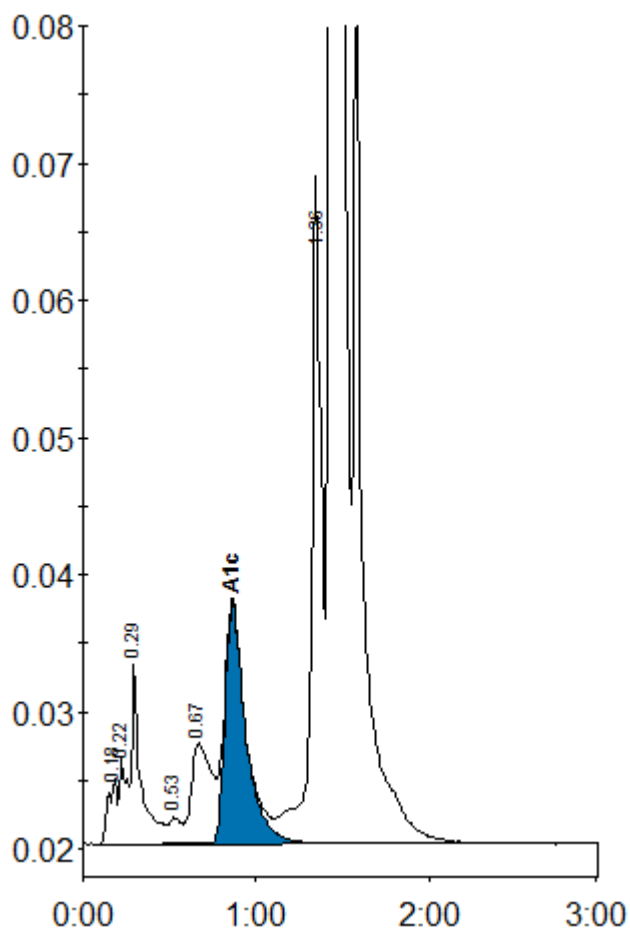
DEPARTMENT OF CARDIOLOGY
REPORT OF E.C.G.

HEART RATE : 60 /min.
RHYTHM : Regular sinus.
P-WAVE : Normal
P - R INTERVAL : 160 ms,
QRS DURATION : 80 ms
QRS CONFIGURATION : NORMAL
QRS VOLTAGE : R/S in V1 3/6 mm.
R/S in V6 12/4 mm.
QRS AXIS : 0°
Q- Waves : No significant Q-wave.
QT TIME : Normal.
ST SEGMENT : Normal.
T WAVE : NORMAL
ROTATION : Normal.
OTHER FINDINGS : Nil.
IMPRESSION : ECG WITHIN NORMAL LIMIT.


Dr. ARABINDA SAHA (MD,DM)
CONSULTANT CARDIOLOGIST

Patient report

Sample ID: D02135706790
 Injection date 27/07/2024 02:42 AM
 Injection #: 7 D-10 Method: HbA1c
 Rack #: --- Rack position: 7
 Bio-Rad v: 5.00-2 S/N: #DM23F10804



Peak table - ID: D02135706790

Peak	R.time	Height	Area	Area %
Unknown	0.18	4758	16724	0.5
A1a	0.22	6247	19106	0.5
A1b	0.29	13162	48437	1.3
F	0.53	1928	9132	0.3
LA1c/CHb-1	0.67	7307	58621	1.6
A1c	0.86	17599	146338	5.6
P3	1.36	48559	203903	5.6
A0	1.43	1232126	3121937	86.1
Total Area:			3624198	

Concentration:	%	mmol/mol
A1c	5.6	38