Suraksha DIAGNOSTICS

Lab No.	: ASN/20-06-2023/SR7784266	**Lab Add.**	: CITY CENTER, DURGAPUR PIN–713216
Patient Name	: **KABERY MALAKAR**	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	: 29 Y 3 M 7 D	**Collection Date**	: 20/Jun/2023 01:02PM
Gender	: F	**Report Date**	: 20/Jun/2023 05:26PM

CREATININE, BLOOD , *GEL SERUM*	0.79	mg/dL	0.60 - 1.1 mg/dl	ENZYMATIC
***URIC ACID, BLOOD ,** *GEL SERUM*				
URIC ACID,BLOOD	5.10	mg/dl	2.4 - 5.7 mg/dl	URICASE
UREA,BLOOD	18.6	mg/dl	12.8-42.8 mg/dl	UREASE-GLDH
***THYROID PANEL (T3, T4, TSH) ,** *GEL SERUM*				
T3-TOTAL (TRI IODOTHYRONINE)	1.60	ng/ml	0.9 - 2.2 ng/ml	CLIA
T4-TOTAL (THYROXINE)	13.5	5.5-16 microgram/dl	5.5-16 microgram/dl	CLIA
TSH (THYROID STIMULATING HORMONE)	3.40	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.*

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.

***CBC WITH PLATELET (THROMBOCYTE) COUNT ,** *EDTA WHOLE BLOOD*				
HEMOGLOBIN	14.1	g/dL	12 - 15	PHOTOMETRIC
WBC	9.7	*10^3/µL	4 - 10	DC detection method
RBC	4.08	*10^6/µL	3.8 - 4.8	DC detection method
PLATELET (THROMBOCYTE) COUNT	**144**	*10^3/µL	150 - 450*10^3/µL	DC detection method/Microscopy
DIFFERENTIAL COUNT				
NEUTROPHILS	53	%	40 - 80 %	Flowcytometry/Microscopy
LYMPHOCYTES	**41**	%	20 - 40 %	Flowcytometry/Microscopy
MONOCYTES	04	%	2 - 10 %	Flowcytometry/Microscopy
EOSINOPHILS	02	%	1 - 6 %	Flowcytometry/Microscopy
BASOPHILS	00	%	0-0.9%	Flowcytometry/Microscopy
CBC SUBGROUP				
HEMATOCRIT / PCV	41.4	%	36 - 46 %	Calculated
MCV	**101.6**	fl	83 - 101 fl	Calculated
MCH	**34.5**	pg	27 - 32 pg	Calculated
MCHC	33.9	gm/dl	31.5-34.5 gm/dl	Calculated
RDW - RED CELL DISTRIBUTION WIDTH	**14.1**	%	11.6-14%	Calculated

PDW-PLATELET DISTRIBUTION WIDTH	40.6	fL	8.3 - 25 fL	Calculated
MPV-MEAN PLATELET VOLUME	15.6		7.5 - 11.5 fl	Calculated

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

1stHour	**43**	mm/hr	0.00 - 20.00 mm/hr	Westergren

***TOTAL PROTEIN [BLOOD] ALB:GLO RATIO ,** .

TOTAL PROTEIN	7.60	g/dL	6.6 - 8.7 g/dL	BIURET METHOD
ALBUMIN	4.5	g/dl	3.5-5.2 g/dl	BCG
GLOBULIN	3.10	g/dl	1.8-3.2 g/dl	Calculated
AG Ratio	1.45		1.0 - 2.5	Calculated

***LIPID PROFILE ,** *GEL SERUM*

CHOLESTEROL-TOTAL	**234**	mg/dL	Desirable: < 200 mg/dL Borderline high: 200-239 High: > or =240 mg/dL	CHOD PAP Method
TRIGLYCERIDES	**153**	mg/dL	NORMAL < 150 BORDERLINE HIGH 150-199 HIGH 200-499 VERY HIGH > 500	GPO-PAP
HDL CHOLESTEROL	49	mg/dL	42-88 mg/dl	DIRECT METHOD
LDL CHOLESTEROL DIRECT	**134**	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	Direct Method
VLDL	**51**	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

KINDLY CORRELATE CLINICALLY AND WITH DIETARY HISTORY

PDF Attached

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

GLYCATED HEMOGLOBIN (HBA1C)	6.2	%	***FOR BIOLOGICAL REFERENCE INTERVAL DETAILS , PLEASE REFER TO THE BELOW MENTIONED REMARKS/NOTE WITH ADDITIONAL CLINICAL INFORMATION ***	
HbA1c (IFCC)	45.0	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 : 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.**

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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.

***CALCIUM, BLOOD**

CALCIUM,BLOOD	10.10	mg/dL	8.6 - 10.2 mg/dl	ARSENAZO III

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

GLUCOSE,FASTING	107	mg/dL	(70 - 110 mg/dl)	GOD POD

***URINE ROUTINE ALL, ALL ,** *URINE*

PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW			
APPEARANCE	SLIGHTLY HAZY			
CHEMICAL EXAMINATION				
pH	5.5		4.6 - 8.0	Dipstick (triple indicator method)
SPECIFIC GRAVITY	1.030		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	TRACE		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	PRESENT(+)		NEGATIVE	Dipstick (ester hydrolysis reaction)
MICROSCOPIC EXAMINATION				
LEUKOCYTES (PUS CELLS)	8-10	/hpf	0-5	Microscopy
EPITHELIAL CELLS	5-6	/hpf	0-5	Microscopy
RED BLOOD CELLS	OCCASIONAL	/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

KINDLY CORRELATE CLINICALLY AND WITH MICROBIOLOGICAL STUDY

Note:

1. All urine samples are checked for adequacy and suitability before examination.
2. Analysis by urine analyzer of dipstick is based on reflectance photometry principle. Abnormal results of chemical examinations are confirmed by manual methods.
3. The first voided morning clean-catch midstream urine sample is the specimen of choice for chemical and microscopic analysis.
4. Negative nitrite test does not exclude urinary tract infections.

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5. Trace proteinuria can be seen in many physiological conditions like exercise, pregnancy, prolonged recumbency etc.
6. 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.
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.

DEPARTMENT OF PATHOLOGY
REPORT ON EXAMINATION OF CERVICAL SMEAR FOR EXFOLIATIVE (c15/23)

SITE :
Conventional cervicovaginal cytology.

SPECIMEN ADEQUACY :
Adequate for evaluation but limited by evaluation endocervical cell.

GENERAL DIAGNOSTIC CATEGORIZATION :
Negative for intraepithelial lesion / malignancy.

MICROSCOPY :
Smear show predominantly intermediate & superficial squamous cells in a background containing lactobacilli.
Metaplastic cell - few.
Inflammatory cell - not seen.
Dysplastic cell - not seen on smear examined.

IMPRESSION :
Smear Negative for Dysplasia..
Note : Please correlate clinically.
ENCL :Two (02) slides.

Dr Sayak Biswas
MBBS, MD
Consultant Pathologist

Lab No.	: ASN/20-06-2023/SR7784266	**Lab Add.**	: ASANSOL
Patient Name	: **KABERY MALAKAR**	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	: 29 Y 3 M 7 D	**Collection Date**	:
Gender	: F	**Report Date**	: 20/Jun/2023 04:02PM

DEPARTMENT OF CARDIOLOGY
REPORT OF E.C.G.

DATA

HEART RATE	:	**53** bpm
PR INTERVAL	:	117 ms
QRS DURATION	:	83 ms
QT INTERVAL	:	407 ms
QTC INTERVAL	:	382 ms

AXIS

P WAVE	:	25 degree
QRS WAVE	:	19 degree
T WAVE	:	18 degree

IMPRESSION : Sinus Bradycardia otherwise tracing is normal.

ACRay
Dr. A C RAY
Department of Non-invasive Cardiology

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Patient Name	: **KABERY MALAKAR**	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	: 29 Y 3 M 7 D	**Collection Date**	:
Gender	: F	**Report Date**	: 20/Jun/2023 12:36PM

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. PRASHANT. Y. JOSHI
MD, Radiologist

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Age	: 29 Y 3 M 7 D	**Collection Date**	:
Gender	: F	**Report Date**	: 20/Jun/2023 04:04PM

ULTRASONOGRAPHY OF WHOLE ABDOMEN

LIVER: Normal in shape, size (12.8 cm) and parenchymal echopattern. No focal lesion is seen. Intrahepatic biliary radicles are not dilated. The portal vein branches and hepatic veins are normal.

GALL BLADDER: Well distended lumen shows no intra-luminal calculus or mass. Wall thickness is normal. No pericholecystic collection or mass formation is noted.

PORTA HEPATIS: The portal vein is normal in caliber (1.0 cm) with clear lumen. The common bile duct is normal in caliber. Visualized lumen is clear. Common bile duct measures approx 0.55 cm in diameter.

PANCREAS: It is normal in shape, size and echopattern. Main pancreatic duct is not dilated. No focal lesion is seen. The peripancreatic region shows no abnormal fluid collection.

SPLEEN: It is normal in shape, size (9.1 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 9.2 cm **LEFT KIDNEY** measures 9.8 cm

URINARY BLADDER: It is adequately distended providing optimum scanning window. The lumen is clear and wall thickness is normal.

UTERUS: It is normal in shape, size (7.1 x 3.3 x 3.1 cm) and echopattern. No focal myometrial lesion is seen. Endometrial echo is in midline. Double layer of endometrial echo measures 0.52 cm. Endometrial cavity is empty. Cervix is normal (2.9 x 2.4 cm).

OVARIES: Both are normal in shape, size and echopattern. **Both ovaries show multiple tiny follicles arranged in periphery with central echogenic stroma.**

Right ovary measures 2.7 x 1.8 x 1.7 cm, vol: 4 cc and Left ovary measures 2.1 x 1.9 x 1.4 cm, vol: 3 cc.

IMPRESSION:

- **Both ovaries show multiple tiny follicles arranged in periphery with central echogenic stroma.**

Advised : Clinical correlation & further investigations (Serum FSH and LH) if indicated.

Kindly note

Ø Ultrasound is not the modality of choice to rule out subtle bowel lesion.
Ø Please Intimate us for any typing mistakes and send the report for correction within 7 days.
Ø 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.

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DR. PRASHANT. Y. JOSHI
MD, Radiologist

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