



Lab No.	: GHY/22-06-2024/SR9269264	Lab Add.	: Sri Kamakhya Tower, Christian Basti, G.C. Road, Guwahati-781005
Patient Name	: MANORANJAN MAHANTA	Ref Dr.	: Dr.SELF .
Age	: 38 Y 0 M 0 D	Collection Date	: 22/Jun/2024 08:33AM
Gender	: M	Report Date	: 22/Jun/2024 12:23PM



DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
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BILIRUBIN (DIRECT) , GEL SERUM (Method:Diazo)	0.33	< 0.30 mg/dL	mg/dL
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CREATININE, BLOOD (Method:Kinetic Jaffe [Compensated])	0.80	0.7 - 1.2	mg/dL
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TOTAL PROTEIN [BLOOD] ALB:GLO RATIO , .			
TOTAL PROTEIN (Method:Biuret)	7.58	6.4-8.3 g/dL	g/dL
ALBUMIN (Method:BCG)	4.9	3.5-5.2 g/dl	g/dl
GLOBULIN (Method:Calculated)	2.66	1.8-3.2	g/dl
AG Ratio (Method:Calculated)	1.85	1.0 - 2.5	

CHLORIDE,BLOOD (Method:ISE DIRECT)	97	98-107	mEq/L
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PHOSPHORUS-INORGANIC,BLOOD (Method:UV PHOSPHOMOLYBDATE)	4.3	2.5-4.5 mg/dl	mg/dl
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THYROID PANEL (T3, T4, TSH) , GEL SERUM			
T3-TOTAL (TRI IODOTHYRONINE) (Method:ECLIA)	1.60	0.80-2.0 ng/mL	ng/mL
T4-TOTAL (THYROXINE) (Method:ECLIA)	8	5.1-14.1 µg/dL	µg/dL
TSH (THYROID STIMULATING HORMONE) (Method:ECLIA)	6.02	0.27-4.2	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

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:IFCC)	96	40-129 U/L	U/L
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BILIRUBIN (TOTAL) , GEL SERUM			
BILIRUBIN (TOTAL) (Method:DIAZO)	0.81	0.1-1.1	mg/dL

SGOT/AST (Method:IFCC, with PLP)	39	<50 U/L	U/L
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Gender	: M	Report Date	: 22/Jun/2024 12:23PM



DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
SODIUM,BLOOD (Method:ISE DIRECT)	140	136-145	mEq/L
POTASSIUM,BLOOD (Method:ISE DIRECT)	4.50	3.5 - 5.1 mEq/L	mEq/L
UREA,BLOOD	32.6	19 - 44	mg/dL
CALCIUM,BLOOD (Method:BAPTA)	10.24	8.6-10.2 mg/dL	
URIC ACID,BLOOD (Method:Enzymatic)	7.64	3.4-7.0	mg/dL
LIPID PROFILE , GEL SERUM			
CHOLESTEROL-TOTAL (Method:Enzymatic)	185	Desirable cholesterol level : < 200 mg/dL Borderline high cholesterol : 200-239 mg/dL High cholesterol : = 240 mg/dL	mg/dL
TRIGLYCERIDES (Method:Enzymatic)	212	< 150 mg/dL	mg/dL
HDL CHOLESTEROL (Method:Enzymatic)	49	No risk: > 55 mg/dL, Moderate risk: 35-55 mg/dL, High risk: < 35 mg/dL	mg/dL
LDL CHOLESTEROL DIRECT (Method:Enzymatic)	121	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)	14	< 40 mg/dl	mg/dL
CHOL HDL Ratio (Method:Calculated)	3.8	LOW RISK 3.3-4.4 AVERAGE RISK 4.47-7.1 MODERATE RISK 7.1-11.0 HIGH RISK >11.0	
SGPT/ALT (Method: IFCC, with PLP)	59	10-50 U/L	U/L
GLUCOSE,FASTING (Method:Hexokinase Method)	136	70 - 100	mg/dL

*** End Of Report ***

Rphukan

DR. RASHMI REKHA PHUKAN
Reg.No: 18757
MBBS,MD,BIOCHEMISTRY



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Age	: 38 Y 0 M 0 D	Collection Date	: 22/Jun/2024 08:32AM
Gender	: M	Report Date	: 22/Jun/2024 02:00PM



DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
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*URIC ACID, URINE, SPOT URINE			
URIC ACID, SPOT URINE (Method:URICASE)	70.49	37-92 mg/dL	mg/dL

GLYCATED HAEMOGLOBIN (HBA1C) , EDTA WHOLE BLOOD			
GLYCATED HEMOGLOBIN (HBA1C)	7.0	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)	

A variant hemoglobin is present.
Kindly perform Hb analysis by HPLC to rule out hemoglobinopathies.

Analyzer used : Bio-Rad-D10
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](#)

*** End Of Report ***



MLC-5661

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Age	: 38 Y 0 M 0 D	Collection Date	: 22/Jun/2024 08:32AM
Gender	: M	Report Date	: 22/Jun/2024 02:00PM




DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
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Dr. Shashank Shekhar Sharma
MD Pathology
Consultant Pathologist
Reg.No. 18300



Lab No.	: GHY/22-06-2024/SR9269264	Lab Add.	: Sri Kamakhya Tower, Christian Basti, G.C. Road, Guwahati-781005
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Age	: 38 Y 0 M 0 D	Collection Date	: 22/Jun/2024 08:32AM
Gender	: M	Report Date	: 22/Jun/2024 12:36PM



DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Bio Ref. Interval	Unit
BLOOD GROUP ABO+RH [GEL METHOD] , EDTA WHOLE BLOOD			
ABO (Method:Gel Card)	"B"		
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.

Historical records check not performed.


ESR (ERYTHROCYTE SEDIMENTATION RATE) , EDTA WHOLE BLOOD			
1stHour (Method:Westergren)	08	0.00 - 20.00 mm/hr	mm/hr

*** End Of Report ***

DR. RASHMI REKHA PHUKAN
Reg.No: 18757
MBBS,MD,BIOCHEMISTRY



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Age	: 38 Y 0 M 0 D	Collection Date	: 22/Jun/2024 08:32AM
Gender	: M	Report Date	: 22/Jun/2024 03:21PM



DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Bio Ref. Interval	Unit
CBC WITH PLATELET (THROMBOCYTE) COUNT , EDTA WHOLE BLOOD			
HEMOGLOBIN (Method:PHOTOMETRIC)	13.0	13 - 17	g/dL
WBC (Method:DC detection method)	8.3	4 - 10	*10 ³ /μL
RBC (Method:DC detection method)	5.6	4.5 - 5.5	*10 ⁶ /μL
PLATELET (THROMBOCYTE) COUNT (Method:DC detection method/Microscopy)	160	150 - 450*10 ³	*10 ³ /μL
<u>DIFFERENTIAL COUNT</u>			
NEUTROPHILS (Method:Flowcytometry/Microscopy)	65	40 - 80 %	%
LYMPHOCYTES (Method:Flowcytometry/Microscopy)	30	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)	40.2	40 - 50 %	%
MCV (Method:Calculated)	71.8	83 - 101 fl	fl
MCH (Method:Calculated)	23.2	27 - 32 pg	pg
MCHC (Method:Calculated)	32.3	31.5-34.5 gm/dl	gm/dl
RDW - RED CELL DISTRIBUTION WIDTH (Method:Calculated)	13.5	11.6-14%	%
PDW-PLATELET DISTRIBUTION WIDTH (Method:Calculated)	24.5	8.3 - 25 fL	fL
MPV-MEAN PLATELET VOLUME (Method:Calculated)	11.9	7.5 - 11.5 fl	fl

*** End Of Report ***



Dr. Shashank Shekhar Sharma
MD Pathology
Consultant Pathologist
Reg.No. 18300

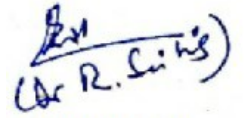
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Patient Name	: MANORANJAN MAHANTA	Ref Dr.	: Dr.SELF .
Age	: 38 Y 0 M 0 D	Collection Date	:
Gender	: M	Report Date	: 25/Jun/2024 10:45AM



X-RAY: CHEST PA VIEW

Lung fields do not reveal any active parenchymal lesion.
The mediastinum including hila is normal. Trachea is central.
Cardiac size and silhouette is normal.
Hemidiaphragms are normal in position and outline.
Both the C.P angles are clear.
Bony thorax is intact.

*** End Of Report ***



Dr. Rabin Saikia
MD (Radio-Diagnosis)



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Age	: 38 Y 0 M 0 D	Collection Date	: 22/Jun/2024 08:33AM
Gender	: M	Report Date	: 22/Jun/2024 01:54PM



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))	5.5	4.6 - 8.0	
SPECIFIC GRAVITY (Method:Dipstick (ion concentration method))	1.025	1.005 - 1.030	
PROTEIN (Method:Dipstick (protein error of pH indicators)/Manual)	NOT DETECTED	NOT DETECTED	
GLUCOSE (Method:Dipstick(glucose-oxidase-peroxidase method)/Manual)	NOT DETECTED	NOT DETECTED	
KETONES (ACETOACETIC ACID, ACETONE) (Method:Dipstick (Legals test)/Manual)	NOT DETECTED	NOT DETECTED	
BLOOD (Method:Dipstick (pseudoperoxidase reaction))	NOT DETECTED	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)	0-2	0-5	/hpf
EPITHELIAL CELLS (Method:Microscopy)	0-2	0-5	/hpf
RED BLOOD CELLS (Method:Microscopy)	NOT DETECTED	0-2	/hpf
CAST (Method:Microscopy)	NOT DETECTED	NOT DETECTED	
CRYSTALS (Method:Microscopy)	NOT DETECTED	NOT DETECTED	
BACTERIA (Method:Microscopy)	NOT DETECTED	NOT DETECTED	
YEAST (Method:Microscopy)	NOT DETECTED	NOT DETECTED	

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 occur due to cell lysis.
- Contamination from perineum and vaginal discharge should be avoided during collection, which may falsely elevate epithelial cell count and show presence of bacteria

Lab No. : GHY/22-06-2024/SR9269264

Page 8 of 10



MLC-5661

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DEPARTMENT OF CLINICAL PATHOLOGY

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and/or yeast in the urine.

*** End Of Report ***

Dr. Shashank Shekhar Sharma
MD Pathology
Consultant Pathologist
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Patient Name : MANORANJAN MAHANTA

Ref Dr. : Dr.SELF .

Age : 38 Y 0 M 0 D

Collection Date :

Gender : M

Report Date : 22/Jun/2024 11:15AM



E.C.G. REPORT

DATA	
HEART RATE	63 Bpm
PR INTERVAL	148 Ms
QRS DURATION	85 Ms
QT INTERVAL	376 Ms
QTC INTERVAL	386 Ms
AXIS	
QRS WAVE	-19 Degree
IMPRESSION	: Normal sinus rhythm, within normal limits.

Dr. KAUSIK PAL
MD DM (Card)
Reg No-WBMC-56578