Lab No.	: SG2/07-11-2024/SR9871346	**Lab Add.**	: Sevoke Road,Siliguri 734001
Patient Name	: ABHISHEK MALLICK	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	: 41 Y 6 M 7 D	**Collection Date**	: 07/Nov/2024 10:06AM
Gender	: M	Report Date	: 07/Nov/2024 01:40PM

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
ALKALINE PHOSPHATASE , *GEL SERUM* (Method:P-NPP,AMP BUFFER)	**126**	46 - 116	U/L
GLUCOSE,FASTING (Method:HEXOKINASE)	88	70 - 100	mg/dL
***TOTAL PROTEIN [BLOOD] ALB:GLO RATIO ,** .			
TOTAL PROTEIN (Method:BIURET METHOD)	7.92	6.6 - 8.7	g/dL
ALBUMIN (Method:BCP)	4	3.4 -5.0 g/dl	g/dl
GLOBULIN (Method:Calculated)	**3.91**	1.8-3.2	g/dl
AG Ratio (Method:Calculated)	1.03	1.0 - 2.5	
***THYROID PANEL (T3, T4, TSH) ,** *GEL SERUM*			
T3-TOTAL (TRI IODOTHYRONINE) (Method:CLIA)	0.93	0.60 - 1.81	ng/ml
T4-TOTAL (THYROXINE) (Method:CLIA)	10.8	4.5 - 10.9	microgram/dl
TSH (THYROID STIMULATING HORMONE) (Method:CLIA)	3.20	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

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.

URIC ACID,BLOOD (Method:URICASE ,COLORICMETRIC)	**7.28**	3.5 - 7.2	mg/dL
SGPT/ALT (Method:UV WITH P5P)	56	16- 63	U/L
CALCIUM,BLOOD (Method:OCPC)	9.17	8.6-10.0 mg/dl	mg/L
***BILIRUBIN (TOTAL) ,** *GEL SERUM*			
BILIRUBIN (TOTAL) (Method:DIAZONIUM ION)	0.47	0.2 - 1.2	mg/dL
POTASSIUM,BLOOD (Method:ISE INDIRECT)	4.68	3.5 - 5.1	mEq/L

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Age	: 41 Y 6 M 7 D	**Collection Date**	: 07/Nov/2024 10:06AM
Gender	: M	Report Date	: 07/Nov/2024 01:40PM

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
UREA,BLOOD (Method:UREASE-COLORIMETRIC)	23	12.8 - 42.8	mg/dl
BILIRUBIN (DIRECT) (Method:DIAZOTIZATION)	**0.08**	< 0.2	mg/dL
SGOT/AST (Method:UV WITH P5P)	**3**	15 - 37	U/L
SODIUM,BLOOD (Method:ISE INDIRECT)	**133**	136 - 145	mEq/L
CHLORIDE,BLOOD (Method:ISE INDIRECT)	103	98 - 107	mEq/L
CREATININE, BLOOD (Method: ALKALINE PICRATE)	1.17	0.7 - 1.3	mg/L
PHOSPHORUS-INORGANIC,BLOOD (Method:UV PHOSPHOMOLYBDATE)	3.8	2.5 - 4.5	mg/dL
GLUCOSE,PP (Method:Hexokinase Method)	**141**	75-140	mg/dl
***GLYCATED HAEMOGLOBIN (HBA1C) ,** *EDTA WHOLE BLOOD*			
GLYCATED HEMOGLOBIN (HBA1C)	5.5	***FOR BIOLOGICAL REFERENCE INTERVAL DETAILS , PLEASE REFER TO THE BELOW MENTIONED REMARKS/NOTE WITH ADDITIONAL CLINICAL INFORMATION ***	%
HbA1c (IFCC) (Method:HPLC)	37		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

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Age	: 41 Y 6 M 7 D	**Collection Date**	: 07/Nov/2024 10:06AM
Gender	: M	Report Date	: 07/Nov/2024 01:40PM

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit

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

LIPID PROFILE , *GEL SERUM*

CHOLESTEROL-TOTAL (Method:CHOLESTEROL OXIDASE, ESTERASE,PEROXIDASE)	**241**	Desirable: < 200 mg/dL Borderline high: 200-239 High: > or =240 mg/dL	mg/dL
TRIGLYCERIDES (Method:ENZYMATIC, END POINT)	**198**	NORMAL < 150 BORDERLINE HIGH 150-199 HIGH 200-499 VERY HIGH > 500	mg/dL
HDL CHOLESTEROL (Method:DIRECT MEASURE-PEG)	42	NO RISK : >60 mg/dL, MODERATE RISK : 40-60 mg/dL, HIGH RISK : <40 mg/dL	mg/dL
LDL CHOLESTEROL DIRECT (Method:DIRECT MEASURE)	**168**	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)	31	< 40	mg/dL
CHOL HDL Ratio (Method:Calculated)	**5.7**	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 .

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

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

Lab No.	: SG2/07-11-2024/SR9871346	**Lab Add.**	: Sevoke Road,Siliguri 734001
Patient Name	: ABHISHEK MALLICK	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	: 41 Y 6 M 7 D	**Collection Date**	: 07/Nov/2024 10:06AM
Gender	: M	Report Date	: 07/Nov/2024 03:35PM

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Bio Ref. Interval	Unit
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.

CBC WITH PLATELET (THROMBOCYTE) COUNT , *EDTA WHOLE BLOOD*			
HEMOGLOBIN (Method:SLS haemoglobin method)	14.3	13 - 17	g/dL
WBC (Method:DC detection method)	7	4 - 10	*10^3/µL
RBC (Method:DC detection method)	5.27	4.5 - 5.5	*10^6/µL
PLATELET (THROMBOCYTE) COUNT (Method:DC detection method/Microscopy)	298	150 - 450*10^3	*10^3/µL
DIFFERENTIAL COUNT			
NEUTROPHILS (Method:Flowcytometry/Microscopy)	67	40 - 80	%
LYMPHOCYTES (Method:Flowcytometry/Microscopy)	28	20 - 40	%
MONOCYTES (Method:Flowcytometry/Microscopy)	03	2 - 10	%
EOSINOPHILS (Method:Flowcytometry/Microscopy)	02	1 - 6	%
BASOPHILS (Method:Flowcytometry/Microscopy)	00	0-0.9	%
CBC SUBGROUP			
HEMATOCRIT / PCV (Method:Calculated)	45.4	40 - 50 %	%
MCV (Method:Calculated)	86.2	83 - 101 fl	fl
MCH (Method:Calculated)	27.2	27 - 32 pg	pg
MCHC (Method:Calculated)	31.5	31.5-34.5 gm/dl	gm/dl

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Gender	: M	Report Date	: 07/Nov/2024 03:35PM

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Bio Ref. Interval	Unit
RDW - RED CELL DISTRIBUTION WIDTH (Method:Calculated)	**15.6**	11.6-14%	%
PDW-PLATELET DISTRIBUTION WIDTH (Method:Calculated)	19.6	8.3 - 25 fL	fL
MPV-MEAN PLATELET VOLUME (Method:Calculated)	11.8	7.5 - 11.5 fl	
RBC	NORMOCYTIC NORMOCHROMIC.		
WBC.	NORMAL IN NUMBER & MORPHOLOGY		
PLATELET	ADEQUATE.		

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

1stHour (Method:Westergren)	**22**	0.00 - 20.00 mm/hr	mm/hr

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

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

Lab No.	: SG2/07-11-2024/SR9871346	**Lab Add.**	:
Patient Name	: ABHISHEK MALLICK	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	: 41 Y 6 M 7 D	**Collection Date**	:
Gender	: M	Report Date	: 07/Nov/2024 11:58AM

DEPARTMENT OF X-RAY

X-RAY CHEST PA VIEW

Bilateral lung fields appear normal.

Bilateral costophrenic angles are unremarkable.

Bilateral hila and vascular markings are unremarkable.

Domes of diaphragm are normal in morphology and contour.

Cardiac size is within normal limits.

Bony thoracic cage appears normal.

IMPRESSION:

No significant abnormality detected.

Recommended clinical correlation with other investigation.

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

Dr. Manish Kumar Jha
MD Radiodiagnosis
Reg. No.- 77237(WBMC)

Lab No.	: SG2/07-11-2024/SR9871346	**Lab Add.**	: Sevoke Road,Siliguri 734001
Patient Name	: ABHISHEK MALLICK	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	: 41 Y 6 M 7 D	**Collection Date**	: 07/Nov/2024 11:09AM
Gender	: M	Report Date	: 07/Nov/2024 06:21PM

DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Bio Ref. Interval	Unit
URINE ROUTINE ALL, ALL , *URINE*			
PHYSICAL EXAMINATION			
COLOUR	PALE YELLOW		
APPEARANCE	SLIGHTLY HAZY		
CHEMICAL EXAMINATION			
pH (Method:Dipstick (triple indicator method))	7.0	4.6 - 8.0	
SPECIFIC GRAVITY (Method:Dipstick (ion concentration method))	1.005	1.005 - 1.030	
PROTEIN (Method:Dipstick (protein error of pH indicators)/Manual)	ABSENT	NOT DETECTED	
GLUCOSE (Method:Dipstick(glucose-oxidase-peroxidase method)/Manual)	ABSENT	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)	1-2	0-5	/hpf
EPITHELIAL CELLS (Method:Microscopy)	ABSENT	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:

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.
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

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DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Bio Ref. Interval	Unit

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
Consultant Pathologist
Reg. No. 65992 (WBMC)

Lab No.	: SG2/07-11-2024/SR9871346	**Lab Add.**	:
Patient Name	: ABHISHEK MALLICK	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	: 41 Y 6 M 7 D	**Collection Date**	:
Gender	: M	Report Date	: 07/Nov/2024 11:55AM

DEPARTMENT OF CARDIOLOGY
REPORT OF E.C.G.

HEART RATE	:	71 /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 13/3 mm.
QRS AXIS	:	+60°
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**.

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

Dr. ARABINDA SAHA (MD,DM)
CONSULTANT CARDIOLOGIST

Lab No.	**:** SG2/07-11-2024/SR9871346	**Lab Add.**	**:**
Patient Name	: ABHISHEK MALLICK	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	**:** 41 Y 6 M 7 D	**Collection Date**	**:**
Gender	**:** M	Report Date	**:** 07/Nov/2024 02:09PM

DEPARTMENT OF ULTRASONOGRAPHY
REPORT ON EXAMINATION OF WHOLE ABDOMEN

LIVER
Liver is normal in size having normal shape, **with grade I fatty change.** No focal parenchymal lesion is evident.Intrahepatic biliary radicles are not dilated.Branches of portal vein are normal.

PORTA
The appearance of porta is normal. Common Bile duct is normal with no intraluminal pathology (Calculi /mass) could be detected at its visualised part. Portal vein is normal at porta.

GALL BLADDER
Gallbladder is operated.

PANCREAS
Echogenecity appears within limits, without any focal lesion. Shape, size & position appears normal. No Calcular disease noted. Pancreatic duct is not dilated. No peri-pancreatic collection of fluid noted.

SPLEEN
Spleen is normal in size. Homogenous and smooth echotexture without any focal lesion. Splenic vein at hilum appears normal. No definite collaterals could be detected.

KIDNEYS
Both kidneys are normal in shape, size (Rt. kidney 94 mm. & Lt. kidney 100 mm) axes & position. Cortical echogenecity appears normal maintaining corticomedullary differentiation. Margin is regular and cortical thickness is uniform. No calcular disease noted. No hydronephrotic changes detected.

URETERS
Visualised part of upper ureters are not dilated.

URINARY BLADDER
Urinary bladder is distended, wall thickness appeared normal. No intraluminal pathology (calculi / mass) could be detected.

PROSTATE
Prostate is normal in size.Echotexture appears within normal limits. No focal alteration of its echogenecity could bedetectable.
It measures : 29 x 34 x 30 mm.
Approximate weight could be around = 15 gms.

IMPRESSION

i) Grade I fatty change in liver.
ii) Post cholecystectomy status.

(Please correlate clinically & with other investigation. Follow up suggested).

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Gender	**:** M	Report Date	**:** 07/Nov/2024 02:09PM

DEPARTMENT OF ULTRASONOGRAPHY

Kindly note

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

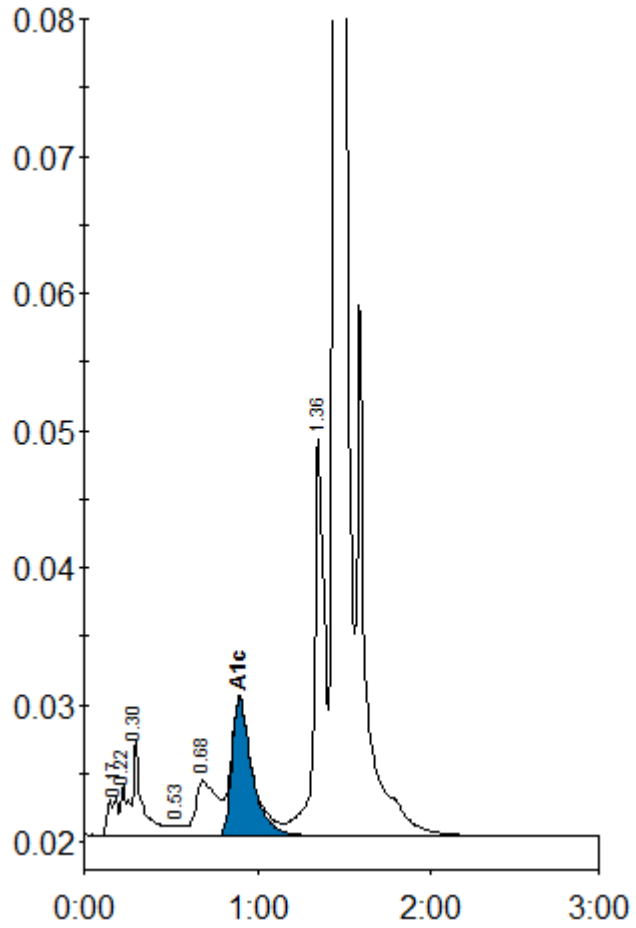
Patient Identity not verified.

DR. MUKTI SARKAR MD.
CONSULTANT RADIOLOGIST

SURAKSHA DIAGNOSTIC PVT LTD
15/10 UDHAM SINGH SARANI -SILIGURI-734401

Patient report

Sample ID:	D02135827687
Injection date	07/11/2024 01:14 PM
Injection #: 13	D-10 Method: HbA1c
Rack #: ---	Rack position: 1
Bio-Rad v: 5.00-2	S/N: #DM23F10804



Peak table - ID: D02135827687

Peak	R.time	Height	Area	Area %
Unknown	0.17	2331	10597	0.5
A1a	0.22	3780	11894	0.6
A1b	0.30	6986	25548	1.2
F	0.53	813	3775	0.2
LA1c/CHb-1	0.68	4039	35610	1.7
A1c	0.90	10118	81381	5.5
P3	1.36	28819	119593	5.7
A0	1.44	759530	1812881	86.3
Total Area:		2101279		

Concentration:	%	mmol/mol
A1c	5.5	37