



Lab No. : DUN/12-01-2023/SR7170645
 Patient Name : SOHAM ROY
 Age : 32 Y O M O D
 Gender : M

Lab Add. : Newtown, Kolkata-700156
 Ref Dr. : Dr.MEDICAL OFFICER
 Collection Date: 12/Jan/2023 09:34AM
 Report Date : 12/Jan/2023 02:54PM



Test Name	Result	Unit	Bio Ref. Interval	Method
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GLUCOSE, PP , BLOOD, NAF PLASMA

GLUCOSE,PP	120	mg/dL	Impaired Glucose Tolerance-140 to 199. Diabetes>= 200.	Gluc Oxidase Trinder
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The test should be performed as described by the WHO, using a glucose load containing the equivalent of 75-g anhydrous glucose dissolved in water. In the absence of unequivocal hyperglycemia, diagnosis requires two abnormal test results from the same sample or in two separate test samples.

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

[PDF Attached](#)

GLYCATED HAEMOGLOBIN (HBA1C) , EDTA WHOLE BLOOD

GLYCATED HEMOGLOBIN (HBA1C)	5.4	%	***FOR BIOLOGICAL REFERENCE INTERVAL DETAILS , PLEASE REFER TO THE BELOW MENTIONED REMARKS/NOTE WITH ADDITIONAL CLINICAL INFORMATION ***	
HbA1c (IFCC)	36.0	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 : 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 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.



Suraksha
DIAGNOSTICS

Lab No. : SR7170645

Name : SOHAM ROY

Age/G : 32 Y 0 M 0 D / M

Date : 12-01-2023

Dr NEEPA CHOWDHURY
MBBS MD (Biochemistry)
Consultant Biochemist



Lab No. : SR7170645 Name : SOHAM ROY Age/G : 32 Y 0 M 0 D / M Date : 12-01-2023

SODIUM, BLOOD , GEL SERUM					
SODIUM,BLOOD	140.00	mEq/L	132 - 146 mEq/L	ISE INDIRECT	
ALKALINE PHOSPHATASE , GEL SERUM					
ALKALINE PHOSPHATASE	112.00	U/L	46-116 U/L	IFCC standardization	
BILIRUBIN (TOTAL) , GEL SERUM					
BILIRUBIN (TOTAL)	0.80	mg/dL	0.3-1.2 mg/dL	Vanadate oxidation	
POTASSIUM, BLOOD , GEL SERUM					
POTASSIUM,BLOOD	3.90	mEq/L	3.5-5.5 mEq/L	ISE INDIRECT	
UREA,BLOOD , GEL SERUM					
UREA,BLOOD	21.4	mg/dL	19-49 mg/dL	Urease with GLDH	
CREATININE, BLOOD					
CREATININE, BLOOD	0.92	mg/dL	0.7-1.3 mg/dL	Jaffe, alkaline picrate, kinetic	
GLUCOSE, FASTING , BLOOD, NAF PLASMA					
GLUCOSE,FASTING	89	mg/dL	Impaired Fasting-100-125 .-Diabetes- >= 126. -Fasting is defined as no caloric intake for at least 8 hours.	Gluc Oxidase Trinder	

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

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

URIC ACID, BLOOD , GEL SERUM					
URIC ACID,BLOOD	5.80	mg/dL	3.5-7.2 mg/dL	Uricase/Peroxidase	
BILIRUBIN (DIRECT) , GEL SERUM					
BILIRUBIN (DIRECT)	0.10	mg/dL	<0.2 mg/dL	Vanadate oxidation	
CHLORIDE, BLOOD , .					
CHLORIDE,BLOOD	104.00	mEq/L	99-109 mEq/L	ISE INDIRECT	

□

Dr NEEPA CHOWDHURY
MBBS MD (Biochemistry)
Consultant Biochemist

Lab No. : SR7170645 Name : SOHAM ROY Age/G : 32 Y 0 M 0 D / M Date : 12-01-2023

THYROID PANEL (T3, T4, TSH) , GEL SERUM

T3-TOTAL (TRI IODOTHYRONINE)	1.51	ng/ml	0.60-1.81 ng/ml	CLIA
T4-TOTAL (THYROXINE)	16.6	µg/dL	3.2-12.6 µg/dL	CLIA
TSH (THYROID STIMULATING HORMONE)	0.05	µIU/mL	0.55-4.78 µIU/mL	CLIA

SUGGESTED FOLLOW-UP WITH FT4 ESTIMATION

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:

- 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.
- 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:

- 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>
- Kalra S, Agarwal S, Aggarwal R, Ranabir S. Trimester-specific thyroid-stimulating hormone: An indian perspective. *Indian J Endocr Metab* 2018;22:1-4.

CALCIUM, BLOOD

CALCIUM,BLOOD	9.40	mg/dL	8.7-10.4 mg/dL	Arsenazo III
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TOTAL PROTEIN [BLOOD] ALB:GLO RATIO , .

TOTAL PROTEIN	7.50	g/dL	5.7-8.2 g/dL	BIURET METHOD
ALBUMIN	4.7	g/dL	3.2-4.8 g/dL	BCG Dye Binding
GLOBULIN	2.80	g/dl	1.8-3.2 g/dl	Calculated
AG Ratio	1.68		1.0 - 2.5	Calculated

LIPID PROFILE , GEL SERUM

CHOLESTEROL-TOTAL	180.00	mg/dL	Desirable: < 200 mg/dL Borderline high: 200-239 mg/dL High: > or =240 mg/dL	Enzymatic
TRIGLYCERIDES	115.00	mg/dL	Normal: < 150, BorderlineHigh::150-199, High:: 200-499, VeryHigh::>500	GPO-Trinder

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HDL CHOLESTEROL	36.00	mg/dl	< 40 - Low 40-59- Optimum 60 - High Elimination/catalase
LDL CHOLESTEROL DIRECT	121.0	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 Calculated
VLDL	23	mg/dl	< 40 mg/dl Calculated
CHOL HDL Ratio	5.0		LOW RISK 3.3-4.4 AVERAGE RISK 4.47-7.1 MODERATE RISK 7.1-11.0 HIGH RISK >11.0 Calculated

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.

SGPT/ALT , GEL SERUM

SGPT/ALT	73.00	U/L	7-40 U/L	Modified IFCC
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PHOSPHORUS-INORGANIC, BLOOD , GEL SERUM

PHOSPHORUS-INORGANIC,BLOOD	2.1	mg/dL	2.4-5.1 mg/dL	Phosphomolybdate/UV
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ESTIMATED TWICE WITH FRESHLY COLLECTED SAMPLE

TO CORRELATE CLINICALLY


SGOT/AST , GEL SERUM

SGOT/AST	48.00	U/L	13-40 U/L	Modified IFCC
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URIC ACID, URINE, SPOT URINE

URIC ACID, SPOT URINE	53.00	mg/dL	37-92 mg/dL	URICASE
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Dr. SUPARBA CHAKRABARTI
 MBBS, MD(BIOCHEMISTRY)
 Consultant Biochemist



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ESR (ERYTHROCYTE SEDIMENTATION RATE) , EDTA WHOLE BLOOD

1stHour	25	mm/hr	0.00 - 20.00 mm/hr	Westergren
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CBC WITH PLATELET & RETICULOCYTE COUNT , EDTA WHOLE BLOOD

HEMOGLOBIN	16.6	g/dL	13 - 17	PHOTOMETRIC
WBC	6.0	*10 ³ /μL	4 - 10	DC detection method
RBC	5.47	*10 ⁶ /μL	4.5 - 5.5	DC detection method
PLATELET (THROMBOCYTE) COUNT	155	*10 ³ /μL	150 - 450*10 ³ /μL	DC detection method/Microscopy

DIFFERENTIAL COUNT

NEUTROPHILS	63	%	40 - 80 %	Flowcytometry/Microscopy
LYMPHOCYTES	28	%	20 - 40 %	Flowcytometry/Microscopy
MONOCYTES	05	%	2 - 10 %	Flowcytometry/Microscopy
EOSINOPHILS	03	%	1-6%	Flowcytometry/Microscopy
BASOPHILS	01	%	0-0.9%	Flowcytometry/Microscopy

CBC SUBGROUP 1

HEMATOCRIT / PCV	43.7	%	40 - 50 %	Calculated
MCV	79.9	fl	83 - 101 fl	Calculated
MCH	30.3	pg	27 - 32 pg	Calculated
MCHC	38.0	gm/dl	31.5-34.5 gm/dl	Calculated
RDW - RED CELL DISTRIBUTION WIDTH	14.6	%	11.6-14%	Calculated
RETICULOCYTE COUNT- AUTOMATED,BLOOD	1.3	%	0.5-2.5%	Cell Counter/Microscopy

DR. NEHA GUPTA
MD, DNB (Pathology)
Consultant Pathologist



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Name : SOHAM ROY

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Date : 12-01-2023

URINE ROUTINE ALL, ALL , URINE**PHYSICAL EXAMINATION**

COLOUR PALE YELLOW
 APPEARANCE SLIGHTLY HAZY

CHEMICAL EXAMINATION

pH	6.0	4.6 - 8.0	Dipstick (triple indicator method)
SPECIFIC GRAVITY	1.020	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	NOT DETECTED	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	NEGATIVE	NEGATIVE	Dipstick (ester hydrolysis reaction)

MICROSCOPIC EXAMINATION

LEUKOCYTES (PUS CELLS)	0-1	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	0-5	Microscopy
RED BLOOD CELLS	NOT DETECTED	/hpf	0-2	Microscopy
CAST	NOT DETECTED		NOT DETECTED	Microscopy
CRYSTALS	CALCIUM OXALATE PRESENT		NOT DETECTED	Microscopy
BACTERIA	NOT DETECTED		NOT DETECTED	Microscopy
YEAST	NOT DETECTED		NOT DETECTED	Microscopy

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 and/or yeast in the urine.

CBC WITH PLATELET (THROMBOCYTE) COUNT , EDTA WHOLE BLOOD

HEMOGLOBIN	17.3	g/dL	13 - 17	PHOTOMETRIC
Values rechecked				
WBC	6.9	*10 ³ /μL	4 - 10	DC detection method
RBC	5.72	*10 ⁶ /μL	4.5 - 5.5	DC detection method
PLATELET (THROMBOCYTE) COUNT	160	*10 ³ /μL	150 - 450*10 ³ /μL	DC detection method/Microscopy

DIFFERENTIAL COUNT

NEUTROPHILS	65	%	40 - 80 %	Flowcytometry/Microscopy
LYMPHOCYTES	26	%	20 - 40 %	Flowcytometry/Microscopy
MONOCYTES	06	%	2 - 10 %	Flowcytometry/Microscopy
EOSINOPHILS	02	%	1 - 6 %	Flowcytometry/Microscopy
BASOPHILS	01	%	0-0.9%	Flowcytometry/Microscopy

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CBC SUBGROUP

HEMATOCRIT / PCV	53.3	%	40 - 50 %	Calculated
MCV	93.2	fl	83 - 101 fl	Calculated
MCH	30.3	pg	27 - 32 pg	Calculated
MCHC	32.5	gm/dl	31.5-34.5 gm/dl	Calculated
RDW - RED CELL DISTRIBUTION WIDTH	15.7	%	11.6-14%	Calculated
PDW-PLATELET DISTRIBUTION WIDTH	31.4	fL	8.3 - 25 fL	Calculated
MPV-MEAN PLATELET VOLUME	14.0		7.5 - 11.5 fl	Calculated

BLOOD GROUP ABO+RH [GEL METHOD] , EDTA WHOLE BLOOD

ABO	O	Gel Card
RH	POSITIVE	Gel Card

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.

Dr. PANKTI PATEL
MBBS , MD (PATHOLOGY)
CONSULTANT PATHOLOGIST

Lab No. : DUN/12-01-2023/SR7170645
Patient Name : SOHAM ROY
Age : 32 Y 0 M 0 D
Gender : M

Lab Add. :
Ref Dr. : Dr.MEDICAL OFFICER
Collection Date:
Report Date : 12/Jan/2023 02:44PM



DEPARTMENT OF CARDIOLOGY
REPORT OF E.C.G.

DATA	
HEART RATE	106 Bpm
PR INTERVAL	134 Ms
QRS DURATION	86 Ms
QT INTERVAL	308 Ms
QTC INTERVAL	411 Ms
AXIS	
P WAVE	42 Degree
QRS WAVE	70 Degree
T WAVE	21 Degree
IMPRESSION	: Sinus Tachycardia.

DR. MOUSUMI KUNDU
MBBS, MD
DM (Cardiology)

Lab No. : DUN/12-01-2023/SR7170645
Patient Name : SOHAM ROY
Age : 32 Y 0 M 0 D
Gender : M

Lab Add. :
Ref Dr. : Dr.MEDICAL OFFICER
Collection Date:
Report Date : 12/Jan/2023 04:47PM



DEPARTMENT OF RADIOLOGY
X-RAY REPORT OF CHEST (PA)

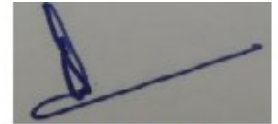
FINDINGS :

No active lung parenchymal lesion is seen.
Both the hila are normal in size, density and position.
Mediastinum is central. 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 TULIKA DE
MBBS, DNB (Radio Diagnosis)
Consultant Radiologist

Lab No. : DUN/12-01-2023/SR7170645
Patient Name : SOHAM ROY
Age : 32 Y O M O D
Gender : M

Lab Add. :
Ref Dr. : Dr.MEDICAL OFFICER
Collection Date:
Report Date : 12/Jan/2023 04:50PM



DEPARTMENT OF ULTRASONOGRAPHY

REPORT ON EXAMINATION OF WHOLE ABDOMEN

LIVER: Liver is normal in size (14.74 cm) and **shows grade II fatty changes**. No focal lesion of altered echogenicity 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 (1.08 cm) is normal in caliber with clear lumen. The common bile duct is normal in caliber. Visualized lumen is clear till visualised extent. Common bile duct measures approx 0.35 cm in diameter. *Extreme lower end of common bile duct is not visualised due to bowel gas shadow.*

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

SPLEEN: It is normal in shape, size (9.20 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 10.19 x 4.19 cm **LEFT KIDNEY** measures 9.34 x 4.64 cm

URETER: Both ureters are not dilated. No calculus is noted in either side.

PERITONEUM & RETROPERITONEUM: The aorta and IVC are normal. Lymph nodes are not enlarged. No free fluid is seen in peritoneum.

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

PROSTATE: It is normal in shape, size and echopattern. No focal lesion is seen. Capsule is smooth.

Prostate measures : 2.62 cm x 2.58 cm x 2.95 cm. Weight 10.44 gms.

IMPRESSION:

Grade II fatty changes in liver.

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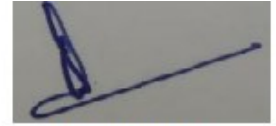


Kindly note

- *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 TULIKA DE
MBBS, DNB (Radio Diagnosis)
Consultant Radiologist

Patient Data

Sample ID: C02135969530
 Patient ID: SR7170645
 Name:
 Physician:
 Sex:
 DOB:

Analysis Data

Analysis Performed: 12/JAN/2023 12:50:47
 Injection Number: 5309U
 Run Number: 141
 Rack ID: 0002
 Tube Number: 8
 Report Generated: 12/JAN/2023 13:00:20
 Operator ID: ANAMIKA

Comments:

Peak Name	NGSP %	Area %	Retention Time (min)	Peak Area
Unknown	---	0.2	0.113	3149
A1a	---	1.0	0.161	13539
A1b	---	1.0	0.224	14303
F	---	0.8	0.277	10831
LA1c	---	1.7	0.406	24131
A1c	5.4	---	0.515	61505
P3	---	3.4	0.791	48644
P4	---	1.3	0.873	18544
Ao	---	86.2	0.998	1215463

Total Area: 1,410,110

HbA1c (NGSP) = 5.4 % HbA1c (IFCC) = 36 mmol/mol

