



Lab No.	: BKP/24-02-2024/SR8784931	Lab Add.	: Newtown,Kolkata-700156
Patient Name	: POOJA DAS	Ref Dr.	: Dr.MEDICAL OFFICER
Age	: 33 Y 0 M 3 D	Collection Date	: 24/Feb/2024 10:23AM
Gender	: F	Report Date	: 24/Feb/2024 02:51PM



DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
CHLORIDE,BLOOD , . (Method:ISE INDIRECT)	104	99-109	mEq/L
SODIUM,BLOOD (Method:ISE INDIRECT)	137	132 - 146	mEq/L
CALCIUM,BLOOD (Method:Arsenazo III)	9.70	8.7-10.4	mg/dL
URIC ACID,BLOOD (Method:Uricase/Peroxidase)	5.30	2.6-6.0	mg/dL
GLUCOSE,FASTING (Method:Gluc Oxidase Trinder)	95	Impaired Fasting-100-125 ~Diabetes- >= 126.~Fasting is defined as no caloric intake for at least 8 hours.	mg/dL

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.

PHOSPHORUS-INORGANIC,BLOOD (Method:Phosphomolybdate/UV)	3.6	2.4-5.1 mg/dL	mg/dL
POTASSIUM,BLOOD (Method:ISE INDIRECT)	3.60	3.5-5.5	mEq/L

*** End Of Report ***

Dr NEEPA CHOWDHURY
MBBS MD (Biochemistry)
Consultant Biochemist
Reg No. WBMC 62456



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Age	: 33 Y 0 M 3 D	Collection Date	: 24/Feb/2024 10:23AM
Gender	: F	Report Date	: 24/Feb/2024 05:52PM



DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
THYROID PANEL (T3, T4, TSH) , GEL SERUM			
T3-TOTAL (TRI IODOTHYRONINE) (Method:CLIA)	3.31	0.60-1.81 ng/ml	ng/ml
T4-TOTAL (THYROXINE) (Method:CLIA)	18.9	3.2-12.6	µg/dL
TSH (THYROID STIMULATING HORMONE) (Method:CLIA)	< 0.008	0.55-4.78	µIU/mL

Suggested follow up with ft4 reports and to correlate clinically

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.

*** End Of Report ***


 Dr. SANCHAYAN SINHA
 MBBS, MD, DNB (BIOCHEMISTRY)
 CONSULTANT BIOCHEMIST
 Reg No. WBMC 63214



Lab No.	: BKP/24-02-2024/SR8784931	Lab Add.	: Newtown,Kolkata-700156
Patient Name	: POOJA DAS	Ref Dr.	: Dr.MEDICAL OFFICER
Age	: 33 Y 0 M 3 D	Collection Date	: 24/Feb/2024 10:23AM
Gender	: F	Report Date	: 24/Feb/2024 04:03PM



DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
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)	37.0		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-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.

[PDF Attached](#)

*** End Of Report ***

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



Lab No.	: BKP/24-02-2024/SR8784931	Lab Add.	: Newtown,Kolkata-700156
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Age	: 33 Y 0 M 3 D	Collection Date	: 24/Feb/2024 10:23AM
Gender	: F	Report Date	: 24/Feb/2024 03:09PM



DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
CREATININE, BLOOD (Method:Jaffe, alkaline picrate, kinetic)	0.38	0.5-1.1	mg/dL

Correlate clinically.

Suggested follow up.

UREA,BLOOD (Method:Urease with GLDH)	17.1	19-49	mg/dL
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LIPID PROFILE , GEL SERUM			
CHOLESTEROL-TOTAL (Method:Enzymatic)	126	Desirable: < 200 mg/dL Borderline high: 200-239 mg/dL High: > or =240 mg/dL	mg/dL
TRIGLYCERIDES (Method:GPO-Trinder)	117	Normal:: < 150, BorderlineHigh::150-199, High:: 200-499, VeryHigh::>500	mg/dL
HDL CHOLESTEROL (Method:Elimination/catalase)	44	< 40 - Low 40-59- Optimum 60 - High	mg/dl
LDL CHOLESTEROL DIRECT (Method:Elimination / Catalase)	66	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)	16	< 40 mg/dl	mg/dl
CHOL HDL Ratio (Method:Calculated)	2.9	LOW RISK 3.3-4.4 AVERAGE RISK 4.47-7.1 MODERATE RISK 7.1-11.0 HIGH RISK >11.0	

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.

TOTAL PROTEIN [BLOOD] ALB:GLO RATIO , .			
TOTAL PROTEIN (Method:BIURET METHOD)	6.90	5.7-8.2 g/dL	g/dL
ALBUMIN (Method:BCG Dye Binding)	3.9	3.2-4.8 g/dL	g/dL
GLOBULIN (Method:Calculated)	3.00	1.8-3.2	g/dl
AG Ratio (Method:Calculated)	1.30	1.0-2.5	

*** End Of Report ***

Lab No. : BKP/24-02-2024/SR8784931

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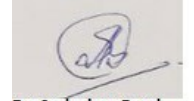


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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
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Dr. Sudeshna Baral
M.B.B.S MD.
(Biochemistry)
(Consultant Biochemist)
Reg No. WBMC 64124



Lab No. : BKP/24-02-2024/SR8784931	Lab Add. : Newtown,Kolkata-700156
Patient Name : POOJA DAS	Ref Dr. : Dr.MEDICAL OFFICER
Age : 33 Y 0 M 3 D	Collection Date : 24/Feb/2024 10:23AM
Gender : F	Report Date : 24/Feb/2024 02:49PM

**DEPARTMENT OF HAEMATOLOGY**

Test Name	Result	Bio Ref. Interval	Unit
CBC WITH PLATELET (THROMBOCYTE) COUNT , EDTA WHOLE BLOOD			
HEMOGLOBIN (Method:PHOTOMETRIC)	10.2	12 - 15	g/dL
WBC (Method:DC detection method)	7.2	4 - 10	*10 ³ /μL
RBC (Method:DC detection method)	5.75	3.8 - 4.8	*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)	57	40 - 80 %	%
LYMPHOCYTES (Method:Flowcytometry/Microscopy)	32	20 - 40 %	%
MONOCYTES (Method:Flowcytometry/Microscopy)	09	2 - 10 %	%
EOSINOPHILS (Method:Flowcytometry/Microscopy)	02	1 - 6 %	%
BASOPHILS (Method:Flowcytometry/Microscopy)	00	0-0.9%	%
<u>CBC SUBGROUP</u>			
HEMATOCRIT / PCV (Method:Calculated)	32.6	36 - 46 %	%
MCV (Method:Calculated)	56.7	83 - 101 fl	fl
MCH (Method:Calculated)	17.8	27 - 32 pg	pg
MCHC (Method:Calculated)	31.4	31.5-34.5 gm/dl	gm/dl
RDW - RED CELL DISTRIBUTION WIDTH (Method:Calculated)	17.4	11.6-14%	%
PDW-PLATELET DISTRIBUTION WIDTH (Method:Calculated)	16.0	8.3 - 25 fL	fL
MPV-MEAN PLATELET VOLUME (Method:Calculated)	9.7	7.5 - 11.5 fl	

BLOOD GROUP ABO+RH [GEL METHOD] , EDTA WHOLE BLOOD	
ABO (Method:Gel Card)	O
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)	20	0.00 - 20.00 mm/hr	mm/hr

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Gender	: F	Report Date	: 24/Feb/2024 02:49PM



DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Bio Ref. Interval	Unit
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*** End Of Report ***

MD (PATHOLOGY)
CONSULTANT PATHOLOGIST
Reg No. WBMC 66405

Lab No.	: BKP/24-02-2024/SR8784931	Lab Add.	:
Patient Name	: POOJA DAS	Ref Dr.	: Dr.MEDICAL OFFICER
Age	: 33 Y 0 M 3 D	Collection Date	:
Gender	: F	Report Date	: 24/Feb/2024 03:13PM



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

FINDINGS :

Lung parenchyma shows no focal lesion. No general alteration of radiographic density. Apices are clear. Bronchovascular lung markings are within normal.

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.

Cardiac size appears within normal limits.

Bony thorax reveals no definite abnormality.

IMPRESSION:

Normal study.

ADV: Clinical correlation and further relevant investigation.

Kindly note

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

*** End Of Report ***

DR. SUBRATA SANYAL
MBBS (CAL), DMRD (CAL).
CONSULTANT SONOLOGIST AND RADIOLOGIST.

Lab No. : BKP/24-02-2024/SR8784931

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Lab No. : BKP/24-02-2024/SR8784931

Patient Name : POOJA DAS

Age : 33 Y 0 M 3 D

Gender : F

Lab Add. :

Ref Dr. : Dr.MEDICAL OFFICER

Collection Date :

Report Date : 24/Feb/2024 03:13PM



Lab No. : BKP/24-02-2024/SR8784931
Patient Name : POOJA DAS
Age : 33 Y 0 M 3 D
Gender : F

Lab Add. :
Ref Dr. : Dr.MEDICAL OFFICER
Collection Date :
Report Date : 24/Feb/2024 01:49PM



DEPARTMENT OF CARDIOLOGY
REPORT OF E.C.G.

DATA	
HEART RATE	92 Bpm
PR INTERVAL	120 Ms
QRS DURATION	72 Ms
QT INTERVAL	346 Ms
QTC INTERVAL	433 Ms
AXIS	
P WAVE	41 Degree
QRS WAVE	12 Degree
T WAVE	19 Degree
IMPRESSION	: Resting ECG within normal limits.

Dr. Siddhartha Kundu
MBBS, PG Diploma in Clinical Cardiology
Associate Consultant Cardiology, Critical Care

Patient Data

Sample ID: D02135576550
 Patient ID: SR8784931
 Name: POOJA DAS
 Physician:
 Sex: F
 DOB:

Analysis Data

Analysis Performed: 02/24/2024 15:41:36
 Injection Number: 8179
 Run Number: 199
 Rack ID: 0003
 Tube Number: 7
 Report Generated: 02/24/2024 15:57:37
 Operator ID: TRISHA

Comments:

Peak Name	NGSP %	Area %	Retention Time (min)	Peak Area
A1a	---	1.1	0.158	26240
A1b	---	0.8	0.221	18628
F	---	1.0	0.270	23839
LA1c	---	1.7	0.392	40456
A1c	5.5	---	0.491	104955
P3	---	3.9	0.779	91707
P4	---	1.1	0.854	26232
Ao	---	85.8	0.984	2003468

Total Area: 2,335,524

HbA1c (NGSP) = 5.5 % HbA1c (IFCC) = 37 mmol/mol

