



Lab No.	: DUN/07-10-2024/SR9754850	Lab Add.	: Newtown,Kolkata-700156
Patient Name	: OISHIKA CHOUDHURI	Ref Dr.	: Dr.MEDICAL OFFICER
Age	: 37 Y 2 M 2 D	Collection Date	: 07/Oct/2024 09:33AM
Gender	: F	Report Date	: 07/Oct/2024 01:10PM



DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
CREATININE, BLOOD , GEL SERUM (Method:Jaffe, alkaline picrate, kinetic)	0.54	0.5-1.1	mg/dL
URIC ACID,BLOOD (Method:Uricase/Peroxidase)	4.3	2.6-6.0	mg/dL
CALCIUM,BLOOD (Method:Arsenazo III)	8.7	8.7-10.4	mg/dL
SODIUM,BLOOD (Method:ISE INDIRECT)	141	132 - 146	mEq/L
POTASSIUM,BLOOD (Method:ISE INDIRECT)	4.1	3.5-5.5	mEq/L
UREA,BLOOD (Method:Urease with GLDH)	19.3	19-49	mg/dL
PHOSPHORUS-INORGANIC,BLOOD (Method:Phosphomolybdate/UV)	3.7	2.4-5.1 mg/dL	mg/dL
THYROID PANEL (T3, T4, TSH) , GEL SERUM			
T3-TOTAL (TRI IODOTHYRONINE) (Method:CLIA)	0.9	0.60-1.81 ng/ml	ng/ml
T4-TOTAL (THYROXINE) (Method:CLIA)	8.1	3.2-12.6	µg/dL
TSH (THYROID STIMULATING HORMONE) (Method:CLIA)	2.690	0.55-4.78	µIU/mL

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.



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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
GLUCOSE,FASTING (Method:Gluc Oxidase Trinder)	96	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.

*** End Of Report ***

Dr Neepa Chowdhury
MBBS, MD(Biochemistry)
SECTION DIRECTOR AND SENIOR CONSULTANT BIOCHEMIST
Reg no. WBMC 62456



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Age	: 37 Y 2 M 2 D	Collection Date	: 07/Oct/2024 09:33AM
Gender	: F	Report Date	: 07/Oct/2024 01:03PM



DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
CHLORIDE,BLOOD (Method:ISE INDIRECT)	108	99-109	mEq/L

*** End Of Report ***

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



Lab No.	: DUN/07-10-2024/SR9754850	Lab Add.	: Newtown,Kolkata-700156
Patient Name	: OISHIKA CHOUDHURI	Ref Dr.	: Dr.MEDICAL OFFICER
Age	: 37 Y 2 M 2 D	Collection Date	: 07/Oct/2024 09:33AM
Gender	: F	Report Date	: 07/Oct/2024 01:14PM

**DEPARTMENT OF BIOCHEMISTRY**

Test Name	Result	Bio Ref. Interval	Unit
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TOTAL PROTEIN [BLOOD] ALB:GLO RATIO , .			
TOTAL PROTEIN (Method:BIURET METHOD)	7.1	5.7-8.2 g/dL	g/dL
ALBUMIN (Method:BCG Dye Binding)	4	3.2-4.8 g/dL	g/dL
GLOBULIN (Method:Calculated)	3.1	1.8-3.2	g/dl
AG Ratio (Method:Calculated)	1.29	1.0-2.5	

GLYCATED HAEMOGLOBIN (HBA1C) , EDTA WHOLE BLOOD			
GLYCATED HEMOGLOBIN (HBA1C)	4.8	***FOR BIOLOGICAL REFERENCE INTERVAL DETAILS , PLEASE REFER TO THE BELOW MENTIONED REMARKS/NOTE WITH ADDITIONAL CLINICAL INFORMATION ***	%
HbA1c (IFCC) (Method:HPLC)	29		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](#)

LIPID PROFILE , GEL SERUM			
CHOLESTEROL-TOTAL (Method:Enzymatic)	146	Desirable: < 200 mg/dL Borderline high: 200-239 mg/dL High: > or =240 mg/dL	mg/dL
TRIGLYCERIDES (Method:GPO-Trinder)	65	Normal:: < 150, BorderlineHigh::150-199, High:: 200-499, VeryHigh::>500	mg/dL
HDL CHOLESTEROL	49	< 40 - Low	mg/dl

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
(Method:Elimination/catalase)		40-59- Optimum 60 - High	
LDL CHOLESTEROL DIRECT (Method:Elimination / Catalase)	86	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)	11	< 40 mg/dl	mg/dl
CHOL HDL Ratio (Method:Calculated)	3	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.

*** End Of Report ***

Dr. Sudeshna Baral
M.B.B.S MD.
(Biochemistry)
(Consultant Biochemist)
Reg No. WBMC 64124



Lab No.	: DUN/07-10-2024/SR9754850	Lab Add.	: Newtown,Kolkata-700156
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Age	: 37 Y 2 M 2 D	Collection Date	: 07/Oct/2024 09:33AM
Gender	: F	Report Date	: 07/Oct/2024 12:48PM



DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Bio Ref. Interval	Unit
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CBC WITH PLATELET (THROMBOCYTE) COUNT , EDTA WHOLE BLOOD			
HEMOGLOBIN (Method:PHOTOMETRIC)	12.1	12 - 15	g/dL
WBC (Method:DC detection method)	7	4 - 10	*10 ³ /μL
RBC (Method:DC detection method)	4.22	3.8 - 4.8	*10 ⁶ /μL
PLATELET (THROMBOCYTE) COUNT (Method:DC detection method/Microscopy)	182	150 - 450*10 ³	*10 ³ /μL
<u>DIFFERENTIAL COUNT</u>			
NEUTROPHILS (Method:Flowcytometry/Microscopy)	62	40 - 80	%
LYMPHOCYTES (Method:Flowcytometry/Microscopy)	26	20 - 40	%
MONOCYTES (Method:Flowcytometry/Microscopy)	08	2 - 10	%
EOSINOPHILS (Method:Flowcytometry/Microscopy)	04	1 - 6	%
BASOPHILS (Method:Flowcytometry/Microscopy)	00	0-0.9	%
<u>CBC SUBGROUP</u>			
HEMATOCRIT / PCV (Method:Calculated)	38.3	36 - 46 %	%
MCV (Method:Calculated)	90.7	83 - 101 fl	fl
MCH (Method:Calculated)	28.6	27 - 32 pg	pg
MCHC (Method:Calculated)	31.6	31.5-34.5 gm/dl	gm/dl
RDW - RED CELL DISTRIBUTION WIDTH (Method:Calculated)	13.3	11.6-14%	%
PDW-PLATELET DISTRIBUTION WIDTH (Method:Calculated)	33.0	8.3 - 25 fL	fL
MPV-MEAN PLATELET VOLUME (Method:Calculated)	13.7	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)	08	0.00 - 20.00 mm/hr	mm/hr

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Gender	: F	Report Date	: 07/Oct/2024 12:48PM



DEPARTMENT OF HAEMATOLOGY

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

Kaushik Dey
 Dr. KAUSHIK DEY
 MD (PATHOLOGY)
 CONSULTANT PATHOLOGIST
 Reg No. WBMC 66405

Lab No.	: DUN/07-10-2024/SR9754850	Lab Add.	:
Patient Name	: OISHIKA CHOUDHURI	Ref Dr.	: Dr.MEDICAL OFFICER
Age	: 37 Y 2 M 2 D	Collection Date	:
Gender	: F	Report Date	: 07/Oct/2024 04:31PM



DEPARTMENT OF X-RAY

X-RAY REPORT OF CHEST (PA)

FINDINGS :

Mildly increased vascular markings seen at both parahilar and paracardiac regions.


Mediastinum is in central position. Trachea is in midline.

Domes of diaphragm are smoothly outlined. Position is within normal limits.

Both costo-phrenic angles are clear.

Cardiac shadow appears normal.

*** End Of Report ***


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



Lab No. : DUN/07-10-2024/SR9754850	Lab Add. : Newtown,Kolkata-700156
Patient Name : OISHIKA CHOUDHURI	Ref Dr. : Dr.MEDICAL OFFICER
Age : 37 Y 2 M 2 D	Collection Date : 07/Oct/2024 09:40AM
Gender : F	Report Date : 07/Oct/2024 03:04PM



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 HAZY

CHEMICAL EXAMINATION

pH (Method:Dipstick (triple indicator method))	7.0	4.6 - 8.0	
SPECIFIC GRAVITY (Method:Dipstick (ion concentration method))	1.010	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))	POSITIVE(+)	NEGATIVE	

MICROSCOPIC EXAMINATION

LEUKOCYTES (PUS CELLS) (Method:Microscopy)	3-5	0-5	/hpf
EPITHELIAL CELLS (Method:Microscopy)	12-15	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)	PRESENT(++)	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

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Age	: 37 Y 2 M 2 D	Collection Date	: 07/Oct/2024 09:40AM
Gender	: F	Report Date	: 07/Oct/2024 03:04PM



DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Bio Ref. Interval	Unit
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and/or yeast in the urine.

*** End Of Report ***

Kaushik Dey
 Dr. KAUSHIK DEY
 MD (PATHOLOGY)
 CONSULTANT PATHOLOGIST
 Reg No. WBMC 66405

Lab No. : DUN/07-10-2024/SR9754850
Patient Name : OISHIKA CHOUDHURI
Age : 37 Y 2 M 2 D
Gender : F

Lab Add. :
Ref Dr. : Dr.MEDICAL OFFICER
Collection Date :
Report Date : 07/Oct/2024 04:11PM



DEPARTMENT OF CARDIOLOGY

E.C.G. REPORT

DATA		
HEART RATE	63	Bpm
PR INTERVAL	166	Ms
QRS DURATION	92	Ms
QT INTERVAL	392	Ms
QTC INTERVAL	402	Ms
AXIS		
P WAVE	52	Degree
QRS WAVE	57	Degree
T WAVE	39	Degree
IMPRESSION	: Sinus arrhythmia otherwise normal ECG.	

*** End Of Report ***

Dr. A C RAY
Department of Non-invasive
Cardiology

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Patient Name	: OISHIKA CHOUDHURI	Ref Dr.	: Dr.MEDICAL OFFICER
Age	: 37 Y 2 M 2 D	Collection Date	:
Gender	: F	Report Date	: 07/Oct/2024 05:45PM



DEPARTMENT OF ULTRASONOGRAPHY

DEPARTMENT OF ULTRASONOGRAPHY

REPORT ON EXAMINATION OF WHOLE ABDOMEN

LIVER: Normal in shape, size (14.3 cm) and parenchymal echopattern. 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 (1.00 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 0.32 cm in diameter. *Extreme lower end of common bile duct is not visualised due to bowel gas shadow.*

PANCREAS: It 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 (9.0 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 10.6 cm **LEFT KIDNEY** measures 9.0 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.

UTERUS: It is normal in size (6.8 x 3.3 x 4.2 cm), shape and echopattern. **One 12 x 9 mm small fibroid noted at anterior wall of uterus.** Endometrial echo is in midline. Double layer of endometrial echo measures 0.52 cm. Endometrial cavity is empty. Cervix is normal.

ADNEXA: No adnexal SOL is noted.

OVARIES: Bilateral ovaries are normal in size but show **mild polycystic changes.**

Right ovary measures 3.4 x 1.4 x 3.0 cm. & volume is 8.1 cc.

Left ovary measures 3.1 x 1.8 x 2.5 cm & volume is 7.8 cc,

POD : No fluid is seen.

IMPRESSION:

Small uterine fibroid.

Bilateral mild polycystic changes.

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Collection Date :
Report Date : 07/Oct/2024 05:45PM



DEPARTMENT OF ULTRASONOGRAPHY

Please correlate clinically.

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. NAMRATA CHATTERJEE
MBBS,CONSULTANT SONOLOGIST
Reg No : 79092

Patient Data

Sample ID: E02132913149
 Patient ID: SR9754850
 Name: OISHIKA CHOUDHU
 Physician:
 Sex: F
 DOB:

Analysis Data

Analysis Performed: 10/07/2024 12:48:12
 Injection Number: 9668
 Run Number: 147
 Rack ID: 0004
 Tube Number: 3
 Report Generated: 10/07/2024 13:01:35
 Operator ID: ASIT

Comments:

Peak Name	NGSP %	Area %	Retention Time (min)	Peak Area
A1a	---	0.6	0.136	10866
Unknown	---	0.6	0.164	10828
A1b	---	0.9	0.227	18041
F	---	0.8	0.273	15193
LA1c	---	1.9	0.395	36208
A1c	4.8	---	0.503	79392
P3	---	3.2	0.778	61671
P4	---	1.1	0.863	20889
Ao	---	86.8	0.993	1666528

Total Area: 1,919,616

HbA1c (NGSP) = 4.8 % HbA1c (IFCC) = 29 mmol/mol

