



Lab No. : CHP/07-01-2023/SR7153846
 Patient Name : RIMI NATTA
 Age : 35 Y 3 M 2 D
 Gender : F

Lab Add. : Newtown, Kolkata-700156
 Ref Dr. : Dr.MEDICAL OFFICER
 Collection Date: 07/Jan/2023 09:03AM
 Report Date : 07/Jan/2023 12:18PM



Test Name	Result	Unit	Bio Ref. Interval	Method
CHLORIDE, BLOOD , .				
CHLORIDE,BLOOD	107.00	mEq/L	99-109 mEq/L	ISE INDIRECT
SODIUM, BLOOD , GEL SERUM				
SODIUM,BLOOD	139.00	mEq/L	132 - 146 mEq/L	ISE INDIRECT
POTASSIUM, BLOOD , GEL SERUM				
POTASSIUM,BLOOD	4.30	mEq/L	3.5-5.5 mEq/L	ISE INDIRECT
UREA,BLOOD , GEL SERUM				
UREA,BLOOD , GEL SERUM	21.4	mg/dL	19-49 mg/dL	Urease with GLDH
CREATININE, BLOOD				
CREATININE, BLOOD	0.55	mg/dL	0.5-1.1 mg/dL	Jaffe, alkaline picrate, kinetic
PHOSPHORUS-INORGANIC, BLOOD , GEL SERUM				
PHOSPHORUS-INORGANIC,BLOOD	3.8	mg/dL	2.4-5.1 mg/dL	Phosphomolybdate/UV
THYROID PANEL (T3, T4, TSH) , GEL SERUM				
T3-TOTAL (TRI IODOTHYRONINE)	1.04	ng/ml	0.60-1.81 ng/ml	CLIA
T4-TOTAL (THYROXINE)	5.6	µg/dL	3.2-12.6 µg/dL	CLIA
TSH (THYROID STIMULATING HORMONE)	2.22	µIU/mL	0.55-4.78 µIU/mL	CLIA

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>



Suraksha
DIAGNOSTICS

Lab No. : SR7153846

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

Dr NEEPA CHOWDHURY
MBBS MD (Biochemistry)
Consultant Biochemist



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ESR (ERYTHROCYTE SEDIMENTATION RATE) , EDTA WHOLE BLOOD

1stHour	20	mm/hr	0.00 - 20.00 mm/hr	Westergren
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□

Dr Mansi Gulati
 Consultant Pathologist
 MBBS, MD, DNB (Pathology)



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

COLOUR PALE YELLOW
 APPEARANCE HAZY

CHEMICAL EXAMINATION

pH	7.0	4.6 - 8.0	Dipstick (triple indicator method)
SPECIFIC GRAVITY	1.010	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	PRESENT(+++)	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	POSITIVE(+++)	NEGATIVE	Dipstick (ester hydrolysis reaction)

MICROSCOPIC EXAMINATION

LEUKOCYTES (PUS CELLS)	13-15	/hpf	0-5	Microscopy
EPITHELIAL CELLS	20-25	/hpf	0-5	Microscopy
RED BLOOD CELLS	8-10	/hpf	0-2	Microscopy
CAST	NOT DETECTED		NOT DETECTED	Microscopy
CRYSTALS	NOT DETECTED		NOT DETECTED	Microscopy
BACTERIA	PRESENT(++)		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.

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

ABO	B	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.

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Suraksha Diagnostic Private Limited

E-mail: info@surakshanet.com | Website: www.surakshanet.com



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CBC WITH PLATELET (THROMBOCYTE) COUNT , EDTA WHOLE BLOOD

HEMOGLOBIN	12.8	g/dL	12 - 15	PHOTOMETRIC
WBC	9.9	*10 ³ /μL	4 - 10	DC detection method
RBC	4.12	*10 ⁶ /μL	3.8 - 4.8	DC detection method
PLATELET (THROMBOCYTE) COUNT	210	*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	03	%	1 - 6 %	Flowcytometry/Microscopy
BASOPHILS	00	%	0-0.9%	Flowcytometry/Microscopy

CBC SUBGROUP

HEMATOCRIT / PCV	38.1	%	36 - 46 %	Calculated
MCV	92.4	fl	83 - 101 fl	Calculated
MCH	31.2	pg	27 - 32 pg	Calculated
MCHC	33.7	gm/dl	31.5-34.5 gm/dl	Calculated
RDW - RED CELL DISTRIBUTION WIDTH	14.3	%	11.6-14%	Calculated
PDW-PLATELET DISTRIBUTION WIDTH	16.5	fL	8.3 - 25 fL	Calculated
MPV-MEAN PLATELET VOLUME	9.9		7.5 - 11.5 fl	Calculated

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



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URIC ACID, BLOOD , GEL SERUM

URIC ACID,BLOOD	4.70	mg/dL	2.6-6.0 mg/dL	Uricase/Peroxidase
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LIPID PROFILE , GEL SERUM

CHOLESTEROL-TOTAL	148.00	mg/dL	Desirable: < 200 mg/dL Borderline high: 200-239 mg/dL High: > or =240 mg/dL	Enzymatic
TRIGLYCERIDES	107.00	mg/dL	Normal:: < 150, BorderlineHigh::150-199, High:: 200-499, VeryHigh:: >500	GPO-Trinder
HDL CHOLESTEROL	48.00	mg/dl	< 40 - Low 40-59- Optimum 60 - High	Elimination/catalase
LDL CHOLESTEROL DIRECT	79.0	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	21	mg/dl	< 40 mg/dl	Calculated
CHOL HDL Ratio	3.1		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.

CALCIUM, BLOOD

CALCIUM,BLOOD	8.90	mg/dL	8.7-10.4 mg/dL	Arsenazo III
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[PDF Attached](#)

GLYCATED HAEMOGLOBIN (HBA1C) , EDTA WHOLE BLOOD

GLYCATED HEMOGLOBIN (HBA1C)	5.3	%	***FOR BIOLOGICAL REFERENCE INTERVAL DETAILS , PLEASE REFER TO THE BELOW MENTIONED REMARKS/NOTE WITH ADDITIONAL CLINICAL INFORMATION ***	
HbA1c (IFCC)	34.0	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;



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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.

GLUCOSE, FASTING , BLOOD, NAF PLASMA

GLUCOSE,FASTING	82	mg/dL	Impaired Fasting-100-125 . Diabetes- >= 126. Fasting is defined as no caloric intake for at least 8 hours.	Gluc Oxidase Trinder
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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.

TOTAL PROTEIN [BLOOD] ALB:GLO RATIO , .

TOTAL PROTEIN	6.80	g/dL	5.7-8.2 g/dL	BIURET METHOD
ALBUMIN	4.3	g/dL	3.2-4.8 g/dL	BCG Dye Binding
GLOBULIN	2.50	g/dl	1.8-3.2 g/dl	Calculated
AG Ratio	1.72		1.0 - 2.5	Calculated

DR. ANANNYA GHOSH
MBBS, MD (Biochemistry)
Consultant Biochemist

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DEPARTMENT OF CYTOPATHOLOGY

PAP SMEAR REPORT

Lab No : P -69/23

Reporting System : The 2014 Bethesda System

Specimen : Conventional Cervical Pap Smear.

Specimen Adequacy : Satisfactory for evaluation :

A satisfactory squamous component is present.

Endocervical or transformation zone component : Present.

Obscuring elements : Absent.

General Categorization :

Negative for Intraepithelial Lesion / Malignancy (NILM).

Non-Neoplastic Findings :

Moderate inflammation is noted in the background.

INTERPRETATION / RESULTS : Negative for Intraepithelial Lesion / Malignancy (NILM).

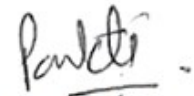
Note : Pap smear cytology is a screening procedure. Findings should be correlated with colposcopic/local examination and ancillary findings.

As per current recommendation, women aged 30-65 years should be screened with both the HPV test and the Pap test, called "co-testing," as the preferred strategy. Screening with the Pap test alone every 3 years is still acceptable.

Ancillary Testing – For HPV testing using PCR from the same sample (only in case of LBC) request should come within 15 days from the reporting date.

***Report relates to the item tested only.

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



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Ref Dr. : Dr.MEDICAL OFFICER
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DEPARTMENT OF CARDIOLOGY

REPORT OF E.C.G.

DATA		
HEART RATE	81	Bpm
PR INTERVAL	136	Ms
QRS DURATION	74	Ms
QT INTERVAL	354	Ms
QTC INTERVAL	412	Ms
AXIS		
P WAVE	48	Degree
QRS WAVE	59	Degree
T WAVE	39	Degree
IMPRESSION	: Normal sinus rhythm, within normal limits.	

Dr. SOUMEN MAJUMDAR
Department of Non-invasive
Cardiology



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Report Date : 07/Jan/2023 03:04PM



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 in central position. 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. SUDIPTA SARKAR
MBBS,MD (Radio-Diagnosis)
DNB (Radio-Diagnosis), MNAMS
EDIR, D-ICRI, FRCR (UK)



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Lab Add. :
Ref Dr. : Dr.MEDICAL OFFICER
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Report Date : 07/Jan/2023 11:11AM



DEPARTMENT OF ULTRASONOGRAPHY

REPORT ON EXAMINATION OF WHOLE ABDOMEN

LIVER

Liver is normal in size (134 mm) having normal shape, **shows grade I fatty changes of liver.** 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 3.2 mm. with no intraluminal pathology (Calculi/mass) could be detected at its visualised part. Portal vein is normal (8.6 mm.) at porta.

GALL BLADDER

Gallbladder is physiologically distended. Wall thickness appears normal. No intraluminal pathology (Calculi/mass) could be detected. Sonographic Murphys sign is negative.

PANCREAS

Echogenicity 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 (80 mm). Homogenous and smooth echotexture without any focal lesion. Splenic vein at hilum appears normal. No definite collaterals could be detected.

KIDNEYS

Both the kidneys are normal in shape, size (Rt. kidney 118 mm x 35 mm. & Lt. kidney 112 mm x 47 mm.) axes & position. Cortical echogenicity appears normal maintaining cortico-medullary & cortico-hepatic differentiation. Margin is regular and cortical thickness is uniform. No calcular disease noted. No hydronephrotic changes detected. 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.

UTERUS

Uterus is anteverted, normal in size (67 mm. x 51 mm. x 43 mm.) ET – 13.7 mm. Myometrium appears smooth & homogenous without any detectable/sizable focal lesion.

Cervix looks normal.

Pouch of Douglas is free.

ADNEXA

Adnexa appear clear with no obvious mass lesion could be detected.

OVARIES

Ovaries are normal in size, shape, position, margin and echotexture.

Right ovary measures 40 mm x 18 mm.

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Left Ovary measures 40 mm x 18 mm.

RETROPERITONEUM, PERITONEUM & LOWER PLEURAL SPACE

No ascites noted. No definite evidence of any mass lesion detected. No detectable evidence of enlarged lymph nodes noted. Visualised part of aorta & IVC are within normal limit.No effusion noted at costo-phrenic angles.

IMPRESSION

Grade I fatty liver.

Kindly note

Ø Ultrasound is not the modality of choice to rule out subtle bowel lesion.

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

Ø 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. HARSHA SAHU
MBBS, DMRD, DNB(Radiodiagnosis)
Consultant Radiologist
Reg No WBMC-88013

Patient Data

Sample ID: C02135958341
 Patient ID: SR7153846
 Name:
 Physician:
 Sex:
 DOB:

Analysis Data

Analysis Performed: 07/JAN/2023 12:15:25
 Injection Number: 7421U
 Run Number: 227
 Rack ID: 0003
 Tube Number: 2
 Report Generated: 07/JAN/2023 12:29:09
 Operator ID: ANAMIKA

Comments:

Peak Name	NGSP %	Area %	Retention Time (min)	Peak Area
A1a	---	1.2	0.156	15674
A1b	---	1.1	0.218	14158
F	---	0.8	0.266	10264
LA1c	---	1.7	0.401	22263
A1c	5.3	---	0.511	55833
P3	---	3.5	0.789	45992
P4	---	1.3	0.870	17206
Ao	---	86.1	0.998	1127384

Total Area: 1,308,775

HbA1c (NGSP) = 5.3 % HbA1c (IFCC) = 34 mmol/mol

