



<b>Lab No.</b> : TLG/23-01-2024/SR8659652	<b>Lab Add.</b> : Newtown,Kolkata-700156
<b>Patient Name</b> : UTTAM KUMAR SHAW	<b>Ref Dr.</b> : Dr.MEDICAL OFFICER
<b>Age</b> : 37 Y 10 M 27 D	<b>Collection Date</b> : 23/Jan/2024 08:44AM
<b>Gender</b> : M	<b>Report Date</b> : 23/Jan/2024 01:34PM



### DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
<b>BILIRUBIN (DIRECT) , GEL SERUM</b> (Method:Vanadate oxidation)	0.10	<0.2	mg/dL
<b>SODIUM,BLOOD</b> (Method:ISE INDIRECT)	141	132 - 146	mEq/L
<b>CHLORIDE,BLOOD</b> (Method:ISE INDIRECT)	105	99-109	mEq/L
<b>CREATININE, BLOOD</b> (Method:Jaffe, alkaline picrate, kinetic)	0.74	0.7-1.3	mg/dL
<b>CALCIUM,BLOOD</b> (Method:Arsenazo III)	10.10	8.7-10.4	mg/dL
<b>PHOSPHORUS-INORGANIC,BLOOD</b> (Method:Phosphomolybdate/UV)	3.0	2.4-5.1 mg/dL	mg/dL
<b>SGOT/AST</b> (Method:Modified IFCC)	32	13-40	U/L
<b>UREA,BLOOD</b> (Method:Urease with GLDH)	27.8	19-49	mg/dL
<b>BILIRUBIN (TOTAL) , GEL SERUM</b> BILIRUBIN (TOTAL) (Method:Vanadate oxidation)	0.80	0.3-1.2	mg/dL
<b>POTASSIUM,BLOOD</b> (Method:ISE INDIRECT)	4.80	3.5-5.5	mEq/L
<b>GLUCOSE,FASTING</b> (Method:Gluc Oxidase Trinder)	<b>122</b>	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.

<b>THYROID PANEL (T3, T4, TSH) , GEL SERUM</b>			
T3-TOTAL (TRI IODOTHYRONINE) (Method:CLIA)	1.45	0.60-1.81 ng/ml	ng/ml
T4-TOTAL (THYROXINE) (Method:CLIA)	11.3	3.2-12.6	µg/dL
TSH (THYROID STIMULATING HORMONE) (Method:CLIA)	4.396	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]



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<b>Gender</b>	: M	<b>Report Date</b>	: 23/Jan/2024 01:34PM



**DEPARTMENT OF BIOCHEMISTRY**

Test Name	Result	Bio Ref. Interval	Unit
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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 NEEPA CHOWDHURY  
MBBS MD (Biochemistry)  
Consultant Biochemist



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Gender	: M	Report Date	: 23/Jan/2024 03:04PM



DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
<b>ALKALINE PHOSPHATASE</b> (Method:IFCC standardization )	<b>118</b>	46-116	U/L

<b>SGPT/ALT</b> (Method:Modified IFCC)	<b>57</b>	7-40	U/L
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URIC ACID, URINE, SPOT URINE			
URIC ACID, SPOT URINE (Method:URICASE)	<b>29.00</b>	37-92 mg/dL	mg/dL

GLYCATED HAEMOGLOBIN (HBA1C) , EDTA WHOLE BLOOD			
GLYCATED HEMOGLOBIN (HBA1C)	5.8	***FOR BIOLOGICAL REFERENCE INTERVAL DETAILS , PLEASE REFER TO THE BELOW MENTIONED REMARKS/NOTE WITH ADDITIONAL CLINICAL INFORMATION ***	%
HbA1c (IFCC) (Method:HPLC)	40.0		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 B<sub>12</sub>/ 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

TOTAL PROTEIN [BLOOD] ALB:GLO RATIO , .			
TOTAL PROTEIN (Method:BIURET METHOD)	8.10	5.7-8.2 g/dL	g/dL
ALBUMIN (Method:BCG Dye Binding)	<b>4.9</b>	3.2-4.8 g/dL	g/dL
GLOBULIN (Method:Calculated)	3.20	1.8-3.2	g/dl
AG Ratio (Method:Calculated)	1.53	1.0-2.5	



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**DEPARTMENT OF BIOCHEMISTRY**

Test Name	Result	Bio Ref. Interval	Unit
<b>URIC ACID,BLOOD</b> (Method:Uricase/Peroxidase)	<b>3.00</b>	3.5-7.2	mg/dL

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

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



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<b>Gender</b> : M	<b>Report Date</b> : 23/Jan/2024 01:50PM



### DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
<b>LIPID PROFILE , GEL SERUM</b>			
CHOLESTEROL-TOTAL (Method:Enzymatic)	199	Desirable: < 200 mg/dL Borderline high: 200-239 mg/dL High: > or =240 mg/dL	mg/dL
TRIGLYCERIDES (Method:GPO-Trinder)	<b>195</b>	Normal:: < 150, BorderlineHigh::150-199, High:: 200-499, VeryHigh::>500	mg/dL
HDL CHOLESTEROL (Method:Elimination/catalase)	<b>38</b>	< 40 - Low 40-59- Optimum 60 - High	mg/dl
LDL CHOLESTEROL DIRECT (Method:Elimination / Catalase)	<b>129</b>	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)	32	< 40 mg/dl	mg/dl
CHOL HDL Ratio (Method:Calculated)	5.2	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)



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<b>Gender</b> : M	<b>Report Date</b> : 23/Jan/2024 01:34PM



### DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Bio Ref. Interval	Unit
<b>CBC WITH PLATELET &amp; RETICULOCYTE COUNT , EDTA WHOLE BLOOD</b>			
HEMOGLOBIN (Method:PHOTOMETRIC)	16.8	13 - 17	g/dL
WBC (Method:DC detection method)	6.7	4 - 10	*10 <sup>3</sup> /μL
RBC (Method:DC detection method)	<b>5.54</b>	4.5 - 5.5	*10 <sup>6</sup> /μL
PLATELET (THROMBOCYTE) COUNT (Method:DC detection method/Microscopy)	170	150 - 450*10 <sup>3</sup> /μL	*10 <sup>3</sup> /μL
<b><u>DIFFERENTIAL COUNT</u></b>			
NEUTROPHILS (Method:Flowcytometry/Microscopy)	49	40 - 80 %	%
LYMPHOCYTES (Method:Flowcytometry/Microscopy)	<b>44</b>	20 - 40 %	%
MONOCYTES (Method:Flowcytometry/Microscopy)	05	2 - 10 %	%
EOSINOPHILS (Method:Flowcytometry/Microscopy)	02	1-6%	%
BASOPHILS (Method:Flowcytometry/Microscopy)	00	0-0.9%	%
<b><u>CBC SUBGROUP 1</u></b>			
HEMATOCRIT / PCV (Method:Calculated)	49.7	40 - 50 %	%
MCV (Method:Calculated)	89.8	83 - 101 fl	fl
MCH (Method:Calculated)	30.4	27 - 32 pg	pg
MCHC (Method:Calculated)	33.8	31.5-34.5 gm/dl	gm/dl
RDW - RED CELL DISTRIBUTION WIDTH (Method:Calculated)	<b>14.6</b>	11.6-14%	%
RETICULOCYTE COUNT-AUTOMATED,BLOOD (Method:Cell Counter/Microscopy)	0.9	0.5-2.5%	%

<b>BLOOD GROUP ABO+RH [GEL METHOD] , EDTA WHOLE BLOOD</b>	
ABO (Method:Gel Card)	B
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.

<b>ESR (ERYTHROCYTE SEDIMENTATION RATE) , EDTA WHOLE BLOOD</b>			
1stHour (Method:Westergren)	<b>23</b>	0.00 - 20.00 mm/hr	mm/hr



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<b>Gender</b>	: M	<b>Report Date</b>	: 23/Jan/2024 01:34PM



**DEPARTMENT OF HAEMATOLOGY**

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

*Kaushik Dey*

MD (PATHOLOGY)  
CONSULTANT PATHOLOGIST

Lab No.	: TLG/23-01-2024/SR8659652	Lab Add.	: Tollygunge
Patient Name	: UTTAM KUMAR SHAW	Ref Dr.	: Dr.MEDICAL OFFICER
Age	: 37 Y 10 M 27 D	Collection Date	:
Gender	: M	Report Date	: 23/Jan/2024 12:55PM



## 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 in central position. Trachea is in midline.  
Both costo-phrenic angles are clear.  
Cardio-thoracic ratio is normal.  
Bony thorax reveals no definite abnormality.

#### **IMPRESSION:**

**Normal study.**

**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. ANIMESH MANDAL  
MD (RADIO DIAGNOSIS)

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<b>Lab No.</b>	: TLG/23-01-2024/SR8659652	<b>Lab Add.</b>	: Newtown,Kolkata-700156
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<b>Age</b>	: 37 Y 10 M 27 D	<b>Collection Date</b>	: 23/Jan/2024 09:05AM
<b>Gender</b>	: M	<b>Report Date</b>	: 23/Jan/2024 01:01PM



### DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Bio Ref. Interval	Unit
<b>URINE ROUTINE ALL, ALL , URINE</b>			
<b><u>PHYSICAL EXAMINATION</u></b>			
COLOUR	PALE YELLOW		
APPEARANCE	SLIGHTLY HAZY		
<b><u>CHEMICAL EXAMINATION</u></b>			
pH (Method:Dipstick (triple indicator method))	5.0	4.6 - 8.0	
SPECIFIC GRAVITY (Method:Dipstick (ion concentration method))	1.015	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))	NEGATIVE	NEGATIVE	
<b><u>MICROSCOPIC EXAMINATION</u></b>			
LEUKOCYTES (PUS CELLS) (Method:Microscopy)	0-1	0-5	/hpf
EPITHELIAL CELLS (Method:Microscopy)	0-1	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)	NOT DETECTED	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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<b>Gender</b>	: M	<b>Report Date</b>	: 23/Jan/2024 01:01PM



**DEPARTMENT OF CLINICAL PATHOLOGY**

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

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

*Bidisha Chakraborty*  
**Dr. Bidisha Chakraborty**  
 Consultant Pathologist  
 MD, DNB (Pathology)  
 Dip RC Path(UK)

Lab No.	: TLG/23-01-2024/SR8659652	Lab Add.	: Tollygunge
Patient Name	: UTTAM KUMAR SHAW	Ref Dr.	: Dr.MEDICAL OFFICER
Age	: 37 Y 10 M 27 D	Collection Date	:
Gender	: M	Report Date	: 23/Jan/2024 02:28PM



### E.C.G. REPORT

DATA	
HEART RATE	60 Bpm
PR INTERVAL	171 Ms
QRS DURATION	93 Ms
QT INTERVAL	372 Ms
QTC INTERVAL	372 Ms
AXIS	
P WAVE	59 Degree
QRS WAVE	49 Degree
T WAVE	24 Degree
IMPRESSION	Sinus Rhythm, ECG is within normal limits.

DR SWAPNALI AICH BHAUMIK  
MBBS(CAL),DIP CARD(DSASMS)  
49512 WBMC

**Patient Data**

Sample ID: D02135525705  
 Patient ID: SR8659652  
 Name:  
 Physician:  
 Sex:  
 DOB:

**Analysis Data**

Analysis Performed: 01/23/2024 12:28:10  
 Injection Number: 2535U  
 Run Number: 71  
 Rack ID: 0004  
 Tube Number: 4  
 Report Generated: 01/23/2024 12:41:50  
 Operator ID: TRISHA

Comments:

Peak Name	NGSP %	Area %	Retention Time (min)	Peak Area
A1a	---	0.9	0.159	23563
A1b	---	1.0	0.223	26696
F	---	0.8	0.273	21237
LA1c	---	2.1	0.396	56144
A1c	5.8	---	0.503	133164
P3	---	3.5	0.784	96339
P4	---	1.2	0.864	32526
Ao	---	85.7	0.976	2334834

Total Area: 2,724,504

**HbA1c (NGSP) = 5.8 %**    HbA1c (IFCC) = 40 mmol/mol

