



Lab No.	: MRD/28-09-2024/SR9716647	Lab Add.	: Newtown,Kolkata-700156
Patient Name	: SUDIPTA CHATTERJEE	Ref Dr.	: Dr.MEDICAL OFFICER
Age	: 34 Y 4 M 14 D	Collection Date	: 28/Sep/2024 09:50AM
Gender	: M	Report Date	: 28/Sep/2024 02:09PM

**DEPARTMENT OF BIOCHEMISTRY**

Test Name	Result	Bio Ref. Interval	Unit
SGOT/AST , GEL SERUM (Method:Modified IFCC)	30	13-40	U/L
BILIRUBIN (DIRECT) (Method:Vanadate oxidation)	0.2	<0.2	mg/dL
SODIUM,BLOOD (Method:ISE INDIRECT)	139	132 - 146	mEq/L
CREATININE, BLOOD (Method:Jaffe, alkaline picrate, kinetic)	0.77	0.7-1.3	mg/dL
GLUCOSE,PP (Method:Gluc Oxidase Trinder)	92	Impaired Glucose Tolerance-140 to 199.~Diabetes>= 200.	mg/dL

*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.

BILIRUBIN (TOTAL) , GEL SERUM BILIRUBIN (TOTAL) (Method:Vanadate oxidation)	0.8	0.3-1.2	mg/dL
POTASSIUM,BLOOD (Method:ISE INDIRECT)	4.1	3.5-5.5	mEq/L
UREA,BLOOD (Method:Urease with GLDH)	21.4	19-49	mg/dL
GLUCOSE,FASTING (Method:Gluc Oxidase Trinder)	83	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
URIC ACID,BLOOD (Method:Uricase/Peroxidase)	5.8	3.5-7.2	mg/dL
THYROID PANEL (T3, T4, TSH) , GEL SERUM			



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**DEPARTMENT OF BIOCHEMISTRY**

Test Name	Result	Bio Ref. Interval	Unit
T3-TOTAL (TRI IODOTHYRONINE) (Method:CLIA)	1.25	0.60-1.81 ng/ml	ng/ml
T4-TOTAL (THYROXINE) (Method:CLIA)	9.3	3.2-12.6	µg/dL
TSH (THYROID STIMULATING HORMONE) (Method:CLIA)	3.446	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.

CHLORIDE,BLOOD (Method:ISE INDIRECT)	105	99-109	mEq/L
CALCIUM,BLOOD (Method:Arzenazo III)	9.7	8.7-10.4	mg/dL

*** End Of Report ***

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



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DEPARTMENT OF BIOCHEMISTRY

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Patient Name	: SUDIPTA CHATTERJEE	Ref Dr.	: Dr.MEDICAL OFFICER
Age	: 34 Y 4 M 14 D	Collection Date	: 28/Sep/2024 09:48AM
Gender	: M	Report Date	: 28/Sep/2024 03:19PM



DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
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URIC ACID, URINE, SPOT URINE

URIC ACID, SPOT URINE (Method:URICASE)	30	37-92 mg/dL	mg/dL
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LIPID PROFILE , GEL SERUM

CHOLESTEROL-TOTAL (Method:Enzymatic)	194	Desirable: < 200 mg/dL Borderline high: 200-239 mg/dL High: > or =240 mg/dL	mg/dL
TRIGLYCERIDES (Method:GPO-Trinder)	121	Normal:: < 150, BorderlineHigh::150-199, High:: 200-499, VeryHigh::>500	mg/dL
HDL CHOLESTEROL (Method:Elimination/catalase)	32	< 40 - Low 40-59- Optimum 60 - High	mg/dl
LDL CHOLESTEROL DIRECT (Method:Elimination / Catalase)	149	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)	13	< 40 mg/dl	mg/dl
CHOL HDL Ratio (Method:Calculated)	6.1	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.

ALKALINE PHOSPHATASE (Method:IFCC standardization)	122	46-116	U/L
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TOTAL PROTEIN [BLOOD] ALB:GLO RATIO , .			
TOTAL PROTEIN (Method:BIURET METHOD)	7.2	5.7-8.2 g/dL	g/dL
ALBUMIN (Method:BCG Dye Binding)	4.3	3.2-4.8 g/dL	g/dL
GLOBULIN (Method:Calculated)	2.9	1.8-3.2	g/dl
AG Ratio (Method:Calculated)	1.48	1.0-2.5	

SGPT/ALT (Method:Modified IFCC)	43	7-40	U/L
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GLYCATED HAEMOGLOBIN (HBA1C) , EDTA WHOLE BLOOD			
GLYCATED HEMOGLOBIN (HBA1C)	5	***FOR BIOLOGICAL REFERENCE INTERVAL DETAILS , PLEASE REFER TO THE BELOW MENTIONED REMARKS/NOTE	%

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
HbA1c (IFCC) (Method:HPLC)	31	WITH ADDITIONAL CLINICAL INFORMATION ***	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 glycemc targets

- Ø Patients should use self-monitoring of blood glucose (SMBG) and HbA1c levels to assess glycemc 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 glycemc control.
 - Ø If a patient changes treatment plans or does not meet his or her glycemc 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 J, 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. Sudeshna Baral
M.B.B.S MD.
(Biochemistry)
(Consultant Biochemist)
Reg No. WBMC 64124



Lab No.	: MRD/28-09-2024/SR9716647	Lab Add.	: Newtown,Kolkata-700156
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Age	: 34 Y 4 M 14 D	Collection Date	: 28/Sep/2024 09:50AM
Gender	: M	Report Date	: 28/Sep/2024 03:41PM



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)	13.8	13 - 17	g/dL
WBC (Method:DC detection method)	8.3	4 - 10	*10 ³ /μL
RBC (Method:DC detection method)	5.01	4.5 - 5.5	*10 ⁶ /μL
PLATELET (THROMBOCYTE) COUNT (Method:DC detection method/Microscopy)	165	150 - 450*10 ³	*10 ³ /μL
<u>DIFFERENTIAL COUNT</u>			
NEUTROPHILS (Method:Flowcytometry/Microscopy)	48	40 - 80	%
LYMPHOCYTES (Method:Flowcytometry/Microscopy)	41	20 - 40	%
MONOCYTES (Method:Flowcytometry/Microscopy)	08	2 - 10	%
EOSINOPHILS (Method:Flowcytometry/Microscopy)	03	1 - 6	%
BASOPHILS (Method:Flowcytometry/Microscopy)	00	0-0.9	%
<u>CBC SUBGROUP</u>			
HEMATOCRIT / PCV (Method:Calculated)	43.6	40 - 50 %	%
MCV (Method:Calculated)	86.9	83 - 101 fl	fl
MCH (Method:Calculated)	27.5	27 - 32 pg	pg
MCHC (Method:Calculated)	31.7	31.5-34.5 gm/dl	gm/dl
RDW - RED CELL DISTRIBUTION WIDTH (Method:Calculated)	13.7	11.6-14%	%
PDW-PLATELET DISTRIBUTION WIDTH (Method:Calculated)	37.7	8.3 - 25 fL	fL
MPV-MEAN PLATELET VOLUME (Method:Calculated)	13.1	7.5 - 11.5 fl	

ESR (ERYTHROCYTE SEDIMENTATION RATE) , EDTA WHOLE BLOOD			
1stHour (Method:Westergren)	29	0.00 - 20.00 mm/hr	mm/hr

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.



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DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Bio Ref. Interval	Unit
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Historical records check not performed.

*** End Of Report ***

AChatterjee

Dr. ANWESHA CHATTERJEE
MD(Pathology)
DipRCPath(Histopathology)

Lab No. : MRD/28-09-2024/SR9716647
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Age : 34 Y 4 M 14 D
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Lab Add. :
Ref Dr. : Dr.MEDICAL OFFICER
Collection Date :
Report Date : 28/Sep/2024 03:15PM



DEPARTMENT OF X-RAY

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.

*** End Of Report ***

Dr. SUBHADIP SAHA
MBBS, MD RADIO-DIAGNOSIS
Rg No. 67037 (WBMC)



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Patient Name : SUDIPTA CHATTERJEE	Ref Dr. : Dr.MEDICAL OFFICER
Age : 34 Y 4 M 14 D	Collection Date : 29/Sep/2024 10:52AM
Gender : M	Report Date : 29/Sep/2024 02:45PM



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 SLIGHTLY HAZY

CHEMICAL EXAMINATION

pH (Method:Dipstick (triple indicator method))	6.0	4.6 - 8.0	
SPECIFIC GRAVITY (Method:Dipstick (ion concentration method))	1.020	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	

MICROSCOPIC EXAMINATION

LEUKOCYTES (PUS CELLS) (Method:Microscopy)	0-1	0-5	/hpf
EPITHELIAL CELLS (Method:Microscopy)	1-3	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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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. : MRD/28-09-2024/SR9716647
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Age : 34 Y 4 M 14 D
Gender : M

Lab Add. :
Ref Dr. : Dr.MEDICAL OFFICER
Collection Date :
Report Date : 28/Sep/2024 02:34PM



DEPARTMENT OF CARDIOLOGY

DEPARTMENT OF CARDIOLOGY
REPORT OF E.C.G.

DATA

HEART RATE : 50 bpm
PR INTERVAL : 142 ms
QRS DURATION : 90 ms
QT INTERVAL : 392 ms
QTC INTERVAL : 358 ms

AXIS

P WAVE : 36 degree
QRS WAVE : 27 degree
T WAVE : 36 degree

IMPRESSION : Sinus bradycardia with sinus arrhythmia.
Normal ECG.

*** End Of Report ***


Dr. A C RAY
Department of Non-invasive
Cardiology

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Age : 34 Y 4 M 14 D
Gender : M

Lab Add. :
Ref Dr. : Dr.MEDICAL OFFICER
Collection Date :
Report Date : 28/Sep/2024 05:57PM



DEPARTMENT OF ULTRASONOGRAPHY

DEPARTMENT OF ULTRASONOGRAPHY
REPORT ON EXAMINATION OF WHOLE ABDOMEN

LIVER

Liver is normal in size (142 mm) having normal shape and shows **grade – I fatty changes**. 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 normal (3.2 mm) with no intraluminal pathology (Calculi /mass) could be detected at its visualised part. Portal vein is normal (8.9 mm) at porta.

GALL BLADDER

Gallbladder is physiologically distended. Wall thickness appears normal. No intraluminal pathology (Calculi/mass) could be detected. SonographicMurphys 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 (108 mm). Homogenous and smooth echotexture without any focal lesion. Splenic vein at hilum appears normal. No definite collaterals could be detected.

KIDNEYS

Both kidneys are normal in shape, size (Rt. kidney 101 mm. & Lt. kidney 111 mm) axes & position. Cortical echogenicity appears normal maintaining corticomedullary differentiation. Margin is regular and cortical thickness is uniform. No calcular disease noted. No hydronephrotic changes detected.

URETERS

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.

PROSTATE

Prostate is normal in size. Echotexture appears within normal limits. No focal alteration of its echogenicity could be detectable. It measures : 33 mm. x 27 mm. x 24 mm. Approximate weight could be around = 11.6 gms.

IMPRESSION

Grade – I fatty liver.

Kindly note

- 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.

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Collection Date :
Report Date : 28/Sep/2024 05:57PM



DEPARTMENT OF ULTRASONOGRAPHY

DR. UPAMANYU MAJUMDER
MBBS, CBET(Sonologist)

Patient Data

Sample ID: E02132920065
 Patient ID: SR9716647
 Name: SUDIPTA CHATTER
 Physician:
 Sex: M
 DOB:

Analysis Data

Analysis Performed: 28/SEP/2024 14:41:50
 Injection Number: 3499
 Run Number: 41
 Rack ID: 0008
 Tube Number: 4
 Report Generated: 28/SEP/2024 14:58:26
 Operator ID: ASIT

Comments:

Peak Name	NGSP %	Area %	Retention Time (min)	Peak Area
A1a	---	1.0	0.165	22597
A1b	---	1.5	0.235	33886
LA1c	---	1.7	0.415	37808
A1c	5.0	---	0.526	96187
P3	---	3.4	0.797	75146
P4	---	1.2	0.874	26569
Ao	---	86.9	0.991	1931299

Total Area: 2,223,491

HbA1c (NGSP) = 5.0 % HbA1c (IFCC) = 31 mmol/mol

