



MC-5661

| | | | |
|--------------|----------------------------|-----------------|--|
| Lab No. | : GHY/24-02-2024/SR8784936 | Lab Add. | : Sri Kamakhya Tower, Christian Basti, Guwahati-781005 |
| Patient Name | : RUBUL NATH | Ref Dr. | : Dr.SELF . |
| Age | : 39 Y 0 M 14 D | Collection Date | : 24/Feb/2024 10:19AM |
| Gender | : M | Report Date | : 24/Feb/2024 04:12PM |

**DEPARTMENT OF BIOCHEMISTRY**

| Test Name | Result | Bio Ref. Interval | Unit |
|--|--------|-------------------|-------|
| CHLORIDE,BLOOD , (Method:ISE DIRECT) | 99 | 98-107 | mEq/L |
| GLUCOSE,FASTING (Method:Hexokinase Method) | 98 | 70 - 100 | mg/dL |
| SODIUM,BLOOD (Method:ISE DIRECT) | 136 | 136-145 | mEq/L |

| GLYCATED HAEMOGLOBIN (HBA1C) , EDTA WHOLE BLOOD | | | |
|--|-----|---|---|
| GLYCATED HEMOGLOBIN (HBA1C) | 5.3 | 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) | |

HbA1c is reportable.

A variant hemoglobin is present (31.4%).

Kindly perform Hb analysis by HPLC to rule out hemoglobinopathies.

Analyzer used : Bio-Rad-D10

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, Shafer 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

| | | | |
|---|------|-----------------|-------|
| POTASSIUM,BLOOD (Method:ISE DIRECT) | 4.20 | 3.5 - 5.1 mEq/L | mEq/L |
|---|------|-----------------|-------|

*** End Of Report ***



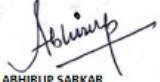
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DR. ABHIRUP SARKAR
MBBS, MD (LABORATORY MEDICINE)
CONSULTANT PATHOLOGIST
Reg No. WBMC 72987



MC-5661

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| Gender | : M | Report Date | : 24/Feb/2024 02:59PM |

**DEPARTMENT OF BIOCHEMISTRY**

| Test Name | Result | Bio Ref. Interval | Unit |
|---|-------------|-------------------|-------|
| BILIRUBIN (DIRECT) (Method:Diazo) | 0.31 | < 0.30 mg/dL | mg/dL |

| | | | |
|--|----|---------|-----|
| SGOT/AST (Method:IFCC, with PLP) | 36 | <50 U/L | U/L |
|--|----|---------|-----|

| | | | |
|--|------|-----------|-------|
| CREATININE, BLOOD (Method:Kinetic Jaffe [Compensated]) | 0.80 | 0.7 - 1.2 | mg/dL |
|--|------|-----------|-------|

| | | | |
|---|------|----------------|--|
| CALCIUM, BLOOD (Method:BAPTA) | 8.86 | 8.6-10.2 mg/dL | |
|---|------|----------------|--|

| | | | |
|--|-----|---------------|-------|
| PHOSPHORUS-INORGANIC, BLOOD (Method:UV PHOSPHOMOLYBDATE) | 3.2 | 2.5-4.5 mg/dl | mg/dl |
|--|-----|---------------|-------|

| TOTAL PROTEIN [BLOOD] ALB:GLO RATIO , . | | | |
|--|------|--------------|------|
| TOTAL PROTEIN (Method:Biuret) | 6.71 | 6.4-8.3 g/dL | g/dL |
| ALBUMIN (Method:BCG) | 4.7 | 3.5-5.2 g/dl | g/dl |
| GLOBULIN (Method:Calculated) | 2.03 | 1.8-3.2 | g/dl |
| AG Ratio (Method:Calculated) | 2.31 | 1.0 - 2.5 | |

| LIPID PROFILE , GEL SERUM | | | |
|--|-----|---|-------|
| CHOLESTEROL-TOTAL (Method:Enzymatic) | 166 | Desirable cholesterol level : < 200 mg/dL Borderline high cholesterol : 200-239 mg/dL High cholesterol : = 240 mg/dL | mg/dL |
| TRIGLYCERIDES (Method:Enzymatic) | 97 | < 150 mg/dL | mg/dL |
| HDL CHOLESTEROL (Method:Enzymatic) | 38 | No risk: > 55 mg/dL, Moderate risk: 35-55 mg/dL, High risk: < 35 mg/dL | mg/dL |
| LDL CHOLESTEROL DIRECT (Method:Enzymatic) | 128 | 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) | 0 | < 40 mg/dl | mg/dL |
| CHOL HDL Ratio (Method:Calculated) | 4.4 | LOW RISK 3.3-4.4 AVERAGE RISK 4.47-7.1 MODERATE RISK 7.1-11.0 HIGH RISK >11.0 | |

| | | | |
|---|------|---------|-------|
| URIC ACID, BLOOD (Method:Enzymatic) | 6.53 | 3.4-7.0 | mg/dL |
|---|------|---------|-------|

| THYROID PANEL (T3, T4, TSH) , GEL SERUM | | | |
|--|------|----------------|-------|
| T3-TOTAL (TRI IODOTHYRONINE) (Method:ECLIA) | 1.20 | 0.80–2.0 ng/mL | ng/mL |
| T4-TOTAL (THYROXINE) | 9.3 | 5.1–14.1 µg/dL | µg/dL |

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|---|--------|-------------------|--------|
| (Method:ECLIA) TSH (THYROID STIMULATING HORMONE) | 3.11 | 0.27-4.2 | µIU/mL |
| (Method:ECLIA) | | | |

BIOLOGICAL REFERENCE INTERVAL : [ONLY FOR PREGNANT MOTHERS]

Trimester specific TSH LEVELS during pregnancy:

FIRST TRIMESTER : 0.10 2.50 µ IU/mL
 SECOND TRIMESTER : 0.20 3.00 µ IU/mL
 THIRD TRIMESTER : 0.30 3.00 µ IU/mL

References :

- 1.Indian Thyroid Society guidelines for management of thyroid dysfunction during pregnancy. Clinical Practice Guidelines, New Delhi: Elsevier; 2012.
- 2.Stagnaro-Green A, Abalovich M, Alexander E, Azizi F, Mestman J, Negro R, et al. Guidelines of the American Thyroid Association for the Diagnosis and Management of Thyroid Disease During Pregnancy and Postpartum. Thyroid 2011;21: 1081-25.
- 3.Dave A, Maru L, Tripathi M. Importance of Universal screening for thyroid disorders in first trimester of pregnancy. Indian J Endocr Metab [serial online] 2014 [cited 2014 Sep 25]; 18: 735-8. Available from: <http://www.ijem.in/text.asp?2014/18/5/735/139221>.

| | | | |
|--------------------------|----|-----------|-----|
| SGPT/ALT | 49 | 10-50 U/L | U/L |
| (Method: IFCC, with PLP) | | | |

| | | | |
|--------------------------------------|--------------|-------------|-------|
| *URIC ACID, URINE, SPOT URINE | | | |
| URIC ACID, SPOT URINE | 24.31 | 37-92 mg/dL | mg/dL |
| (Method:URICASE) | | | |

| | | | |
|--------------------------------------|------|---------|-------|
| BILIRUBIN (TOTAL) , GEL SERUM | | | |
| BILIRUBIN (TOTAL) | 0.75 | 0.1-1.1 | mg/dL |
| (Method:DIAZO) | | | |

| | | | |
|-----------------------------|----|------------|-----|
| ALKALINE PHOSPHATASE | 69 | 40-129 U/L | U/L |
| (Method:IFCC) | | | |

| | | | |
|-------------------|-------------|---------|-------|
| UREA,BLOOD | 16.1 | 19 - 44 | mg/dL |
|-------------------|-------------|---------|-------|

*** End Of Report ***

DR. RASHMI REKHA PHUKAN
 Reg.No: 18757
 MBBS,MD,BIOCHEMISTRY



MC-5661

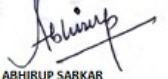
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DEPARTMENT OF HAEMATOLOGY

| Test Name | Result | Bio Ref. Interval | Unit |
|--|--------|--------------------|-------|
| ESR (ERYTHROCYTE SEDIMENTATION RATE) , EDTA WHOLE BLOOD | | | |
| 1stHour (Method:Westergren) | 05 | 0.00 - 20.00 mm/hr | mm/hr |

*** End Of Report ***


DR. ABHIRUP SARKAR
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Reg No. WBMC 72987



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DEPARTMENT OF HAEMATOLOGY

| Test Name | Result | Bio Ref. Interval | Unit |
|---|----------|-------------------|------|
| BLOOD GROUP ABO+RH [GEL METHOD] , EDTA WHOLE BLOOD | | | |
| ABO (Method:Gel Card) | "A" | | |
| 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.

| CBC WITH PLATELET (THROMBOCYTE) COUNT , EDTA WHOLE BLOOD | | | |
|---|-------------|---------------------------|----------------------|
| HEMOGLOBIN (Method:PHOTOMETRIC) | 14.4 | 13 - 17 | g/dL |
| WBC (Method:DC detection method) | 5.9 | 4 - 10 | *10 ³ /μL |
| RBC (Method:DC detection method) | <u>6</u> | 4.5 - 5.5 | *10 ⁶ /μL |
| PLATELET (THROMBOCYTE) COUNT (Method:DC detection method/Microscopy) | 276 | 150 - 450*10 ³ | *10 ³ /μL |
| <u>DIFFERENTIAL COUNT</u> | | | |
| NEUTROPHILS (Method:Flowcytometry/Microscopy) | 67 | 40 - 80 % | % |
| LYMPHOCYTES (Method:Flowcytometry/Microscopy) | 27 | 20 - 40 % | % |
| MONOCYTES (Method:Flowcytometry/Microscopy) | 03 | 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) | 45.2 | 40 - 50 % | % |
| MCV (Method:Calculated) | <u>75.5</u> | 83 - 101 fl | fl |
| MCH (Method:Calculated) | <u>24.1</u> | 27 - 32 pg | pg |
| MCHC (Method:Calculated) | 31.9 | 31.5-34.5 gm/dl | gm/dl |
| RDW - RED CELL DISTRIBUTION WIDTH (Method:Calculated) | <u>15.0</u> | 11.6-14% | % |
| PDW-PLATELET DISTRIBUTION WIDTH (Method:Calculated) | 23.3 | 8.3 - 25 fL | fL |
| MPV-MEAN PLATELET VOLUME (Method:Calculated) | 11.7 | 7.5 - 11.5 fl | |

*** End Of Report ***

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|-----------|--------|-------------------|------|

Rphukan

DR. RASHMI REKHA PHUKAN
Reg.No: 18757
MBBS,MD,BIOCHEMISTRY

Lab No. : GHY/24-02-2024/SR8784936

Lab Add.

: Sri Kamakhya Tower, Christian Basti, Guwahati-781005

Patient Name : RUBUL NATH

Ref Dr.

: Dr.SELF .

Age : 39 Y 0 M 14 D

Collection Date

:

Gender : M

Report Date

: 24/Feb/2024 12:59PM



X-RAY: CHEST PA VIEW

Lung fields do not reveal any active parenchymal lesion.

The mediastinum including hila is normal. Trachea is central.

Cardiac size and silhouette is normal.

Hemidiaphragms are normal in position and outline.

Both the C.P angles are clear.

Bony thorax is intact.

*** End Of Report ***

Dr. Rabin Saikia
MD (Radio-Diagnosis)



MC-5661

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| Gender | : M | Report Date | : 24/Feb/2024 04:13PM |

**DEPARTMENT OF CLINICAL PATHOLOGY**

| Test Name | Result | Bio Ref. Interval | Unit |
|---|--------------|-------------------|------|
| URINE ROUTINE ALL, ALL , URINE | | | |
| <u>PHYSICAL EXAMINATION</u> | | | |
| COLOUR | PALE YELLOW | | |
| APPEARANCE | Clear | | |
| <u>CHEMICAL EXAMINATION</u> | | | |
| pH (Method:Dipstick (triple indicator method)) | 6.5 | 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)) | NEGATIVE | NEGATIVE | |
| <u>MICROSCOPIC EXAMINATION</u> | | | |
| 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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DEPARTMENT OF CLINICAL PATHOLOGY

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| and/or yeast in the urine. | | | |

*** End Of Report ***


DR. ABHIRUP SARKAR
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CONSULTANT PATHOLOGIST
Reg No. WBMC 72987

Lab No. : GHY/24-02-2024/SR8784936

Lab Add.

: Sri Kamakhya Tower, Christian Basti, G.S. Road,
Guwahati-781005

Patient Name : RUBUL NATH

Ref Dr.

: Dr.SELF .

Age : 39 Y 0 M 14 D

Collection Date

:

Gender : M

Report Date

: 24/Feb/2024 01:28PM



E.C.G. REPORT

| | |
|-------------------|---|
| DATA | |
| HEART RATE | 73 Bpm |
| PR INTERVAL | 140 Ms |
| QRS DURATION | 84 Ms |
| QT INTERVAL | 355 Ms |
| QTC INTERVAL | 391 Ms |
| AXIS | |
| QRS WAVE | 56 Degree |
| IMPRESSION | : Normal sinus rhythm, within normal limits. |

*** End Of Report ***

DR. NARESWAR BARMAN
Reg no. 18662 (AMC)
MBBS, PG Diploma- Clinical Cardiology

Lab No. : GHY/24-02-2024/SR8784936

Lab Add. : Sri Kamakhya Tower, Christian Basti, Guwahati-781005

Patient Name : RUBUL NATH

Ref Dr. : Dr.SELF .

Age : 39 Y 0 M 14 D

Collection Date :

Gender : M

Report Date : 24/Feb/2024 09:23PM



ULTRASONOGRAPHY OF WHOLE ABDOMEN

LIVER: Normal in shape, size and shows bright 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 intraluminal calculus or mass. Wall thickness is normal. No pericholecystic collection or mass formation is noted.

PORTA HEPATIS: The portal vein is normal in caliber with clear lumen. The common bile duct is normal in caliber. Visualized lumen is clear. Common bile duct measures approx 3 mm in diameter.

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 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 102 mm, **LEFT KIDNEY** measures 93 mm

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. Post voiding study shows 39 cc residual urine volume.

PROSTATE: It is borderline enlarged with normal shape and echopattern. No focal lesion is seen. Capsule is smooth. Weight 26 gms.

IMPRESSION:

- * Grade I fatty liver.
- * Borderline prosatomegaly.
- * PVRU 39 cc.

Dr Padma Talukdar
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DMRD (Dib) DNB (Delhi)