Lab No.	: LAK/15-06-2023/SR7763990	**Lab Add.**	: Newtown, Kolkata-700156
Patient Name	: **PRIYANKA AGARWAL**	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	: 35 Y 0 M 0 D	**Collection Date**	: 15/Jun/2023 09:02AM
Gender	: F	**Report Date**	: 15/Jun/2023 11:46AM

Test Name	Result	Unit	Bio Ref. Interval	Method
POTASSIUM, BLOOD , *GEL SERUM*				
POTASSIUM,BLOOD	4.30	mEq/L	3.5-5.5 mEq/L	ISE INDIRECT
***CHLORIDE, BLOOD ,** .				
CHLORIDE,BLOOD	104	mEq/L	99-109 mEq/L	ISE INDIRECT
CREATININE, BLOOD , *GEL SERUM*	0.54	mg/dL	0.5-1.1 mg/dL	Jaffe, alkaline picrate, kinetic
GLUCOSE, FASTING , *BLOOD, NAF PLASMA*				
GLUCOSE,FASTING	86	mg/dL	Impaired Fasting-100-125 .~Diabetes- >= 126.~Fasting is defined as no caloric intake for at least 8 hours.	Gluc Oxidase Trinder

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 , *GEL SERUM*				
PHOSPHORUS-INORGANIC,BLOOD	3.1	mg/dL	2.4-5.1 mg/dL	Phosphomolybdate/UV
THYROID PANEL (T3, T4, TSH) , *GEL SERUM*				
T3-TOTAL (TRI IODOTHYRONINE)	1.38	ng/ml	0.60-1.81 ng/ml	CLIA
T4-TOTAL (THYROXINE)	11.4	µg/dL	3.2-12.6 µg/dL	CLIA
TSH (THYROID STIMULATING HORMONE)	2.75	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:

1. 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.

2. 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:

1. *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*

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.*

SODIUM, BLOOD , *GEL SERUM*

SODIUM,BLOOD	136	mEq/L	132 - 146 mEq/L	ISE INDIRECT
UREA,BLOOD	21.4	mg/dL	19-49 mg/dL	Urease with GLDH

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Lab No. : SR7763990	Name : PRIYANKA AGARWAL	Age/G : 35 Y 0 M 0 D / F	Date : 15-06-2023

CALCIUM, BLOOD				
CALCIUM,BLOOD	9.60	mg/dL	8.7-10.4 mg/dL	Arsenazo III
URIC ACID, BLOOD , *GEL SERUM*				
URIC ACID,BLOOD	4.20	mg/dL	2.6-6.0 mg/dL	Uricase/Peroxidase
TOTAL PROTEIN [BLOOD] ALB:GLO RATIO , .				
TOTAL PROTEIN	7.20	g/dL	5.7-8.2 g/dL	BIURET METHOD
ALBUMIN	4.4	g/dL	3.2-4.8 g/dL	BCG Dye Binding
GLOBULIN	2.80	g/dl	1.8-3.2 g/dl	Calculated
AG Ratio	1.57		1.0 - 2.5	Calculated

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; vitamin B_{12}/ 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.

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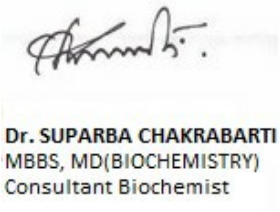
Lab No. : SR7763990	Name : PRIYANKA AGARWAL	Age/G : 35 Y 0 M 0 D / F	Date : 15-06-2023



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Lab No. : SR7763990 **Name : PRIYANKA AGARWAL** **Age/G : 35 Y 0 M 0 D / F** **Date : 15-06-2023**

ESR (ERYTHROCYTE SEDIMENTATION RATE) , *EDTA WHOLE BLOOD*

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

CBC WITH PLATELET (THROMBOCYTE) COUNT , *EDTA WHOLE BLOOD*

HEMOGLOBIN	13.3	g/dL	12 - 15	PHOTOMETRIC
WBC	8.4	*10^3/µL	4 - 10	DC detection method
RBC	4.34	*10^6/µL	3.8 - 4.8	DC detection method
PLATELET (THROMBOCYTE) COUNT	303	*10^3/µL	150 - 450*10^3/µL	DC detection method/Microscopy
DIFFERENTIAL COUNT				
NEUTROPHILS	61	%	40 - 80 %	Flowcytometry/Microscopy
LYMPHOCYTES	31	%	20 - 40 %	Flowcytometry/Microscopy
MONOCYTES	06	%	2 - 10 %	Flowcytometry/Microscopy
EOSINOPHILS	02	%	1 - 6 %	Flowcytometry/Microscopy
BASOPHILS	00	%	0-0.9%	Flowcytometry/Microscopy
CBC SUBGROUP				
HEMATOCRIT / PCV	39.2	%	36 - 46 %	Calculated
MCV	90.3	fl	83 - 101 fl	Calculated
MCH	30.6	pg	27 - 32 pg	Calculated
MCHC	33.9	gm/dl	31.5-34.5 gm/dl	Calculated
RDW - RED CELL DISTRIBUTION WIDTH	**16.0**	%	11.6-14%	Calculated
PDW-PLATELET DISTRIBUTION WIDTH	15.5	fL	8.3 - 25 fL	Calculated
MPV-MEAN PLATELET VOLUME	9.7		7.5 - 11.5 fl	Calculated

URINE ROUTINE ALL, ALL , *URINE*

PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW			
APPEARANCE	SLIGHTLY 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	NOT DETECTED		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	NEGATIVE		NEGATIVE	Dipstick (ester hydrolysis reaction)
MICROSCOPIC EXAMINATION				
LEUKOCYTES (PUS CELLS)	0-1	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	0-5	Microscopy
RED BLOOD CELLS	NOT DETECTED	/hpf	0-2	Microscopy
CAST	NOT DETECTED		NOT DETECTED	Microscopy
CRYSTALS	NOT DETECTED		NOT DETECTED	Microscopy
BACTERIA	SCANTY		NOT DETECTED	Microscopy
YEAST	NOT DETECTED		NOT DETECTED	Microscopy

Lab No. : SR7763990 **Name : PRIYANKA AGARWAL** **Age/G : 35 Y 0 M 0 D / F** **Date : 15-06-2023**

Note:

1. All urine samples are checked for adequacy and suitability before examination.
2. Analysis by urine analyzer of dipstick is based on reflectance photometry principle. Abnormal results of chemical examinations are confirmed by manual methods.
3. The first voided morning clean-catch midstream urine sample is the specimen of choice for chemical and microscopic analysis.
4. Negative nitrite test does not exclude urinary tract infections.
5. Trace proteinuria can be seen in many physiological conditions like exercise, pregnancy, prolonged recumbency etc.
6. 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.
7. 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.
8. 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.

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Lab No. : SR7763990 **Name : PRIYANKA AGARWAL** **Age/G : 35 Y 0 M 0 D / F** **Date : 15-06-2023**

LIPID PROFILE , *GEL SERUM*

CHOLESTEROL-TOTAL	141	mg/dL	Desirable: < 200 mg/dL Borderline high: 200-239 mg/dL High: > or =240 mg/dL	Enzymatic
TRIGLYCERIDES	82	mg/dL	Normal:: < 150, BorderlineHigh::150-199, High:: 200-499, VeryHigh::>500	GPO-Trinder
HDL CHOLESTEROL	40	mg/dl	< 40 - Low 40-59- Optimum 60 - High	Elimination/catalase
LDL CHOLESTEROL DIRECT	96	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	Elimination / Catalase
VLDL	5	mg/dl	< 40 mg/dl	Calculated
CHOL HDL Ratio	3.5		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.*

GLUCOSE, PP , *BLOOD, NAF PLASMA*

GLUCOSE,PP	105	mg/dL	Impaired Glucose Tolerance-140 to 199. Diabetes>= 200.	Gluc Oxidase Trinder

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.

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Lab No. : SR7763990 **Name : PRIYANKA AGARWAL** **Age/G : 35 Y 0 M 0 D / F** **Date : 15-06-2023**

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

ABO	O	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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DM (Hematopathology)
PGIMER Chandigarh
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DEPARTMENT OF CYTOPATHOLOGY

PAP SMEAR REPORT

Lab No : P - 2141 /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 : Absent.
Obscuring elements : Absent.

General Categorization :
Negative for Intraepithelial Lesion / Malignancy (NILM).

Non-Neoplastic Findings :
Moderate inflammation is noted in the background.

Organisms :
Fungal Organisms morphologically consistent with *Candida* species - present

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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Suraksha DIAGNOSTICS

Lab No.	: LAK/15-06-2023/SR7763990	**Lab Add.**	:
Patient Name	: **PRIYANKA AGARWAL**	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	: 35 Y 0 M 0 D	**Collection Date**	:
Gender	: F	**Report Date**	: 15/Jun/2023 01:42PM

DEPARTMENT OF CARDIOLOGY
REPORT OF E.C.G.

DATA		
HEART RATE	60	Bpm
PR INTERVAL	132	Ms
QRS DURATION	76	Ms
QT INTERVAL	398	Ms
QTC INTERVAL	402	Ms
AXIS		
P WAVE	49	Degree
QRS WAVE	41	Degree
T WAVE	26	Degree

IMPRESSION : Sinus rhythm, normal ECG.

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

ACRay
Dr. A C RAY
Department of Non-invasive Cardiology

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Lab No.	: LAK/15-06-2023/SR7763990	**Lab Add.**	:
Patient Name	: **PRIYANKA AGARWAL**	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	: 35 Y 0 M 0 D	**Collection Date**	:
Gender	: F	**Report Date**	: 15/Jun/2023 10:34AM

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.**

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

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MD Radiodiagnosis

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Lab No.	: LAK/15-06-2023/SR7763990	**Lab Add.**	:
Patient Name	: **PRIYANKA AGARWAL**	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	: 35 Y 0 M 0 D	**Collection Date**	:
Gender	: F	**Report Date**	: 15/Jun/2023 02:14PM

ULTRASONOGRAPHY OF WHOLE ABDOMEN

LIVER :
Liver is normal in size (measures 112 mm) having normal shape, regular smooth outline and of homogeneous echotexture. No focal parenchymal lesion is evident. Intrahepatic biliary radicles are not dilated. Branches of portal vein are normal.

COMMON BILE DUCT :

The common bile duct is not dilated. The common duct at porta hepatis, measures 4 mm. in diameter.

PORTAL VEIN :

Portal vein at porta, measures 11 mm. and is of normal calibre.

GALL BLADDER :
Gallbladder is physiologically distended. Wall thickness appears normal. No intraluminal pathology (Calculi/mass) could be detected.

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

KIDNEYS :
The Kidneys are normal in position, size, shape, outline and echotexture. The Corticomedullary differentiation is maintained. No calculus, hydronephrosis or mass is noted. The perinephric region shows no abnormal fluid collection.

Right Kidney length 105 mm. & Left Kidney length 107 mm.

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 :
Urinary bladder is distended, wall thickness appeared normal. No intraluminal pathology (calculi/mass) could be detected.

UTERUS :
It is normal in shape, size (78 x 36 x 46 mm) and echopattern. No focal myometrial lesion is seen. Endometrial echo is in midline. Endometrial thickness is 6 mm. IUCD seen in endometrial cavity. Cervix is normal.

ADNEXA: No adnexal SOL is noted.

Lab No.	: LAK/15-06-2023/SR7763990	**Lab Add.**	:
Patient Name	: **PRIYANKA AGARWAL**	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	: 35 Y 0 M 0 D	**Collection Date**	:
Gender	: F	**Report Date**	: 15/Jun/2023 02:14PM

OVARIES :
Ovaries are normal in size, shape, position, margin and echotexture.
Right ovary measures : 30 x 20 mm.
Left Ovary measures : 30 x 18 mm.

POD : No fluid is seen.

IMPRESSION :

- **Study within normal limits.**

Please correlate clinically.

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.

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SURAKSHA DIAGNOSTIC, RAJARHAT, KOLKATA. **PATIENT REPORT**

BIO-RAD VARIANT TURBO CDM 5.4 **s/n 15893** **V2TURBO_A1c_2.0**

Patient Data

Sample ID:	D02135210735
Patient ID:	SR7763990
Name:	
Physician:	
Sex:	
DOB:	

Comments:

Analysis Data

Analysis Performed:	15/JUN/2023 11:17:29
Injection Number:	3266U
Run Number:	75
Rack ID:	
Tube Number:	2
Report Generated:	15/JUN/2023 11:31:15
Operator ID:	ANAMIKA

Peak Name	NGSP %	Area %	Retention Time (min)	Peak Area
Unknown	---	0.1	0.110	2684
A1a	---	0.9	0.158	16420
A1b	---	1.6	0.220	30817
LA1c	---	1.9	0.383	35339
A1c	5.3	---	0.480	84163
P3	---	3.4	0.758	64834
P4	---	1.3	0.846	24030
Ao	---	86.4	0.979	1643595

Total Area: 1,901,882

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