Lab No.	: SRE/28-04-2023/SR7575082	**Lab Add.**	: Newtown, Kolkata-700156
Patient Name	: **MENKA PRASAD**	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	: 39 Y 11 M 22 D	**Collection Date**	: 28/Apr/2023 10:00AM
Gender	: F	**Report Date**	: 28/Apr/2023 03:04PM

Test Name	Result	Unit	Bio Ref. Interval	Method
POTASSIUM, BLOOD , *GEL SERUM*				
POTASSIUM,BLOOD	4.40	mEq/L	3.5-5.5 mEq/L	ISE INDIRECT
***CHLORIDE, BLOOD ,** .				
CHLORIDE,BLOOD	108	mEq/L	99-109 mEq/L	ISE INDIRECT
CREATININE, BLOOD , *GEL SERUM*	0.68	mg/dL	0.5-1.1 mg/dL	Jaffe, alkaline picrate, kinetic
GLUCOSE, FASTING , *BLOOD, NAF PLASMA*				
GLUCOSE,FASTING	98	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.

TOTAL PROTEIN [BLOOD] ALB:GLO RATIO , .				
TOTAL PROTEIN	7.20	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	2.90	g/dl	1.8-3.2 g/dl	Calculated
AG Ratio	1.48		1.0 - 2.5	Calculated
LIPID PROFILE , *GEL SERUM*				
CHOLESTEROL-TOTAL	167	mg/dL	Desirable: < 200 mg/dL Borderline high: 200-239 mg/dL High: > or =240 mg/dL	Enzymatic
TRIGLYCERIDES	78	mg/dL	Normal:: < 150, BorderlineHigh::150-199, High:: 200-499, VeryHigh::>500	GPO-Trinder
HDL CHOLESTEROL	43	mg/dl	< 40 - Low 40-59- Optimum 60 - High	Elimination/catalase
LDL CHOLESTEROL DIRECT	**115**	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	9	mg/dl	< 40 mg/dl	Calculated
CHOL HDL Ratio	3.9		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.*

PHOSPHORUS-INORGANIC, BLOOD , *GEL SERUM*				
PHOSPHORUS-INORGANIC,BLOOD	3.4	mg/dL	2.4-5.1 mg/dL	Phosphomolybdate/UV

Lab No. : SR7575082 **Name : MENKA PRASAD** **Age/G : 39 Y 11 M 22 D / F** **Date : 28-04-2023**

SODIUM, BLOOD , *GEL SERUM*

SODIUM,BLOOD	142	mEq/L	132 - 146 mEq/L	ISE INDIRECT

THYROID PANEL (T3, T4, TSH) , *GEL SERUM*

T3-TOTAL (TRI IODOTHYRONINE)	1.25	ng/ml	0.60-1.81 ng/ml	CLIA
T4-TOTAL (THYROXINE)	9.1	µg/dL	3.2-12.6 µg/dL	CLIA
TSH (THYROID STIMULATING HORMONE)	1.31	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.*

GLUCOSE, PP , *BLOOD, NAF PLASMA*

GLUCOSE,PP	126	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.

UREA,BLOOD	**12.8**	mg/dL	19-49 mg/dL	Urease with GLDH

URIC ACID, BLOOD , *GEL SERUM*

URIC ACID,BLOOD	5.50	mg/dL	2.6-6.0 mg/dL	Uricase/Peroxidase

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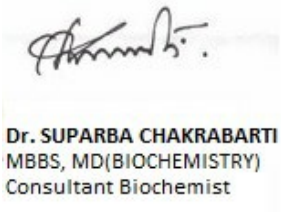
Lab No. : SR7575082	Name : MENKA PRASAD	Age/G : 39 Y 11 M 22 D / F	Date : 28-04-2023



Dr. SUPARBA CHAKRABARTI
MBBS, MD(BIOCHEMISTRY)
Consultant Biochemist

Suraksha Diagnostic Private Limited
E-mail: info@surakshanet.com | Website: www.surakshanet.com

Lab No. : SR7575082 **Name : MENKA PRASAD** **Age/G : 39 Y 11 M 22 D / F** **Date : 28-04-2023**

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

1stHour	13	mm/hr	0.00 - 20.00 mm/hr	Westergren

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

HEMOGLOBIN	**11.2**	g/dL	12 - 15	PHOTOMETRIC
WBC	5.6	*10^3/µL	4 - 10	DC detection method
RBC	**3.62**	*10^6/µL	3.8 - 4.8	DC detection method
PLATELET (THROMBOCYTE) COUNT	151	*10^3/µL	150 - 450*10^3/µL	DC detection method/Microscopy
DIFFERENTIAL COUNT				
NEUTROPHILS	75	%	40 - 80 %	Flowcytometry/Microscopy
LYMPHOCYTES	**19**	%	20 - 40 %	Flowcytometry/Microscopy
MONOCYTES	05	%	2 - 10 %	Flowcytometry/Microscopy
EOSINOPHILS	01	%	1 - 6 %	Flowcytometry/Microscopy
BASOPHILS	00	%	0-0.9%	Flowcytometry/Microscopy
CBC SUBGROUP				
HEMATOCRIT / PCV	**30.8**	%	36 - 46 %	Calculated
MCV	85.2	fl	83 - 101 fl	Calculated
MCH	31.0	pg	27 - 32 pg	Calculated
MCHC	**36.3**	gm/dl	31.5-34.5 gm/dl	Calculated
RDW - RED CELL DISTRIBUTION WIDTH	**16.2**	%	11.6-14%	Calculated
PDW-PLATELET DISTRIBUTION WIDTH	22.6	fL	8.3 - 25 fL	Calculated
MPV-MEAN PLATELET VOLUME	11.6		7.5 - 11.5 fl	Calculated

URINE ROUTINE ALL, ALL , *URINE*

PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW			
APPEARANCE	HAZY			
CHEMICAL EXAMINATION				
pH	6.0		4.6 - 8.0	Dipstick (triple indicator method)
SPECIFIC GRAVITY	1.015		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	NEGATIVE		NEGATIVE	Dipstick (ester hydrolysis reaction)
MICROSCOPIC EXAMINATION				
LEUKOCYTES (PUS CELLS)	0-1	/hpf	0-5	Microscopy
EPITHELIAL CELLS	16-18	/hpf	0-5	Microscopy
RED BLOOD CELLS	2-3	/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

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Lab No. : SR7575082 **Name : MENKA PRASAD** **Age/G : 39 Y 11 M 22 D / F** **Date : 28-04-2023**

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.

DR. NEHA GUPTA
MD, DNB (Pathology)
Consultant Pathologist

Suraksha Diagnostic Private Limited
E-mail: info@surakshanet.com | Website: www.surakshanet.com

Lab No. : SR7575082	Name : MENKA PRASAD	Age/G : 39 Y 11 M 22 D / F	Date : 28-04-2023

CALCIUM, BLOOD

CALCIUM,BLOOD	8.90	mg/dL	8.7-10.4 mg/dL	Arsenazo III

PDF Attached

GLYCATED HAEMOGLOBIN (HBA1C) , *EDTA WHOLE BLOOD*

GLYCATED HEMOGLOBIN (HBA1C)	4.3	%	***FOR BIOLOGICAL REFERENCE INTERVAL DETAILS , PLEASE REFER TO THE BELOW MENTIONED REMARKS/NOTE WITH ADDITIONAL CLINICAL INFORMATION ***	
HbA1c (IFCC)	24.0	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.

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

Suraksha Diagnostic Private Limited
E-mail: info@surakshanet.com | Website: www.surakshanet.com

Lab No. : SR7575082 **Name : MENKA PRASAD** **Age/G : 39 Y 11 M 22 D / F** **Date : 28-04-2023**

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.

DR. A. SHARMA
MBBS. MD (Path)
DM (Hematopathology)
PGIMER Chandigarh
Consultant Hematopathologist

Suraksha Diagnostic Private Limited
E-mail: info@surakshanet.com | Website: www.surakshanet.com

Lab No.	: SRE/28-04-2023/SR7575082	**Lab Add.**	:
Patient Name	: **MENKA PRASAD**	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	: 39 Y 11 M 22 D	**Collection Date**	:
Gender	: F	**Report Date**	: 28/Apr/2023 01:37PM

DEPARTMENT OF ULTRASONOGRAPHY

REPORT ON EXAMINATION OF WHOLE ABDOMEN

LIVER

Liver is normal in size, 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.

PORTA

The appearance of porta is normal. Common bile duct is normal (0.40 cm) with no intraluminal pathology (calculi /mass) could be detected at its visualized part. Portal vein is normal (1.00 cm) at porta.

GALLBLADDER

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

PANCREAS

Fatty infiltration of pancreas, without any focal lesion. No Calcular disease noted. Pancreatic duct is not dilated. No peri-pancreatic collection of fluid noted.

SPLEEN

Spleen is normal in size (10.03 cm). 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 09.61 cm. & Lt. kidney 10.27 cm.) axes & position. Cortical echogenecity appears normal maintaining cortico-medullary differentiation. Margin is regular and cortical thickness is uniform. No calcular disease noted. No hydronephrotic changes detected.

Visualized parts 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 ante-verted, normal in size (7.81 cm x 4.71 cm x 3.80 cm). Endometrium (0.70 cm) is thickened. Myometrium appears smooth & homogenous without any detectable/sizable focal lesion.

Cervix looks normal. Pouch of Douglas is free.

Lab No.	: SRE/28-04-2023/SR7575082	**Lab Add.**	:
Patient Name	: **MENKA PRASAD**	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	: 39 Y 11 M 22 D	**Collection Date**	:
Gender	: F	**Report Date**	: 28/Apr/2023 01:37PM

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 : 3.22 cm x 1.69 cm.

Left ovary measures : 3.30 cm x 1.62 cm.

RETROPERITONEUM & PERITONEUM

No ascites noted. No definite evidence of any mass lesion detected. No detectable evidence of enlarged lymph nodes noted. Visualized part of aorta & IVC are within normal limit.

IMPRESSION :

- **Fatty infiltration of pancreas.**

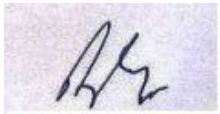
KINDLY NOTE

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

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.

Patient Identity not verified.



DR. BIPLAB KR. GHOSH
MD(CAL),RADIO-DIAGNOSIS

Lab No.	: SRE/28-04-2023/SR7575082	**Lab Add.**	:
Patient Name	: **MENKA PRASAD**	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	: 39 Y 11 M 22 D	**Collection Date**	:
Gender	: F	**Report Date**	: 28/Apr/2023 04:53PM

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. BIPLAB KR. GHOSH
MD(CAL),RADIO-DIAGNOSIS

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Age	: 39 Y 11 M 22 D	**Collection Date**	:
Gender	: F	**Report Date**	: 28/Apr/2023 05:11PM

DEPARTMENT OF CARDIOLOGY

E.C.G. REPORT

Heart rate - 100 / min. (average)

Rhythm - Sinus

Axis - Normal

P- Wave - Normal

PR Interval - Normal

QRS Complexes - Normal

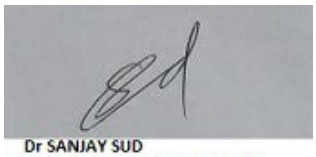
ST Segment - Isoelectric

T Wave - Normal

QT Interval - Normal

Voltage - Normal

IMPRESSION **: Borderline Sinus Tachycardia. Please correlate clinically.**



Dr SANJAY SUD
MBBS (Cal), FCCP, MRI PHH(UK)
ECHO CARDIOLOGIST

Suraksha Diagnostic Private Limited
E-mail: info@surakshanet.com | Website: www.surakshanet.com

SURAKSHA DIAGNOSTIC, RAJARHAT, KOLKATA. **PATIENT REPORT**
BIO-RAD VARIANT TURBO CDM 5.4 **s/n 15893** **V2TURBO_A1c_2.0**

Patient Data

Sample ID:	D02135119496
Patient ID:	SR7575082
Name:	
Physician:	
Sex:	
DOB:	

Comments:

Analysis Data

Analysis Performed:	28/APR/2023 13:58:31
Injection Number:	5159U
Run Number:	139
Rack ID:	
Tube Number:	4
Report Generated:	28/APR/2023 14:32:07
Operator ID:	ASIT

Peak Name	NGSP %	Area %	Retention Time (min)	Peak Area
Unknown	---	0.1	0.111	2567
A1a	---	0.7	0.158	14395
A1b	---	1.1	0.219	21783
LA1c	---	1.7	0.397	34343
A1c	4.3	---	0.508	70733
P3	---	3.0	0.790	60374
P4	---	1.0	0.869	19205
Ao	---	88.9	0.987	1780934

Total Area: 2,004,333

HbA1c (NGSP) = 4.3 % HbA1c (IFCC) = 24 mmol/mol