



Lab No.	: DUR/14-05-2024/SR9109476	Lab Add.	: Newtown,Kolkata-700156
Patient Name	: ANKAN CHAKRABORTY	Ref Dr.	: Dr.MEDICAL OFFICER
Age	: 24 Y 3 M 7 D	Collection Date	: 14/May/2024 09:15AM
Gender	: M	Report Date	: 14/May/2024 06:48PM



DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
PHOSPHORUS-INORGANIC,BLOOD , GEL SERUM (Method:Phosphomolybdate/UV)	3.8	2.4-5.1 mg/dL	mg/dL

*** End Of Report ***

Dr NEEPA CHOWDHURY
MBBS MD (Biochemistry)
Consultant Biochemist
Reg No. WBMC 62456

Lab No. : DUR/14-05-2024/SR9109476	Lab Add. : CITY CENTER, DURGAPUR PIN-713211
Patient Name : ANKAN CHAKRABORTY	Ref Dr. : Dr.MEDICAL OFFICER
Age : 24 Y 3 M 7 D	Collection Date : 14/May/2024 09:15AM
Gender : M	Report Date : 14/May/2024 04:28PM




DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
SGPT/ALT (Method:IFCC Kinetic Method)	80	< 41	U/L
CALCIUM,BLOOD (Method:ARSENazo III)	9.80	8.6 - 10.2 mg/dl	mg/dL
CREATININE, BLOOD (Method:ENZYMATIC)	0.88	0.70 - 1.3 mg/dl	mg/dL
*BILIRUBIN (TOTAL) , GEL SERUM BILIRUBIN (TOTAL) (Method:Diazotized DCA Method)	0.70	< 1.2	mg/dL
UREA,BLOOD (Method:UREASE-GLDH)	23.2	12.8-42.8	mg/dl
ALKALINE PHOSPHATASE (Method:AMP)	55	53-128 U/L	U/L
BILIRUBIN (DIRECT) (Method:Diazotized DCA Method)	0.30	< 0.3	mg/dL
SODIUM,BLOOD (Method:ISE DIRECT)	140	136 - 145	mEq/L
POTASSIUM,BLOOD (Method:ISE DIRECT)	5.10	3.5 - 5.1	mEq/L
CHLORIDE,BLOOD (Method:ISE DIRECT)	105	98 - 107	mEq/L
GLUCOSE,FASTING (Method:GOD POD)	88	(70 - 110 mg/dl)	mg/dL
URIC ACID,BLOOD (Method:URICASE)	9.30	3.4 - 7.0	mg/dl
*TOTAL PROTEIN [BLOOD] ALB:GLO RATIO , . TOTAL PROTEIN (Method:BIURET METHOD)	6.60	6.6 - 8.7	g/dL
ALBUMIN (Method:BCG)	4.2	3.5-5.2 g/dl	g/dl
GLOBULIN (Method:Calculated)	2.40	1.8-3.2	g/dl
AG Ratio (Method:Calculated)	1.75	1.0 - 2.5	
*LIPID PROFILE , GEL SERUM CHOLESTEROL-TOTAL (Method:CHOD PAP Method)	166	Desirable: < 200 mg/dL Borderline high: 200-239 High: > or =240 mg/dL	mg/dL
TRIGLYCERIDES (Method:GPO-PAP)	192	NORMAL < 150 BORDERLINE HIGH 150-199 HIGH 200-499 VERY HIGH > 500	mg/dL

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Gender : M	Report Date : 14/May/2024 04:28PM



DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
HDL CHOLESTEROL (Method:DIRECT METHOD)	35	35.3-79.5 mg/dl	mg/dL
LDL CHOLESTEROL DIRECT (Method:Direct Method)	107	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)	24	< 40 mg/dl	mg/dL
CHOL HDL Ratio (Method:Calculated)	4.7	LOW RISK 3.3-4.4 AVERAGE RISK 4.47-7.1 MODERATE RISK 7.1-11.0 HIGH RISK >11.0	

*THYROID PANEL (T3, T4, TSH) , GEL SERUM			
T3-TOTAL (TRI IODOTHYRONINE) (Method:CLIA)	1.40	0.9 - 2.2 ng/ml	ng/ml
T4-TOTAL (THYROXINE) (Method:CLIA)	11.0	5.5-16 microgram/dl	5.5-16 microgram/dl
TSH (THYROID STIMULATING HORMONE) (Method:CLIA)	1.3	0.5-4.7	µIU/mL

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 :

- Indian Thyroid Society guidelines for management of thyroid dysfunction during pregnancy. *Clinical Practice Guidelines, New Delhi: Elsevier; 2012.*
- 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.*
- 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>.*

SGOT/AST (Method:IFCC Kinetic Method)	35	< 40	U/L
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*GLYCATED HAEMOGLOBIN (HBA1C) , EDTA WHOLE BLOOD			
GLYCATED HEMOGLOBIN (HBA1C)	5.4	***FOR BIOLOGICAL REFERENCE INTERVAL DETAILS , PLEASE REFER TO THE BELOW MENTIONED REMARKS/NOTE WITH ADDITIONAL CLINICAL INFORMATION ***	%
HbA1c (IFCC) (Method:HPLC)	35.0		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)

Lab No.	: DUR/14-05-2024/SR9109476	Lab Add.	: CITY CENTER, DURGAPUR PIN-713210
Patient Name	: ANKAN CHAKRABORTY	Ref Dr.	: Dr.MEDICAL OFFICER
Age	: 24 Y 3 M 7 D	Collection Date	: 14/May/2024 09:15AM
Gender	: M	Report Date	: 14/May/2024 04:28PM



DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
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Analyzer used : BIORAD D-10
Method : HPLC

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 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](#)

*** End Of Report ***

Dr Sayak Biswas
MBBS, MD (Pathology)
Consultant Pathologist
Reg No. WBMC 74506




Lab No.	: DUR/14-05-2024/SR9109476	Lab Add.	: Newtown,Kolkata-700156
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Gender	: M	Report Date	: 14/May/2024 07:17PM



DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
URIC ACID, URINE, SPOT URINE			
URIC ACID, SPOT URINE (Method:URICASE)	44.00	37-92 mg/dL	mg/dL

*** End Of Report ***


Dr. SANCHAYAN SINHA
 MBBS, MD, DNB (BIOCHEMISTRY)
 CONSULTANT BIOCHEMIST
 Reg No. WBMC 63214

Lab No.	: DUR/14-05-2024/SR9109476	Lab Add.	: CITY CENTER, DURGAPUR PIN-713218
Patient Name	: ANKAN CHAKRABORTY	Ref Dr.	: Dr.MEDICAL OFFICER
Age	: 24 Y 3 M 7 D	Collection Date	: 14/May/2024 09:15AM
Gender	: M	Report Date	: 14/May/2024 04:28PM




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)	14.0	13 - 17	g/dL
WBC (Method:DC detection method)	5.9	4 - 10	*10 ³ /μL
RBC (Method:DC detection method)	6.79	4.5 - 5.5	*10 ⁶ /μL
PLATELET (THROMBOCYTE) COUNT (Method:DC detection method/Microscopy)	164	150 - 450*10 ³	*10 ³ /μL
<u>DIFFERENTIAL COUNT</u>			
NEUTROPHILS (Method:Flowcytometry/Microscopy)	65	40 - 80 %	%
LYMPHOCYTES (Method:Flowcytometry/Microscopy)	27	20 - 40 %	%
MONOCYTES (Method:Flowcytometry/Microscopy)	05	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)	45.1	40 - 50 %	%
MCV (Method:Calculated)	66.4	83 - 101 fl	fl
MCH (Method:Calculated)	20.7	27 - 32 pg	pg
MCHC (Method:Calculated)	31.1	31.5-34.5 gm/dl	gm/dl
RDW - RED CELL DISTRIBUTION WIDTH (Method:Calculated)	15.3	11.6-14%	%
PDW-PLATELET DISTRIBUTION WIDTH (Method:Calculated)	16.7	8.3 - 25 fL	fL
MPV-MEAN PLATELET VOLUME (Method:Calculated)	9.2	7.5 - 11.5 fl	

*ESR (ERYTHROCYTE SEDIMENTATION RATE) , EDTA WHOLE BLOOD			
1stHour (Method:Westergren)	07	0.00 - 20.00 mm/hr	mm/hr

*** End Of Report ***


Dr Sayak Biswas
 MBBS, MD (Pathology)
 Consultant Pathologist
 Reg No. WBMC 74506



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Gender	: M	Report Date	: 14/May/2024 06:59PM



DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Bio Ref. Interval	Unit
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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.

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

Kaushik Dey
 Dr. KAUSHIK DEY
 MD (PATHOLOGY)
 CONSULTANT PATHOLOGIST
 Reg No. WBMC 66405

Lab No. : DUR/14-05-2024/SR9109476
Patient Name : ANKAN CHAKRABORTY
Age : 24 Y 3 M 7 D
Gender : M

Lab Add. :
Ref Dr. : Dr.MEDICAL OFFICER
Collection Date :
Report Date : 14/May/2024 11:09AM



DEPARTMENT OF X-RAY

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.

*** End Of Report ***

Dr Nidhi Sehgal
DNB (Radio-diagnosis)
Senior Consultant Radiologist

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Age : 24 Y 3 M 7 D	Collection Date : 14/May/2024 09:15AM
Gender : M	Report Date : 14/May/2024 04:28PM



DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Bio Ref. Interval	Unit
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*URINE ROUTINE ALL, ALL , URINE			
<u>PHYSICAL EXAMINATION</u>			
COLOUR	PALE YELLOW		
APPEARANCE	CLEAR		
<u>CHEMICAL EXAMINATION</u>			
pH (Method:Dipstick (triple indicator method))	5.5	4.6 - 8.0	
SPECIFIC GRAVITY (Method:Dipstick (ion concentration method))	1.025	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)	1-2	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:

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

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DEPARTMENT OF CLINICAL PATHOLOGY

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and/or yeast in the urine.

*** End Of Report ***

Dr Sayak Biswas
MBBS, MD (Pathology)
Consultant Pathologist
Reg No. WBMC 74506

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Patient Name : ANKAN CHAKRABORTY	Ref Dr. : Dr.MEDICAL OFFICER
Age : 24 Y 3 M 7 D	Collection Date :
Gender : M	Report Date : 14/May/2024 02:31PM



DEPARTMENT OF CARDIOLOGY
DEPARTMENT OF CARDIOLOGY
REPORT OF E.C.G.

DATA		
HEART RATE	72	Bpm
PR INTERVAL	136	Ms
QRS DURATION	78	Ms
QT INTERVAL	344	Ms
QTC INTERVAL	378	Ms
AXIS		
P WAVE	34	Degree
QRS WAVE	29	Degree
T WAVE	21	Degree
IMPRESSION	:	Normal sinus rhythm. Within normal limit.

****Please correlate clinically****

Dr. A Ghosh
M.D.DipCard(PGDCC)Apollohospital,chennai
CCEBDM.CCMH
Consultant Clinical Cardiologist



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CIN: U24240DL2011PTC216307

MEDICAL FITNESS CERTIFICATE

(To be signed by a registered medical practitioner holding a Medical degree)

This is to certify that **Mr. Ankan Chakraborty** aged, **24yr**. Based on the examination, I certify that he is in good mental and physical health and it is free from any physical defects such as deafness, colour blindness, and any chronic or contagious diseases.

Place: **Durgapur**

Date: 14/05/2024

Dr. Nitesh Kumar
MBBS
BGM.R. 41993

Name & Signature of

Medical officer