



Lab No.	: MRD/23-03-2024/SR8903650	Lab Add.	: Newtown,Kolkata-700156
Patient Name	: JACKI KUMAR	Ref Dr.	: Dr.MEDICAL OFFICER
Age	: 36 Y 6 M 13 D	Collection Date	: 23/Mar/2024 08:15AM
Gender	: M	Report Date	: 23/Mar/2024 12:05PM

**DEPARTMENT OF BIOCHEMISTRY**

Test Name	Result	Bio Ref. Interval	Unit
UREA,BLOOD , GEL SERUM (Method:Urease with GLDH)	19.3	19-49	mg/dL
URIC ACID,BLOOD (Method:Uricase/Peroxidase)	6.70	3.5-7.2	mg/dL
ALKALINE PHOSPHATASE (Method:IFCC standardization)	96	46-116	U/L
POTASSIUM,BLOOD (Method:ISE INDIRECT)	4.00	3.5-5.5	mEq/L
CHLORIDE,BLOOD (Method:ISE INDIRECT)	104	99-109	mEq/L
CREATININE, BLOOD (Method:Jaffe, alkaline picrate, kinetic)	0.79	0.7-1.3	mg/dL
GLUCOSE,FASTING (Method:Gluc Oxidase Trinder)	89	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.

CALCIUM,BLOOD (Method:Arsenazo III)	10.10	8.7-10.4	mg/dL
GLUCOSE,PP (Method:Gluc Oxidase Trinder)	94	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.

THYROID PANEL (T3, T4, TSH) , GEL SERUM			
T3-TOTAL (TRI IODOTHYRONINE) (Method:CLIA)	1.30	0.60-1.81 ng/ml	ng/ml
T4-TOTAL (THYROXINE) (Method:CLIA)	7.4	3.2-12.6	µg/dL
TSH (THYROID STIMULATING HORMONE) (Method:CLIA)	3.208	0.55-4.78	µIU/mL



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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
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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.

PHOSPHORUS-INORGANIC,BLOOD (Method:Phosphomolybdate/UV)	3.1	2.4-5.1 mg/dL	mg/dL
SODIUM,BLOOD (Method:ISE INDIRECT)	140	132 - 146	mEq/L
SGOT/AST (Method:Modified IFCC)	36	13-40	U/L

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

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



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Patient Name	: JACKI KUMAR	Ref Dr.	: Dr.MEDICAL OFFICER
Age	: 36 Y 6 M 13 D	Collection Date	: 23/Mar/2024 08:14AM
Gender	: M	Report Date	: 23/Mar/2024 06:48PM




DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
URIC ACID, URINE, SPOT URINE			
URIC ACID, SPOT URINE (Method:URICASE)	9.00	37-92 mg/dL	mg/dL
<i>ESTIMATED TWICE</i>			

Suggested follow up

Correlate clinically

*** End Of Report ***


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



Lab No.	: MRD/23-03-2024/SR8903650	Lab Add.	: Newtown,Kolkata-700156
Patient Name	: JACKI KUMAR	Ref Dr.	: Dr.MEDICAL OFFICER
Age	: 36 Y 6 M 13 D	Collection Date	: 23/Mar/2024 08:16AM
Gender	: M	Report Date	: 23/Mar/2024 12:09PM



DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
BILIRUBIN (DIRECT) (Method:Vanadate oxidation)	0.90	<0.2	mg/dL
LIPID PROFILE , GEL SERUM			
CHOLESTEROL-TOTAL (Method:Enzymatic)	151	Desirable: < 200 mg/dL Borderline high: 200-239 mg/dL High: > or =240 mg/dL	mg/dL
TRIGLYCERIDES (Method:GPO-Trinder)	232	Normal: < 150, BorderlineHigh::150-199, High:: 200-499, VeryHigh::>500	mg/dL
HDL CHOLESTEROL (Method:Elimination/catalase)	35	< 40 - Low 40-59- Optimum 60 - High	mg/dl
LDL CHOLESTEROL DIRECT (Method:Elimination / Catalase)	89	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)	27	< 40 mg/dl	mg/dl
CHOL HDL Ratio (Method:Calculated)	4.3	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.

BILIRUBIN (TOTAL) , GEL SERUM			
BILIRUBIN (TOTAL) (Method:Vanadate oxidation)	3.50	0.3-1.2	mg/dL

To correlate clinically.

SGPT/ALT (Method:Modified IFCC)	56	7-40	U/L
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TOTAL PROTEIN [BLOOD] ALB:GLO RATIO , .			
TOTAL PROTEIN (Method:BIURET METHOD)	7.70	5.7-8.2 g/dL	g/dL
ALBUMIN (Method:BCG Dye Binding)	4.9	3.2-4.8 g/dL	g/dL
GLOBULIN (Method:Calculated)	2.80	1.8-3.2	g/dl
AG Ratio (Method:Calculated)	1.75	1.0-2.5	

GLYCATED HAEMOGLOBIN (HBA1C) , EDTA WHOLE BLOOD			
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Gender	: M	Report Date	: 23/Mar/2024 12:09PM



DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
GLYCATED HEMOGLOBIN (HBA1C)	4.9	***FOR BIOLOGICAL REFERENCE INTERVAL DETAILS , PLEASE REFER TO THE BELOW MENTIONED REMARKS/NOTE WITH ADDITIONAL CLINICAL INFORMATION ***	%
HbA1c (IFCC) (Method:HPLC)	30.0		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)

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.

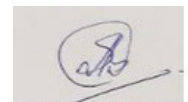
Ø Some patients may benefit from HbA1c goals that are stringent.
 Result alterations in the estimation has been established in many circumstances, such as after acute/ chronic blood loss, for example, after surgery, blood transfusions, hemolytic anemia, or high erythrocyte turnover; vitamin B₁₂/ folate 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 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. Sudeshna Baral
M.B.B.S MD.
(Biochemistry)
(Consultant Biochemist)
Reg No. WBMC 64124



Lab No.	: MRD/23-03-2024/SR8903650	Lab Add.	: Newtown,Kolkata-700156
Patient Name	: JACKI KUMAR	Ref Dr.	: Dr.MEDICAL OFFICER
Age	: 36 Y 6 M 13 D	Collection Date	: 23/Mar/2024 08:15AM
Gender	: M	Report Date	: 23/Mar/2024 11:49AM

**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)	15.6	13 - 17	g/dL
WBC (Method:DC detection method)	6.5	4 - 10	*10 ³ /μL
RBC (Method:DC detection method)	5.14	4.5 - 5.5	*10 ⁶ /μL
PLATELET (THROMBOCYTE) COUNT (Method:DC detection method/Microscopy)	210	150 - 450*10 ³	*10 ³ /μL
<u>DIFFERENTIAL COUNT</u>			
NEUTROPHILS (Method:Flowcytometry/Microscopy)	47	40 - 80 %	%
LYMPHOCYTES (Method:Flowcytometry/Microscopy)	40	20 - 40 %	%
MONOCYTES (Method:Flowcytometry/Microscopy)	09	2 - 10 %	%
EOSINOPHILS (Method:Flowcytometry/Microscopy)	03	1 - 6 %	%
BASOPHILS (Method:Flowcytometry/Microscopy)	01	0-0.9%	%
<u>CBC SUBGROUP</u>			
HEMATOCRIT / PCV (Method:Calculated)	47.6	40 - 50 %	%
MCV (Method:Calculated)	92.6	83 - 101 fl	fl
MCH (Method:Calculated)	30.5	27 - 32 pg	pg
MCHC (Method:Calculated)	32.9	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)	24.9	8.3 - 25 fL	fL
MPV-MEAN PLATELET VOLUME (Method:Calculated)	11.7	7.5 - 11.5 fl	

BLOOD GROUP ABO+RH [GEL METHOD] , EDTA WHOLE BLOOD	
ABO (Method:Gel Card)	B
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.

ESR (ERYTHROCYTE SEDIMENTATION RATE) , EDTA WHOLE BLOOD			
1stHour (Method:Westergren)	23	0.00 - 20.00 mm/hr	mm/hr

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Gender	: M	Report Date	: 23/Mar/2024 11:49AM



DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Bio Ref. Interval	Unit
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*** End Of Report ***

Bidisha Chakraborty

Dr. Bidisha Chakraborty
Consultant Pathologist
MD, DNB (Pathology)
Dip RC Path(UK)
Reg No. WBMC 73067

Lab No. : MRD/23-03-2024/SR8903650
Patient Name : JACKI KUMAR
Age : 36 Y 6 M 13 D
Gender : M

Lab Add. :
Ref Dr. : Dr.MEDICAL OFFICER
Collection Date :
Report Date : 23/Mar/2024 04:45PM



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.

*** End Of Report ***

Dr. Shikha Rani
MD Radiologist



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Age	: 36 Y 6 M 13 D	Collection Date	: 23/Mar/2024 08:13AM
Gender	: M	Report Date	: 23/Mar/2024 01:02PM



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))	1.010	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	

MICROSCOPIC EXAMINATION

LEUKOCYTES (PUS CELLS) (Method:Microscopy)	1-3	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	
OTHERS	SPERMATOZOA 18-20		/hpf

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.

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DEPARTMENT OF CLINICAL PATHOLOGY

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- 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.

*** End Of Report ***

Bidisha Chakraborty

Dr. Bidisha Chakraborty
Consultant Pathologist
MD, DNB (Pathology)
Dip RC Path(UK)
Reg No. WBMC 73067

Lab No. : MRD/23-03-2024/SR8903650
Patient Name : JACKI KUMAR
Age : 36 Y 6 M 13 D
Gender : M

Lab Add. :
Ref Dr. : Dr.MEDICAL OFFICER
Collection Date :
Report Date : 23/Mar/2024 01:11PM



DEPARTMENT OF CARDIOLOGY

DEPARTMENT OF CARDIOLOGY
REPORT OF E.C.G.

DATA

HEART RATE : 76 bpm
PR INTERVAL : 148 ms
QRS DURATION : 82 ms
QT INTERVAL : 364 ms
QTC INTERVAL : 409 ms

AXIS

P WAVE : 37 degree
QRS WAVE : 71 degree
T WAVE : 26 degree

IMPRESSION : **Normal sinus rhythm.**
Normal ECG.

*** End Of Report ***

ACRay

Dr. A C RAY
Department of Non-invasive
Cardiology

Lab No.	: MRD/23-03-2024/SR8903650	Lab Add.	:
Patient Name	: JACKI KUMAR	Ref Dr.	: Dr.MEDICAL OFFICER
Age	: 36 Y 6 M 13 D	Collection Date	:
Gender	: M	Report Date	: 23/Mar/2024 03:36PM



DEPARTMENT OF ULTRASONOGRAPHY

DEPARTMENT OF ULTRASONOGRAPHY
REPORT ON EXAMINATION OF WHOLE ABDOMEN

LIVER

Liver is normal in size (141 mm) and shows increased in echogenicity. 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 (4.0 mm) with no intraluminal pathology (Calculi /mass) could be detected at its visualised part. Portal vein is normal (10.4 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 (101 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 98 x 44 mm. & Lt. kidney 110 x 50 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.

NB: Small non-shadowing or non-obstructive calculus may not be visualised in the USG and NCCT KUB may be done, if clinically indicated.

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 : 34 mm. x 25 mm. x 22 mm. Approximate weight could be around = 9.92 gms.

IMPRESSION

Grade – II fatty changes in 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.

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Ref Dr. : Dr.MEDICAL OFFICER

Age : 36 Y 6 M 13 D

Collection Date :

Gender : M

Report Date : 23/Mar/2024 03:36PM



DEPARTMENT OF ULTRASONOGRAPHY

The report and films are not valid for medico-legal purpose.

DR. H S MOHANTY
Consultant Radiologist
MBBS , DNB (Radio-Diagnosis)

Patient Data

Sample ID: D02135666136
 Patient ID: SR8903650
 Name: JACKI KUMAR
 Physician:
 Sex: M
 DOB:

Analysis Data

Analysis Performed: 23/MAR/2024 11:50:54
 Injection Number: 10627
 Run Number: 136
 Rack ID:
 Tube Number: 2
 Report Generated: 23/MAR/2024 12:05:28
 Operator ID: ASIT

Comments:

Peak Name	NGSP %	Area %	Retention Time (min)	Peak Area
Unknown	---	0.1	0.116	2777
A1a	---	0.7	0.167	18404
A1b	---	1.1	0.233	26913
F	---	0.8	0.280	21520
LA1c	---	1.7	0.406	44600
A1c	4.9	---	0.515	101199
P3	---	3.1	0.789	78983
P4	---	1.1	0.870	27402
Ao	---	87.4	0.985	2229564

Total Area: 2,551,363

HbA1c (NGSP) = 4.9 % HbA1c (IFCC) = 30 mmol/mol

