



Lab No.	: DUR/23-03-2024/SR8904277	Lab Add.	: Newtown,Kolkata-700156
Patient Name	: ABHINAY KUMAR	Ref Dr.	: Dr.MEDICAL OFFICER
Age	: 40 Y 11 M 22 D	Collection Date	: 23/Mar/2024 09:18AM
Gender	: M	Report Date	: 23/Mar/2024 05:21PM



DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
PHOSPHORUS-INORGANIC,BLOOD , GEL SERUM (Method:Phosphomolybdate/UV)	3.0	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/23-03-2024/SR8904277	Lab Add. : CITY CENTER, DURGAPUR PIN-713211
Patient Name : ABHINAY KUMAR	Ref Dr. : Dr.MEDICAL OFFICER
Age : 40 Y 11 M 22 D	Collection Date : 23/Mar/2024 09:18AM
Gender : M	Report Date : 23/Mar/2024 02:31PM



DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
BILIRUBIN (DIRECT) (Method:Diazotized DCA Method)	0.40	< 0.3	mg/dL
SGOT/AST (Method:IFCC Kinetic Method)	26	< 40	U/L
POTASSIUM,BLOOD (Method:ISE DIRECT)	3.80	3.1-5.5 mEq/L	mEq/L
GLUCOSE,FASTING (Method:GOD POD)	88	(70 - 110 mg/dl)	mg/dL
CALCIUM,BLOOD (Method:ARSENazo III)	9.40	8.6 - 10.2 mg/dl	mg/dL
*TOTAL PROTEIN [BLOOD] ALB:GLO RATIO , .			
TOTAL PROTEIN (Method:BIURET METHOD)	6.80	6.6 - 8.7	g/dL
ALBUMIN (Method:BCG)	4.5	3.5-5.2 g/dl	g/dl
GLOBULIN (Method:Calculated)	2.30	1.8-3.2	g/dl
AG Ratio (Method:Calculated)	1.96	1.0 - 2.5	
*GLYCATED HAEMOGLOBIN (HBA1C) , EDTA WHOLE BLOOD			
GLYCATED HEMOGLOBIN (HBA1C)	5.2	***FOR BIOLOGICAL REFERENCE INTERVAL DETAILS , PLEASE REFER TO THE BELOW MENTIONED REMARKS/NOTE WITH ADDITIONAL CLINICAL INFORMATION ***	%
HbA1c (IFCC) (Method:HPLC)	34.0		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 : BIORAD D-10
Method : HPLC

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:

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Gender : M	Report Date : 23/Mar/2024 02:31PM



DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
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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](#)

*LIPID PROFILE , GEL SERUM			
CHOLESTEROL-TOTAL (Method:CHOD PAP Method)	194	Desirable: < 200 mg/dL Borderline high: 200-239 High: > or =240 mg/dL	mg/dL
TRIGLYCERIDES (Method:GPO-PAP)	138	NORMAL < 150 BORDERLINE HIGH 150-199 HIGH 200-499 VERY HIGH > 500	mg/dL
HDL CHOLESTEROL (Method:DIRECT METHOD)	49	35.3-79.5 mg/dl	mg/dL
LDL CHOLESTEROL DIRECT (Method:Direct Method)	119	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)	26	< 40 mg/dl	mg/dL
CHOL HDL Ratio (Method:Calculated)	4.0	LOW RISK 3.3-4.4 AVERAGE RISK 4.47-7.1 MODERATE RISK 7.1-11.0 HIGH RISK >11.0	

CHLORIDE,BLOOD (Method:ISE DIRECT)	102	98 - 107	mEq/L
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*BILIRUBIN (TOTAL) , GEL SERUM			
BILIRUBIN (TOTAL) (Method:Diazotized DCA Method)	0.90	< 1.2	mg/dL

SODIUM,BLOOD (Method:ISE DIRECT)	141	136 - 145	mEq/L
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GLUCOSE,PP (Method:GOD POD)	102	(70 - 140 mg/dl)	
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ALKALINE PHOSPHATASE (Method:AMP)	107	53-128 U/L	U/L
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CREATININE, BLOOD (Method:ENZYMATIC)	0.87	0.70 - 1.3 mg/dl	mg/dL
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SGPT/ALT (Method:IFCC Kinetic Method)	29	< 41	U/L
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UREA,BLOOD (Method:UREASE-GLDH)	13.7	12.8-42.8	mg/dl
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URIC ACID,BLOOD (Method:URICASE)	6.10	3.4 - 7.0	mg/dl
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*THYROID PANEL (T3, T4, TSH) , GEL SERUM			
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Age	: 40 Y 11 M 22 D	Collection Date	: 23/Mar/2024 09:18AM
Gender	: M	Report Date	: 23/Mar/2024 02:31PM



DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
T3-TOTAL (TRI IODOTHYRONINE) (Method:CLIA)	1.40	0.9 - 2.2 ng/ml	ng/ml
T4-TOTAL (THYROXINE) (Method:CLIA)	9.9	5.5-16 microgram/dl	5.5-16 microgram/dl
TSH (THYROID STIMULATING HORMONE) (Method:CLIA)	2.0	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 :

- 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>.*

*** End Of Report ***

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



Lab No.	: DUR/23-03-2024/SR8904277	Lab Add.	: Newtown,Kolkata-700156
Patient Name	: ABHINAY KUMAR	Ref Dr.	: Dr.MEDICAL OFFICER
Age	: 40 Y 11 M 22 D	Collection Date	: 23/Mar/2024 11:12AM
Gender	: M	Report Date	: 23/Mar/2024 07:31PM




DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
URIC ACID, URINE, SPOT URINE			
URIC ACID, SPOT URINE (Method:URICASE)	13.00	37-92 mg/dL	mg/dL
ESTIMATED TWICE			

Suggested follow up

Correlate clinically

*** End Of Report ***


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



Lab No.	: DUR/23-03-2024/SR8904277	Lab Add.	: Newtown,Kolkata-700156
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Age	: 40 Y 11 M 22 D	Collection Date	: 23/Mar/2024 09:18AM
Gender	: M	Report Date	: 23/Mar/2024 05:55PM



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)	AB		
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 ***

DR. NEHA GUPTA
MD, DNB (Pathology)
Consultant Pathologist
Reg No. WBMC 65104

Lab No.	: DUR/23-03-2024/SR8904277	Lab Add.	: CITY CENTER, DURGAPUR PIN-713211
Patient Name	: ABHINAY KUMAR	Ref Dr.	: Dr.MEDICAL OFFICER
Age	: 40 Y 11 M 22 D	Collection Date	: 23/Mar/2024 09:18AM
Gender	: M	Report Date	: 23/Mar/2024 02:38PM




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)	6.6	4 - 10	*10 ³ /μL
RBC (Method:DC detection method)	5.15	4.5 - 5.5	*10 ⁶ /μL
PLATELET (THROMBOCYTE) COUNT (Method:DC detection method/Microscopy)	160	150 - 450*10 ³	*10 ³ /μL
<u>DIFFERENTIAL COUNT</u>			
NEUTROPHILS (Method:Flowcytometry/Microscopy)	63	40 - 80 %	%
LYMPHOCYTES (Method:Flowcytometry/Microscopy)	28	20 - 40 %	%
MONOCYTES (Method:Flowcytometry/Microscopy)	06	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)	47.5	40 - 50 %	%
MCV (Method:Calculated)	92.3	83 - 101 fl	fl
MCH (Method:Calculated)	30.3	27 - 32 pg	pg
MCHC (Method:Calculated)	32.8	31.5-34.5 gm/dl	gm/dl
RDW - RED CELL DISTRIBUTION WIDTH (Method:Calculated)	14.7	11.6-14%	%
PDW-PLATELET DISTRIBUTION WIDTH (Method:Calculated)	38.5	8.3 - 25 fL	fL
MPV-MEAN PLATELET VOLUME (Method:Calculated)	14.7	7.5 - 11.5 fl	

*ESR (ERYTHROCYTE SEDIMENTATION RATE) , EDTA WHOLE BLOOD			
1stHour (Method:Westergren)	17	0.00 - 20.00 mm/hr	mm/hr

*** End Of Report ***


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

Lab No. : DUR/23-03-2024/SR8904277
Patient Name : ABHINAY KUMAR
Age : 40 Y 11 M 22 D
Gender : M

Lab Add. :
Ref Dr. : Dr.MEDICAL OFFICER
Collection Date :
Report Date : 23/Mar/2024 03:15PM



DEPARTMENT OF X-RAY

DEPARTMENT OF RADIOLOGY
X-RAY REPORT OF CHEST (PA)

FINDINGS :

Lung parenchyma shows no focal lesion. No general alteration of radiographic density. Apices are clear. Bronchovascular lung markings are within normal.

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.

Cardiac size appears within normal limits.

Bony thorax reveals no definite abnormality.

IMPRESSION:

Normal study.

ADV: Clinical correlation and further relevant investigation.

Kindly note

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

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

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Age	: 40 Y 11 M 22 D	Collection Date	:
Gender	: M	Report Date	: 23/Mar/2024 03:15PM



DEPARTMENT OF X-RAY

DR. SUBRATA SANYAL
MBBS (CAL), DMRD (CAL).
CONSULTANT SONOLOGIST AND RADIOLOGIST.

Lab No.	: DUR/23-03-2024/SR8904277	Lab Add.	:
Patient Name	: ABHINAY KUMAR	Ref Dr.	: Dr.MEDICAL OFFICER
Age	: 40 Y 11 M 22 D	Collection Date	:
Gender	: M	Report Date	: 23/Mar/2024 02:54PM



DEPARTMENT OF CARDIOLOGY

DEPARTMENT OF CARDIOLOGY
REPORT OF E.C.G.

DATA		
HEART RATE	73	Bpm
PR INTERVAL	136	Ms
QRS DURATION	84	Ms
QT INTERVAL	340	Ms
QTC INTERVAL	378	Ms
AXIS		
P WAVE	50	Degree
QRS WAVE	46	Degree
T WAVE	21	Degree
IMPRESSION	:	<ul style="list-style-type: none">• Normal Sinus Rhythm.• Within normal limit.

Please correlate clinically

*** End Of Report ***

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

Lab No. : DUR/23-03-2024/SR8904277
Patient Name : ABHINAY KUMAR
Age : 40 Y 11 M 22 D
Gender : M

Lab Add. :
Ref Dr. : Dr.MEDICAL OFFICER
Collection Date :
Report Date : 23/Mar/2024 01:09PM



DEPARTMENT OF ULTRASONOGRAPHY

DEPARTMENT OF ULTRASONOGRAPHY

REPORT ON EXAMINATION OF WHOLE ABDOMEN

LIVER: Normal in size (12.91 cm), shape and parenchymal echopattern. No definite focal lesion is seen. Intrahepatic biliary radicles are not dilated. The portal vein branches and hepatic veins are normal.

GALL BLADDER: Well distended lumen shows no intra-luminal calculus or mass. Wall thickness is normal. No pericholecystic collection or mass formation is noted.

PORTA HEPATIS: The portal vein is normal in caliber (0.95 cm) with clear lumen. The common bile duct is normal in caliber. Visualized lumen is clear. Common bile duct measures approx (0.41 cm) in diameter.

PANCREAS: It is normal in size, shape 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 size (9.43 cm), shape 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 size, shape 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: 9.04 cm x 3.98 cm and Left Kidney measures: 9.97 cm x 5.19 cm.

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 peritoneal cavity.

URINARY BLADDER: It is adequately distended providing optimum scanning window. The lumen is clear and wall thickness is normal.

PROSTATE: It is normal in size, shape and echopattern. No focal lesion is seen. Capsule is smooth. Prostate measures : 3.25 cm x 2.93 cm x 2.91 cm, weight 14 gms.

IMPRESSION:

- Study within normal limits.

*** Please correlate clinically.

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.

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

Patient Identity not verified.

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Gender	: M	Report Date	: 23/Mar/2024 01:09PM



DEPARTMENT OF ULTRASONOGRAPHY

Dr. Ritika Sachan
MBBS, PGDU
Consultant Sonologist
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