



<b>Lab No.</b>	: DUR/29-03-2024/SR8923836	<b>Lab Add.</b>	: Newtown,Kolkata-700156
<b>Patient Name</b>	: SONALI DEB	<b>Ref Dr.</b>	: Dr.MEDICAL OFFICER
<b>Age</b>	: 35 Y 2 M 2 D	<b>Collection Date</b>	: 29/Mar/2024 08:41AM
<b>Gender</b>	: F	<b>Report Date</b>	: 29/Mar/2024 06:38PM



### DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
<b>POTASSIUM,BLOOD , GEL SERUM</b> (Method:ISE INDIRECT)	4.40	3.5-5.5	mEq/L
<b>CHLORIDE,BLOOD</b> (Method:ISE INDIRECT)	106	99-109	mEq/L
<b>PHOSPHORUS-INORGANIC,BLOOD</b> (Method:Phosphomolybdate/UV)	3.4	2.4-5.1 mg/dL	mg/dL
<b>SODIUM,BLOOD</b> (Method:ISE INDIRECT)	140	132 - 146	mEq/L

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

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

<b>Lab No.</b> : DUR/29-03-2024/SR8923836	<b>Lab Add.</b> : CITY CENTER, DURGAPUR PIN-713211
<b>Patient Name</b> : SONALI DEB	<b>Ref Dr.</b> : Dr.MEDICAL OFFICER
<b>Age</b> : 35 Y 2 M 2 D	<b>Collection Date</b> : 01/Apr/2024 11:36AM
<b>Gender</b> : F	<b>Report Date</b> : 01/Apr/2024 04:32PM



### DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
<b>ALKALINE PHOSPHATASE</b> (Method:AMP)	84	42-98 U/L	U/L
<b>*BILIRUBIN (TOTAL) , GEL SERUM</b> BILIRUBIN (TOTAL) (Method:Diazotized DCA Method)	0.60	< 1.2	mg/dL
<b>SGPT/ALT</b> (Method:IFCC Kinetic Method)	16	< 41	U/L
<b>UREA,BLOOD</b> (Method:UREASE-GLDH)	15.7	12.8-42.8	mg/dl
<b>CALCIUM,BLOOD</b> (Method:ARSENazo III)	10.00	8.6 - 10.2 mg/dl	mg/dL
<b>URIC ACID,BLOOD</b> (Method:URICASE)	4.70	2.6 - 6.0	mg/dl
<b>GLUCOSE,FASTING</b> (Method:GOD POD)	97	(70 - 110 mg/dl)	mg/dL
<b>*GLYCATED HAEMOGLOBIN (HBA1C) , EDTA WHOLE BLOOD</b> 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 : 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 B<sub>12</sub>/ 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, Shafer 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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<b>Age</b> : 35 Y 2 M 2 D	<b>Collection Date</b> : 01/Apr/2024 11:36AM
<b>Gender</b> : F	<b>Report Date</b> : 01/Apr/2024 04:32PM



**DEPARTMENT OF BIOCHEMISTRY**

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

<b>*LIPID PROFILE , GEL SERUM</b>			
CHOLESTEROL-TOTAL (Method:CHOD PAP Method)	156	Desirable: < 200 mg/dL Borderline high: 200-239 High: > or =240 mg/dL	mg/dL
TRIGLYCERIDES (Method:GPO-PAP)	<b>182</b>	NORMAL < 150 BORDERLINE HIGH 150-199 HIGH 200-499 VERY HIGH > 500	mg/dL
HDL CHOLESTEROL (Method:DIRECT METHOD)	<b>36</b>	42-88 mg/dl	mg/dL
LDL CHOLESTEROL DIRECT (Method:Direct Method)	<b>106</b>	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)	14	< 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	

<b>CREATININE, BLOOD</b> (Method:ENZYMATIC)	<b>0.55</b>	0.60 - 1.1 mg/dl	mg/dL
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<b>BILIRUBIN (DIRECT)</b> (Method:Diazotized DCA Method)	0.30	< 0.3	mg/dL
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<b>SGOT/AST</b> (Method:IFCC Kinetic Method)	17	< 40	U/L
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<b>*TOTAL PROTEIN [BLOOD] ALB:GLO RATIO , .</b>			
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	

<b>*THYROID PANEL (T3, T4, TSH) , GEL SERUM</b>			
T3-TOTAL (TRI IODOTHYRONINE) (Method:CLIA)	1.20	0.9 - 2.2 ng/ml	ng/ml
T4-TOTAL (THYROXINE) (Method:CLIA)	8.9	5.5-16 microgram/dl	5.5-16 microgram/dl
TSH (THYROID STIMULATING HORMONE) (Method:CLIA)	<b>0.2</b>	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

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Lab No.	: DUR/29-03-2024/SR8923836	Lab Add.	: CITY CENTER, DURGAPUR PIN-713211
Patient Name	: SONALI DEB	Ref Dr.	: Dr.MEDICAL OFFICER
Age	: 35 Y 2 M 2 D	Collection Date	: 01/Apr/2024 11:36AM
Gender	: F	Report Date	: 01/Apr/2024 04:32PM



DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
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THIRD TRIMESTER :0.30 3.00  $\mu$  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>.*

GLUCOSE,PP (Method:GOD POD)	99	(70 - 140 mg/dl)	mg/dL
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\*\*\* End Of Report \*\*\*

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

<b>Lab No.</b> : DUR/29-03-2024/SR8923836	<b>Lab Add.</b> : CITY CENTER, DURGAPUR PIN-713211
<b>Patient Name</b> : SONALI DEB	<b>Ref Dr.</b> : Dr.MEDICAL OFFICER
<b>Age</b> : 35 Y 2 M 2 D	<b>Collection Date</b> : 29/Mar/2024 08:41AM
<b>Gender</b> : F	<b>Report Date</b> : 29/Mar/2024 04:19PM



### DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Bio Ref. Interval	Unit
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Test Name	Result	Bio Ref. Interval	Unit
<b>*CBC WITH PLATELET (THROMBOCYTE) COUNT , EDTA WHOLE BLOOD</b>			
HEMOGLOBIN (Method:PHOTOMETRIC)	<b>11.9</b>	12 - 15	g/dL
WBC (Method:DC detection method)	5.8	4 - 10	*10 <sup>3</sup> /μL
RBC (Method:DC detection method)	3.87	3.8 - 4.8	*10 <sup>6</sup> /μL
PLATELET (THROMBOCYTE) COUNT (Method:DC detection method/Microscopy)	178	150 - 450*10 <sup>3</sup>	*10 <sup>3</sup> /μL
<b><u>DIFFERENTIAL COUNT</u></b>			
NEUTROPHILS (Method:Flowcytometry/Microscopy)	62	40 - 80 %	%
LYMPHOCYTES (Method:Flowcytometry/Microscopy)	25	20 - 40 %	%
MONOCYTES (Method:Flowcytometry/Microscopy)	05	2 - 10 %	%
EOSINOPHILS (Method:Flowcytometry/Microscopy)	<b>08</b>	1 - 6 %	%
BASOPHILS (Method:Flowcytometry/Microscopy)	00	0-0.9%	%
<b><u>CBC SUBGROUP</u></b>			
HEMATOCRIT / PCV (Method:Calculated)	<b>35.3</b>	36 - 46 %	%
MCV (Method:Calculated)	91.2	83 - 101 fl	fl
MCH (Method:Calculated)	30.6	27 - 32 pg	pg
MCHC (Method:Calculated)	33.6	31.5-34.5 gm/dl	gm/dl
RDW - RED CELL DISTRIBUTION WIDTH (Method:Calculated)	<b>14.8</b>	11.6-14%	%
PDW-PLATELET DISTRIBUTION WIDTH (Method:Calculated)	33.0	8.3 - 25 fL	fL
MPV-MEAN PLATELET VOLUME (Method:Calculated)	14.0	7.5 - 11.5 fl	

<b>*ESR (ERYTHROCYTE SEDIMENTATION RATE) , EDTA WHOLE BLOOD</b>			
1stHour (Method:Westergren)	<b>40</b>	0.00 - 20.00 mm/hr	mm/hr

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

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



<b>Lab No.</b>	: DUR/29-03-2024/SR8923836	<b>Lab Add.</b>	: Newtown,Kolkata-700156
<b>Patient Name</b>	: SONALI DEB	<b>Ref Dr.</b>	: Dr.MEDICAL OFFICER
<b>Age</b>	: 35 Y 2 M 2 D	<b>Collection Date</b>	: 29/Mar/2024 08:40AM
<b>Gender</b>	: F	<b>Report Date</b>	: 29/Mar/2024 06:56PM



**DEPARTMENT OF HAEMATOLOGY**

Test Name	Result	Bio Ref. Interval	Unit
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<b>BLOOD GROUP ABO+RH [GEL METHOD] , EDTA WHOLE BLOOD</b>			
ABO (Method:Gel Card)	O		
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 \*\*\*

MD (PATHOLOGY)  
CONSULTANT PATHOLOGIST  
Reg No. WBM 66405

Lab No. : DUR/29-03-2024/SR8923836  
Patient Name : SONALI DEB  
Age : 35 Y 2 M 2 D  
Gender : F

Lab Add. :  
Ref Dr. : Dr.MEDICAL OFFICER  
Collection Date :  
Report Date : 29/Mar/2024 02:03PM



DEPARTMENT OF X-RAY

**X-RAY REPORT OF CHEST (PA) VIEW**

**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.

\*\*\* Please correlate clinically.

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

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

<b>Lab No.</b> : DUR/29-03-2024/SR8923836	<b>Lab Add.</b> : CITY CENTER, DURGAPUR PIN-713211
<b>Patient Name</b> : SONALI DEB	<b>Ref Dr.</b> : Dr.MEDICAL OFFICER
<b>Age</b> : 35 Y 2 M 2 D	<b>Collection Date</b> : 30/Mar/2024 12:06PM
<b>Gender</b> : F	<b>Report Date</b> : 30/Mar/2024 05:23PM



### DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Bio Ref. Interval	Unit
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<b>*URINE ROUTINE ALL, ALL , URINE</b>			
<b><u>PHYSICAL EXAMINATION</u></b>			
COLOUR	PALE YELLOW		
APPEARANCE	CLEAR		
<b><u>CHEMICAL EXAMINATION</u></b>			
pH (Method:Dipstick (triple indicator method))	7.0	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	
<b><u>MICROSCOPIC EXAMINATION</u></b>			
LEUKOCYTES (PUS CELLS) (Method:Microscopy)	0-1	0-5	/hpf
EPITHELIAL CELLS (Method:Microscopy)	1-2	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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Patient Name	: SONALI DEB	Ref Dr.	: Dr.MEDICAL OFFICER
Age	: 35 Y 2 M 2 D	Collection Date	: 30/Mar/2024 12:06PM
Gender	: F	Report Date	: 30/Mar/2024 05:23PM



DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Bio Ref. Interval	Unit
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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

Lab No.	: DUR/29-03-2024/SR8923836	Lab Add.	:
Patient Name	: SONALI DEB	Ref Dr.	: Dr.MEDICAL OFFICER
Age	: 35 Y 2 M 2 D	Collection Date	:
Gender	: F	Report Date	: 29/Mar/2024 07:44PM



**DEPARTMENT OF CARDIOLOGY**

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

DATA		
HEART RATE	78	Bpm
PR INTERVAL	152	Ms
QRS DURATION	72	Ms
QT INTERVAL	340	Ms
QTC INTERVAL	391	Ms
AXIS		
P WAVE	57	Degree
QRS WAVE	72	Degree
T WAVE	56	Degree
IMPRESSION	:	<b>Incomplete Right Bundle Branch Block.</b>

\*\*\*Please correlate clinically\*\*\*

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

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

<b>Lab No.</b> : DUR/29-03-2024/SR8923836	<b>Lab Add.</b> :
<b>Patient Name</b> : SONALI DEB	<b>Ref Dr.</b> : Dr.MEDICAL OFFICER
<b>Age</b> : 35 Y 2 M 2 D	<b>Collection Date</b> :
<b>Gender</b> : F	<b>Report Date</b> : 29/Mar/2024 07:48PM



**DEPARTMENT OF CARDIOLOGY**

**DEPARTMENT OF CARDIOLOGY**

**REPORT ON EXAMINATION OF STRESS TEST (T.M.T)**

<b>RESULT</b>	:	<p>The pre exercise ECG was normal and there is no significant ST segment changes. During peak exercise and recovery there was no significant ST segment change seen. Patient could exercise for <b>07 minutes and 10 second</b> of the bruce protocol and achieved a work load of <b>10.4 mets</b>.</p> <p>He attained a peak heart rate of <b>146 beats / minute</b> which is <b>101 %</b> of the predicted maximum. The exercise was terminated owing to attainment of target heart rate and fatigue There was no classical angina. Clinically the blood pressure response was normal (<b>BP= 100/70 mmHg</b>) and there was no S3/S4 gallop in the recovery period.</p>
<b>IMPRESSION</b>	:	<b>Test is negative for provokable myocardial ischaemia.</b>

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

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**Gender** : F

**Lab Add.** :  
**Ref Dr.** : Dr.MEDICAL OFFICER  
**Collection Date** :  
**Report Date** : 29/Mar/2024 07:48PM



**DEPARTMENT OF CARDIOLOGY**

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

Lab No. : DUR/29-03-2024/SR8923836  
Patient Name : SONALI DEB  
Age : 35 Y 2 M 2 D  
Gender : F

Lab Add. :  
Ref Dr. : Dr.MEDICAL OFFICER  
Collection Date :  
Report Date : 02/Apr/2024 01:09PM



**DEPARTMENT OF CARDIOLOGY**

**REPORT OF PFT**

Acceptability&Reproducibility : Ok

Effort : Optimal.

Flow – volume loop : Normal

PARAMETERS ARE SUGGESTIVE OF - Normal lung function

PRE

FEV1/FVC. 85

FEV1 115%

FVC 107 %

FEF 25-75% 128%

**INTERPRETATION :**

- Normal spirometry study

**DR.KAUSHIK SAHA**  
MBBS,DTCD,MD  
CONSULTANT PULMONOLIST