



Lab No.	: BLG/23-03-2024/SR8904859	Lab Add.	: Newtown,Kolkata-700156
Patient Name	: GOKUL NAIDU	Ref Dr.	: Dr.MEDICAL OFFICER
Age	: 42 Y 10 M 20 D	Collection Date	: 23/Mar/2024 10:28AM
Gender	: M	Report Date	: 23/Mar/2024 03:39PM



DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
PHOSPHORUS-INORGANIC,BLOOD , GEL SERUM (Method:Phosphomolybdate/UV)	2.7	2.4-5.1 mg/dL	mg/dL
SGPT/ALT (Method:Modified IFCC)	19	7-40	U/L
URIC ACID,BLOOD (Method:Uricase/Peroxidase)	6.50	3.5-7.2	mg/dL
BILIRUBIN (TOTAL) , GEL SERUM BILIRUBIN (TOTAL) (Method:Vanadate oxidation)	0.60	0.3-1.2	mg/dL
SODIUM,BLOOD (Method:ISE INDIRECT)	139	132 - 146	mEq/L
SGOT/AST (Method:Modified IFCC)	22	13-40	U/L
GLUCOSE,FASTING (Method:Gluc Oxidase Trinder)	80	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.

BILIRUBIN (DIRECT) (Method:Vanadate oxidation)	0.10	<0.2	mg/dL
POTASSIUM,BLOOD (Method:ISE INDIRECT)	4.30	3.5-5.5	mEq/L
CREATININE, BLOOD (Method:Jaffe, alkaline picrate, kinetic)	0.90	0.7-1.3	mg/dL
UREA,BLOOD (Method:Urease with GLDH)	27.8	19-49	mg/dL
CALCIUM,BLOOD (Method:Arsenazo III)	8.90	8.7-10.4	mg/dL
THYROID PANEL (T3, T4, TSH) , GEL SERUM T3-TOTAL (TRI IODOTHYRONINE) (Method:CLIA)	1.18	0.60-1.81 ng/ml	ng/ml
T4-TOTAL (THYROXINE) (Method:CLIA)	9.9	3.2-12.6	µg/dL
TSH (THYROID STIMULATING HORMONE) (Method:CLIA)	1.790	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.

*** End Of Report ***

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



Lab No. : BLG/23-03-2024/SR8904859	Lab Add. : Newtown,Kolkata-700156
Patient Name : GOKUL NAIDU	Ref Dr. : Dr.MEDICAL OFFICER
Age : 42 Y 10 M 20 D	Collection Date : 23/Mar/2024 10:28AM
Gender : M	Report Date : 23/Mar/2024 05:15PM



DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
CHLORIDE,BLOOD (Method:ISE INDIRECT)	109	99-109	mEq/L

GLYCATED HAEMOGLOBIN (HBA1C) , EDTA WHOLE BLOOD			
GLYCATED HEMOGLOBIN (HBA1C)	5.3	***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)

Analyzer used :- Bio-Rad-VARIANT TURBO 2.0
 Method : HPLC Cation Exchange

Recommendations for glyemic targets

- Ø Patients should use self-monitoring of blood glucose (SMBG) and HbA1c levels to assess glyemic 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 glyemic control.
 - Ø If a patient changes treatment plans or does not meet his or her glyemic 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

ALKALINE PHOSPHATASE (Method:IFCC standardization)	129	46-116	U/L
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LIPID PROFILE , GEL SERUM			
CHOLESTEROL-TOTAL (Method:Enzymatic)	157	Desirable: < 200 mg/dL Borderline high: 200-239 mg/dL High: > or =240 mg/dL	mg/dL
TRIGLYCERIDES (Method:GPO-Trinder)	107	Normal:: < 150, BorderlineHigh::150-199, High:: 200-499, VeryHigh::>500	mg/dL
HDL CHOLESTEROL (Method:Elimination/catalase)	34	< 40 - Low 40-59- Optimum 60 - High	mg/dl
LDL CHOLESTEROL DIRECT (Method:Elimination / Catalase)	119	OPTIMAL : <100 mg/dL, Near optimal/ above optimal : 100-	mg/dL

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DEPARTMENT OF BIOCHEMISTRY

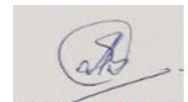
Test Name	Result	Bio Ref. Interval	Unit
VLDL (Method:Calculated)	4	129 mg/dL, Borderline high : 130-159 mg/dL, High : 160-189 mg/dL, Very high : >=190 mg/dL < 40 mg/dl	mg/dl
CHOL HDL Ratio (Method:Calculated)	4.6	LOW RISK 3.3-4.4 AVERAGE RISK 4.47-7.1 MODERATE RISK 7.1-11.0 HIGH RISK >11.0	

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.

TOTAL PROTEIN [BLOOD] ALB:GLO RATIO , .			
TOTAL PROTEIN (Method:BIURET METHOD)	7.20	5.7-8.2 g/dL	g/dL
ALBUMIN (Method:BCG Dye Binding)	4.2	3.2-4.8 g/dL	g/dL
GLOBULIN (Method:Calculated)	3.00	1.8-3.2	g/dl
AG Ratio (Method:Calculated)	1.40	1.0-2.5	

URIC ACID, URINE, SPOT URINE			
URIC ACID, SPOT URINE (Method:URICASE)	55.00	37-92 mg/dL	mg/dL

*** End Of Report ***



Dr. Sudeshna Baral
M.B.B.S MD.
(Biochemistry)
(Consultant Biochemist)
Reg No. WBMC 64124



Lab No.	: BLG/23-03-2024/SR8904859	Lab Add.	: Newtown,Kolkata-700156
Patient Name	: GOKUL NAIDU	Ref Dr.	: Dr.MEDICAL OFFICER
Age	: 42 Y 10 M 20 D	Collection Date	: 23/Mar/2024 10:29AM
Gender	: M	Report Date	: 23/Mar/2024 02:25PM



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)	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.

CBC WITH PLATELET (THROMBOCYTE) COUNT , EDTA WHOLE BLOOD			
HEMOGLOBIN (Method:PHOTOMETRIC)	15.0	13 - 17	g/dL
WBC (Method:DC detection method)	8.4	4 - 10	*10 ³ /μL
RBC (Method:DC detection method)	5.01	4.5 - 5.5	*10 ⁶ /μL
PLATELET (THROMBOCYTE) COUNT (Method:DC detection method/Microscopy)	228	150 - 450*10 ³	*10 ³ /μL
<u>DIFFERENTIAL COUNT</u>			
NEUTROPHILS (Method:Flowcytometry/Microscopy)	58	40 - 80 %	%
LYMPHOCYTES (Method:Flowcytometry/Microscopy)	31	20 - 40 %	%
MONOCYTES (Method:Flowcytometry/Microscopy)	08	2 - 10 %	%
EOSINOPHILS (Method:Flowcytometry/Microscopy)	02	1 - 6 %	%
BASOPHILS (Method:Flowcytometry/Microscopy)	01	0-0.9%	%
<u>CBC SUBGROUP</u>			
HEMATOCRIT / PCV (Method:Calculated)	45.0	40 - 50 %	%
MCV (Method:Calculated)	89.9	83 - 101 fl	fl
MCH (Method:Calculated)	29.9	27 - 32 pg	pg
MCHC (Method:Calculated)	33.3	31.5-34.5 gm/dl	gm/dl
RDW - RED CELL DISTRIBUTION WIDTH (Method:Calculated)	14.6	11.6-14%	%
PDW-PLATELET DISTRIBUTION WIDTH (Method:Calculated)	17.1	8.3 - 25 fL	fL
MPV-MEAN PLATELET VOLUME (Method:Calculated)	9.8	7.5 - 11.5 fl	fl

*** End Of Report ***

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Gender	: M	Report Date	: 23/Mar/2024 02:25PM



DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Bio Ref. Interval	Unit
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DR. NEHA GUPTA
MD, DNB (Pathology)
Consultant Pathologist
Reg No. WBMC 65104



Lab No.	: BLG/23-03-2024/SR8904859	Lab Add.	: Newtown,Kolkata-700156
Patient Name	: GOKUL NAIDU	Ref Dr.	: Dr.MEDICAL OFFICER
Age	: 42 Y 10 M 20 D	Collection Date	: 23/Mar/2024 10:29AM
Gender	: M	Report Date	: 23/Mar/2024 03:00PM



DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Bio Ref. Interval	Unit
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ESR (ERYTHROCYTE SEDIMENTATION RATE) , EDTA WHOLE BLOOD			
1stHour (Method:Westergren)	35	0.00 - 20.00 mm/hr	mm/hr

*** End Of Report ***

Bidisha Chakraborty

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

Lab No. : BLG/23-03-2024/SR8904859
Patient Name : GOKUL NAIDU
Age : 42 Y 10 M 20 D
Gender : M

Lab Add. :
Ref Dr. : Dr.MEDICAL OFFICER
Collection Date :
Report Date : 23/Mar/2024 09:35PM



DEPARTMENT OF X-RAY

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

FINDINGS :

Bilateral lung fields appear unremarkable.
No abnormal lucency or opacity seen
Bilateral hilum appear normal in size, density and location.
Cardiac shadow appears normal.
Dome of both hemi-diaphragm are normal in position and contour.
Both cardiophrenic and costophrenic angle appears normal.
Bony thorax appears normal.

IMPRESSION -

No significant abnormality

*** End Of Report ***

Dr. Deoyani Sarjare
MBBS, MD, DNB, Radiology
MMC 2010|05|1951



Lab No.	: BLG/23-03-2024/SR8904859	Lab Add.	: Newtown,Kolkata-700156
Patient Name	: GOKUL NAIDU	Ref Dr.	: Dr.MEDICAL OFFICER
Age	: 42 Y 10 M 20 D	Collection Date	: 23/Mar/2024 10:46AM
Gender	: M	Report Date	: 23/Mar/2024 02:43PM



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))	1.015	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))	PRESENT(+)	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)	0-1	0-5	/hpf
EPITHELIAL CELLS (Method:Microscopy)	0-1	0-5	/hpf
RED BLOOD CELLS (Method:Microscopy)	2-3	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:

- 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.
- 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.
- 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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Age	: 42 Y 10 M 20 D	Collection Date	: 23/Mar/2024 10:46AM
Gender	: M	Report Date	: 23/Mar/2024 02:43PM



DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Bio Ref. Interval	Unit
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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. : BLG/23-03-2024/SR8904859
Patient Name : GOKUL NAIDU
Age : 42 Y 10 M 20 D
Gender : M

Lab Add. :
Ref Dr. : Dr.MEDICAL OFFICER
Collection Date :
Report Date : 23/Mar/2024 03:34PM



DEPARTMENT OF CARDIOLOGY

E.C.G. REPORT

DATA		
HEART RATE	75	Bpm
PR INTERVAL	152	Ms
QRS DURATION	82	Ms
QT INTERVAL	384	Ms
QTC INTERVAL	413	Ms
AXIS		
P WAVE	68	Degree
QRS WAVE	40	Degree
T WAVE	39	Degree
IMPRESSION	:	Normal sinus rhythm, within normal limits.

Siddhartha Chakrabarty

Dr. Siddhartha Chakrabarty
MD (Medicine) Cardiologist
Reg. No. 42567

Patient Data

Sample ID: D02135572027
 Patient ID: SR8904859
 Name: GOKUL NAIDU
 Physician:
 Sex: M
 DOB:

Analysis Data

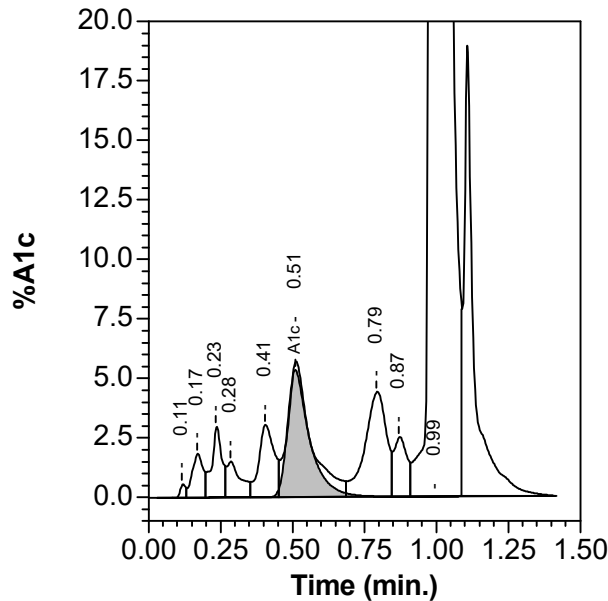
Analysis Performed: 23/MAR/2024 14:58:45
 Injection Number: 10741
 Run Number: 136
 Rack ID:
 Tube Number: 6
 Report Generated: 23/MAR/2024 15:08:17
 Operator ID: ASIT

Comments:

Peak Name	NGSP %	Area %	Retention Time (min)	Peak Area
Unknown	---	0.1	0.115	3072
A1a	---	0.7	0.167	20386
A1b	---	1.1	0.232	31189
F	---	0.8	0.282	20907
LA1c	---	1.8	0.405	48909
A1c	5.3	---	0.509	120548
P3	---	3.5	0.791	94428
P4	---	1.2	0.869	32704
Ao	---	86.4	0.993	2363453

Total Area: 2,735,595

HbA1c (NGSP) = 5.3 % HbA1c (IFCC) = 35 mmol/mol





Lab No.	: BLG/23-03-2024/SR8904896	Lab Add.	: Newtown,Kolkata-700156
Patient Name	: SHRADDHA NAIDU	Ref Dr.	: Dr.MEDICAL OFFICER
Age	: 39 Y 2 M 14 D	Collection Date	: 23/Mar/2024 10:41AM
Gender	: F	Report Date	: 23/Mar/2024 03:25PM



DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
ALKALINE PHOSPHATASE , GEL SERUM (Method:IFCC standardization)	94	46-116	U/L
BILIRUBIN (DIRECT) (Method:Vanadate oxidation)	0.10	<0.2	mg/dL
SGPT/ALT (Method:Modified IFCC)	35	7-40	U/L
SODIUM,BLOOD (Method:ISE INDIRECT)	138	132 - 146	mEq/L
CHLORIDE,BLOOD (Method:ISE INDIRECT)	105	99-109	mEq/L
CREATININE, BLOOD (Method:Jaffe, alkaline picrate, kinetic)	0.77	0.5-1.1	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.

URIC ACID,BLOOD (Method:Uricase/Peroxidase)	5.60	2.6-6.0	mg/dL
POTASSIUM,BLOOD (Method:ISE INDIRECT)	5.00	3.5-5.5	mEq/L
SGOT/AST (Method:Modified IFCC)	21	13-40	U/L
PHOSPHORUS-INORGANIC,BLOOD (Method:Phosphomolybdate/UV)	3.4	2.4-5.1 mg/dL	mg/dL
BILIRUBIN (TOTAL) , GEL SERUM BILIRUBIN (TOTAL) (Method:Vanadate oxidation)	0.30	0.3-1.2	mg/dL
UREA,BLOOD (Method:Urease with GLDH)	21.4	19-49	mg/dL
CALCIUM,BLOOD (Method:Arsenazo III)	9.20	8.7-10.4	mg/dL

*** End Of Report ***



Lab No.	: BLG/23-03-2024/SR8904896	Lab Add.	: Newtown,Kolkata-700156
Patient Name	: SHRADDHA NAIDU	Ref Dr.	: Dr.MEDICAL OFFICER
Age	: 39 Y 2 M 14 D	Collection Date	: 23/Mar/2024 10:41AM
Gender	: F	Report Date	: 23/Mar/2024 03:25PM



DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
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Dr NEEPA CHOWDHURY
MBBS MD (Biochemistry)
Consultant Biochemist
Reg No. WBMC 62456



Lab No.	: BLG/23-03-2024/SR8904896	Lab Add.	: Newtown,Kolkata-700156
Patient Name	: SHRADDHA NAIDU	Ref Dr.	: Dr.MEDICAL OFFICER
Age	: 39 Y 2 M 14 D	Collection Date	: 23/Mar/2024 10:41AM
Gender	: F	Report Date	: 23/Mar/2024 05:50PM



DEPARTMENT OF BIOCHEMISTRY


Test Name	Result	Bio Ref. Interval	Unit
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URIC ACID, URINE, SPOT URINE			
URIC ACID, SPOT URINE (Method:URICASE)	17.00	37-92 mg/dL	mg/dL
ESTIMATED TWICE			

LIPID PROFILE , GEL SERUM			
CHOLESTEROL-TOTAL (Method:Enzymatic)	214	Desirable: < 200 mg/dL Borderline high: 200-239 mg/dL High: > or =240 mg/dL	mg/dL
TRIGLYCERIDES (Method:GPO-Trinder)	101	Normal:: < 150, BorderlineHigh::150-199, High:: 200-499, VeryHigh::>500	mg/dL
HDL CHOLESTEROL (Method:Elimination/catalase)	40	< 40 - Low 40-59- Optimum 60 - High	mg/dl
LDL CHOLESTEROL DIRECT (Method:Elimination / Catalase)	170	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)	4	< 40 mg/dl	mg/dl
CHOL HDL Ratio (Method:Calculated)	5.4	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.

*** End Of Report ***


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



Lab No.	: BLG/23-03-2024/SR8904896	Lab Add.	: Newtown,Kolkata-700156
Patient Name	: SHRADDHA NAIDU	Ref Dr.	: Dr.MEDICAL OFFICER
Age	: 39 Y 2 M 14 D	Collection Date	: 23/Mar/2024 10:41AM
Gender	: F	Report Date	: 23/Mar/2024 03:28PM

**DEPARTMENT OF BIOCHEMISTRY**

Test Name	Result	Bio Ref. Interval	Unit
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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)	4.4	3.2-4.8 g/dL	g/dL
GLOBULIN (Method:Calculated)	3.30	1.8-3.2	g/dl
AG Ratio (Method:Calculated)	1.33	1.0-2.5	

THYROID PANEL (T3, T4, TSH) , GEL SERUM			
T3-TOTAL (TRI IODOTHYRONINE) (Method:CLIA)	0.80	0.60-1.81 ng/ml	ng/ml
T4-TOTAL (THYROXINE) (Method:CLIA)	7.5	3.2-12.6	µg/dL
TSH (THYROID STIMULATING HORMONE) (Method:CLIA)	4.788	0.55-4.78	µIU/mL

Suggested follow up with ft4 report and to correlate clinically.

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.

GLYCATED HAEMOGLOBIN (HBA1C) , EDTA WHOLE BLOOD			
GLYCATED HEMOGLOBIN (HBA1C)	5.8	***FOR BIOLOGICAL REFERENCE INTERVAL DETAILS , PLEASE REFER TO THE BELOW MENTIONED REMARKS/NOTE WITH ADDITIONAL CLINICAL	%

Lab No. : BLG/23-03-2024/SR8904896

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Lab No.	: BLG/23-03-2024/SR8904896	Lab Add.	: Newtown,Kolkata-700156
Patient Name	: SHRADDHA NAIDU	Ref Dr.	: Dr.MEDICAL OFFICER
Age	: 39 Y 2 M 14 D	Collection Date	: 23/Mar/2024 10:41AM
Gender	: F	Report Date	: 23/Mar/2024 03:28PM



DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
HbA1c (IFCC) (Method:HPLC)	40.0	INFORMATION ***	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

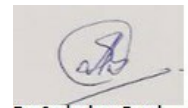
Recommendations for glycemc targets

- 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.	: BLG/23-03-2024/SR8904896	Lab Add.	: Newtown,Kolkata-700156
Patient Name	: SHRADDHA NAIDU	Ref Dr.	: Dr.MEDICAL OFFICER
Age	: 39 Y 2 M 14 D	Collection Date	: 23/Mar/2024 10:41AM
Gender	: F	Report Date	: 23/Mar/2024 03:44PM



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)	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 *****

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



Lab No.	: BLG/23-03-2024/SR8904896	Lab Add.	: Newtown,Kolkata-700156
Patient Name	: SHRADDHA NAIDU	Ref Dr.	: Dr.MEDICAL OFFICER
Age	: 39 Y 2 M 14 D	Collection Date	: 23/Mar/2024 10:41AM
Gender	: F	Report Date	: 23/Mar/2024 02:18PM



DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Bio Ref. Interval	Unit
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ESR (ERYTHROCYTE SEDIMENTATION RATE) , EDTA WHOLE BLOOD			
1stHour (Method:Westergren)	57	0.00 - 20.00 mm/hr	mm/hr

CBC WITH PLATELET (THROMBOCYTE) COUNT , EDTA WHOLE BLOOD			
HEMOGLOBIN (Method:PHOTOMETRIC)	10.9	12 - 15	g/dL
WBC (Method:DC detection method)	9.9	4 - 10	*10 ³ /μL
RBC (Method:DC detection method)	4.43	3.8 - 4.8	*10 ⁶ /μL
PLATELET (THROMBOCYTE) COUNT (Method:DC detection method/Microscopy)	352	150 - 450*10 ³	*10 ³ /μL
DIFFERENTIAL COUNT			
NEUTROPHILS (Method:Flowcytometry/Microscopy)	73	40 - 80 %	%
LYMPHOCYTES (Method:Flowcytometry/Microscopy)	19	20 - 40 %	%
MONOCYTES (Method:Flowcytometry/Microscopy)	06	2 - 10 %	%
EOSINOPHILS (Method:Flowcytometry/Microscopy)	02	1 - 6 %	%
BASOPHILS (Method:Flowcytometry/Microscopy)	00	0-0.9%	%
CBC SUBGROUP			
HEMATOCRIT / PCV (Method:Calculated)	34.2	36 - 46 %	%
MCV (Method:Calculated)	77.1	83 - 101 fl	fl
MCH (Method:Calculated)	24.6	27 - 32 pg	pg
MCHC (Method:Calculated)	31.9	31.5-34.5 gm/dl	gm/dl
RDW - RED CELL DISTRIBUTION WIDTH (Method:Calculated)	16.1	11.6-14%	%
PDW-PLATELET DISTRIBUTION WIDTH (Method:Calculated)	21.7	8.3 - 25 fL	fL
MPV-MEAN PLATELET VOLUME (Method:Calculated)	11.2	7.5 - 11.5 fl	

*** End Of Report ***

Bidisha Chakraborty

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

Lab No.	: BLG/23-03-2024/SR8904896	Lab Add.	:
Patient Name	: SHRADDHA NAIDU	Ref Dr.	: Dr.MEDICAL OFFICER
Age	: 39 Y 2 M 14 D	Collection Date	:
Gender	: F	Report Date	: 23/Mar/2024 09:17PM



DEPARTMENT OF X-RAY

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

FINDINGS :

Rotation+

Bilateral lung fields appear unremarkable.

No abnormal lucency or opacity seen

Bilateral hilum appear normal in size, density and location.

Cardiac shadow appears mildly enlarged.

Dome of both hemi-diaphragm are normal in position and contour.

Both cardiophrenic and costophrenic angle appears normal.

Bony thorax appears normal.

IMPRESSION -

Mild cardiomegaly.

*** End Of Report ***

Dr. Deoyani Sarjare
MBBS, MD, DNB, Radiology
MMC 2010|05|1951



Lab No.	: BLG/23-03-2024/SR8904896	Lab Add.	: Newtown,Kolkata-700156
Patient Name	: SHRADDHA NAIDU	Ref Dr.	: Dr.MEDICAL OFFICER
Age	: 39 Y 2 M 14 D	Collection Date	: 23/Mar/2024 10:42AM
Gender	: F	Report Date	: 23/Mar/2024 02:35PM



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))	7.0	4.6 - 8.0
SPECIFIC GRAVITY (Method:Dipstick (ion concentration method))	1.005	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)	0-1	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:

- 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.
- 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.
- Contamination from perineum and vaginal discharge should be avoided during collection, which may falsely elevate epithelial cell count and show presence of bacteria

Lab No. : BLG/23-03-2024/SR8904896

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Lab No.	: BLG/23-03-2024/SR8904896	Lab Add.	: Newtown,Kolkata-700156
Patient Name	: SHRADDHA NAIDU	Ref Dr.	: Dr.MEDICAL OFFICER
Age	: 39 Y 2 M 14 D	Collection Date	: 23/Mar/2024 10:42AM
Gender	: F	Report Date	: 23/Mar/2024 02:35PM



DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Bio Ref. Interval	Unit
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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. : BLG/23-03-2024/SR8904896
Patient Name : SHRADDHA NAIDU
Age : 39 Y 2 M 14 D
Gender : F

Lab Add. :
Ref Dr. : Dr.MEDICAL OFFICER
Collection Date :
Report Date : 23/Mar/2024 03:38PM



DEPARTMENT OF CARDIOLOGY

E.C.G. REPORT

DATA		
HEART RATE	77	Bpm
PR INTERVAL	152	Ms
QRS DURATION	87	Ms
QT INTERVAL	361	Ms
QTC INTERVAL	393	Ms
AXIS		
P WAVE	49	Degree
QRS WAVE	46	Degree
T WAVE	-9	Degree

IMPRESSION

Sinus rhythm
: Nonspecific T-changes

Siddhartha Chakrabarty

Dr. Siddhartha Chakrabarty
MD (Medicine) Cardiologist
Reg. No. 42567

Patient Data

Sample ID: D02135572016
 Patient ID: SR8904896
 Name: SHRADDHA NAIDU
 Physician:
 Sex: F
 DOB:

Analysis Data

Analysis Performed: 23/MAR/2024 15:05:17
 Injection Number: 10745
 Run Number: 136
 Rack ID:
 Tube Number: 10
 Report Generated: 23/MAR/2024 15:09:13
 Operator ID: ASIT

Comments:

Peak Name	NGSP %	Area %	Retention Time (min)	Peak Area
Unknown	---	0.1	0.115	3709
A1a	---	0.8	0.166	20334
A1b	---	1.2	0.233	28915
F	---	0.7	0.283	18697
LA1c	---	1.8	0.406	46256
A1c	5.8	---	0.509	119922
P3	---	3.4	0.789	85996
P4	---	1.2	0.868	31261
Ao	---	85.8	0.992	2146213

Total Area: 2,501,303

HbA1c (NGSP) = 5.8 % HbA1c (IFCC) = 40 mmol/mol

