

Lab No. : DUR/16-12-2023/SR8525651	Lab Add. : CITY CENTER, DURGAPUR PIN-713216
Patient Name : CHHEDIAL PRASAD VERMA	Ref Dr. : Dr.MEDICAL OFFICER
Age : 39 Y 8 M 29 D	Collection Date : 16/Dec/2023 09:17AM
Gender : M	Report Date : 16/Dec/2023 04:41PM



DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
BILIRUBIN (DIRECT) , GEL SERUM (Method:Diazotized DCA Method)	0.20	< 0.3	mg/dL
SGOT/AST (Method:IFCC Kinetic Method)	20	< 40	U/L
SODIUM,BLOOD (Method:ISE DIRECT)	142	136 - 145	mEq/L
POTASSIUM,BLOOD (Method:ISE DIRECT)	4.70	3.1-5.5 mEq/L	mEq/L
UREA,BLOOD (Method:UREASE-GLDH)	21.6	12.8-42.8	mg/dl
URIC ACID,BLOOD (Method:URICASE)	6.30	3.4 - 7.0	mg/dl
*GLYCATED HAEMOGLOBIN (HBA1C) , EDTA WHOLE BLOOD			
GLYCATED HEMOGLOBIN (HBA1C)	5.0	***FOR BIOLOGICAL REFERENCE INTERVAL DETAILS , PLEASE REFER TO THE BELOW MENTIONED REMARKS/NOTE WITH ADDITIONAL CLINICAL INFORMATION ***	%
HbA1c (IFCC) (Method:HPLC)	32.0		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 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](#)

*THYROID PANEL (T3, T4, TSH) , GEL SERUM			
T3-TOTAL (TRI IODOTHYRONINE)	1.20	0.9 - 2.2 ng/ml	ng/ml

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(Method:CLIA) T4-TOTAL (THYROXINE)	8.6	5.5-16 microgram/dl	5.5-16 microgram/dl
(Method:CLIA) TSH (THYROID STIMULATING HORMONE)	1.1	0.5-4.7	µIU/mL
(Method:CLIA)			

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>.*

SGPT/ALT (Method:IFCC Kinetic Method)	18	< 41	U/L
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CALCIUM,BLOOD (Method:ARSENazo III)	8.90	8.6 - 10.2 mg/dl	mg/dL
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GLUCOSE,PP (Method:GOD POD)	97*	(70 - 140 mg/dl)	
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The lower value of PPBG compared to that of FBG, may be interpreted having due regard to the history of the case with particular reference to Diabetes, If any including the time and dose of antidiabetic drug administered, if any.

*Note: Blood glucose level is maintained by a very complex integrated mechanism involving critical interplay of release of hormones and action of enzymes on key metabolic pathways resulting in a smooth transition normally from a high level of glucose influx following meal / glucose intake to a basal level after 2 – 3 hrs or so. Excluding alimentary hypoglycaemia, renal glycosuria, hereditary fructose intolerance and Galactosemia, the possible causes of post prandial reactive hypoglycaemia (PRH) include high insulin sensitivity, exaggerated response of insulin and glucagon like peptide 1 (GLP-1), defects in counter-regulation, very lean and/or anxious individuals, after massive weight reduction etc

*BILIRUBIN (TOTAL) , GEL SERUM			
BILIRUBIN (TOTAL) (Method:Diazotized DCA Method)	0.70	< 1.2	mg/dL

GLUCOSE,FASTING (Method:GOD POD)	103	(70 - 110 mg/dl)	mg/dL
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ALKALINE PHOSPHATASE (Method:AMP)	95	53-128 U/L	U/L
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CREATININE, BLOOD (Method:ENZYMATIC)	0.63	0.70 - 1.3 mg/dl	mg/dL
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*TOTAL PROTEIN [BLOOD] ALB:GLO RATIO , .			
TOTAL PROTEIN (Method:BIURET METHOD)	7.20	6.6 - 8.7	g/dL

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
ALBUMIN (Method:BCG)	4.4	3.5-5.2 g/dl	g/dl
GLOBULIN (Method:Calculated)	2.80	1.8-3.2	g/dl
AG Ratio (Method:Calculated)	1.57	1.0 - 2.5	

CHLORIDE,BLOOD (Method:ISE DIRECT)	102	98 - 107	mEq/L
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*LIPID PROFILE , GEL SERUM			
CHOLESTEROL-TOTAL (Method:CHOD PAP Method)	<u>247</u>	Desirable: < 200 mg/dL Borderline high: 200-239 High: > or =240 mg/dL	mg/dL
TRIGLYCERIDES (Method:GPO-PAP)	<u>1,122</u>	NORMAL < 150 BORDERLINE HIGH 150-199 HIGH 200-499 VERY HIGH > 500	mg/dL
ESTIMATED TWICE WITH DILUTION.			
HDL CHOLESTEROL (Method:DIRECT METHOD)	60	35.3-79.5 mg/dl	mg/dL
LDL CHOLESTEROL DIRECT (Method:Direct Method)	<u>115</u>	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)	<u>72</u>	< 40 mg/dl	mg/dL
CHOL HDL Ratio (Method:Calculated)	4.1	LOW RISK 3.3-4.4 AVERAGE RISK 4.47-7.1 MODERATE RISK 7.1-11.0 HIGH RISK >11.0	

ESTIMATED TWICE

KINDLY CORRELATE WITH CLINICAL AND DIETARY HISTORY

PLEASE REPEAT SAMPLE , IF CLINICALLY INDICATED

*** End Of Report ***

Dr Sayak Biswas
MBBS, MD
Consultant Pathologist

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DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Bio Ref. Interval	Unit
*CBC WITH PLATELET (THROMBOCYTE) COUNT , EDTA WHOLE BLOOD			
HEMOGLOBIN (Method:PHOTOMETRIC)	14.5	13 - 17	g/dL
WBC (Method:DC detection method)	4.2	4 - 10	*10 ³ /μL
RBC (Method:DC detection method)	4.78	4.5 - 5.5	*10 ⁶ /μL
PLATELET (THROMBOCYTE) COUNT (Method:DC detection method/Microscopy)	136	150 - 450*10 ³	*10 ³ /μL
<u>DIFFERENTIAL COUNT</u>			
NEUTROPHILS (Method:Flowcytometry/Microscopy)	50	40 - 80 %	%
LYMPHOCYTES (Method:Flowcytometry/Microscopy)	44	20 - 40 %	%
MONOCYTES (Method:Flowcytometry/Microscopy)	05	2 - 10 %	%
EOSINOPHILS (Method:Flowcytometry/Microscopy)	01	1 - 6 %	%
BASOPHILS (Method:Flowcytometry/Microscopy)	00	0-0.9%	%
<u>CBC SUBGROUP</u>			
HEMATOCRIT / PCV (Method:Calculated)	42.8	40 - 50 %	%
MCV (Method:Calculated)	89.6	83 - 101 fl	fl
MCH (Method:Calculated)	30.3	27 - 32 pg	pg
MCHC (Method:Calculated)	33.8	31.5-34.5 gm/dl	gm/dl
RDW - RED CELL DISTRIBUTION WIDTH (Method:Calculated)	15.1	11.6-14%	%
PDW-PLATELET DISTRIBUTION WIDTH (Method:Calculated)	28.5	8.3 - 25 fL	fL
MPV-MEAN PLATELET VOLUME (Method:Calculated)	13.5	7.5 - 11.5 fl	

*ESR (ERYTHROCYTE SEDIMENTATION RATE) , EDTA WHOLE BLOOD			
1stHour (Method:Westergren)	15	0.00 - 20.00 mm/hr	mm/hr

*** End Of Report ***

Dr Sayak Biswas
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Consultant Pathologist



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Age	: 39 Y 8 M 29 D	Collection Date	: 16/Dec/2023 09:16AM
Gender	: M	Report Date	: 16/Dec/2023 07:16PM



DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Bio Ref. Interval	Unit
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 ***

MD (PATHOLOGY)
CONSULTANT PATHOLOGIST

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Gender	: M	Report Date	: 16/Dec/2023 10:42AM



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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Gender : M	Report Date : 16/Dec/2023 04:07PM



DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Bio Ref. Interval	Unit
*URINE ROUTINE ALL, ALL , URINE			
<u>PHYSICAL EXAMINATION</u>			
COLOUR	PALE YELLOW		
APPEARANCE	CLEAR		
<u>CHEMICAL EXAMINATION</u>			
pH (Method:Dipstick (triple indicator method))	7.0	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))	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)	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:

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 ***

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Gender : M
Lab Add. :
Ref Dr. : Dr.MEDICAL OFFICER
Collection Date :
Report Date : 16/Dec/2023 12:56PM



DEPARTMENT OF CARDIOLOGY
REPORT OF E.C.G.

DATA		
HEART RATE	75	Bpm
PR INTERVAL	140	Ms
QRS DURATION	80	Ms
QT INTERVAL	330	Ms
QTC INTERVAL	371	Ms
AXIS		
P WAVE	48	Degree
QRS WAVE	42	Degree
T WAVE	30	Degree
IMPRESSION	:	Sinus rhythm within normal limit.

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

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