Lab No.	: SRE/27-11-2023/SR8451310	**Lab Add.**	: Newtown,Kolkata-700156
Patient Name	: DIPANKAR DAS	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	: 30 Y 0 M 0 D	**Collection Date**	: 27/Nov/2023 09:51AM
Gender	: M	Report Date	: 27/Nov/2023 01:36PM

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
ALKALINE PHOSPHATASE , *GEL SERUM* (Method:IFCC standardization)	83	46-116	U/L
SGOT/AST (Method:Modified IFCC)	39	13-40	U/L
POTASSIUM,BLOOD (Method:ISE INDIRECT)	4.10	3.5-5.5	mEq/L
UREA,BLOOD (Method:Urease with GLDH)	19.3	19-49	mg/dL
GLUCOSE,FASTING (Method:Gluc Oxidase Trinder)	79	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)	**7.80**	3.5-7.2	mg/dL

THYROID PANEL (T3, T4, TSH) , *GEL SERUM*			
T3-TOTAL (TRI IODOTHYRONINE) (Method:CLIA)	1.17	0.60-1.81 ng/ml	ng/ml
T4-TOTAL (THYROXINE) (Method:CLIA)	10.1	3.2-12.6	µg/dL
TSH (THYROID STIMULATING HORMONE) (Method:CLIA)	4.336	0.55-4.78	µIU/mL

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:

1. 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.
2. 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:

Lab No.	: SRE/27-11-2023/SR8451310	**Lab Add.**	: Newtown,Kolkata-700156
Patient Name	: DIPANKAR DAS	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	: 30 Y 0 M 0 D	**Collection Date**	: 27/Nov/2023 09:51AM
Gender	: M	Report Date	: 27/Nov/2023 01:36PM

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit

1. *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*
2. *Kalra S, Agarwal S, Aggarwal R, Ranabir S. Trimester-specific thyroid-stimulating hormone: An indian perspective. Indian J Endocr Metab 2018;22:1-4.*

CREATININE, BLOOD (Method:Jaffe, alkaline picrate, kinetic)	0.84	0.7-1.3	mg/dL
PHOSPHORUS-INORGANIC,BLOOD (Method:Phosphomolybdate/UV)	2.6	2.4-5.1 mg/dL	mg/dL
SODIUM,BLOOD (Method:ISE INDIRECT)	143	132 - 146	mEq/L

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

Dr NEEPA CHOWDHURY
MBBS MD (Biochemistry)
Consultant Biochemist

Lab No.	: SRE/27-11-2023/SR8451310	**Lab Add.**	: Newtown,Kolkata-700156
Patient Name	: DIPANKAR DAS	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	: 30 Y 0 M 0 D	**Collection Date**	: 27/Nov/2023 09:51AM
Gender	: M	Report Date	: 27/Nov/2023 03:33PM

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
SGPT/ALT (Method:Modified IFCC)	**45**	7-40	U/L
URIC ACID, URINE, SPOT URINE			
URIC ACID, SPOT URINE (Method:URICASE) **ESTIMATED TWICE**	**17.00**	37-92 mg/dL	mg/dL

Suggested follow up.

To correlate clinically.

BILIRUBIN (TOTAL) , *GEL SERUM*			
BILIRUBIN (TOTAL) (Method:Vanadate oxidation)	**1.40**	0.3-1.2	mg/dL
CALCIUM,BLOOD (Method:Arsenazo III)	9.70	8.7-10.4 mg/dL	mg/dL
BILIRUBIN (DIRECT) (Method:Vanadate oxidation)	**0.30**	<0.2	mg/dL
TOTAL PROTEIN [BLOOD] ALB:GLO RATIO , .			
TOTAL PROTEIN (Method:BIURET METHOD)	8.10	5.7-8.2 g/dL	g/dL
ALBUMIN (Method:BCG Dye Binding)	4.6	3.2-4.8 g/dL	g/dL
GLOBULIN (Method:Calculated)	**3.50**	1.8-3.2	g/dl
AG Ratio (Method:Calculated)	1.31	1.0 - 2.5	
CHLORIDE,BLOOD (Method:ISE INDIRECT)	108	99-109	mEq/L
LIPID PROFILE , *GEL SERUM*			
CHOLESTEROL-TOTAL (Method:Enzymatic)	199	Desirable: < 200 mg/dL Borderline high: 200-239 mg/dL High: > or =240 mg/dL	mg/dL
TRIGLYCERIDES (Method:GPO-Trinder)	124	Normal:: < 150, BorderlineHigh::150-199, High:: 200-499, VeryHigh::>500	mg/dL
HDL CHOLESTEROL (Method:Elimination/catalase)	**37**	< 40 - Low 40-59- Optimum 60 - High	mg/dl
LDL CHOLESTEROL DIRECT (Method:Calculated)	**137**	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

Lab No.	**:** SRE/27-11-2023/SR8451310	**Lab Add.**	**:** Newtown,Kolkata-700156
Patient Name	: DIPANKAR DAS	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	**:** 30 Y 0 M 0 D	**Collection Date**	**:** 27/Nov/2023 09:51AM
Gender	**:** M	Report Date	**:** 27/Nov/2023 03:33PM

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
VLDL (Method:Calculated)	25	< 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.*

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

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_{12}/ 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 *****

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MC-2743

Lab No.	**:** SRE/27-11-2023/SR8451310	**Lab Add.**	**:** Newtown,Kolkata-700156
Patient Name	: DIPANKAR DAS	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	**:** 30 Y 0 M 0 D	**Collection Date**	**:** 27/Nov/2023 09:51AM
Gender	**:** M	Report Date	**:** 27/Nov/2023 03:33PM

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit

Dr. Sudeshna Baral
M.B.B.S MD.
(Biochemistry)
(Consultant Biochemist)

Lab No.	: SRE/27-11-2023/SR8451310	**Lab Add.**	: Newtown,Kolkata-700156
Patient Name	: DIPANKAR DAS	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	: 30 Y 0 M 0 D	**Collection Date**	: 27/Nov/2023 09:51AM
Gender	: M	Report Date	: 27/Nov/2023 05:33PM

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Bio Ref. Interval	Unit
ESR (ERYTHROCYTE SEDIMENTATION RATE) , *EDTA WHOLE BLOOD*			
1stHour (Method:Westergren)	15	0.00 - 20.00 mm/hr	mm/hr
CBC WITH PLATELET (THROMBOCYTE) COUNT , *EDTA WHOLE BLOOD*			
HEMOGLOBIN (Method:PHOTOMETRIC)	14.8	13 - 17	g/dL
WBC (Method:DC detection method)	8.4	4 - 10	*10^3/µL
RBC (Method:DC detection method)	4.97	4.5 - 5.5	*10^6/µL
PLATELET (THROMBOCYTE) COUNT (Method:DC detection method/Microscopy)	155	150 - 450*10^3	*10^3/µL
DIFFERENTIAL COUNT			
NEUTROPHILS (Method:Flowcytometry/Microscopy)	50	40 - 80 %	%
LYMPHOCYTES (Method:Flowcytometry/Microscopy)	36	20 - 40 %	%
MONOCYTES (Method:Flowcytometry/Microscopy)	05	2 - 10 %	%
EOSINOPHILS (Method:Flowcytometry/Microscopy)	**09**	1 - 6 %	%
BASOPHILS (Method:Flowcytometry/Microscopy)	00	0-0.9%	%
CBC SUBGROUP			
HEMATOCRIT / PCV (Method:Calculated)	43.2	40 - 50 %	%
MCV (Method:Calculated)	86.8	83 - 101 fl	fl
MCH (Method:Calculated)	29.7	27 - 32 pg	pg
MCHC (Method:Calculated)	34.3	31.5-34.5 gm/dl	gm/dl
RDW - RED CELL DISTRIBUTION WIDTH (Method:Calculated)	**14.9**	11.6-14%	%
PDW-PLATELET DISTRIBUTION WIDTH (Method:Calculated)	34.3	8.3 - 25 fL	fL
MPV-MEAN PLATELET VOLUME (Method:Calculated)	13.6	7.5 - 11.5 fl	
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.

Lab No.	**:** SRE/27-11-2023/SR8451310	**Lab Add.**	**:** Newtown,Kolkata-700156
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Age	**:** 30 Y 0 M 0 D	**Collection Date**	**:** 27/Nov/2023 09:51AM
Gender	**:** M	Report Date	**:** 27/Nov/2023 05:33PM

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Bio Ref. Interval	Unit

Historical records check not performed.

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

Kaushik Dey
MD (PATHOLOGY)
CONSULTANT PATHOLOGIST

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Lab No.	**:** SRE/27-11-2023/SR8451310	**Lab Add.**	**:**
Patient Name	: DIPANKAR DAS	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	**:** 30 Y 0 M 0 D	**Collection Date**	**:**
Gender	**:** M	Report Date	**:** 27/Nov/2023 03:51PM

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.

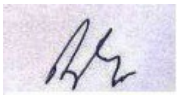
The cardio-thoracic ratio is normal.

Bony thorax reveals no definite abnormality.

IMPRESSION :

Normal study.

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



DR. BIPLAB KR. GHOSH
MD(CAL),RADIO-DIAGNOSIS

Lab No.	: SRE/27-11-2023/SR8451310	**Lab Add.**	: Newtown,Kolkata-700156
Patient Name	: DIPANKAR DAS	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	: 30 Y 0 M 0 D	**Collection Date**	: 27/Nov/2023 09:55AM
Gender	: M	Report Date	: 27/Nov/2023 06:11PM

DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Bio Ref. Interval	Unit
URINE ROUTINE ALL, ALL , *URINE*			
PHYSICAL EXAMINATION			
COLOUR	PALE YELLOW		
APPEARANCE	SLIGHTLY HAZY		
CHEMICAL EXAMINATION			
pH (Method:Dipstick (triple indicator method))	5.0	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)	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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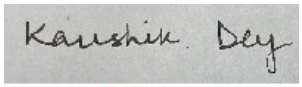
Patient Name	: DIPANKAR DAS	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	**:** 30 Y 0 M 0 D	**Collection Date**	**:** 27/Nov/2023 09:55AM
Gender	**:** M	Report Date	**:** 27/Nov/2023 06:11PM

DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Bio Ref. Interval	Unit

and/or yeast in the urine.

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



MD (PATHOLOGY)
CONSULTANT PATHOLOGIST

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Suraksha DIAGNOSTICS

Lab No.	: SRE/27-11-2023/SR8451310	**Lab Add.**	:
Patient Name	: DIPANKAR DAS	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	: 30 Y 0 M 0 D	**Collection Date**	:
Gender	: M	Report Date	: 27/Nov/2023 04:33PM

DEPARTMENT OF CARDIOLOGY

REPORT OF E.C.G.

DATA		
HEART RATE	67	Bpm
PR INTERVAL	132	Ms
QRS DURATION	104	Ms
QT INTERVAL	370	Ms
QTC INTERVAL	394	Ms
AXIS		
P WAVE	37	Degree
QRS WAVE	16	Degree
T WAVE	1	Degree

IMPRESSION :

Sinus rhythm.

Normal axis.

No significant ischemic changes.

Please correlate clinically.

DR. SUBHASISH BERA
MBBS (Cal), PGDCC
Reg. No: 59285(WBMC)

Suraksha Diagnostic Private Limited
E-mail: info@surakshanet.com | Website: www.surakshanet.com

SURAKSHA DIAGNOSTIC, RAJARHAT, KOLKATA. **PATIENT REPORT**

BIO-RAD VARIANT TURBO CDM 5.4 **s/n 15893** **V2TURBO_A1c_2.0**

Patient Data

Sample ID:	D02135369097
Patient ID:	SR8451310
Name:	
Physician:	
Sex:	
DOB:	

Comments:

Analysis Data

Analysis Performed:	27/11/2023 14:58:01
Injection Number:	696U
Run Number:	13
Rack ID:	0005
Tube Number:	3
Report Generated:	27/11/2023 15:11:39
Operator ID:	ASIT

Peak Name	NGSP %	Area %	Retention Time (min)	Peak Area
A1a	---	1.1	0.160	22108
A1b	---	0.9	0.227	19515
F	---	0.7	0.277	14864
LA1c	---	1.6	0.406	34163
A1c	5.2	---	0.515	89770
P3	---	3.3	0.791	68819
P4	---	1.1	0.872	24171
Ao	---	87.0	0.994	1829522

Total Area: 2,102,933

HbA1c (NGSP) = 5.2 % HbA1c (IFCC) = 34 mmol/mol