



Lab No.	: TLG/24-02-2024/SR8784776	Lab Add.	: Newtown,Kolkata-700156
Patient Name	: SRIA GOSWAMI	Ref Dr.	: Dr.MEDICAL OFFICER
Age	: 30 Y 0 M 0 D	Collection Date	: 24/Feb/2024 10:59AM
Gender	: F	Report Date	: 24/Feb/2024 02:41PM

**DEPARTMENT OF BIOCHEMISTRY**

Test Name	Result	Bio Ref. Interval	Unit
POTASSIUM,BLOOD , GEL SERUM (Method:ISE INDIRECT)	4.40	3.5-5.5	mEq/L
GLUCOSE,FASTING (Method:Gluc Oxidase Trinder)	84	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.

CALCIUM,BLOOD (Method:Arsenazo III)	10.00	8.7-10.4	mg/dL
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URIC ACID,BLOOD (Method:Uricase/Peroxidase)	3.50	2.6-6.0	mg/dL
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SODIUM,BLOOD (Method:ISE INDIRECT)	139	132 - 146	mEq/L
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THYROID PANEL (T3, T4, TSH) , GEL SERUM			
T3-TOTAL (TRI IODOTHYRONINE) (Method:CLIA)	1.04	0.60-1.81 ng/ml	ng/ml
T4-TOTAL (THYROXINE) (Method:CLIA)	8.6	3.2-12.6	µg/dL
TSH (THYROID STIMULATING HORMONE) (Method:CLIA)	2.795	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:

- 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>



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DEPARTMENT OF BIOCHEMISTRY

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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.

PHOSPHORUS-INORGANIC,BLOOD (Method:Phosphomolybdate/UV)	3.1	2.4-5.1 mg/dL	mg/dL
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CHLORIDE,BLOOD (Method:ISE INDIRECT)	106	99-109	mEq/L
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***** End Of Report *****

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



Lab No.	: TLG/24-02-2024/SR8784776	Lab Add.	: Newtown,Kolkata-700156
Patient Name	: SRIA GOSWAMI	Ref Dr.	: Dr.MEDICAL OFFICER
Age	: 30 Y 0 M 0 D	Collection Date	: 24/Feb/2024 10:44AM
Gender	: F	Report Date	: 24/Feb/2024 02:45PM



DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
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)	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 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. ANANNYA GHOSH
 MBBS, MD (Biochemistry)
 Consultant Biochemist
 Reg No. WBM 73007



Lab No.	: TLG/24-02-2024/SR8784776	Lab Add.	: Newtown,Kolkata-700156
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Age	: 30 Y 0 M 0 D	Collection Date	: 24/Feb/2024 10:59AM
Gender	: F	Report Date	: 24/Feb/2024 03:04PM



DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
UREA,BLOOD (Method:Urease with GLDH)	15.0	19-49	mg/dL

LIPID PROFILE , GEL SERUM			
CHOLESTEROL-TOTAL (Method:Enzymatic)	168	Desirable: < 200 mg/dL Borderline high: 200-239 mg/dL High: > or =240 mg/dL	mg/dL
TRIGLYCERIDES (Method:GPO-Trinder)	74	Normal: < 150, BorderlineHigh::150-199, High:: 200-499, VeryHigh::>500	mg/dL
HDL CHOLESTEROL (Method:Elimination/catalase)	65	< 40 - Low 40-59- Optimum 60 - High	mg/dl
LDL CHOLESTEROL DIRECT (Method:Elimination / Catalase)	80	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)	23	< 40 mg/dl	mg/dl
CHOL HDL Ratio (Method:Calculated)	2.6	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.

CREATININE, BLOOD (Method:Jaffe, alkaline picrate, kinetic)	0.48	0.5-1.1	mg/dL
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Correlate clinically.

Suggested follow up.

TOTAL PROTEIN [BLOOD] ALB:GLO RATIO , .			
TOTAL PROTEIN (Method:BIURET METHOD)	7.60	5.7-8.2 g/dL	g/dL
ALBUMIN (Method:BCG Dye Binding)	4.8	3.2-4.8 g/dL	g/dL
GLOBULIN (Method:Calculated)	2.80	1.8-3.2	g/dl
AG Ratio (Method:Calculated)	1.71	1.0-2.5	

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

Lab No. : TLG/24-02-2024/SR8784776

Page 4 of 12

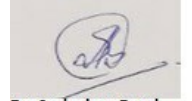


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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
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Dr. Sudeshna Baral
M.B.B.S MD.
(Biochemistry)
(Consultant Biochemist)
Reg No. WBMC 64124



Lab No.	: TLG/24-02-2024/SR8784776	Lab Add.	: Newtown,Kolkata-700156
Patient Name	: SRIA GOSWAMI	Ref Dr.	: Dr.MEDICAL OFFICER
Age	: 30 Y 0 M 0 D	Collection Date	: 24/Feb/2024 10:43AM
Gender	: F	Report Date	: 24/Feb/2024 02:27PM



DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Bio Ref. Interval	Unit
CBC WITH PLATELET (THROMBOCYTE) COUNT , EDTA WHOLE BLOOD			
HEMOGLOBIN (Method:PHOTOMETRIC)	13.2	12 - 15	g/dL
WBC (Method:DC detection method)	5.5	4 - 10	*10 ³ /μL
RBC (Method:DC detection method)	4.68	3.8 - 4.8	*10 ⁶ /μL
PLATELET (THROMBOCYTE) COUNT (Method:DC detection method/Microscopy)	209	150 - 450*10 ³	*10 ³ /μL
<u>DIFFERENTIAL COUNT</u>			
NEUTROPHILS (Method:Flowcytometry/Microscopy)	50	40 - 80 %	%
LYMPHOCYTES (Method:Flowcytometry/Microscopy)	40	20 - 40 %	%
MONOCYTES (Method:Flowcytometry/Microscopy)	07	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)	40.4	36 - 46 %	%
MCV (Method:Calculated)	86.2	83 - 101 fl	fl
MCH (Method:Calculated)	28.1	27 - 32 pg	pg
MCHC (Method:Calculated)	32.6	31.5-34.5 gm/dl	gm/dl
RDW - RED CELL DISTRIBUTION WIDTH (Method:Calculated)	14.8	11.6-14%	%
PDW-PLATELET DISTRIBUTION WIDTH (Method:Calculated)	27.4	8.3 - 25 fL	fL
MPV-MEAN PLATELET VOLUME (Method:Calculated)	12.9	7.5 - 11.5 fl	

BLOOD GROUP ABO+RH [GEL METHOD] , EDTA WHOLE BLOOD	
ABO (Method:Gel Card)	B
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.

ESR (ERYTHROCYTE SEDIMENTATION RATE) , EDTA WHOLE BLOOD			
1stHour (Method:Westergren)	08	0.00 - 20.00 mm/hr	mm/hr

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Gender	: F	Report Date	: 24/Feb/2024 02:27PM



DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Bio Ref. Interval	Unit
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*** End Of Report ***

MD (PATHOLOGY)
CONSULTANT PATHOLOGIST
Reg No. WBMC 66405

Lab No. : TLG/24-02-2024/SR8784776	Lab Add. : Newtown,Kolkata-700156
Patient Name : SRIA GOSWAMI	Ref Dr. : Dr.MEDICAL OFFICER
Age : 30 Y 0 M 0 D	Collection Date : 24/Feb/2024 10:37AM
Gender : F	Report Date : 26/Feb/2024 02:12PM



DEPARTMENT OF CYTOPATHOLOGY

PAP SMEAR REPORT

Lab No : P -697/24

Reporting System : The 2014 Bethesda System
Specimen : Conventional Cervical Pap Smear.

Specimen Adequacy : Satisfactory for evaluation :
 A satisfactory squamous component is present.
 Endocervical or transformation zone component : Absent.
 Obscuring elements : Absent.

General Categorization :
 Negative for Intraepithelial Lesion / Malignancy (NILM).

Non-Neoplastic Findings :
 Mild inflammation is noted in the background.

Organisms
 Fungal Organisms morphologically consistent with Candida species : Present.

INTERPRETATION / RESULTS : Negative for Intraepithelial Lesion / Malignancy (NILM).

*Note : Pap smear cytology is a screening procedure. Findings should be correlated with colposcopic/local examination and ancillary findings.
 As per current recommendation, women aged 30-65 years should be screened with both the HPV test and the Pap test, called "co-testing," as the preferred strategy. Screening with the Pap test alone every 3 years is still acceptable.*

Ancillary Testing – For HPV testing using PCR from the same sample (only in case of LBC) request should come within 15 days from the reporting date.

***Report relates to the item tested only.

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

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

Lab No.	: TLG/24-02-2024/SR8784776	Lab Add.	: Tollygunge
Patient Name	: SRIA GOSWAMI	Ref Dr.	: Dr.MEDICAL OFFICER
Age	: 30 Y 0 M 0 D	Collection Date	:
Gender	: F	Report Date	: 24/Feb/2024 06:44PM



DEPARTMENT OF RADIOLOGY
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 central. 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.

Not for medico legal purpose. This is only a Radiological Impression and not Diagnosis. Like all diagnostic modalities, X-ray Scan also has its limitations. Therefore, X-ray Scan report should be interpreted in correlation with clinical and pathological findings. Undisplaced fractures may be overlooked on Plain x-ray examination, further evaluation with CT or other relevant investigation may be recommended if there is clinical suspicion.

*** End Of Report ***


Dr Angshuman Gupta
MBBS, MD (Radiodiagnosis)
Regn no: 81273 (WBMC)

Lab No. : TLG/24-02-2024/SR8784776

Lab Add. : Tollygunge

Patient Name : SRIA GOSWAMI

Ref Dr. : Dr.MEDICAL OFFICER

Age : 30 Y 0 M 0 D

Collection Date :

Gender : F

Report Date : 24/Feb/2024 03:57PM



E.C.G. REPORT

DATA	
HEART RATE	70 Bpm
PR INTERVAL	119 Ms
QRS DURATION	89 Ms
QT INTERVAL	343 Ms
QTC INTERVAL	370 Ms
AXIS	
P WAVE	39 Degree
QRS WAVE	44 Degree
T WAVE	23 Degree
IMPRESSION	: Normal sinus rhythm, within normal limits.

*** End Of Report ***

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

Lab No.	: TLG/24-02-2024/SR8784776	Lab Add.	: Tollygunge
Patient Name	: SRIA GOSWAMI	Ref Dr.	: Dr.MEDICAL OFFICER
Age	: 30 Y 0 M 0 D	Collection Date	:
Gender	: F	Report Date	: 24/Feb/2024 11:35AM



DEPARTMENT OF ULTRASONOGRAPHY

REPORT ON EXAMINATION OF WHOLE ABDOMEN

LIVER

Liver is normal in size (13.2 cm) having normal shape, regular smooth outline. Parenchymal echogenicity of both lobes are normal. Intrahepatic biliary radicles are not dilated. Branches of portal veins and hepatic veins are normal.

PORTA

The appearance of porta is normal. Common bile duct is normal 0.51 cm in diameter, with no intraluminal pathology (Calculi/mass) could be detected at its visualised part. Portal vein is normal 1.02 cm in diameter at porta.

GALL BLADDER

Gall bladder is normal in size, shape. No intraluminal calculus or mass is seen. Gall bladder wall is normal in thickness. No pericholecystic fluid collection noted.

PANCREAS

Pancreas is normal in size, shape and contour. Parenchymal echogenicity is normal and homogeneous. No focal mass or calcification seen. No Calcular disease noted. Pancreatic duct is not dilated. No peri-pancreatic collection of fluid noted.

SPLEEN

Spleen is normal in size (7.8 cm). Homogenous and smooth echotexture without any focal lesion. Splenic vein at hilum appears normal. No definite collaterals could be detected.

KIDNEYS

Both kidneys are normal in shape, size (Rt. kidney 11.1 cm. & Lt. kidney 10.6 cm) axes & position. Cortical echogenicity appears normal maintaining corticomedullary differentiation. Margin is regular and cortical thickness is uniform. No calcular disease noted. No hydronephrotic changes detected.

URETER

Ureters are not dilated.

URINARY BLADDER

Urinary bladder is distended. Wall thickness appeared normal. No intraluminal pathology (calculi / mass) could be detected.

UTERUS

Uterus is elongated and normal in size and outline. Uterus measures 10.4 x 3.5 x 5.1 cm. Myometrial echotexture is homogenous. Endometrial thickness 0.87 cm.

OVARIES

Both ovaries bulky in size with normal in shape and echotexture. 1.46 cm dominant follicle seen in left ovary.

Right ovary measures 3.1 x 1.6 x 3.7 cm, 10 cc

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Left ovary measures 4.0 x 2.0 x 3.8 cm, 16 cc

ADNEXAE

No abnormal mass seen.

IMPRESSION

- Bilateral bulky ovaries.

**** *Suggested clinical correlation and further needful investigations.*

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.

Dr. Tanvi Priyam
MBBS, MD Radio-Diagnosis
WB 81485

Patient Data

Sample ID: D02132554487
 Patient ID: SR8784776
 Name: SRIA GOSWAMI
 Physician:
 Sex: F
 DOB:

Analysis Data

Analysis Performed: 02/24/2024 14:35:21
 Injection Number: 8138
 Run Number: 199
 Rack ID: 0003
 Tube Number: 6
 Report Generated: 02/24/2024 14:40:48
 Operator ID: TRISHA

Comments:

Peak Name	NGSP %	Area %	Retention Time (min)	Peak Area
A1a	---	1.0	0.157	20522
A1b	---	0.8	0.222	17072
F	---	0.7	0.269	14891
LA1c	---	1.8	0.390	37719
A1c	5.3	---	0.493	91921
P3	---	3.3	0.773	69410
P4	---	1.2	0.855	25319
Ao	---	87.0	0.986	1854347

Total Area: 2,131,201

HbA1c (NGSP) = 5.3 % HbA1c (IFCC) = 34 mmol/mol

