



Lab No.	: MRD/27-01-2024/SR8672795	Lab Add.	: Newtown,Kolkata-700156
Patient Name	: SAYONARA SARKAR	Ref Dr.	: Dr.MEDICAL OFFICER
Age	: 28 Y 4 M 2 D	Collection Date	: 27/Jan/2024 07:57AM
Gender	: F	Report Date	: 27/Jan/2024 10:36AM

**DEPARTMENT OF BIOCHEMISTRY**

Test Name	Result	Bio Ref. Interval	Unit
PHOSPHORUS-INORGANIC,BLOOD , GEL SERUM (Method:Phosphomolybdate/UV)	4.1	2.4-5.1 mg/dL	mg/dL

THYROID PANEL (T3, T4, TSH) , GEL SERUM			
T3-TOTAL (TRI IODOTHYRONINE) (Method:CLIA)	0.71	0.60-1.81 ng/ml	ng/ml
T4-TOTAL (THYROXINE) (Method:CLIA)	8.7	3.2-12.6	µg/dL
TSH (THYROID STIMULATING HORMONE) (Method:CLIA)	2.207	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>
- Kalra S, Agarwal S, Aggarwal R, Ranabir S. Trimester-specific thyroid-stimulating hormone: An indian perspective. *Indian J Endocr Metab* 2018;22:1-4.

SODIUM,BLOOD (Method:ISE INDIRECT)	140	132 - 146	mEq/L
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CHLORIDE,BLOOD (Method:ISE INDIRECT)	106	99-109	mEq/L
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CREATININE, BLOOD (Method:Jaffe, alkaline picrate, kinetic)	0.65	0.5-1.1	mg/dL
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URIC ACID,BLOOD (Method:Uricase/Peroxidase)	4.30	2.6-6.0	mg/dL
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GLUCOSE,PP (Method:Gluc Oxidase Trinder)	100	Impaired Glucose Tolerance-140 to 199.~Diabetes>= 200.	mg/dL
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The test should be performed as described by the WHO, using a glucose load containing the equivalent of 75-g anhydrous glucose dissolved in



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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
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water.
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)	9.80	8.7-10.4	mg/dL
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POTASSIUM,BLOOD (Method:ISE INDIRECT)	4.80	3.5-5.5	mEq/L
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GLUCOSE,FASTING (Method:Gluc Oxidase Trinder)	90	Impaired Fasting-100-125 ~Diabetes- >= 126.~Fasting is defined as no caloric intake for at least 8 hours.	mg/dL
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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.

*** End Of Report ***

Dr NEEPA CHOWDHURY
MBBS MD (Biochemistry)
Consultant Biochemist



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Patient Name	: SAYONARA SARKAR	Ref Dr.	: Dr.MEDICAL OFFICER
Age	: 28 Y 4 M 2 D	Collection Date	: 27/Jan/2024 07:56AM
Gender	: F	Report Date	: 27/Jan/2024 11:21AM



DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
TOTAL PROTEIN [BLOOD] ALB:GLO RATIO , .			
TOTAL PROTEIN (Method:BIURET METHOD)	6.50	5.7-8.2 g/dL	g/dL
ALBUMIN (Method:BCG Dye Binding)	4.3	3.2-4.8 g/dL	g/dL
GLOBULIN (Method:Calculated)	2.20	1.8-3.2	g/dl
AG Ratio (Method:Calculated)	1.95	1.0-2.5	

UREA,BLOOD (Method:Urease with GLDH)	12.8	19-49	mg/dL
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LIPID PROFILE , GEL SERUM			
CHOLESTEROL-TOTAL (Method:Enzymatic)	162	Desirable: < 200 mg/dL Borderline high: 200-239 mg/dL High: > or =240 mg/dL	mg/dL
TRIGLYCERIDES (Method:GPO-Trinder)	73	Normal:: < 150, BorderlineHigh::150-199, High:: 200-499, VeryHigh::>500	mg/dL
HDL CHOLESTEROL (Method:Elimination/catalase)	58	< 40 - Low 40-59- Optimum 60 - High	mg/dl
LDL CHOLESTEROL DIRECT (Method:Elimination / Catalase)	92	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)	12	< 40 mg/dl	mg/dl
CHOL HDL Ratio (Method:Calculated)	2.8	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. ANANNYA GHOSH
MBBS, MD (Biochemistry)
Consultant Biochemist



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DEPARTMENT OF BIOCHEMISTRY

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Gender	: F	Report Date	: 27/Jan/2024 12:47PM



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)	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 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.

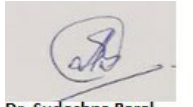
Result alterations in the estimation has been established in many circumstances, such as after acute/ chronic blood loss, for example, after surgery, blood transfusions, hemolytic anemia, or high erythrocyte turnover; vitamin B₁₂/ folate deficiency, presence of chronic renal or liver disease; after administration 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. Sudeshna Baral
 M.B.B.S MD.
 (Biochemistry)
 (Consultant Biochemist)



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Gender	: F	Report Date	: 27/Jan/2024 02:13PM



DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Bio Ref. Interval	Unit
CBC WITH PLATELET (THROMBOCYTE) COUNT , EDTA WHOLE BLOOD			
HEMOGLOBIN (Method:PHOTOMETRIC)	11.8	12 - 15	g/dL
WBC (Method:DC detection method)	5.8	4 - 10	*10 ³ /μL
RBC (Method:DC detection method)	3.91	3.8 - 4.8	*10 ⁶ /μL
PLATELET (THROMBOCYTE) COUNT (Method:DC detection method/Microscopy)	192	150 - 450*10 ³	*10 ³ /μL
<u>DIFFERENTIAL COUNT</u>			
NEUTROPHILS (Method:Flowcytometry/Microscopy)	57	40 - 80 %	%
LYMPHOCYTES (Method:Flowcytometry/Microscopy)	30	20 - 40 %	%
MONOCYTES (Method:Flowcytometry/Microscopy)	08	2 - 10 %	%
EOSINOPHILS (Method:Flowcytometry/Microscopy)	04	1 - 6 %	%
BASOPHILS (Method:Flowcytometry/Microscopy)	01	0-0.9%	%
<u>CBC SUBGROUP</u>			
HEMATOCRIT / PCV (Method:Calculated)	37.8	36 - 46 %	%
MCV (Method:Calculated)	96.5	83 - 101 fl	fl
MCH (Method:Calculated)	30.2	27 - 32 pg	pg
MCHC (Method:Calculated)	31.3	31.5-34.5 gm/dl	gm/dl
RDW - RED CELL DISTRIBUTION WIDTH (Method:Calculated)	15.7	11.6-14%	%
PDW-PLATELET DISTRIBUTION WIDTH (Method:Calculated)	33.3	8.3 - 25 fL	fL
MPV-MEAN PLATELET VOLUME (Method:Calculated)	13.1	7.5 - 11.5 fl	

ESR (ERYTHROCYTE SEDIMENTATION RATE) , EDTA WHOLE BLOOD			
1stHour (Method:Westergren)	10	0.00 - 20.00 mm/hr	mm/hr

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.



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Gender	: F	Report Date	: 27/Jan/2024 02:13PM



DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Bio Ref. Interval	Unit
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Historical records check not performed.

*** End Of Report ***

Bidisha Chakraborty
Dr. Bidisha Chakraborty
 Consultant Pathologist
 MD, DNB (Pathology)
 Dip RC Path(UK)

Lab No.	: MRD/27-01-2024/SR8672795	Lab Add.	:
Patient Name	: SAYONARA SARKAR	Ref Dr.	: Dr.MEDICAL OFFICER
Age	: 28 Y 4 M 2 D	Collection Date	:
Gender	: F	Report Date	: 27/Jan/2024 12:42PM



X-RAY REPORT OF CHEST (PA)

(Rotated film)

FINDINGS :

No significant lung parenchymal lesion is seen at the visualised lung fields.

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.

Kindly note

Please Intimate us for any typing mistakes and send the report for correction within 7 days.

*** End Of Report ***

DR. SUBHADRO GHOSE
MD, CONSULTANT RADIOLOGIST



Lab No.	: MRD/27-01-2024/SR8672795	Lab Add.	: Newtown,Kolkata-700156
Patient Name	: SAYONARA SARKAR	Ref Dr.	: Dr.MEDICAL OFFICER
Age	: 28 Y 4 M 2 D	Collection Date	: 27/Jan/2024 08:00AM
Gender	: F	Report Date	: 27/Jan/2024 02:05PM



DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Bio Ref. Interval	Unit
URINE ROUTINE ALL, ALL , URINE			
<u>PHYSICAL EXAMINATION</u>			
COLOUR	PALE YELLOW		
APPEARANCE	HAZY		
<u>CHEMICAL EXAMINATION</u>			
pH (Method:Dipstick (triple indicator method))	5.0	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	
<u>MICROSCOPIC EXAMINATION</u>			
LEUKOCYTES (PUS CELLS) (Method:Microscopy)	2-3	0-5	/hpf
EPITHELIAL CELLS (Method:Microscopy)	12-14	0-5	/hpf
RED BLOOD CELLS (Method:Microscopy)	1-3	0-2	/hpf
CAST (Method:Microscopy)	NOT DETECTED	NOT DETECTED	
CRYSTALS (Method:Microscopy)	CALCIUM OXALATE PRESENT	NOT DETECTED	
BACTERIA (Method:Microscopy)	PRESENT(++)	NOT DETECTED	
YEAST (Method:Microscopy)	PRESENT	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.

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Gender	: F	Report Date	: 27/Jan/2024 02:05PM



DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Bio Ref. Interval	Unit
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8. Contamination from perineum and vaginal discharge should be avoided during collection, which may falsely elevate epithelial cell count and show presence of bacteria and/or yeast in the urine.

*** End Of Report ***

Dr Mansi Gulati
Consultant Pathologist
MBBS, MD, DNB (Pathology)

Lab No. : MRD/27-01-2024/SR8672795
Patient Name : SAYONARA SARKAR
Age : 28 Y 4 M 2 D
Gender : F

Lab Add. :
Ref Dr. : Dr.MEDICAL OFFICER
Collection Date :
Report Date : 27/Jan/2024 03:40PM



DEPARTMENT OF CARDIOLOGY
REPORT OF E.C.G.

DATA

HEART RATE : 55 bpm
PR INTERVAL : 116 ms
QRS DURATION : 92 ms
QT INTERVAL : 410 ms
QTC INTERVAL : 392 ms

AXIS

P WAVE : 66 degree
QRS WAVE : 73 degree
T WAVE : 78 degree

IMPRESSION : Sinus bradycardia.
Otherwise normal ECG.

*** End Of Report ***

ACRay

Dr. A C RAY
Department of Non-invasive
Cardiology

Lab No. : MRD/27-01-2024/SR8672795
Patient Name : SAYONARA SARKAR
Age : 28 Y 4 M 2 D
Gender : F

Lab Add. :
Ref Dr. : Dr.MEDICAL OFFICER
Collection Date :
Report Date : 27/Jan/2024 04:46PM



DEPARTMENT OF ULTRASONOGRAPHY
REPORT ON EXAMINATION OF WHOLE ABDOMEN

LIVER

Liver is normal in size (136 mm) having normal shape, regular smooth outline and of homogeneous echotexture. No focal parenchymal lesion is evident. Intrahepatic biliary radicles are not dilated. Branches of portal vein are normal.

PORTA

The appearance of porta is normal. Common Bile duct is normal (2.9 mm) with no intraluminal pathology (Calculi /mass) could be detected at its visualised part. Portal vein is normal at porta (8.0 mm).

GALL BLADDER

Gallbladder is contracted.

PANCREAS

Echogenicity appears within limits, without any focal lesion. Shape, size & position appears normal. No Calcular disease noted. Pancreatic duct is not dilated. No peri-pancreatic collection of fluid noted.

SPLEEN

Spleen is normal in size (70 mm). 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 90 x 31mm. & Lt. kidney 81 x 37 mm.) axes & position. Cortical echogenicity appears normal maintaining cortico-medullary differentiation. Margin is regular and cortical thickness is uniform. No calcular disease noted. No hydronephrotic changes detected.

NB: Small non-shadowing or non-obstructive calculus may not be visualised in the USG and NCCT KUB may be done, if clinically indicated.

URETERS

Visualised part of upper 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 antverted, normal in size, measures 60 mm. x 53 mm. x 55 mm. Surfaces are smooth. Myometrial echotexture is homogeneous. No obvious focal mass is seen in myometrium. Endometrial echo is normal in thickness (12.8 mm.) and seen at midline. Cervix appears normal.

ADNEXA

Adnexa appear clear with no obvious mass lesion could be detected.

OVARIES

Both ovaries are bulky in size and multiple small follicles are noted peripherally with central echogenic stroma - features suggestive of polycystic ovaries.

Right ovary measures : 32 mm x 23 mm x 28 mm vol. = **10.69 cc.**

Left ovary measures : 46 mm x 24 mm x 35 mm vol. = **21.03cc.**

Pouch of Douglas is free.

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Report Date : 27/Jan/2024 04:46PM



IMPRESSION

Polycystic appearing bilateral ovaries.

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. H S MOHANTY
Consultant Radiologist
MBBS , DNB (Radio-Diagnosis)

Patient Data

Sample ID: D02132545094
 Patient ID: SR8672795
 Name: SAYONARA SARKAR
 Physician:
 Sex: F
 DOB:

Analysis Data

Analysis Performed: 27/JAN/2024 11:43:28
 Injection Number: 10294
 Run Number: 202
 Rack ID: 0007
 Tube Number: 7
 Report Generated: 27/JAN/2024 11:51:12
 Operator ID: TRISHA

Comments:

Peak Name	NGSP %	Area %	Retention Time (min)	Peak Area
A1a	---	1.3	0.164	23255
A1b	---	0.8	0.234	14760
F	---	0.7	0.280	12823
LA1c	---	1.9	0.409	32978
A1c	5.3	---	0.517	77598
P3	---	3.4	0.789	61352
P4	---	1.3	0.870	22651
Ao	---	86.2	0.991	1536946

Total Area: 1,782,363

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

