Suraksha DIAGNOSTICS

Lab No.	**:** SG2/27-07-2024/SR9434159	**Lab Add.**	**:** Sevoke Road,Siliguri 734001
Patient Name	: AJAY PRATAP SINGH	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	**:** 34 Y 3 M 22 D	**Collection Date**	**:** 27/Jul/2024 09:07AM
Gender	**:** M	Report Date	**:** 27/Jul/2024 12:51PM

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
CALCIUM,BLOOD (Method:OCPC)	9.18	8.6-10.0 mg/dl	mg/L
GLUCOSE,PP (Method:Hexokinase Method)	116	75-140	mg/dl
BILIRUBIN (DIRECT) (Method:DIAZOTIZATION)	0.16	< 0.2	mg/dL
SGOT/AST (Method:UV WITH P5P)	**71**	15 - 37	U/L
SGPT/ALT (Method:UV WITH P5P)	**118**	16 - 63	U/L
SODIUM,BLOOD (Method:ISE INDIRECT)	136	136 - 145	mEq/L
CHLORIDE,BLOOD (Method:ISE INDIRECT)	**108**	98 - 107	mEq/L
CREATININE, BLOOD (Method: ALKALINE PICRATE)	0.87	0.70 - 1.30	mg/dl
GLUCOSE,FASTING (Method:Hexokinase Method)	94	70 - 100	mg/dl
PHOSPHORUS-INORGANIC,BLOOD (Method:UV PHOSPHOMOLYBDATE)	3.4	2.5-4.5 mg/dl	mg/dl
***TOTAL PROTEIN [BLOOD] ALB:GLO RATIO ,** .			
TOTAL PROTEIN (Method:BIURET METHOD)	7.65	6.6 - 8.7	g/dL
ALBUMIN (Method:BCP)	4	3.4-5.0 g/dl	g/dl
GLOBULIN (Method:Calculated)	**3.68**	1.8-3.2	g/dl
AG Ratio (Method:Calculated)	1.08	1.0 - 2.5	
***GLYCATED HAEMOGLOBIN (HBA1C) ,** *EDTA WHOLE BLOOD*			
GLYCATED HEMOGLOBIN (HBA1C)	5.4	***FOR BIOLOGICAL REFERENCE INTERVAL DETAILS , PLEASE REFER TO THE BELOW MENTIONED REMARKS/NOTE WITH ADDITIONAL CLINICAL INFORMATION ***	%
HbA1c (IFCC) (Method:HPLC)	35		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)

Lab No.	: SG2/27-07-2024/SR9434159	**Lab Add.**	: Sevoke Road,Siliguri 734001
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Age	: 34 Y 3 M 22 D	**Collection Date**	: 27/Jul/2024 09:07AM
Gender	: M	Report Date	: 27/Jul/2024 12:51PM

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit

Analyzer used : Bio-Rad D 10
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

Test Name	Result	Bio Ref. Interval	Unit
LIPID PROFILE , *GEL SERUM*			
CHOLESTEROL-TOTAL (Method:CHOLESTEROL OXIDASE, ESTERASE,PEROXIDASE)	104	Desirable: < 200 mg/dL Borderline high: 200-239 High: > or =240 mg/dL	mg/dl
TRIGLYCERIDES (Method:ENZYMATIC, END POINT)	76	NORMAL < 150 BORDERLINE HIGH 150-199 HIGH 200-499 VERY HIGH > 500	mg/dl
HDL CHOLESTEROL (Method:DIRECT MEASURE-PEG)	**37**	NO RISK : >60 mg/dL, MODERATE RISK : 40-60 mg/dL, HIGH RISK : <40 mg/dL	mg/dl
LDL CHOLESTEROL DIRECT (Method:DIRECT MEASURE)	63	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)	**2.8**	LOW RISK 3.3-4.4 AVERAGE RISK 4.47-7.1 MODERATE RISK 7.1-11.0 HIGH RISK >11.0	
***BILIRUBIN (TOTAL) ,** *GEL SERUM*			
BILIRUBIN (TOTAL) (Method:DIAZONIUM ION)	0.56	0.2 - 1.2	mg/dL
ALKALINE PHOSPHATASE (Method:P-NPP,AMP BUFFER)	98	46 - 116	U/L
UREA,BLOOD (Method:UREASE-COLORIMETRIC)	17	12.8-42.8	mg/dl

Suraksha DIAGNOSTICS

Lab No.	**:** SG2/27-07-2024/SR9434159	**Lab Add.**	**:** Sevoke Road,Siliguri 734001
Patient Name	: AJAY PRATAP SINGH	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	**:** 34 Y 3 M 22 D	**Collection Date**	**:** 27/Jul/2024 09:07AM
Gender	**:** M	Report Date	**:** 27/Jul/2024 12:51PM

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
URIC ACID,BLOOD (Method:URICASE ,COLORICMETRIC)	6.87	3.5 - 7.2	mg/dl
POTASSIUM,BLOOD (Method:ISE INDIRECT)	4.34	3.5 - 5.1	mEq/L
***THYROID PANEL (T3, T4, TSH) ,** *GEL SERUM*			
T3-TOTAL (TRI IODOTHYRONINE) (Method:CLIA)	1.4	0.60 - 1.81 ng/ml	ng/ml
T4-TOTAL (THYROXINE) (Method:CLIA)	10.8	4.5 - 10.9	microgram/dl
TSH (THYROID STIMULATING HORMONE) (Method:CLIA)	4.47	0.35-5.5	µIU/mL

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.

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

Dr. Ankush Chakraborty
MBBS, MD (Path), IFCAP
Consultant Pathologist
Reg. No. 65992 (WBMC)

Lab No.	**:** SG2/27-07-2024/SR9434159	**Lab Add.**	**:** Newtown,Kolkata-700156
Patient Name	: AJAY PRATAP SINGH	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	**:** 34 Y 3 M 22 D	**Collection Date**	**:** 27/Jul/2024 02:38PM
Gender	**:** M	Report Date	**:** 29/Jul/2024 12:20PM

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
URIC ACID, URINE, SPOT URINE			
URIC ACID, SPOT URINE (Method:URICASE)	38	37-92 mg/dL	mg/dL

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

DR. ANANNYA GHOSH
MBBS, MD (Biochemistry)
Consultant Biochemist
Reg No. WBMC 73007

Lab No.	**:** SG2/27-07-2024/SR9434159	**Lab Add.**	**:** Sevoke Road,Siliguri 734001
Patient Name	: AJAY PRATAP SINGH	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	**:** 34 Y 3 M 22 D	**Collection Date**	**:** 27/Jul/2024 09:07AM
Gender	**:** M	Report Date	**:** 27/Jul/2024 04:07PM

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Bio Ref. Interval	Unit
ESR (ERYTHROCYTE SEDIMENTATION RATE) , *EDTA WHOLE BLOOD*			
1stHour (Method:Westergren)	**30**	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		

Gel technology Dia Med ID Micro typing system is the latest technology in transfusion Medicine.
It gives more reproducible and standardized test results.
It more repaid, reliable, very sensitive and objective , and hence more consistent and comparable results are obtained.
Single used cards are individualised for every patient and results can be photographed / scanned and stored for future use.
Special instruments that are used only for this technology also reduce risk of any contamination.

Ref:- WHO technical manual on transfusion medicine-Second Edition 2003

(RESULTS ALSO VERIFIED BY : FORWARD AND REVERSE GROUPING (TUBE AND SLIDE METHOD)

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:SLS haemoglobin method)	13.5	13 - 17	g/dL
WBC (Method:DC detection method)	4.3	4 - 10	*10^3/µL
RBC (Method:DC detection method)	**4.35**	4.5 - 5.5	*10^6/µL
PLATELET (THROMBOCYTE) COUNT (Method:DC detection method/Microscopy)	228	150 - 450*10^3	*10^3/µL
DIFFERENTIAL COUNT			
NEUTROPHILS (Method:Flowcytometry/Microscopy)	47	40 - 80 %	%
LYMPHOCYTES (Method:Flowcytometry/Microscopy)	**46**	20 - 40 %	%
MONOCYTES (Method:Flowcytometry/Microscopy)	03	2 - 10 %	%
EOSINOPHILS (Method:Flowcytometry/Microscopy)	04	1 - 6 %	%
BASOPHILS (Method:Flowcytometry/Microscopy)	00	0-0.9%	%
CBC SUBGROUP			
HEMATOCRIT / PCV (Method:Calculated)	**39**	40 - 50 %	%
MCV	89.6	83 - 101 fl	fl

Lab No.	**:** SG2/27-07-2024/SR9434159	**Lab Add.**	**:** Sevoke Road,Siliguri 734001
Patient Name	: AJAY PRATAP SINGH	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	**:** 34 Y 3 M 22 D	**Collection Date**	**:** 27/Jul/2024 09:07AM
Gender	**:** M	Report Date	**:** 27/Jul/2024 04:07PM

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Bio Ref. Interval	Unit
(Method:Calculated)			
MCH	31	27 - 32 pg	pg
(Method:Calculated)			
MCHC	**34.7**	31.5-34.5 gm/dl	gm/dl
(Method:Calculated)			
RDW - RED CELL DISTRIBUTION WIDTH	**14.9**	11.6-14%	%
(Method:Calculated)			
PDW-PLATELET DISTRIBUTION WIDTH	21.9	8.3 - 25 fL	fL
(Method:Calculated)			
MPV-MEAN PLATELET VOLUME	12.5	7.5 - 11.5 fl	
(Method:Calculated)			
RBC	NORMOCYTIC NORMOCHROMIC.		
WBC.	NORMAL MORPHOLOGY		
PLATELET	ADEQUATE ON SMEAR.		

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

Dr. Ankush Chakraborty
MBBS, MD (Path), IFCAP
Consultant Pathologist
Reg. No. 65992 (WBMC)

Lab No.	**:** SG2/27-07-2024/SR9434159	**Lab Add.**	**:**
Patient Name	: AJAY PRATAP SINGH	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	**:** 34 Y 3 M 22 D	**Collection Date**	**:**
Gender	**:** M	Report Date	**:** 27/Jul/2024 03:08PM

DEPARTMENT OF X-RAY

X-RAY REPORT OF CHEST (PA)

FINDINGS :

Visualised lung fields show no significant abnormality except prominent perihilar vasculatures.

Domes of the diaphragm appear expiratory in position with normalcosto-phrenic angles.

Cardiac size appears marginally enlarged - likely due to expiratory position of the diaphragm.

Visualised thoracic bones show no significant 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.	**:** SG2/27-07-2024/SR9434159	**Lab Add.**	**:** Sevoke Road,Siliguri 734001
Patient Name	: AJAY PRATAP SINGH	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	**:** 34 Y 3 M 22 D	**Collection Date**	**:** 27/Jul/2024 09:18AM
Gender	**:** M	Report Date	**:** 27/Jul/2024 07:45PM

DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Bio Ref. Interval	Unit
URINE ROUTINE ALL, ALL , *URINE*			
PHYSICAL EXAMINATION			
COLOUR	PALE YELLOW		
APPEARANCE	Clear		
CHEMICAL EXAMINATION			
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)	NEGATIVE	NOT DETECTED	
GLUCOSE (Method:Dipstick(glucose-oxidase-peroxidase method)/Manual)	NEGATIVE	NOT DETECTED	
KETONES (ACETOACETIC ACID, ACETONE) (Method:Dipstick (Legals test)/Manual)	ABSENT	NOT DETECTED	
BLOOD (Method:Dipstick (pseudoperoxidase reaction))	NEGATIVE	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)	ABSENT	0-2	/hpf
CAST (Method:Microscopy)	ABSENT	NOT DETECTED	
CRYSTALS (Method:Microscopy)	ABSENT	NOT DETECTED	
BACTERIA (Method:Microscopy)	FEW	NOT DETECTED	
YEAST (Method:Microscopy)	ABSENT	NOT DETECTED	
OTHERS	ABSENT		

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

Lab No.	**:** SG2/27-07-2024/SR9434159	**Lab Add.**	**:** Sevoke Road,Siliguri 734001
Patient Name	: AJAY PRATAP SINGH	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	**:** 34 Y 3 M 22 D	**Collection Date**	**:** 27/Jul/2024 09:18AM
Gender	**:** M	Report Date	**:** 27/Jul/2024 07:45PM

DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Bio Ref. Interval	Unit

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 and/or yeast in the urine.

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

Dr. Ankush Chakraborty
MBBS, MD (Path), IFCAP
Consultant Pathologist
Reg. No. 65992 (WBMC)

Lab No.	**:** SG2/27-07-2024/SR9434159	**Lab Add.**	**:**
Patient Name	: AJAY PRATAP SINGH	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	**:** 34 Y 3 M 22 D	**Collection Date**	**:**
Gender	**:** M	Report Date	**:** 27/Jul/2024 01:20PM

DEPARTMENT OF CARDIOLOGY

DEPARTMENT OF CARDIOLOGY
REPORT OF E.C.G.

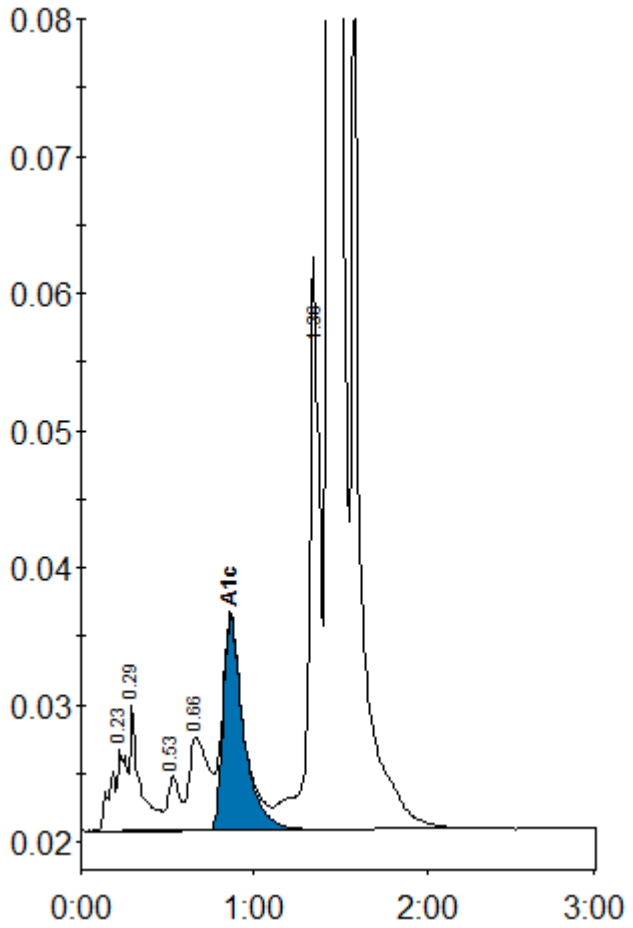
HEART RATE	:	59 /min.
RHYTHM	:	Regular sinus.
P-WAVE	:	Normal
P - R INTERVAL	:	160 ms,
QRS DURATION	:	80 ms
QRS CONFIGURATION	:	NORMAL
QRS VOLTAGE	:	R/S in V1 2/5 mm.
		R/S in V6 5/3 mm.
QRS AXIS	:	-5°
Q- Waves	:	No significant Q-wave.
QT TIME	:	Normal.
ST SEGMENT	:	Normal.
T WAVE	:	NORMAL
ROTATION	:	Normal.
OTHER FINDINGS	:	Nil.
IMPRESSION	**:**	**ECG WITHIN NORMAL LIMIT**.

Dr. ARABINDA SAHA (MD,DM)
CONSULTANT CARDIOLOGIST

SURAKSHA DIAGNOSTIC PVT LTD
15/10 UDHAM SINGH SARANI -SILIGURI-734401

Patient report

Sample ID:	D02135706802
Injection date	27/07/2024 02:30 AM
Injection #: 3	D-10 Method: HbA1c
Rack #: ---	Rack position: 3
Bio-Rad v: 5.00-2	S/N: #DM23F10804



Peak table - ID: D02135706802

Peak	R.time	Height	Area	Area %
A1a	0.23	5861	36096	1.1
A1b	0.29	9267	37375	1.1
F	0.53	3949	19265	0.6
LA1c/CHb-1	0.66	6820	52468	1.6
A1c	0.86	15630	129156	5.4
P3	1.36	38588	183686	5.4
A0	1.43	1142425	2913942	86.4
Total Area:	3371990			

Concentration:	%	mmol/mol
A1c	5.4	35