Suraksha DIAGNOSTICS

Lab No.	: SIL/10-08-2024/SR9499190	**Lab Add.**	: Sevoke Road,Siliguri 734001
Patient Name	: INDRANIL SEN	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	: 38 Y 10 M 25 D	**Collection Date**	: 10/Aug/2024 10:12AM
Gender	: M	Report Date	: 10/Aug/2024 06:14PM

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
SGOT/AST , *GEL SERUM* (Method:UV WITH P5P)	32	15 - 37	U/L
CALCIUM,BLOOD (Method:OCPC)	9.42	8.6-10.0 mg/dl	mg/L
URIC ACID,BLOOD (Method:URICASE ,COLORICMETRIC)	**8.31**	3.5 - 7.2	mg/dl
BILIRUBIN (DIRECT) (Method:DIAZOTIZATION)	0.13	< 0.2	mg/dL
SODIUM,BLOOD (Method:ISE INDIRECT)	136	136 - 145	mEq/L
POTASSIUM,BLOOD (Method:ISE INDIRECT)	4.36	3.5 - 5.1	mEq/L
CHLORIDE,BLOOD (Method:ISE INDIRECT)	106	98 - 107	mEq/L
CREATININE, BLOOD (Method: ALKALINE PICRATE)	0.95	0.70 - 1.30	mg/dl
GLUCOSE,FASTING (Method:Hexokinase Method)	**101**	70 - 100	mg/dl
***GLYCATED HAEMOGLOBIN (HBA1C) ,** *EDTA WHOLE BLOOD*			
GLYCATED HEMOGLOBIN (HBA1C)	5.7	***FOR BIOLOGICAL REFERENCE INTERVAL DETAILS , PLEASE REFER TO THE BELOW MENTIONED REMARKS/NOTE WITH ADDITIONAL CLINICAL INFORMATION ***	%
HbA1c (IFCC) (Method:HPLC)	39		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 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

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Age	: 38 Y 10 M 25 D	**Collection Date**	: 10/Aug/2024 10:12AM
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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit

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

LIPID PROFILE , *GEL SERUM*			
CHOLESTEROL-TOTAL (Method:CHOLESTEROL OXIDASE, ESTERASE,PEROXIDASE)	198	Desirable: < 200 mg/dL Borderline high: 200-239 High: > or =240 mg/dL	mg/dl
TRIGLYCERIDES (Method:ENZYMATIC, END POINT)	112	NORMAL < 150 BORDERLINE HIGH 150-199 HIGH 200-499 VERY HIGH > 500	mg/dl
HDL CHOLESTEROL (Method:DIRECT MEASURE-PEG)	48	NO RISK : >60 mg/dL, MODERATE RISK : 40-60 mg/dL, HIGH RISK : <40 mg/dL	mg/dl
LDL CHOLESTEROL DIRECT (Method:DIRECT MEASURE)	**140**	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)	10	< 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	
***BILIRUBIN (TOTAL) ,** *GEL SERUM*			
BILIRUBIN (TOTAL) (Method:DIAZONIUM ION)	0.61	0.2 - 1.2	mg/dL
UREA,BLOOD (Method:UREASE-COLORIMETRIC)	28	12.8-42.8	mg/dl
SGPT/ALT (Method:UV WITH P5P)	**79**	16 - 63	U/L
PHOSPHORUS-INORGANIC,BLOOD (Method:UV PHOSPHOMOLYBDATE)	3.6	2.5-4.5 mg/dl	mg/dl
ALKALINE PHOSPHATASE (Method:P-NPP,AMP BUFFER)	68	46 - 116	U/L
***TOTAL PROTEIN [BLOOD] ALB:GLO RATIO ,** .			
TOTAL PROTEIN (Method:BIURET METHOD)	7.54	6.6 - 8.7	g/dL
ALBUMIN (Method:BCP)	4	3.4 -5.0 g/dl	g/dl
GLOBULIN (Method:Calculated)	**3.49**	1.8-3.2	g/dl

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Age	**:** 38 Y 10 M 25 D	**Collection Date**	**:** 10/Aug/2024 10:12AM
Gender	**:** M	Report Date	**:** 10/Aug/2024 06:14PM

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
AG Ratio (Method:Calculated)	1.16	1.0 - 2.5	

***THYROID PANEL (T3, T4, TSH) ,** *GEL SERUM*

T3-TOTAL (TRI IODOTHYRONINE) (Method:CLIA)	0.94	0.60 - 1.81 ng/ml	ng/ml
T4-TOTAL (THYROXINE) (Method:CLIA)	5.2	4.5 - 10.9	microgram/dl
TSH (THYROID STIMULATING HORMONE) (Method:CLIA)	0.83	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.	**:** SIL/10-08-2024/SR9499190	**Lab Add.**	**:** Newtown,Kolkata-700156
Patient Name	: INDRANIL SEN	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	**:** 38 Y 10 M 25 D	**Collection Date**	**:** 10/Aug/2024 10:13AM
Gender	**:** M	Report Date	**:** 12/Aug/2024 12:04PM

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
URIC ACID, URINE, SPOT URINE			
URIC ACID, SPOT URINE (Method:URICASE)	52	37-92 mg/dL	mg/dL

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

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

Lab No.	**:** SIL/10-08-2024/SR9499190	**Lab Add.**	**:** Sevoke Road,Siliguri 734001
Patient Name	: INDRANIL SEN	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	**:** 38 Y 10 M 25 D	**Collection Date**	**:** 10/Aug/2024 10:12AM
Gender	**:** M	Report Date	**:** 10/Aug/2024 05:24PM

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Bio Ref. Interval	Unit
ESR (ERYTHROCYTE SEDIMENTATION RATE) , *EDTA WHOLE BLOOD*			
1stHour (Method:Westergren)	**26**	0.00 - 20.00 mm/hr	mm/hr
BLOOD GROUP ABO+RH [GEL METHOD] , *EDTA WHOLE BLOOD*			
ABO (Method:Gel Card)	B		
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:PHOTOMETRIC)	14.2	13 - 17	g/dL
WBC (Method:DC detection method)	7.4	4 - 10	*10^3/µL
RBC (Method:DC detection method)	4.90	4.5 - 5.5	*10^6/µL
PLATELET (THROMBOCYTE) COUNT (Method:DC detection method/Microscopy)	186	150 - 450*10^3	*10^3/µL
DIFFERENTIAL COUNT			
NEUTROPHILS (Method:Flowcytometry/Microscopy)	57	40 - 80 %	%
LYMPHOCYTES (Method:Flowcytometry/Microscopy)	38	20 - 40 %	%
MONOCYTES (Method:Flowcytometry/Microscopy)	02	2 - 10 %	%
EOSINOPHILS (Method:Flowcytometry/Microscopy)	03	1 - 6 %	%
BASOPHILS (Method:Flowcytometry/Microscopy)	00	0-0.9%	%
CBC SUBGROUP			
HEMATOCRIT / PCV (Method:Calculated)	42.2	40 - 50 %	%
MCV	86.3	83 - 101 fl	fl

MC-2178

Suraksha DIAGNOSTICS

Lab No.	**:** SIL/10-08-2024/SR9499190	**Lab Add.**	**:** Sevoke Road,Siliguri 734001
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Age	**:** 38 Y 10 M 25 D	**Collection Date**	**:** 10/Aug/2024 10:12AM
Gender	**:** M	Report Date	**:** 10/Aug/2024 05:24PM

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Bio Ref. Interval	Unit
(Method:Calculated)			
MCH	29	27 - 32 pg	pg
(Method:Calculated)			
MCHC	33.7	31.5-34.5 gm/dl	gm/dl
(Method:Calculated)			
RDW - RED CELL DISTRIBUTION WIDTH	**15.3**	11.6-14%	%
(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.	**:** SIL/10-08-2024/SR9499190	**Lab Add.**	**:**
Patient Name	: INDRANIL SEN	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	**:** 38 Y 10 M 25 D	**Collection Date**	**:**
Gender	**:** M	Report Date	**:** 10/Aug/2024 02:00PM

DEPARTMENT OF X-RAY

DEPARTMENT OF RADIOLOGY
X-RAY REPORT OF CHEST (PA)

FINDINGS:

- Cardiac size appears within normal limits. Margin is well visualised and cardiac silhoutte is smoothly outlined. Shape is within normal limit.
- Lung parenchyma shows no focal lesion. No general alteration of radiographic density. Apices are clear. Bronchovascular lung markings are within normal.
- Lateral costo-phrenic angles are clear.
- Domes of diaphragm are smoothly outlined. Position is within normal limits.

IMPRESSION :

Normal study.

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

DR. MUKTI SARKAR MD.
CONSULTANT RADIOLOGIST

Lab No.	**:** SIL/10-08-2024/SR9499190	**Lab Add.**	**:** Sevoke Road,Siliguri 734001
Patient Name	: INDRANIL SEN	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	**:** 38 Y 10 M 25 D	**Collection Date**	**:** 10/Aug/2024 10:12AM
Gender	**:** M	Report Date	**:** 10/Aug/2024 04:24PM

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))	1.015	1.005 - 1.030	
PROTEIN (Method:Dipstick (protein error of pH indicators)/Manual)	ABSENT	NOT DETECTED	
GLUCOSE (Method:Dipstick(glucose-oxidase-peroxidase method)/Manual)	ABSENT	NOT DETECTED	
KETONES (ACETOACETIC ACID, ACETONE) (Method:Dipstick (Legals test)/Manual)	ABSENT	NOT DETECTED	
BLOOD (Method:Dipstick (pseudoperoxidase reaction))	ABSENT	NOT DETECTED	
BILIRUBIN (Method:Dipstick (azo-diazo reaction)/Manual)	ABSENT	NEGATIVE	
UROBILINOGEN (Method:Dipstick (diazonium ion reaction)/Manual)	ABSENT	NEGATIVE	
NITRITE (Method:Dipstick (Griess test))	ABSENT	NEGATIVE	
LEUCOCYTE ESTERASE (Method:Dipstick (ester hydrolysis reaction))	ABSENT	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.	**:** SIL/10-08-2024/SR9499190	**Lab Add.**	**:** Sevoke Road,Siliguri 734001
Patient Name	: INDRANIL SEN	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	**:** 38 Y 10 M 25 D	**Collection Date**	**:** 10/Aug/2024 10:12AM
Gender	**:** M	Report Date	**:** 10/Aug/2024 04:24PM

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)

Suraksha DIAGNOSTICS

Lab No.	**:** SIL/10-08-2024/SR9499190	**Lab Add.**	**:**
Patient Name	: INDRANIL SEN	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	**:** 38 Y 10 M 25 D	**Collection Date**	**:**
Gender	**:** M	Report Date	**:** 10/Aug/2024 02:43PM

DEPARTMENT OF CARDIOLOGY
REPORT OF E.C.G.

HEART RATE	:	57 /min.
RHYTHM	:	Regular sinus.
P-WAVE	:	Normal
P - R INTERVAL	:	130 ms,
QRS DURATION	:	80 ms
QRS CONFIGURATION	:	NORMAL
QRS VOLTAGE	:	R/S in V1 8/8 mm.
		R/S in V6 10/1 mm.
QRS AXIS	:	Normal.
Q- Waves	:	No significant Q-wave.
QT TIME	:	348ms.
ST SEGMENT	:	Normal.
T WAVE	:	NORMAL
ROTATION	:	Normal.
OTHER FINDINGS	:	Nil.
IMPRESSION	**:**	**ECG WITHIN NORMAL LIMIT**.

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

Dr. Suman Ghosh
MBBS(Hons),MD(Medicine),
DM(Cardiology), MRCP UK (II),
Reg. No. - WBMC-72620

Lab No.	**:** SIL/10-08-2024/SR9499190	**Lab Add.**	**:**
Patient Name	: INDRANIL SEN	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	**:** 38 Y 10 M 25 D	**Collection Date**	**:**
Gender	**:** M	Report Date	**:** 10/Aug/2024 04:09PM

DEPARTMENT OF ULTRASONOGRAPHY
REPORT ON EXAMINATION OF WHOLE ABDOMEN

LIVER

Liver is normal in size having normal shape, regular smooth outline and **shows grade I fatty change.** 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 with no intraluminal pathology (Calculi /mass) could be detected at its visualised part. Portal vein is normal at porta.

GALL BLADDER

Gallbladder is physiologically distended. Wall thickness appears normal. **Small polyp (2mm) at gall bladder.** Sonographic Murphys sign is negative.

PANCREAS

Echogenecity 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. 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 89 mm. & Lt. kidney 98 mm) axes & position. Cortical echogenecity appears normal maintaining corticomedullary differentiation. Margin is regular and cortical thickness is uniform. No calcular disease noted. No hydronephrotic changes detected.

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.**Post void residue is 20ml.**

PROSTATE

Prostate is normal in size.Echotexture appears within normal limits. **Small thin walled anechoic cyst (16x14mm) at prostatic parenchyma.**

It measures : 31 mm. x 34 mm. x 33 mm.

Approximate weight could be around = 19 gms

IMPRESSION

I) Grade I fatty change in liver.

II) Small polyp (2mm) at gall bladder.

III) Small thin walled anechoic cyst (16x14mm) at prostatic parenchyma.

Kindly note

➢ ***Ultrasound is not the modality of choice to rule out subtle bowel lesion.***

Lab No.	**:** SIL/10-08-2024/SR9499190	**Lab Add.**	**:**
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Gender	**:** M	Report Date	**:** 10/Aug/2024 04:09PM

DEPARTMENT OF ULTRASONOGRAPHY

- ***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.

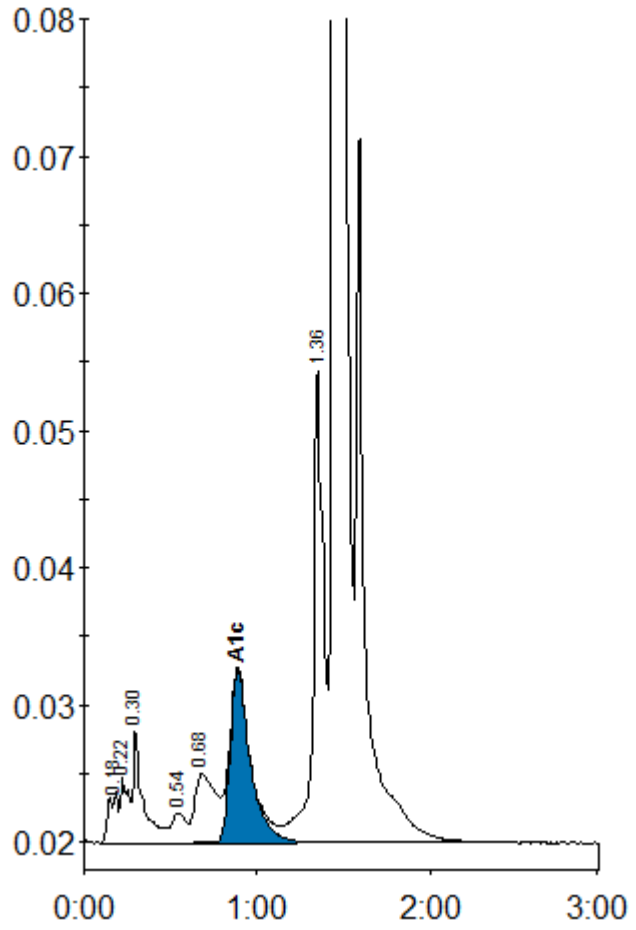
Patient Identity not verified.

DR. MUKTI SARKAR MD.
CONSULTANT RADIOLOGIST

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

Patient report

Sample ID:	D02135007157
Injection date	10/08/2024 09:58 AM
Injection #: 17	D-10 Method: HbA1c
Rack #: ---	Rack position: 7
Bio-Rad v: 5.00-2	S/N: #DM23F10804



Peak table - ID: D02135007157

Peak	R.time	Height	Area	Area %
Unknown	0.18	3688	13502	0.5
A1a	0.22	4854	16349	0.6
A1b	0.30	8440	32410	1.3
F	0.54	2184	12122	0.5
LA1c/CHb-1	0.68	5075	42679	1.7
A1c	0.89	12604	102917	5.7
P3	1.36	34384	146959	5.8
A0	1.44	880150	2172315	85.5
Total Area:	2539252			

Concentration:	%	mmol/mol
A1c	5.7	39