MC-2743

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COLLEGE of AMERICAN PATHOLOGISTS

Suraksha DIAGNOSTICS

Lab No.	**:** DUR/23-03-2024/SR8904478	**Lab Add.**	**:** Newtown,Kolkata-700156
Patient Name	: SANJOY GANGULY	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	**:** 50 Y 2 M 3 D	**Collection Date**	**:** 23/Mar/2024 10:00AM
Gender	**:** M	Report Date	**:** 23/Mar/2024 05:21PM

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
PHOSPHORUS-INORGANIC,BLOOD , *GEL SERUM* (Method:Phosphomolybdate/UV)	3.9	2.4-5.1 mg/dL	mg/dL

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

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

Lab No.	**:** DUR/23-03-2024/SR8904478	**Lab Add.**	**:** CITY CENTER, DURGAPUR PIN–713216
Patient Name	: SANJOY GANGULY	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	**:** 50 Y 2 M 3 D	**Collection Date**	**:** 23/Mar/2024 10:00AM
Gender	**:** M	Report Date	**:** 23/Mar/2024 02:30PM

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
ALKALINE PHOSPHATASE (Method:AMP)	80	53-128 U/L	U/L
BILIRUBIN (DIRECT) (Method:Diazotized DCA Method)	0.30	< 0.3	mg/dL
SGPT/ALT (Method:IFCC Kinetic Method)	**104**	< 41	U/L
***BILIRUBIN (TOTAL) ,** *GEL SERUM*			
BILIRUBIN (TOTAL) (Method:Diazotized DCA Method)	0.70	< 1.2	mg/dL
POTASSIUM,BLOOD (Method:ISE DIRECT)	5.00	3.1-5.5 mEq/L	mEq/L
CHLORIDE,BLOOD (Method:ISE DIRECT)	**97**	98 - 107	mEq/L
UREA,BLOOD (Method:UREASE-GLDH)	16.5	12.8-42.8	mg/dl
CREATININE, BLOOD (Method:ENZYMATIC)	0.81	0.70 - 1.3 mg/dl	mg/dL
GLUCOSE,FASTING (Method:GOD POD)	**134**	(70 - 110 mg/dl)	mg/dL
URIC ACID,BLOOD (Method:URICASE)	6.20	3.4 - 7.0	mg/dl
GLUCOSE,PP (Method:GOD POD)	**278**	(70 - 140 mg/dl)	

PLEASE CORRELATE CLINICALLY AND WITH DIATERY HISTORY.

***THYROID PANEL (T3, T4, TSH) ,** *GEL SERUM*			
T3-TOTAL (TRI IODOTHYRONINE) (Method:CLIA)	1.40	0.9 - 2.2 ng/ml	ng/ml
T4-TOTAL (THYROXINE) (Method:CLIA)	10.1	5.5-16 microgram/dl	5.5-16 microgram/dl
TSH (THYROID STIMULATING HORMONE) (Method:CLIA)	3.4	0.5-4.7	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.

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit

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.

***LIPID PROFILE ,** *GEL SERUM*

CHOLESTEROL-TOTAL (Method:CHOD PAP Method)	**248**	Desirable: < 200 mg/dL Borderline high: 200-239 High: > or =240 mg/dL	mg/dL
TRIGLYCERIDES (Method:GPO-PAP)	**218**	NORMAL < 150 BORDERLINE HIGH 150-199 HIGH 200-499 VERY HIGH > 500	mg/dL
HDL CHOLESTEROL (Method:DIRECT METHOD)	58	35.3-79.5 mg/dl	mg/dL
LDL CHOLESTEROL DIRECT (Method:Direct Method)	**160**	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)	30	< 40 mg/dl	mg/dL
CHOL HDL Ratio (Method:Calculated)	4.3	LOW RISK 3.3-4.4 AVERAGE RISK 4.47-7.1 MODERATE RISK 7.1-11.0 HIGH RISK >11.0	

***GLYCATED HAEMOGLOBIN (HBA1C) ,** *EDTA WHOLE BLOOD*

GLYCATED HEMOGLOBIN (HBA1C)	7.4	***FOR BIOLOGICAL REFERENCE INTERVAL DETAILS , PLEASE REFER TO THE BELOW MENTIONED REMARKS/NOTE WITH ADDITIONAL CLINICAL INFORMATION ***	%
HbA1c (IFCC) (Method:HPLC)	58.0		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 : BIORAD D-10
Method : HPLC

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

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Gender	**:** M	Report Date	**:** 23/Mar/2024 02:30PM

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit

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

***TOTAL PROTEIN [BLOOD] ALB:GLO RATIO ,** .			
TOTAL PROTEIN (Method:BIURET METHOD)	6.90	6.6 - 8.7	g/dL
ALBUMIN (Method:BCG)	4.4	3.5-5.2 g/dl	g/dl
GLOBULIN (Method:Calculated)	2.50	1.8-3.2	g/dl
AG Ratio (Method:Calculated)	1.76	1.0 - 2.5	
SODIUM,BLOOD (Method:ISE DIRECT)	138	136 - 145	mEq/L
CALCIUM,BLOOD (Method:ARSENAZO III)	9.10	8.6 - 10.2 mg/dl	mg/dL
SGOT/AST (Method:IFCC Kinetic Method)	**67**	< 40	U/L

PLEASE CORRELATE CLINICALLY AND WITH DIATERY HISTORY.

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

Dr Sayak Biswas
MBBS, MD (Pathology)
Consultant Pathologist
Reg No. WBMC 74506

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Age	**:** 50 Y 2 M 3 D	**Collection Date**	**:** 23/Mar/2024 10:00AM
Gender	**:** M	Report Date	**:** 23/Mar/2024 05:55PM

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Bio Ref. Interval	Unit
BLOOD GROUP ABO+RH [GEL METHOD] , *EDTA WHOLE BLOOD*			
ABO (Method:Gel Card)	A		
RH (Method:Gel Card)	NEGATIVE		
BLOOD GROUP COMMENTS	DU TEST : NEGATIVE		

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.

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

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

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

Suraksha DIAGNOSTICS

Lab No.	**:** DUR/23-03-2024/SR8904478	**Lab Add.**	**:** CITY CENTER, DURGAPUR PIN–713216
Patient Name	: SANJOY GANGULY	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	**:** 50 Y 2 M 3 D	**Collection Date**	**:** 23/Mar/2024 09:45AM
Gender	**:** M	Report Date	**:** 23/Mar/2024 02:38PM

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Bio Ref. Interval	Unit
***CBC WITH PLATELET (THROMBOCYTE) COUNT** , *EDTA WHOLE BLOOD*			
HEMOGLOBIN (Method:PHOTOMETRIC)	14.2	13 - 17	g/dL
WBC (Method:DC detection method)	5.2	4 - 10	*10^3/µL
RBC (Method:DC detection method)	4.96	4.5 - 5.5	*10^6/µL
PLATELET (THROMBOCYTE) COUNT (Method:DC detection method/Microscopy)	**132**	150 - 450*10^3	*10^3/µL
DIFFERENTIAL COUNT			
NEUTROPHILS (Method:Flowcytometry/Microscopy)	64	40 - 80 %	%
LYMPHOCYTES (Method:Flowcytometry/Microscopy)	30	20 - 40 %	%
MONOCYTES (Method:Flowcytometry/Microscopy)	04	2 - 10 %	%
EOSINOPHILS (Method:Flowcytometry/Microscopy)	02	1 - 6 %	%
BASOPHILS (Method:Flowcytometry/Microscopy)	00	0-0.9%	%
CBC SUBGROUP			
HEMATOCRIT / PCV (Method:Calculated)	42.1	40 - 50 %	%
MCV (Method:Calculated)	84.9	83 - 101 fl	fl
MCH (Method:Calculated)	28.6	27 - 32 pg	pg
MCHC (Method:Calculated)	33.7	31.5-34.5 gm/dl	gm/dl
RDW - RED CELL DISTRIBUTION WIDTH (Method:Calculated)	**14.1**	11.6-14%	%
PDW-PLATELET DISTRIBUTION WIDTH (Method:Calculated)	25.4	8.3 - 25 fL	fL
MPV-MEAN PLATELET VOLUME (Method:Calculated)	11.6	7.5 - 11.5 fl	
***ESR (ERYTHROCYTE SEDIMENTATION RATE)** , *EDTA WHOLE BLOOD*			
1stHour (Method:Westergren)	12	0.00 - 20.00 mm/hr	mm/hr

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

Dr Sayak Biswas
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Consultant Pathologist
Reg No. WBMC 74506

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Age	**:** 50 Y 2 M 3 D	**Collection Date**	**:**
Gender	**:** M	Report Date	**:** 23/Mar/2024 03:13PM

DEPARTMENT OF X-RAY

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

FINDINGS :

Lung parenchyma shows no focal lesion. No general alteration of radiographic density. Apices are clear. Bronchovascular lung markings are within normal.

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.

Cardiac size appears within normal limits.

Bony thorax reveals no definite abnormality.

IMPRESSION:

Normal study.

ADV: Clinical correlation and further relevant investigation.

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

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

DR. SUBRATA SANYAL
MBBS (CAL), DMRD (CAL).
CONSULTANT SONOLOGIST AND RADIOLOGIST.

Lab No.	**:** DUR/23-03-2024/SR8904478	**Lab Add.**	**:** CITY CENTER, DURGAPUR PIN–713216
Patient Name	: SANJOY GANGULY	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	**:** 50 Y 2 M 3 D	**Collection Date**	**:** 24/Mar/2024 06:45AM
Gender	**:** M	Report Date	**:** 24/Mar/2024 12:31PM

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))	7.0	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)	0-1	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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Gender	**:** M	Report Date	**:** 24/Mar/2024 12:31PM

DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Bio Ref. Interval	Unit

and/or yeast in the urine.

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

Dr Sayak Biswas
MBBS, MD (Pathology)
Consultant Pathologist
Reg No. WBMC 74506

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Gender	**:** M	Report Date	**:** 23/Mar/2024 03:03PM

DEPARTMENT OF CARDIOLOGY

DEPARTMENT OF CARDIOLOGY
REPORT OF E.C.G.

DATA		
HEART RATE	95	Bpm
PR INTERVAL	134	Ms
QRS DURATION	70	Ms
QT INTERVAL	326	Ms
QTC INTERVAL	413	Ms
AXIS		
P WAVE	59	Degree
QRS WAVE	41	Degree
T WAVE	50	Degree
IMPRESSION	**:**	• **Normal Sinus Rhythm.**

******Please correlate clinically******

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

Dr. A Ghosh
M.D.DipCard(PGDCC)Apollohospital,chennai
CCEBDM.CCMH
Consultant Clinical Cardiologist

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Age	**:** 50 Y 2 M 3 D	**Collection Date**	**:**
Gender	**:** M	Report Date	**:** 23/Mar/2024 06:01PM

DEPARTMENT OF ULTRASONOGRAPHY

DEPARTMENT OF ULTRASONOGRAPHY

REPORT ON EXAMINATION OF WHOLE ABDOMEN

LIVER: ***Mildly enlarged in size (14.69 cm),*** shape with ***moderate increased echogenicity suggesting fat infiltration grade II.*** No definite focal lesion is seen. Intrahepatic biliary radicles are not dilated. The portal vein branches and hepatic veins are normal.

GALL BLADDER: Well distended lumen shows no intra-luminal calculus or mass. Wall thickness is normal. No pericholecystic collection or mass formation is noted.

PORTA HEPATIS: The portal vein is normal in caliber (0.91 cm) with clear lumen. The common bile duct is normal in caliber.Visualized lumen is clear. Common bile duct measures approx (0.31 cm) in diameter.

PANCREAS: It is normal in size, shape and echopattern. Main pancreatic duct is not dilated. No focal lesion of altered echogenicity is seen. The peripancreatic region shows no abnormal fluid collection.

SPLEEN: It is normal in size (10.16 cm), shape and shows homogeneous echopattern. No focal lesion is seen. No abnormal venous dilatation is seen in the splenic hilum.

KIDNEYS: Both kidneys are normal in size, shape and position. Cortical echogenicity and thickness are normal with normal cortico-medullary differentiation in both kidneys. No calculus, hydronephrosis or mass is noted. The perinephric region shows no abnormal fluid collection. Right Kidney measures: 11.23 cm x 5.42 cm and Left Kidney measures: 11.66 cm x 5.15 cm.

URETER: Both ureters are not dilated. No calculus is noted in either side.

PERITONEUM & RETROPERITONEUM: The aorta and IVC are normal. Lymph nodes are not enlarged. No free fluid is seen in peritoneal cavity.

URINARY BLADDER: It is adequately distended providing optimum scanning window. The lumen is clear and wall thickness is normal. ***Post void residual urine volume 16 cc(insignificant).***

PROSTATE: It is normal in size, shape and echopattern. No focal lesion is seen. Capsule is smooth. Prostate measures : 4.52 cm x 3.17 cm x 2.90 cm, weight 22 gms. ***Echogenic prostatic foci measuring 0.53 cm x 0.32 cm, not giving acoustic shadowing.***

IMPRESSION:

- ***Mild hepatomegaly with fatty liver garde II.***
- ***An echogenic prostatic foci likely to be calculi/ calcification.***

***** Please correlate clinically.**

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.

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

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Gender	**:** M	Report Date	**:** 23/Mar/2024 06:01PM

DEPARTMENT OF ULTRASONOGRAPHY

Dr. Ritika Sachan
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