Lab No.	**:** CHP/23-03-2024/SR8904127	**Lab Add.**	**:** Newtown,Kolkata-700156
Patient Name	: GYAN VARDHAN	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	**:** 27 Y 0 M 0 D	**Collection Date**	**:** 23/Mar/2024 09:09AM
Gender	**:** F	Report Date	**:** 23/Mar/2024 12:21PM

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
CREATININE, BLOOD (Method:Jaffe, alkaline picrate, kinetic)	0.52	0.5-1.1	mg/dL
PHOSPHORUS-INORGANIC,BLOOD (Method:Phosphomolybdate/UV)	3.2	2.4-5.1 mg/dL	mg/dL
URIC ACID,BLOOD (Method:Uricase/Peroxidase)	4.40	2.6-6.0	mg/dL
GLUCOSE,PP (Method:Gluc Oxidase Trinder)	105	Impaired Glucose Tolerance-140 to 199.~Diabetes>= 200.	mg/dL

The test should be performed as described by the WHO, using a glucose load containing the equivalent of 75-g anhydrous glucose dissolved in 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.

THYROID PANEL (T3, T4, TSH) , *GEL SERUM*			
T3-TOTAL (TRI IODOTHYRONINE) (Method:CLIA)	1.01	0.60-1.81 ng/ml	ng/ml
T4-TOTAL (THYROXINE) (Method:CLIA)	8.5	3.2-12.6	µg/dL
TSH (THYROID STIMULATING HORMONE) (Method:CLIA)	0.955	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:
1. 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.
2. 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:
1. *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*

Lab No.	**:** CHP/23-03-2024/SR8904127	**Lab Add.**	**:** Newtown,Kolkata-700156
Patient Name	: GYAN VARDHAN	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	**:** 27 Y 0 M 0 D	**Collection Date**	**:** 23/Mar/2024 09:09AM
Gender	**:** F	Report Date	**:** 23/Mar/2024 12:21PM

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit

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.*

SODIUM,BLOOD (Method:ISE INDIRECT)	139	132 - 146	mEq/L
CALCIUM,BLOOD (Method:Arsenazo III)	9.50	8.7-10.4	mg/dL
GLUCOSE,FASTING (Method:Gluc Oxidase Trinder)	87	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.

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

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

Lab No.	: CHP/23-03-2024/SR8904127	**Lab Add.**	: Newtown,Kolkata-700156
Patient Name	: GYAN VARDHAN	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	: 27 Y 0 M 0 D	**Collection Date**	: 23/Mar/2024 09:06AM
Gender	: F	Report Date	: 23/Mar/2024 12:28PM

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
LIPID PROFILE , *GEL SERUM*			
CHOLESTEROL-TOTAL (Method:Enzymatic)	141	Desirable: < 200 mg/dL Borderline high: 200-239 mg/dL High: > or =240 mg/dL	mg/dL
TRIGLYCERIDES (Method:GPO-Trinder)	90	Normal:: < 150, BorderlineHigh::150-199, High:: 200-499, VeryHigh::>500	mg/dL
HDL CHOLESTEROL (Method:Elimination/catalase)	40	< 40 - Low 40-59- Optimum 60 - High	mg/dl
LDL CHOLESTEROL DIRECT (Method:Elimination / Catalase)	91	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)	3.5	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.*

UREA,BLOOD (Method:Urease with GLDH)	**17.1**	19-49	mg/dL
GLYCATED HAEMOGLOBIN (HBA1C) , *EDTA WHOLE BLOOD*			
GLYCATED HEMOGLOBIN (HBA1C)	4.9	***FOR BIOLOGICAL REFERENCE INTERVAL DETAILS , PLEASE REFER TO THE BELOW MENTIONED REMARKS/NOTE WITH ADDITIONAL CLINICAL INFORMATION ***	%
HbA1c (IFCC) (Method:HPLC)	30.0		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.

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Age	**:** 27 Y 0 M 0 D	**Collection Date**	**:** 23/Mar/2024 09:06AM
Gender	**:** F	Report Date	**:** 23/Mar/2024 12:28PM

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit

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

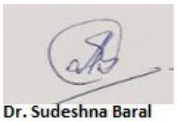
References:
1. Chamberlain JJ, Rhinehart AS, Shaefer CF, et al. Diagnosis and management of diabetes: synopsis of the 2016 American Diabetes Association Standards of Medical Care in Diabetes. Ann Intern Med. Published online 1 March 2016. doi:10.7326/M15-3016.
2. Mosca A, Goodall I, Hoshino T, Jeppsson 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

CHLORIDE,BLOOD (Method:ISE INDIRECT)	108	99-109	mEq/L

TOTAL PROTEIN [BLOOD] ALB:GLO RATIO , .			
TOTAL PROTEIN (Method:BIURET METHOD)	7.90	5.7-8.2 g/dL	g/dL
ALBUMIN (Method:BCG Dye Binding)	4.5	3.2-4.8 g/dL	g/dL
GLOBULIN (Method:Calculated)	**3.40**	1.8-3.2	g/dl
AG Ratio (Method:Calculated)	1.32	1.0-2.5	

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



Dr. Sudeshna Baral
M.B.B.S MD.
(Biochemistry)
(Consultant Biochemist)
Reg No. WBMC 64124

Lab No.	: CHP/23-03-2024/SR8904127	**Lab Add.**	: Newtown,Kolkata-700156
Patient Name	: GYAN VARDHAN	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	: 27 Y 0 M 0 D	**Collection Date**	: 23/Mar/2024 09:06AM
Gender	: F	Report Date	: 23/Mar/2024 01:36PM

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Bio Ref. Interval	Unit
CBC WITH PLATELET (THROMBOCYTE) COUNT , *EDTA WHOLE BLOOD*			
HEMOGLOBIN (Method:PHOTOMETRIC)	13.0	12 - 15	g/dL
WBC (Method:DC detection method)	6.7	4 - 10	*10^3/µL
RBC (Method:DC detection method)	4.36	3.8 - 4.8	*10^6/µL
PLATELET (THROMBOCYTE) COUNT (Method:DC detection method/Microscopy)	180	150 - 450*10^3	*10^3/µL
DIFFERENTIAL COUNT			
NEUTROPHILS (Method:Flowcytometry/Microscopy)	48	40 - 80 %	%
LYMPHOCYTES (Method:Flowcytometry/Microscopy)	37	20 - 40 %	%
MONOCYTES (Method:Flowcytometry/Microscopy)	08	2 - 10 %	%
EOSINOPHILS (Method:Flowcytometry/Microscopy)	**07**	1 - 6 %	%
BASOPHILS (Method:Flowcytometry/Microscopy)	00	0-0.9%	%
CBC SUBGROUP			
HEMATOCRIT / PCV (Method:Calculated)	40.1	36 - 46 %	%
MCV (Method:Calculated)	91.9	83 - 101 fl	fl
MCH (Method:Calculated)	29.8	27 - 32 pg	pg
MCHC (Method:Calculated)	32.4	31.5-34.5 gm/dl	gm/dl
RDW - RED CELL DISTRIBUTION WIDTH (Method:Calculated)	**14.4**	11.6-14%	%
PDW-PLATELET DISTRIBUTION WIDTH (Method:Calculated)	27.7	8.3 - 25 fL	fL
MPV-MEAN PLATELET VOLUME (Method:Calculated)	12.5	7.5 - 11.5 fl	
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		

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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Age	**:** 27 Y 0 M 0 D	**Collection Date**	**:** 23/Mar/2024 09:06AM
Gender	**:** F	Report Date	**:** 23/Mar/2024 01:36PM

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Bio Ref. Interval	Unit

Historical records check not performed.

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

Bidisha Chakraborty

Dr. Bidisha Chakraborty
Consultant Pathologist
MD, DNB (Pathology)
Dip RC Path(UK)
Reg No. WBMC 73067

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Lab No.	**:** CHP/23-03-2024/SR8904127	**Lab Add.**	**:**
Patient Name	: GYAN VARDHAN	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	**:** 27 Y 0 M 0 D	**Collection Date**	**:**
Gender	**:** F	Report Date	**:** 23/Mar/2024 02:27PM

DEPARTMENT OF X-RAY

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 in central position. Trachea is in midline.

Domes of diaphragm are smoothly outlined. Position is within normal limits.

Lateral costo-phrenic angles are clear.

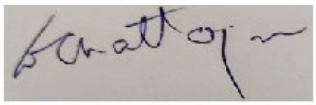
The cardio-thoracic ratio is normal.

Bony thorax reveals no definite abnormality.

IMPRESSION:

Normal study.

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



DR. DWAIPAYAN CHATTERJEE
MD (Radiodiagnosis), DNB
JIPMER
WBMC 84141

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Suraksha DIAGNOSTICS

Lab No.	**:** CHP/23-03-2024/SR8904127	**Lab Add.**	**:**
Patient Name	: GYAN VARDHAN	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	**:** 27 Y 0 M 0 D	**Collection Date**	**:**
Gender	**:** F	Report Date	**:** 23/Mar/2024 03:57PM

DEPARTMENT OF CARDIOLOGY

E.C.G. REPORT

DATA		
HEART RATE	57	Bpm
PR INTERVAL	186	Ms
QRS DURATION	74	Ms
QT INTERVAL	400	Ms
QTC INTERVAL	392	Ms
AXIS		
P WAVE	36	Degree
QRS WAVE	56	Degree
T WAVE	26	Degree

IMPRESSION : **Sinus rhythm with bradycardia.**
Incomplete right bundle branch block.
Other wise normal ECG.

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

Dr. SOUMEN MAJUMDAR
Department of Non-invasive Cardiology

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E-mail: info@surakshanet.com | Website: www.surakshanet.com

Lab No.	: CHP/23-03-2024/SR8904127	**Lab Add.**	:
Patient Name	: GYAN VARDHAN	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	: 27 Y 0 M 0 D	**Collection Date**	:
Gender	: F	Report Date	: 23/Mar/2024 11:40AM

DEPARTMENT OF ULTRASONOGRAPHY

DEPARTMENT OF ULTRASONOGRAPHY
REPORT ON EXAMINATION OF WHOLE ABDOMEN

LIVER
Liver is nomal in size 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 3 mm. with no intraluminal pathology (Calculi /mass) could be detected at its visualsed part. Portal vein is normal (8 mm.) at porta.

GALL BLADDER
Gallbladder is physiologically distended. Wall thickness appears normal. No intraluminal pathology (Calculi/mass) could be detected. 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 (78 mm). Homogenous and smooth echotexture without any focal lesion. Splenic vein at hilum appears normal. No definite collaterals could be detected.

KIDNEYS
Both the kidneys are normal in shape, size (Rt. kidney 100 mm. & Lt. kidney 96 mm.) axes & position. Cortical echogenecity appears normal maintaining cortico-medullary & cortico-hepatic differentiation. Margin is regular and cortical thickness is uniform. No calcular disease noted. No hydronephrotic changes detected.

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 anteverted, **bulky in size (44 mm x 97 mm x 37 mm)**. Endometrium (collapsed wall) is in midline (4 mm). Myometrium appears smooth & homogenous without any detectable/sizable focal lesion.
Cervix looks normal.
Pouch of Douglas is free.

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

OVARIES
Ovaries are normal in size, shape, position, margin and echotexture.
Right ovary measures : 35 mm x 18 mm.
Left Ovary measures : 29 mm x 19 mm.

RETROPERITONEUM , PERITONEUM & LOWER PLEURAL SPACE
No ascites noted. No definite evidence of any mass lesion detected. No detectable evidence of enlarged lymph nodes noted. Visualised part of aorta & IVC are within normal limit.No effusion noted at costo-phrenic angles.

IMPRESSION
Bulky uterus.

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Gender	**:** F	Report Date	**:** 23/Mar/2024 11:40AM

DEPARTMENT OF ULTRASONOGRAPHY

-- Correlate clinically.

Kindly note

Ø ***Ultrasound is not the modality of choice to rule out subtle bowel lesion.***
Ø ***Please Intimate us for any typing mistakes and send the report for correction within 7 days.***
Ø *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 GITA BAIDYAA
CONSULTANT SONOLOGIST

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

SURAKSHA DIAGNOSTIC,RAJARHAT,KOLKATA **PATIENT REPORT**

BIO-RAD VARIANT-II TURBO CDM5.4. SN-16122 **V2TURBO_A1c_2.0**

Patient Data

Sample ID:	D02135662852
Patient ID:	SR8904127
Name:	GYAN VARDHAN
Physician:	
Sex:	F
DOB:	

Comments:

Analysis Data

Analysis Performed:	23/MAR/2024 13:00:04
Injection Number:	10669
Run Number:	136
Rack ID:	0004
Tube Number:	4
Report Generated:	23/MAR/2024 13:11:36
Operator ID:	ASIT

Peak Name	NGSP %	Area %	Retention Time (min)	Peak Area
Unknown	---	0.1	0.115	2917
A1a	---	0.9	0.166	23202
A1b	---	0.7	0.232	18772
F	---	0.7	0.280	18541
LA1c	---	1.7	0.406	45130
A1c	4.9	---	0.512	108321
P3	---	3.1	0.790	83422
P4	---	1.1	0.869	29141
Ao	---	87.7	0.988	2348355

Total Area: 2,677,802

HbA1c (NGSP) = 4.9 % HbA1c (IFCC) = 30 mmol/mol