



Lab No.	: DUR/23-03-2024/SR8904529	Lab Add.	: Newtown,Kolkata-700156
Patient Name	: BANI GANGULY	Ref Dr.	: Dr.MEDICAL OFFICER
Age	: 40 Y 8 M 0 D	Collection Date	: 23/Mar/2024 10:11AM
Gender	: F	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)	2.9	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/SR8904529	Lab Add. : CITY CENTER, DURGAPUR PIN-713211
Patient Name : BANI GANGULY	Ref Dr. : Dr.MEDICAL OFFICER
Age : 40 Y 8 M 0 D	Collection Date : 23/Mar/2024 10:11AM
Gender : F	Report Date : 23/Mar/2024 02:31PM



DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
SGOT/AST (Method:IFCC Kinetic Method)	12	< 40	U/L
SGPT/ALT (Method:IFCC Kinetic Method)	9	< 41	U/L
POTASSIUM,BLOOD (Method:ISE DIRECT)	5.00	3.1-5.5 mEq/L	mEq/L
UREA,BLOOD (Method:UREASE-GLDH)	22.3	12.8-42.8	mg/dl
CALCIUM,BLOOD (Method:ARSENAZO III)	8.90	8.6 - 10.2 mg/dl	mg/dL
URIC ACID,BLOOD (Method:URICASE)	4.40	2.6 - 6.0	mg/dl
*TOTAL PROTEIN [BLOOD] ALB:GLO RATIO , .			
TOTAL PROTEIN (Method:BIURET METHOD)	6.30	6.6 - 8.7	g/dL
ALBUMIN (Method:BCG)	3.9	3.5-5.2 g/dl	g/dl
GLOBULIN (Method:Calculated)	2.40	1.8-3.2	g/dl
AG Ratio (Method:Calculated)	1.63	1.0 - 2.5	
GLUCOSE,PP (Method:GOD POD)	187	(70 - 140 mg/dl)	

PLEASE CORRELATE CLINICALLY AND WITH DIATERY HISTORY.

*GLYCATED HAEMOGLOBIN (HBA1C) , EDTA WHOLE BLOOD			
GLYCATED HEMOGLOBIN (HBA1C)	5.5	***FOR BIOLOGICAL REFERENCE INTERVAL DETAILS , PLEASE REFER TO THE BELOW MENTIONED REMARKS/NOTE WITH ADDITIONAL CLINICAL INFORMATION ***	%
HbA1c (IFCC) (Method:HPLC)	37.0		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.

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DEPARTMENT OF BIOCHEMISTRY

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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:
- 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.
 - 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:CHOD PAP Method)	166	Desirable: < 200 mg/dL Borderline high: 200-239 High: > or =240 mg/dL	mg/dL
TRIGLYCERIDES (Method:GPO-PAP)	248	NORMAL < 150 BORDERLINE HIGH 150-199 HIGH 200-499 VERY HIGH > 500	mg/dL
HDL CHOLESTEROL (Method:DIRECT METHOD)	57	42-88 mg/dl	mg/dL
LDL CHOLESTEROL DIRECT (Method:Direct Method)	90	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)	19	< 40 mg/dl	mg/dL
CHOL HDL Ratio (Method:Calculated)	2.9	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:Diazotized DCA Method)	0.40	< 1.2	mg/dL

GLUCOSE,FASTING (Method:GOD POD)	110	(70 - 110 mg/dl)	mg/dL
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SODIUM,BLOOD (Method:ISE DIRECT)	134	136 - 145	mEq/L
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CREATININE, BLOOD (Method:ENZYMATIC)	0.52	0.60 - 1.1 mg/dl	mg/dL
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*THYROID PANEL (T3, T4, TSH) , GEL SERUM			
T3-TOTAL (TRI IODOTHYRONINE) (Method:CLIA)	1.60	0.9 - 2.2 ng/ml	ng/ml
T4-TOTAL (THYROXINE) (Method:CLIA)	14.8	5.5-16 microgram/dl	5.5-16 microgram/dl
TSH (THYROID STIMULATING HORMONE) (Method:CLIA)	2.2	0.5-4.7	µIU/mL

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
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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>.

BILIRUBIN (DIRECT) (Method:Diazotized DCA Method)	0.20	< 0.3	mg/dL
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ALKALINE PHOSPHATASE (Method:AMP)	85	42-98 U/L	U/L
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CHLORIDE,BLOOD (Method:ISE DIRECT)	100	98 - 107	mEq/L
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*** End Of Report ***

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



Lab No.	: DUR/23-03-2024/SR8904529	Lab Add.	: Newtown,Kolkata-700156
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Age	: 40 Y 8 M 0 D	Collection Date	: 23/Mar/2024 10:11AM
Gender	: F	Report Date	: 23/Mar/2024 05:55PM



DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Bio Ref. Interval	Unit
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BLOOD GROUP ABO+RH [GEL METHOD] , EDTA WHOLE BLOOD			
ABO (Method:Gel Card)	AB		
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.

Historical records check not performed.

*** End Of Report ***

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

Lab No. : DUR/23-03-2024/SR8904529	Lab Add. : CITY CENTER, DURGAPUR PIN-713211
Patient Name : BANI GANGULY	Ref Dr. : Dr.MEDICAL OFFICER
Age : 40 Y 8 M 0 D	Collection Date : 23/Mar/2024 10:11AM
Gender : F	Report Date : 23/Mar/2024 02:38PM



DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Bio Ref. Interval	Unit
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*CBC WITH PLATELET (THROMBOCYTE) COUNT , EDTA WHOLE BLOOD			
HEMOGLOBIN (Method:PHOTOMETRIC)	11.4	12 - 15	g/dL
WBC (Method:DC detection method)	10.4	4 - 10	*10 ³ /μL
RBC (Method:DC detection method)	4.17	3.8 - 4.8	*10 ⁶ /μL
PLATELET (THROMBOCYTE) COUNT (Method:DC detection method/Microscopy)	159	150 - 450*10 ³	*10 ³ /μL
<u>DIFFERENTIAL COUNT</u>			
NEUTROPHILS (Method:Flowcytometry/Microscopy)	69	40 - 80 %	%
LYMPHOCYTES (Method:Flowcytometry/Microscopy)	27	20 - 40 %	%
MONOCYTES (Method:Flowcytometry/Microscopy)	03	2 - 10 %	%
EOSINOPHILS (Method:Flowcytometry/Microscopy)	01	1 - 6 %	%
BASOPHILS (Method:Flowcytometry/Microscopy)	00	0-0.9%	%
<u>CBC SUBGROUP</u>			
HEMATOCRIT / PCV (Method:Calculated)	34.7	36 - 46 %	%
MCV (Method:Calculated)	83.4	83 - 101 fl	fl
MCH (Method:Calculated)	27.3	27 - 32 pg	pg
MCHC (Method:Calculated)	32.7	31.5-34.5 gm/dl	gm/dl
RDW - RED CELL DISTRIBUTION WIDTH (Method:Calculated)	15.0	11.6-14%	%
PDW-PLATELET DISTRIBUTION WIDTH (Method:Calculated)	33.6	8.3 - 25 fL	fL
MPV-MEAN PLATELET VOLUME (Method:Calculated)	14.1	7.5 - 11.5 fl	

*ESR (ERYTHROCYTE SEDIMENTATION RATE) , EDTA WHOLE BLOOD			
1stHour (Method:Westergren)	71	0.00 - 20.00 mm/hr	mm/hr

*** End Of Report ***

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

Lab No. : DUR/23-03-2024/SR8904529
Patient Name : BANI GANGULY
Age : 40 Y 8 M 0 D
Gender : F

Lab Add. :
Ref Dr. : Dr.MEDICAL OFFICER
Collection Date :
Report Date : 23/Mar/2024 02:59PM



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:

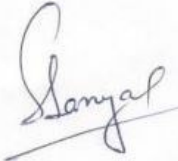
Normal study.

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/SR8904529	Lab Add. : CITY CENTER, DURGAPUR PIN-713211
Patient Name : BANI GANGULY	Ref Dr. : Dr.MEDICAL OFFICER
Age : 40 Y 8 M 0 D	Collection Date : 24/Mar/2024 06:44AM
Gender : F	Report Date : 24/Mar/2024 12:31PM



DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Bio Ref. Interval	Unit
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*URINE ROUTINE ALL, ALL , URINE			
<u>PHYSICAL EXAMINATION</u>			
COLOUR	PALE YELLOW		
APPEARANCE	SLIGHTLY HAZY		
<u>CHEMICAL EXAMINATION</u>			
pH (Method:Dipstick (triple indicator method))	6.0	4.6 - 8.0	
SPECIFIC GRAVITY (Method:Dipstick (ion concentration method))	1.025	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)	1-2	0-5	/hpf
EPITHELIAL CELLS (Method:Microscopy)	1-2	0-5	/hpf
RED BLOOD CELLS (Method:Microscopy)	2-3	0-2	/hpf
CAST (Method:Microscopy)	NOT DETECTED	NOT DETECTED	
CRYSTALS (Method:Microscopy)	CALCIUM OXALATE PRESENT	NOT DETECTED	
BACTERIA (Method:Microscopy)	NOT DETECTED	NOT DETECTED	
YEAST (Method:Microscopy)	NOT DETECTED	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.

Lab No.	: DUR/23-03-2024/SR8904529	Lab Add.	: CITY CENTER, DURGAPUR PIN-713218
Patient Name	: BANI GANGULY	Ref Dr.	: Dr.MEDICAL OFFICER
Age	: 40 Y 8 M 0 D	Collection Date	: 24/Mar/2024 06:44AM
Gender	: F	Report Date	: 24/Mar/2024 12:31PM



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

Lab No. : DUR/23-03-2024/SR8904529
Patient Name : BANI GANGULY
Age : 40 Y 8 M 0 D
Gender : F

Lab Add. :
Ref Dr. : Dr.MEDICAL OFFICER
Collection Date :
Report Date : 23/Mar/2024 03:01PM



DEPARTMENT OF CARDIOLOGY
DEPARTMENT OF CARDIOLOGY
REPORT OF E.C.G.

DATA		
HEART RATE	90	Bpm
PR INTERVAL	106	Ms
QRS DURATION	92	Ms
QT INTERVAL	352	Ms
QTC INTERVAL	435	Ms
AXIS		
P WAVE	40	Degree
QRS WAVE	-9	Degree
T WAVE	15	Degree
IMPRESSION	:	<ul style="list-style-type: none">• Normal Sinus rhythm.

Please correlate clinically

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