Lab No.	: SL2/29-03-2024/SR8924984	**Lab Add.**	: Newtown,Kolkata-700156
Patient Name	: KAJAL KIRAN	**Ref Dr.**	: Dr.SELF .
Age	: 34 Y 0 M 0 D	**Collection Date**	: 29/Mar/2024 10:33AM
Gender	: F	Report Date	: 29/Mar/2024 03:18PM

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
CHLORIDE,BLOOD , . (Method:ISE INDIRECT)	102	99-109	mEq/L
THYROID PANEL (T3, T4, TSH) , *GEL SERUM*			
T3-TOTAL (TRI IODOTHYRONINE) (Method:CLIA)	1.25	0.60-1.81 ng/ml	ng/ml
T4-TOTAL (THYROXINE) (Method:CLIA)	10.1	3.2-12.6	µg/dL
TSH (THYROID STIMULATING HORMONE) (Method:CLIA)	2.083	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*
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)	137	132 - 146	mEq/L
UREA,BLOOD (Method:Urease with GLDH)	25.7	19-49	mg/dL
PHOSPHORUS-INORGANIC,BLOOD (Method:Phosphomolybdate/UV)	3.6	2.4-5.1 mg/dL	mg/dL
URIC ACID,BLOOD (Method:Uricase/Peroxidase)	4.40	2.6-6.0	mg/dL
POTASSIUM,BLOOD (Method:ISE INDIRECT)	3.90	3.5-5.5	mEq/L
CALCIUM,BLOOD (Method:Arsenazo III)	9.40	8.7-10.4	mg/dL

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Age	**:** 34 Y 0 M 0 D	**Collection Date**	**:** 29/Mar/2024 10:33AM
Gender	**:** F	Report Date	**:** 29/Mar/2024 03:18PM

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
GLUCOSE,FASTING (Method:Gluc Oxidase Trinder)	82	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.

CREATININE, BLOOD (Method:Jaffe, alkaline picrate, kinetic)	0.64	0.5-1.1	mg/dL

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

Dr NEEPA CHOWDHURY
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Lab No.	**:** SL2/29-03-2024/SR8924984	**Lab Add.**	**:** Newtown,Kolkata-700156
Patient Name	: KAJAL KIRAN	**Ref Dr.**	: Dr.SELF .
Age	**:** 34 Y 0 M 0 D	**Collection Date**	**:** 29/Mar/2024 10:33AM
Gender	**:** F	Report Date	**:** 29/Mar/2024 03:55PM

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)	77	Normal:: < 150, BorderlineHigh::150-199, High:: 200-499, VeryHigh::>500	mg/dL
HDL CHOLESTEROL (Method:Elimination/catalase)	47	< 40 - Low 40-59- Optimum 60 - High	mg/dl
LDL CHOLESTEROL DIRECT (Method:Elimination / Catalase)	78	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)	16	< 40 mg/dl	mg/dl
CHOL HDL Ratio (Method:Calculated)	3.0	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.*

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 :- 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.
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.

Lab No.	: SL2/29-03-2024/SR8924984	**Lab Add.**	: Newtown,Kolkata-700156
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Gender	: F	Report Date	: 29/Mar/2024 03:55PM

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit

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

TOTAL PROTEIN [BLOOD] ALB:GLO RATIO , .

TOTAL PROTEIN (Method:BIURET METHOD)	7.60	5.7-8.2 g/dL	g/dL
ALBUMIN (Method:BCG Dye Binding)	4.7	3.2-4.8 g/dL	g/dL
GLOBULIN (Method:Calculated)	2.90	1.8-3.2	g/dl
AG Ratio (Method:Calculated)	1.62	1.0-2.5	

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

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(Biochemistry)
(Consultant Biochemist)
Reg No. WBMC 64124

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Lab No.	**:** SL2/29-03-2024/SR8924984	**Lab Add.**	**:** Newtown,Kolkata-700156
Patient Name	: KAJAL KIRAN	**Ref Dr.**	: Dr.SELF .
Age	**:** 34 Y 0 M 0 D	**Collection Date**	**:** 29/Mar/2024 10:33AM
Gender	**:** F	Report Date	**:** 29/Mar/2024 02:02PM

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Bio Ref. Interval	Unit
CBC WITH PLATELET (THROMBOCYTE) COUNT , *EDTA WHOLE BLOOD*			
HEMOGLOBIN (Method:PHOTOMETRIC)	**10.6**	12 - 15	g/dL
WBC (Method:DC detection method)	4.9	4 - 10	*10^3/µL
RBC (Method:DC detection method)	**3.79**	3.8 - 4.8	*10^6/µL
PLATELET (THROMBOCYTE) COUNT (Method:DC detection method/Microscopy)	172	150 - 450*10^3	*10^3/µL
DIFFERENTIAL COUNT			
NEUTROPHILS (Method:Flowcytometry/Microscopy)	45	40 - 80 %	%
LYMPHOCYTES (Method:Flowcytometry/Microscopy)	**46**	20 - 40 %	%
MONOCYTES (Method:Flowcytometry/Microscopy)	07	2 - 10 %	%
EOSINOPHILS (Method:Flowcytometry/Microscopy)	02	1 - 6 %	%
BASOPHILS (Method:Flowcytometry/Microscopy)	00	0-0.9%	%
CBC SUBGROUP			
HEMATOCRIT / PCV (Method:Calculated)	**33.3**	36 - 46 %	%
MCV (Method:Calculated)	87.9	83 - 101 fl	fl
MCH (Method:Calculated)	28.0	27 - 32 pg	pg
MCHC (Method:Calculated)	31.8	31.5-34.5 gm/dl	gm/dl
RDW - RED CELL DISTRIBUTION WIDTH (Method:Calculated)	**15.4**	11.6-14%	%
PDW-PLATELET DISTRIBUTION WIDTH (Method:Calculated)	26.4	8.3 - 25 fL	fL
MPV-MEAN PLATELET VOLUME (Method:Calculated)	12.8	7.5 - 11.5 fl	

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

Bidisha Chakraborty

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

Lab No.	**:** SL2/29-03-2024/SR8924984	**Lab Add.**	**:** Newtown,Kolkata-700156
Patient Name	: KAJAL KIRAN	**Ref Dr.**	: Dr.SELF .
Age	**:** 34 Y 0 M 0 D	**Collection Date**	**:** 29/Mar/2024 10:33AM
Gender	**:** F	Report Date	**:** 29/Mar/2024 03:16PM

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Bio Ref. Interval	Unit
ESR (ERYTHROCYTE SEDIMENTATION RATE) , *EDTA WHOLE BLOOD*			
1stHour (Method:Westergren)	13	0.00 - 20.00 mm/hr	mm/hr
BLOOD GROUP ABO+RH [GEL METHOD] , *EDTA WHOLE BLOOD*			
ABO (Method:Gel Card)	A		
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 *****

Kaushik Dey
MD (PATHOLOGY)
CONSULTANT PATHOLOGIST
Reg No. WBMC 66405

Lab No.	**:** SL2/29-03-2024/SR8924984	**Lab Add.**	**:**
Patient Name	: KAJAL KIRAN	**Ref Dr.**	: Dr.SELF .
Age	**:** 34 Y 0 M 0 D	**Collection Date**	**:**
Gender	**:** F	Report Date	**:** 01/Apr/2024 11:44AM

DEPARTMENT OF X-RAY

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

FINDINGS :

Bilateral lung fields appear unremarkable.

No abnormal lucency or opacity seen

Bilateral hilum appear normal in size, density and location.

Cardiac shadow appears normal.

Dome of both hemi-diaphragm are normal in position and contour.

Both cardiophrenic and costophrenic angle appears normal.

Bony thorax appears normal.

IMPRESSION –

No significant abnormality

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

Dr. Deoyani Sarjare
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Lab No.	: SL2/29-03-2024/SR8924984	**Lab Add.**	: Newtown,Kolkata-700156
Patient Name	: KAJAL KIRAN	**Ref Dr.**	: Dr.SELF .
Age	: 34 Y 0 M 0 D	**Collection Date**	: 29/Mar/2024 10:39AM
Gender	: F	Report Date	: 29/Mar/2024 03:20PM

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))	6.5	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)	4-6	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)	SCANTY	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.

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DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Bio Ref. Interval	Unit

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.

Kaushik Dey

MD (PATHOLOGY)
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SURAKSHA DIAGNOSTIC,RAJARHAT,KOLKATA **PATIENT REPORT**

BIO-RAD VARIANT-II TURBO CDM5.4 SN-15893 **V2TURBO_A1c_2.0**

Patient Data

Sample ID:	D02135581301
Patient ID:	SR8924984
Name:	KAJAL KIRAN
Physician:	
Sex:	F
DOB:	

Comments:

Analysis Data

Analysis Performed:	03/29/2024 15:55:04
Injection Number:	1370
Run Number:	12
Rack ID:	0004
Tube Number:	7
Report Generated:	03/29/2024 16:00:27
Operator ID:	TRISHA

Peak Name	NGSP %	Area %	Retention Time (min)	Peak Area
A1a	---	1.0	0.157	26101
A1b	---	1.0	0.222	24873
F	---	0.7	0.269	18331
LA1c	---	1.8	0.396	46137
A1c	5.5	---	0.501	116105
P3	---	3.5	0.784	88646
P4	---	1.3	0.860	32462
Ao	---	86.1	0.986	2191628

Total Area: 2,544,283

HbA1c (NGSP) = 5.5 % HbA1c (IFCC) = 37 mmol/mol