



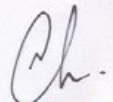
Lab No.	: KNK/29-03-2024/SR8926113	Lab Add.	: Newtown,Kolkata-700156
Patient Name	: RATNA MONDAL	Ref Dr.	: Dr.MEDICAL OFFICER
Age	: 46 Y 0 M 5 D	Collection Date	: 29/Mar/2024 12:13PM
Gender	: F	Report Date	: 30/Mar/2024 04:09PM



DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
CHLORIDE,BLOOD , . (Method:ISE INDIRECT)	105	99-109	mEq/L
PHOSPHORUS-INORGANIC,BLOOD (Method:Phosphomolybdate/UV)	4.3	2.4-5.1 mg/dL	mg/dL
POTASSIUM,BLOOD (Method:ISE INDIRECT)	4.20	3.5-5.5	mEq/L
SODIUM,BLOOD (Method:ISE INDIRECT)	140	132 - 146	mEq/L

*** End Of Report ***


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

Lab No. : KNK/29-03-2024/SR8926113	Lab Add. : Nadia, Krishnanagar - 741101
Patient Name : RATNA MONDAL	Ref Dr. : Dr.MEDICAL OFFICER
Age : 46 Y 0 M 5 D	Collection Date : 29/Mar/2024 12:13PM
Gender : F	Report Date : 29/Mar/2024 05:49PM



DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
UREA,BLOOD (Method:Urease with GLDH)	23.0	19 - 49	mg/dL
GLUCOSE,FASTING (Method:Hexokinase Method)	128	Impaired Fasting-100-125 . Diabetes- >= 126. Fasting is defined as no caloric intake for at least 8 hours.	mg/dL
CALCIUM,BLOOD (Method:Modified OCPC)	8.80	8.7-10.4 mg/dL	mg/dL
*TOTAL PROTEIN [BLOOD] ALB:GLO RATIO , .			
TOTAL PROTEIN (Method:BIURET METHOD)	7.70	5.7-8.2	g/dL
ALBUMIN (Method:BCG Dye Binding)	3.8	3.2-4.8 g/dL	g/dL
GLOBULIN (Method:Calculated)	3.90	1.8-3.2	g/dl
AG Ratio (Method:Calculated)	0.97	1.0 - 2.5	
*GLYCATED HAEMOGLOBIN (HBA1C) , EDTA WHOLE BLOOD			
GLYCATED HEMOGLOBIN (HBA1C)	7.5	***FOR BIOLOGICAL REFERENCE INTERVAL DETAILS , PLEASE REFER TO THE BELOW MENTIONED REMARKS/NOTE WITH ADDITIONAL CLINICAL INFORMATION ***	
HbA1c (IFCC) (Method:HPLC)	59.0		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-D10
Method : HPLC Ion 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 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.

Lab No. : KNK/29-03-2024/SR8926113	Lab Add. : Nadia, Krishnanagar - 741101
Patient Name : RATNA MONDAL	Ref Dr. : Dr.MEDICAL OFFICER
Age : 46 Y 0 M 5 D	Collection Date : 29/Mar/2024 12:13PM
Gender : F	Report Date : 29/Mar/2024 05:49PM



DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
-----------	--------	-------------------	------

[PDF Attached](#)

*LIPID PROFILE , GEL SERUM			
CHOLESTEROL-TOTAL (Method:CHOD – PAP)	275	Desirable: < 200 mg/dL Borderline high: 200-239 mg/dL High: > or =240 mg/dL	mg/dL
TRIGLYCERIDES (Method:ENZYMATIC (END POINT))	229	Normal:: < 150, BorderlineHigh::150-199, High:: 200-499, VeryHigh::>500	mg/dL
HDL CHOLESTEROL (Method:ENZYMATIC (PEG))	53	< 40 - Low 40-59- Optimum 60 - High	mg/dl
LDL CHOLESTEROL DIRECT (Method:HOMOGENOUS ENZYMATIC)	170	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)	52	< 40 mg/dl	mg/dL
CHOL HDL Ratio (Method:Calculated)	5.2	LOW RISK 3.3-4.4 AVERAGE RISK 4.47-7.1 MODERATE RISK 7.1-11.0 HIGH RISK >11.0	

GLUCOSE,PP (Method:Hexokinase Method)	283	Impaired Glucose Tolerance-140 to 199. Diabetes>= 200.	mg/dL
-------------------------------------------------	------------	-----------------------------------------------------------	-------

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

*THYROID PANEL (T3, T4, TSH) , GEL SERUM			
T3-TOTAL (TRI IODOTHYRONINE) (Method:CLIA)	1.13	0.60-1.81 ng/ml	ng/ml
T4-TOTAL (THYROXINE) (Method:CLIA)	6.5	3.2-12.6	µg/dL
TSH (THYROID STIMULATING HORMONE) (Method:CLIA)	1.84	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>.

URIC ACID,BLOOD (Method:URICASE)	5.50	2.6-6.0	mg/dL
--------------------------------------------	------	---------	-------

Lab No. : KNK/29-03-2024/SR8926113

Lab No.	: KNK/29-03-2024/SR8926113	Lab Add.	: Nadia, Krishnanagar - 741101
Patient Name	: RATNA MONDAL	Ref Dr.	: Dr.MEDICAL OFFICER
Age	: 46 Y 0 M 5 D	Collection Date	: 29/Mar/2024 12:13PM
Gender	: F	Report Date	: 29/Mar/2024 05:49PM



DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
-----------	--------	-------------------	------

*** End Of Report ***

DR. SHABNAM PARVIN
MD (Pathology)
Consultant Pathologist
Reg No. WBMC 64876

Lab No. : KNK/29-03-2024/SR8926113	Lab Add. : Nadia, Krishnanagar - 741101
Patient Name : RATNA MONDAL	Ref Dr. : Dr.MEDICAL OFFICER
Age : 46 Y 0 M 5 D	Collection Date : 29/Mar/2024 12:13PM
Gender : F	Report Date : 29/Mar/2024 03:26PM



DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Bio Ref. Interval	Unit
-----------	--------	-------------------	------

Test Name	Result	Bio Ref. Interval	Unit
*CBC WITH PLATELET (THROMBOCYTE) COUNT , EDTA WHOLE BLOOD			
HEMOGLOBIN (Method:PHOTOMETRIC)	12.6	12 - 15	g/dL
WBC (Method:DC detection method)	9.6	4 - 10	*10 ³ /μL
RBC (Method:DC detection method)	5.02	3.8 - 4.8	*10 ⁶ /μL
PLATELET (THROMBOCYTE) COUNT (Method:DC detection method/Microscopy)	152	150 - 450*10 ³	*10 ³ /μL
<u>DIFFERENTIAL COUNT</u>			
NEUTROPHILS (Method:Flowcytometry/Microscopy)	68	40 - 80 %	%
LYMPHOCYTES (Method:Flowcytometry/Microscopy)	26	20 - 40 %	%
MONOCYTES (Method:Flowcytometry/Microscopy)	04	2 - 10 %	%
EOSINOPHILS (Method:Flowcytometry/Microscopy)	02	1 - 6 %	%
BASOPHILS (Method:Flowcytometry/Microscopy)	00	0-0.9%	%
<u>CBC SUBGROUP</u>			
HEMATOCRIT / PCV (Method:Calculated)	39.8	36 - 46 %	%
MCV (Method:Calculated)	79.3	83 - 101 fl	fl
MCH (Method:Calculated)	25.0	27 - 32 pg	pg
MCHC (Method:Calculated)	31.6	31.5-34.5 gm/dl	gm/dl
RDW - RED CELL DISTRIBUTION WIDTH (Method:Calculated)	12.9	11.6-14%	%
PDW-PLATELET DISTRIBUTION WIDTH (Method:Calculated)	23.8	8.3 - 25 fL	fL
MPV-MEAN PLATELET VOLUME (Method:Calculated)	12.3	7.5 - 11.5 fl	
RBC	MICROCYTIC & HYPOCHROMIC		

*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.

Historical records check not performed.

*ESR (ERYTHROCYTE SEDIMENTATION RATE) , EDTA WHOLE BLOOD	
Lab No. :	KNK/29-03-2024/SR8926113

Lab No.	: KNK/29-03-2024/SR8926113	Lab Add.	: Nadia, Krishnanagar - 741101
Patient Name	: RATNA MONDAL	Ref Dr.	: Dr.MEDICAL OFFICER
Age	: 46 Y 0 M 5 D	Collection Date	: 29/Mar/2024 12:13PM
Gender	: F	Report Date	: 29/Mar/2024 03:26PM



DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Bio Ref. Interval	Unit
1stHour (Method:Westergren)	20	0.00 - 20.00 mm/hr	mm/hr

*** End Of Report ***

DR. SHABNAM PARVIN
MD (Pathology)
Consultant Pathologist
Reg No. WBMC 64876

Lab No. : KNK/29-03-2024/SR8926113
Patient Name : RATNA MONDAL
Age : 46 Y 0 M 5 D
Gender : F

Lab Add. :
Ref Dr. : Dr.MEDICAL OFFICER
Collection Date :
Report Date : 30/Mar/2024 05:30AM



DEPARTMENT OF X-RAY

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

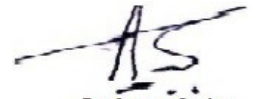
FINDINGS :

No active lung parenchymal lesion is seen.
Both the hila are normal in size, density and position.
Mediastinum is central. 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. Anoop Sastry
MBBS, DMRT(CAL)
CONSULTANT RADIOLOGIST
Registration No.: WB-36628

Lab No. : KNK/29-03-2024/SR8926113	Lab Add. : Nadia, Krishnanagar - 741101
Patient Name : RATNA MONDAL	Ref Dr. : Dr.MEDICAL OFFICER
Age : 46 Y 0 M 5 D	Collection Date : 29/Mar/2024 12:16PM
Gender : F	Report Date : 29/Mar/2024 03:29PM



DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Bio Ref. Interval	Unit
-----------	--------	-------------------	------

*URINE ROUTINE ALL, ALL , URINE			
<u>PHYSICAL EXAMINATION</u>			
COLOUR	PALE YELLOW		
APPEARANCE	SLIGHTLY HAZY		
<u>CHEMICAL EXAMINATION</u>			
pH (Method:DIPSTICK)	5	4.8 - 7.4	
SPECIFIC GRAVITY (Method:DIPSTICK)	1.025	1.016-1.022	
PROTEIN (Method:DIPSTICK(Protein Error Principle)/MANUAL)	PRESENT(+)	NOT DETECTED	
GLUCOSE (Method:DIPSTICK (Glucose Oxidase - peroxidase)/MANUAL)	NOT DETECTED	NOT DETECTED	
KETONES (ACETOACETIC ACID, ACETONE) (Method:Dipstick (Legals test)/Manual)	NOT DETECTED	NOT DETECTED	
BLOOD (Method:DIPSTICK(Pseudo Peroxidase Method))	NEGATIVE	NOT DETECTED	
BILIRUBIN (Method:DIPSTICK(Azo-Diazo Reaction)/MANUAL)	ABSENT	NEGATIVE	
UROBILINOGEN (Method:DIPSTICK(Diazonium Ion Reaction)/MANUAL)	NOT DETECTED	NORMAL	
NITRITE (Method:DIPSTICK(GRIESS TEST))	NEGATIVE	NEGATIVE	
LEUCOCYTE ESTERASE (Method:DIPSTICK)	NEGATIVE	NEGATIVE	
<u>MICROSCOPIC EXAMINATION</u>			
LEUKOCYTES (PUS CELLS) (Method:Microscopy)	3 - 4	0-5	/hpf
EPITHELIAL CELLS (Method:Microscopy)	8 - 10	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	
OTHERS	NIL		

- 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.	: KNK/29-03-2024/SR8926113	Lab Add.	: Nadia, Krishnanagar - 741101
Patient Name	: RATNA MONDAL	Ref Dr.	: Dr.MEDICAL OFFICER
Age	: 46 Y 0 M 5 D	Collection Date	: 29/Mar/2024 12:16PM
Gender	: F	Report Date	: 29/Mar/2024 03:29PM



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.

*** End Of Report ***

DR. SHABNAM PARVIN
MD (Pathology)
Consultant Pathologist
Reg No. WBMC 64876

Lab No. : KNK/29-03-2024/SR8926113
Patient Name : RATNA MONDAL
Age : 46 Y 0 M 5 D
Gender : F

Lab Add. :
Ref Dr. : Dr.MEDICAL OFFICER
Collection Date :
Report Date : 29/Mar/2024 02:55PM



DEPARTMENT OF CARDIOLOGY

E.C.G. REPORT

DATA		
HEART RATE	71	Bpm
PR INTERVAL	166	Ms
QRS DURATION	78	Ms
QT INTERVAL	350	Ms
QTC INTERVAL	385	Ms
AXIS		
P WAVE	64	Degree
QRS WAVE	62	Degree
T WAVE	39	Degree
IMPRESSION	:	Normal sinus rhythm, within normal limits.

*** End Of Report ***

ACRay

Dr. A C RAY
Department of Non-invasive
Cardiology

Lab No.	: KNK/29-03-2024/SR8926113	Lab Add.	:
Patient Name	: RATNA MONDAL	Ref Dr.	: Dr.MEDICAL OFFICER
Age	: 46 Y 0 M 5 D	Collection Date	:
Gender	: F	Report Date	: 01/Apr/2024 12:02PM



DEPARTMENT OF ULTRASONOGRAPHY

ULTRASONOGRAPHY OF WHOLE ABDOMEN

LIVER: Normal in shape and size but parenchymal echotexture shows grade “II” fatty changes. No focal lesion of altered echogenicity 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 with clear lumen. The common bile duct is normal in caliber. Visualized lumen is clear.

PANCREAS: It is normal in shape, size 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 shape, size 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 shape, size 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.

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

URINARY BLADDER: It is adequately distended providing optimum scanning window. The lumen is clear and wall thickness is normal.

UTERUS: It is normal in shape, size (7.71 cm x 4.65 cm x 3.34 cm) and echopattern. **Endometrial echo is thickened (thickness: 1.37 cm).** Myometrial echotexture is within normal. No focal SOL is seen. Cervix is normal.

OVARIES: Both the ovaries are normal in shape, size and echopattern. No focal SOL is seen.

Right Ovary measures: 2.50 x 1.65 cm.

Left Ovary measures: 2.14 x 2.01 cm.

ADNEXA: No adnexal SOL is noted.

POD: No fluid is seen.

IMPRESSION:

- Grade “II” fatty changes in Liver.
- Thickened endometrium echo.

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.*

Lab No. : KNK/29-03-2024/SR8926113

Lab Add. :

Patient Name : RATNA MONDAL

Ref Dr. : Dr.MEDICAL OFFICER

Age : 46 Y 0 M 5 D

Collection Date :

Gender : F

Report Date : 01/Apr/2024 12:02PM



DEPARTMENT OF ULTRASONOGRAPHY

∅ 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.

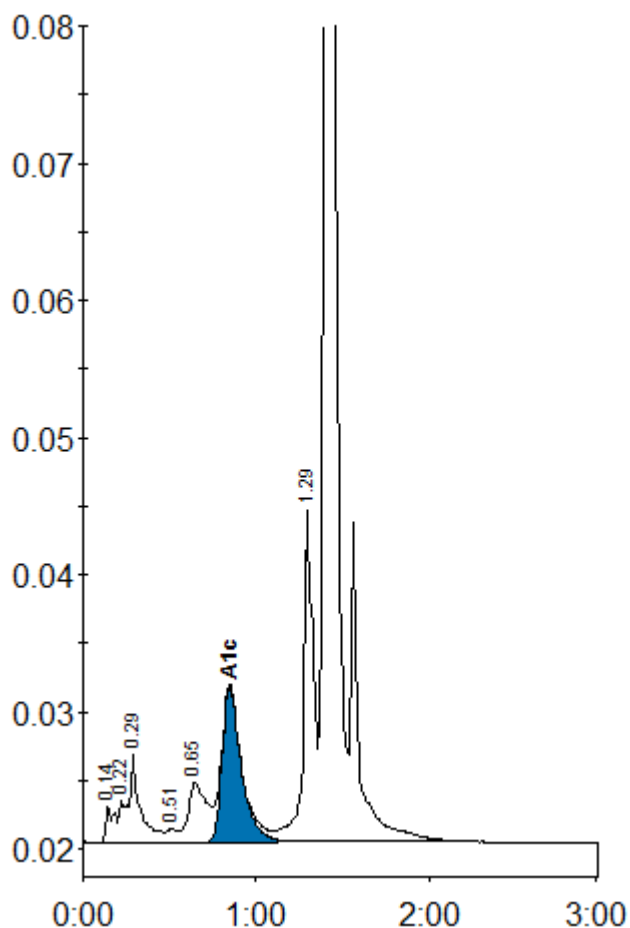
Patient Identity not verified.

DR. S.K. PRAMANIK
MD, Radiodiagnosis

Reg. No. – 77692 (WBMC)

Patient report

Sample ID: D02135598238
 Injection date 29/03/2024 01:26 PM
 Injection #: 34 D-10 Method: HbA1c
 Rack #: --- Rack position: 4
 Bio-Rad v: 5.00-2 S/N: #DM23E24805



Peak table - ID: D02135598238

Peak	R.time	Height	Area	Area %
A1a	0.14	2588	9489	0.6
Unknown	0.22	3242	6735	0.4
A1b	0.29	6614	28758	1.9
F	0.51	1007	4989	0.3
LA1c/CHb-1	0.65	4361	31539	2.1
A1c	0.85	11320	88006	7.5
P3	1.29	24485	99969	6.5
A0	1.40	518313	1263480	82.4
Total Area:			1532965	

Concentration:	%	mmol/mol
A1c	7.5	59