



Lab No.	: BKP/09-03-2024/SR8844288	Lab Add.	: Newtown,Kolkata-700156
Patient Name	: PRITAM GHOSH ROY	Ref Dr.	: Dr.MEDICAL OFFICER
Age	: 37 Y 3 M 22 D	Collection Date	: 09/Mar/2024 11:53AM
Gender	: M	Report Date	: 09/Mar/2024 07:01PM



DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
URIC ACID,BLOOD , GEL SERUM (Method:Uricase/Peroxidase)	6.30	3.5-7.2	mg/dL
ALKALINE PHOSPHATASE (Method:IFCC standardization)	100	46-116	U/L
GLUCOSE,PP (Method:Gluc Oxidase Trinder)	92	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.

CREATININE, BLOOD (Method:Jaffe, alkaline picrate, kinetic)	1.01	0.7-1.3	mg/dL
GLUCOSE,FASTING (Method:Gluc Oxidase Trinder)	90	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.

CALCIUM,BLOOD (Method:Arsenazo III)	9.60	8.7-10.4	mg/dL
BILIRUBIN (DIRECT) (Method:Vanadate oxidation)	0.20	<0.2	mg/dL
BILIRUBIN (TOTAL) , GEL SERUM BILIRUBIN (TOTAL) (Method:Vanadate oxidation)	0.60	0.3-1.2	mg/dL
POTASSIUM,BLOOD (Method:ISE INDIRECT)	4.00	3.5-5.5	mEq/L
UREA,BLOOD (Method:Urease with GLDH)	27.8	19-49	mg/dL
PHOSPHORUS-INORGANIC,BLOOD (Method:Phosphomolybdate/UV)	3.1	2.4-5.1 mg/dL	mg/dL



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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
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*** End Of Report ***

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



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Gender	: M	Report Date	: 09/Mar/2024 07:15PM

**DEPARTMENT OF BIOCHEMISTRY**

Test Name	Result	Bio Ref. Interval	Unit
THYROID PANEL (T3, T4, TSH) , GEL SERUM			
T3-TOTAL (TRI IODOTHYRONINE) (Method:CLIA)	0.87	0.60-1.81 ng/ml	ng/ml
T4-TOTAL (THYROXINE) (Method:CLIA)	8.1	3.2-12.6	µg/dL
TSH (THYROID STIMULATING HORMONE) (Method:CLIA)	1.027	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:

- 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.
- 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:

- 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>
- Kalra S, Agarwal S, Aggarwal R, Ranabir S. Trimester-specific thyroid-stimulating hormone: An indian perspective. *Indian J Endocr Metab* 2018;22:1-4.

SGPT/ALT (Method:Modified IFCC)	117	7-40	U/L
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Suggested follow up

Correlate clinically

SODIUM,BLOOD (Method:ISE INDIRECT)	143	132 - 146	mEq/L
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CHLORIDE,BLOOD (Method:ISE INDIRECT)	105	99-109	mEq/L
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SGOT/AST (Method:Modified IFCC)	47	13-40	U/L
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TOTAL PROTEIN [BLOOD] ALB:GLO RATIO , .			
TOTAL PROTEIN (Method:BIURET METHOD)	7.80	5.7-8.2 g/dL	g/dL

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**DEPARTMENT OF BIOCHEMISTRY**

Test Name	Result	Bio Ref. Interval	Unit
ALBUMIN (Method:BCG Dye Binding)	4.5	3.2-4.8 g/dL	g/dL
GLOBULIN (Method:Calculated)	3.30	1.8-3.2	g/dl
AG Ratio (Method:Calculated)	1.36	1.0-2.5	

URIC ACID, URINE, SPOT URINE			
URIC ACID, SPOT URINE (Method:URICASE)	86.00	37-92 mg/dL	mg/dL

GLYCATED HAEMOGLOBIN (HBA1C) , EDTA WHOLE BLOOD			
GLYCATED HEMOGLOBIN (HBA1C)	5.6	***FOR BIOLOGICAL REFERENCE INTERVAL DETAILS , PLEASE REFER TO THE BELOW MENTIONED REMARKS/NOTE WITH ADDITIONAL CLINICAL INFORMATION ***	%
HbA1c (IFCC) (Method:HPLC)	38.0		mmol/mol

RECOMMENDED FOR Hb-TYPING TO RULE OUT ANY HEMOGLOBINOPATHY WHICH MAY INTERFERE WITH THE TRUE VALUE OF HbA1C.**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 glycemc targets

- Ø Patients should use self-monitoring of blood glucose (SMBG) and HbA1c levels to assess glycemc 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 glycemc control.
- Ø If a patient changes treatment plans or does not meet his or her glycemc 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.

PDF Attached

LIPID PROFILE , GEL SERUM			
CHOLESTEROL-TOTAL (Method:Enzymatic)	193	Desirable: < 200 mg/dL Borderline high: 200-239 mg/dL High: > or =240 mg/dL	mg/dL

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DEPARTMENT OF BIOCHEMISTRY


Test Name	Result	Bio Ref. Interval	Unit
TRIGLYCERIDES (Method:GPO-Trinder)	315	Normal:: < 150, BorderlineHigh::150-199, High:: 200-499, VeryHigh::>500	mg/dL
HDL CHOLESTEROL (Method:Elimination/catalase)	26	< 40 - Low 40-59- Optimum 60 - High	mg/dl
LDL CHOLESTEROL DIRECT (Method:Elimination / Catalase)	106	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)	61	< 40 mg/dl	mg/dl
CHOL HDL Ratio (Method:Calculated)	7.4	LOW RISK 3.3-4.4 AVERAGE RISK 4.47-7.1 MODERATE RISK 7.1-11.0 HIGH RISK >11.0	

Suggested follow up

Correlate clinically

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.

*** End Of Report ***


Dr. SANCHAYAN SINHA
 MBBS, MD, DNB (BIOCHEMISTRY)
 CONSULTANT BIOCHEMIST
 Reg No. WBMC 63214



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Gender	: M	Report Date	: 09/Mar/2024 04:52PM



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)	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.

CBC WITH PLATELET (THROMBOCYTE) COUNT , EDTA WHOLE BLOOD			
HEMOGLOBIN (Method:PHOTOMETRIC)	12.6	13 - 17	g/dL
WBC (Method:DC detection method)	6.9	4 - 10	*10 ³ /μL
RBC (Method:DC detection method)	4.64	4.5 - 5.5	*10 ⁶ /μL
PLATELET (THROMBOCYTE) COUNT (Method:DC detection method/Microscopy)	165	150 - 450*10 ³	*10 ³ /μL
<u>DIFFERENTIAL COUNT</u>			
NEUTROPHILS (Method:Flowcytometry/Microscopy)	64	40 - 80 %	%
LYMPHOCYTES (Method:Flowcytometry/Microscopy)	26	20 - 40 %	%
MONOCYTES (Method:Flowcytometry/Microscopy)	07	2 - 10 %	%
EOSINOPHILS (Method:Flowcytometry/Microscopy)	03	1 - 6 %	%
BASOPHILS (Method:Flowcytometry/Microscopy)	00	0-0.9%	%
<u>CBC SUBGROUP</u>			
HEMATOCRIT / PCV (Method:Calculated)	38.6	40 - 50 %	%
MCV (Method:Calculated)	83.2	83 - 101 fl	fl
MCH (Method:Calculated)	27.3	27 - 32 pg	pg
MCHC (Method:Calculated)	32.8	31.5-34.5 gm/dl	gm/dl
RDW - RED CELL DISTRIBUTION WIDTH (Method:Calculated)	16.3	11.6-14%	%
PDW-PLATELET DISTRIBUTION WIDTH (Method:Calculated)	22.1	8.3 - 25 fL	fL
MPV-MEAN PLATELET VOLUME (Method:Calculated)	10.9	7.5 - 11.5 fl	

ESR (ERYTHROCYTE SEDIMENTATION RATE) , EDTA WHOLE BLOOD			
1stHour (Method:Westergren)	28	0.00 - 20.00 mm/hr	mm/hr

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DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Bio Ref. Interval	Unit
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*** End Of Report ***

MD (PATHOLOGY)
CONSULTANT PATHOLOGIST
Reg No. WBMC 66405

Lab No. : BKP/09-03-2024/SR8844288
Patient Name : PRITAM GHOSH ROY
Age : 37 Y 3 M 22 D
Gender : M

Lab Add. :
Ref Dr. : Dr.MEDICAL OFFICER
Collection Date :
Report Date : 09/Mar/2024 01:33PM



DEPARTMENT OF X-RAY

X-RAY REPORT OF CHEST (PA)

(Rotated film)

FINDINGS:

Visualised lung fields show no significant abnormality.

Domes of the diaphragm appear expiratory in position with normal costo-phrenic angles.

Cardiac size appears normal.

Spinal fixator in situ is noted at the lower cervical and upper dorsal vertebrae.

Please correlate clinically.

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

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

DR. SUBHADRO GHOSE
MD, CONSULTANT RADIOLOGIST



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Patient Name	: PRITAM GHOSH ROY	Ref Dr.	: Dr.MEDICAL OFFICER
Age	: 37 Y 3 M 22 D	Collection Date	: 09/Mar/2024 11:56AM
Gender	: M	Report Date	: 09/Mar/2024 05:41PM



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	HAZY		
<u>CHEMICAL EXAMINATION</u>			
pH (Method:Dipstick (triple indicator method))	5.0	4.6 - 8.0	
SPECIFIC GRAVITY (Method:Dipstick (ion concentration method))	1.020	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	
<u>MICROSCOPIC EXAMINATION</u>			
LEUKOCYTES (PUS CELLS) (Method:Microscopy)	1-2	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)	AMORPHOUS URATES 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.



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DEPARTMENT OF CLINICAL PATHOLOGY

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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 ***

MD (PATHOLOGY)
CONSULTANT PATHOLOGIST
Reg No. WBMC 66405

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Patient Name : PRITAM GHOSH ROY
Age : 37 Y 3 M 22 D
Gender : M

Lab Add. :
Ref Dr. : Dr.MEDICAL OFFICER
Collection Date :
Report Date : 09/Mar/2024 04:24PM



DEPARTMENT OF CARDIOLOGY

REPORT OF E.C.G.

DATA	
HEART RATE	76 Bpm
PR INTERVAL	138 Ms
QRS DURATION	78 Ms
QT INTERVAL	342 Ms
QTC INTERVAL	389 Ms
AXIS	
P WAVE	50 Degree
QRS WAVE	52 Degree
T WAVE	31 Degree
IMPRESSION	: Resting ECG within normal limits.

*** End Of Report ***

Dr. Siddhartha Kundu
MBBS, PG Diploma in Clinical Cardiology
Associate Consultant Cardiology, Critical Care

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Patient Name : PRITAM GHOSH ROY
Age : 37 Y 3 M 22 D
Gender : M

Lab Add. :
Ref Dr. : Dr.MEDICAL OFFICER
Collection Date :
Report Date : 09/Mar/2024 02:49PM



DEPARTMENT OF ULTRASONOGRAPHY

REPORT ON EXAMINATION OF WHOLE ABDOMEN

LIVER

Liver is enlarged in size (19.5 cm.). Grade II fatty infiltration noted. 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 normal with no intraluminal pathology (calculi / mass) could be detected at its visualized part. Portal vein is normal at porta.

GALL BLADDER

Gallbladder is physiologically distended. Wall thickness appears normal. No intraluminal pathology (calculi / mass) could be detected.

PANCREAS

Pancreas is normal in shape, size & position without any focal lesion. No calculus disease noted. Pancreatic duct is not dilated. No peri-pancreatic collection of fluid noted.

SPLEEN

Spleen is normal in size (10.3 cm.). Homogeneous 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 (Right kidney 10.2 cm. & Left kidney 10.4 cm.) axes & position. Cortical echogenicity appears normal. Cortico-medullary echo differentiation is maintained. Margin is regular and cortical thickness is uniform. No calculus disease noted. No hydronephrosis changes detected. Visualized 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.

Prevoid volume of urine : 125 cc.

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DEPARTMENT OF ULTRASONOGRAPHY

Postvoid residual volume of urine : Insignificant (1 cc.)

PROSTATE

Prostate is enlarged in size. Echotexture appears within normal limits. No calcification or mass seen.

Prostate measures : 4.3 cm. x 3.8 cm. x 4.3 cm.

Approximate weight could be around = 37 gms.

RETROPERITONEUM & PERITONEUM

No ascites noted. No definite evidence of any mass lesion detected. No detectable evidence of enlarged lymph nodes noted. Visualized part of aorta & IVC are within normal limit.

IMPRESSION

- **Hepatomegaly with Grade II fatty changes.**
- **Grade I prostatomegaly.**

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.**

Dr Sayantan Mandal
MBBS, MD Radio-Diagnosis
Reg No.- 79683 (WBMC)

Patient Data

Sample ID: D02135601917
 Patient ID: SR8844288
 Name: PRITAM GHOSH RO
 Physician:
 Sex: M
 DOB:

Analysis Data

Analysis Performed: 03/09/2024 17:11:50
 Injection Number: 11283
 Run Number: 242
 Rack ID: 0002
 Tube Number: 6
 Report Generated: 03/09/2024 17:35:30
 Operator ID: TRISHA

Comments:

Peak Name	NGSP %	Area %	Retention Time (min)	Peak Area
A1a	---	1.0	0.159	26129
A1b	---	0.6	0.222	16363
F	---	0.9	0.279	24427
LA1c	---	1.2	0.389	32022
A1c	5.6	---	0.490	86577
P3	---	4.3	0.798	114751
P4	---	1.3	0.922	35380
Ao	---	57.5	0.986	1552191
Variant Window	---	30.0	1.090	810972

Total Area: 2,698,810

HbA1c (NGSP) = 5.6 % HbA1c (IFCC) = 38 mmol/mol

