



<b>Registration No.</b>	<b>102321033</b>	Mobile No.	8884626508
<b>Patient Name</b>	<b>Ms. SUBHRADITA KARMAKAR</b>	Registration Date/Time	09/03/2024 10:05:46
Age / Sex	37 Yrs 8 Female	Sample Collected Date/Time	09/03/2024 11:14:32
Ref By / Hospital	Others BANK OF BARODA	Report Date/Time	10/03/2024 10:41:59
Collected At	DCKC	Printed Date/Time	11/03/2024 13:32:07

Test Name	Value	Unit	Biological Ref Interval
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## HAEMATOLOGY

### Complete Blood Count (CBC)

Haemoglobin (Hb) ,EDTA <i>Method : Colorimetric</i>	14.0	g/dL	12.0 - 15.0
Total Leucocyte Count (TLC) ,EDTA <i>Method : Electric impedance</i>	09.7	10 <sup>9</sup> /L	04.0 - 11.0
Red Blood Cell (RBC) ,EDTA <i>Method : Electric impedance</i>	4.76	10 <sup>6</sup> /uL	3.80 - 4.80
Hematocrit (HCT /PCV) ,EDTA <i>Method : Pulse height detection</i>	43.8	%	36.0 - 46.0
Mean Corp Volume (MCV) ,EDTA <i>Method : Calculated</i>	92.1	fL	83.0 - 101.0
Mean Corp Hb (MCH) ,EDTA <i>Method : Calculated</i>	29.3	pg	27.0 - 32.0
Mean Corp Hb Conc (MCHC) ,EDTA <i>Method : Calculated</i>	31.9	g/dL	31.5 - 34.5
Platelet Count(PLT) ,EDTA <i>Method : Electric impedance/Microscopy</i>	155.00	10 <sup>3</sup> /uL	150.00 - 410.00
RDW- CV% ,EDTA	<b>14.6</b>	%	11.6 - 14.0
Differential Leucocyte Count <i>Method : Microscopy</i>			
Neutrophil ,EDTA	70.0	%	40.0 - 80.0
Lymphocyte ,EDTA	22.0	%	20.0 - 45.0
Eosinophil ,EDTA	3.0	%	1.0 - 6.0
Monocyte ,EDTA	5.0	%	2.0 - 10.0
Basophil ,EDTA	0.0	%	0.0 - 2.0
ESR ,EDTA <i>Method : Westergreen</i>	12	mm/Ist hr.	00 - 20

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DR. NEELU CHHABRA  
MD. PATHOLOGIST

At Your Home: Collection of Blood Samples, ECG, Digital X-Ray

Occupational Health Service ■ Diagnostic & Preventive ■ Health Assessment ■ Periodic Preventive Health Camps ■ Corporate Health Checks

Ultrasound | Digital X Ray | DEXA | Mammography | Path Lab | ECHO | TMT | Healthchecks | PFT | Holter | Audiometry



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Ref By / Hospital	Others BANK OF BARODA	Report Date/Time	10/03/2024 13:17:59
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Blood Group ABO ,EDTA

Method : Forward Grouping

"O"

Rh Typing ,EDTA

Method : Forward Grouping

POSITIVE

**HbA1c** ,EDTA

Method : Photometric method

5.0 %

**INTERPRETATIONS:-**

**NORMAL RANGE** **4.00 - 5.60** %

Pre Diabetic/ Higher chance of getting diabetes	5.70	- 6.20	%
Good Diabetic Control	6.20	- 6.80	%
Fair Diabetic Control	6.80	- 7.60	%
Uncontrolled Diabetes -action suggested	>7.6		%

**Note:-**

Glycosylated Haemoglobin is a specific component of HBA1C and is the blood glucose bound to it. This test is an index of carbohydrate in balance during the preceding two months. The estimation is of greater importance for specific group of patient. This result are not affected by time, meal intake exercise, diabetic drugs, emotional Stress etc. HbA1c should be routinely monitored ideally at least every 3 months.





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Age / Sex	37 Yrs 8 Female	Sample Collected Date/Time	09/03/2024 11:14:32
Ref By / Hospital	Others BANK OF BARODA	Report Date/Time	10/03/2024 10:42:00
Collected At	DCKC	Printed Date/Time	11/03/2024 13:32:07

Test Name	Value	Unit	Biological Ref Interval
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## BIOCHEMISTRY

### LIPID PROFILE

Total Lipids ,Serum Plain	<b>368</b>	mg/dl	400 - 700
Serum Cholesterol ,Serum Plain Method : CHOD-POD	143	mg/dl	0 - 200
Serum Triglycerides ,Serum Plain Method : GPO-POD	82	mg/dl	40 - 140
Serum HDL Cholesterol ,Serum Plain Method : Direct Method	53	mg/dl	40 - 70
Serum LDL Cholesterol ,Serum Plain Method : Calculated	73.6	mg/dl	30.0 - 100.0
Serum VLDL Cholesterol ,Serum Plain Method : Calculated	<b>16.4</b>	mg/dl	24.0 - 45.0
Total CHO/HDL Cholesterol Ratio ,Serum Plain Method : Calculated	2.70		
LDL/HDL Cholesterol Ratio ,Serum Plain Method : Calculated	1.39		

Guidelines for Total Blood Cholesterol Levels on 11 to 12 hour fasting samples.

Desirable : Less than 200 mg/dl

Borderline High Risk : 200 to 239 mg/dl

High Risk : 240 mg/dl and over, on repeated values

Optimal Level for Cardiac Patients : Less than 200 mg/dl

HDL-C : High HDL has generally been found to be protective, decreasing the risk of coronary Artery disease (CAD) in most people. However, some recent studies have shown that in some people with high HDL, the HDL is not protective and may, in fact result in higher risk for CAD than in people with normal HDL levels. In one study it was shown that people with CAD and high HDL had underlying genetic anomalies in enzymes important in lipid turnover. Another study showed that high levels of abnormally large HDL particles were associated with increased risk of CAD. Factors that elevate HDL concentrations include chronic alcoholism, treatment with oral estrogen replacement therapy, extensive aerobic exercise, and treatment with niacin, statins, or fibrates. Smoking reduces levels of HDL cholesterol, while quitting smoking leads to a rise in the plasma HDL level.

Triglycerides Female 40 - 140  
Male 60 - 165

Adult levels:

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

### KIDNEY FUNCTION TEST (KFT)

Blood Urea ,Serum Plain Method : Urease -UV	24.8	mg/dl	15.0 - 45.0
Serum Creatinine ,Serum Plain Method : Modified Jaffe's	0.82	mg/dl	0.50 - 1.50

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Age / Sex	37 Yrs 8 Female	Sample Collected Date/Time	09/03/2024 11:14:32
Ref By / Hospital	Others BANK OF BARODA	Report Date/Time	10/03/2024 13:18:28
Collected At	DCKC	Printed Date/Time	11/03/2024 13:32:07

Test Name	Value	Unit	Biological Ref Interval
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Serum Uric Acid ,Serum Plain Method : Uricase- POD	4.14	mg/dl	2.40 - 5.70
Serum Sodium ,Serum Plain Method : ISE Direct	142.0	mmol/L	135.0 - 148.0
Serum Potassium ,Serum Plain Method : ISE Direct	4.50	mmol/L	3.50 - 5.00
Serum Chloride ,Serum Plain Method : ISE DIRECT	101.00	mmol/L	97.00 - 107.00
Serum Calcium ,Serum Plain Method : Arsenazo III	9.20	mg/dl	New Born : 7.8 - 11.2 mg/dl Adult : 8.2 - 10.6 mg/dl



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**LIVER PROFILE / LFT**

Serum Bilirubin (Total) ,Serum Plain <i>Method : DSA Method</i>	0.74	mg/dl	0.00 - 1.20
Serum Bilirubin (Direct) ,Serum Plain <i>Method : DSA Method</i>	0.19	mg/dl	0.00 - 0.30
Serum Bilirubin (Indirect) ,Serum Plain <i>Method : Calculated Parameter</i>	0.55	mg/dl	0.00 - 0.60
SGOT ,Serum Plain <i>Method : IFCC/KINETIC</i>	18.1	IU/l	Males : Upto 46 IU/l Females : Upto 40 IU/l
SGPT ,Serum Plain <i>Method : IFCC/KINETIC</i>	18.2	IU/l	Upto 49 IU/l
Serum Alkaline Phosphatase ,Serum Plain <i>Method : DEA Method</i>	58.0	IU/l	30.0 - 120.0
Serum Total Protein ,Serum Plain <i>Method : Biuret Method</i>	7.17	gm/dl	6.00 - 8.50
Serum Albumin ,Serum Plain <i>Method : BCG Method</i>	4.28	gm/dl	3.20 - 5.50
Globulin ,Serum Plain <i>Method : Calculated</i>	2.89	gm/dl	2.00 - 4.10
A/G Ratio ,Serum Plain <i>Method : Calculated</i>	1.48		1.00 - 2.10
Serum GGTP ,Serum Plain <i>Method : G-Glutamyl Transferase</i>	12.0	U/L	0.0 - 50.0

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Ref By / Hospital	Others BANK OF BARODA	Report Date/Time	10/03/2024 13:19:33
Collected At	DCKC	Printed Date/Time	11/03/2024 13:32:07

Test Name	Value	Unit	Biological Ref Interval
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Blood Sugar (Fasting) ,Plasma F  
Method : GOD POD 95.0 mg/dl 70.0 - 110.0

Blood Sugar (PP) ,Plasma PP  
Method : GOD POD 115.9 mg/dl 70.0 - 140.0



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Collected At	DCKC	Printed Date/Time	11/03/2024 13:32:07

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## IMMUNOASSAY

### TOTAL THYROID PROFILE

Total T3 ,Serum Plain	1.20	ng/mL	0.69 - 2.15
Total T4 ,Serum Plain	8.25	ug/dl	5.20 - 12.70
TSH	2.11	uIU/ml	0.30 - 4.50

**Comment :**

Age Group	Biological Reference Range
1-2 Days	3.2-3.43 uIU/ml
3-4 Days	0.7-15.4 uIU/ml
15 Days - 5 Months	1.7-9.1 uIU/ml
5 Months - 2 Years	0.7-6.4 uIU/ml
2 Years - 12 Years	0.64-6.27 uIU/ml
12 Years - 18 Years	0.51-4.94 uIU/ml
> 18 Years	0.35-5.50 uIU/ml

**Adults**

Note: TSH levels are subject to circadian variation, rising several hours before the onset of sleep, reaching peak levels between 11 pm to 6 am. Nadir concentrations are observed during the afternoon. Diurnal variation in TSH level approximates + 50 %, hence time of the day has influence on the measured serum TSH concentration. Although elevated TSH levels are nearly always indicative of primary hypothyroidism, and may be seen in secondary thyrotoxicosis.

**Newborn**

In a very low birth weight baby (particularly premature neonates) immaturity of the hypothalamic-pituitary - thyroid axis may mask primary congenital hypothyroidism. It is recommended that the test be repeated two weeks after birth in babies 1000-1500 gm and at four weeks in those <1000 gm. Specimen collection prior to 24 hours of age, after blood transfusion and prematurity can affect this screening.

Nearly 90% of CH cases are detected by newborn screening. A small number of children may test normal on the newborn screen but later develop hypothyroidism.





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Age / Sex	37 Yrs 8 Female	Sample Collected Date/Time	09/03/2024 11:14:32
Ref By / Hospital	Others BANK OF BARODA	Report Date/Time	09/03/2024 17:07:43
Collected At	DCKC	Printed Date/Time	11/03/2024 13:32:07

Test Name	Value	Unit	Biological Ref Interval
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## CLINICAL PATHOLOGY

### URINE ROUTINE EXAMINATION

#### URE MICROSCOPY EXAMINATION

Other ,URINE

SNR







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Age / Sex	37 Yrs 8 Female	Sample Collected Date/Time	09/03/2024 13:02:40
Ref By / Hospital	Others BANK OF BARODA	Report Date/Time	11/03/2024 13:31:52
Collected At	DCKC	Printed Date/Time	11/03/2024 13:32:07

**PAP SMEAR** ,SLIDE SMEAR

**LAB ID:** P-30/24  
**SPECIMEN TYPE:** Conventional Smear  
**SPECIMEN ADEQUACY:** Satisfactory and Adequate for Evaluation.

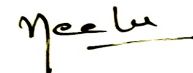
**MICROSCOPY:** Squamous cells - Superficial and Intermediate Squamous cells seen.  
Unremarkable.  
Transitional Zone - Seen. Unremarkable  
**Others:**  
Inflammation (++)

**INTERPRETATION/RESULTS:** Negative for Intra-Epithelial Lesion or Malignancy (NILM).

**NOTE:-**

Cervical cytology is screening test primarily for squamous cancer and its precursors and has been Associated with false positive and false negative results. Follow-up of unexplained clinical signs and symptoms is recommended to minimize false negative results

\*\*\* End of Report \*\*\*



**RMLO**

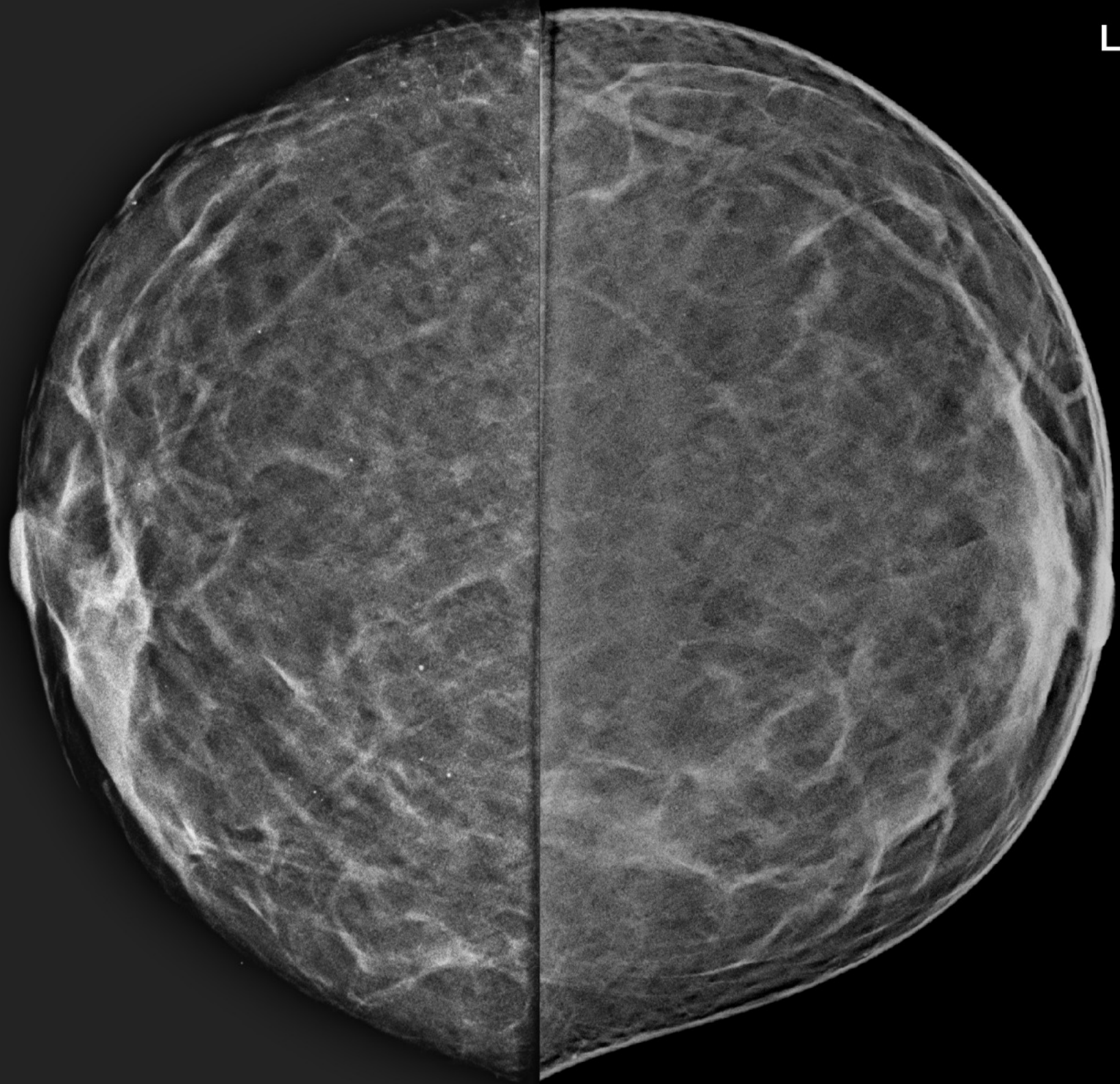
**LMLO**



**SUBHRADITA KARMAKAR 37Y/F G384 F B/L MAMMOGRAM 09  
DR.CHARU KOHLI'S CLINIC C-234 DEFENCE COLONY ND-110024**

**RCC**

**LCC**



**SUBHRADITA KARMAKAR 37Y/F G384 F B/L MAMMOGRAM 09-03-2024**

**DR.CHARU KOHLI'S CLINIC C-234 DEFENCE COLONY ND-110024**