



Patient Name : MR. PIOUSH PRIYA

Age / Gender : 35 years / Male

Mobile No. : 9619778426

Patient ID : 76636

Bill ID : 79378

Referral : DR SELF

Optional ID : -

Collection Time : 16/03/2024, 09:25 a.m.

Receiving Time : 16/03/2024, 12:59 p.m.

Reporting Time : 16/03/2024, 03:49 p.m.

Sample ID : 1924018697

Sample Type : Serum

Test Description	Value(s)	Unit(s)	Reference Range
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Bun / Creatrine Ratio

BUN/Creatinine ratio	7.07		12 - 20
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Method : Calculation

****END OF REPORT****

Checked by
Pintu Manna

Meenakshi
 Dr. Meenakshi Mohan
 MD (Pathology)
 Consultant Pathologist
 Regn. No. : WBMC 54631



Reported By : -

Registered By : SUDIPA BANIK



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Source : ALLIANCE & PROJECT

Optional ID : -
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Receiving Time : 16/03/2024, 12:59 PM
Reporting Time : 16/03/2024, 02:48 PM
Sample ID : 1924018697
Sample Type : Edta Blood

Test Description	Value(s)	Unit(s)	Reference Range
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Blood Group & RH Typing

BLOOD GROUP	"B"		
RH TYPING	POSITIVE		

FORWARD & REVERSE BLOOD GROUPING,
GEL CARD BY BIO-RAD



****END OF REPORT****

Checked by
Sharmistha Das

Meenakshi
Dr. Meenakshi Mohan
MD (Pathology)
Consultant Pathologist
Regn. No. : WBMC 54631



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Reporting Time : 16/03/2024, 01:45 PM

Sample ID : 1924018697

Sample Type : Serum

Test Description	Value(s)	Unit(s)	Reference Range
<u>Glucose Fasting Plasma</u>			
GLUCOSE FASTING PLASMA Method : Hexokinase	114	mg/dL	74 - 109
<u>T3,T4 & TSH</u>			
T3 Method : Chemiluminescent Microparticle Immunoassay (CMIA)	1.39	ng/mL	1 - 30 days: 1 - 7.4 1m - 11m: 1.05 - 2.45 1yr - 5yrs: 1.05 - 2.69 6yrs - 10yrs: 0.94 - 2.41 11yrs - 15yrs: 0.82 - 2.13 16yrs- 20yrs: 0.8 - 2.1 Adult: 0.58 - 1.59
T4 Method : Chemiluminescent Microparticle Immunoassay (CMIA)	9.29	µg/dL	1d - 6d : 11.8 - 22.6 7d - 14d : 9.9 - 16.6 15d - 4m : 7.2 - 14.4 4m - 12m : 7.8 - 16.5 1yr - 5yr : 7.2 - 15.0 5yr - 10yr : 6.4 - 13.6 > 10yr : 4.87 - 11.72 Adult : 4.87 - 11.72
TSH Method : Chemiluminescent Microparticle Immunoassay (CMIA)	3.07	µIU/ml	0.35 - 4.94

Interpretation :

T3
Triiodothyronine (3,5,3' triiodothyronine or T3) is the thyroid hormone principally responsible for the regulation of metabolism of the various target organs. T3 is mainly formed extrathyroidally, particularly in the liver, by enzymatic 5' deiodination of T4 (thyroxine). A reduction in the conversion of T4 to T3 results in a decrease in the T3 concentration. It occurs under the influence of medicaments such as propranolol, glucocorticoids or amiodarone and in severe non thyroidal illness (NTI), and is referred to as "low T3 syndrome". The determination of T3 is utilized in the diagnosis of T3 hyperthyroidism, the detection of early stages of hyperthyroidism and for indicating a diagnosis of thyrotoxicosis factitia.

T4
The hormone thyroxine (T4) is the main product secreted by the thyroid gland and is an integral component of the hypothalamus anterior pituitary thyroid regulating system. The major part (> 99 %) of total thyroxine in serum is present in proteinbound form. As the concentrations of the transport proteins in serum are subject to exogenous and endogenous effects, the status of the binding proteins must also be taken



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into account in the assessment of the thyroid hormone concentration in serum. If this is ignored, changes in the binding proteins (e.g. due to estrogen containing preparations, during pregnancy or in the presence of a nephrotic syndrome etc.) can lead to erroneous assessments of the thyroid metabolic state. The determination of T4 can be utilized for the following indications: the detection of hyperthyroidism, the detection of primary and secondary hypothyroidism, and the monitoring of TSH suppression therapy.

TSH

TSH is formed in specific basophil cells of the anterior pituitary and is subject to a circadian secretion sequence. The hypophyseal release of TSH (thyrotropic hormone) is the central regulating mechanism for the biological action of thyroid hormones. The determination of TSH serves as the initial test in thyroid diagnostics. Even very slight changes in the concentrations of the free thyroid hormones bring about much greater opposite changes in the TSH level. Accordingly, TSH is a very sensitive and specific parameter for assessing thyroid function and is particularly suitable for early detection or exclusion of disorders in the central regulating circuit between the hypothalamus, pituitary and thyroid.

Creatinine, Serum

CREATININE	1.13	mg/dl	< 1.2
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Method : Modified Jaffe kinetic.

****END OF REPORT****

Checked by
Barun Jana

Supratik Biswas
 Dr. Supratik Biswas
 MBBS, MD,
 Consultant Biochemist



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Sample Type : Serum

Test Description	Value(s)	Unit(s)	Reference Range
<u>Lipid Profile</u>			
TRIGLYCERIDES Method : Enzymatic Colorimetric Assay using GPO-POD	111	mg/dL	Normal : < 150 Borderline High : 150 - 199 High : 200 - 499 Very High : >= 500
CHOLESTEROL Method : Enzymatic Colorimetric Assay using CHOD-POD	167	mg/dl	Desirable : < 200 Borderline High : 200 - 240 High Risk : > 240
HDL CHOLESTEROL Method : Enzymatic Immunoinhibition	38	mg/dl	Low HDL : <40 High HDL : >= 60
LDL CHOLESTEROL Method : Enzymatic Selective Protection	106	mg/dl	Optimal : < 100 Above Optimal : 100 - 129 Borderline High : 130 - 159 High : 160 - 189 Very High : > 190
VLDL / CHOLESTEROL REMNANTS Method : Calculation	23	mg/dl	< 30
NON HDL CHOLESTEROL Method : Calculation	129	mg/dl	<130
TOTAL CHOLESTEROL / HDL CHOLESTEROL RATIO	4.39	Ratio	
LDL CHOLESTEROL / HDL CHOLESTEROL RATIO	2.79	Ratio	

Remark :

* National Cholesterol Education Programme Adult Treatment Panel III Guidelines (US)

Liver Function Test

TOTAL BILIRUBIN Method : DPD	0.69	mg/dL	<1.2
CONJUGATED BILIRUBIN Method : DPD	0.22	mg/dl	< 0.2
UNCONJUGATED BILIRUBIN Method : Calculation	0.47	mg/dL	
SGPT Method : IFCC (without pyridoxal phosphate activation)	58	U/L	< 50
SGOT Method : IFCC (without pyridoxal phosphate activation)	33	U/L	< 50



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Sample ID : 1924018697
Sample Type : Serum

Test Description	Value(s)	Unit(s)	Reference Range
ALKALINE PHOSPHATASE Method : IFCC AMP Buffer	81	U/L	30 - 120
TOTAL PROTEIN Method : Biuret	7	g/dL	6.6 - 8.3
ALBUMIN Method : Bromocresol Green	4.38	g/dL	Adults: 3.5 - 5.2 Newborn (1-4 days): 2.8 - 4.4
GLOBULIN Method : Calculation	2.62	g/dL	1.80 - 3.60
A/G RATIO Method : Calculation	1.67		1.2 - 2
GAMMA-GLUTAMYL TRANSFERASE Method : IFCC	34	U/L	< 55

****END OF REPORT****

**Checked by
Priya Manna**

Nabanita Banerjee
 Dr. Nabanita Banerjee
 MBBS (Cal), DNB (I), MIAPM
 Pathologist



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Sample ID : 1924018697
Sample Type : Edta Blood

Test Description	Value(s)	Unit(s)	Reference Range
HbA1c HPLC			
HbA1c HPLC Method : High Performance Liquid Chromatography (HPLC)	5.7	%	Normal : < 5.7 Pre Diabetes : 5.7 - 6.4 Diabetes : >= 6.5
Estimated Average Glucose	117	mg/dL	70 - 116

NOTE :

1. Glucose combines with haemoglobin(Hb) continuously and nearly irreversibly during life span of RBC(120 days); thus glycosylated Hb is proportional to mean plasma glucose level during the previous 2-3 months. Therefore A1c assay is a useful mean of evaluation of success of long term diabetic control by monitoring diabetic patient~s compliance with therapeutic regimen used and long-term blood glucose level control. Added advantage is its ability to predict progression of diabetic complications.
2. Presence of Hb variant may interfere with accurate estimation of HbA1c. Please do Hb HPLC test to identify Haemoglobinopathy if any and also do Glycated albumin or Fructosamine tests to assess glycemic status if required.
3. Inappropriately low value may be seen in anemia due to iron deficiency or due to other causes, acute blood loss, recent blood transfusion, hemoglobinopathies, CLD, Hypertriglyceridemia, intake of Vitamin E & C, Aspirin, Co-trimoxazole etc.



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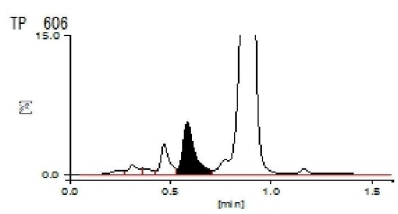
Test Description	Value(s)	Unit(s)	Reference Range
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Chromatogram Report

TOSOH G8 VAR V05.29 490206 2024-03-16 15:06:10
ID 1924018697
Sample No. 03160025 SL 0001 - 02
Patient ID
Name
Comment

CALIB Y = 1.1437X + 0.5765			
Name	%	Time	Area
A1A	0.4	0.24	6.76
A1B	0.8	0.31	11.50
F	0.4	0.37	5.99
LA1C+	1.9	0.47	29.05
SA1C	5.7	0.58	68.64
AO	92.3	0.87	1394.77
H-V0			
H-V1			
H-V2			

Total Area 1516.71
HbA1c 5.7 % **IFCC 39 mmol/mol**
HbA1 6.9 % HbF 0.4 %



****END OF REPORT****



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Sample ID : 1924018697
Sample Type : Edta Blood

Test Description	Value(s)	Unit(s)	Reference Range
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Checked by
Nisha Malakar

Meenakshi
 Dr. Meenakshi Mohan
 MD (Pathology)
 Consultant Pathologist
 Regn. No. : WBMC 54631



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Sample ID : 1924018697

Sample Type : Urine

Test Description	Value(s)	Unit(s)	Reference Range
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Urine Routine

PHYSICAL EXAMINATION

Volume	30 ml
Colour	Straw
Appearance	Slightly hazy
Deposit	Present
Specific Gravity	1.010

CHEMICAL EXAMINATION

Reaction	Acidic (PH: 5.0)
Protein	Absent
Sugar	Absent
Ketones Bodies	Absent
Urobilinogen	Normal
Blood	Absent

MICROSCOPIC EXAMINATION

Pus Cells	1 - 2 /hpf
R.B.C	Not found
Epithelial Cells	1 - 2 /hpf
Casts	Not found
Crystals	Not found

METHOD : SEDIMENTATION AND MICROSCOPE

Terms and conditions:

Test results released pertain to the specimen/sample submitted.

The tests results are dependent on the quality of the sample received by the Laboratory.

The test results are released with the presumption that the specimen/sample belongs to the patient as mentioned on the bill/ vials/TRF/booking ID Laboratory investigations test results are only a tool to facilitate in arriving at a diagnosis and should always be clinically correlated by the Referring Physician.

Repeat samples/specimens are accepted on request of Referring Physician within 7 days of reporting.

Due to some unforeseen circumstances reports may be delayed. Inconvenience is regretted.

Test result may show inter laboratory variations.

The test results are not valid for medico legal purposes.



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Sample ID : 1924018697
Sample Type : Urine

Test Description	Value(s)	Unit(s)	Reference Range
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****END OF REPORT****

Checked by
Gouranga Bera

Meenakshi
 Dr. Meenakshi Mohan
 MD (Pathology)
 Consultant Pathologist
 Regn. No. : WBMC 54631



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Sample ID : 1924018697
Sample Type : Serum

Test Description	Value(s)	Unit(s)	Reference Range
<u>Glucose Post Prandial Plasma</u>			
GLUCOSE POST PRANDIAL PLASMA Method : Hexokinase	182	mg/dL	70 - 140
<u>Uric Acid, Serum</u>			
URIC ACID Method : Uricase PAP	8.69	mg/dL	3.5 - 7.2
<u>Total Proteins, Serum</u>			
TOTAL PROTEIN Method : Biuret	7.0	g/dl	6.6 - 8.3
ALBUMIN Method : Bromocresol green	4.38	g/dl	Adults: 3.5 - 5.2 Newborn(0-4days): 2.8 - 4.4
GLOBULIN Method : Calculation	2.62	g/dl	1.8 - 3.6
A/G RATIO Method : Calculation	1.67		1.2 - 2.0

****END OF REPORT****

Checked By
Debolina Bhadra

Meenakshi
Dr. Meenakshi Mohan
MD (Pathology)
Consultant Pathologist
Regn. No. : WBMC 54631



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Sample Type : Edta Blood

Test Description	Value(s)	Unit(s)	Reference Range
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Complete Blood Count

HAEMOGLOBIN	14.8	gm/dl	13 - 17
TOTAL LEUCOCYTE COUNT	6100	/cumm	4000 - 11000
HCT	43.6	Vol%	40 - 50
R B C	4.67	millions/cumm	4.2 - 5.5
M C V	93.4	Femtolitre(fl)	80 - 100
M C H	31.7	Picograms(pg)	27 - 31
M C H C	33.9	gm/dl	32 - 36
PLATELET COUNT	1,85,000	/cumm	150000 - 450000

DIFFERENTIAL COUNT

Neutrophils	59	%	40 - 75
Lymphocytes	34	%	20 - 40
Monocytes	02	%	2 - 8
Eosinophils	05	%	1 - 6
Basophils	00	%	0 - 1
ESR	13	mm	2 - 17

Remarks

Normocytic Normochromic.
Platelets adequate.

Note

XN 1000, SYSMEX

METHOD : FLOWCYTOMETRY

ESR : AUTOMATED VESCUBE - 30 TOUCH

****END OF REPORT****

Checked by
Rupam Chatterjee

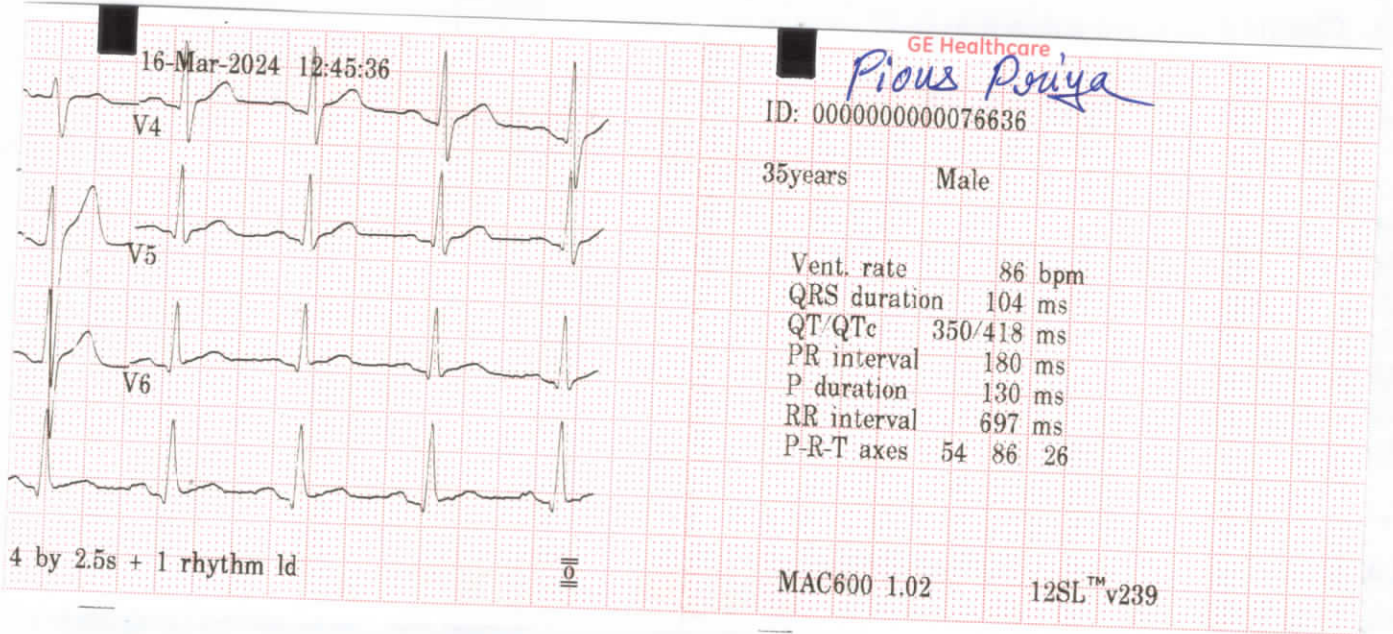
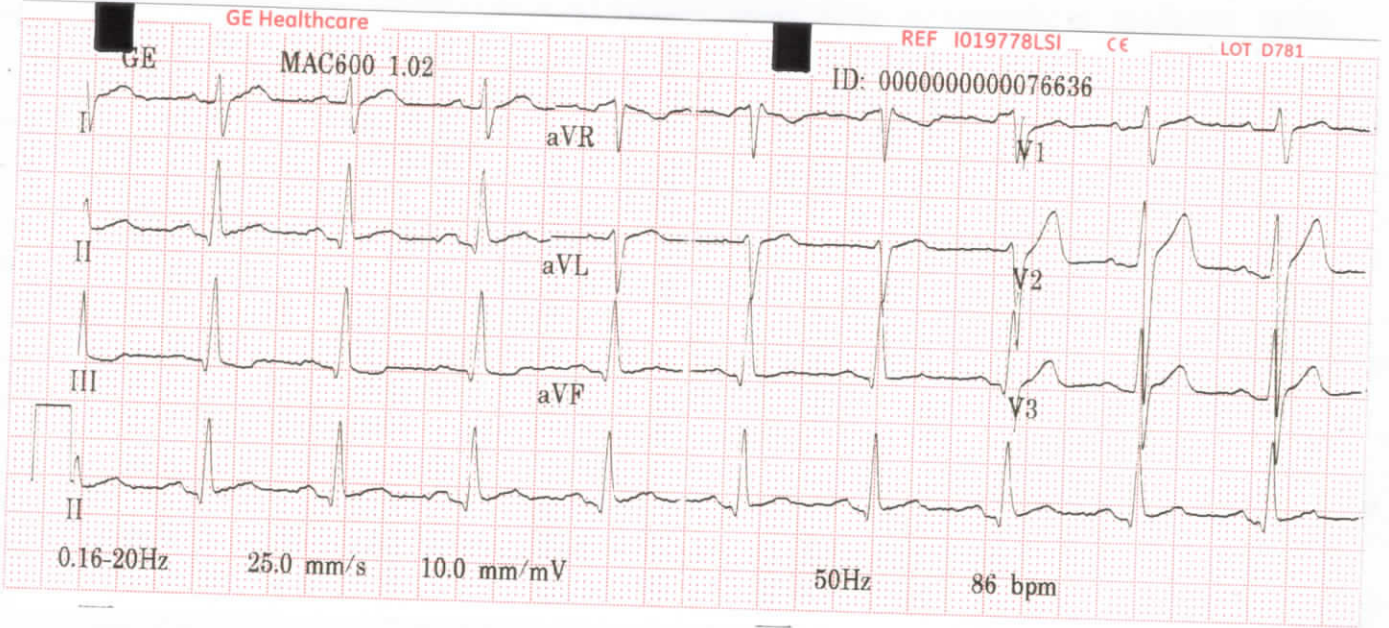
Meenakshi
Dr. Meenakshi Mohan
MD (Pathology)
Consultant Pathologist
Regn. No. : WBMC 54631



Reported By : -

Registered By : SUDIPA BANIK





REF I019778LSI CE LOT D781

- Normal sinus rhythm
- Normal ECG

Abhinay
16/3/24

Dr. Abhinay Tibdewal
 Consultant Cardiologist
 MBBS, MD, DM (Cardio)

MAC600 1.02 12SLTM v239

Patient Name :	PIOUSH PRIYA	Patient ID :	D-79378
Modality :	DX	Sex :	M
Age :	035Y	Study :	CHEST PA
Reff. Dr. :	DR. SELF	Study Date :	16-03-2024

X-RAY CHEST PA VIEW.

Bilateral bronchovascular markings are prominent.

Rest of the bilateral lung fields appear normal.

Right costophrenic angle is obscured.

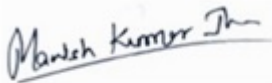
Bilateral hila are unremarkable.

Domes of diaphragm are normal in morphology & contour.

Cardiac size is within normal limits.

Bony thoracic cage appears normal.

Recommended clinical correlation with other investigation.



Dr. Manish Kumar Jha

MBBS, MD (Radio-diagnosis)

Registration No. 77237 (WBMC)