MC-5661

Suraksha DIAGNOSTICS

Lab No.	: GHY/14-10-2023/SR8296790	**Lab Add.**	: Sri Kamakhya Tower, Christian Basti, G.S.Road, Guwahati-781005
Patient Name	: MITALI BAISHYA	**Ref Dr.**	: Dr.SELF .
Age	: 43 Y 9 M 14 D	**Collection Date**	: 14/Oct/2023 11:35AM
Gender	: F	Report Date	: 14/Oct/2023 02:16PM

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
SGOT/AST , *GEL SERUM* (Method:IFCC, with PLP)	27	<35 U/L	U/L
ALKALINE PHOSPHATASE (Method:IFCC)	85	35-104 U/L	U/L
CHLORIDE,BLOOD (Method:ISE DIRECT)	105	98-107	mEq/L
***URIC ACID, URINE, SPOT URINE**			
URIC ACID, SPOT URINE (Method:URICASE)	26.17	37-92 mg/dL	mg/dL
SODIUM,BLOOD (Method:ISE DIRECT)	140	136-145	mEq/L
THYROID PANEL (T3, T4, TSH) , *GEL SERUM*			
T3-TOTAL (TRI IODOTHYRONINE) (Method:CLIA)	1.32	0.9 - 2.2 ng/ml	ng/ml
T4-TOTAL (THYROXINE) (Method:CLIA)	7.06	5.5-16	microgram/dl
TSH (THYROID STIMULATING HORMONE) (Method:CLIA)	4.17	0.5-4.7	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.

TOTAL PROTEIN [BLOOD] ALB:GLO RATIO , .			
TOTAL PROTEIN (Method:Biuret)	7.54	6.4-8.3 g/dL	g/dL
ALBUMIN (Method:BCG)	5.0	3.5-5.2 g/dl	g/dl
GLOBULIN (Method:Calculated)	2.57	1.8-3.2	g/dl
AG Ratio (Method:Calculated)	1.93	1.0 - 2.5	
LIPID PROFILE , *GEL SERUM*			
CHOLESTEROL-TOTAL (Method:Enzymatic)	189	Desirable cholesterol level : < 200 mg/dL Borderline high cholesterol : 200-239 mg/dL	mg/dL

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
		High cholesterol : = 240 mg/dL	
TRIGLYCERIDES (Method:Enzymatic)	123	< 150 mg/dL	mg/dL
HDL CHOLESTEROL (Method:Enzymatic)	45	No risk: > 55 mg/dL, Moderate risk: 35-55 mg/dL, High risk: < 35 mg/dL	mg/dL
LDL CHOLESTEROL DIRECT (Method:Enzymatic)	140	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)	5	< 40 mg/dl	mg/dL
CHOL HDL Ratio (Method:Calculated)	4.2	LOW RISK 3.3-4.4 AVERAGE RISK 4.47-7.1 MODERATE RISK 7.1-11.0 HIGH RISK >11.0	
UREA,BLOOD	**12.5**	15 - 40	mg/dL
CALCIUM,BLOOD (Method:BAPTA)	9.40	8.6-10.2 mg/dL	
GLYCATED HAEMOGLOBIN (HBA1C) , *EDTA WHOLE BLOOD*			
GLYCATED HEMOGLOBIN (HBA1C)	5.4	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 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.
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

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Suraksha DIAGNOSTICS

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Age	**:** 43 Y 9 M 14 D	**Collection Date**	**:** 14/Oct/2023 11:35AM
Gender	**:** F	Report Date	**:** 14/Oct/2023 02:16PM

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
BILIRUBIN (DIRECT) (Method:Diazo)	0.27	< 0.30 mg/dL	mg/dL
BILIRUBIN (TOTAL) , *GEL SERUM*			
BILIRUBIN (TOTAL) (Method:DIAZO)	0.82	0.1-1.1	mg/dL
SGPT/ALT (Method: IFCC, with PLP)	27	10-50 U/L	U/L
POTASSIUM,BLOOD (Method:ISE DIRECT)	4.40	3.5 - 5.1 mEq/L	mEq/L
CREATININE, BLOOD (Method:Kinetic Jaffe [Compensated])	0.52	0.5 - 0.9	mg/dL
GLUCOSE,RANDOM (Method:Hexokinase Method)	95	< 200	mg/dl

Accor.to Executive Summary:Standards of Medical Care in Diabetes-2018, A patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose >/= 200 mg/dl is included as one of the Current criteria for the diagnosis of diabetes.
In the presence of equivocal hyperglycemia, result should be confirmed by repeat testing.

PHOSPHORUS-INORGANIC,BLOOD (Method:UV PHOSPHOMOLYBDATE)	3.1	2.5-4.5 mg/dl	mg/dl
URIC ACID,BLOOD (Method:Enzymatic)	4.72	2.4-5.7	mg/dL

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

DR. RASHMI REKHA PHUKAN
Reg.No: 18757
MBBS,MD,BIOCHEMISTRY

Lab No.	: GHY/14-10-2023/SR8296790	**Lab Add.**	: Sri Kamakhya Tower, Christian Basti, G.S.Road, Guwahati-781005
Patient Name	: MITALI BAISHYA	**Ref Dr.**	: Dr.SELF .
Age	: 43 Y 9 M 14 D	**Collection Date**	: 14/Oct/2023 11:35AM
Gender	: F	Report Date	: 15/Oct/2023 11:22AM

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Bio Ref. Interval	Unit
CBC WITH PLATELET (THROMBOCYTE) COUNT , *EDTA WHOLE BLOOD*			
HEMOGLOBIN (Method:PHOTOMETRIC)	**11.5**	12 - 15	g/dL
WBC (Method:DC detection method)	7.9	4 - 10	*10^3/µL
RBC (Method:DC detection method)	3.8	3.8 - 4.8	*10^6/µL
PLATELET (THROMBOCYTE) COUNT (Method:DC detection method/Microscopy)	**140**	150 - 450*10^3	*10^3/µL
DIFFERENTIAL COUNT			
NEUTROPHILS (Method:Flowcytometry/Microscopy)	56	40 - 80 %	%
LYMPHOCYTES (Method:Flowcytometry/Microscopy)	36	20 - 40 %	%
MONOCYTES (Method:Flowcytometry/Microscopy)	04	2 - 10 %	%
EOSINOPHILS (Method:Flowcytometry/Microscopy)	04	1 - 6 %	%
BASOPHILS (Method:Flowcytometry/Microscopy)	00	0-0.9%	%
CBC SUBGROUP			
HEMATOCRIT / PCV (Method:Calculated)	**34.0**	36 - 46 %	%
MCV (Method:Calculated)	88.8	83 - 101 fl	fl
MCH (Method:Calculated)	30.0	27 - 32 pg	pg
MCHC (Method:Calculated)	33.8	31.5-34.5 gm/dl	gm/dl
RDW - RED CELL DISTRIBUTION WIDTH (Method:Calculated)	**15.5**	11.6-14%	%
PDW-PLATELET DISTRIBUTION WIDTH (Method:Calculated)	25.3	8.3 - 25 fL	fL
MPV-MEAN PLATELET VOLUME (Method:Calculated)	11.9	7.5 - 11.5 fl	

ESR (ERYTHROCYTE SEDIMENTATION RATE) , *EDTA WHOLE BLOOD*			
1stHour (Method:Westergren)	**27**	0.00 - 20.00 mm/hr	mm/hr

CBC WITH PLATELET & RETICULOCYTE COUNT , *EDTA WHOLE BLOOD*			
HEMOGLOBIN (Method:PHOTOMETRIC)	**11.5**	12 - 15	g/dL
WBC (Method:DC detection method)	7.9	4 - 10	*10^3/µL
RBC (Method:DC detection method)	3.8	3.8 - 4.8	*10^6/µL
PLATELET (THROMBOCYTE) COUNT (Method:DC detection method/Microscopy)	**140**	150 - 450*10^3	*10^3/µL
DIFFERENTIAL COUNT			
NEUTROPHILS (Method:Flowcytometry/Microscopy)	56	40 - 80 %	%
LYMPHOCYTES (Method:Flowcytometry/Microscopy)	36	20 - 40 %	%

MC-5661

Suraksha DIAGNOSTICS

Lab No.	**:** GHY/14-10-2023/SR8296790	**Lab Add.**	**:** Sri Kamakhya Tower, Christian Basti, G.S.Road, Guwahati-781005
Patient Name	: MITALI BAISHYA	**Ref Dr.**	: Dr.SELF .
Age	**:** 43 Y 9 M 14 D	**Collection Date**	**:** 14/Oct/2023 11:35AM
Gender	**:** F	Report Date	**:** 15/Oct/2023 11:22AM

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Bio Ref. Interval	Unit
MONOCYTES (Method:Flowcytometry/Microscopy)	04	2 - 10 %	%
EOSINOPHILS (Method:Flowcytometry/Microscopy)	04	1 - 6 %	%
BASOPHILS (Method:Flowcytometry/Microscopy)	00	0-0.9%	%
CBC SUBGROUP 1			
HEMATOCRIT / PCV (Method:Calculated)	**34.0**	36 - 46 %	%
MCV (Method:Calculated)	88.8	83 - 101 fl	fl
MCH (Method:Calculated)	30.0	27 - 32 pg	pg
MCHC (Method:Calculated)	33.8	31.5-34.5 gm/dl	gm/dl
RDW - RED CELL DISTRIBUTION WIDTH (Method:Calculated)	**15.5**	11.6-14%	%
RETICULOCYTE COUNT-AUTOMATED,BLOOD (Method:Cell Counter/Microscopy)	**3.5**	0.5-2.5%	%

BLOOD GROUP ABO+RH [GEL METHOD] , *EDTA WHOLE BLOOD*

ABO (Method:Gel Card)	"O"
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 *****

DR. POOJA KESHAN
MBBS,MD
CONSULTANT PATHOLOGIST

Lab No.	**:** GHY/14-10-2023/SR8296790	**Lab Add.**	**:** Sri Kamakhya Tower, Christian Basti, G.S.Road, Guwahati-781005
Patient Name	: MITALI BAISHYA	**Ref Dr.**	: Dr.SELF .
Age	**:** 43 Y 9 M 14 D	**Collection Date**	**:**
Gender	**:** F	Report Date	**:** 14/Oct/2023 01:18PM

X-RAY OF CHEST PA VIEW:

FINDINGS :

No active lung parenchymal lesion is seen.

Both the hila are normal in size, density and position.

Mediastinum is in central position. 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.

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

Dr. Rabin Saikia
MD (Radio-Diagnosis)

Lab No.	: GHY/14-10-2023/SR8296790	**Lab Add.**	: Sri Kamakhya Tower, Christian Basti, G.S. Road, Guwahati-781005
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Age	: 43 Y 9 M 14 D	**Collection Date**	: 14/Oct/2023 11:35AM
Gender	: F	Report Date	: 14/Oct/2023 04:17PM

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))	5.0	4.6 - 8.0	
SPECIFIC GRAVITY (Method:Dipstick (ion concentration method))	1.005	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)	2-3	0-5	/hpf
EPITHELIAL CELLS (Method:Microscopy)	7-8	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	

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.
8. Contamination from perineum and vaginal discharge should be avoided during collection, which may falsely elevate epithelial cell count and show presence of bacteria

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Age	**:** 43 Y 9 M 14 D	**Collection Date**	**:** 14/Oct/2023 11:35AM
Gender	**:** F	Report Date	**:** 14/Oct/2023 04:17PM

DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Bio Ref. Interval	Unit

and/or yeast in the urine.

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

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Suraksha DIAGNOSTICS

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Patient Name	: MITALI BAISHYA	**Ref Dr.**	: Dr.SELF .
Age	**:** 43 Y 9 M 14 D	**Collection Date**	**:**
Gender	**:** F	Report Date	**:** 14/Oct/2023 12:10PM

E.C.G. REPORT

DATA	
HEART RATE	63 Bpm
PR INTERVAL	143 Ms
QRS DURATION	86 Ms
QT INTERVAL	423 Ms
QTC INTERVAL	432 Ms
AXIS	
QRS WAVE	36 Degree

IMPRESSION : **Normal sinus rhythm, within normal limits.**

DR. NARESWAR BARMAN
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MBBS, PG Diploma- Clinical Cardiology