



MC-5661

Lab No. : GHY/12-12-2023/SR8511640

Lab Add. : Sri Kamakhya Tower, Christian Basti, Guwahati-781005

Patient Name : MITHU RANI SIL

Ref Dr. : Dr.SELF .

Age : 39 Y 0 M 0 D

Collection Date : 12/Dec/2023 10:59AM

Gender : F

Report Date : 12/Dec/2023 01:35PM



DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
CHLORIDE, BLOOD , (Method:ISE DIRECT)	104	98-107	mEq/L

THYROID PANEL (T3, T4, TSH) , GEL SERUM			
T3-TOTAL (TRI IODOTHYRONINE) (Method:ECLIA)	1.10	0.80-2.0 ng/mL	ng/mL
T4-TOTAL (THYROXINE) (Method:ECLIA)	9	5.1-14.1 µg/dL	µg/dL
TSH (THYROID STIMULATING HORMONE) (Method:ECLIA)	1.77	0.27-4.2	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>.

CREATININE, BLOOD (Method:Kinetic Jaffe [Compensated])	0.57	0.5 - 0.9	mg/dL
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SGOT/AST (Method:IFCC, with PLP)	16	<35 U/L	U/L
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URIC ACID, BLOOD (Method:Enzymatic)	3.78	2.4-5.7	mg/dL
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ALKALINE PHOSPHATASE (Method:IFCC)	42	35-104 U/L	U/L
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BILIRUBIN (TOTAL) , GEL SERUM			
BILIRUBIN (TOTAL) (Method:DIAZO)	0.19	0.1-1.1	mg/dL

SODIUM, BLOOD (Method:ISE DIRECT)	138	136-145	mEq/L
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POTASSIUM, BLOOD (Method:ISE DIRECT)	4.80	3.5 - 5.1 mEq/L	mEq/L
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UREA, BLOOD	16.7	15 - 40	mg/dL
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GLUCOSE, FASTING (Method:Hexokinase Method)	91	70 - 100	mg/dL
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CALCIUM, BLOOD	9.22	8.6-10.2 mg/dL	
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Test Name (Method:BAPTA)	Result	Bio Ref. Interval	Unit
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TOTAL PROTEIN [BLOOD] ALB:GLO RATIO , .

TOTAL PROTEIN (Method:Biuret)	6.80	6.4-8.3 g/dL	g/dL
ALBUMIN (Method:BCG)	4.5	3.5-5.2 g/dl	g/dl
GLOBULIN (Method:Calculated)	2.29	1.8-3.2	g/dl
AG Ratio (Method:Calculated)	1.97	1.0 - 2.5	

*URIC ACID, URINE, SPOT URINE

URIC ACID, SPOT URINE (Method:URICASE)	22.80	37-92 mg/dL	mg/dL
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GLYCATED HAEMOGLOBIN (HBA1C) , EDTA WHOLE BLOOD

GLYCATED HEMOGLOBIN (HBA1C)	5.0	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 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)	160	Desirable cholesterol level : < 200 mg/dL Borderline high cholesterol : 200-239 mg/dL	mg/dL
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Test Name	Result	Bio Ref. Interval	Unit
TRIGLYCERIDES (Method:Enzymatic)	151	High cholesterol : = 240 mg/dL < 150 mg/dL	mg/dL
HDL CHOLESTEROL (Method:Enzymatic)	35	No risk: > 55 mg/dL, Moderate risk: 35-55 mg/dL, High risk: < 35 mg/dL	mg/dL
LDL CHOLESTEROL DIRECT (Method:Enzymatic)	113	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)	12	< 40 mg/dl	mg/dL
CHOL HDL Ratio (Method:Calculated)	4.5	LOW RISK 3.3-4.4 AVERAGE RISK 4.47-7.1 MODERATE RISK 7.1-11.0 HIGH RISK >11.0	
SGPT/ALT (Method: IFCC, with PLP)	14	10-50 U/L	U/L
PHOSPHORUS-INORGANIC,BLOOD (Method:UV PHOSPHOMOLYBDATE)	3.5	2.5-4.5 mg/dl	mg/dl
BILIRUBIN (DIRECT) (Method:Diazo)	0.11	< 0.30 mg/dL	mg/dL

*** End Of Report ***

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



Lab No. : GHY/12-12-2023/SR8511640	Lab Add. : Newtown,Kolkata-700156
Patient Name : MITHU RANI SIL	Ref Dr. : Dr.SELF .
Age : 39 Y 0 M 0 D	Collection Date : 12/Dec/2023 10:59AM
Gender : F	Report Date : 13/Dec/2023 04:39PM



DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Bio Ref. Interval	Unit
CBC WITH PLATELET & RETICULOCYTE COUNT , EDTA WHOLE BLOOD			
HEMOGLOBIN (Method:PHOTOMETRIC)	12.4	12 - 15	g/dL
WBC (Method:DC detection method)	6.4	4 - 10	*10 ³ /μL
RBC (Method:DC detection method)	4.33	3.8 - 4.8	*10 ⁶ /μL
PLATELET (THROMBOCYTE) COUNT (Method:DC detection method/Microscopy)	211	150 - 450*10 ³ /μL	*10 ³ /μL
<u>DIFFERENTIAL COUNT</u>			
NEUTROPHILS (Method:Flowcytometry/Microscopy)	67	40 - 80 %	%
LYMPHOCYTES (Method:Flowcytometry/Microscopy)	26	20 - 40 %	%
MONOCYTES (Method:Flowcytometry/Microscopy)	04	2 - 10 %	%
EOSINOPHILS (Method:Flowcytometry/Microscopy)	03	1-6%	%
BASOPHILS (Method:Flowcytometry/Microscopy)	00	0-0.9%	%
<u>CBC SUBGROUP 1</u>			
HEMATOCRIT / PCV (Method:Calculated)	39.7	36 - 46 %	%
MCV (Method:Calculated)	91.8	83 - 101 fl	fl
MCH (Method:Calculated)	28.6	27 - 32 pg	pg
MCHC (Method:Calculated)	31.2	31.5-34.5 gm/dl	gm/dl
RDW - RED CELL DISTRIBUTION WIDTH (Method:Calculated)	14.7	11.6-14%	%
RETICULOCYTE COUNT- AUTOMATED,BLOOD (Method:Cell Counter/Microscopy)	2.7	0.5-2.5%	%

*** End Of Report ***

DR. NEHA GUPTA
MD, DNB (Pathology)
Consultant Pathologist



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Patient Name : MITHU RANI SIL

Ref Dr. : Dr.SELF .

Age : 39 Y 0 M 0 D

Collection Date : 12/Dec/2023 10:59AM

Gender : F

Report Date : 12/Dec/2023 02:21PM

**DEPARTMENT OF HAEMATOLOGY**

Test Name	Result	Bio Ref. Interval	Unit
CBC WITH PLATELET (THROMBOCYTE) COUNT , EDTA WHOLE BLOOD			
HEMOGLOBIN (Method:PHOTOMETRIC)	12.4	12 - 15	g/dL
WBC (Method:DC detection method)	6.3	4 - 10	*10 ³ /μL
RBC (Method:DC detection method)	4.1	3.8 - 4.8	*10 ⁶ /μL
PLATELET (THROMBOCYTE) COUNT (Method:DC detection method/Microscopy)	240	150 - 450*10 ³	*10 ³ /μL
<u>DIFFERENTIAL COUNT</u>			
NEUTROPHILS (Method:Flowcytometry/Microscopy)	66	40 - 80 %	%
LYMPHOCYTES (Method:Flowcytometry/Microscopy)	28	20 - 40 %	%
MONOCYTES (Method:Flowcytometry/Microscopy)	03	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)	37.8	36 - 46 %	%
MCV (Method:Calculated)	92.0	83 - 101 fl	fl
MCH (Method:Calculated)	30.2	27 - 32 pg	pg
MCHC (Method:Calculated)	32.9	31.5-34.5 gm/dl	gm/dl
RDW - RED CELL DISTRIBUTION WIDTH (Method:Calculated)	14.7	11.6-14%	%
PDW-PLATELET DISTRIBUTION WIDTH (Method:Calculated)	24.2	8.3 - 25 fL	fL
MPV-MEAN PLATELET VOLUME (Method:Calculated)	12.6	7.5 - 11.5 fl	

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

ABO (Method:Gel Card)	"A"
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

1stHour (Method:Westergren)	25	0.00 - 20.00 mm/hr	mm/hr
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Suraksha

DIAGNOSTICS

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**DEPARTMENT OF HAEMATOLOGY**

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

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

Lab No. : GHY/12-12-2023/SR8511640

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Suraksha Diagnostic Private Limited

E-mail: info@surakshanet.com | Website: www.surakshanet.com

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Gender : F

Report Date : 12/Dec/2023 06:34PM



X-RAY: CHEST PA VIEW

Lung fields do not reveal any active parenchymal lesion.

The mediastinum including hila is normal. Trachea is central.

Cardiac size and silhouette is normal.

Hemidiaphragms are normal in position and outline.

Both the C.P angles are clear.

Bony thorax is intact.

*** End Of Report ***

Dr Satabdi Kalita
MD (Rdiagnosis)
Registration no - 24009



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Gender : F

Lab Add. : Sri Kamakhya Tower, Christian Basti, Guwahati-781005
Ref Dr. : Dr.SELF .
Collection Date : 12/Dec/2023 11:00AM
Report Date : 12/Dec/2023 04:31PM

**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 (triple indicator method))	5.0	4.6 - 8.0	
SPECIFIC GRAVITY (Method:Dipstick (ion concentration method))	1.015	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))	3+	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)	2-3	0-5	/hpf
EPITHELIAL CELLS (Method:Microscopy)	3-5	0-5	/hpf
RED BLOOD CELLS (Method:Microscopy)	10-12	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	

Please correlate clinically. No clinical note available.

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.

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Suraksha
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**DEPARTMENT OF CLINICAL PATHOLOGY**

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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 and/or yeast in the urine.			

***** End Of Report ******Rphukan***DR. RASHMI REKHA PHUKAN**
Reg.No: 18757
MBBS,MD,BIOCHEMISTRY

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Report Date : 12/Dec/2023 12:19PM



E.C.G. REPORT

DATA	
HEART RATE	69 Bpm
PR INTERVAL	119 Ms
QRS DURATION	73 Ms
QT INTERVAL	392 Ms
QTC INTERVAL	419 Ms
AXIS	
QRS WAVE	33 Degree
IMPRESSION :	PAC present.

Dr. Jabin Nessa
MBBS(KU), DIP.
CARD(RTIICS)
Clinical Cardiologist