



**Patient Name :** MS. PRIYANKA TIWARI

**Age / Gender :** 38 Years / Female

**Mobile No. :** 8777728844

**Patient ID :** 81713

**Bill ID :** 84601

**Referral :** DR SELF

**Source :** ALLIANCE & PROJECT

**Optional ID :** -

**Collection Time :** 06/04/2024, 08:58 AM

**Receiving Time :** 06/04/2024, 11:17 AM

**Reporting Time :** 06/04/2024, 03:55 PM


**Sample ID :** 1924023884

**Sample Type :** Edta Blood

Test Description	Value(s)	Unit(s)	Reference Range
<b>Complete Blood Count</b>			
HAEMOGLOBIN	11.2	gm/dl	11 - 14
TOTAL LEUCOCYTE COUNT	6900	/cumm	4000 - 11000
HCT	35.0	Vol%	33 - 42
R B C	3.91	millions/cumm	3.8 - 4.8
M C V	89.5	Femtolitre(fl)	80 - 100
M C H	28.6	Picograms(pg)	27 - 31
M C H C	32.0	gm/dl	32 - 36
PLATELET COUNT	1,90,000	/cumm	150000 - 450000
<b>DIFFERENTIAL COUNT</b>			
Neutrophils	58	%	40 - 75
Lymphocytes	25	%	20 - 40
Monocytes	02	%	2 - 8
Eosinophils	<b>15</b>	%	1 - 6
Basophils	00	%	0 - 1
ESR	<b>33</b>	mm	2 - 17
Remarks	Normocytic Normochromic. Eosinophilia seen. Platelets adequate.		
Note	XN 1000, SYSMEX METHOD : FLOWCYTOMETRY ESR : AUTOMATED VESCUBE - 30 TOUCH		

**\*\*END OF REPORT\*\***

Checked by  
Tamal Sarkar

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



Reported By : -

Registered By : MAMANI KARMAKAR





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**Optional ID :** -  
**Collection Time :** 06/04/2024, 08:58 AM  
**Receiving Time :** 06/04/2024, 11:14 AM  
**Reporting Time :** 06/04/2024, 12:05 PM  
**Sample ID :** 1924023884F  
**Sample Type :** Fluoride - F

Test Description	Value(s)	Unit(s)	Reference Range
<b>Glucose Fasting Plasma</b>			
GLUCOSE FASTING PLASMA Method : Hexokinase	84	mg/dL	74 - 109

**\*\*END OF REPORT\*\***

Checked by  
Barun Jana

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



Reported By : -

Registered By : MAMANI KARMAKAR





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**Source :** ALLIANCE & PROJECT

**Optional ID :** -  
**Collection Time :** 06/04/2024, 09:07 AM  
**Receiving Time :** 06/04/2024, 11:17 AM  
**Reporting Time :** 06/04/2024, 01:39 PM  
**Sample ID :** 1924023884  
**Sample Type :** Urine

Test Description	Value(s)	Unit(s)	Reference Range
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**Urine Fasting Sugar**

URINE FOR SUGAR

Result

**Absent**

**\*\*END OF REPORT\*\***

Checked by  
Anupriya Roychowdhury

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



Reported By : -

Registered By : MAMANI KARMAKAR



**Patient Name :** MS. PRIYANKA TIWARI

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**Collection Time :** 06/04/2024, 08:58 AM

**Receiving Time :** 06/04/2024, 11:17 AM

**Reporting Time :** 06/04/2024, 02:20 PM

**Sample ID :** 1924023884

**Sample Type :** Edta Blood

Test Description	Value(s)	Unit(s)	Reference Range
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**HbA1c HPLC**

HbA1c HPLC Method : High Performance Liquid Chromatography (HPLC)	5.4	%	Normal : < 5.7 Pre Diabetes : 5.7 - 6.4 Diabetes : >= 6.5
Estimated Average Glucose	108	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.



Reported By : -

Registered By : MAMANI KARMAKAR



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**Sample ID :** 1924023884  
**Sample Type :** Edta Blood

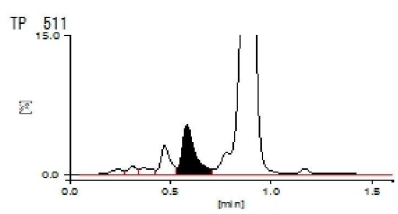
Test Description	Value(s)	Unit(s)	Reference Range
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**Chromatogram Report**

TOSOH G8 VAR V05.29 490206 2024-04-06 14:04:21  
 ID 1924023884  
 Sample No. 04060009 SL 0001 - 02  
 Patient ID  
 Name  
 Comment

CALIB			
Name	%	Time	Area
A1A	0.5	0.24	4.87
A1B	0.5	0.31	5.11
F	0.6	0.37	5.52
LA1C+	1.9	0.47	17.86
SA1C	5.4	0.58	41.47
AO	92.8	0.88	895.27
H-V0			
H-V1			
H-V2			

Total Area 970.10  
**HbA1c 5.4 %** **IFCC 35 mmol/mol**  
 HbA1 6.4 % HbF 0.6 %



06-04-2024 14:04:22 TOSOH

1 / 1

NEUBERG PULSE DIAGNOSTIC CENTRE  
 75,SARAT BOSE RD, KOL - 26

**\*\*END OF REPORT\*\***



Reported By : -

Registered By : MAMANI KARMAKAR



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**Sample ID :** 1924023884

**Sample Type :** Edta Blood

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

*Supratik Biswas*  
Dr. Supratik Biswas  
MBBS, MD  
Consultant Biochemist  
Regn.No.: 64600 (WBMC)



Reported By : -

Registered By : MAMANI KARMAKAR



**Patient Name :** MS. PRIYANKA TIWARI  
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**Reporting Time :** 06/04/2024, 12:22 PM  
**Sample ID :** 1924023884  
**Sample Type :** Serum


Test Description	Value(s)	Unit(s)	Reference Range
<b><u>Lipid Profile</u></b>			
TRIGLYCERIDES Method : Enzymatic Colorimetric Assay using GPO-POD	88	mg/dL	Normal : < 150 Borderline High : 150 - 199 High : 200 - 499 Very High : >= 500
CHOLESTEROL Method : Enzymatic Colorimetric Assay using CHOD-POD	147	mg/dl	Desirable : < 200 Borderline High : 200 - 240 High Risk : > 240
HDL CHOLESTEROL Method : Enzymatic Inhibition	40	mg/dl	Low HDL : <40 High HDL : >= 60
LDL CHOLESTEROL Method : Enzymatic Selective Protection	87	mg/dl	Optimal : < 100 Above Optimal : 100 - 129 Borderline High : 130 - 159 High : 160 - 189 Very High : > 190
VLDL / CHOLESTEROL REMNANTS Method : Calculation	20	mg/dl	< 30
NON HDL CHOLESTEROL Method : Calculation	107	mg/dl	<130
TOTAL CHOLESTEROL / HDL CHOLESTEROL RATIO	3.67	Ratio	
LDL CHOLESTEROL / HDL CHOLESTEROL RATIO	2.17	Ratio	

Remark :

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

**\*\*END OF REPORT\*\***

**Checked by**  
**Priya Manna**

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



Reported By : -

Registered By : MAMANI KARMAKAR





**Patient Name :** MS. PRIYANKA TIWARI

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**Reporting Time :** 06/04/2024, 12:27 PM

**Sample ID :** 1924023884

**Sample Type :** Serum

Test Description	Value(s)	Unit(s)	Reference Range
<b><u>Liver Function Test</u></b>			
TOTAL BILIRUBIN Method : DPD	0.41	mg/dL	<1.2
CONJUGATED BILIRUBIN Method : DPD	<b>0.22</b>	mg/dl	< 0.2
UNCONJUGATED BILIRUBIN Method : Calculation	0.19	mg/dL	
SGPT Method : IFCC (without pyridoxal phosphate activation)	15	U/L	< 35
SGOT Method : IFCC (without pyridoxal phosphate activation)	22	U/L	< 35
ALKALINE PHOSPHATASE Method : IFCC AMP Buffer	81	U/L	30 - 120
TOTAL PROTEIN Method : Biuret	7.10	g/dL	6.6 - 8.3
ALBUMIN Method : Bromocresol Green	4.40	g/dL	Adults: 3.5 - 5.2 Newborn (1-4 days): 2.8 - 4.4
GLOBULIN Method : Calculation	2.70	g/dL	1.80 - 3.60
A/G RATIO Method : Calculation	1.63		1.2 - 2
GAMMA-GLUTAMYL TRANSFERASE Method : IFCC	11	U/L	< 38

**\*\*END OF REPORT\*\***

**Checked by  
Priya Mann**

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



Reported By : -

Registered By : MAMANI KARMAKAR







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**Reporting Time :** 06/04/2024, 12:24 PM

**Sample ID :** 1924023884

**Sample Type :** Serum

Test Description	Value(s)	Unit(s)	Reference Range
<b><u>T3,T4 &amp; TSH</u></b>			
T3 Method : Chemiluminescent Microparticle Immunoassay (CMIA)	1.25	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)	8.75	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)	1.73	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 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



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Registered By : MAMANI KARMAKAR





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**Optional ID :** -

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**Receiving Time :** 06/04/2024, 11:17 AM

**Reporting Time :** 06/04/2024, 12:24 PM

**Sample ID :** 1924023884

**Sample Type :** Serum

Test Description	Value(s)	Unit(s)	Reference Range
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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.

**\*\*END OF REPORT\*\***

Checked by  
Barun Jana

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



Reported By : -

Registered By : MAMANI KARMAKAR





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**Receiving Time :** 06/04/2024, 11:17 AM  
**Reporting Time :** 06/04/2024, 12:14 PM  
**Sample ID :** 1924023884  
**Sample Type :** Serum

Test Description	Value(s)	Unit(s)	Reference Range
<b><u>Uric Acid, Serum</u></b>			
URIC ACID Method : Uricase PAP	4.50	mg/dL	2.6 - 6

**\*\*END OF REPORT\*\***

Checked by  
Barun Jana

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



Reported By : -

Registered By : MAMANI KARMAKAR





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**Collection Time :** 06/04/2024, 08:58 a.m.  
**Receiving Time :** 06/04/2024, 11:17 a.m.  
**Reporting Time :** 06/04/2024, 01:11 p.m.  
**Sample ID :** 1924023884  
**Sample Type :** Serum

Test Description	Value(s)	Unit(s)	Reference Range
<b><u>Bun / Creatrine Ratio</u></b>			
BUN/Creatinine ratio	10.44		12 - 20
Method : Calculation			

**\*\*END OF REPORT\*\***

Checked by  
Pintu Manna

*Supratik Biswas*  
 Dr. Supratik Biswas  
 MBBS, MD  
 Consultant Biochemist  
 Regn.No.: 64600 (WBMC)



Reported By : -

Registered By : MAMANI KARMAKAR



**Patient Name :** MS. PRIYANKA TIWARI  
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**Reporting Time :** 06/04/2024, 12:29 PM  
**Sample ID :** 1924023884  
**Sample Type :** Serum

Test Description	Value(s)	Unit(s)	Reference Range
<b><u>Total Proteins, Serum</u></b>			
TOTAL PROTEIN Method : Biuret	7.10	g/dl	6.6 - 8.3
ALBUMIN Method : Bromocresol green	4.40	g/dl	Adults: 3.5 - 5.2 Newborn(0-4days): 2.8 - 4.4
GLOBULIN Method : Calculation	2.70	g/dl	1.8 - 3.6
A/G RATIO Method : Calculation	1.63		1.2 - 2.0

**\*\*END OF REPORT\*\***

**Checked by  
Priya Manna**

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



Reported By : -

Registered By : MAMANI KARMAKAR





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**Referral :** DR SELF

**Source :** ALLIANCE & PROJECT

**Optional ID :** -

**Collection Time :** 06/04/2024, 08:49 AM

**Receiving Time :** 06/04/2024, 10:55 AM

**Reporting Time :** 06/04/2024, 03:50 PM

**Sample ID :** 1924023884


**Sample Type :** Ecg

## ECG

Kindly collect the graphical ECG report from reception

**\*\*END OF REPORT\*\***

Checked by  
Mousumi Das Sharma

  
Dr. Abhinay Tibdewal  
MD, DM (Cardiologist)  
Regn. No.: WBMC 85811



Reported By : Prasenjit Sarkar

Registered By : MAMANI KARMAKAR



**Patient Name :** MS. PRIYANKA TIWARI

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**Source :** ALLIANCE & PROJECT

**Optional ID :** -

**Collection Time :** 06/04/2024, 09:07 AM

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**Reporting Time :** 06/04/2024, 01:53 PM

**Sample ID :** 1924023884

**Sample Type :** Urine

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

**PHYSICAL EXAMINATION**

Volume	25 ml
Colour	Pale Straw
Appearance	Slightly hazy
Deposit	Present
Specific Gravity	1.025

**CHEMICAL EXAMINATION**

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

**MICROSCOPIC EXAMINATION**

Pus Cells	5 - 6 /hpf
R.B.C	Not found
Epithelial Cells	6 - 8 /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.



Reported By : -

Registered By : MAMANI KARMAKAR



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**Sample ID :** 1924023884  
**Sample Type :** Urine

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

Checked by  
Sudipta Halder

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



Reported By : -

Registered By : MAMANI KARMAKAR





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**Sample ID :** 1924023884  
**Sample Type :** Edta Blood

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

BLOOD GROUP	"A"		
RH TYPING	POSITIVE		

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



**\*\*END OF REPORT\*\***

Checked by  
Rakibul Sk

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



Reported By : -

Registered By : MAMANI KARMAKAR



Patient Name :	MS PRIYANKA TIWARI	Patient ID :	ID 81713
Modality :	DX	Sex :	FEMALE
Age :	38 YRS	Study :	CHEST PA
Reff. Dr. :	DR. SELF	Study Date :	06-04-2024

### **X-RAY OF CHEST PA VIEW**

#### **Findings:**

- No lung parenchymal lesion is seen.
- Both costo-phrenic angles are clear.
- Cardio thoracic ratio within normal limit.
- Both the hila are normal.
- Both domes of diaphragm are normal in shape and position.
- Trachea is at midline.

**IMPRESSION: Skiagram does not reveal any abnormality.**

*---- Clinical correlation and other investigation suggested if clinically indicated.*



**Dr. Preetam Debasish Panda**

**MD (Radio diagnosis)**

**Registration No. 12-46299**