



Corporate Office: 1C, Kansari Para Road (Beside SSKM Hospital), Bhowanipur, Kolkata -700025

Call: +91 33 2454 5599 | +91 98302 57377 Regd. Office: Soham Clinic, Santragachi Station Road,

Jagacha, Howrah-711112

Call: +91 33 2657 5599 | +91 33 2658 3020 E: sohamclinic@yahoo.in W: www.sohamclinic.com Siliguri Office : 3. Rash Behari Sarani, Children Park, (Beside Siliguri Dist. Hospital), Hakimpara, Siliguri - 734001



MONALI PRADHAN Name:

Age/Gender: 21 Y/Female Patient ID: 012212240156

BarcodeNo: 61741446

Refer By: Dr. SHAON DUTTA(MS, GYNAECOLOGY & OBSTETRICS) Registration No.: 593128

Registered: 24/Dec/2022 06:30PM Analysed: 24/Dec/2022 09:46PM

Reported: 24/Dec/2022 11:18PM

SILIGURI RPC

3rd Trimester: 0.41 - 5.18

DEPARTMENT OF HORMONES

Panel:

Test Name	Result	Unit	Biological Ref.Interval
TSH (Thyroid-Stimulating Hormone) By CLIA Method	2.34	μIU/mL	Adult: 0.38 - 5.33 < 3 Days: 3.20 - 34.60 3-4 Days: 0.70 - 15.40 5Dys5Mths.: 1.70 - 9.10 5Mths12Yrs.: 0.70 - 6.40 PREGNANCY: 1st Trimester: 0.05 - 3.70 2nd Trimester: 0.31 - 4.35

Interpretation:

In primary hypothyroidism, thyroid-stimulating hormone (TSH) levels will be elevated. In primary hypothyroidism, TSH levels will be low.

The ability to quantitate circulating levels of TSH is important in evaluating thyroid function. It is especially useful in the differential diagnosis of primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low or normal.

Elevated or low TSH in the context of normal free thyroxine is often referred to as subclinical hypo- or hyperthyroidism, respectively.

Thyrotropin-releasing hormone (TRH) stimulation differentiates all types of hypothyroidism by observing the change in patient TSH levels in response to TRH. Typically, the TSH response to TRH stimulation is exaggerated in cases of primary hypothyroidism, absent in secondary hypothyroidism, and delayed in tertiary hypothyroidism. Most individuals with primary hyperthyroidism have TSH suppression and do not respond to TRH stimulation with an increase in TSH over their basal

Sick, hospitalized patients may have falsely low or transiently elevated TSH.

Sample Type:Serum

Test has been performed on Access2

Barnikalukayastha DR. BARNIKA PURKAYASTHA

MBBS, MD (Pathology) Consultant Pathologist

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Name:

MONALI PRADHAN

Age/Gender:

21 Y/Female

Patient ID: BarcodeNo:

61741444

Refer By:

012212240156

Dr. SHAON DUTTA(MS, GYNAECOLOGY & OBSTETRICS)

Registration No.:

Registered:

Analysed:

Reported: Panel:

593128

24/Dec/2022 06:30PM 24/Dec/2022 09:46PM

25/Dec/2022 01:14AM

SILIGURI RPC

DEPARTMENT OF HAEMATOLOGY

Test Name		Result	Unit	Biological Ref.Interval
COMPLETE BLOOD COUNT				
HAEMOGLOBIN (Hb%)		11.2	gm/dL	Male(Adult): 13 - 18 Female(Adult): 11 - 16 Child(1 yrs): 10 - 14 Infant: 14 - 20
TOTAL COUNT				
RBC		3.70	millions/cumm	4.5 - 6.5
TOTAL LEUCOCYTE COUNT		11,200	/cu.mm	4000 - 11000
PLATELET COUNT		216,000	/cu.mm	150000 - 450000
DIFFERENTIAL LEUCOCYTE COL	<u>JNT</u>			
NEUTROPHILS		76	%	40 - 75
LYMPHOCYTES		20	%	20 - 45
MONOCYTES		2	%	2 - 8
EOSINOPHILS		2	%	1-4
BASOPHILS		OV & BEEEBB	%	0-2
PCV		34.2	%	35 - 54
MCV		92.4	ap, Kolkata)	76 - 98
MCH		30.3	pg	27-32
MCHC		32.8	gm/dl	27 - 35
ESR (Erythrocyte Sedimentatio	n Rate)	40	mm/hour	0 - 17
PERIPHERAL SMEAR				

PERIPHERAL SMEAR

R.B.C: - Macrocytic with Normocytic and normochromic & few Microcytes.

W.B.C: - Neutrophilic Leucocytosis.

Platelets: - Adequate on smear.

Sample Type: Whole Blood EDTA



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Name:

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Age/Gender:

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Patient ID: BarcodeNo:

61741426

Refer By:

Dr. SHAON DUTTA(MS, GYNAECOLOGY & OBSTETRICS)

Registration No.:

EQAS of CMC, Vellore

Registered:

Analysed:

Reported:

Panel:

593128

24/Dec/2022 06:30PM

24/Dec/2022 09:52PM 24/Dec/2022 10:51PM

SILIGURI RPC

DEPARTMENT OF BIOCHEMISTRY

Test Name

Result

77.84

Unit

mg/dl

Biological Ref.Interval

GLUCOSE (Fasting)

Hexokinase Method Sample Type: Plasma

Test has been performed on AU480_2

70-110





DR. S. DASGUPTA MD (Biochemistry) (Consultant Biochemist)

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24/Dec/2022 06:30PM

24/Dec/2022 09:46PM 24/Dec/2022 11:59PM

SILIGURI RPC

DEPARTMENT OF SEROLOGY

Test Name

Result

Unit

Biological Ref.Interval

BLOOD GROUP ABO AND RH TYPING*

BLOOD GROUP ABO AND RH FACTOR

Blood Group

Rh Factor

POSITIVE

Sample Type: Whole Blood EDTA





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Registered: Analysed:

Reported:

Panel:

24/Dec/2022 06:30PM 24/Dec/2022 09:46PM

24/Dec/2022 11:02PM

SILIGURI RPC

DEPARTMENT OF SEROLOGY

Test Name	Result	Unit	Biological Ref.Interval
HEPATITIS B SURFACE ANTIGEN; HBsAg ELISA Method	0.163	COI	<0.9 Non Reactive 0.9 to 1.0 Equivocal >1.0 Positive

Note:

- 1. All Reactive results for further confirmation Molecular assays are recommended
- 2. Discrepant results may be observed during pregnancy, patients receiving mouse monoclonal antibodies for diagnosis or therapy & mutant forms of HBsAg
- 3. For diagnostic purposes, results should be used in conjunction with clinical history and other hepatitis markers for Acute or Chronic infection
- 4. For monitoring HBsAg levels, Quantitative HBsAg assay is recommended

Comment

Hepatitis B Virus (HBV) is a member of the Hepadna virus family causing infections of the liver with extremely variable clinical features. Hepatitis B is transmitted primarily by body fluids especially serum and also spread effectively sexually and from mother to baby. In most individuals HBV hepatitis is self limiting, but 1-2% normal adolescents and adults develop Chronic Hepatitis. Frequency of chronic HBV infection is 5-10% in immunocompromised patients and 80% in neonates. The initial serological marker of acute infection is HBsAg which typically appears 2-3 months after infection and disappears 12-20 weeks after onset of symptoms. Persistence of HBsAg for more than six months indicates development of carrier state or Chronic liver disease.

Uses

◆ Routine screening of blood and blood products to prevent transmission of Hepatitis B virus (HBV) to recipients ◆ To diagnose suspected HBV infection and monitor the status of infected individuals ♦ To evaluate the efficacy of antiviral drugs ♦ For Prenatal Screening of pregnant women

Sample Type:Serum



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SILIGURI RPC

DEPARTMENT OF SEROLOGY

Test Name

Result

0.127

Unit

Biological Ref.Interval

HCV (Hepatitis C Virus) AntiBody

By Elisa Method

Sample Type:Serum

ΑI

Negative: < 0.9 Equivocal: 0.9 - 1.0

Positive: > 1.0





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MONALI PRADHAN Name:

Age/Gender: 21 Y/Female Patient ID: 012212240156

BarcodeNo: 61741445

Dr. SHAON DUTTA(MS, GYNAECOLOGY & OBSTETRICS) Refer By:

Registration No.:

Registered:

24/Dec/2022 06:30PM

593128

Analysed: Reported: 24/Dec/2022 09:46PM 24/Dec/2022 11:11PM

Panel: SILIGURI RPC

DEPARTMENT OF CLINICAL PATHOLOGY

Unit **Biological Ref.Interval Test Name** Result

URINE ROUTINE EXAMINATION*

PHYSICAL EXAMINATION

VOLUME 20 ML

COLOUR PALE YELLOW

APPEARANCE CLEAR ABSENT SEDIMENT BLOOD ABSENT

CHEMICAL EXAMINATION

REACTION **ACIDIC** SP. GRAVITY 1.020 **BILE SALTS ABSENT BILE PIGMENTS ABSENT**

GLUCOSE NIL

NIL **URINE ALBUMIN**

MICROSCOPIC EXAMINATION

/H.P.F R.B.C. NII **EPITHELIAL CELLS** 2 - 3 /H.P.F **PUS CELLS** 2 - 4 /H.P.F

CASTS NIL **CRYSTALS** NIL

OTHERS. BACTERIA (+)

Sample Type:Urine

(1) The Results relate only to the items tested.

(2) The test report shall not be reproduced except in full, without approval of the authority.

*** End Of Report ***



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