Associate	: MM		Sample Type	: O.S.S.	
Name	: **MR SK SADIQUE RAHAMAN**				
Age / Gender	: 23Y / MALE		Received On	: 08/03/2025	
ID Number	: LSD/65309/C-1317/95		Reported On	: 08/03/2025	
Referred By	: DR.OF.S.T.M				

DEPARTMENT OF CLINICAL BIOCHEMISTRY

Test Description	Result	Unit	Bio. Ref. Interval
LFT (Liver Function Test)			
Bilirubin Total *Methodology : Jendrassik Specrophotomertry* *Specimen : Serum*	0.80	mg/dl	Adult: Upto 1.2 Infant: 0.2 - 8.0
Bilirubin Direct *Methodology : DIAZO*	0.23	mg/dl	0.0 - 0.4
Bilirubin Indirect	0.57	mg/dl	upto 0.75
Total Protein *Methodology : BIURET* *Specimen : Serum*	7.45	gm/dl	6.0-8.0
Albumin *Methodology : Bromocresol Green* *Specimen : Serum*	4.39	gm/dl	3.5 - 5.2
Globulin *Specimen : Serum*	3.06	gm/dl	2.3 - 3.6
A G Ratio	1.43		1.0 - 2.3
ALP (Alkaline Phosphatase) *Methodology : IFCC* *Specimen : Serum*	226.10	U/L	Adults : 100 - 290 U/L Children: 180 - 1200 U/L
SGOT / AST *Methodology : IFCC* *Specimen : Serum*	34.68	IU/L	upto 46
SGPT / ALT *Methodology : IFCC* *Specimen : Serum*	**52.92**	U/L	upto 49

Comment :

AST (SGOT) and ALT (SGPT) are sensitive indicators of liver damage from different types of disease.The highest levels of AST and ALT are found with disorders that cause the death of numerous liver cells (extensive hepatic necrosis). There are several drugs that may cause abnormal liver enzymes levels.

End of Report

Associate	: MM	Sample Type	: O.S.S.
Name	: **MR SK SADIQUE RAHAMAN**		
Age / Gender	: 23Y / MALE	Received On	: 08/03/2025
ID Number	: LSD/65309/C-1317/95	Reported On	: 08/03/2025
Referred By	: DR.OF.S.T.M		

DEPARTMENT OF HAEMATOLOGY

Test Description	Result	Unit	Bio. Ref. Interval
Complete Haemogram			
Hb(Haemoglobin) Method : Spectrophotometry *Specimen : EDTA*	14.0	gm/dl	Male: 13-16 Female: 11.5-14.5 Infant::14-18 NewBorn::0-30dys:15-20
TC (Total Count)			
Erythrocytes	**4.42**	millions/cu.mm	4.5 - 6.5
Leukocytes	4700	Cell/c.mm	4000 - 11000
DC (Differential Count)			
Neutrophils	45	%	40 - 75
Lymphocytes	**49**	%	20 - 45
Monocytes	02	%	2 - 10
Eosinophils	***## End of Report ##***	%	1 - 6
Basophils	00	%	0 - 2
ESR (Erythrocyte Sedimentation Rate)			
1st Hr. (Westegren Method) *Specimen : EDTA*	**45**	mm	Male: 15 -25 Female: 18-20
Platelet Count *Methodology : Cell Impedance* *Specimen : EDTA*	2.21	Lakhs/cu mm	1.5 - 4.0
PCV (Packed Cell Volume)	39.4	%	37 - 47
MCV (Mean Corpuscular Volume)	89.14	fl	76 - 96
MCH (Mean Corpuscular Haemoglobin)	31.67	pg	27 - 32
MCHC (Mean Corpuscular Hb. Concentra	35.53	gm/dl	30 - 35

End of Report

Associate	: MM		Sample Type	: O.S.S.	
Name	: **MR AFRIDI PURKAIT**				
Age / Gender	: 21Y / MALE		Received On	: 08/03/2025	
ID Number	: LSD/65310/C-1318/96		Reported On	: 08/03/2025	
Referred By	: DR.M.H.MONDAL				

DEPARTMENT OF CLINICAL BIOCHEMISTRY

Test Description	Result	Unit	Bio. Ref. Interval
LFT (Liver Function Test)			
Bilirubin Total *Methodology : Jendrassik Specrophotomertry* *Specimen : Serum*	0.72	mg/dl	Adult: Upto 1.2 Infant: 0.2 - 8.0
Bilirubin Direct *Methodology : DIAZO*	0.19	mg/dl	0.0 - 0.4
Bilirubin Indirect	0.53	mg/dl	upto 0.75
Total Protein *Methodology : BIURET* *Specimen : Serum*	7.09	gm/dl	6.0-8.0
Albumin *Methodology : Bromocresol Green* *Specimen : Serum*	4.13 ***## End of Report ##***	gm/dl	3.5 - 5.2
Globulin *Specimen : Serum*	2.96	gm/dl	2.3 - 3.6
A G Ratio	1.40		1.0 - 2.3
ALP (Alkaline Phosphatase) *Methodology : IFCC* *Specimen : Serum*	188.42	U/L	Adults : 100 - 290 U/L Children: 180 - 1200 U/L
SGOT / AST *Methodology : IFCC* *Specimen : Serum*	42.61	IU/L	upto 46
SGPT / ALT *Methodology : IFCC* *Specimen : Serum*	**70.89**	U/L	upto 49

Comment :

AST (SGOT) and ALT (SGPT) are sensitive indicators of liver damage from different types of disease.The highest levels of AST and ALT are found with disorders that cause the death of numerous liver cells (extensive hepatic necrosis). There are several drugs that may cause abnormal liver enzymes levels.

Associate	: MM		Sample Type	: O.S.S.	
Name	: **ANUWARA BEGUM**				
Age / Gender	: 80Y / FEMALE		Received On	: 08/03/2025	
ID Number	: LSD/65311/C-1319/97		Reported On	: 08/03/2025	
Referred By	: DR.SUPRATIK MAL				

DEPARTMENT OF CLINICAL BIOCHEMISTRY

Test Description	Result	Unit	Bio. Ref. Interval
Glucose Fasting *Methodology : GOD POD* *Specimen : Oxalate - Fluoxide*	**112**	mg/dl	Normal: <100 Pre-Diabetic:100-124 Diabetic =>125
Urea (Serum) *Methodology : (UREASE BERTHELOT SPECTROPHOTOMETRY)* *Specimen : Serum*	31.62	mg/dl	10 - 45 mg/dl
Creatinine (Serum) *Methodology : (JAFFE"S KINETIC SPECTROPHOTOMETRY)* *Specimen : Serum*	**2.10**	mg/dl	Male : 0.50 - 1.50 Female : 0.5 - 1.50

Comment :

Increased serum creatinine is seen any renal functional impairment may be due to intrinsic renal lesions, decreased perfusion of the kidney, or obstruction of the lower urinary tract.

End of Report

End of Report

Associate	: MM		Sample Type	: O.S.S.	
Name	: **ANUWARA BEGUM**				
Age / Gender	: 80Y / FEMALE		Received On	: 08/03/2025	
ID Number	: LSD/65311/C-1319/97		Reported On	: 08/03/2025	
Referred By	: DR.SUPRATIK MAL				

DEPARTMENT OF ELECTROLYTES

Test Description	Result	Unit	Bio. Ref. Interval
Sodium (Serum) [Na+] *Methodology : Ion Selective Electrode* *Specimen : Serum*	**132.9**	mmol/L	(135 - 155 mmol/L)
Potassium (Serum)[K+] *Methodology : (Ion Selective Electrode)* *Specimen : Serum*	4.97	mEq/L	(3.5 - 5.5 mEq/L)

Comment :

Increase level observed in massive hemolysis, crush injuries, and malignant hyperpyrexia etc. Decrease in serum potassium level observed for vomiting, diarrhea, villous adenoma of the colorectum, certain renal tubular defects, hypercorticoidism, drug induced etc.

End of Report

End of Report

Associate	: MM	Sample Type	: O.S.S.
Name	: **ANUWARA BEGUM**		
Age / Gender	: 80Y / FEMALE	Received On	: 08/03/2025
ID Number	: LSD/65311/C-1319/97	Reported On	: 08/03/2025
Referred By	: DR.SUPRATIK MAL		

DEPARTMENT OF HAEMATOLOGY

Test Description	Result	Unit	Bio. Ref. Interval
Complete Haemogram			
Hb(Haemoglobin)	**7.3**	gm/dl	Male: 13-16
Method : Spectrophotometry			Female: 11.5-14.5
Specimen : EDTA			Infant::14-18
			NewBorn::0-30dys:15-20
TC (Total Count)			
Erythrocytes	**2.84**	millions/cu.mm	4.5 - 6.5
Leukocytes	6300	Cell/c.mm	4000 - 11000
DC (Differential Count)			
Neutrophils	50	%	40 - 75
Lymphocytes	38	%	20 - 45
Monocytes	03	%	2 - 10
Eosinophils	***## End of Report ##***	%	1 - 6
Basophils	00	%	0 - 2
ESR (Erythrocyte Sedimentation Rate)			
1st Hr. (Westegren Method)	**69**	mm	Male: 15 -25
Specimen : EDTA			Female: 18-20
Platelet Count	3.98	Lakhs/cu mm	1.5 - 4.0
Methodology : Cell Impedance			
Specimen : EDTA			
PCV (Packed Cell Volume)	**21.8**	%	37 - 47
MCV (Mean Corpuscular Volume)	76.76	fl	76 - 96
MCH (Mean Corpuscular Haemoglobin)	25.70	pg	27 - 32
MCHC (Mean Corpuscular Hb. Concentra	33.49	gm/dl	30 - 35

Associate	: MM		Sample Type	: O.S.S.	
Name	: **CHITRA MONDAL**				
Age / Gender	: 50Y / FEMALE		Received On	: 08/03/2025	
ID Number	: LSD/65312/C-1320/98		Reported On	: 08/03/2025	
Referred By	: DR OF.E.S.I.HOSPITAL				

DEPARTMENT OF CLINICAL BIOCHEMISTRY

Test Description	Result	Unit	Bio. Ref. Interval
Glucose Fasting *Methodology : GOD POD* *Specimen : Oxalate - Fluoxide*	**167**	mg/dl	Normal: <100 Pre-Diabetic:100-124 Diabetic =>125
Glucose PP (Post Prandial) *Methodology : GOD POD* *Specimen : Oxalate - Fluoxide*	**214**	mg/dl	Normal: =<140 Pre-Diabetic: 140-199 Diabetic=>200

Comment :

Other than diabetes high and low level may also observed in various other physiological conditions
Pre-analytical variables that can affect glucose measurement are delay in separation of the serum or plasma from the cells, pregnancy, and certain drugs such as steroids.

End of Report

Associate	: MM		Sample Type	: O.S.S.	
Name	: **MR SAMIM MALLICK**				
Age / Gender	: 25Y / MALE		Received On	: 08/03/2025	
ID Number	: LSD/65313/C-1321/99		Reported On	: 08/03/2025	
Referred By	: SELF				

DEPARTMENT OF CLINICAL BIOCHEMISTRY

Test Description	Result	Unit	Bio. Ref. Interval
Glucose Fasting *Methodology : GOD POD* *Specimen : Oxalate - Fluoxide*	**319**	mg/dl	Normal: <100 Pre-Diabetic:100-124 Diabetic =>125
Glucose PP (Post Prandial) *Methodology : GOD POD* *Specimen : Oxalate - Fluoxide*	**392**	mg/dl	Normal: =<140 Pre-Diabetic: 140-199 Diabetic=>200

Comment :

Other than diabetes high and low level may also observed in various other physiological conditions
Pre-analytical variables that can affect glucose measurement are delay in separation of the serum or plasma from the cells, pregnancy, and certain drugs such as steroids.

Associate	: MM		Sample Type	: O.S.S.	
Name	: **CHANDA DEBNATH**				
Age / Gender	: 37Y / FEMALE		Received On	: 08/03/2025	
ID Number	: LSD/65314/C-1322/100		Reported On	: 08/03/2025	
Referred By	: SELF				

DEPARTMENT OF CLINICAL BIOCHEMISTRY

Test Description	Result	Unit	Bio. Ref. Interval
Glucose Fasting *Methodology : GOD POD* *Specimen : Oxalate - Fluoxide*	86	mg/dl	Normal: <100 Pre-Diabetic:100-124 Diabetic =>125
Glucose PP (Post Prandial) *Methodology : GOD POD* *Specimen : Oxalate - Fluoxide*	***## End of Report ##***	mg/dl	Normal: =<140 Pre-Diabetic: 140-199 Diabetic=>200

Comment :

Other than diabetes high and low level may also observed in various other physiological conditions
Pre-analytical variables that can affect glucose measurement are delay in separation of the serum or plasma from the cells, pregnancy, and certain drugs such as steroids.

Associate	: MM		Sample Type	: O.S.S.	
Name	: **SAMSUN BEGUM**				
Age / Gender	: 55Y / FEMALE		Received On	: 08/03/2025	
ID Number	: LSD/65315/C-1323/101		Reported On	: 08/03/2025	
Referred By	: DR.M.KHANRA, (MBBS)				

DEPARTMENT OF CLINICAL BIOCHEMISTRY

Test Description	Result	Unit	Bio. Ref. Interval
Glucose Fasting *Methodology : GOD POD* *Specimen : Oxalate - Fluoxide*	**131**	mg/dl	Normal: <100 Pre-Diabetic:100-124 Diabetic =>125
Glucose PP (Post Prandial) *Methodology : GOD POD* *Specimen : Oxalate - Fluoxide*	**240**	mg/dl	Normal: =<140 Pre-Diabetic: 140-199 Diabetic=>200
Urea (Serum) *Methodology : (UREASE BERTHELOT SPECTROPHOTOMETRY)* *Specimen : Serum*	19.61	mg/dl	10 - 45 mg/dl
Creatinine (Serum) *Methodology : (JAFFE"S KINETIC SPECTROPHOTOMETRY)* *Specimen : Serum*	0.93	mg/dl	Male : 0.50 - 1.50 Female : 0.5 - 1.50

Comment :

Increased serum creatinine is seen any renal functional impairment may be due to intrinsic renal lesions, decreased perfusion of the kidney, or obstruction of the lower urinary tract.

Associate	: MM	Sample Type	: O.S.S.
Name	: **MR PRADIP MALIK**		
Age / Gender	: 62Y / MALE	Received On	: 08/03/2025
ID Number	: LSD/65316/C-1324/102	Reported On	: 08/03/2025
Referred By	: SELF		

DEPARTMENT OF CLINICAL BIOCHEMISTRY

Test Description	Result	Unit	Bio. Ref. Interval
	Lipid Profile		
Cholesterol - Total Specimen : 12 14 hrs. Fasting Serum *Methodology : CHOD-POD* *Specimen : Serum*	183.0	mg/dl	Normal: <200 Borderline High: 200 - 239 High: >=240
Triglycerides Specimen : 12 - 14 hrs. Fasting Serum *Methodology : GPO-POD* *Specimen : Serum*	**276.0**	mg/dl	Normal : < 150 Borderline high : 150-200 High : 200-500 Very high : >= 500
HDL - Cholesterol *Methodology : Detergent solubilizing* *Specimen : Serum*	43.0	mg/dl	Male:35-80 Female: 42-88
LDL - Cholesterol *Methodology : Detergent solubilizing* *Specimen : Serum*	84.8	mg/dl	Desirable: <130 Borderline High Riskfor CHD: 130 to 159 High Risk for CHD: >160
VLDL-Cholesterol *Specimen : Serum*	55.2	mg/dl	Male: 12-33 Female: 5-28
Total Cholesterol : HDL Ratio *Methodology : Calculated*	4.26		
LDL : HDL *Methodology : Calculated* *Specimen : Serum*	1.97		

Comment :

HDL cholesterol is the "good" and having more indicates a lower risk of coronary heart disease (CHD). LDL cholesterol is the "bad" cholesterol and patients are better off with lower levels of LDL cholesterol as it`s associated with a higher risk of heart disease. Certain drugs / therapy may interfere with the test results.

Associate	: MM	Sample Type	: O.S.S.
Name	: **MR SAIFUL ALI KHAN**		
Age / Gender	: 52Y / MALE	Received On	: 08/03/2025
ID Number	: LSD/65317/C-1325/103	Reported On	: 08/03/2025
Referred By	: DR.IMRAN AHMED, (MD,DM)		

DEPARTMENT OF CLINICAL BIOCHEMISTRY

Test Description	Result	Unit	Bio. Ref. Interval
Glucose Fasting *Methodology : GOD POD* *Specimen : Oxalate - Fluoxide*	**229**	mg/dl	Normal: <100 Pre-Diabetic:100-124 Diabetic =>125
Creatinine (Serum) *Methodology : (JAFFE"S KINETIC SPECTROPHOTOMETRY)* *Specimen : Serum*	1.33	mg/dl	Male : 0.50 - 1.50 Female : 0.5 - 1.50
Lipid Profile			
Cholesterol - Total Specimen : 12 14 hrs. Fasting Serum *Methodology : CHOD-POD* *Specimen : Serum*	121.0	mg/dl	Normal: <200 Borderline High: 200 - 239 High: >=240
Triglycerides Specimen : 12 - 14 hrs. Fasting Serum *Methodology : GPO-POD* *Specimen : Serum*	135.0	mg/dl	Normal : < 150 Borderline high : 150-200 High : 200-500 Very high : >= 500
HDL - Cholesterol *Methodology : Detergent solubilizing* *Specimen : Serum*	37.0	mg/dl	Male:35-80 Female: 42-88
LDL - Cholesterol *Methodology : Detergent solubilizing* *Specimen : Serum*	57	mg/dl	Desirable: <130 Borderline High Riskfor CHD: 130 to 159 High Risk for CHD: >160
VLDL-Cholesterol *Specimen : Serum*	27.0	mg/dl	Male: 12-33 Female: 5-28
Total Cholesterol : HDL Ratio *Methodology : Calculated*	3.27		
LDL : HDL *Methodology : Calculated* *Specimen : Serum*	1.54		

Comment :

HDL cholesterol is the "good" and having more indicates a lower risk of coronary heart disease (CHD). LDL

Associate	:	Sample Type	:
Name	:		
Age / Gender	:	Received On	:
ID Number	:	Reported On	:
Referred By	:	Collected On	:

Test Description	**Result**

cholesterol is the "bad" cholesterol and patients are better off with lower levels of LDL cholesterol as it`s associated with a higher risk of heart disease. Certain drugs / therapy may interfere with the test results.

Associate	: MM		Sample Type	: O.S.S.	
Name	: **MR APURBA MANNA**				
Age / Gender	: 65Y / MALE		Received On	: 08/03/2025	
ID Number	: LSD/65318/C-1326/104		Reported On	: 08/03/2025	
Referred By	: SELF				

DEPARTMENT OF CLINICAL BIOCHEMISTRY

Test Description	Result	Unit	Bio. Ref. Interval
Glucose Fasting *Methodology : GOD POD* *Specimen : Oxalate - Fluoxide*	**143**	mg/dl	Normal: <100 Pre-Diabetic:100-124 Diabetic =>125
Glucose PP (Post Prandial) *Methodology : GOD POD* *Specimen : Oxalate - Fluoxide*	**167**	mg/dl	Normal: =<140 Pre-Diabetic: 140-199 Diabetic=>200

Comment :

HDL cholesterol is the "good" and having more indicates a lower risk of coronary heart disease (CHD). LDL cholesterol is the "bad" cholesterol and patients are better off with lower levels of LDL cholesterol as it`s associated with a higher risk of heart disease. Certain drugs / therapy may interfere with the test results.

Associate	: MM		Sample Type	: O.S.S.	
Name	: **LIPIKA MANNA**				
Age / Gender	: 50Y / FEMALE		Received On	: 08/03/2025	
ID Number	: LSD/65319/C-1327/105		Reported On	: 08/03/2025	
Referred By	: SELF				

DEPARTMENT OF CLINICAL BIOCHEMISTRY

Test Description	Result	Unit	Bio. Ref. Interval
Glucose Fasting *Methodology : GOD POD* *Specimen : Oxalate - Fluoxide*	**132**	mg/dl	Normal: <100 Pre-Diabetic:100-124 Diabetic =>125
Glucose PP (Post Prandial) *Methodology : GOD POD* *Specimen : Oxalate - Fluoxide*	**157**	mg/dl	Normal: =<140 Pre-Diabetic: 140-199 Diabetic=>200

End of Report