

smart Health Report

An Insightful Health Analytics Report
for Easier Understanding

Prepared For

Mr MR.DUMMY

M 23



Name
Mr MR.DUMMY

Patient ID
8052803

Gender
M

Age
23

Health Summary



BLOOD COUNTS

Everything looks good



THYROID PROFILE

Everything looks good



LIPID PROFILE

Everything looks good



DIABETES MONITORING

Everything looks good



KIDNEY PROFILE

Everything looks good



LIVER PROFILE

Everything looks good



ANEMIA STUDIES

Test Name	Result
Hemoglobin	11.5
Please Watchout	



VITAMIN PROFILE

Everything looks good



MINERAL PROFILE

Everything looks good



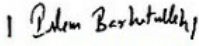
Patient Name : Mr MR.DUMMY
DOB/Age/Gender : 23 Y/Male
Patient ID / UHID : 8052803/RCL7249457
Referred By : Dr. Dr. X
Sample Type : Whole blood EDTA

Sample Collected : Apr 26, 2024, 01:00 PM
Report Date : May 04, 2024, 10:29 PM
Barcode No : HY569934
Report Status : Final Report

Test Description	Value(s)	Unit(s)	Reference Range
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Stayfit Full Body Checkup- Female**Complete Blood Count (CBC)**

RBC Parameters			
Hemoglobin <i>Spectrophotometry</i>	11.5	g/dL	13.0 - 17.0
RBC Count <i>Electrical impedance</i>	4.8	10 ⁶ /μl	4.5 - 5.5
PCV <i>Calculated</i>	34.9	%	40 - 50
MCV <i>Calculated</i>	73.3	fl	83 - 101
MCH <i>Calculated</i>	24.1	pg	27 - 32
MCHC <i>Calculated</i>	32.9	g/dL	31.5 - 34.5
RDW (CV) <i>Calculated</i>	14.3	%	11.6 - 14.0
RDW-SD <i>Calculated</i>	36	fl	35.1 - 43.9
WBC Parameters			
TLC <i>Electrical impedance and microscopy</i>	10.4	10 ³ /μl	4 - 10
Differential Leucocyte Count			
Neutrophils <i>Flow-cytometry DHSS</i>	57.2	%	40-80
Lymphocytes <i>Flow-cytometry DHSS</i>	30.2	%	20-40
Monocytes <i>Flow-cytometry DHSS</i>	9	%	2-10
Eosinophils <i>Flow-cytometry DHSS</i>	3.6	%	1-6
Basophils <i>Flow-cytometry DHSS</i>	0	%	<2
Absolute Leukocyte Counts <i>Calculated</i>			
Neutrophils.	5.95	10 ³ /μl	2 - 7
Lymphocytes. <i>Calculated</i>	3.14	10 ³ /μl	1 - 3
Monocytes. <i>Calculated</i>	0.94	10 ³ /μl	0.2 - 1.0
Eosinophils. <i>Calculated</i>	0.37	10 ³ /μl	0.02 - 0.5
Basophils.	0	10 ³ /μl	0.02 - 0.5



Dr. Islam Barkatullah Khan
MD (Pathology)
Consultant Pathologist



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Processing Lab :-

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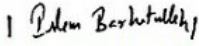
Barcode No : HY569934

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Test Description	Value(s)	Unit(s)	Reference Range
Calculated			
Platelet Parameters			
Platelet Count <i>Electrical impedance and microscopy</i>	163	10 ³ /μl	150 - 410
Mean Platelet Volume (MPV) <i>Calculated</i>	11.8	fL	9.3 - 12.1
PCT <i>Calculated</i>	0.2	%	0.17 - 0.32
PDW <i>Calculated</i>	29.8	fL	8.3 - 25.0
P-LCR <i>Calculated</i>	50.4	%	18 - 50
P-LCC <i>Calculated</i>	82	%	44 - 140
Mentzer Index <i>Calculated</i>	15.27	%	> 13

Interpretation:

CBC provides information about red cells, white cells and platelets. Results are useful in the diagnosis of anemia, infections, leukemias, clotting disorders and many other medical conditions.



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Referred By : Dr. Dr. X

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Sample Collected : Apr 26, 2024, 01:00 PM

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Erythrocyte Sedimentation Rate (ESR)

ESR - Erythrocyte Sedimentation Rate MODIFIED WESTERGREN	5	mm/hr	0 - 10
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Interpretation:

ESR is also known as Erythrocyte Sedimentation Rate. An ESR test is used to assess inflammation in the body. Many conditions can cause an abnormal ESR, so an ESR test is typically used with other tests to diagnose and monitor different diseases. An elevated ESR may occur in inflammatory conditions including infection, rheumatoid arthritis, systemic vasculitis, anemia, multiple myeloma, etc. Low levels are typically seen in congestive heart failure, polycythemia, sickle cell anemia, hypo fibrinogenemia, etc.

AGE	MALE	FEMALE
1 DAY	0-2	0-2
2 - 7 DAYS	0-4	0-4
8 - 14 DAYS	0-17	0-17
15 DAYS - 17 YEARS	0-20	0-20
18 - 50 YEARS	0-10	0-12
51- 60 YEARS	0-12	0-19
61 - 70 YEARS	0-14	0-20
71 - 100 YEARS	0-30	0-35

Reference- Dacie and lewis practical hematology**Dr. Dummy**Booking Centre :- DEMO PARTNER CHENNAI, DEMO PARTNER CHENNAI
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Referred By : Dr. Dr. X

Sample Type : Whole blood EDTA

Sample Collected : Apr 26, 2024, 01:00 PM

Report Date : May 04, 2024, 06:02 PM

Barcode No : HY569934

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Test Description	Value(s)	Unit(s)	Reference Range
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HbA1C (Glycosylated Haemoglobin)

Glycosylated Hemoglobin (HbA1c) HPLC	5.6	%	< 5.7
Estimated Average Glucose	114.02	mg/dL	Refer Table Below

Interpretation:

Interpretation For HbA1c% As per American Diabetes Association (ADA)

Reference Group	HbA1c in %
Non diabetic adults >=18 years	<5.7
At risk (Prediabetes)	5.7 - 6.4
Diagnosing Diabetes	>= 6.5
Therapeutic goals for glycemic control	Age > 19 years Goal of therapy: < 7.0 Age < 19 years Goal of therapy: <7.5

Note:

1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled. 2. Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of < 7.0 % may not be appropriate

Comments :

HbA1c provides an index of average blood glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations ADA criteria for correlation between HbA1c & Mean plasma glucose levels.

HbA1c(%)	Mean Plasma Glucose (mg/dL)	HbA1c(%)	Mean Plasma Glucose (mg/dL)
6	126	12	298
8	183	14	355
10	240	16	413



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Referred By : Dr. Dr. X

Sample Type : FLUORIDE F

Sample Collected : Apr 26, 2024, 01:00 PM

Report Date : May 04, 2024, 03:17 PM

Barcode No : ZC624779

Report Status : Final Report

Test Description	Value(s)	Unit(s)	Reference Range
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Glucose Fasting (BSF)

Glucose Fasting <i>Hexokinase</i>	89.0	mg/dL	<100
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Interpretation:

Status	Fasting plasma glucose in mg/dL
Normal	<100
Impaired fasting glucose	100 - 125
Diabetes	≥ 126

Reference : American Diabetes Association**Comment :**

Blood glucose determinations are commonly used as an aid in the diagnosis and treatment of diabetes. Elevated glucose levels (hyperglycemia) may also occur with pancreatic neoplasm, hyperthyroidism, and adrenal cortical hyper function as well as other disorders. Decreased glucose levels (hypoglycemia) may result from excessive insulin therapy, insulinoma, or various liver diseases.

Note

- 1.The diagnosis of Diabetes requires a fasting plasma glucose of ≥ 126 mg/dL or a random / 2 hour plasma glucose value of ≥ 200 mg/dL with symptoms of diabetes mellitus.
- 2.Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis.

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Patient ID / UHID : 8052803/RCL7249457

Referred By : Dr. Dr. X

Sample Type : Serum

Sample Collected : Apr 26, 2024, 01:00 PM

Report Date : May 04, 2024, 03:29 PM

Barcode No : ZC624778

Report Status : Final Report

Test Description	Value(s)	Unit(s)	Reference Range
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Liver Function Test (LFT)

Bilirubin Total <i>Diazo</i>	0.23	mg/dL	0 - 1.2
Bilirubin Direct <i>Diazo Jondrof</i>	0.11	mg/dL	0 - 0.20
Bilirubin Indirect <i>Calculation (T Bil - D Bil)</i>	0.12	mg/dL	0.1 - 1.0
SGOT/AST <i>IFCC without P5P</i>	38.0	U/L	up to 40
SGPT/ALT <i>IFCC without P5P</i>	29.0	U/L	up to 41
SGOT/SGPT Ratio <i>Calculated</i>	1.31	%	-
Alkaline Phosphatase <i>IFCC</i>	83.0	U/L	40 - 129
Total Protein <i>Biuret</i>	8.2	g/dL	6.4 - 8.3
Albumin <i>BCG Colorimetric</i>	5.0	g/dL	3.5 - 5.2
Globulin <i>Calculation (T.P - Albumin)</i>	3.2	g/dL	2.3 - 3.5
Albumin :Globulin Ratio <i>Calculation (Albumin/Globulin)</i>	1.56	-	1.3 - 2.1
Gamma Glutamyl Transferase (GGT) <i>IFCC Colorimetric</i>	18.9	U/L	8 - 61

Interpretation:

The liver filters and processes blood as it circulates through the body. It metabolizes nutrients, detoxifies harmful substances, makes blood clotting proteins, and performs many other vital functions. The cells in the liver contain proteins called enzymes that drive these chemical reactions. When liver cells are damaged or destroyed, the enzymes in the cells leak out into the blood, where they can be measured by blood tests. Liver tests check the blood for two main liver enzymes. Aspartate aminotransferase (AST), SGOT: The AST enzyme is also found in muscles and many other tissues besides the liver. Alanine aminotransferase (ALT), SGPT: ALT is almost exclusively found in the liver. If ALT and AST are found together in elevated amounts in the blood, liver damage is most likely present. Alkaline Phosphatase and GGT: Another of the liver's key functions is the production of bile, which helps digest fat. Bile flows through the liver in a system of small tubes (ducts), and is eventually stored in the gallbladder, under the liver. When bile flow is slow or blocked, blood levels of certain liver enzymes rise: Alkaline phosphatase Gamma-glutamyl transpeptidase (GGT). Liver tests may check for any or all of these enzymes in the blood. Alkaline phosphatase is by far the most commonly tested of the three. If alkaline phosphatase and GGT are elevated, a problem with bile flow is most likely present. Bile flow problems can be due to a problem in the liver, the gallbladder, or the tubes connecting them. Proteins are important building blocks of all cells and tissues. Proteins are necessary for your body's growth, development, and health. Blood contains two classes of protein, albumin and globulin. Albumin proteins keep fluid from leaking out of blood vessels. Globulin proteins play an important role in your immune system. Low total protein may

Indicate:

1. Bleeding
2. Liver disorder
3. Malnutrition
4. Agammaglobulinemia High Protein levels 'Hyperproteinemia': May be seen in dehydration due to inadequate water intake or to excessive water loss (eg, severe vomiting, diarrhea, Addison's disease and diabetic acidosis) or as a result of increased production of proteins Low

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Patient ID / UHID : 8052803/RCL7249457		Report Date : May 04, 2024, 03:29 PM	
Referred By : Dr. Dr. X		Barcode No : ZC624778	
Sample Type : Serum		Report Status : Final Report	
Test Description	Value(s)	Unit(s)	Reference Range
albumin levels may be			
Caused by:			
1.A poor diet (malnutrition).			
2.Kidney disease.			
3.Liver disease. High albumin levels may be caused by: Severe dehydration.			

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Patient ID / UHID : 8052803/RCL7249457
Referred By : Dr. Dr. X
Sample Type : Serum

Sample Collected : Apr 26, 2024, 01:00 PM
Report Date : May 04, 2024, 04:05 PM
Barcode No : ZC624778
Report Status : Final Report

Test Description	Value(s)	Unit(s)	Reference Range
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Kidney Function Test (KFT)

Blood Urea <i>Urease with UV</i>	24.5	mg/dL	16.6 - 48.5
Creatinine <i>Jaffes</i>	0.79	mg/dL	0.70 - 1.20
Bun <i>Calculated</i>	11.45	mg/dL	6 - 20
Bun/Creatinine Ratio <i>Calculated</i>	14.49		
Urea / Creatinine Ratio	31.01		
Uric Acid <i>Uricase</i>	5.6	mg/dL	3.4 - 7.0
Calcium Serum <i>BAPTA</i>	10.0	mg/dL	8.6 - 10.0
Phosphorus <i>Molybdate UV</i>	4.1	mg/dL	2.5 - 4.5
Sodium <i>ISE-Indirect</i>	145.0	mmol/L	136 - 145
Potassium <i>ISE-Indirect</i>	4.5	mmol/L	3.5 - 5.1
Chloride <i>ISE-Indirect</i>	102.0	mmol/L	98 - 107

Interpretation:

Kidney function tests is a collective term for a variety of individual tests and procedures that can be done to evaluate how well the kidneys are functioning. Many conditions can affect the ability of the kidneys to carry out their vital functions. Some lead to a rapid (acute) decline in kidney function others lead to a gradual (chronic) decline in function. Both result in a buildup of toxic waste substances done on urine samples, as well as on blood samples. A number of symptoms may indicate a problem with your kidneys. These include : high blood pressure, blood in urine frequent urges to urinate, difficulty beginning urination, painful urination, swelling in the hands and feet due to a buildup of fluids in the body. A single symptom may not mean something serious. However, when occurring simultaneously, these symptoms suggest that your kidneys are not working properly. Kidney function tests can help determine the reason. Electrolytes (sodium, potassium, and chloride) are present in the human body and the balancing act of the electrolytes in our bodies is essential for normal function of our cells and organs. There has to be a balance. Ionized calcium this test if you have signs of kidney or parathyroid disease. The test may also be done to monitor progress and treatment of these diseases.

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Referred By : Dr. Dr. X

Sample Type : Serum

Sample Collected : Apr 26, 2024, 01:00 PM

Report Date : May 04, 2024, 05:38 PM

Barcode No : ZC624778

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Test Description	Value(s)	Unit(s)	Reference Range
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Lipid Profile

Total Cholesterol <i>CHOD-PAP</i>	125.6	mg/dL	<200
Triglycerides <i>Enzymatic colorimetric</i>	98.8	mg/dL	<150
HDL Cholesterol <i>CHOD-POD</i>	54.0	mg/dL	> 40
Non HDL Cholesterol <i>Calculated</i>	71.6	mg/dL	<130
LDL Cholesterol <i>Calculated</i>	51.84	mg/dL	<100
V.L.D.L Cholesterol <i>Calculated</i>	19.76	mg/dL	< 30
Chol/HDL Ratio <i>Calculated</i>	2.33	Ratio	-
HDL/ LDL Ratio <i>Calculated</i>	1.04	Ratio	-
LDL/HDL Ratio <i>Calculated</i>	0.96	Ratio	-

Interpretation:

Lipid level assessments must be made following 9 to 12 hours of fasting, otherwise assay results might lead to erroneous interpretation. NCEP recommends of 3 different samples to be drawn at intervals of 1 week for harmonizing biological variables that might be encountered in single assays.

National Lipid Association Recommendations (NLA-2014)	Total Cholesterol (mg/dL)	Triglyceride (mg/dL)	LDL Cholesterol (mg/dL)	Non HDL Cholesterol (mg/dL)
Optimal	<200	<150	<100	<130
Above Optimal			100-129	130 - 159
Borderline High	200-239	150-199	130-159	160 - 189
High	>=240	200-499	160-189	190 - 219
Very High	-	>=500	>=190	>=220

HDL Cholesterol	
Low	High
<40	>=60

Risk Stratification for ASCVD (Atherosclerotic Cardiovascular Disease) by Lipid Association of India.

Risk Category	A. CAD with > 1 feature of high risk group
Extreme risk group	B. CAD with >1 feature of very high risk group of recurrent ACS (within 1 year) despite LDL-C <or = 50 mg/dl or poly vascular disease



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Test Description		Value(s)	Unit(s)	Reference Range
Very High Risk		1.Established ASCVD 2.Diabetes with 2 major risk factors of evidence of end organ damage 3. Familial Homozygous Hypercholesterolemia		
High Risk		1. Three major ASCVD risk factors 2. Diabetes with 1 major risk factor or no evidence of end organ damage 3. CHD stage 3B or 4. 4 LDL >190 mg/dl 5. Extreme of a single risk factor 6. Coronary Artery Calcium - CAC > 300 AU 7. Lipoprotein a >= 50 mg/dl 8. Non stenotic carotid plaque		
Moderate Risk		2 major ASCVD risk factors		
Low Risk		0-1 major ASCVD risk factors		
Major ASCVD (Atherosclerotic cardiovascular disease) Risk Factors				
1. Age >=45 years in Males & >= 55 years in Females		3. Current Cigarette smoking or tobacco use		
2. Family history of premature ASCVD		4. High blood pressure		
5. Low HDL				

Newer treatment goals and statin initiation thresholds based on the risk categories proposed by Lipid Association of India in 2020.

Risk Group	Treatment Goals		Consider Drug Therapy	
	LDL-C (mg/dl)	Non-HDL (mg/dl)	LDL-C (mg/dl)	Non-HDL (mg/dl)
Extreme Risk Group Category A	<50 (Optional goal <OR = 30)	<80 (Optional goal <OR = 60)	>OR = 50	>OR = 80
Extreme Risk Group Category B	>OR = 30	>OR = 60	> 30	> 60
Very High Risk	<50	<80	>OR = 50	>OR = 80
High Risk	<70	<100	>OR = 70	>OR = 100
Moderate Risk	<100	<130	>OR = 100	>OR = 130
Low Risk	<100	<130	>OR = 130*	>OR = 160

* After an adequate non-pharmacological intervention for at least 3 months.

References : Management of Dyslipidaemia for the Prevention of Stroke : Clinical practice Recommendations from the Lipid Association of India. Current Vascular Pharmacology,2022,20,134-155.



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DOB/Age/Gender	: 23 Y/Male	Report Date	: May 04, 2024, 03:42 PM
Patient ID / UHID	: 8052803/RCL7249457	Barcode No	: ZC624778
Referred By	: Dr. Dr. X	Report Status	: Final Report
Sample Type	: Serum		
Test Description	Value(s)	Unit(s)	Reference Range

Iron Studies

Iron <i>FerroZine</i>	104.0	µg/dL	33 - 193
TIBC,(Total Iron Binding Capacity) <i>Calculated</i>	416	µg/dL	228 - 428
UIBC <i>FerroZine</i>	312.0	µg/dL	125 - 345
Transferrin Saturation <i>Calculated</i>	25	%	16 - 45

Interpretation:
Increased levels due to iron ingestion or ineffective erythropoiesis.Decreased levels due to infection, inflammation, malignancy, menstruation and Fe deficiency.Needs to be taken into consideration with TIBC. Transferrin Saturation:- Low level Transferrin Saturation can indicate iron deficiency, erythropoiesis, infection, or inflammation. High level Transferrin Saturation can indicate recent ingestion of dietary iron,ineffective erythropoiesis,haemochromatosis or liver disease.High TIBC, UIBC, or transferrin usually indicates iron deficiency, but they are also increased in pregnancy and with the use of oral contraceptives. Low TIBC, UIBC, or transferrin may occur if someone has:Hemochromatosis, Certain types of anemia due to accumulated iron,Malnutrition,kidney disease that causes a loss of protein in urine.

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Referred By	: Dr. Dr. X	Barcode No	: ZC624778
Sample Type	: Serum	Report Status	: Final Report
Test Description	Value(s)	Unit(s)	Reference Range

C-Reactive Protein (CRP), Quantitative

CRP (Quantitative) <i>Immunoturbidimetric</i>	2.5	mg/L	<5
Interpretation: Increased CRP level: 1. A high or increasing amount of CRP in the blood suggests the presence of inflammation but will not identify its location or the cause. 2. Suspected bacterial infection—a high CRP level can provide indication that patient has an infection. 3. Chronic inflammatory disease—high levels of CRP suggest a flare-up if you have a chronic inflammatory disease or that treatment has not been effective. If the CRP level is initially elevated and drops, it means that the inflammation or infection is subsiding and/or responding to treatment.			

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Patient ID / UHID : 8052803/RCL7249457

Referred By : Dr. Dr. X

Sample Type : Serum

Sample Collected : Apr 26, 2024, 01:00 PM

Report Date : May 04, 2024, 05:49 PM

Barcode No : ZC624778

Report Status : Final Report

Test Description	Value(s)	Unit(s)	Reference Range
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Vitamin B12 / Cyanocobalamin

Vitamin - B12 ECLIA	423.4	pg/mL	197 - 771
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Interpretation:

Low Values are a sign of a vitamin B12 deficiency. People with this deficiency are likely to have or develop symptoms.

Causes of vitamin B12 deficiency include: Not enough vitamin B12 in diet (rare except with a strict vegetarian diet), Diseases that cause malabsorption (for example, celiac disease and Crohn's disease), Lack of intrinsic factor, Above normal heat production (for example, with hyperthyroidism), Pregnancy. Increased vitamin B12 levels are uncommon. Usually excess vitamin B12 is removed in the urine. Conditions that can increase B12 levels include: Liver disease (such as cirrhosis or hepatitis), Myeloproliferative disorders (for example, polycythemia vera and chronic myelocytic leukemia).

Vitamin B12: Low Levels can cause malabsorption, Lack of intrinsic factor, Above normal heat production (for example, with hyperthyroidism), Pregnancy. High Level Liver disease, Myeloproliferative disorders (for example, polycythemia vera and chronic myelocytic leukemia).

1. Out of 140 healthy indian population, 91% of Vitamin B 12 concentrations was at lower level: 59.00 pg/ml and upper level: 700.00 pg/ml

"Patients on Biotin supplement may have interference in some immunoassays. Ref: Arch Pathol Lab Med—Vol 141, November 2017. With individuals taking high dose Biotin (more than 5 mg per day) supplements, at least 8-hour wait time before blood draw is recommended."

**Dr. Dummy**

Booking Centre :- DEMO PARTNER CHENNAI, DEMO PARTNER CHENNAI
Processing Lab :-

 928-909-0609 ccsupport@redcliffelabs.com www.redcliffelabs.com

All Lab results are subject to clinical interpretation by qualified medical professional and this report is not subject to use for any medico-legal purpose.

Patient Name	: Mr MR.DUMMY		
DOB/Age/Gender	: 23 Y/Male	Sample Collected	: Apr 26, 2024, 01:00 PM
Patient ID / UHID	: 8052803/RCL7249457	Report Date	: May 04, 2024, 05:50 PM
Referred By	: Dr. Dr. X	Barcode No	: ZC624778
Sample Type	: Serum	Report Status	: Final Report
Test Description	Value(s)	Unit(s)	Reference Range

Vitamin D 25 Hydroxy

Vitamin D 25 - Hydroxy ECLIA	39.5	ng/mL	Deficient <20 Insufficient 21 - 29 Sufficient 30 - 100
Interpretation: 25-Hydroxy vitamin D represents the main body reservoir and transport form. Mild to moderate deficiency is associated with Osteoporosis / Secondary Hyperparathyroidism while severe deficiency causes Rickets in children and Osteomalacia in adults. Prevalence of Vitamin D deficiency is approximately >50% specially in the elderly. This assay is useful for diagnosis of vitamin D deficiency and Hypervitaminosis D. It is also used for differential diagnosis of causes of Rickets & Osteomalacia and for monitoring Vitamin D replacement therapy.			

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Patient Name	: Mr MR.DUMMY		
DOB/Age/Gender	: 23 Y/Male	Sample Collected	: Apr 26, 2024, 01:00 PM
Patient ID / UHID	: 8052803/RCL7249457	Report Date	: May 04, 2024, 05:55 PM
Referred By	: Dr. Dr. X	Barcode No	: ZC624778
Sample Type	: Serum	Report Status	: Final Report
Test Description	Value(s)	Unit(s)	Reference Range

Thyroid Profile Total

Triiodothyronine (T3) ECLIA	116.4	ng/dL	80 - 200
Total Thyroxine (T4) ECLIA	9.32	µg/dL	5.1 - 14.1
Thyroid Stimulating Hormone (Ultrasensitive) ECLIA	0.673	mIU/L	0.27 - 4.20

Interpretation:

Pregnancy	Reference ranges TSH
1 st Trimester	0.1 - 2.5
2 ed Trimester	0.2 - 3.0
3 rd Trimester	0.3 - 3.0

Primary malfunction of the thyroid gland may result in excessive (hyper) or below normal (hypo) release of T3 or T4. In addition as TSH directly affects thyroid function, malfunction of the pituitary or the hypo - thalamus influences the thyroid gland activity. Disease in any portion of the thyroid-pitutary-hypothala- mus system may influence the levels of T3 and T4 in the blood. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels may be low. In addition, in the Euthyroid Sick Syndrome, multiple alterations in serum thyroid function test findings have been recognized in patients with a wide variety of non-thyroidal illnesses (NTI) without evidence of preexisting thyroid or hypothalami c-pitutary diseases. Thyroid Binding Globulin (TBG) concentrations remain relatively constant in healthy individuals. However, pregnancy, excess estrogen's, androgen's, antibiotic steroids and glucocorticoids are known to alter TBG levels and may cause false thyroid values for Total T3 and T4 tests.

TSH	T4	T3	INTERPRETATION
High	Normal	Normal	Mild (subclinical) hypothyroidism
High	Low	Low or normal	Hypothyroidism
Low	Normal	Normal	Mild (subclinical) hyperthyroidism
Low	High or normal	High or normal	Hyperthyroidism
Low	Low or normal	Low or normal	Nonthyroidal illness; pituitary (secondary) hypothyroidism
Normal	High	High	Thyroid hormone resistance syndrome (a mutation in the thyroid hormone receptor decreases thyroid hormone function)



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Patient Name : Mr MR.DUMMY
DOB/Age/Gender : 23 Y/Male
Patient ID / UHID : 8052803/RCL7249457
Referred By : Dr. Dr. X
Sample Type : Serum

Sample Collected : Apr 26, 2024, 01:00 PM
Report Date : May 04, 2024, 05:55 PM
Barcode No : ZC624778
Report Status : Final Report

Test Description	Value(s)	Unit(s)	Reference Range
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Luteinizing Hormone (LH)

Luteinising Hormone-LH ECLIA	5.6	mIU/mL	Women Follicular Phase : 2.4 - 12.6 Ovulation phase : 14.0 - 95.6 Luteal Phase : 1.0 - 11.4 Post Menopausal : 7.7 - 58.5 Men : 1.7 - 8.6
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Interpretation:**Clinical Use**

- Diagnosis of gonadal function disorders
- Diagnosis of pituitary disorders

Increased levels

- Primary hypogonadism
- Gonadotropin secreting pituitary tumors

Decreased levels

- Hypothalamic GnRH deficiency
- Pituitary LH deficiency
- Ectopic steroid hormone production
- GnRH analog treatment

Follicle Stimulating Hormone (FSH)

Follicle Stimulating Hormone-FSH ECLIA	3.9	mIU/mL	Men 1.5-12.4 Women Follicular Phase : 3.5 - 12.5 Ovulation phase : 4.7 - 21.5 Luteal Phase : 1.7 - 7.7 Post Menopausal : 25.8 - 134.8
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Interpretation:**Clinical Use**

- Diagnosis of gonadal function disorders
- Management and treatment of infertility in both genders

Increased levels

- Primary hypogonadism
- Gonadotropin secreting pituitary tumors

Decreased levels

- Hypothalamic GnRH deficiency
- Pituitary FSH deficiency
- Ectopic steroid hormone production

**Dr. Dummy**

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Processing Lab :-

 928-909-0609 ccsupport@redcliffelabs.com www.redcliffelabs.com

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Patient Name : Mr MR.DUMMY
DOB/Age/Gender : 23 Y/Male
Patient ID / UHID : 8052803/RCL7249457
Referred By : Dr. Dr. X
Sample Type : Serum

Sample Collected : Apr 26, 2024, 01:00 PM
Report Date : May 04, 2024, 05:55 PM
Barcode No : ZC624778
Report Status : Final Report

Test Description	Value(s)	Unit(s)	Reference Range
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Prolactin (PRL)

Prolactin ECLIA	12.0	ng/mL	Men 4.04 - 15.2 Women(Not-pregnant)4.79 - 23.3
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Interpretation:**Note:**

1. Since prolactin is secreted in a pulsatile manner and is also influenced by a variety of physiologic stimuli, it is recommended to test 3 specimens at 20-30 minute intervals after pooling.
2. Major circulating form of Prolactin is a nonglycosylated monomer, but several forms of Prolactin linked with immunoglobulin occur which can give falsely high Prolactin results.
3. Macroprolactin assay is recommended if prolactin levels are elevated, but signs and symptoms of hyperprolactinemia are absent or pituitary imaging studies are normal

Clinical Use

- Diagnosis & management of pituitary adenomas
- Differential diagnosis of male & female hypogonadism

Increased Levels

- **Physiologic:** Sleep, stress, postprandially, pain, coitus
- **Systemic disorders:** Chest wall or thoracic spinal cord lesions, Primary / Secondary hypothyroidism, Adrenal insufficiency, Chronic renal failure, Cirrhosis
- **Medications:** **Psychiatric medications** like Phenothiazine, Haloperidol, Risperidone, Domperidone, Fluoxetine, Amitriptylene, MAO inhibitors etc.,

Antihypertensives: Alphamethyldopa, Reserpine, Verapamil

Opiates: Heroin, Methadone, Morphine, Apomorphine

Cimetidine / Ranitidine

- Prolactin secreting pituitary tumors: Prolactinoma, Acromegaly
- Miscellaneous: Epileptic seizures, Ectopic secretion of prolactin by non-pituitary tumors, pressure / transection of pituitary stalk, macroprolactinemia
- Idiopathic

Decreased levels

- Pituitary deficiency: Pituitary necrosis / infarction
- Bromocriptine administration
- Pseudohypoparathyroidism

**Dr. Dummy**

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Patient Name : Mr MR.DUMMY
DOB/Age/Gender : 23 Y/Male
Patient ID / UHID : 8052803/RCL7249457
Referred By : Dr. Dr. X
Sample Type : Spot Urine

Sample Collected : Apr 26, 2024, 01:00 PM
Report Date : May 04, 2024, 06:07 PM
Barcode No : YA596645
Report Status : Final Report

Test Description	Value(s)	Unit(s)	Reference Range
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Urine Routine and Microscopic Examination

Physical Examination			
Volume	20	ml	-
Colour	Pale yellow	-	Pale yellow
Transparency	Clear	-	Clear
Deposit	Absent	-	Absent
Chemical Examination			
Reaction (pH) <i>Double Indicator</i>	6.0	-	4.5 - 8.0
Specific Gravity <i>Ion Exchange</i>	1.020	-	1.010 - 1.030
Urine Glucose (sugar) <i>Oxidase / Peroxidase</i>	Negative	-	Negative
Urine Protein (Albumin) <i>Acid / Base Colour Excahnge</i>	Negative	-	Negative
Urine Ketones (Acetone) <i>Legals Test</i>	Negative	-	Negative
Blood <i>Peroxidase Hemoglobin</i>	Negative	-	Negative
Leucocyte esterase <i>Enzymatic Reaction</i>	Negative	-	Negative
Bilirubin Urine <i>Coupling Reaction</i>	Negative	-	Negative
Nitrite <i>Griless Test</i>	Negative	-	Negative
Urobilinogen <i>Ehrlichs Test</i>	Normal	-	Normal
Microscopic Examination			
Pus Cells (WBCs)	1-2	/hpf	0 - 5
Epithelial Cells	1-2	/hpf	0 - 4
Red blood Cells	Absent	/hpf	Absent
Crystals	Absent	-	Absent
Cast	Absent	-	Absent
Yeast Cells	Absent	-	Absent
Amorphous deposits	Absent	-	Absent
Bacteria	Absent	-	Absent
Protozoa	Absent	-	Absent

*** End Of Report ***

Disclaimer: Method given in report are only indicative and can be changed depending upon type of machine and kit available at time of testing.

Not all tests at all locations are under NABL scope. Availability of tests under NABL scope varies from lab to lab.



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2. It is to be presumed that the tests performed pertain to the specimen/sample attributed to the Customer's name or identification. It is presumed that the verification particulars have been cleared out by the customer or his/her representation at the point of generation of said specimen / sample. It is hereby clarified that the reports furnished are restricted solely to the given specimen only.
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DISCLAIMER

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Name
Mr MR.DUMMY**Patient ID**
8052803**Gender**
M**Age**
23

Health Advisory

● Normal (N) ● Low (L) ● Borderline (BL) ● High (H)



Anemia Profile

Anemia is the condition where your body has less RBCs (red blood cells) or the RBCs don't have enough haemoglobin. Haemoglobin is the protein present in RBCs that help carry oxygen to your body's tissues.

Hemoglobin: 11.5 g/dL

● LOW



Abnormal results may indicate :



Anemia.

Diet and Lifestyle Tips :



Eat iron rich foods as iron is essential for the production of hemoglobin. Iron-rich foods include meat, fish, eggs and oysters, beans, lentils, dark green leafy vegetables (spinach, watercress, curly kale), broccoli, iron fortified cereals and dried fruits (apricots, prunes and raisins).



Avoid drinking tea and coffee with meals, and foods with high phytic acid, such as whole grain cereals, as they can affect digestive absorption of iron from your diet.



Your body absorbs iron from plant-based foods better when you eat them with vitamin-C rich foods, such as oranges, strawberries, melons, peppers and tomatoes.

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