

smart Health Report

An Insightful Health Analytics Report
for Easier Understanding



Prepared For

Name

Gender

Patient ID

Age

Your Health at a Glance – A Personalized Journey

Report Sections

1

Body Summary

A visual snapshot of your overall health, simple and easy to understand

2

Quick Health Highlights

Your health scores and a single view of all abnormal results for quick attention

3

Lab Report Overview

Understand at a glance which tests are normal and which are abnormal

4

Personalized Health Advisory

Actionable insights and expert guidance tailored just for you

5

Doctor's Reference Report

Complete lab results with interpretations to share with your healthcare provider

How to Read This Report

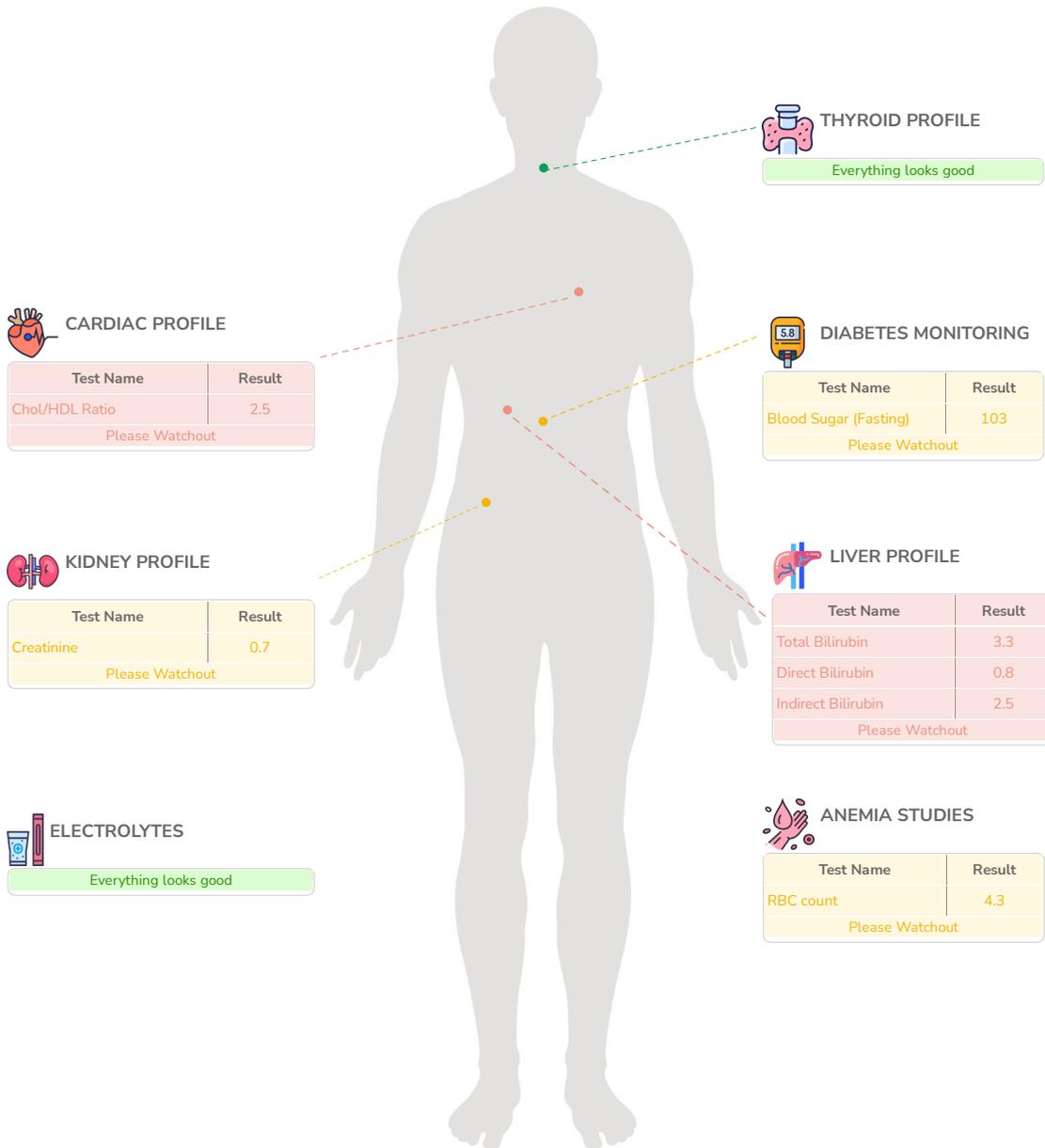
This comprehensive health report provides detailed insights into your test results. Each section offers different perspectives on your health status, from visual summaries to detailed analysis and personalized recommendations.

Name Gender

Patient ID Age

● All In Range ● Borderline ● Out Of Range

Health Summary



Name Gender
Patient ID Age

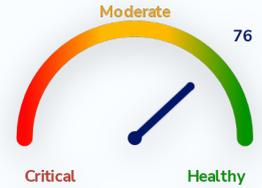
Quick Health Summary

Personal Insights - Health Score

76

Overall, most parameters are within normal ranges, indicating a generally healthy profile. The Liver and Cardiac Health may affect your overall well-being, so consider maintaining a balanced diet and engaging in regular physical activity. Incorporate a variety of fruits, vegetables, and whole grains into your meals, and consider activities like walking or yoga. Routine check-ups can help monitor your health, and consulting a healthcare professional if you notice any changes is advisable. Remember, small consistent steps can lead to meaningful improvements in your health.

Note - Higher scores tentatively indicate better health status



Summary of Key Health Indicators

Total Parameters Tested	Borderline Results	Out Of Range Results
89	3	5

Health Status by Body System

Profile	Total	Borderline	Out of Range	Key Results
Liver Profile	15	0	3	<ul style="list-style-type: none"> Total Bilirubin (3.3) Direct Bilirubin (0.8) Indirect Bilirubin (2.5)
Inflammation	1	0	1	<ul style="list-style-type: none"> ESR (18)
Cardiac Profile	9	0	1	<ul style="list-style-type: none"> Total Cholesterol : HDL ratio (2.5)
Thyroid Profile	3	0	0	All In Range
Blood Disorder	17	0	0	All In Range
Anemia Studies	8	1	0	<ul style="list-style-type: none"> RBC count (4.3)
Infectious Diseases	6	0	0	All In Range
Diabetes Monitoring	4	1	0	<ul style="list-style-type: none"> Blood Sugar (Fasting) (103)
Kidney Profile	10	1	0	<ul style="list-style-type: none"> Serum Creatinine (0.7)
Urinalysis	12	0	0	All In Range
Electrolytes	4	0	0	All In Range

Name Gender

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Report Summary ● In Range ● Borderline ● Out Of Range ● No color - Reference range not available

INFLAMMATION		
Test Name	Result unit	Range
● ESR - Erythrocyte Sedimentation Rate	18 mm/hr	< 10

THYROID PROFILE		
Test Name	Result unit	Range
● Triiodothyronine (T3)	120 ng/dL	35 - 193
● Total Thyroxine (T4)	7.09 µg/dL	4.87 - 11.2
● Thyroid Stimulating Hormone (Ultrasensitive)	1.11 µIU/mL	0.35 - 4.94

BLOOD DISORDER		
Test Name	Result unit	Range
● Hemoglobin	13 g/dL	13 - 17
● TLC	5.2 10 ³ /µl	4 - 10
● Neutrophils	61 %	40 - 80
● Lymphocytes	32 %	20 - 40
● Monocytes	4 %	2 - 10
● Eosinophils	3 %	1 - 6
● Basophils	0 %	< 2
● Neutrophils.	3.17 10 ³ /µl	2 - 7
● Lymphocytes.	1.66 10 ³ /µl	1 - 3
● Monocytes.	0.21 10 ³ /µl	0.2 - 1
● Eosinophils.	0.16 10 ³ /µl	0.02 - 0.5
● Basophils.	0 10 ³ /µl	< 0.5
● Platelet Count	175 10 ³ /µl	150 - 410
● Mean Platelet Volume (MPV)	11.5 fL	9.3 - 12.1
● PDW	15.8 fL	8.3 - 25
● P-LCR	36.5 %	18 - 50
● P-LCC	64 10 ⁹ /L	44 - 140

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Report Summary ● In Range ● Borderline ● Out Of Range ● No color - Reference range not available

ANEMIA STUDIES			
Test Name	Result	unit	Range
● RBC Count	4.3	10 ⁶ /μL	4.5 - 5.5
● PCV	40.4	%	40 - 50
● MCV	94.5	fL	83 - 101
● MCH	30.5	pg	27 - 32
● MCHC	32.3	g/dL	31.5 - 34.5
● RDW (CV)	13.1	%	11.6 - 14
● RDW-SD	43.9	fL	35.1 - 43.9
Mentzer Index	21.98	%	

INFECTIOUS DISEASES			
Test Name	Result	unit	Range
● PCT	0.2	%	0.17 - 0.32
Deposit	Absent		
Leucocyte esterase	Negative		
Pus Cells (WBCs)	2-4	/hpf	
Yeast Cells	Absent		
Protozoa	Absent		

DIABETES MONITORING			
Test Name	Result	unit	Range
● Glycosylated Hemoglobin (HbA1c)	5	%	< 5.7
Estimated Average Glucose	96.8	mg/dL	
● Glucose Fasting	103	mg/dL	70 - 100
Urine Glucose (sugar)	Negative		

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Report Summary ● In Range ● Borderline ● Out Of Range ● No color - Reference range not available

LIVER PROFILE

Test Name	Result <small>unit</small>	Range
● Bilirubin Total	3.3 mg/dL	< 1.2
● Bilirubin Direct	0.8 mg/dL	< 0.5
● Bilirubin Indirect	2.5 mg/dL	< 1
● SGOT/AST	24.8 U/L	5 - 34
● SGPT/ALT	26.3 U/L	< 55
SGOT/SGPT Ratio	0.94 %	
● Alkaline Phosphatase	54.1 U/L	40 - 150
● Total Protein	6.9 g/dL	6.4 - 8.3
● Albumin	4.6 gm/dL	3.8 - 5
● Globulin	2.3 g/dL	2.3 - 3.5
● Albumin :Globulin Ratio	2	< 2.1
● Gamma Glutamyl Transferase (GGT)	20.8 U/L	< 64
● Calcium Serum	9.5 mg/dL	8.4 - 10.2
Bilirubin Urine	Negative	
Urobilinogen	Normal	

KIDNEY PROFILE

Test Name	Result <small>unit</small>	Range
● Blood Urea	20.2 mg/dL	19 - 44.1
● Bun	9.44 mg/dL	8.9 - 20.6
● Creatinine	0.7 mg/dL	0.72 - 1.25
eGFR (CKD-EPI)	125.53 ml/min/1.73 sq m	
● Bun/Creatinine Ratio	13.49	12 - 20
● Urea / Creatinine Ratio	28.86	25.68 - 42.8
Urine Protein (Albumin)	Negative	
Blood	Negative	
Crystals	Absent	
Cast	Absent	

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URINALYSIS			
Test Name	Result	unit	Range
● Uric Acid	5.3	mg/dL	3.5 - 7.2
Volume	30	mL	
Colour	Pale yellow		
Transparency	Clear		
● Reaction (pH)	5.0		4.5 - 8
● Specific Gravity	1.010		1.01 - 1.03
Urine Ketones (Acetone)	Negative		
Nitrite	Negative		
Epithelial Cells	1-2	/hpf	
Red blood Cells	Absent	/hpf	
Amorphous deposits	Absent		
Bacteria	Absent		

ELECTROLYTE PROFILE			
Test Name	Result	unit	Range
● Phosphorus	3.3	mg/dL	2.3 - 4.7
● Sodium	139.8	mmol/L	136 - 145
● Potassium	4.4	mmol/L	3.5 - 5.1
● Chloride	102.6	mmol/L	98 - 107

CARDIAC PROFILE			
Test Name	Result	unit	Range
● Total Cholesterol	134	mg/dL	< 200
● Triglycerides	76.5	mg/dL	< 150
● HDL Cholesterol	53.5	mg/dL	40 - 80
● Non HDL Cholesterol	80.5	mg/dL	< 130
● LDL Cholesterol	65.2	mg/dL	< 100
● V.L.D.L Cholesterol	15.3	mg/dL	< 30
● Chol/HDL Ratio	2.5	Ratio	3.5 - 5
● HDL/ LDL Ratio	0.82	Ratio	0.5 - 3
LDL/HDL Ratio	1.22	Ratio	

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Health Advisory

● In Range ● Borderline (BL) ● Out Of Range



Inflammation

Inflammation is the body's immune system's response to an injury, surgery, or irritation. This natural defense process acts by removing injurious stimuli and initiating the healing process. Inflammation can be chronic (such as arthritis) or acute (like in case of trauma).

ESR - Erythrocyte Sedimentation Rate: 18 mm/hr

● OUT OF RANGE

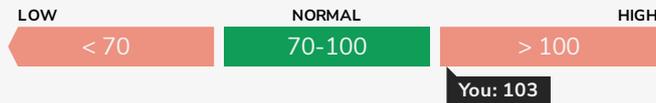


Diabetes

This panel is used to check how much glucose/sugar there is in your blood. Too much blood glucose might indicate diabetes.

Glucose Fasting: 103 mg/dL

● BORDERLINE



Liver Profile

One of the main functions of your liver is to make proteins that are secreted in your blood. It also makes enzymes which convert food into energy, and processes old muscles and cells. When your liver is damaged, enzymes leak into your blood and appear in the blood test

Bilirubin Total: 3.3 mg/dL

● OUT OF RANGE





Kidney Profile

This panel is used to check healthy functioning of your kidneys. Kidneys filter blood in your body to remove waste products - these waste products are produced when breakdown of proteins (present in food, muscles and other cells) occurs in the body to generate energy

Creatinine: 0.7 mg/dL

● BORDERLINE



Patient NAME		Report STATUS :	
DOB/Age/Gender		Barcode NO :	
Patient ID / UHID		Sample Type :	
Referred BY		Report Date :	
Sample Collected			
Test Description	Value(s)	Unit(s)	Reference Range

Smart Full Body Checkup

Complete Blood Count (CBC)

RBC Parameters			
Hemoglobin <i>colorimetric</i>	13	g/dL	13.0 - 17.0
RBC Count <i>Electrical impedance</i>	4.3L*	10 ⁶ /μl	4.5 - 5.5
PCV <i>Calculated</i>	40.4	%	40 - 50
MCV <i>Calculated</i>	94.5	fl	83 - 101
MCH <i>Calculated</i>	30.5	pg	27 - 32
MCHC <i>Calculated</i>	32.3	g/dL	31.5 - 34.5
RDW (CV) * <i>Calculated</i>	13.1	%	11.6 - 14.0
RDW-SD * <i>Calculated</i>	43.9	fl	35.1 - 43.9
WBC Parameters			
TLC <i>Electrical impedance and microscopy</i>	5.2	10 ³ /μl	4 - 10
Differential Leucocyte Count			
Neutrophils	61	%	40-80
Lymphocytes	32	%	20-40
Monocytes	4	%	2-10
Eosinophils	3	%	1-6
Basophils	0	%	<2
Absolute Leukocyte Counts			
Neutrophils.	3.17	10 ³ /μl	2 - 7
Lymphocytes.	1.66	10 ³ /μl	1 - 3
Monocytes.	0.21	10 ³ /μl	0.2 - 1.0
Eosinophils.	0.16	10 ³ /μl	0.02 - 0.5
Basophils.	0	10 ³ /μl	0.02 - 0.5
Platelet Parameters			
Platelet Count <i>Electrical impedance and microscopy</i>	175	10 ³ /μl	150 - 410
Mean Platelet Volume (MPV) * <i>Calculated</i>	11.5	fL	9.3 - 12.1
PCT * <i>Calculated</i>	0.2	%	0.17 - 0.32

Note :- (H* - High , L* - Low ,CL* - Critical Low,CH* - Critical High)



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Patient NAME		Report STATUS :	
DOB/Age/Gender		Barcode NO :	
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Referred BY		Report Date :	
Sample Collected			

Test Description	Value(s)	Unit(s)	Reference Range
PDW * <i>Calculated</i>	15.8	fL	8.3 - 25.0
P-LCR * <i>Calculated</i>	36.5	%	18 - 50
P-LCC * <i>Calculated</i>	64	10 ⁹ /L	44 - 140
Mentzer Index * <i>Calculated</i>	21.98	%	> 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.

Note :- (H* - High , L* - Low ,CL* - Critical Low,CH* - Critical High)



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Sample Collected	

Test Description	Value(s)	Unit(s)	Reference Range
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Erythrocyte Sedimentation Rate (ESR)

ESR - Erythrocyte Sedimentation Rate <i>MODIFIED WESTERGREN</i>	18H*	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.

Reference- Dacie and Lewis practical hematology

Note :- (H* - High, L* - Low, CL* - Critical Low, CH* - Critical High)



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Referred BY :		Report Date
Sample Collected :		

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

Glycosylated Hemoglobin (HbA1c) HPLC	5	%	< 5.7
Estimated Average Glucose *	96.8	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:

- 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.
- 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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Patient NAME	Report STATUS
DOB/Age/Gender	Barcode NO
Patient ID / UHID	Sample Type
Referred BY	Report Date
Sample Collected	

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

Glucose Fasting <i>Hexokinase</i>	103H*	mg/dL	70 - 100
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Interpretation:

Status	Fasting plasma glucose in mg/dL
Normal	70 - 100
Impaired fasting glucose	101 - 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

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

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Patient NAME		Report STATUS	
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Referred BY		Report Date	
Sample Collected			
Test Description	Value(s)	Unit(s)	Reference Range

Liver Function Test (LFT)

Bilirubin Total <i>Photometric</i>	3.3H*	mg/dL	0.2 - 1.2
Bilirubin Direct * <i>Diazo Reaction</i>	0.8H*	mg/dL	0.0 - 0.5
Bilirubin Indirect * <i>Calculation (T Bil - D Bil)</i>	2.5H*	mg/dL	0.1 - 1.0
SGOT/AST <i>IFCC without P5P</i>	24.8	U/L	5 - 34
SGPT/ALT <i>IFCC without P5P</i>	26.3	U/L	0 to 55
SGOT/SGPT Ratio *	0.94	-	-
Alkaline Phosphatase <i>IFCC</i>	54.1	U/L	40 - 150
Total Protein <i>Biuret</i>	6.9	g/dL	6.4 - 8.3
Albumin <i>BCG</i>	4.6	gm/dL	3.8 - 5.0
Globulin * <i>Calculation (T.P - Albumin)</i>	2.3	g/dL	2.3 - 3.5
Albumin :Globulin Ratio * <i>Calculation (Albumin/Globulin)</i>	2	-	1.0 - 2.1
Gamma Glutamyl Transferase (GGT) * <i>Photometric</i>	20.8	U/L	12 - 64

Interpretation:

The liver filters blood, metabolizes nutrients, detoxifies harmful substances, and produces blood clotting proteins. Liver cells contain enzymes that facilitate these functions. When cells are damaged, enzymes leak into the blood, detectable through blood tests.

Key enzymes tested:

- AST (SGOT):** may indicate tissue injury / damage in muscles or liver.
- ALT (SGPT):** Primarily in the liver. Elevated ALT and AST suggest liver damage.
- Alkaline Phosphatase & GGT:** Linked to bile production and flow. Elevated levels may indicate bile flow issues related to the liver, gallbladder, or bile ducts.

Blood proteins, **albumin and globulin**, are essential for growth, development, and health.

- Low protein:** May indicate bleeding, liver disorders, malnutrition, or agammaglobulinemia.
- High protein (Hyperproteinemia):** Often due to dehydration or increased protein production.
- Low albumin:** Caused by poor diet, kidney, or liver disease.
- High albumin:** Usually due to severe dehydration.

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Patient NAME	Report STATUS
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Referred BY	Report Date
Sample Collected	

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

Blood Urea <i>Urease</i>	20.2	mg/dL	19 - 44.1
Bun * <i>Urease</i>	9.44	mg/dL	8.9 - 20.6
Creatinine <i>Photometric</i>	0.7L*	mg/dL	0.72 - 1.25
eGFR (CKD-EPI)	125.53	ml/min/1.73 sq m	Normal Or High: >= 90 Mild Or Decrease: 60-89 Mild To Moderate Decrease: 45-59 Mild To Severe Decrease: 30-44 Severe Decrease: 15-29 Kidney Failure: < 15
Bun/Creatinine Ratio * <i>Calculated</i>	13.49		12 - 20
Urea / Creatinine Ratio * <i>Calculated</i>	28.86		25.68- 42.8
Uric Acid <i>Uricase</i>	5.3	mg/dL	3.5 - 7.2
Calcium Serum <i>Arsenazo III</i>	9.5	mg/dL	8.4 - 10.2
Phosphorus <i>Photometric</i>	3.3	mg/dL	2.3 - 4.7
Sodium <i>Potentiometric</i>	139.8	mmol/L	136 - 145
Potassium <i>Potentiometric</i>	4.4	mmol/L	3.5 - 5.1
Chloride <i>Potentiometric</i>	102.6	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. 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."eGFR test is applicable for patients aged 18 years or more."

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

Total Cholesterol <i>Enzymatic - Cholesterol Oxidase</i>	134	mg/dL	<200
Triglycerides <i>Colorimetric - Lip/Glycerol Kinase</i>	76.5	mg/dL	<150
HDL Cholesterol <i>Accelerator Selective Detergent</i>	53.5	mg/dL	>40
Non HDL Cholesterol * <i>Calculated</i>	80.5	mg/dL	<130
LDL Cholesterol * <i>Calculated</i>	65.2	mg/dL	<100
V.L.D.L Cholesterol * <i>Calculated</i>	15.3	mg/dL	< 30
Chol/HDL Ratio * <i>Calculated</i>	2.5L*	Ratio	3.5 - 5.0
HDL/ LDL Ratio * <i>Calculated</i>	0.82	Ratio	0.5 - 3.0
LDL/HDL Ratio * <i>Calculated</i>	1.22	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
Very High Risk	1.Established ASCVD 2.Diabetes with 2 major risk factors of evidence of end organ damage 3. Familial Homozygous Hypercholesterolemia
	1. Three major ASCVD risk factors 2. Diabetes with 1 major risk factor or no evidence

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Patient NAME	Report STATUS
DOB/Age/Gender	Barcode NO
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Referred BY	Report Date
Sample Collected	

Test Description	Value(s)	Unit(s)	Reference Range
High Risk	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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CONSULTANT PATHOLOGIST

Patient NAME	Report STATUS
DOB/Age/Gender	Barcode NO
Patient ID / UHID	Sample Type
Referred BY	Report Date
Sample Collected	

Test Description	Value(s)	Unit(s)	Reference Range
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Thyroid Profile Total

Triiodothyronine (T3) CMIA	120	ng/dL	35 - 193
Total Thyroxine (T4) CMIA	7.09	µg/dL	4.87 - 11.2
Thyroid Stimulating Hormone (Ultrasensitive) CMIA	1.11	µIU/mL	0.35 - 4.94

Interpretation:

Pregnancy	Reference Range TSH
1st Trimester	0.1 - 2.5
2nd Trimester	0.2 - 3.0
3rd Trimester	0.3 - 3.0

Clinical Use:

1. Diagnose Hypothyroidism & Hyperthyroidism
2. Monitor T4 therapy
3. Measure subnormal TSH levels

Increased TSH: Primary hypothyroidism, Subclinical hypothyroidism, TSH-dependent hyperthyroidism, Thyroid hormone resistance

Decreased TSH: Graves' disease, Autonomous thyroid hormone secretion, TSH deficiency

Thyroid malfunction (hyper or hypo) affects T3 & T4 levels. Pituitary or hypothalamic issues also influence thyroid activity.

1. **Primary Hypothyroidism:** High TSH levels.
2. **Secondary/Tertiary Hypothyroidism:** Low TSH levels.
3. **Euthyroid Sick Syndrome:** Abnormal thyroid test results due to non-thyroidal illnesses (NTI).

TBG levels are stable in healthy individuals but may be altered by pregnancy, estrogens, androgens, steroids, or glucocorticoids, causing inaccurate T3 & T4 readings.

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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Urine Routine and Microscopic Examination

Physical Examination			
Volume *	30	mL	-
Colour *	Pale yellow	-	Pale yellow
Transparency *	Clear	-	Clear
Deposit *	Absent	-	Absent
Chemical Examination			
Reaction (pH) <i>Double Indicator</i>	5.0	-	4.5 - 8.0
Specific Gravity <i>Ion Exchange</i>	1.010	-	1.010 - 1.030
Urine Glucose (sugar) <i>Oxidase / Peroxidase</i>	Negative	-	Negative
Urine Protein (Albumin) <i>Acid / Base Colour Exchange</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) *	2-4	/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

Interpretation:

URINALYSIS- Routine urine analysis assists in screening and diagnosis of various metabolic, urological, kidney and liver disorders.

Protein: Elevated proteins can be an early sign of kidney disease. Urinary protein excretion can also be temporarily elevated by strenuous exercise, orthostatic proteinuria, dehydration, urinary tract infections and acute illness with fever



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<p>Glucose: Uncontrolled diabetes mellitus can lead to presence of glucose in urine. Other causes include pregnancy, hormonal disturbances, liver disease and certain medications.</p> <p>Ketones: Uncontrolled diabetes mellitus can lead to presence of ketones in urine. Ketones can also be seen in starvation, frequent vomiting, pregnancy and strenuous exercise.</p> <p>Blood: Occult blood can occur in urine as intact erythrocytes or haemoglobin, which can occur in various urological, nephrological and bleeding disorders.</p> <p>Leukocytes: An increase in leukocytes is an indication of inflammation in urinary tract or kidneys. Most common cause is bacterial urinary tract infection.</p> <p>Nitrite: Many bacteria give positive results when their number is high. Nitrite concentration during infection increases with length of time the urine specimen is retained in bladder prior to collection.</p> <p>pH: The kidneys play an important role in maintaining acid base balance of the body. Conditions of the body producing acidosis/ alkalosis or ingestion of certain type of food can affect the pH of urine.</p> <p>Specific gravity: Specific gravity gives an indication of how concentrated the urine is. Increased specific gravity is seen in conditions like dehydration, glycosuria and proteinuria while decreased specific gravity is seen in excessive fluid intake, renal failure and diabetes insipidus.</p> <p>Bilirubin: In certain liver diseases such as biliary obstruction or hepatitis, bilirubin gets excreted in urine.</p> <p>Urobilinogen: Positive results are seen in liver diseases like hepatitis and cirrhosis and in cases of haemolytic anaemia.</p>			

*** End Of Report ***



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**Bio-Rad CDM System
VII Inst. #1. SN--17017**

**PATIENT REPORT
V2TURBO_A1c_2.0**

Patient Data

Sample ID:
Patient ID:
Name:
Physician:
Sex:
DOB:

Analysis Data

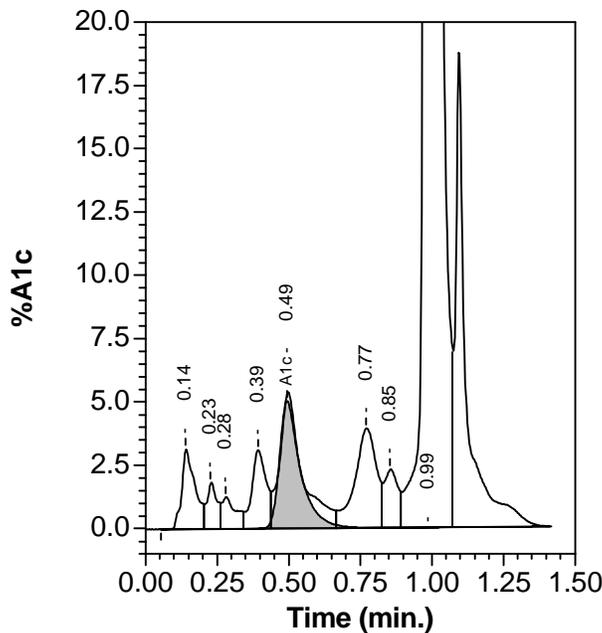
Analysis Performed:
Injection Number:
Run Number:
Rack ID:
Tube Number:
Report Generated:
Operator ID:

Comments:

Peak Name	NGSP %	Area %	Retention Time (min)	Peak Area
A1a	---	1.6	0.138	21055
A1b	---	0.7	0.226	9330
F	---	0.7	0.278	8756
LA1c	---	1.8	0.392	23180
A1c	5.0	---	0.493	52986
P3	---	3.3	0.769	42336
P4	---	1.2	0.852	15648
Ao	---	86.6	0.987	1122518

Total Area: 1,295,810

HbA1c (NGSP) = 5.0 %



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96 TEST PARAMETERS

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- ✓ Lipid Profile (9 Tests)
- ✓ Liver Function Test (12 Tests)
- ✓ Kidney Function Test (12 Tests)
- ✓ Thyroid Profile Total (3 Tests)
- ✓ Urine R/M (23 Tests)
- ✓ Complete Blood Count (26 Tests)
- ✓ ESR (1 Test)
- ✓ HbA1c (2 Tests)
- ✓ Vitamin D (1 Test)
- ✓ Vitamin B12 (1 Test)
- ✓ Iron Studies (4 Tests)
- ✓ HBsAg (Rapid) (1 Test)



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