Redcliffe labs

Healthy India Ki Trusted Lab

# smart Health Report

An Insightful Health Analytics Report for Easier Understanding

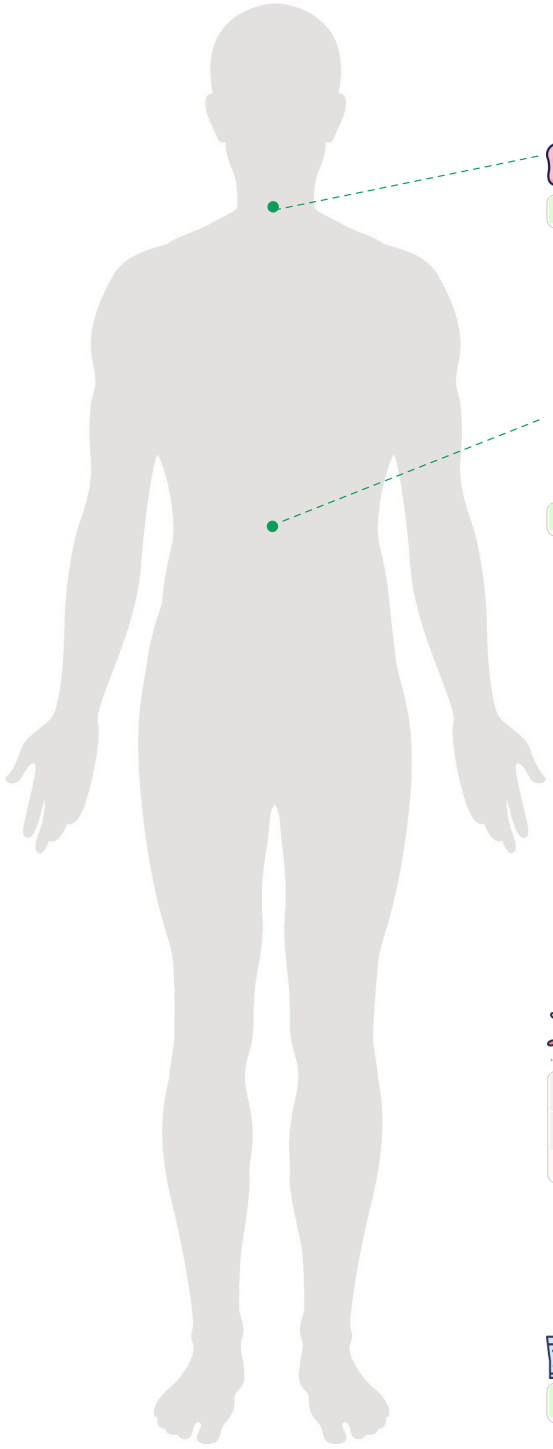

Prepared For

**Mr MR.DUMMY**

**M 23**

| Name | Patient ID | Gender | Age |
|---|---|---|---|
| Mr MR.DUMMY | 8052855 | M | 23 |

## Health Summary



### THYROID PROFILE

Everything looks good

### DIABETES MONITORING

Everything looks good

### ANEMIA STUDIES

| Test Name | Result |
|---|---|
| Hemoglobin | 8 |

Please Watchout

### VITAMIN PROFILE

Everything looks good

### MINERAL PROFILE

Everything looks good

# LABORATORY REPORT

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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 | : 8052855/RCL7249362 | Report Date | : May 25, 2024, 05:54 PM. |
| Referred By | : Dr. Dr. X | Barcode No | : HY585696 |
| Sample Type | : Whole blood EDTA | Report Status | : Final Report |

## MotherHealth Platinum

### Complete Blood Count (CBC)

| Test Description | Value(s) | Unit(s) | Reference Range |
|---|---|---|---|
| **RBC Parameters** | | | |
| Hemoglobin<br>*Spectrophotometry* | **8** | g/dL | 13.0 - 17.0 |
| RBC Count<br>*Electrical impedance* | **2.5** | 10^6/µl | 4.5 - 5.5 |
| PCV<br>*Calculated* | **25.2** | % | 40 - 50 |
| MCV<br>*Calculated* | 99.5 | fl | 83 - 101 |
| MCH<br>*Calculated* | 31.7 | pg | 27 - 32 |
| MCHC<br>*Calculated* | 31.9 | g/dL | 31.5 - 34.5 |
| RDW (CV)<br>*Calculated* | **15.4** | % | 11.6 - 14.0 |
| RDW-SD<br>*Calculated* | **59** | fl | 35.1 - 43.9 |
| **WBC Parameters** | | | |
| TLC<br>*Electrical impedance and microscopy* | 5.9 | 10^3/µl | 4 - 10 |
| **Differential Leucocyte Count** | | | |
| Neutrophils<br>*Flow-cytometry DHSS* | 77 | % | 40-80 |
| Lymphocytes<br>*Flow-cytometry DHSS* | 20 | % | 20-40 |
| Monocytes<br>*Flow-cytometry DHSS* | 2 | % | 2-10 |
| Eosinophils<br>*Flow-cytometry DHSS* | 1 | % | 1-6 |
| Basophils<br>*Flow-cytometry DHSS* | 0 | % | <2 |
| **Absolute Leukocyte Counts**<br>***Calculated*** | | | |
| Neutrophils. | 4.54 | 10^3/µl | 2 - 7 |
| Lymphocytes.<br>*Calculated* | 1.18 | 10^3/µl | 1 - 3 |
| Monocytes.<br>*Calculated* | **0.12** | 10^3/µl | 0.2 - 1.0 |
| Eosinophils.<br>*Calculated* | 0.06 | 10^3/µl | 0.02 - 0.5 |
| Basophils. | **0** | 10^3/µl | 0.02 - 0.5 |

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| Test Description | Value(s) | Unit(s) | Reference Range |
|---|---|---|---|
| *Calculated* | | | |
| **Platelet Parameters** | | | |
| Platelet Count<br>*Electrical impedance and microscopy* | 160 | 10^3/µl | 150 - 410 |
| Mean Platelet Volume (MPV)<br>*Calculated* | 9.8 | fL | 9.3 - 12.1 |
| PCT<br>*Calculated* | **0.1** | % | 0.17 - 0.32 |
| PDW<br>*Calculated* | 16.3 | fL | 8.3 - 25.0 |
| P-LCR<br>*Calculated* | 31.6 | % | 18 - 50 |
| P-LCC<br>*Calculated* | 46 | % | 44 - 140 |
| Mentzer Index<br>*Calculated* | 39.8 | % | > 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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| Test Description | Value(s) | Unit(s) | Reference Range |
|---|---|---|---|

## HbA1C (Glycosylated Haemoglobin)

| | | | |
|---|---|---|---|
| Glycosylated Hemoglobin (HbA1c)<br>*HPLC* | 5.2 | % | < 5.7 |
| Estimated Average Glucose | 102.54 | 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<br>Goal of therapy: < 7.0<br>Age < 19 years<br>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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| Test Description | Value(s) | Unit(s) | Reference Range |
|---|---|---|---|
| **Blood Group ABO & Rh Typing** | | | |
| Blood Group | A | | |
| Rh Factor | Positive | | |

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

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## Hemoglobin Variant Analysis (HB HPLC)

| Test Description | Value(s) | Unit(s) | Reference Range |
|---|---|---|---|
| Hemoglobin<br>*Spectrophotometry* | **8** | g/dL | 13.0 - 17.0 |
| RBC Count<br>*Electrical impedance* | **2.5** | 10^6/µl | 4.5 - 5.5 |
| PCV<br>*Calculated* | **25.2** | % | 40 - 50 |
| MCV<br>*Calculated* | 99.5 | fl | 83 - 101 |
| MCH<br>*Calculated* | 31.7 | pg | 27 - 32 |
| MCHC<br>*Calculated* | 31.9 | g/dL | 31.5 - 34.5 |
| RDW (CV)<br>*Calculated* | **15.4** | % | 11.6 - 14.0 |
| RDW-SD<br>*Calculated* | **59** | fl | 35.1 - 43.9 |
| Foetal Haemoglobin (HbF)<br>*HPLC* | 0.2 | % | 0-2 |
| Haemoglobin A2 (HbA2)<br>*HPLC* | 3.7 | % | 1.5-3.7 |
| Haemoglobin A (Hb Adult)<br>*HPLC* | **88.1** | % | 94.3-98.5 |
| Peak 3 | 1.3 | | |
| Peak 4<br>*HPLC* | 1.3 | % | <10 |
| Others (Non Specific) | 0 | | |
| Haemoglobin D (HbD)<br>*HPLC* | 0 | % | 0-0 |
| Haemoglobin S (HbS)<br>*HPLC* | 0 | % | 0-0 |
| Haemoglobin C (HbC)<br>*HPLC* | 0 | % | 0-0 |
| Haemoglobin E (HbE)<br>*HPLC* | 0 | % | 0-0 |
| Impression | No Evidence of Hemoglobinopathy. | - | |

**Interpretation:**
**Method:** HPLC (High performance liquid chromatography), on whole blood.

1. All results have to be correlated with age and history of blood transfusion If there is history of blood transfusion in last 3 months, repeat testing after 3 months from last date of transfusion is recommended.
2. In case of haemoglobinopathy, parents or family studies and counseling is advised.
3. This test detects Beta thalassaemia and haemoglobinopathies. DNA analysis is recommended to rule out alpha thalassaemia and silent carriers.
4. Mild to moderate increase in fetal heamoglobin can be seen in some acquired conditions like Pregnancy, Megaloblastic anaemia, Thyrotoxicosis, Hypoxia,

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| Referred By | : Dr. Dr. X | Barcode No | : HY585696 |
| Sample Type | : Whole blood EDTA | Report Status | : Final Report |

| Test Description | Value(s) | Unit(s) | Reference Range |
|---|---|---|---|

Chronic kidney disease, Recovering marrow, MDS, Aplastic anaemia, PNH, Medications (Hydroxyurea, Erythropoietin) etc.

5. P3 window- Above 10% is often indicative of either denatured forms of hemoglobins or may suggest a possibility of abnormal haemoglobin variant. Hence,repeat analysis with fresh sample or DNA studies is advised.
6. Iron deficiency Anaemia may be associated with low HbA2 result
7. Megaloblastic; Anaemia may be associated with elevated HbA2 levels (False high result)
8. Adult hemoglobin mentioned above comprises of non glycosylated hemoglobin (HbAo), minor components of adult hemoglobin (HbA1a, HbA1b) and glycosylated hemoglobin (HbA1c).

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| Patient ID / UHID | : 8052855/RCL7249362 | Report Date | : May 08, 2024, 11:46 AM. |
| Referred By | : Dr. Dr. X | Barcode No | : ZC664028 |
| Sample Type | : Fluoride Plasma | Report Status | : Final Report |

## Glucose Random (BSR)

| Test Description | Value(s) | Unit(s) | Reference Range |
|---|---|---|---|
| Glucose Random<br>*Hexokinase* | 105.0 | mg/dL | Normal <140<br>Prediabetes 140–199<br>Diabetes =>200 |

**Interpretation:**

1.Also known as Casual plasma glucose .
2.Samples can be taken anytime during the day regardless of eating time.
3.Random blood glucose level of equal to or more than 200mg/dl is indicative of Diabetes mellitus.

**Source:** ADA Guidelines

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| Patient ID / UHID | : 8052855/RCL7249362 | Report Date | : May 08, 2024, 12:38 PM. |
| Referred By | : Dr. Dr. X | Barcode No | : ZC664027 |
| Sample Type | : Serum | Report Status | : Final Report |

| Test Description | Value(s) | Unit(s) | Reference Range |
|---|---|---|---|
| **Calcium** | | | |
| Calcium Serum<br>*Arsenazo III* | 8.9 | mg/dL | 8.4 - 10.2 |

**Interpretation:**
Elevated calcium value are associated with hyperparathyrodism, multiple myeloma, neoplasms of bone and parathyroid & conditions of rapid demineralization, tetany & occasionally with nephrosis & pancreatitis. Severe nephritis & uremia may cause either elevated or lowered calcium values. Decreased values of calcium are noted in hypoparathyroidism, vitamin D deficiency, renal insufficiency, hypoproteinemia, malabsorption syndrome, severe pancreatitis with pancreatic necrosis and pseudo-hypoparathyroidism.

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| Sample Type | : Serum | Report Status | : Final Report |

## Iron Studies

| Test Description | Value(s) | Unit(s) | Reference Range |
|---|---|---|---|
| Iron<br>*FerroZine* | 82.0 | µg/dL | 33 - 193 |
| TIBC,(Total Iron Binding Capacity)<br>*Calculated* | 376 | µg/dL | 228 - 428 |
| UIBC<br>*FerroZine* | 294.0 | µg/dL | 125 - 345 |
| Transferrin Saturation<br>*Calculated* | 21.81 | % | 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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| Patient ID / UHID | : 8052855/RCL7249362 | Report Date | : May 08, 2024, 11:52 AM. |
| Referred By | : Dr. Dr. X | Barcode No | : ZC664027 |
| Sample Type | : Serum | Report Status | : Final Report |

| Test Description | Value(s) | Unit(s) | Reference Range |
|---|---|---|---|

**Vitamin B12 / Cyanocobalamin**

| | | | |
|---|---|---|---|
| Vitamin - B12<br>*CMIA* | 481.0 | pg/mL | 187 - 883 |

**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."

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| Patient ID / UHID | : 8052855/RCL7249362 | Report Date | : May 08, 2024, 11:58 AM. |
| Referred By | : Dr. Dr. X | Barcode No | : ZC664027 |
| Sample Type | : Serum | Report Status | : Final Report |

| Test Description | Value(s) | Unit(s) | Reference Range |
|---|---|---|---|

**Vitamin D 25 Hydroxy**

| | | | |
|---|---|---|---|
| Vitamin D 25 - Hydroxy<br>*CMIA* | 54.0 | ng/mL | Deficient <20<br>Insufficient 21 - 29<br>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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| Sample Type | : Serum | Report Status | : Final Report |

| Test Description | Value(s) | Unit(s) | Reference Range |
|---|---|---|---|

## FT4 (Free Thyroxine 4)

| | | | |
|---|---|---|---|
| T4, Free<br>*CMIA* | 1.08 | ng/dL | 0.7 - 1.48 |

## TSH 3rd Generation

| | | | |
|---|---|---|---|
| Thyroid Stimulating Hormone (Ultrasensitive)<br>*ECLIA* | 2.9 | 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 |

TSH levels are subject to circadian variation, reaching peak levels between 2 - 4.a.m. and at a minimum between 6-10 pm . The variation is of the order of 50% . hence time of the day has influence on the measured serum TSH concentrations.

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, androgen, antibiotics, steroids and glucocorticoids are known to alter TBG levels and may cause false thyroid values for Total T3 and T4 tests.

## Folic Acid / Folate (Vitamin B9)

| | | | |
|---|---|---|---|
| Folate (Folic Acid) *<br>*CMIA* | 4.7 | ng/mL | 3.1 - 20.5 |

**Interpretation:**

**Note**

1. Drugs like Methotrexate & Leucovorin interfere with folate measurement
2. To differentiate vitamin B12 & folate deficiency, measurement of Methyl malonic acid in urine & serum Homocysteine level is suggested
3. Risk of toxicity from folic acid is low as it is a water soluble vitamin regularly excreted in urine

**Comments**

Folate plays an important role in the synthesis of purine & pyrimidines in the body and is important for the maturation of erythrocytes. It is widely available from plants and to a lesser extent organ meats, but more than half the folate content of food is lost during cooking. Folate deficiency is commonly prevalent in alcoholic liver disease, pregnancy and the elderly. It may result from poor intestinal absorption, nutrition deficiency, excessive demand as in pregnancy or in malignancy and in response to certain drugs like Methotrexate & anticonvulsants.

**Decreased Levels**

Megaloblastic anemia, Infantile hyperthyroidism, Alcoholism, Malnutrition, Scurvy, Liver disease, B12 deficiency, dietary amino acid excess, adult Celiac disease, Tropical Sprue, Crohn's disease, Hemolytic anemias, Carcinomas, Myelofibrosis, vitamin B6 deficiency, pregnancy, Whipple's disease, extensive intestinal resection and severe exfoliative dermatitis.

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| Patient ID / UHID | : 8052855/RCL7249362 | Report Date | : May 25, 2024, 05:56 PM. |
| Referred By | : Dr. Dr. X | Barcode No | : SI484085 |
| Sample Type | : Serum | Report Status | : Final Report |

| Test Description | Value(s) | Unit(s) | Reference Range |
|---|---|---|---|
| **VDRL** | | | |
| VDRL<br>*RAPID CHROMATOGRAPHIC IMMUNOASSAY* | NON REACTIVE | - | NON REACTIVE |

**Interpretation:**

| RESULTS | REMARKS |
|---|---|
| Reactive | Indicates presence of IgM & IgG antibodies against Treponemal Pallidum antigens |
| Non Reactive | Indicates absence of IgM & IgG antibodies against Treponemal Pallidum antigens |

**Note**

1. Positive result indicates ongoing or recent infection and the diagnosis should be confirmed by specific Treponemal tests such as TPHA & FTA- AbS.
2. The reactivity will vary with Primary (60-86%), Secondary (99%) and Tertiary (98%) stage of Syphilis.
3. False positive results may be observed in patients of Malaria, Hepatitis, Mumps, Leprosy, Infectious Mononucleosis, Rheumatoid Arthritis and Collagen disease.
4. False negative reaction may be due to processing of sample collected early in the course of disease, immunosuppression and due to prozone effect.
5. Test conducted on serum.
6. It is a qualitative test.

**Uses**

To screen for presence of Syphilis infection.

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| Test Description | Value(s) | Unit(s) | Reference Range |
|---|---|---|---|

## Hepatitis C Antibody (HCV), Rapid Card

| | | | |
|---|---|---|---|
| HEPATITIS C ANTIBODY (Anti-HCV)<br>*Qualitative immunoassay,rapid card* | NON REACTIVE | | NON REACTIVE |

**Interpretation:**

| RESULTS | REMARKS |
|---|---|
| Reactive | Reactive test result indicates presence of Hepatitis C virus infection |
| Non Reactive | Non Reactive test result indicates absence of Hepatitis C virus infection |

**NOTE**

1.The **4TH Generation** HCV TRI-DOT detects anti-HCV in human serum or plasma and is **only a screening test**. All reactive samples should be confirmed by supplemental assays like RIBA .Therefore for a definitive diagnosis, the patient's clinical history ,symptomatalogy as well as serological data, should be considered. The results should be reported only after complying with above procedure.
2.A non reactive-results does not exclude the possibility of exposure to or infection with HCV.
3.Repeated false results may occur due to non-specefic binding of the sample to the membrane.
4.The presence of anti-HCV does not imply a HepatitisC infection but may be indicative of recent and /or past infection By HCV.
5.Patients with auto-immune liver diseases may show falsely reactive results.
6. False positive results may be observed in patients receiving mouse monoclonal antibodies, on heparin therapy, on biotin supplements for diagnosis or therapy or presence of heterophilic antibodies in serum.
5. False negative reaction may be due to processing of sample collected early in the course of disease, Prozone phenomenon, Immunosuppression & Immuno-incompetence.

**Uses** ·
To diagnose suspected HCV infection in risk group.
Prenatal Screening of pregnant women and pre surgical/interventional procedures work up.

## Hepatitis B Surface Antigen (HBsAg), Rapid Card

| | | | |
|---|---|---|---|
| HEPATITIS B SURFACE ANTIGEN (HBsAg)<br>*Qualitative immunoassay,rapid card* | NON REACTIVE | | NON REACTIVE |

**Interpretation:**

| RESULTS | REMARKS |
|---|---|
| Reactive | The sample is Reactive for HBsAg |
| Non Reactive | The sample is Non Reactive for HBsAg |

**Note**

1.**This is only a Screening test.** All reactive results should be confirmed by confirmatory test. Therefore for a definitive diagnosis, the patient's clinical history ,symptomatalogy as well as serological data, should be considered. The results should be reported only after complying with above procedure.
2. Additional follow up testing using available clinical methods (along with repeat HBsAg rapid card test) is required, if the test is Non reactive with persisting clinical symptoms
3. False positive results may be observed in patients receiving mouse monoclonal antibodies, on heparin therapy, on biotin supplements for diagnosis or therapy, presence of heterophilic antibodies in serum or after HBV vaccination for transient period of time.
4. False negative reaction may be due to processing of sample collected early in the course of disease or presence of mutant forms of HBsAg.

**Dr. Dummy**

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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 | : 8052855/RCL7249362 | Report Date | : May 25, 2024, 05:56 PM. |
| Referred By | : Dr. Dr. X | Barcode No | : SI484085 |
| Sample Type | : Serum | Report Status | : Final Report |

| Test Description | Value(s) | Unit(s) | Reference Range |
|---|---|---|---|
| **Rubella IgG Antibodies** | | | |
| Rubella (German Measles)-IgG<br>*CLIA* | 27.4 | IU/mL | Non-Reactive <5 IU/mL<br>Equivocal 5 - 10 IU/mL<br>Reactive >10 IU/mL |
| **Rubella IgM Antibodies** | | | |
| Rubella IgM<br>*CLIA* | 2.32 | AU/mL | Non-Reactive <5 AU/mL<br>Equivocal 5 - 10 AU/mL<br>Reactive >10.0 AU/mL |

Dr. Dummy

| | | | |
|---|---|---|---|
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| Patient ID / UHID | : 8052855/RCL7249362 | Report Date | : May 25, 2024, 05:56 PM. |
| Referred By | : Dr. Dr. X | Barcode No | : YA607734 |
| Sample Type | : Spot Urine | Report Status | : Final Report |

## Urine Routine and Microscopic Examination

| Test Description | Value(s) | Unit(s) | Reference Range |
|---|---|---|---|
| **Physical Examination** | | | |
| Volume | 20 | ml | - |
| Colour | Pale yellow | - | Pale yellow |
| Transparency | Clear | - | Clear |
| Deposit | Absent | - | Absent |
| **Chemical Examination** | | | |
| Reaction (pH)<br>*Double Indicator* | 6.5 | - | 4.5 - 8.0 |
| Specific Gravity<br>*Ion Exchange* | 1.010 | - | 1.010 - 1.030 |
| Urine Glucose (sugar)<br>*Oxidase / Peroxidase* | Negative | - | Negative |
| Urine Protein (Albumin)<br>*Acid / Base Colour Excahnge* | Negative | - | Negative |
| Urine Ketones (Acetone)<br>*Legals Test* | Negative | - | Negative |
| Blood<br>*Peroxidase Hemoglobin* | Negative | - | Negative |
| Leucocyte esterase<br>*Enzymatic Reaction* | Negative | - | Negative |
| Bilirubin Urine<br>*Coupling Reaction* | Negative | - | Negative |
| Nitrite<br>*Griless Test* | Negative | - | Negative |
| Urobilinogen<br>*Ehrlichs Test* | 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 |

**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

**Dr. Dummy**

| | | | |
|---|---|---|---|
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| Referred By | : Dr. Dr. X | Barcode No | : YA607734 |
| Sample Type | : Spot Urine | Report Status | : Final Report |

| Test Description | Value(s) | Unit(s) | Reference Range |
|---|---|---|---|

**Glucose:** Uncontrolled diabetes mellitus can lead to presence of glucose in urine. Other causes include pregnancy, hormonal disturbances, liver disease and certain medications.

**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.

**Blood:** Occult blood can occur in urine as intact erythrocytes or haemoglobin, which can occur in various urological, nephrological and bleeding disorders.

**Leukocytes:** An increase in leukocytes is an indication of inflammation in urinary tract or kidneys. Most common cause is bacterial urinary tract infection.

**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.

**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.

**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.

**Bilirubin:** In certain liver diseases such as biliary obstruction or hepatitis, bilirubin gets excreted in urine.

**Urobilinogen:** Positive results are seen in liver diseases like hepatitis and cirrhosis and in cases of haemolytic anaemia.

*** 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.**

**Dr. Dummy**

# Terms and Conditions of Reporting

1. The presented findings in the Reports are intended solely for informational and interpretational purposes by the referring physician or other qualified medical professionals possessing a comprehensive understanding of reporting units, reference ranges, and technological limitations. The laboratory shall not be held liable for any interpretation or misinterpretation of the results, nor for any consequential or incidental damages arising from such interpretation.

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.

3. It is to be noted that variations in results may occur between different laboratories and over time, even for the same parameter for the same Customer. The assays are performed and conducted in accordance with standard procedures, and the reported outcomes are contingent on the specific individual assay methods and equipment(s) used, as well as the quality of the received specimen.

4. This report shall not be deemed valid or admissible for any medico-legal purposes.

5. The Customers assume full responsibility for apprising the Company of any factors that may impact the test finding. These factors, among others, includes dietary intake, alcohol, or medication / drug(s) consumption, or fasting. This list of factors is only representative and not exhaustive.

| Name | Patient ID | Gender | Age |
|---|---|---|---|
| Mr MR.DUMMY | 8052855 | M | 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: 8** 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.