

smart Health Report

An Insightful Health Analytics Report
for Easier Understanding

Prepared For

Mr MR.DUMMY

M 23



Name
Mr MR.DUMMY

Patient ID
8053167

Gender
M

Age
23

Health Summary



BLOOD COUNTS

Everything looks good



LIPID PROFILE

Everything looks good



KIDNEY PROFILE

Everything looks good



DIABETES MONITORING

Everything looks good



LIVER PROFILE

Everything looks good



ANEMIA STUDIES

Everything looks good



VITAMIN PROFILE

Everything looks good



MINERAL PROFILE

Everything looks good



Patient Name	: Mr MR.DUMMY		
DOB/Age/Gender	: 23 Y/Male	Sample Collected	: Apr 26, 2024, 01:00 PM
Patient ID / UHID	: 8053167/RCL7249656	Report Date	: May 25, 2024, 06:44 PM.
Referred By	: Dr. Dr. X	Barcode No	: HY585730
Sample Type	: Whole blood EDTA	Report Status	: Final Report
Test Description	Value(s)	Unit(s)	Reference Range

Immunity Care Package

Complete Blood Count (CBC)

RBC Parameters			
Hemoglobin <i>colorimetric</i>	13.8	g/dL	13.0 - 17.0
RBC Count <i>Electrical impedance</i>	5.4	10 ⁶ /μl	4.5 - 5.5
PCV <i>Calculated</i>	42.1	%	40 - 50
MCV <i>Calculated</i>	78.4	fl	83 - 101
MCH <i>Calculated</i>	25.6	pg	27 - 32
MCHC <i>Calculated</i>	32.7	g/dL	31.5 - 34.5
RDW (CV) <i>Calculated</i>	13.7	%	11.6 - 14.0
RDW-SD <i>Calculated</i>	34.8	fl	35.1 - 43.9
WBC Parameters			
TLC <i>Electrical impedance and microscopy</i>	12.2	10 ³ /μl	4 - 10
Differential Leucocyte Count			
Neutrophils <i>Laser based Flow-cytometry</i>	70	%	40-80
Lymphocytes <i>Laser based Flow-cytometry</i>	20	%	20-40
Monocytes <i>Laser based Flow-cytometry</i>	8	%	2-10
Eosinophils <i>Laser based Flow-cytometry</i>	2	%	1-6
Basophils <i>Laser based Flow-cytometry</i>	0	%	<2
Absolute Leukocyte Counts			
Neutrophils. <i>Calculated</i>	8.54	10 ³ /μl	2 - 7
Lymphocytes. <i>Calculated</i>	2.44	10 ³ /μl	1 - 3
Monocytes. <i>Calculated</i>	0.98	10 ³ /μl	0.2 - 1.0
Eosinophils. <i>Calculated</i>	0.24	10 ³ /μl	0.02 - 0.5
Basophils.	0	10 ³ /μl	0.02 - 0.5



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Sample Type : Whole blood EDTA		Report Status : Final Report	
Test Description	Value(s)	Unit(s)	Reference Range
Calculated			
Platelet Parameters			
Platelet Count <i>Electrical impedance and microscopy</i>	217	10 ³ /μl	150 - 410
Mean Platelet Volume (MPV) <i>Calculated</i>	9.9	fL	9.3 - 12.1
PCT <i>Calculated</i>	0.2	%	0.17 - 0.32
PDW <i>Calculated</i>	17.3	fL	8.3 - 25.0
P-LCR <i>Calculated</i>	34.5	%	18 - 50
P-LCC <i>Calculated</i>	75	%	44 - 140
Mentzer Index <i>Calculated</i>	14.52	%	> 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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Erythrocyte Sedimentation Rate (ESR)

ESR - Erythrocyte Sedimentation Rate MODIFIED WESTERGREN	8	mm/hr	0 - 10																											
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.																														
<table><tr><th>AGE</th><th>MALE</th><th>FEMALE</th></tr><tr><td>1 DAY</td><td>0-2</td><td>0-2</td></tr><tr><td>2 - 7 DAYS</td><td>0-4</td><td>0-4</td></tr><tr><td>8 - 14 DAYS</td><td>0-17</td><td>0-17</td></tr><tr><td>15 DAYS - 17 YEARS</td><td>0-20</td><td>0-20</td></tr><tr><td>18 - 50 YEARS</td><td>0-10</td><td>0-12</td></tr><tr><td>51- 60 YEARS</td><td>0-12</td><td>0-19</td></tr><tr><td>61 - 70 YEARS</td><td>0-14</td><td>0-20</td></tr><tr><td>71 - 100 YEARS</td><td>0-30</td><td>0-35</td></tr></table>				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
AGE	MALE	FEMALE																												
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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																														


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HbA1C (Glycosylated Haemoglobin)

Glycosylated Hemoglobin (HbA1c) HPLC	5.4	%	< 5.7
Estimated Average Glucose	108.28	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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Patient ID / UHID	: 8053167/RCL7249656	Report Date	: May 08, 2024, 11:46 AM.
Referred By	: Dr. Dr. X	Barcode No	: ZC664139
Sample Type	: FLUORIDE F	Report Status	: Final Report
Test Description	Value(s)	Unit(s)	Reference Range

Glucose Fasting (BSF)

Glucose Fasting <i>Hexokinase</i>	95.0	mg/dL	<100
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 in 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 > or = 126 mg/dL or a random / 2 hour plasma glucose value of > or = 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 : 8053167/RCL7249656

Referred By : Dr. Dr. X

Sample Type : Serum

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

Report Date : May 08, 2024, 12:45 PM.

Barcode No : ZC664138

Report Status : Final Report

Test Description	Value(s)	Unit(s)	Reference Range
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Creatinine

Creatinine <i>Jaffes</i>	0.8	mg/dL	0.70 - 1.20
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Interpretation:

Creatinine estimation is done to assess kidney function. It is not dependent on dietary factors. Normal values are obtained in kidney diseases, except in advanced renal failure and therefore its estimation is more valuable if coupled with clearance.

Liver Function Test (LFT)

Bilirubin Total <i>Diazo</i>	0.2	mg/dL	0 - 1.2
Bilirubin Direct <i>Diazo Jondrof</i>	0.1	mg/dL	0 - 0.20
Bilirubin Indirect <i>Calculation (T Bil - D Bil)</i>	0.1	mg/dL	0.1 - 1.0
SGOT/AST <i>IFCC without P5P</i>	15	U/L	up to 40
SGPT/ALT <i>IFCC without P5P</i>	16	U/L	up to 41
SGOT/SGPT Ratio <i>Calculated</i>	0.94	%	-
Alkaline Phosphatase <i>IFCC</i>	103	U/L	40 - 129
Total Protein <i>Biuret</i>	6.8	g/dL	6.4 - 8.3
Albumin <i>BCG Colorimetric</i>	4.0	g/dL	3.5 - 5.2
Globulin <i>Calculation (T.P - Albumin)</i>	2.8	g/dL	2.3 - 3.5
Albumin :Globulin Ratio <i>Calculation (Albumin/Globulin)</i>	1.43	-	1.3 - 2.1
Gamma Glutamyl Transferase (GGT) <i>IFCC Colorimetric</i>	10	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-utanyl 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



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Sample Type : Serum

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Barcode No : ZC664138

Report Status : Final Report

Test Description	Value(s)	Unit(s)	Reference Range
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 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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DOB/Age/Gender	: 23 Y/Male	Sample Collected	: Apr 26, 2024, 01:00 PM
Patient ID / UHID	: 8053167/RCL7249656	Report Date	: May 08, 2024, 12:39 PM.
Referred By	: Dr. Dr. X	Barcode No	: ZC664138
Sample Type	: Serum	Report Status	: Final Report
Test Description	Value(s)	Unit(s)	Reference Range

Lipid Profile

Total Cholesterol <i>CHOD-PAP</i>	98	mg/dL	<200
Triglycerides <i>Enzymatic colorimetric</i>	75	mg/dL	<150
HDL Cholesterol <i>CHOD-POD</i>	51	mg/dL	> 40
Non HDL Cholesterol <i>Calculated</i>	47	mg/dL	<130
LDL Cholesterol <i>Calculated</i>	32	mg/dL	<100
V.L.D.L Cholesterol <i>Calculated</i>	15	mg/dL	< 30
Chol/HDL Ratio <i>Calculated</i>	1.92	Ratio	-
HDL/ LDL Ratio <i>Calculated</i>	1.59	Ratio	-
LDL/HDL Ratio <i>Calculated</i>	0.63	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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Iron Studies

Iron <i>FerroZine</i>	74.0	µg/dL	33 - 193
TIBC,(Total Iron Binding Capacity) <i>Calculated</i>	350	µg/dL	228 - 428
UIBC <i>FerroZine</i>	276.0	µg/dL	125 - 345
Transferrin Saturation <i>Calculated</i>	21.14	%	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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High Sensitivity C-Reactive Protein (Hs-CRP)

HIGHLY SENSITIVE C-REACTIVE PROTEIN (hs-CRP) <i>Particle enhanced immunoturbidimetric assay.</i>	2.3	mg/L	Low < 1.00 mg/L Average 1.0-3.0 mg/L High > 3.0 mg/L
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Interpretation:

Note:- To assess vascular risk, it is recommended to test hsCRP levels 2 or more weeks apart and calculate the average

Comments

High sensitivity C Reactive Protein (hsCRP) significantly improves cardiovascular risk assessment as it is a strongest predictor of future coronary events. It reveals the risk of future Myocardial infarction and Stroke among healthy men and women, independent of traditional risk factors. It identifies patients at risk of first Myocardial infarction even with low to moderate lipid levels. The risk of recurrent cardiovascular events also correlates well with hsCRP levels. It is a powerful independent risk determinant in the prediction of incident Diabetes.

Ferritin

Ferritin <i>ECLIA</i>	245.0	ng/mL	Men(20Y-60Y) : 30-400 ng/mL Women(17Y-60Y): 13-150 ng/mL
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Interpretation:**Note:**

Increase in serum ferritin due to inflammatory conditions (Acute phase response) can mask a diagnostically low result

Comments

Serum ferritin appears to be in equilibrium with tissue ferritin and is a good indicator of storage iron in normal subjects and in most disorders. In patients with some hepatocellular diseases, malignancies and inflammatory diseases, serum ferritin is a disproportionately high estimate of storage iron because serum ferritin is an acute phase reactant. In such disorders iron deficiency anemia may exist with a normal serum ferritin concentration. In the presence of inflammation, persons with low serum ferritin are likely to respond to iron therapy.

Increased Levels

1. Iron overload - Hemochromatosis, Thalassemia & Sideroblastic anemia
2. Malignant conditions - Acute myeloblastic & Lymphoblastic leukemia, Hodgkin's disease & Breast carcinoma
3. Inflammatory diseases - Pulmonary infections, Osteomyelitis, Chronic UTI, Rheumatoid arthritis, SLE, burns · Acute & Chronic hepatocellular disease

Decreased Levels

Iron deficiency anemia

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Vitamin D 25 Hydroxy

Vitamin D 25 - Hydroxy CMIA	57.0	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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DOB/Age/Gender : 23 Y/Male		Sample Collected : Apr 26, 2024, 01:00 PM	
Patient ID / UHID : 8053167/RCL7249656		Report Date : May 08, 2024, 12:58 PM.	
Referred By : Dr. Dr. X		Barcode No : ZC664138	
Sample Type : Serum		Report Status : Final Report	
Test Description	Value(s)	Unit(s)	Reference Range

Electrolytes (Na/K/Cl)

Sodium <i>ISE-Indirect</i>	141.0	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



Dr. Dummy



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

📞 928-909-0609

✉ ccsupport@redcliffelabs.com

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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	: 8053167/RCL7249656	Report Date	: May 08, 2024, 12:37 PM.
Referred By	: Dr. Dr. X	Barcode No	: ZC664138
Sample Type	: Serum	Report Status	: Final Report
Test Description	Value(s)	Unit(s)	Reference Range

Immunoglobulin E (IgE Total)

IMMUNOGLOBULIN IgE TOTAL SERUM ECLIA	56.9	IU/mL	<100.0
Interpretation: The level of serum IgE rises during childhood and reaches adult levels during the teens. IgE is the mediator of the allergic response. Patients with atopic disease, including allergic asthma, allergic rhinitis, and atopic dermatitis commonly have moderately elevated serum IgE levels. Total serum IgE levels may also be elevated in the presence of some clinical conditions that are not related to allergy. These clinical conditions include parasitic infections, immunodeficiency states, autoimmune diseases, Hodgkins disease, bronchopulmonary aspergillosis, IgE myeloma, and Sezary syndrome.			

*** 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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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.

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