

smart Health Report

An Insightful Health Analytics Report
for Easier Understanding

Prepared For

Mr MR.DUMMY

M 23



Name
Mr MR.DUMMY

Patient ID
8053224

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	8
Please Watchout	



MINERAL PROFILE

Everything looks good



Patient Name	: Mr MR.DUMMY	Sample Collected	: Apr 26, 2024, 01:00 PM
DOB/Age/Gender	: 23 Y/Male	Report Date	: May 25, 2024, 06:09 PM.
Patient ID / UHID	: 8053224/RCL7247991	Barcode No	: HY585701
Referred By	: Dr. Dr. X	Report Status	: Final Report
Sample Type	: Whole blood EDTA		

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

Cardiac Profile - Advance

Complete Blood Count (CBC)

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



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 : 8053224/RCL7247991		Report Date : May 25, 2024, 06:09 PM.	
Referred By : Dr. Dr. X		Barcode No : HY585701	
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>	160	10 ³ /μl	150 - 410
Mean Platelet Volume (MPV) <i>Calculated</i>	9.8	fL	9.3 - 12.1
PCT <i>Calculated</i>	0.1	%	0.17 - 0.32
PDW <i>Calculated</i>	16.3	fL	8.3 - 25.0
P-LCR <i>Calculated</i>	31.6	%	18 - 50
P-LCC <i>Calculated</i>	46	%	44 - 140
Mentzer Index <i>Calculated</i>	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.			

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	: 8053224/RCL7247991	Report Date	: May 25, 2024, 06:09 PM.
Referred By	: Dr. Dr. X	Barcode No	: HY585701
Sample Type	: Whole blood EDTA	Report Status	: Final Report
Test Description	Value(s)	Unit(s)	Reference Range

Erythrocyte Sedimentation Rate (ESR)

ESR - Erythrocyte Sedimentation Rate MODIFIED WESTERGREN	5	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																												
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
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

Patient ID / UHID : 8053224/RCL7247991

Referred By : Dr. Dr. X

Sample Type : Whole blood EDTA

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

Report Date : May 25, 2024, 06:10 PM.

Barcode No : HY585701

Report Status : Final Report

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

HbA1C (Glycosylated Haemoglobin)

Glycosylated Hemoglobin (HbA1c) 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 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

**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

Patient ID / UHID : 8053224/RCL7247991

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 : ZC664045

Report Status : Final Report

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

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>	95	U/L	40 - 129
Total Protein <i>Biuret</i>	6.9	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>	2.9	g/dL	2.3 - 3.5
Albumin :Globulin Ratio <i>Calculation (Albumin/Globulin)</i>	1.38	-	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 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

**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 : 8053224/RCL7247991		Report Date : May 08, 2024, 12:45 PM.	
Referred By : Dr. Dr. X		Barcode No : ZC664045	
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.			



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 : 8053224/RCL7247991		Report Date : May 08, 2024, 12:32 PM.	
Referred By : Dr. Dr. X		Barcode No : ZC664045	
Sample Type : Serum		Report Status : Final Report	
Test Description	Value(s)	Unit(s)	Reference Range

Kidney Function Test (KFT)

Blood Urea <i>Urease with UV</i>	22.0	mg/dL	16.6 - 48.5
Creatinine <i>Jaffes</i>	0.9	mg/dL	0.70 - 1.20
Bun <i>Calculated</i>	10.28	mg/dL	6 - 20
Bun/Creatinine Ratio <i>Calculated</i>	11.42		
Urea / Creatinine Ratio	24.44		
Uric Acid <i>Uricase</i>	4.3	mg/dL	3.4 - 7.0
Calcium Serum <i>BAPTA</i>	9.0	mg/dL	8.6 - 10.0
Phosphorus <i>Molybdate UV</i>	4.4	mg/dL	2.5 - 4.5
Sodium <i>ISE-Indirect</i>	141.0	mmol/L	136 - 145
Potassium <i>ISE-Indirect</i>	4.6	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.



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	: 8053224/RCL7247991	Report Date	: May 08, 2024, 12:38 PM.
Referred By	: Dr. Dr. X	Barcode No	: ZC664045
Sample Type	: Serum	Report Status	: Final Report
Test Description	Value(s)	Unit(s)	Reference Range

Lipid Profile

Total Cholesterol <i>CHOD-PAP</i>	141	mg/dL	<200
Triglycerides <i>Enzymatic colorimetric</i>	112	mg/dL	<150
HDL Cholesterol <i>CHOD-POD</i>	51	mg/dL	> 40
Non HDL Cholesterol <i>Calculated</i>	90	mg/dL	<130
LDL Cholesterol <i>Calculated</i>	67.6	mg/dL	<100
V.L.D.L Cholesterol <i>Calculated</i>	22.4	mg/dL	< 30
Chol/HDL Ratio <i>Calculated</i>	2.76	Ratio	-
HDL/ LDL Ratio <i>Calculated</i>	0.75	Ratio	-
LDL/HDL Ratio <i>Calculated</i>	1.33	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



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

Patient ID / UHID : 8053224/RCL7247991

Referred By : Dr. Dr. X

Sample Type : Serum

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

Report Date : May 08, 2024, 12:38 PM.

Barcode No : ZC664045

Report Status : Final Report

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.



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	: 8053224/RCL7247991	Report Date	: May 08, 2024, 11:59 AM.
Referred By	: Dr. Dr. X	Barcode No	: ZC664045
Sample Type	: Serum	Report Status	: Final Report
Test Description	Value(s)	Unit(s)	Reference Range

Iron Studies

Iron <i>FerroZine</i>	78.4	µg/dL	33 - 193
TIBC,(Total Iron Binding Capacity) <i>Calculated</i>	365.4	µg/dL	228 - 428
UIBC <i>FerroZine</i>	287.0	µg/dL	125 - 345
Transferrin Saturation <i>Calculated</i>	21.46	%	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.			

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	: 8053224/RCL7247991	Report Date	: May 08, 2024, 12:27 PM.
Referred By	: Dr. Dr. X	Barcode No	: ZC664045
Sample Type	: Serum	Report Status	: Final Report
Test Description	Value(s)	Unit(s)	Reference Range

High Sensitivity C-Reactive Protein (Hs-CRP)

HIGHLY SENSITIVE C-REACTIVE PROTEIN (hs-CRP) <i>Particle enhanced immunoturbidimetric assay.</i>	1.8	mg/L	Low < 1.00 mg/L Average 1.0-3.0 mg/L High > 3.0 mg/L
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.			

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

Patient ID / UHID : 8053224/RCL7247991

Referred By : Dr. Dr. X

Sample Type : Serum

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

Report Date : May 08, 2024, 12:27 PM.

Barcode No : ZC664045

Report Status : Final Report

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

Thyroid Profile Total

Triiodothyronine (T3) CMIA	95.0	ng/dL	35 - 193
Total Thyroxine (T4) CMIA	7.2	µg/dL	4.87 - 11.72
Thyroid Stimulating Hormone (Ultrasensitive) CMIA	2.8	µIU/mL	0.35 - 4.94

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-pituitary-hypothalamus 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 hypothalamic-pituitary 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)


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

Patient ID / UHID : 8053224/RCL7247991

Referred By : Dr. Dr. X

Sample Type : Serum

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

Report Date : May 08, 2024, 12:27 PM.

Barcode No : ZC664045

Report Status : Final Report

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

Lipoprotein (A)

Lipoprotein A (Lipo A) <i>Tina-quant</i>	8.9	mg/dL	up to 30
---	-----	-------	----------

Interpretation:**Note:**

Lp(a) is considered an important risk factor for CHD especially among Indians as Indians tend to have high prevalence of elevated levels of Lp(a)

Lp(a) in mg/dL	
(As per Lipid Association of India 2016)	REMARKS
<30	Low risk
30-49	Moderate Risk
>= 50	High risk

Comments:

Lipoprotein (a) [Lp(a)] consists of an LDL particle that is covalently bound to an additional protein, apolipoprotein (a) [Apo(a)]. Apo(a) has high-sequence homology with the coagulation factor plasminogen and, like LDL, Lp(a) contains apolipoprotein B100 (ApoB). Thus, Lp(a) is both proatherogenic and prothrombotic. Lp(a) is an independent risk factor for Coronary Heart Disease (CHD), Ischemic Stroke, and Aortic Valve Stenosis. Lp(a) is highly heterogenous molecule; the degree of atherogenicity of the Lp(a) particle may depend on the molecular size of the Lp(a)-specific protein. Serum concentrations of Lp(a) are related to genetic factors, and are largely unaffected by diet, exercise and lipid -lowering pharmaceuticals. However, in a patient with additional modifiable CHD risk factors, more aggressive therapy to normalize these factors may be indicated if the Lp(a) value is also increased.

Usage

Evaluation of increased risk for cardiovascular disease and events:

1. In individuals at intermediate risk for cardiovascular disease
2. In patients with early atherosclerosis or
3. In patients with strong family history of early CHD

**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

Patient ID / UHID : 8053224/RCL7247991

Referred By : Dr. Dr. X

Sample Type : Serum

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

Report Date : May 08, 2024, 12:27 PM.

Barcode No : ZC664045

Report Status : Final Report

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

Homocysteine

Homocysteine Enzymatic	8.6	µmol/L	5.46-16.2
---------------------------	-----	--------	-----------

Interpretation:

Homocysteine is a sulphur containing amino acid. There is an association between elevated levels of circulating homocysteine and various vascular and cardiovascular disorders. Clinically the measurement of homocysteine is considered important to diagnose homocystinuria, to identify individuals with or at risk of developing cobalamin or folate deficiency & to assess risk factor for Cardiovascular Disease (CVD) for which the recommendations are:

1. Specially useful in young CVD patients (< 40 yrs.)
 2. In known cases of CVD, high homocysteine levels should be used as a prognostic marker for CVD events and mortality
 3. CVD patients with homocysteine levels >15 µmol/L belong to a high risk group?
- Increased homocysteine levels with low vitamin concentrations should be handled as a potential vitamin deficiency case.

Apolipoproteins A1 & B

Apolipoprotein A-1 (APO-A) Tina-quant	156.0	mg/dL	104 - 202
Apolipoprotein B (APO-B) Tina-quant	104.0	mg/dL	66 - 144
Apo B / Apo A1 Ratio Calculated	0.67		0.35 - 0.98

*** 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**

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.

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.

DISCLAIMER

This is a sample report provided for demonstration purposes only and does not represent an actual patient report. Test results, reference ranges, methodologies, instrumentation, and report formats may vary depending on the laboratory performing the test. The format and representation shown are indicative of reports generated by the National Reference Laboratory of Redcliffe Labs, Noida. This sample report should not be used for medical interpretation, diagnosis, or treatment decisions.

Name
Mr MR.DUMMY**Patient ID**
8053224**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: 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.

DISCLAIMER

This is a sample report provided for demonstration purposes only and does not represent an actual patient report. Test results, reference ranges, methodologies, instrumentation, and report formats may vary depending on the laboratory performing the test. The format and representation shown are indicative of reports generated by the National Reference Laboratory of Redcliffe Labs, Noida. This sample report should not be used for medical interpretation, diagnosis, or treatment decisions.