

# smart Health Report

An Insightful Health Analytics Report  
for Easier Understanding



Prepared For

**Mr MR.DUMMY**

**M 23**

Name  
Mr MR.DUMMY

Patient ID  
8053266

Gender  
M

Age  
23

## Health Summary



BLOOD COUNTS

Everything looks good



THYROID PROFILE

Everything looks good



LIPID PROFILE

Everything looks good



KIDNEY PROFILE

Everything looks good



LIVER PROFILE

Everything looks good



ANEMIA STUDIES

Everything looks good



VITAMIN 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 04, 2024, 12:50 PM
Patient ID / UHID : 8053266/RCL7248002	Barcode No : HY566529
Referred By : Dr. Dr. X	Report Status : Final Report
Sample Type : Whole blood EDTA	

Test Description	Value(s)	Unit(s)	Reference Range
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**Smart Pro Full Body With Vitamin Screening**

**Complete Blood Count (CBC)**

RBC Parameters			
Hemoglobin <i>Spectrophotometry</i>	13.9	g/dL	13.0 - 17.0
RBC Count <i>Electrical impedance</i>	4.67	10 <sup>6</sup> /μl	4.5 - 5.5
PCV <i>Calculated</i>	44.5	%	40 - 50
MCV <i>Calculated</i>	89.4	fl	83 - 101
MCH <i>Calculated</i>	31.0	pg	27 - 32
MCHC <i>Calculated</i>	32.5	g/dL	31.5 - 34.5
RDW (CV) <i>Calculated</i>	13.6	%	11.6 - 14.0
RDW-SD <i>Calculated</i>	42.0	fl	35.1 - 43.9
WBC Parameters			
TLC <i>Electrical impedance and microscopy</i>	7.98	10 <sup>3</sup> /μl	4 - 10
Differential Leucocyte Count			
Neutrophils <i>Flow-cytometry DHSS</i>	59.4	%	40-80
Lymphocytes <i>Flow-cytometry DHSS</i>	29.7	%	20-40
Monocytes <i>Flow-cytometry DHSS</i>	7.5	%	2-10
Eosinophils <i>Flow-cytometry DHSS</i>	3.1	%	1-6
Basophils <i>Flow-cytometry DHSS</i>	0.3	%	<2
Absolute Leukocyte Counts <i>Calculated</i>			
Neutrophils.	4.74	10 <sup>3</sup> /μl	2 - 7
Lymphocytes. <i>Calculated</i>	2.37	10 <sup>3</sup> /μl	1 - 3
Monocytes. <i>Calculated</i>	0.6	10 <sup>3</sup> /μl	0.2 - 1.0
Eosinophils. <i>Calculated</i>	0.25	10 <sup>3</sup> /μl	0.02 - 0.5
Basophils.	0.02	10 <sup>3</sup> /μl	0.02 - 0.5

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Referred By	: Dr. Dr. X	Report Status	: Final Report
Sample Type	: Whole blood EDTA		

Test Description	Value(s)	Unit(s)	Reference Range
<i>Calculated</i>			
<b>Platelet Parameters</b>			
Platelet Count <i>Electrical impedance and microscopy</i>	235.0	10 <sup>3</sup> /μl	150 - 410
Mean Platelet Volume (MPV) <i>Calculated</i>	10.6	fL	9.3 - 12.1
PCT <i>Calculated</i>	0.27	%	0.17 - 0.32
PDW <i>Calculated</i>	17.5	fL	8.3 - 25.0
P-LCR <i>Calculated</i>	39.4	%	18 - 50
P-LCC <i>Calculated</i>	78.0	%	44 - 140
Mentzer Index <i>Calculated</i>	19.14	%	> 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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Patient Name	: Mr MR.DUMMY	Sample Collected	: Apr 26, 2024, 01:00 PM
DOB/Age/Gender	: 23 Y/Male	Report Date	: May 04, 2024, 12:58 PM
Patient ID / UHID	: 8053266/RCL7248002	Barcode No	: HY566529
Referred By	: Dr. Dr. X	Report Status	: Final Report
Sample Type	: Whole blood EDTA		

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

ESR - Erythrocyte Sedimentation Rate <i>MODIFIED WESTERGREN</i>	2	mm/hr	0 - 10
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**Interpretation:**

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

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

Reference- Dacie and lewis practical hematology



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DOB/Age/Gender	: 23 Y/Male	Report Date	: May 04, 2024, 12:01 PM
Patient ID / UHID	: 8053266/RCL7248002	Barcode No	: ZC617016
Referred By	: Dr. Dr. X	Report Status	: Final Report
Sample Type	: Fluoride Plasma		

Test Description	Value(s)	Unit(s)	Reference Range
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**Glucose Random (BSR)**

Glucose Random <i>Hexokinase</i>	112.0	mg/dL	Normal <140 Prediabetes 140–199 Diabetes =>200
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**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 : 8053266/RCL7248002	Barcode No : ZC617015
Referred By : Dr. Dr. X	Report Status : Final Report
Sample Type : Serum	

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

Bilirubin Total <i>Diazo</i>	0.29	mg/dL	0 - 1.2
Bilirubin Direct <i>Diazo Jondrof</i>	0.06	mg/dL	0 - 0.20
Bilirubin Indirect <i>Calculation (T Bil - D Bil)</i>	0.23	mg/dL	0.1 - 1.0
SGOT/AST <i>IFCC without P5P</i>	12.0	U/L	up to 40
SGPT/ALT <i>IFCC without P5P</i>	11.0	U/L	up to 41
SGOT/SGPT Ratio <i>Calculated</i>	1.09	%	-
Alkaline Phosphatase <i>IFCC</i>	112.0	U/L	40 - 129
Total Protein <i>Biuret</i>	8.0	g/dL	6.4 - 8.3
Albumin <i>BCG Colorimetric</i>	5.1	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>	1.76	-	1.3 - 2.1
Gamma Glutamyl Transferase (GGT) <i>IFCC Colorimetric</i>	45.0	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-utamyI transpeptidase (GGT) Liver tests may check for any or all of these enzymes in the blood. Alkaline phosphatase is by far the most commonly tested of the three. If alkaline phosphatase and GGT are elevated, a problem with bile flow is most likely present. Bile flow problems can be due to a problem in the liver, the gallbladder, or the tubes connecting them. Proteins are important building blocks of all cells and tissues. Proteins are necessary for your body's growth, development, and health. Blood contains two classes of protein, albumin and globulin. Albumin proteins keep fluid from leaking out of blood vessels. Globulin proteins play an important role in your immune system. Low total protein may

#### Indicate:

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



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Referred By	: Dr. Dr. X	Report Status	: Final Report
Sample Type	: Serum		

Test Description	Value(s)	Unit(s)	Reference Range
albumin levels may be			
<b>Caused by:</b>			
1.A poor diet (malnutrition).			
2.Kidney disease.			
3.Liver disease. High albumin levels may be caused by: Severe dehydration.			



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Sample Type	: Serum	Report Status	: Final Report

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

Blood Urea <i>Urease with UV</i>	23.5	mg/dL	16.6 - 48.5
Creatinine <i>Jaffes</i>	0.87	mg/dL	0.70 - 1.20
Bun <i>Calculated</i>	10.98	mg/dL	6 - 20
Bun/Creatinine Ratio <i>Calculated</i>	12.62		
Urea / Creatinine Ratio	27.01		
Uric Acid <i>Uricase</i>	5.1	mg/dL	3.4 - 7.0
Calcium Serum <i>BAPTA</i>	9.4	mg/dL	8.6 - 10.0
Phosphorus <i>Molybdate UV</i>	4.5	mg/dL	2.5 - 4.5
Sodium <i>ISE-Indirect</i>	139.0	mmol/L	136 - 145
Potassium <i>ISE-Indirect</i>	4.9	mmol/L	3.5 - 5.1
Chloride <i>ISE-Indirect</i>	103.0	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 substance on urine samples, as well as on blood samples. A number of symptoms may indicate a problem with your kidneys. These include : high blood pressure, blood in urine frequent urges to urinate, difficulty beginning urination, painful urination, swelling in the hands and feet due to a buildup of fluids in the body. A single symptom may not mean something serious. However, when occurring simultaneously, these symptoms suggest that your kidneys are not working properly. Kidney function tests can help determine the reason. Electrolytes (sodium, potassium, and chloride) are present in the human body and the balancing act of the electrolytes in our bodies is essential for normal function of our cells and organs. There has to be a balance. Ionized calcium this test if you have signs of kidney or parathyroid disease. The test may also be done to monitor progress and treatment of these diseases.



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Referred By : Dr. Dr. X		Report Status : Final Report	
Sample Type : Serum			

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

Vitamin - B12 <i>ECLIA</i>	321.0	pg/mL	197 - 771
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**Interpretation:**  
 Low Values are a sign of a vitamin B12 deficiency. People with this deficiency are likely to have or develop symptoms. Causes of vitamin B12 deficiency include: Not enough vitamin B12 in diet (rare except with a strict vegetarian diet), Diseases that cause malabsorption (for example, celiac disease and Crohn's disease), Lack of intrinsic factor, Above normal heat production (for example, with hyperthyroidism), Pregnancy. Increased vitamin B12 levels are uncommon. Usually excess vitamin B12 is removed in the urine. Conditions that can increase B12 levels include: Liver disease (such as cirrhosis or hepatitis), Myeloproliferative disorders (for example, polycythemia vera and chronic myelocytic leukemia).

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

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

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



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Test Description	Value(s)	Unit(s)	Reference Range
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**Vitamin D 25 Hydroxy**

Vitamin D 25 - Hydroxy <i>ECLIA</i>	56.0	ng/mL	Deficient <20 Insufficient 21 - 29 Sufficient 30 - 100
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**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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Referred By : Dr. Dr. X	Report Status : Final Report
Sample Type : Serum	

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

Triiodothyronine (T3) <i>ECLIA</i>	122.0	ng/dL	80 - 200
Total Thyroxine (T4) <i>ECLIA</i>	6.7	µg/dL	5.1 - 14.1
Thyroid Stimulating Hormone (Ultrasensitive) <i>ECLIA</i>	3.65	mIU/L	0.27 - 4.20

**Interpretation:**

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

Primary malfunction of the thyroid gland may result in excessive (hyper) or below normal (hypo) release of T3 or T4. In addition as TSH directly affects thyroid function, malfunction of the pituitary or the hypo - thalamus influences the thyroid gland activity. Disease in any portion of the thyroid-pituitary-hypothalamic 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)



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Sample Type : Serum	

Test Description	Value(s)	Unit(s)	Reference Range
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**Estimated Glomerular Filtration Rate (eGFR)**

Creatinine <i>Jaffes</i>	0.87	mg/dL	0.70 - 1.20
eGFR (CKD-EPI)	122.0	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

**Interpretation:**

1. The CKD-EPI equation, expressed as a single equation, is:

- $GFR = 141 * \min(Scr/k, 1)^\alpha * \max(Scr/k, 1)^{-1.209} * 0.993^{Age} * 1.018 [if\ female] * 1.159 [if\ black]$

Scr is serum creatinine (mg/dL), κ is 0.7 for females and 0.9 for males, α is -0.329 for females and -0.411 for males, min indicates the minimum of Scr/k or 1, and max indicates the maximum of Scr/k or 1.

2. The CKD-EPI (Chronic Kidney Disease Epidemiology Collaboration) equation was developed in an effort to create a more precise formula to estimate glomerular filtration rate (GFR) from serum creatinine and other readily available clinical parameters, especially at when actual GFR is >60 mL/min per 1.73m<sup>2</sup>.

**Reference:** Levey et al. Annals of Internal Medicine 2009 May 5, 150 (9): 604-12



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Sample Type : Serum			

Test Description	Value(s)	Unit(s)	Reference Range
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**Cholesterol Profile**

Total Cholesterol <i>CHOD-PAP</i>	165.0	mg/dL	<200
HDL Cholesterol <i>CHOD-POD</i>	65.0	mg/dL	> 40
LDL CHOLESTEROL DIRECT <i>Enzymatic colorimetric</i>	89.0	mg/dL	Optimal <100 Near optimal/above optimal 100-129 Borderline high 130-159 High 160-189 Very high >190
Non HDL Cholesterol <i>Calculated</i>	100	mg/dL	<130
Chol/HDL Ratio <i>Calculated</i>	2.54	Ratio	-
HDL/ LDL Ratio <i>Calculated</i>	0.73	Ratio	-
LDL/HDL Ratio <i>Calculated</i>	1.37	Ratio	-



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Patient ID / UHID : 8053266/RCL7248002	Barcode No : YA594349
Referred By : Dr. Dr. X	Report Status : Final Report
Sample Type : Spot Urine	

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

<b>Physical Examination</b>			
Volume	20	ml	-
Colour	Pale yellow	-	Pale yellow
Transparency	Clear	-	Clear
Deposit	Absent	-	Absent
<b>Chemical Examination</b>			
Reaction (pH) <i>Double Indicator</i>	6.0	-	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
<b>Microscopic Examination</b>			
Pus Cells (WBCs)	1-2	/hpf	0 - 5
Epithelial Cells	1-2	/hpf	0 - 4
Red blood Cells	Absent	/hpf	Absent
Crystals	Absent	-	Absent
Cast	Absent	-	Absent
Yeast Cells	Absent	-	Absent
Amorphous deposits	Absent	-	Absent
Bacteria	Absent	-	Absent
Protozoa	Absent	-	Absent

\*\*\* End Of Report \*\*\*

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

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



**Dr. Dummy**



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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.

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