

# smart Health Report

An Insightful Health Analytics Report  
for Easier Understanding



Prepared For

**Mr MR.DUMMY**

**M 23**

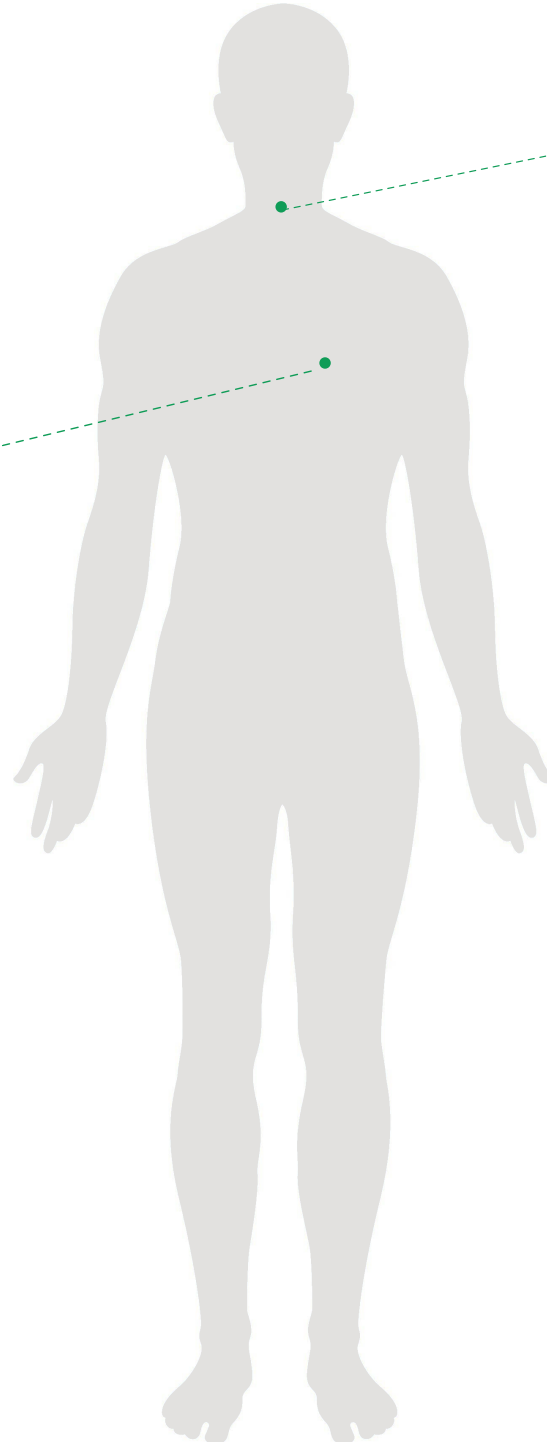
Name  
Mr MR.DUMMY

Patient ID  
8053365

Gender  
M

Age  
23

## Health Summary



### LIPID PROFILE

Everything looks good



### THYROID PROFILE

Everything looks good



### ANEMIA STUDIES

Test Name	Result
Hemoglobin	8
Please Watchout	



### 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	: 8053365/RCL7248096	Report Date	: May 25, 2024, 06:03 PM.
Referred By	: Dr. Dr. X	Barcode No	: HY587230
Sample Type	: Whole blood EDTA	Report Status	: Final Report
Test Description	Value(s)	Unit(s)	Reference Range

## Fitness Package Comprehensive- Female

### Complete Blood Count (CBC)

RBC Parameters			
Hemoglobin <i>colorimetric</i>	8	g/dL	13.0 - 17.0
RBC Count <i>Electrical impedance</i>	2.5	10 <sup>6</sup> /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 <sup>3</sup> /μl	4 - 10
Differential Leucocyte Count			
Neutrophils <i>Laser based Flow-cytometry</i>	77	%	40-80
Lymphocytes <i>Laser based Flow-cytometry</i>	20	%	20-40
Monocytes <i>Laser based Flow-cytometry</i>	2	%	2-10
Eosinophils <i>Laser based Flow-cytometry</i>	1	%	1-6
Basophils <i>Laser based Flow-cytometry</i>	0	%	<2
Absolute Leukocyte Counts			
Neutrophils. <i>Calculated</i>	4.54	10 <sup>3</sup> /μl	2 - 7
Lymphocytes. <i>Calculated</i>	1.18	10 <sup>3</sup> /μl	1 - 3
Monocytes. <i>Calculated</i>	0.12	10 <sup>3</sup> /μl	0.2 - 1.0
Eosinophils. <i>Calculated</i>	0.06	10 <sup>3</sup> /μl	0.02 - 0.5
Basophils.	0	10 <sup>3</sup> /μl	0.02 - 0.5



**Dr. Dummy**



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

📞 928-909-0609

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Patient ID / UHID	: 8053365/RCL7248096	Barcode No	: HY587230
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>	160	10 <sup>3</sup> /μl	150 - 410
Mean Platelet Volume (MPV) <i>Calculated</i>	9.8	fL	9.3 - 12.1
PCT <i>Calculated</i>	<b>0.1</b>	%	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.



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Patient ID / UHID	: 8053365/RCL7248096	Report Date	: May 08, 2024, 12:49 PM.
Referred By	: Dr. Dr. X	Barcode No	: ZC667744
Sample Type	: Serum	Report Status	: Final Report
Test Description	Value(s)	Unit(s)	Reference Range

**Calcium**

Calcium Serum <i>Arsenazo III</i>	9.6	mg/dL	8.4 - 10.2
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**Interpretation:**  
 Elevated calcium value are associated with hyperparathyroidism, 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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Patient Name : Mr MR.DUMMY	Sample Collected : Apr 26, 2024, 01:00 PM
DOB/Age/Gender : 23 Y/Male	Report Date : May 08, 2024, 11:51 AM.
Patient ID / UHID : 8053365/RCL7248096	Barcode No : ZC667744
Referred By : Dr. Dr. X	Report Status : Final Report
Sample Type : Serum	

Test Description	Value(s)	Unit(s)	Reference Range
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### Iron Studies

Iron <i>FerroZine</i>	78.5	µg/dL	33 - 193
TIBC,(Total Iron Binding Capacity) <i>Calculated</i>	390.5	µg/dL	228 - 428
UIBC <i>FerroZine</i>	312.0	µg/dL	125 - 345
Transferrin Saturation <i>Calculated</i>	20.1	%	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 : 8053365/RCL7248096	Barcode No : ZC667744
Referred By : Dr. Dr. X	Report Status : Final Report
Sample Type : Serum	

Test Description	Value(s)	Unit(s)	Reference Range
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**High Sensitivity C-Reactive Protein (Hs-CRP)**

HIGHLY SENSITIVE C-REACTIVE PROTEIN (hs-CRP) <i>Particle enhanced immunoturbidimetric assay.</i>	1.2	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>CMIA</i>	34.0	ng/mL	21.81 - 274.66
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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

**FT3 (Free Triiodothyronine 3)**

T3, Free <i>CMIA</i>	2.32	pg/mL	1.58 - 3.91
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**FT4 (Free Thyroxine 4)**

T4, Free <i>CMIA</i>	1.23	ng/dL	0.7 - 1.48
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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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**TSH 3rd Generation**

Thyroid Stimulating Hormone (Ultrasensitive) CMIA	4.00	µIU/mL	0.35 - 4.94
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**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-pituitary-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 hypothalamic c-pituitary 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.

**Luteinizing Hormone (LH)**

Luteinising Hormone-LH CMIA	6.78	mIU/mL	Normal Males - 0.57 - 12.07
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**Interpretation:**

**Clinical Use**

- Diagnosis of gonadal function disorders
- Diagnosis of pituitary disorders

**Increased levels**

- Primary hypogonadism
- Gonadotropin secreting pituitary tumors

**Decreased levels**

- Hypothalamic GnRH deficiency
- Pituitary LH deficiency
- Ectopic steroid hormone production
- GnRH analog treatment



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Patient ID / UHID : 8053365/RCL7248096	Barcode No : ZC667744
Referred By : Dr. Dr. X	Report Status : Final Report
Sample Type : Serum	

Test Description	Value(s)	Unit(s)	Reference Range
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### Follicle Stimulating Hormone (FSH)

Follicle Stimulating Hormone-FSH <i>CMIA</i>	6.34	mIU/mL	Males 0.95 - 11.95
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**Interpretation:**  
**Clinical Use**  
 · Diagnosis of gonadal function disorders  
 · Management and treatment of infertility in both genders  
**Increased levels**  
 · Primary hypogonadism  
 · Gonadotropin secreting pituitary tumors  
**Decreased levels**  
 · Hypothalamic GnRH deficiency  
 · Pituitary FSH deficiency  
 · Ectopic steroid hormone production

### Creatine Phosphokinase (CPK)

Creatine Kinase-CPK <i>NAC (N-acetyl-L-cysteine)</i>	76.0	U/L	30 - 200
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**Interpretation:**  
 High CPK levels may be seen in patients who have Brain injury or stroke, Convulsions, Delirium tremens, Dermatomyositis or polymyositis, Electric shock, Heart attack, Inflammation of the heart muscle (myocarditis), Lung tissue death (pulmonary infarction), Muscular dystrophies, Myopathy.



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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	: 8053365/RCL7248096	Report Date	: May 08, 2024, 12:36 PM.
Referred By	: Dr. Dr. X	Barcode No	: ZC667744
Sample Type	: Serum	Report Status	: Final Report

Test Description	Value(s)	Unit(s)	Reference Range
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**Immunoglobulin E (IgE Total)**

IMMUNOGLOBULIN IgE TOTAL SERUM <i>ECLIA</i>	94.0	IU/mL	<100.0
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**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.



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**Lipoprotein (A)**

Lipoprotein A (Lipo A) <i>Turbidimetric</i>	12.0	mg/dL	up to 30
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**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	REMARKS
(As per Lipid Association of India 2016)	
<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

**Apolipoproteins A1 & B**

Apolipoprotein A-1 (APO-A) <i>Tina-quant</i>	143.0	mg/dL	104 - 202
Apolipoprotein B (APO-B) <i>Tina-quant</i>	89.0	mg/dL	66 - 144
Apo B / Apo A1 Ratio <i>Calculated</i>	0.62		0.35 - 0.98



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

Vitamin D 25 - Hydroxy CMIA	54.0	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.

**Vitamin B12**

Vitamin - B12 CMIA	423.0	pg/mL	187 - 883
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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."

\*\*\* 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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Name  
Mr MR.DUMMY

Patient ID  
8053365

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.

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