

smart Health Report

An Insightful Health Analytics Report
for Easier Understanding



Prepared For

Mr MR.DUMMY

M 23

Name
Mr MR.DUMMY

Patient ID
8053368

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 | 11.5 |
| Please Watchout | |



VITAMIN PROFILE

Everything looks good



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 04, 2024, 10:29 PM |
| Patient ID / UHID : 8053368/RCL7248108 | Barcode No : HY570007 |
| Referred By : Dr. Dr. X | Report Status : Final Report |
| Sample Type : Whole blood EDTA | |

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

Advance Full Body Health Check Package with Thyroid Panel

Complete Blood Count (CBC)

| RBC Parameters | | | |
|---|------|---------------------|-------------|
| Hemoglobin <i>Spectrophotometry</i> | 11.5 | g/dL | 13.0 - 17.0 |
| RBC Count <i>Electrical impedance</i> | 4.8 | 10 ⁶ /μl | 4.5 - 5.5 |
| PCV <i>Calculated</i> | 34.9 | % | 40 - 50 |
| MCV <i>Calculated</i> | 73.3 | fl | 83 - 101 |
| MCH <i>Calculated</i> | 24.1 | pg | 27 - 32 |
| MCHC <i>Calculated</i> | 32.9 | g/dL | 31.5 - 34.5 |
| RDW (CV) <i>Calculated</i> | 14.3 | % | 11.6 - 14.0 |
| RDW-SD <i>Calculated</i> | 36 | fl | 35.1 - 43.9 |
| WBC Parameters | | | |
| TLC <i>Electrical impedance and microscopy</i> | 10.4 | 10 ³ /μl | 4 - 10 |
| Differential Leucocyte Count | | | |
| Neutrophils <i>Flow-cytometry DHSS</i> | 57.2 | % | 40-80 |
| Lymphocytes <i>Flow-cytometry DHSS</i> | 30.2 | % | 20-40 |
| Monocytes <i>Flow-cytometry DHSS</i> | 9 | % | 2-10 |
| Eosinophils <i>Flow-cytometry DHSS</i> | 3.6 | % | 1-6 |
| Basophils <i>Flow-cytometry DHSS</i> | 0 | % | <2 |
| Absolute Leukocyte Counts <i>Calculated</i> | | | |
| Neutrophils. | 5.95 | 10 ³ /μl | 2 - 7 |
| Lymphocytes. <i>Calculated</i> | 3.14 | 10 ³ /μl | 1 - 3 |
| Monocytes. <i>Calculated</i> | 0.94 | 10 ³ /μl | 0.2 - 1.0 |
| Eosinophils. <i>Calculated</i> | 0.37 | 10 ³ /μl | 0.02 - 0.5 |
| Basophils. | 0 | 10 ³ /μl | 0.02 - 0.5 |

Dr. Islam Barkatullah Khan

Dr. Islam Barkatullah Khan
MD (Pathology)
Consultant Pathologist



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Processing Lab :-

📞 928-909-0609

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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, 10:29 PM | |
| Patient ID / UHID : 8053368/RCL7248108 | | Barcode No : HY570007 | |
| 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> | | | |
| Platelet Parameters | | | |
| Platelet Count <i>Electrical impedance and microscopy</i> | 163 | 10 ³ /μl | 150 - 410 |
| Mean Platelet Volume (MPV) <i>Calculated</i> | 11.8 | fL | 9.3 - 12.1 |
| PCT <i>Calculated</i> | 0.2 | % | 0.17 - 0.32 |
| PDW <i>Calculated</i> | 29.8 | fL | 8.3 - 25.0 |
| P-LCR <i>Calculated</i> | 50.4 | % | 18 - 50 |
| P-LCC <i>Calculated</i> | 82 | % | 44 - 140 |
| Mentzer Index <i>Calculated</i> | 15.27 | % | > 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, 05:58 PM |
| Patient ID / UHID : 8053368/RCL7248108 | Barcode No : HY570007 |
| Referred By : Dr. Dr. X | Report Status : Final Report |
| Sample Type : Whole blood EDTA | |

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

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.

| 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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| | |
|--|---|
| Patient Name : Mr MR.DUMMY | Sample Collected : Apr 26, 2024, 01:00 PM |
| DOB/Age/Gender : 23 Y/Male | Report Date : May 04, 2024, 06:01 PM |
| Patient ID / UHID : 8053368/RCL7248108 | Barcode No : HY570007 |
| Referred By : Dr. Dr. X | Report Status : Final Report |
| Sample Type : Whole blood EDTA | |

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

HbA1C (Glycosylated Haemoglobin)

| | | | |
|--|-------|-------|-------------------|
| Glycosylated Hemoglobin (HbA1c) <i>HPLC</i> | 4.9 | % | < 5.7 |
| Estimated Average Glucose | 93.93 | 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 glycemc 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 glycemc 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 Name : Mr MR.DUMMY | Sample Collected : Apr 26, 2024, 01:00 PM |
| DOB/Age/Gender : 23 Y/Male | Report Date : May 04, 2024, 02:54 PM |
| Patient ID / UHID : 8053368/RCL7248108 | Barcode No : ZC624918 |
| Referred By : Dr. Dr. X | Report Status : Final Report |
| Sample Type : FLUORIDE F | |

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

Glucose Fasting (BSF)

| | | | |
|--------------------------------------|------|-------|------|
| Glucose Fasting <i>Hexokinase</i> | 89.0 | 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 are 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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| DOB/Age/Gender : 23 Y/Male | Report Date : May 04, 2024, 02:56 PM |
| Patient ID / UHID : 8053368/RCL7248108 | Barcode No : ZC624919 |
| Referred By : Dr. Dr. X | Report Status : Final Report |
| Sample Type : Serum | |

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

Liver Function Test (LFT)

| | | | |
|--|------|-------|-----------|
| Bilirubin Total <i>Diazonium Salt</i> | 0.23 | mg/dL | 0.2 - 1.2 |
| Bilirubin Direct <i>Diazo Reaction</i> | 0.08 | mg/dL | 0.0 - 0.5 |
| Bilirubin Indirect <i>Calculation (T Bil - D Bil)</i> | 0.15 | mg/dL | 0.1 - 1.0 |
| SGOT/AST <i>NADH (without P-5-P)</i> | 34.0 | U/L | 11 - 34 |
| SGPT/ALT <i>NADH (without P-5-P)</i> | 43.0 | U/L | < 45 |
| SGOT/SGPT Ratio | 0.79 | % | - |
| Alkaline Phosphatase <i>Para-nitrophenyl phosphate (p-NPP)</i> | 95.0 | U/L | 50 - 116 |
| Total Protein <i>Biuret</i> | 7.9 | g/dL | 6.4 - 8.3 |
| Albumin <i>Colorimetric BCG</i> | 4.5 | g/dL | 3.5 - 5.2 |
| Globulin <i>Calculation (T.P - Albumin)</i> | 3.4 | g/dL | 2.3 - 3.5 |
| Albumin :Globulin Ratio <i>Calculation (Albumin/Globulin)</i> | 1.32 | - | 1.3 - 2.1 |
| Gamma Glutamyl Transferase (GGT) <i>L-gamma-glutamyl-3-carboxy-4-nitroanilide substra</i> | 6.0 | U/L | < 55 |

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 albumin levels may be



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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, 02:56 PM |
| Patient ID / UHID | : 8053368/RCL7248108 | Barcode No | : ZC624919 |
| Referred By | : Dr. Dr. X | Report Status | : Final Report |
| Sample Type | : Serum | | |

| Test Description | Value(s) | Unit(s) | Reference Range |
|--|----------|---------|-----------------|
| 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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| Referred By : Dr. Dr. X | Report Status : Final Report |
| Sample Type : Serum | |

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

Kidney Function Test (KFT)

| | | | |
|---|-------|--------|------------|
| Blood Urea <i>Urease</i> | 23.0 | mg/dL | 19 - 44.1 |
| Creatinine <i>Kinetic Alkaline Picrate</i> | 0.91 | mg/dL | 0.6 - 1.2 |
| Bun <i>Calculated</i> | 10.75 | mg/dL | 8.9 - 20.6 |
| Bun/Creatinine Ratio <i>Calculated</i> | 11.81 | | |
| Urea / Creatinine Ratio | 25.27 | | |
| Uric Acid <i>Uricase</i> | 6.7 | mg/dL | 3.7 - 7.7 |
| Calcium Serum <i>Arsenazo III</i> | 9.7 | mg/dL | 8.4 - 10.2 |
| Phosphorus <i>Phosphomolybdate</i> | 4.5 | mg/dL | 2.3 - 4.7 |
| Sodium <i>ISE-Indirect</i> | 138.0 | mmol/L | 136 - 145 |
| Potassium <i>ISE-Indirect</i> | 5.1 | mmol/L | 3.5 - 5.1 |
| Chloride <i>ISE-Indirect</i> | 104.0 | 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 in 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 |
|------------------|----------|---------|-----------------|
|------------------|----------|---------|-----------------|

Lipid Profile

| | | | |
|---|-------|-------|------|
| Total Cholesterol <i>Enzymatic</i> | 167.0 | mg/dL | <200 |
| Triglycerides <i>Glycerol phosphate oxidase</i> | 121.0 | mg/dL | <150 |
| HDL Cholesterol <i>Accelerator Selective Detergent</i> | 56.5 | mg/dL | > 40 |
| Non HDL Cholesterol <i>Calculated</i> | 110.5 | mg/dL | <130 |
| LDL Cholesterol <i>Calculated</i> | 86.3 | mg/dL | <100 |
| V.L.D.L Cholesterol <i>Calculated</i> | 24.2 | mg/dL | <30 |
| Chol/HDL Ratio <i>Calculated</i> | 2.96 | Ratio | - |
| HDL/ LDL Ratio <i>Calculated</i> | 0.65 | Ratio | - |
| LDL/HDL Ratio <i>Calculated</i> | 1.53 | 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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| Patient Name | : Mr MR.DUMMY | | |
| DOB/Age/Gender | : 23 Y/Male | Sample Collected | : Apr 26, 2024, 01:00 PM |
| Patient ID / UHID | : 8053368/RCL7248108 | Report Date | : May 04, 2024, 02:56 PM |
| Referred By | : Dr. Dr. X | Barcode No | : ZC624919 |
| Sample Type | : Serum | 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.



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

Iron Studies

| | | | |
|---|-------|-------|-----------|
| Iron <i>Ferene</i> | 89.0 | µg/dL | 65 - 175 |
| TIBC,(Total Iron Binding Capacity) <i>Calculated</i> | 309 | µg/dL | 228 - 428 |
| UIBC <i>Ferene</i> | 220.0 | µg/dL | 69 - 240 |
| Transferrin Saturation <i>Calculated</i> | 28.8 | % | 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 :-

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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, 02:56 PM |
| Patient ID / UHID : 8053368/RCL7248108 | Barcode No : ZC624919 |
| Referred By : Dr. Dr. X | Report Status : Final Report |
| Sample Type : Serum | |

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

Vitamin B12 / Cyanocobalamin

| | | | |
|-----------------------|-------|-------|-----------|
| Vitamin - B12 CMIA | 432.0 | pg/mL | 187 - 883 |
|-----------------------|-------|-------|-----------|

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

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

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

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



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| Patient Name : Mr MR.DUMMY | Sample Collected : Apr 26, 2024, 01:00 PM |
| DOB/Age/Gender : 23 Y/Male | Report Date : May 04, 2024, 02:56 PM |
| Patient ID / UHID : 8053368/RCL7248108 | Barcode No : ZC624919 |
| Referred By : Dr. Dr. X | Report Status : Final Report |
| Sample Type : Serum | |

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

Vitamin D 25 Hydroxy

| | | | |
|--------------------------------------|------|-------|--|
| Vitamin D 25 - Hydroxy <i>CMA</i> | 76.0 | 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 | Report Date : May 04, 2024, 02:56 PM |
| Patient ID / UHID : 8053368/RCL7248108 | Barcode No : ZC624919 |
| Referred By : Dr. Dr. X | Report Status : Final Report |
| Sample Type : Serum | |

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

Thyroid Profile Total

| | | | |
|--|-------|--------|--------------|
| Triiodothyronine (T3) CMIA | 106.0 | ng/dL | 35 - 193 |
| Total Thyroxine (T4) CMIA | 7.8 | µg/dL | 4.87 - 11.72 |
| Thyroid Stimulating Hormone (Ultrasensitive) CMIA | 1.26 | 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-hypothal- mus system may influence the levels of T3 and T4 in the blood. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels may be low. In addition, in the Euthyroid Sick Syndrome, multiple alterations in serum thyroid function test findings have been recognized in patients with a wide variety of non-thyroidal illnesses (NTI) without evidence of preexisting thyroid or hypothalami c-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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| | | | |
|-------------------|----------------------|------------------|--------------------------|
| Patient Name | : Mr MR.DUMMY | | |
| DOB/Age/Gender | : 23 Y/Male | Sample Collected | : Apr 26, 2024, 01:00 PM |
| Patient ID / UHID | : 8053368/RCL7248108 | Report Date | : May 04, 2024, 02:56 PM |
| Referred By | : Dr. Dr. X | Barcode No | : ZC624919 |
| Sample Type | : Serum | Report Status | : Final Report |

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

FT3 (Free Triiodothyronine 3)

| | | | |
|-------------------------|------|-------|-------------|
| T3, Free <i>CMIA</i> | 1.89 | pg/mL | 1.58 - 3.91 |
|-------------------------|------|-------|-------------|

FT4 (Free Thyroxine 4)

| | | | |
|-------------------------|------|-------|------------|
| T4, Free <i>CMIA</i> | 0.98 | ng/dL | 0.7 - 1.48 |
|-------------------------|------|-------|------------|

Anti Thyroglobulin Antibodies (ATG)

| | | | |
|---|-----|-------|--------|
| Anti Thyroglobulin (ATG) <i>CMIA</i> | 3.2 | IU/ml | < 4.11 |
|---|-----|-------|--------|

Interpretation:

Note:

Thyroglobulin antibodies may be detected in individuals without clinically significant thyroid disease. They do not define the patient's thyroid functional status.

Clinical Use

- 1· Confirm presence of Autoimmune thyroid disease

Increased Levels

- 1· Hashimoto thyroiditis
- 2· Graves disease
- 3· Postpartum thyroiditis
- 4· Primary hypothyroidism due to Hashimoto thyroiditis



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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, 02:56 PM | |
| Patient ID / UHID : 8053368/RCL7248108 | | Barcode No : ZC624919 | |
| Referred By : Dr. Dr. X | | Report Status : Final Report | |
| Sample Type : Serum | | | |

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

Anti Thyroid Peroxidase Antibodies (TPO)

| | | | |
|--|------|-------|--------|
| ANTI THYROID PEROXIDASE ANTIBODY;(ANTI TPO), SERUM <i>CMA</i> | 2.65 | IU/mL | < 5.61 |
|--|------|-------|--------|


Interpretation:
Note:
 Thyroid Peroxidase antibodies may be detected in individuals without clinically significant thyroid disease. They do not define the patient's thyroid functional status. Anti TPO is technically superior and a more specific method for measuring thyroid antibodies. It is especially useful in patients presenting with subclinical hypothyroidism where TSH is elevated but free T4 levels are normal.

Clinical Use

1· Confirm presence of Autoimmune thyroid disease

Increased Levels

1· Hashimoto thyroiditis
 2· Graves disease
 3· Postpartum thyroiditis
 4· Primary hypothyroidism due to Hashimoto thyroiditis



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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 | : 8053368/RCL7248108 | Report Date | : May 04, 2024, 06:04 PM |
| Referred By | : Dr. Dr. X | Barcode No | : YA596702 |
| Sample Type | : Spot Urine | Report Status | : Final Report |

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

Urine Routine and Microscopic Examination

| Physical Examination | | | |
|---|-------------|------|---------------|
| Volume | 20 | ml | - |
| Colour | Pale yellow | - | Pale yellow |
| Transparency | Clear | - | Clear |
| Deposit | Absent | - | Absent |
| Chemical Examination | | | |
| 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 |
| Microscopic Examination | | | |
| Pus Cells (WBCs) | 1-2 | /hpf | 0 - 5 |
| Epithelial Cells | 1-2 | /hpf | 0 - 4 |
| Red blood Cells | Absent | /hpf | Absent |
| Crystals | Absent | - | Absent |
| Cast | Absent | - | Absent |
| Yeast Cells | Absent | - | Absent |
| Amorphous deposits | Absent | - | Absent |
| Bacteria | Absent | - | Absent |
| Protozoa | Absent | - | Absent |

*** 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
8053368

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: 11.5 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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