Redcliffe labs

Healthy India Ki Trusted Lab

smart Health Report

An Insightful Health Analytics Report for Easier Understanding

Prepared For

Mr Mr.Dummy

M 23

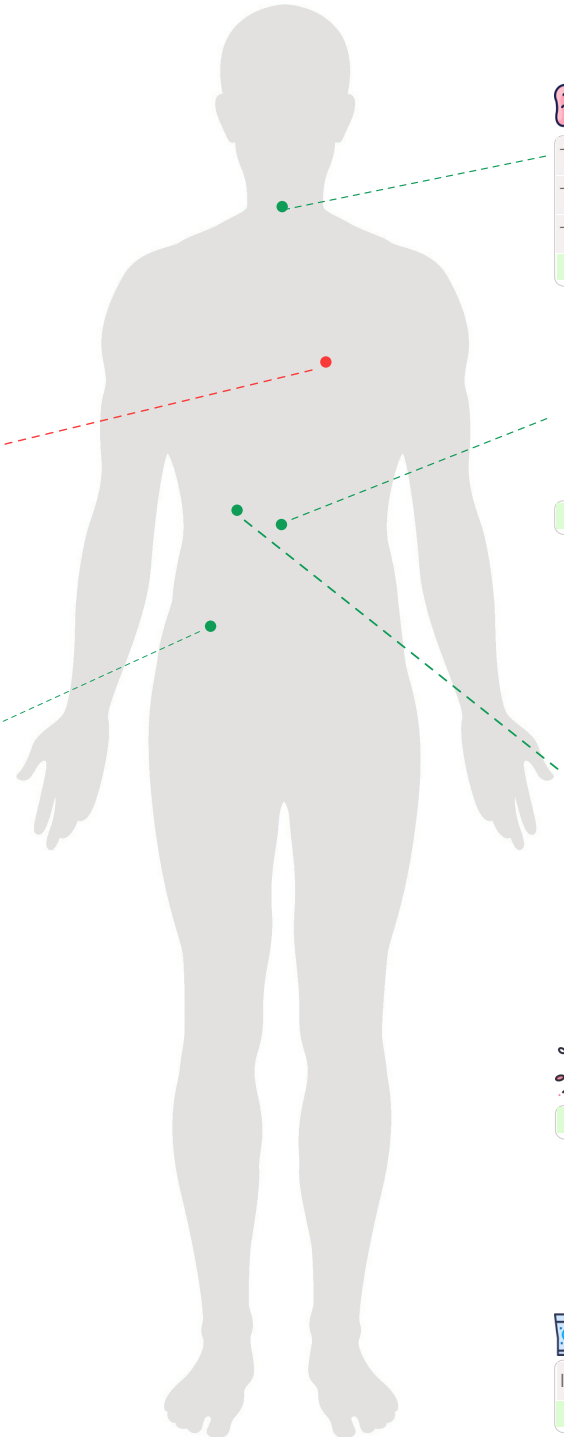
SMART HEALTH REPORT

ISO 9001 :2015

Redcliffe labs

Name	Patient ID	Gender	Age
Mr Mr.Dummy	8053371	M	23

Health Summary



BLOOD COUNTS

Everything looks good

THYROID PROFILE

Triiodothyronine (T3)	110
Total Thyroxine (T4)	9.8
Thyroid Stimulating Hormone (Ultrasensitive)	1.25

Everything looks good

LIPID PROFILE

Test Name	Result
Apolipoprotein A-1 (APO-A)	136
Apolipoprotein B (APO-B)	89
Total Cholesterol	168

Please Watchout

DIABETES MONITORING

Everything looks good

KIDNEY PROFILE

Creatinine	0.78
Bun	12.15
Uric Acid	3.9

Everything looks good

LIVER PROFILE

Bilirubin Total	0.6
SGOT/AST	32
SGPT/ALT	38

Everything looks good

ANEMIA STUDIES

Everything looks good

VITAMIN PROFILE

Vitamin - B12	332
Vitamin D 25 - Hydroxy	43

Everything looks good

MINERAL PROFILE

Iron	55

Everything looks good

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.

LABORATORY REPORT

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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	: 8053371/RCL7247928	Report Date	: Apr 26, 2024, 02:29 AM
Referred By	: Dr. Dr. X	Barcode No	: HY522603
Sample Type	: Whole blood EDTA	Report Status	: Final Report

MC-5280

Master Full Body Check Up Package- Male

Complete Blood Count (CBC)

Test Description	Value(s)	Unit(s)	Reference Range
RBC Parameters			
Hemoglobin *colorimetric*	14.2	g/dL	13.0 - 17.0
RBC Count *Electrical impedance*	5.0	10^6/µl	4.5 - 5.5
PCV *Calculated*	45	%	40 - 50
MCV *Calculated*	96	fl	83 - 101
MCH *Calculated*	29	pg	27 - 32
MCHC *Calculated*	32	g/dL	31.5 - 34.5
RDW (CV) *Calculated*	13.0	%	11.6 - 14.0
RDW-SD *Calculated*	40	fl	35.1 - 43.9
WBC Parameters			
TLC *Electrical impedance and microscopy*	6	10^3/µl	4 - 10
Differential Leucocyte Count			
Neutrophils *Laser based Flow-cytometry*	49	%	40-80
Lymphocytes *Laser based Flow-cytometry*	38	%	20-40
Monocytes *Laser based Flow-cytometry*	10	%	2-10
Eosinophils *Laser based Flow-cytometry*	3	%	1-6
Basophils *Laser based Flow-cytometry*	0	%	<2
Absolute Leukocyte Counts ***Calculated***			
Neutrophils. *Calculated*	2.94	10^3/µl	2 - 7
Lymphocytes. *Calculated*	2.28	10^3/µl	1 - 3
Monocytes. *Calculated*	0.6	10^3/µl	0.2 - 1.0
Eosinophils. *Calculated*	0.18	10^3/µl	0.02 - 0.5

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MD Pathology
Consultant Pathologist

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Test Description	Value(s)	Unit(s)	Reference Range
Basophils. *Calculated*	**0**	10^3/µl	0.02 - 0.5
Platelet Parameters			
Platelet Count *Electrical impedance and microscopy*	312	10^3/µl	150 - 410
Mean Platelet Volume (MPV) *Calculated*	11.2	fL	9.3 - 12.1
PCT *Calculated*	0.24	%	0.17 - 0.32
PDW *Calculated*	16	fL	8.3 - 25.0
P-LCR *Calculated*	25	%	18 - 50
P-LCC *Calculated*	85	%	44 - 140
Mentzer Index *Calculated*	19.2	%	-

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

Erythrocyte Sedimentation Rate (ESR)

ESR - Erythrocyte Sedimentation Rate *MODIFIED WESTERGREN*	7	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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Test Description	Value(s)	Unit(s)	Reference Range

HbA1C (Glycosylated Haemoglobin)

Glycosylated Hemoglobin (HbA1c) *HPLC*	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 glycemic control	Age > 19 years Goal of therapy: < 7.0 Age < 19 years Goal of therapy: <7.5

Note:
1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled.
2. Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of < 7.0 % may not be appropriate

Comments :
HbA1c provides an index of average blood glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations ADA criteria for correlation between HbA1c & Mean plasma glucose levels.

HbA1c(%)	Mean Plasma Glucose (mg/dL)	HbA1c(%)	Mean Plasma Glucose (mg/dL)
6	126	12	298
8	183	14	355
10	240	16	413

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Referred By	: Dr. Dr. X	Barcode No	: ZC511577
Sample Type	: FLUORIDE F	Report Status	: Final Report

MC-5280

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

Glucose Fasting (BSF)

Glucose Fasting *Hexokinase*	80	mg/dL	<100

Interpretation:

Status	Fasting plasma glucose in mg/dL
Normal	<100
Impaired fasting glucose	100 - 125
Diabetes	≥126

Reference : American Diabetes Association

Comment :
Blood glucose determinations in commonly used as an aid in the diagnosis and treatment of diabetes. Elevated glucose levels (hyperglycemia) may also occur with pancreatic neoplasm, hyperthyroidism, and adrenal cortical hyper function as well as other disorders. Decreased glucose levels (hypoglycemia) may result from excessive insulin therapy insulinoma, or various liver diseases.

Note
1.The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL or a random / 2 hour plasma glucose value of > or = 200 mg/dL with symptoms of diabetes mellitus.
2.Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis.

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

Liver Function Test (LFT)

Bilirubin Total	0.6		
Bilirubin Direct	0.1		
Bilirubin Indirect	0.5		
SGOT/AST	32		
SGPT/ALT	38		
SGOT/SGPT Ratio	0.84		
Alkaline Phosphatase	70		
Total Protein	6.9		
Albumin	3.8		
Globulin	3.1		
Albumin :Globulin Ratio	1.23		
Gamma Glutamyl Transferase (GGT)	20		

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-utamyl 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

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

Kidney Function Test (KFT)

Blood Urea	26		
Creatinine	0.78		
Bun	12.15		
Bun/Creatinine Ratio	15.58		
Urea / Creatinine Ratio	33.33		
Uric Acid	3.9		
Calcium Serum	8.8		
Phosphorus	3.9		
Sodium	139.5		
Potassium	3.79		
Chloride	100.1		

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 functionothers lead to a gradual (chronic) decline in function. Both result in a buildup of toxic waste subst 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.

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

Lipid Profile

Total Cholesterol	168		
Triglycerides	146		
HDL Cholesterol	42		
Non HDL Cholesterol	126		
LDL Cholesterol	96.8		
V.L.D.L Cholesterol	29.2		
Chol/HDL Ratio	4		
HDL/ LDL Ratio	0.43		
LDL/HDL Ratio	2.3		

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
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

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

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

Iron Studies

Iron	55		
TIBC,(Total Iron Binding Capacity)	380		
UIBC	325		
Transferrin Saturation	14.47		

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

C-Reactive Protein (CRP), Quantitative

CRP (Quantitative)	1.3		

Interpretation:

Increased CRP level:

1. A high or increasing amount of CRP in the blood suggests the presence of inflammation but will not identify its location or the cause.
2. Suspected bacterial infection—a high CRP level can provide indication that patient has an infection.
3. Chronic inflammatory disease—high levels of CRP suggest a flare-up if you have a chronic inflammatory disease or that treatment has not been effective.

If the CRP level is initially elevated and drops, it means that the inflammation or infection is subsiding and/or responding to treatment.

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

High Sensitivity C-Reactive Protein (Hs-CRP)

HIGHLY SENSITIVE C-REACTIVE PROTEIN (hs-CRP)	1		

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.

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

Rheumatoid Factor (RF), Quantitative

RHEUMATOID FACTOR, Quantitative	5.6		

Interpretation:
Approximately 85% of patients with Rheumatoid arthritis have detectable RA. It may also be seen in other medical conditions like Sjogren's syndrome and SLE.

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

Vitamin B12 / Cyanocobalamin

Vitamin - B12	332		

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

Vitamin D 25 Hydroxy

Vitamin D 25 - Hydroxy	43		

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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Thyroid Profile Total

Triiodothyronine (T3)	110		
Total Thyroxine (T4)	9.8		
Thyroid Stimulating Hormone (Ultrasensitive)	1.25		

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-pitutary-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 hypothalami c-pitutary 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. Abhishek Gupta
MD Pathology
Consultant Pathologist

Patient Name	: **Mr Mr.Dummy**		
DOB/Age/Gender	: 23 Y/Male	Sample Collected	: Apr 26, 2024, 01:00 PM
Patient ID / UHID	: 8053371/RCL7247928	Report Date	: Apr 26, 2024, 02:35 AM
Referred By	: Dr. Dr. X	Barcode No	: ZC511576
Sample Type	: Serum	Report Status	: Final Report

MC-5280

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

Testosterone Total

Testosterone Total *CLIA*	650	ng/dL	120 - 1019

Interpretation:

Reference values for Males (7-18 years) characterized by Tanner Stage

Tanner Stage	5-95th percentiles (ng/dL)
1	< 2.5
2	< 2.5 - 432
3	64.9 - 778
4	180 - 763
5	188 - 882

Reference values for females (8-18 years) characterized by Tanner Stage

Tanner Stage	5-95th percentiles (ng/dL)
1	<2.5 - 6.1
2	<2.5 - 10.4
3	<2.5 - 23.7
4	<2.5 - 26.8
5	4.6 - 38.3

Note

1. All applications that require measurement of very low level of testosterone (eg hypogonadal men, children, virilization or intersex disorders in women etc) recommended test is Testosterone total, Ultrasensitive
2. LC-MS/MS is the gold standard for steroid hormone assays due to increased sensitivity & specificity as compared to immunoassays

Clinical Use

Assessment of testicular function in males

Increased levels

1. Precocious puberty (Males)
2. Androgen resistance
3. Testotoxicosis
4. Congenital Adrenal Hyperplasia

Decreased levels

1. Delayed puberty (Males)
2. Gonadotropin deficiency
3. Testicular defects
4. Systemic diseases

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MC-5280

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

Prostate Specific Antigen (PSA) Total

Prostate Specific Antigen-Total (PSA-Total)	0.59		

Interpretation:

1· Prostate specific antigen (PSA), a member of the human kallikrein gene family, is a serine protease with chymotrypsin-like activity.
2· The major site of PSA production is the glandular epithelium of the prostate. PSA has also been found in breast cancers, salivary gland neoplasms, periurethral and anal glands, cells of the male urethra, breast milk, blood and urine.
3· The combined use of DRE (digital rectal examination) and PSA has been shown to result in an increased detection of early stage prostate cancer.
4· PSA testing can have significant value in detecting metastatic or persistent disease in patients following surgical or medical treatment of prostate cancer.
5· Persistent elevation of PSA following treatment, or an increase in a post-treatment PSA level is indicative of recurrent or residual disease. PSA testing is widely accepted as an adjunctive test in the management of prostate cancer patients.

Increased Levels

Prostate cancer
Benign Prostatic Hyperplasia
Prostatitis
Genitourinary infections

Dr. Abhishek Gupta
MD Pathology
Consultant Pathologist

Patient Name	**: Mr Mr.Dummy**		
DOB/Age/Gender	: 23 Y/Male	Sample Collected	: Apr 26, 2024, 01:00 PM
Patient ID / UHID	: 8053371/RCL7247928	Report Date	: Apr 26, 2024, 02:35 AM
Referred By	: Dr. Dr. X	Barcode No	: ZC511576
Sample Type	: Serum	Report Status	: Final Report

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

Creatine Phosphokinase (CPK)

Creatine Kinase-CPK	56		

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.

Dr. Abhishek Gupta
MD Pathology
Consultant Pathologist

Patient Name	**: Mr Mr.Dummy**		
DOB/Age/Gender	: 23 Y/Male	Sample Collected	: Apr 26, 2024, 01:00 PM
Patient ID / UHID	: 8053371/RCL7247928	Report Date	: Apr 26, 2024, 02:35 AM
Referred By	: Dr. Dr. X	Barcode No	: ZC511576
Sample Type	: Serum	Report Status	: Final Report

MC-5280

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

Immunoglobulin E (IgE Total)

IMMUNOGLOBULIN IgE TOTAL SERUM *CLIA*	46.2	IU/mL	28.0 - 140.0

Interpretation:
The level of serum IgE rises during childhood and reaches adult levels during the teens. IgE is the mediator of the allergic response. Patients with atopic disease, including allergic asthama, 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.

Dr. Abhishek Gupta
MD Pathology
Consultant Pathologist

Patient Name	**: Mr Mr.Dummy**		
DOB/Age/Gender	: 23 Y/Male	Sample Collected	: Apr 26, 2024, 01:00 PM
Patient ID / UHID	: 8053371/RCL7247928	Report Date	: Apr 26, 2024, 02:35 AM
Referred By	: Dr. Dr. X	Barcode No	: ZC511576
Sample Type	: Serum	Report Status	: Final Report

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

Apolipoproteins A1 & B

Apolipoprotein A-1 (APO-A)	136		
Apolipoprotein B (APO-B)	89		
Apo B / Apo A1 Ratio	0.65		

Dr. Abhishek Gupta
MD Pathology
Consultant Pathologist

LABORATORY REPORT

Redcliffe labs

Patient Name	**: Mr Mr.Dummy**		
DOB/Age/Gender	: 23 Y/Male	Sample Collected	: Apr 26, 2024, 01:00 PM
Patient ID / UHID	: 8053371/RCL7247928	Report Date	: Apr 26, 2024, 02:30 AM
Referred By	: Dr. Dr. X	Barcode No	: YA563261
Sample Type	: Spot Urine	Report Status	: Final Report

MC-5280

Test Description	Value(s)	Unit(s)	Reference Range
Urine Routine and Microscopic Examination			
Physical Examination			
Volume	20	ml	-
Colour	Dark Yellow	-	Pale yellow
Transparency	Clear	-	Clear
Deposit	Absent	-	Absent
Chemical Examination			
Reaction (pH) *Double Indicator*	6.0	-	4.5 - 8.0
Specific Gravity *Ion Exchange*	1.015	-	1.010 - 1.030
Urine Glucose (sugar) *Oxidase / Peroxidase*	Negative	-	Negative
Urine Protein (Albumin) *Acid / Base Colour Excahnge*	Negative	-	Negative
Urine Ketones (Acetone) *Legals Test*	Negative	-	Negative
Blood *Peroxidase Hemoglobin*	Negative	-	Negative
Leucocyte esterase *Enzymatic Reaction*	Negative	-	Negative
Bilirubin Urine *Coupling Reaction*	Negative	-	Negative
Nitrite *Griless Test*	Negative	-	Negative
Urobilinogen *Ehrlichs Test*	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.

Dr. Abhishek Gupta
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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	Patient ID	Gender	Age
Mr Mr.Dummy	8053371	M	23

Health Advisory

Normal (N) Low (L) Borderline (BL) High (H)

Cardiac Profile

Most people believe they are safe from heart diseases, but in reality, heart diseases are the leading cause of death in the world. There are many different forms of heart disease. Narrowing or blockage of the coronary arteries is the most common cause of heart disease, which are the vessels that supply blood to the heart. This is called coronary artery disease and it occurs slowly over time. It is the main cause of heart attacks.

HIGHLY SENSITIVE C-REACTIVE PROTEIN (hs-CRP): 1

Abnormal results may indicate :

High risk for cardiovascular diseases.

Lipid Profile

A panel of tests that measures the amount of fat or lipid in your blood.

Apolipoprotein A-1 (APO-A): 136 mg/dL

Abnormal results may indicate :

A low Apo-A1 level indicates an increased risk of cardiovascular disease.

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.

Apolipoprotein B (APO-B): 89 mg/dL

Abnormal results may indicate :

High cardiovascular (CV) risk.

Total Cholesterol: 168 mg/dL

Did You Know?

Cholesterol in your body is mainly produced by your liver, but you can also consume it by eating foods that come from animals, such as egg yolks, meat, and cheese.

Consumption of high saturated fats (such as palm oil and coconut oil) and trans fats cause your liver to make more cholesterol than it would otherwise.

A person can get a heart attack when blood flow to his heart is blocked (due to obstruction of his blood vessels).

Triglycerides: 146 mg/dL

Abnormal results may indicate :

High triglyceride levels increase your risk of heart, vascular disease. metabolic syndrome and stroke.

HDL Cholesterol: 42 mg/dL

● HIGH

LOW	NORMAL	HIGH
< 40	40-40	> 40

You: 42

Did You Know?

HDL particles have antioxidant, anti-inflammatory, anti-thrombotic properties, which may contribute to their ability to inhibit atherosclerosisNCBI-Books. HDL are called protective lipoproteins.

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LDL Cholesterol: 96.8 mg/dL

Did You Know?

Saturated fats occur naturally in many foods, primarily meat and dairy products. Beef, lamb, pork and poultry (with the skin on), butter, cream and cheese made from whole milk, are high in saturated fats.

Plant-based foods that contain saturated fats include coconut oil, cocoa butter, palm oil and palm kernel oil (often called tropical oils).

Liver Profile

One of the main functions of your liver is to make proteins that are secreted in your blood. It also makes enzymes which convert food into energy, and processes old muscles and cells. When your liver is damaged, enzymes leak into your blood and appear in the blood test

Bilirubin Total: 0.6 mg/dL

Common reasons for abnormal results :

- Presence of Gallbladder stones
- Liver Disorders like Hepatitis-Inflammation of the liver,Alcoholic liver disease
- Reaction to drugs
- Increased destruction of Red Blood Cells

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Alkaline Phosphatase: 70 U/L

Common reasons for abnormal results :

Increase serum level of ALP usually found in a patient with blockage of biliary duct and liver diseases.

Abnormal results may indicate :

It indicates liver disease or bone disorders

Increased serum ALP can indicate liver diseases or blockage of bile duct. (Bile duct is a tube that carries bile from the liver and the gallbladder into the small intestine.)

If your ALP is abnormal but your AST, ALT and bilirubin tests are normal, then it may indicate bone disease.

Albumin: 3.8 g/dL

Common reasons for abnormal results :

Fasting or a protein deficient diet can decrease the production of albumin from your liver.

Acute dehydration can elevate your serum albumin.

A decrease in albumin synthesis is caused by end-stage liver disease.

Gamma Glutamyl Transferase (GGT): 20 U/L

Common reasons for abnormal results :

It can be a sign of bile duct obstruction or alcohol use disorder or liver disorder.

Enzymes

Enzymes found in your liver are responsible for various processes that maintain body functions. These enzymes are leaked into your blood when your liver suffers dysfunction.

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SGOT/AST: 32 U/L

Common reasons for abnormal results :

Intense exercise, muscle injury, polymyositis (inflammatory disease of muscles), hypothyroidism, acute myocardial infarction and pancreatitis can also increase the level of AST and ALT in your blood.

Obesity, insulin resistance and type-2 diabetes increases your risk of developing (NAFLD - non-alcoholic fatty liver disease). Mild and fluctuating elevation of AST and ALT is seen in people with NAFLD.

Drugs such as aspirin, acetaminophen, anti-tuberculosis drugs and statin can cause mild increase in your AST and ALT levels.

Abnormal results may indicate :

If both AST and ALT are increased, it may indicate liver dysfunction. If only AST is elevated while ALT is normal, dysfunction in other organs needs to be ruled out.

SGPT/ALT: 38 U/L

Common reasons for abnormal results :

Intense exercise, muscle injury, polymyositis (inflammatory disease of muscles), hypothyroidism, acute myocardial infarction and pancreatitis can also increase the level of AST and ALT in your blood.

Obesity, insulin resistance and type-2 diabetes increases your risk of developing (NAFLD - non-alcoholic fatty liver disease). Mild and fluctuating elevation of AST and ALT is seen in people with NAFLD.

Drugs such as aspirin, acetaminophen, anti-tuberculosis drugs and statin can cause mild increase in your AST and ALT levels.

Abnormal results may indicate :

If both AST and ALT are increased, it may indicate liver dysfunction. If only AST is elevated while ALT is normal, dysfunction in other organs needs to be ruled out.

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Kidney Profile

This panel is used to check healthy functioning of your kidneys. Kidneys filter blood in your body to remove waste products - these waste products are produced when breakdown of proteins (present in food, muscles and other cells) occurs in the body to generate energy

Creatinine: 0.78 mg/dL

Did you know?

Creatinine is a better indicator of kidneys function as unlike urea, creatinine levels are largely unaffected by other factors such as fever.

If you go to gym and you have increased bulk of muscles, also if you consume high amounts of red meat, then your creatinine levels could be high, even when your kidneys are absolutely healthy.

If you have very low body mass, especially because of age and muscle degeneration disease, then your creatinine levels are not a true representative of your kidneys function.

Abnormal creatinine levels are sometimes seen in pregnancy.

Some medicines can raise creatinine levels.

Bun: 12.15 mg/dL

Common reasons for abnormal results :

Dehydration

A high protein diet

Use of some medicines

Abnormal results may indicate :

Your kidneys are not functioning properly.

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.

Uric Acid: 3.9 mg/dL

Abnormal results may indicate :

Your kidneys are not functioning properly. High levels of uric acid can lead to gout disease. Note: In gout, uric acid crystals get deposited in joints. Symptoms of gout are pain, redness, swelling in joints, especially in your big toe.

Did You Know?

Purine rich diet can increase production of uric acid in your body. Foods rich in purine include all meats but specifically organ meats (kidneys, liver), and seafood.

Beer can also increase uric acid levels by decreasing the excretory function of kidneys.

Heavy exercise can increase the production of uric acid in your body.

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Minerals

Minerals are those elements on the earth and in foods that our bodies need to develop and function normally. This profile measures vital minerals in your body, including calcium, zinc, iodine, iron, and magnesium. These tests screen for mineral deficiencies and toxicities, helping you maintain a healthy balance

Iron: 55 ug/dL

Common reasons for abnormal results :

Causes of low iron levels include blood loss (in medical conditions such as ulcers, piles, excessive menstrual bleeding etc.), poor diet, or an inability to absorb enough iron from foods.

Did you know?

Consumption of calcium pills can make it harder for your body to absorb iron.

A very high levels of iron can be toxic for your body.

Symptoms :

Excessive tiredness, weakness and dizziness.

Pale skin or pale coloring of the inside of the lower eyelids and brittle nails.

Shortness of breath or chest pain, especially with physical activity.

Headaches

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.

Inflammation

Inflammation is the body's immune system's response to an injury, surgery, or irritation. This natural defense process acts by removing injurious stimuli and initiating the healing process.Inflammation can be chronic (such as arthritis) or acute (like in case of trauma).

CRP (Quantitative): 1.3 mg/L

Did You Know?

- CRP values are typically higher in women and elderly.
- Temporary, very high levels of CRP are most commonly associated with infection.
- The level of CRP increases when there is inflammation in the body. CRP may be used to diagnose sepsis, arthritis, autoimmune diseases, and chronic diseases among others.
- In many studies, muscle strengthening exercise, especially in women, has shown to decrease CRP.
- Obesity, insomnia, depression, smoking, and diabetes can all contribute to mild elevations in CRP. Results shall be interpreted with caution in such cases.
- In diseases like rheumatoid arthritis CRP levels remain persistently high.

Vitamins Profile

Vitamins are considered essential nutrients because they perform hundreds of roles in your body. They help maintain bones, heal wounds, and strengthen your immune system. They also convert food into energy, and repair cellular damage

Vitamin - B12: 332 pg/mL

Causes of Deficiency :

- Strict vegetarian diet- Plant based foods are deficient in this Vit.
- Gastrointestinal problems which reduce digestive absorption of Vit B12 from diet.

Food sources :

- Beef liver, clams, fish, meat, poultry, eggs
- milk/dairy products, cereals fortified with B12 and nutritional yeast.

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Vitamin D 25 - Hydroxy: 43 ng/mL

Causes of Deficiency :

- Insufficient dietary intake.
- Malabsorption problem- Your digestive system can't absorb enough Vit D from food.
- Less exposure to sunlight. Production of vit D from your skin depends upon your skin tone: Darker skin needs more exposure than lighter skin to produce equal amounts of Vit D. This happens because dark skin has natural protection against sunshine.
- Medical conditions that affect the liver or kidney- Vit D is not sufficiently converted to its active form in your body.

Abnormal results may indicate :

Vit D deficiency is very common. Vit D deficiency is linked with many medical conditions including depression, type 2 diabetes, hypertension, cancer, bone pain and weak bones.

Thyroid

This panel is used to check the imbalance in your thyroid gland. A healthy thyroid gland is very important for metabolism, controlling body temperature, regulation of mood, muscle strength and regulation of body weight

Triiodothyronine (T3): 110 ng/dL

Total Thyroxine (T4): 9.8 µg/dL

Thyroid Stimulating Hormone (Ultrasensitive): 1.25 µIU/mL

Causes of Low value of TSH :

- Hormonal changes from use of oral contraceptive pills.
- Autoimmune disorders such as Hashimoto's thyroiditis.
- Removal of a lobe of the thyroid gland.

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Cancer Profile

Cancer cells grow and divide in an uncontrolled manner forming a tumor (lump), invading normal tissues and organs and eventually spreading throughout the body.Cancer cells kills by invading important organs and interferes with the body functions that are necessary to live.

Prostate Specific Antigen-Total (PSA-Total): 0.59

Symptoms :

- Pain in urination and ejaculation.
- Decreased flow of urine

Risk Factors :

- Male older than 50 years.
- Family history of prostate cancer.

Did you Know :

Symptoms appear only when cancer has progressed to a very advanced stage. These symptoms are not useful to diagnose prostate cancer as these symptoms can appear without any cancer. PSA levels may be increased in enlarged prostate (BHP), prostatitis and prostate cancer. PSA should be tested when any of these conditions is suspected.

Prostate cancer is the most commonly diagnosed organ cancer in males.

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