

smart Health Report

An Insightful Health Analytics Report
for Easier Understanding



Prepared For

Mr MR.DUMMY

M 23

Name
Mr MR.DUMMY

Patient ID
8053373

Gender
M

Age
23

Health Summary



BLOOD COUNTS

Everything looks good



DIABETES MONITORING

| Test Name | Result |
|---------------------------------|--------|
| Glycosylated Hemoglobin (HbA1c) | 6.4 |
| Please Watchout | |



LIVER PROFILE

Everything looks good



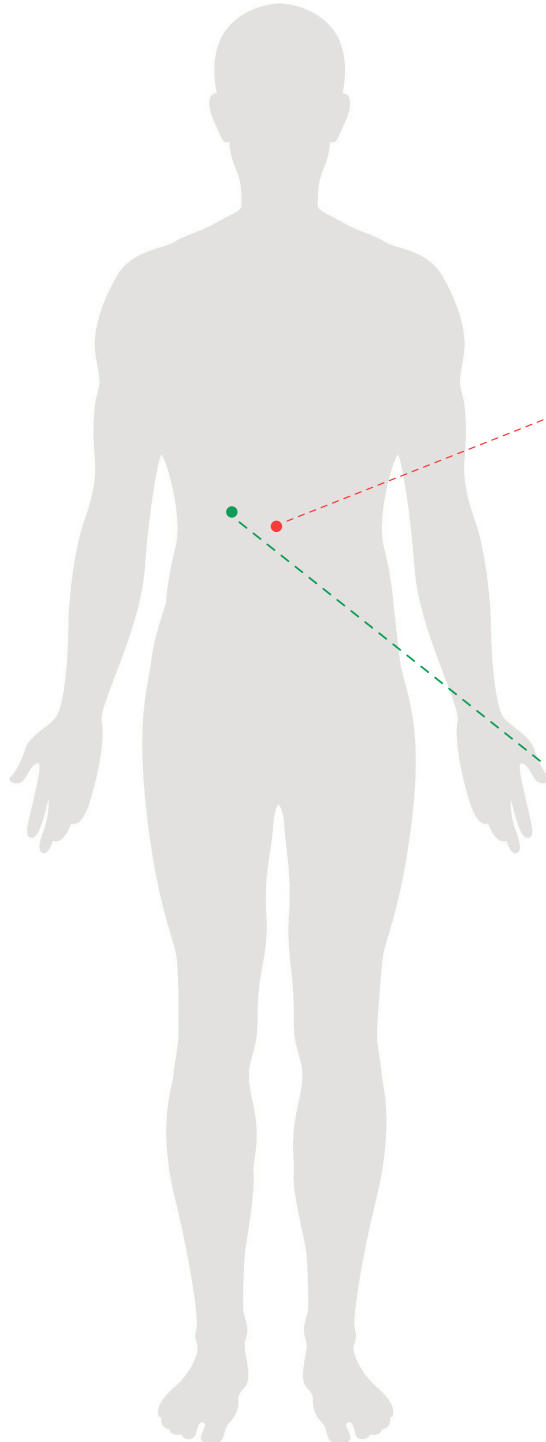
ANEMIA STUDIES

Everything looks good



VITAMIN PROFILE

Everything looks good



| | |
|--|---|
| Patient Name : Mr MR.DUMMY | Sample Collected : Apr 26, 2024, 01:00 PM |
| DOB/Age/Gender : 23 Y/Male | Report Date : May 25, 2024, 06:42 PM. |
| Patient ID / UHID : 8053373/RCL7248116 | Barcode No : HY588326 |
| Referred By : Dr. Dr. X | Report Status : Final Report |
| Sample Type : Whole blood EDTA | |

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

Smoking Impact Assessment Profile Advance

Complete Blood Count (CBC)

| RBC Parameters | | | |
|---|-------------|---------------------|-------------|
| Hemoglobin <i>colorimetric</i> | 13.8 | g/dL | 13.0 - 17.0 |
| RBC Count <i>Electrical impedance</i> | 5.4 | 10 ⁶ /μl | 4.5 - 5.5 |
| PCV <i>Calculated</i> | 42.1 | % | 40 - 50 |
| MCV <i>Calculated</i> | 78.4 | fl | 83 - 101 |
| MCH <i>Calculated</i> | 25.6 | pg | 27 - 32 |
| MCHC <i>Calculated</i> | 32.7 | g/dL | 31.5 - 34.5 |
| RDW (CV) <i>Calculated</i> | 13.7 | % | 11.6 - 14.0 |
| RDW-SD <i>Calculated</i> | 34.8 | fl | 35.1 - 43.9 |
| WBC Parameters | | | |
| TLC <i>Electrical impedance and microscopy</i> | 12.2 | 10 ³ /μl | 4 - 10 |
| Differential Leucocyte Count | | | |
| Neutrophils <i>Laser based Flow-cytometry</i> | 70 | % | 40-80 |
| Lymphocytes <i>Laser based Flow-cytometry</i> | 20 | % | 20-40 |
| Monocytes <i>Laser based Flow-cytometry</i> | 8 | % | 2-10 |
| Eosinophils <i>Laser based Flow-cytometry</i> | 2 | % | 1-6 |
| Basophils <i>Laser based Flow-cytometry</i> | 0 | % | <2 |
| Absolute Leukocyte Counts | | | |
| Neutrophils. <i>Calculated</i> | 8.54 | 10 ³ /μl | 2 - 7 |
| Lymphocytes. <i>Calculated</i> | 2.44 | 10 ³ /μl | 1 - 3 |
| Monocytes. <i>Calculated</i> | 0.98 | 10 ³ /μl | 0.2 - 1.0 |
| Eosinophils. <i>Calculated</i> | 0.24 | 10 ³ /μl | 0.02 - 0.5 |
| Basophils. | 0 | 10 ³ /μl | 0.02 - 0.5 |



Dr. Dummy



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

📞 928-909-0609

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| | | | |
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| Test Description | Value(s) | Unit(s) | Reference Range |
|--|----------|---------------------|-----------------|
| <i>Calculated</i> | | | |
| Platelet Parameters | | | |
| Platelet Count <i>Electrical impedance and microscopy</i> | 217 | 10 ³ /μl | 150 - 410 |
| Mean Platelet Volume (MPV) <i>Calculated</i> | 9.9 | fL | 9.3 - 12.1 |
| PCT <i>Calculated</i> | 0.2 | % | 0.17 - 0.32 |
| PDW <i>Calculated</i> | 17.3 | fL | 8.3 - 25.0 |
| P-LCR <i>Calculated</i> | 34.5 | % | 18 - 50 |
| P-LCC <i>Calculated</i> | 75 | % | 44 - 140 |
| Mentzer Index <i>Calculated</i> | 14.52 | % | > 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 25, 2024, 06:43 PM. |
| Patient ID / UHID : 8053373/RCL7248116 | Barcode No : HY588326 |
| 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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| Test Description | Value(s) | Unit(s) | Reference Range |
|------------------|----------|---------|-----------------|
|------------------|----------|---------|-----------------|

HbA1C (Glycosylated Haemoglobin)

| | | | |
|--|--------|-------|-------------------|
| Glycosylated Hemoglobin (HbA1c) <i>HPLC</i> | 6.4 | % | < 5.7 |
| Estimated Average Glucose | 136.98 | 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 08, 2024, 11:46 AM. |
| Patient ID / UHID : 8053373/RCL7248116 | Barcode No : ZC669956 |
| Referred By : Dr. Dr. X | Report Status : Final Report |
| Sample Type : Fluoride Plasma | |

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

Glucose Random (BSR)

| | | | |
|-------------------------------------|------|-------|--|
| Glucose Random <i>Hexokinase</i> | 85.0 | mg/dL | Normal <140 Prediabetes 140–199 Diabetes =>200 |
|-------------------------------------|------|-------|--|

Interpretation:

- 1.Also known as Casual plasma glucose .
- 2.Samples can be taken anytime during the day regardless of eating time.
- 3.Random blood glucose level of equal to or more than 200mg/dl is indicative of Diabetes mellitus.

Source: ADA Guidelines



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| Patient Name : Mr MR.DUMMY | Sample Collected : Apr 26, 2024, 01:00 PM |
| DOB/Age/Gender : 23 Y/Male | Report Date : May 08, 2024, 12:22 PM. |
| Patient ID / UHID : 8053373/RCL7248116 | Barcode No : ZC669955 |
| Referred By : Dr. Dr. X | Report Status : Final Report |
| Sample Type : Serum | |

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

High Sensitivity C-Reactive Protein (Hs-CRP)

| | | | |
|---|-----|------|--|
| HIGHLY SENSITIVE C-REACTIVE PROTEIN (hs-CRP) <i>Particle enhanced immunoturbidimetric assay.</i> | 1.6 | mg/L | Low < 1.00 mg/L Average 1.0-3.0 mg/L High > 3.0 mg/L |
|---|-----|------|--|

Interpretation:
Note:- To assess vascular risk, it is recommended to test hsCRP levels 2 or more weeks apart and calculate the average

Comments
 High sensitivity C Reactive Protein (hsCRP) significantly improves cardiovascular risk assessment as it is a strongest predictor of future coronary events. It reveals the risk of future Myocardial infarction and Stroke among healthy men and women, independent of traditional risk factors. It identifies patients at risk of first Myocardial infarction even with low to moderate lipid levels. The risk of recurrent cardiovascular events also correlates well with hsCRP levels. It is a powerful independent risk determinant in the prediction of incident Diabetes.



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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, 11:54 AM. |
| Patient ID / UHID : 8053373/RCL7248116 | Barcode No : ZC669955 |
| 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> | 47.0 | 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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| Patient Name : Mr MR.DUMMY | Sample Collected : Apr 26, 2024, 01:00 PM |
| DOB/Age/Gender : 23 Y/Male | Report Date : May 08, 2024, 12:47 PM. |
| Patient ID / UHID : 8053373/RCL7248116 | Barcode No : ZC669955 |
| Referred By : Dr. Dr. X | Report Status : Final Report |
| Sample Type : Serum | |

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

Gamma Glutamyl Transferase (GGT)

| | | | |
|--|------|-----|------|
| Gamma Glutamyl Transferase (GGT) <i>L-gamma-glutamyl-3-carboxy-4-nitroanilide substra</i> | 45.0 | U/L | < 55 |
|--|------|-----|------|

Interpretation:
 Serum GGT is a sensitive indicator of occult alcoholism.
 In liver diseases , it generally parallels changes in serum ALP, but is more sensitive. Increases in liver diseases like acute hepatitis, cirrhosis, chronic active hepatitis, alcoholic hepatitis, fatty liver, pancreatitis.

*** 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.

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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.
3. It is to be noted that variations in results may occur between different laboratories and over time, even for the same parameter for the same Customer. The assays are performed and conducted in accordance with standard procedures, and the reported outcomes are contingent on the specific individual assay methods and equipment(s) used, as well as the quality of the received specimen.
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| | | | |
|----------------------------|------------------------------|--------------------|------------------|
| Name Mr MR.DUMMY | Patient ID 8053373 | Gender M | Age 23 |
|----------------------------|------------------------------|--------------------|------------------|

Health Advisory

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



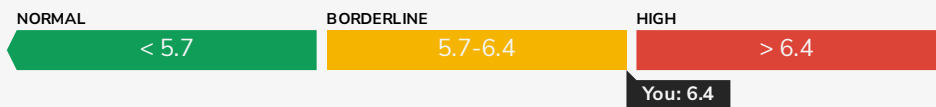
Diabetes

This panel is used to check how much glucose/sugar there is in your blood. Too much blood glucose might indicate diabetes.

HbA1c (Glycosylated Haemoglobin): 6.4%

● BORDERLINE

HbA1c is your average blood glucose (sugar) levels for the past three months.



One of the ways to control and reduce your HbA1c level - is to change your diet. Generally, foods that are high in carbs increase your blood sugar significantly. Also, foods that are high in fiber keep your glucose level in check.

Additionally, keeping your portion sizes *small* could prevent sharp rises in your blood sugar.

Some high-Carb foods to avoid



WHITE BREAD



POTATOES

Some high-Fiber foods to choose from



APPLES



CABBAGE

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