

# smart Health Report

An Insightful Health Analytics Report  
for Easier Understanding



Prepared For  
**Ms Dummy**

F 30

Name  
Ms Dummy

Patient ID  
XXX

Gender  
F

Age  
30

## Health Summary



### BLOOD COUNTS

| Test Name                            | Result |
|--------------------------------------|--------|
| ESR - Erythrocyte Sedimentation Rate | 29     |
| Please Watchout                      |        |



### THYROID PROFILE

Everything looks good



### KIDNEY PROFILE

Everything looks good



### DIABETES MONITORING

Everything looks good



### LIVER PROFILE

| Test Name       | Result |
|-----------------|--------|
| SGOT/AST        | 42.3   |
| SGPT/ALT        | 98.6   |
| Please Watchout |        |



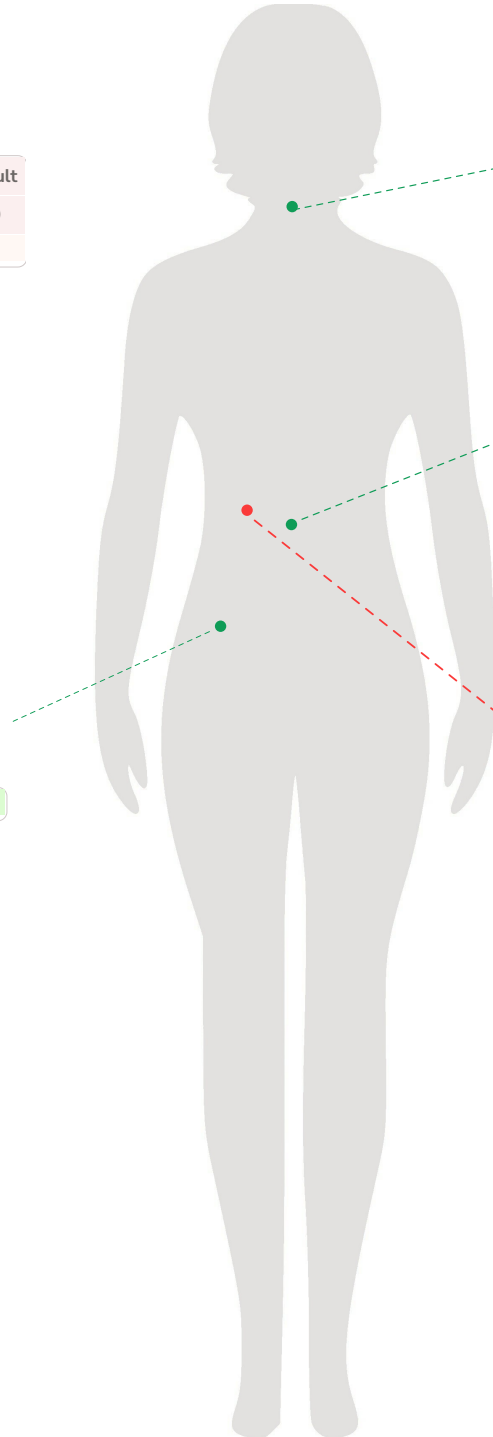
### ANEMIA STUDIES

Everything looks good



### MINERAL PROFILE

Everything looks good



|   |                                       |  |
|---|---------------------------------------|--|
| Patient NAME : Ms Dummy                   | Report STATUS : Final Report          | <br>MC-5280 |
| DOB/Age/Gender : 30 Y/Female              | Barcode NO : XXX                      |  |
| Patient ID / UHID : XXX                   | Sample Type : Whole blood EDTA        |  |
| Referred BY : Self.                       | Report Date : Aug 01, 2024, 01:31 PM. |  |
| Sample Collected : Aug 01, 2024, 09:52 AM |                                       |  |

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

## Antenatal Care Profile (ANC)- Comprehensive

### Complete Blood Count (CBC)

| RBC Parameters                                      |             |                     |             |
|---|-------------|---------------------|-------------|
| Hemoglobin<br><i>Cyanide free spectrophotometry</i> | 12.7        | g/dL                | 12.0 - 15.0 |
| RBC Count<br><i>Electrical impedance</i>            | 4.8         | 10 <sup>6</sup> /μl | 3.8 - 4.8   |
| PCV<br><i>Calculated</i>                            | 38.4        | %                   | 36 - 46     |
| MCV<br><i>Calculated</i>                            | <b>80.7</b> | fl                  | 83 - 101    |
| MCH<br><i>Calculated</i>                            | <b>26.6</b> | pg                  | 27 - 32     |
| MCHC<br><i>Calculated</i>                           | 33          | g/dL                | 31.5 - 34.5 |
| RDW (CV)<br><i>Calculated</i>                       | <b>17.8</b> | %                   | 11.6 - 14.0 |
| RDW-SD<br><i>Calculated</i>                         | 42.6        | fl                  | 35.1 - 43.9 |
| WBC Parameters                                      |             |                     |             |
| TLC<br><i>Electrical impedance and microscopy</i>   | 7.7         | 10 <sup>3</sup> /μl | 4 - 10      |
| Differential Leucocyte Count                        |             |                     |             |
| Neutrophils<br><i>Flow-cytometry DHSS</i>           | 67.1        | %                   | 40 - 80     |
| Lymphocytes<br><i>Flow-cytometry DHSS</i>           | <b>21.7</b> | %                   | 25 - 35     |
| Monocytes<br><i>Flow-cytometry DHSS</i>             | 6.7         | %                   | 2 - 10      |
| Eosinophils<br><i>Flow-cytometry DHSS</i>           | 4.3         | %                   | 0 - 5       |
| Basophils<br><i>Flow-cytometry DHSS</i>             | 0.2         | %                   | 0 - 1       |
| Absolute Leukocyte Counts                           |             |                     |             |
| Neutrophils.<br><i>Calculated</i>                   | 5.17        | 10 <sup>3</sup> /μl | 2 - 7       |
| Lymphocytes.<br><i>Calculated</i>                   | 1.67        | 10 <sup>3</sup> /μl | 1 - 3       |
| Monocytes.<br><i>Calculated</i>                     | 0.52        | 10 <sup>3</sup> /μl | 0.2 - 1.0   |
| Eosinophils.<br><i>Calculated</i>                   | 0.33        | 10 <sup>3</sup> /μl | 0.02 - 0.5  |
| Basophils.  | 0.02        | 10 <sup>3</sup> /μl | 0.02 - 0.5  |

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|   |                                       |  |
|---|---------------------------------------|--|
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| DOB/Age/Gender : 30 Y/Female              | Barcode NO : XXX                      |  |
| Patient ID / UHID : XXX                   | Sample Type : Whole blood EDTA        |  |
| Referred BY : Self.                       | Report Date : Aug 01, 2024, 01:31 PM. |  |
| Sample Collected : Aug 01, 2024, 09:52 AM |                                       |  |

| Test Description   | Value(s)    | Unit(s)             | Reference Range |
|--|-------------|---------------------|-----------------|
| <i>Calculated</i>  |             |                     |                 |
| <b>Platelet Parameters</b>                                   |             |                     |                 |
| Platelet Count<br><i>Electrical impedance and microscopy</i> | 156         | 10 <sup>3</sup> /μl | 150 - 410       |
| Mean Platelet Volume (MPV)<br><i>Calculated</i>              | 12.1        | fL                  | 9.3 - 12.1      |
| PCT<br><i>Calculated</i>                                     | 0.2         | %                   | 0.17 - 0.32     |
| PDW<br><i>Calculated</i>                                     | <b>31.5</b> | fL                  | 8.3 - 25.0      |
| P-LCR<br><i>Calculated</i>                                   | <b>53</b>   | %                   | 18 - 50         |
| P-LCC<br><i>Calculated</i>                                   | 72          | %                   | 44 - 140        |
| Mentzer Index<br><i>Calculated</i>                           | 16.81       | %                   | > 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 : Ms Dummy                   | Report STATUS : Final Report          | <br>MC-5280 |
| DOB/Age/Gender : 30 Y/Female              | Barcode NO : XXX                      |  |
| Patient ID / UHID : XXX                   | Sample Type : Whole blood EDTA        |  |
| Referred BY : Self.                       | Report Date : Aug 01, 2024, 03:08 PM. |  |
| Sample Collected : Aug 01, 2024, 09:52 AM |                                       |  |

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

### Erythrocyte Sedimentation Rate (ESR)

|  |    |       |        |
|--|----|-------|--------|
| ESR - Erythrocyte Sedimentation Rate<br>MODIFIED WESTERGREIN | 29 | mm/hr | 0 - 12 |
|--|----|-------|--------|

**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.

**Reference-** Dacie and lewis practical hematology

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Patient NAME : Ms Dummy

DOB/Age/Gender : 30 Y/Female

Patient ID / UHID : XXX

Referred BY : Self.

Sample Collected : Aug 01, 2024, 09:52 AM

Report STATUS : Final Report

Barcode NO : XXX

Sample Type : Whole blood EDTA

Report Date : Aug 01, 2024, 04:42 PM.



MC-5280

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

### HbA1C (Glycosylated Haemoglobin)

|   |        |       |                   |
|---|--------|-------|-------------------|
| Glycosylated Hemoglobin (HbA1c)<br>HPLC | 5.2    | %     | < 5.7             |
| Estimated Average Glucose               | 102.54 | 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<br>Goal of therapy: < 7.0<br>Age < 19 years<br>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 : Ms Dummy                   | Report STATUS : Final Report          |
| DOB/Age/Gender : 30 Y/Female              | Barcode NO : XXX                      |
| Patient ID / UHID : XXX                   | Sample Type : Whole blood EDTA        |
| Referred BY : Self.                       | Report Date : Aug 01, 2024, 03:01 PM. |
| Sample Collected : Aug 01, 2024, 09:52 AM |                                       |

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

### Blood Group ABO & Rh Typing

|   |          |   |   |
|---|----------|---|---|
| Blood Group<br><i>Column Agglutination Test</i> | O        | - | - |
| Rh Factor                                       | Positive | - | - |

**Interpretation:**

Interpreting the results of a blood group test involves understanding the ABO blood group and Rh factor results. We can interpret them as follows:

**ABO Blood Grouping:**

**Blood Group A:** Has A antigens on red blood cells and anti-B antibodies in the plasma.

**Blood Group B:** Has B antigens on red blood cells and anti-A antibodies in the plasma.

**Blood Group AB:** Has both A and B antigens on red blood cells and no anti-A or anti-B antibodies in the plasma.

**Blood Group O:** Has no A or B antigens on red blood cells but has both anti-A and anti-B antibodies in the plasma.

**Rh Typing:**

**Rh-positive:** Indicates the presence of the Rh antigen (D antigen) on red blood cells.

**Rh-negative:** Indicates the absence of the Rh antigen on red blood cells.

Interpreting your blood group involves identifying which antigens are present on your red blood cells (A, B, or both) and whether you are Rh-positive or Rh-negative. For example, if your blood group is A-positive, it means you have A antigens and Rh antigen on your red blood cells.

Knowing your blood group is important for medical purposes, such as blood transfusions, organ transplants, and during pregnancy to prevent potential complications related to blood compatibility.

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|   |                                       |
|---|---------------------------------------|
| Patient NAME : <b>Ms Dummy</b>            | Report STATUS : Final Report          |
| DOB/Age/Gender : 30 Y/Female              | Barcode NO : XXX                      |
| Patient ID / UHID : XXX                   | Sample Type : Whole blood EDTA        |
| Referred BY : Self.                       | Report Date : Aug 02, 2024, 02:16 PM. |
| Sample Collected : Aug 01, 2024, 09:52 AM |                                       |

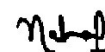
| Test Description | Value(s) | Unit(s) | Reference Range |
|------------------|----------|---------|-----------------|
|------------------|----------|---------|-----------------|

### RBC Indices

|   |             |                     |             |
|---|-------------|---------------------|-------------|
| Hemoglobin<br><i>Cyanide free spectrophotometry</i> | 12.7        | g/dL                | 12.0 - 15.0 |
| RBC Count<br><i>Electrical impedance</i>            | 4.8         | 10 <sup>6</sup> /μl | 3.8 - 4.8   |
| PCV<br><i>Calculated</i>                            | 38.4        | %                   | 36 - 46     |
| MCV<br><i>Calculated</i>                            | <b>80.7</b> | fl                  | 83 - 101    |
| MCH<br><i>Calculated</i>                            | <b>26.6</b> | pg                  | 27 - 32     |
| MCHC<br><i>Calculated</i>                           | 33          | g/dL                | 31.5 - 34.5 |
| RDW (CV)<br><i>Calculated</i>                       | <b>17.8</b> | %                   | 11.6 - 14.0 |
| RDW-SD<br><i>Calculated</i>                         | 42.6        | fl                  | 35.1 - 43.9 |

### HPLC Variant

|   |                                  |   |           |
|---|----------------------------------|---|-----------|
| Foetal Haemoglobin (HbF)<br><i>HPLC</i> | 0.1                              | % | 0-2       |
| Haemoglobin A2 (HbA2)<br><i>HPLC</i>    | 2.9                              | % | 1.5-3.7   |
| Haemoglobin A (Hb Adult)<br><i>HPLC</i> | <b>84.3</b>                      | % | 94.3-98.5 |
| Peak 3<br><i>HPLC</i>                   | 5.4                              | % | <10       |
| Peak 4<br><i>HPLC</i>                   | 7.3                              | % | <10       |
| Others (Non Specific)<br><i>HPLC</i>    | 0                                | % | <10       |
| Haemoglobin D (HbD)<br><i>HPLC</i>      | 0                                | % | 0-0       |
| Haemoglobin S (HbS)<br><i>HPLC</i>      | 0                                | % | 0-0       |
| Haemoglobin C (HbC)<br><i>HPLC</i>      | 0                                | % | 0-0       |
| Haemoglobin E (HbE)<br><i>HPLC</i>      | 0                                | % | 0-0       |
| Impression                              | No Evidence of Hemoglobinopathy. |   | -         |



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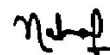
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|   |                                       |
|---|---------------------------------------|
| Patient NAME : Ms Dummy                   | Report STATUS : Final Report          |
| DOB/Age/Gender : 30 Y/Female              | Barcode NO : XXX                      |
| Patient ID / UHID : XXX                   | Sample Type : Whole blood EDTA        |
| Referred BY : Self.                       | Report Date : Aug 02, 2024, 02:16 PM. |
| Sample Collected : Aug 01, 2024, 09:52 AM |                                       |

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



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|---|---------------------------------------|--|
| Patient NAME : <b>Ms Dummy</b>            | Report STATUS : Final Report          | <br>MC-5280 |
| DOB/Age/Gender : 30 Y/Female              | Barcode NO : XXX                      |  |
| Patient ID / UHID : XXX                   | Sample Type : Fluoride Plasma         |  |
| Referred BY : Self.                       | Report Date : Aug 01, 2024, 01:01 PM. |  |
| Sample Collected : Aug 01, 2024, 09:52 AM |                                       |  |

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

### Glucose Random (BSR)

|                                     |      |       |  |
|-------------------------------------|------|-------|--|
| Glucose Random<br><i>Hexokinase</i> | 86.1 | mg/dL | Normal <140<br>Prediabetes 140–199<br>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 : Ms Dummy                   | Report STATUS : Final Report          | <br>MC-5280 |
| DOB/Age/Gender : 30 Y/Female              | Barcode NO : XXX                      |  |
| Patient ID / UHID : XXX                   | Sample Type : Serum                   |  |
| Referred BY : Self.                       | Report Date : Aug 01, 2024, 01:23 PM. |  |
| Sample Collected : Aug 01, 2024, 09:52 AM |                                       |  |

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

### Liver Function Test (LFT)

|  |             |       |           |
|--|-------------|-------|-----------|
| Bilirubin Total<br><i>Diazonium Salt</i>   | 0.42        | mg/dL | 0.2 - 1.2 |
| Bilirubin Direct<br><i>Diazo Reaction</i>  | 0.20        | mg/dL | 0.0 - 0.5 |
| Bilirubin Indirect<br><i>Calculated</i>  | 0.22        | mg/dL | 0.1 - 1.0 |
| SGOT/AST<br><i>Enzymatic [NADH (without P-5-P)]</i>                                  | <b>42.3</b> | U/L   | 11 - 34   |
| SGPT/ALT<br><i>Enzymatic [NADH (without P-5-P)]</i>                                  | <b>98.6</b> | U/L   | < 34      |
| SGOT/SGPT Ratio<br><i>Calculated</i>   | 0.43        | -     | -         |
| Alkaline Phosphatase<br><i>Para-nitrophenyl phosphate (p-NPP)</i>                    | 87          | U/L   | 46 - 122  |
| Total Protein<br><i>Biuret</i>   | 7.42        | g/dL  | 6.4 - 8.3 |
| Albumin<br><i>Colorimetric BCG</i>   | 4.6         | g/dL  | 3.5 - 5.2 |
| Globulin<br><i>Calculated</i>  | 2.82        | g/dL  | 2.3 - 3.5 |
| Albumin :Globulin Ratio<br><i>Calculated</i>   | 1.63        | -     | 1.3 - 2.1 |
| Gamma Glutamyl Transferase (GGT)<br><i>L-Gamma-Glutamyl-3-Carboxy-4-Nitroanalide</i> | 35.8        | U/L   | < 38      |

#### 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 transeptidase (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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Patient NAME : Ms Dummy

DOB/Age/Gender : 30 Y/Female

Patient ID / UHID : XXX

Referred BY : Self.

Sample Collected : Aug 01, 2024, 09:52 AM

Report STATUS : Final Report

Barcode NO : XXX

Sample Type : Serum

Report Date : Aug 01, 2024, 01:23 PM.



MC-5280

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

### Kidney Function Test (KFT)

|   |        |                  |  |
|---|--------|------------------|--|
| Blood Urea<br><i>Urease</i>                   | 13.79  | mg/dL            | 15 - 40  |
| Bun<br><i>Calculated</i>                      | 6.44   | mg/dL            | 6 - 20   |
| Creatinine<br><i>Kinetic Alkaline Picrate</i> | 0.65   | mg/dL            | 0.5 - 1.0  |
| eGFR (CKD-EPI)                                | 121.38 | ml/min/1.73 sq m | Normal Or High: $\geq 90$<br>Mild Or Decrease: 60-89<br>Mild To Moderate Decrease: 45-59<br>Mild To Severe Decrease: 30-44<br>Severe Decrease: 15-29<br>Kidney Failure: $< 15$ |
| Bun/Creatinine Ratio<br><i>Calculated</i>     | 9.91   |                  | 12 - 20  |
| Urea / Creatinine Ratio<br><i>Calculated</i>  | 21.22  |                  | 25.68- 42.8  |
| Uric Acid<br><i>Uricase</i>                   | 5.09   | mg/dL            | 2.5 - 6.2  |
| Calcium Serum<br><i>Arsenazo III</i>          | 8.72   | mg/dL            | 8.4 - 10.2   |
| Phosphorus<br><i>Phosphomolybdate</i>         | 3.23   | mg/dL            | 2.3 - 4.7  |
| Sodium<br><i>ISE-Indirect</i>                 | 138.4  | mmol/L           | 136 - 145  |
| Potassium<br><i>ISE-Indirect</i>              | 3.73   | mmol/L           | 3.5 - 5.1  |
| Chloride<br><i>ISE-Indirect</i>               | 104.23 | 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 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

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|   |                                       |  |
|---|---------------------------------------|--|
| Patient NAME : <b>Ms Dummy</b>            | Report STATUS : Final Report          | <br>MC-5280 |
| DOB/Age/Gender : 30 Y/Female              | Barcode NO : XXX                      |  |
| Patient ID / UHID : XXX                   | Sample Type : Serum                   |  |
| Referred BY : Self.                       | Report Date : Aug 01, 2024, 01:23 PM. |  |
| Sample Collected : Aug 01, 2024, 09:52 AM |                                       |  |

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

|  |        |        |              |
|--|--------|--------|--------------|
| Triiodothyronine (T3)<br>CMIA                        | 125.61 | ng/dL  | 35 - 193     |
| Total Thyroxine (T4)<br>CMIA                         | 6.99   | µg/dL  | 4.87 - 11.72 |
| Thyroid Stimulating Hormone (Ultrasensitive)<br>CMIA | 3.657  | 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-hypothalamus system may influence the levels of T3 and T4 in the blood. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels may be low. In addition, in the Euthyroid Sick Syndrome, multiple alterations in serum thyroid function test findings have been recognized in patients with a wide variety of non-thyroidal illnesses (NTI) without evidence of preexisting thyroid or hypothalamic-pituitary diseases. Thyroid Binding Globulin (TBG) concentrations remain relatively constant in healthy individuals. However, pregnancy, excess estrogen's, androgen's, antibiotic steroids and glucocorticoids are known to alter TBG levels and may cause false thyroid values for Total T3 and T4 tests.

| TSH    | T4             | T3             | Interpretation  |
|--------|----------------|----------------|---|
| High   | Normal         | Normal         | Mild (subclinical) hypothyroidism   |
| High   | Low            | Low or Normal  | Hypothyroidism  |
| Low    | Normal         | Normal         | Mild (subclinical) hyperthyroidism  |
| Low    | High or normal | High or normal | Hypothyroidism  |
| 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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| DOB/Age/Gender : 30 Y/Female              | Barcode NO : XXX                      |
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|------------------|----------|---------|-----------------|
|------------------|----------|---------|-----------------|

### VDRL

|   |              |   |              |
|---|--------------|---|--------------|
| VDRL<br>RAPID CHROMATOGRAPHIC IMMUNOASSAY | NON REACTIVE | - | NON REACTIVE |
|---|--------------|---|--------------|

#### Interpretation:

| RESULTS      | REMARKS   |
|--------------|---|
| Reactive     | Indicates presence of IgM & IgG antibodies against Treponemal Pallidum antigens |
| Non Reactive | Indicates absence of IgM & IgG antibodies against Treponemal Pallidum antigens  |

#### Note

1. Positive result indicates ongoing or recent infection and the diagnosis should be confirmed by specific Treponemal tests such as TPHA & FTA- AbS.
2. The reactivity will vary with Primary (60-86%), Secondary (99%) and Tertiary (98%) stage of Syphilis.
3. False positive results may be observed in patients of Malaria, Hepatitis, Mumps, Leprosy, Infectious Mononucleosis, Rheumatoid Arthritis and Collagen disease.
4. False negative reaction may be due to processing of sample collected early in the course of disease, immunosuppression and due to prozone effect.
5. Test conducted on serum.
6. It is a qualitative test.

#### Uses

To screen for presence of Syphilis infection.

### HIV Antibody, Rapid Card

|   |              |   |              |
|---|--------------|---|--------------|
| HIV 1 & 2 ANTIBODIES<br>Immunochromatographic | NON REACTIVE | - | NON REACTIVE |
|---|--------------|---|--------------|

#### Interpretation:

| RESULTS      | REMARKS  |
|--------------|--|
| Reactive     | A reactive test results indicates antibody detected against HIV-1/2              |
| Non reactive | A non reactive test results indicates antibody is not detected against HIV- 1/2. |

#### NOTE :

1. This is only a screening test. All samples detected reactive must be confirmed by using HIV Western Blot. Therefore for a definitive diagnosis, the patient's clinical history, symptomatology as well as serological data, should be considered. The results should be reported only after complying with above procedure.
2. Some samples show cross reactivity fir HIV antibodies.Following factors are found to cause false positive HIV antibody test results: naturally occurring antibodies, Passive immunization, Leprosy, Renal Disorders, Tuberculosis, Myco-bacterium avium, Herpes simplex, Hypergammaglobulinemia, Malignant neoplasms, Rheumatoid ar thritis, Tetanus vaccination, Autoimmune diseases, Blood Transfusion, Multiple myeloma, Haemophilia, Heat treated specimens, Lipemic serum, Anti-nuclear antibodies, T-cell leukocyte antigen antibodies, Epstein Barr virus, HLA antibodies and other retroviruses.
3. False negative results may occur during the window period and during the end stage of the disease.



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|------------------|----------|---------|-----------------|

### Hepatitis C Antibody (HCV), Rapid Card

|   |              |              |
|---|--------------|--------------|
| HEPATITIS C ANTIBODY (Anti-HCV)<br><i>Immunochromatographic</i> | NON REACTIVE | NON REACTIVE |
|---|--------------|--------------|

**Interpretation:**

| RESULTS      | REMARKS   |
|--------------|---|
| Reactive     | Reactive test result indicates presence of Hepatitis C virus infection    |
| Non Reactive | Non Reactive test result indicates absence of Hepatitis C virus infection |

**NOTE**

- The 4TH Generation HCV TRI-DOT detects anti-HCV in human serum or plasma and is **only a screening test**. All reactive samples should be confirmed by supplemental assays like RIBA .Therefore for a definitive diagnosis, the patient's clinical history ,symptomatology as well as serological data, should be considered. The results should be reported only after complying with above procedure.
- A non reactive-results does not exclude the possibility of exposure to or infection with HCV.
- Repeated false results may occur due to non-specific binding of the sample to the membrane.
- The presence of anti-HCV does not imply a HepatitisC infection but may be indicative of recent and /or past infection By HCV.
- Patients with auto-immune liver diseases may show falsely reactive results.
- False positive results may be observed in patients receiving mouse monoclonal antibodies, on heparin therapy, on biotin supplements for diagnosis or therapy or presence of heterophilic antibodies in serum.
- False negative reaction may be due to processing of sample collected early in the course of disease, Prozone phenomenon, Immunosuppression & Immuno-incompetence.

**Uses**

To diagnose suspected HCV infection in risk group.  
Prenatal Screening of pregnant women and pre surgical/interventional procedures work up.

### Hepatitis B Surface Antigen (HBsAg), Rapid Card

|   |              |              |
|---|--------------|--------------|
| HEPATITIS B SURFACE ANTIGEN (HBsAg)<br><i>Immunochromatographic</i> | NON REACTIVE | NON REACTIVE |
|---|--------------|--------------|

**Interpretation:**

| RESULTS      | REMARKS                              |
|--------------|--------------------------------------|
| Reactive     | The sample is Reactive for HBsAg     |
| Non Reactive | The sample is Non Reactive for HBsAg |

**Note**

- This is only a Screening test.** All reactive results should be confirmed by confirmatory test. Therefore for a definitive diagnosis, the patient's clinical history ,symptomatology as well as serological data, should be considered. The results should be reported only after complying with above procedure.
- Additional follow up testing using available clinical methods (along with repeat HBsAg rapid card test) is required, if the test is Non reactive with persisting clinical symptoms
- False positive results may be observed in patients receiving mouse monoclonal antibodies, on heparin therapy, on biotin supplements for diagnosis or therapy, presence of heterophilic antibodies in serum or after HBV vaccination for transient period of time.
- False negative reaction may be due to processing of sample collected early in the course of disease or presence of mutant forms of HBsAg.



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|------------------|----------|---------|-----------------|

**Rubella IgG Antibodies**

|   |               |       |   |
|---|---------------|-------|---|
| Rubella (German Measles)-IgG<br><i>CLIA</i> | <b>110.84</b> | IU/mL | Non-Reactive <5 IU/mL<br>Equivocal 5 - 10 IU/mL<br>Reactive >10 IU/mL |
|---|---------------|-------|---|

**Interpretation:**  
The Rubella IgG Antibodies test is used to detect IgG antibodies specific to the rubella virus, also known as German measles.

**Purpose:**

**Detection of Immunity:**

- The Rubella IgG Antibodies test primarily detects antibodies that indicate immunity to rubella.
- IgG antibodies develop after exposure to the rubella virus (through infection or vaccination) and persist for life, providing long-term protection against future rubella infections.

**Clinical Uses:**

**Immunity Assessment:**  
This test is used to confirm immunity to rubella in individuals, especially in:

**Pregnant Women:** To determine if they are immune and thus protected from rubella infection, which can prevent congenital rubella syndrome in the fetus.

**Healthcare Workers:** To ensure immunity in individuals who may be at risk of exposure or transmission.

**Travelers:** Particularly to regions where rubella is endemic or outbreaks are occurring.

**Interpretation:**

**Positive Result:**

- A positive Rubella IgG result indicates the presence of IgG antibodies against rubella virus.
- This suggests that the person is immune to rubella either due to past infection or vaccination.

**Negative Result:**

- A negative Rubella IgG result indicates absence of detectable IgG antibodies against rubella.
- It suggests that the person is susceptible to rubella and may benefit from vaccination to acquire immunity.


**Limitations:**

**Timing of Testing:**  
IgG antibodies may take several weeks to develop after infection or vaccination. Thus, recent infections may not be detectable immediately after exposure.

**Cross-Reactivity**  
Cross-reactivity with antibodies from other viruses may occur, potentially leading to false positive results. However, specific rubella IgG tests are designed to minimize such occurrences.

**Testing Recommendations:**

**Confirmation and Follow-Up:**



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| DOB/Age/Gender : 30 Y/Female              | Barcode NO : XXX                      |
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| Referred BY : Self.                       | Report Date : Aug 01, 2024, 02:13 PM. |
| Sample Collected : Aug 01, 2024, 09:52 AM |                                       |

| Test Description   | Value(s) | Unit(s) | Reference Range |
|--|----------|---------|-----------------|
| If rubella immunity is in question or if the clinical situation suggests recent exposure, additional testing (such as Rubella IgM Antibodies test or PCR) may be recommended to confirm acute infection or immunity status.  |          |         |                 |
| <p><b>Conclusion:</b><br/>The Rubella IgG Antibodies test is a valuable tool for assessing immunity to rubella virus in various populations. It helps guide vaccination recommendations and preventive measures, particularly in settings where rubella exposure could pose risks. Interpretation of results should consider the individual's medical history, vaccination status, and specific circumstances to ensure accurate diagnosis and appropriate management.</p> |          |         |                 |

## Rubella IgM Antibodies

|                     |       |       |   |
|---------------------|-------|-------|---|
| Rubella IgM<br>CLIA | 0.001 | AU/mL | Non-Reactive <5 AU/mL<br>Equivocal 5 - 10 AU/mL<br>Reactive >10.0 AU/mL |
|---------------------|-------|-------|---|

|   |
|---|
| <p><b>Interpretation:</b><br/>The Rubella IgM Antibody test is used to detect IgM antibodies specific to the rubella virus, also known as German measles.</p> <p><b>Purpose:</b></p> <p><b>Detection of Recent Infection:</b></p> <ol style="list-style-type: none"> <li>The Rubella IgM Antibody test is primarily used to diagnose recent or acute rubella infections.</li> <li>IgM antibodies are typically produced early in the course of infection, usually within 7-10 days after onset of symptoms.</li> </ol> <p><b>Clinical Uses:</b></p> <p><b>Diagnosis of Rubella:</b></p> <ol style="list-style-type: none"> <li>This test helps confirm a diagnosis of rubella in individuals presenting with symptoms such as rash, fever, swollen lymph nodes, and respiratory symptoms.</li> <li>It is particularly useful when clinical suspicion of rubella is high.</li> </ol> <p><b>Screening in Pregnancy:</b><br/>Rubella IgM testing is crucial during pregnancy to detect acute rubella infections. Rubella infection during pregnancy can lead to congenital rubella syndrome, causing serious birth defects in the fetus.</p> <p><b>Interpretation:</b></p> <p><b>Positive Result:</b></p> <ol style="list-style-type: none"> <li>A positive Rubella IgM result indicates recent or acute rubella infection, typically within the past few weeks.</li> <li>It suggests that the person is currently infected with rubella or has recently been infected.</li> </ol> <p><b>Negative Result:</b></p> <ol style="list-style-type: none"> <li>A negative Rubella IgM result suggests absence of recent rubella infection.</li> <li>However, it's important to note that IgM antibodies may not be detectable during the very early phase of infection (window period) or may have already declined if the test is performed later.</li> </ol> <p><b>Limitations:</b></p> <p><b>Timing of Testing:</b></p> <ol style="list-style-type: none"> <li>IgM antibodies are detectable early in the infection and may persist for several weeks to months afterward.</li> <li>False negatives can occur if tested too early after exposure or if the immune response has not yet produced detectable levels of IgM antibodies.</li> </ol> |
|---|



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|   |  |  |  |
|---|--|--|--|
| <p><b>Cross-Reactivity:</b><br/>IgM antibodies can sometimes cross-react with antibodies from other viruses, potentially leading to false positive results. However, specific rubella IgM tests are designed to minimize such occurrences.</p> <p><b>Testing Recommendations:</b></p> <p><b>Confirmation and Follow-Up:</b></p> <ol style="list-style-type: none"> <li>Positive Rubella IgM results should be confirmed with additional testing, such as repeat IgM testing or PCR (to detect viral RNA), to confirm acute rubella infection.</li> <li>Follow-up testing is important, especially in pregnant women or individuals with atypical symptoms, to monitor the progression of infection and assess risks.</li> </ol> <p><b>Conclusion:</b><br/>The Rubella IgM Antibody test is a critical tool for diagnosing acute rubella infections, particularly in pregnant women and individuals with suspected rubella symptoms. Interpretation of results should consider the clinical context and timing of testing to ensure accurate diagnosis and appropriate management. Consulting with healthcare providers experienced in managing infectious diseases is essential for proper interpretation and follow-up care.</p> |  |  |  |
|---|--|--|--|

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



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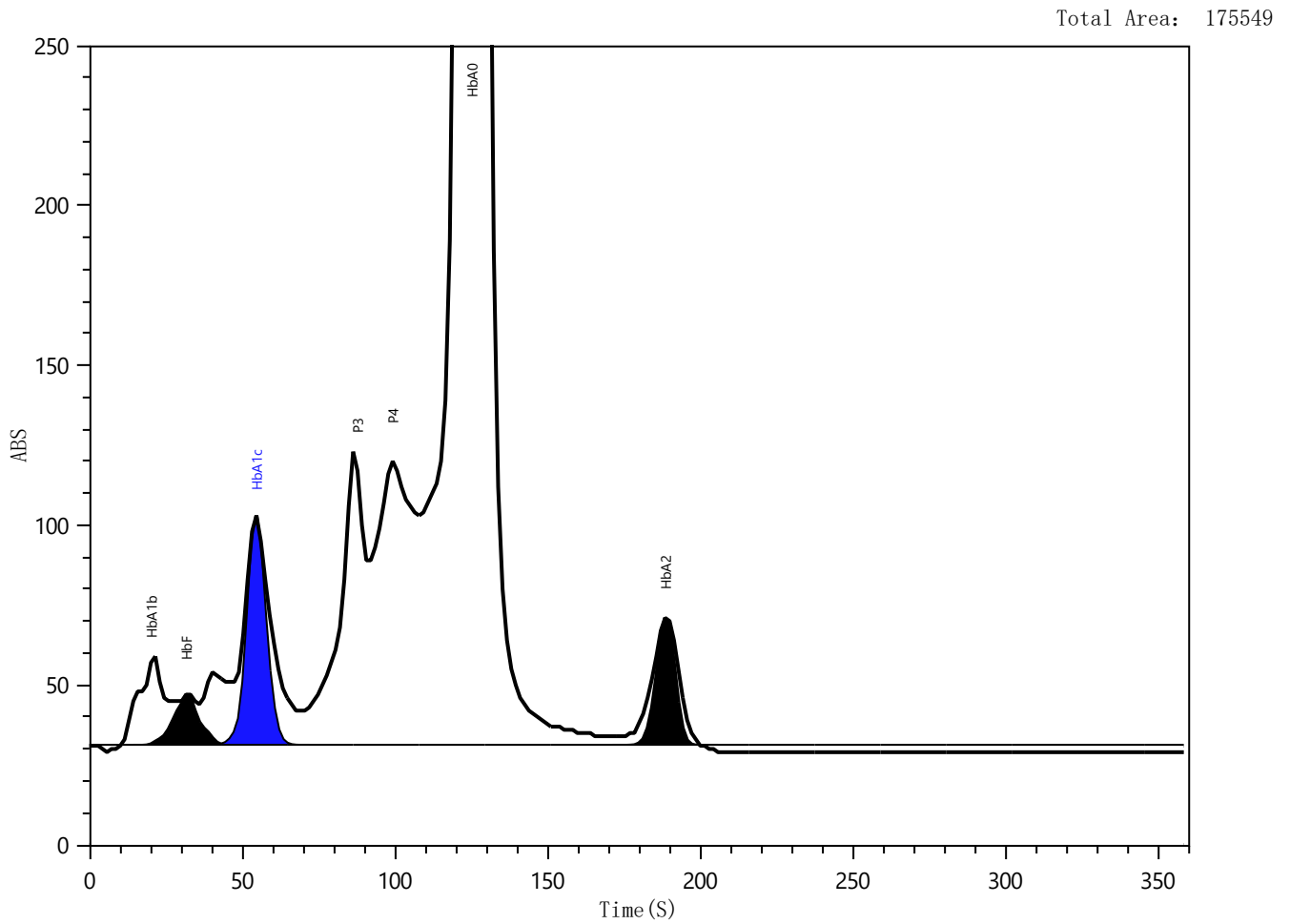
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|         |             |                     |                                |
|---------|-------------|---------------------|--------------------------------|
| Name:   | Case:       | Patient Type:       | Test Date: 2024-08-01 19:26:18 |
| Gender: | Department: | Sample Type: Sample | Sample Id: XXX                 |
| Age:    | Bed no:     |                     |                                |

| Peak Name | Time (s) | Absorbance | Area     | Area (%) | Reference Value |
|-----------|----------|------------|----------|----------|-----------------|
| HbA1b     | 20.8     | 59.0       | 3413.0   | 1.9      |                 |
| HbF       | 31.9     | 47.0       | 2459.0   | 0.1      |                 |
| HbA1c     | 54.8     | 102.0      | 8175.0   | 4.9      |                 |
| P3        | 87.2     | 122.0      | 9375.0   | 5.4      |                 |
| P4        | 100.0    | 119.0      | 12776.0  | 7.3      |                 |
| HbA0      | 125.8    | 1519.0     | 134155.0 | 77.5     |                 |
| HbA2      | 189.3    | 71.0       | 5196.0   | 2.9      |                 |



**Diagnosis:**

|          |                       |                         |         |          |
|----------|-----------------------|-------------------------|---------|----------|
| Sender:  | Send Date: 2024-08-01 | Report Date: 2024-08-02 | Tester: | Checker: |
| Comment: |                       |                         |         |          |

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1. The presented findings in the Reports are intended solely for informational and interpretational purposes by the referring physician or other qualified medical professionals possessing a comprehensive understanding of reporting units, reference ranges, and technological limitations. The laboratory shall not be held liable for any interpretation or misinterpretation of the results, nor for any consequential or incidental damages arising from such interpretation.
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.
4. This report shall not be deemed valid or admissible for any medico-legal purposes.
5. The Customers assume full responsibility for apprising the Company of any factors that may impact the test finding. These factors, among others, includes dietary intake, alcohol, or medication / drug(s) consumption, or fasting. This list of factors is only representative and not exhaustive.

**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.**

Name  
Ms Dummy

Patient ID  
XXX

Gender  
F

Age  
30

## Health Advisory

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

### Blood Counts



Blood is a specialized bodily fluid that supplies essential substances like sugars, oxygen, hormones - around the body and also removes waste from the cells.

Solid part of your blood (roughly 45%): RBCs (red blood cells), WBCs (white blood cells) and platelets  
Liquid part of your blood (roughly 55%, usually called plasma): Water, Salts and Proteins

### ESR - Erythrocyte Sedimentation Rate: 29 mm/hr

● HIGH

ESR (Erythrocyte Sedimentation Rate) is the speed at which RBCs in your sample settle down at the bottom of the test tube. If there is inflammation in the body then ESR value is high.



#### Abnormal results may indicate :



Pregnancy (but not first trimester)



Infections



Renal disease



Anemia



Acute allergy



Old Age





## 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

### 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.

**SGOT/AST: 42.3 U/L**

● HIGH

AST is an enzyme your liver makes. Other organs, like your heart, kidneys, brain, and muscles, also make smaller amounts. AST is also called SGOT (serum glutamic-oxaloacetic transaminase). Normally, AST levels in your blood are low. When your liver is damaged, it puts more AST into your blood, and your levels rise.



### 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 :



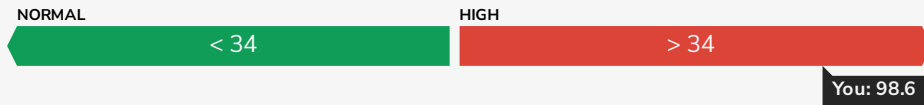
If both AST and ALT are increased, it may indicate liver dysfunction. If only AST is elevated while ALT is normal, dysfunction in other organs needs to be ruled out.




**SGPT/ALT: 98.6 U/L**

● HIGH


SGPT is mostly concentrated in your liver and is a vital indicator of your liver's health. It is also called alanine aminotransferase. Serum ALT level, serum AST (aspartate transaminase) level, and their ratio (AST/ALT ratio) are commonly measured as biomarkers for liver health.




**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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