

smart Health Report

An Insightful Health Analytics Report
for Easier Understanding



Prepared For



Name

Gender

Patient ID

Age

Your Health at a Glance – A Personalized Journey

Report Sections

1

Body Summary

A visual snapshot of your overall health, simple and easy to understand

2

Quick Health Highlights

Your health scores and a single view of all abnormal results for quick attention

3

Lab Report Overview

Understand at a glance which tests are normal and which are abnormal

4

Personalized Health Advisory

Actionable insights and expert guidance tailored just for you

5

Doctor's Reference Report

Complete lab results with interpretations to share with your healthcare provider

How to Read This Report

This comprehensive health report provides detailed insights into your test results. Each section offers different perspectives on your health status, from visual summaries to detailed analysis and personalized recommendations.

Name

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Health Summary



BLOOD COUNTS

Test Name	Result
RBC Count	4
Lymphocytes	42.3
Monocytes	0.17

Please Watchout



THYROID PROFILE

Test Name	Result
Total Thyroxine (T4)	4.79
Thyroid Stimulating Hormone (Ultrasensitive)	67.2

Please Watchout



CARDIAC PROFILE

Test Name	Result
Triglycerides	256.1
HDL Cholesterol	37.9
Non HDL Cholesterol	144.1

+ 2 tests Please Watchout



DIABETES MONITORING

Test Name	Result
Glucose Fasting	160.3

Please Watchout



KIDNEY PROFILE

Test Name	Result
Bun/Creatinine Ratio	10.63
Urea / Creatinine Ratio	22.75

Please Watchout



LIVER PROFILE

Everything looks good



ELECTROLYTES

Test Name	Result
Sodium	135.8

Please Watchout



ANEMIA STUDIES

Test Name	Result
Hemoglobin	12.6
PCV	38.8
RDW-CV	14.3

+ 1 tests Please Watchout



MINERAL PROFILE

Everything looks good

Name Gender

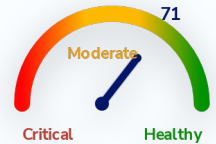
Patient ID Age

Quick Health Summary

Personal Insights - Score

71 (Good)

Your health analysis indicates a significant concern with diabetes and cardiac health, which require attention. Other parameters, including liver and kidney function, are stable. We recommend lifestyle adjustments to improve your overall health and mitigate future risks.



Summary of Key Health Indicators

Total Parameters Tested	Abnormal Results
94	22

Health Status by Body System

Profile	Abnormal / Total	Key Results
Cardiac Profile	5 / 9	<ul style="list-style-type: none"> ● Triglycerides: 256.1 mg/dL (Normal: 0–150 mg/dL) ● HDL Cholesterol: 37.9 mg/dL (Normal: 40–80 mg/dL) ● Non HDL Cholesterol: 144.1 mg/dL (Normal: 0–130 mg/dL) <p><i>+2 more abnormal tests</i></p>
Anemia Studies	4 / 11	<ul style="list-style-type: none"> ● Hemoglobin: 12.6 g/dL (Normal: 13.0–17.0 g/dL) ● PCV: 38.8 % (Normal: 40–50 %) ● RDW (CV): 14.3 % (Normal: 11.6–14.0 %) <p><i>+1 more abnormal test</i></p>
Blood Counts	3 / 14	<ul style="list-style-type: none"> ● RBC Count: 4 10⁶/μl (Normal: 4.5–5.5 10⁶/μl) ● Lymphocytes: 42.3 % (Normal: 20–40 %) ● Monocytes: 0.17 10³/μl (Normal: 0.2–1.0 10³/μl)
Urinalysis	3 / 17	<ul style="list-style-type: none"> ● Blood: Positive(Trace) (Normal: –) ● Red blood Cells: 2-3 /hpf (Normal: – /hpf) ● Bacteria: Present (Few) (Normal: –)
Kidney Profile	2 / 13	<ul style="list-style-type: none"> ● Bun/Creatinine Ratio: 10.63 (Normal: 12–20) ● Urea / Creatinine Ratio: 22.75 (Normal: 25.68–42.8)
Thyroid Profile	2 / 3	<ul style="list-style-type: none"> ● Total Thyroxine (T4): 4.79 μg/dL (Normal: 4.87–11.2 μg/dL) ● Thyroid Stimulating Hormone (Ultrasensitive): 67.2 mIU/L (Normal: 0.35–4.94 mIU/L)

Profile	Abnormal / Total	Key Results
Blood Clotting	1 / 5	● Mean Platelet Volume (MPV): 13.2 fL (Normal: 9.3–12.1 fL)
Diabetes Monitoring	1 / 3	● Glucose Fasting: 160.3 mg/dL (Normal: 70–100 mg/dL)
Electrolytes	1 / 3	● Sodium: 135.8 mmol/L (Normal: 136–145 mmol/L)
Inflammation	0 / 1	All Normal
Liver Profile	0 / 12	All Normal
Mineral Profile	0 / 1	All Normal
Cancer Profile	0 / 1	All Normal

Name Gender

Patient ID Age

Report Summary

● Normal

● Abnormal

No color - Reference range not available

ANEMIA STUDIES

Test Name	Result unit	Range
● Hemoglobin	12.6 g/dL	13-17
● PCV	38.8 %	40-50
● MCV	96.4 fl	83-101
● MCH	31.3 pg	27-32
● MCHC	32.5 g/dL	31.5-34.5
● RDW (CV)	14.3 %	11.6-14
● RDW-SD	49 fl	35.1-43.9
● Iron	89.6 µg/dL	65-175
● TIBC,(Total Iron Binding Capacity)	318.5 µg/dL	250-450
● UIBC	228.9 µg/dL	69-240
● Transferrin Saturation	28.13 %	14-50

BLOOD COUNTS

Test Name	Result unit	Range
● RBC Count	4 10 ⁶ /µL	4.5-5.5
● TLC	5.8 10 ³ /µL	4-10
● Neutrophils	51.6 %	40-80
● Lymphocytes	42.3 %	20-40
● Monocytes	3 %	2-10
● Eosinophils	2.7 %	1-6
● Basophils	0.4 %	< 2
● Neutrophils.	2.99 10 ³ /µL	2-7
● Lymphocytes.	2.45 10 ³ /µL	1-3
● Monocytes.	0.17 10 ³ /µL	0.2-1
● Eosinophils.	0.16 10 ³ /µL	0.02-0.5
● Basophils.	0.02 10 ³ /µL	< 0.5
● Platelet Count	190 10 ³ /µL	150-410
Mentzer Index	24.1 %	

Name: _____ Gender: ---
 Patient ID: _____ Age: _____

Report Summary

● Normal

● Abnormal

No color - Reference range not available

BLOOD CLOTTING

Test Name	Result unit	Range
● Mean Platelet Volume (MPV)	13.2 fL	9.3-12.1
● PCT	0.2 %	0.17-0.32
● PDW	19 fL	8.3-25
● P-LCR	48.4 %	18-50
● P-LCC	82 $10^9/L$	44-140

INFLAMMATION

Test Name	Result unit	Range
● ESR - Erythrocyte Sedimentation Rate	20 mm/hr	< 30

DIABETES MONITORING

Test Name	Result unit	Range
Glycosylated Hemoglobin (HbA1c)	6.3 %	
Estimated Average Glucose	134.11 mg/dL	
● Glucose Fasting	160.3 mg/dL	70-100

LIVER PROFILE

Test Name	Result unit	Range
● Bilirubin Total	0.5 mg/dL	< 1.2
● Bilirubin Direct	0.2 mg/dL	< 0.5
● Bilirubin Indirect	0.3 mg/dL	< 1
● SGOT/AST	32.2 U/L	5-34
● SGPT/ALT	17.5 U/L	< 55
SGOT/SGPT Ratio	1.84 %	
● Alkaline Phosphatase	104 U/L	40-150
● Total Protein	6.64 g/dL	6.4-8.3
● Albumin	4 gm/dL	3.8-5
● Globulin	2.64 g/dL	2.3-3.5
● Albumin :Globulin Ratio	1.52	< 2.1
● Gamma Glutamyl Transferase (GGT)	45.6 U/L	< 64

Name Gender

Patient ID Age

Report Summary

● Normal

● Abnormal

No color - Reference range not available

KIDNEY PROFILE

Test Name	Result <small>unit</small>	Range
● Blood Urea	18.2 mg/dL	18-55
● Bun	8.5 mg/dL	8.4-25.7
● Creatinine	0.8 mg/dL	0.6-1.2
eGFR (CKD-EPI)	93.42 mL/min/1.73 sq m	
● Bun/Creatinine Ratio	10.63	12-20
● Urea / Creatinine Ratio	22.75	25.68-42.8
● Uric Acid	8.1 mg/dL	4-8.5
● Calcium Serum	9.3 mg/dL	8.8-10
● Colour	Pale yellow	
● Deposit	Absent	
● Urine Glucose (sugar)	Negative	
● Yeast Cells	Absent	
● Amorphous deposits	Absent	

MINERAL PROFILE

Test Name	Result <small>unit</small>	Range
● Phosphorus	3.2 mg/dL	2.3-4.7

ELECTROLYTE PROFILE

Test Name	Result <small>unit</small>	Range
● Sodium	135.8 mmol/L	136-145
● Potassium	3.91 mmol/L	3.5-5.1
● Chloride	98.9 mmol/L	98-107

Name Gender

Patient ID Age

Report Summary

● Normal

● Abnormal

No color - Reference range not available

CARDIAC PROFILE

Test Name	Result unit	Range
● Total Cholesterol	182 mg/dL	< 200
● Triglycerides	256.1 mg/dL	< 150
● HDL Cholesterol	37.9 mg/dL	40-80
● Non HDL Cholesterol	144.1 mg/dL	< 130
● LDL Cholesterol	92.88 mg/dL	30-100
● V.L.D.L Cholesterol	51.22 mg/dL	< 30
● Chol/HDL Ratio	4.8 Ratio	3.5-5
● HDL/ LDL Ratio	0.41 Ratio	0.5-3
LDL/HDL Ratio	2.45 Ratio	

THYROID PROFILE

Test Name	Result unit	Range
● Triiodothyronine (T3)	155 ng/dL	35-193
● Total Thyroxine (T4)	4.79 µg/dL	4.87-11.2
● Thyroid Stimulating Hormone (Ultrasensitive)	67.2 mIU/L	0.35-4.94

Name Gender

Patient ID Age

Report Summary

● Normal

● Abnormal

No color - Reference range not available

CANCER PROFILE

Test Name	Result <small>unit</small>	Range
● Prostate Specific Antigen-Total (PSA-Total)	1.83 ng/mL	< 4.4

URINALYSIS

Test Name	Result <small>unit</small>	Range
● Volume	20 ml	
● Transparency	Clear	
● Reaction (pH)	6.0	4.5-8
● Specific Gravity	1.010	1.01-1.03
● Urine Protein (Albumin)	Negative	
● Urine Ketones (Acetone)	Negative	
● Blood	Positive(Trace)	
Leucocyte esterase	Negative	
● Bilirubin Urine	Negative	
● Nitrite	Negative	
● Urobilinogen	Normal	
Pus Cells (WBCs)	1-2 /hpf	
● Epithelial Cells	2-3 /hpf	
● Red blood Cells	2-3 /hpf	
● Crystals	Absent	
● Cast	Absent	
● Bacteria	Present (Few)	

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Health Advisory

● Normal (N) ● Low (L) ● High (H)

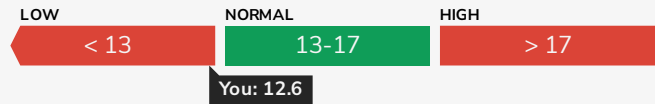


Anemia Profile

Anemia is the condition where your body has less RBCs (red blood cells) or the RBCs don't have enough haemoglobin. Haemoglobin is the protein present in RBCs that help carry oxygen to your body's tissues.

Hemoglobin: 12.6 g/dL

● LOW



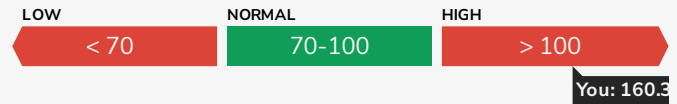
Diabetes

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

Glycosylated Hemoglobin (HbA1c): 6.3 %

Glucose Fasting: 160.3 mg/dL

● HIGH



Cardiac Profile

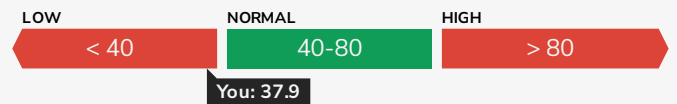
Most people believe they are safe from heart diseases, but in reality, heart diseases are the leading cause of death in the world. There are many different forms of heart disease. Narrowing or blockage of the coronary arteries is the most common cause of heart disease, which are the vessels that supply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

Triglycerides: 256.1 mg/dL

● HIGH

HDL Cholesterol: 37.9 mg/dL

● LOW

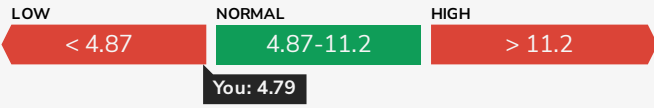




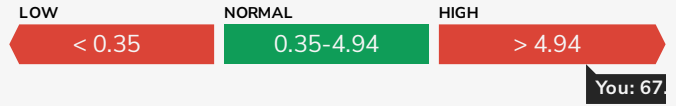
Thyroid

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

Total Thyroxine (T4): 4.79 $\mu\text{g/dL}$ ● LOW



Thyroid Stimulating Hormone (Ultrasensitive): 67.2 mIU/L ● HIGH



Patient NAME :		Report STATUS :	
DOB/Age/Gender :		Barcode NO :	
Patient ID / UHID :		Sample Type :	
Referred BY :		Report Date :	
Sample Collected :			

Test Description	Value(s)	Unit(s)	Reference Range
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Senior Citizen Full Body Check Up- Male (Essential)

Complete Blood Count (CBC)

RBC Parameters			
Hemoglobin <i>colorimetric</i>	12.6	g/dL	13.0 - 17.0
RBC Count <i>Electrical impedance</i>	4	10 ⁶ /μl	4.5 - 5.5
PCV <i>Calculated</i>	38.8	%	40 - 50
MCV <i>Calculated</i>	96.4	fl	83 - 101
MCH <i>Calculated</i>	31.3	pg	27 - 32
MCHC <i>Calculated</i>	32.5	g/dL	31.5 - 34.5
RDW (CV) <i>Calculated</i>	14.3	%	11.6 - 14.0
RDW-SD <i>Calculated</i>	49	fl	35.1 - 43.9
WBC Parameters			
TLC <i>Electrical impedance and microscopy</i>	5.8	10 ³ /μl	4 - 10
Differential Leucocyte Count			
Neutrophils <i>Laser based Flow-cytometry</i>	51.6	%	40-80
Lymphocytes <i>Laser based Flow-cytometry</i>	42.3	%	20-40
Monocytes <i>Laser based Flow-cytometry</i>	3	%	2-10
Eosinophils <i>Laser based Flow-cytometry</i>	2.7	%	1-6
Basophils <i>Laser based Flow-cytometry</i>	0.4	%	<2
Absolute Leukocyte Counts <i>Calculated</i>			
Neutrophils. <i>Calculated</i>	2.99	10 ³ /μl	2 - 7
Lymphocytes. <i>Calculated</i>	2.45	10 ³ /μl	1 - 3
Monocytes. <i>Calculated</i>	0.17	10 ³ /μl	0.2 - 1.0
Eosinophils. <i>Calculated</i>	0.16	10 ³ /μl	0.02 - 0.5

S. Bhaduri
 Dr. Sankarsan Bhaduri
 MBBS, MD (Path)
 Consultant Pathologist

Patient NAME :		Report STATUS :	
DOB/Age/Gender :		Barcode NO :	
Patient ID / UHID :		Sample Type :	
Referred BY :		Report Date :	
Sample Collected :			

Test Description	Value(s)	Unit(s)	Reference Range
Basophils. <i>Calculated</i>	0.02	10 ³ /μl	0.02 - 0.5
Platelet Parameters			
Platelet Count <i>Electrical impedance and microscopy</i>	190	10 ³ /μl	150 - 410
Mean Platelet Volume (MPV) <i>Calculated</i>	13.2	fL	9.3 - 12.1
PCT <i>Calculated</i>	0.2	%	0.17 - 0.32
PDW <i>Calculated</i>	19	fL	8.3 - 25.0
P-LCR <i>Calculated</i>	48.4	%	18 - 50
P-LCC <i>Calculated</i>	82	10 ⁹ /L	44 - 140
Mentzer Index <i>Calculated</i>	24.1	%	> 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.

S. Bhaduri
 Dr. Sankarsan Bhaduri
 MBBS, MD (Path)
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Referred BY :		Report Date :	
Sample Collected :			

Test Description	Value(s)	Unit(s)	Reference Range
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Erythrocyte Sedimentation Rate (ESR)

ESR - Erythrocyte Sedimentation Rate <i>MODIFIED WESTERGREN</i>	20	mm/hr	0 - 30
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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

S. Bhaduri
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 MBBS, MD (Path)
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Referred BY :		Report Date :	
Sample Collected :			

Test Description	Value(s)	Unit(s)	Reference Range
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HbA1C (Glycosylated Haemoglobin)

Glycosylated Hemoglobin (HbA1c)	6.3		
Estimated Average Glucose	134.11		

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:

- 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.
- 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

S. Bhaduri
Dr. Sankarsan Bhaduri
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Referred BY :		Report Date :	
Sample Collected :			

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

Glucose Fasting GOD-POD	160.3	mg/dL	70 - 100
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Interpretation:

Status	Fasting plasma glucose in mg/dL
Normal	70 - 100
Impaired fasting glucose	101 - 125
Diabetes	≥126

Reference : American Diabetes Association

Comment :

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

Note

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

S. Bhaduri
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Referred BY :		Report Date :	
Sample Collected :			

Test Description	Value(s)	Unit(s)	Reference Range
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Liver Function Test (LFT)

Bilirubin Total <i>Photometric</i>	0.5	mg/dL	0.2 - 1.2
Bilirubin Direct <i>Diazo Reaction</i>	0.2	mg/dL	0.0 - 0.5
Bilirubin Indirect <i>Calculation (T Bil - D Bil)</i>	0.3	mg/dL	0.1 - 1.0
SGOT/AST <i>IFCC without P5P</i>	32.2	U/L	5 - 34
SGPT/ALT <i>IFCC without P5P</i>	17.5	U/L	0 to 55
SGOT/SGPT Ratio	1.84	-	-
Alkaline Phosphatase <i>IFCC</i>	104	U/L	40 - 150
Total Protein <i>Biuret</i>	6.64	g/dL	6.4 - 8.3
Albumin <i>BCG</i>	4	gm/dL	3.8 - 5.0
Globulin <i>Calculation (T.P - Albumin)</i>	2.64	g/dL	2.3 - 3.5
Albumin :Globulin Ratio <i>Calculation (Albumin/Globulin)</i>	1.52	-	1.0 - 2.1
Gamma Glutamyl Transferase (GGT) <i>Photometric</i>	45.6	U/L	12 - 64

Interpretation:

The liver filters blood, metabolizes nutrients, detoxifies harmful substances, and produces blood clotting proteins. Liver cells contain enzymes that facilitate these functions. When cells are damaged, enzymes leak into the blood, detectable through blood tests.

Key enzymes tested:

- AST (SGOT):** may indicate tissue injury / damage in muscles or liver.
- ALT (SGPT):** Primarily in the liver. Elevated ALT and AST suggest liver damage.
- Alkaline Phosphatase & GGT:** Linked to bile production and flow. Elevated levels may indicate bile flow issues related to the liver, gallbladder, or bile ducts.

Blood proteins, **albumin and globulin**, are essential for growth, development, and health.

- Low protein:** May indicate bleeding, liver disorders, malnutrition, or agammaglobulinemia.
- High protein (Hyperproteinemia):** Often due to dehydration or increased protein production.
- Low albumin:** Caused by poor diet, kidney, or liver disease.
- High albumin:** Usually due to severe dehydration.

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MBBS, MD (Path)
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Patient NAME :		Report STATUS :	
DOB/Age/Gender :		Barcode NO :	
Patient ID / UHID :		Sample Type :	
Referred BY :		Report Date :	
Sample Collected :			

Test Description	Value(s)	Unit(s)	Reference Range
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Kidney Function Test (KFT)

Blood Urea <i>Urease</i>	18.2	mg/dL	18 - 55
Bun <i>Urease</i>	8.5	mg/dL	8.4 - 25.7
Creatinine <i>Photometric</i>	0.8	mg/dL	0.6 - 1.2
eGFR (CKD-EPI)	93.42	ml/min/1.73 sq m	Normal Or High: ≥ 90 Mild Or Decrease: 60-89 Mild To Moderate Decrease: 45-59 Mild To Severe Decrease: 30-44 Severe Decrease: 15-29 Kidney Failure: < 15
Bun/Creatinine Ratio <i>Calculated</i>	10.63		12 - 20
Urea / Creatinine Ratio <i>Calculated</i>	22.75		25.68- 42.8
Uric Acid <i>Uricase</i>	8.1	mg/dL	4.0 - 8.5
Calcium Serum <i>Arsenazo III</i>	9.3	mg/dL	8.8 - 10.0
Phosphorus <i>Photometric</i>	3.2	mg/dL	2.3 - 4.7
Sodium <i>Potentiometric</i>	135.8	mmol/L	136 - 145
Potassium <i>Potentiometric</i>	3.91	mmol/L	3.5 - 5.1
Chloride <i>Photometric</i>	98.9	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 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. 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."eGFR test is applicable for patients aged 18 years or more."

S. Bhaduri
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Sample Collected :			

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

Total Cholesterol <i>Enzymatic - Cholesterol Oxidase</i>	182	mg/dL	<200
Triglycerides <i>Colorimetric - Lip/Glycerol Kinase</i>	256.1	mg/dL	<150
HDL Cholesterol <i>Accelerator Selective Detergent</i>	37.9	mg/dL	< 40
Non HDL Cholesterol <i>Calculated</i>	144.1	mg/dL	<130
LDL Cholesterol <i>Calculated</i>	92.88	mg/dL	<100
V.L.D.L Cholesterol <i>Calculated</i>	51.22	mg/dL	< 30
Chol/HDL Ratio <i>Calculated</i>	4.8	Ratio	3.5 - 5.0
HDL/ LDL Ratio <i>Calculated</i>	0.41	Ratio	0.5 - 3.0
LDL/HDL Ratio <i>Calculated</i>	2.45	Ratio	-

Interpretation:

Lipid level assessments must be made following 9 to 12 hours of fasting, otherwise assay results might lead to erroneous interpretation. NCEP recommends of 3 different samples to be drawn at intervals of 1 week for harmonizing biological variables that might be encountered in single assays.

National Lipid Association Recommendations (NLA-2014)	Total Cholesterol (mg/dL)	Triglyceride (mg/dL)	LDL Cholesterol (mg/dL)	Non HDL Cholesterol (mg/dL)
Optimal	<200	<150	<100	<130
Above Optimal			100-129	130 - 159
Borderline High	200-239	150-199	130-159	160 - 189
High	>=240	200-499	160-189	190 - 219
Very High	-	>=500	>=190	>=220

HDL Cholesterol	
Low	High
<40	>=60

Risk Stratification for ASCVD (Atherosclerotic Cardiovascular Disease) by Lipid Association of India.

Risk Category	A. CAD with > 1 feature of high risk group
Extreme risk group	B. CAD with >1 feature of very high risk group of recurrent ACS (within 1 year) despite LDL-C <or = 50 mg/dl or poly vascular disease
Very High Risk	1.Established ASCVD 2.Diabetes with 2 major risk factors of evidence of end organ damage 3. Familial Homozygous Hypercholesterolemia
	1. Three major ASCVD risk factors 2. Diabetes with 1 major risk factor or no evidence

S. Bhaduri
Dr. Sankarsan Bhaduri
 MBBS, MD (Path)
 Consultant Pathologist

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Test Description	Value(s)	Unit(s)	Reference Range
High Risk	of end organ damage 3. CHD stage 3B or 4. 4 LDL >190 mg/dl 5. Extreme of a single risk factor 6. Coronary Artery Calcium - CAC > 300 AU 7. Lipoprotein a >= 50 mg/dl 8. Non stenotic carotid plaque		
Moderate Risk	2 major ASCVD risk factors		
Low Risk	0-1 major ASCVD risk factors		
Major ASCVD (Atherosclerotic cardiovascular disease) Risk Factors			
1. Age >=45 years in Males & >= 55 years in Females	3. Current Cigarette smoking or tobacco use		
2. Family history of premature ASCVD	4. High blood pressure		
5. Low HDL			

Newer treatment goals and statin initiation thresholds based on the risk categories proposed by Lipid Association of India in 2020.

Risk Group	Treatment Goals		Consider Drug Therapy	
	LDL-C (mg/dl)	Non-HDL (mg/dl)	LDL-C (mg/dl)	Non-HDL (mg/dl)
Extreme Risk Group Category A	<50 (Optional goal <OR = 30)	<80 (Optional goal <OR = 60)	>OR = 50	>OR = 80
Extreme Risk Group Category B	>OR = 30	>OR = 60	> 30	> 60
Very High Risk	<50	<80	>OR = 50	>OR = 80
High Risk	<70	<100	>OR = 70	>OR = 100
Moderate Risk	<100	<130	>OR = 100	>OR = 130
Low Risk	<100	<130	>OR = 130*	>OR = 160

* After an adequate non-pharmacological intervention for at least 3 months.

References : Management of Dyslipidaemia for the Prevention of Stroke : Clinical practice Recommendations from the Lipid Association of India. Current Vascular Pharmacology,2022,20,134-155.

Dr. Sankarsan Bhaduri
 MBBS, MD (Path)
 Consultant Pathologist

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

Iron <i>Ferene</i>	89.6	µg/dL	65 - 175
TIBC,(Total Iron Binding Capacity) <i>Calculated</i>	318.5	µg/dL	250 - 450
UIBC <i>Ferene</i>	228.9	µg/dL	69 - 240
Transferrin Saturation <i>Method :Derived from IRON and TIBC values</i>	28.13	%	14 - 50

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.

S. Bhaduri
 Dr. Sankarsan Bhaduri
 MBBS, MD (Path)
 Consultant Pathologist

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

Triiodothyronine (T3) <i>CLIA</i>	155	ng/dL	35 - 193
Total Thyroxine (T4) <i>CLIA</i>	4.79	µg/dL	4.87 - 11.2
Thyroid Stimulating Hormone (Ultrasensitive) <i>CLIA</i>	67.2	mIU/L	0.35 - 4.94

Note :Please correlate clinically.

Interpretation:

Pregnancy	Reference Range TSH
1st Trimester	0.1 - 2.5
2nd Trimester	0.2 - 3.0
3rd Trimester	0.3 - 3.0

Clinical Use:

1. Diagnose Hypothyroidism & Hyperthyroidism
2. Monitor T4 therapy
3. Measure subnormal TSH levels

Increased TSH: Primary hypothyroidism, Subclinical hypothyroidism, TSH-dependent hyperthyroidism, Thyroid hormone resistance

Decreased TSH: Graves' disease, Autonomous thyroid hormone secretion, TSH deficiency

Thyroid malfunction (hyper or hypo) affects T3 & T4 levels. Pituitary or hypothalamic issues also influence thyroid activity.

1. **Primary Hypothyroidism:** High TSH levels.
2. **Secondary/Tertiary Hypothyroidism:** Low TSH levels.
3. **Euthyroid Sick Syndrome:** Abnormal thyroid test results due to non-thyroidal illnesses (NTI).

TBG levels are stable in healthy individuals but may be altered by pregnancy, estrogens, androgens, steroids, or glucocorticoids, causing inaccurate T3 & T4 readings.

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. Sankarsan Bhaduri
 MBBS, MD (Path)
 Consultant Pathologist

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Test Description	Value(s)	Unit(s)	Reference Range
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Prostate Specific Antigen (PSA) Total

Prostate Specific Antigen-Total (PSA-Total)	1.83	ng/mL	<4.4
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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

S. Bhaduri
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 MBBS, MD (Path)
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Sample Collected :			

Test Description	Value(s)	Unit(s)	Reference Range
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Urine Routine and Microscopic Examination

Physical Examination			
Volume	20	ml	-
Colour	Pale yellow	-	Pale yellow
Transparency	Clear	-	Clear
Deposit	Absent	-	Absent
Chemical Examination			
Reaction (pH) <i>Double Indicator</i>	6.0	-	4.5 - 8.0
Specific Gravity <i>Ion Exchange</i>	1.010	-	1.010 - 1.030
Urine Glucose (sugar) <i>Oxidase / Peroxidase</i>	Negative	-	Negative
Urine Protein (Albumin) <i>Acid / Base Colour Exchange</i>	Negative	-	Negative
Urine Ketones (Acetone) <i>Legal's Test</i>	Negative	-	Negative
Blood <i>Peroxidase Hemoglobin</i>	Positive(Trace)	-	Negative
Leucocyte esterase <i>Enzymatic Reaction</i>	Negative	-	Negative
Bilirubin Urine <i>Coupling Reaction</i>	Negative	-	Negative
Nitrite <i>Griffith's Test</i>	Negative	-	Negative
Urobilinogen <i>Ehrlich's Test</i>	Normal	-	Normal
Microscopic Examination			
Pus Cells (WBCs)	1-2	/hpf	0 - 5
Epithelial Cells	2-3	/hpf	0 - 4
Red blood Cells	2-3	/hpf	Absent
Crystals	Absent	-	Absent
Cast	Absent	-	Absent
Yeast Cells	Absent	-	Absent
Amorphous deposits	Absent	-	Absent
Bacteria	Present (Few)	-	Absent
Protozoa	Absent	-	Absent

Interpretation:

URINALYSIS- Routine urine analysis assists in screening and diagnosis of various metabolic, urological, kidney and liver disorders.

Protein: Elevated proteins can be an early sign of kidney disease. Urinary protein excretion can also be temporarily elevated by strenuous exercise, orthostatic proteinuria, dehydration, urinary tract infections and acute illness with fever

S. Bhaduri
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MBBS, MD (Path)
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Test Description	Value(s)	Unit(s)	Reference Range
<p>Glucose: Uncontrolled diabetes mellitus can lead to presence of glucose in urine. Other causes include pregnancy, hormonal disturbances, liver disease and certain medications.</p> <p>Ketones: Uncontrolled diabetes mellitus can lead to presence of ketones in urine. Ketones can also be seen in starvation, frequent vomiting, pregnancy and strenuous exercise.</p> <p>Blood: Occult blood can occur in urine as intact erythrocytes or haemoglobin, which can occur in various urological, nephrological and bleeding disorders.</p> <p>Leukocytes: An increase in leukocytes is an indication of inflammation in urinary tract or kidneys. Most common cause is bacterial urinary tract infection.</p> <p>Nitrite: Many bacteria give positive results when their number is high. Nitrite concentration during infection increases with length of time the urine specimen is retained in bladder prior to collection.</p> <p>pH: The kidneys play an important role in maintaining acid base balance of the body. Conditions of the body producing acidosis/ alkalosis or ingestion of certain type of food can affect the pH of urine.</p> <p>Specific gravity: Specific gravity gives an indication of how concentrated the urine is. Increased specific gravity is seen in conditions like dehydration, glycosuria and proteinuria while decreased specific gravity is seen in excessive fluid intake, renal failure and diabetes insipidus.</p> <p>Bilirubin: In certain liver diseases such as biliary obstruction or hepatitis, bilirubin gets excreted in urine.</p> <p>Urobilinogen: Positive results are seen in liver diseases like hepatitis and cirrhosis and in cases of haemolytic anaemia.</p>			

*** End Of Report ***

S. Bhaduri
 Dr. Sankarsan Bhaduri
 MBBS, MD (Path)
 Consultant Pathologist

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