Redcliffe labs

Healthy India Ki Trusted Lab

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

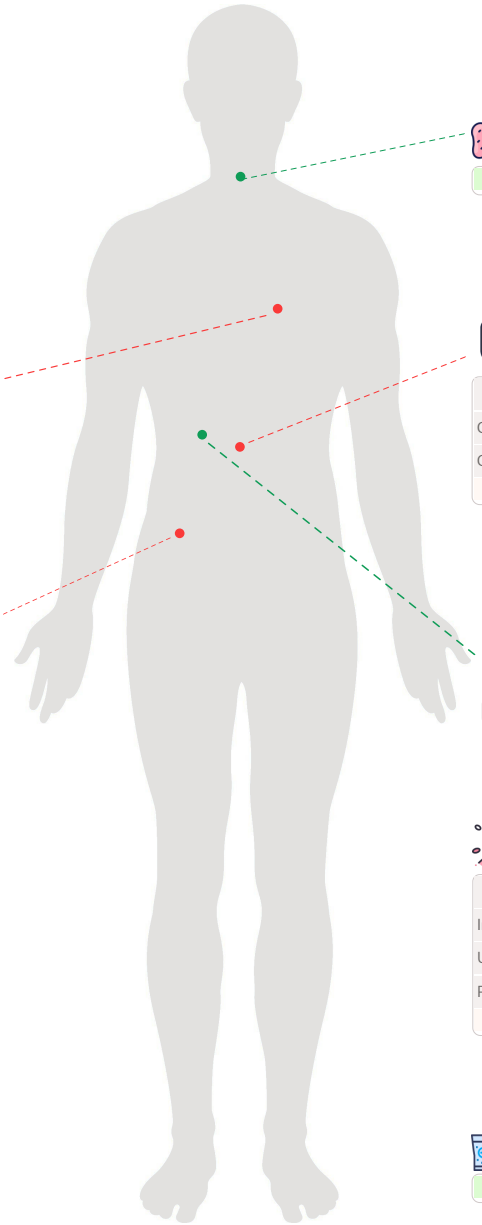
This comprehensive health report provides detailed insights into your test results. Each section offers different perspectives on your health status, from visual summaries to detailed analysis and personalized recommendations.

SMART HEALTH REPORT

Name | Gender

Patient ID | Age

Health Summary



BLOOD COUNTS

Everything looks good

THYROID PROFILE

Everything looks good

CARDIAC PROFILE

Test Name	Result
Chol/HDL Ratio	3.2

Please Watchout

DIABETES MONITORING

Test Name	Result
Glycosylated Hemoglobin (HbA1c)	8.8
Glucose Fasting	191.3

Please Watchout

KIDNEY PROFILE

Test Name	Result
Bun/Creatinine Ratio	23.77
Urine Glucose (sugar)	Positive(+)

Please Watchout

LIVER PROFILE

Everything looks good

ANEMIA STUDIES

Test Name	Result
Iron	44
UIBC	265
PCV	39.5

+ 3 tests Please Watchout

ELECTROLYTES

Everything looks good

VITAMIN PROFILE

Everything looks good

MINERAL PROFILE

Everything looks good

Name

Gender

Patient ID

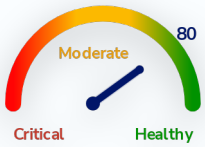
Age

Quick Health Summary

Personal Insights - Score

80 (Good)

The overall health profile indicates excellent status in most parameters, with notable concerns in diabetes and anemia, which require attention. Maintaining a balanced diet, regular exercise, and monitoring blood sugar levels are recommended to improve these areas. Continued health check-ups will help track progress and prevent future risks.



Summary of Key Health Indicators

Total Parameters Tested	Abnormal Results
100	11

Health Status by Body System

Profile	Abnormal / Total	Key Results
Anemia Studies	6 / 11	● Iron: 44 µg/dL (Normal: 65–175 µg/dL) ● UIBC: 265 µg/dL (Normal: 69–240 µg/dL) ● PCV: 39.5 % (Normal: 40–50 %) *+3 more abnormal tests*
Diabetes Monitoring	2 / 3	● Glycosylated Hemoglobin (HbA1c): 8.8 % (Normal: 0–5.6 %) ● Glucose Fasting: 191.3 mg/dL (Normal: 70–100 mg/dL)
Kidney Profile	2 / 13	● Bun/Creatinine Ratio: 23.77 (Normal: 12–20) ● Urine Glucose (sugar): Positive(+) (Normal: –)
Cardiac Profile	1 / 10	● Chol/HDL Ratio: 3.2 Ratio (Normal: 3.5–5.0 Ratio)
Inflammation	0 / 2	All Normal
Arthritis Screening	0 / 1	All Normal
Vitamin Profile	0 / 2	All Normal
Thyroid Profile	0 / 3	All Normal
Cancer Profile	0 / 1	All Normal
Immunity	0 / 1	All Normal
Blood Counts	0 / 14	All Normal
Blood Clotting	0 / 5	All Normal

Profile	Abnormal / Total	Key Results
Liver Profile	0 / 12	All Normal
Mineral Profile	0 / 1	All Normal
Electrolytes	0 / 3	All Normal
Urinalysis	0 / 17	All Normal

Name [redacted] Gender M

Patient ID Age

Report Summary

Normal Abnormal No color - Reference range not available

INFLAMMATION

Test Name	Result unit	Range
ESR - Erythrocyte Sedimentation Rate	13 mm/hr	< 30
CRP (Quantitative)	0.2 mg/L	< 5

ANEMIA STUDIES

Test Name	Result unit	Range
Iron	**44** µg/dL	65-175
TIBC,(Total Iron Binding Capacity)	309 µg/dL	250-450
UIBC	**265** µg/dL	69-240
Transferrin Saturation	14.24 %	14-50
Hemoglobin	13.4 g/dL	13-17
PCV	**39.5** %	40-50
MCV	**82** fl	83-101
MCH	27.9 pg	27-32
MCHC	34 g/dL	31.5-34.5
RDW (CV)	**18.4** %	11.6-14
RDW-SD	**50.4** fl	35.1-43.9

CARDIAC PROFILE

Test Name	Result unit	Range
HIGHLY SENSITIVE C-REACTIVE PROTEIN (hs-CRP)	0.01 mg/L	< 1
Total Cholesterol	135 mg/dL	< 200
Triglycerides	148.4 mg/dL	< 150
HDL Cholesterol	42.2 mg/dL	40-100
Non HDL Cholesterol	92.8 mg/dL	< 130
LDL Cholesterol	63.12 mg/dL	30-129
V.L.D.L Cholesterol	29.68 mg/dL	< 30
Chol/HDL Ratio	**3.2** Ratio	3.5-5
HDL/ LDL Ratio	0.67 Ratio	0.5-3
LDL/HDL Ratio	1.5 Ratio	

Name

Gender

Patient ID

Age

Report Summary

Normal Abnormal No color - Reference range not available

ARTHRITIS SCREENING

Test Name	Result unit	Range
RHEUMATOID FACTOR, Quantitative	1.5 IU/mL	< 30

VITAMIN PROFILE

Test Name	Result unit	Range
Vitamin - B12	243 pg/mL	187-883
Vitamin D 25 - Hydroxy	37.1 ng/mL	30-100

THYROID PROFILE

Test Name	Result unit	Range
Triiodothyronine (T3)	89.7 ng/dL	70-204
Total Thyroxine (T4)	8 µg/dL	4.87-11.72
Thyroid Stimulating Hormone (Ultrasensitive)	3.3 mIU/L	0.35-4.94

CANCER PROFILE

Test Name	Result unit	Range
Prostate Specific Antigen-Total (PSA-Total)	1.8 ng/mL	< 4

IMMUNITY

Test Name	Result unit	Range
IMMUNOGLOBULIN IgE TOTAL SERUM	65.8 IU/mL	28-140

ISO 9001 :2015

SMART HEALTH REPORT

Redcliffe labs

Name

Gender

Patient ID

Age

Report Summary

Normal Abnormal No color - Reference range not available

BLOOD COUNTS

Test Name	Result unit	Range
RBC Count	4.8 10^6/µl	4.5-5.5
TLC	6.8 10^3/µl	4-10
Neutrophils	63 %	40-80
Lymphocytes	26.8 %	20-40
Monocytes	7.7 %	2-10
Eosinophils	1.6 %	1-6
Basophils	0.9 %	< 2
Neutrophils.	4.28 10^3/µl	2-7
Lymphocytes.	1.82 10^3/µl	1-3
Monocytes.	0.52 10^3/µl	0.2-1
Eosinophils.	0.11 10^3/µl	0.02-0.5
Basophils.	0.06 10^3/µl	< 0.5
Platelet Count	246 10^3/µl	150-410
Mentzer Index	17.08 %	

BLOOD CLOTTING

Test Name	Result unit	Range
Mean Platelet Volume (MPV)	10.2 fL	9.3-12.1
PCT	0.2 %	0.17-0.32
PDW	18.6 fL	8.3-25
P-LCR	39.1 %	18-50
P-LCC	96 10^9/L	44-140

DIABETES MONITORING

Test Name	Result unit	Range
Glycosylated Hemoglobin (HbA1c)	**8.8** %	< 5.6
Estimated Average Glucose	205.86 mg/dL	
Glucose Fasting	**191.3** mg/dL	70-100

Name

Gender

Patient ID

Age

Report Summary

Normal Abnormal No color - Reference range not available

LIVER PROFILE

Test Name	Result unit	Range
Bilirubin Total	0.7 mg/dL	< 1.2
Bilirubin Direct	0.37 mg/dL	< 0.5
Bilirubin Indirect	0.33 mg/dL	< 1
SGOT/AST	23.8 U/L	5-34
SGPT/ALT	22.2 U/L	< 55
SGOT/SGPT Ratio	1.07 %	
Alkaline Phosphatase	63 U/L	40-150
Total Protein	6.9 g/dL	6.4-8.3
Albumin	3.8 gm/dL	3.8-5
Globulin	3.1 g/dL	2.3-3.5
Albumin :Globulin Ratio	1.23	< 2.1
Gamma Glutamyl Transferase (GGT)	24.9 U/L	< 64

KIDNEY PROFILE

Test Name	Result unit	Range
Blood Urea	41.7 mg/dL	18-55
Bun	19.49 mg/dL	8.4-25.7
Creatinine	0.82 mg/dL	0.72-1.25
eGFR (CKD-EPI)	89.88 ml/min/1.73 sq m	
Bun/Creatinine Ratio	**23.77**	12-20
Urea / Creatinine Ratio	50.85	
Uric Acid	6.7 mg/dL	3.5-7.2
Calcium Serum	9.7 mg/dL	8.8-10
Colour	Pale yellow	
Deposit	Absent	
Urine Glucose (sugar)	**Positive(+)**	
Yeast Cells	Absent	
Amorphous deposits	Absent	

MINERAL PROFILE

Test Name	Result unit	Range
Phosphorus	2.71 mg/dL	2.3-4.7

Name

Gender

Patient ID

Age

Report Summary

Normal Abnormal No color - Reference range not available

ELECTROLYTE PROFILE

Test Name	Result unit	Range
Sodium	139.6 mmol/L	136-145
Potassium	5 mmol/L	3.5-5.1
Chloride	103.3 mmol/L	98-107

URINALYSIS

Test Name	Result unit	Range
Volume	20 ml	
Transparency	Clear	
Reaction (pH)	6.0	4.5-8
Specific Gravity	1.015	1.01-1.03
Urine Protein (Albumin)	Negative	
Urine Ketones (Acetone)	Negative	
Blood	Negative	
Leucocyte esterase	Negative	
Bilirubin Urine	Negative	
Nitrite	Negative	
Urobilinogen	Normal	
Pus Cells (WBCs)	3-4 /hpf	
Epithelial Cells	2-3 /hpf	
Red blood Cells	Absent /hpf	
Crystals	Absent	
Cast	Absent	
Bacteria	Absent	

Name

Gender

Patient ID

Age

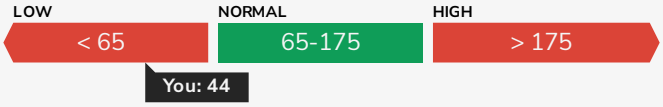
Health Advisory

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.

Iron: 44 µg/dL — LOW

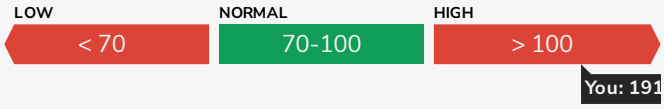


Diabetes

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): 8.8 % — HIGH

Glucose Fasting: 191.3 mg/dL — HIGH



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

Senior Citizen Full Body Check Up- Male (Advance)

Complete Blood Count (CBC)

Test Description	Value(s)	Unit(s)	Reference Range
RBC Parameters			
Hemoglobin *Cyanide free spectrophotometry*	13.4	g/dL	13.0 - 17.0
RBC Count *Electrical impedance*	4.8	10^6/µl	4.5 - 5.5
PCV *Direct measure impedance*	**39.5**	%	40 - 50
MCV *Calculated*	**82**	fl	83 - 101
MCH *Calculated*	27.9	pg	27 - 32
MCHC *Calculated*	34	g/dL	31.5 - 34.5
RDW (CV) * *Calculated*	**18.4**	%	11.6 - 14.0
RDW-SD * *Calculated*	**50.4**	fl	35.1 - 43.9
WBC Parameters			
TLC *Electrical impedance and microscopy*	6.8	10^3/µl	4 - 10
Differential Leucocyte Count			
Neutrophils *Laser based Flow-cytometry*	63	%	40-80
Lymphocytes *Laser based Flow-cytometry*	26.8	%	20-40
Monocytes *Laser based Flow-cytometry*	7.7	%	2-10
Eosinophils *Laser based Flow-cytometry*	1.6	%	1-6
Basophils *Laser based Flow-cytometry*	0.9	%	<2
Absolute Leukocyte Counts * ***Calculated***			
Neutrophils. * *Calculated*	4.28	10^3/µl	2 - 7
Lymphocytes. * *Calculated*	1.82	10^3/µl	1 - 3
Monocytes. * *Calculated*	0.52	10^3/µl	0.2 - 1.0
Eosinophils. * *Calculated*	0.11	10^3/µl	0.02 - 0.5

(*) Parameter(s) are outside the scope of tests recognized under the NABL M(EL)T Scheme.

Rajdeep Kaur

Dr Rajdeep Kaur
MBBS, MD
Consultant Pathologist

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

Test Description	Value(s)	Unit(s)	Reference Range
Basophils. * *Calculated*	0.06	10^3/µl	0.02 - 0.5
Platelet Parameters			
Platelet Count *Electrical impedance and microscopy*	246	10^3/µl	150 - 410
Mean Platelet Volume (MPV) * *Calculated*	10.2	fL	9.3 - 12.1
PCT * *Calculated*	0.2	%	0.17 - 0.32
PDW * *Calculated*	18.6	fL	8.3 - 25.0
P-LCR * *Calculated*	39.1	%	18 - 50
P-LCC * *Calculated*	96	10^9/L	44 - 140
Mentzer Index * *Calculated*	17.08	%	> 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.

Rajdeep Kaur

Dr Rajdeep Kaur
MBBS, MD
Consultant Pathologist

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

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

Erythrocyte Sedimentation Rate (ESR)

ESR - Erythrocyte Sedimentation Rate *MODIFIED WESTERGREN*	13	mm/hr	0 - 30

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

Rajdeep Kaur

Dr Rajdeep Kaur
MBBS, MD
Consultant Pathologist

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

HbA1C (Glycosylated Haemoglobin)

Test Description	Value(s)	Unit(s)	Reference Range
Glycosylated Hemoglobin (HbA1c) *immunoturbidimetry*	**8.8**	%	< 5.7
Estimated Average Glucose *	205.86	mg/dL	-

Interpretation:
Interpretation For HbA1c% As per American Diabetes Association (ADA)

Reference Group	HbA1c in %
Non diabetic adults >=18 years	<5.7
At risk (Prediabetes)	5.7 - 6.4
Diagnosing Diabetes	>= 6.5
Therapeutic goals for glycemic control	Age > 19 years Goal of therapy: < 7.0 Age < 19 years Goal of therapy: <7.5

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

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

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

Rajdeep Kaur

Dr Rajdeep Kaur
MBBS, MD
Consultant Pathologist

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

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

Glucose Fasting

Glucose Fasting *GOD-POD*	**191.3**	mg/dL	70 - 100

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

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

Dr Rajdeep Kaur
MBBS, MD
Consultant Pathologist

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

Test Description	Value(s)	Unit(s)	Reference Range
Liver Function Test (LFT)			
Bilirubin Total *Diazo*	0.7	mg/dL	0.2 - 1.2
Bilirubin Direct *Diazo Reaction*	0.37	mg/dL	0.0 - 0.5
Bilirubin Indirect * *Calculation (T Bil - D Bil)*	0.33	mg/dL	0.1 - 1.0
SGOT/AST *IFCC without P5P*	23.8	U/L	5 - 34
SGPT/ALT *IFCC without P5P*	22.2	U/L	0 to 55
SGOT/SGPT Ratio *	1.07	-	-
Alkaline Phosphatase *p-nitrophenyl Phosphate, AMP buffer*	63	U/L	40 - 150
Total Protein *Biuret*	6.9	g/dL	6.4 - 8.3
Albumin *BCG*	3.8	gm/dL	3.8 - 5.0
Globulin * *Calculation (T.P - Albumin)*	3.1	g/dL	2.3 - 3.5
Albumin :Globulin Ratio * *Calculation (Albumin/Globulin)*	1.23	-	1.0 - 2.1
Gamma Glutamyl Transferase (GGT) * *ENZYMATIC*	24.9	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:

1. AST (SGOT): may indicate tissue injury / damage in muscles or liver.
2. ALT (SGPT): Primarily in the liver. Elevated ALT and AST suggest liver damage.
3. 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.

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

Dr Rajdeep Kaur
MBBS, MD
Consultant Pathologist

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

Kidney Function Test (KFT)

Test Description	Value(s)	Unit(s)	Reference Range
Blood Urea *Urease GLDH*	41.7	mg/dL	18 - 55
Bun * *Urease*	19.49	mg/dL	8.4 - 25.7
Creatinine *Enzymatic*	0.82	mg/dL	0.72 - 1.25
eGFR (CKD-EPI) *	89.88	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 * *Calculated*	**23.77**		12 - 20
Urea / Creatinine Ratio *	50.85		
Uric Acid *Uricase*	6.7	mg/dL	3.5 - 7.2
Calcium Serum *ARSENAZO*	9.7	mg/dL	8.8 - 10.0
Phosphorus *Ammonium molybdate UV*	2.71	mg/dL	2.3 - 4.7
Sodium *Direct ISE*	139.6	mmol/L	136 - 145
Potassium *Direct ISE*	5	mmol/L	3.5 - 5.1
Chloride *Direct ISE*	103.3	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."**

Rajdeep Kaur

Dr Rajdeep Kaur
MBBS, MD
Consultant Pathologist

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

Test Description	Value(s)	Unit(s)	Reference Range
Lipid Profile			
Total Cholesterol *CHOD-PAP*	135	mg/dL	<200
Triglycerides *GPO-POD*	148.4	mg/dL	<150
HDL Cholesterol *Chod cher*	42.2	mg/dL	>40
Non HDL Cholesterol * *Calculated*	92.8	mg/dL	<130
LDL Cholesterol *Calculated*	63.12	mg/dL	<100
V.L.D.L Cholesterol * *Calculated*	29.68	mg/dL	< 30
Chol/HDL Ratio * *Calculated*	**3.2**	Ratio	3.5 - 5.0
HDL/ LDL Ratio * *Calculated*	0.67	Ratio	0.5 - 3.0
LDL/HDL Ratio * *Calculated*	1.5	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

Rajdeep Kaur

Dr Rajdeep Kaur
MBBS, MD
Consultant Pathologist

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

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

High Risk	1. Three major ASCVD risk factors 2. Diabetes with 1 major risk factor or no evidence of end organ damage 3. CHD stage 3B or 4. 4 LDL >190 mg/dl 5. Extreme of a single risk factor 6. Coronary Artery Calcium - CAC > 300 AU 7. Lipoprotein a >/= 50 mg/dl 8. Non stenotic carotid plaque
Moderate Risk	2 major ASCVD risk factors
Low Risk	0-1 major ASCVD risk factors
Major ASCVD (Atherosclerotic cardiovascular disease) Risk Factors	
1. Age >/=45 years in Males & >/= 55 years in Females	3. Current Cigarette smoking or tobacco use
2. Family history of premature ASCVD	4. High blood pressure
5. Low HDL	

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

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

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

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

Rajdeep Kaur

Dr Rajdeep Kaur
MBBS, MD
Consultant Pathologist

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

Iron Studies

Test Description	Value(s)	Unit(s)	Reference Range
Iron *Ferene*	**44**	µg/dL	65 - 175
TIBC,(Total Iron Binding Capacity) *Calculated*	309	µg/dL	250 - 450
UIBC *Ferene*	**265**	µg/dL	69 - 240
Transferrin Saturation *Method :Derived from IRON and TIBC values*	14.24	%	-

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.

Rajdeep Kaur

Dr Rajdeep Kaur
MBBS, MD
Consultant Pathologist

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

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

C-Reactive Protein (CRP), Quantitative

CRP (Quantitative) *Immunoturbidimetry*	0.2	mg/L	up to 5

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

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

Rajdeep Kaur

Dr Rajdeep Kaur
MBBS, MD
Consultant Pathologist

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

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

High Sensitivity C-Reactive Protein (Hs-CRP)

HIGHLY SENSITIVE C-REACTIVE PROTEIN (hs-CRP) *immunoturbidimetric*	0.01	mg/L	<1.00

Interpretaion:

Cardio CRP In mg/L	Cardiovascular Risk
<1	Low
1-3	Average
3-10	High
>10	Persistent elevation may represent Non cardiovascular inflammation

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.

Rajdeep Kaur

Dr Rajdeep Kaur
MBBS, MD
Consultant Pathologist

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

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

Rheumatoid Factor (RF), Quantitative

RHEUMATOID FACTOR, Quantitative *Immunoturbidimetry*	1.5	IU/mL	Negative <30 Weakly positive 30 to 50 Positive >50

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

Rajdeep Kaur

Dr Rajdeep Kaur
MBBS, MD
Consultant Pathologist

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

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

Vitamin B12 / Cyanocobalamin

Vitamin - B12 *CMIA*	243	pg/mL	187 - 883

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

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

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

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

Rajdeep Kaur

Dr Rajdeep Kaur
MBBS, MD
Consultant Pathologist

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

Test Description	Value(s)	Unit(s)	Reference Range
Vitamin D 25 Hydroxy			
Vitamin D 25 - Hydroxy *CMIA*	37.1	ng/mL	Deficiency : <30 ng/mL

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.

Rajdeep Kaur

Dr Rajdeep Kaur
MBBS, MD
Consultant Pathologist

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

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

Thyroid Profile Total

Triiodothyronine (T3) *CMIA*	89.7	ng/dL	70 -204
Total Thyroxine (T4) *CMIA*	8	µg/dL	4.87 - 11.72
Thyroid Stimulating Hormone (Ultrasensitive) *CMIA*	3.3	mIU/L	0.35 - 4.94

Interpretation:

Pregnancy	Refrence 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 Nomral	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)

Rajdeep Kaur
Dr Rajdeep Kaur
MBBS, MD
Consultant Pathologist

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

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

Prostate Specific Antigen (PSA) Total

Prostate Specific Antigen-Total (PSA-Total) *CMIA*	1.8	ng/mL	<4.0

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

Rajdeep Kaur

Dr Rajdeep Kaur
MBBS, MD
Consultant Pathologist

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

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

Immunoglobulin E (IgE Total)

IMMUNOGLOBULIN IgE TOTAL SERUM *CLIA*	65.8	IU/mL	28.0 - 140.0

Interpretation:
The level of serum IgE rises during childhood and reaches adult levels during the teens. IgE is the mediator of the allergic response. Patients with atopic disease, including allergic asthama, allergic rhinitis, and atopic dermatitis commonly have moderately elevated serum IgE levels. Total serum IgE levels may also be elevated in the presence of some clinical conditions that are not related to allergy. These clinical conditions include parasitic infections, immunodeficiency states, autoimmune diseases, Hodgkins disease, bronchopulmonary aspergillosis, IgE myeloma, and Sezary syndrome.

Rajdeep Kaur

Dr Rajdeep Kaur
MBBS, MD
Consultant Pathologist

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

Test Description	Value(s)	Unit(s)	Reference Range
Urine Routine and Microscopic Examination			
Physical Examination			
Volume *	20	ml	-
Colour *	Pale yellow	-	Pale yellow
Transparency *	Clear	-	Clear
Deposit *	Absent	-	Absent
Chemical Examination			
Reaction (pH) *Double Indicator*	6.0	-	4.5 - 8.0
Specific Gravity *Ion Exchange*	1.015	-	1.010 - 1.030
Urine Glucose (sugar) *Oxidase / Peroxidase*	**Positive(+)**	-	Negative
Urine Protein (Albumin) *Acid / Base Colour Excahnge*	Negative	-	Negative
Urine Ketones (Acetone) *Legals Test*	Negative	-	Negative
Blood *Peroxidase Hemoglobin*	Negative	-	Negative
Leucocyte esterase *Enzymatic Reaction*	Negative	-	Negative
Bilirubin Urine *Coupling Reaction*	Negative	-	Negative
Nitrite *Griless Test*	Negative	-	Negative
Urobilinogen *Ehrlichs Test*	Normal	-	Normal
Microscopic Examination			
Pus Cells (WBCs) *	3-4	/hpf	0 - 5
Epithelial Cells *	2-3	/hpf	0 - 4
Red blood Cells *	Absent	/hpf	Absent
Crystals *	Absent	-	Absent
Cast *	Absent	-	Absent
Yeast Cells *	Absent	-	Absent
Amorphous deposits *	Absent	-	Absent
Bacteria *	Absent	-	Absent
Protozoa *	Absent	-	Absent

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

(*) Parameter(s) are outside the scope of tests recognized under the NABL M(EL)T Scheme.

Rajdeep Kaur

Dr Rajdeep Kaur
MBBS, MD
Consultant Pathologist

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

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

Glucose: Uncontrolled diabetes mellitus can lead to presence of glucose in urine. Other causes include pregnancy, hormonal disturbances, liver disease and certain medications.

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.

Blood: Occult blood can occur in urine as intact erythrocytes or haemoglobin, which can occur in various urological, nephrological and bleeding disorders.

Leukocytes: An increase in leukocytes is an indication of inflammation in urinary tract or kidneys. Most common cause is bacterial urinary tract infection.

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.

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.

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.

Bilirubin: In certain liver diseases such as biliary obstruction or hepatitis, bilirubin gets excreted in urine.

Urobilinogen: Positive results are seen in liver diseases like hepatitis and cirrhosis and in cases of haemolytic anaemia.

*** End Of Report ***

Rajdeep Kaur

Dr Rajdeep Kaur
MBBS, MD
Consultant Pathologist

Terms and Conditions of Reporting

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.

About Redcliffe Labs

We are India's Most Trusted & Fastest Growing Network of Diagnostics Labs

Best Customer Experience

Commitment to excellence, high end technology oriented staff

100% Report Correctness

Focus on quality with accurate results

Best Prices With Fast Reports

Value for money with quick turn around time (TAT)

Your booking just gave back to nature –

with every health checkup, you're contributing by planting a tree!

BharatFit -5

BEST SELLER

₹2399 ~~₹4214~~ | 96 TEST PARAMETERS

- Blood Sugar Fasting (1 Test)
- Lipid Profile (9 Tests)
- Liver Function Test (12 Tests)
- Kidney Function Test (12 Tests)
- Thyroid Profile Total (3 Tests)
- Urine R/M (23 Tests)
- Complete Blood Count (26 Tests)
- ESR (1 Test)
- HbA1c (2 Tests)
- Vitamin D (1 Test)
- Vitamin B12 (1 Test)
- Iron Studies (4 Tests)
- HBsAg (Rapid) (1 Test)

India's Most Loved DIAGNOSTICS

3600 + Tests & Packages

220+ Cities Presence

Home collection available

100% Accurate Report Guarantee.

GET IT ON Google Play

Download on the App Store

Terms and Conditions of Reporting

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.