Redcliffe labs

Healthy India Ki Trusted Lab

smart Health Report

An Insightful Health Analytics Report for Easier Understanding

Prepared For

www.redcliffelabs.com

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

ISO 9001 :2015

Redcliffe labs

Name

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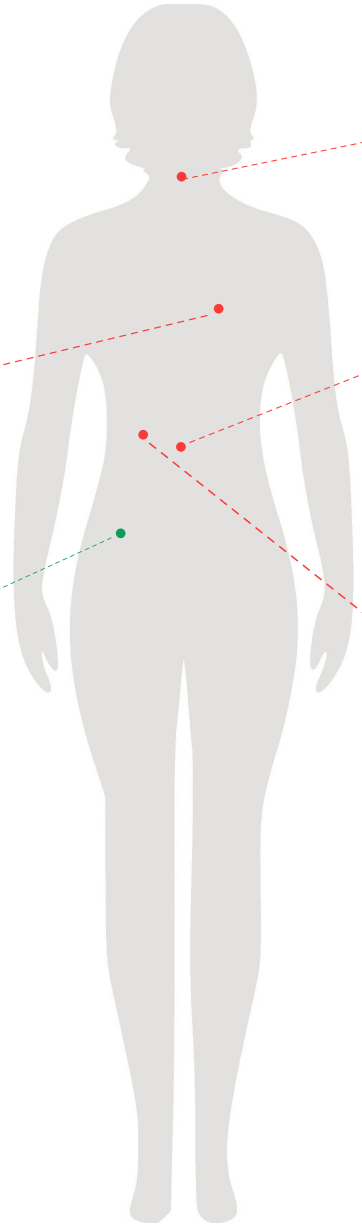
Health Summary



BLOOD COUNTS

Test Name	Result
RBC Count	5.4

Please Watchout

CARDIAC PROFILE

Test Name	Result
LDL Cholesterol	102.64
Chol/HDL Ratio	2.99

Please Watchout

KIDNEY PROFILE

Everything looks good

ELECTROLYTES

Everything looks good

THYROID PROFILE

Test Name	Result
Thyroid Stimulating Hormone (Ultrasensitive)	7.5

Please Watchout

DIABETES MONITORING

Test Name	Result
Glycosylated Hemoglobin (HbA1c)	5.8

Please Watchout

LIVER PROFILE

Test Name	Result
Globulin	3.6

Please Watchout

ANEMIA STUDIES

Test Name	Result
Iron	49.3
Hemoglobin	11.4
MCV	69.2

+ 3 tests Please Watchout

MINERAL PROFILE

Everything looks good

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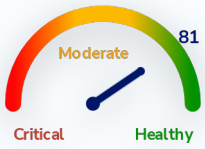
Quick Health Summary

Personal Insights - Score

81 (Excellent)

Your health assessment indicates strong scores in areas such as inflammation, cancer, and kidney health, suggesting a robust overall condition. However, thyroid and anemia levels require attention to optimize your well-being. We recommend lifestyle adjustments and minor interventions to enhance your health further.



Summary of Key Health Indicators

Total Parameters Tested	Abnormal Results
94	13

Health Status by Body System

Profile	Abnormal / Total	Key Results
Anemia Studies	6 / 11	● **Iron: 49.3 µg/dL** (Normal: 50–170 µg/dL) ● **Hemoglobin: 11.4 g/dL** (Normal: 12.0–15.0 g/dL) ● **MCV: 69.2 fl** (Normal: 83–101 fl) *+3 more abnormal tests*
Cardiac Profile	2 / 9	● **LDL Cholesterol: 102.64 mg/dL** (Normal: 30–100 mg/dL) ● **Chol/HDL Ratio: 2.99 Ratio** (Normal: 3.5–5 Ratio)
Thyroid Profile	1 / 3	● **Thyroid Stimulating Hormone (Ultrasensitive): 7.5 mIU/L** (Normal: 0.35–4.94 mIU/L)
Blood Counts	1 / 14	● **RBC Count: 5.4 10^6/µl** (Normal: 3.8–4.8 10^6/µl)
Blood Clotting	1 / 5	● **Mean Platelet Volume (MPV): 13.2 fL** (Normal: 9.3–12.1 fL)
Diabetes Monitoring	1 / 3	● **Glycosylated Hemoglobin (HbA1c): 5.8 %** (Normal: 0–5.6 %)
Liver Profile	1 / 12	● **Globulin: 3.6 g/dL** (Normal: 2.3–3.5 g/dL)
Inflammation	0 / 1	All Normal
Cancer Profile	0 / 1	All Normal
Kidney Profile	0 / 13	All Normal
Mineral Profile	0 / 1	All Normal
Electrolytes	0 / 3	All Normal
Urinalysis	0 / 17	All Normal

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Report Summary

Normal Abnormal No color - Reference range not available

INFLAMMATION

Test Name	Result unit	Range
ESR - Erythrocyte Sedimentation Rate	25 mm/hr	< 35

ANEMIA STUDIES

Test Name	Result unit	Range
Iron	**49.3** µg/dL	50-170
TIBC,(Total Iron Binding Capacity)	315.3 µg/dL	250-450
UIBC	266 µg/dL	70-310
Transferrin Saturation	15.64 %	14-50
Hemoglobin	**11.4** g/dL	12-15
PCV	37.4 %	36-46
MCV	**69.2** fl	83-101
MCH	**21.1** pg	27-32
MCHC	**30.4** g/dL	31.5-34.5
RDW (CV)	**14.7** %	11.6-14
RDW-SD	36.2 fl	35.1-43.9

THYROID PROFILE

Test Name	Result unit	Range
Triiodothyronine (T3)	130 ng/dL	35-193
Total Thyroxine (T4)	8.2 µg/dL	4.87-11.2
Thyroid Stimulating Hormone (Ultrasensitive)	**7.5** mIU/L	0.35-4.94

CANCER PROFILE

Test Name	Result unit	Range
CA 125 OVARIAN CANCER MARKER, SERUM	5.49 U/mL	< 35

Name

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Report Summary

Normal Abnormal No color - Reference range not available

BLOOD COUNTS

Test Name	Result unit	Range
RBC Count	**5.4** 10^6/µl	3.8-4.8
TLC	8.1 10^3/µl	4-10
Neutrophils	65 %	40-80
Lymphocytes	27 %	20-40
Monocytes	4 %	2-10
Eosinophils	4 %	1-6
Basophils	0 %	< 2
Neutrophils.	5.27 10^3/µl	2-7
Lymphocytes.	2.19 10^3/µl	1-3
Monocytes.	0.32 10^3/µl	0.2-1
Eosinophils.	0.32 10^3/µl	0.02-0.5
Basophils.	0 10^3/µl	< 0.5
Platelet Count	222 10^3/µl	150-410
Mentzer Index	12.81 %	

BLOOD CLOTTING

Test Name	Result unit	Range
Mean Platelet Volume (MPV)	**13.2** fL	9.3-12.1
PCT	0.3 %	0.17-0.32
PDW	17.9 fL	8.3-25
P-LCR	50 %	18-50
P-LCC	111 10^9/L	44-140

DIABETES MONITORING

Test Name	Result unit	Range
Glycosylated Hemoglobin (HbA1c)	**5.8** %	< 5.6
Estimated Average Glucose	119.76 mg/dL	
Glucose Fasting	84.8 mg/dL	70-100

Name

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Age

Report Summary

Normal Abnormal No color - Reference range not available

LIVER PROFILE

Test Name	Result unit	Range
Bilirubin Total	0.3 mg/dL	< 1.2
Bilirubin Direct	0.2 mg/dL	< 0.5
Bilirubin Indirect	0.1 mg/dL	< 1
SGOT/AST	24.5 U/L	5-34
SGPT/ALT	16 U/L	< 55
SGOT/SGPT Ratio	1.53 %	
Alkaline Phosphatase	90.2 U/L	40-150
Total Protein	8.1 g/dL	6.4-8.3
Albumin	4.5 gm/dL	3.8-5
Globulin	**3.6** g/dL	2.3-3.5
Albumin :Globulin Ratio	1.25	< 2.1
Gamma Glutamyl Transferase (GGT)	13.2 U/L	< 36

KIDNEY PROFILE

Test Name	Result unit	Range
Blood Urea	22.4 mg/dL	18-55
Bun	10.47 mg/dL	9.8-20.1
Creatinine	0.6 mg/dL	0.57-1.11
eGFR (CKD-EPI)	96.47 ml/min/1.73 sq m	
Bun/Creatinine Ratio	17.45	12-20
Urea / Creatinine Ratio	37.33	25.68-42.8
Uric Acid	4.3 mg/dL	2.6-6
Calcium Serum	9.1 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 unit	Range
Phosphorus	4.2 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	136.1 mmol/L	136-145
Potassium	4.9 mmol/L	3.5-5.1
Chloride	100.6 mmol/L	98-107

CARDIAC PROFILE

Test Name	Result unit	Range
Total Cholesterol	173 mg/dL	< 200
Triglycerides	62.3 mg/dL	< 150
HDL Cholesterol	57.9 mg/dL	40-80
Non HDL Cholesterol	115.1 mg/dL	< 130
LDL Cholesterol	**102.64** mg/dL	30-100
V.L.D.L Cholesterol	12.46 mg/dL	< 30
Chol/HDL Ratio	**2.99** Ratio	3.5-5
HDL/ LDL Ratio	0.56 Ratio	0.5-3
LDL/HDL Ratio	1.77 Ratio	

Name

Gender

Patient ID

Age

Report Summary

Normal Abnormal No color - Reference range not available

URINALYSIS

Test Name	Result unit	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	Negative	
Leucocyte esterase	Negative	
Bilirubin Urine	Negative	
Nitrite	Negative	
Urobilinogen	Normal	
Pus Cells (WBCs)	2-4 /hpf	
Epithelial Cells	1-2 /hpf	
Red blood Cells	Absent /hpf	
Crystals	Absent	
Cast	Absent	
Bacteria	Absent	

Name

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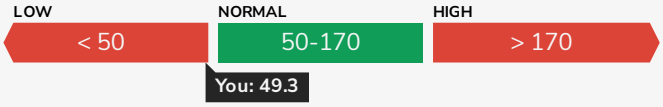
Health Advisory

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

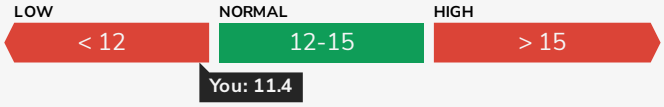
Anemia Profile

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.

Iron: 49.3 µg/dL — LOW



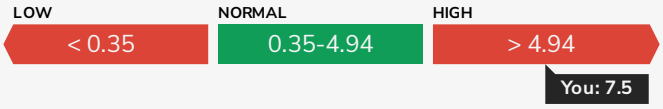
Hemoglobin: 11.4 g/dL — LOW



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

Thyroid Stimulating Hormone (Ultrasensitive): 7.5 mIU/L — HIGH



Diabetes

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

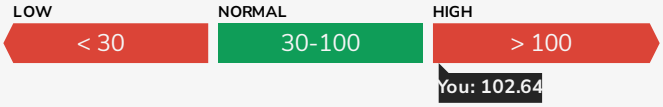
Glycosylated Hemoglobin (HbA1c): 5.8 % — HIGH

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.

LDL Cholesterol: 102.64 mg/dL

● HIGH



LABORATORY REPORT

Redcliffe labs

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

NABL-M(EL)T-03094

MEDICAL ENTRY LEVEL TESTING LABORATORY RECOGNITION PROGRAM

Senior Citizen Full Body Check Up- Female (Essential)

Complete Blood Count (CBC)

Test Description	Value(s)	Unit(s)	Reference Range
RBC Parameters			
Hemoglobin *colorimetric*	**11.4**	g/dL	12.0 - 15.0
RBC Count *Electrical impedance*	**5.4**	10^6/µl	3.8 - 4.8
PCV *Calculated*	37.4	%	36 - 46
MCV *Calculated*	**69.2**	fl	83 - 101
MCH *Calculated*	**21.1**	pg	27 - 32
MCHC *Calculated*	**30.4**	g/dL	31.5 - 34.5
RDW (CV) * *Calculated*	**14.7**	%	11.6 - 14.0
RDW-SD * *Calculated*	36.2	fl	35.1 - 43.9
WBC Parameters			
TLC *Electrical impedance and microscopy*	8.1	10^3/µl	4 - 10
Differential Leucocyte Count			
Neutrophils	65	%	40-80
Lymphocytes	27	%	20-40
Monocytes	4	%	2-10
Eosinophils	4	%	1-6
Basophils	0	%	<2
Absolute Leukocyte Counts ***Calculated***			
Neutrophils. *	5.27	10^3/µl	2 - 7
Lymphocytes. *	2.19	10^3/µl	1 - 3
Monocytes. *	0.32	10^3/µl	0.2 - 1.0
Eosinophils. *	0.32	10^3/µl	0.02 - 0.5
Basophils. *	**0**	10^3/µl	0.02 - 0.5
Platelet Parameters			
Platelet Count *Electrical impedance and microscopy*	222	10^3/µl	150 - 410
Mean Platelet Volume (MPV) * *Calculated*	**13.2**	fL	9.3 - 12.1
PCT * *Calculated*	0.3	%	0.17 - 0.32

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

Dr. Satotsna Patra
MBBS, MD (Pathology)
Consultant Pathologist

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

NABL-M(EL)T-03094

MEDICAL ENTRY LEVEL TESTING LABORATORY RECOGNITION PROGRAM

Test Description	Value(s)	Unit(s)	Reference Range
PDW * *Calculated*	17.9	fL	8.3 - 25.0
P-LCR * *Calculated*	50	%	18 - 50
P-LCC * *Calculated*	111	10^9/L	44 - 140
Mentzer Index * *Calculated*	12.81	%	> 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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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*	25	mm/hr	0 - 35

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

NABL-M(EL)T-03094 MEDICAL ENTRY LEVEL TESTING LABORATORY RECOGNITION PROGRAM

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

HbA1C (Glycosylated Haemoglobin)

Glycosylated Hemoglobin (HbA1c) *HPLC*	**5.8**	%	< 5.7
Estimated Average Glucose *	119.76	mg/dL	Refer Table Below

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

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

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

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

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

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Patient NAME	:		
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Referred BY	:	Sample Type	:
Sample Collected	:	Report Date	:

NABL-M(EL)T-03094

MEDICAL ENTRY LEVEL TESTING LABORATORY RECOGNITION PROGRAM

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

Glucose Fasting

Glucose Fasting *Hexokinase*	84.8	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.

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Sample Collected	:	Report Date	:

NABL-M(EL)T-03094

MEDICAL ENTRY LEVEL TESTING LABORATORY RECOGNITION PROGRAM

Liver Function Test (LFT)

Test Description	Value(s)	Unit(s)	Reference Range
Bilirubin Total *Diazo*	0.3	mg/dL	0.2 - 1.2
Bilirubin Direct *Diazo Reaction*	0.2	mg/dL	0.0 - 0.5
Bilirubin Indirect * *Calculation (T Bil - D Bil)*	0.1	mg/dL	0.1 - 1.0
SGOT/AST *IFFC WITH P5P*	24.5	U/L	5 - 34
SGPT/ALT *IFFC WITH P5P*	16	U/L	0 to 55
SGOT/SGPT Ratio *	1.53	-	-
Alkaline Phosphatase *IFFC with P5P*	90.2	U/L	40 - 150
Total Protein *Biuret*	8.1	g/dL	6.4 - 8.3
Albumin *BCG*	4.5	gm/dL	3.8 - 5.0
Globulin * *Calculation (T.P - Albumin)*	**3.6**	g/dL	2.3 - 3.5
Albumin :Globulin Ratio * *Calculation (Albumin/Globulin)*	1.25	-	1.0 - 2.1
Gamma Glutamyl Transferase (GGT) * *Photometric*	13.2	U/L	9 to 36

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.

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Patient NAME	:		
DOB/Age/Gender	:	Report STATUS	:
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Referred BY	:	Sample Type	:
Sample Collected	:	Report Date	:

NABL-M(EL)T-03094

MEDICAL ENTRY LEVEL TESTING LABORATORY RECOGNITION PROGRAM

Kidney Function Test (KFT)

Test Description	Value(s)	Unit(s)	Reference Range
Blood Urea *Urease*	22.4	mg/dL	18 - 55
Bun * *Urease*	10.47	mg/dL	9.8 - 20.1
Creatinine *Jaffer kinetic alkaline picrate*	0.6	mg/dL	0.57 - 1.11
eGFR (CKD-EPI) *	96.47	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*	17.45		12 - 20
Urea / Creatinine Ratio * *Calculated*	37.33		25.68- 42.8
Uric Acid *Uricase*	4.3	mg/dL	2.6 - 6.0
Calcium Serum *BAPTA*	9.1	mg/dL	8.8 - 10.0
Phosphorus *Molybdate UV*	4.2	mg/dL	2.3 - 4.7
Sodium *Iron selective electrode Indirect*	136.1	mmol/L	136 - 145
Potassium *Iron selective electrode Indirect*	4.9	mmol/L	3.5 - 5.1
Chloride *Iron selective electrode Indirect*	100.6	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."**

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

NABL-M(EL)T-03094

MEDICAL ENTRY LEVEL TESTING LABORATORY RECOGNITION PROGRAM

Test Description	Value(s)	Unit(s)	Reference Range
Lipid Profile			
Total Cholesterol *CHOD-PAP*	173	mg/dL	<200
Triglycerides *GPO-PAP*	62.3	mg/dL	<150
HDL Cholesterol *Enzymatic colorimetric*	57.9	mg/dL	>40
Non HDL Cholesterol * *Calculated*	115.1	mg/dL	<130
LDL Cholesterol * *Calculated*	**102.64**	mg/dL	<100
V.L.D.L Cholesterol * *Calculated*	12.46	mg/dL	< 30
Chol/HDL Ratio * *Calculated*	**2.99**	Ratio	3.5 - 5.0
HDL/ LDL Ratio * *Calculated*	0.56	Ratio	0.5 - 3.0
LDL/HDL Ratio * *Calculated*	1.77	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

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Referred BY	:	Sample Type	:
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NABL-M(EL)T-03094

MEDICAL ENTRY LEVEL TESTING LABORATORY RECOGNITION PROGRAM

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.

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Referred BY	:	Sample Type	:
Sample Collected	:	Report Date	:

Iron Studies

Test Description	Value(s)	Unit(s)	Reference Range
Iron *Ferene*	**49.3**	µg/dL	50 - 170
TIBC,(Total Iron Binding Capacity) *Calculated*	315.3	µg/dL	250 - 450
UIBC *Ferene*	266	µg/dL	70 - 310
Transferrin Saturation *Method :Derived from IRON and TIBC values*	15.64	%	-

Interpretation:
Increased levels due to iron ingestion or ineffective erythropoiesis.Decreased levels due to infection, inflammation, malignancy, menstruation and Fe deficiency.Needs to be taken into consideration with TIBC. Transferrin Saturation:- Low level Transferrin Saturation can indicate iron deficiency, erythropoiesis, infection, or inflammation. High level Transferrin Saturation can indicate recent ingestion of dietary iron,ineffective erythropoiesis,haemochromatosis or liver disease.High TIBC, UIBC, or transferrin usually indicates iron deficiency, but they are also increased in pregnancy and with the use of oral contraceptives. Low TIBC, UIBC, or transferrin may occur if someone has:Hemochromatosis, Certain types of anemia due to accumulated iron,Malnutrition,kidney disease that causes a loss of protein in urine.

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Sample Collected	:	Report Date	:

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

Thyroid Profile Total

Triiodothyronine (T3) *ECLIA*	130	ng/dL	35 - 193
Total Thyroxine (T4) *ECLIA*	8.2	µg/dL	4.87 - 11.2
Thyroid Stimulating Hormone (Ultrasensitive) *ECLIA*	**7.5**	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)

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Referred BY	:	Sample Type	:
Sample Collected	:	Report Date	:

CA 125 (Ovarian Cancer Marker)

Test Description	Value(s)	Unit(s)	Reference Range
CA 125 OVARIAN CANCER MARKER, SERUM *CLIA*	5.49	U/mL	< 35

Interpretation:
CA 125 is a surface antigen, identified as a 200 - 1000 kDa mucin-like glycoprotein associated with non-mucinous epithelial ovarian malignancy. CA 125 is a useful tumor marker for evaluating therapy and monitoring disease status
in patients under treatment for ovarian cancer. Measured serially the levels of CA 125 correspond with disease progression or regression. The rate of change in CA 125 is also highly prognostic. As a diagnostic tool however, the level of CA 125 alone is not sufficient to determine the presence of extent of disease. Levels of CA 125 should not be interpreted as absolute evidence of the presence or the absence of malignant disease. Before treatment, patients
with confirmed ovarian carcinorma frequently have levels of CA 125 within the range observed in healthy regarding the histological grade or diameter of the tumor mass.

Elevated levels of CA 125 can be observed in patients with nonmalignant diseases. Patients with certain benign conditions, such as hepatic cirrhosis, acute pancreatitis, endometriosis, pelvic inflammatory disease, menstruation and first trimester pregnancy show elevated levels of CA 125. Elevated levels are also found in 1 to 2 % of healthy donors.
Measurements of CA 125 sholud always be used in conjunction with other diagnostic procedures, including information from the patients clinical evaluation. The concentration of CA 125 in a given specimen determined with assays from different manufacturers can vary due to differences in assay methods, calibration, and reagent specificity. Values obtained with different assay methods cannot be used interchangeably. Heterophilic antibodies in human serum can react with reagent immunoglobulins, interfering with in vitro immunoassays. Patients routinely exposed to animal or to animal serum products can be prone to this interference and anomalous values may be observed

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NABL-M(EL)T-03094

MEDICAL ENTRY LEVEL TESTING LABORATORY RECOGNITION PROGRAM

Urine Routine and Microscopic Examination

Test Description	Value(s)	Unit(s)	Reference Range
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*	1.010	-	1.010 - 1.030
Urine Glucose (sugar) *Oxidase / Peroxidase*	Negative	-	Negative
Urine Protein (Albumin) *Acid / Base Colour Excahnge*	Negative	-	Negative
Urine Ketones (Acetone) *Legals Test*	Negative	-	Negative
Blood *Peroxidase Hemoglobin*	Negative	-	Negative
Leucocyte esterase *Enzymatic Reaction*	Negative	-	Negative
Bilirubin Urine *Coupling Reaction*	Negative	-	Negative
Nitrite *Griless Test*	Negative	-	Negative
Urobilinogen *Ehrlichs Test*	Normal	-	Normal
Microscopic Examination			
Pus Cells (WBCs) *	2-4	/hpf	0 - 5
Epithelial Cells *	1-2	/hpf	0 - 4
Red blood Cells *	Absent	/hpf	Absent
Crystals *	Absent	-	Absent
Cast *	Absent	-	Absent
Yeast Cells *	Absent	-	Absent
Amorphous deposits *	Absent	-	Absent
Bacteria *	Absent	-	Absent
Protozoa *	Absent	-	Absent

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

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MEDICAL ENTRY LEVEL TESTING LABORATORY RECOGNITION PROGRAM

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 ***

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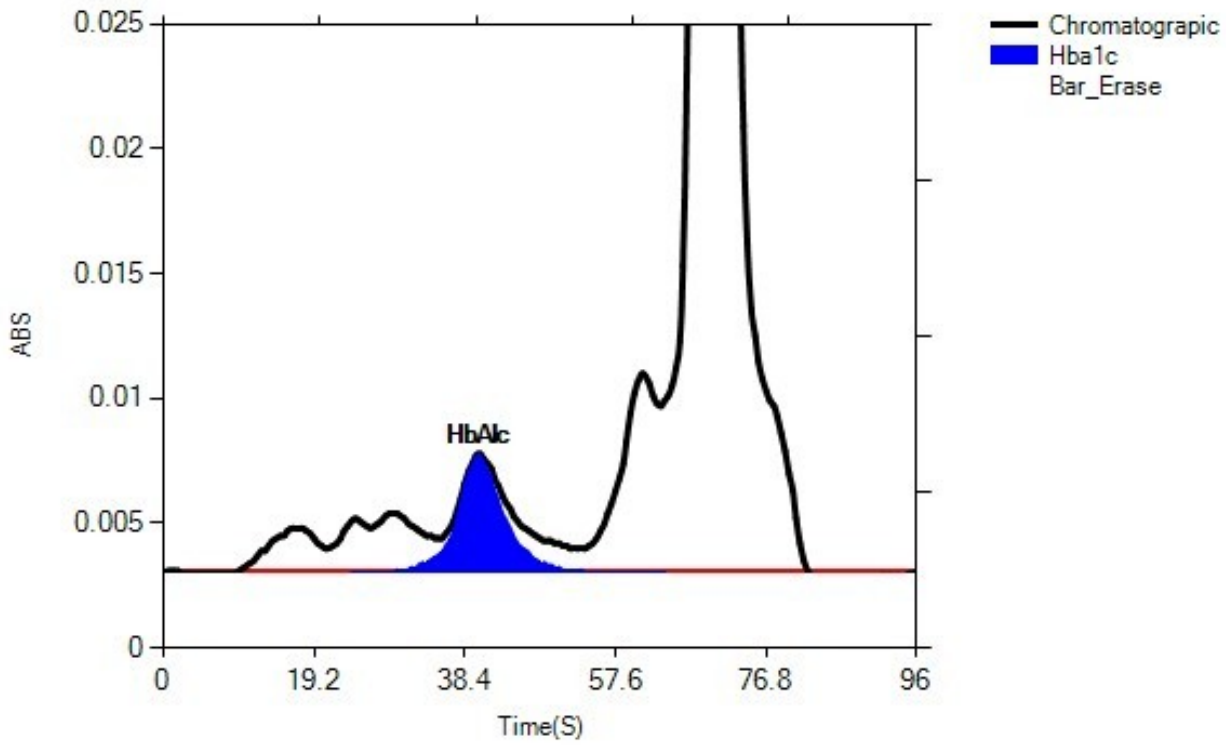
LABORATORY REPORT

Redcliffe labs

ADPL HBA1c Graph Report

Name :		Sample Id :	
Sample Type :	Whole Blood EDTA	Total Area :	**8.464**

Peak Name	Retention Time(s)	Absorbance	Area	Result (Area %)
HbA0	69	0.1582	7.713	91.2
HbA1c	40	0.0043	0.484	5.8
La1c	38	0.0045	0.097	1.1
HbF	22	0.0014	0.068	0.8
Hba1b	16	0.0018	0.073	0.8
Hba1a	12	0.0009	0.029	0.3



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- Complete Blood Count (26 Tests)
- ESR (1 Test)
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