Redcliffe labs
Healthy India Ki Trusted Lab

smart
Health Report

An Insightful Health Analytics Report
for Easier Understanding

Prepared For

90%

00%

60%

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

Redcliffe labs

Health Summary

BLOOD COUNTS

Test Name	Result
RBC Count	4.85
Please Watchout	

CARDIAC PROFILE

Test Name
HIGHLY SENSITIVE C-REACTIVE PROTEIN (hs-CRP)
Total Cholesterol
HDL Cholesterol
+ 3 tests Please Watchout

KIDNEY PROFILE

Test Name	Result
Blood Urea	16.2
Bun	7.57
Calcium Serum	8.6
Please Watchout	

ELECTROLYTES

Everything looks good

VITAMIN PROFILE

Test Name	Result
Vitamin - B12	186
Please Watchout	

THYROID PROFILE

Everything looks good

DIABETES MONITORING

Test Name	Result
Glycosylated Hemoglobin (HbA1c)	6.2
Glucose Fasting	119
Please Watchout	

LIVER PROFILE

Test Name	Result
Alkaline Phosphatase	117
Please Watchout	

ANEMIA STUDIES

Test Name	Result
RDW-CV	10.9
Please Watchout	

MINERAL PROFILE

Everything looks good

All Lab results are subject to clinical interpretation by qualified medical professional and this report is not subject to use for any medico-legal purpose.

Quick Health Summary

Personal Insights - Score

69 (Good)

Your health assessment indicates a significant concern with inflammation and allergy levels, which may require attention. Other parameters, including cardiac health and diabetes, are within a moderate range, suggesting a balanced approach to lifestyle changes. Overall, maintaining a healthy diet and regular check-ups will support your well-being.

69

Moderate

Critical   Healthy

Summary of Key Health Indicators

Total Parameters Tested	Abnormal Results
101	**20**

Health Status by Body System

Profile	Abnormal / Total	Key Results
Cardiac Profile	6 / 10	● **HIGHLY SENSITIVE C-REACTIVE PROTEIN (hs-CRP): 35.6 mg/L** (Normal: 0–1 mg/L) ● **Total Cholesterol: 222 mg/dL** (Normal: 0–200 mg/dL) ● **HDL Cholesterol: 86.6 mg/dL** (Normal: 40–80 mg/dL) *+3 more abnormal tests*
Kidney Profile	3 / 13	● **Blood Urea: 16.2 mg/dL** (Normal: 18–55 mg/dL) ● **Bun: 7.57 mg/dL** (Normal: 9.8–20.1 mg/dL) ● **Calcium Serum: 8.6 mg/dL** (Normal: 8.8–10.0 mg/dL)
Inflammation	2 / 2	● **ESR - Erythrocyte Sedimentation Rate: 29 mm/hr** (Normal: 0–14 mm/hr) ● **CRP (Quantitative): 39.8 mg/L** (Normal: 0–5 mg/L)
Blood Clotting	2 / 5	● **Mean Platelet Volume (MPV): 8.2 fL** (Normal: 9.3–12.1 fL) ● **P-LCR: 17.6 %** (Normal: 18–50 %)
Diabetes Monitoring	2 / 3	● **Glycosylated Hemoglobin (HbA1c): 6.2 %** (Normal: 0–5.7 %) ● **Glucose Fasting: 119 mg/dL** (Normal: 70–100 mg/dL)
Anemia Studies	1 / 11	● **RDW (CV): 10.9 %** (Normal: 11.6–14.0 %)
Vitamin Profile	1 / 2	● **Vitamin - B12: 186 pg/mL** (Normal: 187–883 pg/mL)
Immunity	1 / 1	● **IMMUNOGLOBULIN IgE TOTAL SERUM: 534 IU/mL** (Normal: 0–100 IU/mL)

Profile	Abnormal / Total	Key Results
Blood Counts	1 / 14	● RBC Count: 4.85 10^6/µl (Normal: 3.8–4.8 10^6/µl)
Liver Profile	1 / 12	● Alkaline Phosphatase: 117 U/L (Normal: 35–104 U/L)
Arthritis Screening	0 / 1	All Normal
Thyroid Profile	0 / 3	All Normal
Cancer Profile	0 / 1	All Normal
Mineral Profile	0 / 1	All Normal
Electrolytes	0 / 3	All Normal
Urinalysis	0 / 17	All Normal

Profile	Abnormal / Total	Key Results
Blood Counts	1 / 14	● RBC Count: 4.85 10^6/µl (Normal: 3.8–4.8 10^6/µl)
Liver Profile	1 / 12	● Alkaline Phosphatase: 117 U/L (Normal: 35–104 U/L)

Report Summary

◉ Normal   ◉ Abnormal   No color - Reference range not available

INFLAMMATION

Test Name	Result unit	Range
◉ ESR - Erythrocyte Sedimentation Rate	**29** mm/hr	< 14
◉ CRP (Quantitative)	**39.8** mg/L	< 5

ANEMIA STUDIES

Test Name	Result unit	Range
◉ Iron	56.4 µg/dL	50-170
◉ TIBC,(Total Iron Binding Capacity)	309.4 µg/dL	250-450
◉ UIBC	253 µg/dL	70-310
◉ Transferrin Saturation	18.23 %	14-50
◉ Hemoglobin	14.0 g/dL	12-15
◉ PCV	41.4 %	36-46
◉ MCV	85.3 fl	83-101
◉ MCH	28.9 pg	27-32
◉ MCHC	33.8 g/dL	31.5-34.5
◉ RDW (CV)	**10.9** %	11.6-14
◉ RDW-SD	36.2 fl	35.1-43.9

CARDIAC PROFILE

Test Name	Result unit	Range
◉ HIGHLY SENSITIVE C-REACTIVE PROTEIN (hs-CRP)	**35.6** mg/L	< 1
◉ Total Cholesterol	**222** mg/dL	< 200
◉ Triglycerides	109 mg/dL	< 150
◉ HDL Cholesterol	**86.6** mg/dL	40-80
◉ Non HDL Cholesterol	**135.4** mg/dL	< 130
◉ LDL Cholesterol	**113.6** mg/dL	30-100
◉ V.L.D.L Cholesterol	21.8 mg/dL	< 30
◉ Chol/HDL Ratio	**2.56** Ratio	3.5-5
◉ HDL/ LDL Ratio	0.76 Ratio	0.5-3
LDL/HDL Ratio	1.31 Ratio	

Report Summary

● Normal   ● Abnormal   No color - Reference range not available

ARTHRITIS SCREENING

Test Name	Result unit	Range
● RHEUMATOID FACTOR, Quantitative	12.9 IU/mL	< 14

VITAMIN PROFILE

Test Name	Result unit	Range
● Vitamin - B12	**186** pg/mL	187-883
● Vitamin D 25 - Hydroxy	39.8 ng/mL	30-100

THYROID PROFILE

Test Name	Result unit	Range
● Triiodothyronine (T3)	124 ng/dL	80-200
● Total Thyroxine (T4)	9.19 µg/dL	4.5-11.7
● Thyroid Stimulating Hormone (Ultrasensitive)	2.49 mIU/L	0.35-4.94

CANCER PROFILE

Test Name	Result unit	Range
● CA 125 OVARIAN CANCER MARKER, SERUM	8.9 U/mL	< 35

IMMUNITY

Test Name	Result unit	Range
● IMMUNOGLOBULIN IgE TOTAL SERUM	**534** IU/mL	< 100

Report Summary

🟢 Normal   🔴 Abnormal   No color - Reference range not available

BLOOD COUNTS

Test Name	Result unit	Range
🔴 RBC Count	**4.85** 10^6/µl	3.8-4.8
🟢 TLC	9.1 10^3/µl	4-10
🟢 Neutrophils	72.3 %	40-80
🟢 Lymphocytes	20.5 %	20-40
🟢 Monocytes	4.7 %	2-10
🟢 Eosinophils	1.8 %	1-6
🟢 Basophils	0.7 %	< 2
🟢 Neutrophils.	6.58 10^3/µl	2-7
🟢 Lymphocytes.	1.87 10^3/µl	1-3
🟢 Monocytes.	0.43 10^3/µl	0.2-1
🟢 Eosinophils.	0.16 10^3/µl	0.02-0.5
🟢 Basophils.	0.06 10^3/µl	< 0.5
🟢 Platelet Count	306 10^3/µl	150-410
Mentzer Index	17.59 %	

BLOOD CLOTTING

Test Name	Result unit	Range
🔴 Mean Platelet Volume (MPV)	**8.2** fL	9.3-12.1
🟢 PCT	0.2 %	0.17-0.32
🟢 PDW	11.2 fL	8.3-25
🔴 P-LCR	**17.6** %	18-50
🟢 P-LCC	54 10^9/L	44-140

DIABETES MONITORING

Test Name	Result unit	Range
🔴 Glycosylated Hemoglobin (HbA1c)	**6.2** %	< 5.7
Estimated Average Glucose	131.24 mg/dL	
🔴 Glucose Fasting	**119** mg/dL	70-100

Report Summary

● Normal ● Abnormal No color - Reference range not available

LIVER PROFILE

Test Name	Result unit	Range
● Bilirubin Total	0.56 mg/dL	< 1.2
● Bilirubin Direct	0.4 mg/dL	< 0.5
● Bilirubin Indirect	0.16 mg/dL	< 1
● SGOT/AST	15.6 U/L	< 35
● SGPT/ALT	14.1 U/L	< 35
SGOT/SGPT Ratio	1.11 %	
● Alkaline Phosphatase	**117** U/L	35-104
● Total Protein	7.0 g/dL	6.4-8.3
● Albumin	4.2 g/d	3.5-5.2
● Globulin	2.8 g/dL	2.3-3.5
● Albumin :Globulin Ratio	1.5	< 2.1
● Gamma Glutamyl Transferase (GGT)	23.9 U/L	< 36

KIDNEY PROFILE

Test Name	Result unit	Range
● Blood Urea	**16.2** mg/dL	18-55
● Bun	**7.57** mg/dL	9.8-20.1
● Creatinine	0.5 mg/dl	0.5-0.9
eGFR (CKD-EPI)	107.28 ml/min/1.73 sq m	
● Bun/Creatinine Ratio	15.14	12-20
● Urea / Creatinine Ratio	32.4	25.68-42.8
● Uric Acid	3.7 mg/dL	2.4-5.7
● Calcium Serum	**8.6** 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	3.3 mg/dL	2.3-4.7

Report Summary

● Normal   ● Abnormal   No color - Reference range not available

ELECTROLYTE PROFILE

Test Name	Result unit	Range
● Sodium	144 mmol/L	136-145
● Potassium	3.9 mmol/L	3.5-5.1
● Chloride	106.1 mmol/L	98-107

URINALYSIS

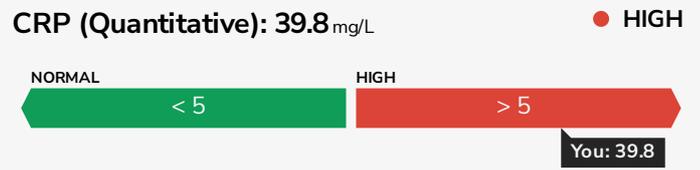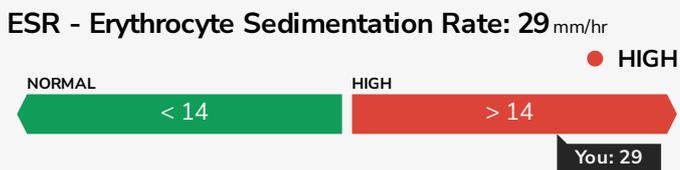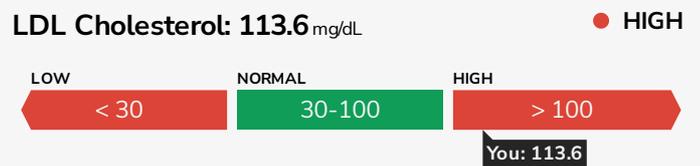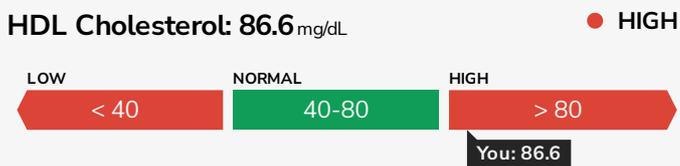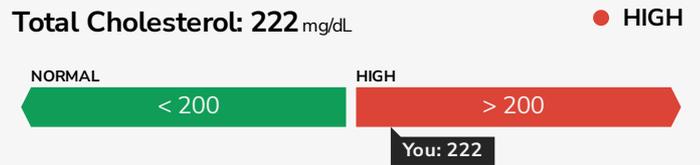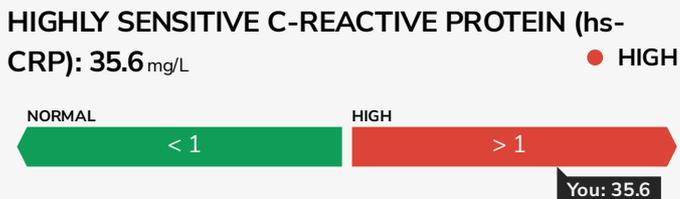| Test Name	Result unit	Range
● Volume	15 ml	
● Transparency	Clear	
● Reaction (pH)	6.0	4.5-8
● Specific Gravity	1.020	1.01-1.03
● Urine Protein (Albumin)	Negative	
● Urine Ketones (Acetone)	Negative	
● Blood	Negative	
Leucocyte esterase	Negative	
● Bilirubin Urine	Negative	
● Nitrite	Negative	
● Urobilinogen	Normal	
Pus Cells (WBCs)	3-4 /hpf	
● Epithelial Cells	2-3 /hpf	
● Red blood Cells	Absent /hpf	
● Crystals	Absent	
● Cast	Absent	
● Bacteria	Absent	

Health Advisory

● Normal (N) ◉ Low (L) ◉ High (H)

Inflammation

Inflammation is the body's immune system's response to an injury, surgery, or irritation. This natural defense process acts by removing injurious stimuli and initiating the healing process.Inflammation can be chronic (such as arthritis) or acute (like in case of trauma).

ESR - Erythrocyte Sedimentation Rate: 29 mm/hr

● **HIGH**

NORMAL	HIGH
< 14	> 14

You: 29

CRP (Quantitative): 39.8 mg/L

● **HIGH**

NORMAL	HIGH
< 5	> 5

You: 39.8

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.

HIGHLY SENSITIVE C-REACTIVE PROTEIN (hs-CRP): 35.6 mg/L

● **HIGH**

NORMAL	HIGH
< 1	> 1

You: 35.6

Total Cholesterol: 222 mg/dL

● **HIGH**

NORMAL	HIGH
< 200	> 200

You: 222

HDL Cholesterol: 86.6 mg/dL

● **HIGH**

LOW	NORMAL	HIGH
< 40	40-80	> 80

You: 86.6

LDL Cholesterol: 113.6 mg/dL

● **HIGH**

LOW	NORMAL	HIGH
< 30	30-100	> 100

You: 113.6

Vitamins Profile

Vitamins are considered essential nutrients because they perform hundreds of roles in your body. They help maintain bones, heal wounds, and strengthen your immune system. They also convert food into energy, and repair cellular damage

Vitamin - B12: 186 pg/mL

● **LOW**

LOW	NORMAL	HIGH
< 187	187-883	> 883

You: 186

Immunity

Immunity is your body's ability to fight infection and protect your body from viruses and bacteria. When your immunity is weak, or your immune system does not work properly then it will result in you getting ill and some diseases like AIDS and HIV.

IMMUNOGLOBULIN IgE TOTAL SERUM: 534 IU/mL

● **HIGH**

NORMAL	HIGH
< 100	> 100

You: 534

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): 6.2 %   ● **HIGH**

NORMAL	HIGH
< 5.7	> 5.7

You: 6.2

Glucose Fasting: 119 mg/dL   ● **HIGH**

| LOW	NORMAL	HIGH
< 70	70-100	> 100

You: 119

Liver Profile

One of the main functions of your liver is to make proteins that are secreted in your blood. It also makes enzymes which convert food into energy, and processes old muscles and cells. When your liver is damaged, enzymes leak into your blood and appear in the blood test

Alkaline Phosphatase: 117 U/L

● **HIGH**

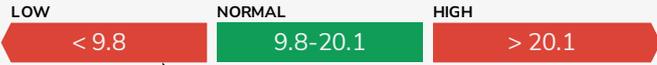| LOW	NORMAL	HIGH
< 35	35-104	> 104

You: 117
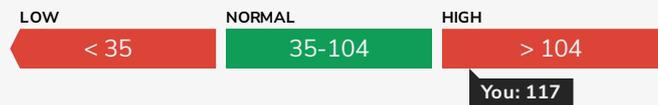
Kidney Profile

This panel is used to check healthy functioning of your kidneys. Kidneys filter blood in your body to remove waste products - these waste products are produced when breakdown of proteins (present in food, muscles and other cells) occurs in the body to generate energy

Bun: 7.57 mg/dL ● LOW

LOW	NORMAL	HIGH
< 9.8	9.8-20.1	> 20.1

You: 7.57

Calcium Serum: 8.6 mg/dL ● LOW

LOW	NORMAL	HIGH
< 8.8	8.8-10	> 10

You: 8.6

Patient NAME	:			NABL-M(EL)T-00648
DOB/Age/Gender	:	Report STATUS :		
Patient ID / UHID	:	Barcode NO	:	DICAL ENTRY LEVEL TESTING
Referred BY	:	Sample Type	:	RATORY RECOGNITION PROGRAM
Sample Collected	:	Report Date	:	PM.

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

Senior Citizen Full Body Check Up- Female (Comprehensive)

Complete Blood Count (CBC)

Test Description	Value(s)	Unit(s)	Reference Range
RBC Parameters			
Hemoglobin *colorimetric*	14.0	g/dL	12.0 - 15.0
RBC Count *Electrical impedance*	**4.85**	10^6/µl	3.8 - 4.8
PCV *Calculated*	41.4	%	36 - 46
MCV *Calculated*	85.3	fl	83 - 101
MCH *Calculated*	28.9	pg	27 - 32
MCHC *Calculated*	33.8	g/dL	31.5 - 34.5
RDW (CV) * *Calculated*	**10.9**	%	11.6 - 14.0
RDW-SD * *Calculated*	36.2	fl	35.1 - 43.9
WBC Parameters			
TLC *Electrical impedance and microscopy*	9.1	10^3/µl	4 - 10
Differential Leucocyte Count			
Neutrophils	72.3	%	40-80
Lymphocytes	20.5	%	20-40
Monocytes	4.7	%	2-10
Eosinophils	1.8	%	1-6
Basophils	0.7	%	<2
Absolute Leukocyte Counts *Calculated*			
Neutrophils.	6.58	10^3/µl	2 - 7
Lymphocytes.	1.87	10^3/µl	1 - 3
Monocytes.	0.43	10^3/µl	0.2 - 1.0
Eosinophils.	0.16	10^3/µl	0.02 - 0.5
Basophils.	0.06	10^3/µl	0.02 - 0.5
Platelet Parameters			
Platelet Count *Electrical impedance and microscopy*	306	10^3/µl	150 - 410
Mean Platelet Volume (MPV) * *Calculated*	**8.2**	fL	9.3 - 12.1
PCT * *Calculated*	0.2	%	0.17 - 0.32

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

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CONSULTANT PATHOLOGIST

Booking Centre :- Jayasurya Diagnostic Center, .

Processing Lab :- Redcliffe Lifetech Pvt. Ltd., 2nd FLOOR, 1-4-168/4/4/NR, Satya Complex Loyola College Road, Landmark Karur Vysya Bank, Old Alwal Secunderabad-500010,

Redcliffe labs

Patient NAME	:			
DOB/Age/Gender	:	Report STATUS	:	NABL-M(EL)T-00648
Patient ID / UHID	:	Barcode NO	:	
Referred BY	:	Sample Type	:	MEDICAL ENTRY LEVEL TESTING ORATORY RECOGNITION PROGRAM
Sample Collected	:	Report Date	:	PM.

Test Description	Value(s)	Unit(s)	Reference Range
PDW * *Calculated*	11.2	fL	8.3 - 25.0
P-LCR * *Calculated*	**17.6**	%	18 - 50
P-LCC * *Calculated*	54	10^9/L	44 - 140
Mentzer Index * *Calculated*	17.59	%	> 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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LABORATORY REPORT

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)

Test Description	Value(s)	Unit(s)	Reference Range
ESR - Erythrocyte Sedimentation Rate *MODIFIED WESTERGREN*	**29**	mm/hr	0 - 14

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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LABORATORY REPORT

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

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

HbA1C (Glycosylated Haemoglobin)

Test Description	Value(s)	Unit(s)	Reference Range
Glycosylated Hemoglobin (HbA1c) *HPLC*	**6.2**	%	<5.7
Estimated Average Glucose *	131.24	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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[signature]

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LABORATORY REPORT

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

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

Glucose Fasting

Glucose Fasting *Hexokinase*	**119**	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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Dr. Lakshmi Kasula
MD (Path)
Consultant Pathologist

LABORATORY REPORT

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

NABL-M(EL)T-00648

MEDICAL ENTRY LEVEL TESTING
LABORATORY RECOGNITION PROGRAM

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

Liver Function Test (LFT)

Test Description	Value(s)	Unit(s)	Reference Range
Bilirubin Total *Photometric*	0.56	mg/dL	0.2 - 1.2
Bilirubin Direct * *Diazo Reaction*	0.4	mg/dL	0.0 - 0.5
Bilirubin Indirect * *Calculation (T Bil - D Bil)*	0.16	mg/dL	0.1 - 1.0
SGOT/AST *IFCC with P5P*	15.6	U/L	0 - 35
SGPT/ALT *IFCC with P5P*	14.1	U/L	0 - 35
SGOT/SGPT Ratio *	1.11	-	-
Alkaline Phosphatase	**117**	U/L	35-104
Total Protein *Biuret*	7.0	g/dL	6.4 - 8.3
Albumin *Bromocresol Green*	4.2	g/d	3.5 - 5.2
Globulin * *Calculation (T.P - Albumin)*	2.8	g/dL	2.3 - 3.5
Albumin :Globulin Ratio * *Calculation (Albumin/Globulin)*	1.5	-	1.0 - 2.1
Gamma Glutamyl Transferase (GGT) * *Enzymatic Colorimetry*	23.9	U/L	5 - 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.

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

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LABORATORY REPORT

Patient NAME **:**	Report STATUS :	NABL-M(EL)T-00648
DOB/Age/Gender :	Barcode NO :	
Patient ID / UHID :	Sample Type :	MEDICAL **ENTRY LEVEL** TESTING ORATORY RECOGNITION PROGRAM
Referred BY :	Sample Type :	
Sample Collected :	Report Date :	PM.

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

Kidney Function Test (KFT)

Test Description	Value(s)	Unit(s)	Reference Range
Blood Urea *Urease*	**16.2**	mg/dL	18 - 55
Bun * *Urease*	**7.57**	mg/dL	9.8 - 20.1
Creatinine *Jaffe Kinetic*	0.5	mg/dl	0.50 - 0.90
eGFR (CKD-EPI)	107.28	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*	15.14		12 - 20
Urea / Creatinine Ratio * *Calculated*	32.4		25.68- 42.8
Uric Acid *Uricase*	3.7	mg/dL	2.4 - 5.7
Calcium Serum *Arsenazo III*	**8.6**	mg/dL	8.8 - 10.0
Phosphorus *Photometric*	3.3	mg/dL	2.3 - 4.7
Sodium *Potentiometric*	144	mmol/L	136 - 145
Potassium *Potentiometric*	3.9	mmol/L	3.5 - 5.1
Chloride *Potentiometric*	106.1	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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DOB/Age/Gender	:	Report STATUS	:	
Patient ID / UHID	:	Barcode NO	:	
Referred BY	:	Sample Type	:	MEDICAL ENTRY LEVEL TESTING
Sample Collected	:	Report Date	:	PM.

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

Lipid Profile

Test Description	Value(s)	Unit(s)	Reference Range
Total Cholesterol *Enzymatic - Cholesterol Oxidase*	**222**	mg/dL	<200
Triglycerides *Colorimetric - Lip/Glycerol Kinase*	109	mg/dL	<150
HDL Cholesterol *Accelerator Selective Detergent*	**86.6**	mg/dL	>40
Non HDL Cholesterol * *Calculated*	**135.4**	mg/dL	<130
LDL Cholesterol * *Calculated*	**113.6**	mg/dL	<100
V.L.D.L Cholesterol * *Calculated*	21.8	mg/dL	< 30
Chol/HDL Ratio * *Calculated*	**2.56**	Ratio	3.5 - 5.0
HDL/ LDL Ratio * *Calculated*	0.76	Ratio	0.5 - 3.0
LDL/HDL Ratio * *Calculated*	1.31	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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DOB/Age/Gender	:			Barcode NO	:		
Patient ID / UHID	:			Sample Type	:		
Referred BY	:						MEDICAL ENTRY LEVEL TESTING
Sample Collected	:			Report Date	:		PM.

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 Collected	:		Report Date	:

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

Iron Studies

Test Description	Value(s)	Unit(s)	Reference Range
Iron *Ferene*	56.4	µg/dL	50 - 170
TIBC,(Total Iron Binding Capacity) *Calculated*	309.4	µg/dL	250 - 450
UIBC *Ferene*	253	µg/dL	70 - 310
Transferrin Saturation *Method :Derived from IRON and TIBC values*	18.23	%	-

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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LABORATORY REPORT

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

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

C-Reactive Protein (CRP), Quantitative

CRP (Quantitative) *Immunoturbidimetry*	**39.8**	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.

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Patient ID / UHID	:	Sample Type :	
Referred BY	:		
Sample Collected	:	Report Date :	

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

High Sensitivity C-Reactive Protein (Hs-CRP)

Test Description	Value(s)	Unit(s)	Reference Range
HIGHLY SENSITIVE C-REACTIVE PROTEIN (hs-CRP) *immunoturbidimetric*	**35.6**	mg/L	< 1.00

Interpretation:

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.

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Patient NAME :	Report STATUS :	
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Patient ID / UHID :	Sample Type :	
Referred BY :		
Sample Collected :	Report Date :	

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

Rheumatoid Factor (RF), Quantitative

Test Description	Value(s)	Unit(s)	Reference Range
RHEUMATOID FACTOR, Quantitative *Immunoturbidimetry*	12.9	IU/mL	0 - 14

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.

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

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

Vitamin B12 / Cyanocobalamin

Vitamin - B12 ECLIA	**186**	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."

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

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

Vitamin D 25 Hydroxy

Test Description	Value(s)	Unit(s)	Reference Range
Vitamin D 25 - Hydroxy *ECLIA*	39.8	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.

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LABORATORY REPORT

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

Test Description	Value(s)	Unit(s)	Reference Range
Triiodothyronine (T3) ECLIA	124	ng/dL	80 - 200
Total Thyroxine (T4) ECLIA	9.19	µg/dL	4.5 - 11.7
Thyroid Stimulating Hormone (Ultrasensitive) CMIA	2.49	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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LABORATORY REPORT

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

CA 125 (Ovarian Cancer Marker)

Test Description	Value(s)	Unit(s)	Reference Range
CA 125 OVARIAN CANCER MARKER, SERUM *CMIA*	8.9	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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LABORATORY REPORT

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

MC-5280

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

CA 19.9 (Pancreatic Cancer Marker)

Test Description	Value(s)	Unit(s)	Reference Range
CA 19.9 ;PANCREATIC CANCER MARKER, SERUM *CLIA*	7.05	U/mL	<37

Interpretation:
Note :
1. This test is not recommended to screen Pancreatic cancer in the general population.
2. False negative/positive results are observed in patients receiving mouse monoclonal antibodies for diagnosis or therapy
3. This assay, regardless of level, should not be interpreted as absolute evidence for the presence or absence of malignant disease. The assay value should be used in conjunction with findings from clinical evaluation and other diagnostic procedures.
4. Persistently elevated CA 19-9 levels are usually indicative of progressive malignant disease and poor therapeutic response

Clinical Use :
1. An aid in the management of Pancreatic cancer patients
2. Monitor the course of disease and predict recurrence in patients with Pancreatic carcinoma

DISEASE	PERCENTAGE POSITIVITY OF CA 19.9
Pancreatic cancer	80
Hepatobiliary cancer	67
Gastric cancer	40-50
Hepatocellular cancer	30-50
Colorectal cancer	30
Breast cancer	15
Pancreatitis	10-20
Benign Gastrointestinal diseases	10-20

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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)

Test Description	Value(s)	Unit(s)	Reference Range
IMMUNOGLOBULIN IgE TOTAL SERUM *ECLIA*	**534**	IU/mL	0 - 100

Interpretaion:
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.

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DOB/Age/Gender	:	Report STATUS	
Patient ID / UHID	:	Barcode NO	
Referred BY	:	Sample Type	MEDICAL ENTRY LEVEL TESTING LABORATORY RECOGNITION PROGRAM
Sample Collected	:	Report Date	: PM.

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

Urine Routine and Microscopic Examination

Test Description	Value(s)	Unit(s)	Reference Range
Physical Examination *			
Volume *	15	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*	1.020	-	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) *	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.

Dr. Lakshmi Kasula
MD (Path)
Consultant Pathologist

Booking Centre :- Jayasurya Diagnostic Center, .

Processing Lab :- Redcliffe Lifetech Pvt. Ltd., 2nd FLOOR, 1-4-168/4/4/NR, Satya Complex Loyola College Road, Landmark Karur Vysya Bank, Old Alwal Secunderabad-500010,

LABORATORY REPORT

Redcliffe labs

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

NABL-M(EL)T-00648

EDICAL **ENTRY LEVEL** TESTING
RATORY 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 ***

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

Dr. Lakshmi Kasula
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All Lab results are subject to clinical interpretation by qualified medical professional and this report is not subject to use for any medico-legal purpose.

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LABORATORY REPORT

Bio-Rad CDM System   **PATIENT REPORT**
VII Inst. #1. SN-16442   **V2TURBO_A1c_2.0**

Redcliffe labs

Patient Data

Sample ID:
Patient ID:
Name:
Physician:
Sex:
DOB:

Comments:

Analysis Data

Analysis Performed:	12/28/2025 15:31:42
Injection Number:	3646
Run Number:	43
Rack ID:	0004
Tube Number:	3
Report Generated:	12/28/2025 15:33:33
Operator ID:	

Peak Name	NGSP %	Area %	Retention Time (min)	Peak Area
A1a	---	1.1	0.159	18880
A1b	---	1.3	0.222	22129
F	---	0.9	0.273	15200
LA1c	---	1.9	0.391	32801
A1c	6.2*	---	0.490	85545
P3	---	3.7	0.774	64468
P4	---	1.3	0.854	22471
Ao	---	84.8	1.002	1460164

*Values outside of expected ranges   Total Area: 1,721,659

HbA1c (NGSP) = 6.2* %

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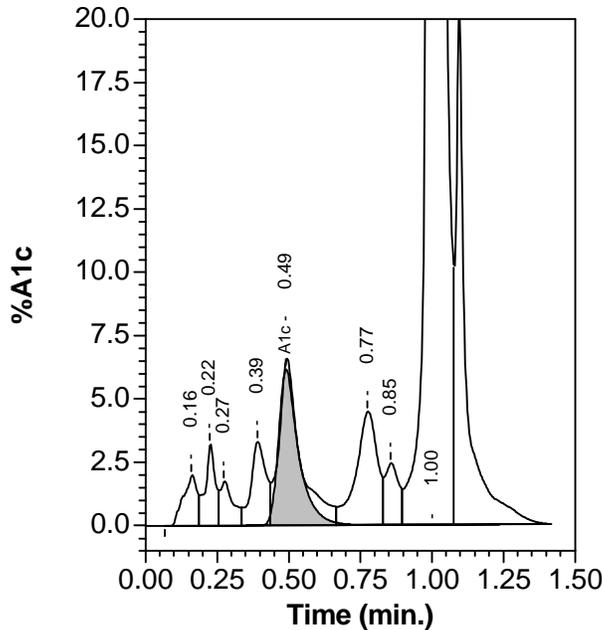
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1. The presented findings in the Reports are intended solely for informational and interpretational purposes by the referring physician or other qualified medical professionals possessing a comprehensive understanding of reporting units, reference ranges, and technological limitations. The laboratory shall not be held liable for any interpretation or misinterpretation of the results, nor for any consequential or incidental damages arising from such interpretation.

2. It is to be presumed that the tests performed pertain to the specimen/sample attributed to the Customer's name or identification. It is presumed that the verification particulars have been cleared out by the customer or his/her representation at the point of generation of said specimen / sample. It is hereby clarified that the reports furnished are restricted solely to the given specimen only.

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

4. This report shall not be deemed valid or admissible for any medico-legal purposes.

5. The Customers assume full responsibility for apprising the Company of any factors that may impact the test finding. These factors, among others, includes dietary intake, alcohol, or medication / drug(s) consumption, or fasting. This list of factors is only representative and not exhaustive.