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 Summary

Understand Your Health At A Glance
Your Personalized Health Summary is Now Available.

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. **Comparative Health Insights**
   See what has improved and what needs attention
5. **Personalized Health Advisory**
   Actionable insights and expert guidance tailored just for you
6. **Doctor's Reference Report**
   Complete lab results with interpretations to share with your healthcare provider

How to Read This Report

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

Name

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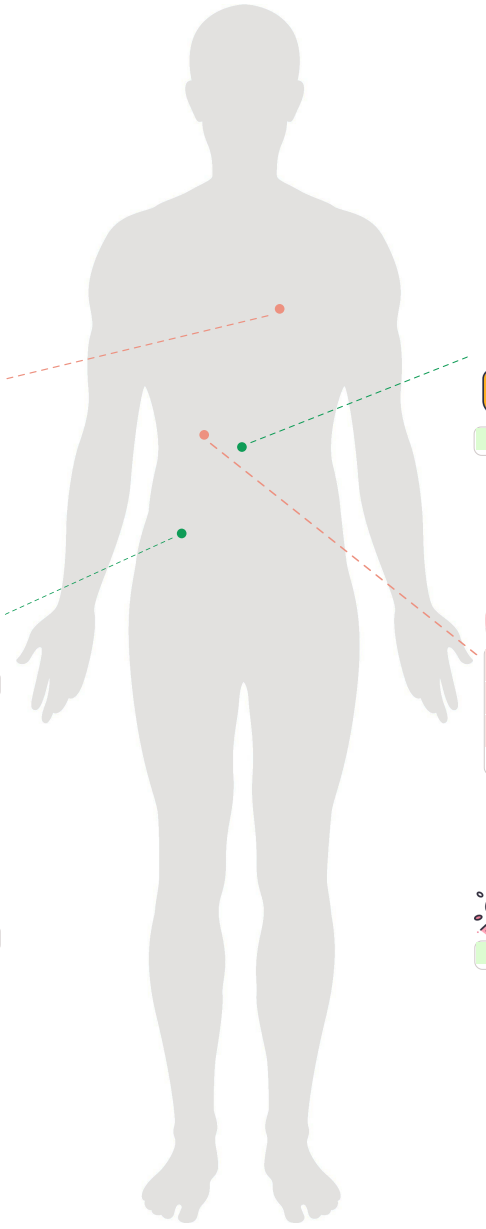
All In Range Borderline Out Of Range

Health Summary



CARDIAC PROFILE

Test Name	Result
Total Cholesterol	204.4
HDL Cholesterol	37.3
Non HDL Cholesterol	167.1

+ 3 tests Please Watchout

DIABETES MONITORING

Everything looks good

KIDNEY PROFILE

Everything looks good

LIVER PROFILE

Test Name	Result
SGOT (AST)	41.8
SGPT (ALT)	52.8

Please Watchout

ELECTROLYTES

Everything looks good

ANEMIA STUDIES

Everything looks good

Note: This section offers a quick snapshot of selected parameters. For all parameters and detailed analysis with clinical interpretation, please refer to the following pages

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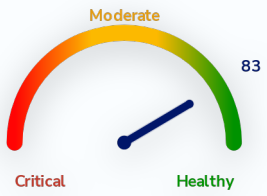
Quick Health Summary

Personal Insights - Health Score

83

Overall, most parameters are within normal ranges, indicating a generally healthy profile. The Liver and Cardiac Health may affect your overall well-being, so consider maintaining a balanced diet and regular exercise. Incorporate fruits, vegetables, and whole grains into your meals, enjoy regular physical activity like walking or yoga, and schedule routine check-ups to stay proactive about your health. Remember, small consistent changes can lead to meaningful improvements over time.

Note - Higher scores tentatively indicate better health status



Summary of Key Health Indicators

Total Parameters Tested	Borderline Results	Out Of Range Results
84	4	6

Health Status by Body System

Profile	Total	Borderline	Out of Range	Key Results
Cardiac Profile	9	2	4	HDL Cholesterol **(37.3)** Non - HDL Cholesterol **(167.1)** LDL Cholesterol **(145.4)** HDL : LDL ratio **(0.26)** Total Cholesterol **(204.4)** Total Cholesterol : HDL ratio **(5.48)**
Blood Disorder	16	1	1	Abs. Basophil Count **(0.01)** MPV **(12.3)**
Liver Profile	14	1	1	SGPT (ALT) **(52.8)** SGOT (AST) **(41.8)**
Anemia Studies	9	0	0	All In Range
Infectious Diseases	4	0	0	All In Range
Inflammation	1	0	0	All In Range
Kidney Profile	12	0	0	All In Range
Electrolytes	4	0	0	All In Range

Profile	Total	Borderline	Out of Range	Key Results
Hormones	1	0	0	All In Range
Urinalysis	12	0	0	All In Range
Diabetes Monitoring	1	0	0	All In Range

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Report Summary

In Range | Borderline | Out Of Range | No color - Reference range not available

ANEMIA STUDIES

Test Name	Result unit	Range
Hemoglobin	14.3 g/dL	13 - 17
PCV	43.2 %	40 - 50
MCV	86.6 fl	83 - 101
MCH	28.6 pg	27 - 32
MCHC	33 g/dL	31.5 - 34.5
RDW (CV)	13.3 %	11.6 - 14
RDW-SD	41.7 fl	35.1 - 43.9
Mentzer Index	17.32 %	
Red blood Cells	Absent /hpf	

BLOOD DISORDER

Test Name	Result unit	Range
TLC	6.6 10^3/µl	4 - 10
Neutrophils	47.4 %	40 - 80
Lymphocytes	39.9 %	20 - 40
Monocytes	7.2 %	2 - 10
Eosinophils	5.4 %	1 - 6
Basophils	0.1 %	< 2
Neutrophils.	3.13 10^3/µl	2 - 7
Lymphocytes.	2.63 10^3/µl	1 - 3
Monocytes.	0.48 10^3/µl	0.2 - 1
Eosinophils.	0.36 10^3/µl	0.02 - 0.5
Basophils.	**0.01** 10^3/µl	0.02 - 0.5
Platelet Count	196 10^3/µl	150 - 410
Mean Platelet Volume (MPV)	**12.3** fL	9.3 - 12.1
PDW	15.5 fL	8.3 - 25
P-LCR	42.4 %	18 - 50
P-LCC	83 10^9/L	44 - 140

INFECTIOUS DISEASES

Test Name	Result unit	Range
PCT	0.2 %	0.17 - 0.32
Deposit	Absent	
Yeast Cells	Absent	
Protozoa	Absent	

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In Range | Borderline | Out Of Range | No color - Reference range not available

INFLAMMATION

Test Name	Result unit	Range
ESR - Erythrocyte Sedimentation Rate	10 mm/hr	< 10

LIVER PROFILE

Test Name	Result unit	Range
Bilirubin Total	0.948 mg/dL	< 1.2
Bilirubin Direct	0.204 mg/dL	< 0.5
Bilirubin Indirect	0.74 mg/dL	0.1 - 1
SGOT/AST	**41.8** U/L	5 - 40
SGPT/ALT	**52.8** U/L	< 41
SGOT/SGPT Ratio	0.79 %	
Alkaline Phosphatase	121 U/L	40 - 129
Total Protein	7.13 g/dL	6 - 7.8
Albumin	4.53 g/dL	3.5 - 5.2
Globulin	2.6 g/dL	2.3 - 3.5
Albumin :Globulin Ratio	1.74	1 - 2.1
Gamma Glutamyl Transferase (GGT)	35 U/L	5 - 40
Bilirubin Urine	Negative	
Urobilinogen	Normal	

KIDNEY PROFILE

Test Name	Result unit	Range
Blood Urea	29.9 mg/dL	16.6 - 48.5
Bun	13.97 mg/dL	6 - 20
Creatinine	0.93 mg/dL	0.7 - 1.2
eGFR (CKD-EPI)	117.58 ml/min/1.73 sq m	
Bun/Creatinine Ratio	15.02	12 - 20
Urea / Creatinine Ratio	32.15	25.68 - 42.8
Uric Acid	4.5 mg/dL	3.4 - 7
Calcium Serum	9.78 mg/dL	8.6 - 10
Urine Protein (Albumin)	Negative	
Blood	Negative	
Crystals	Absent	
Cast	Absent	

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In Range | Borderline | Out Of Range | No color - Reference range not available

ELECTROLYTE PROFILE

Test Name	Result unit	Range
Phosphorus	3.28 mg/dL	2.5 - 4.5
Sodium	137 mmol/L	136 - 145
Potassium	4.33 mmol/L	3.5 - 5.1
Chloride	100.7 mmol/L	98 - 107

CARDIAC PROFILE

Test Name	Result unit	Range
Total Cholesterol	**204.4** mg/dL	< 200
Triglycerides	108.5 mg/dL	< 150
HDL Cholesterol	**37.3** mg/dL	55 - 80
Non HDL Cholesterol	**167.1** mg/dL	< 130
LDL Cholesterol	**145.4** mg/dL	30 - 100
V.L.D.L Cholesterol	21.7 mg/dL	< 30
Chol/HDL Ratio	**5.48** Ratio	3.5 - 5
HDL/ LDL Ratio	**0.26** Ratio	0.5 - 3
LDL/HDL Ratio	3.9 Ratio	

HORMONES

Test Name	Result unit	Range
Testosterone Total	694.2 ng/dL	249 - 836

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In Range | Borderline | Out Of Range | No color - Reference range not available

URINALYSIS

Test Name	Result unit	Range
Volume	20 ml	
Colour	Pale yellow	
Transparency	Clear	
Reaction (pH)	6.0	4.5 - 8
Specific Gravity	1.010	1.01 - 1.03
Urine Ketones (Acetone)	Negative	
Leucocyte esterase	Negative	
Nitrite	Negative	
Pus Cells (WBCs)	2-3 /hpf	
Epithelial Cells	1-2 /hpf	
Amorphous deposits	Absent	
Bacteria	Absent	

DIABETES MONITORING

Test Name	Result unit	Range
Urine Glucose (sugar)	Negative	

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Comparative Health Summary

● In Range ● Borderline ● Out Of Range

Personal Health Score Change

Your health score is **83/100** (01-04-2026)

Summary of Key Improvements / Declines	Outcome
Total parameters improved	6 of 58 parameters tested earlier
• MCHC • Eosinophils • Alkaline Phosphatase • Total Protein • Albumin • Specific Gravity	
New Out of range parameters detected	3 new issues
• Mean Platelet Volume (MPV) • SGOT/AST • SGPT/ALT	

Parameter-Wise Comparison

Parameter	Current 01-04-2026	Previous	Range	Value Change	Trend
MCHC	● 33	● 35.2 27-02-2024	31.5-34.5 g/dL	-2.2	Improved
Eosinophils	● 5.4	● 0.4 27-02-2024	1-6 %	+5	Improved
Basophils.	● 0.01	● 0.01 27-02-2024	0.02-0.5 10^3/µl	0	Still out of range
Mean Platelet Volume (MPV)	● 12.3	● 12.1 27-02-2024	9.3-12.1 fL	+0.2	Need Attention
SGOT/AST	● 41.8	● 31 27-02-2024	5-40 U/L	+10.8	Need Attention
SGPT/ALT	● 52.8	● 39 27-02-2024	0-41 U/L	+13.8	Need Attention
Alkaline Phosphatase	● 121	● 162 27-02-2024	40-129 U/L	-41	Improved
Total Protein	● 7.13	● 8.3 27-02-2024	6-7.8 g/dL	-1.2	Improved

Parameter	Current 01-04-2026	Previous	Range	Value Change	Trend
Albumin	4.53	5.4 27-02-2024	3.5-5.2 g/dL	-0.9	Improved
Total Cholesterol	204.4	216 27-02-2024	0-200 mg/dL	-11.6	Still out of range
HDL Cholesterol	37.3	43 27-02-2024	55-80 mg/dL	-5.7	Still out of range
Non HDL Cholesterol	167.1	173 27-02-2024	0-130 mg/dL	-5.9	Still out of range
LDL Cholesterol	145.4	160.2 27-02-2024	30-100 mg/dL	-14.8	Still out of range
Chol/HDL Ratio	5.48	5.02 27-02-2024	3.5-5.0 Ratio	+0.5	Still out of range
HDL/ LDL Ratio	0.26	0.27 27-02-2024	0.5-3.0 Ratio	-0	Still out of range
Specific Gravity	1.010	1.000 27-02-2024	1.010-1.030 -	+0	Improved

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Health Advisory

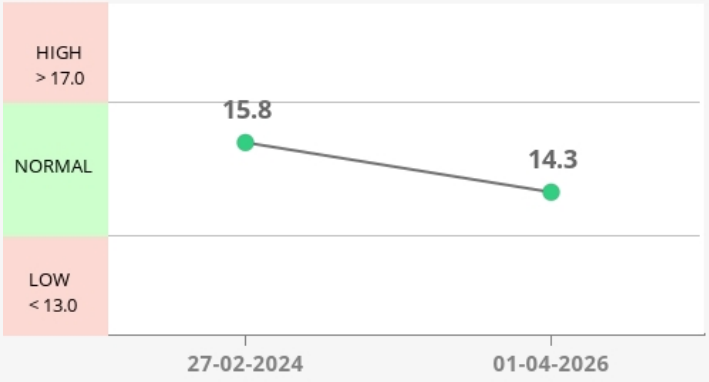
In Range Borderline (BL) Out Of Range

Anemia Profile

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

Hemoglobin: 14.3 g/dL

IN RANGE

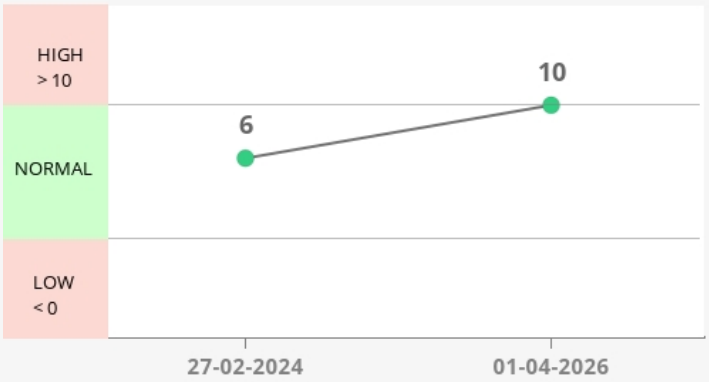


Inflammation

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: 10 mm/hr

● IN RANGE

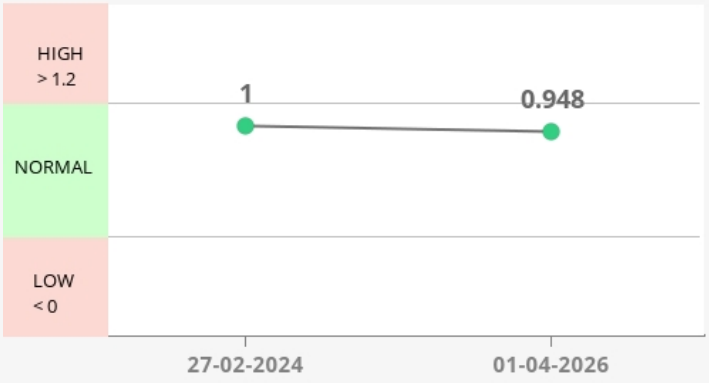


Liver Profile

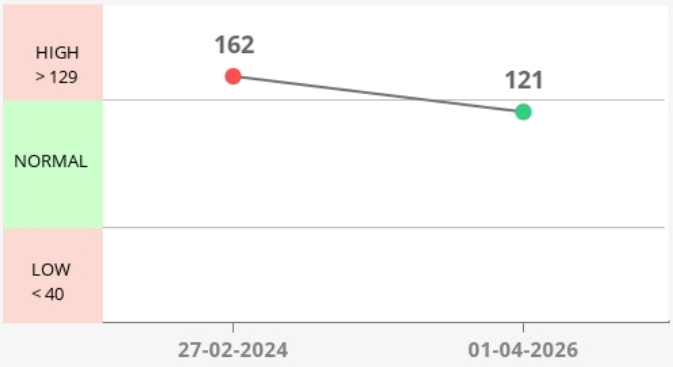
One of the main functions of your liver is to make proteins that are secreted in your blood. It also makes enzymes which convert food into energy, and processes old muscles and cells. When your liver is damaged, enzymes leak into your blood and appear in the blood test

Bilirubin Total: 0.948 mg/dL

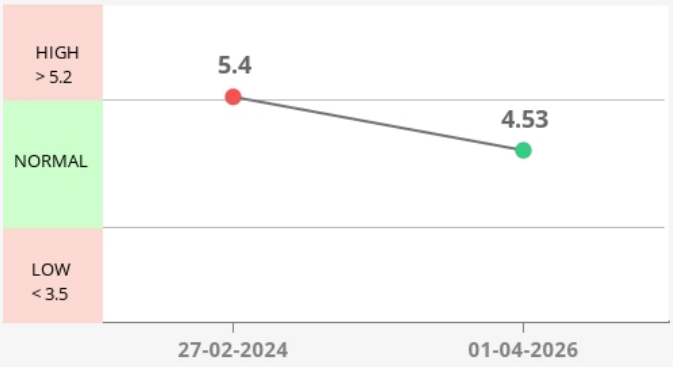
● IN RANGE



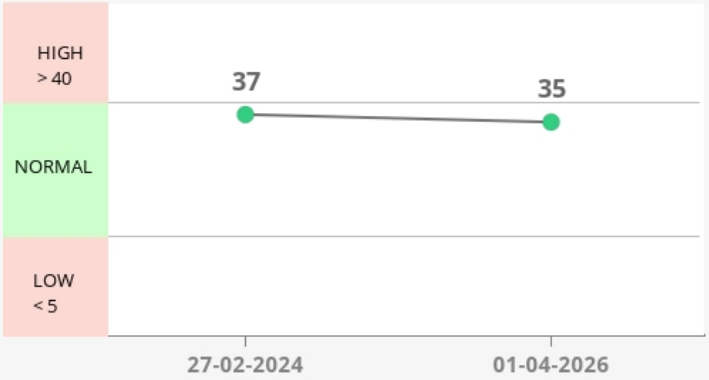
Alkaline Phosphatase: 121 U/L — IN RANGE



Albumin: 4.53 g/dL — IN RANGE



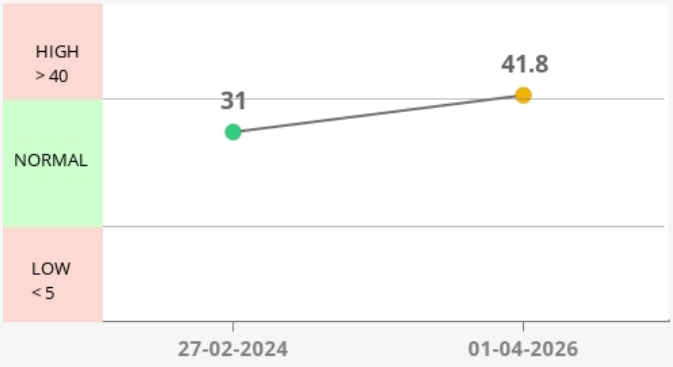
Gamma Glutamyl Transferase (GGT): 35 U/L — IN RANGE



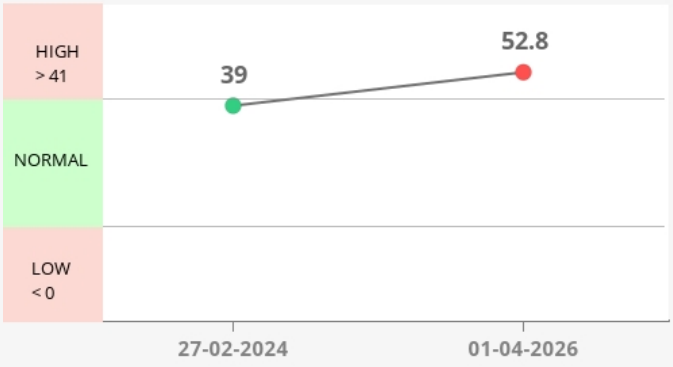
Enzymes

Enzymes found in your liver are responsible for various processes that maintain body functions. These enzymes are leaked into your blood when your liver suffers dysfunction.

SGOT/AST: 41.8 U/L — BORDERLINE



SGPT/ALT: 52.8 U/L — OUT OF RANGE

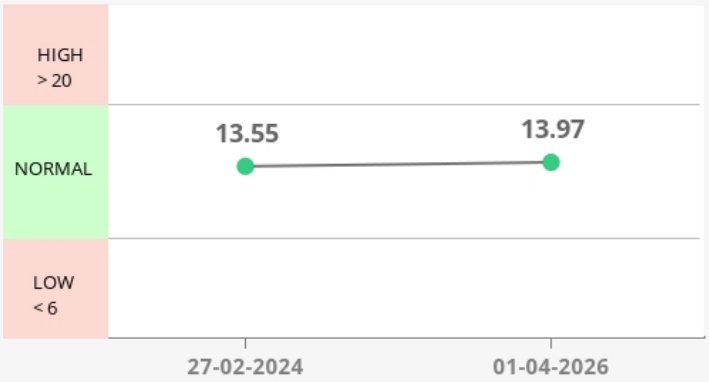


Kidney Profile

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

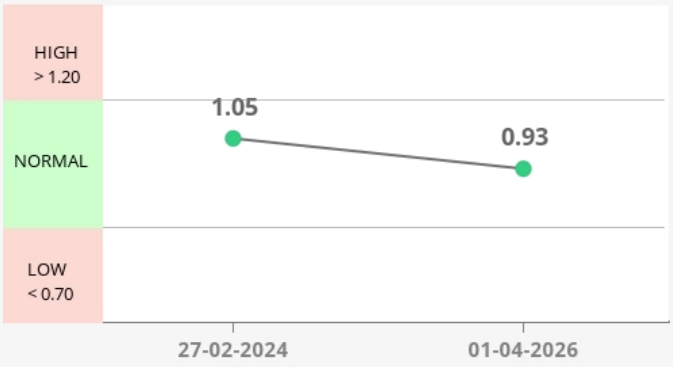
Bun: 13.97 mg/dL

● IN RANGE



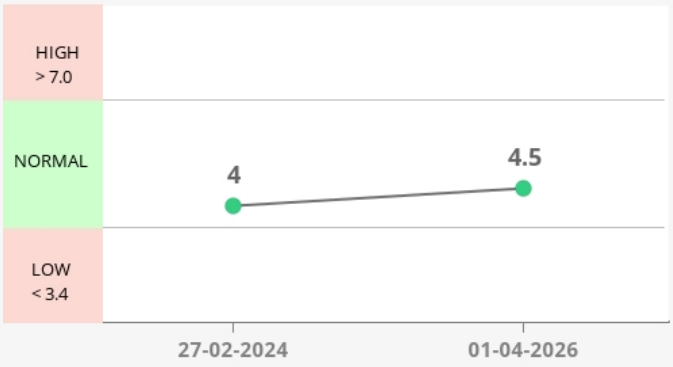
Creatinine: 0.93 mg/dL

● IN RANGE



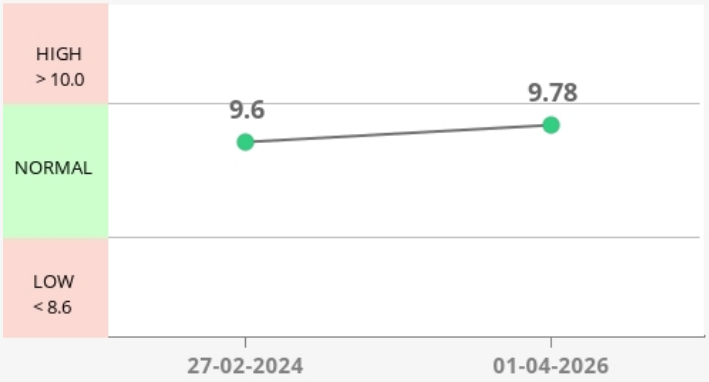
Uric Acid: 4.5 mg/dL

● IN RANGE



Calcium Serum: 9.78 mg/dL

● IN RANGE

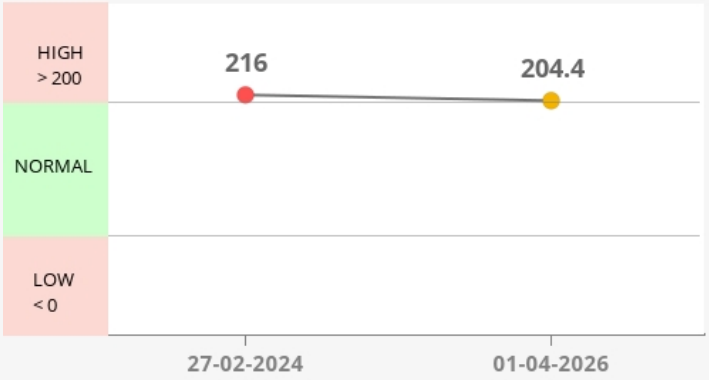


Cardiac Profile

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.

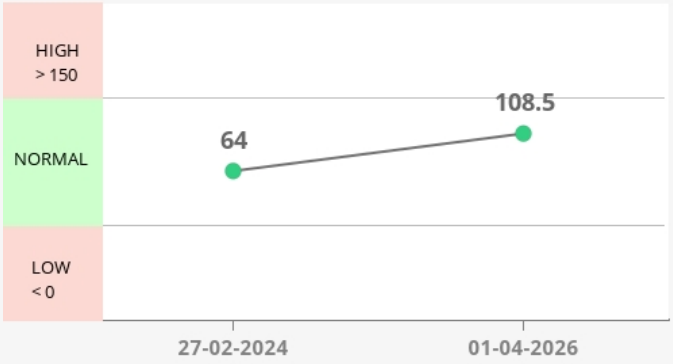
Total Cholesterol: 204.4 mg/dL

BORDERLINE



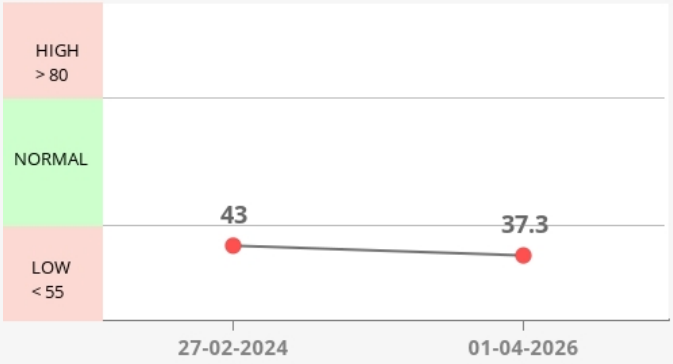
Triglycerides: 108.5 mg/dL

IN RANGE



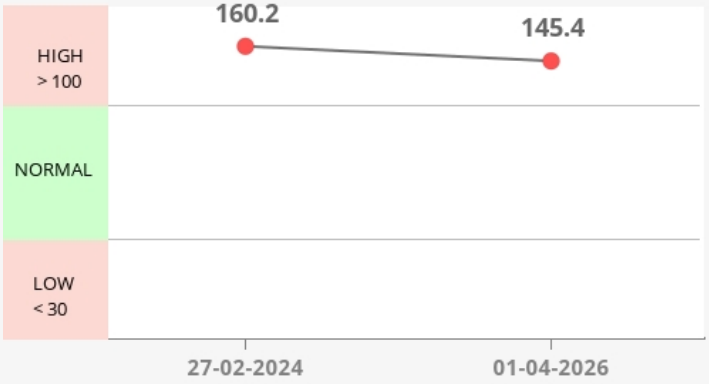
HDL Cholesterol: 37.3 mg/dL

OUT OF RANGE



LDL Cholesterol: 145.4 mg/dL

OUT OF RANGE

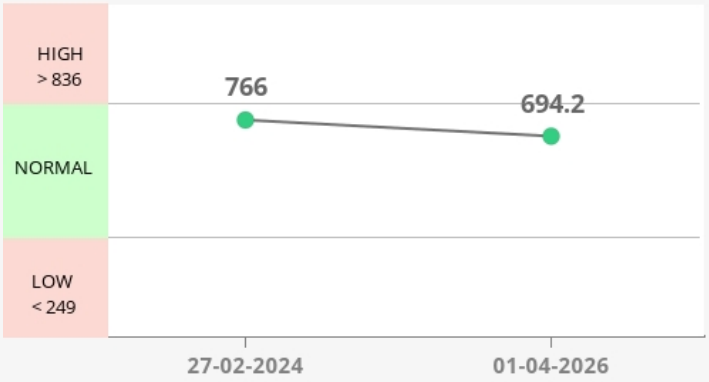


Hormones

Hormones are chemicals in your body that do a variety of functions- growth, metabolism, sexual functions, and regulation of mood. These tests are usually performed to check if there is any hormone disorder

Testosterone Total: 694.2 ng/dL

● IN RANGE



LABORATORY REPORT

Redcliffe labs

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

GYM Fitness Health Checkup- Male

Complete Blood Count (CBC)

Test Description	Value(s)	Unit(s)	Reference Range
RBC Parameters			
Hemoglobin *colorimetric*	14.3	g/dL	13.0 - 17.0
RBC Count *Electrical impedance*	5	10^6/µl	4.5 - 5.5
PCV *Calculated*	43.2	%	40 - 50
MCV *Calculated*	86.6	fl	83 - 101
MCH *Calculated*	28.6	pg	27 - 32
MCHC *Calculated*	33	g/dL	31.5 - 34.5
RDW (CV) * *Calculated*	13.3	%	11.6 - 14.0
RDW-SD * *Calculated*	41.7	fl	35.1 - 43.9
WBC Parameters			
TLC *Electrical impedance and microscopy*	6.6	10^3/µl	4 - 10
Differential Leucocyte Count			
Neutrophils	47.4	%	40-80
Lymphocytes	39.9	%	20-40
Monocytes	7.2	%	2-10
Eosinophils	5.4	%	1-6
Basophils	0.1	%	<2
Absolute Leukocyte Counts ***Calculated***			
Neutrophils.	3.13	10^3/µl	2 - 7
Lymphocytes.	2.63	10^3/µl	1 - 3
Monocytes.	0.48	10^3/µl	0.2 - 1.0
Eosinophils.	0.36	10^3/µl	0.02 - 0.5
Basophils.	**0.01 L***	10^3/µl	0.02 - 0.5
Platelet Parameters			
Platelet Count *Electrical impedance and microscopy*	196	10^3/µl	150 - 410
Mean Platelet Volume (MPV) * *Calculated*	**12.3 H***	fL	9.3 - 12.1
PCT * *Calculated*	0.2	%	0.17 - 0.32

Note :- (H* - High , L* - Low ,CL* - Critical Low,CH* - Critical High)

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

Dr. Veerendra Kumar Tyagi
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 :

Test Description	Value(s)	Unit(s)	Reference Range
PDW * *Calculated*	15.5	fL	8.3 - 25.0
P-LCR * *Calculated*	42.4	%	18 - 50
P-LCC * *Calculated*	83	10^9/L	44 - 140
Mentzer Index * *Calculated*	17.32	%	> 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.

Note :- (H* - High , L* - Low ,CL* - Critical Low,CH* - Critical High)

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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*	10	mm/hr	0 - 10

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

Dr. Veerendra Kumar Tyagi
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

Liver Function Test (LFT)

Test Description	Value(s)	Unit(s)	Reference Range
Bilirubin Total *Colorimetric Diazo*	0.948	mg/dL	0 - 1.2
Bilirubin Direct	0.204	mg/dL	0 - 0.5
Bilirubin Indirect *Calculation (T Bil - D Bil)*	0.74	mg/dL	0.1 - 1.0
SGOT/AST *IFCC without P5P*	**41.8 H***	U/L	up to 40
SGPT/ALT *IFCC without P5P*	**52.8 H***	U/L	up to 41
SGOT/SGPT Ratio	0.79	-	-
Alkaline Phosphatase *IFCC*	121	U/L	40 - 129
Total Protein *Biuret*	7.13	g/dL	6.0 - 7.8
Albumin *Colorimetric*	4.53	g/dL	3.5 - 5.2
Globulin *Calculation (T.P - Albumin)*	2.6	g/dL	2.3 - 3.5
Albumin :Globulin Ratio *Calculation (Albumin/Globulin)*	1.74	-	1.0 - 2.1
Gamma Glutamyl Transferase (GGT) *ENZYMATIC*	35	U/L	5 -40

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.

Note :- (H* - High , L* - Low ,CL* - Critical Low,CH* - Critical High)

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Kidney Function Test (KFT)

Test Description	Value(s)	Unit(s)	Reference Range
Blood Urea *Urease*	29.9	mg/dL	16.6 - 48.5
Bun * *Urease*	13.97	mg/dL	6 - 20
Creatinine *Jaffe*	0.93	mg/dL	0.70 - 1.20
eGFR (CKD-EPI)	117.58	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*	15.02		12 - 20
Urea / Creatinine Ratio * *Calculated*	32.15		25.68- 42.8
Uric Acid *Enzymatic colorimetric*	4.5	mg/dL	3.4 - 7.0
Calcium Serum *BAPTA*	9.78	mg/dL	8.6 - 10.0
Phosphorus *Molybdate UV*	3.28	mg/dL	2.5 - 4.5
Sodium *ISE-Indirect*	137	mmol/L	136 - 145
Potassium *ISE-Indirect*	4.33	mmol/L	3.5 - 5.1
Chloride *ISE-Indirect*	100.7	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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Test Description	Value(s)	Unit(s)	Reference Range
Lipid Profile			
Total Cholesterol *Enzymatic - Cholesterol Oxidase*	**204.4 H***	mg/dL	<200
Triglycerides *Colorimetric - Lip/Glycerol Kinase*	108.5	mg/dL	<150
HDL Cholesterol *Enzymatic colorimetric*	**37.3 L***	mg/dL	>55
Non HDL Cholesterol * *Calculated*	**167.1 H***	mg/dL	<130
LDL Cholesterol * *Calculated*	**145.4 H***	mg/dL	<100
V.L.D.L Cholesterol * *Calculated*	21.7	mg/dL	< 30
Chol/HDL Ratio * *Calculated*	**5.48 H***	Ratio	3.5 - 5.0
HDL/ LDL Ratio * *Calculated*	**0.26 L***	Ratio	0.5 - 3.0
LDL/HDL Ratio * *Calculated*	3.9	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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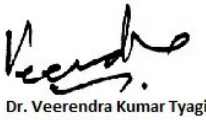

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Test Description	Value(s)	Unit(s)	Reference Range

High Risk	of end organ damage 3. CHD stage 3B or 4. 4 LDL >190 mg/dl 5. Extreme of a single risk factor 6. Coronary Artery Calcium - CAC > 300 AU 7. Lipoprotein a >/= 50 mg/dl 8. Non stenotic carotid plaque
Moderate Risk	2 major ASCVD risk factors
Low Risk	0-1 major ASCVD risk factors

Major ASCVD (Atherosclerotic cardiovascular disease) Risk Factors

1. Age >/=45 years in Males & >/= 55 years in Females	3. Current Cigarette smoking or tobacco use
2. Family history of premature ASCVD	4. High blood pressure
5. Low HDL	

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

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

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

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

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

Testosterone Total

Testosterone Total *CLIA*	694.2	ng/dL	249 - 836

Interpretation:

Age in Years	Reference Ranges ng/dL
Males 20-49	249 - 836
Males ≥ 50 years	193 - 740
Females 20-49	8.4 - 48.1
Females ≥ 50	2.9 - 40.8

Reference values for Males (7-18 years) characterized by Tanner Stage

Tanner Stage	5-95th percentiles (ng/dL)
1	< 2.5
2	< 2.5 - 432
3	64.9 - 778
4	180 - 763
5	188 - 882

Reference values for females (8-18 years) characterized by Tanner Stage

Tanner Stage	5-95th percentiles (ng/dL)
1	<2.5 - 6.1
2	<2.5 - 10.4
3	<2.5 - 23.7
4	<2.5 - 26.8
5	4.6 - 38.3

Note

· All applications that require measurement of very low level of testosterone (eg hypogonadal men, children, virilization or intersex disorders in women etc) recommended test is Testosterone total, Ultrasensitive

· LC-MS/MS is the gold standard for steroid hormone assays due to increased sensitivity & specificity as compared to immunoassays

Clinical Use

· Assessment of testicular function in males

Increased levels

· Precocious puberty (Males)
· Androgen resistance
· Testotoxicosis
· Congenital Adrenal Hyperplasia

Decreased levels

· Delayed puberty (Males)
· Gonadotropin deficiency

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Test Description	Value(s)	Unit(s)	Reference Range
· Testicular defects · Systemic diseases			

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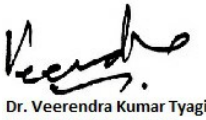
Urine Routine and Microscopic Examination

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) *	2-3	/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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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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