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.

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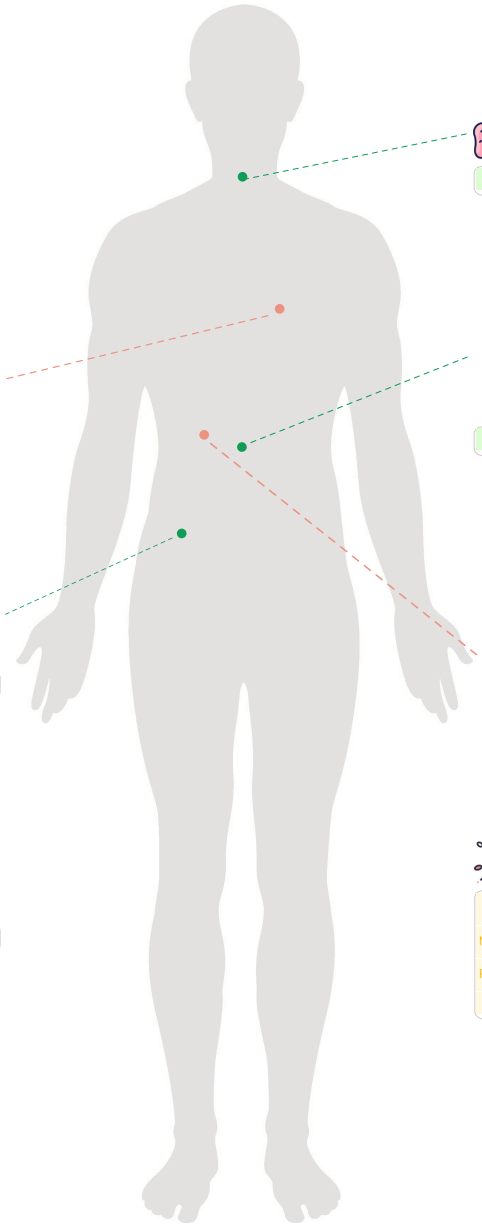
All In Range Borderline Out Of Range

Health Summary



THYROID PROFILE

Everything looks good

CARDIAC PROFILE

Test Name	Result
Total Cholesterol	220
Non HDL Cholesterol	156
LDL Cholesterol	136.2

Please Watchout

DIABETES MONITORING

Everything looks good

LIVER PROFILE

Test Name	Result
Total Bilirubin	1.7
Direct Bilirubin	0.6
Indirect Bilirubin	1.1

+ 4 tests Please Watchout

KIDNEY PROFILE

Everything looks good

ANEMIA STUDIES

Test Name	Result
MCHC	31.2
RDW-SD	52

Please Watchout

ELECTROLYTES

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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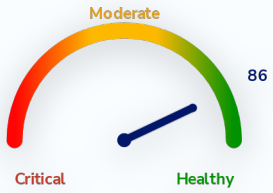
Quick Health Summary

Personal Insights - Health Score

86

Overall, most parameters are within normal ranges, indicating good general health. The Liver and Cardiac Health profiles may affect your well-being, so consider maintaining a balanced diet and engaging in regular physical activity. Incorporate a variety of fruits, vegetables, and whole grains into your meals, and consider activities like walking or yoga. Routine check-ups are advisable to monitor your health, and please consult a healthcare professional if you notice any new or concerning symptoms. Remember, small consistent changes can lead to meaningful improvements in your health.



Note - Higher scores tentatively indicate better health status

Summary of Key Health Indicators

Total Parameters Tested	Borderline Results	Out Of Range Results
92	10	7

Health Status by Body System

Profile	Total	Borderline	Out of Range	Key Results
Liver Profile	15	4	3	Total Bilirubin **(1.7)** Direct Bilirubin **(0.6)** SGOT (AST) **(42)** Indirect Bilirubin **(1.1)** Albumin **(5.03)** Globulin **(2.22)** Albumin : Globulin ratio **(2.27)**
Cardiac Profile	11	1	2	Non - HDL Cholesterol **(156)** LDL Cholesterol **(136.2)** Total Cholesterol **(220)**
Blood Disorder	15	3	2	Abs. Neutrophil Count **(1.59)** Abs. Basophil Count **(0)** Total Leukocyte Count **(3.7)** Lymphocytes **(42.5)** MPV **(8.9)**

Profile	Total	Borderline	Out of Range	Key Results
Inflammation	1	0	0	All In Range
Thyroid Profile	3	0	0	All In Range
Diabetes Monitoring	5	0	0	All In Range
Anemia Studies	9	2	0	MCHC (31.2) RDW-SD (52)
Infectious Diseases	4	0	0	All In Range
Kidney Profile	12	0	0	All In Range
Electrolytes	4	0	0	All In Range
Urinalysis	12	0	0	All In Range

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Report Summary

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

INFLAMMATION

Test Name	Result unit	Range
ESR - Erythrocyte Sedimentation Rate	2 mm/hr	< 10

THYROID PROFILE

Test Name	Result unit	Range
Triiodothyronine (T3)	97 ng/dL	35 - 193
Total Thyroxine (T4)	6.9 µg/dL	4.87 - 11.2
Thyroid Stimulating Hormone (Ultrasensitive)	2.45 mIU/L	0.35 - 4.94

DIABETES MONITORING

Test Name	Result unit	Range
Insulin (Fasting)	4.9 µU/mL	< 25
Glycosylated Hemoglobin (HbA1c)	5.1 %	< 5.6
Estimated Average Glucose	99.67 mg/dl	
Glucose Fasting	77 mg/dL	70 - 100
Urine Glucose (sugar)	Negative	

CARDIAC PROFILE

Test Name	Result unit	Range
TROPONIN-I,HIGH SENSITIVE	< 3.70 pg/mL	< 34.2
Total Cholesterol	**220** mg/dL	< 200
Triglycerides	99 mg/dL	< 150
HDL Cholesterol	64 mg/dL	40 - 80
Non HDL Cholesterol	**156** mg/dL	< 130
LDL Cholesterol	**136.2** mg/dL	30 - 100
V.L.D.L Cholesterol	19.8 mg/dL	< 30
Chol/HDL Ratio	3.44 Ratio	
HDL/ LDL Ratio	0.47 Ratio	
LDL/HDL Ratio	2.13 Ratio	
NT-Pro-BNP	44.3 pg/mL	

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LIVER PROFILE

Test Name	Result unit	Range
Alkaline Phosphatase	89 U/L	40 - 150
Gamma Glutamyl Transferase (GGT)	57 U/L	12 - 64
ALP - GGT RATIO	1.56	
Bilirubin Total	**1.7** mg/dL	0.2 - 1.2
Bilirubin Direct	**0.6** mg/dL	< 0.5
Bilirubin Indirect	**1.1** mg/dL	0.1 - 1
SGOT/AST	**42** U/L	11 - 34
SGPT/ALT	39 U/L	< 45
SGOT/SGPT Ratio	1.08 %	
Total Protein	7.25 g/dL	6.4 - 8.3
Albumin	**5.03** gm/dL	3.8 - 5
Globulin	**2.22** g/dL	2.3 - 3.5
Albumin :Globulin Ratio	**2.27**	1.3 - 2.1
Bilirubin Urine	Negative	
Urobilinogen	Normal	

ANEMIA STUDIES

Test Name	Result unit	Range
Hemoglobin	15.3 g/dL	13 - 17
PCV	49 %	40 - 50
MCV	92.4 fl	83 - 101
MCH	28.8 pg	27 - 32
MCHC	**31.2** g/dL	31.5 - 34.5
RDW (CV)	13.2 %	11.6 - 14
RDW-SD	**52** fl	35.1 - 43.9
Mentzer Index	17.43 %	
Red blood Cells	Absent /hpf	

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BLOOD DISORDER

Test Name	Result unit	Range
TLC	**3.7** 10^3/µl	4 - 10
Neutrophils	42.9 %	40 - 80
Lymphocytes	**42.5** %	20 - 40
Monocytes	8.5 %	2 - 10
Eosinophils	6 %	1 - 6
Basophils	0.1 %	< 2
Neutrophils.	**1.59** 10^3/µl	2 - 7
Lymphocytes.	1.57 10^3/µl	1 - 3
Monocytes.	0.31 10^3/µl	0.2 - 1
Eosinophils.	0.22 10^3/µl	0.02 - 0.5
Basophils.	**0** 10^3/µl	0.02 - 0.5
Platelet Count	215 10^3/µl	150 - 410
Mean Platelet Volume (MPV)	**8.9** fL	9.3 - 12.1
P-LCR	33.5 %	18 - 50
P-LCC	72 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	

KIDNEY PROFILE

Test Name	Result unit	Range
Blood Urea	23 mg/dL	19 - 44.1
Bun	10.75 mg/dL	6 - 20
Creatinine	0.89 mg/dL	0.72 - 1.25
eGFR (CKD-EPI)	116.75 ml/min/1.73 sq m	
Bun/Creatinine Ratio	12.08	12 - 20
Urea / Creatinine Ratio	25.84	25.68 - 42.8
Uric Acid	7 mg/dL	3.5 - 7.2
Calcium Serum	9.2 mg/dL	8.4 - 10.2
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	3.7 mg/dL	2.3 - 4.7
Sodium	136 mmol/L	136 - 145
Potassium	5 mmol/L	3.5 - 5.1
Chloride	101 mmol/L	98 - 107

URINALYSIS

Test Name	Result unit	Range
Volume	20 mL	
Colour	Pale yellow	
Transparency	Clear	
Reaction (pH)	6.0	4.5 - 8
Specific Gravity	1.020	1.01 - 1.03
Urine Ketones (Acetone)	Negative	
Leucocyte esterase	Negative	
Nitrite	Negative	
Pus Cells (WBCs)	4-5 /hpf	
Epithelial Cells	2-3 /hpf	
Amorphous deposits	Absent	
Bacteria	Absent	

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Comparative Health Summary

● In Range ● Borderline ● Out Of Range

Personal Health Score Change

Your health score is **86/100** (08-04-2026)

Summary of Key Improvements / Declines	Outcome
Total parameters improved	5 of 61 parameters tested earlier
• Eosinophils • SGPT/ALT • Uric Acid • Triglycerides • V.L.D.L Cholesterol	
New Out of range parameters detected	6 new issues
• MCHC • Bilirubin Total • Bilirubin Direct • Bilirubin Indirect • SGOT/AST • Albumin	

Parameter-Wise Comparison

Parameter	Current 08-04-2026	Previous	Range	Value Change	Trend
MCHC	● 31.2	● 32.8 18-03-2025	31.5-34.5 g/dL	-1.6	Need Attention
RDW-SD	● 52	● 44.1 18-03-2025	35.1-43.9 fl	+7.9	Still out of range
TLC	● 3.7	● 3.3 18-03-2025	4-10 10^3/µl	+0.4	Still out of range
Lymphocytes	● 42.5	● 41 18-03-2025	20-40 %	+1.5	Still out of range
Eosinophils	● 6	● 10.4 18-03-2025	1-6 %	-4.4	Improved
Neutrophils.	● 1.59	● 1.38 18-03-2025	2-7 10^3/µl	+0.2	Still out of range
Basophils.	● 0	● 0.01 18-03-2025	0.02-0.5 10^3/µl	-0	Still out of range
Mean Platelet Volume (MPV)	● 8.9	● 9 18-03-2025	9.3-12.1 fL	-0.1	Still out of range

Parameter	Current 08-04-2026	Previous	Range	Value Change	Trend
Bilirubin Total	1.7	1.2 18-03-2025	0.2-1.2 mg/dL	+0.5	Need Attention
Bilirubin Direct	0.6	0.4 18-03-2025	0-0.5 mg/dL	+0.2	Need Attention
Bilirubin Indirect	1.1	0.8 18-03-2025	0.1-1 mg/dL	+0.3	Need Attention
SGOT/AST	42	34 18-03-2025	11-34 U/L	+8	Need Attention
SGPT/ALT	39	49 18-03-2025	0-45 U/L	-10	Improved
Albumin	5.03	4.9 18-03-2025	3.8-5 gm/dL	+0.1	Need Attention
Globulin	2.22	2.2 18-03-2025	2.3-3.5 g/dL	+0	Still out of range
Albumin :Globulin Ratio	2.27	2.23 18-03-2025	1.3-2.1 -	+0	Still out of range
Uric Acid	7	7.7 18-03-2025	3.5-7.2 mg/dL	-0.7	Improved
Total Cholesterol	220	212 18-03-2025	0-200 mg/dL	+8	Still out of range
Triglycerides	99	152 18-03-2025	0-150 mg/dL	-53	Improved
Non HDL Cholesterol	156	162 18-03-2025	0-130 mg/dL	-6	Still out of range
LDL Cholesterol	136.2	131.6 18-03-2025	30-100 mg/dL	+4.6	Still out of range
V.L.D.L Cholesterol	19.8	30.4 18-03-2025	0-30 mg/dL	-10.6	Improved

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Health Advisory

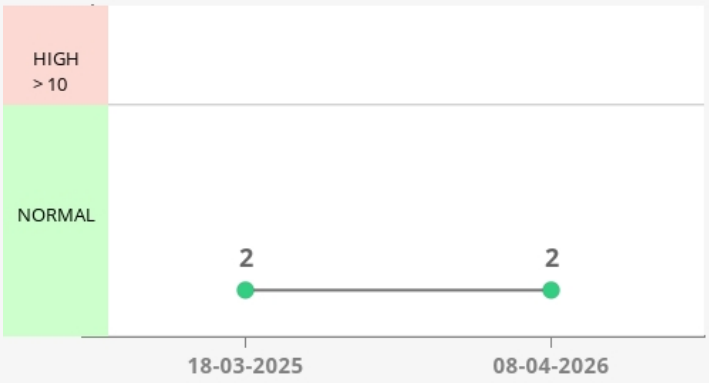
In Range Borderline (BL) Out Of Range

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: 2 mm/hr

IN RANGE

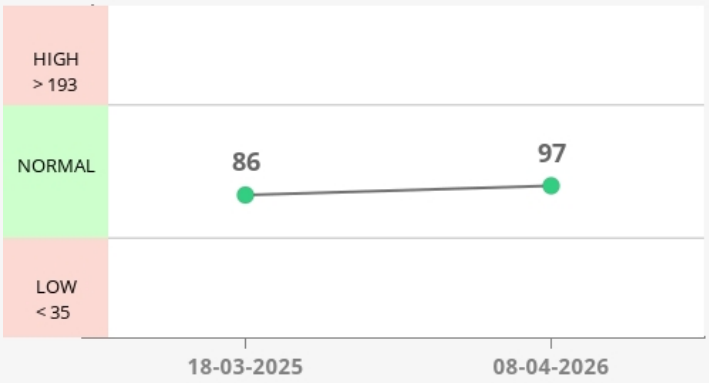


Thyroid

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

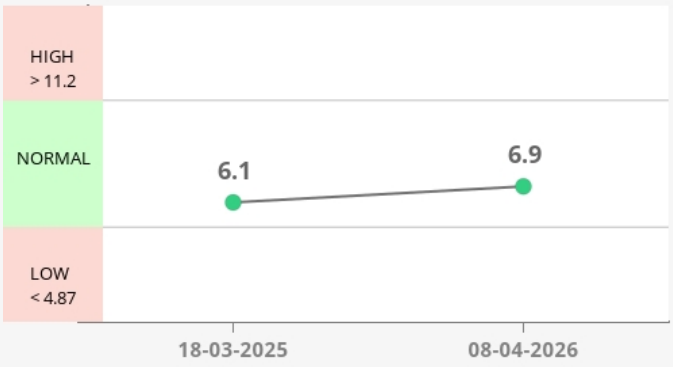
Triiodothyronine (T3): 97 ng/dL

IN RANGE



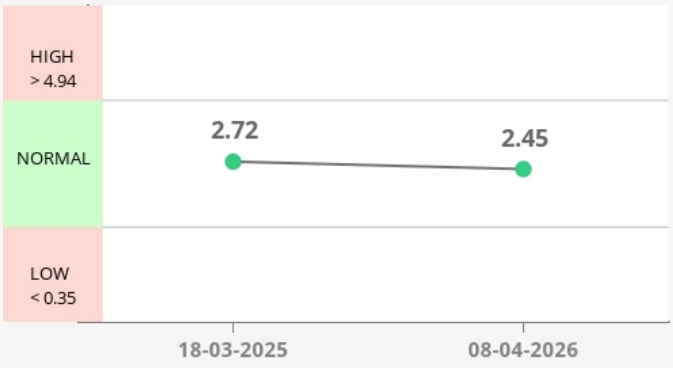
Total Thyroxine (T4): 6.9 µg/dL

IN RANGE



Thyroid Stimulating Hormone (Ultrasensitive): 2.45 mIU/L

IN RANGE

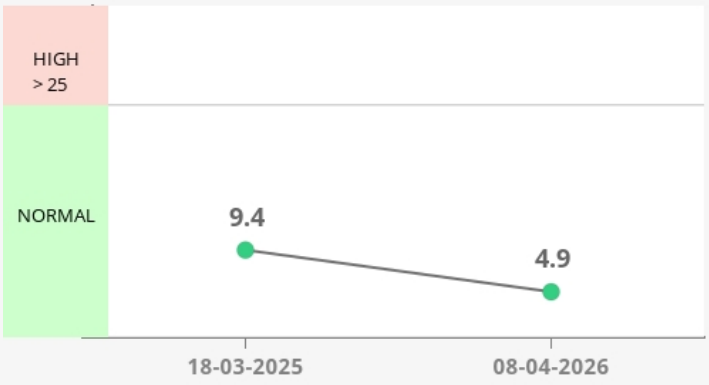


Diabetes

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

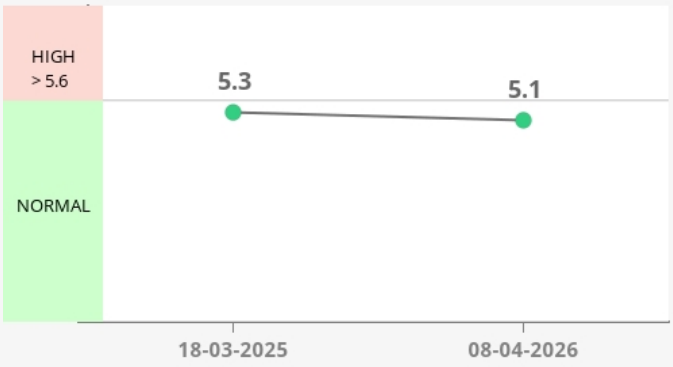
Insulin (Fasting): 4.9 µU/mL

● IN RANGE



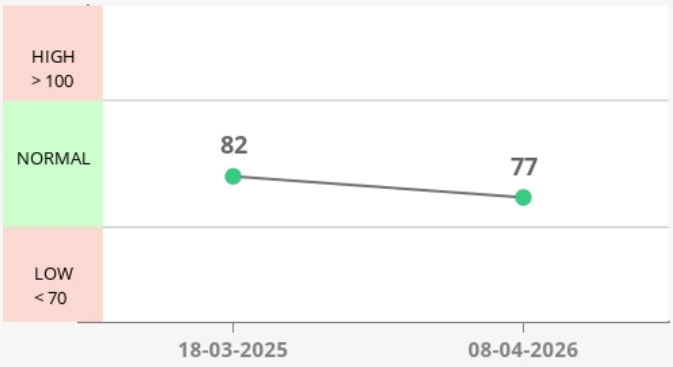
Glycosylated Hemoglobin (HbA1c): 5.1 %

● IN RANGE



Glucose Fasting: 77 mg/dL

● IN RANGE

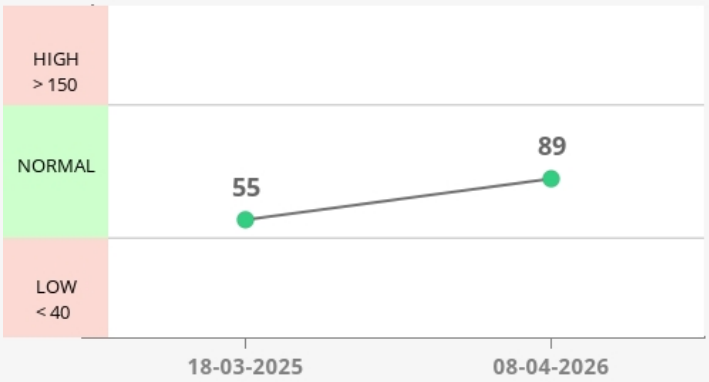


Liver Profile

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

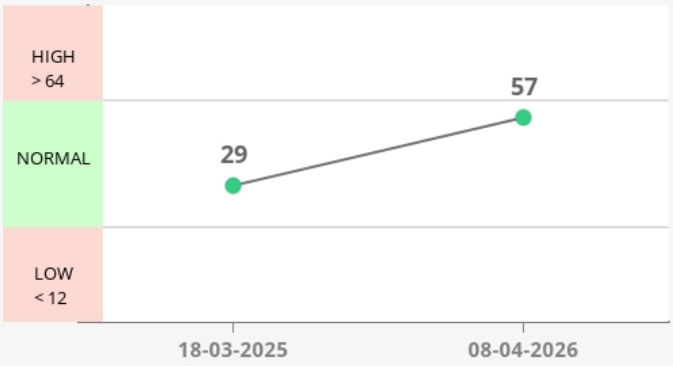
Alkaline Phosphatase: 89 U/L

IN RANGE



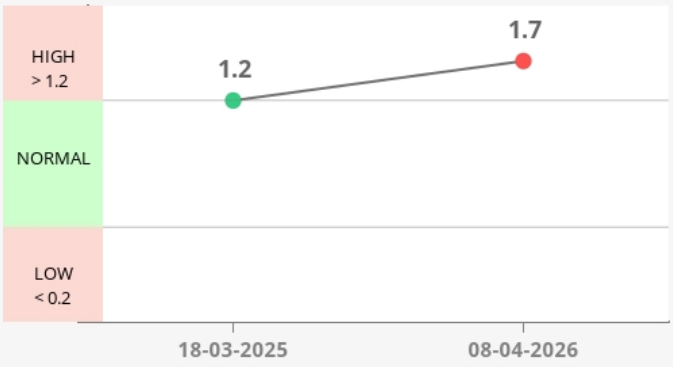
Gamma Glutamyl Transferase (GGT): 57 U/L

IN RANGE



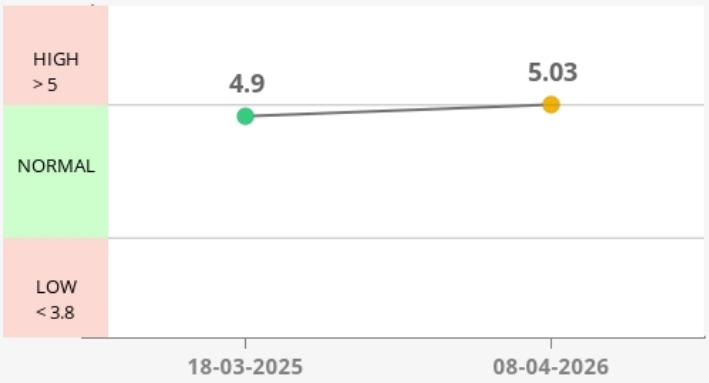
Bilirubin Total: 1.7 mg/dL

OUT OF RANGE



Albumin: 5.03 gm/dL

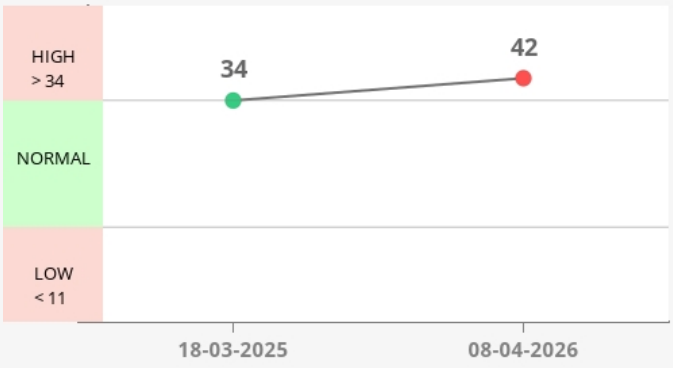
BORDERLINE



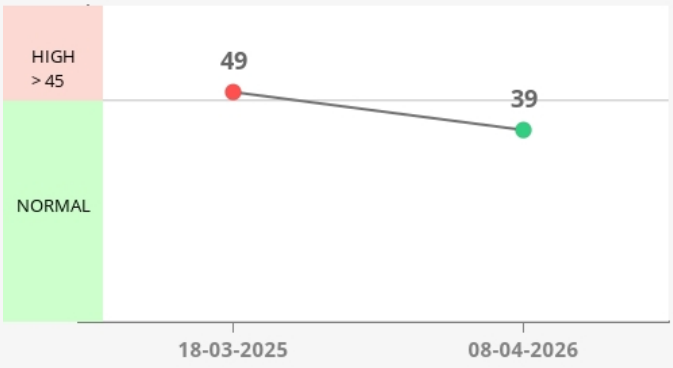
Enzymes

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: 42 U/L — OUT OF RANGE



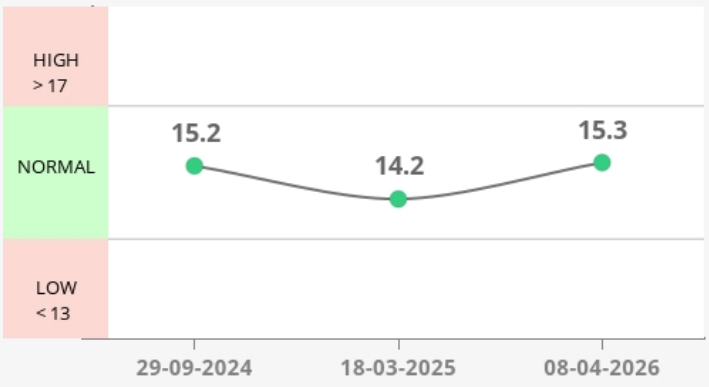
SGPT/ALT: 39 U/L — IN RANGE



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: 15.3 g/dL — IN RANGE

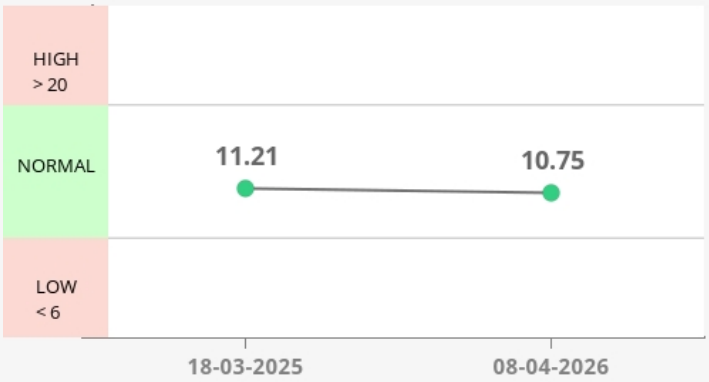


Kidney Profile

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

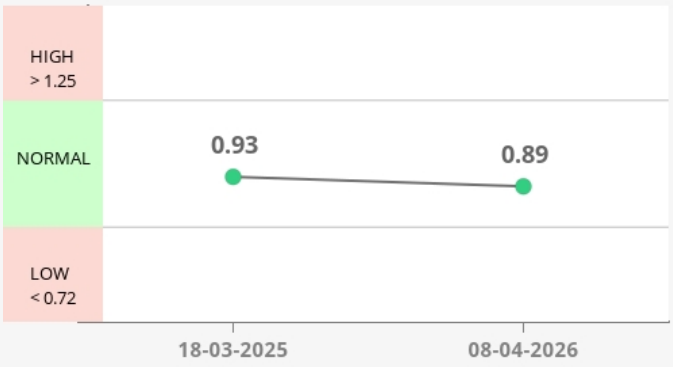
Bun: 10.75 mg/dL

IN RANGE



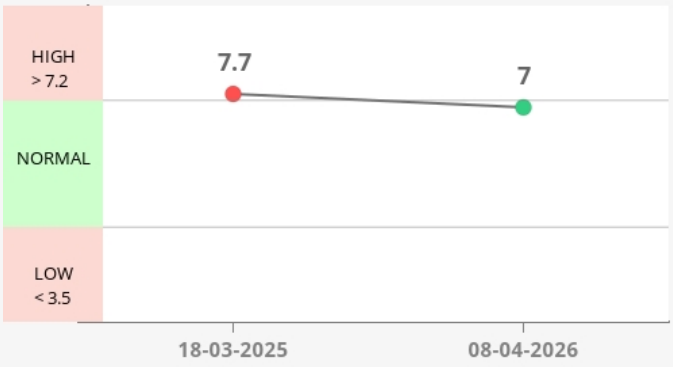
Creatinine: 0.89 mg/dL

IN RANGE



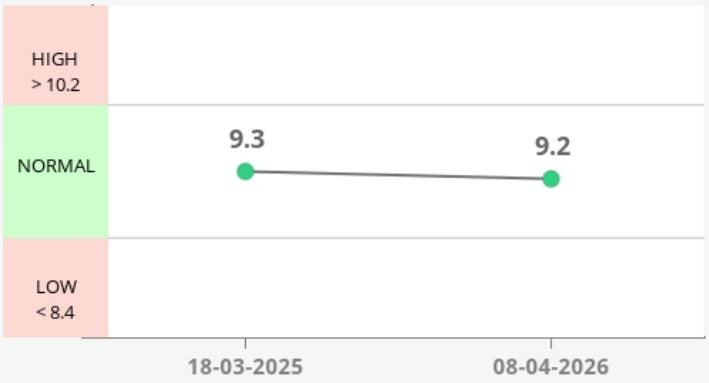
Uric Acid: 7 mg/dL

IN RANGE



Calcium Serum: 9.2 mg/dL

IN RANGE

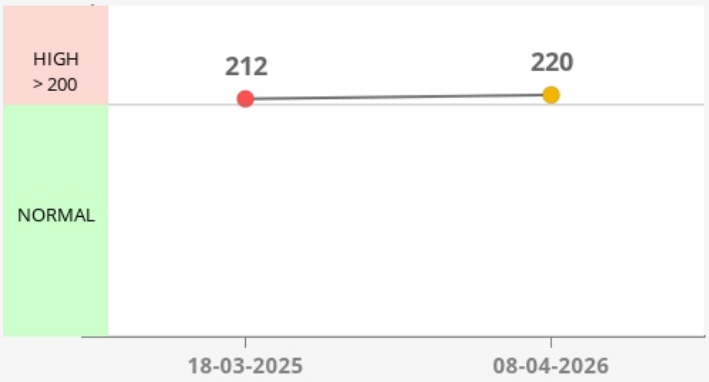


Cardiac Profile

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.

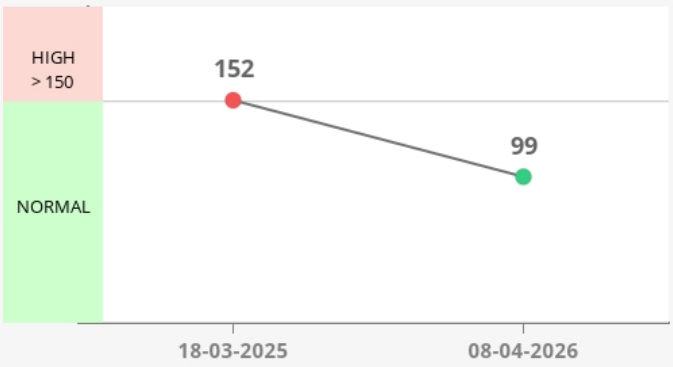
Total Cholesterol: 220 mg/dL

● BORDERLINE



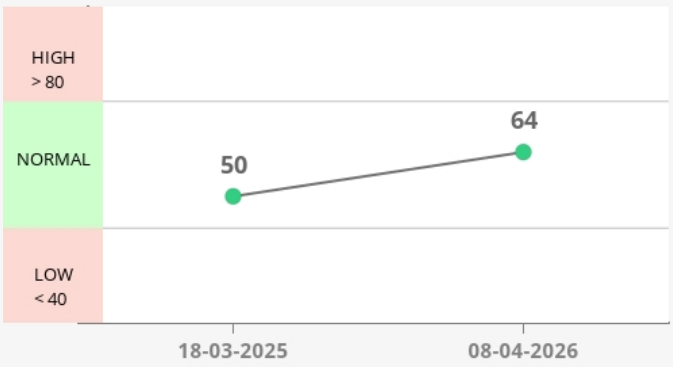
Triglycerides: 99 mg/dL

● IN RANGE



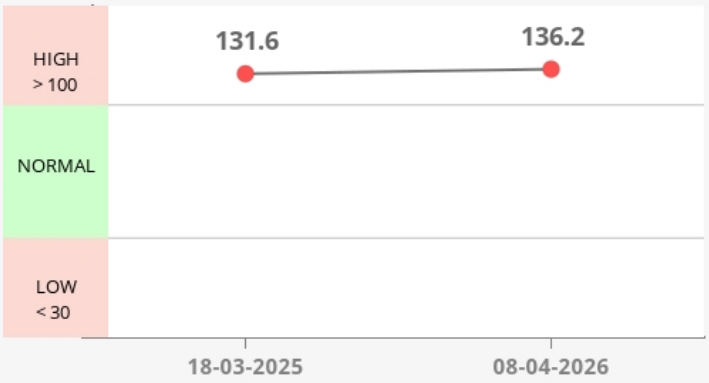
HDL Cholesterol: 64 mg/dL

● IN RANGE



LDL Cholesterol: 136.2 mg/dL

● OUT OF 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	:

Sedentary Lifestyle Screening Package B

Complete Blood Count (CBC)

Test Description	Value(s)	Unit(s)	Reference Range
RBC Parameters			
Hemoglobin *Cyanide free colorimetric*	15.3	g/dL	13.0 - 17.0
RBC Count *Electrical impedance*	5.3	10^6/µl	4.5 - 5.5
PCV *Calculated*	49	%	40 - 50
MCV *Calculated*	92.4	fl	83 - 101
MCH *Calculated*	28.8	pg	27 - 32
MCHC *Calculated*	**31.2 L***	g/dL	31.5 - 34.5
RDW (CV) * *Calculated*	13.2	%	11.6 - 14.0
RDW-SD * *Calculated*	**52 H***	fl	35.1 - 43.9
WBC Parameters			
TLC *Electrical impedance and microscopy*	**3.7 L***	10^3/µl	4 - 10
Differential Leucocyte Count			
Neutrophils *Laser based Flow-cytometry*	42.9	%	40-80
Lymphocytes *Laser based Flow-cytometry*	**42.5 H***	%	20-40
Monocytes *Laser based Flow-cytometry*	8.5	%	2-10
Eosinophils *Laser based Flow-cytometry*	6	%	1-6
Basophils *Laser based Flow-cytometry*	0.1	%	<2
Absolute Leukocyte Counts * ***Calculated***			
Neutrophils. * *Calculated*	**1.59 L***	10^3/µl	2 - 7
Lymphocytes. * *Calculated*	1.57	10^3/µl	1 - 3
Monocytes. * *Calculated*	0.31	10^3/µl	0.2 - 1.0
Eosinophils. * *Calculated*	0.22	10^3/µl	0.02 - 0.5

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

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

Test Description	Value(s)	Unit(s)	Reference Range
Basophils. * *Calculated*	**0**	10^3/µl	0.02 - 0.5
Platelet Parameters			
Platelet Count *Electrical impedance and microscopy*	215	10^3/µl	150 - 410
Mean Platelet Volume (MPV) * *Calculated*	**8.9 L***	fL	9.3 - 12.1
PCT * *Calculated*	0.2	%	0.17 - 0.32
P-LCR * *Calculated*	33.5	%	18 - 50
P-LCC * *Calculated*	72	10^9/L	44 - 140
Mentzer Index * *Calculated*	17.43	%	> 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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Test Description	Value(s)	Unit(s)	Reference Range
Erythrocyte Sedimentation Rate (ESR)			
ESR - Erythrocyte Sedimentation Rate *MODIFIED WESTERGREN*	2	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

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

HbA1C (Glycosylated Haemoglobin)

Glycosylated Hemoglobin (HbA1c) *HPLC*	5.1	%	<5.7
Estimated Average Glucose *	99.67	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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Sample Collected	:	Report Date	:

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

Blood Sugar Fasting

Glucose Fasting *Hexokinase*	77	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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Referred BY	:	Sample Type	:
Sample Collected	:	Report Date	:

Liver Function Test (LFT)

Test Description	Value(s)	Unit(s)	Reference Range
Bilirubin Total *Photometric*	**1.7 H***	mg/dL	0.2 - 1.2
Bilirubin Direct *Diazo Reaction*	**0.6 H***	mg/dL	0.0 - 0.5
Bilirubin Indirect * *Calculated*	**1.1 H***	mg/dL	0.1 - 1.0
SGOT/AST *IFCC without P5P*	**42 H***	U/L	11 - 34
SGPT/ALT *IFCC without P5P*	39	U/L	< 45
SGOT/SGPT Ratio * *Calculated*	1.08	%	-
Alkaline Phosphatase *IFCC*	89	U/L	40 - 150
Total Protein *Biuret*	7.25	g/dL	6.4 - 8.3
Albumin *BCG*	**5.03 H***	gm/dL	3.8 - 5.0
Globulin * *Calculated*	**2.22 L***	g/dL	2.3 - 3.5
Albumin :Globulin Ratio * *Calculated*	**2.27 H***	-	1.3 - 2.1
Gamma Glutamyl Transferase (GGT) * *Photometric*	57	U/L	12 - 64

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

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

Blood proteins, **albumin and globulin**, are essential for growth, development, and health.
1. Low protein: May indicate bleeding, liver disorders, malnutrition, or agammaglobulinemia.
2. High protein (Hyperproteinemia): Often due to dehydration or increased protein production.
3. Low albumin: Caused by poor diet, kidney, or liver disease.
4. High albumin: Usually due to severe dehydration.

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

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

Kidney Function Test (KFT)

Test Description	Value(s)	Unit(s)	Reference Range
Blood Urea *Urease*	23	mg/dL	19 - 44.1
Bun * *Calculated*	10.75	mg/dL	6 - 20
Creatinine *Photometric*	0.89	mg/dL	0.72 - 1.25
eGFR (CKD-EPI) *	116.75	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*	12.08		12 - 20
Urea / Creatinine Ratio * *Calculated*	25.84		25.68- 42.8
Uric Acid *Uricase*	7	mg/dL	3.5 - 7.2
Calcium Serum *Arsenazo III*	9.2	mg/dL	8.4 - 10.2
Phosphorus *Photometric*	3.7	mg/dL	2.3 - 4.7
Sodium *Potentiometric*	136	mmol/L	136 - 145
Potassium *Potentiometric*	5	mmol/L	3.5 - 5.1
Chloride *Potentiometric*	101	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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Sample Collected	:	Report Date	:

Test Description	Value(s)	Unit(s)	Reference Range
Lipid Profile			
Total Cholesterol *Enzymatic - Cholesterol Oxidase*	**220 H***	mg/dL	<200
Triglycerides *Colorimetric - Lip/Glycerol Kinase*	99	mg/dL	<150
HDL Cholesterol *Accelerator Selective Detergent*	64	mg/dL	>40
Non HDL Cholesterol * *Calculated*	**156 H***	mg/dL	<130
LDL Cholesterol *Calculated*	**136.2 H***	mg/dL	<100
V.L.D.L Cholesterol * *Calculated*	19.8	mg/dL	< 30
Chol/HDL Ratio * *Calculated*	3.44	Ratio	-
HDL/ LDL Ratio * *Calculated*	0.47	Ratio	-
LDL/HDL Ratio * *Calculated*	2.13	Ratio	-

Interpretation:
Lipid level assessments must be made following 10 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. Intraindividual (within-person) variation in triglyceride (TG) levels is high, often showing a 12.9% to 40.8% variation in healthy individuals within 1 year,. This variability is driven by a combination of biological, lifestyle, and physiological factors that fluctuate rather than remaining constant.

Causes of variation include

- Diet: Levels spike 5–10 times after meals.Unhealthy high saturated fat diets like non veg diet sweetened beverages , fried or processed foods , and alcohol intake can significantly raise triglyceride values.
- Lifestyle: Obesity , sedentary lifestyle, and smoking can raise levels.
- Biology: Pregnancy (estrogen), aging, and conditions like Diabetes or Metabolic Syndrome cause major shifts.
- Drugs like : Beta-blockers, steroids, tamoxifen, thiazides, and oral contraceptives can raise triglyceride levels

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.

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

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

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

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

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

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

References :

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- Parhofer KG, Laufs U: The diagnosis and treatment of hypertriglyceridemia. Dtsch Arztebl Int 2019; 116: 825–32. DOI: 10.3238/arztebl.2019.0825

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

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

Thyroid Profile Total

Triiodothyronine (T3) *CMIA*	97	ng/dL	35 - 193
Total Thyroxine (T4) *CMIA*	6.9	µg/dL	4.87 - 11.2
Thyroid Stimulating Hormone (Ultrasensitive) *CMIA*	2.45	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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Test Description	Value(s)	Unit(s)	Reference Range
Insulin Fasting			
Insulin (Fasting) *CMIA*	4.9	µU/mL	<25.0

Interpretation:

Note

1. A single random blood sample for insulin may provide insufficient information due to wide variation in the time responses of insulin levels and blood glucose.
2. Stimulation of insulin secretion may be caused by many factors like hyperglycemia, glucagon, amino acids, growth hormone and catecholamines.
3. Interference in insulin assay is seen due to insulin antibodies which develop in patients treated with bovine or porcine insulin.

Clinical Utility

· Evaluation of fasting hypoglycemia
· Evaluation of Polycystic Ovary syndrome
· Classification of Diabetes mellitus
· Predict Diabetes mellitus
· Assessment of Beta cell activity
· Select optimal therapy for Diabetes
· Investigation of insulin resistance
· Predict the development of Coronary Artery Disease

Increased levels -

Insulinoma, Some Type II diabetic patients, Infantile hypoglycemia, Hyperinsulinism, Obesity, Cushing's syndrome, Oral contraceptives, Acromegaly, Hyperthyroidism

Decreased levels -

Untreated Type I Diabetes mellitus

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

NT Pro BNP

NT-Pro-BNP *(Serum,ECLIA)*	44.3	pg/mL	

Interpretation:
In patients presenting with signs and symptoms of cardiac disease:

Acute setting (in emergency department)

Patients' Age	NT-proBNP (pg/mL)	Interpretation and Further Suggestions
Age-stratified Rule-in		
< 50 years	> 450	Acute heart failure is likely. Other confounding factors are to be considered as it may indicate cardiac dysfunction and are associated with an increased risk of other cardiac complications.
50-75 years	> 900	
>75 years	> 1800	
Age-independent Rule-out		
All ages	< 300	Acute heart failure is unlikely. Looking for other symptoms is suggested.

Non-acute setting (outpatient setting with GP/specialists)

Non-acute setting (outpatient setting with GP/specialists) 4-8 Patients' Age	NT-proBNP (pg/mL)	Interpretation and Further Suggestions
All ages	≥ 125	Indicative of cardiac dysfunction and are associated with an increased risk of cardiac complications like myocardial infarction, heart failure, death.
All ages	< 125	Cardiac dysfunction can be excluded with a high level of certainty in patients with symptoms suggestive of heart failure e.g. dyspnea

In patients of type 2 diabetes mellitus without signs and symptoms of cardiac disease

Patients' Age	NT-proBNP (pg/mL)	Interpretation and Further Suggestions
All ages	≥ 125	Predictive of the occurrence of subsequent cardiovascular events e.g. increased risk of heart failure. Advanced cardiovascular risk assessment and therapy optimization to prevent the development of left ventricular dysfunction or new-onset heart failure are suggested.
All ages	< 125	Suggestive of low risk of subsequent cardiovascular events e.g. low risk of heart failure. Repeating test in 12 months is suggested.

Use of NTproBNP in clinical settings:

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

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

1. It can aid in the diagnosis of individuals suspected of having congestive heart failure and detection of mild forms of cardiac dysfunction.
2. It aids in the assessment of heart failure severity in patients diagnosed with congestive heart failure., and risk stratification of patients with acute coronary syndrome & congestive heart failure.
3. It can help in the cardiovascular risk assessment of patients with type 2 diabetes mellitus.
4. It aids in the identification of patients at risk with type 2 diabetes mellitus without known history of cardiovascular disease, to optimize cardio-protective treatment.
5. It can also be used to identify elderly individuals at high-risk for atrial fibrillation.

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

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

High Sensitivity Troponin I

TROPONIN-I,HIGH SENSITIVE *CMIA*	< 3.70	pg/mL	

Interpretation:

hsTroponin I as a diagnostic marker in Acute Coronary Syndrome (ACS)

The gender-specific 99th percentile cutoffs of Troponin I are summarized below:

Poplution	Age Range (Years)	99th Percentile (pg/mL)
Female	21 - 75	15.6
Male	21 - 73	34.2
Overall	21 - 75	26.2

1. Any condition resulting in myocardial injury can potentially increase cardiac troponin I levels. For the purpose of diagnosing MI (Myocardial Infarction), High Sensitive Troponin-I results should be used in conjunction with other information such as ECG, clinical observations, and symptoms, etc.
2. A single cTnI result may not be sufficient to evaluate MI. Serial blood draws are recommended for evaluation of acute coronary syndrome (ACS) patients. Serial sampling to detect the temporal rise and fall of cTnI levels is recommended for the differentiation of acute cardiac events from chronic cardiac disease.
3. The use of delta values (difference of cTnI levels between two test points) have the potential to improve the clinical specificity for acute coronary syndrome.
4. Elevated cTnI levels help to identify patients with unstable angina who had additional cardiac risk (especially within the first 72 hours after onset of symptoms) and who could benefit from treatment with a glycoprotein IIb/IIIa receptor antagonist.

Risk Stratification of cardiovascular disease in asymptomatic individuals:

The following cutoff points may be used to aid in stratifying the risk of cardiovascular disease in asymptomatic individuals.

Troponin Level

Risk	Male (pg/mL)	Female (pg/mL)
Low	< 6	< 4
Moderate	≥ 6 - ≤ 12	≥ 4 - ≤ 10
Elevated	> 12	> 10

1. Asymptomatic individuals with elevated troponin levels are associated with a higher risk of developing cardiovascular related diseases in the future.
2. The cTnI values may be used, in conjunction with clinical and diagnostic findings, to aid in stratifying the risk of cardiovascular disease, including cardiovascular death, MI, coronary revascularization, heart failure, or ischemic stroke in asymptomatic individuals.
3. Studies have shown that cTnI elevations above the risk categories stated are associated with increased risk of MI, heart failure or cardiovascular death. A change in cTnI is associated with a modification in risk for CVD. Additionally, use of statin therapy has been seen to maximum benefit or risk reduction for CVD where cTnI concentrations were above 6 pg/mL.

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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
ALP / GGT Ratio			
Alkaline Phosphatase *IFCC*	89	U/L	40 - 150
Gamma Glutamyl Transferase (GGT) * *Photometric*	57	U/L	12 - 64
ALP - GGT RATIO	1.56		

Interpretation:
GGT is a useful adjunct to determine the origin of elevated alkaline phosphatase activity because it is elevated by liver disease but not bone disease.

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

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*	1.020	-	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) *	4-5	/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.

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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

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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