Redcliffe labs

Healthy India Ki Trusted Lab

smart Health Report

An Insightful Health Analytics Report for Easier Understanding

Prepared For

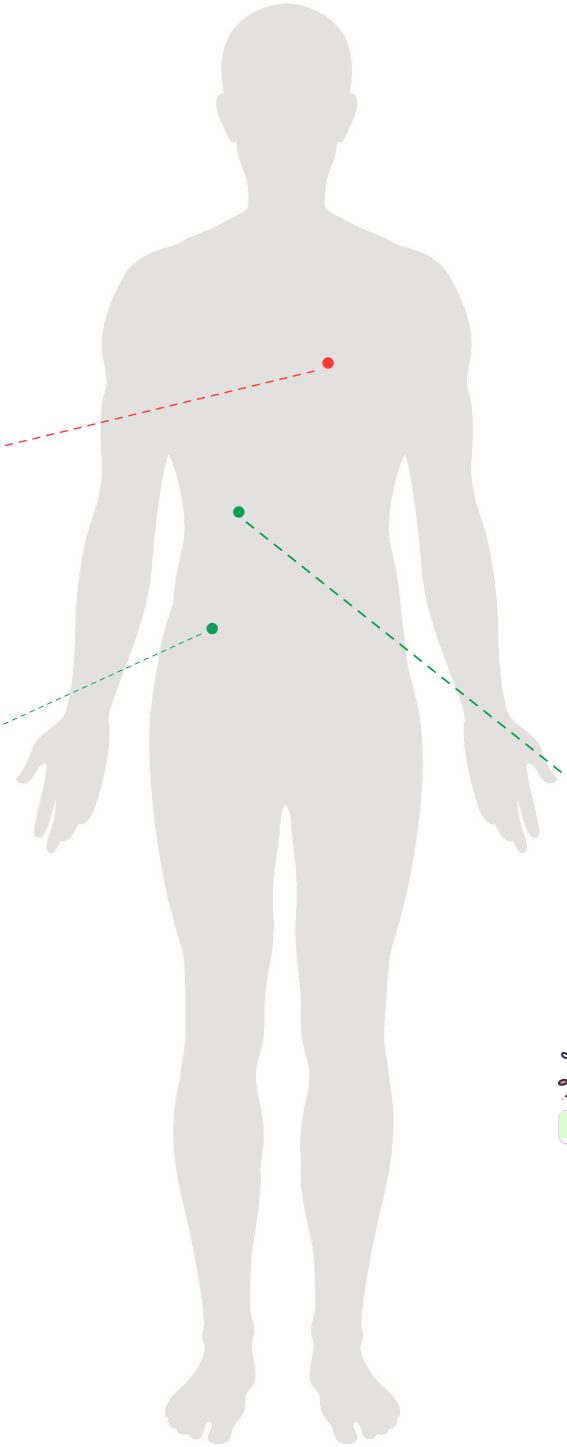
Mr MR.DUMMY

M 23

SMART HEALTH REPORT

Name	Patient ID	Gender	Age
Mr MR.DUMMY	8051876	M	23

Health Summary



BLOOD COUNTS

Everything looks good

LIPID PROFILE

Test Name	Result
Total Cholesterol	200

Please Watchout

KIDNEY PROFILE

Everything looks good

LIVER PROFILE

Everything looks good

ANEMIA STUDIES

Everything looks good

VITAMIN PROFILE

Everything looks good

LABORATORY REPORT

Redcliffe labs

Patient Name	**: Mr MR.DUMMY**		
DOB/Age/Gender	: 23 Y/Male	Sample Collected	: Apr 26, 2024, 01:00 PM
Patient ID / UHID	: 8051876/RCL7248405	Report Date	: May 25, 2024, 06:46 PM.
Referred By	: Dr. Dr. X	Barcode No	: HY589940
Sample Type	: Whole blood EDTA	Report Status	: Final Report

Covid Management Advanced

Complete Blood Count (CBC)

Test Description	Value(s)	Unit(s)	Reference Range
RBC Parameters			
Hemoglobin *colorimetric*	13.8	g/dL	13.0 - 17.0
RBC Count *Electrical impedance*	5.4	10^6/µl	4.5 - 5.5
PCV *Calculated*	42.1	%	40 - 50
MCV *Calculated*	**78.4**	fl	83 - 101
MCH *Calculated*	**25.6**	pg	27 - 32
MCHC *Calculated*	32.7	g/dL	31.5 - 34.5
RDW (CV) *Calculated*	13.7	%	11.6 - 14.0
RDW-SD *Calculated*	**34.8**	fl	35.1 - 43.9
WBC Parameters			
TLC *Electrical impedance and microscopy*	**12.2**	10^3/µl	4 - 10
Differential Leucocyte Count			
Neutrophils *Laser based Flow-cytometry*	70	%	40-80
Lymphocytes *Laser based Flow-cytometry*	20	%	20-40
Monocytes *Laser based Flow-cytometry*	8	%	2-10
Eosinophils *Laser based Flow-cytometry*	2	%	1-6
Basophils *Laser based Flow-cytometry*	0	%	<2
Absolute Leukocyte Counts			
Neutrophils. *Calculated*	**8.54**	10^3/µl	2 - 7
Lymphocytes. *Calculated*	2.44	10^3/µl	1 - 3
Monocytes. *Calculated*	0.98	10^3/µl	0.2 - 1.0
Eosinophils. *Calculated*	0.24	10^3/µl	0.02 - 0.5
Basophils.	**0**	10^3/µl	0.02 - 0.5

Dr. Dummy

Patient Name	**: Mr MR.DUMMY**		
DOB/Age/Gender	: 23 Y/Male	Sample Collected	: Apr 26, 2024, 01:00 PM
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Referred By	: Dr. Dr. X	Barcode No	: HY589940
Sample Type	: Whole blood EDTA	Report Status	: Final Report

Test Description	Value(s)	Unit(s)	Reference Range
Calculated			
Platelet Parameters			
Platelet Count *Electrical impedance and microscopy*	217	10^3/µl	150 - 410
Mean Platelet Volume (MPV) *Calculated*	9.9	fL	9.3 - 12.1
PCT *Calculated*	0.2	%	0.17 - 0.32
PDW *Calculated*	17.3	fL	8.3 - 25.0
P-LCR *Calculated*	34.5	%	18 - 50
P-LCC *Calculated*	75	%	44 - 140
Mentzer Index *Calculated*	14.52	%	> 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.

Dr. Dummy

Patient Name	**: Mr MR.DUMMY**		
DOB/Age/Gender	: 23 Y/Male	Sample Collected	: Apr 26, 2024, 01:00 PM
Patient ID / UHID	: 8051876/RCL7248405	Report Date	: May 25, 2024, 06:45 PM.
Referred By	: Dr. Dr. X	Barcode No	: HY589940
Sample Type	: Whole blood EDTA	Report Status	: Final Report

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

Erythrocyte Sedimentation Rate (ESR)

ESR - Erythrocyte Sedimentation Rate *MODIFIED WESTERGREN*	8	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.

AGE	MALE	FEMALE
1 DAY	0-2	0-2
2 - 7 DAYS	0-4	0-4
8 - 14 DAYS	0-17	0-17
15 DAYS - 17 YEARS	0-20	0-20
18 - 50 YEARS	0-10	0-12
51- 60 YEARS	0-12	0-19
61 - 70 YEARS	0-14	0-20
71 - 100 YEARS	0-30	0-35

Reference- Dacie and lewis practical hematology

Dr. Dummy

LABORATORY REPORT

Redcliffe labs

Patient Name	: **Mr MR.DUMMY**		
DOB/Age/Gender	: 23 Y/Male	Sample Collected	: Apr 26, 2024, 01:00 PM
Patient ID / UHID	: 8051876/RCL7248405	Report Date	: May 09, 2024, 12:50 PM.
Referred By	: Dr. Dr. X	Barcode No	: ZC673574
Sample Type	: Serum	Report Status	: Final Report

Liver Function Test (LFT)

Test Description	Value(s)	Unit(s)	Reference Range
Bilirubin Total *Diazo with Sulphanilic acid*	0.43	mg/dL	0.2 - 1.2
Bilirubin Direct *Diazo Reaction*	0.12	mg/dL	0.0 - 0.5
Bilirubin Indirect *Calculation (T Bil - D Bil)*	0.31	mg/dL	0.1 - 1.0
SGOT/AST *IFCC without P5P*	16.7	U/L	5 - 35
SGPT/ALT *IFCC without P5P*	18.9	U/L	5 - 45
SGOT/SGPT Ratio *Calculated*	0.88	%	-
Alkaline Phosphatase *p-nitrophenyl Phosphate, AMP buffer*	102.0	U/L	20-130
Total Protein *Biuret*	7.9	g/dL	6.6 - 8.7
Albumin *BCG*	5.0	g/dL	3.8 - 5.0
Globulin *Calculation (T.P - Albumin)*	2.9	g/dL	2.3 - 3.5
Albumin :Globulin Ratio *Calculation (Albumin/Globulin)*	1.72	-	1.3 - 2.1
Gamma Glutamyl Transferase (GGT) *ENZYMATIC*	12.0	U/L	5 -40

Interpretation:

The liver filters and processes blood as it circulates through the body. It metabolizes nutrients, detoxifies harmful substances, makes blood clotting proteins, and performs many other vital functions. The cells in the liver contain proteins called enzymes that drive these chemical reactions. When liver cells are damaged or destroyed, the enzymes in the cells leak out into the blood, where they can be measured by blood tests Liver tests check the blood for two main liver enzymes. Aspartate aminotransferase (AST),SGOT: The AST enzyme is also found in muscles and many other tissues besides the liver. Alanine aminotransferase (ALT), SGPT: ALT is almost exclusively found in the liver. If ALT and AST are found together in elevated amounts in the blood, liver damage is most likely present. Alkaline Phosphatase and GGT: Another of the liver's key functions is the production of bile, which helps digest fat. Bile flows through the liver in a system of small tubes (ducts), and is eventually stored in the gallbladder, under the liver. When bile flow is slow or blocked, blood levels of certain liver enzymes rise: Alkaline phosphatase Gamma-utamyl transpeptidase (GGT) Liver tests may check for any or all of these enzymes in the blood. Alkaline phosphatase is by far the most commonly tested of the three. If alkaline phosphatase and GGT are elevated, a problem with bile flow is most likely present. Bile flow problems can be due to a problem in the liver, the gallbladder, or the tubes connecting them. Proteins are important building blocks of all cells and tissues. Proteins are necessary for your body's growth, development, and health. Blood contains two classes of protein, albumin and globulin. Albumin proteins keep fluid from leaking out of blood vessels. Globulin proteins play an important role in your immune system. Low total protein may

Indicate:

1.Bleeding
2.Liver disorder
3.Malnutrition
4.Agammaglobulinemia High Protein levels 'Hyperproteinemia: May be seen in dehydration due to inadequate water intake or to excessive water loss (eg, severe vomiting, diarrhea, Addison's disease and diabetic acidosis) or as a result of increased production of proteins Low

Dr. Dummy

Patient Name	**: Mr MR.DUMMY**		
DOB/Age/Gender	: 23 Y/Male	Sample Collected	: Apr 26, 2024, 01:00 PM
Patient ID / UHID	: 8051876/RCL7248405	Report Date	: May 09, 2024, 12:50 PM.
Referred By	: Dr. Dr. X	Barcode No	: ZC673574
Sample Type	: Serum	Report Status	: Final Report

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

albumin levels may be

Caused by:
1.A poor diet (malnutrition).
2.Kidney disease.
3.Liver disease. High albumin levels may be caused by: Severe dehydration.

Dr. Dummy

Patient Name	: **Mr MR.DUMMY**		
DOB/Age/Gender	: 23 Y/Male	Sample Collected	: Apr 26, 2024, 01:00 PM
Patient ID / UHID	: 8051876/RCL7248405	Report Date	: May 09, 2024, 01:09 PM.
Referred By	: Dr. Dr. X	Barcode No	: ZC673574
Sample Type	: Serum	Report Status	: Final Report

Kidney Function Test (KFT)

Test Description	Value(s)	Unit(s)	Reference Range
Blood Urea *Urease*	22.5	mg/dL	19 - 44.1
Creatinine *Kinetic Alkaline Picrate*	0.67	mg/dL	0.6 - 1.2
Bun *Calculated*	10.51	mg/dL	8.9 - 20.6
Bun/Creatinine Ratio *Calculated*	15.69		
Urea / Creatinine Ratio	33.58		
Uric Acid *Uricase*	5.6	mg/dL	3.7 - 7.7
Calcium Serum *Arsenazo III*	10.0	mg/dL	8.4 - 10.2
Phosphorus *Phosphomolybdate*	3.9	mg/dL	2.3 - 4.7
Sodium *ISE-Indirect*	145.0	mmol/L	136 - 145
Potassium *ISE-Indirect*	4.5	mmol/L	3.5 - 5.1
Chloride *ISE-Indirect*	102.0	mmol/L	98 - 107

Interpretation:

Kidney function tests is a collective term for a variety of individual tests and proceduresthat can be done toevaluate how well the kidneys are functioning. Many conditions can affect the ability of the kidneys to carryout their vital functions. Somelead to a rapid (acute) decline in kidney functionothers lead to a gradual (chronic) declineinfunction. Both result in a buildup of toxic waste subst 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. Electrolytes (sodium,potassium,and chloride) are present in the human body and the balancing act of the electrolytes in our bodies is essential for normal function of our cells and organs. There has to be a balance.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.

Dr. Dummy

LABORATORY REPORT

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Patient Name	: **Mr MR.DUMMY**		
DOB/Age/Gender	: 23 Y/Male	Sample Collected	: Apr 26, 2024, 01:00 PM
Patient ID / UHID	: 8051876/RCL7248405	Report Date	: May 09, 2024, 10:17 AM.
Referred By	: Dr. Dr. X	Barcode No	: ZC673574
Sample Type	: Serum	Report Status	: Final Report

Lipid Profile

Test Description	Value(s)	Unit(s)	Reference Range
Total Cholesterol *Enzymatic*	200	mg/dL	<200
Triglycerides *Glycerol phosphate oxidase*	80	mg/dL	<150
HDL Cholesterol *Accelerator Selective Detergent*	92.0	mg/dL	> 40
Non HDL Cholesterol *Calculated*	108	mg/dL	<130
LDL Cholesterol *Calculated*	92	mg/dL	<100
V.L.D.L Cholesterol *Calculated*	16	mg/dL	<30
Chol/HDL Ratio *Calculated*	2.17	Ratio	-
HDL/ LDL Ratio *Calculated*	1	Ratio	-
LDL/HDL Ratio *Calculated*	1	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

Dr. Dummy

Patient Name	: **Mr MR.DUMMY**		
DOB/Age/Gender	: 23 Y/Male	Sample Collected	: Apr 26, 2024, 01:00 PM
Patient ID / UHID	: 8051876/RCL7248405	Report Date	: May 09, 2024, 10:17 AM.
Referred By	: Dr. Dr. X	Barcode No	: ZC673574
Sample Type	: Serum	Report Status	: Final Report

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

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

Dr. Dummy

Patient Name	**: Mr MR.DUMMY**		
DOB/Age/Gender	: 23 Y/Male	Sample Collected	: Apr 26, 2024, 01:00 PM
Patient ID / UHID	: 8051876/RCL7248405	Report Date	: May 08, 2024, 12:21 PM.
Referred By	: Dr. Dr. X	Barcode No	: ZC673574
Sample Type	: Serum	Report Status	: Final Report

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

C-Reactive Protein (CRP), Quantitative

CRP (Quantitative) *Immunoturbidimetric*	3.0	mg/L	<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.

Dr. Dummy

Patient Name	**: Mr MR.DUMMY**		
DOB/Age/Gender	: 23 Y/Male	Sample Collected	: Apr 26, 2024, 01:00 PM
Patient ID / UHID	: 8051876/RCL7248405	Report Date	: May 09, 2024, 01:22 PM.
Referred By	: Dr. Dr. X	Barcode No	: ZC673574
Sample Type	: Serum	Report Status	: Final Report

Test Description	Value(s)	Unit(s)	Reference Range
Ferritin			
Ferritin *CMIA*	43.9	ng/mL	21.81 - 274.66

Interpretation:
Note:
Increase in serum ferritin due to inflammatory conditions (Acute phase response) can mask a diagnostically low result

Comments
Serum ferritin appears to be in equilibrium with tissue ferritin and is a good indicator of storage iron in normal subjects and in most disorders. In patients with some hepatocellular diseases, malignancies and inflammatory diseases, serum ferritin is a disproportionately high estimate of storage iron because serum ferritin is an acute phase reactant. In such disorders iron deficiency anemia may exist with a normal serum ferritin concentration. In the presence of inflammation, persons with low serum ferritin are likely to respond to iron therapy.

Increased Levels
1. Iron overload - Hemochromatosis, Thalassemia & Sideroblastic anemia
2. Malignant conditions - Acute myeloblastic & Lymphoblastic leukemia, Hodgkin's disease & Breast carcinoma
3. Inflammatory diseases - Pulmonary infections, Osteomyelitis, Chronic UTI, Rheumatoid arthritis, SLE, burns · Acute & Chronic hepatocellular disease

Decreased Levels
Iron deficiency anemia

Dr. Dummy

Patient Name	**: Mr MR.DUMMY**		
DOB/Age/Gender	: 23 Y/Male	Sample Collected	: Apr 26, 2024, 01:00 PM
Patient ID / UHID	: 8051876/RCL7248405	Report Date	: May 08, 2024, 11:59 AM.
Referred By	: Dr. Dr. X	Barcode No	: ZC673574
Sample Type	: Serum	Report Status	: Final Report

Test Description	Value(s)	Unit(s)	Reference Range
Vitamin D 25 Hydroxy			
Vitamin D 25 - Hydroxy *CMIA*	75.0	ng/mL	Deficient <20 Insufficient 21 - 29 Sufficient 30 - 100

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.

Dr. Dummy

Patient Name	**: Mr MR.DUMMY**		
DOB/Age/Gender	: 23 Y/Male	Sample Collected	: Apr 26, 2024, 01:00 PM
Patient ID / UHID	: 8051876/RCL7248405	Report Date	: May 08, 2024, 12:29 PM.
Referred By	: Dr. Dr. X	Barcode No	: ZC673574
Sample Type	: Serum	Report Status	: Final Report

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

Lactate Dehydrogenase (LDH), Serum

LDH:Lactate Dehydrogenase *IFCC*	187.0	U/L	125 - 220

Interpretation:
1-Marked elevations in Lactate Dehydrogenase (LDH) activity can be observed in megaloblastic anemia, untreated pernicious anaemia, Hodgkin's disease, abdominal and lung cancers, severe shock, and hypoxia.
2-Moderate to slight increases in LDH levels are seen in myocardial infarction (MI), pulmonary infarction, pulmonary embolism, leukemia, hemolytic anemia, infectious mononucleosis, progressive muscular dystrophy (especially in the early and middle stages of the disease), liver disease, and renal disease.
3-In liver disease, elevations of LHD are not as great as the increases in aspartate amino transferase (AST) and alanine aminotransferase (ALT).
4-Increased levels of the enzyme are found in about one third of patients with renal disease, especially those with tubular necrosis or pyelonephritis. However, these elevations do not correlate well with proteinuria or other parameters of renal disease On occasion a raised LDH level may be the only evidence to suggest the presence of a hidden pulmonary embolus.

Caution:
1-Red blood cells contain much more lactate dehydrogenase (LDH) than serum. A hemolyzed specimen is not acceptable. LDH activity is one of the most sensitive indicators of in vitro hemolysis. Causes can include transportation via pneumatic tube, vigorous mixing, or traumatic venipuncture.

Dr. Dummy

Patient Name	**: Mr MR.DUMMY**		
DOB/Age/Gender	: 23 Y/Male	Sample Collected	: Apr 26, 2024, 01:00 PM
Patient ID / UHID	: 8051876/RCL7248405	Report Date	: May 08, 2024, 10:19 AM.
Referred By	: Dr. Dr. X	Barcode No	: ZC673575
Sample Type	: EDTA Plasma	Report Status	: Final Report

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

IL-6 (Interluekin-6)

Interleukin 6 (IL6) *ECLIA*	0.5	pg/mL	Upto 7

Interpretation:

Note

1. Presence of heterophilic antibodies or mouse monoclonal antibodies in patient sample can give falsely elevated or depressed result.
2. Results should always be interpreted in conjunction with the patient's medical history, clinical presentation and other findings.
3. Patients receiving Biotin therapy in high doses (>5mg/day) should not be tested for at least 8 hours after the last dose.
4. Interleukin-6 is a nonspecific marker associated with an inflammatory response and is not diagnostic for any specific disease or disease process.
5. Test conducted on plasma.

Comments

Interleukin-6 / IL-6 is a member of the cytokine family with a pivotal role in the activation & regulation of immune response. Cytokines play several important roles in the body but its significance to the immune system has been given much importance as it triggers "inflammatory cascade" where a coordinated and sequential immune response is activated. Cytokine release syndrome (CRS) is a systemic inflammatory response that can be caused by infection and certain drugs. IL-6 is a key molecule in CRS and is now being used to monitor its response in COVID patients. It can be used as a predictor for patients with higher risk of disease deterioration. High levels of cytokines induced by Sars-CoV-2 virus requires timely treatment to reduce lung damage via inflammation, thereby improving recovery rates and reducing mortality.

Usage

· Suspected systemic infection
· Suspected localized infection like prosthetic joint infection
· Suspected chronic inflammatory disorders like Rheumatoid arthritis, Inflammatory bowel disease, Ankylosing spondylitis
· For predicting COVID progression & severity
· Early marker for detection of Neonatal sepsis

Dr. Dummy

Patient Name	**: Mr MR.DUMMY**		
DOB/Age/Gender	: 23 Y/Male	Sample Collected	: Apr 26, 2024, 01:00 PM
Patient ID / UHID	: 8051876/RCL7248405	Report Date	: May 08, 2024, 12:50 PM.
Referred By	: Dr. Dr. X	Barcode No	: ZC673576
Sample Type	: Citrate Plasma	Report Status	: Final Report

Test Description	Value(s)	Unit(s)	Reference Range
D-Dimer (Quantitative)			
D-Dimer Quantitative *Tina-quant*	0.06	µg FEU/mL	0 - 0.5

Interpretation:
1. D-dimer is a fibrin degradation product, a small protein fragment present in the blood after a blood clot is degraded by fibrinolysis. The product increases in conditions inducing inappropriate fibrinolysis.
2. This assay can aid in the diagnosis of Deep Vein Thrombosis (DVT) & pulmonary embolism (PE). The test results should be correlated with Imaging studies (e.g. Colour Doppler). The negative predictive value (NPV) with a cut off of 0.5 µg/ml is 95 to 100% for DVT & PE.
3. Elevated D-dimer is seen in hypercoagulability, DVT (Deep Vein Thrombosis, DIC (Disseminated Intravascular Coagulation), recent surgery, trauma or infection.

Limitations:
1. False Negative: Anticoagulant therapy
2. False Positive: Elderly,Liver disease,Pregnancy, Eclampsia,Heart disease,Rheumatoid arthritis, Some cancers, High triglycerides,Hemolysis, Lipemia, Hyperbilirubinemia

Note: Conversion factor for 1FEU µg/mL = 1000FEU ng/mL

*** End Of Report ***

Disclaimer: Method given in report are only indicative and can be changed depending upon type of machine and kit available at time of testing.

Not all tests at all locations are under NABL scope. Availability of tests under NABL scope varies from lab to lab.

Dr. Dummy

Terms and Conditions of Reporting

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

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

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

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

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

Name	Patient ID	Gender	Age
Mr MR.DUMMY	8051876	M	23

Health Advisory

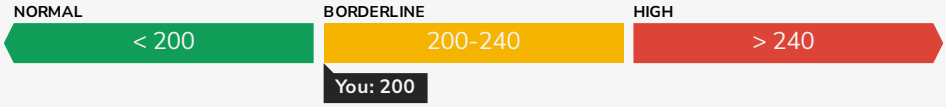
Normal (N) Low (L) Borderline (BL) High (H)

Lipid Profile

A panel of tests that measures the amount of fat or lipid in your blood.

Total Cholesterol: 200 mg/dL

BORDERLINE



Did You Know?

Cholesterol in your body is mainly produced by your liver, but you can also consume it by eating foods that come from animals, such as egg yolks, meat, and cheese.

Consumption of high saturated fats (such as palm oil and coconut oil) and trans fats cause your liver to make more cholesterol than it would otherwise.

A person can get a heart attack when blood flow to his heart is blocked (due to obstruction of his blood vessels).