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 at a Glance – A Personalized Journey

Report Sections

1. **Body Summary**
   A visual snapshot of your overall health, simple and easy to understand
2. **Quick Health Highlights**
   Your health scores and a single view of all abnormal results for quick attention
3. **Lab Report Overview**
   Understand at a glance which tests are normal and which are abnormal
4. **Personalized Health Advisory**
   Actionable insights and expert guidance tailored just for you
5. **Doctor's Reference Report**
   Complete lab results with interpretations to share with your healthcare provider

How to Read This Report

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

SMART HEALTH REPORT

Name

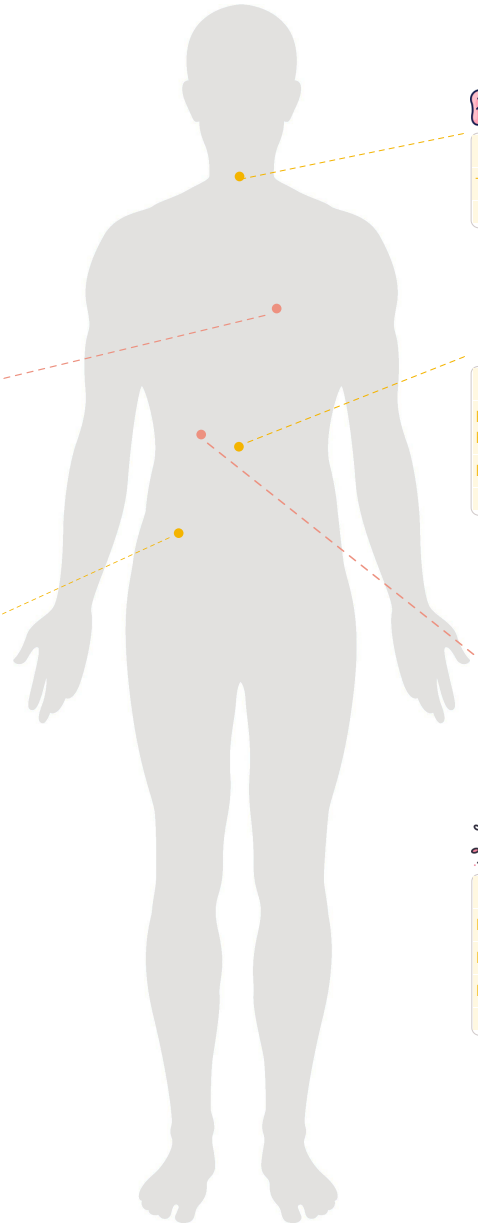
Gender

Patient ID

Age

All In Range Borderline Out Of Range

Health Summary



THYROID PROFILE

Test Name	Result
T4 (Thyroxine)	12.04
Please Watchout	

CARDIAC PROFILE

Test Name	Result
Chol/HDL Ratio	2.28
LDL/HDL Ratio	1.02
Please Watchout	

DIABETES MONITORING

Test Name	Result
HbA1c (Glycosylated Haemoglobin)	6.1
Blood Sugar (Fasting)	110
Please Watchout	

KIDNEY PROFILE

Test Name	Result
Bun/Creatinine Ratio	23.36
Urea / Creatinine Ratio	50
Please Watchout	

LIVER PROFILE

Test Name	Result
SGOT (AST)	99.47
SGPT (ALT)	165.87
ALP	155
Please Watchout	

ANEMIA STUDIES

Test Name	Result
MCV	80.3
MCHC	35.6
RDW-CV	15.1
Please Watchout	

ELECTROLYTES

Everything looks good

VITAMIN PROFILE

Test Name	Result
Vitamin D 25 - Hydroxy	15.3
Please Watchout	

Name

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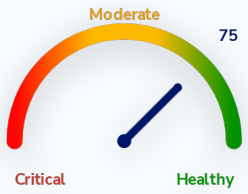
Quick Health Summary

Personal Insights - Health Score

75

Overall, most parameters are within normal ranges, indicating a generally stable health status. The Cardiac Health and Diabetes profiles may affect your energy levels, while the Vitamin and Minerals profile suggests considering a balanced diet rich in fruits, vegetables, and nutrient-dense foods. Incorporating regular walking, gentle yoga, and routine check-ups can support your well-being; consult a healthcare professional if you notice any new concerns. Remember, small lifestyle 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
98	10	6

Health Status by Body System

Profile	Total	Borderline	Out of Range	Key Results
Cardiac Profile	10	0	2	Total Cholesterol : HDL ratio **(2.28)** LDL : HDL ratio **(1.02)**
Liver Profile	15	1	2	SGOT (AST) **(99.47)** SGPT (ALT) **(165.87)** ALP **(155)**
Blood Disorder	17	1	1	Abs. Basophil Count **(0)** P-LCR **(55.5)**
Vitamin Profile	2	0	1	Vitamin D (25-Hydroxy) **(15.3)**
Metabolic	1	0	0	All In Range
Anemia Studies	8	3	0	MCV **(80.3)** MCHC **(35.6)** RDW-CV **(15.1)**
Infectious Diseases	6	0	0	All In Range
Inflammation	1	0	0	All In Range

Profile	Total	Borderline	Out of Range	Key Results
Diabetes Monitoring	4	2	0	HbA1c (Glycosylated Haemoglobin) **(6.1)** Blood Sugar (Fasting) **(110)**
Kidney Profile	10	2	0	BUN : Creatinine ratio **(23.36)** Urea : Creatinine ratio **(50)**
Urinalysis	12	0	0	All In Range
Electrolytes	4	0	0	All In Range
Iron	4	0	0	All In Range
Thyroid Profile	3	1	0	T4 (Thyroxine) **(12.04)**
Hormones	1	0	0	All In Range

Name [redacted] Gender

Patient ID Age

Report Summary

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

CARDIAC PROFILE

Test Name	Result unit	Range
HIGHLY SENSITIVE C-REACTIVE PROTEIN (hs-CRP)	0.78 mg/L	< 1
Total Cholesterol	107 mg/dL	< 200
Triglycerides	60 mg/dL	< 150
HDL Cholesterol	47 mg/dL	35 - 60
Non HDL Cholesterol	60 mg/dL	< 130
LDL Cholesterol	48 mg/dL	30 - 100
V.L.D.L Cholesterol	12 mg/dL	< 30
Chol/HDL Ratio	**2.28** Ratio	3.5 - 5
HDL/ LDL Ratio	0.98 Ratio	0.5 - 3
LDL/HDL Ratio	**1.02** Ratio	2.5 - 3.5

METABOLIC

Test Name	Result unit	Range
RHEUMATOID FACTOR, Quantitative	12.3 IU/mL	< 30

BLOOD DISORDER

Test Name	Result unit	Range
Hemoglobin	15.7 g/dL	13 - 17
TLC	6.32 10^3/µl	4 - 10
Neutrophils	48 %	40 - 80
Lymphocytes	39 %	20 - 40
Monocytes	8 %	2 - 10
Eosinophils	5 %	1 - 6
Basophils	0 %	< 2
Neutrophils.	3.03 10^3/µl	2 - 7
Lymphocytes.	2.46 10^3/µl	1 - 3
Monocytes.	0.51 10^3/µl	0.2 - 1
Eosinophils.	0.32 10^3/µl	0.02 - 0.5
Basophils.	**0** 10^3/µl	0.02 - 0.5
Platelet Count	185 10^3/µl	150 - 410
Mean Platelet Volume (MPV)	11.5 fL	9.3 - 12.1
PDW	18.2 fL	8.3 - 25
P-LCR	**55.5** %	18 - 50
P-LCC	102 10^9/L	44 - 140

ISO 9001 :2015

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ANEMIA STUDIES

Test Name	Result unit	Range
RBC Count	5.49 10^6/µl	4.5 - 5.5
PCV	44.1 %	40 - 50
MCV	**80.3** fl	83 - 101
MCH	28.6 pg	27 - 32
MCHC	**35.6** g/dL	31.5 - 34.5
RDW (CV)	**15.1** %	11.6 - 14
RDW-SD	41.3 fl	35.1 - 43.9
Mentzer Index	14.63 %	

INFECTIOUS DISEASES

Test Name	Result unit	Range
PCT	0.211 %	0.17 - 0.32
Deposit	Absent	
Leucocyte esterase	Negative	
Pus Cells (WBCs)	2-3 /hpf	
Yeast Cells	Absent	
Protozoa	Absent	

INFLAMMATION

Test Name	Result unit	Range
ESR - Erythrocyte Sedimentation Rate	6 mm/hr	< 10

DIABETES MONITORING

Test Name	Result unit	Range
Glycosylated Hemoglobin (HbA1c)	**6.1** %	< 5.6
Estimated Average Glucose	128.37 mg/dL	
Glucose Fasting	**110** mg/dL	70 - 100
Urine Glucose (sugar)	Positive(++)	

ISO 9001 :2015

SMART HEALTH REPORT

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LIVER PROFILE

Test Name	Result unit	Range
Bilirubin Total	0.70 mg/dL	0.2 - 1.2
Bilirubin Direct	0.21 mg/dL	< 0.5
Bilirubin Indirect	0.49 mg/dL	0.1 - 1
SGOT/AST	**99.47** U/L	5 - 34
SGPT/ALT	**165.87** U/L	< 55
SGOT/SGPT Ratio	0.6 %	
Alkaline Phosphatase	**155** U/L	40 - 150
Total Protein	8.2 g/dL	6.4 - 8.3
Albumin	4.91 gm/dL	3.8 - 5
Globulin	3.29 g/dL	2.3 - 3.5
Albumin :Globulin Ratio	1.49	1 - 2.1
Gamma Glutamyl Transferase (GGT)	17 U/L	12 - 64
Calcium Serum	9.4 mg/dL	8.4 - 10.2
Bilirubin Urine	Negative	
Urobilinogen	Normal	

KIDNEY PROFILE

Test Name	Result unit	Range
Blood Urea	32 mg/dL	19 - 44.1
Bun	14.95 mg/dL	8.9 - 20.6
Creatinine	0.64 mg/dL	0.6 - 1.3
eGFR (CKD-EPI)	128.18 ml/min/1.73 sq m	
Bun/Creatinine Ratio	**23.36**	12 - 20
Urea / Creatinine Ratio	**50**	25.68 - 42.8
Urine Protein (Albumin)	Negative	
Blood	Negative	
Crystals	Absent	
Cast	Absent	

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URINALYSIS

Test Name	Result unit	Range
Uric Acid	5.4 mg/dL	3.7 - 7.7
Volume	15 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	
Nitrite	Negative	
Epithelial Cells	1-2 /hpf	
Red blood Cells	Absent /hpf	
Amorphous deposits	Absent	
Bacteria	Absent	

ELECTROLYTE PROFILE

Test Name	Result unit	Range
Phosphorus	3.9 mg/dL	2.5 - 4.5
Sodium	136 mmol/L	136 - 145
Potassium	5.1 mmol/L	3.5 - 5.1
Chloride	102 mmol/L	98 - 107

IRON

Test Name	Result unit	Range
Iron	121 µg/dL	65 - 175
TIBC,(Total Iron Binding Capacity)	319 µg/dL	250 - 450
UIBC	198 µg/dL	69 - 240
Transferrin Saturation	37.93 %	14 - 50

VITAMIN PROFILE

Test Name	Result unit	Range
Vitamin - B12	268 pg/mL	187 - 883
Vitamin D 25 - Hydroxy	**15.3** ng/mL	30 - 100

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Report Summary

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

THYROID PROFILE

Test Name	Result unit	Range
Triiodothyronine (T3)	148.98 ng/dL	35 - 193
Total Thyroxine (T4)	**12.04** µg/dL	4.87 - 11.72
Thyroid Stimulating Hormone (Ultrasensitive)	1.2022 mIU/L	0.35 - 4.94

HORMONES

Test Name	Result unit	Range
Testosterone Total	> 1009.40 ng/dL	

Name

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Health Advisory

In Range Borderline (BL) Out Of Range

Diabetes

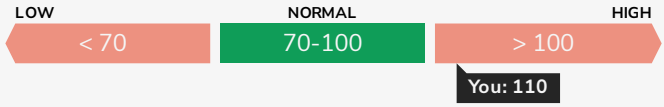
This panel is used to check how much glucose/sugar there is in your blood. Too much blood glucose might indicate diabetes.

Glycosylated Hemoglobin (HbA1c): 6.1 %

BORDERLINE

Glucose Fasting: 110 mg/dL

BORDERLINE



Liver Profile

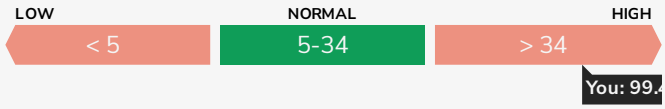
One of the main functions of your liver is to make proteins that are secreted in your blood. It also makes enzymes which convert food into energy, and processes old muscles and cells. When your liver is damaged, enzymes leak into your blood and appear in the blood test

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: 99.47 U/L

OUT OF RANGE

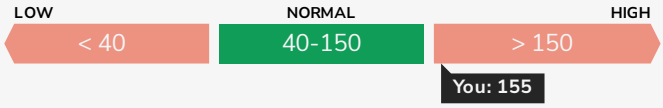


SGPT/ALT: 165.87 U/L

OUT OF RANGE

Alkaline Phosphatase: 155 U/L

BORDERLINE

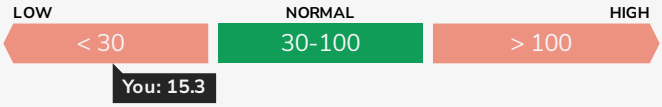


Vitamins Profile

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

Vitamin D 25 - Hydroxy: 15.3 ng/mL

● OUT OF RANGE

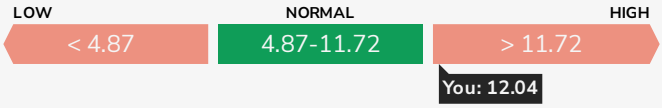


Thyroid

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

Total Thyroxine (T4): 12.04 µg/dL

● BORDERLINE



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: > 1009.40 ng/dL

LABORATORY REPORT

Redcliffe labs

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

Stay Fit Plus Full Body Checkup With Free RA Factor - Male

Complete Blood Count (CBC)

Test Description	Value(s)	Unit(s)	Reference Range
RBC Parameters			
Hemoglobin *colorimetric*	15.7	g/dL	13.0 - 17.0
RBC Count *Electrical impedance*	5.49	10^6/µl	4.5 - 5.5
PCV *Calculated*	44.1	%	40 - 50
MCV *Calculated*	**80.3 L***	fl	83 - 101
MCH *Calculated*	28.6	pg	27 - 32
MCHC *Calculated*	**35.6 H***	g/dL	31.5 - 34.5
RDW (CV) *Calculated*	**15.1 H***	%	11.6 - 14.0
RDW-SD *Calculated*	41.3	fl	35.1 - 43.9
WBC Parameters			
TLC *Electrical impedance and microscopy*	6.32	10^3/µl	4 - 10
Differential Leucocyte Count			
Neutrophils *Flow cytometry/ leishman staining and microscopy*	48	%	40-80
Lymphocytes *Flow cytometry/ leishman staining and microscopy*	39	%	20-40
Monocytes *Flow cytometry/ leishman staining and microscopy*	8	%	2-10
Eosinophils *Flow cytometry/ leishman staining and microscopy*	5	%	1-6
Basophils *Flow cytometry/ leishman staining and microscopy*	0	%	<2
Absolute Leukocyte Counts ***Calculated***			
Neutrophils. *Flow cytometry*	3.03	10^3/µl	2 - 7
Lymphocytes. *Flow cytometry*	2.46	10^3/µl	1 - 3
Monocytes. *Flow cytometry*	0.51	10^3/µl	0.2 - 1.0
Eosinophils. *Flow cytometry*	0.32	10^3/µl	0.02 - 0.5

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

Dr. Kavita Goyal
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
Basophils. *Flow cytometry*	**0**	10^3/µl	0.02 - 0.5
Platelet Parameters			
Platelet Count *Electrical impedance and microscopy*	185	10^3/µl	150 - 410
Mean Platelet Volume (MPV) *Calculated*	11.5	fL	9.3 - 12.1
PCT *Calculated*	0.211	%	0.17 - 0.32
PDW *Calculated*	18.2	fL	8.3 - 25.0
P-LCR *Calculated*	**55.5 H***	%	18 - 50
P-LCC *Calculated*	102	10^9/L	44 - 140
Mentzer Index *Calculated*	14.63	%	> 13 > 13

Interpretation:
CBC provides information about red cells, white cells and platelets. Results are useful in the diagnosis of anemia, infections, leukemias, clotting disorders and many other medical conditions.

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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*	6	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

Goyal

Dr. Kavita Goyal
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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

HbA1C (Glycosylated Haemoglobin)

Glycosylated Hemoglobin (HbA1c) *HPLC*	**6.1 H***	%	<5.7
Estimated Average Glucose	128.37	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

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

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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 Fasting			
Glucose Fasting *Fluoride plasma, Hexokinase*	**110 H***	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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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
Liver Function Test (LFT)			
Bilirubin Total *Diazonium salt*	0.70	mg/dL	0.2 - 1.2
Bilirubin Direct *Diazo Reaction*	0.21	mg/dL	0.0 - 0.5 mg/dL
Bilirubin Indirect *Calculated (T Bil - D Bil)*	0.49	mg/dL	0.1 - 1.0 mg/dL
SGOT/AST *Enzymatic [NADH (without P5P)]*	**99.47 H***	U/L	5 - 34 U/L
SGPT/ALT *Enzymatic [NADH (without P5P)]*	**165.87 H***	U/L	0 to 55 U/L
SGOT/SGPT Ratio	0.6	-	-
Alkaline Phosphatase *Para-nitrophenyl-phosphate*	**155 H***	U/L	40 - 150 U/L
Total Protein *Biuret*	8.2	g/dL	6.4 - 8.3
Albumin *Calorimetric (Bromocresol green)*	4.91	gm/dL	3.8 - 5.0
Globulin *Calculation (T.P - Albumin)*	3.29	g/dL	2.3 - 3.5 g/dL
Albumin :Globulin Ratio *Calculated (Albumin/Globulin)*	1.49	-	1.0 - 2.1
Gamma Glutamyl Transferase (GGT) *L-Gamma-Glutamyl-3-Carboxy-4-Nitroanilidesubstrate*	17	U/L	12 to 64 U/L

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

Key enzymes tested:

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

Blood proteins, **albumin and globulin**, are essential for growth, development, and health.

1. Low protein: May indicate bleeding, liver disorders, malnutrition, or agammaglobulinemia.
2. High protein (Hyperproteinemia): Often due to dehydration or increased protein production.
3. Low albumin: Caused by poor diet, kidney, or liver disease.
4. High albumin: Usually due to severe dehydration.

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

Kidney Function Test (KFT)

Test Description	Value(s)	Unit(s)	Reference Range
Blood Urea *Urease*	32	mg/dL	19 - 44.1
Bun *Urease*	14.95	mg/dL	8.9 - 20.6
Creatinine *Kinetic alkaline picrate*	0.64	mg/dL	0.6 - 1.3
eGFR (CKD-EPI)	128.18	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*	**23.36 H***		12 - 20
Urea / Creatinine Ratio *Calculated*	**50 H***		25.68- 42.8
Uric Acid *Uricase*	5.4	mg/dL	3.7 - 7.7
Calcium Serum *Arsenazo III*	9.4	mg/dL	8.4 - 10.2
Phosphorus *Phosphomolybdate*	3.9	mg/dL	2.5 - 4.5
Sodium *ISE Indirect*	136	mmol/L	136 - 145
Potassium *ISE Indirect*	5.1	mmol/L	3.5 - 5.1
Chloride *ISE Indirect*	102	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."**

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
Lipid Profile			
Total Cholesterol *Cholesterol Esterase and Cholesterol Oxidase*	107	mg/dL	<200
Triglycerides *Glycerol phosphate oxidase*	60	mg/dL	<150
HDL Cholesterol *Cholesterol Oxidase and Peroxidase*	47	mg/dL	35 - 60
Non HDL Cholesterol *Calculated*	60	mg/dL	<130
LDL Cholesterol *Calculated*	48	mg/dL	<100
V.L.D.L Cholesterol *Calculated*	12	mg/dL	< 30
Chol/HDL Ratio *Calculated*	**2.28 L***	Ratio	3.5 - 5.0
HDL/ LDL Ratio *Calculated*	0.98	Ratio	0.5 - 3.0 Borderline : 3.1 - 6.0 High : > 6.0
LDL/HDL Ratio *Calculated*	**1.02 L***	Ratio	2.5 - 3.5

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

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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.

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Patient NAME	
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Test Description	Value(s)	Unit(s)	Reference Range
Iron Studies			
Iron *Ferene*	121	µg/dL	65 - 175
TIBC,(Total Iron Binding Capacity) *Calculated*	319	µg/dL	250 - 450
UIBC *Ferene*	198	µg/dL	69 - 240
Transferrin Saturation *Method :Derived from IRON and TIBC values*	37.93	%	14 - 50

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

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High Sensitivity C-Reactive Protein (Hs-CRP)

Test Description	Value(s)	Unit(s)	Reference Range
HIGHLY SENSITIVE C-REACTIVE PROTEIN (hs-CRP) *immunoturbidimetric*	0.78	mg/L	< 1.00

Interpretation:

Cardio CRP In mg/L	Cardiovascular Risk
<1	Low
1-3	Average
3-10	High
>10	Persistent elevation may represent Non cardiovascular inflammation

Note: To assess vascular risk, it is recommended to test hsCRP levels 2 or more weeks apart and calculate the average

Comments:
High sensitivity C Reactive Protein (hsCRP) significantly improves cardiovascular risk assessment as it is a strongest predictor of future coronary events. It reveals the risk of future Myocardial infarction and Stroke among healthy men and women, independent of traditional risk factors. It identifies patients at risk of first Myocardial infarction even with low to moderate lipid levels. The risk of recurrent cardiovascular events also correlates well with hsCRP levels. It is a powerful independent risk determinant in the prediction of incident Diabetes.

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

Rheumatoid Factor (RF), Quantitative

Test Description	Value(s)	Unit(s)	Reference Range
RHEUMATOID FACTOR, Quantitative *Immunoturbidimetry*	12.3	IU/mL	Negative <30 Weakly positive 30 to 50 Positive >50

Interpretation:
Approximately 85% of patients with Rheumatoid arthritis have detectable RA. It may also be seen in other medical conditions like Sjogren's syndrome and SLE.

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Sample Collected	Report Date

Test Description	Value(s)	Unit(s)	Reference Range
Vitamin B12 / Cyanocobalamin			
Vitamin - B12 *CMIA*	268	pg/mL	187 - 883

Interpretation:
Low Values are a sign of a vitamin B12 deficiency. People with this deficiency are likely to have or develop symptoms.
Causes of vitamin B12 deficiency include:Not enough vitamin B12 in diet (rare except with a strict vegetarian diet), Diseases that cause malabsorption (for example, celiac disease and Crohn's disease), Lack of intrinsic factor, Above normal heat production (for example, with hyperthyroidism), Pregnancy. Increased vitamin B12 levels are uncommon. Usually excess vitamin B12 is removed in the urine. Conditions that can increase B12 levels include: Liver disease (such as cirrhosis or hepatitis), Myeloproliferative disorders (for example, polycythemia vera and chronic myelocytic leukemia).
Vitamin B12: Low Levels can cause malabsorption, Lack of intrinsic factor, Above normal heat production (for example, with hyperthyroidism), Pregnancy.High Level Liver disease, Myeloproliferative disorders (for example, polycythemia vera and chronic myelocytic leukemia).
1. Out of 140 healthy indian population, 91% of Vitamin B 12 concentrations was at lower level: 59.00 pg/ml and upper level: 700.00 pg/ml

"Patients on Biotin supplement may have interference in some immunoassays. Ref: Arch Pathol Lab Med—Vol 141, November 2017. With individuals taking high dose Biotin (more than 5 mg per day) supplements, at least 8-hour wait time before blood draw is recommended."

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

Test Description	Value(s)	Unit(s)	Reference Range
Vitamin D 25 Hydroxy			
Vitamin D 25 - Hydroxy *CMIA*	**15.3 L***	ng/mL	Deficiency : < 10 ng/mL Insufficient : 10-30 ng/mL Sufficient : 30-100 ng/mL Hypervitaminosis : > 100 ng/mL

Interpretation:
25-Hydroxy vitamin D represents the main body reservoir and transport form. Mild to moderate deficiency is associated with Osteoporosis / Secondary Hyperparathyroidism while severe deficiency causes Rickets in children and Osteomalacia in adults. Prevalence of Vitamin D deficiency is approximately >50% specially in the elderly. This assay is useful for diagnosis of vitamin D deficiency and Hypervitaminosis D. It is also used for differential diagnosis of causes of Rickets & Osteomalacia and for monitoring Vitamin D replacement therapy.

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

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

Test Description	Value(s)	Unit(s)	Reference Range
Thyroid Profile Total			
Triiodothyronine (T3) *CMIA*	148.98	ng/dL	35 - 193
Total Thyroxine (T4) *CMIA*	**12.04 H***	µg/dL	4.87 - 11.72 ug/dL
Thyroid Stimulating Hormone (Ultrasensitive) *CMIA*	1.2022	mIU/L	0.35 - 4.94

Interpretation:
Primary malfunction of the thyroid gland may result in excessive (hyper) or below normal (hypo) release of T3 or T4. In addition as TSH directly affects thyroid function, malfunction of the pituitary or the hypo - thalamus influences the thyroid gland activity. Disease in any portion of the thyroid-pitutary-hypothala- mus system may influence the levels of T3 and T4 in the blood. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels may be low. In addition, in the Euthyroid Sick Syndrome, multiple alterations in serum thyroid function test findings have been recognized in patients with a wide variety of non-thyroidal illnesses (NTI) without evidence of preexisting thyroid or hypothalami c-pitutary diseases. Thyroid Binding Globulin (TBG) concentrations remain relatively constant in healthy individuals. However, pregnancy, excess estrogen's, androgen's, antibiotic steroids and glucocorticoids are known to alter TBG levels and may cause false thyroid values for Total T3 and T4 tests.

TSH	T4	T3	INTERPRETATION
High	Normal	Normal	Mild (subclinical) hypothyroidism
High	Low	Low or normal	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
Testosterone Total			
Testosterone Total	**> 1009.40 H***	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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Patient NAME	:		
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Patient ID / UHID	:	Barcode NO	
Referred BY	:	Sample Type	
Sample Collected	:	Report Date	

Urine Routine and Microscopic Examination

Test Description	Value(s)	Unit(s)	Reference Range
Physical Examination			
Volume *VISUAL*	15	ml	-
Colour *VISUAL*	Pale yellow	-	Pale yellow
Transparency *VISUAL*	Clear	-	Clear
Deposit *VISUAL*	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*	**Positive(++) H***	-	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) *WET MOUNT AND MICROSCOPY*	2-3	/hpf	0 - 5
Epithelial Cells	1-2	/hpf	0 - 4
Red blood Cells *WET MOUNT AND MICROSCOPY*	Absent	/hpf	Absent
Crystals *WET MOUNT AND MICROSCOPY*	Absent	-	Absent
Cast	Absent	-	Absent
Yeast Cells *WET MOUNT AND MICROSCOPY*	Absent	-	Absent
Amorphous deposits	Absent	-	Absent

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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
WET MOUNT AND MICROSCOPY			
Bacteria *WET MOUNT AND MICROSCOPY*	Absent	-	Absent
Protozoa *WET MOUNT AND MICROSCOPY*	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

Glucose: Uncontrolled diabetes mellitus can lead to presence of glucose in urine. Other causes include pregnancy, hormonal disturbances, liver disease and certain medications.

Ketones: Uncontrolled diabetes mellitus can lead to presence of ketones in urine. Ketones can also be seen in starvation, frequent vomiting, pregnancy and strenuous exercise.

Blood: Occult blood can occur in urine as intact erythrocytes or haemoglobin, which can occur in various urological, nephrological and bleeding disorders.

Leukocytes: An increase in leukocytes is an indication of inflammation in urinary tract or kidneys. Most common cause is bacterial urinary tract infection.

Nitrite: Many bacteria give positive results when their number is high. Nitrite concentration during infection increases with length of time the urine specimen is retained in bladder prior to collection.

pH: The kidneys play an important role in maintaining acid base balance of the body. Conditions of the body producing acidosis/ alkalosis or ingestion of certain type of food can affect the pH of urine.

Specific gravity: Specific gravity gives an indication of how concentrated the urine is. Increased specific gravity is seen in conditions like dehydration, glycosuria and proteinuria while decreased specific gravity is seen in excessive fluid intake, renal failure and diabetes insipidus.

Bilirubin: In certain liver diseases such as biliary obstruction or hepatitis, bilirubin gets excreted in urine.

Urobilinogen: Positive results are seen in liver diseases like hepatitis and cirrhosis and in cases of haemolytic anaemia.

*** End Of Report ***

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LABORATORY REPORT

Redcliffe labs

Patient Data

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

Comments:

Analysis Data

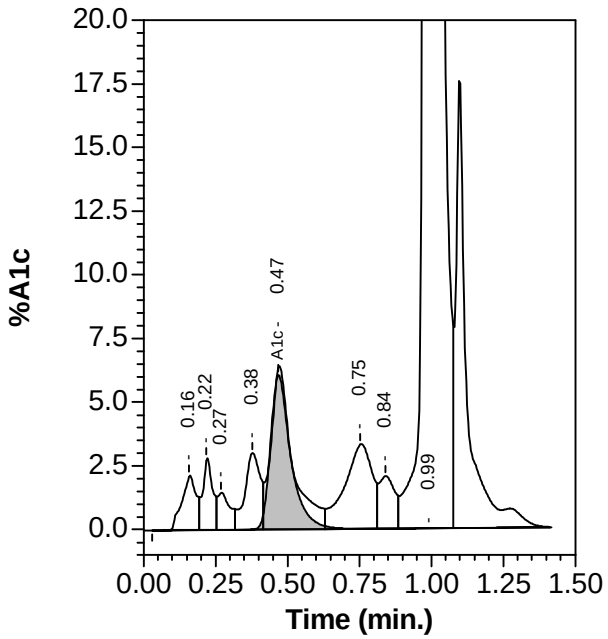
Analysis Performed:
Injection Number:
Run Number:
Rack ID:
Tube Number:
Report Generated:
Operator ID:

Peak Name	NGSP %	Area %	Retention Time (min)	Peak Area
A1a	---	1.3	0.157	18772
A1b	---	1.1	0.217	16641
F	---	0.8	0.268	11197
LA1c	---	1.8	0.376	26616
A1c	6.1*	---	0.467	74613
P3	---	3.8	0.753	55823
P4	---	1.3	0.838	19494
Ao	---	84.9	0.991	1255403

*Values outside of expected ranges

Total Area: 1,478,559

HbA1c (NGSP) = 6.1* %



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- Liver Function Test (12 Tests)
- Kidney Function Test (12 Tests)
- Thyroid Profile Total (3 Tests)
- Urine R/M (23 Tests)
- Complete Blood Count (26 Tests)
- ESR (1 Test)
- HbA1c (2 Tests)
- Vitamin D (1 Test)
- Vitamin B12 (1 Test)
- Iron Studies (4 Tests)
- HBsAg (Rapid) (1 Test)

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