Redcliffe labs

Healthy India Ki Trusted Lab

smart Health Report

An Insightful Health Analytics Report for Easier Understanding

Prepared For

www.redcliffelabs.com

Name

Gender

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

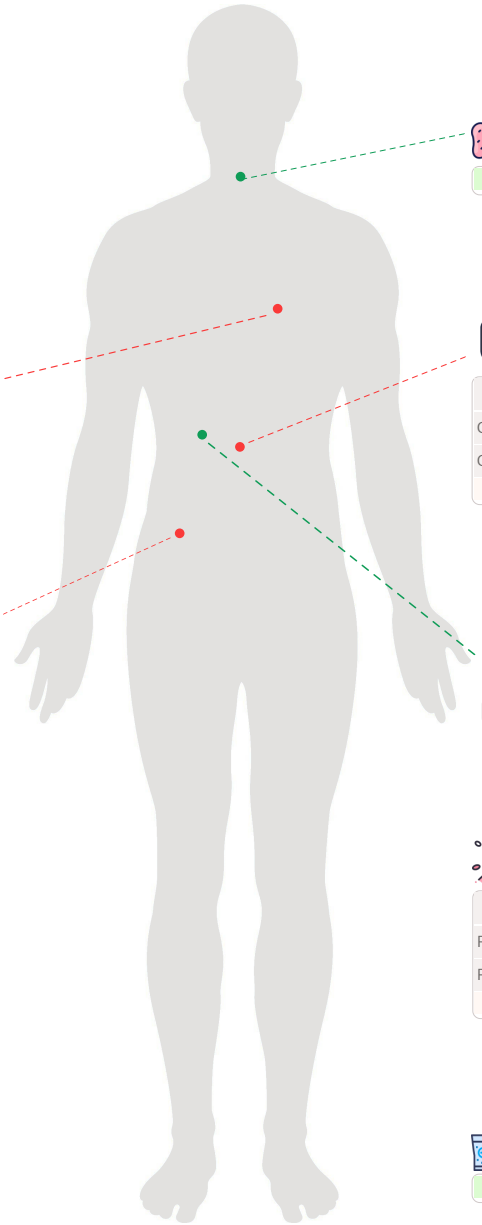
This comprehensive health report provides detailed insights into your test results. Each section offers different perspectives on your health status, from visual summaries to detailed analysis and personalized recommendations.

SMART HEALTH REPORT

Name

Gender

Health Summary



BLOOD COUNTS

Test Name	Result
Eosinophils	7
Monocytes.	0.15
Platelet Count	139

Please Watchout

CARDIAC PROFILE

Test Name	Result
HDL Cholesterol	31.9
Chol/HDL Ratio	3.17

Please Watchout

KIDNEY PROFILE

Test Name	Result
Blood Urea	16.7
Bun	7.8
Creatinine	0.6

Please Watchout

ELECTROLYTES

Everything looks good

VITAMIN PROFILE

Everything looks good

THYROID PROFILE

Everything looks good

DIABETES MONITORING

Test Name	Result
Glycosylated Hemoglobin (HbA1c)	7.4
Glucose Fasting	122.9

Please Watchout

LIVER PROFILE

Everything looks good

ANEMIA STUDIES

Test Name	Result
RDW-CV	14.2
RDW-SD	46.6

Please Watchout

MINERAL PROFILE

Everything looks good

Name

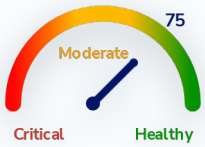
Gender

Quick Health Summary

Personal Insights - Score

75 (Good)

The overall health profile indicates some concern with diabetes and cardiac health, which may require lifestyle adjustments and monitoring. Most parameters, including inflammation, vitamins, thyroid, infection, liver, kidney, and electrolytes, are within normal ranges, suggesting good general health. Regular check-ups and a balanced diet are recommended to maintain health and address potential risks.



Summary of Key Health Indicators

Total Parameters Tested	Abnormal Results
90	12

Health Status by Body System

Profile	Abnormal / Total	Key Results
Blood Counts	3 / 14	● Eosinophils: 7 % (Normal: 1–6 %) ● Monocytes.: 0.15 10^3/µl (Normal: 0.2–1.0 10^3/µl) ● Platelet Count: 139 10^3/µl (Normal: 150–410 10^3/µl)
Kidney Profile	3 / 13	● Blood Urea: 16.7 mg/dL (Normal: 18–55 mg/dL) ● Bun: 7.8 mg/dL (Normal: 8.4–25.7 mg/dL) ● Creatinine: 0.6 mg/dL (Normal: 0.72–1.25 mg/dL)
Anemia Studies	2 / 7	● RDW (CV): 14.2 % (Normal: 11.6–14.0 %) ● RDW-SD: 46.6 fl (Normal: 35.1–43.9 fl)
Diabetes Monitoring	2 / 3	● Glycosylated Hemoglobin (HbA1c): 7.4 % (Normal: 0–5.6 %) ● Glucose Fasting: 122.9 mg/dL (Normal: 70–100 mg/dL)
Cardiac Profile	2 / 9	● HDL Cholesterol: 31.9 mg/dL (Normal: 40–80 mg/dL) ● Chol/HDL Ratio: 3.17 Ratio (Normal: 3.5–5.0 Ratio)
Inflammation	0 / 1	All Normal
Vitamin Profile	0 / 1	All Normal
Thyroid Profile	0 / 3	All Normal
Blood Clotting	0 / 5	All Normal
Liver Profile	0 / 12	All Normal

Profile	Abnormal / Total	Key Results
Mineral Profile	0 / 1	All Normal
Electrolytes	0 / 3	All Normal
Urinalysis	0 / 17	All Normal

Name

Gender

Report Summary

Normal Abnormal No color - Reference range not available

INFLAMMATION

Test Name	Result unit	Range
ESR - Erythrocyte Sedimentation Rate	8 mm/hr	< 30

VITAMIN PROFILE

Test Name	Result unit	Range
Vitamin - B12	509 pg/mL	200-1100

THYROID PROFILE

Test Name	Result unit	Range
Triiodothyronine (T3)	125 ng/dL	35-193
Total Thyroxine (T4)	7.48 µg/dL	4.87-11.2
Thyroid Stimulating Hormone (Ultrasensitive)	2.87 mIU/L	0.35-4.94

ANEMIA STUDIES

Test Name	Result unit	Range
Hemoglobin	13.1 g/dL	13-17
PCV	40.9 %	40-50
MCV	90.6 fl	83-101
MCH	29 pg	27-32
MCHC	32 g/dL	31.5-34.5
RDW (CV)	**14.2** %	11.6-14
RDW-SD	**46.6** fl	35.1-43.9

Name

Gender

Report Summary

Normal Abnormal No color - Reference range not available

BLOOD COUNTS

Test Name	Result unit	Range
RBC Count	4.5 10^6/µl	4.5-5.5
TLC	4.9 10^3/µl	4-10
Neutrophils	60 %	40-80
Lymphocytes	30 %	20-40
Monocytes	3 %	2-10
Eosinophils	**7** %	1-6
Basophils	0 %	< 2
Neutrophils.	2.94 10^3/µl	2-7
Lymphocytes.	1.47 10^3/µl	1-3
Monocytes.	**0.15** 10^3/µl	0.2-1
Eosinophils.	0.34 10^3/µl	0.02-0.5
Basophils.	0 10^3/µl	< 0.5
Platelet Count	**139** 10^3/µl	150-410
Mentzer Index	20.13 %	

BLOOD CLOTTING

Test Name	Result unit	Range
Mean Platelet Volume (MPV)	10.9 fL	9.3-12.1
PCT	0.2 %	0.17-0.32
PDW	12.7 fL	8.3-25
P-LCR	32.5 %	18-50
P-LCC	45 10^9/L	44-140

DIABETES MONITORING

Test Name	Result unit	Range
Glycosylated Hemoglobin (HbA1c)	**7.4** %	< 5.6
Estimated Average Glucose	165.68 mg/dL	
Glucose Fasting	**122.9** mg/dL	70-100

Name

Gender

Report Summary

Normal | Abnormal | No color - Reference range not available

LIVER PROFILE

Test Name	Result unit	Range
Bilirubin Total	0.6 mg/dL	< 1.2
Bilirubin Direct	0.3 mg/dL	< 0.5
Bilirubin Indirect	0.3 mg/dL	< 1
SGOT/AST	19.8 U/L	5-34
SGPT/ALT	22.3 U/L	< 55
SGOT/SGPT Ratio	0.89 %	
Alkaline Phosphatase	112 U/L	40-150
Total Protein	6.4 g/dL	6.4-8.3
Albumin	4 gm/dL	3.8-5
Globulin	2.4 g/dL	2.3-3.5
Albumin :Globulin Ratio	1.67	< 2.1
Gamma Glutamyl Transferase (GGT)	37.7 U/L	< 64

KIDNEY PROFILE

Test Name	Result unit	Range
Blood Urea	**16.7** mg/dL	18-55
Bun	**7.8** mg/dL	8.4-25.7
Creatinine	**0.6** mg/dL	0.72-1.25
eGFR (CKD-EPI)	102.53 ml/min/1.73 sq m	
Bun/Creatinine Ratio	13	12-20
Urea / Creatinine Ratio	27.83	25.68-42.8
Uric Acid	4.6 mg/dL	3.5-7.2
Calcium Serum	9.6 mg/dL	8.8-10
Colour	Pale yellow	
Deposit	Absent	
Urine Glucose (sugar)	Negative	
Yeast Cells	Absent	
Amorphous deposits	Absent	

MINERAL PROFILE

Test Name	Result unit	Range
Phosphorus	3.1 mg/dL	2.3-4.7

Name

Gender

Report Summary

Normal Abnormal No color - Reference range not available

ELECTROLYTE PROFILE

Test Name	Result unit	Range
Sodium	137 mmol/L	136-145
Potassium	4 mmol/L	3.5-5.1
Chloride	101 mmol/L	98-107

CARDIAC PROFILE

Test Name	Result unit	Range
Total Cholesterol	101 mg/dL	< 200
Triglycerides	95.9 mg/dL	< 150
HDL Cholesterol	**31.9** mg/dL	40-80
Non HDL Cholesterol	69.1 mg/dL	< 130
LDL Cholesterol	49.92 mg/dL	30-100
V.L.D.L Cholesterol	19.18 mg/dL	< 30
Chol/HDL Ratio	**3.17** Ratio	3.5-5
HDL/ LDL Ratio	0.64 Ratio	0.5-3
LDL/HDL Ratio	1.56 Ratio	

Name Gender

Report Summary

Normal Abnormal No color - Reference range not available

URINALYSIS

Test Name	Result unit	Range
Volume	20 ml	
Transparency	Clear	
Reaction (pH)	6.0	4.5-8
Specific Gravity	1.010	1.01-1.03
Urine Protein (Albumin)	Negative	
Urine Ketones (Acetone)	Negative	
Blood	Negative	
Leucocyte esterase	Negative	
Bilirubin Urine	Negative	
Nitrite	Negative	
Urobilinogen	Normal	
Pus Cells (WBCs)	2-4 /hpf	
Epithelial Cells	1-2 /hpf	
Red blood Cells	Absent /hpf	
Crystals	Absent	
Cast	Absent	
Bacteria	Absent	

Name

Gender

Health Advisory

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

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): 7.4 % — HIGH

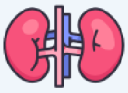
NORMAL	HIGH
< 5.6	> 5.6

You: 7.4

Glucose Fasting: 122.9 mg/dL — HIGH

LOW	NORMAL	HIGH
< 70	70-100	> 100

You: 122.9



Kidney Profile

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

Bun: 7.8 mg/dL — LOW

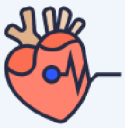
LOW	NORMAL	HIGH
< 8.4	8.4-25.7	> 25.7

You: 7.8

Creatinine: 0.6 mg/dL — LOW

LOW	NORMAL	HIGH
< 0.72	0.72-1.25	> 1.25

You: 0.6



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.

HDL Cholesterol: 31.9 mg/dL — LOW

LOW	NORMAL	HIGH
< 40	40-80	> 80

You: 31.9

Patient NAME			NABL-M(EL)T-03165
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

Fit India Full Body Checkup with Vitamin B12

Complete Blood Count (CBC)

RBC Parameters			
Hemoglobin *Cyanide-free colorimetric method*	13.1	g/dL	13.0 - 17.0
RBC Count *Electrical impedance*	4.5	10^6/µl	4.5 - 5.5
PCV *Calculated*	40.9	%	40 - 50
MCV *Calculated*	90.6	fl	83 - 101
MCH *Calculated*	29	pg	27 - 32
MCHC *Calculated*	32	g/dL	31.5 - 34.5
RDW (CV) * *Calculated*	**14.2**	%	11.6 - 14.0
RDW-SD * *Calculated*	**46.6**	fl	35.1 - 43.9
WBC Parameters			
TLC *Electrical impedance and microscopy*	4.9	10^3/µl	4 - 10
Differential Leucocyte Count			
Neutrophils *Flowcytometry*	60	%	40-80
Lymphocytes *Flowcytometry*	30	%	20-40
Monocytes *Flowcytometry*	3	%	2-10
Eosinophils *Flowcytometry*	**7**	%	1-6
Basophils *Flowcytometry*	0	%	<2
Absolute Leukocyte Counts * ***Calculated***			
Neutrophils. *	2.94	10^3/µl	2 - 7
Lymphocytes. *	1.47	10^3/µl	1 - 3
Monocytes. *	**0.15**	10^3/µl	0.2 - 1.0
Eosinophils. *	0.34	10^3/µl	0.02 - 0.5
Basophils. *	**0**	10^3/µl	0.02 - 0.5
Platelet Parameters			

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

Dr. Richa Yadav
MBBS, DCP, DNB
Consultant Pathologist

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

NABL-M(EL)T-03165

MEDICAL ENTRY LEVEL TESTING LABORATORY RECOGNITION PROGRAM

Test Description	Value(s)	Unit(s)	Reference Range
Platelet Count *Electrical impedance and microscopy*	**139**	10^3/µl	150 - 410
Mean Platelet Volume (MPV) * *Calculated*	10.9	fL	9.3 - 12.1
PCT * *Calculated*	0.2	%	0.17 - 0.32
PDW * *Calculated*	12.7	fL	8.3 - 25.0
P-LCR * *Calculated*	32.5	%	18 - 50
P-LCC * *Calculated*	45	10^9/L	44 - 140
Mentzer Index * *Calculated*	20.13	%	> 13

NOTE :- Verified on smear

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*	8	mm/hr	0 - 30

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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Patient ID / UHID		Barcode NO	
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Sample Collected		Report Date	

NABL-M(EL)T-03165

MEDICAL ENTRY LEVEL TESTING LABORATORY RECOGNITION PROGRAM

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

HbA1C (Glycosylated Haemoglobin)

Glycosylated Hemoglobin (HbA1c) *Immunoturbidimetry*	**7.4**	%	< 5.7
Estimated Average Glucose *	165.68	mg/dL	Refer Table Below

NOTE:- KINDLY CORRELATE CLINICALLY.

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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Patient NAME			NABL-M(EL)T-03165
DOB/Age/Gender	Report STATUS		
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Referred BY	Sample Type		
Sample Collected	Report Date		PM.

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

Glucose Fasting

Glucose Fasting *GOD-POD*	**122.9**	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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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
Liver Function Test (LFT)			
Bilirubin Total *Diazo*	0.6	mg/dL	0.2 - 1.2
Bilirubin Direct *Diazo Reaction*	0.3	mg/dL	0.0 - 0.5
Bilirubin Indirect * *Calculation (T Bil - D Bil)*	0.3	mg/dL	0.1 - 1.0
SGOT/AST *IFCC without P5P*	19.8	U/L	5 - 34
SGPT/ALT *IFCC without P5P*	22.3	U/L	0 to 55
SGOT/SGPT Ratio *	0.89	-	-
Alkaline Phosphatase *p-nitrophenyl Phosphate, AMP buffer*	112	U/L	40 - 150
Total Protein *Biuret*	6.4	g/dL	6.4 - 8.3
Albumin *BCG*	4	gm/dL	3.8 - 5.0
Globulin * *Calculation (T.P - Albumin)*	2.4	g/dL	2.3 - 3.5
Albumin :Globulin Ratio * *Calculation (Albumin/Globulin)*	1.67	-	1.0 - 2.1
Gamma Glutamyl Transferase (GGT) * *ENZYMATIC*	37.7	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.

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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
Kidney Function Test (KFT)			
Blood Urea *Urease GLDH*	**16.7**	mg/dL	18 - 55
Bun * *Urease*	**7.8**	mg/dL	8.4 - 25.7
Creatinine *Enzymatic (Creatinase and Sarcosine Oxidase)*	**0.6**	mg/dL	0.72 - 1.25
eGFR (CKD-EPI) *	102.53	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*	13		12 - 20
Urea / Creatinine Ratio * *Calculated*	27.83		25.68- 42.8
Uric Acid *Uricase*	4.6	mg/dL	3.5 - 7.2
Calcium Serum *Arsenazo*	9.6	mg/dL	8.8 - 10.0
Phosphorus *Ammonium Molybdate UV*	3.1	mg/dL	2.3 - 4.7
Sodium *Direct ISE*	137	mmol/L	136 - 145
Potassium *Direct ISE*	4	mmol/L	3.5 - 5.1
Chloride *Direct ISE*	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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Patient NAME			
DOB/Age/Gender		Report STATUS	
Patient ID / UHID		Barcode NO	
Referred BY		Sample Type	
Sample Collected		Report Date	

NABL-M(EL)T-03165

MEDICAL ENTRY LEVEL TESTING LABORATORY RECOGNITION PROGRAM

Test Description	Value(s)	Unit(s)	Reference Range
Lipid Profile			
Total Cholesterol *Enzymatic - Cholesterol Oxidase*	101	mg/dL	<200
Triglycerides *GPO-POD*	95.9	mg/dL	<150
HDL Cholesterol *CHOD/CHER*	**31.9**	mg/dL	>40
Non HDL Cholesterol * *Calculated*	69.1	mg/dL	<130
LDL Cholesterol *Calculated*	49.92	mg/dL	<100
V.L.D.L Cholesterol * *Calculated*	19.18	mg/dL	< 30
Chol/HDL Ratio * *Calculated*	**3.17**	Ratio	3.5 - 5.0
HDL/ LDL Ratio * *Calculated*	0.64	Ratio	0.5 - 3.0
LDL/HDL Ratio * *Calculated*	1.56	Ratio	-

NOTE:- KINDLY CORRELATE CLINICALLY.

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

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

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Consultant Pathologist

Patient NAME
DOB/Age/Gender
Patient ID / UHID
Referred BY
Sample Collected

Report STATUS
Barcode NO
Sample Type
Report Date

NABL-M(EL)T-03165

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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Test Description	Value(s)	Unit(s	

Vitamin B12 / Cyanocobalamin

Vitamin - B12 *CLIA*	509	pg/mL	200 - 1100

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

Thyroid Profile Total

Triiodothyronine (T3) *CLIA*	125	ng/dL	35 - 193
Total Thyroxine (T4) *CLIA*	7.48	µg/dL	4.87 - 11.2
Thyroid Stimulating Hormone (Ultrasensitive) *CLIA*	2.87	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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MEDICAL ENTRY LEVEL TESTING LABORATORY RECOGNITION PROGRAM

Urine Routine and Microscopic Examination

Test Description	Value(s)	Unit(s)	Reference Range
Physical Examination			
Volume *	20	ml	-
Colour *	Pale yellow	-	Pale yellow
Transparency *	Clear	-	Clear
Deposit *	Absent	-	Absent
Chemical Examination			
Reaction (pH) *Double Indicator*	6.0	-	4.5 - 8.0
Specific Gravity * *Ion Exchange*	1.010	-	1.010 - 1.030
Urine Glucose (sugar) *Oxidase / Peroxidase*	Negative	-	Negative
Urine Protein (Albumin) *Acid / Base Colour Excahnge*	Negative	-	Negative
Urine Ketones (Acetone) *Legals Test*	Negative	-	Negative
Blood *Peroxidase Hemoglobin*	Negative	-	Negative
Leucocyte esterase *Enzymatic Reaction*	Negative	-	Negative
Bilirubin Urine *Coupling Reaction*	Negative	-	Negative
Nitrite *Griless Test*	Negative	-	Negative
Urobilinogen *Ehrlichs Test*	Normal	-	Normal
Microscopic Examination			
Pus Cells (WBCs) *	2-4	/hpf	0 - 5
Epithelial Cells *	1-2	/hpf	0 - 4
Red blood Cells *	Absent	/hpf	Absent
Crystals *	Absent	-	Absent
Cast *	Absent	-	Absent
Yeast Cells *	Absent	-	Absent
Amorphous deposits *	Absent	-	Absent
Bacteria *	Absent	-	Absent
Protozoa *	Absent	-	Absent

Interpretation:
URINALYSIS- Routine urine analysis assists in screening and diagnosis of various metabolic, urological, kidney and liver disorders.

Protein: Elevated proteins can be an early sign of kidney disease. Urinary protein excretion can also be temporarily elevated by strenuous exercise, orthostatic proteinuria, dehydration, urinary tract infections and acute illness with fever

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MEDICAL ENTRY LEVEL TESTING LABORATORY RECOGNITION PROGRAM

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

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

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

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

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

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

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

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

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

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

*** End Of Report ***

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