Redcliffe labs

Healthy India Ki Trusted Lab

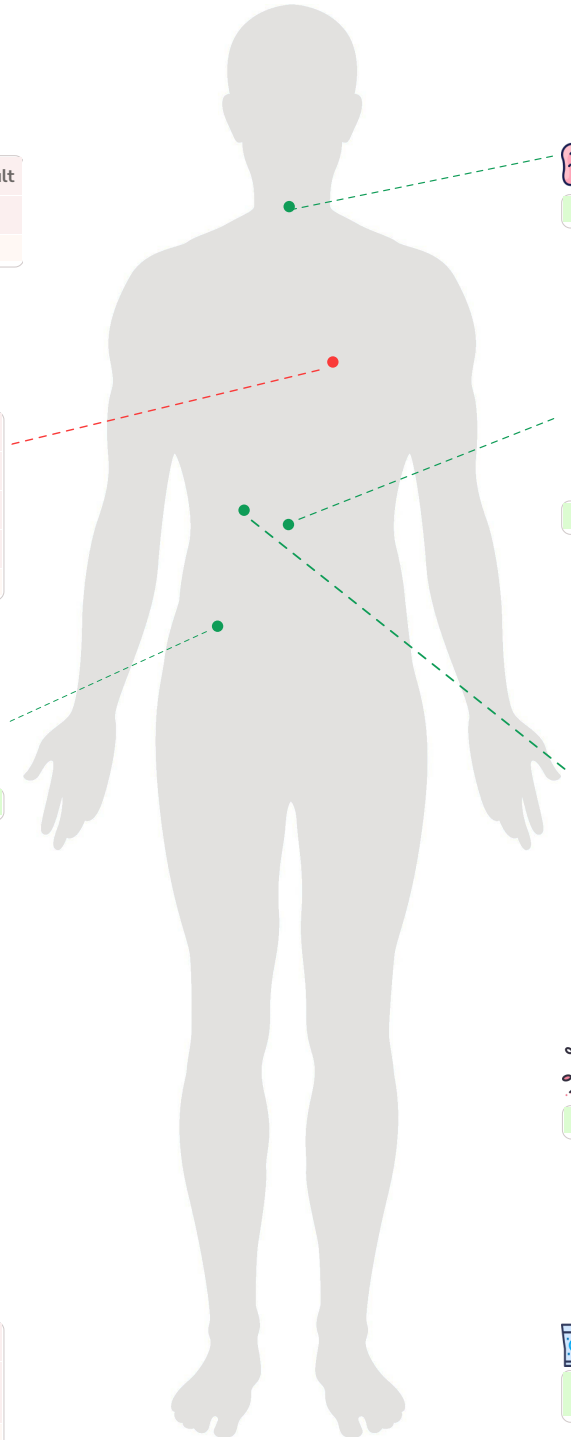
smart Health Report

An Insightful Health Analytics Report for Easier Understanding

Prepared For

[redacted]

Health Summary



BLOOD COUNTS

Test Name	Result
ESR - Erythrocyte Sedimentation Rate	22

Please Watchout

LIPID PROFILE

Test Name	Result
Total Cholesterol	226
Triglycerides	166
HDL Cholesterol	37

+ 1 tests Please Watchout

KIDNEY PROFILE

Everything looks good

VITAMIN PROFILE

Test Name	Result
Vitamin D 25 - Hydroxy	26.7

Please Watchout

THYROID PROFILE

Everything looks good

DIABETES MONITORING

Everything looks good

LIVER PROFILE

Everything looks good

ANEMIA STUDIES

Everything looks good

MINERAL PROFILE

Everything looks good

Health Advisory

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

Blood Counts

Blood is a specialized bodily fluid that supplies essential substances like sugars, oxygen, hormones - around the body and also removes waste from the cells.
Solid part of your blood (roughly 45%): RBCs (red blood cells), WBCs (white blood cells) and platelets
Liquid part of your blood (roughly 55%, usually called plasma): Water, Salts and Proteins

ESR - Erythrocyte Sedimentation Rate: 22 mm/hr

HIGH

ESR (Erythrocyte Sedimentation Rate) is the speed at which RBCs in your sample settle down at the bottom of the test tube. If there is inflammation in the body then ESR value is high.

Abnormal results may indicate :


Infections


Renal disease


Anemia


Acute allergy


Pregnancy (but not first trimester)


Old Age

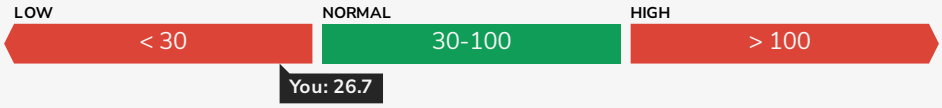
Vitamins Profile

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: 26.7 ng/mL

● LOW

Known as the "sunshine vitamin", Vitamin D is produced by your skin when exposed to sunlight. Vitamin D is essential for strong bones - it helps your body use calcium from the diet. Thus, low vitamin D increases the chances of fracture and may also increase the chances of diabetes and heart disease. Women above the age of 50 should specifically come out of a Vitamin D deficiency because the chances of osteoporosis are very high for such women



Causes of Deficiency :

- Insufficient dietary intake.
- Malabsorption problem- Your digestive system can't absorb enough Vit D from food.
- Less exposure to sunlight. Production of vit D from your skin depends upon your skin tone: Darker skin needs more exposure than lighter skin to produce equal amounts of Vit D. This happens because dark skin has natural protection against sunshine.
- Medical conditions that affect the liver or kidney- Vit D is not sufficiently converted to its active form in your body.

Abnormal results may indicate :

Vit D deficiency is very common. Vit D deficiency is linked with many medical conditions including depression, type 2 diabetes, hypertension, cancer, bone pain and weak bones.

Diet and Lifestyle Tips :

Avoid very high-SPF sunscreen: Your skin naturally produces Vit D on being exposed to sun but applying sunscreen can decrease this. It is recommended that you should get a balanced amount of sunshine but you should avoid a long exposure to a very bright scorching sun.

Choose a vitamin rich diet- Fatty fish such as salmon, tuna, and mackerel, Beef liver, Cheese, Mushrooms, Egg yolks, cooking oils and fortified milk are rich sources of Vitamin D.

Discuss supplements with your doctor- Vit D supplements are generally advised to be taken along with meals. Obese people are generally recommended higher dose of supplements/

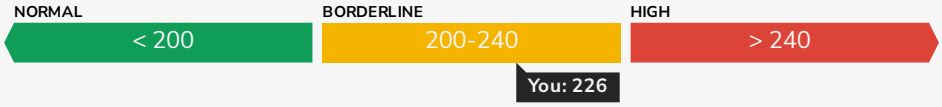
Lipid Profile

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

Total Cholesterol: 226 mg/dL

● BORDERLINE

High cholesterol is bad for your heart, as too much of cholesterol combines with other substances to form plaque, which causes obstruction in the arteries (vessels that carry oxygen-rich blood from heart to all the parts of your body).



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).

Triglycerides: 166 mg/dL

HIGH

The most common type of fat stored in your body. Triglycerides rise in your blood after you have a meal - as your body converts energy that is not needed right away - into fat.

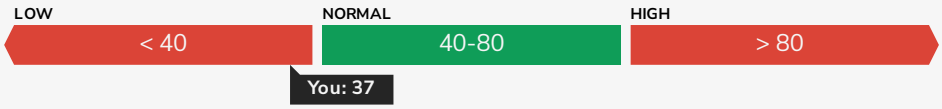
Abnormal results may indicate :

High triglyceride levels increase your risk of heart, vascular disease. metabolic syndrome and stroke.

HDL Cholesterol: 37 mg/dL

LOW

Heart friendly cholesterol HDL reduces your chances of heart disease by removing harmful bad cholesterol.



Did You Know?

HDL particles have antioxidant, anti-inflammatory, anti-thrombotic properties, which may contribute to their ability to inhibit atherosclerosisNCBI-Books. HDL are called protective lipoproteins.

LDL Cholesterol: 155.8 mg/dL

HIGH

LDL (Low-Density Lipoprotein) is "bad" cholesterol because it deposits fat around your blood vessels to cause heart disease.

Did You Know?

Saturated fats occur naturally in many foods, primarily meat and dairy products. Beef, lamb, pork and poultry (with the skin on), butter, cream and cheese made from whole milk, are high in saturated fats.

Plant-based foods that contain saturated fats include coconut oil, cocoa butter, palm oil and palm kernel oil (often called tropical oils).

LABORATORY REPORT

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

NABL M(EL)T LABS
NABL-M(EL)T-00645

Fit India Full Body Checkup With Vitamin Screening with Free HsCRP

Complete Blood Count (CBC)

Test Description	Value(s)	Unit(s)	Reference Range
RBC Parameters			
Hemoglobin *colorimetric*	13.9	g/dL	13.0 - 17.0
RBC Count *Electrical impedance*	4.9	10^6/µl	4.5 - 5.5
PCV *Calculated*	42.2	%	40 - 50
MCV *Calculated*	85.3	fl	83 - 101
MCH *Calculated*	28.1	pg	27 - 32
MCHC *Calculated*	32.9	g/dL	31.5 - 34.5
RDW (CV) * *Calculated*	13.6	%	11.6 - 14.0
RDW-SD * *Calculated*	37.0	fl	35.1 - 43.9
WBC Parameters			
TLC *Electrical impedance and microscopy*	4.5	10^3/µl	4 - 10
Differential Leucocyte Count			
Neutrophils	52	%	40-80
Lymphocytes	37	%	20-40
Monocytes	8	%	2-10
Eosinophils	2	%	1-6
Basophils	1	%	<2
Absolute Leukocyte Counts ***Calculated***			
Neutrophils.	2.34	10^3/µl	2 - 7
Lymphocytes.	1.67	10^3/µl	1 - 3
Monocytes.	0.36	10^3/µl	0.2 - 1.0
Eosinophils.	0.09	10^3/µl	0.02 - 0.5
Basophils.	0.05	10^3/µl	0.02 - 0.5
Platelet Parameters			
Platelet Count *Electrical impedance and microscopy*	265	10^3/µl	150 - 410
Mean Platelet Volume (MPV) * *Calculated*	9.6	fL	9.3 - 12.1
PCT * *Calculated*	0.2	%	0.17 - 0.32

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

Patient NAME :
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Test Description	Value(s)	Unit(s)	Reference Range
PDW * *Calculated*	15.8	fL	8.3 - 25.0
P-LCR * *Calculated*	30.3	%	18 - 50
P-LCC * *Calculated*	80	10^9/L	44 - 140
Mentzer Index * *Calculated*	17.41	%	> 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.

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*	**22**	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

Patient NAME	:		
DOB/Age/Gender	:	Report STATUS	:
Patient ID / UHID	:	Barcode NO	:
Referred BY	:	Sample Type	:
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NABL M(EL)T LABS NABL-M(EL)T-00645

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

HbA1C (Glycosylated Haemoglobin)

Glycosylated Hemoglobin (HbA1c) *HPLC*	5.6	%	< 5.7
Estimated Average Glucose *	114.02	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

Patient NAME	:		
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Test Description	Value(s)	Unit(s)	Reference Range

Glucose Fasting

Glucose Fasting *Hexokinase*	90.7	mg/dL	< 100 mg/dL: Normal 100–125 mg/dL: Prediabetes >=126 mg/dL: Diabetes

Interpretation:

Status	Fasting plasma glucose in mg/dL
Normal	<100
Impaired fasting glucose	100 - 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.

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

NABL M(EL)T LABS NABL-M(EL)T-00645

Test Description	Value(s)	Unit(s)	Reference Range
Liver Function Test (LFT)			
Bilirubin Total *Photometric*	0.7	mg/dL	0.2 - 1.2
Bilirubin Direct * *Diazo Reaction*	0.2	mg/dL	0.0 - 0.5
Bilirubin Indirect * *Calculation (T Bil - D Bil)*	0.5	mg/dL	0.1 - 1.0
SGOT/AST *IFCC without P5P*	16	U/L	5 - 34
SGPT/ALT *IFCC without P5P*	16	U/L	0 to 55
SGOT/SGPT Ratio *	1	-	-
Alkaline Phosphatase *IFCC*	110	U/L	40 - 150
Total Protein *Biuret*	7.6	g/dL	6.0 - 7.8
Albumin *BCG*	4.9	gm/dL	3.8 - 5.0
Globulin * *Calculation (T.P - Albumin)*	2.7	g/dL	2.3 - 3.5
Albumin :Globulin Ratio * *Calculation (Albumin/Globulin)*	1.81	-	1.0 - 2.1
Gamma Glutamyl Transferase (GGT) * *Photometric*	36	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.

Patient NAME	:		
DOB/Age/Gender	:	Report STATUS	:
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Kidney Function Test (KFT)

Test Description	Value(s)	Unit(s)	Reference Range
Blood Urea *Urease*	27.82	mg/dL	19 - 44.1
Bun * *Urease*	13	mg/dL	8.9 - 20.6
Creatinine *Photometric*	0.98	mg/dL	0.72 - 1.25
eGFR (CKD-EPI)	101.20	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*	13.27		12 - 20
Urea / Creatinine Ratio *	28.39		
Uric Acid *Uricase*	4.7	mg/dL	3.5 - 7.2
Calcium Serum *Arsenazo III*	10	mg/dL	8.4 - 10.2
Phosphorus *Photometric*	4.3	mg/dL	2.3 - 4.7
Sodium *Potentiometric*	136	mmol/L	136 - 145
Potassium *Potentiometric*	4.5	mmol/L	3.5 - 5.1
Chloride *Potentiometric*	102	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 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.

"eGFR test is applicable for patients aged 18 years or more."

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

NABL M(EL)T LABS
NABL-M(EL)T-00645

Test Description	Value(s)	Unit(s)	Reference Range
Lipid Profile			
Total Cholesterol *Enzymatic - Cholesterol Oxidase*	**226**	mg/dL	<200
Triglycerides *Colorimetric - Lip/Glycerol Kinase*	**166**	mg/dL	<150
HDL Cholesterol *Accelerator Selective Detergent*	**37**	mg/dL	> 40
Non HDL Cholesterol * *Calculated*	**189**	mg/dL	<130
LDL Cholesterol * *Calculated*	**155.8**	mg/dL	<100
V.L.D.L Cholesterol * *Calculated*	**33.2**	mg/dL	< 30
Chol/HDL Ratio * *Calculated*	**6.11**	Ratio	3.5 - 5.0
HDL/ LDL Ratio * *Calculated*	**0.24**	Ratio	0.5 - 3.0
LDL/HDL Ratio * *Calculated*	4.21	Ratio	-

Interpretation:
Lipid level assessments must be made following 9 to 12 hours of fasting, otherwise assay results might lead to erroneous interpretation. NCEP recommends of 3 different samples to be drawn at intervals of 1 week for harmonizing biological variables that might be encountered in single assays.

National Lipid Association Recommendations (NLA-2014)	Total Cholesterol (mg/dL)	Triglyceride (mg/dL)	LDL Cholesterol (mg/dL)	Non HDL Cholesterol (mg/dL)
Optimal	<200	<150	<100	<130
Above Optimal			100-129	130 - 159
Borderline High	200-239	150-199	130-159	160 - 189
High	>=240	200-499	160-189	190 - 219
Very High	-	>=500	>=190	>=220

HDL Cholesterol	
Low	High
<40	>=60

Risk Stratification for ASCVD (Atherosclerotic Cardiovascular Disease) by Lipid Association of India.

Risk Category	A. CAD with > 1 feature of high risk group
Extreme risk group	B. CAD with >1 feature of very high risk group of recurrent ACS (within 1 year) despite LDL-C <or = 50 mg/dl or poly vascular disease
Very High Risk	1.Established ASCVD 2.Diabetes with 2 major risk factors of evidence of end organ damage 3. Familial Homozygous Hypercholesterolemia
	1. Three major ASCVD risk factors 2. Diabetes with 1 major risk factor or no evidence

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

Dr. Sangeeta Choudhary
MBBS, MD(Pathology)

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

NABL M(EL)T LABS NABL-M(EL)T-00645

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

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

Major ASCVD (Atherosclerotic cardiovascular disease) Risk Factors

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

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

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

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

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

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

High Sensitivity C-Reactive Protein (Hs-CRP)

HIGHLY SENSITIVE C-REACTIVE PROTEIN (hs-CRP) *immunoturbidimetric*	0.6	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.

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
Vitamin B12 / Cyanocobalamin			
Vitamin - B12 *CMIA*	297	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."

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
Vitamin D 25 Hydroxy			
Vitamin D 25 - Hydroxy *CMIA*	**26.7**	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.

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*	93.8	ng/dL	35 - 193
Total Thyroxine (T4) *CMIA*	7.5	µg/dL	4.87 - 11.2
Thyroid Stimulating Hormone (Ultrasensitive) *CMIA*	2.2564	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)

LABORATORY REPORT

Redcliffe labs

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

Testosterone Total

Testosterone Total *CLIA*	521.8	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

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
Decreased levels · Delayed puberty (Males) · Gonadotropin deficiency · Testicular defects · Systemic diseases			

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

NABL M(EL)T LABS NABL-M(EL)T-00645

Fit India Full Body Checkup With Vitamin Screening with Free HsCRP

Urine Routine and Microscopic Examination

Test Description	Value(s)	Unit(s)	Reference Range
Physical Examination			
Volume *	15	ml	-
Colour *	Pale yellow	-	Pale yellow
Transparency *	Clear	-	Clear
Deposit *	Absent	-	Absent
Chemical Examination			
Reaction (pH) *Double Indicator*	6.5	-	4.5 - 8.0
Specific Gravity *Ion Exchange*	1.020	-	1.010 - 1.030
Urine Glucose (sugar) *Oxidase / Peroxidase*	Negative	-	Negative
Urine Protein (Albumin) *Acid / Base Colour Excahnge*	Negative	-	Negative
Urine Ketones (Acetone) *Legals Test*	Negative	-	Negative
Blood *Peroxidase Hemoglobin*	Negative	-	Negative
Leucocyte esterase *Enzymatic Reaction*	Negative	-	Negative
Bilirubin Urine *Coupling Reaction*	Negative	-	Negative
Nitrite *Griless Test*	Negative	-	Negative
Urobilinogen *Ehrlichs Test*	Normal	-	Normal
Microscopic Examination			
Pus Cells (WBCs) *	2-3	/hpf	0 - 5
Epithelial Cells *	1-2	/hpf	0 - 4
Red blood Cells *	Absent	/hpf	Absent
Crystals *	Absent	-	Absent
Cast *	Absent	-	Absent
Yeast Cells *	Absent	-	Absent
Amorphous deposits *	Absent	-	Absent
Bacteria *	Absent	-	Absent
Protozoa *	Absent	-	Absent

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

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

NABL M(EL)T LABS
NABL-M(EL)T-00645

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

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 ***

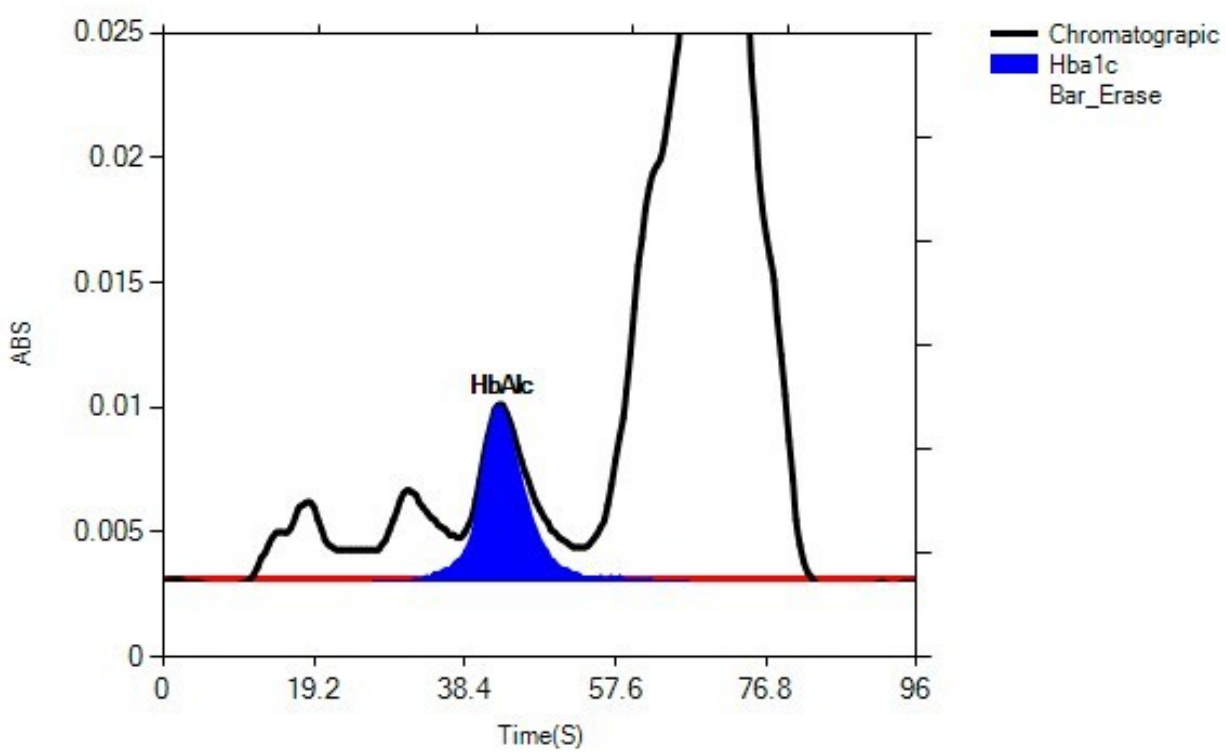
LABORATORY REPORT

Redcliffe labs

ADPL HBA1c Graph Report

Name :		Sample Id :	
Sample Type :	Whole Blood EDTA	Total Area :	**14.199**

Peak Name	Retention Time(s)	Absorbance	Area	Result (Area %)
HbA0	69	0.2486	13.126	92
HbA1c	43	0.0066	0.737	5.8
La1c	41	0.007	0.074	0.5
HbF	22	0.0015	0.108	0.7
Hba1b	16	0.0026	0.116	0.8
Hba1a	12	0.0012	0.038	0.2



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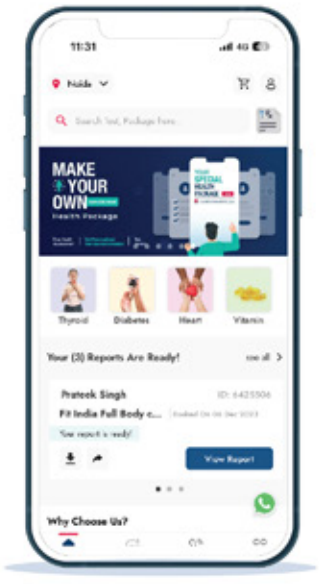

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