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

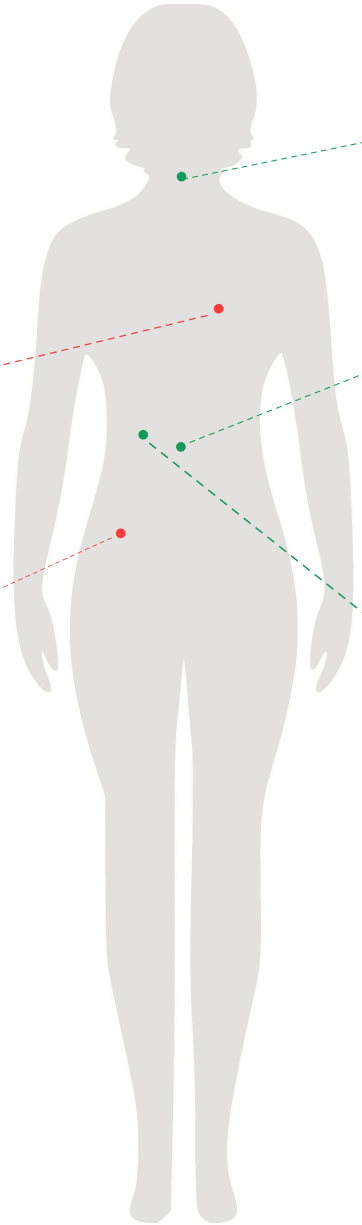
How to Read This Report

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.

Name

Gender

Health Summary



BLOOD COUNTS

Everything looks good

CARDIAC PROFILE

Test Name	Result
Triglycerides	278
HDL Cholesterol	38.2
Non HDL Cholesterol	156.8

+ 4 tests Please Watchout

KIDNEY PROFILE

Test Name	Result
Creatinine	0.5
Colour	Straw

Please Watchout

ELECTROLYTES

Everything looks good

VITAMIN PROFILE

Test Name	Result
Vitamin D 25 - Hydroxy	24.6

Please Watchout

THYROID PROFILE

Everything looks good

DIABETES MONITORING

Everything looks good

LIVER PROFILE

Everything looks good

ANEMIA STUDIES

Test Name	Result
Iron	40.9
TIBC,(Total Iron Binding Capacity)	456.9
UIBC	416

+ 7 tests Please Watchout

MINERAL PROFILE

Everything looks good

Name

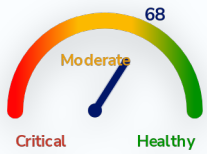
Gender

Quick Health Summary

Personal Insights - Score

68 (Good)

The overall health profile indicates areas of concern such as inflammation, infection, and cardiac health, which may benefit from further evaluation and lifestyle adjustments. Most parameters, including thyroid, blood disorders, and vitamins, are within normal ranges, suggesting good general health. Maintaining a balanced diet, regular exercise, and routine check-ups are recommended to support ongoing health and mitigate future risks.



Summary of Key Health Indicators

Total Parameters Tested	Abnormal Results
94	24

Health Status by Body System

Profile	Abnormal / Total	Key Results
Anemia Studies	10 / 11	● Iron: 40.9 µg/dL (Normal: 50–170 µg/dL) ● TIBC,(Total Iron Binding Capacity): 456.9 µg/dL (Normal: 250–450 µg/dL) ● UIBC: 416 µg/dL (Normal: 70–310 µg/dL) *+7 more abnormal tests*
Cardiac Profile	7 / 9	● Triglycerides: 278 mg/dL (Normal: 0–150 mg/dL) ● HDL Cholesterol: 38.2 mg/dL (Normal: 40–80 mg/dL) ● Non HDL Cholesterol: 156.8 mg/dL (Normal: 0–130 mg/dL) *+4 more abnormal tests*
Blood Clotting	3 / 5	● Mean Platelet Volume (MPV): 13.7 fL (Normal: 9.3–12.1 fL) ● PCT: 0.4 % (Normal: 0.17–0.32 %) ● P-LCR: 53.5 % (Normal: 18–50 %)
Kidney Profile	2 / 13	● Creatinine: 0.5 mg/dL (Normal: 0.57–1.11 mg/dL) ● Colour: Straw (Normal: –)
Inflammation	1 / 1	● ESR - Erythrocyte Sedimentation Rate: 24 mm/hr (Normal: 0–12 mm/hr)
Vitamin Profile	1 / 1	● Vitamin D 25 - Hydroxy: 24.6 ng/mL (Normal: 30–100 ng/mL)
Thyroid Profile	0 / 3	All Normal
Blood Counts	0 / 14	All Normal
Diabetes Monitoring	0 / 3	All Normal

Profile	Abnormal / Total	Key Results
Liver Profile	0 / 12	All Normal
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	**24** mm/hr	< 12

ANEMIA STUDIES

Test Name	Result unit	Range
Iron	**40.9** µg/dL	50-170
TIBC,(Total Iron Binding Capacity)	**456.9** µg/dL	250-450
UIBC	**416** µg/dL	70-310
Transferrin Saturation	**8.95** %	14-50
Hemoglobin	**10.5** g/dL	12-15
PCV	**33.9** %	36-46
MCV	**82.1** fl	83-101
MCH	**25.5** pg	27-32
MCHC	**31.1** g/dL	31.5-34.5
RDW (CV)	**15.1** %	11.6-14
RDW-SD	43.6 fl	35.1-43.9

VITAMIN PROFILE

Test Name	Result unit	Range
Vitamin D 25 - Hydroxy	**24.6** ng/mL	30-100

THYROID PROFILE

Test Name	Result unit	Range
Triiodothyronine (T3)	191 ng/dL	35-193
Total Thyroxine (T4)	9.92 µg/dL	4.87-11.2
Thyroid Stimulating Hormone (Ultrasensitive)	3.94 µIU/mL	0.35-4.94

Name

Gender

Report Summary

Normal Abnormal No color - Reference range not available

BLOOD COUNTS

Test Name	Result unit	Range
RBC Count	4.1 10^6/µl	3.8-4.8
TLC	5.5 10^3/µl	4-10
Neutrophils	66 %	40-80
Lymphocytes	27 %	20-40
Monocytes	4 %	2-10
Eosinophils	3 %	1-6
Basophils	0 %	< 2
Neutrophils.	3.63 10^3/µl	2-7
Lymphocytes.	1.49 10^3/µl	1-3
Monocytes.	0.22 10^3/µl	0.2-1
Eosinophils.	0.17 10^3/µl	0.02-0.5
Basophils.	0 10^3/µl	< 0.5
Platelet Count	263 10^3/µl	150-410
Mentzer Index	20.02 %	

BLOOD CLOTTING

Test Name	Result unit	Range
Mean Platelet Volume (MPV)	**13.7** fL	9.3-12.1
PCT	**0.4** %	0.17-0.32
PDW	17.2 fL	8.3-25
P-LCR	**53.5** %	18-50
P-LCC	140 10^9/L	44-140

DIABETES MONITORING

Test Name	Result unit	Range
Glycosylated Hemoglobin (HbA1c)	5.5 %	< 5.7
Estimated Average Glucose	111.15 mg/dl	
Glucose Fasting	98.1 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	0.2 mg/dL	< 1.2
Bilirubin Direct	0.1 mg/dL	< 0.5
Bilirubin Indirect	0.1 mg/dL	< 1
SGOT/AST	28.7 U/L	5-34
SGPT/ALT	29.9 U/L	< 55
SGOT/SGPT Ratio	0.96 %	
Alkaline Phosphatase	108 U/L	40-150
Total Protein	7.2 g/dL	6.4-8.3
Albumin	4.4 gm/dL	3.8-5
Globulin	2.8 g/dL	2.3-3.5
Albumin :Globulin Ratio	1.57	< 2.1
Gamma Glutamyl Transferase (GGT)	14.1 U/L	< 36

KIDNEY PROFILE

Test Name	Result unit	Range
Blood Urea	19.3 mg/dL	19-44.1
Bun	9.02 mg/dL	6-20
Creatinine	**0.5** mg/dL	0.57-1.11
eGFR (CKD-EPI)	125.34 ml/min/1.73 sq m	
Bun/Creatinine Ratio	18.04	12-20
Urea / Creatinine Ratio	38.6	25.68-42.8
Uric Acid	3.7 mg/dL	2.6-6
Calcium Serum	9.5 mg/dL	8.4-10.2
Colour	**Straw**	
Deposit	Absent	
Urine Glucose (sugar)	Negative	
Yeast Cells	Absent	
Amorphous deposits	Absent	

MINERAL PROFILE

Test Name	Result unit	Range
Phosphorus	4.6 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	139.1 mmol/L	136-145
Potassium	4.7 mmol/L	3.5-5.1
Chloride	103.3 mmol/L	98-107

CARDIAC PROFILE

Test Name	Result unit	Range
Total Cholesterol	195 mg/dL	< 200
Triglycerides	**278** mg/dL	< 150
HDL Cholesterol	**38.2** mg/dL	40-80
Non HDL Cholesterol	**156.8** mg/dL	< 130
LDL Cholesterol	**101.2** mg/dL	30-100
V.L.D.L Cholesterol	**55.6** mg/dL	< 30
Chol/HDL Ratio	**5.1** Ratio	3.5-5
HDL/ LDL Ratio	**0.38** Ratio	0.5-3
LDL/HDL Ratio	2.65 Ratio	

Name

Gender

Report Summary

Normal Abnormal No color - Reference range not available

URINALYSIS

Test Name	Result unit	Range
Volume	25 mL	
Transparency	Clear	
Reaction (pH)	5.0	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)

Inflammation

Inflammation is the body's immune system's response to an injury, surgery, or irritation. This natural defense process acts by removing injurious stimuli and initiating the healing process.Inflammation can be chronic (such as arthritis) or acute (like in case of trauma).

ESR - Erythrocyte Sedimentation Rate: 24 mm/hr — HIGH

NORMAL	HIGH
< 12	> 12

You: 24

Anemia Profile

Anemia is the condition where your body has less RBCs (red blood cells) or the RBCs don't have enough haemoglobin. Haemoglobin is the protein present in RBCs that help carry oxygen to your body's tissues.

Iron: 40.9 µg/dL — LOW

LOW	NORMAL	HIGH
< 50	50-170	> 170

You: 40.9

Hemoglobin: 10.5 g/dL — LOW

LOW	NORMAL	HIGH
< 12	12-15	> 15

You: 10.5

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: 24.6 ng/mL — LOW

LOW	NORMAL	HIGH
< 30	30-100	> 100

You: 24.6

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

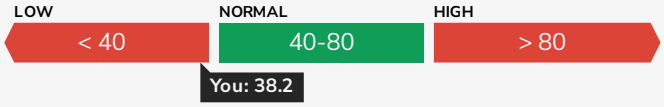
Creatinine: 0.5 mg/dL — LOW

Cardiac Profile

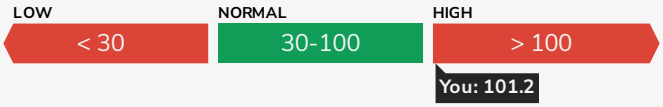
Most people believe they are safe from heart diseases, but in reality, heart diseases are the leading cause of death in the world. There are many different forms of heart disease. Narrowing or blockage of the coronary arteries is the most common cause of heart disease, which are the vessels that supply blood to the heart. This is called coronary artery disease and it occurs slowly over time. It is the main cause of heart attacks.

Triglycerides: 278 mg/dL — HIGH

HDL Cholesterol: 38.2 mg/dL — LOW



LDL Cholesterol: 101.2 mg/dL — HIGH



LABORATORY REPORT

Redcliffe labs

Patient NAME			NABL-M(EL)T-00629
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 D			
Complete Blood Count (CBC)			
RBC Parameters			
Hemoglobin *colorimetric*	**10.5**	g/dL	12.0-15.0
RBC Count *Electrical impedance*	4.1	10^6/µl	3.8 - 4.8
PCV *Calculated*	**33.9**	%	36 - 46
MCV *Calculated*	**82.1**	fl	83 - 101
MCH *Calculated*	**25.5**	pg	27 - 32
MCHC *Calculated*	**31.1**	g/dL	31.5 - 34.5
RDW (CV) * *Calculated*	**15.1**	%	11.6 - 14.0
RDW-SD * *Calculated*	43.6	fl	35.1 - 43.9
WBC Parameters			
TLC *Electrical impedance and microscopy*	5.5	10^3/µl	4 - 10
Differential Leucocyte Count			
Neutrophils	66	%	40-80
Lymphocytes	27	%	20-40
Monocytes	4	%	2-10
Eosinophils	3	%	1-6
Basophils	0	%	<2
Absolute Leukocyte Counts			
Neutrophils.	3.63	10^3/µl	2 - 7
Lymphocytes.	1.49	10^3/µl	1 - 3
Monocytes.	0.22	10^3/µl	0.2 - 1.0
Eosinophils.	0.17	10^3/µl	0.02 - 0.5
Basophils.	**0**	10^3/µl	0.02 - 0.5
Platelet Parameters			
Platelet Count *Electrical impedance and microscopy*	263	10^3/µl	150 - 410
Mean Platelet Volume (MPV) * *Calculated*	**13.7**	fL	9.3 - 12.1
PCT * *Calculated*	**0.4**	%	0.17 - 0.32

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

DR. RAGINI GUPTA
MD PATHOLOGY
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-00629

MEDICAL ENTRY LEVEL TESTING LABORATORY RECOGNITION PROGRAM

Test Description	Value(s)	Unit(s)	Reference Range
PDW * *Calculated*	17.2	fL	8.3 - 25.0
P-LCR * *Calculated*	**53.5**	%	18 - 50
P-LCC * *Calculated*	140	10^9/L	44 - 140
Mentzer Index * *Calculated*	20.02	%	> 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.

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

DR. RAGINI GUPTA
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

Erythrocyte Sedimentation Rate (ESR)

ESR - Erythrocyte Sedimentation Rate *MODIFIED WESTERGREN*	**24**	mm/hr	0 - 12

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

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

DR. RAGINI GUPTA
MD PATHOLOGY
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-00629

MEDICAL ENTRY LEVEL TESTING LABORATORY RECOGNITION PROGRAM

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

HbA1C (Glycosylated Haemoglobin)

Glycosylated Hemoglobin (HbA1c) *HPLC*	5.5	%	< 5.7
Estimated Average Glucose *	111.15	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

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

DR. RAGINI GUPTA
MD PATHOLOGY
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-00629

MEDICAL ENTRY LEVEL TESTING LABORATORY RECOGNITION PROGRAM

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

Glucose Fasting

Glucose Fasting *Hexokinase*	98.1	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.

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

DR. RAGINI GUPTA
MD PATHOLOGY
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-00629

MEDICAL ENTRY LEVEL TESTING LABORATORY RECOGNITION PROGRAM

Liver Function Test (LFT)

Test Description	Value(s)	Unit(s)	Reference Range
Bilirubin Total *Photometric*	0.2	mg/dL	0.2 - 1.2
Bilirubin Direct * *Diazo Reaction*	0.1	mg/dL	0.0 - 0.5
Bilirubin Indirect * *Calculation (T Bil - D Bil)*	0.1	mg/dL	0.1 - 1.0
SGOT/AST *IFCC without P5P*	28.7	U/L	5 - 34
SGPT/ALT *IFCC without P5P*	29.9	U/L	0 to 55
SGOT/SGPT Ratio *	0.96	-	-
Alkaline Phosphatase *IFCC*	108	U/L	40 - 150
Total Protein *Biuret*	7.2	g/dL	6.4 - 8.3
Albumin *BCG*	4.4	gm/dL	3.8 - 5.0
Globulin * *Calculation (T.P - Albumin)*	2.8	g/dL	2.3 - 3.5
Albumin :Globulin Ratio * *Calculation (Albumin/Globulin)*	1.57	-	1.0 - 2.1
Gamma Glutamyl Transferase (GGT) * *Photometric*	14.1	U/L	9 - 36

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.

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

DR. RAGINI GUPTA
MD PATHOLOGY
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-00629

MEDICAL ENTRY LEVEL TESTING LABORATORY RECOGNITION PROGRAM

Kidney Function Test (KFT)

Test Description	Value(s)	Unit(s)	Reference Range
Blood Urea *Urease*	19.3	mg/dL	19 - 44.1
Bun * *Urease*	9.02	mg/dL	6 - 20
Creatinine *Photometric*	**0.5**	mg/dL	0.57 - 1.11
eGFR (CKD-EPI)	125.34	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*	18.04		12 - 20
Urea / Creatinine Ratio * *Calculated*	38.6		25.68- 42.8
Uric Acid *Uricase*	3.7	mg/dL	2.6 - 6.0
Calcium Serum *Arsenazo III*	9.5	mg/dL	8.4 - 10.2
Phosphorus *Photometric*	4.6	mg/dL	2.3 - 4.7
Sodium *Potentiometric*	139.1	mmol/L	136 - 145
Potassium *Potentiometric*	4.7	mmol/L	3.5 - 5.1
Chloride *Potentiometric*	103.3	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."**

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

DR. RAGINI GUPTA
MD PATHOLOGY
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-00629

MEDICAL ENTRY LEVEL TESTING LABORATORY RECOGNITION PROGRAM

Lipid Profile

Test Description	Value(s)	Unit(s)	Reference Range
Total Cholesterol *Enzymatic - Cholesterol Oxidase*	195	mg/dL	<200
Triglycerides *Colorimetric - Lip/Glycerol Kinase*	**278**	mg/dL	<150
HDL Cholesterol *Accelerator Selective Detergent*	**38.2**	mg/dL	>40
Non HDL Cholesterol * *Calculated*	**156.8**	mg/dL	<130
LDL Cholesterol * *Calculated*	**101.2**	mg/dL	<100
V.L.D.L Cholesterol * *Calculated*	**55.6**	mg/dL	< 30
Chol/HDL Ratio * *Calculated*	**5.1**	Ratio	3.5 - 5.0
HDL/ LDL Ratio * *Calculated*	**0.38**	Ratio	0.5 - 3.0
LDL/HDL Ratio * *Calculated*	2.65	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

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

DR. RAGINI GUPTA
MD PATHOLOGY
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-00629

MEDICAL ENTRY LEVEL TESTING LABORATORY RECOGNITION PROGRAM

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

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.

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

DR. RAGINI GUPTA
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
Iron Studies			
Iron *Ferene*	**40.9**	µg/dL	50 - 170
TIBC,(Total Iron Binding Capacity) *Method :Spectrophotometric Assay*	**456.9**	µg/dL	250 - 450
UIBC *Ferene*	**416**	µg/dL	70 - 310
Transferrin Saturation *Method :Derived from IRON and TIBC values*	**8.95**	%	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.

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

DR. RAGINI GUPTA
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

Vitamin D 25 Hydroxy

Vitamin D 25 - Hydroxy *CMIA*	**24.6**	ng/mL	Deficiency : <30 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.

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

DR. RAGINI GUPTA
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
Thyroid Profile Total			
Triiodothyronine (T3) *CMIA*	191	ng/dL	35 - 193
Total Thyroxine (T4) *CMIA*	9.92	µg/dL	4.87 - 11.2
Thyroid Stimulating Hormone (Ultrasensitive) *CMIA*	3.94	µIU/mL	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)

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

DR. RAGINI GUPTA
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

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

DR. RAGINI GUPTA
MD PATHOLOGY
CONSULTANT PATHOLOGIST

Patient NAME			NABL-M(EL)T-00629
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
Urine Routine and Microscopic Examination			
Physical Examination			
Volume *	25	mL	-
Colour *	Straw	-	Pale yellow
Transparency *	Clear	-	Clear
Deposit *	Absent	-	Absent
Chemical Examination			
Reaction (pH) *Double Indicator*	5.0	-	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

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

DR. RAGINI GUPTA
MD PATHOLOGY
CONSULTANT PATHOLOGIST

Patient NAME			NABL-M(EL)T-00629
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

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 ***

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

DR. RAGINI GUPTA
MD PATHOLOGY
CONSULTANT PATHOLOGIST

LABORATORY REPORT

Redcliffe labs

Bio-Rad CDM System
VII Inst. #1.

PATIENT REPORT

Patient Data

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

Comments:

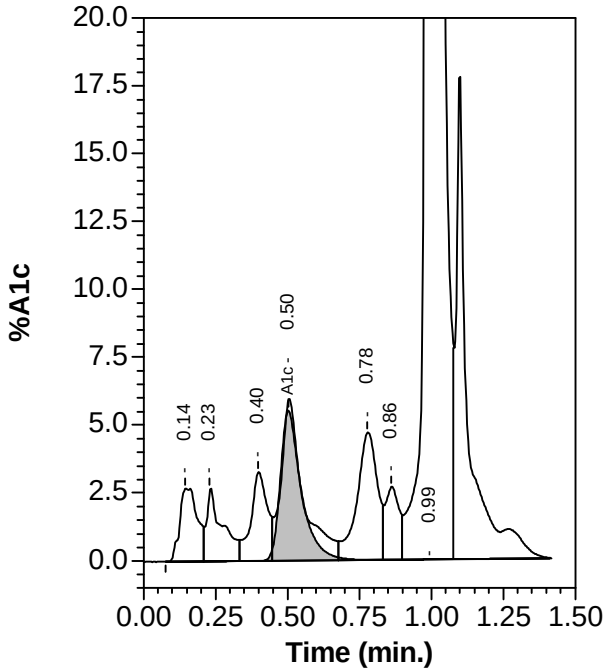
Analysis Data

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

Peak Name	NGSP %	Area %	Retention Time (min)	Peak Area
A1a	---	1.8	0.143	21355
A1b	---	1.6	0.229	19256
LA1c	---	1.9	0.398	21938
A1c	5.5	---	0.502	51898
P3	---	3.6	0.777	42419
P4	---	1.4	0.859	16231
Ao	---	85.3	0.994	1003821

Total Area: 1,176,918

HbA1c (NGSP) = 5.5 %



Terms and Conditions of Reporting

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

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

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

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

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

About Redcliffe Labs

We are India's Most Trusted & Fastest Growing Network of Diagnostics Labs

Best Customer Experience

Commitment to excellence, high end technology oriented staff

100% Report Correctness

Focus on quality with accurate results

Best Prices With Fast Reports

Value for money with quick turn around time (TAT)

Your booking just gave back to nature –
with every health checkup, you're contributing by planting a tree!

BharatFit -5

BEST SELLER

₹2399 ~~₹4214~~ | 96 TEST PARAMETERS

- Blood Sugar Fasting (1 Test)
- Lipid Profile (9 Tests)
- 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)

India's Most Loved DIAGNOSTICS

3600+ Tests & Packages

220+ Cities Presence

Home collection available

100% Accurate Report Guarantee.

GET IT ON Google Play

Download on the App Store