Redcliffe labs

Healthy India Ki Trusted Lab

smart Health Report

An Insightful Health Analytics Report for Easier Understanding

Prepared For

[redacted]

Name

Gender

Patient ID

Age

Your Health at a Glance – A Personalized Journey

Report Sections

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

How to Read This Report

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

SMART HEALTH REPORT

ISO 9001 :2015

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Name

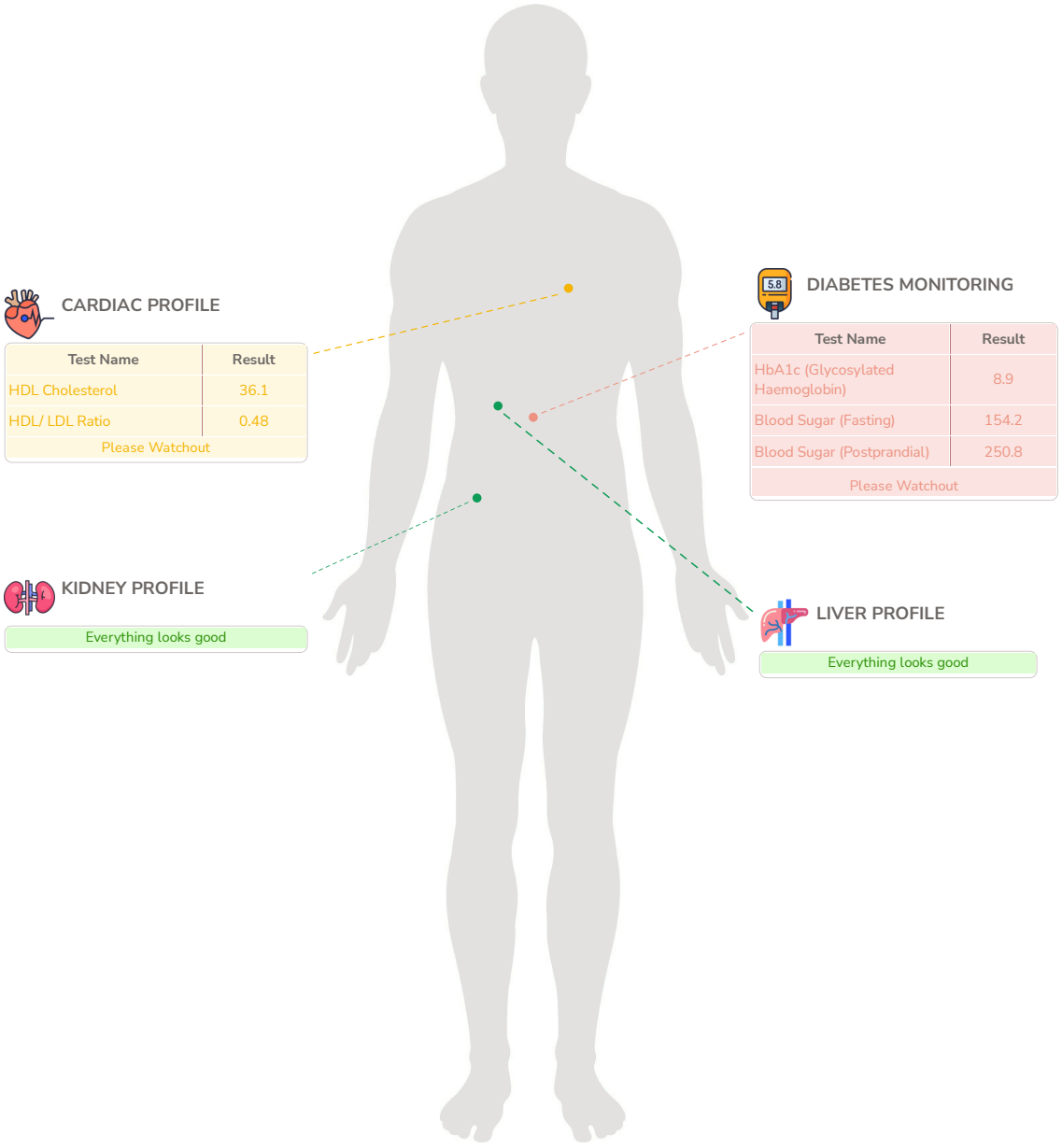
Gender

Patient ID

Age

All In Range Borderline Out Of Range

Health Summary



CARDIAC PROFILE

Test Name	Result
HDL Cholesterol	36.1
HDL/ LDL Ratio	0.48

Please Watchout

DIABETES MONITORING

Test Name	Result
HbA1c (Glycosylated Haemoglobin)	8.9
Blood Sugar (Fasting)	154.2
Blood Sugar (Postprandial)	250.8

Please Watchout

KIDNEY PROFILE

Everything looks good

LIVER PROFILE

Everything looks good

Name

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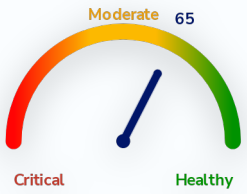
Quick Health Summary

Personal Insights - Health Score

65

Your cardiac health and urine parameters are within normal ranges, indicating good overall health. However, the lower score in diabetes suggests a need for improved blood sugar management through diet and regular exercise. Maintaining a balanced lifestyle can help reduce future health risks and support overall well-being.

Note - Higher scores tentatively indicate better health status



Summary of Key Health Indicators

Total Parameters Tested	Borderline Results	Out Of Range Results
36	2	3

Health Status by Body System

Profile	Total	Borderline	Out of Range	Key Results
Diabetes Monitoring	5	0	3	HbA1c (Glycosylated Haemoglobin) **(8.9)** Blood Sugar (Fasting) **(154.2)** Blood Sugar (Postprandial) **(250.8)**
Cardiac Profile	9	2	0	HDL Cholesterol **(36.1)** HDL : LDL ratio **(0.48)**
Urinalysis	11	0	0	All In Range
Infectious Diseases	5	0	0	All In Range
Kidney Profile	4	0	0	All In Range
Liver Profile	2	0	0	All In Range

ISO 9001 :2015

SMART HEALTH REPORT

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Report Summary

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

DIABETES MONITORING

Test Name	Result unit	Range
Glycosylated Hemoglobin (HbA1c)	**8.9** %	< 5.6
Estimated Average Glucose	208.73 mg/dL	
Glucose Fasting	**154.2** mg/dL	70 - 100
Glucose Post Prandial	**250.8** mg/dL	70 - 140
Urine Glucose (sugar)	Positive(++)	

CARDIAC PROFILE

Test Name	Result unit	Range
Total Cholesterol	132 mg/dL	< 200
Triglycerides	102.1 mg/dL	< 150
HDL Cholesterol	**36.1** mg/dL	40 - 80
Non HDL Cholesterol	95.9 mg/dL	< 130
LDL Cholesterol	75.48 mg/dL	30 - 100
V.L.D.L Cholesterol	20.42 mg/dL	< 30
Chol/HDL Ratio	3.66 Ratio	3.5 - 5
HDL/ LDL Ratio	**0.48** Ratio	0.5 - 3
LDL/HDL Ratio	2.09 Ratio	

URINALYSIS

Test Name	Result unit	Range
Volume	20 ml	
Colour	Pale yellow	
Transparency	Clear	
Reaction (pH)	6.0	4.5 - 8
Specific Gravity	1.010	1.01 - 1.03
Urine Ketones (Acetone)	Negative	
Nitrite	Negative	
Epithelial Cells	1-2 /hpf	
Red blood Cells	Absent /hpf	
Amorphous deposits	Absent	
Bacteria	Absent	

Name

Gender

Patient ID

Age

Report Summary

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

INFECTIOUS DISEASES

Test Name	Result unit	Range
Deposit	Absent	
Leucocyte esterase	Negative	
Pus Cells (WBCs)	2-4 /hpf	
Yeast Cells	Absent	
Protozoa	Absent	

KIDNEY PROFILE

Test Name	Result unit	Range
Urine Protein (Albumin)	Positive(Trace)	
Blood	Negative	
Crystals	Absent	
Cast	Absent	

LIVER PROFILE

Test Name	Result unit	Range
Bilirubin Urine	Negative	
Urobilinogen	Normal	

Name | Gender

Patient ID | Age

Health Advisory

In Range | Borderline (BL) | Out Of Range

Diabetes

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

Glycosylated Hemoglobin (HbA1c): 8.9 %

OUT OF RANGE

NORMAL	HIGH
< 5.6	> 5.6

You: 8.9

Glucose Fasting: 154.2 mg/dL

OUT OF RANGE

LOW	NORMAL	HIGH
< 70	70-100	> 100

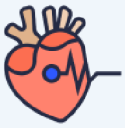
You: 154.2

Glucose Post Prandial: 250.8 mg/dL

OUT OF RANGE

LOW	NORMAL	HIGH
< 70	70-140	> 140

You: 250



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: 36.1 mg/dL

BORDERLINE

LOW	NORMAL	HIGH
< 40	40-80	> 80

You: 36.1

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

Diabetic Care Package

HbA1C (Glycosylated Haemoglobin)

Glycosylated Hemoglobin (HbA1c) *HPLC*	**8.9 H***	%	< 5.7
Estimated Average Glucose	208.73	mg/dL	Refer Table Below

Interpretation:
Interpretation For HbA1c% As per American Diabetes Association (ADA)

Reference Group	HbA1c in %
Non diabetic adults >=18 years	<5.7
At risk (Prediabetes)	5.7 - 6.4
Diagnosing Diabetes	>= 6.5
Therapeutic goals for glycemic control	Age > 19 years Goal of therapy: < 7.0 Age < 19 years Goal of therapy: <7.5

Note:
1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled.
2. Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of < 7.0 % may not be appropriate.

Comments :
HbA1c provides an index of average blood glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations ADA criteria for correlation between HbA1c & Mean plasma glucose levels.

HbA1c(%)	Mean Plasma Glucose (mg/dL)	HbA1c(%)	Mean Plasma Glucose (mg/dL)
6	126	12	298
8	183	14	355
10	240	16	413

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

Dr. Saumendra Kr Bhattacharjee
MBBS, MD Pathology
Consultant Pathologists

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

Test Description	Value(s)	Unit(s)	Reference Range
Glucose Fasting			
Glucose Fasting *Hexokinase*	**154.2 H***	mg/dL	70 - 100

Interpretation:

Status	Fasting plasma glucose in mg/dL
Normal	70 - 100
Impaired fasting glucose	101 - 125
Diabetes	≥126

Reference : American Diabetes Association

Comment :
Blood glucose determinations in commonly used as an aid in the diagnosis and treatment of diabetes. Elevated glucose levels (hyperglycemia) may also occur with pancreatic neoplasm, hyperthyroidism, and adrenal cortical hyper function as well as other disorders. Decreased glucose levels (hypoglycemia) may result from excessive insulin therapy insulinoma, or various liver diseases.

Note
1.The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL or a random / 2 hour plasma glucose value of > or = 200 mg/dL with symptoms of diabetes mellitus.
2.Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis.

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

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

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

Glucose Post Prandial

Glucose Post Prandial *(Fluoride Plasma-P,Hexokinase)*	**250.8 H***	mg/dL	70 - 140

Interpretation:

Status	PP plasma glucose in mg/dL
Normal	<140
Impaired glucose tolerance	140 - 199
Diabetes	=>200

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.

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Sample Collected	:	Report Date	:

Test Description	Value(s)	Unit(s)	Reference Range
Lipid Profile			
Total Cholesterol *Enzymatic - Cholesterol Oxidase*	132	mg/dL	<200
Triglycerides *Colorimetric - Lip/Glycerol Kinase*	102.1	mg/dL	<150
HDL Cholesterol *Accelerator Selective Detergent*	**36.1 L***	mg/dL	>40
Non HDL Cholesterol *Calculated*	95.9	mg/dL	<130
LDL Cholesterol *Calculated*	75.48	mg/dL	<100
V.L.D.L Cholesterol *Calculated*	20.42	mg/dL	< 30
Chol/HDL Ratio *Calculated*	3.66	Ratio	3.5 - 5.0
HDL/ LDL Ratio *Calculated*	**0.48 L***	Ratio	0.5 - 3.0
LDL/HDL Ratio *Calculated*	2.09	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

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Sample Collected	:	Report Date	:

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.

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

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*	**Positive(++)**	-	Negative
Urine Protein (Albumin) *Acid / Base Colour Excahnge*	**Positive(Trace)**	-	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

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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 ***

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MBBS, MD Pathology

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

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- Liver Function Test (12 Tests)
- Kidney Function Test (12 Tests)
- Thyroid Profile Total (3 Tests)
- Urine R/M (23 Tests)
- Complete Blood Count (26 Tests)
- ESR (1 Test)
- HbA1c (2 Tests)
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