Redcliffe labs

Healthy India Ki Trusted Lab

smart Health Report

An Insightful Health Analytics Report for Easier Understanding

Prepared For

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

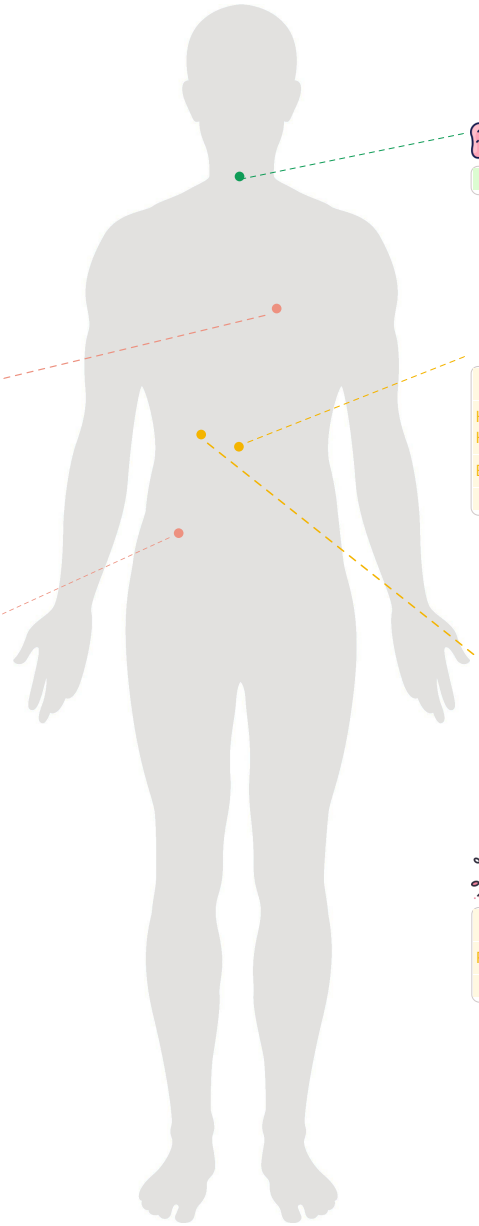
This comprehensive health report provides detailed insights into your test results. Each section offers different perspectives on your health status, from visual summaries to detailed analysis and personalized recommendations.

Name

Gender

All In Range Borderline Out Of Range

Health Summary



CARDIAC PROFILE

Test Name	Result
HDL/ LDL Ratio	1.32
Please Watchout	

KIDNEY PROFILE

Test Name	Result
Creatinine	1.39
Bun/Creatinine Ratio	6.94
Urea / Creatinine Ratio	14.85
Please Watchout	

ELECTROLYTES

Everything looks good

THYROID PROFILE

Everything looks good

DIABETES MONITORING

Test Name	Result
HbA1c (Glycosylated Haemoglobin)	6.8
Blood Sugar (Fasting)	109.6
Please Watchout	

LIVER PROFILE

Test Name	Result
AST / ALT Ratio	1.08
Please Watchout	

ANEMIA STUDIES

Test Name	Result
RDW-CV	14.1
Please Watchout	

Name

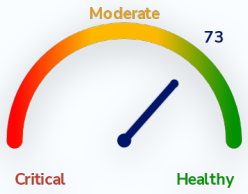
Gender

Quick Health Summary

Personal Insights - Health Score

73

Overall, most parameters are within normal ranges, indicating good general health. The Diabetes and Kidney profiles may affect your energy levels and overall well-being, so consider maintaining a balanced diet and staying hydrated. Incorporate a variety of fruits and vegetables, enjoy regular physical activity like walking or yoga, and schedule routine check-ups to stay proactive about your health. Remember, small consistent changes can lead to meaningful improvements over time.



Note - Higher scores tentatively indicate better health status

Summary of Key Health Indicators

Total Parameters Tested	Borderline Results	Out Of Range Results
90	6	6

Health Status by Body System

Profile	Total	Borderline	Out of Range	Key Results
Blood Disorder	17	1	2	Lymphocytes **(15.6)** Eosinophils **(7.9)** Abs. Eosinophil Count **(0.56)**
Kidney Profile	10	1	2	BUN : Creatinine ratio **(6.94)** Urea : Creatinine ratio **(14.85)** Serum Creatinine **(1.39)**
Urinalysis	12	0	1	Uric Acid **(1.66)**
Cardiac Profile	9	0	1	HDL : LDL ratio **(1.32)**
Anemia Studies	8	1	0	RDW-CV **(14.1)**
Infectious Diseases	6	0	0	All In Range
Inflammation	1	0	0	All In Range
Diabetes Monitoring	4	2	0	HbA1c (Glycosylated Haemoglobin) **(6.8)** Blood Sugar (Fasting) **(109.6)**
Liver Profile	15	1	0	AST / ALT Ratio **(1.08)**
Electrolytes	4	0	0	All In Range

Profile	Total	Borderline	Out of Range	Key Results
Thyroid Profile	3	0	0	All In Range
Iron	1	0	0	All In Range

Name

Gender

Report Summary

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

BLOOD DISORDER

Test Name	Result unit	Range
Hemoglobin	15.1 g/dL	13 - 17
TLC	7.1 10^3/µl	4 - 10
Neutrophils	66.8 %	40 - 80
Lymphocytes	**15.6** %	20 - 40
Monocytes	9.3 %	2 - 10
Eosinophils	**7.9** %	1 - 6
Basophils	0.4 %	< 2
Neutrophils.	4.74 10^3/µl	2 - 7
Lymphocytes.	1.11 10^3/µl	1 - 3
Monocytes.	0.66 10^3/µl	0.2 - 1
Eosinophils.	**0.56** 10^3/µl	0.02 - 0.5
Basophils.	0.03 10^3/µl	< 0.1
Platelet Count	208 10^3/µl	150 - 410
Mean Platelet Volume (MPV)	10.4 fL	9.3 - 12.1
PDW	16.9 fL	8.3 - 25
P-LCR	35.1 %	18 - 50
P-LCC	73 10^9/L	44 - 140

ANEMIA STUDIES

Test Name	Result unit	Range
RBC Count	5.2 10^6/µl	4.5 - 5.5
PCV	45.9 %	40 - 50
MCV	88.4 fl	83 - 101
MCH	29.1 pg	27 - 32
MCHC	32.9 g/dL	31.5 - 34.5
RDW (CV)	**14.1** %	11.6 - 14
RDW-SD	37.1 fl	35.1 - 43.9
Mentzer Index	17 %	

INFECTIOUS DISEASES

Test Name	Result unit	Range
PCT	0.2 %	0.17 - 0.32
Deposit	Absent	
Leucocyte esterase	Negative	
Pus Cells (WBCs)	2-3 /hpf	
Yeast Cells	Absent	
Protozoa	Absent	

Name

Gender

Report Summary

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

INFLAMMATION

Test Name	Result unit	Range
ESR - Erythrocyte Sedimentation Rate	6 mm/hr	< 30

DIABETES MONITORING

Test Name	Result unit	Range
Glycosylated Hemoglobin (HbA1c)	**6.8** %	< 5.7
Estimated Average Glucose	148.46 mg/dl	
Glucose Fasting	**109.6** mg/dL	70 - 100
Urine Glucose (sugar)	Positive(+++)	

LIVER PROFILE

Test Name	Result unit	Range
Bilirubin Total	1.2 mg/dL	< 1.2
Bilirubin Direct	0.46 mg/dL	< 0.5
Bilirubin Indirect	0.74 mg/dL	< 1
SGOT/AST	32 U/L	11 - 34
SGPT/ALT	29.59 U/L	< 45
SGOT/SGPT Ratio	**1.08** Ratio	< 0.99
Alkaline Phosphatase	56 U/L	50 - 116
Total Protein	7.66 g/dL	6.4 - 8.3
Albumin	4.52 g/dL	3.2 - 4.6
Globulin	3.14 g/dL	2.3 - 3.5
Albumin :Globulin Ratio	1.44 Ratio	< 2.1
Gamma Glutamyl Transferase (GGT)	22.66 U/L	< 55
Calcium Serum	9.5 mg/dL	8.8 - 10
Bilirubin Urine	Negative	
Urobilinogen	Normal	

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

KIDNEY PROFILE

Test Name	Result unit	Range
Blood Urea	20.64 mg/dL	18 - 55
Bun	9.64 mg/dL	8 - 23
Creatinine	**1.39** mg/dL	0.6 - 1.3
eGFR (CKD-EPI)	52.85 ml/min/1.73 sq m	
Bun/Creatinine Ratio	**6.94** Ratio	12 - 20
Urea / Creatinine Ratio	**14.85** Ratio	25.68 - 42.8
Urine Protein (Albumin)	Positive(++)	
Blood	Negative	
Crystals	Absent	
Cast	Absent	

URINALYSIS

Test Name	Result unit	Range
Uric Acid	**1.66** mg/dL	3.7 - 7.7
Volume	20 mL	
Colour	Pale yellow	
Transparency	Slightly Hazy	
Reaction (pH)	6.0	4.5 - 8
Specific Gravity	1.025	1.01 - 1.03
Urine Ketones (Acetone)	Negative	
Nitrite	Negative	
Epithelial Cells	1-2 /hpf	
Red blood Cells	Absent /hpf	
Amorphous deposits	Absent	
Bacteria	Absent	

ELECTROLYTE PROFILE

Test Name	Result unit	Range
Phosphorus	3.4 mg/dL	2.3 - 4.7
Sodium	137 mmol/L	136 - 145
Potassium	4.28 mmol/L	3.5 - 5.1
Chloride	101 mmol/L	98 - 107

Name

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Report Summary

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

CARDIAC PROFILE

Test Name	Result unit	Range
Total Cholesterol	98 mg/dL	< 200
Triglycerides	94 mg/dL	< 150
HDL Cholesterol	45 mg/dL	40 - 80
Non HDL Cholesterol	53 mg/dL	< 130
LDL Cholesterol	34.2 mg/dL	< 100
V.L.D.L Cholesterol	18.8 mg/dL	< 30
Chol/HDL Ratio	2.18 Ratio	< 5
HDL/ LDL Ratio	**1.32** Ratio	0.3 - 0.4
LDL/HDL Ratio	0.76 Ratio	< 3

THYROID PROFILE

Test Name	Result unit	Range
Triiodothyronine (T3)	99.2 ng/dL	35 - 193
Total Thyroxine (T4)	7.5 µg/dL	4.87 - 11.72
Thyroid Stimulating Hormone (Ultrasensitive)	2.5 µIU/mL	0.35 - 4.94

IRON

Test Name	Result unit	Range
Iron	68 µg/dL	65 - 175

Name

Gender

Health Advisory

In Range Borderline (BL) Out Of Range

Diabetes

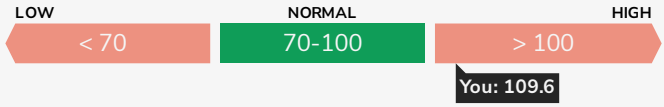
This panel is used to check how much glucose/sugar there is in your blood. Too much blood glucose might indicate diabetes.

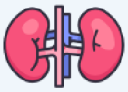
Glycosylated Hemoglobin (HbA1c): 6.8 %

BORDERLINE

Glucose Fasting: 109.6 mg/dL

BORDERLINE



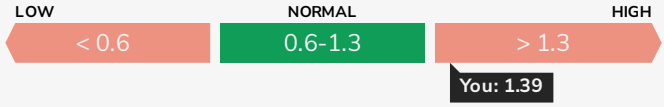


Kidney Profile

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: 1.39 mg/dL

BORDERLINE

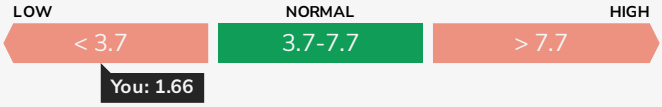


Urinalysis

The *urinalysis*, as it's sometimes called, is a set of tests conducted on your urine - these tests measure specific properties of urine and also find out if there are any unwanted chemicals in your urine. If your results in these tests are abnormal, your doctor can correlate them clinically. Sometimes, abnormal urine results are because of kidney disease, liver disease or diabetes.

Uric Acid: 1.66 mg/dL

OUT OF RANGE



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
Fit India Full Body Checkup with Free HbA1c			
Complete Blood Count (CBC)			
RBC Parameters			
Hemoglobin *Cyanide free spectrophotometry*	15.1	g/dL	13.0 - 17.0
RBC Count *Electrical impedance*	5.2	10^6/µl	4.5 - 5.5
PCV *Calculated*	45.9	%	40 - 50
MCV *Calculated*	88.4	fl	83 - 101
MCH *Calculated*	29.1	pg	27 - 32
MCHC *Calculated*	32.9	g/dL	31.5 - 34.5
RDW (CV) *Calculated*	**14.1 H***	%	11.6 - 14.0
RDW-SD *Calculated*	37.1	fl	35.1 - 43.9
WBC Parameters			
TLC *Electrical impedance and microscopy*	7.1	10^3/µl	4 - 10
Differential Leucocyte Count			
Neutrophils *Flow-cytometry DHSS*	66.8	%	40 - 80
Lymphocytes *Flow-cytometry DHSS*	**15.6 L***	%	20 - 40
Monocytes *Flow-cytometry DHSS*	9.3	%	2 - 10
Eosinophils *Flow-cytometry DHSS*	**7.9 H***	%	1 - 6
Basophils *Flow-cytometry DHSS*	0.4	%	0 - 2
Absolute Leukocyte Counts			
Neutrophils. *Calculated*	4.74	10^3/µl	2 - 7
Lymphocytes. *Calculated*	1.11	10^3/µl	1 - 3
Monocytes. *Calculated*	0.66	10^3/µl	0.2 - 1.0
Eosinophils. *Calculated*	**0.56 H***	10^3/µl	0.02 - 0.5

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

Dr. Neha Prabhakar
MBBS, MD(Pathology)

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

Test Description	Value(s)	Unit(s)	Reference Range
Basophils. *Calculated*	0.03	10^3/µl	0.02-0.1
Platelet Parameters			
Platelet Count *Electrical impedance and microscopy*	208	10^3/µl	150 - 410
Mean Platelet Volume (MPV) *Calculated*	10.4	fL	9.3 - 12.1
PCT *Calculated*	0.2	%	0.17 - 0.32
PDW *Calculated*	16.9	fL	8.3 - 25.0
P-LCR *Calculated*	35.1	%	18 - 50
P-LCC *Calculated*	73	10^9/L	44 - 140
Mentzer Index *Calculated*	17	%	> 13

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

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

Erythrocyte Sedimentation Rate (ESR)

ESR - Erythrocyte Sedimentation Rate *MODIFIED WESTERGREN*	6	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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DOB/Age/Gender		Report STATUS	
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Sample Collected		Report Date	

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

HbA1C (Glycosylated Haemoglobin)

Glycosylated Hemoglobin (HbA1c) *HPLC*	**6.8 H***	%	< 5.7
Estimated Average Glucose	148.46	mg/dl	Refer Table Below

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

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

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

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

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

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

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

Glucose Fasting

Glucose Fasting *Hexokinase*	**109.6 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)

Dr. Poulami Sarkar
MBBS,MD (Biochemistry)
Consultant Biochemist
NMC Certificate No. 24-005955

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

MC-5280

Test Description	Value(s)	Unit(s)	Reference Range
Liver Function Test (LFT)			
Bilirubin Total *Diazonium Salt*	1.2	mg/dL	0.2 - 1.2
Bilirubin Direct *Diazo Reaction*	0.46	mg/dL	0.0 - 0.5
Bilirubin Indirect *Calculated*	0.74	mg/dL	0.1 - 1.0
SGOT/AST *Enzymatic [NADH (without P-5-P)]*	32	U/L	11 - 34
SGPT/ALT *Enzymatic [NADH (without P-5-P)]*	29.59	U/L	< 45
SGOT/SGPT Ratio *Calculated*	**1.08 H***	Ratio	<1.00
Alkaline Phosphatase *Para-nitrophenyl phosphate (p-NPP)*	56	U/L	50 – 116
Total Protein *Biuret*	7.66	g/dL	6.4 - 8.3
Albumin *Colorimetric BCG*	4.52	g/dL	3.2 - 4.6
Globulin *Calculated*	3.14	g/dL	2.3 - 3.5
Albumin :Globulin Ratio *Calculated*	1.44	Ratio	1.3 - 2.1
Gamma Glutamyl Transferase (GGT) *L-Gamma-Glutamyl-3-Carboxy-4-Nitroanalide*	22.66	U/L	< 55

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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Referred BY		Sample Type	
Sample Collected		Report Date	

MC-5280

Kidney Function Test (KFT)

Test Description	Value(s)	Unit(s)	Reference Range
Blood Urea *Urease*	20.64	mg/dL	18 - 55
Bun *Calculated*	9.64	mg/dL	8 - 23
Creatinine *Kinetic Alkaline Picrate*	**1.39 H***	mg/dL	0.6 - 1.3
eGFR (CKD-EPI)	52.85	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*	**6.94 L***	Ratio	12 - 20
Urea / Creatinine Ratio *Calculated*	**14.85 L***	Ratio	25.68- 42.8
Uric Acid *Uricase*	**1.66 L***	mg/dL	3.7 - 7.7
Calcium Serum *Arsenazo III*	9.5	mg/dL	8.8 - 10.0
Phosphorus *Phosphomolybdate*	3.4	mg/dL	2.3 - 4.7
Sodium *ISE-Indirect*	137	mmol/L	136 - 145
Potassium *ISE-Indirect*	4.28	mmol/L	3.5 - 5.1
Chloride *ISE-Indirect*	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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DOB/Age/Gender		Report STATUS	
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Sample Collected		Report Date	

Test Description	Value(s)	Unit(s)	Reference Range
Lipid Profile			
Total Cholesterol *Enzymatic*	98	mg/dL	<200
Triglycerides *Glycerol phosphate oxidase*	94	mg/dL	<150
HDL Cholesterol *Accelerator Selective Detergent*	45	mg/dL	> 40
Non HDL Cholesterol *Calculated*	53	mg/dL	<130
LDL Cholesterol *Calculated*	34.2	mg/dL	<100
V.L.D.L Cholesterol *Calculated*	18.8	mg/dL	< 30
Chol/HDL Ratio *Calculated*	2.18	Ratio	0.0 - 5.0
HDL/ LDL Ratio *Calculated*	**1.32 H***	Ratio	0.3-0.4
LDL/HDL Ratio *Calculated*	0.76	Ratio	0.0- 3.0

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

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

HDL Cholesterol	
Low	High
<40	>=60

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

Risk Category	A. CAD with > 1 feature of high risk group
Extreme risk group	B. CAD with >1 feature of very high risk group of recurrent ACS (within 1 year) despite LDL-C <or = 50 mg/dl or poly vascular disease

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

MC-5280

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.

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

Dr. Poulami Sarkar
MBBS,MD (Biochemistry)
Consultant Biochemist
NMC Certificate No. 24-005955

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*	99.2	ng/dL	35 - 193
Total Thyroxine (T4) *CMIA*	7.5	µg/dL	4.87 - 11.72
Thyroid Stimulating Hormone (Ultrasensitive) *CMIA*	2.5	µIU/mL	0.35 - 4.94

Interpretaion:

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

Test Description	Value(s)	Unit(s)	Reference Range
Iron			
Iron *Ferene*	68	µg/dL	65 - 175

Interpretation:
Iron is body's essential trace element used for differential diagnosis of anemias, diagnosis of hemochromatosis and hemosiderosis.

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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
Urine Routine and Microscopic Examination			
Physical Examination			
Volume	20	mL	-
Colour	Pale yellow	-	Pale yellow
Transparency	**Slightly Hazy H***	-	Clear
Deposit	Absent	-	Absent
Chemical Examination			
Reaction (pH) *Double Indicator*	6.0	-	4.5 - 8.0
Specific Gravity *Ion Exchange*	1.025	-	1.010 - 1.030
Urine Glucose (sugar)	**Positive(+++) H***	-	Negative
Urine Protein (Albumin)	**Positive(++) H***	-	Negative
Urine Ketones (Acetone)	Negative	-	Negative
Blood	Negative	-	Negative
Leucocyte esterase	Negative	-	Negative
Bilirubin Urine	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	0 - 2
Crystals	Absent	-	Absent
Cast	Absent	-	Absent
Yeast Cells	Absent	-	Absent
Amorphous deposits	Absent	-	Absent
Bacteria	Absent	-	Absent
Protozoa	Absent	-	Absent
Comment	RESULT RECHECKED, KINDLY CORRELATE CLINICALLY.		

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

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

Dr. Neha Prabhakar
MBBS, MD(Pathology)

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

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

Glucose: 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 ***

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

Dr. Neha Prabhakar
MBBS, MD(Pathology)

LABORATORY REPORT

Redcliffe labs

Bio-Rad CDM System
VII Inst. #1.

Patient Data

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

Comments:

Analysis Data

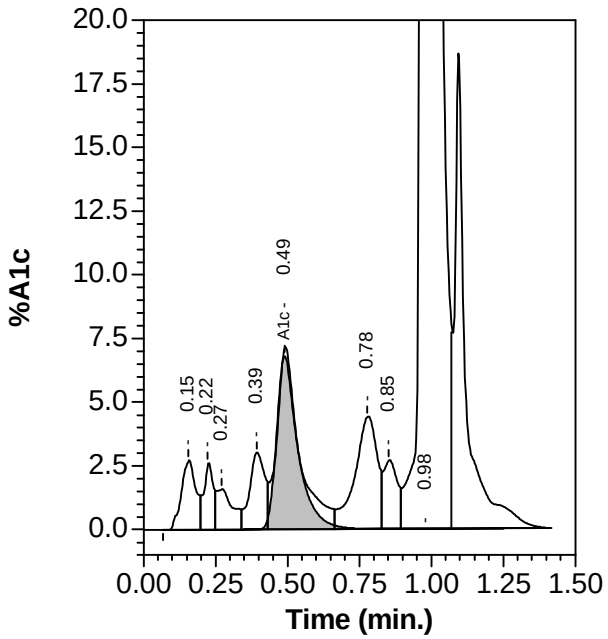
Analysis Performed:
Injection Number:
Run Number:
Rack ID:
Tube Number:
Report Generated:
Operator ID:

Peak Name	NGSP %	Area %	Retention Time (min)	Peak Area
A1a	---	1.6	0.154	33204
A1b	---	0.9	0.222	20064
F	---	1.0	0.269	21408
LA1c	---	1.8	0.392	38128
A1c	6.8*	---	0.489	120505
P3	---	3.9	0.777	81763
P4	---	1.4	0.851	30304
Ao	---	83.7	0.980	1770358

*Values outside of expected ranges

Total Area: 2,115,735

HbA1c (NGSP) = 6.8* %



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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.

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

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