

smart Health Report

An Insightful Health Analytics Report
for Easier Understanding



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

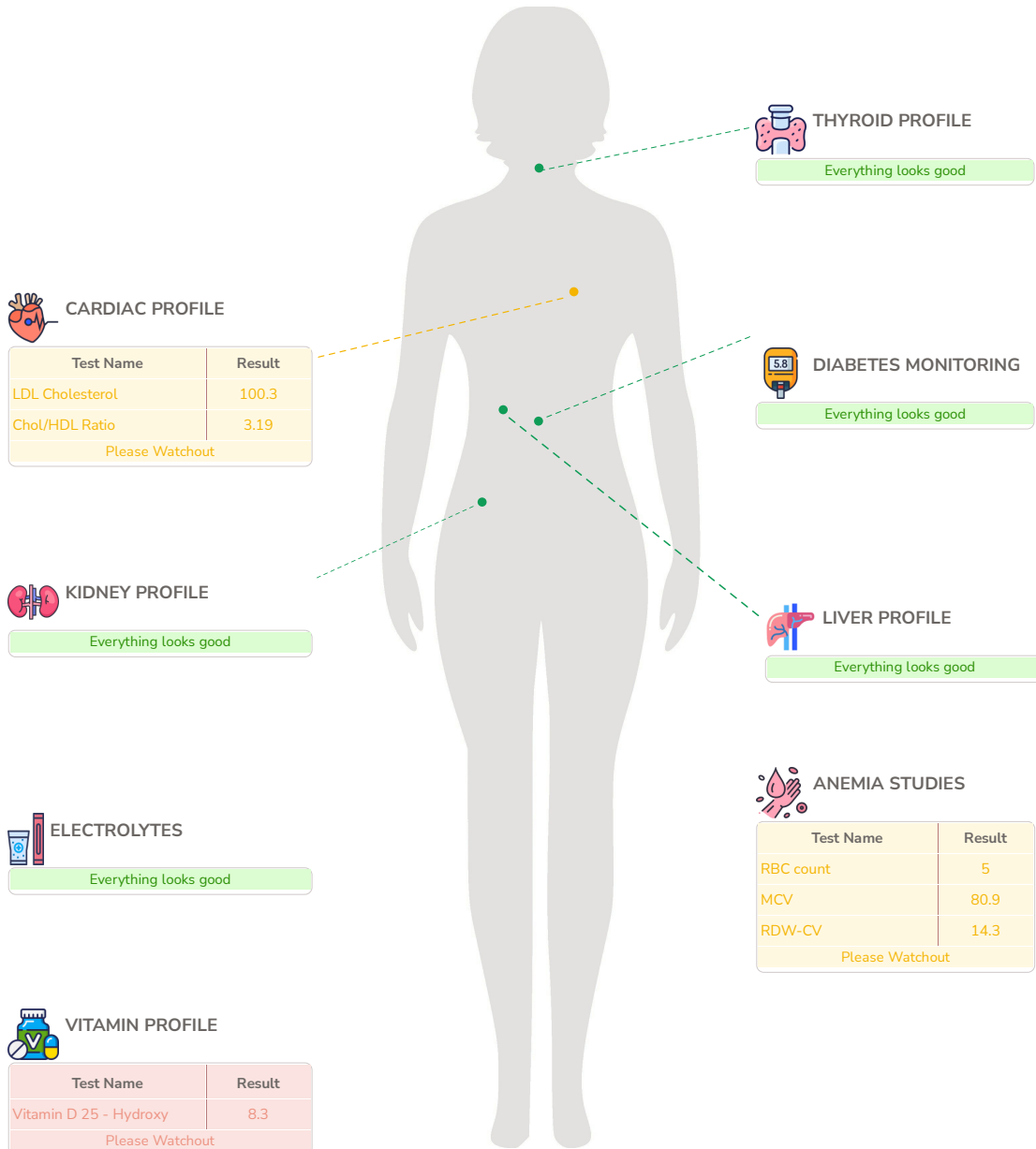
This comprehensive health report provides detailed insights into your test results. Each section offers different perspectives on your health status, from visual summaries to detailed analysis and personalized recommendations.

Name Gender

Patient ID Age

● All In Range ● Borderline ● Out Of Range

Health Summary



Name Gender
Patient ID Age

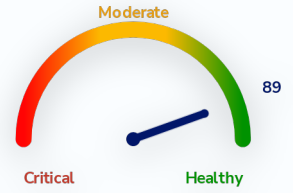
Quick Health Summary

Personal Insights - Health Score

89

Your overall health profile is strong, with excellent results in most parameters, indicating good management of chronic conditions and nutritional status. Slight concerns are noted in vitamin and mineral levels, which may benefit from dietary adjustments or supplements. Maintaining a balanced diet and regular check-ups can help sustain your health and prevent future risks.

Note - Higher scores tentatively indicate better health status



Summary of Key Health Indicators

Total Parameters Tested	Borderline Results	Out Of Range Results
98	7	1

Health Status by Body System

Profile	Total	Borderline	Out of Range	Key Results
Vitamin Profile	2	0	1	● Vitamin D (25-Hydroxy) (8.3)
Diabetes Monitoring	4	0	0	All In Range
Iron	4	0	0	All In Range
Cardiac Profile	10	2	0	● LDL Cholesterol (100.3) ● Total Cholesterol : HDL ratio (3.19)
Thyroid Profile	3	0	0	All In Range
Hormones	3	0	0	All In Range
Blood Disorder	17	2	0	● Lymphocytes (46.9) ● Abs. Lymphocyte Count (3.1)
Anemia Studies	8	3	0	● RBC count (5) ● MCV (80.9) ● RDW-CV (14.3)
Infectious Diseases	6	0	0	All In Range
Liver Profile	15	0	0	All In Range
Kidney Profile	10	0	0	All In Range
Urinalysis	12	0	0	All In Range

Profile	Total	Borderline	Out of Range	Key Results
Electrolytes	4	0	0	All In Range

Name Gender

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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)	4.9 %	< 5.6
Estimated Average Glucose	93.93 mg/dL	
● Glucose Fasting	83 mg/dL	70 - 100
Urine Glucose (sugar)	Negative	

IRON

Test Name	Result unit	Range
● Iron	58 µg/dL	50 - 170
● TIBC,(Total Iron Binding Capacity)	321 µg/dL	250 - 450
● UIBC	263 µg/dL	70 - 310
● Transferrin Saturation	18.07 %	14 - 50

CARDIAC PROFILE

Test Name	Result unit	Range
● HIGHLY SENSITIVE C-REACTIVE PROTEIN (hs-CRP)	0.6 mg/L	< 1
● Total Cholesterol	173 mg/dL	< 200
● Triglycerides	92 mg/dL	< 150
● HDL Cholesterol	54.3 mg/dL	40 - 80
● Non HDL Cholesterol	118.7 mg/dL	< 130
● LDL Cholesterol	100.3 mg/dL	30 - 100
● V.L.D.L Cholesterol	18.4 mg/dL	< 30
● Chol/HDL Ratio	3.19 Ratio	3.5 - 5
● HDL/ LDL Ratio	0.54 Ratio	0.5 - 3
LDL/HDL Ratio	1.85 Ratio	

VITAMIN PROFILE

Test Name	Result unit	Range
● Vitamin - B12	727 pg/mL	187 - 883
● Vitamin D 25 - Hydroxy	8.3 ng/mL	30 - 100

Name: _____ Gender: -
 Patient ID: _____ Age: _____

Report Summary ● In Range ● Borderline ● Out Of Range ● No color - Reference range not available

THYROID PROFILE

Test Name	Result unit	Range
● Triiodothyronine (T3)	96.3 ng/dL	35 - 193
● Total Thyroxine (T4)	6.7 µg/dL	4.87 - 11.2
● Thyroid Stimulating Hormone (Ultrasensitive)	2 µIU/mL	0.35 - 4.94

HORMONES

Test Name	Result unit	Range
Luteinising Hormone-LH	13.8 mIU/mL	
Follicle Stimulating Hormone-FSH	4.5 mIU/mL	
Prolactin	59.2 ng/mL	

BLOOD DISORDER

Test Name	Result unit	Range
● Hemoglobin	13.9 g/dL	12 - 15
● TLC	6.6 $10^3/\mu\text{l}$	4 - 10
● Neutrophils	44.5 %	40 - 80
● Lymphocytes	46.9 %	20 - 40
● Monocytes	6.2 %	2 - 10
● Eosinophils	1.5 %	1 - 6
● Basophils	0.9 %	< 2
● Neutrophils.	2.94 $10^3/\mu\text{l}$	2 - 7
● Lymphocytes.	3.1 $10^3/\mu\text{l}$	1 - 3
● Monocytes.	0.41 $10^3/\mu\text{l}$	0.2 - 1
● Eosinophils.	0.1 $10^3/\mu\text{l}$	0.02 - 0.5
● Basophils.	0.06 $10^3/\mu\text{l}$	< 0.5
● Platelet Count	288 $10^3/\mu\text{l}$	150 - 410
● Mean Platelet Volume (MPV)	11.1 fL	9.3 - 12.1
● PDW	18.9 fL	8.3 - 25
● P-LCR	41.3 %	18 - 50
● P-LCC	119 $10^9/L$	44 - 140

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Report Summary ● In Range ● Borderline ● Out Of Range ● No color - Reference range not available

ANEMIA STUDIES			
Test Name	Result	unit	Range
● RBC Count	5	10 ⁶ /μL	3.8 - 4.8
● PCV	40.8	%	36 - 46
● MCV	80.9	fL	83 - 101
● MCH	27.6	pg	27 - 32
● MCHC	34.1	g/dL	31.5 - 34.5
● RDW (CV)	14.3	%	11.6 - 14
● RDW-SD	41.6	fL	35.1 - 43.9
Mentzer Index	16.18	%	

INFECTIOUS DISEASES			
Test Name	Result	unit	Range
● PCT	0.3	%	0.17 - 0.32
Deposit	Present		
Leucocyte esterase	Positive(+)		
Pus Cells (WBCs)	15-20	/hpf	
Yeast Cells	Absent		
Protozoa	Absent		

Name Gender

Patient ID Age

Report Summary ● In Range ● Borderline ● Out Of Range ● No color - Reference range not available

LIVER PROFILE		
Test Name	Result <small>unit</small>	Range
● Bilirubin Total	0.5 mg/dL	< 1.2
● Bilirubin Direct	0.2 mg/dL	< 0.5
● Bilirubin Indirect	0.3 mg/dL	< 1
● SGOT/AST	33.5 U/L	5 - 34
● SGPT/ALT	27.1 U/L	< 55
SGOT/SGPT Ratio	1.24 %	
● Alkaline Phosphatase	109 U/L	40 - 150
● Total Protein	7.6 g/dL	6.4 - 8.3
● Albumin	4.9 gm/dL	3.8 - 5
● Globulin	2.7 g/dL	2.3 - 3.5
● Albumin :Globulin Ratio	1.81	< 2.1
● Gamma Glutamyl Transferase (GGT)	27 U/L	9 - 36
● Calcium Serum	9.2 mg/dL	8.4 - 10.2
Bilirubin Urine	Negative	
Urobilinogen	Normal	

KIDNEY PROFILE		
Test Name	Result <small>unit</small>	Range
● Blood Urea	21.2 mg/dL	14.98 - 44.18
● Bun	9.91 mg/dL	7 - 18.7
● Creatinine	0.7 mg/dL	0.57 - 1.11
eGFR (CKD-EPI)	119.23 ml/min/1.73 sq m	
● Bun/Creatinine Ratio	14.16	12 - 20
● Urea / Creatinine Ratio	30.29	25.68 - 42.8
Urine Protein (Albumin)	Negative	
Blood	Positive(Trace)	
Crystals	Absent	
Cast	Absent	

Name Gender

Patient ID Age

Report Summary ● In Range ● Borderline ● Out Of Range ● No color - Reference range not available

URINALYSIS

Test Name	Result <small>unit</small>	Range
● Uric Acid	4.2 mg/dL	2.6 - 6
Volume	20 ml	
Colour	Yellow	
Transparency	Slightly Hazy	
● Reaction (pH)	5.0	4.5 - 8
● Specific Gravity	1.030	1.01 - 1.03
Urine Ketones (Acetone)	Negative	
Nitrite	Negative	
Epithelial Cells	10-15 /hpf	
Red blood Cells	4-6 /hpf	
Amorphous deposits	Absent	
Bacteria	Absent	

ELECTROLYTE PROFILE

Test Name	Result <small>unit</small>	Range
● Phosphorus	3.7 mg/dL	2.3 - 4.7
● Sodium	140 mmol/L	136 - 145
● Potassium	4.4 mmol/L	3.5 - 5.1
● Chloride	105 mmol/L	98 - 107

Name

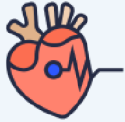
Gender

Patient ID

Age

Health Advisory

● In Range
 ● Borderline (BL)
 ● Out Of Range

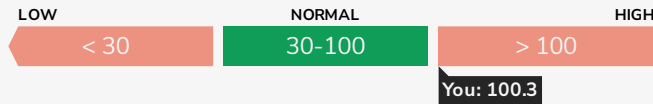


Cardiac Profile

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.

LDL Cholesterol: **100.3** mg/dL

● **BORDERLINE**

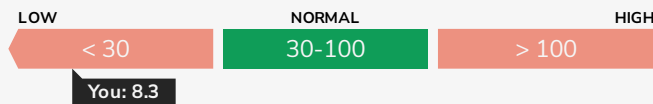


Vitamins Profile

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: **8.3** ng/mL

● **OUT OF RANGE**



Patient NAME :		Report STATUS :	
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Patient ID / UHID :		Sample Type :	
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Sample Collected :			



Test Description	Value(s)	Unit(s)	Reference Range
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Women Health Package with Free Hormone Screening- Advanced

Complete Blood Count (CBC)

RBC Parameters			
Hemoglobin <i>colorimetric</i>	13.9	g/dL	12.0 - 15.0
RBC Count <i>Electrical impedance</i>	5 H*	10 ⁶ /μl	3.8 - 4.8
PCV <i>Calculated</i>	40.8	%	36 - 46
MCV <i>Calculated</i>	80.9 L*	fl	83 - 101
MCH <i>Calculated</i>	27.6	pg	27 - 32
MCHC <i>Calculated</i>	34.1	g/dL	31.5 - 34.5
RDW (CV) * <i>Calculated</i>	14.3 H*	%	11.6 - 14.0
RDW-SD * <i>Calculated</i>	41.6	fl	35.1 - 43.9
WBC Parameters			
TLC <i>Electrical impedance and microscopy</i>	6.6	10 ³ /μl	4 - 10
Differential Leucocyte Count			
Neutrophils	44.5	%	40-80
Lymphocytes	46.9 H*	%	20-40
Monocytes	6.2	%	2-10
Eosinophils	1.5	%	1-6
Basophils	0.9	%	<2
Absolute Leukocyte Counts <i>Calculated</i>			
Neutrophils.	2.94	10 ³ /μl	2 - 7
Lymphocytes.	3.1 H*	10 ³ /μl	1 - 3
Monocytes.	0.41	10 ³ /μl	0.2 - 1.0
Eosinophils.	0.1	10 ³ /μl	0.02 - 0.5
Basophils.	0.06	10 ³ /μl	0.02 - 0.5
Platelet Parameters			
Platelet Count <i>Electrical impedance and microscopy</i>	288	10 ³ /μl	150 - 410
Mean Platelet Volume (MPV) * <i>Calculated</i>	11.1	fL	9.3 - 12.1
PCT * <i>Calculated</i>	0.3	%	0.17 - 0.32

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

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



Dr. Arvind Kumar
MD (Pathology)
Consultant Pathologist

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Referred BY :		Report Date :	
Sample Collected :			



Test Description	Value(s)	Unit(s)	Reference Range
PDW * <i>Calculated</i>	18.9	fL	8.3 - 25.0
P-LCR * <i>Calculated</i>	41.3	%	18 - 50
P-LCC * <i>Calculated</i>	119	10 ⁹ /L	44 - 140
Mentzer Index * <i>Calculated</i>	16.18	%	> 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
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HbA1C (Glycosylated Haemoglobin)

Glycosylated Hemoglobin (HbA1c) <i>HPLC</i>	4.9	%	< 5.7
Estimated Average Glucose	93.93	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:

- 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.
- Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of < 7.0 % may not be appropriate.

Comments :

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

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

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Sample Collected :			



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

Glucose Fasting <i>Hexokinase</i>	83	mg/dL	70 - 100
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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 are commonly used as an aid in the diagnosis and treatment of diabetes. Elevated glucose levels (hyperglycemia) may also occur with pancreatic neoplasm, hyperthyroidism, and adrenal cortical hyper function as well as other disorders. Decreased glucose levels (hypoglycemia) may result from excessive insulin therapy, insulinoma, or various liver diseases.

Note

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

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Sample Collected :			



Test Description	Value(s)	Unit(s)	Reference Range
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Liver Function Test (LFT)

Bilirubin Total <i>Photometric</i>	0.5	mg/dL	0.2 - 1.2
Bilirubin Direct * <i>Diazo Reaction</i>	0.2	mg/dL	0.0 - 0.5
Bilirubin Indirect * <i>Calculation (T Bil - D Bil)</i>	0.3	mg/dL	0.1 - 1.0
SGOT/AST <i>IFCC without P5P</i>	33.5	U/L	5 - 34
SGPT/ALT <i>IFCC without P5P</i>	27.1	U/L	0 to 55
SGOT/SGPT Ratio *	1.24	-	-
Alkaline Phosphatase <i>IFCC</i>	109	U/L	40 - 150
Total Protein <i>Biuret</i>	7.6	g/dL	6.4 - 8.3
Albumin <i>BCG</i>	4.9	gm/dL	3.8 - 5.0
Globulin * <i>Calculation (T.P - Albumin)</i>	2.7	g/dL	2.3 - 3.5
Albumin :Globulin Ratio * <i>Calculation (Albumin/Globulin)</i>	1.81	-	1.0 - 2.1
Gamma Glutamyl Transferase (GGT) * <i>Photometric</i>	27	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:

- AST (SGOT):** may indicate tissue injury / damage in muscles or liver.
- ALT (SGPT):** Primarily in the liver. Elevated ALT and AST suggest liver damage.
- 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.

- Low protein:** May indicate bleeding, liver disorders, malnutrition, or agammaglobulinemia.
- High protein (Hyperproteinemia):** Often due to dehydration or increased protein production.
- Low albumin:** Caused by poor diet, kidney, or liver disease.
- High albumin:** Usually due to severe dehydration.

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Referred BY :		Report Date :	
Sample Collected :			



Test Description	Value(s)	Unit(s)	Reference Range
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Kidney Function Test (KFT)

Blood Urea <i>Urease</i>	21.2	mg/dL	14.98 - 40.18
Bun * <i>Urease</i>	9.91	mg/dL	7.0 - 18.7
Creatinine <i>Photometric</i>	0.7	mg/dL	0.57 - 1.11
eGFR (CKD-EPI)	119.23	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 * <i>Calculated</i>	14.16		12 - 20
Urea / Creatinine Ratio * <i>Calculated</i>	30.29		25.68- 42.8
Uric Acid <i>Uricase</i>	4.2	mg/dL	2.6 - 6.0
Calcium Serum <i>Arsenazo III</i>	9.2	mg/dL	8.4 - 10.2
Phosphorus <i>Photometric</i>	3.7	mg/dL	2.3 - 4.7
Sodium <i>Potentiometric</i>	140	mmol/L	136 - 145
Potassium <i>Potentiometric</i>	4.4	mmol/L	3.5 - 5.1
Chloride <i>Potentiometric</i>	105	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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Test Description	Value(s)	Unit(s)	Reference Range
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Lipid Profile

Total Cholesterol <i>Enzymatic - Cholesterol Oxidase</i>	173	mg/dL	<200
Triglycerides <i>Colorimetric - Lip/Glycerol Kinase</i>	92	mg/dL	<150
HDL Cholesterol <i>Accelerator Selective Detergent</i>	54.3	mg/dL	>40
Non HDL Cholesterol * <i>Calculated</i>	118.7	mg/dL	<130
LDL Cholesterol * <i>Calculated</i>	100.3 H*	mg/dL	<100
V.L.D.L Cholesterol * <i>Calculated</i>	18.4	mg/dL	< 30
Chol/HDL Ratio * <i>Calculated</i>	3.19 L*	Ratio	3.5 - 5.0
HDL/ LDL Ratio * <i>Calculated</i>	0.54	Ratio	0.5 - 3.0 Borderline : 3.1 - 6.0 High : > 6.0
LDL/HDL Ratio * <i>Calculated</i>	1.85	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

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

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Patient NAME :		
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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
Very High Risk	1.Established ASCVD 2.Diabetes with 2 major risk factors of evidence of end organ damage 3. Familial Homozygous Hypercholesterolemia		
High Risk	1. Three major ASCVD risk factors 2. Diabetes with 1 major risk factor or no evidence of end organ damage 3. CHD stage 3B or 4. 4 LDL >190 mg/dl 5. Extreme of a single risk factor 6. Coronary Artery Calcium - CAC > 300 AU 7. Lipoprotein a >/= 50 mg/dl 8. Non stenotic carotid plaque		
Moderate Risk	2 major ASCVD risk factors		
Low Risk	0-1 major ASCVD risk factors		
Major ASCVD (Atherosclerotic cardiovascular disease) Risk Factors			
1. Age >/=45 years in Males & >/= 55 years in Females	3. Current Cigarette smoking or tobacco use		
2. Family history of premature ASCVD	4. High blood pressure		
5. Low HDL			

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

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

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

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

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

Iron <i>Ferene</i>	58	µg/dL	50 - 170
TIBC,(Total Iron Binding Capacity) <i>Calculated</i>	321	µg/dL	250 - 450
UIBC <i>Ferene</i>	263	µg/dL	70 - 310
Transferrin Saturation <i>Method :Derived from IRON and TIBC values</i>	18.07	%	-

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.

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

High Sensitivity C-Reactive Protein (Hs-CRP)

HIGHLY SENSITIVE C-REACTIVE PROTEIN (hs-CRP) <i>immunoturbidimetric</i>	0.6	mg/L	< 1.00
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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.

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Sample Collected :			
Test Description	Value(s)	Unit(s)	Reference Range

Vitamin B12 / Cyanocobalamin

Vitamin - B12 CMIA	727	pg/mL	187 - 883
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Interpretation:

Low Values are a sign of a vitamin B12 deficiency. People with this deficiency are likely to have or develop symptoms.

Causes of vitamin B12 deficiency include: Not enough vitamin B12 in diet (rare except with a strict vegetarian diet), Diseases that cause malabsorption (for example, celiac disease and Crohn's disease), Lack of intrinsic factor, Above normal heat production (for example, with hyperthyroidism), Pregnancy. Increased vitamin B12 levels are uncommon. Usually excess vitamin B12 is removed in the urine. Conditions that can increase B12 levels include: Liver disease (such as cirrhosis or hepatitis), Myeloproliferative disorders (for example, polycythemia vera and chronic myelocytic leukemia).

Vitamin B12: Low Levels can cause malabsorption, Lack of intrinsic factor, Above normal heat production (for example, with hyperthyroidism), Pregnancy. High Level Liver disease, Myeloproliferative disorders (for example, polycythemia vera and chronic myelocytic leukemia).

1. Out of 140 healthy indian population, 91% of Vitamin B 12 concentrations was at lower level: 59.00 pg/ml and upper level: 700.00 pg/ml

"Patients on Biotin supplement may have interference in some immunoassays. Ref: Arch Pathol Lab Med—Vol 141, November 2017. With individuals taking high dose Biotin (more than 5 mg per day) supplements, at least 8-hour wait time before blood draw is recommended."

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Test Description	Value(s)	Unit(s)	Reference Range
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Vitamin D 25 Hydroxy

Vitamin D 25 - Hydroxy <i>CMIA</i>	8.3 L*	ng/mL	Deficiency : <30 ng/mL
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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.

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Test Description	Value(s)	Unit(s)	Reference Range
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Thyroid Profile Total

Triiodothyronine (T3) CMIA	96.3	ng/dL	35 - 193
Total Thyroxine (T4) CMIA	6.7	µg/dL	4.87 - 11.2
Thyroid Stimulating Hormone (Ultrasensitive) CMIA	2	µIU/mL	0.35 - 4.94

Interpretation:

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

Luteinizing Hormone (LH)

Luteinising Hormone-LH CMIA	13.8	mIU/mL	Follicular Phase 1.80 - 11.78 Mid-Cycle Peak 7.59 - 89.08 Luteal Phase 0.56 - 14.00 Postmenopausal Females Without HRT 5.16 - 61.99
<p>Interpretation: Prepuberty-<5 Adult Males -0.57-12.07mIU/mL Normally Menstruation Females- Follicular phase- 1.80-11.78 mIU/mL Mid-Cycle Peak- 7.59-89.08 mIU/mL Luteal Phase- 0.56-14.00 mIU/mL Postmenopausal Females Without HRT (Hormonal Replacement Therapy) - 5.16-61.99mIU/mL</p>			

Follicle Stimulating Hormone (FSH)

Follicle Stimulating Hormone-FSH CMIA	4.5	mIU/mL	Normally Menstruating Females Follicular Phase 3.03 - 8.08 Mid-Cycle Peak 2.55 - 16.69 Luteal Phase 1.38 - 5.47 Postmenopausal Females 26.72 - 133.41
<p>Interpretation: FOLLICULAR PHASE: 3.03 – 12.5 mIU/mL OVULATION PHASE: 2.55 – 18.69 mIU/mL LUTEAL PHASE: 1.38 – 6.7 mIU/mL POST-MENOPAUSAL FEMALES: 26.72 – 133.41 mIU/mL</p> <p>Clinical Use 1. Diagnosis of gonadal function disorders 2. Management and treatment of infertility in both genders</p> <p>Increased levels 1. Primary hypogonadism 2. Gonadotropin secreting pituitary tumors 3. Menopause</p> <p>Decreased levels 1. Hypothalamic GnRH deficiency 2. Pituitary FSH deficiency 3. Ectopic steroid hormone production</p>			

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Prolactin (PRL)

Prolactin CMIA	59.2	ng/mL	5.18 - 26.53
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Interpretation:

- Note:**
1. Since prolactin is secreted in a pulsatile manner and is also influenced by a variety of physiologic stimuli, it is recommended to test 3 specimens at 20-30 minute intervals after pooling.
 2. Major circulating form of Prolactin is a nonglycosylated monomer, but several forms of Prolactin linked with immunoglobulin occur which can give falsely high Prolactin results.
 3. Macroprolactin assay is recommended if prolactin levels are elevated, but signs and symptoms of hyperprolactinemia are absent or pituitary imaging studies are normal
 4. Kindly note Serum prolactin for lactating mothers is 79-400 ng/ml.

Clinical Use

- Diagnosis & management of pituitary adenomas
- Differential diagnosis of male & female hypogonadism

Increased Levels

- **Physiologic:** Sleep, stress, postprandially, pain, coitus
- **Systemic disorders:** Chest wall or thoracic spinal cord lesions, Primary / Secondary hypothyroidism, Adrenal insufficiency, Chronic renal failure, Cirrhosis
- **Medications:** **Psychiatric medications** like Phenothiazine, Haloperidol, Risperidone, Domperidone, Fluoxetine, Amitriptylene, MAO inhibitors etc.,

Antihypertensives: Alpramethyldopa, Reserpine, Verapamil

Opiates: Heroin, Methadone, Morphine, Apomorphine

Cimetidine / Ranitidine

- Prolactin secreting pituitary tumors: Prolactinoma, Acromegaly
- Miscellaneous: Epileptic seizures, Ectopic secretion of prolactin by non-pituitary tumors, pressure / transection of pituitary stalk, macroprolactinemia
- Idiopathic

Decreased levels

- Pituitary deficiency: Pituitary necrosis / infarction
- Bromocriptine administration
- Pseudohypoparathyroidism

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Test Description	Value(s)	Unit(s)	Reference Range
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Urine Routine and Microscopic Examination

Physical Examination			
Volume *	20	ml	-
Colour *	Yellow	-	Pale yellow
Transparency *	Slightly Hazy	-	Clear
Deposit *	Present	-	Absent
Chemical Examination			
Reaction (pH) <i>Double Indicator</i>	5.0	-	4.5 - 8.0
Specific Gravity <i>Ion Exchange</i>	1.030	-	1.010 - 1.030
Urine Glucose (sugar) * <i>Oxidase / Peroxidase</i>	Negative	-	Negative
Urine Protein (Albumin) <i>Acid / Base Colour Exchange</i>	Negative	-	Negative
Urine Ketones (Acetone) <i>Legals Test</i>	Negative	-	Negative
Blood <i>Peroxidase Hemoglobin</i>	Positive(Trace)	-	Negative
Leucocyte esterase <i>Enzymatic Reaction</i>	Positive(+) H*	-	Negative
Bilirubin Urine <i>Coupling Reaction</i>	Negative	-	Negative
Nitrite <i>Griless Test</i>	Negative	-	Negative
Urobilinogen <i>Ehrlichs Test</i>	Normal	-	Normal
Microscopic Examination			
Pus Cells (WBCs) *	15-20 H*	/hpf	0 - 5
Epithelial Cells *	10-15 H*	/hpf	0 - 4
Red blood Cells *	4-6	/hpf	Absent
Crystals *	Absent	-	Absent
Cast *	Absent	-	Absent
Yeast Cells *	Absent	-	Absent
Amorphous deposits *	Absent	-	Absent
Bacteria *	Absent	-	Absent
Protozoa *	Absent	-	Absent
<p>Interpretation: URINALYSIS- Routine urine analysis assists in screening and diagnosis of various metabolic, urological, kidney and liver disorders.</p> <p>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</p>			

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Test Description	Value(s)	Unit(s)	Reference Range
<p>Glucose: Uncontrolled diabetes mellitus can lead to presence of glucose in urine. Other causes include pregnancy, hormonal disturbances, liver disease and certain medications.</p> <p>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.</p> <p>Blood: Occult blood can occur in urine as intact erythrocytes or haemoglobin, which can occur in various urological, nephrological and bleeding disorders.</p> <p>Leukocytes: An increase in leukocytes is an indication of inflammation in urinary tract or kidneys. Most common cause is bacterial urinary tract infection.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Bilirubin: In certain liver diseases such as biliary obstruction or hepatitis, bilirubin gets excreted in urine.</p> <p>Urobilinogen: Positive results are seen in liver diseases like hepatitis and cirrhosis and in cases of haemolytic anaemia.</p>			

*** End Of Report ***

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