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

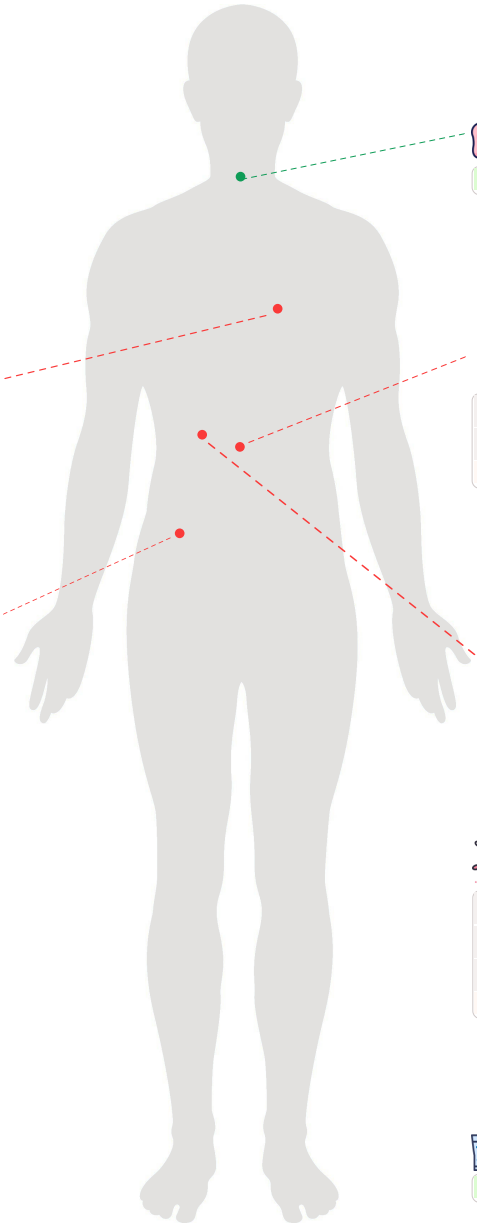
### How to Read This Report

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

## Health Summary



### BLOOD COUNTS

Everything looks good

### THYROID PROFILE

Everything looks good

### CARDIAC PROFILE

| Test Name | Result |
|---|---|
| Total Cholesterol | 234 |
| Triglycerides | 188 |
| Non HDL Cholesterol | 193 |

+ 2 tests Please Watchout

### DIABETES MONITORING

| Test Name | Result |
|---|---|
| Glucose Fasting | 219 |

Please Watchout

### KIDNEY PROFILE

| Test Name | Result |
|---|---|
| Bun | 8.88 |
| Urine Glucose (sugar) | Positive(++) |

Please Watchout

### LIVER PROFILE

| Test Name | Result |
|---|---|
| SGOT (AST) | 38 |
| SGPT (ALT) | 59 |
| Alkaline Phosphatase | 128 |

+ 1 tests Please Watchout

### ELECTROLYTES

| Test Name | Result |
|---|---|
| Sodium | 135 |

Please Watchout

### ANEMIA STUDIES

| Test Name | Result |
|---|---|
| PCV | 50.1 |
| RDW-SD | 48.7 |

Please Watchout

### MINERAL PROFILE

Everything looks good

Name

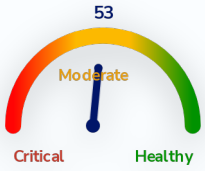
Gender

# Quick Health Summary

## Personal Insights - Score

**53 (Fair)**

Your health assessment indicates significant concerns in diabetes and cardiac health, which may require attention. Other areas, such as kidney and thyroid function, are performing well. We recommend lifestyle adjustments and monitoring to mitigate future risks.




## Summary of Key Health Indicators

| Total Parameters Tested | Abnormal Results |
|---|---|
| 84 | 15 |

## Health Status by Body System

| Profile | Abnormal / Total | Key Results |
|---|---|---|
| Cardiac Profile | 5 / 9 | ● Total Cholesterol: 234 mg/dL (Normal: 0–200 mg/dL)<br>● Triglycerides: 188 mg/dL (Normal: 0–150 mg/dL)<br>● Non HDL Cholesterol: 193 mg/dL (Normal: 0–130 mg/dL)<br>*+2 more abnormal tests* |
| Liver Profile | 4 / 12 | ● SGOT/AST: 38 U/L (Normal: 11–34 U/L)<br>● SGPT/ALT: 59 U/L (Normal: 0–45 U/L)<br>● Alkaline Phosphatase: 128 U/L (Normal: 50–116 U/L)<br>*+1 more abnormal test* |
| Anemia Studies | 2 / 7 | ● PCV: 50.1 % (Normal: 40–50 %)<br>● RDW-SD: 48.7 fl (Normal: 35.1–43.9 fl) |
| Kidney Profile | 2 / 13 | ● Bun: 8.88 mg/dL (Normal: 8.9–20.6 mg/dL)<br>● Urine Glucose (sugar): Positive(++) (Normal: – ) |
| Diabetes Monitoring | 1 / 1 | ● Glucose Fasting: 219 mg/dL (Normal: 70–100 mg/dL) |
| Electrolytes | 1 / 3 | ● Sodium: 135 mmol/L (Normal: 136–145 mmol/L) |
| Blood Counts | 0 / 14 | All Normal |
| Blood Clotting | 0 / 5 | All Normal |
| Mineral Profile | 0 / 1 | All Normal |
| Thyroid Profile | 0 / 1 | All Normal |

| Profile | Abnormal / Total | Key Results |
|---|---|---|
| Urinalysis | 0 / 17 | All Normal |

Name

Gender

# Report Summary

Normal  Abnormal  No color - Reference range not available

## ANEMIA STUDIES

| Test Name | Result unit | Range |
|---|---|---|
| Hemoglobin | 16.1 g/dL | 13-17 |
| PCV | **50.1** % | 40-50 |
| MCV | 91.5 fl | 83-101 |
| MCH | 29.4 pg | 27-32 |
| MCHC | 32.1 g/dL | 31.5-34.5 |
| RDW (CV) | 13.7 % | 11.6-14 |
| RDW-SD | **48.7** fl | 35.1-43.9 |

## BLOOD COUNTS

| Test Name | Result unit | Range |
|---|---|---|
| RBC Count | 5.5 10^6/µl | 4.5-5.5 |
| TLC | 8.7 10^3/µl | 4-10 |
| Neutrophils | 61 % | 40-80 |
| Lymphocytes | 28 % | 20-40 |
| Monocytes | 8 % | 2-10 |
| Eosinophils | 3 % | 1-6 |
| Basophils | 0 % | < 2 |
| Neutrophils. | 5.31 10^3/µl | 2-7 |
| Lymphocytes. | 2.44 10^3/µl | 1-3 |
| Monocytes. | 0.7 10^3/µl | 0.2-1 |
| Eosinophils. | 0.26 10^3/µl | 0.02-0.5 |
| Basophils. | 0 10^3/µl | < 0.5 |
| Platelet Count | 272 10^3/µl | 150-410 |
| Mentzer Index | 16.64 % | |

## BLOOD CLOTTING

| Test Name | Result unit | Range |
|---|---|---|
| Mean Platelet Volume (MPV) | 10.2 fL | 9.3-12.1 |
| PCT | 0.3 % | 0.17-0.32 |
| PDW | 17.4 fL | 8.3-25 |
| P-LCR | 35.6 % | 18-50 |
| P-LCC | 97 10^9/L | 44-140 |

Name

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# Report Summary

Normal  Abnormal  No color - Reference range not available

## DIABETES MONITORING

| Test Name | Result unit | Range |
|---|---|---|
| Glucose Fasting | **219** mg/dL | 70-100 |

## LIVER PROFILE

| Test Name | Result unit | Range |
|---|---|---|
| Bilirubin Total | 0.9 mg/dL | < 1.2 |
| Bilirubin Direct | 0.3 mg/dL | < 0.5 |
| Bilirubin Indirect | 0.6 mg/dL | < 1 |
| SGOT/AST | **38** U/L | 11-34 |
| SGPT/ALT | **59** U/L | < 45 |
| SGOT/SGPT Ratio | 0.64 % | |
| Alkaline Phosphatase | **128** U/L | 50-116 |
| Total Protein | 8 g/dL | 6.4-8.3 |
| Albumin | 4.62 g/dL | 3.5-5.2 |
| Globulin | 3.38 g/dL | 2.3-3.5 |
| Albumin :Globulin Ratio | 1.37 | < 2.1 |
| Gamma Glutamyl Transferase (GGT) | **192** U/L | < 55 |

## KIDNEY PROFILE

| Test Name | Result unit | Range |
|---|---|---|
| Blood Urea | 19 mg/dL | 19-44.1 |
| Bun | **8.88** mg/dL | 8.9-20.6 |
| Creatinine | 0.69 mg/dL | 0.6-1.3 |
| eGFR (CKD-EPI) | 119.21 ml/min/1.73 sq m | |
| Bun/Creatinine Ratio | 12.87 | 12-20 |
| Urea / Creatinine Ratio | 27.54 | 25.68-42.8 |
| Uric Acid | 4 mg/dL | 3.7-7.7 |
| Calcium Serum | 9 mg/dL | 8.4-10.2 |
| Colour | Pale yellow | |
| Deposit | Absent | |
| Urine Glucose (sugar) | **Positive(++)** | |
| Yeast Cells | Absent | |
| Amorphous deposits | Absent | |

Name

Gender

# Report Summary

Normal  Abnormal  No color - Reference range not available

## MINERAL PROFILE

| Test Name | Result unit | Range |
|---|---|---|
| Phosphorus | 3.1 mg/dL | 2.3-4.7 |

## ELECTROLYTE PROFILE

| Test Name | Result unit | Range |
|---|---|---|
| Sodium | **135** mmol/L | 136-145 |
| Potassium | 4.3 mmol/L | 3.5-5.1 |
| Chloride | 99 mmol/L | 98-107 |

## CARDIAC PROFILE

| Test Name | Result unit | Range |
|---|---|---|
| Total Cholesterol | **234** mg/dL | < 200 |
| Triglycerides | **188** mg/dL | < 150 |
| HDL Cholesterol | 41 mg/dL | 40-80 |
| Non HDL Cholesterol | **193** mg/dL | < 130 |
| LDL Cholesterol | **155.4** mg/dL | 30-100 |
| V.L.D.L Cholesterol | **37.6** mg/dL | < 30 |
| Chol/HDL Ratio | 5.71 Ratio | |
| HDL/ LDL Ratio | 0.26 Ratio | |
| LDL/HDL Ratio | 3.79 Ratio | |

Name [redacted] Gender [redacted]

# Report Summary

Normal Abnormal No color - Reference range not available

## THYROID PROFILE

| Test Name | Result unit | Range |
|---|---|---|
| Thyroid Stimulating Hormone (Ultrasensitive) | 0.79 mIU/L | 0.35-4.94 |

## URINALYSIS

| Test Name | Result unit | Range |
|---|---|---|
| Volume | 20 ml | |
| Transparency | Clear | |
| Reaction (pH) | 6 | 4.5-8 |
| Specific Gravity | 1.02 | 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) | 1-2 /hpf | |
| Epithelial Cells | 1-2 /hpf | |
| Red blood Cells | Absent /hpf | |
| Crystals | Absent | |
| Cast | Absent | |
| Bacteria | Absent | |

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# Health Advisory

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


## Diabetes

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

**Glucose Fasting: 219** mg/dL — HIGH

| LOW | NORMAL | HIGH |
|---|---|---|
| < 70 | 70-100 | > 100 |

You: 21

## Liver Profile

One of the main functions of your liver is to make proteins that are secreted in your blood. It also makes enzymes which convert food into energy, and processes old muscles and cells. When your liver is damaged, enzymes leak into your blood and appear in the blood test

**Alkaline Phosphatase: 128** U/L — HIGH

| LOW | NORMAL | HIGH |
|---|---|---|
| < 50 | 50-116 | > 116 |

You: 128

**Gamma Glutamyl Transferase (GGT): 192** U/L — HIGH

| NORMAL | HIGH |
|---|---|
| < 55 | > 55 |

You: 192

### Enzymes

Enzymes found in your liver are responsible for various processes that maintain body functions. These enzymes are leaked into your blood when your liver suffers dysfunction.

**SGOT/AST: 38** U/L — HIGH

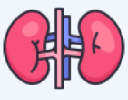
| LOW | NORMAL | HIGH |
|---|---|---|
| < 11 | 11-34 | > 34 |

You: 38

**SGPT/ALT: 59** U/L — HIGH

| NORMAL | HIGH |
|---|---|
| < 45 | > 45 |

You: 59

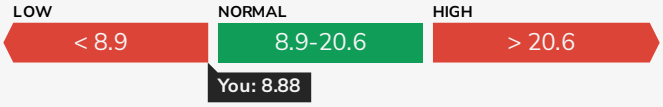


## Kidney Profile

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

**Bun: 8.88** mg/dL

● LOW

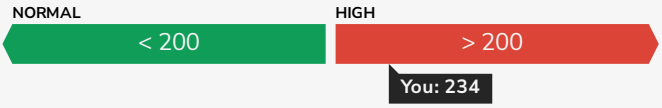



## Cardiac Profile

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.

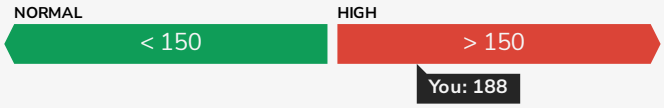
**Total Cholesterol: 234** mg/dL

● HIGH



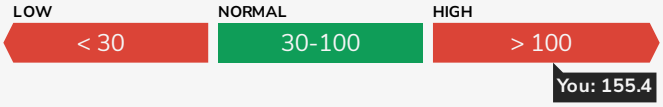

**Triglycerides: 188** mg/dL

● HIGH




**LDL Cholesterol: 155.4** mg/dL

● HIGH



# LABORATORY REPORT

Redcliffe labs

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

## Vital Screening package with Thyroid

### Complete Blood Count (CBC)

| Test Description | Value(s) | Unit(s) | Reference Range |
|---|---|---|---|
| **RBC Parameters** | | | |
| Hemoglobin<br>*Cyanide free colorimetric* | 16.1 | g/dL | 13.0 - 17.0 |
| RBC Count<br>*Electrical impedance* | 5.5 | 10^6/µl | 4.5 - 5.5 |
| PCV<br>*Calculated* | **50.1** | % | 40 - 50 |
| MCV<br>*Calculated* | 91.5 | fl | 83 - 101 |
| MCH<br>*Calculated* | 29.4 | pg | 27 - 32 |
| MCHC<br>*Calculated* | 32.1 | g/dL | 31.5 - 34.5 |
| RDW (CV)<br>*Calculated* | 13.7 | % | 11.6 - 14.0 |
| RDW-SD<br>*Calculated* | **48.7** | fl | 35.1 - 43.9 |
| **WBC Parameters** | | | |
| TLC<br>*Electrical impedance and microscopy* | 8.7 | 10^3/µl | 4 - 10 |
| **Differential Leucocyte Count** | | | |
| Neutrophils<br>*Laser based Flow-cytometry* | 61 | % | 40-80 |
| Lymphocytes<br>*Laser based Flow-cytometry* | 28 | % | 20-40 |
| Monocytes<br>*Laser based Flow-cytometry* | 8 | % | 2-10 |
| Eosinophils<br>*Laser based Flow-cytometry* | 3 | % | 1-6 |
| Basophils<br>*Laser based Flow-cytometry* | 0 | % | <2 |
| **Absolute Leukocyte Counts**<br>***Calculated*** | | | |
| Neutrophils.<br>*Calculated* | 5.31 | 10^3/µl | 2 - 7 |
| Lymphocytes.<br>*Calculated* | 2.44 | 10^3/µl | 1 - 3 |
| Monocytes.<br>*Calculated* | 0.7 | 10^3/µl | 0.2 - 1.0 |
| Eosinophils.<br>*Calculated* | 0.26 | 10^3/µl | 0.02 - 0.5 |

Pallavi

**Dr. Pallavi Rath**
**MBBS, 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 |
|---|---|---|---|
| Basophils.<br>*Calculated* | **0** | 10^3/µl | 0.02 - 0.5 |
| **Platelet Parameters** | | | |
| Platelet Count<br>*Electrical impedance and microscopy* | 272 | 10^3/µl | 150 - 410 |
| Mean Platelet Volume (MPV)<br>*Calculated* | 10.2 | fL | 9.3 - 12.1 |
| PCT<br>*Calculated* | 0.3 | % | 0.17 - 0.32 |
| PDW<br>*Calculated* | 17.4 | fL | 8.3 - 25.0 |
| P-LCR<br>*Calculated* | 35.6 | % | 18 - 50 |
| P-LCC<br>*Calculated* | 97 | 10^9/L | 44 - 140 |
| Mentzer Index<br>*Calculated* | 16.64 | % | > 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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**Consultant Pathologist**

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

## Glucose Fasting

| Test Description | Value(s) | Unit(s) | Reference Range |
|---|---|---|---|
| Glucose Fasting<br>*Hexokinase* | **219** | 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.

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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 |
|---|---|---|---|
| **Liver Function Test (LFT)** | | | |
| Bilirubin Total<br>*Diazonium Salt* | 0.9 | mg/dL | 0.2 - 1.2 |
| Bilirubin Direct<br>*Diazo Reaction* | 0.3 | mg/dL | 0.0 - 0.5 |
| Bilirubin Indirect<br>*Calculated* | 0.6 | mg/dL | 0.1 - 1.0 |
| SGOT/AST<br>*Enzymatic [NADH (without P-5-P)]* | **38** | U/L | 11 - 34 |
| SGPT/ALT<br>*Enzymatic [NADH (without P-5-P)]* | **59** | U/L | < 45 |
| SGOT/SGPT Ratio | 0.64 | % | - |
| Alkaline Phosphatase<br>*Para-nitrophenyl phosphate (p-NPP)* | **128** | U/L | 50 – 116 |
| Total Protein<br>*Biuret* | 8 | g/dL | 6.4 - 8.3 |
| Albumin<br>*Colorimetric BCG* | 4.62 | g/dL | 3.5 - 5.2 |
| Globulin<br>*Calculated* | 3.38 | g/dL | 2.3 - 3.5 |
| Albumin :Globulin Ratio<br>*Calculated* | 1.37 | - | 1.3 - 2.1 |
| Gamma Glutamyl Transferase (GGT)<br>*L-Gamma-Glutamyl-3-Carboxy-4-Nitroanalide* | **192** | U/L | < 55 |

**Result rechecked. Please correlate clinically.**

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

## Kidney Function Test (KFT)

| Test Description | Value(s) | Unit(s) | Reference Range |
|---|---|---|---|
| Blood Urea<br>*Urease* | 19 | mg/dL | 19 - 44.1 |
| Bun<br>*Calculated* | **8.88** | mg/dL | 8.9 - 20.6 |
| Creatinine<br>*Kinetic Alkaline Picrate* | 0.69 | mg/dL | 0.6 - 1.3 |
| eGFR (CKD-EPI) | 119.21 | ml/min/1.73 sq m | Normal Or High: >= 90<br>Mild Or Decrease: 60-89<br>Mild To Moderate Decrease: 45-59<br>Mild To Severe Decrease: 30-44<br>Severe Decrease: 15-29<br>Kidney Failure: < 15 |
| Bun/Creatinine Ratio<br>*Calculated* | 12.87 | | 12 - 20 |
| Urea / Creatinine Ratio | 27.54 | | 25.68- 42.8 |
| Uric Acid<br>*Uricase* | 4 | mg/dL | 3.7 - 7.7 |
| Calcium Serum<br>*Arsenazo III* | 9 | mg/dL | 8.4 - 10.2 |
| Phosphorus<br>*Phosphomolybdate* | 3.1 | mg/dL | 2.3 - 4.7 |
| Sodium<br>*ISE-Indirect* | **135** | mmol/L | 136 - 145 |
| Potassium<br>*ISE-Indirect* | 4.3 | mmol/L | 3.5 - 5.1 |
| Chloride<br>*ISE-Indirect* | 99 | 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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| | | | |
|---|---|---|---|
| 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 |
|---|---|---|---|
| **Lipid Profile** | | | |
| Total Cholesterol<br>*Enzymatic* | **234** | mg/dL | <200 |
| Triglycerides<br>*Glycerol phosphate oxidase* | **188** | mg/dL | <150 |
| HDL Cholesterol<br>*Accelerator Selective Detergent* | 41 | mg/dL | > 40 |
| Non HDL Cholesterol<br>*Calculated* | **193** | mg/dL | <130 |
| LDL Cholesterol<br>*Calculated* | **155.4** | mg/dL | <100 |
| V.L.D.L Cholesterol<br>*Calculated* | **37.6** | mg/dL | <30 |
| Chol/HDL Ratio<br>*Calculated* | 5.71 | Ratio | - |
| HDL/ LDL Ratio<br>*Calculated* | 0.26 | Ratio | - |
| LDL/HDL Ratio<br>*Calculated* | 3.79 | Ratio | - |

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

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

| HDL Cholesterol | |
|---|---|
| Low | High |
| <40 | >=60 |

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

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

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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 |
|---|---|---|---|

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

**Major ASCVD (Atherosclerotic cardiovascular disease) Risk Factors**

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

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

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

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

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

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| Test Description | Value(s) | Unit(s) | Reference Range |
|---|---|---|---|
| **TSH 3rd Generation** | | | |
| Thyroid Stimulating Hormone (Ultrasensitive)<br>*CMIA* | 0.79 | mIU/L | 0.35 - 4.94 |

**Interpretation:**

| Pregnancy | Reference ranges TSH |
|---|---|
| 1st Trimester | 0.1 - 2.5 |
| 2nd Trimester | 0.2 - 3.0 |
| 3rd Trimester | 0.3 - 3.0 |

**Note:**
TSH levels are subject to circadian variation, reaching peak levels between 2-4 am. and at a minimum between 6-10 pm. The variation is of 50 %, hence time of the day has influence on the measured serum TSH concentrations.

**Clinical Use:**
- Diagnose Hypothyroidism and Hyperthyroidism
- Monitor T4 replacement or T4 suppressive therapy
- Qunatify TSH levels in the subnormal range

**Increased Levels :** Primary hypothyroidism, Subclinical hypothyroidis, TSH dependent Hyperthyroidism, Thyroid hormone resistance
**Decreased Levels:** Grace disease, Autonomous thyroid hormone secretion, TSH deficiency

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| Patient ID / UHID | Barcode NO : |
| 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)<br>*Double Indicator* | 6 | - | 4.5 - 8.0 |
| Specific Gravity<br>*Ion Exchange* | 1.02 | - | 1.010 - 1.030 |
| Urine Glucose (sugar)<br>*Oxidase / Peroxidase* | **Positive(++)** | - | Negative |
| Urine Protein (Albumin)<br>*Acid / Base Colour Excahnge* | Negative | - | Negative |
| Urine Ketones (Acetone)<br>*Legals Test* | Negative | - | Negative |
| Blood<br>*Peroxidase Hemoglobin* | Negative | - | Negative |
| Leucocyte esterase<br>*Enzymatic Reaction* | Negative | - | Negative |
| Bilirubin Urine<br>*Coupling Reaction* | Negative | - | Negative |
| Nitrite<br>*Griless Test* | Negative | - | Negative |
| Urobilinogen<br>*Ehrlichs Test* | Normal | - | Normal |
| **Microscopic Examination** | | | |
| Pus Cells (WBCs) | 1-2 | /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 exercise, orthostatic proteinuria, dehydration, urinary tract infections and acute illness with fever

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| | |
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| 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 ***

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