Redcliffe labs

Healthy India Ki Trusted Lab

# smart Health Report

An Insightful Health Analytics Report for Easier Understanding


Prepared For

www.redcliffelabs.com

Name

Gender

Patient ID

Age

### Your Health Summary

Understand Your Health At A Glance
Your Personalized Health Summary is Now Available.

# 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. **Comparative Health Insights**
   See what has improved and what needs attention
5. **Personalized Health Advisory**
   Actionable insights and expert guidance tailored just for you
6. **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

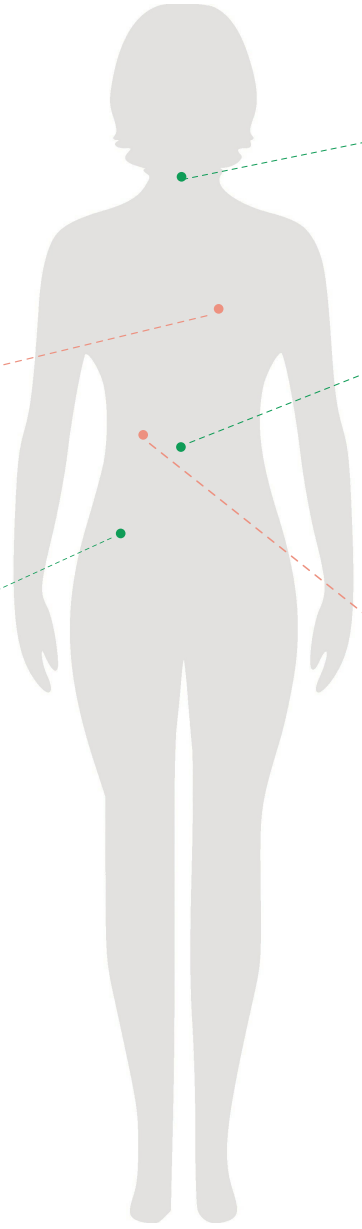
Age

## Your Health Summary

Understand Your Health At A Glance
Your Personalized Health Summary is Now Available.

All In Range  Borderline  Out Of Range

# Health Summary



### CARDIAC PROFILE

| Test Name | Result |
|---|---|
| HIGHLY SENSITIVE C-REACTIVE PROTEIN (hs-CRP) | 6.27 |
| Total Cholesterol | 256 |
| Non HDL Cholesterol | 204 |

+ 2 tests Please Watchout

### THYROID PROFILE

Everything looks good

### DIABETES MONITORING

Everything looks good

### KIDNEY PROFILE

Everything looks good

### LIVER PROFILE

| Test Name | Result |
|---|---|
| ALP | 150 |
| GGT | 64 |

Please Watchout

### ELECTROLYTES

Everything looks good

### ANEMIA STUDIES

Everything looks good

### VITAMIN PROFILE

Everything looks good

**Note**: This section offers a quick snapshot of selected parameters. For all parameters and detailed analysis with clinical interpretation, please refer to the following pages

Name

Gender

Patient ID

Age

### Your Health Summary

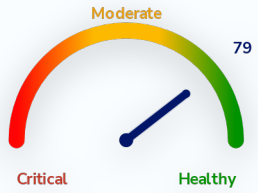
Understand Your Health At A Glance
Your Personalized Health Summary is Now Available.

# Quick Health Summary

## Personal Insights - Health Score

**79**

Overall, most parameters are within normal ranges, indicating good general health. The Inflammation and Liver profiles may affect your comfort and energy levels, so consider incorporating anti-inflammatory foods like fruits, vegetables, and omega-3 rich options, along with balanced meals. Regular physical activity such as walking or yoga, routine check-ups, and timely consultation with your healthcare provider can support ongoing well-being. Remember, small changes in daily habits can lead to meaningful improvements in your health and vitality.




*Note - Higher scores tentatively indicate better health status*

## Summary of Key Health Indicators

| Total Parameters Tested | Borderline Results | Out Of Range Results |
|---|---|---|
| 97 | 0 | 9 |

## Health Status by Body System

| Profile | Total | Borderline | Out of Range | Key Results |
|---|---|---|---|---|
| Cardiac Profile | 10 | 0 | 5 | HsCRP **(6.27)**<br>Total Cholesterol **(256)**<br>Non - HDL Cholesterol **(204)**<br>LDL Cholesterol **(177.6)**<br>HDL : LDL ratio **(0.29)** |
| Liver Profile | 14 | 0 | 2 | ALP **(150)**<br>GGT **(64)** |
| Blood Disorder | 16 | 0 | 1 | Abs. Basophil Count **(0.01)** |
| Inflammation | 1 | 0 | 1 | ESR **(35)** |
| Allergy Panel | 1 | 0 | 0 | All In Range |
| Anemia Studies | 9 | 0 | 0 | All In Range |
| Infectious Diseases | 4 | 0 | 0 | All In Range |
| Diabetes Monitoring | 4 | 0 | 0 | All In Range |
| Kidney Profile | 12 | 0 | 0 | All In Range |

| Profile | Total | Borderline | Out of Range | Key Results |
|---|---|---|---|---|
| Electrolytes | 4 | 0 | 0 | All In Range |
| Iron | 4 | 0 | 0 | All In Range |
| Vitamin Profile | 2 | 0 | 0 | All In Range |
| Thyroid Profile | 3 | 0 | 0 | All In Range |
| Urinalysis | 12 | 0 | 0 | All In Range |

Name

Gender

Patient ID

Age

## Your Health Summary

Understand Your Health At A Glance
Your Personalized Health Summary is Now Available.

# Report Summary

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

## CARDIAC PROFILE

| Test Name | Result unit | Range |
|---|---|---|
| HIGHLY SENSITIVE C-REACTIVE PROTEIN (hs-CRP) | **6.27** mg/L | < 1 |
| Total Cholesterol | **256** mg/dL | < 200 |
| Triglycerides | 132 mg/dL | < 150 |
| HDL Cholesterol | 52 mg/dL | 40 - 80 |
| Non HDL Cholesterol | **204** mg/dL | < 130 |
| LDL Cholesterol | **177.6** mg/dL | 30 - 100 |
| V.L.D.L Cholesterol | 26.4 mg/dL | < 30 |
| Chol/HDL Ratio | 4.92 Ratio | 3.5 - 5 |
| HDL/ LDL Ratio | **0.29** Ratio | 0.5 - 3 |
| LDL/HDL Ratio | 3.42 Ratio | |

## ALLERGY PANEL

| Test Name | Result unit | Range |
|---|---|---|
| IMMUNOGLOBULIN IgE TOTAL SERUM | 52.12 IU/mL | < 100 |

## ANEMIA STUDIES

| Test Name | Result unit | Range |
|---|---|---|
| Hemoglobin | 13.2 g/dL | 12 - 15 |
| PCV | 39.8 % | 36 - 46 |
| MCV | 91.2 fl | 83 - 101 |
| MCH | 30.3 pg | 27 - 32 |
| MCHC | 33.2 g/dL | 31.5 - 34.5 |
| RDW (CV) | 13.4 % | 11.6 - 14 |
| RDW-SD | 41.4 fl | 35.1 - 43.9 |
| Mentzer Index | 20.73 % | |
| Red blood Cells | Absent /hpf | |

Name

Gender

Patient ID

Age

**Your Health Summary**

Understand Your Health At A Glance
Your Personalized Health Summary is Now Available.

# Report Summary

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

## BLOOD DISORDER

| Test Name | Result unit | Range |
|---|---|---|
| TLC | 6.6 10^3/µl | 4 - 10 |
| Neutrophils | 58 % | 40 - 80 |
| Lymphocytes | 31.3 % | 20 - 40 |
| Monocytes | 8.5 % | 2 - 10 |
| Eosinophils | 2 % | 1 - 6 |
| Basophils | 0.2 % | < 2 |
| Neutrophils. | 3.83 10^3/µl | 2 - 7 |
| Lymphocytes. | 2.07 10^3/µl | 1 - 3 |
| Monocytes. | 0.56 10^3/µl | 0.2 - 1 |
| Eosinophils. | 0.13 10^3/µl | 0.02 - 0.5 |
| Basophils. | **0.01** 10^3/µl | 0.02 - 0.5 |
| Platelet Count | 254 10^3/µl | 150 - 410 |
| Mean Platelet Volume (MPV) | 10.5 fL | 9.3 - 12.1 |
| PDW | 18.6 fL | 8.3 - 25 |
| P-LCR | 41.2 % | 18 - 50 |
| P-LCC | 105 10^9/L | 44 - 140 |

## INFECTIOUS DISEASES

| Test Name | Result unit | Range |
|---|---|---|
| PCT | 0.3 % | 0.17 - 0.32 |
| Deposit | Absent | |
| Yeast Cells | Absent | |
| Protozoa | Absent | |

## INFLAMMATION

| Test Name | Result unit | Range |
|---|---|---|
| ESR - Erythrocyte Sedimentation Rate | **35** mm/hr | < 20 |

## DIABETES MONITORING

| Test Name | Result unit | Range |
|---|---|---|
| Glycosylated Hemoglobin (HbA1c) | 5.5 % | < 5.6 |
| Estimated Average Glucose | 111.15 mg/dL | |
| Glucose Fasting | 92 mg/dL | 70 - 100 |
| Urine Glucose (sugar) | Negative | |

Name

Gender

Patient ID

Age

**Your Health Summary**

Understand Your Health At A Glance
Your Personalized Health Summary is Now Available.

# Report Summary

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

## LIVER PROFILE

| Test Name | Result unit | Range |
|---|---|---|
| Bilirubin Total | 0.41 mg/dL | 0.2 - 1.2 |
| Bilirubin Direct | 0.13 mg/dL | < 0.5 |
| Bilirubin Indirect | 0.28 mg/dL | 0.1 - 1 |
| SGOT/AST | 20 U/L | 5 - 34 |
| SGPT/ALT | 20 U/L | < 55 |
| SGOT/SGPT Ratio | 1 % | |
| Alkaline Phosphatase | **150** U/L | 46 - 122 |
| Total Protein | 7.1 g/dL | 6.4 - 8.3 |
| Albumin | 4.37 gm/dL | 3.8 - 5 |
| Globulin | 2.73 g/dL | 2.3 - 3.5 |
| Albumin :Globulin Ratio | 1.6 | 1 - 2.1 |
| Gamma Glutamyl Transferase (GGT) | **64** U/L | 9 - 36 |
| Bilirubin Urine | Negative | |
| Urobilinogen | Normal | |

## KIDNEY PROFILE

| Test Name | Result unit | Range |
|---|---|---|
| Blood Urea | 21.186 mg/dL | 18 - 55 |
| Bun | 9.9 mg/dL | 9.8 - 20.1 |
| Creatinine | 0.74 mg/dL | 0.57 - 1.11 |
| eGFR (CKD-EPI) | 89.76 ml/min/1.73 sq m | |
| Bun/Creatinine Ratio | 13.38 | 12 - 20 |
| Urea / Creatinine Ratio | 28.63 | 25.68 - 42.8 |
| Uric Acid | 5.5 mg/dL | 2.6 - 6 |
| Calcium Serum | 10 mg/dL | 8.8 - 10 |
| Urine Protein (Albumin) | Negative | |
| Blood | Negative | |
| Crystals | Absent | |
| Cast | Absent | |

## ELECTROLYTE PROFILE

| Test Name | Result unit | Range |
|---|---|---|
| Phosphorus | 2.3 mg/dL | 2.3 - 4.7 |
| Sodium | 136 mmol/L | 136 - 145 |
| Potassium | 4.6 mmol/L | 3.5 - 5.1 |
| Chloride | 106 mmol/L | 98 - 107 |

Name

Gender

Patient ID

Age

**Your Health Summary**

Understand Your Health At A Glance
Your Personalized Health Summary is Now Available.

# Report Summary

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

## IRON

| Test Name | Result unit | Range |
|---|---|---|
| Iron | 66 µg/dL | 50 - 170 |
| TIBC,(Total Iron Binding Capacity) | 278 µg/dL | 250 - 450 |
| UIBC | 212 µg/dL | 70 - 310 |
| Transferrin Saturation | 23.74 % | 14 - 50 |

## VITAMIN PROFILE

| Test Name | Result unit | Range |
|---|---|---|
| Vitamin - B12 | 468 pg/mL | 187 - 883 |
| Vitamin D 25 - Hydroxy | 33.57 ng/mL | 30 - 100 |

## THYROID PROFILE

| Test Name | Result unit | Range |
|---|---|---|
| Triiodothyronine (T3) | 93.5 ng/dL | 35 - 193 |
| Total Thyroxine (T4) | 8.27 µg/dL | 4.87 - 11.2 |
| Thyroid Stimulating Hormone (Ultrasensitive) | 1.8 µIU/mL | 0.35 - 4.94 |

## URINALYSIS

| Test Name | Result unit | Range |
|---|---|---|
| Volume | 20 mL | |
| Colour | Pale Yellow | |
| Transparency | Clear | |
| Reaction (pH) | 5.5 | 5.5 - 8 |
| Specific Gravity | 1.025 0 | 1.01 - 1.03 |
| Urine Ketones (Acetone) | Negative | |
| Leucocyte esterase | Negative | |
| Nitrite | Negative | |
| Pus Cells (WBCs) | 3-4 /hpf | |
| Epithelial Cells | 4-5 /hpf | |
| Amorphous deposits | Absent | |
| Bacteria | Absent | |

Name

Gender

Patient ID

Age

**Your Health Summary**

Understand Your Health At A Glance
Your Personalized Health Summary is Now Available.

# Comparative Health Summary

● In Range ● Borderline ● Out Of Range

## Personal Health Score Change

Your health score is **79/100** (05-04-2026)

| Summary of Key Improvements / Declines | Outcome |
|---|---|
| Total parameters improved | 3 of 69 parameters tested earlier |
| • Lymphocytes • Vitamin - B12 • Vitamin D 25 - Hydroxy | |
| New Out of range parameters detected | 0 new issues |

## Parameter-Wise Comparison

| Parameter | Current 05-04-2026 | Previous | Range | Value Change | Trend |
|---|---|---|---|---|---|
| Lymphocytes | ● 31.3 | ● 44 23-10-2024 | 20-40 % | -12.7 | Improved |
| Basophils. | ● 0.01 | ● 0 23-10-2024 | 0.02-0.5 10^3/µl | +0 | Still out of range |
| ESR - Erythrocyte Sedimentation Rate | ● 35 | ● 32 23-10-2024 | 0-20 mm/hr | +3 | Still out of range |
| Alkaline Phosphatase | ● 150 | ● 182 23-10-2024 | 46-122 U/L | -32 | Still out of range |
| Gamma Glutamyl Transferase (GGT) | ● 64 | ● 39 23-10-2024 | 9-36 U/L | +25 | Still out of range |
| Total Cholesterol | ● 256 | ● 245 23-10-2024 | 0-200 mg/dL | +11 | Still out of range |
| Non HDL Cholesterol | ● 204 | ● 196 23-10-2024 | 0-130 mg/dL | +8 | Still out of range |
| LDL Cholesterol | ● 177.6 | ● 167.6 23-10-2024 | 30-100 mg/dL | +10 | Still out of range |
| HDL/ LDL Ratio | ● 0.29 | ● 0.29 23-10-2024 | 0.5-3.0 Ratio | 0 | Still out of range |

| Parameter | Current 05-04-2026 | Previous | Range | Value Change | Trend |
|---|---|---|---|---|---|
| Vitamin - B12 | 468 | 144 23-10-2024 | 187-883 pg/mL | +324 | Improved |
| Vitamin D 25 - Hydroxy | 33.57 | 7.33 23-10-2024 | 30-100 ng/mL | +26.2 | Improved |

Name

Gender

Patient ID

Age

## Your Health Summary

Understand Your Health At A Glance
Your Personalized Health Summary is Now Available.

# Health Advisory

In Range  Borderline (BL)  Out Of Range

## Cardiac Profile

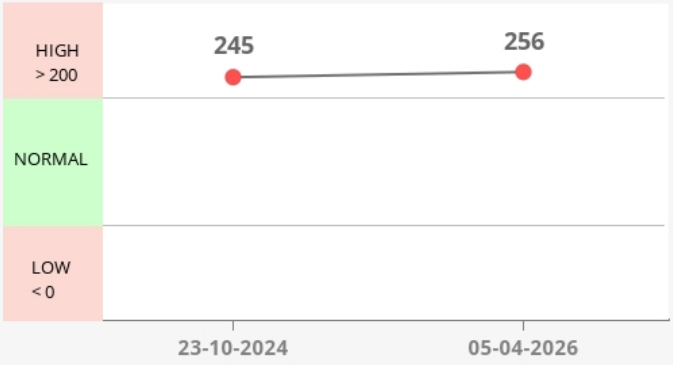
Most people believe they are safe from heart diseases, but in reality, heart diseases are the leading cause of death in the world. There are many different forms of heart disease. Narrowing or blockage of the coronary arteries is the most common cause of heart disease, which are the vessels that supply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

### HIGHLY SENSITIVE C-REACTIVE PROTEIN (hs-CRP): 6.27 mg/L

OUT OF RANGE

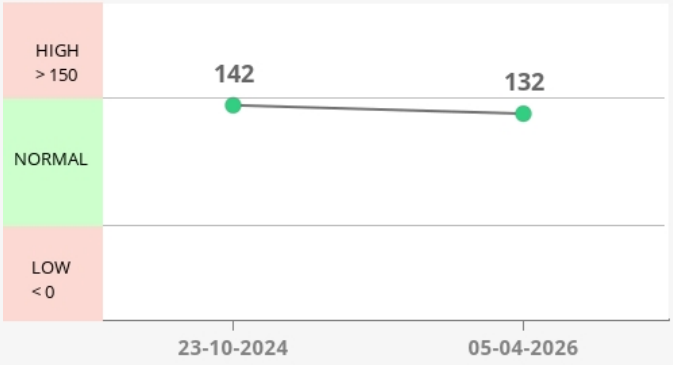

### Total Cholesterol: 256 mg/dL

OUT OF RANGE

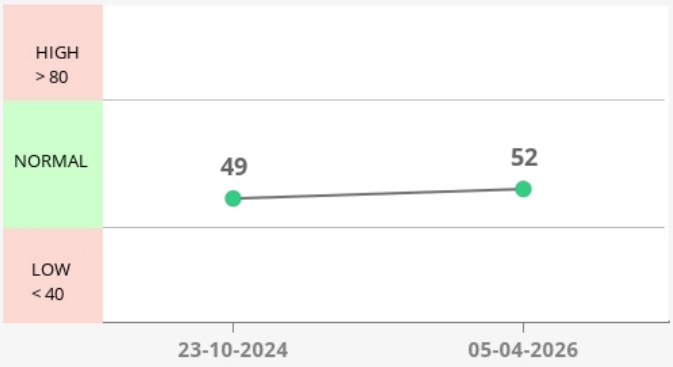



### Triglycerides: 132 mg/dL

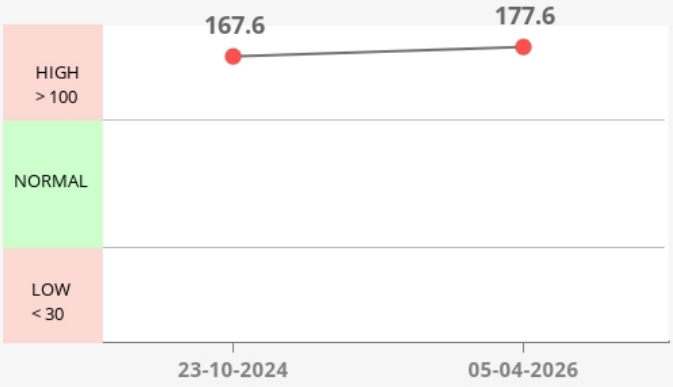
IN RANGE



**HDL Cholesterol: 52** mg/dL — IN RANGE



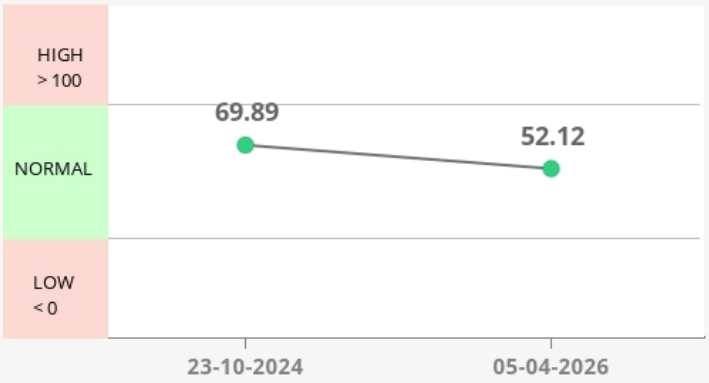

**LDL Cholesterol: 177.6** mg/dL — OUT OF RANGE




## Allergy Panel

Allergy is an exaggerated response of the body's immune system to natural substances (Dust, Food, Pet dander, Mold) in the environment that does not bother most other people.That can result in a lot of symptoms such as sneezing, runny nose, itching, asthma, rashes, or swelling.

**IMMUNOGLOBULIN IgE TOTAL SERUM: 52.12** IU/mL — IN RANGE

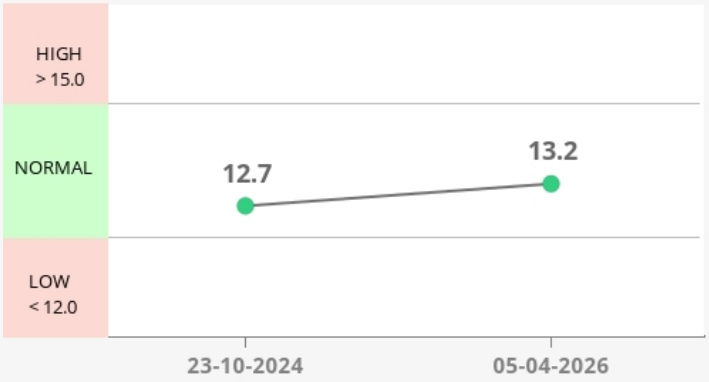


## Anemia Profile

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

**Hemoglobin: 13.2** g/dL

● IN RANGE

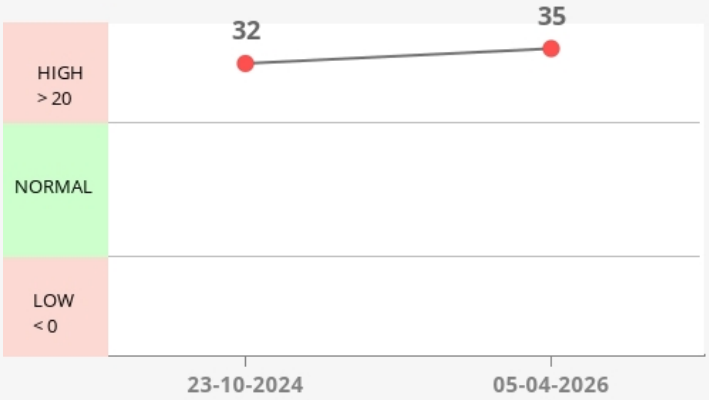



## Inflammation

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

**ESR - Erythrocyte Sedimentation Rate: 35** mm/hr

● OUT OF RANGE

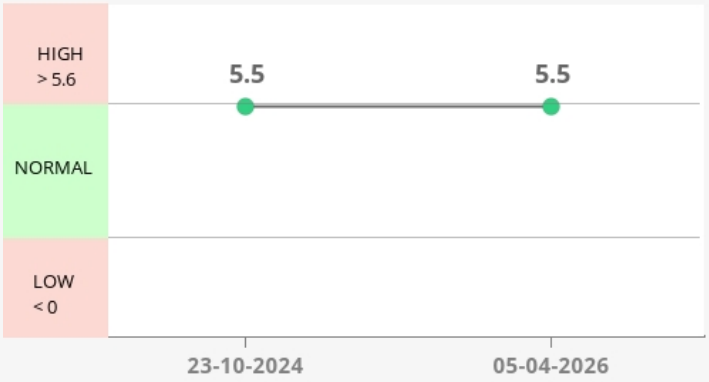


## Diabetes

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

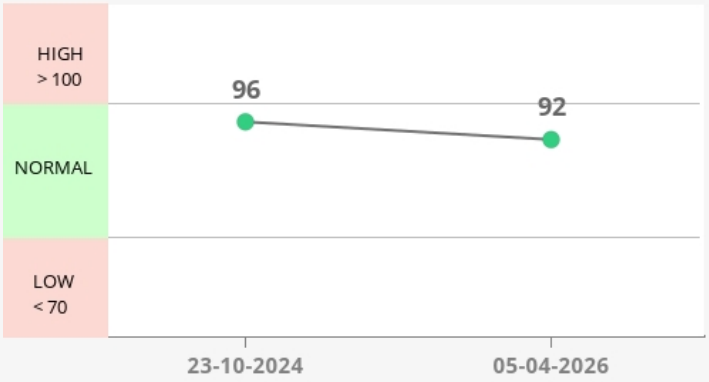
### Glycosylated Hemoglobin (HbA1c): 5.5 %

IN RANGE




### Glucose Fasting: 92 mg/dL

IN RANGE

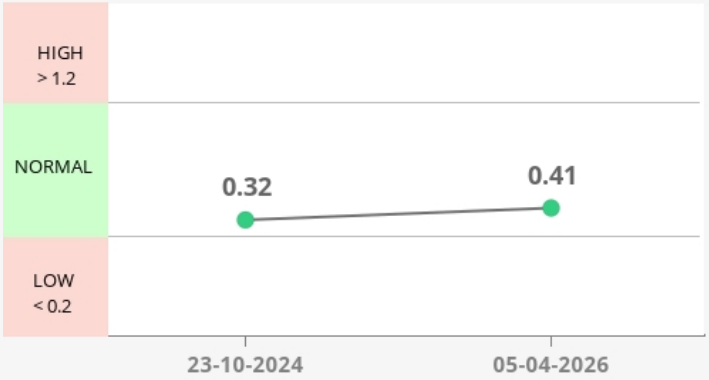


## Liver Profile

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

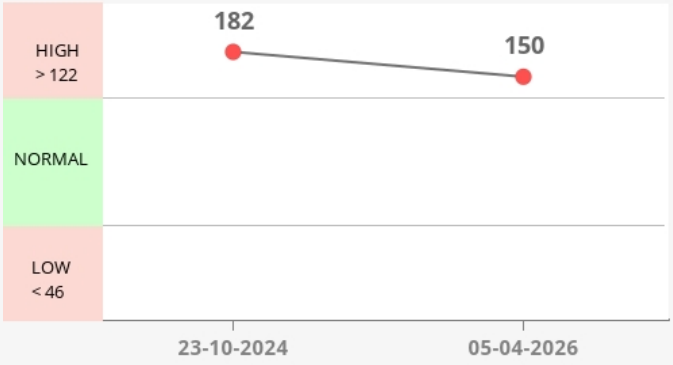
### Bilirubin Total: 0.41 mg/dL

IN RANGE



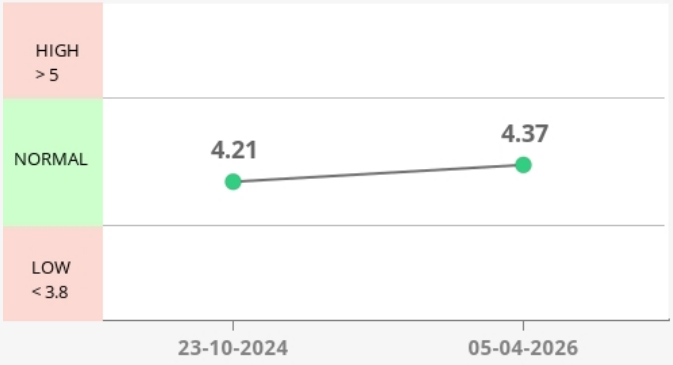

### Alkaline Phosphatase: 150 U/L

OUT OF RANGE



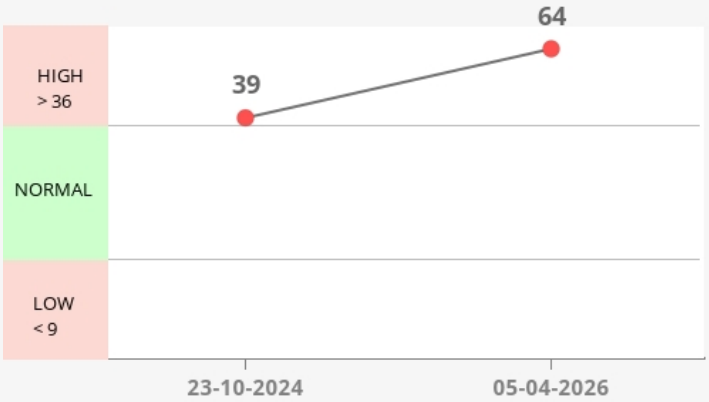

### Albumin: 4.37 gm/dL

IN RANGE




### Gamma Glutamyl Transferase (GGT): 64 U/L

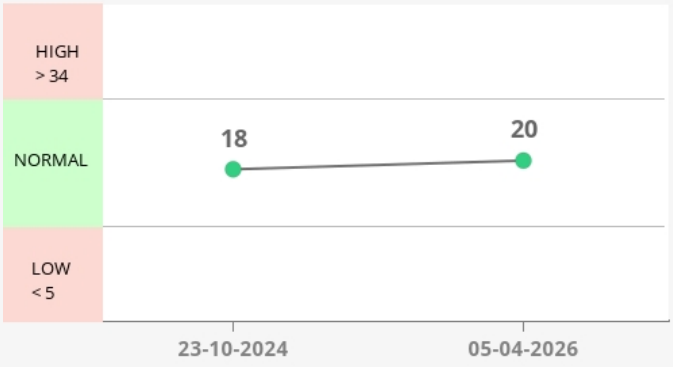
OUT OF RANGE



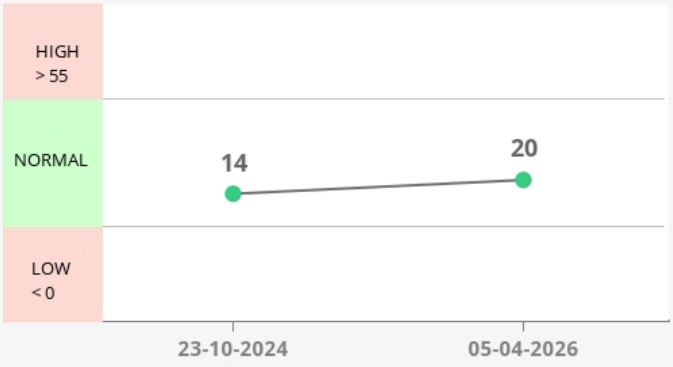
## Enzymes

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: 20** U/L — IN RANGE



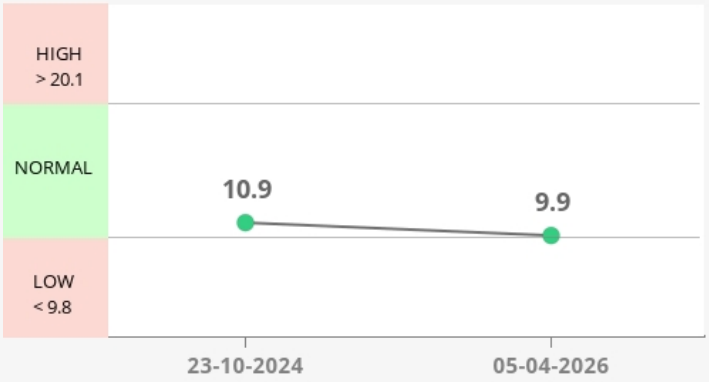

**SGPT/ALT: 20** U/L — IN RANGE



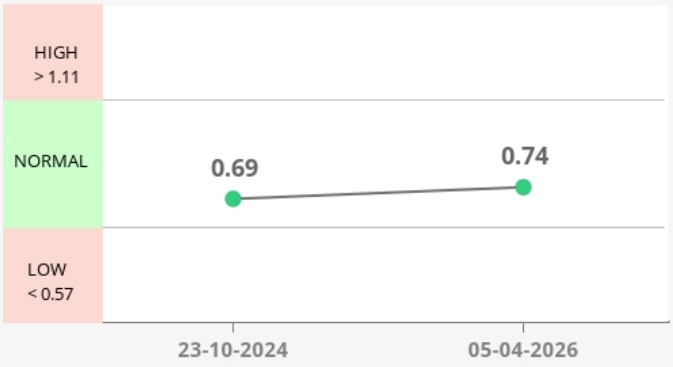

## Kidney Profile

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

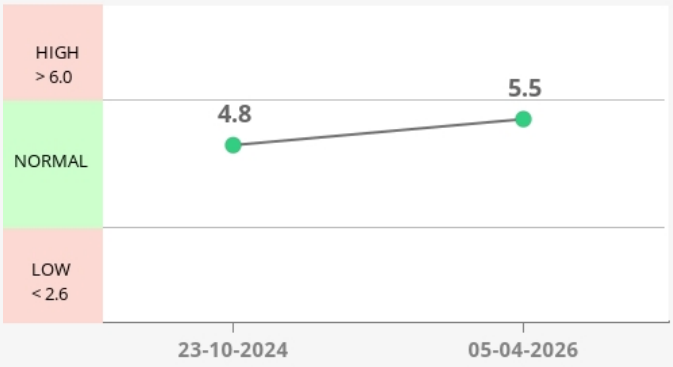
**Bun: 9.9** mg/dL — IN RANGE



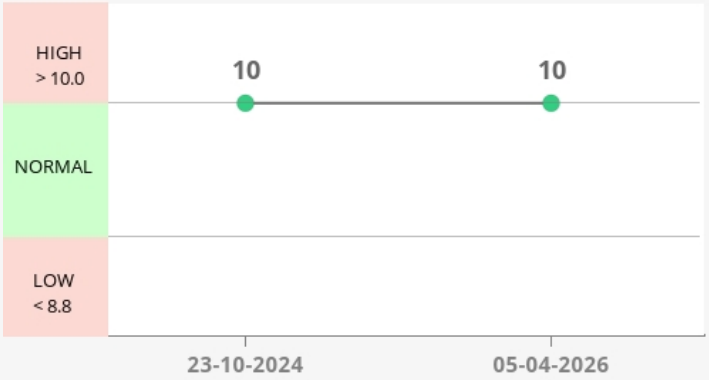
**Creatinine: 0.74** mg/dL — IN RANGE




**Uric Acid: 5.5** mg/dL — IN RANGE



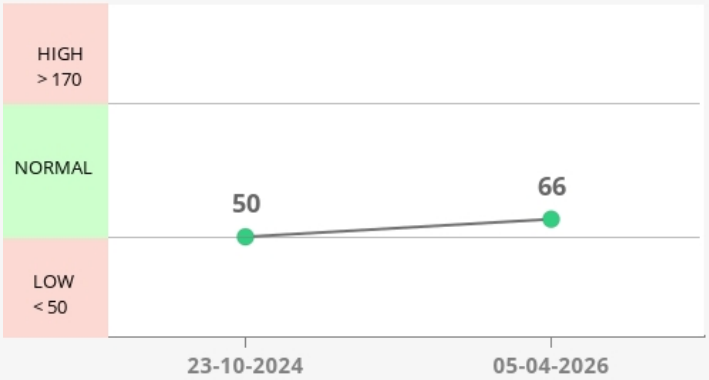

**Calcium Serum: 10** mg/dL — IN RANGE




## Iron

Iron is an essential mineral that helps in the formation of hemoglobin, which carries oxygen in the blood. Iron tests are performed to evaluate iron deficiency, anemia, and conditions related to iron overload.

**Iron: 66** µg/dL — IN RANGE

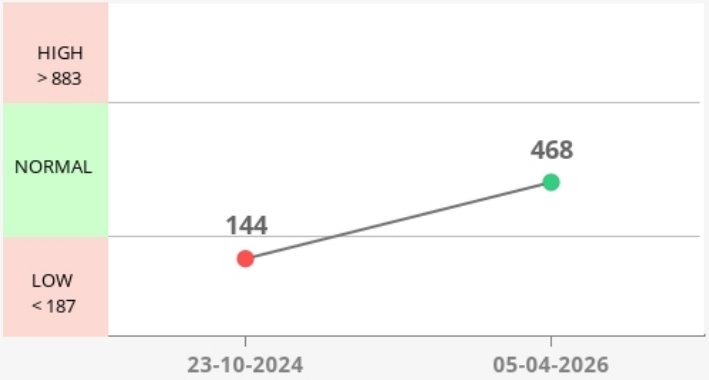


## Vitamins Profile

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

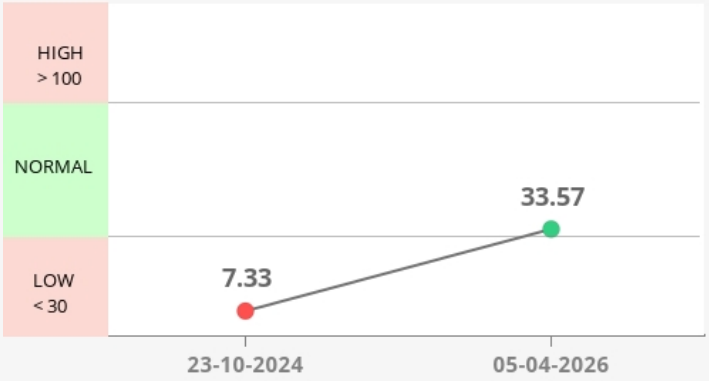
### Vitamin - B12: 468 pg/mL

● IN RANGE




### Vitamin D 25 - Hydroxy: 33.57 ng/mL

● IN RANGE

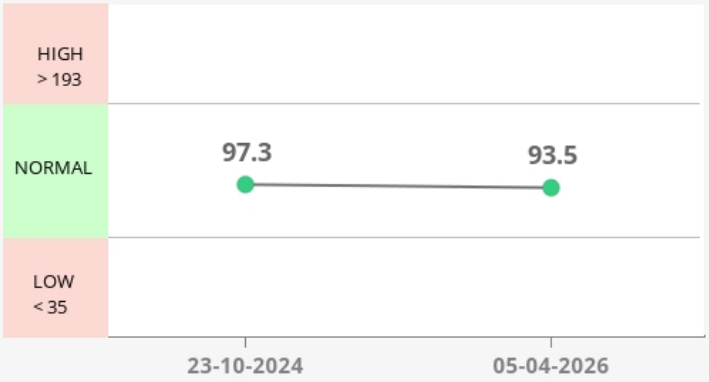


## Thyroid

This panel is used to check the imbalance in your thyroid gland. A healthy thyroid gland is very important for metabolism, controlling body temperature, regulation of mood, muscle strength and regulation of body weight

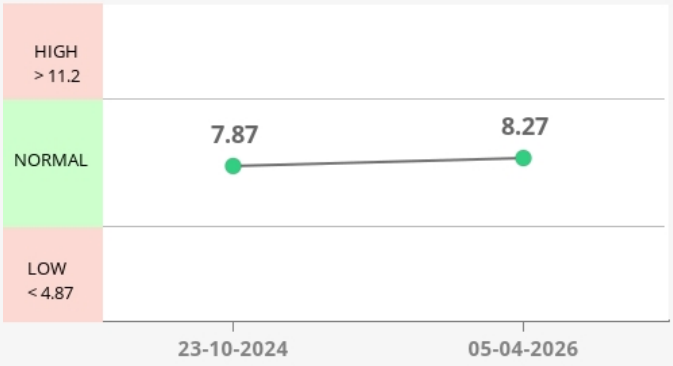
### Triiodothyronine (T3): 93.5 ng/dL

● IN RANGE



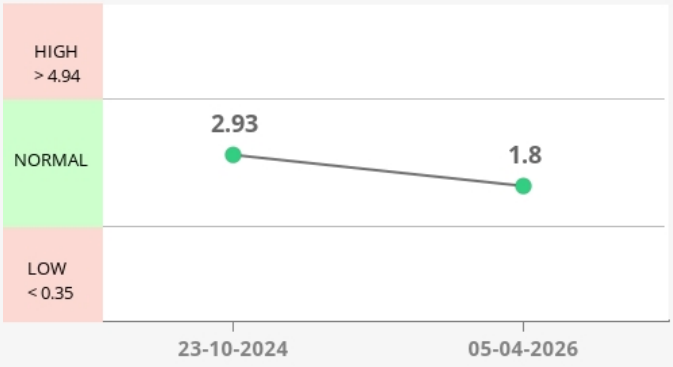

### Total Thyroxine (T4): 8.27 µg/dL

● IN RANGE




### Thyroid Stimulating Hormone (Ultrasensitive): 1.8 µlU/mL

● IN 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 : | |

## Advance Full Body Checkup with Free Heart Test (HsCRP)

### Complete Blood Count (CBC)

| Test Description | Value(s) | Unit(s) | Reference Range |
|---|---|---|---|
| **RBC Parameters** | | | |
| Hemoglobin<br>*Spectrophotometry* | 13.2 | g/dL | 12.0 - 15.0 |
| RBC Count<br>*Electrical impedance* | 4.4 | 10^6/µl | 3.8 - 4.8 |
| PCV<br>*Calculated* | 39.8 | % | 36 - 46 |
| MCV<br>*Numerical Integration* | 91.2 | fl | 83 - 101 |
| MCH<br>*Calculated* | 30.3 | pg | 27 - 32 |
| MCHC<br>*Calculated* | 33.2 | g/dL | 31.5 - 34.5 |
| RDW (CV)<br>*Calculated* | 13.4 | % | 11.6 - 14.0 |
| RDW-SD<br>*Calculated* | 41.4 | fl | 35.1 - 43.9 |
| **WBC Parameters** | | | |
| TLC<br>*Electrical Impedance (Leishman Stain & Microscopy)* | 6.6 | 10^3/µl | 4 - 10 |
| **Differential Leucocyte Count** | | | |
| Neutrophils<br>*Flow Cytometry ( Leishman Stain & Microscopy )* | 58 | % | 40-80 |
| Lymphocytes<br>*Flow Cytometry ( Leishman Stain & Microscopy )* | 31.3 | % | 20-40 |
| Monocytes<br>*Flow Cytometry ( Leishman Stain & Microscopy )* | 8.5 | % | 2-10 |
| Eosinophils<br>*Flow Cytometry ( Leishman Stain & Microscopy )* | 2 | % | 1-6 |
| Basophils<br>*Electrical Impedance (Leishman stain & Microscopy)* | 0.2 | % | <2 |
| **Absolute Leukocyte Counts**<br>***Calculated*** | | | |
| Neutrophils. | 3.83 | 10^3/µl | 2 - 7 |
| Lymphocytes.<br>*Calculated* | 2.07 | 10^3/µl | 1 - 3 |
| Monocytes.<br>*Calculated* | 0.56 | 10^3/µl | 0.2 - 1.0 |
| Eosinophils.<br>*Calculated* | 0.13 | 10^3/µl | 0.02 - 0.5 |
| Basophils. | **0.01 L*** | 10^3/µl | 0.02 - 0.5 |

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

Dr. Bansal Noopur KalyanPrasad
Consultant Pathologist
Reg No. 162022

| | |
|---|---|
| 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 |
|---|---|---|---|
| *Calculated* | | | |
| **Platelet Parameters** | | | |
| Platelet Count<br>*Electrical Impedance (Leishman Stain & Microscopy)* | 254 | 10^3/µl | 150 - 410 |
| Mean Platelet Volume (MPV)<br>*Calculated* | 10.5 | fL | 9.3 - 12.1 |
| PCT<br>*Calculated* | 0.3 | % | 0.17 - 0.32 |
| PDW<br>*Calculated* | 18.6 | fL | 8.3 - 25.0 |
| P-LCR<br>*Calculated* | 41.2 | % | 18 - 50 |
| P-LCC<br>*Calculated* | 105 | 10^9/L | 44 - 140 |
| Mentzer Index<br>*Calculated* | 20.73 | % | - |

**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.

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

Dr. Bansal Noopur KalyanPrasad
Consultant Pathologist
Reg No. 162022

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

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

**Erythrocyte Sedimentation Rate (ESR)**

| | | | |
|---|---|---|---|
| ESR - Erythrocyte Sedimentation Rate<br>*MODIFIED WESTERGREN* | **35 H*** | mm/hr | 0 - 20 |

**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

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

Dr. Bansal Noopur KalyanPrasad
Consultant Pathologist
Reg No. 162022

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

## HbA1C (Glycosylated Haemoglobin)

| | | | |
|---|---|---|---|
| Glycosylated Hemoglobin (HbA1c)<br>*HPLC* | 5.5 | % | <5.7 |
| Estimated Average Glucose<br>*calculated.* | 111.15 | mg/dL | - |

**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<br>Goal of therapy: < 7.0<br>Age < 19 years<br>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 |

Dr. Bansal Noopur KalyanPrasad
Consultant Pathologist
Reg No. 162022

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

## Blood Sugar Fasting

| | | | |
|---|---|---|---|
| Glucose Fasting<br>*Hexokinase* | 92 | mg/dL | 70 - 100 |

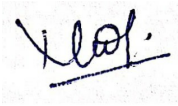
**Interpretation:**

| 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.



Dr. Bansal Noopur KalyanPrasad
Consultant Pathologist
Reg No. 162022

| | | | |
|---|---|---|---|
| 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* | 0.41 | mg/dL | 0.2 - 1.2 |
| Bilirubin Direct<br>*Diazo Reaction* | 0.13 | mg/dL | 0.0 - 0.5 |
| Bilirubin Indirect<br>*Calculation (T Bil - D Bil)* | 0.28 | mg/dL | 0.1 - 1.0 |
| SGOT/AST<br>*Enzymatic {NADH (without P5P)}* | 20 | U/L | 5 - 34 |
| SGPT/ALT<br>*Enzymatic {NADH (without P5P)}* | 20 | U/L | 0 to 55 |
| SGOT/SGPT Ratio<br>*calculated* | 1 | - | - |
| Alkaline Phosphatase<br>*paranitrophenyl phosphate* | **150 H*** | U/L | 46 - 122 |
| Total Protein<br>*Biuret* | 7.1 | g/dL | 6.4 - 8.3 |
| Albumin<br>*BCG* | 4.37 | gm/dL | 3.8 - 5.0 |
| Globulin<br>*Calculation (T.P - Albumin)* | 2.73 | g/dL | 2.3 - 3.5 |
| Albumin :Globulin Ratio<br>*Calculation (Albumin/Globulin)* | 1.6 | - | 1.0 - 2.1 |
| Gamma Glutamyl Transferase (GGT)<br>*Photometric* | **64 H*** | U/L | 9 to 36 |

**Interpretation:**
The liver filters blood, metabolizes nutrients, detoxifies harmful substances, and produces blood clotting proteins. Liver cells contain enzymes that facilitate these functions. When cells are damaged, enzymes leak into the blood, detectable through blood tests.

Key enzymes tested:
**1. AST (SGOT):** may indicate tissue injury / damage in muscles or liver.
**2. ALT (SGPT):** Primarily in the liver. Elevated ALT and AST suggest liver damage.
**3. Alkaline Phosphatase & GGT:** Linked to bile production and flow. Elevated levels may indicate bile flow issues related to the liver, gallbladder, or bile ducts.

Blood proteins, **albumin and globulin**, are essential for growth, development, and health.
**1. Low protein:** May indicate bleeding, liver disorders, malnutrition, or agammaglobulinemia.
**2. High protein (Hyperproteinemia):** Often due to dehydration or increased protein production.
**3. Low albumin:** Caused by poor diet, kidney, or liver disease.
**4. High albumin:** Usually due to severe dehydration.

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

Dr. Bansal Noopur KalyanPrasad
Consultant Pathologist
Reg No. 162022

| | | | |
|---|---|---|---|
| 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>*Calculated* | 21.186 | mg/dL | 18 - 55 |
| Bun<br>*Urease* | 9.9 | mg/dL | 9.8 - 20.1 |
| Creatinine<br>*kinetic alkaline picrate* | 0.74 | mg/dL | 0.57 - 1.11 |
| eGFR (CKD-EPI) | 89.76 | 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* | 13.38 | | 12 - 20 |
| Urea / Creatinine Ratio<br>*Calculated* | 28.63 | | 25.68- 42.8 |
| Uric Acid<br>*Uricase* | 5.5 | mg/dL | 2.6 - 6.0 |
| Calcium Serum<br>*Arsenazo III* | 10 | mg/dL | 8.8 - 10.0 |
| Phosphorus<br>*phosphomolybdate.* | 2.3 | mg/dL | 2.3 - 4.7 |
| Sodium<br>*Ion selective Electrode-Indirect.* | 136 | mmol/L | 136 - 145 |
| Potassium<br>*Ion selective Electrode-Indirect.* | 4.6 | mmol/L | 3.5 - 5.1 |
| Chloride<br>*Ion selective Electrode-Indirect.* | 106 | 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."**

Dr. Bansal Noopur KalyanPrasad
Consultant Pathologist
Reg No. 162022

| | | | |
|---|---|---|---|
| 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 CHOD-PAP* | **256 H*** | mg/dL | <200 |
| Triglycerides<br>*Glycerol phosphate oxidase* | 132 | mg/dL | <150 |
| HDL Cholesterol<br>*cholesterol oxidase and peroxidase* | 52 | mg/dL | >40 |
| Non HDL Cholesterol<br>*Calculated* | **204 H*** | mg/dL | <130 |
| LDL Cholesterol<br>*Calculated* | **177.6 H*** | mg/dL | <100 |
| V.L.D.L Cholesterol<br>*Calculated* | 26.4 | mg/dL | < 30 |
| Chol/HDL Ratio<br>*Calculated* | 4.92 | Ratio | 3.5 - 5.0 |
| HDL/ LDL Ratio<br>*Calculated* | **0.29 L*** | Ratio | 0.5 - 3.0 |
| LDL/HDL Ratio<br>*Calculated* | 3.42 | 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 |

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

Dr. Bansal Noopur KalyanPrasad
Consultant Pathologist
Reg No. 162022

| | | | |
|---|---|---|---|
| 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.**

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

Dr. Bansal Noopur KalyanPrasad
Consultant Pathologist
Reg No. 162022

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

| Test Description | Value(s) | Unit(s) | Reference Range |
|---|---|---|---|
| **Iron Studies** | | | |
| Iron<br>*Ferrozine* | 66 | µg/dL | 50 - 170 |
| TIBC,(Total Iron Binding Capacity)<br>*Calculated* | 278 | µg/dL | 250 - 450 |
| UIBC<br>*Ferrozine* | 212 | µg/dL | 70 - 310 |
| Transferrin Saturation<br>*Calculated* | 23.74 | % | 14 - 50 |

**Interpretation:**
Increased levels due to iron ingestion or ineffective erythropoiesis.Decreased levels due to infection, inflammation, malignancy, menstruation and Fe deficiency.Needs to be taken into consideration with TIBC. Transferrin Saturation:- Low level Transferrin Saturation can indicate iron deficiency, erythropoiesis, infection, or inflammation. High level Transferrin Saturation can indicate recent ingestion of dietary iron,ineffective erythropoiesis,haemochromatosis or liver disease.High TIBC, UIBC, or transferrin usually indicates iron deficiency, but they are also increased in pregnancy and with the use of oral contraceptives. Low TIBC, UIBC, or transferrin may occur if someone has:Hemochromatosis, Certain types of anemia due to accumulated iron,Malnutrition,kidney disease that causes a loss of protein in urine.

Dr. Bansal Noopur KalyanPrasad
Consultant Pathologist
Reg No. 162022

| | | | |
|---|---|---|---|
| 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 Sensitivity C-Reactive Protein (Hs-CRP)

| | | | |
|---|---|---|---|
| HIGHLY SENSITIVE C-REACTIVE PROTEIN (hs-CRP)<br>*immunoturbidimetric* | **6.27 H*** | mg/L | < 1.00 |

**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.

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

Dr. Bansal Noopur KalyanPrasad
Consultant Pathologist
Reg No. 162022

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

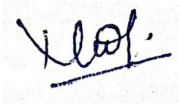
| Test Description | Value(s) | Unit(s) | Reference Range |
|---|---|---|---|

**Vitamin B12 / Cyanocobalamin**

| | | | |
|---|---|---|---|
| Vitamin - B12<br>*CMIA* | 468 | pg/mL | 187 - 883 |

**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."



Dr. Bansal Noopur KalyanPrasad
Consultant Pathologist
Reg No. 162022

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

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

**Vitamin D 25 Hydroxy**

| | | | |
|---|---|---|---|
| Vitamin D 25 - Hydroxy<br>*CMIA* | 33.57 | ng/mL | Deficiency:<10ng/ml<br>Insufficient:10-30ng/ml<br>Sufficient:>30-100ng/ml<br>Hypervitaminosis:>100ng/ml |

**Interpretation:**
25-Hydroxy vitamin D represents the main body reservoir and transport form. Mild to moderate deficiency is associated with Osteoporosis / Secondary Hyperparathyroidism while severe deficiency causes Rickets in children and Osteomalacia in adults. Prevalence of Vitamin D deficiency is approximately >50% specially in the elderly. This assay is useful for diagnosis of vitamin D deficiency and Hypervitaminosis D. It is also used for differential diagnosis of causes of Rickets & Osteomalacia and for monitoring Vitamin D replacement therapy.

Dr. Bansal Noopur KalyanPrasad
Consultant Pathologist
Reg No. 162022

| | | | |
|---|---|---|---|
| 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)<br>*CMIA* | 93.5 | ng/dL | 35 - 193 |
| Total Thyroxine (T4)<br>*CMIA* | 8.27 | µg/dL | 4.87 - 11.2 |
| Thyroid Stimulating Hormone (Ultrasensitive)<br>*CMIA* | 1.8 | µlU/mL | 0.35 - 4.94 |

**Interpretation:**

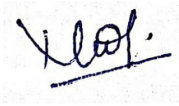
| Pregnancy | Refrence Range TSH |
|---|---|
| 1st Trimester | 0 .1 - 2.5 |
| 2nd Trimester | 0.2 - 3.0 |
| 3rd Trimester | 0.3 - 3.0 |

**Clinical Use:**
1. Diagnose Hypothyroidism & Hyperthyroidism
2. Monitor T4 therapy
3. Measure subnormal TSH levels

**Increased TSH:** Primary hypothyroidism, Subclinical hypothyroidism, TSH-dependent hyperthyroidism, Thyroid hormone resistance
**Decreased TSH:** Graves' disease, Autonomous thyroid hormone secretion, TSH deficiency
Thyroid malfunction (hyper or hypo) affects T3 & T4 levels. Pituitary or hypothalamic issues also influence thyroid activity.

**1. Primary Hypothyroidism:** High TSH levels.
**2. Secondary/Tertiary Hypothyroidism:** Low TSH levels.
**3. Euthyroid Sick Syndrome:** Abnormal thyroid test results due to non-thyroidal illnesses (NTI).
TBG levels are stable in healthy individuals but may be altered by pregnancy, estrogens, androgens, steroids, or glucocorticoids, causing inaccurate T3 & T4 readings.

| TSH | T4 | T3 | Interpretation |
|---|---|---|---|
| High | Normal | Normal | Mild (subclinical) hypothyroidism |
| High | Low | Low Or Nomral | Hypothyroidism |
| Low | Normal | Normal | Mild (subclinical) hyperthyroidism |
| Low | High Or Normal | High Or Normal | Hyperthyroidism |
| Low | Low Or Normal | Low Or Normal | Nonthyroidal illness; pituitary (secondary) hypothyroidism |
| Normal | High | High | Thyroid hormone resistance syndrome (a mutation in the thyroid hormone receptor decreases thyroid hormone function) |



Dr. Bansal Noopur KalyanPrasad
Consultant Pathologist
Reg No. 162022

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

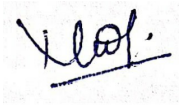
## Immunoglobulin IgE (IgE Total), Serum

| Test Description | Value(s) | Unit(s) | Reference Range |
|---|---|---|---|
| IMMUNOGLOBULIN IgE TOTAL SERUM<br>*ECLIA* | 52.12 | IU/mL | <100.0 |

**Interpretation:**

| REFERANCE Ranges | Unit |
|---|---|
| Age group | IU/mL |
| Neonates | <1.5 |
| Infants in 1st year of life | <15 |
| Children aged 1-5 years | <60 |
| Children aged 6-9 years | <90 |
| Children aged 10-15 years | <200 |
| Adults | <100 |

The level of serum IgE rises during childhood and reaches adult levels during the teens. IgE is the mediator of the allergic response. Patients with atopic disease, including allergic asthama, allergic rhinitis, and atopic dermatitis commonly have moderately elevated serum IgE levels. Total serum IgE levels may also be elevated in the presence of some clinical conditions that are not related to allergy. These clinical conditions include parasitic infections, immunodeficiency states, autoimmune diseases, Hodgkins disease, bronchopulmonary aspergillosis, IgE myeloma, and Sezary syndrome.



Dr. Bansal Noopur KalyanPrasad
Consultant Pathologist
Reg No. 162022

| | | | |
|---|---|---|---|
| Patient NAME | : | | |
| DOB/Age/Gender | : | Report STATUS | : |
| 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<br>*Visual Examination* | 20 | mL | |
| Colour<br>*Visual Examination* | Pale Yellow | | Pale yellow |
| Transparency<br>*Visual Examination* | Clear | | Clear |
| Deposit<br>*Visual Examination* | Absent | | Absent |
| **Chemical Examination** | | | |
| Reaction (pH)<br>*Double Indicator* | 5.5 | | 5.5-8.0 |
| Specific Gravity<br>*Ion Exchange.* | 1.025 | 0 | 1.010 - 1.030 |
| Urine Glucose (sugar)<br>*Oxidase / Peroxidase* | Negative | | Negative |
| Urine Protein (Albumin)<br>*bromophenol blue* | Negative | | Negative |
| Urine Ketones (Acetone)<br>*Legals Test* | Negative | | Negative |
| Blood<br>*Peroxidase* | Negative | | Negative |
| Leucocyte esterase<br>*Enzymatic Ester* | Negative | | Negative |
| Bilirubin Urine<br>*Diazo Reaction* | Negative | | Negative |
| Nitrite<br>*Griess Test* | Negative | | Negative |
| Urobilinogen<br>*Ehrlichs Test* | Normal | | Normal |
| **Microscopic Examination** | | | |
| Pus Cells (WBCs)<br>*Wet Mount & Microscopy* | 3-4 | /hpf | 0-5 |
| Epithelial Cells<br>*Wet Mount & Microscopy* | 4-5 | /hpf | 0-4 |
| Red blood Cells<br>*Wet Mount & Microscopy* | Absent | /hpf | Absent |
| Crystals<br>*Wet Mount & Microscopy* | Absent | | Absent |
| Cast<br>*Wet Mount & Microscopy* | Absent | | Absent |
| Yeast Cells<br>*Wet Mount & Microscopy* | Absent | | Absent |

Dr. Bansal Noopur KalyanPrasad
Consultant Pathologist
Reg No. 162022

| | |
|---|---|
| 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 |
|---|---|---|---|
| Amorphous deposits<br>*Wet Mount & Microscopy* | Absent | | Absent |
| Bacteria<br>*Wet Mount & Microscopy* | Absent | | Absent |
| Protozoa<br>*Wet Mount & Microscopy* | 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

**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.

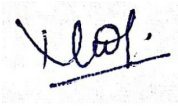
**pH:** The kidneys play an important role in maintaining acid base balance of the body. Conditions of the body producing acidosis/ alkalosis or ingestion of certain type of food can affect the pH of urine.

**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 ***



Dr. Bansal Noopur KalyanPrasad
Consultant Pathologist
Reg No. 162022

# Terms and Conditions of Reporting

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

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

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

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

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