Redcliffe labs

Healthy India Ki Trusted Lab

smart Health Report

An Insightful Health Analytics Report for Easier Understanding

Prepared For

[redacted]

Your Health at a Glance – A Personalized Journey

Report Sections

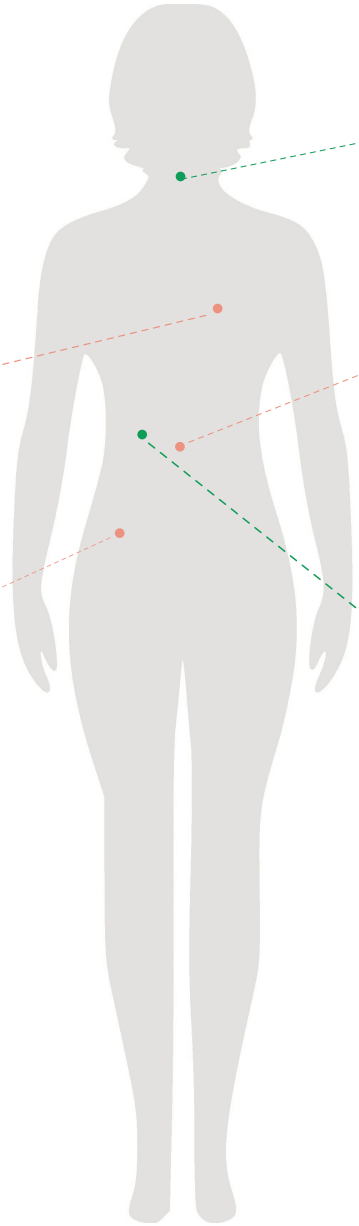
1. **Body Summary**
   A visual snapshot of your overall health, simple and easy to understand
2. **Quick Health Highlights**
   Your health scores and a single view of all abnormal results for quick attention
3. **Lab Report Overview**
   Understand at a glance which tests are normal and which are abnormal
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.

All In Range Borderline Out Of Range

Health Summary



THYROID PROFILE

Everything looks good

CARDIAC PROFILE

Test Name	Result
Triglycerides	217.2
HDL Cholesterol	34.3
V.L.D.L Cholesterol	43.44
Please Watchout	

DIABETES MONITORING

Test Name	Result
HbA1c (Glycosylated Haemoglobin)	8
Blood Sugar (Fasting)	202.8
Please Watchout	

KIDNEY PROFILE

Test Name	Result
Blood Urea	18.6
Creatinine	0.5
Please Watchout	

LIVER PROFILE

Everything looks good

ELECTROLYTES

Test Name	Result
Sodium	135.6
Please Watchout	

ANEMIA STUDIES

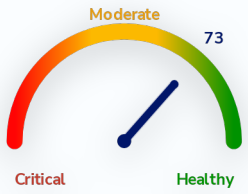
Test Name	Result
RBC count	5.2
Please Watchout	

Quick Health Summary

Personal Insights - Health Score

73

Overall, most parameters are within normal ranges, indicating a generally good state of health. The Diabetes and Cardiac Health profiles may affect energy levels and cardiovascular well-being, so considering lifestyle adjustments can be beneficial. Consider incorporating a balanced diet rich in fruits, vegetables, and whole grains, along with regular activities like walking or yoga. Routine check-ups and timely consultations with your healthcare provider are recommended to maintain and support your health. Remember, small consistent changes can lead to meaningful improvements over time.



Note - Higher scores tentatively indicate better health status

Summary of Key Health Indicators

Total Parameters Tested	Borderline Results	Out Of Range Results
89	5	5

Health Status by Body System

Profile	Total	Borderline	Out of Range	Key Results
Diabetes Monitoring	4	0	2	HbA1c (Glycosylated Haemoglobin) **(8)** Blood Sugar (Fasting) **(202.8)**
Cardiac Profile	9	1	2	Triglycerides **(217.2)** VLDL **(43.44)** HDL Cholesterol **(34.3)**
Kidney Profile	10	1	1	Serum Creatinine **(0.5)** Blood Urea **(18.6)**
Inflammation	1	0	0	All In Range
Thyroid Profile	3	0	0	All In Range
Blood Disorder	17	1	0	MPV **(8.9)**
Anemia Studies	8	1	0	RBC count **(5.2)**
Infectious Diseases	6	0	0	All In Range
Liver Profile	15	0	0	All In Range
Urinalysis	12	0	0	All In Range
Electrolytes	4	1	0	Sodium **(135.6)**

Report Summary

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

INFLAMMATION

Test Name	Result unit	Range
ESR - Erythrocyte Sedimentation Rate	15 mm/hr	< 22

THYROID PROFILE

Test Name	Result unit	Range
Triiodothyronine (T3)	134.4 ng/dL	70 - 204
Total Thyroxine (T4)	9.09 µg/dL	5 - 12.5
Thyroid Stimulating Hormone (Ultrasensitive)	1.53 mIU/L	0.54 - 5.3

BLOOD DISORDER

Test Name	Result unit	Range
Hemoglobin	14.8 g/dL	12 - 15
TLC	8.5 10^3/µl	4 - 10
Neutrophils	57.6 %	40 - 80
Lymphocytes	33.4 %	20 - 40
Monocytes	5.2 %	2 - 10
Eosinophils	3.6 %	1 - 6
Basophils	0.2 %	< 2
Neutrophils.	4.9 10^3/µl	2 - 7
Lymphocytes.	2.84 10^3/µl	1 - 3
Monocytes.	0.44 10^3/µl	0.2 - 1
Eosinophils.	0.31 10^3/µl	0.02 - 0.5
Basophils.	0.02 10^3/µl	< 0.5
Platelet Count	258 10^3/µl	150 - 410
Mean Platelet Volume (MPV)	**8.9** fL	9.3 - 12.1
PDW	9.8 fL	8.3 - 25
P-LCR	19 %	18 - 50
P-LCC	49 10^9/L	44 - 140

Report Summary

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

ANEMIA STUDIES

Test Name	Result unit	Range
RBC Count	**5.2** 10^6/µl	3.8 - 4.8
PCV	43.6 %	36 - 46
MCV	84.3 fl	83 - 101
MCH	28.6 pg	27 - 32
MCHC	33.9 g/dL	31.5 - 34.5
RDW (CV)	14 %	11.6 - 14
RDW-SD	42.4 fl	35.1 - 43.9
Mentzer Index	16.21 %	

INFECTIOUS DISEASES

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

DIABETES MONITORING

Test Name	Result unit	Range
Glycosylated Hemoglobin (HbA1c)	**8** %	< 5.7
Estimated Average Glucose	182.9 mg/dL	
Glucose Fasting	**202.8** mg/dL	70 - 100
Urine Glucose (sugar)	Positive(++)	

Report Summary

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

LIVER PROFILE

Test Name	Result unit	Range
Bilirubin Total	0.3 mg/dL	< 1.2
Bilirubin Direct	0.2 mg/dL	< 0.5
Bilirubin Indirect	0.1 mg/dL	< 1
SGOT/AST	22.8 U/L	5 - 34
SGPT/ALT	34.3 U/L	< 55
SGOT/SGPT Ratio	0.66 %	
Alkaline Phosphatase	96 U/L	40 - 150
Total Protein	7.2 g/dL	6.4 - 8.3
Albumin	4.1 gm/dL	3.8 - 5
Globulin	3.1 g/dL	2.3 - 3.5
Albumin :Globulin Ratio	1.32	< 2.1
Gamma Glutamyl Transferase (GGT)	14.5 U/L	< 64
Calcium Serum	9.9 mg/dL	8.4 - 10.2
Bilirubin Urine	Negative	
Urobilinogen	Normal	

KIDNEY PROFILE

Test Name	Result unit	Range
Blood Urea	**18.6** mg/dL	19 - 44.1
Bun	8.69 mg/dL	7 - 18.7
Creatinine	**0.5** mg/dL	0.72 - 1.25
eGFR (CKD-EPI)	118.51 ml/min/1.73 sq m	
Bun/Creatinine Ratio	17.38	12 - 20
Urea / Creatinine Ratio	37.2	25.68 - 42.8
Urine Protein (Albumin)	Negative	
Blood	Negative	
Crystals	Absent	
Cast	Absent	

Report Summary

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

URINALYSIS

Test Name	Result unit	Range
Uric Acid	4 mg/dL	2.6 - 6
Volume	20 ml	
Colour	Pale yellow	
Transparency	Clear	
Reaction (pH)	6.0	4.5 - 8
Specific Gravity	1.015	1.01 - 1.03
Urine Ketones (Acetone)	Negative	
Nitrite	Negative	
Epithelial Cells	3-4 /hpf	
Red blood Cells	4-6 /hpf	
Amorphous deposits	Absent	
Bacteria	Occasional	

ELECTROLYTE PROFILE

Test Name	Result unit	Range
Phosphorus	3.7 mg/dL	2.3 - 4.7
Sodium	**135.6** mmol/L	136 - 145
Potassium	4.1 mmol/L	3.5 - 5.1
Chloride	100 mmol/L	98 - 107

CARDIAC PROFILE

Test Name	Result unit	Range
Total Cholesterol	126 mg/dL	< 200
Triglycerides	**217.2** mg/dL	< 150
HDL Cholesterol	**34.3** mg/dL	40 - 80
Non HDL Cholesterol	91.7 mg/dL	< 130
LDL Cholesterol	48.26 mg/dL	30 - 100
V.L.D.L Cholesterol	**43.44** mg/dL	< 30
Chol/HDL Ratio	3.67 Ratio	3.5 - 5
HDL/ LDL Ratio	0.71 Ratio	0.5 - 3
LDL/HDL Ratio	1.41 Ratio	

Health Advisory

In Range Borderline (BL) Out Of Range

Diabetes

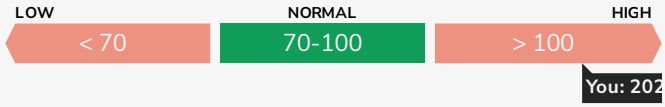
This panel is used to check how much glucose/sugar there is in your blood. Too much blood glucose might indicate diabetes.

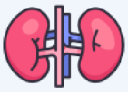
Glycosylated Hemoglobin (HbA1c): 8 %

OUT OF RANGE

Glucose Fasting: 202.8 mg/dL

OUT OF RANGE



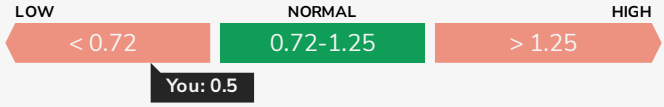


Kidney Profile

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

Creatinine: 0.5 mg/dL

OUT OF RANGE



Cardiac Profile

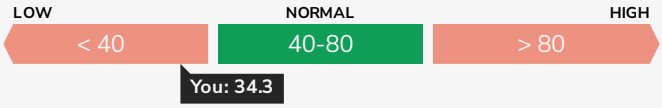
Most people believe they are safe from heart diseases, but in reality, heart diseases are the leading cause of death in the world. There are many different forms of heart disease. Narrowing or blockage of the coronary arteries is the most common cause of heart disease, which are the vessels that supply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

Triglycerides: 217.2 mg/dL

● OUT OF RANGE

HDL Cholesterol: 34.3 mg/dL

● BORDERLINE



LABORATORY REPORT

Redcliffe labs

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

NABL-M(EL)T-00668

Test Description	Value(s)	Unit(s)	Reference Range
Vital Screening Package - Plus			
Complete Blood Count (CBC)			
RBC Parameters			
Hemoglobin *colorimetric*	14.8	g/dL	12.0 - 15.0
RBC Count *Electrical impedance*	**5.2 H***	10^6/µl	3.8 - 4.8
PCV *Calculated*	43.6	%	36 - 46
MCV *Calculated*	84.3	fl	83 - 101
MCH *Calculated*	28.6	pg	27 - 32
MCHC *Calculated*	33.9	g/dL	31.5 - 34.5
RDW (CV) * *Calculated*	14	%	11.6 - 14.0
RDW-SD * *Calculated*	42.4	fl	35.1 - 43.9
WBC Parameters			
TLC *Electrical impedance and microscopy*	8.5	10^3/µl	4 - 10
Differential Leucocyte Count			
Neutrophils	57.6	%	40-80
Lymphocytes	33.4	%	20-40
Monocytes	5.2	%	2-10
Eosinophils	3.6	%	1-6
Basophils	0.2	%	<2
Absolute Leukocyte Counts ***Calculated***			
Neutrophils.	4.9	10^3/µl	2 - 7
Lymphocytes.	2.84	10^3/µl	1 - 3
Monocytes.	0.44	10^3/µl	0.2 - 1.0
Eosinophils.	0.31	10^3/µl	0.02 - 0.5
Basophils.	0.02	10^3/µl	0.02 - 0.5
Platelet Parameters			
Platelet Count *Electrical impedance and microscopy*	258	10^3/µl	150 - 410
Mean Platelet Volume (MPV) * *Calculated*	**8.9 L***	fL	9.3 - 12.1
PCT * *Calculated*	0.2	%	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. Manju Saraf
MBBS, DCP
Consultant Pathologist

Booking Centre :- Walk-In Redcliffe Labs- Jabalpur, .

Processing Lab :- Redcliffe Lifetech Pvt. Ltd., New 639, old 295, Napier, 1st Floor Town opp. Bhanwartal, Garden, Jabalpur. 482001

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

NABL-M(EL)T-00668

Test Description	Value(s)	Unit(s)	Reference Range
PDW * *Calculated*	9.8	fL	8.3 - 25.0
P-LCR * *Calculated*	19	%	18 - 50
P-LCC * *Calculated*	49	10^9/L	44 - 140
Mentzer Index * *Calculated*	16.21	%	> 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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Patient NAME	:	ıR	
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 *Modified Westergren*	15	mm/hr	0-22

Interpretation:
ESR is also known as Erythrocyte Sedimentation Rate. An ESR test is used to assess inflammation in the body. Many conditions can cause an abnormal ESR, so an ESR test is typically used with other tests to diagnose and monitor different diseases. An elevated ESR may occur in inflammatory conditions including infection, rheumatoid arthritis ,systemic vasculitis, anemia, multiple myeloma , etc. Low levels are typically seen in congestive heart failure, polycythemia ,sickle cell anemia, hypo fibrinogenemia , etc.

Reference- Dacie and lewis practical hematology

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Patient NAME	:		NABL-M(EL)T-00668
DOB/Age/Gender	:	Report STATUS :	
Patient ID / UHID	:	Barcode NO :	
Referred BY	:	Sample Type :	
Sample Collected	:	Report Date :	PM.

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

HbA1C (Glycosylated Haemoglobin)

Glycosylated Hemoglobin (HbA1c) *Immunoturbidimetry*	**8 H***	%	< 5.7
Estimated Average Glucose *	182.9	mg/dL	Refer Table Below

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

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

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

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

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

Note :- (H* - High , L* - Low ,CL* - Critical Low,CH* - Critical High)
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Patient NAME	:		
DOB/Age/Gender	:	Report STATUS	:
Patient ID / UHID	:	Barcode NO	:
Referred BY	:	Sample Type	:
Sample Collected	:	Report Date	:

NABL-M(EL)T-00668

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

Glucose Fasting

Glucose Fasting *GOD-POD/HK G8P-DH*	**202.8 H***	mg/dL	70 - 100

Interpretation:

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

Reference : American Diabetes Association

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

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

Note :- (H* - High , L* - Low ,CL* - Critical Low,CH* - Critical High)
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Patient NAME	:		
DOB/Age/Gender	:	Report STATUS	:
Patient ID / UHID	:	Barcode NO	:
Referred BY	:	Sample Type	:
Sample Collected	:	Report Date	:

NABL-M(EL)T-00668

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

Liver Function Test (LFT)

Bilirubin Total *Diazonium Ion*	0.3	mg/dL	0.2 - 1.2
Bilirubin Direct * *Diazo Reaction*	0.2	mg/dL	0.0 - 0.5
Bilirubin Indirect * *Calculation (T Bil - D Bil)*	0.1	mg/dL	0.1 - 1.0
SGOT/AST *IFCC without P5P*	22.8	U/L	5 - 34
SGPT/ALT *IFCC without P5P*	34.3	U/L	0 to 55
SGOT/SGPT Ratio *	0.66	-	-
Alkaline Phosphatase *p-nitrophenyl Phosphate, AMP buffer*	96	U/L	40 - 150
Total Protein *Biuret*	7.2	g/dL	6.4 - 8.3
Albumin *BCG*	4.1	gm/dL	3.8 - 5.0
Globulin * *Calculation (T.P - Albumin)*	3.1	g/dL	2.3 - 3.5
Albumin :Globulin Ratio * *Calculation (Albumin/Globulin)*	1.32	-	1.0 - 2.1
Gamma Glutamyl Transferase (GGT) * *ENZYMATIC*	14.5	U/L	12 - 64

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	:

NABL-M(EL)T-00668

Test Description	Value(s)	Unit(s)	Reference Range
Kidney Function Test (KFT)			
Blood Urea *Urease-GLDH*	**18.6 L***	mg/dL	19 - 44.1
Bun * *Urease*	8.69	mg/dL	7.0 - 18.7
Creatinine *Modified Jaffe*	**0.5 L***	mg/dL	0.72 - 1.25
eGFR (CKD-EPI)	118.51	ml/min/1.73 sq m	Normal Or High: >= 90 Mild Or Decrease: 60-89 Mild To Moderate Decrease: 45-59 Mild To Severe Decrease: 30-44 Severe Decrease: 15-29 Kidney Failure: < 15
Bun/Creatinine Ratio * *Calculated*	17.38		12 - 20
Urea / Creatinine Ratio * *Calculated*	37.2		25.68 - 42.8
Uric Acid *Uricase*	4	mg/dL	2.6 - 6.0
Calcium Serum *Arsenazo III*	9.9	mg/dL	8.4 - 10.2
Phosphorus *UV Molybdate*	3.7	mg/dL	2.3 - 4.7
Sodium *Direct ISE*	**135.6 L***	mmol/L	136 - 145
Potassium *Direct ISE*	4.1	mmol/L	3.5 - 5.1
Chloride *Direct ISE*	100	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	:		
Patient ID / UHID	:		
Referred BY	:		
Sample Collected	:		

NABL-M(EL)T-00668

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

Lipid Profile

Total Cholesterol *CHOD-PAP*	126	mg/dL	<200
Triglycerides *Method: GPO*	**217.2 H***	mg/dL	<150
HDL Cholesterol *Direct Measure PEG*	**34.3 L***	mg/dL	>40
Non HDL Cholesterol * *Calculated*	91.7	mg/dL	<130
LDL Cholesterol * *Calculated*	48.26	mg/dL	<100
V.L.D.L Cholesterol * *Calculated*	**43.44 H***	mg/dL	< 30
Chol/HDL Ratio * *Calculated*	3.67	Ratio	3.5 - 5.0
HDL/ LDL Ratio * *Calculated*	0.71	Ratio	0.5 - 3.0
LDL/HDL Ratio * *Calculated*	1.41	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)
(*) Parameter(s) are outside the scope of tests recognized under the NABL M(EL)T Scheme.

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NABL-M(EL)T-00668

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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Thyroid Profile Total

Triiodothyronine (T3) *ECLIA*	134.4	ng/dL	70 - 204
Total Thyroxine (T4) *ECLIA*	9.09	µg/dL	5.0- 12.5
Thyroid Stimulating Hormone (Ultrasensitive) *ECLIA*	1.53	mIU/L	0.54 - 5.30

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)

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

Urine Routine and Microscopic Examination

Physical Examination *			
Volume *	20	ml	-
Colour *	Pale yellow	-	Pale yellow
Transparency *	Clear	-	Clear
Deposit *	Absent	-	Absent
Chemical Examination *			
Reaction (pH) *Double Indicator*	6.0	-	4.5 - 8.0
Specific Gravity *Ion Exchange*	1.015	-	1.010 - 1.030
Urine Glucose (sugar) *Oxidase / Peroxidase*	**Positive(++) H***	-	Negative
Urine Protein (Albumin) *Acid / Base Colour Excahnge*	Negative	-	Negative
Urine Ketones (Acetone) *Legals Test*	Negative	-	Negative
Blood *Peroxidase Hemoglobin*	Negative	-	Negative
Leucocyte esterase *Enzymatic Reaction*	Negative	-	Negative
Bilirubin Urine *Coupling Reaction*	Negative	-	Negative
Nitrite *Griless Test*	Negative	-	Negative
Urobilinogen *Ehrlichs Test*	Normal	-	Normal
Microscopic Examination *			
Pus Cells (WBCs) *	2-3	/hpf	0 - 5
Epithelial Cells *	3-4	/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 *	Occasional	-	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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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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