

smart Health Report

An Insightful Health Analytics Report
for Easier Understanding



Prepared For

 Your Health Summary

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

[View Detailed Summary on our App](#) 

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.

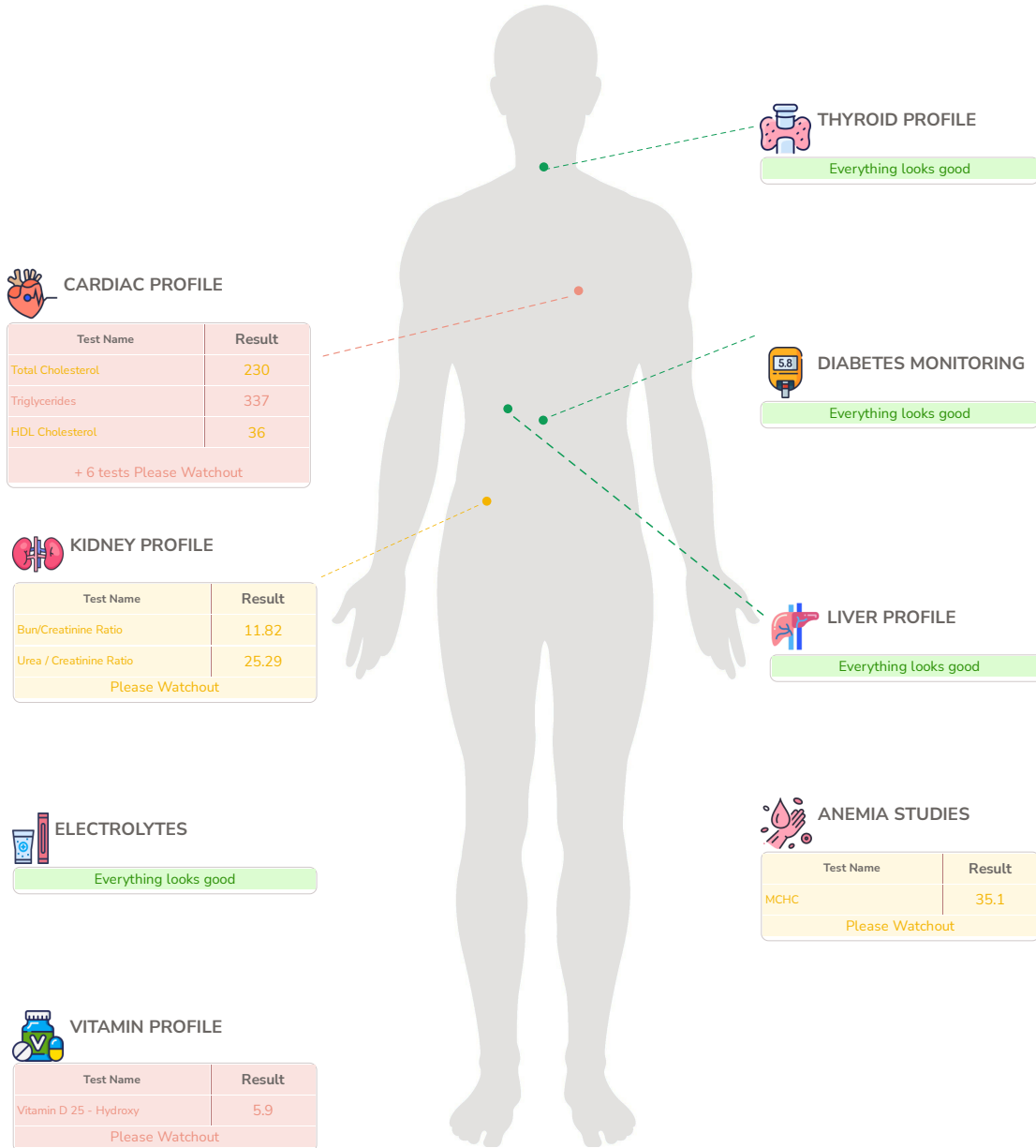
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● All In Range ● Borderline ● Out Of Range

Health Summary



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

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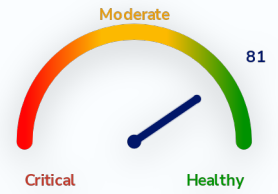
Quick Health Summary

Personal Insights - Health Score

81

Overall, most parameters are within normal ranges, indicating good general health. However, the Cardiac Health, Vitamins and Minerals, and Kidney profiles may affect your well-being and could benefit from gentle attention. Consider incorporating a balanced diet rich in fruits, vegetables, and juices, along with regular physical activities like walking or yoga. Routine check-ups and consulting your healthcare provider when needed can support ongoing 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
96	6	7

Health Status by Body System

Profile	Total	Borderline	Out of Range	Key Results
Cardiac Profile	10	3	6	<ul style="list-style-type: none"> Triglycerides (337) Non - HDL Cholesterol (194) LDL Cholesterol (126.6)
Vitamin Profile	2	0	1	<ul style="list-style-type: none"> Vitamin D (25-Hydroxy) (5.9)
Inflammation	1	0	0	All In Range
Iron	4	0	0	All In Range
Thyroid Profile	3	0	0	All In Range
Blood Disorder	17	0	0	All In Range
Anemia Studies	8	1	0	<ul style="list-style-type: none"> MCHC (35.1)
Infectious Diseases	6	0	0	All In Range
Diabetes Monitoring	4	0	0	All In Range
Liver Profile	15	0	0	All In Range

Profile	Total	Borderline	Out of Range	Key Results
Kidney Profile	10	2	0	<ul style="list-style-type: none"> ● BUN : Creatinine ratio (11.82) ● Urea : Creatinine ratio (25.29)
Urinalysis	12	0	0	All In Range
Electrolytes	4	0	0	All In Range

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Report Summary

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

INFLAMMATION

Test Name	Result unit	Range
● ESR - Erythrocyte Sedimentation Rate	06 mm/hr	< 10

IRON

Test Name	Result unit	Range
● Iron	115 µg/dL	65 - 175
● TIBC,(Total Iron Binding Capacity)	333 µg/dL	250 - 450
● UIBC	218 µg/dL	69 - 240
● Transferrin Saturation	34.53 %	16 - 45

CARDIAC PROFILE

Test Name	Result unit	Range
● HIGHLY SENSITIVE C-REACTIVE PROTEIN (hs-CRP)	0.9 mg/L	< 1
● Total Cholesterol	230 mg/dL	< 200
● Triglycerides	337 mg/dL	< 150
● HDL Cholesterol	36 mg/dL	40 - 80
● Non HDL Cholesterol	194 mg/dL	< 130
● LDL Cholesterol	126.6 mg/dL	30 - 100
● V.L.D.L Cholesterol	67.4 mg/dL	< 30
● ChoI/HDL Ratio	6.39 Ratio	3 - 5
● HDL/ LDL Ratio	0.28 Ratio	0.5 - 3
● LDL/HDL Ratio	3.52 %	2.5 - 3.5

VITAMIN PROFILE

Test Name	Result unit	Range
● Vitamin - B12	190 pg/mL	187 - 883
● Vitamin D 25 - Hydroxy	5.9 ng/mL	30 - 100

THYROID PROFILE

Test Name	Result unit	Range
● Triiodothyronine (T3)	98.6 ng/dL	35 - 193
● Total Thyroxine (T4)	6.9 µg/dL	4.87 - 11.2
● Thyroid Stimulating Hormone (Ultrasensitive)	1.729 mIU/L	0.35 - 4.94

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BLOOD DISORDER

Test Name	Result unit	Range
● Hemoglobin	15.8 g/dL	13 - 17
● TLC	6.7 $10^3/\mu\text{l}$	4 - 10
● Neutrophils	51 %	40 - 80
● Lymphocytes	38.1 %	20 - 40
● Monocytes	5.3 %	2 - 10
● Eosinophils	4.1 %	1 - 6
● Basophils	1.5 %	< 2
● Neutrophils.	3.42 $10^3/\mu\text{l}$	2 - 7
● Lymphocytes.	2.55 $10^3/\mu\text{l}$	1 - 3
● Monocytes.	0.36 $10^3/\mu\text{l}$	0.2 - 1
● Eosinophils.	0.27 $10^3/\mu\text{l}$	0.02 - 0.5
● Basophils.	0.1 $10^3/\mu\text{l}$	0.02 - 0.5
● Platelet Count	185 $10^3/\mu\text{l}$	150 - 410
● Mean Platelet Volume (MPV)	10.4 fL	9.3 - 12.1
● PDW	18.3 fL	8.3 - 25
● P-LCR	35.8 %	18 - 50
● P-LCC	66 $10^9/L$	44 - 140

ANEMIA STUDIES

Test Name	Result unit	Range
● RBC Count	5.2 $10^6/\mu\text{l}$	4.5 - 5.5
● PCV	45.1 %	40 - 50
● MCV	86.8 fL	83 - 101
● MCH	30.4 pg	27 - 32
● MCHC	35.1 g/dL	31.5 - 34.5
● RDW (CV)	11.7 %	11.6 - 14
● RDW-SD	38.6 fL	35.1 - 43.9
Mentzer Index	16.69 %	

INFECTIOUS DISEASES

Test Name	Result unit	Range
● PCT	0.2 %	0.17 - 0.32
Deposit	Absent	
Leucocyte esterase	Negative	
Pus Cells (WBCs)	1-2 /hpf	
Yeast Cells	Absent	
Protozoa	Absent	

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DIABETES MONITORING

Test Name	Result unit	Range
● Glycosylated Hemoglobin (HbA1c)	5.3 %	< 5.6
Estimated Average Glucose	105.41 mg/dL	
● Glucose Fasting	78 mg/dL	70 - 100
Urine Glucose (sugar)	Negative	

LIVER PROFILE

Test Name	Result unit	Range
● Bilirubin Total	0.9 mg/dL	0.2 - 1.2
● Bilirubin Direct	0.2 mg/dL	< 0.5
● Bilirubin Indirect	0.7 mg/dL	0.1 - 1
● SGOT/AST	28 U/L	5 - 34
● SGPT/ALT	43 U/L	< 55
SGOT/SGPT Ratio	0.65 %	
● Alkaline Phosphatase	109 U/L	40 - 150
● Total Protein	7.4 g/dL	6.4 - 8.3
● Albumin	4.6 gm/dL	3.8 - 5
● Globulin	2.8 g/dL	2.3 - 3.5
● Albumin :Globulin Ratio	1.64	1.3 - 2.1
● Gamma Glutamyl Transferase (GGT)	35 U/L	12 - 64
● Calcium Serum	10 mg/dL	8.4 - 10.2
Bilirubin Urine	Negative	
Urobilinogen	Normal	

KIDNEY PROFILE

Test Name	Result unit	Range
● Blood Urea	22 mg/dL	19 - 44.1
● Bun	10.28 mg/dL	6 - 20
● Creatinine	0.87 mg/dL	0.72 - 1.25
eGFR (CKD-EPI)	120.52 ml/min/1.73 sq m	
● Bun/Creatinine Ratio	11.82	12 - 20
● Urea / Creatinine Ratio	25.29	25.68 - 42.8
Urine Protein (Albumin)	Negative	
Blood	Negative	
Crystals	Absent	
Cast	Absent	

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

URINALYSIS

Test Name	Result <small>unit</small>	Range
● Uric Acid	6.7 mg/dL	3.5 - 7.2
Volume	20 mL	
Colour	Pale yellow	
Transparency	Clear	
● Reaction (pH)	5.0	4.5 - 8
● Specific Gravity	1.015	1.01 - 1.03
Urine Ketones (Acetone)	Negative	
Nitrite	Negative	
Epithelial Cells	1-2 /hpf	
Red blood Cells	Absent /hpf	
Amorphous deposits	Absent	
Bacteria	Absent	

ELECTROLYTE PROFILE

Test Name	Result <small>unit</small>	Range
● Phosphorus	4.3 mg/dL	2.3 - 4.7
● Sodium	139 mEq/L	135 - 145
● Potassium	4.2 mmol/L	3.5 - 5.3
● Chloride	104 mEq/L	95 - 107

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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.

Total Cholesterol: 230 mg/dL

● BORDERLINE



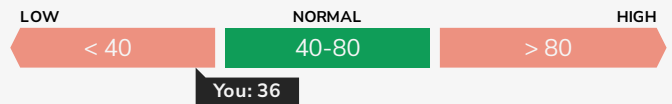
Triglycerides: 337 mg/dL

● OUT OF RANGE



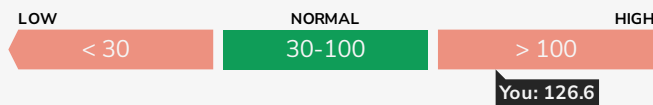
HDL Cholesterol: 36 mg/dL

● BORDERLINE



LDL Cholesterol: 126.6 mg/dL

● OUT OF RANGE

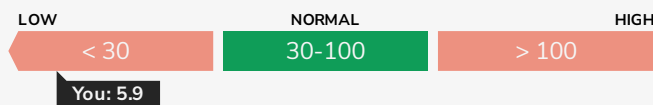


Vitamins Profile

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 D 25 - Hydroxy: 5.9 ng/mL

● OUT OF RANGE



Patient NAME		Report STATUS : Final Report	
DOB/Age/Gender		Barcode NO :	
Patient ID / UHID		Sample Type : Whole blood EDTA	
Referred BY		Report Date : Mar 04, 2026, 11:33 AM.	
Sample Collected : Mar 04, 2026, 07:10 AM			

Test Description	Value(s)	Unit(s)	Reference Range
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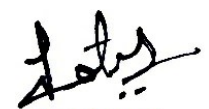
Annual Full Body Checkup - Advance

Complete Blood Count (CBC)

RBC Parameters			
Hemoglobin <i>Cyanide-free Spectrophotometry</i>	15.8	g/dL	13.0 - 17.0
RBC Count <i>Electrical impedance</i>	5.2	10 ⁶ /μl	4.5 - 5.5
PCV <i>Calculated</i>	45.1	%	40 - 50
MCV <i>Direct Measure Impedance</i>	86.8	fl	83 - 101
MCH <i>Calculated</i>	30.4	pg	27 - 32
MCHC <i>Calculated</i>	35.1 H*	g/dL	31.5 - 34.5
RDW (CV) * <i>Calculated</i>	11.7	%	11.6 - 14.0
RDW-SD * <i>Calculated</i>	38.6	fl	35.1 - 43.9
WBC Parameters			
TLC <i>Electrical impedance and microscopy</i>	6.7	10 ³ /μl	4 - 10
Differential Leucocyte Count			
Neutrophils <i>Flow cytometry</i>	51	%	40-80
Lymphocytes <i>Flow cytometry</i>	38.1	%	20-40
Monocytes <i>Flow cytometry</i>	5.3	%	2-10
Eosinophils <i>Flow cytometry</i>	4.1	%	1-6
Basophils <i>Flow cytometry</i>	1.5	%	<2
Absolute Leukocyte Counts *			
Neutrophils. *	3.42	10 ³ /μl	2 - 7
Lymphocytes. *	2.55	10 ³ /μl	1 - 3
Monocytes. *	0.36	10 ³ /μl	0.2 - 1.0
Eosinophils. *	0.27	10 ³ /μl	0.02 - 0.5
Basophils. *	0.1	10 ³ /μl	0.02 - 0.5
Platelet Parameters			
Platelet Count <i>Electrical impedance and microscopy</i>	185	10 ³ /μl	150 - 410

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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Booking Centre :- Home Collection

Processing Lab :- Redcliffe lifetech private limited, Shop no-1a, Ground floor, Zenon, near Unique hospital, Ring road, Surat, Gujarat-395002.

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All Lab results are subject to clinical interpretation by qualified medical professional and this report is not subject to use for any medico-legal purpose.

Patient NAME :		Report STATUS : Final Report	
DOB/Age/Gender :		Barcode NO :	
Patient ID / UHID :		Sample Type : Whole blood EDTA	
Referred BY :		Report Date : Mar 04, 2026, 11:33 AM.	
Sample Collected : Mar 04, 2026, 07:10 AM			

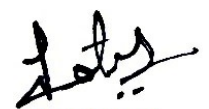
Test Description	Value(s)	Unit(s)	Reference Range
Mean Platelet Volume (MPV) * <i>Calculated</i>	10.4	fL	9.3 - 12.1
PCT * <i>Calculated</i>	0.2	%	0.17 - 0.32
PDW * <i>Calculated</i>	18.3	fL	8.3 - 25.0
P-LCR * <i>Calculated</i>	35.8	%	18 - 50
P-LCC * <i>Calculated</i>	66	10 ⁹ /L	44 - 140
Mentzer Index * <i>Calculated</i>	16.69	%	> 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.

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

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Patient NAME :		Report STATUS : Final Report
DOB/Age/Gender :		Barcode NO :
Patient ID / UHID :		Sample Type : Whole blood EDTA
Referred BY :		Report Date : Mar 04, 2026, 12:20 PM.
Sample Collected : Mar 04, 2026, 07:10 AM		

Test Description	Value(s)	Unit(s)	Reference Range
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Erythrocyte Sedimentation Rate (ESR)

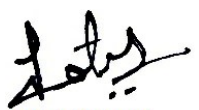
ESR - Erythrocyte Sedimentation Rate <i>MODIFIED WESTERGREN</i>	06	mm/hr	0 - 10
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Interpretation:

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 :		Report STATUS : Final Report
DOB/Age/Gender :		Barcode NO :
Patient ID / UHID :		Sample Type : Whole blood EDTA
Referred BY :		Report Date : Mar 04, 2026, 12:17 PM.
Sample Collected : Mar 04, 2026, 07:10 AM		



Test Description	Value(s)	Unit(s)	Reference Range
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HbA1C (Glycosylated Haemoglobin)

Glycosylated Hemoglobin (HbA1c) <i>N-terminal fructosyl dipeptides</i>	5.3	%	<5.7
Estimated Average Glucose * <i>Calculated</i>	105.41	mg/dL	Refer Table Below

Interpretation:

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

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

Note:

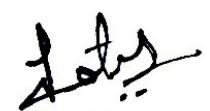
- Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled.
- Target goals of < 7.0 % may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

Comments :

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

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

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Patient NAME :		Report STATUS : Final Report	
DOB/Age/Gender :		Barcode NO :	
Patient ID / UHID :		Sample Type : FLUORIDE F	
Referred BY :		Report Date : Mar 04, 2026, 11:33 AM.	
Sample Collected : Mar 04, 2026, 07:10 AM			

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

Glucose Fasting <i>Hexokinase</i>	78	mg/dL	70 - 100
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Interpretation:

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

Reference : American Diabetes Association

Comment :

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

Note

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

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DOB/Age/Gender :		Barcode NO :	
Patient ID / UHID :		Sample Type : Serum	
Referred BY :		Report Date : Mar 04, 2026, 12:14 PM.	
Sample Collected : Mar 04, 2026, 07:10 AM			

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

Bilirubin Total <i>Diazonium Salt</i>	0.9	mg/dL	0.2 - 1.2
Bilirubin Direct <i>Diazo Reaction</i>	0.2	mg/dL	0.0 - 0.5
Bilirubin Indirect * <i>Calculation (T Bil - D Bil)</i>	0.7	mg/dL	0.1 - 1.0
SGOT/AST <i>NADH without P5P</i>	28	U/L	5 - 34
SGPT/ALT <i>NADH without P5P</i>	43	U/L	0 to 55
SGOT/SGPT Ratio * <i>Calculated</i>	0.65	%	-
Alkaline Phosphatase <i>Para-Nitrophenyl Phosphate</i>	109	U/L	40 - 150
Total Protein <i>Biuret</i>	7.4	g/dL	6.4 - 8.3
Albumin <i>BCG</i>	4.6	gm/dL	3.8 - 5.0
Globulin * <i>Calculation (T.P - Albumin)</i>	2.8	g/dL	2.3 - 3.5
Albumin :Globulin Ratio * <i>Calculation (Albumin/Globulin)</i>	1.64	-	1.3 - 2.1
Gamma Glutamyl Transferase (GGT) * <i>L-Gamma-Glutamyl-3-Carboxy-4-Nitroanilide Substra-</i>	35	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.

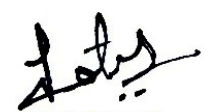
Key enzymes tested:

- 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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Booking Centre :- Home Collection

Processing Lab :- Redcliffe lifetech private limited, Shop no-1a, Ground floor, Zenon, near Unique hospital, Ring road, Surat, Gujarat-395002.

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DOB/Age/Gender :		Barcode NO
Patient ID / UHID :		Sample Type : Serum
Referred BY :		Report Date : Mar 04, 2026, 12:14 PM.
Sample Collected : Mar 04, 2026, 07:10 AM		



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

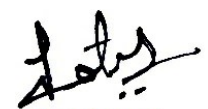
Blood Urea <i>Urease</i>	22	mg/dL	19 - 44.1
Bun * <i>Calculated</i>	10.28	mg/dL	6 - 20
Creatinine <i>Kinetic Alkaline Picrate</i>	0.87	mg/dL	0.72 - 1.25
eGFR (CKD-EPI) *	120.52	ml/min/1.73 sq m	Normal Or High: ≥ 90 Mild Or Decrease: 60-89 Mild To Moderate Decrease: 45-59 Mild To Severe Decrease: 30-44 Severe Decrease: 15-29 Kidney Failure: < 15
Bun/Creatinine Ratio * <i>Calculated</i>	11.82 L*		12 - 20
Urea / Creatinine Ratio * <i>Calculated</i>	25.29 L*		25.68- 42.8
Uric Acid <i>Uricase</i>	6.7	mg/dL	3.5 - 7.2
Calcium Serum <i>Arsenazo III</i>	10	mg/dL	8.4 - 10.2
Phosphorus <i>Phosphomolybdate</i>	4.3	mg/dL	2.3 - 4.7
Sodium <i>Ion selective electrode direct</i>	139	mEq/L	135 - 145
Potassium <i>Ion selective electrode direct</i>	4.2	mmol/L	3.5 - 5.3
Chloride <i>Ion selective electrode direct</i>	104	mEq/L	95 - 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 for 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."

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

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

Total Cholesterol <i>Enzymatic - Cholesterol Oxidase</i>	230 H*	mg/dL	<200
Triglycerides <i>Glycerol Phosphate Oxidase</i>	337 H*	mg/dL	<150
HDL Cholesterol <i>CHOD/CHER</i>	36 L*	mg/dL	>40
Non HDL Cholesterol * <i>Calculated</i>	194 H*	mg/dL	<130
LDL Cholesterol * <i>Calculated</i>	126.6 H*	mg/dL	<100
V.L.D.L Cholesterol * <i>Calculated</i>	67.4 H*	mg/dL	< 30
Chol/HDL Ratio * <i>Calculated</i>	6.39 H*	Ratio	3.0 - 5.0
HDL/ LDL Ratio * <i>Calculated</i>	0.28 L*	Ratio	0.5 - 3.0
LDL/HDL Ratio * <i>Calculated</i>	3.52 H*	%	2.5 - 3.5

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

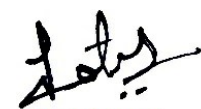
HDL Cholesterol	
Low	High
<40	>=60

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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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.

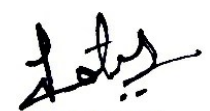
Risk Group	Treatment Goals		Consider Drug Therapy	
	LDL-C (mg/dl)	Non-HDL (mg/dl)	LDL-C (mg/dl)	Non-HDL (mg/dl)
Extreme Risk Group Category A	<50 (Optional goal <OR = 30)	<80 (Optional goal <OR = 60)	>OR = 50	>OR = 80
Extreme Risk Group Category B	>OR = 30	>OR = 60	> 30	> 60
Very High Risk	<50	<80	>OR = 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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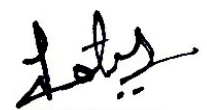
Iron Studies

Iron <i>Ferene</i>	115	µg/dL	65 - 175
TIBC,(Total Iron Binding Capacity) <i>Calculated</i>	333	µg/dL	228 – 428
UIBC <i>Ferene</i>	218	µg/dL	69 - 240
Transferrin Saturation <i>Calculated</i>	34.53	%	16 - 45

Interpretation:

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

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High Sensitivity C-Reactive Protein (Hs-CRP)

HIGHLY SENSITIVE C-REACTIVE PROTEIN (hs-CRP) <i>Immunoturbidimetry</i>	0.9	mg/L	<1.00
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Interpretation:

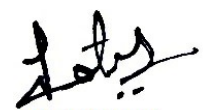
Cardio CRP In mg/L	Cardiovascular Risk
<1	Low
1-3	Average
3-10	High
>10	Persistent elevation may represent Non cardiovascular inflammation

Note: To assess vascular risk, it is recommended to test hsCRP levels 2 or more weeks apart and calculate the average

Comments:

High sensitivity C Reactive Protein (hsCRP) significantly improves cardiovascular risk assessment as it is a strongest predictor of future coronary events. It reveals the risk of future Myocardial infarction and Stroke among healthy men and women, independent of traditional risk factors. It identifies patients at risk of first Myocardial infarction even with low to moderate lipid levels. The risk of recurrent cardiovascular events also correlates well with hsCRP levels. It is a powerful independent risk determinant in the prediction of incident Diabetes.

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Referred BY		Report Date : Mar 04, 2026, 02:03 PM.	
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Test Description	Value(s)	Unit(s)	Reference Range

Vitamin B12 / Cyanocobalamin

Vitamin - B12 CMIA	190	pg/mL	187 - 883
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Interpretation:

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

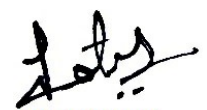
Causes of vitamin B12 deficiency include: Not enough vitamin B12 in diet (rare except with a strict vegetarian diet), Diseases that cause malabsorption (for example, celiac disease and Crohn's disease), Lack of intrinsic factor, Above normal heat production (for example, with hyperthyroidism), Pregnancy.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

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

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

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

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

Vitamin D 25 - Hydroxy <i>CMIA</i>	5.9 L*	ng/mL	Deficiency : < 10 ng/mL Insufficient : 10-30 ng/mL Sufficient : 30-100 ng/mL Hypervitaminosis : > 100 ng/mL
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Interpretation:
25-Hydroxy vitamin D represents the main body reservoir and transport form. Mild to moderate deficiency is associated with Osteoporosis / Secondary Hyperparathyroidism while severe deficiency causes Rickets in children and Osteomalacia in adults. Prevalence of Vitamin D deficiency is approximately >50% specially in the elderly. This assay is useful for diagnosis of vitamin D deficiency and Hypervitaminosis D. It is also used for differential diagnosis of causes of Rickets & Osteomalacia and for monitoring Vitamin D replacement therapy.

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Thyroid Profile Total

Triiodothyronine (T3) CMIA	98.6	ng/dL	35 - 193
Total Thyroxine (T4) CMIA	6.9	µg/dL	4.87 - 11.2
Thyroid Stimulating Hormone (Ultrasensitive) CMIA	1.729	mIU/L	0.35 - 4.94

Interpretation:

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

Clinical Use:

1. Diagnose Hypothyroidism & Hyperthyroidism
2. Monitor T4 therapy
3. Measure subnormal TSH levels

Increased TSH: Primary hypothyroidism, Subclinical hypothyroidism, TSH-dependent hyperthyroidism, Thyroid hormone resistance

Decreased TSH: Graves' disease, Autonomous thyroid hormone secretion, TSH deficiency

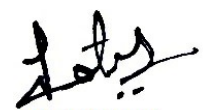
Thyroid malfunction (hyper or hypo) affects T3 & T4 levels. Pituitary or hypothalamic issues also influence thyroid activity.

1. **Primary Hypothyroidism:** High TSH levels.
2. **Secondary/Tertiary Hypothyroidism:** Low TSH levels.
3. **Euthyroid Sick Syndrome:** Abnormal thyroid test results due to non-thyroidal illnesses (NTI).

TBG levels are stable in healthy individuals but may be altered by pregnancy, estrogens, androgens, steroids, or glucocorticoids, causing inaccurate T3 & T4 readings.

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

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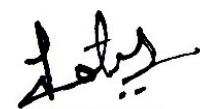


Test Description	Value(s)	Unit(s)	Reference Range
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Urine Routine and Microscopic Examination

Physical Examination			
Volume *	20	mL	-
Colour *	Pale yellow	-	Pale yellow
Transparency *	Clear	-	Clear
Deposit *	Absent	-	Absent
Chemical Examination			
Reaction (pH) <i>Double Indicator</i>	5.0	-	4.5 - 8.0
Specific Gravity <i>Ion Exchange</i>	1.015	-	1.010 - 1.030
Urine Glucose (sugar) <i>Oxidase / Peroxidase</i>	Negative	-	Negative
Urine Protein (Albumin) <i>Acid / Base Colour Exchange</i>	Negative	-	Negative
Urine Ketones (Acetone) <i>Legals Test</i>	Negative	-	Negative
Blood <i>Peroxidase Hemoglobin</i>	Negative	-	Negative
Leucocyte esterase <i>Enzymatic Reaction</i>	Negative	-	Negative
Bilirubin Urine <i>Coupling Reaction</i>	Negative	-	Negative
Nitrite <i>Griless Test</i>	Negative	-	Negative
Urobilinogen <i>Ehrlichs Test</i>	Normal	-	Normal
Microscopic Examination			
Pus Cells (WBCs) *	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
<p>Interpretation: URINALYSIS- Routine urine analysis assists in screening and diagnosis of various metabolic, urological, kidney and liver disorders.</p> <p>Protein: Elevated proteins can be an early sign of kidney disease. Urinary protein excretion can also be temporarily elevated by strenuous exercise, orthostatic proteinuria, dehydration, urinary tract infections and acute illness with fever</p>			

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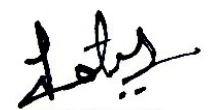
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Test Description	Value(s)	Unit(s)	Reference Range
<p>Glucose: Uncontrolled diabetes mellitus can lead to presence of glucose in urine. Other causes include pregnancy, hormonal disturbances, liver disease and certain medications.</p> <p>Ketones: Uncontrolled diabetes mellitus can lead to presence of ketones in urine. Ketones can also be seen in starvation, frequent vomiting, pregnancy and strenuous exercise.</p> <p>Blood: Occult blood can occur in urine as intact erythrocytes or haemoglobin, which can occur in various urological, nephrological and bleeding disorders.</p> <p>Leukocytes: An increase in leukocytes is an indication of inflammation in urinary tract or kidneys. Most common cause is bacterial urinary tract infection.</p> <p>Nitrite: Many bacteria give positive results when their number is high. Nitrite concentration during infection increases with length of time the urine specimen is retained in bladder prior to collection.</p> <p>pH: The kidneys play an important role in maintaining acid base balance of the body. Conditions of the body producing acidosis/ alkalosis or ingestion of certain type of food can affect the pH of urine.</p> <p>Specific gravity: Specific gravity gives an indication of how concentrated the urine is. Increased specific gravity is seen in conditions like dehydration, glycosuria and proteinuria while decreased specific gravity is seen in excessive fluid intake, renal failure and diabetes insipidus.</p> <p>Bilirubin: In certain liver diseases such as biliary obstruction or hepatitis, bilirubin gets excreted in urine.</p> <p>Urobilinogen: Positive results are seen in liver diseases like hepatitis and cirrhosis and in cases of haemolytic anaemia.</p>			

*** End Of Report ***

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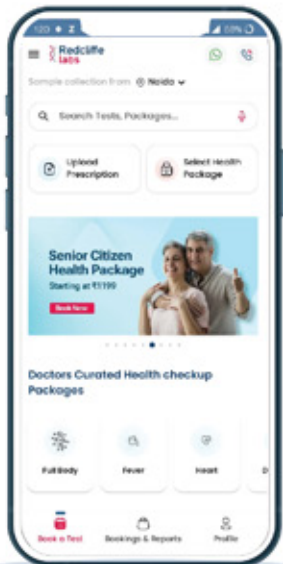
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