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

Your Health at a Glance – A Personalized Journey

Report Sections

1. **Body Summary**
   A visual snapshot of your overall health, simple and easy to understand
2. **Quick Health Highlights**
   Your health scores and a single view of all abnormal results for quick attention
3. **Lab Report Overview**
   Understand at a glance which tests are normal and which are abnormal
4. **Personalized Health Advisory**
   Actionable insights and expert guidance tailored just for you
5. **Doctor's Reference Report**
   Complete lab results with interpretations to share with your healthcare provider

How to Read This Report

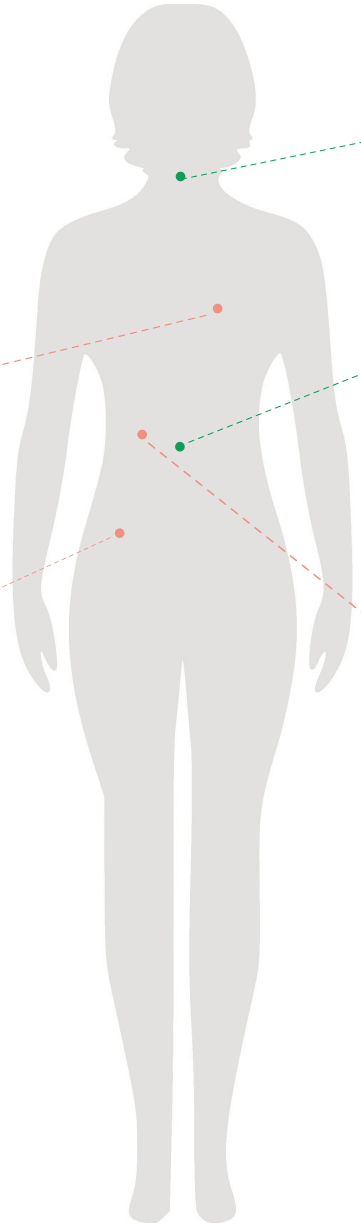
This comprehensive health report provides detailed insights into your test results. Each section offers different perspectives on your health status, from visual summaries to detailed analysis and personalized recommendations.

Name

Gender

All In Range Borderline Out Of Range

Health Summary



THYROID PROFILE

Everything looks good

CARDIAC PROFILE

Test Name	Result
HDL/ LDL Ratio	0.79
Please Watchout	

DIABETES MONITORING

Everything looks good

KIDNEY PROFILE

Test Name	Result
Bun/Creatinine Ratio	24.03
Urea / Creatinine Ratio	51.43
Please Watchout	

LIVER PROFILE

Test Name	Result
AST / ALT Ratio	2
ALP	232
Albumin : Globulin ratio	1.12
Please Watchout	

ANEMIA STUDIES

Test Name	Result
RBC count	5
MCV	76.1
MCH	24.3
+ 1 tests Please Watchout	

ELECTROLYTES

Everything looks good

Name

Gender

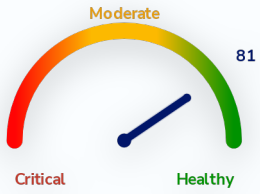
Quick Health Summary

Personal Insights - Health Score

81

Overall, most parameters are within normal ranges, indicating good general health. The Liver and Kidney profiles may affect your overall well-being, so consider maintaining a balanced diet and staying hydrated. Incorporate a variety of fruits and vegetables, enjoy fresh juices, and engage in regular activities like walking or yoga. Routine check-ups are beneficial, and please consult a healthcare professional if you notice any changes. Remember, small consistent efforts can lead to meaningful improvements in your health.

Note - Higher scores tentatively indicate better health status



Summary of Key Health Indicators

Total Parameters Tested	Borderline Results	Out Of Range Results
84	6	6

Health Status by Body System

Profile	Total	Borderline	Out of Range	Key Results
Liver Profile	15	1	2	AST / ALT Ratio **(2)** ALP **(232)** Albumin : Globulin ratio **(1.12)**
Kidney Profile	10	0	2	BUN : Creatinine ratio **(24.03)** Urea : Creatinine ratio **(51.43)**
Blood Disorder	17	0	1	Abs. Basophil Count **(0)**
Cardiac Profile	9	0	1	HDL : LDL ratio **(0.79)**
Anemia Studies	8	4	0	RBC count **(5)** MCV **(76.1)** MCH **(24.3)**
Infectious Diseases	6	0	0	All In Range
Diabetes Monitoring	2	0	0	All In Range
Urinalysis	12	1	0	Uric Acid **(6.5)**
Electrolytes	4	0	0	All In Range
Thyroid Profile	1	0	0	All In Range

Name

Gender

Report Summary

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

BLOOD DISORDER

Test Name	Result unit	Range
Hemoglobin	12.2 g/dL	12 - 15
TLC	6 10^3/µl	4 - 10
Neutrophils	55.7 %	40 - 80
Lymphocytes	35.3 %	20 - 40
Monocytes	6.3 %	2 - 10
Eosinophils	2.7 %	1 - 6
Basophils	0 %	< 2
Neutrophils.	3.34 10^3/µl	2 - 7
Lymphocytes.	2.12 10^3/µl	1 - 3
Monocytes.	0.38 10^3/µl	0.2 - 1
Eosinophils.	0.16 10^3/µl	0.02 - 0.5
Basophils.	**0** 10^3/µl	0.02 - 0.1
Platelet Count	164 10^3/µl	150 - 410
Mean Platelet Volume (MPV)	11.8 fL	9.3 - 12.1
PDW	21.9 fL	8.3 - 25
P-LCR	46.3 %	18 - 50
P-LCC	76 10^9/L	44 - 140

ANEMIA STUDIES

Test Name	Result unit	Range
RBC Count	**5** 10^6/µl	3.8 - 4.8
PCV	38.3 %	36 - 46
MCV	**76.1** fl	83 - 101
MCH	**24.3** pg	27 - 32
MCHC	32 g/dL	31.5 - 34.5
RDW (CV)	**15.6** %	11.6 - 14
RDW-SD	36.3 fl	35.1 - 43.9
Mentzer Index	15.22 %	

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	

Name

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Report Summary

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

DIABETES MONITORING

Test Name	Result unit	Range
Glucose Fasting	85 mg/dL	70 - 100
Urine Glucose (sugar)	Negative	

LIVER PROFILE

Test Name	Result unit	Range
Bilirubin Total	0.48 mg/dL	0.2 - 1.2
Bilirubin Direct	0.3 mg/dL	< 0.5
Bilirubin Indirect	0.18 mg/dL	0.1 - 1
SGOT/AST	22 U/L	11 - 34
SGPT/ALT	11 U/L	< 34
SGOT/SGPT Ratio	**2** Ratio	< 0.99
Alkaline Phosphatase	**232** U/L	46 - 122
Total Protein	7.2 g/dL	6.4 - 8.3
Albumin	3.8 g/dL	3.2 - 4.6
Globulin	3.4 g/dL	2.3 - 3.5
Albumin :Globulin Ratio	**1.12** Ratio	1.3 - 2.1
Gamma Glutamyl Transferase (GGT)	17 U/L	< 38
Calcium Serum	8.7 mg/dL	8.4 - 10.2
Bilirubin Urine	Negative	
Urobilinogen	Normal	

KIDNEY PROFILE

Test Name	Result unit	Range
Blood Urea	36 mg/dL	21 - 43
Bun	16.82 mg/dL	8 - 23
Creatinine	0.7 mg/dL	0.5 - 1.2
eGFR (CKD-EPI)	97.09 ml/min/1.73 sq m	
Bun/Creatinine Ratio	**24.03** Ratio	12 - 20
Urea / Creatinine Ratio	**51.43** Ratio	25.68 - 42.8
Urine Protein (Albumin)	Negative	
Blood	Negative	
Crystals	Absent	
Cast	Absent	

Name

Gender

Report Summary

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

URINALYSIS

Test Name	Result unit	Range
Uric Acid	**6.5** mg/dL	2.5 - 6.2
Volume	20 mL	
Colour	Pale yellow	
Transparency	Clear	
Reaction (pH)	6.0	4.5 - 8
Specific Gravity	1.020	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 unit	Range
Phosphorus	4.2 mg/dL	2.3 - 4.7
Sodium	144 mmol/L	136 - 145
Potassium	4.6 mmol/L	3.5 - 5.1
Chloride	106 mmol/L	98 - 107

CARDIAC PROFILE

Test Name	Result unit	Range
Total Cholesterol	166 mg/dL	< 200
Triglycerides	71 mg/dL	< 150
HDL Cholesterol	67 mg/dL	40 - 80
Non HDL Cholesterol	99 mg/dL	< 130
LDL Cholesterol	84.8 mg/dL	< 100
V.L.D.L Cholesterol	14.2 mg/dL	< 30
Chol/HDL Ratio	2.48 Ratio	< 5
HDL/ LDL Ratio	**0.79** Ratio	0.3 - 0.4
LDL/HDL Ratio	1.27 Ratio	< 3

THYROID PROFILE

Test Name	Result unit	Range
Thyroid Stimulating Hormone (Ultrasensitive)	< 0.0083 µIU/mL	

Name

Gender

Health Advisory

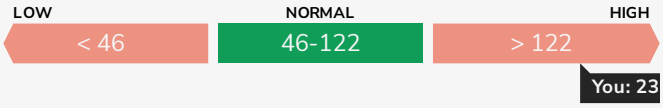
In Range Borderline (BL) Out Of Range

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

Alkaline Phosphatase: 232 U/L

OUT OF RANGE



Urinalysis

The *urinalysis*, as it's sometimes called, is a set of tests conducted on your urine - these tests measure specific properties of urine and also find out if there are any unwanted chemicals in your urine. If your results in these tests are abnormal, your doctor can correlate them clinically. Sometimes, abnormal urine results are because of kidney disease, liver disease or diabetes.

Uric Acid: 6.5 mg/dL

BORDERLINE

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

Thyroid Stimulating Hormone (Ultrasensitive): < 0.0083 µlU/mL

LABORATORY REPORT

Redcliffe labs

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

Womens Essential Screening with Free Thyroid

Complete Blood Count (CBC)

Test Description	Value(s)	Unit(s)	Reference Range
RBC Parameters			
Hemoglobin *Cyanide free spectrophotometry*	12.2	g/dL	12.0 - 15.0
RBC Count *Electrical impedance*	**5 H***	10^6/µl	3.8 - 4.8
PCV *Calculated*	38.3	%	36 - 46
MCV *Calculated*	**76.1 L***	fl	83 - 101
MCH *Calculated*	**24.3 L***	pg	27 - 32
MCHC *Calculated*	32	g/dL	31.5 - 34.5
RDW (CV) *Calculated*	**15.6 H***	%	11.6 - 14.0
RDW-SD *Calculated*	36.3	fl	35.1 - 43.9
WBC Parameters			
TLC *Electrical impedance and microscopy*	6	10^3/µl	4 - 10
Differential Leucocyte Count			
Neutrophils *Flow-cytometry DHSS*	55.7	%	40 - 80
Lymphocytes *Flow-cytometry DHSS*	35.3	%	20 - 40
Monocytes *Flow-cytometry DHSS*	6.3	%	2 - 10
Eosinophils *Flow-cytometry DHSS*	2.7	%	1 - 6
Basophils *Flow-cytometry DHSS*	0	%	0 - 2
Absolute Leukocyte Counts			
Neutrophils. *Calculated*	3.34	10^3/µl	2 - 7
Lymphocytes. *Calculated*	2.12	10^3/µl	1 - 3
Monocytes. *Calculated*	0.38	10^3/µl	0.2 - 1.0
Eosinophils. *Calculated*	0.16	10^3/µl	0.02 - 0.5

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

Dr. Neha Prabhakar
MBBS, MD(Pathology)

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

Test Description	Value(s)	Unit(s)	Reference Range
Basophils. *Calculated*	**0**	10^3/µl	0.02-0.1
Platelet Parameters			
Platelet Count *Electrical impedance and microscopy*	164	10^3/µl	150 - 410
Mean Platelet Volume (MPV) *Calculated*	11.8	fL	9.3 - 12.1
PCT *Calculated*	0.2	%	0.17 - 0.32
PDW *Calculated*	21.9	fL	8.3 - 25.0
P-LCR *Calculated*	46.3	%	18 - 50
P-LCC *Calculated*	76	10^9/L	44 - 140
Mentzer Index *Calculated*	15.22	%	> 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	
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Patient ID / UHID	Barcode NO :
Referred BY	Sample Type :
Sample Collected	Report Date :

Test Description	Value(s)	Unit(s)	Reference Range
Glucose Fasting			
Glucose Fasting *Hexokinase*	85	mg/dL	70 - 100

Interpretaion:

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. Poulami Sarkar
MBBS,MD (Biochemistry)
Consultant Biochemist
NMC Certificate No. 24-005955

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

Liver Function Test (LFT)

Test Description	Value(s)	Unit(s)	Reference Range
Bilirubin Total *Diazonium Salt*	0.48	mg/dL	0.2 - 1.2
Bilirubin Direct *Diazo Reaction*	0.3	mg/dL	0.0 - 0.5
Bilirubin Indirect *Calculated*	0.18	mg/dL	0.1 - 1.0
SGOT/AST *Enzymatic [NADH (without P-5-P)]*	22	U/L	11 - 34
SGPT/ALT *Enzymatic [NADH (without P-5-P)]*	11	U/L	< 34
SGOT/SGPT Ratio *Calculated*	**2 H***	Ratio	<1.00
Alkaline Phosphatase *Para-nitrophenyl phosphate (p-NPP)*	**232 H***	U/L	46 – 122
Total Protein *Biuret*	7.2	g/dL	6.4 - 8.3
Albumin *Colorimetric BCG*	3.8	g/dL	3.2 - 4.6
Globulin *Calculated*	3.4	g/dL	2.3 - 3.5
Albumin :Globulin Ratio *Calculated*	**1.12 L***	Ratio	1.3 - 2.1
Gamma Glutamyl Transferase (GGT) *L-Gamma-Glutamyl-3-Carboxy-4-Nitroanalide*	17	U/L	< 38

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

Key enzymes tested:

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

Blood proteins, **albumin and globulin**, are essential for growth, development, and health.

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

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

Kidney Function Test (KFT)

Test Description	Value(s)	Unit(s)	Reference Range
Blood Urea *Urease*	36	mg/dL	21 - 43
Bun *Calculated*	16.82	mg/dL	8 - 23
Creatinine *Kinetic Alkaline Picrate*	0.7	mg/dL	0.5 - 1.2
eGFR (CKD-EPI)	97.09	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*	**24.03 H***	Ratio	12 - 20
Urea / Creatinine Ratio *Calculated*	**51.43 H***	Ratio	25.68- 42.8
Uric Acid *Uricase*	**6.5 H***	mg/dL	2.5 - 6.2
Calcium Serum *Arsenazo III*	8.7	mg/dL	8.4 - 10.2
Phosphorus *Phosphomolybdate*	4.2	mg/dL	2.3 - 4.7
Sodium *ISE-Indirect*	144	mmol/L	136 - 145
Potassium *ISE-Indirect*	4.6	mmol/L	3.5 - 5.1
Chloride *ISE-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."**

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

Test Description	Value(s)	Unit(s)	Reference Range
Lipid Profile			
Total Cholesterol *Enzymatic*	166	mg/dL	<200
Triglycerides *Glycerol phosphate oxidase*	71	mg/dL	<150
HDL Cholesterol *Accelerator Selective Detergent*	67	mg/dL	> 40
Non HDL Cholesterol *Calculated*	99	mg/dL	<130
LDL Cholesterol *Calculated*	84.8	mg/dL	<100
V.L.D.L Cholesterol *Calculated*	14.2	mg/dL	< 30
Chol/HDL Ratio *Calculated*	2.48	Ratio	0.0 - 5.0
HDL/ LDL Ratio *Calculated*	**0.79 H***	Ratio	0.3-0.4
LDL/HDL Ratio *Calculated*	1.27	Ratio	0.0- 3.0

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

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Referred BY	:	Sample Type	: !
Sample Collected	:	Report Date	: I

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

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

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

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

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

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

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Patient NAME	
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Referred BY	Sample Type :
Sample Collected	Report Date :

Test Description	Value(s)	Unit(s)	Reference Range
TSH 3rd Generation			
Thyroid Stimulating Hormone (Ultrasensitive) *CMIA*	**< 0.0083 L***	µIU/mL	0.35 - 4.94

Interpretation:

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

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

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

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

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Patient 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	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*	1.020	-	1.010 - 1.030
Urine Glucose (sugar) *Oxidase / Peroxidase*	Negative	-	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)	1-2	/hpf	0 - 5
Epithelial Cells	1-2	/hpf	0 - 4
Red blood Cells	Absent	/hpf	0 - 2
Crystals	Absent	-	Absent
Cast	Absent	-	Absent
Yeast Cells	Absent	-	Absent
Amorphous deposits	Absent	-	Absent
Bacteria	Absent	-	Absent
Protozoa	Absent	-	Absent

Interpretation:
URINALYSIS- Routine urine analysis assists in screening and diagnosis of various metabolic, urological, kidney and liver disorders.

Protein: Elevated proteins can be an early sign of kidney disease. Urinary protein excretion can also be temporarily elevated by strenuous

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

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

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 ***

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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.