Redcliffe labs

Healthy India Ki Trusted Lab

smart
Health Report

An Insightful Health Analytics Report
for Easier Understanding

Prepared For

Mr MR.DUMMY

M 23

ISO
9001 :2015

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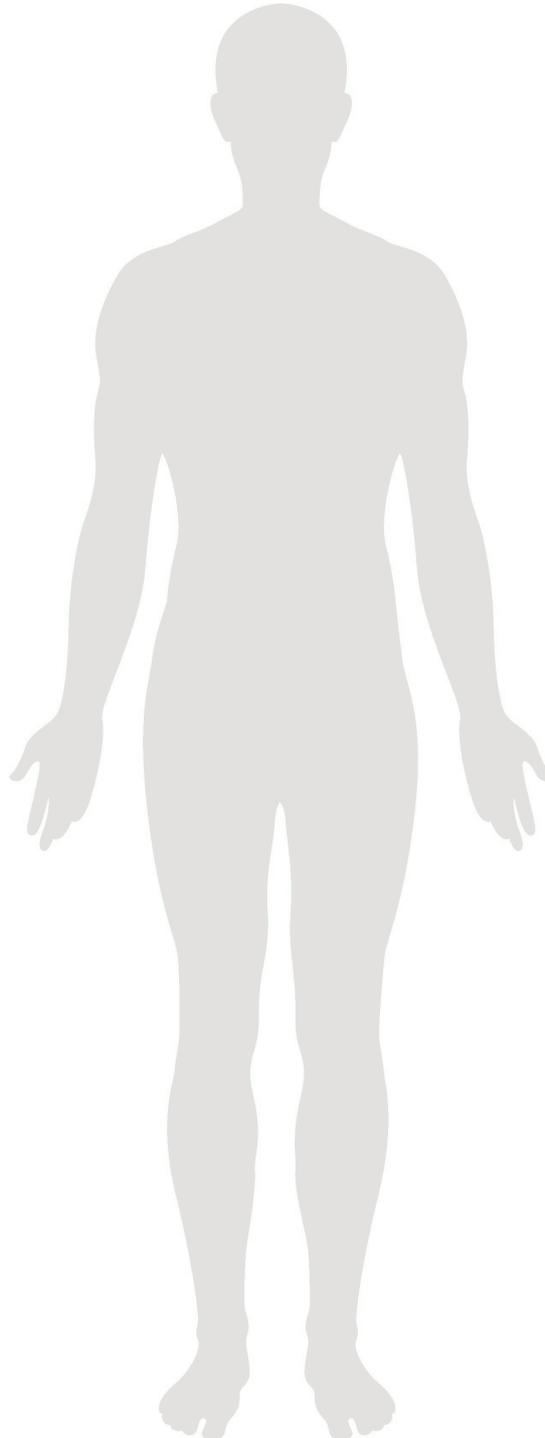| Name	Patient ID	Gender	Age
Mr MR.DUMMY	8051905	M	23

Health Summary

BLOOD COUNTS

Everything looks good

ANEMIA STUDIES

Everything looks good

MINERAL PROFILE

Everything looks good

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

Anemia Profile- Essential

Complete Blood Count (CBC)

Test Description	Value(s)	Unit(s)	Reference Range
RBC Parameters			
Hemoglobin *Spectrophotometry*	14.3	g/dL	13.0 - 17.0
RBC Count *Electrical impedance*	4.6	10^6/µl	4.5 - 5.5
PCV *Calculated*	42.0	%	40 - 50
MCV *Calculated*	84.0	fl	83 - 101
MCH *Calculated*	29.0	pg	27 - 32
MCHC *Calculated*	34.0	g/dL	31.5 - 34.5
RDW (CV) *Calculated*	12.9	%	11.6 - 14.0
RDW-SD *Calculated*	37.0	fl	35.1 - 43.9
WBC Parameters			
TLC *Electrical impedance and microscopy*	5.2	10^3/µl	4 - 10
Differential Leucocyte Count			
Neutrophils *Flow-cytometry DHSS*	54.4	%	40-80
Lymphocytes *Flow-cytometry DHSS*	36.4	%	20-40
Monocytes *Flow-cytometry DHSS*	6	%	2-10
Eosinophils *Flow-cytometry DHSS*	2.9	%	1-6
Basophils *Flow-cytometry DHSS*	0.3	%	<2
Absolute Leukocyte Counts *Calculated*			
Neutrophils.	2.83	10^3/µl	2 - 7
Lymphocytes. *Calculated*	1.89	10^3/µl	1 - 3
Monocytes. *Calculated*	0.31	10^3/µl	0.2 - 1.0
Eosinophils. *Calculated*	0.15	10^3/µl	0.02 - 0.5
Basophils.	0.02	10^3/µl	0.02 - 0.5

Dr. Dummy

Booking Centre :- DEMO PARTNER CHENNAI, DEMO PARTNER CHENNAI
Processing Lab :-

📞 928-909-0609   ✉ ccsupport@redcliffelabs.com   🌐 www.redcliffelabs.com
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.

Page 1 of 6

LABORATORY REPORT

Patient Name	: Mr MR.DUMMY		
DOB/Age/Gender	: 23 Y/Male	Sample Collected	: Apr 26, 2024, 01:00 PM
Patient ID / UHID	: 8051905/RCL7248462	Report Date	: May 04, 2024, 01:13 PM
Referred By	: Dr. Dr. X	Barcode No	: HY566434
Sample Type	: Whole blood EDTA	Report Status	: Final Report

Test Description	Value(s)	Unit(s)	Reference Range
Calculated			
Platelet Parameters			
Platelet Count *Electrical impedance and microscopy*	190.0	10^3/µl	150 - 410
Mean Platelet Volume (MPV) *Calculated*	10.0	fL	9.3 - 12.1
PCT *Calculated*	0.19	%	0.17 - 0.32
PDW *Calculated*	10.0	fL	8.3 - 25.0
P-LCR *Calculated*	19.0	%	18 - 50
P-LCC *Calculated*	45.0	%	44 - 140
Mentzer Index *Calculated*	18.26	%	> 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.

Peripheral Smear / General Blood Picture

R.B.C. Morphology	Normocytic Normochromic		
W.B.C. Morphology	Within normal limits		
Platelet Morphology	Adequate on Smear		
Parasite	NO PARASITE SEEN		
IMPRESSION.	NORMOCYTIC NORMOCHROMIC BLOOD PICTURE. KINDLY CORRELATE CLINICALLY.		

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

Erythrocyte Sedimentation Rate (ESR)

Test Description	Value(s)	Unit(s)	Reference Range
ESR - Erythrocyte Sedimentation Rate *MODIFIED WESTERGREN*	9	mm/hr	0 - 10

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.

AGE	MALE	FEMALE
1 DAY	0-2	0-2
2 - 7 DAYS	0-4	0-4
8 - 14 DAYS	0-17	0-17
15 DAYS - 17 YEARS	0-20	0-20
18 - 50 YEARS	0-10	0-12
51- 60 YEARS	0-12	0-19
61 - 70 YEARS	0-14	0-20
71 - 100 YEARS	0-30	0-35

Reference- Dacie and lewis practical hematology

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Sample Type	: Whole blood EDTA	

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

Reticulocyte Count

Test Description	Value(s)	Unit(s)	Reference Range
Reticulocyte Count	1.00	%	0.5-2.5

Interpretation:
Reticulocyte count is increased in:
1. Hemolytic anemia.
2. Nutritional anemia after treatment.
3. Acute and chronic blood loss
4. Pregnancy.
5. Bone marrow regeneration.

Reticulocyte count is decreased in:
1. Untreated nutritional anemia.
2. Aplastic anemia
3. Exposure to radiation or radiation therapy.
4. Chronic infection.
5. Chemotherapy.

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DOB/Age/Gender	: 23 Y/Male	Sample Collected	: Apr 26, 2024, 01:00 PM
Patient ID / UHID	: 8051905/RCL7248462	Report Date	: May 04, 2024, 12:34 PM
Referred By	: Dr. Dr. X	Barcode No	: ZC616749
Sample Type	: Serum	Report Status	: Final Report

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

Iron Studies

Test Description	Value(s)	Unit(s)	Reference Range
Iron *FerroZine*	56.0	µg/dL	33 - 193
TIBC,(Total Iron Binding Capacity) *Calculated*	312	µg/dL	228 - 428
UIBC *FerroZine*	256	µg/dL	125 - 345
Transferrin Saturation *Calculated*	17.95	%	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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Sample Type	: Serum	Report Status	: Final Report

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

Ferritin

Ferritin *ECLIA*	78.0	ng/mL	Men(20Y-60Y) : 30-400 ng/mL Women(17Y-60Y): 13-150 ng/mL

Interpretation:
Note:
Increase in serum ferritin due to inflammatory conditions (Acute phase response) can mask a diagnostically low result

Comments
Serum ferritin appears to be in equilibrium with tissue ferritin and is a good indicator of storage iron in normal subjects and in most disorders. In patients with some hepatocellular diseases, malignancies and inflammatory diseases, serum ferritin is a disproportionately high estimate of storage iron because serum ferritin is an acute phase reactant. In such disorders iron deficiency anemia may exist with a normal serum ferritin concentration. In the presence of inflammation, persons with low serum ferritin are likely to respond to iron therapy.

Increased Levels
1. Iron overload - Hemochromatosis, Thalassemia & Sideroblastic anemia
2. Malignant conditions - Acute myeloblastic & Lymphoblastic leukemia, Hodgkin's disease & Breast carcinoma
3. Inflammatory diseases - Pulmonary infections, Osteomyelitis, Chronic UTI, Rheumatoid arthritis, SLE, burns · Acute & Chronic hepatocellular disease

Decreased Levels
Iron deficiency anemia

*** End Of Report ***

Disclaimer: Method given in report are only indicative and can be changed depending upon type of machine and kit available at time of testing.

Not all tests at all locations are under NABL scope. Availability of tests under NABL scope varies from lab to lab.

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