

smart Health Report

An Insightful Health Analytics Report
for Easier Understanding



Prepared For

Ms Dummy

F 35

Name
Ms Dummy

Patient ID
XXX

Gender
F

Age
35

Health Summary



BLOOD COUNTS

Everything looks good



THYROID PROFILE

Everything looks good



DIABETES MONITORING

Everything looks good



ANEMIA STUDIES

Test Name	Result
Hemoglobin	9.8
Please Watchout	

Patient NAME : Ms Dummy	Report STATUS : Final Report	 NABL M(EL)T 00456
DOB/Age/Gender : 35 Y/Female	Barcode NO : XXX	
Patient ID / UHID : XXX	Sample Type : Whole blood EDTA	
Referred BY : Self	Report Date : Aug 01, 2024, 12:12 PM.	
Sample Collected : Aug 01, 2024, 07:47 AM		

Test Description	Value(s)	Unit(s)	Reference Range
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Antenatal Care Profile (ANC)- Advance

Complete Blood Count (CBC)

RBC Parameters			
Hemoglobin <i>colorimetric</i>	9.8	g/dL	12.0 - 15.0
RBC Count <i>Electrical impedance</i>	4	10 ⁶ /μl	3.8 - 4.8
PCV <i>Calculated</i>	31.6	%	36 - 46
MCV <i>Calculated</i>	78.7	fl	83 - 101
MCH <i>Calculated</i>	24.3	pg	27 - 32
MCHC <i>Calculated</i>	30.9	g/dL	31.5 - 34.5
RDW (CV) * <i>Calculated</i>	15.1	%	11.6 - 14.0
RDW-SD * <i>Calculated</i>	43.4	fl	35.1 - 43.9
WBC Parameters			
TLC <i>Electrical impedance and microscopy</i>	8.5	10 ³ /μl	4 - 10
Differential Leucocyte Count			
Neutrophils	64	%	40-80
Lymphocytes	27	%	20-40
Monocytes	6	%	2-10
Eosinophils	3	%	1-6
Basophils	0	%	<2
Absolute Leukocyte Counts			
Neutrophils.	5.44	10 ³ /μl	2 - 7
Lymphocytes.	2.3	10 ³ /μl	1 - 3
Monocytes.	0.51	10 ³ /μl	0.2 - 1.0
Eosinophils.	0.26	10 ³ /μl	0.02 - 0.5
Basophils.	0	10 ³ /μl	0.02 - 0.5
Platelet Parameters			
Platelet Count <i>Electrical impedance and microscopy</i>	234	10 ³ /μl	150 - 410
Mean Platelet Volume (MPV) * <i>Calculated</i>	12.1	fL	9.3 - 12.1
PCT * <i>Calculated</i>	0.3	%	0.17 - 0.32

(*) Parameter(s) are outside the scope of tests recognized under the NABL M(EL)T Scheme.



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Processing Lab :- Redcliffe Lifetech Pvt. Ltd., 4B2 Basement & Ground Floor, Tilak Nagar, New Delhi-110018.

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Patient NAME : Ms Dummy

DOB/Age/Gender : 35 Y/Female

Patient ID / UHID : XXX

Referred BY : Self

Sample Collected : Aug 01, 2024, 07:47 AM

Report STATUS : Final Report

Barcode NO : XXX

Sample Type : Whole blood EDTA

Report Date : Aug 01, 2024, 12:12 PM.



Test Description	Value(s)	Unit(s)	Reference Range
PDW * <i>Calculated</i>	13.8	fL	8.3 - 25.0
P-LCR * <i>Calculated</i>	41.9	%	18 - 50
P-LCC * <i>Calculated</i>	98	%	44 - 140
Mentzer Index * <i>Calculated</i>	19.68	%	> 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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DOB/Age/Gender : 35 Y/Female	Barcode NO : XXX
Patient ID / UHID : XXX	Sample Type : Whole blood EDTA
Referred BY : Self	Report Date : Aug 01, 2024, 02:45 PM.
Sample Collected : Aug 01, 2024, 07:47 AM	

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

ESR - Erythrocyte Sedimentation Rate <i>MODIFIED WESTERGREIN</i>	3	mm/hr	0 - 12
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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 : Ms Dummy	Report STATUS : Final Report
DOB/Age/Gender : 35 Y/Female	Barcode NO : XXX
Patient ID / UHID : XXX	Sample Type : Whole blood EDTA
Referred BY : Self	Report Date : Aug 01, 2024, 02:03 PM.
Sample Collected : Aug 01, 2024, 07:47 AM	

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

Glycosylated Hemoglobin (HbA1c) <i>HPLC</i>	5.2	%	<5.7
Estimated Average Glucose	102.54	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 : Ms Dummy	Report STATUS : Final Report
DOB/Age/Gender : 35 Y/Female	Barcode NO : XXX
Patient ID / UHID : XXX	Sample Type : Whole blood EDTA
Referred BY : Self	Report Date : Aug 01, 2024, 02:08 PM.
Sample Collected : Aug 01, 2024, 07:47 AM	

Test Description	Value(s)	Unit(s)	Reference Range
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Blood Group ABO & Rh Typing

Blood Group	B		
Rh Factor	Positive		

Interpretation:
 Interpreting the results of a blood group test involves understanding the ABO blood group and Rh factor results. We can interpret them as follows:

ABO Blood Grouping:
Blood Group A: Has A antigens on red blood cells and anti-B antibodies in the plasma.
Blood Group B: Has B antigens on red blood cells and anti-A antibodies in the plasma.
Blood Group AB: Has both A and B antigens on red blood cells and no anti-A or anti-B antibodies in the plasma.
Blood Group O: Has no A or B antigens on red blood cells but has both anti-A and anti-B antibodies in the plasma.

Rh Typing:
Rh-positive: Indicates the presence of the Rh antigen (D antigen) on red blood cells.
Rh-negative: Indicates the absence of the Rh antigen on red blood cells.

Interpreting your blood group involves identifying which antigens are present on your red blood cells (A, B, or both) and whether you are Rh-positive or Rh-negative. For example, if your blood group is A-positive, it means you have A antigens and Rh antigen on your red blood cells.

Knowing your blood group is important for medical purposes, such as blood transfusions, organ transplants, and during pregnancy to prevent potential complications related to blood compatibility.

RBC Indices

Hemoglobin <i>colorimetric</i>	9.8	g/dL	12.0 - 15.0
RBC Count <i>Electrical impedance</i>	4	10 ⁶ /μl	3.8 - 4.8
PCV <i>Calculated</i>	31.6	%	36 - 46
MCV <i>Calculated</i>	78.7	fl	83 - 101
MCH <i>Calculated</i>	24.3	pg	27 - 32
MCHC <i>Calculated</i>	30.9	g/dL	31.5 - 34.5
RDW (CV) * <i>Calculated</i>	15.1	%	11.6 - 14.0
RDW-SD * <i>Calculated</i>	43.4	fl	35.1 - 43.9

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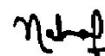
Patient NAME : Ms Dummy	Report STATUS : Final Report
DOB/Age/Gender : 35 Y/Female	Barcode NO : XXX
Patient ID / UHID : XXX	Sample Type : Whole blood EDTA
Referred BY : Self	Report Date : Aug 02, 2024, 01:24 PM.
Sample Collected : Aug 01, 2024, 07:47 AM	

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

Foetal Haemoglobin (HbF) HPLC	0.1	%	0-2
Haemoglobin A2 (HbA2) HPLC	2.5	%	1.5-3.7
Haemoglobin A (Hb Adult) HPLC	84.2	%	94.3-98.5
Peak 3 HPLC	5.6	%	<10
Peak 4 HPLC	7.6	%	<10
Others (Non Specific) HPLC	0	%	<10
Haemoglobin D (HbD) HPLC	0	%	0-0
Haemoglobin S (HbS) HPLC	0	%	0-0
Haemoglobin C (HbC) HPLC	0	%	0-0
Haemoglobin E (HbE) HPLC	0	%	0-0
Impression	No Evidence of Hemoglobinopathy.		-

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Patient NAME : Ms Dummy	Report STATUS : Final Report	 <small>NABL-M(EL)T-00456</small>
DOB/Age/Gender : 35 Y/Female	Barcode NO : XXX	
Patient ID / UHID : XXX	Sample Type : Fluoride Plasma	
Referred BY : Self	Report Date : Aug 01, 2024, 12:10 PM.	
Sample Collected : Aug 01, 2024, 07:47 AM		

Test Description	Value(s)	Unit(s)	Reference Range
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Glucose Random (BSR)

Glucose Random <i>GOD-POD</i>	107.6	mg/dL	70 - 140
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Interpretation:

- 1.Also known as Casual plasma glucose .
- 2.Samples can be taken anytime during the day regardless of eating time.
- 3.Random blood glucose level of equal to or more than 200mg/dl is indicative of Diabetes mellitus.

Source: ADA Guidelines

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Patient NAME : Ms Dummy	Report STATUS : Final Report
DOB/Age/Gender : 35 Y/Female	Barcode NO : XXX
Patient ID / UHID : XXX	Sample Type : Serum
Referred BY : Self	Report Date : Aug 01, 2024, 12:10 PM.
Sample Collected : Aug 01, 2024, 07:47 AM	

Test Description	Value(s)	Unit(s)	Reference Range
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FT4 (Free Thyroxine 4)

T4, Free ECLIA	1.08	ng/dL	0.8 - 1.8 First Trimester : 0.7-2.0 Second Trimester : 0.5-1.6 Third Trimester : 0.5-1.6
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Interpretation:

- Free T4 is the unbound and active form of thyroxine, a hormone produced by the thyroid gland that helps regulate metabolism, energy production, and overall growth and development. Interpreting free T4 levels helps diagnose thyroid function disorders.
- Low free T4 levels, indicative of hypothyroidism, can result from several causes. Primary hypothyroidism occurs when the thyroid gland itself is underactive, often due to Hashimoto's thyroiditis, iodine deficiency, or thyroid surgery. Secondary hypothyroidism arises when the pituitary gland fails to produce sufficient thyroid-stimulating hormone (TSH) to activate the thyroid, commonly due to pituitary disorders. Tertiary hypothyroidism is caused by the hypothalamus failing to produce enough thyrotropin-releasing hormone (TRH), which leads to decreased production of TSH and subsequently T4.
- High free T4 levels, indicative of hyperthyroidism, can be caused by various conditions. Graves' disease, an autoimmune disorder, overstimulates the thyroid gland, leading to excessive hormone production. Overactive thyroid nodules can also contribute to high free T4 levels by producing excess hormone independently. Thyroiditis, an inflammation of the thyroid, can release stored hormones into the bloodstream, causing elevated levels. Overmedication with thyroid hormone replacement can also result in high free T4 levels.

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Patient NAME : Ms Dummy	Report STATUS : Final Report
DOB/Age/Gender : 35 Y/Female	Barcode NO : XXX
Patient ID / UHID : XXX	Sample Type : Serum
Referred BY : Self	Report Date : Aug 01, 2024, 12:10 PM.
Sample Collected : Aug 01, 2024, 07:47 AM	

Test Description	Value(s)	Unit(s)	Reference Range
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Antenatal Care Profile (ANC)- Advance

TSH 3rd Generation

Thyroid Stimulating Hormone (Ultrasensitive) CMIA	3.38	mU/mL	0.4 - 4.2
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Interpretation:

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

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

Primary malfunction of the thyroid gland may result in excessive (hyper) or below normal (hypo) release of T3 or T4. In addition as TSH directly affects thyroid function, malfunction of the pituitary or the hypo - thalamus influences the thyroid gland activity. Disease in any portion of the thyroid-pituitary-hypothal- mus system may influence the levels of T3 and T4 in the blood. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels may be low. In addition, in the Euthyroid Sick Syndrome, multiple alterations in serum thyroid function test findings have been recognized in patients with a wide variety of non-thyroidal illnesses (NTI) without evidence of preexisting thyroid or hypothalami c-pituitary diseases.

Thyroid Binding Globulin (TBG) concentrations remain relatively constant in healthy individuals. However, pregnancy, excess estrogen, androgen, antibiotics, steroids and glucocorticoids are known to alter TBG levels and may cause false thyroid values for Total T3 and T4 tests.

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Patient NAME : Ms Dummy	Report STATUS : Final Report
DOB/Age/Gender : 35 Y/Female	Barcode NO : XXX
Patient ID / UHID : XXX	Sample Type : Serum
Referred BY : Self	Report Date : Aug 01, 2024, 12:59 PM.
Sample Collected : Aug 01, 2024, 07:47 AM	

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

VDRL RAPID CHROMATOGRAPHIC IMMUNOASSAY	NON REACTIVE	-	NON REACTIVE
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Interpretation:

RESULTS	REMARKS
Reactive	Indicates presence of IgM & IgG antibodies against Treponemal Pallidum antigens
Non Reactive	Indicates absence of IgM & IgG antibodies against Treponemal Pallidum antigens

Note

1. Positive result indicates ongoing or recent infection and the diagnosis should be confirmed by specific Treponemal tests such as TPHA & FTA- Abs.
2. The reactivity will vary with Primary (60-86%), Secondary (99%) and Tertiary (98%) stage of Syphilis.
3. False positive results may be observed in patients of Malaria, Hepatitis, Mumps, Leprosy, Infectious Mononucleosis, Rheumatoid Arthritis and Collagen disease.
4. False negative reaction may be due to processing of sample collected early in the course of disease, immunosuppression and due to prozone effect.
5. Test conducted on serum.
6. It is a qualitative test.

Uses

To screen for presence of Syphilis infection.

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Patient NAME : Ms Dummy	Report STATUS : Final Report
DOB/Age/Gender : 35 Y/Female	Barcode NO : XXX
Patient ID / UHID : XXX	Sample Type : Serum
Referred BY : Self	Report Date : Aug 01, 2024, 12:59 PM.
Sample Collected : Aug 01, 2024, 07:47 AM	

Test Description	Value(s)	Unit(s)	Reference Range
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HIV Antibody, Rapid Card

HIV 1 & 2 ANTIBODIES <i>Qualitative immunoassay,rapid card</i>	NON REACTIVE	-	NON REACTIVE
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Interpretation:

RESULTS	REMARKS
Reactive	A reactive test results indicates antibody detected against HIV-1/2
Non reactive	A non reactive test results indicates antibody is not detected against HIV- 1/2.

NOTE :

- This is only a screening test. All samples detected reactive must be confirmed by using HIV Western Blot.** Therefore for a definitive diagnosis, the patient’s clinical history, symptomatology as well as serological data, should be considered. The results should be reported only after complying with above procedure.
- Some samples show cross reactivity fir HIV antibodies.Following factors are found to cause false positive HIV antibody test results: naturally occurring antibodies, Passive immunization, Leprosy, Renal Disorders, Tuberculosis, Myco-bacterium avium, Herpes simplex, Hypergammaglobulinemia, Malignant neoplasms, Rheumatoid ar thritis, Tetanus vaccination, Autoimmune diseases, Blood Transfusion, Multiple myeloma, Haemophilia, Heat treated specimens, Lipemic serum, Anti-nuclear antibodies, T-cell leukocyte antigen antibodies, Epstein Barr virus, HLA antibodies and other retroviruses.
- False negative results may occur during the window period and during the end stage of the disease.

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Patient NAME : Ms Dummy	Report STATUS : Final Report
DOB/Age/Gender : 35 Y/Female	Barcode NO : XXX
Patient ID / UHID : XXX	Sample Type : Serum
Referred BY : Self	Report Date : Aug 01, 2024, 12:59 PM.
Sample Collected : Aug 01, 2024, 07:47 AM	

Test Description	Value(s)	Unit(s)	Reference Range
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Hepatitis C Antibody (HCV), Rapid Card

HEPATITIS C ANTIBODY (Anti-HCV) <i>Qualitative immunoassay,rapid card</i>	NON REACTIVE	NON REACTIVE
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Interpretation:

RESULTS	REMARKS
Reactive	Reactive test result indicates presence of Hepatitis C virus infection
Non Reactive	Non Reactive test result indicates absence of Hepatitis C virus infection

NOTE

- The 4TH Generation HCV TRI-DOT detects anti-HCV in human serum or plasma and is **only a screening test**. All reactive samples should be confirmed by supplemental assays like RIBA .Therefore for a definitive diagnosis, the patient's clinical history ,symptomatology as well as serological data, should be considered. The results should be reported only after complying with above procedure.
- A non reactive-results does not exclude the possibility of exposure to or infection with HCV.
- Repeated false results may occur due to non-specific binding of the sample to the membrane.
- The presence of anti-HCV does not imply a HepatitisC infection but may be indicative of recent and /or past infection By HCV.
- Patients with auto-immune liver diseases may show falsely reactive results.
- False positive results may be observed in patients receiving mouse monoclonal antibodies, on heparin therapy, on biotin supplements for diagnosis or therapy or presence of heterophilic antibodies in serum.
- False negative reaction may be due to processing of sample collected early in the course of disease, Prozone phenomenon, Immunosuppression & Immuno-incompetence.

Uses

- To diagnose suspected HCV infection in risk group.
- Prenatal Screening of pregnant women and pre surgical/interventional procedures work up.

Hepatitis B Surface Antigen (HBsAg), Rapid Card

HEPATITIS B SURFACE ANTIGEN (HBsAg) <i>Qualitative immunoassay,rapid card</i>	NON REACTIVE	NON REACTIVE
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Interpretation:

RESULTS	REMARKS
Reactive	The sample is Reactive for HBsAg
Non Reactive	The sample is Non Reactive for HBsAg

Note

- This is only a Screening test.** All reactive results should be confirmed by confirmatory test. Therefore for a definitive diagnosis, the patient's clinical history ,symptomatology as well as serological data, should be considered. The results should be reported only after complying with above procedure.
- Additional follow up testing using available clinical methods (along with repeat HBsAg rapid card test) is required, if the test is Non reactive with persisting clinical symptoms
- False positive results may be observed in patients receiving mouse monoclonal antibodies, on heparin therapy, on biotin supplements for diagnosis or therapy, presence of heterophilic antibodies in serum or after HBV vaccination for transient period of time.
- False negative reaction may be due to processing of sample collected early in the course of disease or presence of mutant forms of HBsAg.

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Patient NAME : Ms Dummy	Report STATUS : Final Report
DOB/Age/Gender : 35 Y/Female	Barcode NO : XXX
Patient ID / UHID : XXX	Sample Type : Serum
Referred BY : Self	Report Date : Aug 01, 2024, 12:59 PM.
Sample Collected : Aug 01, 2024, 07:47 AM	

Test Description	Value(s)	Unit(s)	Reference Range
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Patient NAME : Ms Dummy	Report STATUS : Final Report
DOB/Age/Gender : 35 Y/Female	Barcode NO : XXX
Patient ID / UHID : XXX	Sample Type : Spot Urine
Referred BY : Self	Report Date : Aug 01, 2024, 01:47 PM.
Sample Collected : Aug 01, 2024, 07:47 AM	



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 *	Slightly Hazy	-	Clear
Deposit *	Absent	-	Absent
Chemical Examination			
Reaction (pH) <i>Double Indicator</i>	5.5	-	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>	Positive(+)	-	Negative
Leucocyte esterase <i>Enzymatic Reaction</i>	Positive(+)	-	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) *	6-8	/hpf	0 - 5
Epithelial Cells *	1-2	/hpf	0 - 4
Red blood Cells *	2-4	/hpf	Absent
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 exercise, orthostatic proteinuria, dehydration, urinary tract infections and acute illness with fever			

(*) Parameter(s) are outside the scope of tests recognized under the NABL M(EL)T Scheme.



Dr. Ankita Girdhar
MBBS, MD (Pathology)
Consultant Pathologist



Booking Centre :- Home Collection

Processing Lab :- Redcliffe Lifetech Pvt. Ltd., 4B2 Basement & Ground Floor, Tilak Nagar, New Delhi-110018.

898-898-0606

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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 : Ms Dummy	Report STATUS : Final Report	 NABL M(EL)T-00456
DOB/Age/Gender : 35 Y/Female	Barcode NO : XXX	
Patient ID / UHID : XXX	Sample Type : Spot Urine	
Referred BY : Self	Report Date : Aug 01, 2024, 01:47 PM.	
Sample Collected : Aug 01, 2024, 07:47 AM		

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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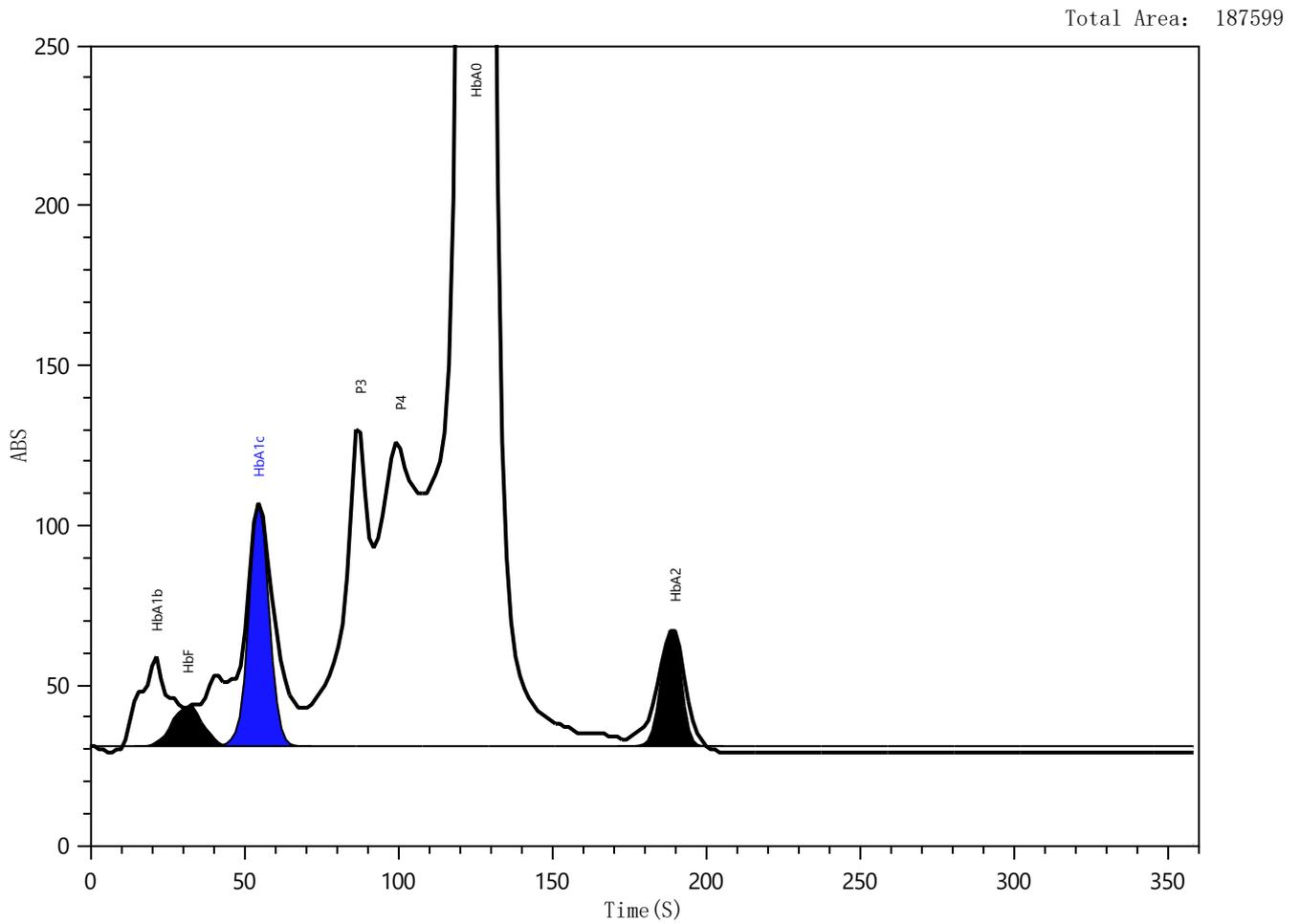
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Name:	Case:	Patient Type:	Test Date: 2024-08-01 19:39:52
Gender:	Department:	Sample Type: Sample	Sample Id: XXX
Age:	Bed no:		

Peak Name	Time (s)	Absorbance	Area	Area (%)	Reference Value
HbA1b	21.0	59.0	3657.0	1.9	
HbF	32.0	44.0	2291.0	0.1	
HbA1c	55.1	107.0	8890.0	5.0	
P3	87.5	131.0	10506.0	5.6	
P4	100.1	126.0	14098.0	7.6	
HbA0	125.5	1616.0	143301.0	77.3	
HbA2	189.5	68.0	4856.0	2.5	



Diagnosis:

Sender:	Send Date: 2024-08-01	Report Date: 2024-08-02	Tester:	Checker:
Comment:				

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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.
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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.

Name
Ms Dummy

Patient ID
XXX

Gender
F

Age
35

Health Advisory

● Normal (N)
 ● Low (L)
 ● Borderline (BL)
 ● High (H)



Anemia Profile

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

Hemoglobin: 9.8 g/dL

● LOW

Hemoglobin is present in the Red Blood Cells and it carries oxygen to the tissues. If Hb is less it causes anemia. Anemia because of low hemoglobin and is more common in women.



Abnormal results may indicate :



Anemia.

Diet and Lifestyle Tips :



Eat iron rich foods as iron is essential for the production of hemoglobin. Iron-rich foods include meat, fish, eggs and oysters, beans, lentils, dark green leafy vegetables (spinach, watercress, curly kale), broccoli, iron fortified cereals and dried fruits (apricots, prunes and raisins).



Avoid drinking tea and coffee with meals, and foods with high phytic acid, such as whole grain cereals, as they can affect digestive absorption of iron from your diet.



Your body absorbs iron from plant-based foods better when you eat them with vitamin-C rich foods, such as oranges, strawberries, melons, peppers and tomatoes.





About Redcliffe Labs

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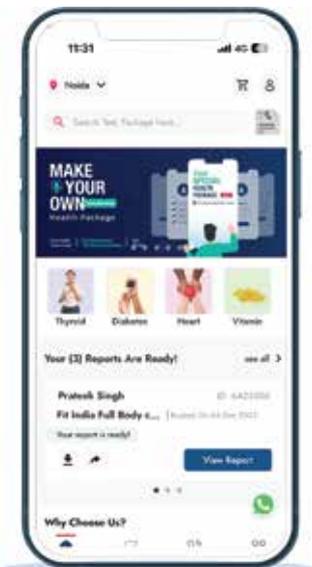
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