Redcliffe labs

Healthy India Ki Trusted Lab

smart Health Report

An Insightful Health Analytics Report for Easier Understanding

Prepared For

Name

Gender

Patient ID

Age

Your Health Summary

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

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

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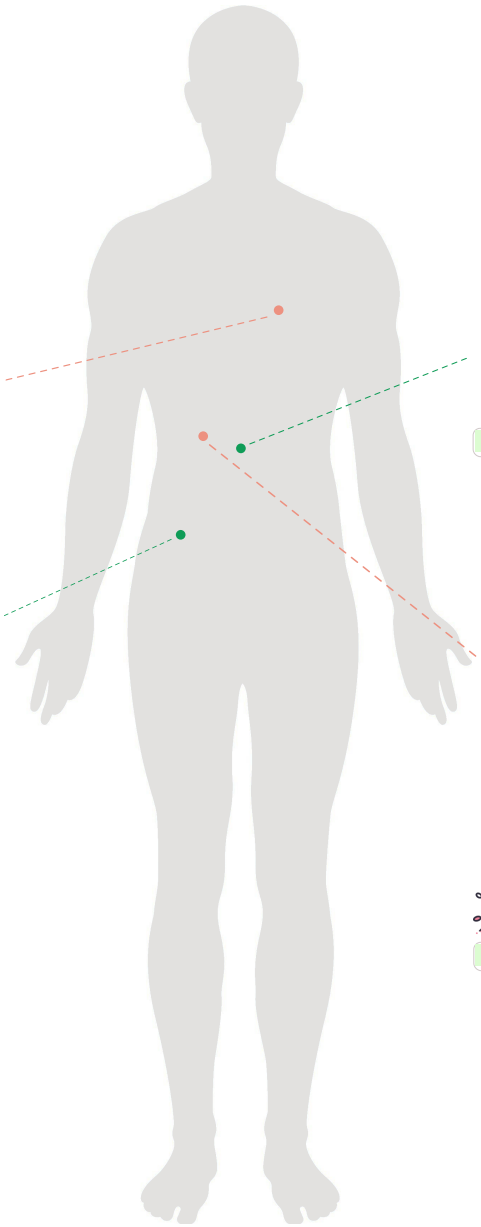
All In Range Borderline Out Of Range

Health Summary



CARDIAC PROFILE

Test Name	Result
Total Cholesterol	210
Triglycerides	179
Non HDL Cholesterol	166

+ 3 tests Please Watchout

DIABETES MONITORING

Everything looks good

KIDNEY PROFILE

Everything looks good

LIVER PROFILE

Test Name	Result
SGOT (AST)	39
SGPT (ALT)	66

Please Watchout

ELECTROLYTES

Test Name	Result
Chloride	108

Please Watchout

ANEMIA STUDIES

Everything looks good

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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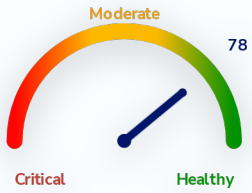
Quick Health Summary

Personal Insights - Health Score

78

Overall, most parameters are within normal ranges, indicating good general health. The profiles for Cardiac Health and Infection may affect your energy levels and immune response, so consider maintaining a balanced diet and staying active. Incorporate a variety of fruits, vegetables, and whole grains into your meals, enjoy regular exercise such as walking or yoga, and schedule routine check-ups to stay proactive. Remember, small lifestyle changes can lead to meaningful improvements in your well-being.

Note - Higher scores tentatively indicate better health status



Summary of Key Health Indicators

Total Parameters Tested	Borderline Results	Out Of Range Results
84	5	5

Health Status by Body System

Profile	Total	Borderline	Out of Range	Key Results
Cardiac Profile	9	3	3	Non - HDL Cholesterol **(166)** LDL Cholesterol **(130.2)** HDL : LDL ratio **(0.34)**
Infectious Diseases	7	0	1	SARS-CoV-2 IgG **(4079.2)**
Liver Profile	15	1	1	SGPT (ALT) **(66)** SGOT (AST) **(39)**
Blood Disorder	17	0	0	All In Range
Anemia Studies	8	0	0	All In Range
Inflammation	1	0	0	All In Range
Kidney Profile	10	0	0	All In Range
Urinalysis	12	0	0	All In Range
Electrolytes	4	1	0	Chloride **(108)**
Diabetes Monitoring	1	0	0	All In Range

Name

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Report Summary

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

INFECTIOUS DISEASES

Test Name	Result unit	Range
SARS- CoV-2 spike protein S1 & S2 IgG	**4079.2** AU/mL	< 50
PCT	0.2 %	0.17 - 0.32
Deposit	Absent	
Leucocyte esterase	Negative	
Pus Cells (WBCs)	3-4 /hpf	
Yeast Cells	Absent	
Protozoa	Absent	

BLOOD DISORDER

Test Name	Result unit	Range
Hemoglobin	15.2 g/dL	13 - 17
TLC	7.7 10^3/µl	4 - 10
Neutrophils	57 %	40 - 80
Lymphocytes	31 %	20 - 40
Monocytes	9 %	2 - 10
Eosinophils	3 %	1 - 6
Basophils	0 %	< 2
Neutrophils.	4.39 10^3/µl	2 - 7
Lymphocytes.	2.39 10^3/µl	1 - 3
Monocytes.	0.69 10^3/µl	0.2 - 1
Eosinophils.	0.23 10^3/µl	0.02 - 0.5
Basophils.	0 10^3/µl	< 0.5
Platelet Count	183 10^3/µl	150 - 410
Mean Platelet Volume (MPV)	10.3 fL	9.3 - 12.1
PDW	19.7 fL	8.3 - 25
P-LCR	40.6 %	18 - 50
P-LCC	74 %10^9/L	44 - 140

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

ANEMIA STUDIES

Test Name	Result unit	Range
RBC Count	5.1 10^6/µl	4.5 - 5.5
PCV	45.3 %	40 - 50
MCV	88.7 fl	83 - 101
MCH	29.9 pg	27 - 32
MCHC	33.7 g/dL	31.5 - 34.5
RDW (CV)	13 %	11.6 - 14
RDW-SD	41.2 fl	35.1 - 43.9
Mentzer Index	17.39 %	

INFLAMMATION

Test Name	Result unit	Range
ESR - Erythrocyte Sedimentation Rate	6 mm/hr	< 10

LIVER PROFILE

Test Name	Result unit	Range
Bilirubin Total	0.8 mg/dL	< 1.2
Bilirubin Direct	0.3 mg/dL	< 0.5
Bilirubin Indirect	0.5 mg/dL	< 0.7
SGOT/AST	**39** U/L	5 - 34
SGPT/ALT	**66** U/L	< 55
SGOT/SGPT Ratio	0.59 %	< 0.99
Alkaline Phosphatase	110 U/L	40 - 150
Total Protein	7.7 g/dL	6.4 - 8.3
Albumin	4.61 gm/dL	3.8 - 5
Globulin	3.09 g/dL	2.3 - 3.5
Albumin :Globulin Ratio	1.49	< 2
Gamma Glutamyl Transferase (GGT)	41 U/L	< 64
Calcium Serum	9.1 mg/dL	8.4 - 10.2
Bilirubin Urine	Negative	
Urobilinogen	Normal	

Name

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Report Summary

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

KIDNEY PROFILE

Test Name	Result unit	Range
Blood Urea	33 mg/dL	19.05 - 44.08
Bun	15.42 mg/dL	8.9 - 20.6
Creatinine	0.96 mg/dL	0.72 - 1.25
eGFR (CKD-EPI)	111.09 ml/min/1.73 sq m	
Bun/Creatinine Ratio	16.06	12 - 20
Urea / Creatinine Ratio	34.38 mg/dL	25.68 - 42.8
Urine Protein (Albumin)	Positive(Trace)	
Blood	Negative	
Crystals	Absent	
Cast	Absent	

URINALYSIS

Test Name	Result unit	Range
Uric Acid	6.2 mg/dL	3.5 - 7.2
Volume	15 ml	
Colour	Pale yellow	
Transparency	Clear	
Reaction (pH)	5.0	4.5 - 8
Specific Gravity	1.030	1 - 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	3.4 mg/dL	2.3 - 4.7
Sodium	138 mmol/L	136 - 145
Potassium	3.8 mmol/L	3.5 - 5.1
Chloride	**108** mmol/L	98 - 107

SMART HEALTH REPORT

Redcliffe labs

Name

Gender

Patient ID

Age

Your Health Summary

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Report Summary

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

CARDIAC PROFILE

Test Name	Result unit	Range
Total Cholesterol	**210** mg/dL	< 200
Triglycerides	**179** mg/dL	< 150
HDL Cholesterol	44 mg/dL	40 - 80
Non HDL Cholesterol	**166** mg/dL	< 130
LDL Cholesterol	**130.2** mg/dL	30 - 100
V.L.D.L Cholesterol	**35.8** mg/dL	< 30
Chol/HDL Ratio	4.77 Ratio	3.5 - 5
HDL/ LDL Ratio	**0.34** Ratio	0.5 - 3
LDL/HDL Ratio	2.96 Ratio	2.5 - 3.5

DIABETES MONITORING

Test Name	Result unit	Range
Urine Glucose (sugar)	Negative	

Name

Gender

Patient ID

Age

Your Health Summary

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Health Advisory

In Range Borderline (BL) Out Of Range

Liver Profile

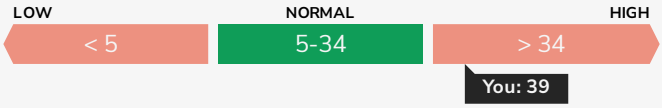
One of the main functions of your liver is to make proteins that are secreted in your blood. It also makes enzymes which convert food into energy, and processes old muscles and cells. When your liver is damaged, enzymes leak into your blood and appear in the blood test

Enzymes

Enzymes found in your liver are responsible for various processes that maintain body functions. These enzymes are leaked into your blood when your liver suffers dysfunction.

SGOT/AST: 39 U/L

BORDERLINE



SGPT/ALT: 66 U/L

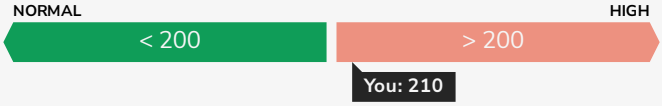
OUT OF RANGE

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.

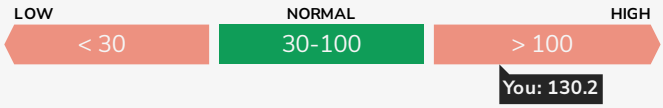
Total Cholesterol: 210 mg/dL

BORDERLINE



Triglycerides: 179 mg/dL — BORDERLINE

LDL Cholesterol: 130.2 mg/dL — OUT OF RANGE



LABORATORY REPORT

Redcliffe labs

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

Immunity Test- Basic

Complete Blood Count (CBC)

Test Description	Value(s)	Unit(s)	Reference Range
RBC Parameters			
Hemoglobin *Spectrophotometry (Cyanide Free)*	15.2	g/dL	13.0 - 17.0
RBC Count *Electrical impedance*	5.1	10^6/µl	4.5 - 5.5
PCV *Calculated*	45.3	%	40 - 50
MCV *Calculated*	88.7	fl	83 - 101
MCH *Calculated*	29.9	pg	27 - 32
MCHC *Calculated*	33.7	g/dL	31.5 - 34.5
RDW (CV) *Calculated*	13	%	11.6 - 14.0
RDW-SD *Calculated*	41.2	fl	35.1 - 43.9
WBC Parameters			
TLC *Electrical impedance*	7.7	10^3/µl	4 - 10
Differential Leucocyte Count			
Neutrophils *Semicounductor Laser Based Flow Cytometry*	57	%	40-80
Lymphocytes *Semicounductor Laser Based Flow Cytometry*	31	%	20-40
Monocytes *Semicounductor Laser Based Flow Cytometry*	9	%	2-10
Eosinophils *Semicounductor Laser Based Flow Cytometry*	3	%	1-6
Basophils *Semicounductor Laser Based Flow Cytometry*	0	%	<2
Absolute Leukocyte Counts			
Neutrophils. *Calculated*	4.39	10^3/µl	2 - 7
Lymphocytes. *Calculated*	2.39	10^3/µl	1 - 3
Monocytes. *Calculated*	0.69	10^3/µl	0.2 - 1.0
Eosinophils. *Calculated*	0.23	10^3/µl	0.02 - 0.5
Basophils.	**0**	10^3/µl	0.02 - 0.5

Dr. ShashiKant D.
MD Pathologist

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
Calculated			
Platelet Parameters			
Platelet Count *Electrical impedance*	183	10^3/µl	150 - 410
Mean Platelet Volume (MPV) *Electric Impedance*	10.3	fL	9.3 - 12.1
PCT *Electric Impedance*	0.2	%	0.17 - 0.32
PDW *Calculated*	19.7	fL	8.3 - 25.0
P-LCR *Calculated*	40.6	%	18 - 50
P-LCC *Calculated*	74	%10^9/L	44 - 140
Mentzer Index *Calculated*	17.39	%	> 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.

Mentzer index- This anemia calculator is based on a simple calculation from two values: mean corpuscular volume, MCV (given in femtoliters — fl) and red blood cell count, RBC (in a million per mm³). The Mentzer index formula is the following: Mentzer index = MCV / RBC. If the result is <13, thalassemia is more probable. Otherwise, if the result is >13, then iron deficiency anemia is the most probable. If the index equals 13, the test results are inconclusive.

Dr. ShashiKant D.
MD Pathologist

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
Erythrocyte Sedimentation Rate (ESR)			
ESR - Erythrocyte Sedimentation Rate *MODIFIED WESTERGREN*	6	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.

Reference- Dacie and lewis practical hematology

Dr. ShashiKant D.
MD Pathologist

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*	0.8	mg/dL	0.2 - 1.2
Bilirubin Direct *Diazo Reaction*	0.3	mg/dL	0.0 - 0.5 mg/dL
Bilirubin Indirect *Calculated*	0.5	mg/dL	0.2 - 0.7
SGOT/AST *Enzymatic [NADH (without P5P)]*	**39H***	U/L	5 - 34 U/L
SGPT/ALT *Enzymatic [NADH (without P5P)]*	**66H***	U/L	0 to 55 U/L
SGOT/SGPT Ratio *Calculated*	0.59	-	<1.00
Alkaline Phosphatase *Para-nitrophenyl-phosphate*	110	U/L	40 - 150 U/L
Total Protein *Photometric (Biuret)*	7.7	g/dL	6.4-8.3
Albumin *Colorimetric BCG*	4.61	gm/dL	3.8 - 5.0
Globulin *Calculation*	3.09	g/dL	2.3 - 3.5 g/dL
Albumin :Globulin Ratio *Calculated*	1.49	-	1.2 - 2.0
Gamma Glutamyl Transferase (GGT) *Photometric (L-Gamma glutamyl-3-Carboxy-4-Nitroani*	41	U/L	12 to 64 U/L

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.

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

Dr. ShashiKant D.
MD Pathologist

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 *Ureas*	33	mg/dL	19.05-44.08
Bun *Calculated*	15.42	mg/dL	8.9-20.6
Creatinine *Kinetic alkaline picrate*	0.96	mg/dL	0.72 - 1.25 mg/dL
eGFR (CKD-EPI) *	111.09	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*	16.06		12 - 20
Urea / Creatinine Ratio * *Calculated*	34.38	mg/dL	25.68 - 42.8
Uric Acid *Uricase*	6.2	mg/dL	3.5 - 7.2 mg/dL
Calcium Serum *Arsenazo III*	9.1	mg/dL	8.4 - 10.2
Phosphorus *Phosphomolybdate*	3.4	mg/dL	2.3 - 4.7
Sodium *Ion-Selective Electrode Diluted (Indirect)*	138	mmol/L	136 - 145
Potassium *Ion-Selective Electrode Diluted (Indirect)*	3.8	mmol/L	3.5 - 5.1
Chloride *Ion-Selective Electrode Diluted (Indirect)*	**108H***	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."**

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

Dr. ShashiKant D.
MD Pathologist

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 (Cholesterol Oxidase)*	**210H***	mg/dL	<200
Triglycerides *Photometric (Glycerol phosphate oxidase)*	**179H***	mg/dL	<150
HDL Cholesterol *Accelerator Selective Detergent*	44	mg/dL	40-60
Non HDL Cholesterol *Calculated*	**166H***	mg/dL	<130
LDL Cholesterol *Calculated*	**130.2H***	mg/dL	<100
V.L.D.L Cholesterol *Calculated*	**35.8H***	mg/dL	< 30
Chol/HDL Ratio *Calculated*	4.77	Ratio	3.5 - 5.0
HDL/ LDL Ratio *Calculated*	**0.34L***	Ratio	0.5 - 3.0
LDL/HDL Ratio *Calculated*	2.96	Ratio	2.5 - 5.0

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
Very High Risk	1.Established ASCVD 2.Diabetes with 2 major risk factors of evidence of end organ damage 3. Familial Homozygous Hypercholesterolemia
	1. Three major ASCVD risk factors 2. Diabetes with 1 major risk factor or no evidence

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

Dr. ShashiKant D.
MD Pathologist

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

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.

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

Dr. ShashiKant D.
MD Pathologist

Patient NAME	
DOB/Age/Gender	Sample Collected
Patient ID / UHID	Sample Received
Referred BY	Report DATE
Sample TYPE	Passport NO
Barcode NO	SRF/ICMR Id

Test Description	Value(s)	Unit(s)	Reference Range
Covid-19 IgG Antibody			
SARS- CoV-2 spike protein S1 & S2 IgG *CMIA*	**4079.2H***	AU/mL	<50.0 Negative >50.0 Positive

Interpretation:

AU/mL	Results	Retest rules and interpretation
< 12.0	Negative	A negative result may indicate the absence or a very low level of IgG antibodies to the pathogen. The test could score negative in infected patients during the incubation period and in the early stages of infection.
>= 12.0 to < 15.0	Equivocal	A second sample sholud be collected and tested one to two weeks later
≥ 15.0	Positive	A positive result generally indicates exposure of the subject to the SARS-COV-2 and /or seroconversion post- Vaccination

Disclaimer:
1. Results should be used in conjunction with other data; e.g., symptoms, results of other tests, and clinical impressions.
2.If the quantity of antibodies is below the detection limit of the assay or if the virus has undergone amino acid mutation(S) in the epitope recognized by the test, Negative results can occur.
3.For equivocal results, kindly repeat in a fresh sample after14 days.

Please Note :
Test results vary with different methodologie S/E quipments and should therefore be compared only with results from the same methodologies / equipments

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

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	:

Urine Routine and Microscopic Examination

Test Description	Value(s)	Unit(s)	Reference Range
Physical Examination			
Volume *Visual*	15	ml	-
Colour *Visual*	Pale yellow	-	Pale yellow
Transparency *Visual*	Clear	-	Clear
Deposit *Visual*	Absent	-	Absent
Chemical Examination			
Reaction (pH) *Double Indicator*	5.0	-	4.5 - 8.0
Specific Gravity *Ion Exchange*	1.030	-	1.000 - 1.030
Urine Glucose (sugar) *Oxidase / Peroxidase*	Negative	-	Negative
Urine Protein (Albumin) *Acid / Base Colour Excahnge*	**Positive(Trace)H***	-	Negative
Urine Ketones (Acetone) *Legals Test*	Negative	-	Negative
Blood *Peroxidase Hemoglobin*	Negative	-	Negative
Leucocyte esterase *Leucocyte Esterase*	Negative	-	Negative
Bilirubin Urine *Coupling Reaction*	Negative	-	Negative
Nitrite *Griless Test*	Negative	-	Negative
Urobilinogen *Ehrlichs Test*	Normal	-	Normal
Microscopic Examination			
Pus Cells (WBCs) *Wet Mount*	3-4	/hpf	0 - 5
Epithelial Cells *Wet Mount*	1-2	/hpf	0 - 4
Red blood Cells *Wet Mount*	Absent	/hpf	Absent
Crystals *Wet Mount*	Absent	-	Absent
Cast *Wet Mount*	Absent	-	Absent
Yeast Cells *Wet Mount*	Absent	-	Absent

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

Dr. ShashiKant D.
MD Pathologist

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
Amorphous deposits *Wet Mount*	Absent	-	Absent
Bacteria *Wet Mount*	Absent	-	Absent
Protozoa *Wet Mount*	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

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 ***

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

Dr. ShashiKant D.
MD Pathologist

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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.

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.

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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.