

smart Health Report

An Insightful Health Analytics Report
for Easier Understanding



Prepared For

Mr MR.DUMMY

M 23

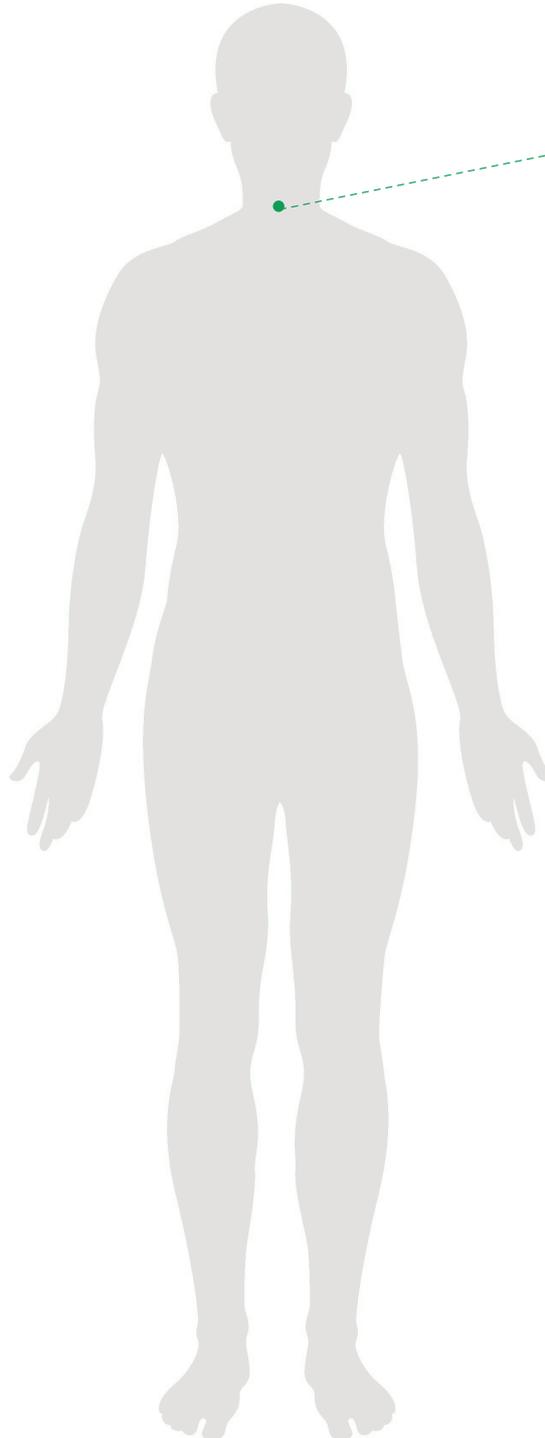
Name
Mr MR.DUMMY

Patient ID
8052617

Gender
M

Age
23

Health Summary



THYROID PROFILE

Everything looks good



VITAMIN PROFILE

Everything looks good



MINERAL PROFILE

Everything looks good



Patient Name	: Mr MR.DUMMY		
DOB/Age/Gender	: 23 Y/Male	Sample Collected	: Apr 26, 2024, 01:00 PM
Patient ID / UHID	: 8052617/RCL7249259	Report Date	: May 08, 2024, 12:00 PM
Referred By	: Dr. Dr. X	Barcode No	: ZC673281
Sample Type	: Serum	Report Status	: Final Report

Test Description	Value(s)	Unit(s)	Reference Range
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Hair Fall Screening Package

Iron Studies

Iron <i>FerroZine</i>	142.5	µg/dL	33 - 193
TIBC,(Total Iron Binding Capacity) <i>Calculated</i>	417.5	µg/dL	228 - 428
UIBC <i>FerroZine</i>	275.0	µg/dL	125 - 345
Transferrin Saturation <i>Calculated</i>	34.13	%	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.



Dr. Dummy



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

📞 928-909-0609

✉ ccsupport@redcliffelabs.com

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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 : Mr MR.DUMMY	Sample Collected : Apr 26, 2024, 01:00 PM
DOB/Age/Gender : 23 Y/Male	Report Date : May 08, 2024, 12:21 PM
Patient ID / UHID : 8052617/RCL7249259	Barcode No : ZC673281
Referred By : Dr. Dr. X	Report Status : Final Report
Sample Type : Serum	

Test Description	Value(s)	Unit(s)	Reference Range
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C-Reactive Protein (CRP), Quantitative

CRP (Quantitative) <i>Immunoturbidimetric</i>	2.3	mg/L	<5
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Interpretation:
Increased CRP level:
 1. A high or increasing amount of CRP in the blood suggests the presence of inflammation but will not identify its location or the cause.
 2. Suspected bacterial infection—a high CRP level can provide indication that patient has an infection.
 3. Chronic inflammatory disease—high levels of CRP suggest a flare-up if you have a chronic inflammatory disease or that treatment has not been effective.
 If the CRP level is initially elevated and drops, it means that the inflammation or infection is subsiding and/or responding to treatment.



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Patient Name : Mr MR.DUMMY	Sample Collected : Apr 26, 2024, 01:00 PM
DOB/Age/Gender : 23 Y/Male	Report Date : May 08, 2024, 11:53 AM
Patient ID / UHID : 8052617/RCL7249259	Barcode No : ZC673281
Referred By : Dr. Dr. X	Report Status : Final Report
Sample Type : Serum	

Test Description	Value(s)	Unit(s)	Reference Range
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Vitamin B12 / Cyanocobalamin

Vitamin - B12 CMIA	354.0	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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DOB/Age/Gender	: 23 Y/Male	Sample Collected	: Apr 26, 2024, 01:00 PM
Patient ID / UHID	: 8052617/RCL7249259	Report Date	: May 08, 2024, 11:59 AM
Referred By	: Dr. Dr. X	Barcode No	: ZC673281
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Vitamin D 25 Hydroxy

Vitamin D 25 - Hydroxy <i>CMIA</i>	41.0	ng/mL	Deficient <20 Insufficient 21 - 29 Sufficient 30 - 100
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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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DOB/Age/Gender : 23 Y/Male		Report Date : May 09, 2024, 12:59 PM	
Patient ID / UHID : 8052617/RCL7249259		Barcode No : ZC673281	
Referred By : Dr. Dr. X		Report Status : Final Report	
Sample Type : Serum			

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Thyroid Profile Total

Triiodothyronine (T3) <i>ECLIA</i>	125.0	ng/dL	80 - 200
Total Thyroxine (T4) <i>ECLIA</i>	8.0	µg/dL	5.1 - 14.1
Thyroid Stimulating Hormone (Ultrasensitive) <i>ECLIA</i>	3.8	mIU/L	0.27 - 4.20

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

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

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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Folic Acid / Folate (Vitamin B9)

Folate (Folic Acid) * CMIA	4.5	ng/mL	3.1 - 20.5
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Interpretation:
Note
 1. Drugs like Methotrexate & Leucovorin interfere with folate measurement
 2. To differentiate vitamin B12 & folate deficiency, measurement of Methyl malonic acid in urine & serum Homocysteine level is suggested
 3. Risk of toxicity from folic acid is low as it is a water soluble vitamin regularly excreted in urine
Comments
 Folate plays an important role in the synthesis of purine & pyrimidines in the body and is important for the maturation of erythrocytes. It is widely available from plants and to a lesser extent organ meats, but more than half the folate content of food is lost during cooking. Folate deficiency is commonly prevalent in alcoholic liver disease, pregnancy and the elderly. It may result from poor intestinal absorption, nutrition deficiency, excessive demand as in pregnancy or in malignancy and in response to certain drugs like Methotrexate & anticonvulsants.
Decreased Levels
 Megaloblastic anemia, Infantile hyperthyroidism, Alcoholism, Malnutrition, Scurvy, Liver disease, B12 deficiency, dietary amino acid excess, adult Celiac disease, Tropical Sprue, Crohn's disease, Hemolytic anemias, Carcinomas, Myelofibrosis, vitamin B6 deficiency, pregnancy, Whipple's disease, extensive intestinal resection and severe exfoliative dermatitis.

*** 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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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.
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