Redcliffe labs

Healthy India Ki Trusted Lab

smart Health Report

An Insightful Health Analytics Report for Easier Understanding

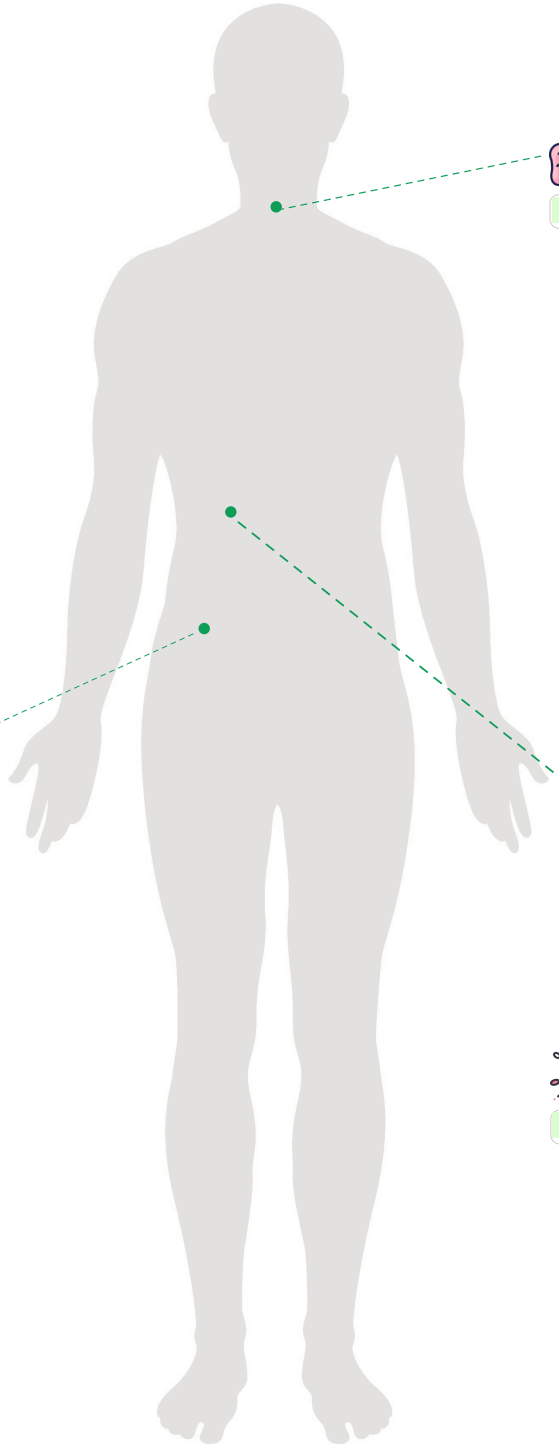
Prepared For

Mr MR.DUMMY

M 23

Name	Patient ID	Gender	Age
Mr MR.DUMMY	8052648	M	23

Health Summary



BLOOD COUNTS

Everything looks good

THYROID PROFILE

Everything looks good

KIDNEY PROFILE

Everything looks good

LIVER PROFILE

Everything looks good

ANEMIA STUDIES

Everything looks good

LABORATORY REPORT

Redcliffe labs

Patient Name	**: Mr MR.DUMMY**		
DOB/Age/Gender	: 23 Y/Male	Sample Collected	: Apr 26, 2024, 01:00 PM
Patient ID / UHID	: 8052648/RCL7249104	Report Date	: May 25, 2024, 06:44 PM.
Referred By	: Dr. Dr. X	Barcode No	: HY590260
Sample Type	: Whole blood EDTA	Report Status	: Final Report

Post Covid Check -up

Complete Blood Count (CBC)

Test Description	Value(s)	Unit(s)	Reference Range
RBC Parameters			
Hemoglobin *colorimetric*	13.8	g/dL	13.0 - 17.0
RBC Count *Electrical impedance*	5.4	10^6/µl	4.5 - 5.5
PCV *Calculated*	42.1	%	40 - 50
MCV *Calculated*	**78.4**	fl	83 - 101
MCH *Calculated*	**25.6**	pg	27 - 32
MCHC *Calculated*	32.7	g/dL	31.5 - 34.5
RDW (CV) *Calculated*	13.7	%	11.6 - 14.0
RDW-SD *Calculated*	**34.8**	fl	35.1 - 43.9
WBC Parameters			
TLC *Electrical impedance and microscopy*	**12.2**	10^3/µl	4 - 10
Differential Leucocyte Count			
Neutrophils *Laser based Flow-cytometry*	70	%	40-80
Lymphocytes *Laser based Flow-cytometry*	20	%	20-40
Monocytes *Laser based Flow-cytometry*	8	%	2-10
Eosinophils *Laser based Flow-cytometry*	2	%	1-6
Basophils *Laser based Flow-cytometry*	0	%	<2
Absolute Leukocyte Counts			
Neutrophils. *Calculated*	**8.54**	10^3/µl	2 - 7
Lymphocytes. *Calculated*	2.44	10^3/µl	1 - 3
Monocytes. *Calculated*	0.98	10^3/µl	0.2 - 1.0
Eosinophils. *Calculated*	0.24	10^3/µl	0.02 - 0.5
Basophils.	**0**	10^3/µl	0.02 - 0.5

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Referred By	: Dr. Dr. X	Barcode No	: HY590260
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*	217	10^3/µl	150 - 410
Mean Platelet Volume (MPV) *Calculated*	9.9	fL	9.3 - 12.1
PCT *Calculated*	0.2	%	0.17 - 0.32
PDW *Calculated*	17.3	fL	8.3 - 25.0
P-LCR *Calculated*	34.5	%	18 - 50
P-LCC *Calculated*	75	%	44 - 140
Mentzer Index *Calculated*	14.52	%	> 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	: 23 Y/Male	Sample Collected	: Apr 26, 2024, 01:00 PM
Patient ID / UHID	: 8052648/RCL7249104	Report Date	: May 25, 2024, 06:45 PM.
Referred By	: Dr. Dr. X	Barcode No	: HY590260
Sample Type	: Whole blood EDTA	Report Status	: Final Report

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

Erythrocyte Sedimentation Rate (ESR)

ESR - Erythrocyte Sedimentation Rate *MODIFIED WESTERGREN*	8	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

Dr. Dummy

LABORATORY REPORT

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Patient Name	**: Mr MR.DUMMY**		
DOB/Age/Gender	: 23 Y/Male	Sample Collected	: Apr 26, 2024, 01:00 PM
Patient ID / UHID	: 8052648/RCL7249104	Report Date	: May 09, 2024, 10:55 AM.
Referred By	: Dr. Dr. X	Barcode No	: ZC674417
Sample Type	: Serum	Report Status	: Final Report

Liver Function Test (LFT)

Test Description	Value(s)	Unit(s)	Reference Range
Bilirubin Total *Diazo*	0.65	mg/dL	0 - 1.2
Bilirubin Direct *Diazo Jondrof*	0.19	mg/dL	0 - 0.20
Bilirubin Indirect *Calculation (T Bil - D Bil)*	0.46	mg/dL	0.1 - 1.0
SGOT/AST *IFCC without P5P*	13.7	U/L	up to 40
SGPT/ALT *IFCC without P5P*	18.5	U/L	up to 41
SGOT/SGPT Ratio *Calculated*	0.74	%	-
Alkaline Phosphatase *IFCC*	102.8	U/L	40 - 129
Total Protein *Biuret*	8.0	g/dL	6.4 - 8.3
Albumin *BCG Colorimetric*	5.1	g/dL	3.5 - 5.2
Globulin *Calculation (T.P - Albumin)*	2.9	g/dL	2.3 - 3.5
Albumin :Globulin Ratio *Calculation (Albumin/Globulin)*	1.76	-	1.3 - 2.1
Gamma Glutamyl Transferase (GGT) *IFCC Colorimetric*	12.7	U/L	8 - 61

Interpretation:

The liver filters and processes blood as it circulates through the body. It metabolizes nutrients, detoxifies harmful substances, makes blood clotting proteins, and performs many other vital functions. The cells in the liver contain proteins called enzymes that drive these chemical reactions. When liver cells are damaged or destroyed, the enzymes in the cells leak out into the blood, where they can be measured by blood tests Liver tests check the blood for two main liver enzymes. Aspartate aminotransferase (AST),SGOT: The AST enzyme is also found in muscles and many other tissues besides the liver. Alanine aminotransferase (ALT), SGPT: ALT is almost exclusively found in the liver. If ALT and AST are found together in elevated amounts in the blood, liver damage is most likely present. Alkaline Phosphatase and GGT: Another of the liver's key functions is the production of bile, which helps digest fat. Bile flows through the liver in a system of small tubes (ducts), and is eventually stored in the gallbladder, under the liver. When bile flow is slow or blocked, blood levels of certain liver enzymes rise: Alkaline phosphatase Gamma-utamyl transpeptidase (GGT) Liver tests may check for any or all of these enzymes in the blood. Alkaline phosphatase is by far the most commonly tested of the three. If alkaline phosphatase and GGT are elevated, a problem with bile flow is most likely present. Bile flow problems can be due to a problem in the liver, the gallbladder, or the tubes connecting them. Proteins are important building blocks of all cells and tissues. Proteins are necessary for your body's growth, development, and health. Blood contains two classes of protein, albumin and globulin. Albumin proteins keep fluid from leaking out of blood vessels. Globulin proteins play an important role in your immune system. Low total protein may

Indicate:

1.Bleeding
2.Liver disorder
3.Malnutrition
4.Agammaglobulinemia High Protein levels 'Hyperproteinemia: May be seen in dehydration due to inadequate water intake or to excessive water loss (eg, severe vomiting, diarrhea, Addison's disease and diabetic acidosis) or as a result of increased production of proteins Low

Dr. Dummy

Patient Name	**: Mr MR.DUMMY**		
DOB/Age/Gender	: 23 Y/Male	Sample Collected	: Apr 26, 2024, 01:00 PM
Patient ID / UHID	: 8052648/RCL7249104	Report Date	: May 09, 2024, 10:55 AM.
Referred By	: Dr. Dr. X	Barcode No	: ZC674417
Sample Type	: Serum	Report Status	: Final Report

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

albumin levels may be

Caused by:
1.A poor diet (malnutrition).
2.Kidney disease.
3.Liver disease. High albumin levels may be caused by: Severe dehydration.

Dr. Dummy

Patient Name	**: Mr MR.DUMMY**		
DOB/Age/Gender	: 23 Y/Male	Sample Collected	: Apr 26, 2024, 01:00 PM
Patient ID / UHID	: 8052648/RCL7249104	Report Date	: May 08, 2024, 01:30 PM.
Referred By	: Dr. Dr. X	Barcode No	: ZC674417
Sample Type	: Serum	Report Status	: Final Report

Kidney Function Test (KFT)

Test Description	Value(s)	Unit(s)	Reference Range
Blood Urea *Urease*	22.0	mg/dL	19 - 44.1
Creatinine *Kinetic Alkaline Picrate*	0.9	mg/dL	0.6 - 1.2
Bun *Calculated*	10.28	mg/dL	8.9 - 20.6
Bun/Creatinine Ratio *Calculated*	11.42		
Urea / Creatinine Ratio	24.44		
Uric Acid *Uricase*	4.3	mg/dL	3.7 - 7.7
Calcium Serum *Arsenazo III*	9.0	mg/dL	8.4 - 10.2
Phosphorus *Phosphomolybdate*	4.1	mg/dL	2.3 - 4.7
Sodium *ISE-Indirect*	140.0	mmol/L	136 - 145
Potassium *ISE-Indirect*	4.0	mmol/L	3.5 - 5.1
Chloride *ISE-Indirect*	102.0	mmol/L	98 - 107

Interpretation:

Kidney function tests is a collective term for a variety of individual tests and proceduresthat can be done toevaluate how well the kidneys are functioning. Many conditions can affect the ability of the kidneys to carryout their vital functions. Somelead to a rapid (acute) decline in kidney functionothers lead to a gradual (chronic) declineinfunction. Both result in a buildup of toxic waste subst 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. Electrolytes (sodium,potassium,and chloride) are present in the human body and the balancing act of the electrolytes in our bodies is essential for normal function of our cells and organs. There has to be a balance.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.

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Patient Name	**: Mr MR.DUMMY**		
DOB/Age/Gender	: 23 Y/Male	Sample Collected	: Apr 26, 2024, 01:00 PM
Patient ID / UHID	: 8052648/RCL7249104	Report Date	: May 08, 2024, 12:21 PM.
Referred By	: Dr. Dr. X	Barcode No	: ZC674417
Sample Type	: Serum	Report Status	: Final Report

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

C-Reactive Protein (CRP), Quantitative

CRP (Quantitative) *Immunoturbidimetric*	3.5	mg/L	<5

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 ID / UHID	: 8052648/RCL7249104	Report Date	: May 09, 2024, 11:03 AM.
Referred By	: Dr. Dr. X	Barcode No	: ZC674417
Sample Type	: Serum	Report Status	: Final Report

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

TSH 3rd Generation

Thyroid Stimulating Hormone (Ultrasensitive) *ECLIA*	3.215	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

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-pitutary-hypothala- 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-pitutary 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.

Lactate Dehydrogenase (LDH), Serum

LDH:Lactate Dehydrogenase *IFCC*	220.0	U/L	125 - 220

Interpretation:
1-Marked elevations in Lactate Dehydrogenase (LDH) activity can be observed in megaloblastic anemia, untreated pernicious anaemia, Hodgkin's disease, abdominal and lung cancers, severe shock, and hypoxia.
2-Moderate to slight increases in LDH levels are seen in myocardial infarction (MI), pulmonary infarction, pulmonary embolism, leukemia, hemolytic anemia, infectious mononucleosis, progressive muscular dystrophy (especially in the early and middle stages of the disease), liver disease, and renal disease.
3-In liver disease, elevations of LHD are not as great as the increases in aspartate amino transferase (AST) and alanine aminotransferase (ALT).
4-Increased levels of the enzyme are found in about one third of patients with renal disease, especially those with tubular necrosis or pyelonephritis. However, these elevations do not correlate well with proteinuria or other parameters of renal disease On occasion a raised LDH level may be the only evidence to suggest the presence of a hidden pulmonary embolus.

Caution:
1-Red blood cells contain much more lactate dehydrogenase (LDH) than serum. A hemolyzed specimen is not acceptable. LDH activity is one of the most sensitive indicators of in vitro hemolysis. Causes can include transportation via pneumatic tube, vigorous mixing, or traumatic venipuncture.

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Referred By	: Dr. Dr. X	Barcode No	: ZC674417
Sample Type	: Serum	Report Status	: Final Report

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

Creatine Phosphokinase MB (CPK MB)

CK - MB *Serum, ECLIA*	2.46	ng/mL	0-5.1

Interpretation:
1. The quantitation of CK-MB levels in serum is used as an aid in the diagnosis of myocardial injury.
2. Other condition causing elevated CK-MB levels include skeletal muscle trauma, dermatomycosis's, Duschenne's muscular dystrophy, Reye's syndrome, rhabdomyolysis, drug overdoses, delirium tremens, or chronic alcohol poisoning.

Note :
Creatine kinase (CK) catalyzes the reversible phosphorylation of creatine by ATP. CK is a dimer composed of two subunits which form three active isoenzymes: BB (CK-1), MB (CK-2), and MM (CK-3). CK-BB isoenzyme only rarely appears in serum. Elevated CK values are due to muscle damage and associated pathologies. CK determination, usually performed with CK2 (also called CK-MB), is used for the diagnosis and follow-up of AMI (acute myocardial infarction) and some muscle diseases.

Covid-19 IgG Antibody

SARS- CoV-2 spike protein S1 & S2 IgG *CMIA*	16.7	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

*** 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.

Dr. Dummy

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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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4. This report shall not be deemed valid or admissible for any medico-legal purposes.

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