

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

Gender

Patient ID

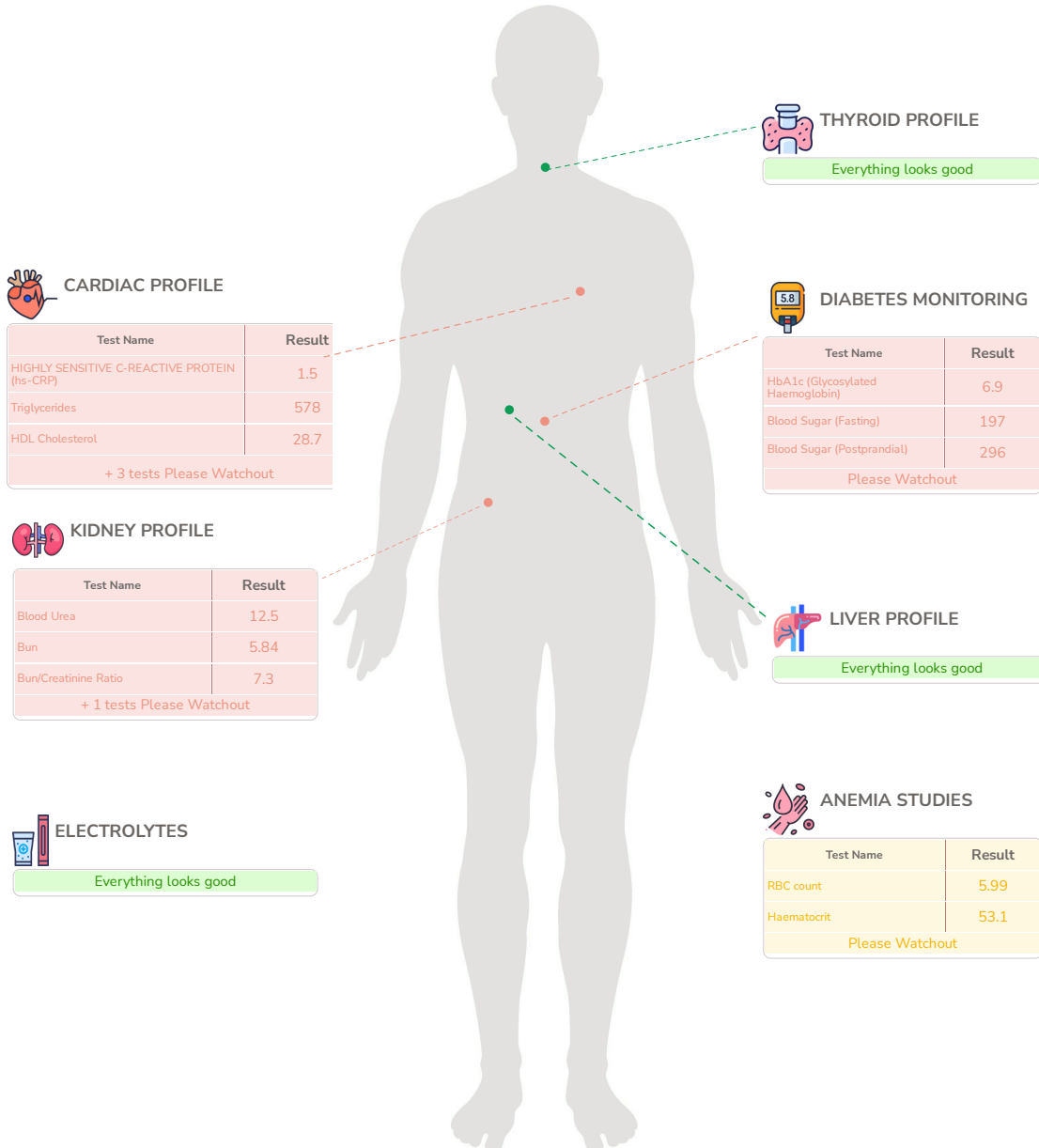
Age

Your Health Summary

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● All In Range ● Borderline ● Out Of Range

Health Summary



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

Name Gender
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Your Health Summary

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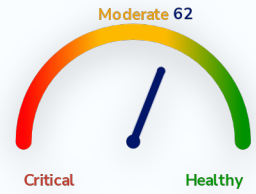
Quick Health Summary

Personal Insights - Health Score

62

Overall, most parameters are within normal ranges, indicating a generally balanced health status. The Allergy profile may affect comfort, and the Diabetes profile suggests considering mindful carbohydrate intake. To support your well-being, consider incorporating a variety of fruits, vegetables, and balanced meals into your diet, along with regular physical activities like walking or yoga. Routine check-ups are important, and please consult a healthcare professional if you notice any new or concerning symptoms. Remember, small consistent changes can lead to meaningful improvements in your health.

Note - Higher scores tentatively indicate better health status



Summary of Key Health Indicators

Total Parameters Tested	Borderline Results	Out Of Range Results
92	6	13

Health Status by Body System

Profile	Total	Borderline	Out of Range	Key Results
Cardiac Profile	11	1	5	<ul style="list-style-type: none"> HsCRP (1.5) Triglycerides (578) HDL Cholesterol (28.7) VLDL (115.6) Total Cholesterol : HDL ratio (6.24) Non - HDL Cholesterol (150.3)
Kidney Profile	12	0	4	<ul style="list-style-type: none"> Blood Urea (12.5) Blood Urea Nitrogen (BUN) (5.84) BUN : Creatinine ratio (7.3) Urea : Creatinine ratio (15.63)
Diabetes Monitoring	5	0	3	<ul style="list-style-type: none"> HbA1c (Glycosylated Haemoglobin) (6.9) Blood Sugar (Fasting) (197) Blood Sugar (Postprandial) (296)

Profile	Total	Borderline	Out of Range	Key Results
Blood Disorder	17	3	1	<ul style="list-style-type: none"> ● Lymphocytes (48.9) ● Haemoglobin (18.3) ● Neutrophils (37.7) ● Eosinophils (7.1)
Inflammation	1	0	0	All In Range
Thyroid Profile	3	0	0	All In Range
Anemia Studies	8	2	0	<ul style="list-style-type: none"> ● RBC count (5.99) ● Haematocrit (53.1)
Infectious Diseases	6	0	0	All In Range
Liver Profile	14	0	0	All In Range
Electrolytes	4	0	0	All In Range
Urinalysis	11	0	0	All In Range

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Report Summary ● In Range ● Borderline ● Out Of Range ● No color - Reference range not available

INFLAMMATION

Test Name	Result unit	Range
● ESR - Erythrocyte Sedimentation Rate	2 mm/hr	< 14

CARDIAC PROFILE

Test Name	Result unit	Range
● HIGHLY SENSITIVE C-REACTIVE PROTEIN (hs-CRP)	1.5 mg/L	< 1
LDL CHOLESTEROL DIRECT	86.7 mg/dL	
● Total Cholesterol	179 mg/dL	< 200
● Triglycerides	578 mg/dL	< 150
● HDL Cholesterol	28.7 mg/dL	40 - 80
● Non HDL Cholesterol	150.3 mg/dL	< 130
● LDL Cholesterol	34.7 mg/dL	30 - 100
● V.L.D.L Cholesterol	115.6 mg/dL	< 30
● Chol/HDL Ratio	6.24 Ratio	3.5 - 5
● HDL/ LDL Ratio	0.83 Ratio	0.5 - 3
LDL/HDL Ratio	1.21 Ratio	

THYROID PROFILE

Test Name	Result unit	Range
● Triiodothyronine (T3)	129 ng/dL	80 - 200
● Total Thyroxine (T4)	8.08 µg/dL	4.5 - 11.7
● Thyroid Stimulating Hormone (Ultrasensitive)	1.19 mIU/L	0.35 - 4.94

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BLOOD DISORDER

Test Name	Result <small>unit</small>	Range
● Hemoglobin	18.3 g/dL	13 - 17
● TLC	6.12 $10^3/\mu\text{l}$	4 - 10
● Neutrophils	37.7 %	40 - 80
● Lymphocytes	48.9 %	20 - 40
● Monocytes	5 %	2 - 10
● Eosinophils	7.1 %	1 - 6
● Basophils	1.3 %	< 2
● Neutrophils.	2.31 $10^3/\mu\text{l}$	2 - 7
● Lymphocytes.	2.99 $10^3/\mu\text{l}$	1 - 3
● Monocytes.	0.31 $10^3/\mu\text{l}$	0.2 - 1
● Eosinophils.	0.43 $10^3/\mu\text{l}$	0.02 - 0.5
● Basophils.	0.08 $10^3/\mu\text{l}$	0.02 - 0.5
● Platelet Count	174 $10^3/\mu\text{l}$	150 - 410
● Mean Platelet Volume (MPV)	9.8 fL	9.3 - 12.1
● PDW	12.8 fL	8.3 - 25
● P-LCR	23.8 %	18 - 50
● P-LCC	46 $10^9/L$	44 - 140

ANEMIA STUDIES

Test Name	Result <small>unit</small>	Range
● RBC Count	5.99 $10^6/\mu\text{l}$	4.5 - 5.5
● PCV	53.1 %	40 - 50
● MCV	88.6 fL	83 - 101
● MCH	30.5 pg	27 - 32
● MCHC	34.5 g/dL	31.5 - 34.5
● RDW (CV)	13.8 %	11.6 - 14
● RDW-SD	40.3 fL	35.1 - 43.9
Mentzer Index	14.79 %	

INFECTIOUS DISEASES

Test Name	Result <small>unit</small>	Range
● PCT	0.2 %	0.17 - 0.32
Deposit	Absent	
Leucocyte esterase	Negative	
Pus Cells (WBCs)	2-3 /hpf	
Yeast Cells	Absent	
Protozoa	Absent	

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Report Summary ● In Range ● Borderline ● Out Of Range ● No color - Reference range not available

DIABETES MONITORING

Test Name	Result <small>unit</small>	Range
● Glycosylated Hemoglobin (HbA1c)	6.9 %	< 5.7
Estimated Average Glucose	151.33 mg/dL	
● Glucose Fasting	197 mg/dL	70 - 100
● Glucose Post Prandial	296 mg/dL	70 - 140
Urine Glucose (sugar)	Positive(++)	

LIVER PROFILE

Test Name	Result <small>unit</small>	Range
● Bilirubin Total	0.41 mg/dL	0.2 - 1.2
● Bilirubin Direct	0.2 mg/dL	< 0.5
● Bilirubin Indirect	0.21 mg/dL	0.1 - 1
● SGOT/AST	22.5 U/L	< 50
● SGPT/ALT	16.4 U/L	< 50
SGOT/SGPT Ratio	1.37 %	
● Alkaline Phosphatase	74.1 U/L	40 - 129
● Total Protein	6.6 g/dL	6.4 - 8.3
● Albumin	4 g/dL	3.5 - 5.2
● Globulin	2.6 g/dL	2.3 - 3.5
● Albumin :Globulin Ratio	1.54	1 - 2.1
● Gamma Glutamyl Transferase (GGT)	58.4 U/L	8 - 61
Bilirubin Urine	Negative	
Urobilinogen	Normal	

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KIDNEY PROFILE

Test Name	Result unit	Range
● Blood Urea	12.5 mg/dL	18 - 55
● Bun	5.84 mg/dL	8.4 - 25.7
● Creatinine	0.8 mg/dL	0.7 - 1.2
eGFR (CKD-EPI)	98.80 mL/min/1.73 sq m	
● Bun/Creatinine Ratio	7.3	12 - 20
● Urea / Creatinine Ratio	15.63	25.68 - 42.8
● Uric Acid	6.1 mg/dL	3.4 - 7
● Calcium Serum	9.4 mg/dL	8.8 - 10
Urine Protein (Albumin)	Negative	
Blood	Negative	
Crystals	Absent	
Cast	Absent	

ELECTROLYTE PROFILE

Test Name	Result unit	Range
● Phosphorus	3.8 mg/dL	2.3 - 4.7
● Sodium	136 mmol/L	136 - 145
● Potassium	3.6 mmol/L	3.5 - 5.1
● Chloride	98.2 mmol/L	98 - 107

URINALYSIS

Test Name	Result unit	Range
Volume	15 ml	
Colour	Pale yellow	
Transparency	Clear	
● Reaction (pH)	6.0	4.5 - 8
● Specific Gravity	1.015	1.01 - 1.03
Urine Ketones (Acetone)	Negative	
Nitrite	Negative	
Epithelial Cells	1-2 /hpf	
Red blood Cells	Absent /hpf	
Amorphous deposits	Absent	
Bacteria	Absent	

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Health Advisory

● In Range ● Borderline (BL) ● 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.

HIGHLY SENSITIVE C-REACTIVE PROTEIN (hs-CRP): 1.5 mg/L

● OUT OF RANGE



LDL CHOLESTEROL DIRECT: 86.7 mg/dL

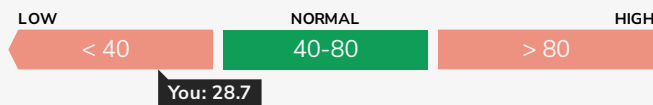
Triglycerides: 578 mg/dL

● OUT OF RANGE



HDL Cholesterol: 28.7 mg/dL

● OUT OF RANGE



Blood Disorder

Blood disorders affect one or more components of blood such as red blood cells, white blood cells, platelets, or plasma. These tests help in diagnosing conditions like anemia, clotting disorders, infections, and other hematological abnormalities.

Hemoglobin: 18.3 g/dL

● BORDERLINE





Diabetes

This panel is used to check how much glucose/sugar there is in your blood. Too much blood glucose might indicate diabetes.

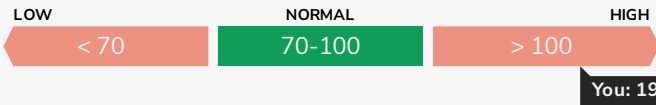
Glycosylated Hemoglobin (HbA1c): 6.9%

● OUT OF RANGE



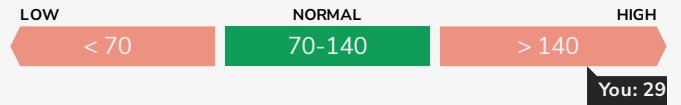
Glucose Fasting: 197 mg/dL

● OUT OF RANGE



Glucose Post Prandial: 296 mg/dL

● OUT OF RANGE

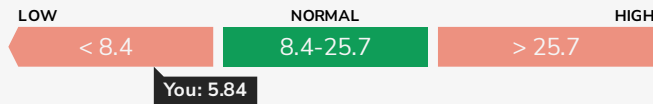


Kidney Profile

This panel is used to check healthy functioning of your kidneys. Kidneys filter blood in your body to remove waste products - these waste products are produced when breakdown of proteins (present in food, muscles and other cells) occurs in the body to generate energy

Bun: 5.84 mg/dL

● OUT OF RANGE



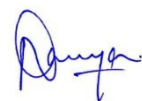
Patient NAME :		Report STATUS	
DOB/Age/Gender :		Barcode NO	
Patient ID / UHID :		Sample Type	
Referred BY :		Report Date	
Sample Collected :			
Test Description	Value(s)	Unit(s)	Reference Range

Diabetes Profile- Advance with Free HsCRP

Complete Blood Count (CBC)

RBC Parameters			
Hemoglobin <i>colorimetric</i>	18.3 H*	g/dL	13.0 - 17.0
RBC Count <i>Electrical impedance</i>	5.99 H*	10 ⁶ /μl	4.5 - 5.5
PCV <i>Calculated</i>	53.1 H*	%	40 - 50
MCV <i>Calculated</i>	88.6	fl	83 - 101
MCH <i>Calculated</i>	30.5	pg	27 - 32
MCHC <i>Calculated</i>	34.5	g/dL	31.5 - 34.5
RDW (CV) * <i>Calculated</i>	13.8	%	11.6 - 14.0
RDW-SD * <i>Calculated</i>	40.3	fl	35.1 - 43.9
WBC Parameters			
TLC <i>Electrical impedance and microscopy</i>	6.12	10 ³ /μl	4 - 10
Differential Leucocyte Count			
Neutrophils	37.7 L*	%	40-80
Lymphocytes	48.9 H*	%	20-40
Monocytes	5	%	2-10
Eosinophils	7.1 H*	%	1-6
Basophils	1.3	%	<2
Absolute Leukocyte Counts <i>Calculated</i>			
Neutrophils.	2.31	10 ³ /μl	2 - 7
Lymphocytes.	2.99	10 ³ /μl	1 - 3
Monocytes.	0.31	10 ³ /μl	0.2 - 1.0
Eosinophils.	0.43	10 ³ /μl	0.02 - 0.5
Basophils.	0.08	10 ³ /μl	0.02 - 0.5
Platelet Parameters			
Platelet Count <i>Electrical impedance and microscopy</i>	174	10 ³ /μl	150 - 410
Mean Platelet Volume (MPV) * <i>Calculated</i>	9.8	fL	9.3 - 12.1
PCT * <i>Calculated</i>	0.2	%	0.17 - 0.32

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



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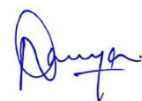
Patient NAME		Report STATUS :	
DOB/Age/Gender		Barcode NO :	
Patient ID / UHID		Sample Type :	
Referred BY		Report Date :	
Sample Collected			

Test Description	Value(s)	Unit(s)	Reference Range
PDW * <i>Calculated</i>	12.8	fL	8.3 - 25.0
P-LCR * <i>Calculated</i>	23.8	%	18 - 50
P-LCC * <i>Calculated</i>	46	10 ⁹ /L	44 - 140
Mentzer Index * <i>Calculated</i>	14.79	%	> 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.

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



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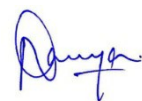
Erythrocyte Sedimentation Rate (ESR)

ESR - Erythrocyte Sedimentation Rate <i>MODIFIED WESTERGREN</i>	2	mm/hr	0 - 14
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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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Test Description	Value(s)	Unit(s)	Reference Range
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HbA1C (Glycosylated Haemoglobin)

Glycosylated Hemoglobin (HbA1c) <i>HPLC</i>	6.9 H*	%	<5.7
Estimated Average Glucose *	151.33	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.

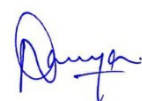
Comments :

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

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

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



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

Glucose Fasting

Glucose Fasting <i>Hexokinase</i>	197 H*	mg/dL	70 - 100
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Interpretation:

Status	Fasting plasma glucose in mg/dL
Normal	70 - 100
Impaired fasting glucose	101 - 125
Diabetes	≥126

Reference : American Diabetes Association

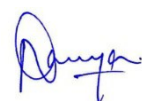
Comment :

Blood glucose determinations are commonly used as an aid in the diagnosis and treatment of diabetes. Elevated glucose levels (hyperglycemia) may also occur with pancreatic neoplasm, hyperthyroidism, and adrenal cortical hyper function as well as other disorders. Decreased glucose levels (hypoglycemia) may result from excessive insulin therapy insulinoma, or various liver diseases.

Note

- 1.The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL or a random / 2 hour plasma glucose value of > or = 200 mg/dL with symptoms of diabetes mellitus.
- 2.Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis.

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

Glucose Post Prandial

Glucose Post Prandial (Fluoride Plasma-P,Hexokinase)	296 H*	mg/dL	70 - 140
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Interpretation:

Status	PP plasma glucose in mg/dL
Normal	<140
Impaired glucose tolerance	140 - 199
Diabetes	=>200

Reference : American Diabetes Association

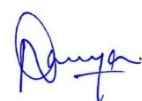
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Liver Function Test (LFT)

Bilirubin Total <i>Photometric</i>	0.41	mg/dL	0.2 - 1.2
Bilirubin Direct * <i>Diazo Reaction</i>	0.2	mg/dL	0.0 - 0.5
Bilirubin Indirect * <i>Calculation (T Bil - D Bil)</i>	0.21	mg/dL	0.1 - 1.0
SGOT/AST <i>IFCC with P5P</i>	22.5	U/L	0 - 50
SGPT/ALT <i>IFCC with P5P</i>	16.4	U/L	0 - 50
SGOT/SGPT Ratio *	1.37	-	-
Alkaline Phosphatase	74.1	U/L	40-129
Total Protein <i>Biuret</i>	6.6	g/dL	6.4 - 8.3
Albumin <i>Bromocresol Green</i>	4	g/d	3.5 - 5.2
Globulin * <i>Calculation (T.P - Albumin)</i>	2.6	g/dL	2.3 - 3.5
Albumin :Globulin Ratio * <i>Calculation (Albumin/Globulin)</i>	1.54	-	1.0 - 2.1
Gamma Glutamyl Transferase (GGT) * <i>Enzymatic Colorimetry</i>	58.4	U/L	8 - 61

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.

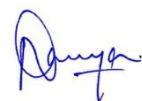
Key enzymes tested:

- 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.

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

Kidney Function Test (KFT)

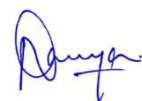
Blood Urea <i>Urease</i>	12.5 L*	mg/dL	18 - 55
Bun * <i>Urease</i>	5.84 L*	mg/dL	8.4 - 25.7
Creatinine <i>Jaffe Kinetic</i>	0.8	mg/dl	0.70 - 1.20
eGFR (CKD-EPI)	98.80	ml/min/1.73 sq m	Normal Or High: >= 90 Mild Or Decrease: 60-89 Mild To Moderate Decrease: 45-59 Mild To Severe Decrease: 30-44 Severe Decrease: 15-29 Kidney Failure: < 15
Bun/Creatinine Ratio * <i>Calculated</i>	7.3 L*		12 - 20
Urea / Creatinine Ratio * <i>Calculated</i>	15.63 L*		25.68- 42.8
Uric Acid <i>Uricase</i>	6.1	mg/dL	3.4 - 7.0
Calcium Serum <i>Arsenazo III</i>	9.4	mg/dL	8.8 - 10.0
Phosphorus <i>Photometric</i>	3.8	mg/dL	2.3 - 4.7
Sodium <i>Potentiometric</i>	136	mmol/L	136 - 145
Potassium <i>Potentiometric</i>	3.6	mmol/L	3.5 - 5.1
Chloride <i>Potentiometric</i>	98.2	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)

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Patient NAME		Report STATUS	
DOB/Age/Gender		Barcode NO	
Patient ID / UHID		Sample Type	
Referred BY		Report Date	
Sample Collected			
Test Description	Value(s)	Unit(s)	Reference Range

Lipid Profile

Total Cholesterol <i>Enzymatic - Cholesterol Oxidase</i>	179	mg/dL	<200
Triglycerides <i>Colorimetric - Lip/Glycerol Kinase</i>	578 H*	mg/dL	<150
HDL Cholesterol <i>Accelerator Selective Detergent</i>	28.7 L*	mg/dL	>40
Non HDL Cholesterol * <i>Calculated</i>	150.3 H*	mg/dL	<130
LDL Cholesterol * <i>Calculated</i>	34.7	mg/dL	<100
V.L.D.L Cholesterol * <i>Calculated</i>	115.6 H*	mg/dL	< 30
Chol/HDL Ratio * <i>Calculated</i>	6.24 H*	Ratio	3.5 - 5.0
HDL/ LDL Ratio * <i>Calculated</i>	0.83	Ratio	0.5 - 3.0
LDL/HDL Ratio * <i>Calculated</i>	1.21	Ratio	-

Note: Serum is lipemic.

Advised clinical correlation and repeat analysis after correction of hypertriglyceridemia.

Advised 10-12 hrs of fasting before giving next sample.

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.

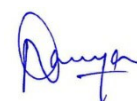
National Lipid Association Recommendations (NLA-2014)	Total Cholesterol (mg/dL)	Triglyceride (mg/dL)	LDL Cholesterol (mg/dL)	Non HDL Cholesterol (mg/dL)
Optimal	<200	<150	<100	<130
Above Optimal			100-129	130 - 159
Borderline High	200-239	150-199	130-159	160 - 189
High	>=240	200-499	160-189	190 - 219
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
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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		
High Risk	1. Three major ASCVD risk factors 2. Diabetes with 1 major risk factor or no evidence 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			

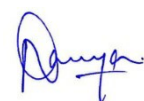
Newer treatment goals and statin initiation thresholds based on the risk categories proposed by Lipid Association of India in 2020.

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.

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

High Sensitivity C-Reactive Protein (Hs-CRP)

HIGHLY SENSITIVE C-REACTIVE PROTEIN (hs-CRP) <i>immunoturbidimetric</i>	1.5 H*	mg/L	< 1.00
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Interpretation:

Cardio CRP In mg/L	Cardiovascular Risk
<1	Low
1-3	Average
3-10	High
>10	Persistent elevation may represent Non cardiovascular inflammation

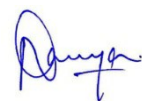
Note: To assess vascular risk, it is recommended to test hsCRP levels 2 or more weeks apart and calculate the average

Comments:

High sensitivity C Reactive Protein (hsCRP) significantly improves cardiovascular risk assessment as it is a strongest predictor of future coronary events. It reveals the risk of future Myocardial infarction and Stroke among healthy men and women, independent of traditional risk factors. It identifies patients at risk of first Myocardial infarction even with low to moderate lipid levels. The risk of recurrent cardiovascular events also correlates well with hsCRP levels. It is a powerful independent risk determinant in the prediction of incident Diabetes.

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Test Description	Value(s)	Unit(s)	Reference Range
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Thyroid Profile Total

Triiodothyronine (T3) <i>ECLIA</i>	129	ng/dL	80 - 200
Total Thyroxine (T4) <i>ECLIA</i>	8.08	µg/dL	4.5 - 11.7
Thyroid Stimulating Hormone (Ultrasensitive) <i>CMIA</i>	1.19	mIU/L	0.35 - 4.94

Interpretation:

Pregnancy	Reference Range TSH
1st Trimester	0.1 - 2.5
2nd Trimester	0.2 - 3.0
3rd Trimester	0.3 - 3.0

Clinical Use:

1. Diagnose Hypothyroidism & Hyperthyroidism
2. Monitor T4 therapy
3. Measure subnormal TSH levels

Increased TSH: Primary hypothyroidism, Subclinical hypothyroidism, TSH-dependent hyperthyroidism, Thyroid hormone resistance

Decreased TSH: Graves' disease, Autonomous thyroid hormone secretion, TSH deficiency

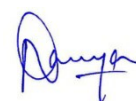
Thyroid malfunction (hyper or hypo) affects T3 & T4 levels. Pituitary or hypothalamic issues also influence thyroid activity.

1. **Primary Hypothyroidism:** High TSH levels.
2. **Secondary/Tertiary Hypothyroidism:** Low TSH levels.
3. **Euthyroid Sick Syndrome:** Abnormal thyroid test results due to non-thyroidal illnesses (NTI).

TBG levels are stable in healthy individuals but may be altered by pregnancy, estrogens, androgens, steroids, or glucocorticoids, causing inaccurate T3 & T4 readings.

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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Sample Collected :			

Test Description	Value(s)	Unit(s)	Reference Range
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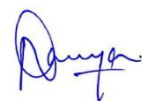
LDL Cholesterol Direct

LDL CHOLESTEROL DIRECT <i>Direct</i>	86.7	mg/dL	Optimal <100 Near optimal/above optimal 100-129 Borderline high 130-159 High 160-189 Very high >190
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Interpretation:

An LDL blood test measures the amount of low-density lipoprotein (LDL) cholesterol in a person's bloodstream. LDL cholesterol is often referred to as "bad" cholesterol because high levels can increase the risk of serious conditions, such as heart disease. Elevated LDL cholesterol levels can lead to the buildup of plaque in the arteries, increasing the risk of heart attacks, strokes, and other cardiovascular events.

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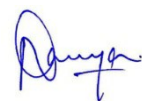
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Diabetes Profile- Advance with Free HsCRP

Urine Routine and Microscopic Examination

Physical Examination *			
Volume *	15	ml	-
Colour *	Pale yellow	-	Pale yellow
Transparency *	Clear	-	Clear
Deposit *	Absent	-	Absent
Chemical Examination *			
Reaction (pH) <i>Double Indicator</i>	6.0	-	4.5 - 8.0
Specific Gravity <i>Ion Exchange</i>	1.015	-	1.010 - 1.030
Urine Glucose (sugar) <i>Oxidase / Peroxidase</i>	Positive(++) H*	-	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>	Negative	-	Negative
Leucocyte esterase <i>Enzymatic Reaction</i>	Negative	-	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) *	2-3	/hpf	0 - 5
Epithelial Cells *	1-2	/hpf	0 - 4
Red blood Cells *	Absent	/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.			

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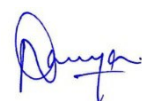


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Sample Collected			
Test Description	Value(s)	Unit(s)	Reference Range
<p>Protein: Elevated proteins can be an early sign of kidney disease. Urinary protein excretion can also be temporarily elevated by strenuous exercise, orthostatic proteinuria, dehydration, urinary tract infections and acute illness with fever</p> <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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Patient Data

Sample ID:
 Patient ID:
 Name:
 Physician:
 Sex:
 DOB:

Analysis Data

Analysis Performed:
 Injection Number:
 Run Number:
 Rack ID:
 Tube Number:
 Report Generated:
 Operator ID:

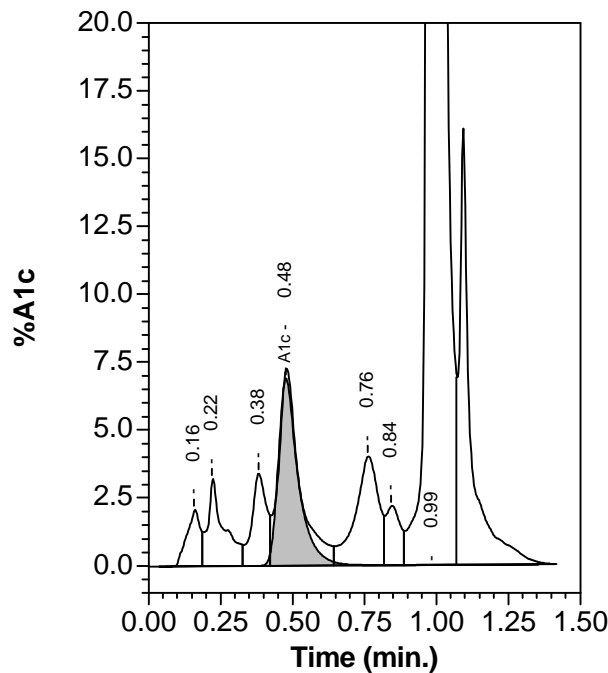
Comments:

Peak Name	NGSP %	Area %	Retention Time (min)	Peak Area
A1a	---	1.2	0.157	25733
A1b	---	2.2	0.219	47482
LA1c	---	2.0	0.381	44569
A1c	6.9*	---	0.476	126459
P3	---	3.9	0.761	85333
P4	---	1.3	0.842	28550
Ao	---	83.6	0.985	1823136

*Values outside of expected ranges

Total Area: 2,181,262

HbA1c (NGSP) = 6.9* %



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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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