Redcliffe labs

Healthy India Ki Trusted Lab

smart Health Report

An Insightful Health Analytics Report for Easier Understanding

Prepared For

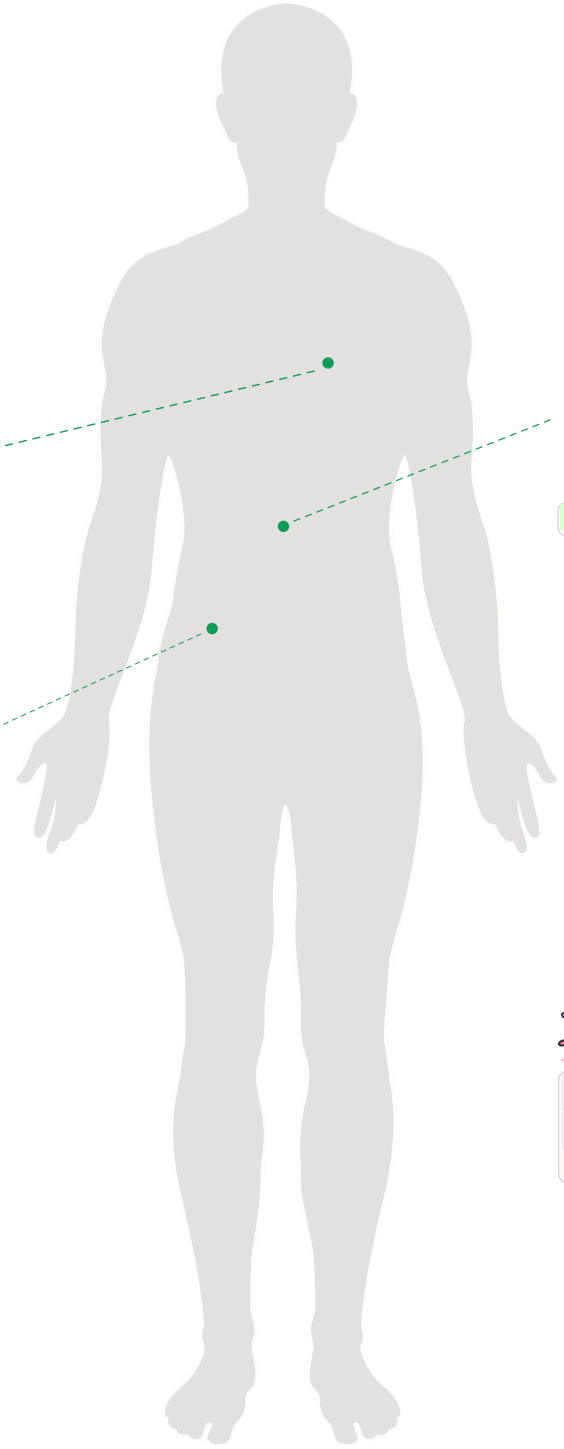
Mr MR.DUMMY

M 23

SMART HEALTH REPORT

Name	Patient ID	Gender	Age
Mr MR.DUMMY	8052673	M	23

Health Summary



BLOOD COUNTS

Everything looks good

LIPID PROFILE

Everything looks good

KIDNEY PROFILE

Everything looks good

DIABETES MONITORING

Everything looks good

ANEMIA STUDIES

Test Name	Result
Hemoglobin	11.5

Please Watchout

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	: 8052673/RCL7249302	Report Date	: May 04, 2024, 10:30 PM
Referred By	: Dr. Dr. X	Barcode No	: HY569744
Sample Type	: Whole blood EDTA	Report Status	: Final Report

BP Monitoring Package- Essential

Complete Blood Count (CBC)

Test Description	Value(s)	Unit(s)	Reference Range
RBC Parameters			
Hemoglobin *Spectrophotometry*	**11.5**	g/dL	13.0 - 17.0
RBC Count *Electrical impedance*	4.8	10^6/µl	4.5 - 5.5
PCV *Calculated*	**34.9**	%	40 - 50
MCV *Calculated*	**73.3**	fl	83 - 101
MCH *Calculated*	**24.1**	pg	27 - 32
MCHC *Calculated*	32.9	g/dL	31.5 - 34.5
RDW (CV) *Calculated*	**14.3**	%	11.6 - 14.0
RDW-SD *Calculated*	36	fl	35.1 - 43.9
WBC Parameters			
TLC *Electrical impedance and microscopy*	**10.4**	10^3/µl	4 - 10
Differential Leucocyte Count			
Neutrophils *Flow-cytometry DHSS*	57.2	%	40-80
Lymphocytes *Flow-cytometry DHSS*	30.2	%	20-40
Monocytes *Flow-cytometry DHSS*	9	%	2-10
Eosinophils *Flow-cytometry DHSS*	3.6	%	1-6
Basophils *Flow-cytometry DHSS*	0	%	<2
Absolute Leukocyte Counts ***Calculated***			
Neutrophils.	5.95	10^3/µl	2 - 7
Lymphocytes. *Calculated*	**3.14**	10^3/µl	1 - 3
Monocytes. *Calculated*	0.94	10^3/µl	0.2 - 1.0
Eosinophils. *Calculated*	0.37	10^3/µl	0.02 - 0.5
Basophils.	**0**	10^3/µl	0.02 - 0.5

Dr. Islam Barkatullah Khan
MD (Pathology)
Consultant Pathologist

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

Patient Name	**: Mr MR.DUMMY**		
DOB/Age/Gender	: 23 Y/Male	Sample Collected	: Apr 26, 2024, 01:00 PM
Patient ID / UHID	: 8052673/RCL7249302	Report Date	: May 04, 2024, 10:30 PM
Referred By	: Dr. Dr. X	Barcode No	: HY569744
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*	163	10^3/µl	150 - 410
Mean Platelet Volume (MPV) *Calculated*	11.8	fL	9.3 - 12.1
PCT *Calculated*	0.2	%	0.17 - 0.32
PDW *Calculated*	**29.8**	fL	8.3 - 25.0
P-LCR *Calculated*	**50.4**	%	18 - 50
P-LCC *Calculated*	82	%	44 - 140
Mentzer Index *Calculated*	15.27	%	> 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.

Dr. Islam Barkatullah Khan
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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	: 8052673/RCL7249302	Report Date	: May 04, 2024, 06:00 PM
Referred By	: Dr. Dr. X	Barcode No	: HY569744
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*	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.

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

Patient Name	**: Mr MR.DUMMY**		
DOB/Age/Gender	: 23 Y/Male	Sample Collected	: Apr 26, 2024, 01:00 PM
Patient ID / UHID	: 8052673/RCL7249302	Report Date	: May 04, 2024, 03:19 PM
Referred By	: Dr. Dr. X	Barcode No	: ZC624415
Sample Type	: FLUORIDE F	Report Status	: Final Report

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

Glucose Fasting (BSF)

Glucose Fasting *Hexokinase*	89.0	mg/dL	<100

Interpretation:

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

Reference : American Diabetes Association

Comment :
Blood glucose determinations in 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.

Dr. Dummy

Patient Name	**: Mr MR.DUMMY**		
DOB/Age/Gender	: 23 Y/Male	Sample Collected	: Apr 26, 2024, 01:00 PM
Patient ID / UHID	: 8052673/RCL7249302	Report Date	: May 04, 2024, 04:10 PM
Referred By	: Dr. Dr. X	Barcode No	: ZC624416
Sample Type	: Serum	Report Status	: Final Report

Kidney Function Test (KFT)

Test Description	Value(s)	Unit(s)	Reference Range
Blood Urea *Urease with UV*	23.5	mg/dL	16.6 - 48.5
Creatinine *Jaffes*	0.74	mg/dL	0.70 - 1.20
Bun *Calculated*	10.98	mg/dL	6 - 20
Bun/Creatinine Ratio *Calculated*	14.84		
Urea / Creatinine Ratio	31.76		
Uric Acid *Uricase*	4.5	mg/dL	3.4 - 7.0
Calcium Serum *BAPTA*	9.4	mg/dL	8.6 - 10.0
Phosphorus *Molybdate UV*	4.2	mg/dL	2.5 - 4.5
Sodium *ISE-Indirect*	140.0	mmol/L	136 - 145
Potassium *ISE-Indirect*	5.0	mmol/L	3.5 - 5.1
Chloride *ISE-Indirect*	104.0	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.

Dr. Dummy

Patient Name	: **Mr MR.DUMMY**		
DOB/Age/Gender	: 23 Y/Male	Sample Collected	: Apr 26, 2024, 01:00 PM
Patient ID / UHID	: 8052673/RCL7249302	Report Date	: May 04, 2024, 05:41 PM
Referred By	: Dr. Dr. X	Barcode No	: ZC624416
Sample Type	: Serum	Report Status	: Final Report

Lipid Profile

Test Description	Value(s)	Unit(s)	Reference Range
Total Cholesterol *CHOD-PAP*	178.5	mg/dL	<200
Triglycerides *Enzymatic colorimetric*	56.0	mg/dL	<150
HDL Cholesterol *CHOD-POD*	78.0	mg/dL	> 40
Non HDL Cholesterol *Calculated*	100.5	mg/dL	<130
LDL Cholesterol *Calculated*	89.3	mg/dL	<100
V.L.D.L Cholesterol *Calculated*	11.2	mg/dL	< 30
Chol/HDL Ratio *Calculated*	2.29	Ratio	-
HDL/ LDL Ratio *Calculated*	0.87	Ratio	-
LDL/HDL Ratio *Calculated*	1.14	Ratio	-

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

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Referred By	: Dr. Dr. X	Barcode No	: ZC624416
Sample Type	: Serum	Report Status	: Final Report

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

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.

*** 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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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.

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

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.

Name	Patient ID	Gender	Age
Mr MR.DUMMY	8052673	M	23

Health Advisory

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

Anemia Profile

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

Hemoglobin: 11.5 g/dL

LOW

Abnormal results may indicate :

Anemia.

Diet and Lifestyle Tips :

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

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

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