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.

View Detailed Summary on our App

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.

SMART HEALTH REPORT

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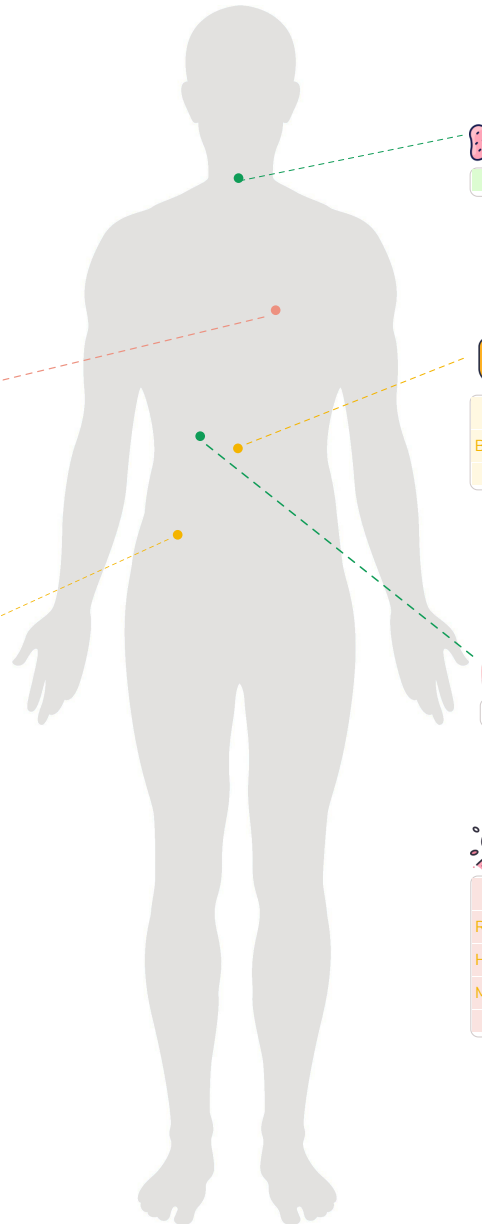
All In Range Borderline Out Of Range

Health Summary



THYROID PROFILE

Everything looks good

CARDIAC PROFILE

Test Name	Result
Total Cholesterol	245
Triglycerides	166
Non HDL Cholesterol	186.6

+ 3 tests Please Watchout

DIABETES MONITORING

Test Name	Result
Blood Sugar (Fasting)	113

Please Watchout

KIDNEY PROFILE

Test Name	Result
Bun/Creatinine Ratio	11.65
Urea / Creatinine Ratio	24.93

Please Watchout

LIVER PROFILE

Everything looks good

ANEMIA STUDIES

Test Name	Result
RBC count	4.4
Haematocrit	38.7
MCHC	35.9

+ 2 tests Please Watchout

ELECTROLYTES

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

View Report on App

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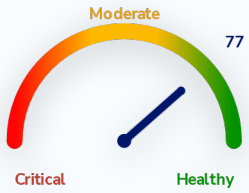
Quick Health Summary

Personal Insights - Health Score

77

Overall, most parameters are within normal ranges, indicating a generally good health status. The Cardiac Health profile may affect your heart well-being, so consider maintaining a heart-healthy lifestyle. Incorporating a balanced diet rich in fruits, vegetables, and whole grains, along with regular activities like walking or yoga, can support your health. Routine check-ups and consulting your healthcare provider when needed are important; remember, small consistent changes can lead to meaningful improvements.

Note - Higher scores tentatively indicate better health status



Summary of Key Health Indicators

Total Parameters Tested	Borderline Results	Out Of Range Results
82	9	5

Health Status by Body System

Profile	Total	Borderline	Out of Range	Key Results
Cardiac Profile	9	2	4	Total Cholesterol **(245)** Non - HDL Cholesterol **(186.6)** LDL Cholesterol **(153.4)**
Anemia Studies	8	4	1	RDW-SD **(56.3)** RBC count **(4.4)** Haematocrit **(38.7)**
Blood Disorder	15	0	0	All In Range
Infectious Diseases	6	0	0	All In Range
Diabetes Monitoring	2	1	0	Blood Sugar (Fasting) **(113)**
Liver Profile	15	0	0	All In Range
Kidney Profile	10	2	0	BUN : Creatinine ratio **(11.65)** Urea : Creatinine ratio **(24.93)**
Urinalysis	12	0	0	All In Range
Electrolytes	4	0	0	All In Range

Profile	Total	Borderline	Out of Range	Key Results
Thyroid Profile	1	0	0	All In Range

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Report Summary

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

BLOOD DISORDER

Test Name	Result unit	Range
Hemoglobin	13.9 g/dL	13 - 17
TLC	7.3 10^3/µl	4 - 10
Neutrophils	54 %	40 - 80
Lymphocytes	40 %	20 - 40
Monocytes	3 %	2 - 10
Eosinophils	3 %	1 - 6
Basophils	0 %	< 2
Neutrophils.	3.94 10^3/µl	2 - 7
Lymphocytes.	2.92 10^3/µl	1 - 3
Monocytes.	0.22 10^3/µl	0.2 - 1
Eosinophils.	0.22 10^3/µl	0.02 - 0.5
Basophils.	0 10^3/µl	< 0.5
Platelet Count	244 10^3/µl	150 - 410
Mean Platelet Volume (MPV)	11.6 fL	9.3 - 12.1
PDW	23.3 fL	8.3 - 25

ANEMIA STUDIES

Test Name	Result unit	Range
RBC Count	**4.4** 10^6/µl	4.5 - 5.5
PCV	**38.7** %	40 - 50
MCV	87 fl	83 - 101
MCH	31.2 pg	27 - 32
MCHC	**35.9** g/dL	31.5 - 34.5
RDW (CV)	**16.4** %	11.6 - 14
RDW-SD	**56.3** fl	35.1 - 43.9
Mentzer Index	19.77 %	

INFECTIOUS DISEASES

Test Name	Result unit	Range
PCT	0.3 %	0.17 - 0.32
Deposit	Absent	
Leucocyte esterase	Negative	
Pus Cells (WBCs)	3-4 /hpf	
Yeast Cells	Absent	
Protozoa	Absent	

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DIABETES MONITORING

Test Name	Result unit	Range
Glucose Fasting	**113** mg/dL	70 - 100
Urine Glucose (sugar)	Negative	

LIVER PROFILE

Test Name	Result unit	Range
Bilirubin Total	0.2 mg/dL	< 1.2
Bilirubin Direct	0.1 mg/dL	< 0.5
Bilirubin Indirect	0.1 mg/dL	< 1
SGOT/AST	23.3 U/L	5 - 34
SGPT/ALT	33.8 U/L	< 55
SGOT/SGPT Ratio	0.69 %	
Alkaline Phosphatase	89.2 U/L	40 - 150
Total Protein	7.92 g/dL	6.4 - 8.3
Albumin	4.6 gm/dL	3.8 - 5
Globulin	3.32 g/dL	2.3 - 3.5
Albumin :Globulin Ratio	1.39	< 2.1
Gamma Glutamyl Transferase (GGT)	44.2 U/L	< 64
Calcium Serum	9.87 mg/dL	8.4 - 10.2
Bilirubin Urine	Negative	
Urobilinogen	Normal	

KIDNEY PROFILE

Test Name	Result unit	Range
Blood Urea	18.7 mg/dL	18 - 55
Bun	8.74 mg/dL	8.4 - 25.7
Creatinine	0.75 mg/dL	0.72 - 1.25
eGFR (CKD-EPI)	109.91 ml/min/1.73 sq m	
Bun/Creatinine Ratio	**11.65**	12 - 20
Urea / Creatinine Ratio	**24.93**	25.68 - 42.8
Urine Protein (Albumin)	Negative	
Blood	Negative	
Crystals	Absent	
Cast	Absent	

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

URINALYSIS

Test Name	Result unit	Range
Uric Acid	3.5 mg/dL	3.5 - 7.2
Volume	25 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	2-3 /hpf	
Red blood Cells	Absent /hpf	
Amorphous deposits	Absent	
Bacteria	Absent	

ELECTROLYTE PROFILE

Test Name	Result unit	Range
Phosphorus	3.75 mg/dL	2.3 - 4.7
Sodium	142.6 mmol/L	136 - 145
Potassium	4.7 mmol/L	3.5 - 5.1
Chloride	104 mmol/L	98 - 107

CARDIAC PROFILE

Test Name	Result unit	Range
Total Cholesterol	**245** mg/dL	< 200
Triglycerides	**166** mg/dL	< 150
HDL Cholesterol	58.4 mg/dL	40 - 80
Non HDL Cholesterol	**186.6** mg/dL	< 130
LDL Cholesterol	**153.4** mg/dL	30 - 100
V.L.D.L Cholesterol	**33.2** mg/dL	< 30
Chol/HDL Ratio	4.2 Ratio	3.5 - 5
HDL/ LDL Ratio	**0.38** Ratio	0.5 - 3
LDL/HDL Ratio	2.63 Ratio	

THYROID PROFILE

Test Name	Result unit	Range
Thyroid Stimulating Hormone (Ultrasensitive)	2.71 mIU/L	0.35 - 4.94

Name

Gender

Patient ID

Age

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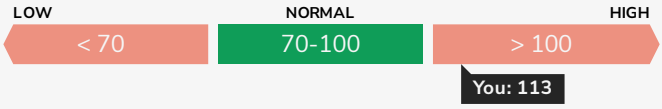
Health Advisory

In Range Borderline (BL) Out Of Range

Diabetes

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

Glucose Fasting: 113 mg/dL — BORDERLINE



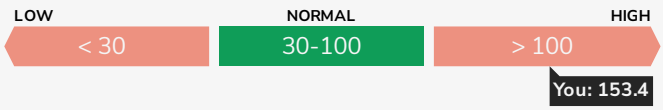
Cardiac Profile

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: 245 mg/dL — OUT OF RANGE

Triglycerides: 166 mg/dL — BORDERLINE

LDL Cholesterol: 153.4 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	:

Vital Screening Package

Complete Blood Count (CBC)

Test Description	Value(s)	Unit(s)	Reference Range
RBC Parameters			
Hemoglobin *Spectrophotometry*	13.9	g/dL	13.0 - 17.0
RBC Count *Electrical impedance*	**4.4 L***	10^6/µl	4.5 - 5.5
PCV *Calculated*	**38.7 L***	%	40 - 50
MCV *Calculated*	87	fl	83 - 101
MCH *Calculated*	31.2	pg	27 - 32
MCHC *Calculated*	**35.9 H***	g/dL	31.5 - 34.5
RDW (CV) *Calculated*	**16.4 H***	%	11.6 - 14.0
RDW-SD *Calculated*	**56.3 H***	fl	35.1 - 43.9
WBC Parameters			
TLC *Electrical impedance and microscopy*	7.3	10^3/µl	4 - 10
Differential Leucocyte Count			
Neutrophils *Flowcytometry*	54	%	40-80
Lymphocytes	40	%	20-40
Monocytes	3	%	2-10
Eosinophils *Flowcytometry*	3	%	1-6
Basophils *Flowcytometry*	0	%	<2
Absolute Leukocyte Counts ***Calculated***			
Neutrophils.	3.94	10^3/µl	2 - 7
Lymphocytes. *Flowcytometry*	2.92	10^3/µl	1 - 3
Monocytes. *Flowcytometry*	0.22	10^3/µl	0.2 - 1.0
Eosinophils.	0.22	10^3/µl	0.02 - 0.5
Basophils.	**0**	10^3/µl	0.02 - 0.5
Platelet Parameters			
Platelet Count *Electrical impedance and microscopy*	244	10^3/µl	150 - 410

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

Dr. Amita Yadav
MBBS, MD
Consultant 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
Mean Platelet Volume (MPV) *Calculated*	11.6	fL	9.3 - 12.1
PCT *Calculated*	0.3	%	0.17 - 0.32
PDW *Calculated*	23.3	fL	8.3 - 25.0
Mentzer Index *Calculated*	19.77	%	> 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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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

Glucose Fasting

Glucose Fasting *Hexokinase*	**113 H***	mg/dL	70 - 100

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 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.

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

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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 *COLORIMETRIC DIAZO METHOD*	0.2	mg/dL	0.2 - 1.2
Bilirubin Direct *Diazo Reaction*	0.1	mg/dL	0.0 - 0.5
Bilirubin Indirect *Calculation (T Bil - D Bil)*	0.1	mg/dL	0.1 - 1.0
SGOT/AST *UV WITH P5P*	23.3	U/L	5 - 34
SGPT/ALT *UV WITH P5P*	33.8	U/L	0 to 55
SGOT/SGPT Ratio	0.69	-	-
Alkaline Phosphatase *IFCC*	89.2	U/L	40 - 150
Total Protein *Biuret*	7.92	g/dL	6.4 - 8.3
Albumin *BCG*	4.6	gm/dL	3.8 - 5.0
Globulin *Calculation (T.P - Albumin)*	3.32	g/dL	2.3 - 3.5
Albumin :Globulin Ratio *Calculation (Albumin/Globulin)*	1.39	-	1.0 - 2.1
Gamma Glutamyl Transferase (GGT) *Photometric*	44.2	U/L	12 - 64

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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Patient NAME	
DOB/Age/Gender	Report STATUS
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Referred BY	Sample Type
Sample Collected	Report Date

Kidney Function Test (KFT)

Test Description	Value(s)	Unit(s)	Reference Range
Blood Urea *Urease*	18.7	mg/dL	18 - 55
Bun *Urease*	8.74	mg/dL	8.4 - 25.7
Creatinine *Jaffe Method*	0.75	mg/dL	0.72 - 1.25
eGFR (CKD-EPI)	109.91	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*	**11.65 L***		12 - 20
Urea / Creatinine Ratio *Calculated*	**24.93 L***		25.68- 42.8
Uric Acid *Enzymatic colorimetric*	3.5	mg/dL	3.5 - 7.2
Calcium Serum *BAPTA*	9.87	mg/dL	8.4 - 10.2
Phosphorus *UV Molybdate*	3.75	mg/dL	2.3 - 4.7
Sodium *ISE INDIRECT*	142.6	mmol/L	136 - 145
Potassium *ISE indirect*	4.7	mmol/L	3.5 - 5.1
Chloride *ISE Indirect*	104	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."**

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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*	**245 H***	mg/dL	<200
Triglycerides *Colorimetric - Lip/Glycerol Kinase*	**166 H***	mg/dL	<150
HDL Cholesterol *Homogenous enzymatic colorimetric*	58.4	mg/dL	>40
Non HDL Cholesterol *Calculated*	**186.6 H***	mg/dL	<130
LDL Cholesterol *Calculated*	**153.4 H***	mg/dL	<100
V.L.D.L Cholesterol *Calculated*	**33.2 H***	mg/dL	< 30
Chol/HDL Ratio *Calculated*	4.2	Ratio	3.5 - 5.0
HDL/ LDL Ratio *Calculated*	**0.38 L***	Ratio	0.5 - 3.0
LDL/HDL Ratio *Calculated*	2.63	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
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

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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.

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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

TSH 3rd Generation

Thyroid Stimulating Hormone (Ultrasensitive) *CMIA*	2.71	mIU/L	0.35 - 4.94

Interpretation:

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

Note:
TSH levels are subject to circadian variation, reaching peak levels between 2-4 am. and at a minimum between 6-10 pm. The variation is of 50 %, hence time of the day has influence on the measured serum TSH concentrations.

Clinical Use:
- Diagnose Hypothyroidism and Hyperthyroidism
- Monitor T4 replacement or T4 suppressive therapy
- Qunatify TSH levels in the subnormal range

Increased Levels : Primary hypothyroidism, Subclinical hypothyroidis, TSH dependent Hyperthyroidism, Thyroid hormone resistance
Decreased Levels: Grace disease, Autonomous thyroid hormone secretion, TSH deficiency

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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	25	ml	-
Colour	Pale yellow	-	Pale yellow
Transparency	Clear	-	Clear
Deposit	Absent	-	Absent
Chemical Examination			
Reaction (pH) *Double Indicator*	6.0	-	4.5 - 8.0
Specific Gravity *Ion Exchange*	1.015	-	1.010 - 1.030
Urine Glucose (sugar) *Oxidase / Peroxidase*	Negative	-	Negative
Urine Protein (Albumin) *Acid / Base Colour Excahnge*	Negative	-	Negative
Urine Ketones (Acetone) *Legals Test*	Negative	-	Negative
Blood *Peroxidase Hemoglobin*	Negative	-	Negative
Leucocyte esterase *Enzymatic Reaction*	Negative	-	Negative
Bilirubin Urine *Coupling Reaction*	Negative	-	Negative
Nitrite *Griless Test*	Negative	-	Negative
Urobilinogen *Ehrlichs Test*	Normal	-	Normal
Microscopic Examination			
Pus Cells (WBCs)	3-4	/hpf	0 - 5
Epithelial Cells	2-3	/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.

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

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MBBS, MD
Consultant 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

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 ***

Dr. Amita Yadav
MBBS, MD
Consultant Pathologist

Terms and Conditions of Reporting

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.

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