

smart Health Report

An Insightful Health Analytics Report
for Easier Understanding

Prepared For

Mr MR.DUMMY

M 23



Name

Mr MR.DUMMY

Patient ID

8051877

Gender

M

Age

23

Health Summary



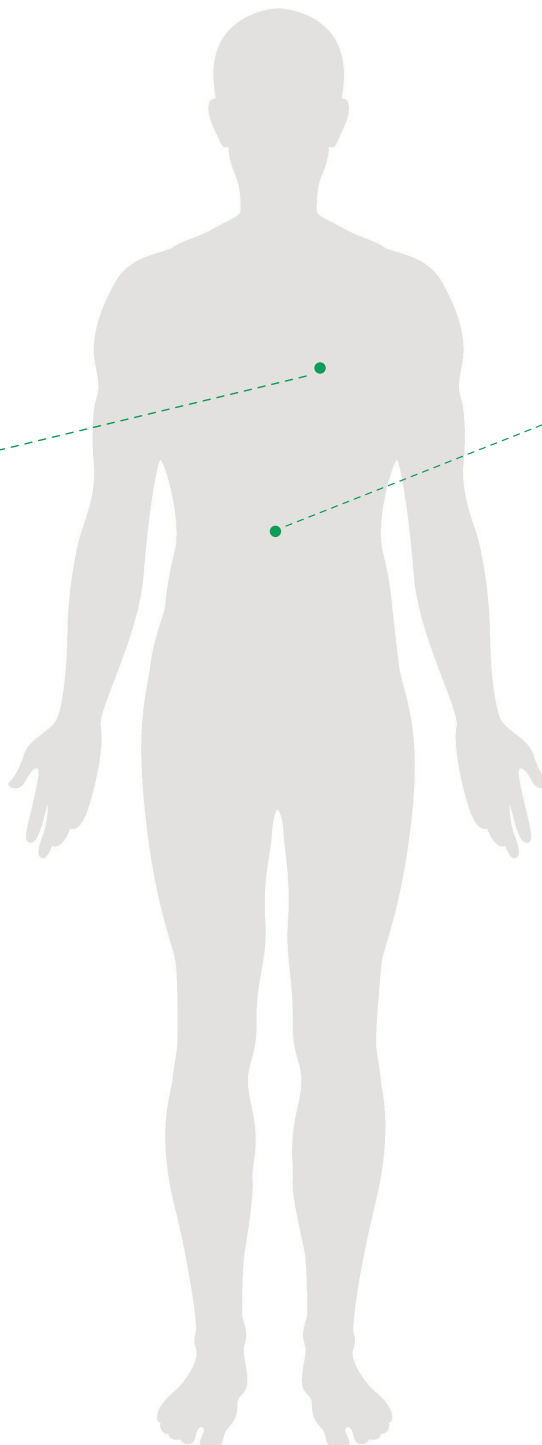
LIPID PROFILE

Everything looks good



DIABETES MONITORING

Everything looks good



Patient Name : Mr MR.DUMMY

DOB/Age/Gender : 23 Y/Male

Patient ID / UHID : 8051877/RCL7248421

Referred By : Dr. Dr. X

Sample Type : Whole blood EDTA

Sample Collected : Apr 26, 2024, 01:00 PM

Report Date : May 25, 2024, 06:37 PM.

Barcode No : HY585737

Report Status : Final Report

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

Pre Diabetic Screening Package**HbA1C (Glycosylated Haemoglobin)**

Glycosylated Hemoglobin (HbA1c) HPLC	5	%	< 5.7
Estimated Average Glucose	96.8	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:

1. 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. 2. 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

**Dr. Dummy**

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

928-909-0609

ccsupport@redcliffelabs.com

www.redcliffelabs.com

All Lab results are subject to clinical interpretation by qualified medical professional and this report is not subject to use for any medico-legal purpose.

Patient Name : Mr MR.DUMMY

DOB/Age/Gender : 23 Y/Male

Patient ID / UHID : 8051877/RCL7248421

Referred By : Dr. Dr. X

Sample Type : FLUORIDE F

Sample Collected : Apr 26, 2024, 01:00 PM

Report Date : May 08, 2024, 11:50 AM.

Barcode No : ZC664150

Report Status : Final Report

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

Glucose Fasting (BSF)

Glucose Fasting <i>Hexokinase</i>	98.0	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 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 ≥ 126 mg/dL or a random / 2 hour plasma glucose value of ≥ 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**

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

 928-909-0609 ccsupport@redcliffelabs.com www.redcliffelabs.com

All Lab results are subject to clinical interpretation by qualified medical professional and this report is not subject to use for any medico-legal purpose.

Patient Name	: Mr MR.DUMMY		
DOB/Age/Gender	: 23 Y/Male	Sample Collected	: Apr 26, 2024, 01:00 PM
Patient ID / UHID	: 8051877/RCL7248421	Report Date	: May 08, 2024, 12:40 PM.
Referred By	: Dr. Dr. X	Barcode No	: ZC664151
Sample Type	: Serum	Report Status	: Final Report
Test Description	Value(s)	Unit(s)	Reference Range

Lipid Profile

Total Cholesterol <i>CHOD-PAP</i>	135	mg/dL	<200
Triglycerides <i>Enzymatic colorimetric</i>	112	mg/dL	<150
HDL Cholesterol <i>CHOD-POD</i>	53	mg/dL	> 40
Non HDL Cholesterol <i>Calculated</i>	82	mg/dL	<130
LDL Cholesterol <i>Calculated</i>	59.6	mg/dL	<100
V.L.D.L Cholesterol <i>Calculated</i>	22.4	mg/dL	< 30
Chol/HDL Ratio <i>Calculated</i>	2.55	Ratio	-
HDL/ LDL Ratio <i>Calculated</i>	0.89	Ratio	-
LDL/HDL Ratio <i>Calculated</i>	1.12	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



Dr. Dummy



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

928-909-0609

ccsupport@redcliffelabs.com

www.redcliffelabs.com

All Lab results are subject to clinical interpretation by qualified medical professional and this report is not subject to use for any medico-legal purpose.

Patient Name : Mr MR.DUMMY

DOB/Age/Gender : 23 Y/Male

Patient ID / UHID : 8051877/RCL7248421

Referred By : Dr. Dr. X

Sample Type : Serum

Sample Collected : Apr 26, 2024, 01:00 PM

Report Date : May 08, 2024, 12:40 PM.

Barcode No : ZC664151

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.



Dr. Dummy



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

 928-909-0609

 ccsupport@redcliffelabs.com

 www.redcliffelabs.com

All Lab results are subject to clinical interpretation by qualified medical professional and this report is not subject to use for any medico-legal purpose.

Patient Name	: Mr MR.DUMMY		
DOB/Age/Gender	: 23 Y/Male	Sample Collected	: Apr 26, 2024, 01:00 PM
Patient ID / UHID	: 8051877/RCL7248421	Report Date	: May 25, 2024, 06:37 PM.
Referred By	: Dr. Dr. X	Barcode No	: YA607762
Sample Type	: Spot Urine	Report Status	: Final Report
Test Description	Value(s)	Unit(s)	Reference Range

Urine Routine and Microscopic Examination

Physical Examination			
Volume	20	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	1.010	-	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)	1-2	/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.			
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			



Dr. Dummy



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

928-909-0609

ccsupport@redcliffelabs.com

www.redcliffelabs.com

All Lab results are subject to clinical interpretation by qualified medical professional and this report is not subject to use for any medico-legal purpose.

Patient Name : Mr MR.DUMMY

DOB/Age/Gender : 23 Y/Male

Patient ID / UHID : 8051877/RCL7248421

Referred By : Dr. Dr. X

Sample Type : Spot Urine

Sample Collected : Apr 26, 2024, 01:00 PM

Report Date : May 25, 2024, 06:37 PM.

Barcode No : YA607762

Report Status : Final Report

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 ***

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



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

 928-909-0609 ccsupport@redcliffelabs.com www.redcliffelabs.com

All Lab results are subject to clinical interpretation by qualified medical professional and this report is not subject to use for any medico-legal purpose.

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.
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.

DISCLAIMER

This is a sample report provided for demonstration purposes only and does not represent an actual patient report. Test results, reference ranges, methodologies, instrumentation, and report formats may vary depending on the laboratory performing the test. The format and representation shown are indicative of reports generated by the National Reference Laboratory of Redcliffe Labs, Noida. This sample report should not be used for medical interpretation, diagnosis, or treatment decisions.