Redcliffe labs

Healthy India Ki Trusted Lab

smart Health Report

An Insightful Health Analytics Report for Easier Understanding

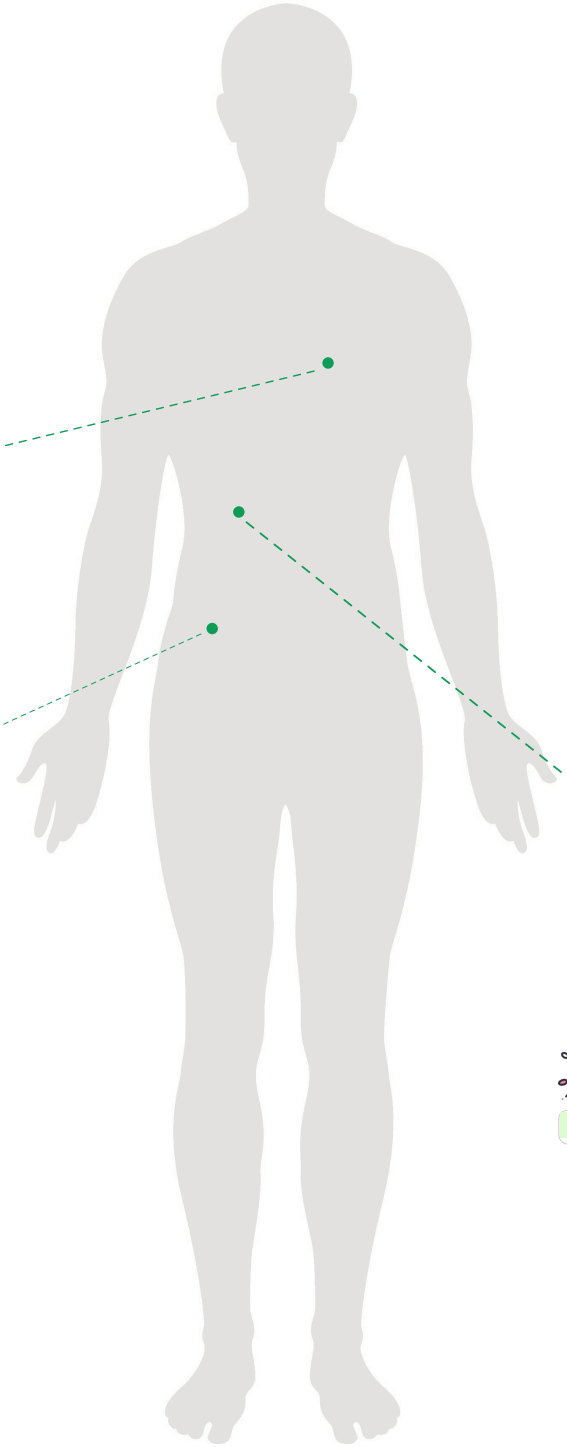
Prepared For

Mr MR.DUMMY

M 23

Name	Patient ID	Gender	Age
Mr MR.DUMMY	8051870	M	23

Health Summary



BLOOD COUNTS

Everything looks good

LIPID 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	: 8051870/RCL7248398	Report Date	: May 25, 2024, 06:16 PM.
Referred By	: Dr. Dr. X	Barcode No	: HY590541
Sample Type	: Whole blood EDTA	Report Status	: Final Report

Healthy Heart- Basic

Complete Blood Count (CBC)

Test Description	Value(s)	Unit(s)	Reference Range
RBC Parameters			
Hemoglobin *colorimetric*	17.0	g/dL	13.0 - 17.0
RBC Count *Electrical impedance*	5.5	10^6/µl	4.5 - 5.5
PCV *Calculated*	50	%	40 - 50
MCV *Calculated*	101	fl	83 - 101
MCH *Calculated*	32	pg	27 - 32
MCHC *Calculated*	34.5	g/dL	31.5 - 34.5
RDW (CV) *Calculated*	14.0	%	11.6 - 14.0
RDW-SD *Calculated*	43.9	fl	35.1 - 43.9
WBC Parameters			
TLC *Electrical impedance and microscopy*	10	10^3/µl	4 - 10
Differential Leucocyte Count			
Neutrophils *Laser based Flow-cytometry*	60	%	40-80
Lymphocytes *Laser based Flow-cytometry*	30	%	20-40
Monocytes *Laser based Flow-cytometry*	6	%	2-10
Eosinophils *Laser based Flow-cytometry*	4	%	1-6
Basophils *Laser based Flow-cytometry*	0	%	<2
Absolute Leukocyte Counts			
Neutrophils. *Calculated*	6	10^3/µl	2 - 7
Lymphocytes. *Calculated*	3	10^3/µl	1 - 3
Monocytes. *Calculated*	0.6	10^3/µl	0.2 - 1.0
Eosinophils. *Calculated*	0.4	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	: HY590541
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*	410	10^3/µl	150 - 410
Mean Platelet Volume (MPV) *Calculated*	12.1	fL	9.3 - 12.1
PCT *Calculated*	0.32	%	0.17 - 0.32
PDW *Calculated*	25	fL	8.3 - 25.0
P-LCR *Calculated*	50	%	18 - 50
P-LCC *Calculated*	140	%	44 - 140
Mentzer Index *Calculated*	18.36	%	> 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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Test Description	Value(s)	Unit(s)	Reference Range

Erythrocyte Sedimentation Rate (ESR)

ESR - Erythrocyte Sedimentation Rate *MODIFIED WESTERGREN*	7	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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DOB/Age/Gender	: 23 Y/Male	Sample Collected	: Apr 26, 2024, 01:00 PM
Patient ID / UHID	: 8051870/RCL7248398	Report Date	: May 09, 2024, 12:51 PM.
Referred By	: Dr. Dr. X	Barcode No	: ZC675102
Sample Type	: Serum	Report Status	: Final Report

Liver Function Test (LFT)

Test Description	Value(s)	Unit(s)	Reference Range
Bilirubin Total *Diazo with Sulphanilic acid*	0.45	mg/dL	0.2 - 1.2
Bilirubin Direct *Diazo Reaction*	0.12	mg/dL	0.0 - 0.5
Bilirubin Indirect *Calculation (T Bil - D Bil)*	0.33	mg/dL	0.1 - 1.0
SGOT/AST *IFCC without P5P*	34.5	U/L	5 - 35
SGPT/ALT *IFCC without P5P*	26.7	U/L	5 - 45
SGOT/SGPT Ratio *Calculated*	1.29	%	-
Alkaline Phosphatase *p-nitrophenyl Phosphate, AMP buffer*	105.0	U/L	20-130
Total Protein *Biuret*	8.0	g/dL	6.6 - 8.7
Albumin *BCG*	4.9	g/dL	3.8 - 5.0
Globulin *Calculation (T.P - Albumin)*	3.1	g/dL	2.3 - 3.5
Albumin :Globulin Ratio *Calculation (Albumin/Globulin)*	1.58	-	1.3 - 2.1
Gamma Glutamyl Transferase (GGT) *ENZYMATIC*	12.0	U/L	5 -40

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

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Referred By	: Dr. Dr. X	Barcode No	: ZC675102
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.

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DOB/Age/Gender	: 23 Y/Male	Sample Collected	: Apr 26, 2024, 01:00 PM
Patient ID / UHID	: 8051870/RCL7248398	Report Date	: May 09, 2024, 01:09 PM.
Referred By	: Dr. Dr. X	Barcode No	: ZC675102
Sample Type	: Serum	Report Status	: Final Report

Kidney Function Test (KFT)

Test Description	Value(s)	Unit(s)	Reference Range
Blood Urea *Urease*	23.4	mg/dL	19 - 44.1
Creatinine *Kinetic Alkaline Picrate*	0.87	mg/dL	0.6 - 1.2
Bun *Calculated*	10.93	mg/dL	8.9 - 20.6
Bun/Creatinine Ratio *Calculated*	12.56		
Urea / Creatinine Ratio	26.9		
Uric Acid *Uricase*	5.4	mg/dL	3.7 - 7.7
Calcium Serum *Arsenazo III*	10.0	mg/dL	8.4 - 10.2
Phosphorus *Phosphomolybdate*	4.5	mg/dL	2.3 - 4.7
Sodium *ISE-Indirect*	139.5	mmol/L	136 - 145
Potassium *ISE-Indirect*	4.6	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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DOB/Age/Gender	: 23 Y/Male	Sample Collected	: Apr 26, 2024, 01:00 PM
Patient ID / UHID	: 8051870/RCL7248398	Report Date	: May 09, 2024, 10:17 AM.
Referred By	: Dr. Dr. X	Barcode No	: ZC675102
Sample Type	: Serum	Report Status	: Final Report

Test Description	Value(s)	Unit(s)	Reference Range
Lipid Profile			
Total Cholesterol *Enzymatic*	189.0	mg/dL	<200
Triglycerides *Glycerol phosphate oxidase*	117.0	mg/dL	<150
HDL Cholesterol *Accelerator Selective Detergent*	94.5	mg/dL	> 40
Non HDL Cholesterol *Calculated*	94.5	mg/dL	<130
LDL Cholesterol *Calculated*	71.1	mg/dL	<100
V.L.D.L Cholesterol *Calculated*	23.4	mg/dL	<30
Chol/HDL Ratio *Calculated*	2	Ratio	-
HDL/ LDL Ratio *Calculated*	1.33	Ratio	-
LDL/HDL Ratio *Calculated*	0.75	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	: ZC675102
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.

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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	: 8051870/RCL7248398	Report Date	: May 08, 2024, 12:24 PM.
Referred By	: Dr. Dr. X	Barcode No	: ZC675102
Sample Type	: Serum	Report Status	: Final Report

High Sensitivity C-Reactive Protein (Hs-CRP)

Test Description	Value(s)	Unit(s)	Reference Range
HIGHLY SENSITIVE C-REACTIVE PROTEIN (hs-CRP) *Particle enhanced immunoturbidimetric assay.*	1.8	mg/L	Low < 1.00 mg/L Average 1.0-3.0 mg/L High > 3.0 mg/L

Interpretation:
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.

*** 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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