LABORATORY REPORT

Redcliffe labs

Patient Name	:	Bill Date	:
DOB/Age/Gender	:	Sample Collected	:
Patient ID / UHID	:	Sample Received	:
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HEMATOLOGY REPORT

Healthy Heart- Advance

Complete Blood Count (CBC)

Test Description	Value(s)	Unit(s)	Reference Range
RBC PARAMETERS			
Hemoglobin Method : colorimetric	14.7	g/dL	13.0 - 17.0
RBC Count Method : Electrical impedance	4.70	10^6/µl	4.5 - 5.5
PCV Method : Calculated	43.0	%	40 - 50
MCV Method : Calculated	90.7	fl	83 - 101
MCH Method : Calculated	31.0	pg	27 - 32
MCHC Method : Calculated	34.2	g/dL	31.5 - 34.5
RDW (CV) Method : Calculated	13.0	%	11.6 - 14.0
RDW-SD Method : Calculated	42.1	fl	35.1 - 43.9
WBC PARAMETERS			
TLC Method : Electrical impedance and microscopy	7.8	10^3/µl	4 - 10
DIFFERENTIAL LEUCOCYTE COUNT			
Neutrophils	52	%	40-80
Lymphocytes	36	%	20-40
Monocytes	4	%	2-10
Eosinophils	**8**	%	1-6
Basophils	0	%	<2
Absolute leukocyte counts **Method : Calculated**			
Neutrophils*	4.06	10^3/µl	2 - 7
Lymphocytes*	2.81	10^3/µl	1 - 3
Monocytes*	0.31	10^3/µl	0.2 - 1.0
Eosinophils*	**0.62**	10^3/µl	0.02 - 0.5
Basophils*	**0**	10^3/µl	0.02 - 0.5
PLATELET PARAMETERS			
Platelet Count Method : Electrical impedance and microscopy	277	10^3/µl	150 - 410
Mean Platelet Volume (MPV)	9.3	fL	9.3 - 12.1

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Test Description	Value(s)	Unit(s)	Reference Range
Method : Calculated			
PCT	0.3	%	0.17 - 0.32
Method : Calculated			
PDW	15.2	fL	8.3 - 25.0
Method : Calculated			
P-LCR	21.9	%	18 - 50
Method : Calculated			
P-LCC	61.0	%	44 - 140
Method : Calculated			
Mentzer Index	19.3	%	
Method : Calculated			

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
HEMATOLOGY REPORT			
Healthy Heart- Advance			
Erythrocyte Sedimentation Rate (ESR)			
ESR - Erythrocyte Sedimentation Rate Method : MODIFIED WESTERGREN	7	mm/hr	0 - 10

Interpretation:
Indicates presence and intensity of an inflammatory process; never diagnostic of a specific disease. ESR is increased in chronic inflammatory diseases, especially collagen and vascular diseases. Decreased ESR is seen in congestive heart failure, cachexia and after high dose of adrenal steroids.

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

HEMATOLOGY REPORT

Healthy Heart- Advance

HbA1C (Glycosylated Haemoglobin)

GLYCOSYLATED HEMOGLOBIN (HbA1c) Method : HPLC	4.6	%	< 5.7
ESTIMATED AVERAGE GLUCOSE	85.32	mg/dL	

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

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Test Description	Value(s)	Unit(s)	Reference Range
BIOCHEMISTRY REPORT			
Healthy Heart- Advance			
Glucose Fasting (BSF)			
GLUCOSE FASTING Method : Hexokinase	80.5	mg/dL	70 - 100

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Test Description	Value(s)	Unit(s)	Reference Range
BIOCHEMISTRY REPORT			
Healthy Heart- Advance			
Liver Function Test (LFT)			
BILIRUBIN TOTAL Method : Photometric	0.4	mg/dL	0.2 - 1.2
BILIRUBIN DIRECT Method : Diazo Reaction	0.2	mg/dL	0.0 - 0.5
BILIRUBIN INDIRECT Method : Calculation (T Bil - D Bil)	0.2	mg/dL	0.1 - 1.0
SGOT/AST Method : IFCC without P5P	17.9	U/L	5 - 34
SGPT/ALT Method : IFCC without P5P	33.4	U/L	0 to 55
SGOT/SGPT Ratio	0.54	-	-
ALKALINE PHOSPHATASE Method : p-nitrophenyl Phosphate, AMP buffer	68.0	U/L	40 - 150
TOTAL PROTEIN Method : Biuret	6.4	g/dL	6.4 - 8.3
ALBUMIN Method : BCG	4.2	gm/dL	3.8 - 5.0
GLOBULIN Method : Calculation (T.P - Albumin)	**2.2**	g/dL	2.3 - 3.5
ALBUMIN : GLOBULIN RATIO Method : Calculation (Albumin/Globulin)	1.91	-	1.0 - 2.1
GAMMA GLUTAMYL TRANSFERASE (GGT) Method : ENZYMATIC	**66.6**	U/L	12 - 64

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 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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Test Description	Value(s)	Unit(s)	Reference Range
BIOCHEMISTRY REPORT			
Healthy Heart- Advance			
Kidney Function Test (KFT)			
BLOOD UREA Method : Modified Jaffe	19.4	mg/dL	19 - 44.1
CREATININE Method : Modified Jaffe	0.9	mg/dL	0.72 - 1.25
BUN Method : Urease	9.07	mg/dL	8.9 - 20.6
BUN/CREATININE RATIO	10.08		
UREA / CREATININE RATIO	21.56		
URIC ACID Method : Uricase	4.6	mg/dL	3.5 - 7.2
CALCIUM Serum Method : O-Cresolphthalein Complex	10.0	mg/dL	8.4 - 10.2
PHOSPHORUS Method : Colorimetric - Phosphomolybdate Formation	4.5	mg/dL	2.3 - 4.7
SODIUM Method : Direct ISE	140.6	mmol/L	136 - 145
POTASSIUM Method : Direct ISE	**3.4**	mmol/L	3.5 - 5.1
CHLORIDE Method : Direct ISE	100.7	mmol/L	98 - 107

Interpretation:

SUMMARY:-

Kidney function tests is a collective term for a variety of individual tests and procedureshat 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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Test Description	Value(s)	Unit(s)	Reference Range
BIOCHEMISTRY REPORT			
Healthy Heart- Advance			
Lipid Profile			
TOTAL CHOLESTEROL Method : Enzymatic - Cholesterol Oxidase	**228.0**	mg/dL	Desirable : <200 Borderline : 200-239 High : >240
TRIGLYCERIDES Method : Colorimetric - Lip/Glycerol Kinase	**267.7**	mg/dL	Normal : <150 Borderline : 150-199 High : 200-499 Very high : >500
HDL CHOLESTEROL Method : Accelerator Selective Detergent	49.3	mg/dL	>40
NON HDL CHOLESTEROL Method : Calculated	**178.7**	mg/dL	<130
LDL CHOLESTEROL Method : Calculated	125.16	mg/dL	Optimal <100 Near optimal/above optimal 100-129 Borderline high 130-159 High 160-189 Very high >190
V.L.D.L CHOLESTEROL Method : Calculated	**53.54**	mg/dL	< 30
CHOL/HDL Ratio Method : Calculated	4.62	-	3.5 - 5.0
HDL/ LDL RATIO Method : Calculated	0.39	-	Desirable : 0.5 - 3.0 Borderline : 3.1 - 6.0 High : > 6.0
LDL/HDL Ratio Method : Calculated	2.54	-	

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 in mg/dL	TRIGLYCERIDE in mg/dL	LDL CHOLESTEROL in mg/dL	NON HDL CHOLESTEROL in 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

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Test Description	Value(s)	Unit(s)	Reference Range
BIOCHEMISTRY REPORT			
Healthy Heart- Advance			
High Sensitivity C-Reactive Protein (Hs-CRP)			
HIGHLY SENSITIVE C-REACTIVE PROTEIN (hs-CRP) Method : Particle enhanced immunoturbidimetric assay.	2.05	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.

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CLINICAL PATHOLOGY REPORT

Healthy Heart- Advance

Urine Routine and Microscopic Examination

Test Description	Value(s)	Unit(s)	Reference Range
PHYSICAL EXAMINATON			
Volume	20	mL	
Colour	Pale yellow		
Transparency	Clear		Clear
Deposit	Absent		
CHEMICAL EXAMINATION			
Reaction (pH) Method : Double Indicator	5.5		5.5-8.0
Specific Gravity Method : Ion Exchange	1.010	-	1.010 - 1.030
Urine Glucose (sugar)	Negative		Negative
Urine Protein (Albumin)	Negative	-	Negative
Urine Ketones (Acetone)	Negative	-	Negative
Blood	Negative		Negative
Leucocyte esterase	Negative	-	Negative
Bilirubin Urine	Negative		Negative
Nitrite Method : Griless Test	Negative		Negative
Urobilinogen Method : 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

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