

smart Health Report

An Insightful Health Analytics Report
for Easier Understanding

Prepared For

Mr Shiv Singh

M 32



Name
Mr Shiv Singh

Patient ID
8123865

Gender
M

Age
32

Health Summary



BLOOD COUNTS

Everything looks good



THYROID PROFILE

Everything looks good



LIPID PROFILE

Test Name	Result
HDL Cholesterol	35
Please Watchout	



DIABETES MONITORING

Everything looks good



KIDNEY PROFILE

Everything looks good



LIVER PROFILE

Everything looks good



ANEMIA STUDIES

Everything looks good



VITAMIN PROFILE

Everything looks good



MINERAL PROFILE

Everything looks good



Patient Name : Mr Shiv Singh
 DOB/Age/Gender : 32 Y/Male
 Patient ID / UHID : 8123865/RCL5240522
 Referred By : Self
 Sample Type : Whole blood EDTA

Sample Collected : May 01, 2024, 07:07 AM
 Report Date : May 01, 2024, 02:30 PM
 Barcode No : HY553286
 Report Status : Final Report



Test Description	Value(s)	Unit(s)	Reference Range
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Advance Plus Full Body Checkup

Complete Blood Count (CBC)

RBC Parameters			
Hemoglobin <i>Spectrophotometry</i>	15.7	g/dL	13.0 - 17.0
RBC Count <i>Electrical impedance</i>	5.4	10 ⁶ /μl	4.5 - 5.5
PCV <i>Calculated</i>	47.3	%	40 - 50
MCV <i>Calculated</i>	87.1	fl	83 - 101
MCH <i>Calculated</i>	28.9	pg	27 - 32
MCHC <i>Calculated</i>	33.2	g/dL	31.5 - 34.5
RDW (CV) <i>Calculated</i>	13.6	%	11.6 - 14.0
RDW-SD <i>Calculated</i>	38.6	fl	35.1 - 43.9
WBC Parameters			
TLC <i>Electrical impedance and microscopy</i>	5.5	10 ³ /μl	4 - 10
Differential Leucocyte Count			
Neutrophils <i>Flow-cytometry DHSS</i>	56.9	%	40-80
Lymphocytes <i>Flow-cytometry DHSS</i>	31	%	20-40
Monocytes <i>Flow-cytometry DHSS</i>	8.2	%	2-10
Eosinophils <i>Flow-cytometry DHSS</i>	3.4	%	1-6
Basophils <i>Flow-cytometry DHSS</i>	0.5	%	<2
Absolute Leukocyte Counts			
Neutrophils.	3.13	10 ³ /μl	2 - 7
Lymphocytes. <i>Calculated</i>	1.71	10 ³ /μl	1 - 3
Monocytes. <i>Calculated</i>	0.45	10 ³ /μl	0.2 - 1.0
Eosinophils. <i>Calculated</i>	0.19	10 ³ /μl	0.02 - 0.5
Basophils. <i>Calculated</i>	0.03	10 ³ /μl	0.02 - 0.5

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Consultant Pathologist



Booking Centre :- Home Collection

Processing Lab :- Redcliffe Lifetech Pvt. Ltd., H-55, Sector-63, Noida, Uttar Pradesh - 201301

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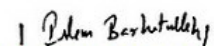
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Test Description	Value(s)	Unit(s)	Reference Range
Platelet Parameters			
Platelet Count <i>Electrical impedance and microscopy</i>	249	10 ³ /μl	150 - 410
Mean Platelet Volume (MPV) <i>Calculated</i>	10.8	fL	9.3 - 12.1
PCT <i>Calculated</i>	0.3	%	0.17 - 0.32
PDW <i>Calculated</i>	20.6	fL	8.3 - 25.0
P-LCR <i>Calculated</i>	43.2	%	18 - 50
P-LCC <i>Calculated</i>	108	%	44 - 140
Mentzer Index <i>Calculated</i>	16.13	%	-

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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Erythrocyte Sedimentation Rate (ESR)

ESR - Erythrocyte Sedimentation Rate MODIFIED WESTERGREN	2	mm/hr	0 - 10
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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

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 Sample Type : Whole blood EDTA

Sample Collected : May 01, 2024, 07:07 AM
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Test Description	Value(s)	Unit(s)	Reference Range
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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

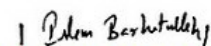
Note:

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



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Referred By : Self
Sample Type : FLUORIDE F

Sample Collected : May 01, 2024, 07:07 AM
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Test Description	Value(s)	Unit(s)	Reference Range
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Glucose Fasting (BSF)

Glucose Fasting Hexokinase	85.2	mg/dL	<100
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 Sample Type : Serum

Sample Collected : May 01, 2024, 07:07 AM
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Test Description	Value(s)	Unit(s)	Reference Range
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Liver Function Test (LFT)

Bilirubin Total <i>Diazonium Salt</i>	0.64	mg/dL	0.2 - 1.2
Bilirubin Direct <i>Diazo Reaction</i>	0.23	mg/dL	0.0 - 0.5
Bilirubin Indirect <i>Calculation (T Bil - D Bil)</i>	0.41	mg/dL	0.1 - 1.0
SGOT/AST <i>NADH (without P-5-P)</i>	24	U/L	11 - 34
SGPT/ALT <i>NADH (without P-5-P)</i>	39.64	U/L	< 45
SGOT/SGPT Ratio <i>Calculated</i>	0.61	%	-
Alkaline Phosphatase <i>Para-nitrophenyl phosphate (p-NPP)</i>	110	U/L	50 - 116
Total Protein <i>Biuret</i>	7.2	g/dL	6.4 - 8.3
Albumin <i>Colorimetric BCG</i>	4.6	g/dL	3.5 - 5.2
Globulin <i>Calculation (T.P - Albumin)</i>	2.6	g/dL	2.3 - 3.5
Albumin :Globulin Ratio <i>Calculation (Albumin/Globulin)</i>	1.77	-	1.3 - 2.1
Gamma Glutamyl Transferase (GGT) <i>L-gamma-glutamyl-3-carboxy-4-nitroanilide substra</i>	16.84	U/L	< 55

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-utamil 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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 Sample Type : Serum

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Test Description	Value(s)	Unit(s)	Reference Range
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Kidney Function Test (KFT)

Blood Urea <i>Urease</i>	24	mg/dL	19 - 44.1
Creatinine <i>Kinetic Alkaline Picrate</i>	0.92	mg/dL	0.6 - 1.2
Bun <i>Calculated</i>	11.21	mg/dL	6 - 20
Bun/Creatinine Ratio <i>Calculated</i>	12.18		
Urea / Creatinine Ratio <i>Calculated</i>	26.09		
Uric Acid <i>Uricase</i>	5.18	mg/dL	3.7 - 7.7
Calcium Serum <i>Arsenazo III</i>	9.1	mg/dL	8.4 - 10.2
Phosphorus <i>Phosphomolybdate</i>	3.53	mg/dL	2.3 - 4.7
Sodium <i>ISE-Indirect</i>	141	mmol/L	136 - 145
Potassium <i>ISE-Indirect</i>	4.81	mmol/L	3.5 - 5.1
Chloride <i>ISE-Indirect</i>	105	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. 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
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Lipid Profile

Total Cholesterol <i>Enzymatic</i>	138	mg/dL	<200
Triglycerides <i>Glycerol phosphate oxidase</i>	101	mg/dL	<150
HDL Cholesterol <i>Accelerator Selective Detergent</i>	35	mg/dL	> 40
Non HDL Cholesterol <i>Calculated</i>	103	mg/dL	<130
LDL Cholesterol <i>Calculated</i>	82.8	mg/dL	<100
V.L.D.L Cholesterol <i>Calculated</i>	20.2	mg/dL	< 30
Chol/HDL Ratio <i>Calculated</i>	3.94	Ratio	-
HDL/ LDL Ratio <i>Calculated</i>	0.42	Ratio	-
LDL/HDL Ratio <i>Calculated</i>	2.37	Ratio	-

Interpretation:

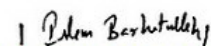
Lipid level assessments must be made following 9 to 12 hours of fasting, otherwise assay results might lead to erroneous interpretation. NCEP recommends of 3 different samples to be drawn at intervals of 1 week for harmonizing biological variables that might be encountered in single assays.

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



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Referred By : Self

Sample Type : Serum

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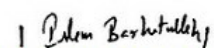
Test Description	Value(s)	Unit(s)	Reference Range
High Risk	1. Three major ASCVD risk factors 2. Diabetes with 1 major risk factor or no evidence of end organ damage 3. CHD stage 3B or 4. 4 LDL >190 mg/dl 5. Extreme of a single risk factor 6. Coronary Artery Calcium - CAC > 300 AU 7. Lipoprotein a >= 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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Iron Studies

Iron <i>FerroZine</i>	55.7	µg/dL	33 - 193
TIBC,(Total Iron Binding Capacity) <i>Calculated</i>	317.8	µg/dL	228 – 428
UIBC <i>FerroZine</i>	262.1	µg/dL	125 - 345
Transferrin Saturation <i>Calculated</i>	17.53	%	16 - 45

Interpretation:

Increased levels due to iron ingestion or ineffective erythropoiesis. Decreased levels due to infection, inflammation, malignancy, menstruation and Fe deficiency. Needs to be taken into consideration with TIBC. Transferrin Saturation:- Low level Transferrin Saturation can indicate iron deficiency, erythropoiesis, infection, or inflammation. High level Transferrin Saturation can indicate recent ingestion of dietary iron, ineffective erythropoiesis, haemochromatosis or liver disease. High TIBC, UIBC, or transferrin usually indicates iron deficiency, but they are also increased in pregnancy and with the use of oral contraceptives. Low TIBC, UIBC, or transferrin may occur if someone has: Hemochromatosis, Certain types of anemia due to accumulated iron, Malnutrition, kidney disease that causes a loss of protein in urine.

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DOB/Age/Gender	: 32 Y/Male	Report Date	: May 01, 2024, 03:04 PM	
Patient ID / UHID	: 8123865/RCL5240522	Barcode No	: ZC587426	
Referred By	: Self	Report Status	: Final Report	
Sample Type	: Serum			
Test Description	Value(s)	Unit(s)	Reference Range	

C-Reactive Protein (CRP), Quantitative

CRP (Quantitative) Immunoturbidimetry	< 1.0	mg/L	up to 5
<p>Interpretation: Increased CRP level:</p> <ol style="list-style-type: none">1. A high or increasing amount of CRP in the blood suggests the presence of inflammation but will not identify its location or the cause.2. Suspected bacterial infection—a high CRP level can provide indication that patient has an infection.3. Chronic inflammatory disease—high levels of CRP suggest a flare-up if you have a chronic inflammatory disease or that treatment has not been effective. <p>If the CRP level is initially elevated and drops, it means that the inflammation or infection is subsiding and/or responding to treatment.</p>			

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Referred By	: Self	Report Status	: Final Report
Sample Type	: Serum		

Test Description	Value(s)	Unit(s)	Reference Range
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High Sensitivity C-Reactive Protein (Hs-CRP)

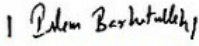
HIGHLY SENSITIVE C-REACTIVE PROTEIN (hs-CRP) <i>Immunoturbidimetric</i>	0.44	mg/L	Low < 1.00 mg/L Average 1.0-3.0 mg/L High > 3.0 mg/L
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Interpretation:

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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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 Shiv Singh
DOB/Age/Gender : 32 Y/Male
Patient ID / UHID : 8123865/RCL5240522
Referred By : Self
Sample Type : Serum

Sample Collected : May 01, 2024, 07:07 AM
Report Date : May 01, 2024, 03:04 PM
Barcode No : ZC587426
Report Status : Final Report



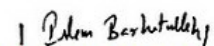
Test Description	Value(s)	Unit(s)	Reference Range
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Rheumatoid Factor (RF), Quantitative

RHEUMATOID FACTOR, Quantitative <i>Immunoturbidimetry</i>	< 9.0	IU/mL	Negative <30 Weakly positive 30 to 50 Positive >50
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Interpretation:

Approximately 85% of patients with Rheumatoid arthritis have detectable RA. It may also be seen in other medical conditions like Sjogren's syndrome and SLE.



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DOB/Age/Gender : 32 Y/Male
Patient ID / UHID : 8123865/RCL5240522
Referred By : Self
Sample Type : Serum

Sample Collected : May 01, 2024, 07:07 AM
Report Date : May 01, 2024, 02:55 PM
Barcode No : ZC587426
Report Status : Final Report



Test Description	Value(s)	Unit(s)	Reference Range
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Vitamin B12 / Cyanocobalamin

Vitamin - B12 CMIA	215	pg/mL	187 - 883
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Interpretation:

Low Values are a sign of a vitamin B12 deficiency. People with this deficiency are likely to have or develop symptoms. Causes of vitamin B12 deficiency include: Not enough vitamin B12 in diet (rare except with a strict vegetarian diet), Diseases that cause malabsorption (for example, celiac disease and Crohn's disease), Lack of intrinsic factor, Above normal heat production (for example, with hyperthyroidism), Pregnancy. Increased vitamin B12 levels are uncommon. Usually excess vitamin B12 is removed in the urine. Conditions that can increase B12 levels include: Liver disease (such as cirrhosis or hepatitis), Myeloproliferative disorders (for example, polycythemia vera and chronic myelocytic leukemia). Vitamin B12: Low Levels can cause malabsorption, Lack of intrinsic factor, Above normal heat production (for example, with hyperthyroidism), Pregnancy. High Level Liver disease, Myeloproliferative disorders (for example, polycythemia vera and chronic myelocytic leukemia). 1. Out of 140 healthy indian population, 91% of Vitamin B 12 concentrations was at lower level: 59.00 pg/ml and upper level: 700.00 pg/ml

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Patient Name : Mr Shiv Singh
DOB/Age/Gender : 32 Y/Male
Patient ID / UHID : 8123865/RCL5240522
Referred By : Self
Sample Type : Serum

Sample Collected : May 01, 2024, 07:07 AM
Report Date : May 01, 2024, 02:57 PM
Barcode No : ZC587426
Report Status : Final Report



Test Description	Value(s)	Unit(s)	Reference Range
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Vitamin D 25 Hydroxy

Vitamin D 25 - Hydroxy CMIA	33.4	ng/mL	Deficient <20 Insufficient 21 - 29 Sufficient 30 - 100
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Interpretation:

25-Hydroxy vitamin D represents the main body reservoir and transport form. Mild to moderate deficiency is associated with Osteoporosis / Secondary Hyperparathyroidism while severe deficiency causes Rickets in children and Osteomalacia in adults. Prevalence of Vitamin D deficiency is approximately >50% specially in the elderly. This assay is useful for diagnosis of vitamin D deficiency and Hypervitaminosis D. It is also used for differential diagnosis of causes of Rickets & Osteomalacia and for monitoring Vitamin D replacement therapy.

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Patient Name : Mr Shiv Singh
 DOB/Age/Gender : 32 Y/Male
 Patient ID / UHID : 8123865/RCL5240522
 Referred By : Self
 Sample Type : Serum

Sample Collected : May 01, 2024, 07:07 AM
 Report Date : May 01, 2024, 03:04 PM
 Barcode No : ZC587426
 Report Status : Final Report



Test Description	Value(s)	Unit(s)	Reference Range
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Thyroid Profile Total

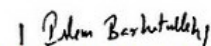
Triiodothyronine (T3) CMIA	100.04	ng/dL	35 - 193
Total Thyroxine (T4) CMIA	6.75	µg/dL	4.87 - 11.72
Thyroid Stimulating Hormone (Ultrasensitive) CMIA	3.709	µIU/mL	0.35 - 4.94

Interpretation:

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

Primary malfunction of the thyroid gland may result in excessive (hyper) or below normal (hypo) release of T3 or T4. In addition as TSH directly affects thyroid function, malfunction of the pituitary or the hypo - thalamus influences the thyroid gland activity. Disease in any portion of the thyroid-pituitary-hypothalamic system may influence the levels of T3 and T4 in the blood. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels may be low. In addition, in the Euthyroid Sick Syndrome, multiple alterations in serum thyroid function test findings have been recognized in patients with a wide variety of non-thyroidal illnesses (NTI) without evidence of preexisting thyroid or hypothalamic-pituitary diseases. Thyroid Binding Globulin (TBG) concentrations remain relatively constant in healthy individuals. However, pregnancy, excess estrogen's, androgen's, antibiotic steroids and glucocorticoids are known to alter TBG levels and may cause false thyroid values for Total T3 and T4 tests.

TSH	T4	T3	INTERPRETATION
High	Normal	Normal	Mild (subclinical) hypothyroidism
High	Low	Low or normal	Hypothyroidism
Low	Normal	Normal	Mild (subclinical) hyperthyroidism
Low	High or normal	High or normal	Hyperthyroidism
Low	Low or normal	Low or normal	Nonthyroidal illness; pituitary (secondary) hypothyroidism
Normal	High	High	Thyroid hormone resistance syndrome (a mutation in the thyroid hormone receptor decreases thyroid hormone function)



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Patient Name	: Mr Shiv Singh	Sample Collected	: May 01, 2024, 07:07 AM	 MC-5280
DOB/Age/Gender	: 32 Y/Male	Report Date	: May 01, 2024, 03:04 PM	
Patient ID / UHID	: 8123865/RCL5240522	Barcode No	: ZC587426	
Referred By	: Self	Report Status	: Final Report	
Sample Type	: Serum			
Test Description		Value(s)	Unit(s)	Reference Range

Immunoglobulin E (IgE Total)

IMMUNOGLOBULIN IgE TOTAL SERUM ECLIA	1018	IU/mL	<100.0
<p>Interpretation: The level of serum IgE rises during childhood and reaches adult levels during the teens. IgE is the mediator of the allergic response. Patients with atopic disease, including allergic asthma, allergic rhinitis, and atopic dermatitis commonly have moderately elevated serum IgE levels. Total serum IgE levels may also be elevated in the presence of some clinical conditions that are not related to allergy. These clinical conditions include parasitic infections, immunodeficiency states, autoimmune diseases, Hodgkins disease, bronchopulmonary aspergillosis, IgE myeloma, and Sezary syndrome.</p>			

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Patient Name : Mr Shiv Singh
 DOB/Age/Gender : 32 Y/Male
 Patient ID / UHID : 8123865/RCL5240522
 Referred By : Self
 Sample Type : Spot Urine

Sample Collected : May 01, 2024, 07:07 AM
 Report Date : May 01, 2024, 02:59 PM
 Barcode No : YA585183
 Report Status : Final Report



Test Description	Value(s)	Unit(s)	Reference Range
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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) <i>Double Indicator</i>	6.5	-	4.5 - 8.0
Specific Gravity <i>Ion Exchange</i>	1.025	-	1.010 - 1.030
Urine Glucose (sugar) <i>Oxidase / Peroxidase</i>	Negative	-	Negative
Urine Protein (Albumin) <i>Acid / Base Colour Exchange</i>	Negative	-	Negative
Urine Ketones (Acetone) <i>Legal's Test</i>	Negative	-	Negative
Blood <i>Peroxidase Hemoglobin</i>	Negative	-	Negative
Leucocyte esterase <i>Enzymatic Reaction</i>	Negative	-	Negative
Bilirubin Urine <i>Coupling Reaction</i>	Negative	-	Negative
Nitrite <i>Grigness Test</i>	Negative	-	Negative
Urobilinogen <i>Ehrlich's Test</i>	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

*** End Of Report ***

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Name
Mr Shiv Singh

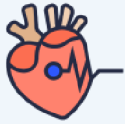
Patient ID
8123865

Gender
M

Age
32

Health Advisory

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



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.

HIGHLY SENSITIVE C-REACTIVE PROTEIN (hs-CRP): 0.44 mg/L

● LOW



Abnormal results may indicate :



High risk for cardiovascular diseases.



Lipid Profile

A panel of tests that measures the amount of fat or lipid in your blood.

HDL Cholesterol: 35 mg/dL

● LOW



Did You Know?



HDL particles have antioxidant, anti-inflammatory, anti-thrombotic properties, which may contribute to their ability to inhibit atherosclerosisNCBI-Books. HDL are called protective lipoproteins.



Inflammation

Inflammation is the body's immune system's response to an injury, surgery, or irritation. This natural defense process acts by removing injurious stimuli and initiating the healing process. Inflammation can be chronic (such as arthritis) or acute (like in case of trauma).

CRP (Quantitative): **< 1.0** mg/L

● HIGH

NORMAL

< 5

HIGH

> 5

Did You Know?



CRP values are typically higher in women and elderly.



Temporary, very high levels of CRP are most commonly associated with infection.



The level of CRP increases when there is inflammation in the body. CRP may be used to diagnose sepsis, arthritis, autoimmune diseases, and chronic diseases among others.



In many studies, muscle strengthening exercise, especially in women, has shown to decrease CRP.



Obesity, insomnia, depression, smoking, and diabetes can all contribute to mild elevations in CRP. Results shall be interpreted with caution in such cases.



In diseases like rheumatoid arthritis CRP levels remain persistently high.





Immunity

Immunity is your body's ability to fight infection and protect your body from viruses and bacteria. When your immunity is weak, or your immune system does not work properly then it will result in you getting ill and some diseases like AIDS and HIV.

IMMUNOGLOBULIN IgE TOTAL SERUM: 1018 IU/mL

● HIGH

NORMAL

< 100

HIGH

> 100

You: 1018

Symptoms of allergy :



Nasal congestion or Runny nose,
Sneezing.



Itching, Rashes, Swelling, Red and Watery
eyes.



Asthma

Risk Factors :



Family history of allergic reactions.

Abnormal results may indicate :



IgE level may be increased in allergies, infections and immune conditions.





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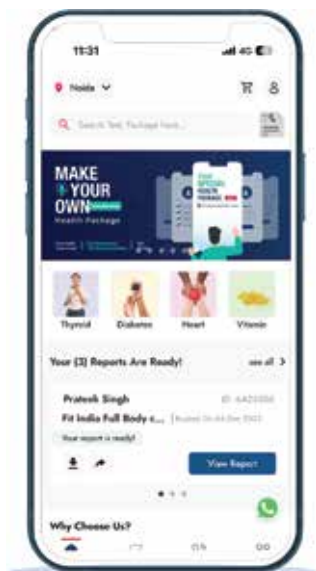
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