

smart Health Report

An Insightful Health Analytics Report
for Easier Understanding

Prepared For

Ms Arushi Vig

F 25



Name
Ms Arushi Vig

Patient ID
9634273

Gender
F

Age
25

Health Summary



BLOOD COUNTS

Test Name	Result
ESR - Erythrocyte Sedimentation Rate	18
Please Watchout	



THYROID PROFILE

Test Name	Result
Thyroid Stimulating Hormone (Ultrasensitive)	6.38
Please Watchout	



LIPID PROFILE

Test Name	Result
LDL Cholesterol	100.68
Please Watchout	



DIABETES MONITORING

Everything looks good



KIDNEY PROFILE

Everything looks good



LIVER PROFILE

Everything looks good



VITAMIN PROFILE

Test Name	Result
Vitamin - B12	156
Vitamin D 25 - Hydroxy	10.5
Please Watchout	



ANEMIA STUDIES

Test Name	Result
Hemoglobin	11.9
Please Watchout	



MINERAL PROFILE

Everything looks good

Patient NAME : Ms Arushi Vig
DOB/Age/Gender : 25 Y/Female
Patient ID / UHID : 9634273/RCL2025857
Referred BY : Self
Sample Collected : Sep 08, 2024, 12:08 PM

Report STATUS : Final Report
Barcode NO : HQ351535
Sample Type : Whole blood EDTA
Report Date : Sep 08, 2024, 06:14 PM.

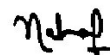


Test Description	Value(s)	Unit(s)	Reference Range
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Fit India Full Body Checkup With Vitamin Screening with Free HsCRP

Complete Blood Count (CBC)

RBC Parameters			
Hemoglobin <i>Cyanide free spectrophotometry.</i>	11.9	g/dL	12.0 - 15.0
RBC Count <i>Electrical impedance</i>	4	$10^6/\mu\text{l}$	3.8 - 4.8
PCV <i>Calculated</i>	35.9	%	36 - 46
MCV <i>Calculated</i>	91	fl	83 - 101
MCH <i>Calculated</i>	30	pg	27 - 32
MCHC <i>Calculated</i>	33	g/dL	31.5 - 34.5
RDW (CV) <i>Calculated</i>	13.8	%	11.6 - 14.0
RDW-SD <i>Calculated</i>	39.4	fl	35.1 - 43.9
WBC Parameters			
TLC <i>Electrical impedance and microscopy</i>	6.8	$10^3/\mu\text{l}$	4 - 10
Differential Leucocyte Count			
Neutrophils <i>Flow-cytometry DHSS</i>	56	%	40 - 80
Lymphocytes <i>Flow-cytometry DHSS</i>	35	%	25 - 35
Monocytes <i>Flow-cytometry DHSS</i>	6	%	2 - 10
Eosinophils <i>Flow-cytometry DHSS</i>	3	%	0 - 5
Basophils <i>Flow-cytometry DHSS</i>	0	%	0 - 1
Absolute Leukocyte Counts			
Neutrophils. <i>Calculated</i>	3.81	$10^3/\mu\text{l}$	2 - 7
Lymphocytes. <i>Calculated</i>	2.38	$10^3/\mu\text{l}$	1 - 3
Monocytes. <i>Calculated</i>	0.41	$10^3/\mu\text{l}$	0.2 - 1.0
Eosinophils. <i>Calculated</i>	0.2	$10^3/\mu\text{l}$	0.02 - 0.5
Basophils.	0	$10^3/\mu\text{l}$	0.02 - 0.5



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MBBS, MD (Pathology)
Consultant Pathologist



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

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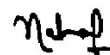
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Test Description	Value(s)	Unit(s)	Reference Range
Calculated			
Platelet Parameters			
Platelet Count <i>Electrical impedance and microscopy</i>	205	$10^3/\mu\text{L}$	150 - 410
Mean Platelet Volume (MPV) <i>Calculated</i>	9.2	fL	9.3 - 12.1
PCT <i>Calculated</i>	0.2	%	0.17 - 0.32
PDW <i>Calculated</i>	16.2	fL	8.3 - 25.0
P-LCR <i>Calculated</i>	29.8	%	18 - 50
P-LCC <i>Calculated</i>	61	$10^9/\text{L}$	44 - 140
Mentzer Index	22.75		

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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Sample Type : Whole blood EDTA

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Test Description	Value(s)	Unit(s)	Reference Range
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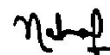
Erythrocyte Sedimentation Rate (ESR)

ESR - Erythrocyte Sedimentation Rate MODIFIED WESTERGREN	18	mm/hr	0 - 12
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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.

Reference- Dacie and lewis practical hematology



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Test Description	Value(s)	Unit(s)	Reference Range
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HbA1C (Glycosylated Haemoglobin)

Glycosylated Hemoglobin (HbA1c) HPLC	4.9	%	<5.7
Estimated Average Glucose	93.93	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

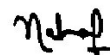
Note:

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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Report STATUS :

Barcode NO : ZE397545

Sample Type : FLUORIDE F

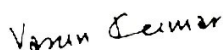
Report Date : Sep 08, 2024, 06:05 PM.



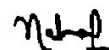
Test Description	Value(s)	Unit(s)	Reference Range
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Glucose Fasting (BSF)

Glucose Fasting Hexokinase	76.2	mg/dL	70 - 100
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Barcode NO : ZE397546

Sample Type : Serum

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Liver Function Test (LFT)

Bilirubin Total <i>Diazo</i>	0.44	mg/dL	0 - 1.2
Bilirubin Direct <i>Diazo Jondrof</i>	0.19	mg/dL	0 - 0.20
Bilirubin Indirect <i>Calculated</i>	0.25	mg/dL	0.1 - 1.0
SGOT/AST <i>IFCC without P5P</i>	18.8	U/L	up to 32
SGPT/ALT <i>IFCC without P5P</i>	10.8	U/L	up to 33
SGOT/SGPT Ratio <i>Calculated</i>	1.74	-	-
Alkaline Phosphatase <i>IFCC</i>	67.6	U/L	35 - 104
Total Protein <i>Biuret</i>	6.78	g/dL	6.4 - 8.3
Albumin <i>BCG Colorimetric</i>	4.4	g/dL	3.5 - 5.2
Globulin <i>Calculated</i>	2.38	g/dL	2.3 - 3.5
Albumin :Globulin Ratio <i>Calculated</i>	1.85	-	1.3 - 2.1
Gamma Glutamyl Transferase (GGT) <i>IFCC Colorimetric</i>	8.5	U/L	5 - 36

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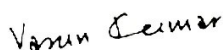
Test Description	Value(s)	Unit(s)	Reference Range
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Kidney Function Test (KFT)

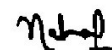
Blood Urea <i>Urease with UV</i>	15.5	mg/dL	16.6 - 48.5
Bun <i>Calculated</i>	7.24	mg/dL	6 - 20
Creatinine <i>Jaffes</i>	0.64	mg/dL	0.50 - 0.90
eGFR (CKD-EPI)	125.68	ml/min/1.73 sq m	Normal Or High: ≥ 90 Mild Or Decrease: 60-89 Mild To Moderate Decrease: 45-59 Mild To Severe Decrease: 30-44 Severe Decrease: 15-29 Kidney Failure: < 15
Bun/Creatinine Ratio <i>Calculated</i>	11.31		12 - 20
Urea / Creatinine Ratio <i>Calculated</i>	24.22		25.68- 42.8
Uric Acid <i>Uricase</i>	4.3	mg/dL	2.4 - 5.7
Calcium Serum <i>BAPTA</i>	9.33	mg/dL	8.6 - 10.0
Phosphorus <i>Molybdate UV</i>	3.74	mg/dL	2.5 - 4.5
Sodium <i>ISE-Indirect</i>	142.26	mmol/L	136 - 145
Potassium <i>ISE-Indirect</i>	4.44	mmol/L	3.5 - 5.1
Chloride <i>ISE-Indirect</i>	104.2	mmol/L	98 - 107

Interpretation:

SUMMARY:-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 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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Lipid Profile

Total Cholesterol CHOD-PAP	165.9	mg/dL	<200
Triglycerides Glycerol phosphate oxidase	100.1	mg/dL	<150
HDL Cholesterol CHOD-POD	45.2	mg/dL	> 40
Non HDL Cholesterol Calculated	120.7	mg/dL	<130
LDL Cholesterol Calculated	100.68	mg/dL	<100
V.L.D.L Cholesterol Calculated	20.02	mg/dL	< 30
Chol/HDL Ratio Calculated	3.67	Ratio	-
HDL/ LDL Ratio Calculated	0.45	Ratio	-
LDL/HDL Ratio Calculated	2.23	Ratio	-

Interpretation:

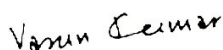
Lipid level assessments must be made following 9 to 12 hours of fasting, otherwise assay results might lead to erroneous interpretation. NCEP recommends of 3 different samples to be drawn at intervals of 1 week for harmonizing biological variables that might be encountered in single assays.

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

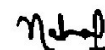
HDL Cholesterol	
Low	High
<40	>=60

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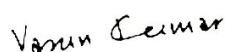
Test Description	Value(s)	Unit(s)	Reference Range
High Risk	1. Three major ASCVD risk factors 2. Diabetes with 1 major risk factor or no evidence of end organ damage 3. CHD stage 3B or 4. 4 LDL >190 mg/dl 5. Extreme of a single risk factor 6. Coronary Artery Calcium - CAC > 300 AU 7. Lipoprotein a >=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

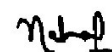
Risk Group	Treatment Goals		Consider Drug Therapy	
	LDL-C (mg/dl)	Non-HDL (mg/dl)	LDL-C (mg/dl)	Non-HDL (mg/dl)
Extreme Risk Group Category A	<50 (Optional goal <OR = 30)	<80 (Optional goal <OR = 60)	>OR = 50	>OR = 80
Extreme Risk Group Category B	>OR = 30	>OR = 60	> 30	> 60
Very High Risk	<50	<80	>OR = 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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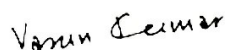
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Iron Studies

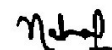
Iron <i>FerroZine</i>	65.7	µg/dL	33 - 193
TIBC,(Total Iron Binding Capacity) <i>Calculated</i>	289.3	µg/dL	250 – 450
UIBC <i>FerroZine</i>	223.6	µg/dL	135 - 392
Transferrin Saturation <i>Calculated</i>	22.71	%	16 - 45

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 : 25 Y/Female

Patient ID / UHID : 9634273/RCL2025857

Referred BY : Self

Sample Collected : Sep 08, 2024, 12:08 PM

Report STATUS : Final Report

Barcode NO : ZE397546

Sample Type : Serum

Report Date : Sep 08, 2024, 07:34 PM.



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>	1.56	mg/L	<1.00
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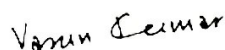
Interpretation:

Cardio CRP In mg/L	Cardiovascular Risk
<1	Low
1-3	Average
3-10	High
>10	Persistent elevation may represent Non cardiovascular inflammation

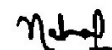
Note: To assess vascular risk, it is recommended to test hsCRP levels 2 or more weeks apart and calculate the average

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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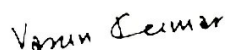
Vitamin B12 / Cyanocobalamin

Vitamin - B12 ECLIA	156	pg/mL	197 - 771
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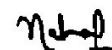
Interpretation:

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

Patients on Biotin supplement may have interference in some immunoassays. Ref: Arch Pathol Lab Med—Vol 141, November 2017. With individuals taking high dose Biotin (more than 5 mg per day) supplements, at least 8-hour wait time before blood draw is recommended



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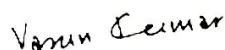
Vitamin D 25 Hydroxy

Vitamin D 25 - Hydroxy ECLIA	10.5	ng/mL	Deficient <20 Insufficient 21 - 29 Sufficient 30 - 100
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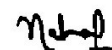
Interpretation:

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.

"Patients on Biotin supplement may have interference in some immunoassays. Ref: Arch Pathol Lab Med—Vol 141, November 2017. With individuals taking high dose Biotin (more than 5 mg per day) supplements, at least 8-hour wait time before blood draw is recommended."



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

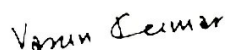
Triiodothyronine (T3) ECLIA	105	ng/dL	80 - 200
Total Thyroxine (T4) ECLIA	6.97	µg/dL	5.1 - 14.1
Thyroid Stimulating Hormone (Ultrasensitive) ECLIA	6.38	mIU/L	0.35 - 4.94

Interpretation:

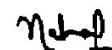
Pregnancy	Reference ranges TSH
1 st Trimester	0.1 - 2.5
2 ed Trimester	0.2 - 3.0
3 rd Trimester	0.3 - 3.0

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-hypothalamus 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	Hypothyroidism
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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Report STATUS : Final Report

Barcode NO : YB130722

Sample Type : Spot Urine

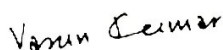
Report Date : Sep 08, 2024, 06:58 PM.



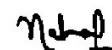
Test Description	Value(s)	Unit(s)	Reference Range
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Urine Routine and Microscopic Examination

Physical Examination			
Volume	15	mL	-
Colour	Pale yellow	-	Pale yellow
Transparency	Slightly Hazy	-	Clear
Deposit	Present	-	Absent
Chemical Examination			
Reaction (pH) <i>Double Indicator</i>	6.0	-	4.5 - 8.0
Specific Gravity <i>Ion Exchange</i>	1.020	-	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>	Positive(+)	-	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)	8-10	/hpf	0 - 5
Epithelial Cells	4-6	/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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Sample Type : Spot Urine

Report Date : Sep 08, 2024, 06:58 PM.



Test Description	Value(s)	Unit(s)	Reference Range
<p>Glucose: Uncontrolled diabetes mellitus can lead to presence of glucose in urine. Other causes include pregnancy, hormonal disturbances, liver disease and certain medications.</p> <p>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.</p> <p>Blood: Occult blood can occur in urine as intact erythrocytes or haemoglobin, which can occur in various urological, nephrological and bleeding disorders.</p> <p>Leukocytes: An increase in leukocytes is an indication of inflammation in urinary tract or kidneys. Most common cause is bacterial urinary tract infection.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Bilirubin: In certain liver diseases such as biliary obstruction or hepatitis, bilirubin gets excreted in urine.</p> <p>Urobilinogen: Positive results are seen in liver diseases like hepatitis and cirrhosis and in cases of haemolytic anaemia.</p>			

*** End Of Report ***

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Name
Ms Arushi Vig**Patient ID**
9634273**Gender**
F**Age**
25

Health Advisory

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



Anemia Profile

Anemia is the condition where your body has less RBCs (red blood cells) or the RBCs don't have enough haemoglobin. Haemoglobin is the protein present in RBCs that help carry oxygen to your body's tissues.

Hemoglobin: 11.9 g/dL

● LOW

Hemoglobin is present in the Red Blood Cells and it carries oxygen to the tissues. If Hb is less it causes anemia. Anemia because of low hemoglobin and is more common in women.



Abnormal results may indicate :



Anemia.

Diet and Lifestyle Tips :



Eat iron rich foods as iron is essential for the production of hemoglobin. Iron-rich foods include meat, fish, eggs and oysters, beans, lentils, dark green leafy vegetables (spinach, watercress, curly kale), broccoli, iron fortified cereals and dried fruits (apricots, prunes and raisins).



Avoid drinking tea and coffee with meals, and foods with high phytic acid, such as whole grain cereals, as they can affect digestive absorption of iron from your diet.



Your body absorbs iron from plant-based foods better when you eat them with vitamin-C rich foods, such as oranges, strawberries, melons, peppers and tomatoes.





Blood Counts

Blood is a specialized bodily fluid that supplies essential substances like sugars, oxygen, hormones - around the body and also removes waste from the cells.

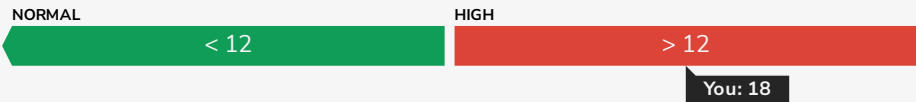
Solid part of your blood (roughly 45%): RBCs (red blood cells), WBCs (white blood cells) and platelets

Liquid part of your blood (roughly 55%, usually called plasma): Water, Salts and Proteins

ESR - Erythrocyte Sedimentation Rate: 18 mm/hr

● HIGH

ESR (Erythrocyte Sedimentation Rate) is the speed at which RBCs in your sample settle down at the bottom of the test tube. If there is inflammation in the body then ESR value is high.



Abnormal results may indicate :



Pregnancy (but not first trimester)



Infections



Renal disease



Anemia



Acute allergy



Old Age



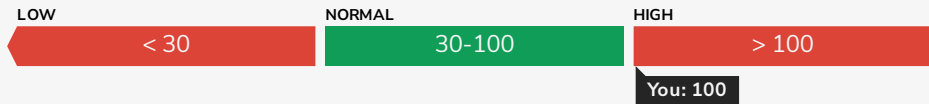
Lipid Profile

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

LDL Cholesterol: 100.68 mg/dL

● HIGH

LDL (Low-Density Lipoprotein) is "bad" cholesterol because it deposits fat around your blood vessels to cause heart disease.



Did You Know?



Saturated fats occur naturally in many foods, primarily meat and dairy products. Beef, lamb, pork and poultry (with the skin on), butter, cream and cheese made from whole milk, are high in saturated fats.



Plant-based foods that contain saturated fats include coconut oil, cocoa butter, palm oil and palm kernel oil (often called tropical oils).



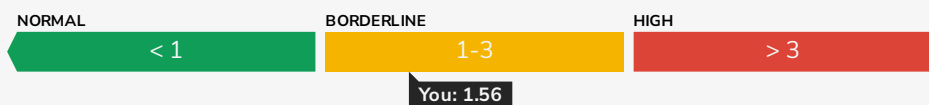
Cardiac Profile

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): 1.56 mg/L

● BORDERLINE

hs-CRP (High Sensitivity C-reactive protein) is a very sensitive test as it detects even low grade inflammation as compared to CRP test. Bad cholesterol causes not only blockage but damage to the blood vessel which results in inflammation.



Risk Factors :

You are at low risk of developing cardiovascular disease if your hs-CRP level is lower than 1.0 mg/L.

You are at average risk of developing cardiovascular disease if your levels are between 1.0 mg/L and 3.0 mg/L.

You are at high risk for cardiovascular disease if your hs-CRP level is higher than 3.0 mg/L.





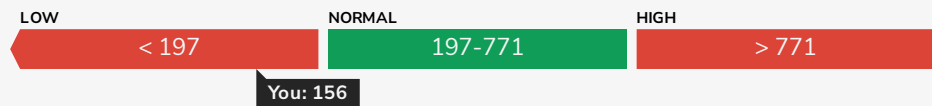
Vitamins Profile

Vitamins are considered essential nutrients because they perform hundreds of roles in your body. They help maintain bones, heal wounds, and strengthen your immune system. They also convert food into energy, and repair cellular damage

Vitamin - B12: 156 pg/mL

● LOW

Vitamin B12 is required for making RBCs and it also helps your brain work well. Your body can store it in your liver for up to 4 years.



Causes of Deficiency :



Strict vegetarian diet- Plant based foods are deficient in this Vit.



Gastrointestinal problems which reduce digestive absorption of Vit B12 from diet.

Complications :



Anemia



Loss of appetite



Weak immune system

Food sources :



Beef liver, clams, fish, meat, poultry, eggs



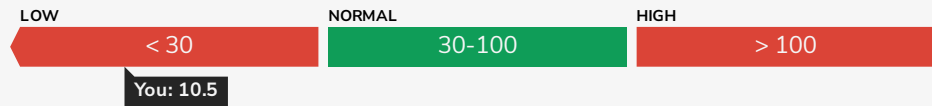
milk/dairy products, cereals fortified with B12 and nutritional yeast.



Vitamin D 25 - Hydroxy: 10.5 ng/mL

● LOW

Known as the "sunshine vitamin", Vitamin D is produced by your skin when exposed to sunlight. Vitamin D is essential for strong bones - it helps your body use calcium from the diet. Thus, low vitamin D increases the chances of fracture and may also increase the chances of diabetes and heart disease. Women above the age of 50 should specifically come out of a Vitamin D deficiency because the chances of osteoporosis are very high for such women

**Causes of Deficiency :**

Less exposure to sunlight. Production of Vit D from your skin depends upon your skin tone.



Malabsorption problem- Your digestive system can't absorb enough Vit D from food.



Insufficient dietary intake.



Medical conditions that affect the liver or kidney.

Abnormal results may indicate :

Vit D deficiency is very common. Vit D deficiency is linked with many medical conditions including depression, type 2 diabetes, hypertension & cancer.

Diet and Lifestyle Tips :

Avoid very high-SPF sunscreen. Balanced amount of sunlight is recommended, and avoid prolonged exposure to intense sunlight.



Choose a vitamin rich diet- Fatty fish such as salmon, tuna, and mackerel, Cheese, Mushrooms, Egg yolks, fortified milk are rich sources of Vitamin D.



Discuss supplements with your doctor- Vit D supplements are generally advised to be taken along with meals.





Thyroid

This panel is used to check the imbalance in your thyroid gland. A healthy thyroid gland is very important for metabolism, controlling body temperature, regulation of mood, muscle strength and regulation of body weight

Thyroid Stimulating Hormone (Ultrasensitive): 6.38 mIU/L

● HIGH

TSH (*Thyroid Stimulating Hormone*) checks the level of T3 and T4 - two hormones made by the thyroid gland. TSH ensures that both of these are present in your body in the right amounts.

When T3 and T4 become too less □ TSH is *activated* to secrete more T3 and T4 (a condition known as hypothyroidism). When T3 and T4 become too high □ TSH is *deactivated* to stop secretion of T3 and T4 (a condition known as hyperthyroidism).

Sometimes the levels of TSH remain normal but T3 and T4 are raised-a condition known as subclinical hyperthyroidism, so free T3 and free T4 estimation is an integral part.



Causes of high value of TSH :



Hormonal changes from use of oral contraceptive pills.



Autoimmune disorders such as Hashimoto's thyroiditis.



Removal of a lobe of the thyroid gland.

Abnormal results may indicate :

Hypothyroidism, i.e your thyroid is producing less thyroid hormone.



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