Redcliffe labs

Healthy India Ki Trusted Lab

smart Health Report

An Insightful Health Analytics Report for Easier Understanding

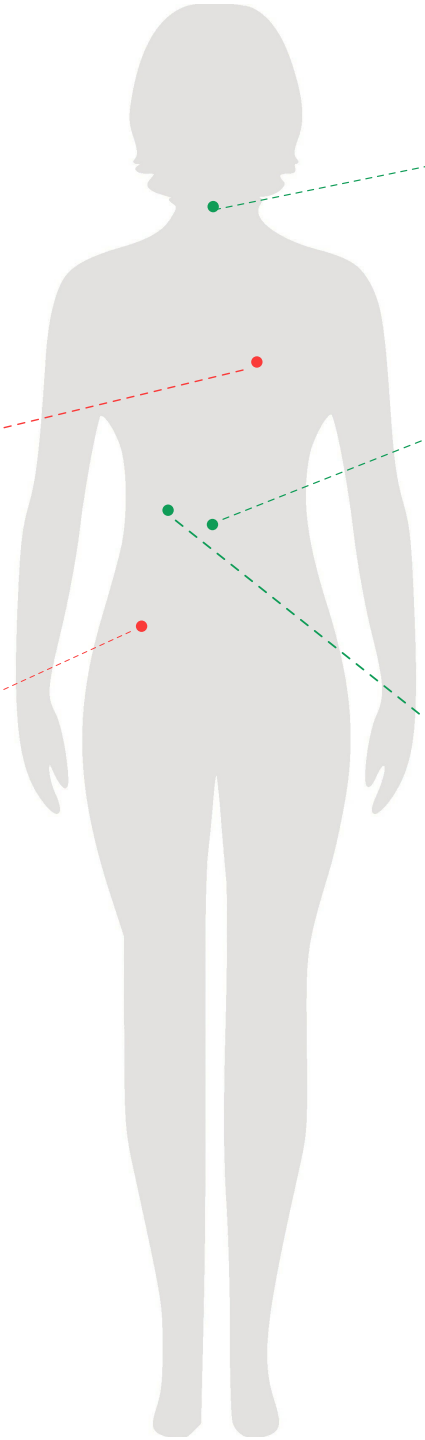
Prepared For

Ms Pinky Pamecha

F 20

Name	Patient ID	Gender	Age
Ms Pinky Pamecha	10362877	F	20

Health Summary



BLOOD COUNTS

Everything looks good

THYROID PROFILE

Everything looks good

LIPID PROFILE

Test Name	Result
LDL Cholesterol	112.2

Please Watchout

DIABETES MONITORING

Everything looks good

KIDNEY PROFILE

Test Name	Result
Creatinine	0.54

Please Watchout

LIVER PROFILE

Everything looks good

ANEMIA STUDIES

Test Name	Result
Hemoglobin	11.6

Please Watchout

VITAMIN PROFILE

Test Name	Result
Vitamin D 25 - Hydroxy	< 3.5

Please Watchout

MINERAL PROFILE

Test Name	Result
Iron	48

Please Watchout

LABORATORY REPORT

Redcliffe labs

Patient NAME	: **Ms Pinky Pamecha**		
DOB/Age/Gender	: 20 Y/Female	Report STATUS	: Final Report
Patient ID / UHID	: 10362877/RCL9597025	Barcode NO	: HQ765285
Referred BY	: Self	Sample Type	: Whole blood EDTA
Sample Collected	: Nov 09, 2024, 09:37 AM	Report Date	: Nov 09, 2024, 04:19 PM.

MC-6502

Fit India Full Body Checkup With Vitamin Screening with Free HsCRP

Complete Blood Count (CBC)

Test Description	Value(s)	Unit(s)	Reference Range
RBC Parameters			
Hemoglobin *Spectrophotometry (Cyanide Free)*	**11.6**	g/dL	12.0 - 15.0
RBC Count *Electrical impedance*	4.2	10^6/µl	3.8 - 4.8
PCV *Calculated*	**34.9**	%	36 - 46
MCV *Calculated*	83.7	fl	83 - 101
MCH *Calculated*	27.9	pg	27 - 32
MCHC *Calculated*	33.4	g/dL	31.5 - 34.5
RDW (CV) *Calculated*	**14.1**	%	11.6 - 14.0
RDW-SD *Calculated*	**45.9**	fl	35.1 - 43.9
WBC Parameters			
TLC *Electrical impedance*	4	10^3/µl	4 - 10
Differential Leucocyte Count			
Neutrophils *Flow cytometry - DHSS*	50	%	40-80
Lymphocytes *Flow cytometry - DHSS*	**41**	%	20-40
Monocytes *Flow cytometry - DHSS*	7	%	2-10
Eosinophils *Flow cytometry - DHSS*	2	%	1-6
Basophils *Electrical Impedance*	0	%	<2
Absolute Leukocyte Counts ***Calculated***			
Neutrophils. *Calculated*	2	10^3/µl	2 - 7
Lymphocytes. *Calculated*	1.64	10^3/µl	1 - 3
Monocytes. *Calculated*	0.28	10^3/µl	0.2 - 1.0
Eosinophils. *Calculated*	0.08	10^3/µl	0.02 - 0.5

Dr. Sonali Pahuja
Consultant Pathologist

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Test Description	Value(s)	Unit(s)	Reference Range
Basophils. *Calculated*	**0**	10^3/µl	0.02 - 0.5
Platelet Parameters			
Platelet Count *Electrical impedance*	204	10^3/µl	150 - 410
Mean Platelet Volume (MPV) *Calculated*	**9**	fL	9.3 - 12.1
PCT *Calculated*	0.2	%	0.17 - 0.32
PDW *Calculated*	15.8	fL	8.3 - 25.0
P-LCR *Calculated*	27.1	%	18 - 50
P-LCC *Calculated*	55	%10^9/L	44 - 140
Mentzer Index *Calculated*	19.93	%	> 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.

Mentzer index- This anemia calculator is based on a simple calculation from two values: mean corpuscular volume, MCV (given in femtoliters — fl) and red blood cell count, RBC (in a million per mm³). The Mentzer index formula is the following: Mentzer index = MCV / RBC. If the result is <13, thalassemia is more probable. Otherwise, if the result is >13, then iron deficiency anemia is the most probable. If the index equals 13, the test results are inconclusive.

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

Erythrocyte Sedimentation Rate (ESR)

ESR - Erythrocyte Sedimentation Rate *MODIFIED WESTERGREN*	8	mm/hr	0 - 12

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

HbA1C (Glycosylated Haemoglobin)

Glycosylated Hemoglobin (HbA1c) *HPLC*	4.9	%	<5.7
Estimated Average Glucose *Calculated*	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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Patient ID / UHID	: 10362877/RCL9597025	Barcode NO	: ZF232434
Referred BY	: Self	Sample Type	: FLUORIDE F
Sample Collected	: Nov 09, 2024, 09:37 AM	Report Date	: Nov 09, 2024, 04:12 PM.

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

Glucose Fasting (BSF)

Glucose Fasting *Hexokinase*	78	mg/dL	70 - 100

Interpretation:

Status	Fasting plasma glucose in mg/dL
Normal	<100
Impaired fasting glucose	100 - 125
Diabetes	=>126

Reference : American Diabetes Association

Comment :
Blood glucose determinations in commonly used as an aid in the diagnosis and treatment of diabetes. Elevated glucose levels (hyperglycemia) may also occur with pancreatic neoplasm, hyperthyroidism, and adrenal cortical hyper function as well as other disorders. Decreased glucose levels (hypoglycemia) may result from excessive insulin therapy insulinoma, or various liver diseases.

Note
1.The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL or a random / 2 hour plasma glucose value of > or = 200 mg/dL with symptoms of diabetes mellitus.
2.Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis.

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Referred BY	: Self	Sample Type	: Serum
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Liver Function Test (LFT)

Test Description	Value(s)	Unit(s)	Reference Range
Bilirubin Total *Diazonium salt*	0.4	mg/dL	0.2 - 1.2
Bilirubin Direct *Diazo Reaction*	0.2	mg/dL	0.0 - 0.5 mg/dL
Bilirubin Indirect *Calculated*	0.2	mg/dL	0.2 - 0.7
SGOT/AST *Enzymatic [NADH (without P5P)]*	16	U/L	5 - 34 U/L
SGPT/ALT *Enzymatic [NADH (without P5P)]*	7	U/L	0 to 55 U/L
SGOT/SGPT Ratio *Calculated*	2.29	-	-
Alkaline Phosphatase *Para-nitrophenyl-phosphate*	62	U/L	40 - 150 U/L
Total Protein *Photometric (Biuret)*	6.8	g/dL	6.4-8.3
Albumin *Colorimetric BCG*	4.2	gm/dL	3.8 - 5.0
Globulin *Calculation*	2.6	g/dL	2.3 - 3.5 g/dL
Albumin :Globulin Ratio *Calculated*	1.62	-	1.2 - 2.0
Gamma Glutamyl Transferase (GGT) *Photometric (L-Gamma glutamyl-3-Carboxy-4-Nitroani*	15	U/L	9 to 36 U/L

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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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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Kidney Function Test (KFT)

Test Description	Value(s)	Unit(s)	Reference Range
Blood Urea *Calculated*	24	mg/dL	14.98-40.02
Bun *Urease*	11.21	mg/dL	7.0-18.7
Creatinine *Kinetic alkaline picrate*	**0.54**	mg/dL	0.57 - 1.11 mg/dL
eGFR (CKD-EPI)	135.07	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 *Calculated*	**20.76**		12 - 20
Urea / Creatinine Ratio *Calculated*	**44.44**	mg/dL	25.68 - 42.8
Uric Acid *Uricase*	3.5	mg/dL	2.6 - 6.0 mg/dL
Calcium Serum *Arsenazo III*	8.9	mg/dL	8.4 - 10.2
Phosphorus *Phosphomolybdate*	4.3	mg/dL	2.3 - 4.7
Sodium *Ion-Selective Electrode Diluted (Indirect)*	138	mmol/L	136 - 145
Potassium *Ion-Selective Electrode Diluted (Indirect)*	3.5	mmol/L	3.5 - 5.1
Chloride *Ion-Selective Electrode Diluted (Indirect)*	101	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 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

Test Description	Value(s)	Unit(s)	Reference Range
Total Cholesterol *Enzymatic (Cholesterol Oxidase)*	167	mg/dL	<200
Triglycerides *Photometric (Glycerol phosphate oxidase)*	39	mg/dL	<150
HDL Cholesterol *Accelerator Selective Detergent*	47	mg/dL	40-60
Non HDL Cholesterol *Calculated*	120	mg/dL	<130
LDL Cholesterol *Calculated*	**112.2**	mg/dL	<100
V.L.D.L Cholesterol *Calculated*	7.8	mg/dL	< 30
Chol/HDL Ratio *Calculated*	3.55	Ratio	3.5 - 5.0
HDL/ LDL Ratio *Calculated*	**0.42**	Ratio	0.5 - 3.0
LDL/HDL Ratio *Calculated*	**2.39**	Ratio	2.5 - 3.5

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
	1. Three major ASCVD risk factors 2. Diabetes with 1 major risk factor or no evidence

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

High Risk	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

Test Description	Value(s)	Unit(s)	Reference Range
Iron *Ferene*	**48**	ug/dL	50 - 170
TIBC,(Total Iron Binding Capacity) *Calculated*	308	µg/dL	255 - 450
UIBC *Ferene*	260	µg/dL	70 - 310
Transferrin Saturation *Calculated*	**15.58**	%	20 - 50

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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High Sensitivity C-Reactive Protein (Hs-CRP)

Test Description	Value(s)	Unit(s)	Reference Range
HIGHLY SENSITIVE C-REACTIVE PROTEIN (hs-CRP) *immunoturbidimetric*	< 0.04	mg/L	< 1.00

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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Test Description	Value(s)	Unit(s)	Reference Range
Vitamin B12 / Cyanocobalamin			
Vitamin - B12 *CMIA*	279	pg/mL	187 - 883

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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Test Description	Value(s)	Unit(s)	Reference Range
Vitamin D 25 Hydroxy			
Vitamin D 25 - Hydroxy *CMIA*	**< 3.5**	ng/mL	Deficiency : < 10 ng/mL Insufficient : 10-30 ng/mL Sufficient : >30-100 ng/mL Hypervitaminosis : > 100 ng/mL
Note - Kindly correlate clinically.			

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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Test Description	Value(s)	Unit(s)	Reference Range
Thyroid Profile Total			
Triiodothyronine (T3) *CMIA*	77.3	ng/dL	35 - 193 ng/dL
Total Thyroxine (T4) *CMIA*	5.2	µg/dL	4.87 - 11.72 ug/dL
Thyroid Stimulating Hormone (Ultrasensitive) *CMIA*	1.0912	µIU/mL	0.35 - 4.94

Interpretation:

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

Note:
TSH levels are subject to circadian variation, reaching peak levels between 2-4 am. and at a minimum between 6-10 pm. The variation is of 50 %, hence time of the day has influence on the measured serum TSH concentrations.

Clinical Use:
- Diagnose Hypothyroidism and Hyperthyroidism
- Monitor T4 replacement or T4 suppressive therapy
- Qunatify TSH levels in the subnormal range

Increased Levels : Primary hypothyroidism, Subclinical hypothyroidis, TSH dependent Hyperthyroidism, Thyroid hormone resistance
Decreased Levels: Grace disease, Autonomous thyroid hormone secretion, TSH deficiency

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-pitutary-hypothala- mus 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 hypothalami c-pitutary 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

Dr. Sonal Gupta
MD Pathology

Patient NAME	: **Ms Pinky Pamecha**		
DOB/Age/Gender	: 20 Y/Female	Report STATUS	: Final Report
Patient ID / UHID	: 10362877/RCL9597025	Barcode NO	: ZF232435
Referred BY	: Self	Sample Type	: Serum
Sample Collected	: Nov 09, 2024, 09:37 AM	Report Date	: Nov 09, 2024, 06:47 PM.

MC-6502

Test Description	Value(s)	Unit(s)	Reference Range
Normal High High	Thyroid hormone resistance syndrome (a mutation in the thyroid hormone receptor decreases thyroid hormone function)		

*** End Of Report ***

Dr. Sonal Gupta
MD Pathology

Name	Patient ID	Gender	Age
Ms Pinky Pamecha	10362877	F	20

Health Advisory

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

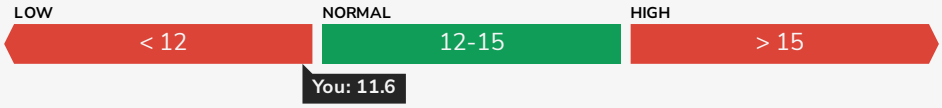
Anemia Profile

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: 11.6 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.

Kidney Profile

This panel is used to check healthy functioning of your kidneys. Kidneys filter blood in your body to remove waste products - these waste products are produced when breakdown of proteins (present in food, muscles and other cells) occurs in the body to generate energy

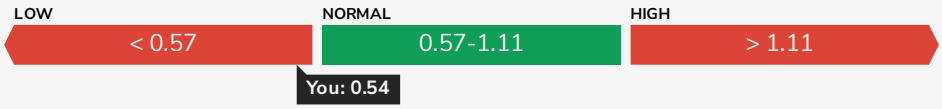
Creatinine: 0.54 mg/dL

● LOW

Creatinine is a waste product that your kidneys regularly remove from your body. A high level of creatinine in your blood simply means your kidneys are not functioning properly.

Note:
1) If you go to gym and you have increased bulk of muscles, also if you take high protein diet, then your creatinine levels could be high even when your kidneys are absolutely healthy.

2) If you have very low body mass especially because of age and muscle degeneration disease, then your creatinine levels are not a true representative of your kidney function.



Did you know?

Creatinine is a better indicator of kidneys function as unlike urea, creatinine levels are largely unaffected by other factors such as fever.

If you go to gym and you have increased bulk of muscles, also if you consume high amounts of red meat, then your creatinine levels could be high, even when your kidneys are absolutely healthy.

If you have very low body mass, especially because of age and muscle degeneration disease, then your creatinine levels are not a true representative of your kidneys function.

Abnormal creatinine levels are sometimes seen in pregnancy.

Some medicines can raise creatinine levels.

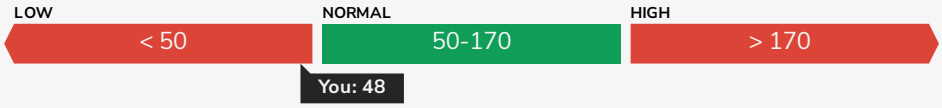
Minerals

Minerals are those elements on the earth and in foods that our bodies need to develop and function normally. This profile measures vital minerals in your body, including calcium, zinc, iodine, iron, and magnesium. These tests screen for mineral deficiencies and toxicities, helping you maintain a healthy balance

Iron: 48 ug/dL

● LOW

Iron in haemoglobin is responsible for carrying oxygen throughout your body. Symptoms of iron deficiency (most common being *tiredness*) are not seen for years and may go unnoticed.
Anemia because of iron deficiency is the most common cause of anemia. In children iron deficiency anemia causes growth problems and in pregnant womens it causes premature deliveries.



Common reasons for abnormal results :

Causes of low iron levels include blood loss (in medical conditions such as ulcers, piles, excessive menstrual bleeding etc.), poor diet, or an inability to absorb enough iron from foods.

Did you know?

Consumption of calcium pills can make it harder for your body to absorb iron.

A very high levels of iron can be toxic for your body.

Symptoms :

Excessive tiredness, weakness and dizziness.

Pale skin or pale coloring of the inside of the lower eyelids and brittle nails.

Shortness of breath or chest pain, especially with physical activity.

Headaches

Lipid Profile

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

LDL Cholesterol: 112.2 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).

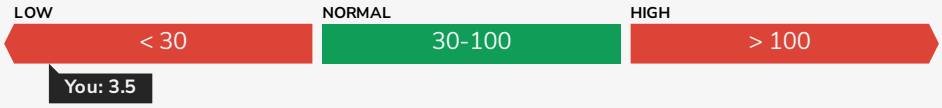
Vitamins Profile

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 D 25 - Hydroxy: < 3.5 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 :

Insufficient dietary intake.

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

Less exposure to sunlight. Production of vit D from your skin depends upon your skin tone: Darker skin needs more exposure than lighter skin to produce equal amounts of Vit D. This happens because dark skin has natural protection against sunshine.

Medical conditions that affect the liver or kidney- Vit D is not sufficiently converted to its active form in your body.

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, bone pain and weak bones.

Diet and Lifestyle Tips :

Avoid very high-SPF sunscreen: Your skin naturally produces Vit D on being exposed to sun but applying sunscreen can decrease this. It is recommended that you should get a balanced amount of sunshine but you should avoid a long exposure to a very bright scorching sun.

Choose a vitamin rich diet- Fatty fish such as salmon, tuna, and mackerel, Beef liver, Cheese, Mushrooms, Egg yolks, cooking oils and 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. Obese people are generally recommended higher dose of supplements/

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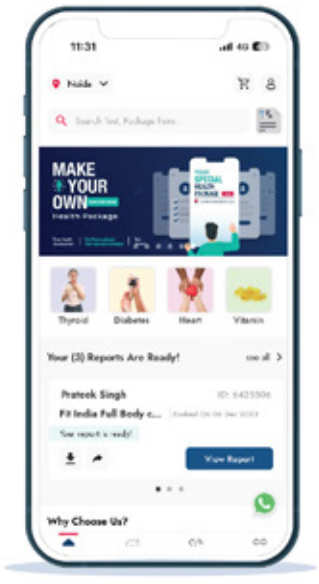

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