

# smart Health Report

An Insightful Health Analytics Report  
for Easier Understanding



Prepared For

**Mr RAJPAL SINGH**

**M 67**

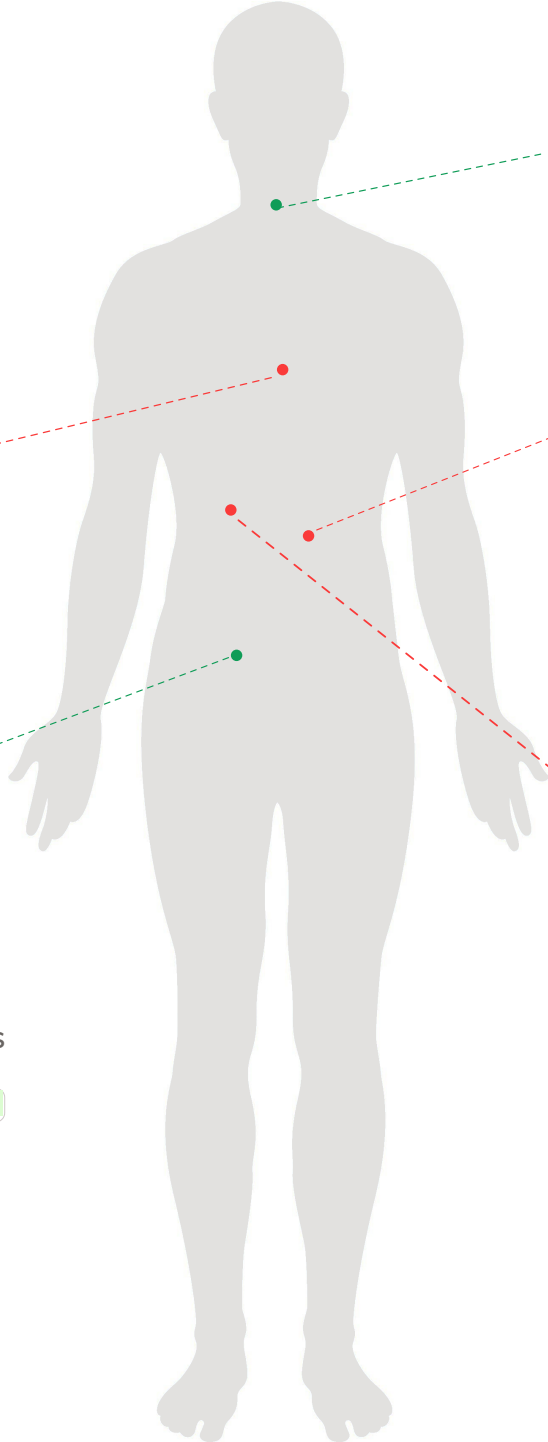
**Name**  
Mr RAJPAL SINGH

**Patient ID**  
3501227

**Gender**  
M

**Age**  
67

## Health Summary



### BLOOD COUNTS

Everything looks good



### THYROID PROFILE

Everything looks good



### LIPID PROFILE

Test Name	Result
LDL Cholesterol	73.36
VLDL	54.34
HDL : LDL ratio	0.77

Please Watchout



### DIABETES MONITORING

Test Name	Result
Blood Sugar (Fasting)	118.1

Please Watchout



### KIDNEY PROFILE

Everything looks good



### LIVER PROFILE

Test Name	Result
Globulin	2.2
AST / ALT Ratio	0.62

Please Watchout



### ELECTROLYTES AND MINERALS

Everything looks good



### ANEMIA STUDIES

Test Name	Result
RDW-CV	14.5
MCH	26.9
MCV	81.1

Please Watchout



### VITAMIN PROFILE

Everything looks good



### MINERAL PROFILE

Everything looks good



Patient Name : Mr RAJPAL SINGH	Bill Date : Mar 11, 2023, 12:09 PM
DOB/Age/Gender : 67 Y/Male	Sample Collected : Mar 12, 2023, 07:00 AM
Patient ID / UHID : 3501227/RCL2821157	Sample Received : Mar 12, 2023, 01:25 PM
Referred By : Dr.	Report Date : Mar 12, 2023, 02:06 PM
Sample Type : Whole blood EDTA	Barcode No : HT198253
Client : HOME COLLECTION - MEERUT	Report Status : Final Report

Test Description	Value(s)	Unit(s)	Reference Range
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**HEMATOLOGY REPORT**  
**Smart Full Body Check up with Vitamin D**  
**Complete Blood Count (CBC)**

**RBC PARAMETERS**

Hemoglobin	13.8	g/dL	13.0 - 17.0
Method : colorimetric			
RBC Count	5.1	10 <sup>6</sup> /μl	4.5 - 5.5
Method : Electrical impedance			
PCV	41.6	%	40 - 50
Method : Calculated			
MCV	81.1	fl	83 - 101
Method : Calculated			
MCH	26.9	pg	27 - 32
Method : Calculated			
MCHC	33.2	g/dL	31.5 - 34.5
Method : Calculated			
RDW (CV)	14.5	%	11.6 - 14.0
Method : Calculated			
RDW-SD	42.4	fl	35.1 - 43.9
Method : Calculated			

**WBC PARAMETERS**

TLC	6.3	10 <sup>3</sup> /μl	4 - 10
Method : Electrical impedance and microscopy			

**DIFFERENTIAL LEUCOCYTE COUNT**

Neutrophils	63	%	40-80
Lymphocytes	28	%	20-40
Monocytes	7	%	2-10
Eosinophils	2	%	1-6
Basophils	0	%	<2

**Absolute leukocyte counts**

Method : Calculated

Neutrophils*	3.97	10 <sup>3</sup> /μl	2 - 7
Lymphocytes*	1.76	10 <sup>3</sup> /μl	1 - 3
Monocytes*	0.44	10 <sup>3</sup> /μl	0.2 - 1.0
Eosinophils*	0.13	10 <sup>3</sup> /μl	0.02 - 0.5
Basophils*	0	10 <sup>3</sup> /μl	0.02 - 0.5

**PLATELET PARAMETERS**

Platelet Count	162	10 <sup>3</sup> /μl	150 - 410
Method : Electrical impedance and microscopy			
Mean Platelet Volume (MPV)	14	fL	9.3 - 12.1
Method : Calculated			



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Test Description	Value(s)	Unit(s)	Reference Range
PCT Method : Calculated	0.2	%	0.17 - 0.32
PDW Method : Calculated	15.9	fL	8.3 - 25.0
P-LCR Method : Calculated	<b>54.4</b>	%	18 - 50
P-LCC Method : Calculated	88	%	44 - 140
Mentzer Index Method : Calculated	15.9	%	

**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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Patient ID / UHID	: 3501227/RCL2821157	Sample Received	: Mar 12, 2023, 01:25 PM
Referred By	: Dr.	Report Date	: Mar 12, 2023, 02:50 PM
Sample Type	: Whole blood EDTA	Barcode No	: HT198253
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**HEMATOLOGY REPORT**  
**Smart Full Body Check up with Vitamin D**  
**Erythrocyte Sedimentation Rate (ESR)**

ESR - Erythrocyte Sedimentation Rate	08	mm/hr	0 - 14
Method : MODIFIED WESTERGREN			

**Interpretation:**

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



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Patient ID / UHID : 3501227/RCL2821157	Sample Received : Mar 12, 2023, 01:25 PM
Referred By : Dr.	Report Date : Mar 12, 2023, 02:34 PM
Sample Type : FLUORIDE F	Barcode No : BH500476
Client : HOME COLLECTION - MEERUT	Report Status : Final Report

Test Description	Value(s)	Unit(s)	Reference Range
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**BIOCHEMISTRY REPORT**  
**Smart Full Body Check up with Vitamin D**  
**Glucose Fasting (BSF)**

GLUCOSE FASTING Method : Hexokinase	<b>118.1</b>	mg/dL	< 100 mg/dL: Normal 100–125 mg/dL: Prediabetes >=126 mg/dL: Diabetes
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**Interpretation:**

Normal: 70-99  
 Impaired Tolerance: 100-125  
 Diabetes mellitus: >= 126  
 (on more than one occasion) (American diabetes association guidelines 2018)



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Patient ID / UHID	: 3501227/RCL2821157	Sample Received	: Mar 12, 2023, 01:25 PM
Referred By	: Dr.	Report Date	: Mar 12, 2023, 03:00 PM
Sample Type	: Serum	Barcode No	: BH500477
Client	: HOME COLLECTION - MEERUT	Report Status	: Final Report

Test Description	Value(s)	Unit(s)	Reference Range
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### BIOCHEMISTRY REPORT

#### Smart Full Body Check up with Vitamin D

#### Liver Function Test (LFT)

BILIRUBIN TOTAL Method : Photometric	0.4	mg/dL	0.2 - 1.2
BILIRUBIN DIRECT Method : Diazonium	0.2	mg/dL	0.0 - 0.5
BILIRUBIN INDIRECT Method : Calculation (T Bil - D Bil)	0.2	mg/dL	0.1 - 1.0
SGOT/AST Method : IFCC without P5P	15.4	U/L	5 - 35
SGPT/ALT Method : IFCC without P5P	24.8	U/L	5 - 45
SGOT/SGPT Ratio	0.62	-	-
ALKALINE PHOSPHATASE Method : p-nitrophenyl Phosphate, AMP buffer	73	U/L	20-130
TOTAL PROTEIN Method : Biuret	6.2	g/dL	6.0 - 7.8
ALBUMIN Method : BCG	4.0	gm/dL	3.8 - 5.0
GLOBULIN Method : Calculation (T.P - Albumin)	2.2	g/dL	2.3 - 3.5
ALBUMIN : GLOBULIN RATIO Method : Calculation (Albumin/Globulin)	1.82	-	1.0 - 2.1
GAMMA GLUTAMYL TRANSFERASE (GGT) Method : ENZYMATIC	32.2	U/L	5 -40

#### Interpretation:

The liver filters and processes blood as it circulates through the body. It metabolizes nutrients, detoxifies harmful substances, makes blood clotting proteins, and performs many other vital functions. The cells in the liver contain proteins called enzymes that drive these chemical reactions. When liver cells are damaged or destroyed, the enzymes in the cells leak out into the blood, where they can be measured by blood tests Liver tests check the blood for two main liver enzymes. Aspartate aminotransferase (AST),SGOT: The AST enzyme is also found in muscles and many other tissues besides the liver. Alanine aminotransferase (ALT), SGPT: ALT is almost exclusively found in the liver. If ALT and AST are found together in elevated amounts in the blood, liver damage is most likely present. Alkaline Phosphatase and GGT: Another of the liver's key functions is the production of bile, which helps digest fat. Bile flows through the liver in a system of small tubes (ducts), and is eventually stored in the gallbladder, under the liver. When bile flow is slow or blocked, blood levels of certain liver enzymes rise: Alkaline phosphatase Gamma-utamyl transpeptidase (GGT) Liver tests may check for any or all of these enzymes in the blood. Alkaline phosphatase is by far the most commonly tested of the three. If alkaline phosphatase and GGT are elevated, a problem with bile flow is most likely present. Bile flow problems can be due to a problem in the liver, the gallbladder, or the tubes connecting them. Proteins are important building blocks of all cells and tissues. Proteins are necessary for your body's growth, development, and health. Blood contains two classes of protein, albumin and globulin. Albumin proteins keep fluid from leaking out of blood vessels. Globulin proteins play an important role in your immune system. Low total protein may indicate: 1.bleeding 2.liver disorder 3.malnutrition 4.agammaglobulinemia High Protein levels 'Hyperproteinemia: May be seen in dehydration due to inadequate water intake or to excessive water loss (eg, severe vomiting, diarrhea, Addison's disease and diabetic acidosis) or as a result of increased production of proteins Low 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	Barcode No	: BH500477
Client	: HOME COLLECTION - MEERUT	Report Status	: Final Report

Test Description	Value(s)	Unit(s)	Reference Range
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### BIOCHEMISTRY REPORT

#### Smart Full Body Check up with Vitamin D

#### Kidney Function Test (KFT)

BLOOD UREA Method : Urea GLDH	22	mg/dL	16.6 - 48.5
CREATININE Method : Modified Jaffe	0.7	mg/dL	0.6 - 1.2
BUN Method : Urease	10.28	mg/dL	8 - 23
BUN/CREATININE RATIO	14.69		
UREA / CREATININE RATIO	31.43		
URIC ACID Method : Uricase	7.1	mg/dL	3.5 - 7.2
CALCIUM Serum Method : O-Cresolphthalein Complex	9.0	mg/dL	8.9 - 10.7
PHOSPHORUS Method : Colorimetric - Phosphomolybdate Formation	4.0	mg/dL	2.3 - 4.7
SODIUM Method : ISE	137.8	mmol/L	135.0 - 145.0
POTASSIUM Method : Direct ISE	4.6	mmol/L	3.5 - 5.0
CHLORIDE Method : Indirect ISE	103.0	mmol/L	95 - 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 (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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Sample Type : Serum	Barcode No : BH500477
Client : HOME COLLECTION - MEERUT	Report Status : Final Report

Test Description	Value(s)	Unit(s)	Reference Range
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### BIOCHEMISTRY REPORT

#### Smart Full Body Check up with Vitamin D

##### Lipid Profile

TOTAL CHOLESTEROL Method : Enzymatic - Cholesterol Oxidase	184	mg/dL	Desirable : <200 Borderline : 200-239 High : >240
TRIGLYCERIDES Method : Colorimetric - Lip/Glycerol Kinase	271.7	mg/dL	Normal : <150 Borderline : 150-199 High : 200-499 Very high : >500
HDL CHOLESTEROL Method : Phosphotungstic acid- Enzymatic	56.3	mg/dL	35 - 60
NON HDL CHOLESTEROL Method : Calculated	127.7	mg/dL	<130
LDL CHOLESTEROL Method : Calculated	73.36	mg/dL	Optimal <100 Near optimal/above optimal 100-129 Borderline high 130-159 High 160-189 Very high =190
V.L.D.L CHOLESTEROL Method : Calculated	54.34	mg/dL	< 30
CHOL/HDL Ratio Method : Calculated	3.27	-	3.5 - 5.0
HDL/ LDL RATIO Method : Calculated	0.77	-	Desirable : 0.5 - 3.0  Borderline : 3.1 - 6.0  High : > 6.0
LDL/HDL Ratio Method : Calculated	1.3	-	-

#### Interpretation:

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

NATIONAL LIPID ASSOCIATION RECOMMENDATIONS (NLA-2014)	TOTAL CHOLESTEROL in mg/dL	TRIGLYCERIDE in mg/dL	LDL CHOLESTEROL in mg/dL	NON HDL CHOLESTEROL in mg/dL
Optimal	<200	<150	<100	<130
Above Optimal			100-129	130 - 159
Borderline High	200-239	150-199	130-159	160 - 189
High	>=240	200-499	160-189	190 - 219
Very High	-	>=500	>=190	>=220



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Referred By : Dr.	Report Date : Mar 12, 2023, 04:25 PM
Sample Type : Serum	Barcode No : BH500477
Client : HOME COLLECTION - MEERUT	Report Status : Final Report

Test Description	Value(s)	Unit(s)	Reference Range
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**BIOCHEMISTRY REPORT**  
**Smart Full Body Check up with Vitamin D**  
**Vitamin D 25 Hydroxy**

Vitamin D 25 - Hydroxy Method : CMIA	32.64	ng/mL	Deficiency : <30 ng/mL
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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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Sample Type : Serum	Barcode No : BH500477
Client : HOME COLLECTION - MEERUT	Report Status : Final Report

Test Description	Value(s)	Unit(s)	Reference Range
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### BIOCHEMISTRY REPORT

#### Smart Full Body Check up with Vitamin D

##### Thyroid Profile Total

TRIIODOTHYRONINE ( T3 ) Method : CMIA	133.5	ng/dL	35 - 193
TOTAL THYROXINE ( T4 ) Method : CMIA	5.87	µg/dL	4.87 - 11.2
THYROID STIMULATING HORMONE (Ultrasensitive) Method : CMIA	2.7	mIU/L	0.35 - 4.94

#### Interpretation:

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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Referred By : Dr.	Report Date : Mar 12, 2023, 02:54 PM
Sample Type : Spot Urine	Barcode No : CI013270
Client : HOME COLLECTION - MEERUT	Report Status : Final Report

Test Description	Value(s)	Unit(s)	Reference Range
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**CLINICAL PATHOLOGY REPORT**  
**Smart Full Body Check up with Vitamin D**  
**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) Method : Double Indicator	6.0		4.5 - 8.0
Specific Gravity Method : Ion Exchange	1.010		1.010 - 1.030
Urine Glucose (sugar) Method : Oxidase / Peroxidase	Negative		Negative
Urine Protein (Albumin) Method : Acid / Base Colour Exchange	Negative		Negative
Urine Ketones (Acetone) Method : Legals Test	Negative		Negative
Blood Method : Peroxidase Hemoglobin	Negative		Negative
Leucocyte esterase Method : Enzymatic Reaction	Negative		Negative
Bilirubin Urine Method : Coupling reaction	Negative		Negative
Nitrite Method : Griess Test	Negative		Negative
Urobilinogen Method : Ehrlichs Test	Normal		Normal

**MICROSCOPIC EXAMINATION**

Method : Microscopy

Pus Cells (WBCs)	1-2	/hpf	0 - 5
Epithelial Cells	1-2	/hpf	0 - 4
Red blood Cells	Absent	/hpf	Absent
Crystals	Absent		Absent
Cast	Absent		Absent
Yeast Cells	Absent		Absent
Amorphous deposits	Absent		Absent
Bacteria	Absent		Absent
Protozoa	Absent		Absent



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# CONDITIONS OF REPORTING

1. It is Presumed that specimen belongs to patient named or identified, such verification being carried out at the point of generation of said specimen

2. A test might not be performed due to following reason:

- Specimen Quantity not sufficient (Inadequate collection/spillage during transit)
- Specimen Quality not acceptable (Hemolysis/clotted/lipemic.)
- Incorrect sample type
- Test cancelled either on request of patient or doctor

In any of the above case a fresh specimen will be required for testing and reporting

3. The results of the tests may vary from lab to lab ; time to time for the same patient

4. The reported results are dependent on individual assay methods, equipment, method sensitivity, specificity and quality of the specimen received

5. Partial representation of report is not allowed

6. The reported tests are for the notification of the referring doctor, only to assist him/her in the diagnosis and management of the patient

7. If Sample collection date is not stated on test requisition form, the current date will be printed by default as the date of collection.

8. Report with status "Preliminary" means one or more test are yet to be reported

9. This report is not valid for Medico Legal Purpose

10. Applicable Jurisdiction will be of "Delhi" for any dispute/claim concerning the test(s) & results of the test (s)



## About Redcliffe Labs

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### Best Customer Experience



Commitment to excellence, high end technology oriented staff

### Quality Commitment With Accurate Reports



Focus on quality with accurate results

### Affordable Prices With Quick Results

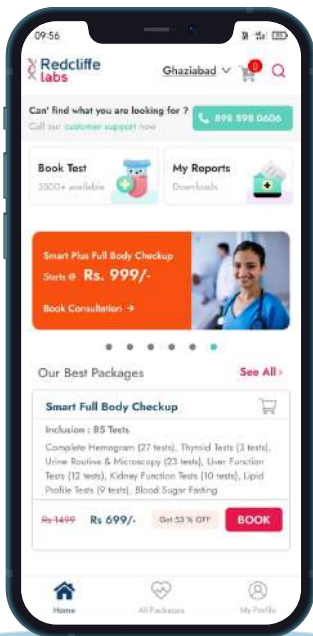


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