

smart Health Report

An Insightful Health Analytics Report
for Easier Understanding



Prepared For

Ms Pramila Vaidya

F 57

Name
Ms Pramila Vaidya

Patient ID
6256913

Gender
F

Age
57

Health Summary



BLOOD COUNTS

Everything looks good



THYROID PROFILE

Everything looks good



LIPID PROFILE

Everything looks good



DIABETES MONITORING

Test Name	Result
HbA1c (Glycosylated Haemoglobin)	5.8
Please Watchout	



KIDNEY PROFILE

Everything looks good



LIVER PROFILE

Everything looks good



ELECTROLYTES

Everything looks good



ANEMIA STUDIES

Test Name	Result
RDW-SD	46.2
Please Watchout	



VITAMIN PROFILE

Everything looks good



MINERAL PROFILE

Everything looks good



Patient Name : **Ms Pramila Vaidya**
 DOB/Age/Gender : 57 Y/Female
 Patient ID / UHID : 6256913/RCL5339357
 Referred By : Dr.
 Sample Type : Whole blood EDTA
 Barcode No : HX610202

Bill Date : Nov 20, 2023, 07:30 PM
 Sample Collected : Nov 21, 2023, 07:57 AM
 Sample Received : Nov 21, 2023, 12:05 PM
 Report Date : Nov 21, 2023, 01:32 PM
 Report Status : Final Report



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

Fit India Full Body checkup with Vitamin Screening

Complete Blood Count (CBC)

RBC PARAMETERS

Hemoglobin	12.2	g/dL	12.0 - 15.0
Method : colorimetric			
RBC Count	4.2	10 ⁶ /μl	3.8 - 4.8
Method : Electrical impedance			
PCV	36.0	%	36 - 46
Method : Calculated			
MCV	84.7	fl	83 - 101
Method : Calculated			
MCH	28.8	pg	27 - 32
Method : Calculated			
MCHC	34	g/dL	31.5 - 34.5
Method : Calculated			
RDW (CV) *	12.2	%	11.6 - 14.0
Method : Calculated			
RDW-SD *	46.2	fl	35.1 - 43.9
Method : Calculated			

WBC PARAMETERS

TLC	7.2	10 ³ /μl	4 - 10
Method : Electrical impedance and microscopy			

DIFFERENTIAL LEUCOCYTE COUNT

Neutrophils	56	%	40-80
Lymphocytes	36	%	20-40
Monocytes	3	%	2-10
Eosinophils	5	%	1-6
Basophils	0	%	<2

Absolute leukocyte counts

Method : Calculated

Neutrophils.	4.03	10 ³ /μl	2 - 7
Lymphocytes.	2.59	10 ³ /μl	1 - 3
Monocytes.	0.22	10 ³ /μl	0.2 - 1.0
Eosinophils.	0.36	10 ³ /μl	0.02 - 0.5
Basophils.	0	10 ³ /μl	0.02 - 0.5

PLATELET PARAMETERS

Platelet Count	314	10 ³ /μl	150 - 410
Method : Electrical impedance and microscopy			
Mean Platelet Volume (MPV) *	8.3	fL	9.3 - 12.1

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Test Description	Value(s)	Unit(s)	Reference Range
Method : Calculated PCT *	0.3	%	0.17 - 0.32
Method : Calculated PDW *	12.7	fL	8.3 - 25.0
Method : Calculated P-LCR *	20.6	%	18 - 50
Method : Calculated P-LCC *	65	%	44 - 140
Method : Calculated Mentzer Index *	20.17	%	-

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	: 6256913/RCL5339357	Sample Received	: Nov 21, 2023, 12:05 PM
Referred By	: Dr.	Report Date	: Nov 21, 2023, 02:12 PM
Sample Type	: Whole blood EDTA	Report Status	: Final Report
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HEMATOLOGY REPORT

Fit India Full Body checkup with Vitamin Screening

Erythrocyte Sedimentation Rate (ESR)

ESR - Erythrocyte Sedimentation Rate **95** mm/hr 0 - 19
 Method : MODIFIED WESTERGREN

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	0-12	0-12
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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HEMATOLOGY REPORT

Fit India Full Body checkup with Vitamin Screening

HbA1C (Glycosylated Haemoglobin)

GLYCOSYLATED HEMOGLOBIN (HbA1c) Method : HPLC	5.8	%	< 5.7
ESTIMATED AVERAGE GLUCOSE *	119.76	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 glycemc control	Age > 19 years Goal of therapy: < 7.0 Age < 19 years Goal of therapy: <7.5

- Note:**
- 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.
 - 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 glycemc 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 : 6256913/RCL5339357
 Referred By : Dr.
 Sample Type : FLUORIDE F
 Barcode No : ZA460230

Bill Date : Nov 20, 2023, 07:30 PM
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BIOCHEMISTRY REPORT

Fit India Full Body checkup with Vitamin Screening

Glucose Fasting (BSF)

GLUCOSE FASTING Method : Hexokinase	94	mg/dL	< 100 mg/dL: Normal 100–125 mg/dL: Prediabetes >=126 mg/dL: Diabetes
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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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 Sample Type : Serum
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BIOCHEMISTRY REPORT

Fit India Full Body checkup with Vitamin Screening

Liver Function Test (LFT)

BILIRUBIN TOTAL Method : Photometric	0.3	mg/dL	0.2 - 1.2
BILIRUBIN DIRECT * Method : Diazo Reaction	0.2	mg/dL	0.0 - 0.5
BILIRUBIN INDIRECT * Method : Calculation (T Bil - D Bil)	0.1	mg/dL	0.1 - 1.0
SGOT/AST Method : IFCC without P5P	16	U/L	5 - 34
SGPT/ALT Method : IFCC without P5P	12	U/L	0 to 55
SGOT/SGPT Ratio *	1.33	-	-
ALKALINE PHOSPHATASE Method : IFCC	63	U/L	40 - 150
TOTAL PROTEIN Method : Biuret	7	g/dL	6.0 - 7.8
ALBUMIN Method : BCG	4	gm/dL	3.8 - 5.0
GLOBULIN * Method : Calculation (T.P - Albumin)	3	g/dL	2.3 - 3.5
ALBUMIN : GLOBULIN RATIO * Method : Calculation (Albumin/Globulin)	1.33	-	1.0 - 2.1
GAMMA GLUTAMYL TRANSFERASE (GGT) * Method : Photometric	17	U/L	9 to 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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BIOCHEMISTRY REPORT

Fit India Full Body checkup with Vitamin Screening

Kidney Function Test (KFT)

BLOOD UREA Method : Urease	34.24	mg/dL	18 - 55
CREATININE Method : Photometric	0.8	mg/dL	0.57 - 1.11
BUN * Method : Urease	16	mg/dL	9.8 - 20.1
BUN/CREATININE RATIO *	20		
UREA / CREATININE RATIO *	42.8		
URIC ACID Method : Uricase	5.9	mg/dL	2.6 - 6.0
CALCIUM Serum Method : Arsenazo III	8.6	mg/dL	8.4 - 10.2
PHOSPHORUS Method : Photometric	4.0	mg/dL	2.3 - 4.7
SODIUM Method : Potentiometric	138	mmol/L	136 - 145
POTASSIUM Method : Potentiometric	4.0	mmol/L	3.5 - 5.1
CHLORIDE Method : Photometric	102	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 substance 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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BIOCHEMISTRY REPORT

Fit India Full Body checkup with Vitamin Screening

Lipid Profile

TOTAL CHOLESTEROL Method : Enzymatic - Cholesterol Oxidase	179	mg/dL	Desirable : <200 Borderline : 200-239 High : >240
TRIGLYCERIDES Method : Colorimetric - Lip/Glycerol Kinase	89	mg/dL	Normal : <150 Borderline : 150-199 High : 200-499 Very high : >500
HDL CHOLESTEROL Method : Accelerator Selective Detergent	48	mg/dL	Major risk factor for heart disease < 40 Negative risk factor for heart disease = 60
NON HDL CHOLESTEROL * Method : Calculated	131	mg/dL	<130
LDL CHOLESTEROL * Method : Calculated	113.2	mg/dL	Desirable : <100 Near optimal : 100-129 Borderline : 130-159 High : >160
V.L.D.L CHOLESTEROL * Method : Calculated	17.8	mg/dL	< 30
CHOL/HDL Ratio * Method : Calculated	3.73	-	3.5 - 5.0
HDL/ LDL RATIO * Method : Calculated	0.42	-	Desirable : 0.5 - 3.0 Borderline : 3.1 - 6.0 High : > 6.0
LDL/HDL Ratio * Method : Calculated	2.36	-	-

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

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Very High	-	>=500	>=190 >=220

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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
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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Booking Centre :- HOME COLLECTION - JODHPUR

Processing Lab :- Redcliffe Lifetech Pvt. Ltd., Dr. Mahinder Sanghu, Plot No-27A/37/38, Near HDFC Bank, Shastri Circle, Jodhpur-342003

898-898-0606

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Patient Name	: Ms Pramila Vaidya	Bill Date	: Nov 20, 2023, 07:30 PM
DOB/Age/Gender	: 57 Y/Female	Sample Collected	: Nov 21, 2023, 07:57 AM
Patient ID / UHID	: 6256913/RCL5339357	Sample Received	: Nov 21, 2023, 12:04 PM
Referred By	: Dr.	Report Date	: Nov 21, 2023, 01:30 PM
Sample Type	: Serum	Report Status	: Final Report
Barcode No	: ZA460231		

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

Fit India Full Body checkup with Vitamin Screening

Iron Studies

IRON	80	µg/dL	50 - 170
Method : Ferene			
TIBC,(Total Iron Binding Capacity)	326	µg/dL	250 - 450
Method : Calculated			
UIBC	246	µg/dL	70 - 310
Method : Ferene			
TRANSFERRIN SATURATION	24.54	%	-
Method : Method :Derived from IRON and TIBC values			

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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Referred By	: Dr.	Report Date	: Nov 21, 2023, 01:51 PM
Sample Type	: Serum	Report Status	: Final Report
Barcode No	: ZA460231		

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

Fit India Full Body checkup with Vitamin Screening

Vitamin B12 / Cyanocobalamin

Vitamin - B12	284	pg/mL	187 - 883
Method : CMIA			

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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BIOCHEMISTRY REPORT

Fit India Full Body checkup with Vitamin Screening

Vitamin D 25 Hydroxy

Vitamin D 25 - Hydroxy Method : CMIA	46.8	ng/mL	Deficiency : < 10 ng/mL Insufficient : 10-30 ng/mL Sufficient : 30-100 ng/mL Hypervitaminosis : > 100 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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DOB/Age/Gender : 57 Y/Female **Bill Date : Nov 20, 2023, 07:30 PM**
Patient ID / UHID : 6256913/RCL5339357 **Sample Collected : Nov 21, 2023, 07:57 AM**
Referred By : Dr. **Sample Received : Nov 21, 2023, 12:05 PM**
Sample Type : Serum **Report Date : Nov 21, 2023, 01:51 PM**
Barcode No : ZA460231 **Report Status : Final Report**

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

Fit India Full Body checkup with Vitamin Screening

Thyroid Profile Total

TRIIODOTHYRONINE (T3) Method : CMIA	74.5	ng/dL	35 - 193
TOTAL THYROXINE (T4) Method : CMIA	8.3	µg/dL	4.87 - 11.2
THYROID STIMULATING HORMONE (Ultrasensitive) Method : CMIA	1.0165	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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Patient Name : **Ms Pramila Vaidya**
 DOB/Age/Gender : 57 Y/Female
 Patient ID / UHID : 6256913/RCL5339357
 Referred By : Dr.
 Sample Type : Spot Urine
 Barcode No : CI943935

Bill Date : Nov 20, 2023, 07:30 PM
 Sample Collected : Nov 21, 2023, 07:57 AM
 Sample Received : Nov 21, 2023, 12:05 PM
 Report Date : Nov 21, 2023, 02:08 PM
 Report Status : Final Report



Test Description	Value(s)	Unit(s)	Reference Range
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CLINICAL PATHOLOGY REPORT

Fit India Full Body checkup with Vitamin Screening

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	7.0	-	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 : Legal's 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 : Ehrlich's Test	Normal	-	Normal

MICROSCOPIC EXAMINATION

Pus Cells (WBCs) *	8-10	/hpf	0 - 5
Epithelial Cells *	4-5	/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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Name
Ms Pramila Vaidya

Patient ID
6256913

Gender
F

Age
57

Health Advisory

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



About Diabetes

This panel is used to check how much glucose/sugar there is in your blood. Too much blood glucose might indicate diabetes.

HbA1c (Glycosylated Haemoglobin): 5.8%

● HIGH



One of the ways to control and reduce your HbA1c level - is to change your diet. Generally, foods that are high in carbs increase your blood sugar significantly. Also, foods that are high in fiber keep your glucose level in check.

Additionally, keeping your portion sizes *small* could prevent sharp rises in your blood sugar.

Some high-Carb foods to avoid



WHITE BREAD



POTATOES

Some high-Fiber foods to choose from



APPLES



CABBAGE





About Redcliffe Labs

We are India's Most Trusted & Fastest Growing Network of Diagnostics Labs

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



Value for money with quick turn around time (TAT)

BharatFit-5

~~₹4214~~ ₹2299 93 Parameters

- ✓ Blood Sugar Fasting (1 Test)
- ✓ Lipid Profile (9 Tests)
- ✓ Liver Function Test (12 Tests)
- ✓ Kidney Function Test (10 Test)
- ✓ Thyroid Profile Total (3 Tests)
- ✓ Many more



POCKET-SAVER PACKAGE

Glucose Fasting, TSH, Cholesterol Total

₹ 89

BUMPER POCKET SAVER PACKAGE

Glucose Fasting/Random Sugar, SGPT, TSH, Cholesterol, Creatinine, Uric Acid

₹ 199