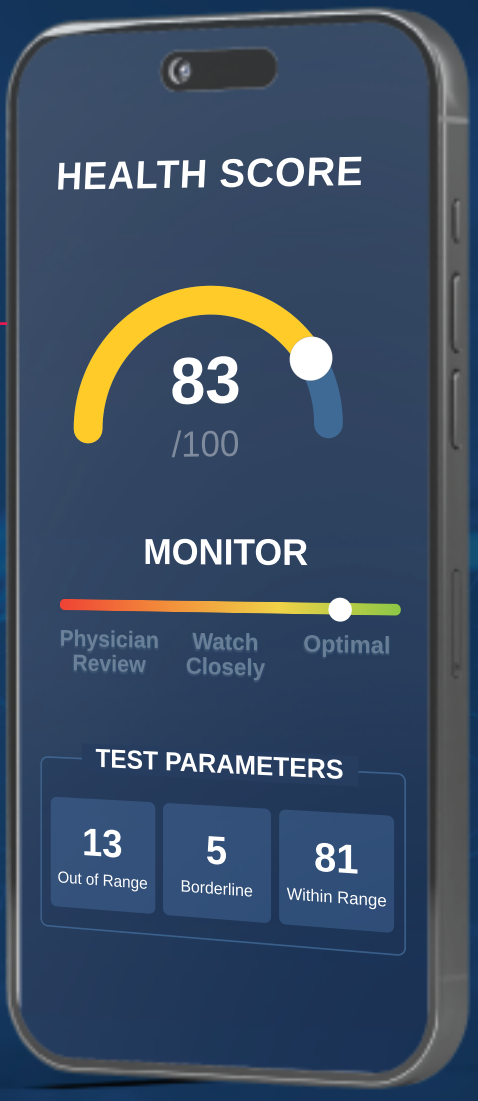
Redcliffe labs

SMART
HEALTH REPORT

An insightful Health Analytics Report
For Easier Understanding



Prepared For

Mr AJAY DHAGAT

Male 80 yrs

Jul 03, 2026

Trusted by Millions Across India

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Certified & Trained Professionals	**RRL JABALPUR** NABL-Compliant Facility	**Dr. Manju Saraf** MD, Pathologists

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SMART HEALTH REPORT

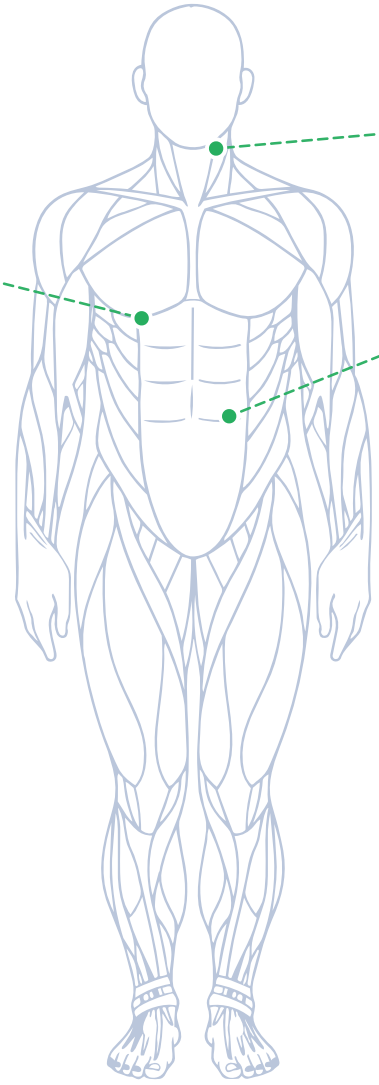
Redcliffe labs

Mr AJAY DHAGAT

Gender: Male Age: 80 Yrs Patient ID: 17581533

COMPREHENSIVE WELLNESS OVERVIEW

SUGAR CONTROL	71
Glycated Hemoglobin	7.4
Glucose Fasting	129 mg/dL
LIVER FUNCTION	100
BLOOD COUNT	96
VITAMINS & NUTRITION	100
IRON LEVELS	98
INFLAMMATION	100
THYROID FUNCTION	100
KIDNEY FUNCTION	99
CHOLESTEROL MARKERS	84
URINALYSIS	100
HYDRATION MARKERS	99



0-39	40-59	60-69	70-79	80-89	90-100
Physician Review	High Concern	Needs Action	Watch Closely	Monitor	Optimal

All domain scores are measured on a scale of 0 to 100, where a higher score indicates better health status

Mr AJAY DHAGAT

Gender: Male Age: 80 Yrs Patient ID: 17581533

Health Score

0-39	40-59	60-69	70-79	80-89	90-100
Physician Review	High Concern	Needs Action	Watch Closely	Monitor	Optimal

HEALTH SCORE

MONITOR

Physician Review | Watch Closely | Optimal

TEST PARAMETERS

13	5	81
Out of Range	Borderline	Within Range

What is Health Score ?

Health Score is a comprehensive numerical indicator of an individual's overall health status. It converts complex medical data into a simple, easy-to-understand score that helps individuals quickly assess their current health and identify areas requiring attention.

Calculation Flow

Parameter Score	Test Group Score	Health Profile Score	Overall Health Score
Derived from individual parameter results	Related tests combined into one score	Test Groups combined into a major health profile	All health profiles combined into your total health score

CRP (Quantitative), RHEUMATOID FACTOR, Quantitative, Prostate Specific Antigen-Total (PSA-Total), HEPATITIS B SURFACE ANTIGEN (HBsAg), P-LCC, BUN

These parameters are not part of your HealthScore calculation, as your HealthScore is calculated using selected parameters that reflect your overall wellness. Please consult your doctor if any of these values are flagged.

Mr AJAY DHAGAT

Gender: Male Age: 80 Yrs Patient ID: 17581533

DOCTOR CLINICAL OVERVIEW

BLOOD COUNT

Looks at blood cell counts and platelet parameters

Test Name	Result	Range
Hemoglobin	12.6 g/dL	13.0 - 17.0
TLC	6.3 10^3/µl	4 - 10
Neutrophils	66.5 %	40 - 80
Lymphocytes	24.9 %	20 - 40
Monocytes	6.6 %	2 - 10
Eosinophils	1.8 %	1 - 6
Basophils	0.2 %	0 - 2
Neutrophils.	4.19 10^3/µl	2 - 7
Lymphocytes.	1.57 10^3/µl	1 - 3
Monocytes.	0.42 10^3/µl	0.2 - 1.0
Eosinophils.	0.11 10^3/µl	0.02 - 0.5
Basophils.	0.01 10^3/µl	0.02 - 0.5
Platelet Count	200 10^3/µl	150 - 410
Mean Platelet Volume (MPV)	10.5 fL	9.3 - 12.1
PDW	12.7 fL	8.3 - 25
P-LCR	30.5 %	18 - 50
P-LCC	61 10^9/L	44 - 140

1 Out of Range 1 Borderline 15 Within Range

Mr AJAY DHAGAT

Gender: Male Age: 80 Yrs Patient ID: 17581533

DOCTOR CLINICAL OVERVIEW

ANEMIA STUDIES

Evaluates red blood cell indices for anemia assessment

Test Name	Result	Range
RBC Count	4.1 10^6/µl	4.5 - 5.5
PCV	37.9 %	40 - 50
MCV	92.3 fl	83 - 101
MCH	30.7 pg	27 - 32
MCHC	33.3 g/dL	31.5 - 34.5
RDW (CV)	13.8 %	11.6 - 14.0
RDW-SD	45.6 fl	35.1 - 43.9
Mentzer Index	22.51 %	—
Red blood Cells	Absent /hpf	0 - 2

2 Out of Range 1 Borderline 6 Within Range

INFECTIOUS DISEASES

Markers indicating infection or immune response

Test Name	Result	Range
PCT	0.2 %	0.17 - 0.32
Deposit	Absent	—
Yeast Cells	Absent	—
Protozoa	Absent	—

0 Out of Range 0 Borderline 4 Within Range

Mr AJAY DHAGAT

Gender: Male Age: 80 Yrs Patient ID: 17581533

DOCTOR CLINICAL OVERVIEW

INFLAMMATION

Inflammation markers including ESR, CRP, fibrinogen and cytokines

Test Name	Result	Range
ESR - Erythrocyte Sedimentation Rate	22 mm/hr	0 - 22
CRP (Quantitative)	4.9 mg/L	0 - 5

0 Out of Range 0 Borderline 2 Within Range

SUGAR CONTROL

Blood glucose and HbA1c for diabetes assessment

Test Name	Result	Range
Glycosylated Hemoglobin (HbA1c)	7.4 %	0 - 5.7
Estimated Average Glucose	165.68 mg/dL	—
Glucose Fasting	129 mg/dL	70 - 100
Urine Glucose (sugar)	Negative	—

2 Out of Range 0 Borderline 2 Within Range

Mr AJAY DHAGAT

Gender: Male Age: 80 Yrs Patient ID: 17581533

DOCTOR CLINICAL OVERVIEW

LIVER FUNCTION

Liver enzymes, proteins and bilirubin levels

Test Name	Result	Range
Bilirubin Total	0.4 mg/dL	0.2 - 1.2
Bilirubin Direct	0.2 mg/dL	0 - 0.5
Bilirubin Indirect	0.2 mg/dL	0.1 - 1
SGOT/AST	18 U/L	5 - 34
SGPT/ALT	26.5 U/L	0 - 55
SGOT/SGPT Ratio	0.68 Ratio	0 - 0.99
Alkaline Phosphatase	85 U/L	40 - 150
Total Protein	6.6 g/dL	6.4 - 8.3
Albumin	4 g/dL	3.8 - 5
Globulin	2.6 g/dL	2.3 - 3.5
Albumin :Globulin Ratio	1.54	1 - 2.1
Gamma Glutamyl Transferase (GGT)	22.7 U/L	12 - 64
Bilirubin Urine	Negative	—
Urobilinogen	Normal	—

0 Out of Range 0 Borderline 14 Within Range

Mr AJAY DHAGAT

Gender: Male Age: 80 Yrs Patient ID: 17581533

DOCTOR CLINICAL OVERVIEW

KIDNEY FUNCTION

Kidney filtration markers and waste products

Test Name	Result	Range
Blood Urea	27.8 mg/dL	17.97 - 54.99
Bun	12.99 mg/dL	8 - 23
Creatinine	1.4 mg/dL	0.72 - 1.25
eGFR (CKD-EPI)	50.79 ml/min/1.73 sq m	—
Bun/Creatinine Ratio	9.28 Ratio	12 - 20
Urea / Creatinine Ratio	19.86 Ratio	25.68 - 42.8
Urine Protein (Albumin)	Negative	—
Blood	Negative	—
Crystals	Absent	—
Cast	Absent	—
Uric Acid	5.1 mg/dL	3.5 - 7.2
Calcium Serum	10.1 mg/dL	8.8 - 10.0

3 Out of Range 1 Borderline 8 Within Range

Mr AJAY DHAGAT

Gender: Male Age: 80 Yrs Patient ID: 17581533

DOCTOR CLINICAL OVERVIEW

URINALYSIS

Urinary physical and chemical examination parameters

Test Name	Result	Range
Volume	30 mL	—
Colour	Pale yellow	—
Transparency	Clear	—
Reaction (pH)	6.0	4.5 - 8.0
Specific Gravity	1.025	1.010 - 1.030
Urine Ketones (Acetone)	Negative	—
Nitrite	Negative	—
Epithelial Cells	1-2 /hpf	0 - 4
Amorphous deposits	Absent	—
Bacteria	Occasional	—
Pus Cells (WBCs)	2-3 /hpf	0 - 5
Leucocyte esterase	Negative	—

0 Out of Range 0 Borderline 12 Within Range

HYDRATION MARKERS

Sodium, potassium, chloride balance

Test Name	Result	Range
Phosphorus	4.3 mg/dL	2.3 - 4.7
Sodium	140.9 mmol/L	136 - 145
Potassium	3.8 mmol/L	3.5 - 5.1
Chloride	105.2 mmol/L	98 - 107

0 Out of Range 0 Borderline 4 Within Range

Mr AJAY DHAGAT

Gender: Male Age: 80 Yrs Patient ID: 17581533

DOCTOR CLINICAL OVERVIEW

CHOLESTEROL MARKERS

Cholesterol, cardiac enzymes and heart risk markers

Test Name	Result	Range
Total Cholesterol	157 mg/dL	0 - 200
Triglycerides	236.2 mg/dL	0 - 150
HDL Cholesterol	29.1 mg/dL	—
Non HDL Cholesterol	127.9 mg/dL	0 - 130
LDL Cholesterol	80.66 mg/dL	30 - 100
V.L.D.L Cholesterol	47.24 mg/dL	0 - 30
Chol/HDL Ratio	5.4 Ratio	0.0 - 5.0
HDL/ LDL Ratio	0.36 Ratio	0.5 - 3.0
LDL/HDL Ratio	2.77 Ratio	0 - 3.0

4 Out of Range 1 Borderline 4 Within Range

IRON LEVELS

Iron levels and binding capacity

Test Name	Result	Range
Iron	70.2 µg/dL	65 - 175
TIBC,(Total Iron Binding Capacity)	212.3 µg/dL	228 - 428
UIBC	142.1 µg/dL	69 - 240
Transferrin Saturation	33.07 %	16 - 45

0 Out of Range 1 Borderline 3 Within Range

METABOLIC

Metabolic markers

Test Name	Result	Range
RHEUMATOID FACTOR, Quantitative	0.1 IU/mL	0 - 30

0 Out of Range 0 Borderline 1 Within Range

Mr AJAY DHAGAT

Gender: Male Age: 80 Yrs Patient ID: 17581533

DOCTOR CLINICAL OVERVIEW

VITAMINS & NUTRITION

Vitamins A, B, C, D, E, K and nutritional markers

Test Name	Result	Range
Vitamin - B12	>2000 pg/mL	187 - 883
Vitamin D 25 - Hydroxy	42.9 ng/mL	30 - 100

1 Out of Range 0 Borderline 1 Within Range

THYROID FUNCTION

Thyroid hormone balance

Test Name	Result	Range
Triiodothyronine (T3)	99.43 ng/dL	70 - 204
Total Thyroxine (T4)	8.53 µg/dL	5.0 - 12.5
Thyroid Stimulating Hormone (Ultrasensitive)	1.47 mIU/L	0.35 - 4.94

0 Out of Range 0 Borderline 3 Within Range

Mr AJAY DHAGAT

Gender: Male Age: 80 Yrs Patient ID: 17581533

PERSONALISED HEALTH SUMMARY

YOUR RESULTS INDICATE

Your cholesterol pattern

Your cholesterol pattern including VLDL at 47.2 mg/dL shows a clearly raised cardiovascular signal. Cholesterol at this level gradually settles into artery walls, which is what raises long-term strain on the heart and circulation. A doctor review this week is worth arranging.

Your blood sugar markers

Your blood sugar markers including HbA1c at 7.4 % are moderately raised. This reflects the average amount of sugar that has been circulating in your blood over the past two to three months.

Your blood count

Your blood count including Hemoglobin at 12.6 g/dL is below the healthy range. Haemoglobin carries oxygen from your lungs to every organ, so a level below range means your body has to work harder to move the same oxygen.

HOW THIS MAY BE AFFECTING YOUR DAILY LIFE

A quiet cardiovascular risk

Your cholesterol, when high, does not usually cause daily symptoms, but it silently raises cardiovascular risk.

Hunger, drowsiness, and energy dips

Your blood sugar, when moderately raised, can show up as hunger that returns fast, energy dips, or afternoon drowsiness.

Reduced stamina and pale signs

Your blood count, at a moderate drop, you may notice pale inner eyelids or nail beds, or your heart beating noticeably harder during light activity. These are signs your blood is carrying less oxygen than it should — exactly what the hemoglobin number measures.

Mr AJAY DHAGAT

Gender: Male Age: 80 Yrs Patient ID: 17581533

YOUR PERSONAL HEALTH ROADMAP

This Week
Do these first

1. Cutting back on fried, packaged, and processed food this week can help.
2. See your doctor this week to review your cholesterol pattern.
3. Notice whether two flights of stairs or a brisk walk leaves you more breathless than before.
4. A free Redcliffe report consultation can help you walk through these numbers.

In the Next Month
Build momentum

1. Build a steady daily walk habit through the month.
2. Consider following up with your doctor next month to review the cholesterol plan.
3. Over the month, notice whether everyday exertion is feeling easier as your habits settle.
4. Planning a lipid panel retest can help — only retest early if your doctor specifically advises it; meaningful changes typically take 8–12 weeks.

In 2–3 Months
Track your progress

1. Retesting the lipid panel at the 2-3 month mark to see the trend can help.
2. Review the 2-3 month results with your doctor.
3. Your next Redcliffe Heart Health package can help you track lipids.
4. Adding oats or barley to your breakfast 5 days a week can help — soluble fibre is the most evidence-backed dietary tool for sustained LDL reduction.

LABORATORY REPORT

Redcliffe labs

Patient NAME	**: Mr AJAY DHAGAT**		
DOB/Age/Gender	: 80 Y/Male	Report STATUS	: Final Report
Patient ID / UHID	: 17581533/OF17581533	Barcode NO	: 60571795
Referred BY	: Self	Sample Type	: Whole blood EDTA
Sample Collected	: Jul 03, 2026, 12:13 PM	Report Date	: Jul 03, 2026, 12:43 PM.

NABL-M(EL)T-00668 MEDICAL ENTRY LEVEL TESTING LABORATORY RECOGNITION PROGRAM

BharatFit Package- 5

Complete Blood Count (CBC)

Test Description	Value(s)	Unit(s)	Reference Range
RBC Parameters			
Hemoglobin *Spectrophotometry (Cyanide Free)*	**12.6 L***	g/dL	13.0 - 17.0
RBC Count *Electrical impedance*	**4.1 L***	10^6/µl	4.5 - 5.5
PCV *Calculated*	**37.9 L***	%	40 - 50
MCV *Calculated*	92.3	fl	83 - 101
MCH *Calculated*	30.7	pg	27 - 32
MCHC *Calculated*	33.3	g/dL	31.5 - 34.5
RDW (CV) * *Calculated*	13.8	%	11.6 - 14.0
RDW-SD * *Calculated*	**45.6 H***	fl	35.1 - 43.9
WBC Parameters			
TLC *Electrical impedance and microscopy*	6.3	10^3/µl	4 - 10
Differential Leucocyte Count			
Neutrophils	66.5	%	40-80
Lymphocytes	24.9	%	20-40
Monocytes	6.6	%	2-10
Eosinophils	1.8	%	1-6
Basophils	0.2	%	<2
Absolute Leukocyte Counts ***calculated***			
Neutrophils.	4.19	10^3/µl	2 - 7
Lymphocytes.	1.57	10^3/µl	1 - 3
Monocytes.	0.42	10^3/µl	0.2 - 1.0
Eosinophils.	0.11	10^3/µl	0.02 - 0.5
Basophils.	**0.01 L***	10^3/µl	0.02 - 0.5
Platelet Parameters			
Platelet Count *Electrical impedance*	200	10^3/µl	150 - 410
Mean Platelet Volume (MPV) * *Calculated*	10.5	fL	9.3 - 12.1
PCT * *Calculated*	0.2	%	0.17 - 0.32

Note :- (H* - High , L* - Low ,CL* - Critical Low,CH* - Critical High)

(*) Parameter(s) are outside the scope of tests recognized under the NABL M(EL)T Scheme.

Dr. Manju Saraf
MBBS, DCP
Consultant Pathologist

Patient NAME	**: Mr AJAY DHAGAT**		
DOB/Age/Gender	: 80 Y/Male	Report STATUS	: Final Report
Patient ID / UHID	: 17581533/OF17581533	Barcode NO	: 60571795
Referred BY	: Self	Sample Type	: Whole blood EDTA
Sample Collected	: Jul 03, 2026, 12:13 PM	Report Date	: Jul 03, 2026, 12:43 PM.

NABL-M(EL)T-00668

MEDICAL ENTRY LEVEL TESTING LABORATORY RECOGNITION PROGRAM

Test Description	Value(s)	Unit(s)	Reference Range
PDW * *Calculated*	12.7	fL	8.3 - 25.0
P-LCR * *Calculated*	30.5	%	18 - 50
P-LCC * *Calculated*	61	10^9/L	44 - 140
Mentzer Index * *Calculated*	22.51	%	> 13

Interpretaion:

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.

Note :- (H* - High , L* - Low ,CL* - Critical Low,CH* - Critical High)

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Consultant Pathologist

Patient NAME	**: Mr AJAY DHAGAT**		
DOB/Age/Gender	: 80 Y/Male	Report STATUS	: Final Report
Patient ID / UHID	: 17581533/OF17581533	Barcode NO	: 60571795
Referred BY	: Self	Sample Type	: Whole blood EDTA
Sample Collected	: Jul 03, 2026, 12:13 PM	Report Date	: Jul 03, 2026, 01:55 PM.

Erythrocyte Sedimentation Rate (ESR)

Test Description	Value(s)	Unit(s)	Reference Range
ESR - Erythrocyte Sedimentation Rate *Modified Westergren*	22	mm/hr	0-22

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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Consultant Pathologist

Patient NAME	**: Mr AJAY DHAGAT**		
DOB/Age/Gender	: 80 Y/Male	Report STATUS	: Final Report
Patient ID / UHID	: 17581533/OF17581533	Barcode NO	: 60571795
Referred BY	: Self	Sample Type	: Whole blood EDTA
Sample Collected	: Jul 03, 2026, 12:13 PM	Report Date	: Jul 03, 2026, 02:16 PM.

NABL-M(EL)T-00668 MEDICAL ENTRY LEVEL TESTING LABORATORY RECOGNITION PROGRAM

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

HbA1C (Glycosylated Haemoglobin)

Glycosylated Hemoglobin (HbA1c) *Immunoturbidimetry*	**7.4 H***	%	< 5.7
Estimated Average Glucose *	165.68	mg/dL	Refer Table Below

Interpretaion:

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

Note :- (H* - High , L* - Low ,CL* - Critical Low,CH* - Critical High)

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Dr. Manju Saraf
MBBS, DCP
Consultant Pathologist

All Lab results are subject to clinical interpretation by qualified medical professional and this report is not subject to use for any medico-legal purpose.

Patient NAME	**: Mr AJAY DHAGAT**		
DOB/Age/Gender	: 80 Y/Male	Report STATUS	: Final Report
Patient ID / UHID	: 17581533/OF17581533	Barcode NO	: 60571796
Referred BY	: Self	Sample Type	: FLUORIDE F
Sample Collected	: Jul 03, 2026, 12:13 PM	Report Date	: Jul 03, 2026, 01:19 PM.

NABL-M(EL)T-00668 MEDICAL ENTRY LEVEL TESTING LABORATORY RECOGNITION PROGRAM

Test Description	Value(s)	Unit(s)	Reference Range
Blood Sugar Fasting			
Glucose Fasting *Hexokinase*	**129 H***	mg/dL	70 - 100

Interpretaion:

Status	Fasting plasma glucose in mg/dL
Normal	70 - 100
Impaired fasting glucose	101 - 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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Patient NAME	**: Mr AJAY DHAGAT**		
DOB/Age/Gender	: 80 Y/Male	Report STATUS	: Final Report
Patient ID / UHID	: 17581533/OF17581533	Barcode NO	: 60571797
Referred BY	: Self	Sample Type	: Serum
Sample Collected	: Jul 03, 2026, 12:13 PM	Report Date	: Jul 03, 2026, 03:43 PM.

NABL-M(EL)T-00668 MEDICAL ENTRY LEVEL TESTING LABORATORY RECOGNITION PROGRAM

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
Bilirubin Indirect * *Calculated*	0.2	mg/dL	0.1 - 1.0
SGOT/AST *Enzymatic [NADH (without P5P)]*	18	U/L	5 - 34 U/L
SGPT/ALT *Enzymatic [NADH (without P5P)]*	26.5	U/L	0 to 55 U/L
SGOT/SGPT Ratio * *Calculated*	0.68	Ratio	<1.00
Alkaline Phosphatase *p-nitrophenyl Phosphate, AMP buffer*	85	U/L	40 - 150
Total Protein *Photometric (Biuret)*	6.6	g/dL	6.4-8.3
Albumin *Colorimetric BCG*	4	g/dL	3.8 - 5.0
Globulin * *Calculated*	2.6	g/dL	2.3 - 3.5
Albumin :Globulin Ratio * *Calculation (Albumin/Globulin)*	1.54	-	1.0 - 2.1
Gamma Glutamyl Transferase (GGT) * *ENZYMATIC*	22.7	U/L	12 - 64

Interpretaion:

The liver filters blood, metabolizes nutrients, detoxifies harmful substances, and produces blood clotting proteins. Liver cells contain enzymes that facilitate these functions. When cells are damaged, enzymes leak into the blood, detectable through blood tests.

Key enzymes tested:

1. AST (SGOT): may indicate tissue injury / damage in muscles or liver.

2. ALT (SGPT): Primarily in the liver. Elevated ALT and AST suggest liver damage.

3. Alkaline Phosphatase & GGT: Linked to bile production and flow. Elevated levels may indicate bile flow issues related to the liver, gallbladder, or bile ducts.

Blood proteins, **albumin and globulin**, are essential for growth, development, and health.

1. Low protein: May indicate bleeding, liver disorders, malnutrition, or agammaglobulinemia.

2. High protein (Hyperproteinemia): Often due to dehydration or increased protein production.

3. Low albumin: Caused by poor diet, kidney, or liver disease.

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Patient NAME	**: Mr AJAY DHAGAT**		
DOB/Age/Gender	: 80 Y/Male	Report STATUS	: Final Report
Patient ID / UHID	: 17581533/OF17581533	Barcode NO	: 60571797
Referred BY	: Self	Sample Type	: Serum
Sample Collected	: Jul 03, 2026, 12:13 PM	Report Date	: Jul 03, 2026, 03:43 PM.

NABL-M(EL)T-00668

MEDICAL ENTRY LEVEL TESTING LABORATORY RECOGNITION PROGRAM

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

4. High albumin: Usually due to severe dehydration.

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LABORATORY REPORT

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Patient NAME	**: Mr AJAY DHAGAT**		
DOB/Age/Gender	: 80 Y/Male	Report STATUS	: Final Report
Patient ID / UHID	: 17581533/OF17581533	Barcode NO	: 60571797
Referred BY	: Self	Sample Type	: Serum
Sample Collected	: Jul 03, 2026, 12:13 PM	Report Date	: Jul 03, 2026, 03:43 PM.

NABL-M(EL)T-00668 MEDICAL ENTRY LEVEL TESTING LABORATORY RECOGNITION PROGRAM

Kidney Function Test (KFT)

Test Description	Value(s)	Unit(s)	Reference Range
Blood Urea *Ureas*	27.8	mg/dL	17.97-54.99
Bun * *Urease*	12.99	mg/dL	8 - 23
Creatinine *Modified Jaffe*	**1.4 H***	mg/dL	0.72 - 1.25
eGFR (CKD-EPI)	50.79	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*	**9.28 L***	Ratio	12 - 20
Urea / Creatinine Ratio * *Calculated*	**19.86 L***	Ratio	25.68- 42.8
Uric Acid *Uricase*	5.1	mg/dL	3.5 - 7.2 mg/dL
Calcium Serum *Arsenazo III*	**10.1 H***	mg/dL	8.8 - 10.0
Phosphorus *Phosphomolybdate*	4.3	mg/dL	2.3 - 4.7
Sodium *Ion-Selective Electrode Diluted (Indirect)*	140.9	mmol/L	136 - 145
Potassium *Ion-Selective Electrode Diluted (Indirect)*	3.8	mmol/L	3.5 - 5.1
Chloride *ISE-Indirect*	105.2	mmol/L	98 - 107

Interpretaion:

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. 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.**"eGFR test is applicable for patients aged 18 years or more."**

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All Lab results are subject to clinical interpretation by qualified medical professional and this report is not subject to use for any medico-legal purpose.

Patient NAME	**: Mr AJAY DHAGAT**		
DOB/Age/Gender	: 80 Y/Male	Report STATUS	: Final Report
Patient ID / UHID	: 17581533/OF17581533	Barcode NO	: 60571797
Referred BY	: Self	Sample Type	: Serum
Sample Collected	: Jul 03, 2026, 12:13 PM	Report Date	: Jul 03, 2026, 03:43 PM.

NABL-M(EL)T-00668 MEDICAL ENTRY LEVEL TESTING LABORATORY RECOGNITION PROGRAM

Test Description	Value(s)	Unit(s)	Reference Range
Lipid Profile			
Total Cholesterol *CHOD-PAP*	157	mg/dL	<200
Triglycerides *Method: GPO*	**236.2 H***	mg/dL	<150
HDL Cholesterol *Direct Measure PEG*	**29.1 L***	mg/dL	>40
Non HDL Cholesterol * *Calculated*	127.9	mg/dL	<130
LDL Cholesterol * *Calculated*	80.66	mg/dL	<100
V.L.D.L Cholesterol * *Calculated*	**47.24 H***	mg/dL	< 30
Chol/HDL Ratio * *Calculated*	**5.4 H***	Ratio	0.0 - 5.0
HDL/ LDL Ratio * *Calculated*	**0.36 L***	Ratio	0.5 - 3.0
LDL/HDL Ratio * *Calculated*	2.77	Ratio	0.0- 3.0

Interpretaion:

Lipid level assessments must be made following 10 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. Intraindividual (within-person) variation in triglyceride (TG) levels is high, often showing a 12.9% to 40.8% variation in healthy individuals within 1 year,. This variability is driven by a combination of biological, lifestyle, and physiological factors that fluctuate rather than remaining constant.

Causes of variation include

- Diet: Levels spike 5–10 times after meals.Unhealthy high saturated fat diets like non veg diet sweetened beverages , fried or processed foods , and alcohol intake can significantly raise triglyceride values.
- Lifestyle: Obesity , sedentary lifestyle, and smoking can raise levels.
- Biology: Pregnancy (estrogen), aging, and conditions like Diabetes or Metabolic Syndrome cause major shifts.
- Drugs like : Beta-blockers, steroids, tamoxifen, thiazides, and oral contraceptives can raise triglyceride levels

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

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NABL-M(EL)T-00668 MEDICAL ENTRY LEVEL TESTING LABORATORY RECOGNITION PROGRAM

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

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
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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NABL-M(EL)T-00668

MEDICAL ENTRY LEVEL TESTING LABORATORY RECOGNITION PROGRAM

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

- Nordestgaard, B. A Test in Context: Lipid Profile, Fasting Versus Nonfasting. JACC. 2017 Sep, 70 (13) 1637–1646.
- P.N.M. Demacker, R.W.B. Schade, R.T.P. Jansen, A. Van 't Laar, Intra-individual variation of serum cholesterol, triglycerides and high density lipoprotein cholesterol in normal humans, Atherosclerosis,
- Parhofer KG, Laufs U: The diagnosis and treatment of hypertriglyceridemia. Dtsch Arztebl Int 2019; 116: 825–32. DOI: 10.3238/arztebl.2019.0825

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Iron Studies

Test Description	Value(s)	Unit(s)	Reference Range
Iron *Ferene*	70.2	µg/dL	65 - 175
TIBC,(Total Iron Binding Capacity) *Calculated*	**212.3 L***	µg/dL	228 – 428
UIBC *Ferene*	142.1	µg/dL	69 - 240
Transferrin Saturation *Calculated*	33.07	%	16 - 45

Interpretaion:

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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Test Description	Value(s)	Unit(s)	Reference Range
C-Reactive Protein (CRP), Quantitative			
CRP (Quantitative) *Immunoturbidimetry*	4.9	mg/L	up to 5

Interpretaion:

Increased CRP level:

1. A high or increasing amount of CRP in the blood suggests the presence of inflammation but will not identify its location or the cause.
2. Suspected bacterial infection—a high CRP level can provide indication that patient has an infection.
3. Chronic inflammatory disease—high levels of CRP suggest a flare-up if you have a chronic inflammatory disease or that treatment has not been effective.

If the CRP level is initially elevated and drops, it means that the inflammation or infection is subsiding and/or responding to treatment.

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Referred BY	: Self	Sample Type	: Serum
Sample Collected	: Jul 03, 2026, 12:13 PM	Report Date	: Jul 03, 2026, 03:43 PM.

Rheumatoid Factor (RF), Quantitative

Test Description	Value(s)	Unit(s)	Reference Range
RHEUMATOID FACTOR, Quantitative *Immunoturbidimetry*	0.1	IU/mL	Negative <30 Weakly positive 30 to 50 Positive >50

Interpretaion:

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

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Referred BY	: Self	Sample Type	: Serum
Sample Collected	: Jul 03, 2026, 12:13 PM	Report Date	: Jul 03, 2026, 03:10 PM.

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Vitamin B12 / Cyanocobalamin

Test Description	Value(s)	Unit(s)	Reference Range
Vitamin - B12 *ECLIA*	**>2000 H***	pg/mL	187 - 883

Interpretaion:

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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Referred BY	: Self	Sample Type	: Serum
Sample Collected	: Jul 03, 2026, 12:13 PM	Report Date	: Jul 03, 2026, 03:10 PM.

Vitamin D 25 Hydroxy

Test Description	Value(s)	Unit(s)	Reference Range
Vitamin D 25 - Hydroxy *ECLIA*	42.9	ng/mL	Deficient <20 Insufficient 21 - 29 Sufficient 30 - 100

Interpretaion:

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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DOB/Age/Gender	: 80 Y/Male	Report STATUS	: Final Report
Patient ID / UHID	: 17581533/OF17581533	Barcode NO	: 60571797
Referred BY	: Self	Sample Type	: Serum
Sample Collected	: Jul 03, 2026, 12:13 PM	Report Date	: Jul 03, 2026, 03:10 PM.

Thyroid Profile Total

Test Description	Value(s)	Unit(s)	Reference Range
Triiodothyronine (T3) *ECLIA*	99.43	ng/dL	70 - 204
Total Thyroxine (T4) *ECLIA*	8.53	µg/dL	5.0- 12.5
Thyroid Stimulating Hormone (Ultrasensitive) *ECLIA*	1.47	mIU/L	0.35 - 4.94

Interpretaion:

Pregnancy	Refrence Range 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. Apart from nocturnal circadian surge other biological factors responsible for TSH variation include pulsatile secretion, along with seasonal changes and lifestyle factors such as smoking, BMI, and diet. Other contributors include aging, non-thyroidal illnesses, medication interference, and rare analytical issues like macro-TSH

Clinical Use:
1. Diagnose Hypothyroidism & Hyperthyroidism
2. Monitor T4 therapy
3. Measure subnormal TSH levels

Increased TSH: Primary hypothyroidism, Subclinical hypothyroidism, TSH-dependent hyperthyroidism, Thyroid hormone resistance
Decreased TSH: Graves' disease, Autonomous thyroid hormone secretion, TSH deficiency
Thyroid malfunction (hyper or hypo) affects T3 & T4 levels. Pituitary or hypothalamic issues also influence thyroid activity.

1. Primary Hypothyroidism: High TSH levels.
2. Secondary/Tertiary Hypothyroidism: Low TSH levels.
3. Euthyroid Sick Syndrome: Abnormal thyroid test results due to non-thyroidal illnesses (NTI).
TBG levels are stable in healthy individuals but may be altered by pregnancy, estrogens, androgens, steroids, or glucocorticoids, causing inaccurate T3 & T4 readings.

TSH	T4	T3	Interpretation
High	Normal	Normal	Mild (subclinical) hypothyroidism
High	Low	Low Or Nomral	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)

References

- Van der Spoel E, Roelfsema F and van Heemst D (2021) Within-Person Variation in Serum Thyrotropin Concentrations: Main Sources, Potential Underlying Biological Mechanisms, and Clinical Implications. Front. Endocrinol. 12:619568. doi: 10.3389/fendo.2021.619568

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Patient NAME	: **Mr AJAY DHAGAT**		
DOB/Age/Gender	: 80 Y/Male	Report STATUS	: Final Report
Patient ID / UHID	: 17581533/OF17581533	Barcode NO	: 60571797
Referred BY	: Self	Sample Type	: Serum
Sample Collected	: Jul 03, 2026, 12:13 PM	Report Date	: Jul 03, 2026, 03:10 PM.

Prostate Specific Antigen (PSA) Total

Test Description	Value(s)	Unit(s)	Reference Range
Prostate Specific Antigen-Total (PSA-Total) *ECLIA*	0.007	ng/mL	<4.0

Interpretaion:

1· Prostate specific antigen (PSA), a member of the human kallikrein gene family, is a serine protease with chymotrypsin-like activity.
2· The major site of PSA production is the glandular epithelium of the prostate. PSA has also been found in breast cancers, salivary gland neoplasms, periurethral and anal glands, cells of the male urethra, breast milk, blood and urine.
3· The combined use of DRE (digital rectal examination) and PSA has been shown to result in an increased detection of early stage prostate cancer.
4· PSA testing can have significant value in detecting metastatic or persistent disease in patients following surgical or medical treatment of prostate cancer.
5· Persistent elevation of PSA following treatment, or an increase in a post-treatment PSA level is indicative of recurrent or residual disease. PSA testing is widely accepted as an adjunctive test in the management of prostate cancer patients.

Increased Levels

Prostate cancer
Benign Prostatic Hyperplasia
Prostatitis
Genitourinary infections

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Referred BY	: Self	Sample Type	: Serum
Sample Collected	: Jul 03, 2026, 12:13 PM	Report Date	: Jul 03, 2026, 01:09 PM.

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

BharatFit Package- 5

Hepatitis B Surface Antigen (HBsAg) Rapid Screening Test

HEPATITIS B SURFACE ANTIGEN (HBsAg) *Qualitative immunoassay,rapid card*	NON REACTIVE		NON REACTIVE

Interpretaion:

RESULTS	REMARKS
Reactive	The sample is Reactive for HBsAg
Non Reactive	The sample is Non Reactive for HBsAg

Note

1.**This is only a Screening test.** All reactive results should be confirmed by confirmatory test. Therefore for a definitive diagnosis, the patient's clinical history ,symptomatalogy as well as serological data, should be considered. The results should be reported only after complying with above procedure.

2. Additional follow up testing using available clinical methods (along with repeat HBsAg rapid card test) is required, if the test is Non reactive with persisting clinical symptoms

3. False positive results may be observed in patients receiving mouse monoclonal antibodies, on heparin therapy, on biotin supplements for diagnosis or therapy, presence of heterophilic antibodies in serum or after HBV vaccination for transient period of time.

4. False negative reaction may be due to processing of sample collected early in the course of disease or presence of mutant forms of HBsAg.

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All Lab results are subject to clinical interpretation by qualified medical professional and this report is not subject to use for any medico-legal purpose.

LABORATORY REPORT

Redcliffe labs

Patient NAME	**: Mr AJAY DHAGAT**		
DOB/Age/Gender	: 80 Y/Male	Report STATUS	: Final Report
Patient ID / UHID	: 17581533/OF17581533	Barcode NO	: 60571798
Referred BY	: Self	Sample Type	: Spot Urine
Sample Collected	: Jul 03, 2026, 12:13 PM	Report Date	: Jul 03, 2026, 02:27 PM.

NABL-M(EL)T-00668 MEDICAL ENTRY LEVEL TESTING LABORATORY RECOGNITION PROGRAM

Urine Routine and Microscopic Examination

Test Description	Value(s)	Unit(s)	Reference Range
Physical Examination *			
Volume *	30	mL	-
Colour *	Pale yellow	-	Pale yellow
Transparency *	Clear	-	Clear
Deposit *	Absent	-	Absent
Chemical Examination *			
Reaction (pH) *Double Indicator*	6.0	-	4.5 - 8.0
Specific Gravity *Ion Exchange*	1.025	-	1.010 - 1.030
Urine Glucose (sugar) *Oxidase / Peroxidase*	Negative	-	Negative
Urine Protein (Albumin) *Acid / Base Colour Excahnge*	Negative	-	Negative
Urine Ketones (Acetone) *Legals Test*	Negative	-	Negative
Blood *Peroxidase Hemoglobin*	Negative	-	Negative
Leucocyte esterase *Enzymatic Reaction*	Negative	-	Negative
Bilirubin Urine	Negative	-	Negative
Nitrite *Griless Test*	Negative	-	Negative
Urobilinogen *Ehrlichs Test*	Normal	-	Normal
Microscopic Examination *			
Pus Cells (WBCs) *	2-3	/hpf	0 - 5
Epithelial Cells *	1-2	/hpf	0 - 4
Red blood Cells *	Absent	/hpf	0 - 2
Crystals *	Absent	-	Absent
Cast *	Absent	-	Absent
Yeast Cells *	Absent	-	Absent
Amorphous deposits *	Absent	-	Absent
Bacteria *	Occasional	-	Absent
Protozoa *	Absent	-	Absent

Interpretaion:

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

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MEDICAL ENTRY LEVEL TESTING LABORATORY RECOGNITION PROGRAM

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

exercise, orthostatic proteinuria, dehydration, urinary tract infections and acute illness with fever

Glucose: Uncontrolled diabetes mellitus can lead to presence of glucose in urine. Other causes include pregnancy, hormonal disturbances, liver disease and certain medications.

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.

Blood: Occult blood can occur in urine as intact erythrocytes or haemoglobin, which can occur in various urological, nephrological and bleeding disorders.

Leukocytes: An increase in leukocytes is an indication of inflammation in urinary tract or kidneys. Most common cause is bacterial urinary tract infection.

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.

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.

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.

Bilirubin: In certain liver diseases such as biliary obstruction or hepatitis, bilirubin gets excreted in urine.

Urobilinogen: Positive results are seen in liver diseases like hepatitis and cirrhosis and in cases of haemolytic anaemia.

*** End Of Report ***

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TERMS AND CONDITIONS

1. Laboratory reports are generated solely for informational and interpretational purposes for qualified medical practitioners and must be read in conjunction with the patient's clinical history, examination findings, and other diagnostic parameters. The laboratory does not provide medical advice, diagnosis, or treatment recommendations.
2. All the test results are based strictly on the specimen/sample and information received under the details provided at the time of registration. The patient/customer or referring entity is solely responsible for the accuracy and completeness of details furnished before sample submission. The laboratory shall not be liable for errors, misidentification, or incorrect results arising due to inaccurate, incomplete, or misleading information provided at the time of registration.
3. The patient/customers must disclose all relevant conditions including but not limited to fasting status, medications, dietary intake, alcohol consumption, lifestyle factors, ongoing treatments, and medical history that may affect test outcomes. The laboratory shall not be responsible for any deviation in results due to non-disclosure or incorrect disclosure of such information.
4. Test results are dependent on the quality, integrity, and timing of the specimen received. The laboratory reserves the right to reject or request repeat samples in cases of inadequate, hemolyzed, contaminated, or otherwise compromised samples. No liability shall arise for inability to process or delay due to such reasons.
5. Test results are subject to inherent biological variation and analytical variation depending on the nature of the test, methodology, instrumentation, and pre-analytical factors. While the laboratory follows established quality control and assurance standards, minor variations in results may occur and should be interpreted in conjunction with clinical findings, patient history, and other diagnostic information. The laboratory does not guarantee absolute accuracy, precision, or reproducibility of results across different testing instances or laboratories, and no liability shall arise on account of such inherent variations.
6. All turnaround times are indicative, not guaranteed. Delays may occur due to test complexity, sample condition, referral testing, or quality control procedures, logistics, or other operational constraints.
7. Reports may be released via digital or physical modes such as Email, SMS, WhatsApp, Mobile App, Web Portal, or Printed Copy, subject to completion of testing, quality validation, and payment clearance. Accessing the report through any digital medium shall constitute acceptance of electronic records.
8. All patient information and reports are treated as confidential and may be shared only with patient/customer, authorized healthcare professionals, regulatory bodies, or as required by law.
9. Laboratory reports are not valid for medico-legal purposes unless specifically requested, processed, and certified as such in accordance with applicable laws.
10. To the maximum extent permitted under applicable law, the laboratory shall not be liable for any direct, indirect, incidental, consequential, or special damages arising out of or in connection with the use of, reliance upon, or interpretation of the laboratory report. The laboratory shall have no liability for any clinical decisions, diagnosis, or treatment undertaken on the basis of the report. In all circumstances, the liability of the laboratory, if any, shall be strictly limited to the amount actually paid for the specific test(s) giving rise to such claim.
11. In case of critical, alarming, or unexpected test results, you are advised to contact the laboratory immediately for further guidance and thereafter consult a qualified medical practitioner without delay. Test results should always be interpreted in conjunction with the patient's clinical history and clinical findings.
12. Accessing reports through digital platforms constitutes acceptance of electronic delivery and record storage.
13. The laboratory shall not be liable for any delays in performance or failure to perform its obligations arising out or in connection with events beyond reasonable control, including but not limited to natural disasters, pandemics, acts of God, strikes, labor disputes, transportation disruptions, regulatory or governmental actions, technical failures, or any other unforeseen circumstances.
14. All disputes arising from laboratory services shall be subject to the jurisdiction of courts located in Delhi.

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