

Booking ID : 469146911

Dummy Patient

Female, 69 Years

# Health Profile

Name



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Name



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Name



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## About Report

Here are the sections that explain what to expect from this report



### 1 Summary

This section summarizes your key test results and important health details. It provides a clear overview of your critical parameters and any areas that may need attention for improvement.



### 2 Historical Charts

These charts illustrate how your health has changed over time, showing the trends of key health measures based on your previous tests. Reviewing these helps you understand your health ups and downs.



### 3 Lab Test Results

This part provides a detailed overview of your test results, including the tests performed, ideal outcomes, and how your results compare, with key points highlighted.



### 4 Recommendation

Here, you'll find suggestions for improving your diet and lifestyle, along with tips for maintaining good health and recommendations for consultations.

## Disclaimer

- Copyright protects this report, reproduction, distribution, or transmission without permission is prohibited.
- CrelioHealth is not liable for damages, consult your doctor before taking action.
- The analysis is based on blood data.
- Recommendations might not be suitable for individuals under 18 or pregnant women.
- The report provides comprehensive information but does not replace medical advice.
- Take precautions for allergies or sensitivities.

**ANALYSIS**  
**Summary**Dummy Patient  
Booking ID : 469146911

# Congratulations

for getting a health check done. This is the first step towards taking control of your health

**84%****Health Score**

8 out of 51 parameter exceeds the limit

*Calculated from test report*

## Critical Parameters

We have observed that the below given critical parameters, which can have impact on your health.

**Fasting Glucose**

20.38 ng/mL

**Need Attention****Vitamin D**

20.38 ng/mL

**Need Attention****Vitamin B12**

87 pg/mL

**Within Range**

## ANALYSIS

## Summary

Dummy Patient  
Booking ID : 469146911

## Critical Parameters

We have observed that the below given critical parameters, which can have impact on your health.



## Glucose Fasting

Fasting blood glucose measures the level of glucose (sugar) in the blood after an individual has not eaten for at least 8 hours. It is an essential test for diagnosing and monitoring diabetes and other metabolic disorders.

## Test Value

104 mg/dl

Normal Value

70 - 106 mg/dl



## Vitamin D

Vitamin D is a fat-soluble vitamin essential for maintaining healthy bones and teeth, supporting immune system function, brain health, and overall well-being. It is measured through a blood test, usually in the form of 25-hydroxyvitamin D [25(OH)D], which is the main circulating form of vitamin D in the body.

## Test Value

45.06 pg/mL

Normal Value

30 - 100 mg/dl



## Vitamin B12

Vitamin B12 is an essential water-soluble vitamin found in animal products like meat, fish, dairy, and eggs, and is crucial for red blood cell formation, neurological function, and DNA synthesis. It requires a protein called intrinsic factor for absorption in the stomach.

## Test Value

273 pg/mL

Normal Value

211 - 911 pg/mL

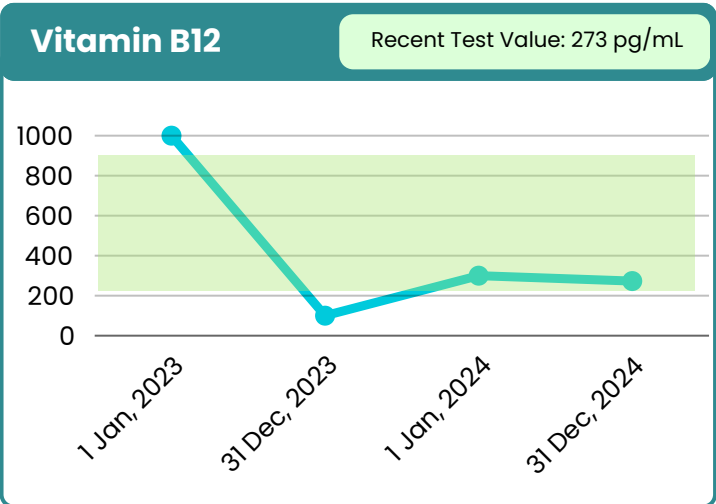
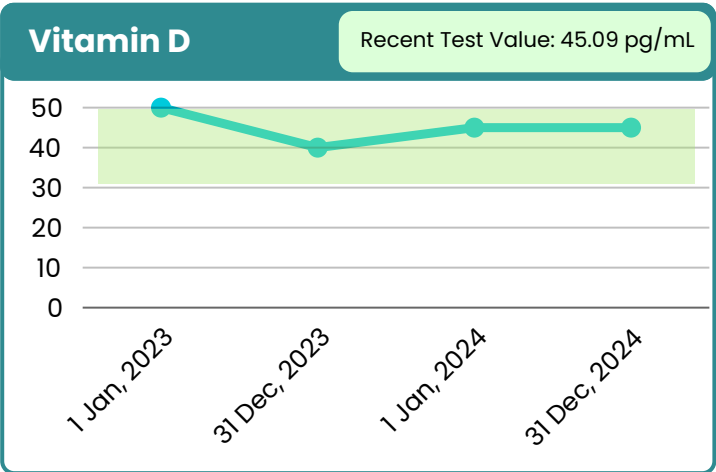
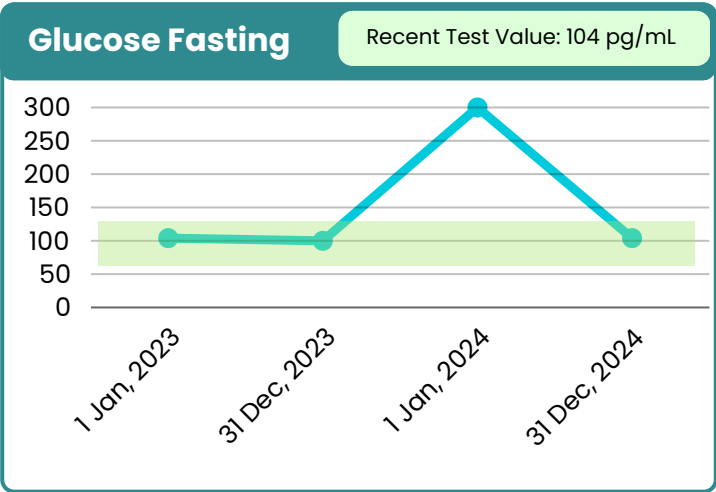


ANALYSIS  
Patient Trend

Dummy Patient  
Booking ID : 469146911

Critical Parameters

We have observed that the below given critical parameters, which can have impact on your health.



Patient Name : Dummy Patient

Age / Sex : 69 years / Female

Ref. Doctor :

Ref. Client Name :

Sample ID :

Patient ID / Billing ID :

Specimen Collected at :

Sample Collected On :

Billed On :

Reported On :

Test Name	Observed Value	Unit	Biological Reference Interval	Method
<b>EXTENDED CBC HAEMOGRAM / ESR</b>				
Haemoglobin	13.6	g/dl	12.0-15.0	Photometry
<b>RED BLOOD CELLS</b>				
Erythrocytes (RBC)	4.69	10 <sup>6</sup> /μl	3.8-4.8	Optical
Hematocrit (HCT)	42.8	%	36-46	Calculated
MCV	91.2	fL	83-101	Measured
MCH	29.0	pg	27-32	Calculated
MCHC	31.8	g/dl	31.5-34.5	Calculated
RDW SD	12.7	%	11.6-14.0	Measured
<b>RBC MORPHOLOGY</b>				
Hyper	0.1	%	-	Light Scatter
Hypo	5.9	%	-	Light Scatter
Macro	0.4	%	-	Light Scatter
Micro	0.3	%	-	Light Scatter
<b>WHITE BLOOD CELLS</b>				
Total WBC Count	7830	/cu.m.m	4000-10000	Flowcytometry
<b>DIFFERENTIAL COUNT</b>				
Neutrophils	45.9	%	40-80	Peroxidase
Lymphocytes	38.7	%	20-40	Peroxidase
Eosinophils	7.4	%	1-6	Peroxidase
Monocytes	4.6	%	2-10	Peroxidase
Basophils	1.3	%	0-2	Peroxidase
Atypical Lymphocytes (LUC)	2.0	%	-	Peroxidase

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**ABSOLUTE COUNT**

Neutrophils	3593	/uL	2000-7000	Peroxidase
Lymphocytes	3030	/uL	1000-3000	Peroxidase
Eosinophils	579	/uL	20-500	Peroxidase
Monocytes	360	/uL	200-1000	Peroxidase
Basophils	101	/uL	20-100	Peroxidase

**PLATELETS**

Platelet Count	285000	/cu.m.m	150000-410000	Optical
Mean Platelet Volume (MPV)	7.2	fL	-	Measured
PCT	0.20	%	-	Calculated
PDW	39.6	%	-	Calculated
Large Platelet	2000	/cu.m.m	-	Optical

**Note:**

- Immature Platelet Fraction (IPF) applicable in cases of Platelets less than 50,000 / cumm.
- Haemograms are reviewed and confirmed microscopically.

**Interpretation:**

Immature Platelet Fraction more than 10% indicates recovery of platelet count within 48 hours.

References: Dacie and Lewis Practical hematology, Eleventh Edition

Erythrocyte Sedimentation Rate (ESR)	06	mm/hr	< 20	Capillary Photometry
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**Interpretation:**

High ESR is not diagnostics of any disease but just indicative of some inflammatory process. ESR is to be used to monitor outcome of therapy. Microcytic anemia can increase ESR. High ESR can also be seen in apparently healthy adults.

Specimen Type : EDTA Whole Blood

**\*\*END OF REPORT\*\***

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Age / Sex	: 69 years / Female	Specimen Collected at	:
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Dr. Doctor One  
Designation



Dr. Doctor Two  
Designation



Dr. Doctor Three  
Designation

Patient Name : Dummy Patient

Age / Sex : 69 years / Female

Ref. Doctor :

Ref. Client Name :

Sample ID :

Patient ID / Billing ID :

Specimen Collected at :

Sample Collected On :

Billed On :

Reported On :

Test Name	Observed Value	Unit	Biological Reference Interval	Method
<b>HBA1C GLYCATED HAEMOGLOBIN</b>				
<b>HbA1C</b> (EDTA Whole Blood)	5.8	%	< 5.7 % : Normal * 5.7 % to 6.4% : Pre-diabetes 6.5 % or higher : Diabetes	HPLC
<b>Estimated Blood Glucose</b> (eBG)	119.76	mg/dl		Calculated

**Interpretation :**

- HbA1c is used for monitoring diabetic control. It reflects the estimated blood glucose (eBG) over three months.
- Trends in HbA1c are a better indicator of diabetic control than a solitary test.
- HbA1c Estimation can get affected in Anemia, Chronic renal failure.
- HbA1c is falsely low in diabetics with hemolytic disease. Fructosamine is recommended in these patients which indicates diabetics control over 15 days.

**Remark :**

Icterus / lipemic sample & HbF concentration more than 10% may interfere with the assay.

If Homozygous Hemoglobinopathy is detected ,fructoseamine is recommended for monitoring diabetic status.

**Reference :**

\* <https://www.diabetes.org/a1c/diagnosis>

**\*\*END OF REPORT\*\***



**Dr. Doctor One**  
**Designation**



**Dr. Doctor Two**  
**Designation**



**Dr. Doctor Three**  
**Designation**

Patient Name	: Dummy Patient	Patient ID / Billing ID	:
Age / Sex	: 69 years / Female	Specimen Collected at	:
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Test Name	Observed Value	Unit	Biological Reference Interval	Method
<b>GLUCOSE FASTING</b>				
Glucose Fasting (Plasma)	104	mg/dl	74 - 106	Hexokinase

**Interpretation :**  
Fasting Blood Sugar more than 126 mg/dl on more than one occasion can indicate Diabetes Mellitus.

\*\*END OF REPORT\*\*



**Dr. Doctor One  
Designation**



**Dr. Doctor Two  
Designation**



**Dr. Doctor Three  
Designation**

Patient Name : Dummy Patient

Age / Sex : 69 years / Female

Ref. Doctor :

Ref. Client Name :

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Patient ID / Billing ID :

Specimen Collected at :

Sample Collected On :

Billed On :

Reported On :

Test Name	Observed Value	Unit	Biological Reference Interval	Method
<b>BIOCHEMISTRY TOTUS PLUS</b>				
<b>Creatinine</b>	0.80	mg/dl	0.55 - 1.02	Alk. picrate IDMS
<b>Blood Urea Nitrogen BUN</b>	9	mg/dl	7 - 18	Urease with GLDH
<b>Blood Urea</b>	19.26	mg/dl	15 - 38	Calculated
<b>Uric Acid</b>	4.6	mg/dL	2.6 - 6.0	Uricase-Colorimetric
<b>Calcium Total</b>	8.7	mg/dl	8.5 - 10.1	OCPC
<b>Sodium</b>	138.5	mmol/l	136 - 142	ISE
<b>Potassium</b>	4.25	mmol/l	3.6 - 5.0	ISE
<b>Chloride</b>	100.8	mmol/l	99 - 104	ISE
<b>Ionised Calcium</b>	1.10	mmol/l	1.10 - 1.35	Direct ISE

\*\*END OF REPORT\*\*

**Dr. Doctor One**  
**Designation****Dr. Doctor Two**  
**Designation****Dr. Doctor Three**  
**Designation**



Patient Name : Dummy Patient

Age / Sex : 69 years / Female

Ref. Doctor :

Ref. Client Name :

Sample ID :

Patient ID / Billing ID :

Specimen Collected at :

Sample Collected On :

Billed On :

Reported On :

Test Name	Observed Value	Unit	Biological Reference Interval	Method
<b>LIPID PROFILE</b>				
Total Cholesterol	219	mg/dl	Desirable : < 200 Borderline High : 201 - 240 High : > 240	Cholestrol Oxidase Esterase Peroxidase
Triglycerides	158	mg/dl	Normal : < 150 Borderline High : 151 - 199 High : ≥ 200	Enzymatic , Endpoint
HDL Cholesterol	53	mg/dl	< 40 Low ≥ 60 High	Direct Measure PEG
Non HDL Cholesterol	166	mg/dl	Desirable : < 130 Boderline high : 130 - 159 High : ≥ 160	Calculated
LDL Cholesterol	134.40	mg/dl	Optimal : <100 Near / Above Optimal : 101 - 129 Borderline High : 130 - 159 High : ≥ 160	Calculated
VLDL Cholesterol	31.60	mg/dl	Below 30	Calculated
CHOL/HDL Ratio	4.13		Desirable/Low Risk : 3.3 - 4.4 Borderline/Middle Risk :4.5 - 7.1 Elevated/High Risk : 7.2 - 11.0	Calculated
Cholesterol LDL/HDL Ratio	2.54		Desirable/Low Risk : 0.5 - 3.0 Borderline/Middle Risk : 3.1 - 6.0 Elevated/High Risk : >6.1	Calculated
Specimen Type : Serum				
Appearance of Serum	Clear			

\*\*END OF REPORT\*\*



Patient Name	: Dummy Patient	Patient ID / Billing ID	:
Age / Sex	: 69 years / Female	Specimen Collected at	:
Ref. Doctor	:	Sample Collected On	:
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Dr. Doctor One  
Designation



Dr. Doctor Two  
Designation



Dr. Doctor Three  
Designation

Patient Name : Dummy Patient

Age / Sex : 69 years / Female

Ref. Doctor :

Ref. Client Name :

Sample ID :

Patient ID / Billing ID :

Specimen Collected at :

Sample Collected On :

Billed On :

Reported On :

Test Name	Observed Value	Unit	Biological Reference Interval	Method
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**THYROID PANEL 1, TOTAL**

Tri-iodothyronine (T3)	96.34	ng/dl	Adults	CLIA
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Euthyroid :60 to 181

Hypothyroid :less than 60

Hyperthyroid :greater than 181

Thyroxine (T4)	6.7	µg/dL	Hypothyroid 0.0- 5.5	CLIA
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Euthyroid 4.5 - 10.9

Hyperthyroid 10.8-19.1

Pregnant Euthyroid 6.4- 10.7

Cord Blood (0 day) 7.4 - 13.0

Neonatal (1-4 days) 14.0 - 28.4

2-20 Weeks - 7.2 - 15.7

TSH-Ultrasensitive	14.872	µIU/mL	0.55-4.78	CLIA
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1st Trimester: 0.1-2.5

2nd Trimester: 0.2-3.0

3rd Trimester: 0.3-3.0

**Specimen Type : Serum****Medical Remark :** Kindly correlate clinically.**Interpretation :**

It is especially useful in the differential diagnosis of primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low. Low TSH levels can be observed in conditions such as goiter, noncancerous tumors or Graves's disease and during the first trimester of pregnancy. High TSH can be observed in surgery, psychiatric medications, radiation therapy or an autoimmune disease.

**Disclaimer:**

1. TSH results may vary due to different instruments and methodology.
2. Results may vary due to reasons such as medication, with time of administration and time of blood collection.
3. There are minimal & transient variations in thyroid function indicators during the normal menstrual cycle & pregnancy.
4. Systemic disease states, referred to as nonthyroidal illnesses, are associated with a variety of alternations in thyroid hormone metabolism.
5. Acute trauma, including surgery, also is associated with alterations in thyroid function indicators.
6. Various medications interfere with results such as NSAIDS, Beta blockers, PPIs, Aspirin etc.

Patient Name	: Dummy Patient	Patient ID / Billing ID	:
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\*\*END OF REPORT\*\*



Dr. Doctor One  
Designation



Dr. Doctor Two  
Designation



Dr. Doctor Three  
Designation

Patient Name : Dummy Patient

Age / Sex : 69 years / Female

Ref. Doctor :

Ref. Client Name :

Sample ID :

Patient ID / Billing ID :

Specimen Collected at :

Sample Collected On :

Billed On :

Reported On :

Test Name	Observed Value	Unit	Biological Reference Interval	Method
Vitamin D Total-25 Hydroxy (Serum)	45.09	ng/mL	Deficiency : < 10 Insufficiency : 10–30 Sufficiency : 30–100 Toxicity : >100	CLIA

**Interpretation :**

- Vitamin D is a fat soluble vitamin and exists in two main forms as cholecalciferol (vitamin D3) which is synthesized in skin from 7-dehydrocholesterol in response to sunlight exposure and Ergocalciferol (vitamin D2) present mainly in dietary sources. Both cholecalciferol are converted to 25 (OH) vitamin D in liver.
- Testing for 25 (OH) vitamin D is recommended as it is the best indicator of vitamin D nutritional status as obtained from sunlight exposure and dietary intake. For diagnosis of vitamin D deficiency it is recommended to have clinical correlation with serum 25 (OH) vitamin D, serum calcium, serum PTH and serum alkaline phosphatase.
- During monitoring of oral vitamin D therapy-suggested testing of serum 25(OH) vitamin D is after 12 weeks or 6 months of treatment. However, the required dosage of vitamin D supplements and time to achieve sufficient vitamin D levels show significant seasonal (especially winter) & individual variability depending on age, body fat, sun exposure, physical activity, genetic factors (especially variable vitamin D receptor response), associated liver or renal disease, malabsorption syndromes and calcium or magnesium deficiency influencing the vitamin D metabolism vitamin D toxicity is known but very rare. Kindly correlate clinically, repeat with fresh sample if indicated. Vitamin D is essential for the formation and maintenance of strong, healthy bones.

Vitamin B12 Cyanocobalamin (Serum)	273	pg/mL	211 - 911	CLIA
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**Interpretation:**

Decreased serum B12 level causes macrocytic anemia and pancytopenia. Vit. B12 levels are decreased in megaloblastic anemia, gastrectomy, peripheral neuropathies, chronic alcoholism and treated epilepsy. Dietary sources of vitamin B12 are meat, eggs, milk and milk products.

**\*\*END OF REPORT\*\***

Patient Name	: Dummy Patient	Patient ID / Billing ID	:
Age / Sex	: 69 years / Female	Specimen Collected at	:
Ref. Doctor	:	Sample Collected On	:
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Dr. Doctor One  
Designation



Dr. Doctor Two  
Designation



Dr. Doctor Three  
Designation

## ADVISORY

## Recommendations

Dummy Patient  
Booking ID : 432143211

**Nutritional Advice**

- Do's: Maintain a balanced diet with whole grains, dairy, fruits, vegetables, and healthy fats. Include calcium-rich foods and nuts. Eat fruits like apples, berries, and melons.
- Don'ts: Limit sugar intake, avoid high cholesterol and calorie-dense foods, and reduce caffeine intake. Avoid saturated fats and oily foods.

**Suggested Lifestyle**

- Do's: Maintain ideal weight and have regular exposure to sunlight.
- Don'ts: Avoid long gaps in meals, strenuous exercises, smoking, alcohol, and long periods of inactivity.

**Physical Activity**

- Engage in physical activity for at least 30 minutes a day, 3-4 days a week. Options include walking, jogging, sports, stretching, yoga, and light weight lifting.
- Choose activities that you enjoy and can easily incorporate into your routine. Always consult with a healthcare professional before starting any new exercise regimen, especially if you have any existing health conditions.

**Stress Management**

- Manage stress with sufficient sleep, meditation, positive attitude, humor, travel, social interaction, and hobbies.
- By incorporating these practices into your daily life, you can effectively manage stress and improve your overall quality of life.


Your Health, Our Priority

At our diagnostics lab, we understand how important your health is. That’s why we offer a wide range of accurate and reliable testing services to help you stay on top of your well-being. Our state-of-the-art facilities and highly trained professionals ensure that you receive the best care possible.

Health Awareness Matters


Regular check-ups are crucial for early detection and prevention of health issues. By prioritizing your health today, you pave the way for a healthier tomorrow.

Health Packages



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Book at ₹ 699



**Basic Health Check**

Book at ₹ 699



**Female – Gold Package**

Book at ₹ 699



**Antenatal Health Check**

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**Basic Health Check**

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**Female – Gold Package**

Book at ₹ 699


Google Reviews



**Name**

★★★★★


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**Name**

★★★★★

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**Name**

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