

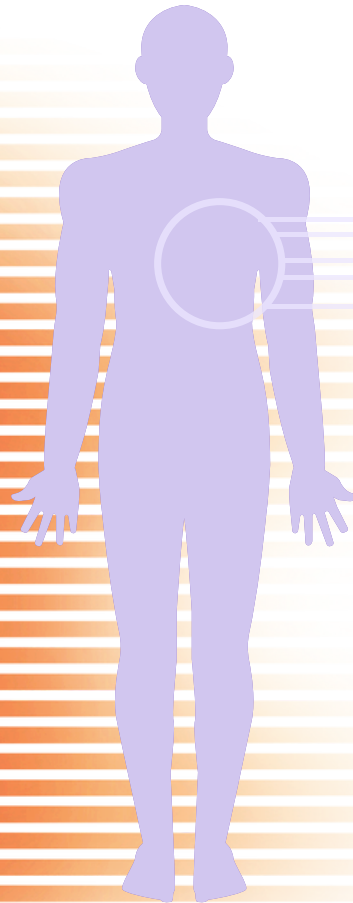
Your Logo

Booking ID : 469146911

**Dummy Patient**

Female, 69 Years

# Health Profile



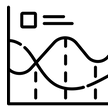
## About Report

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



### 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.



### 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.



### 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.

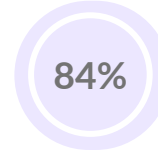
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#### Disclaimer

- 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.

# Congratulations

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



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

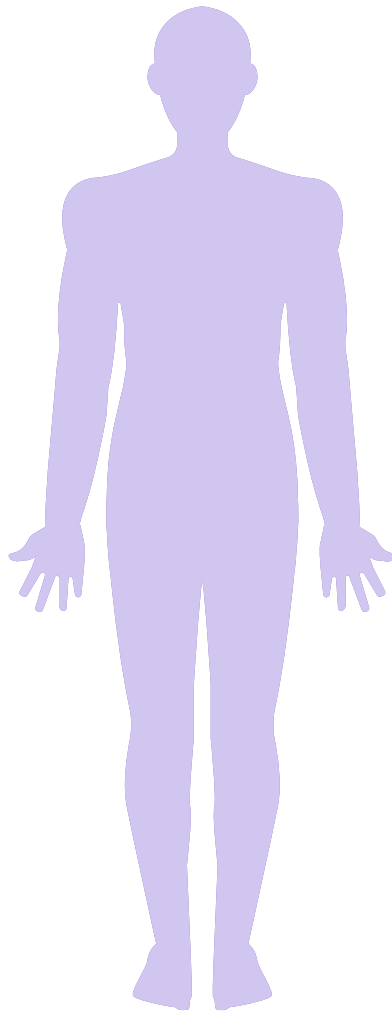
Need Attention



Vitamin D  
20.38 ng/mL



Vitamin B12  
87 pg/mL



## 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.

#### Impact

Elevated fasting glucose levels can lead to long-term complications like cardiovascular disease, neuropathy, kidney damage, and retinopathy if left unmanaged.

#### How to improve?

Avoid excessive consumption of sugary foods, refined carbohydrates, and high-fat foods; instead, incorporate whole grains, fruits, vegetables, and lean proteins into your diet.

**84 mg/dl**

Normal Value  
70 - 100 mg/dl

within range

### 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.

#### Impact

Low vitamin D levels can lead to bone disorders such as rickets in children and osteomalacia or osteoporosis in adults. It can also weaken the immune system and increase the risk of chronic diseases such as cardiovascular disease and certain cancers.

#### How to improve?

Spend more time in sunlight, especially in the early morning or late afternoon, to boost natural vitamin D production. Follow a doctor's recommendation for vitamin D supplementation if levels are significantly low.

Test Value

**20.38 ng/mL**

Normal Value  
30 - 100 mg/dl

out of range

### 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.

### Impact

Vitamin B12 deficiency can lead to anemia, neurological issues, fatigue, weakness, and cognitive disturbances.

### How to improve?

Increase Intake of B12-Rich Foods: Consume more meat, fish, dairy products, and eggs. Especially for vegetarians, vegans, and older adults, get regular blood tests to monitor B12 levels. Maintain gut health through probiotics to improve nutrient absorption.

Test Value

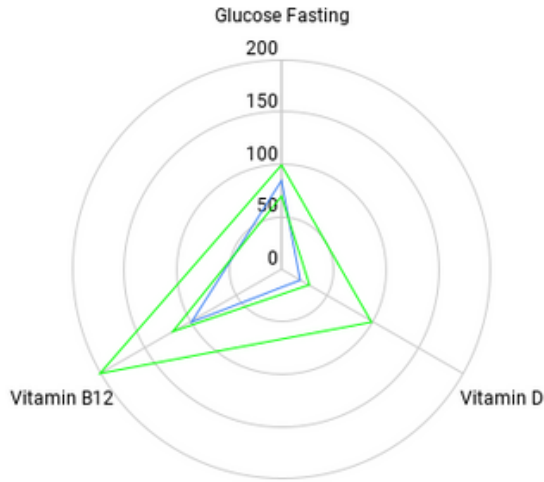
87 pg/mL

Normal Value

120 - 914 pg/mL

out of range

Profile Name  
29th Oct, 2024



Profile Name  
29th Oct, 2024



Profile Name  
29th Oct, 2024



Patient Name : Dummy Patient

Patient ID / Billing ID :

Age / Sex : 69 years / Female

Specimen Collected at :

Ref. Doctor :

Sample Collected On :

Ref. Client Name :

Billed On :

Sample ID :

Reported On :

Test Name	Observed Value	Unit	Biological Reference Interval	Method
<b><u>EXTENDED CBC HAEMOGRAM / ESR</u></b>				
Haemoglobin	13.6	g/dl	12.0-15.0	Photometry
<b><u>RED BLOOD CELLS</u></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><u>RBC MORPHOLOGY</u></b>				
Hyper	0.1	%	-	Light Scatter
Hypo	5.9	%	-	Light Scatter
Macro	0.4	%	-	Light Scatter
Micro	0.3	%	-	Light Scatter
<b><u>WHITE BLOOD CELLS</u></b>				
Total WBC Count	7830	/cu.m.m	4000-10000	Flowcytometry
<b><u>DIFFERENTIAL COUNT</u></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

Patient Name	: Dummy Patient	Patient ID / Billing ID	:
Age / Sex	: 69 years / Female	Specimen Collected at	:
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**ABSOLUTE COUNT**

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

**PLATELETS**

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

<b>Erythrocyte Sedimentation Rate (ESR)</b>	<b>06</b>	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\*\***



Your Logo

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 :

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**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	:
Ref. Doctor	:	Sample Collected On	:
Ref. Client Name	:	Billed On	:
Sample ID	:	Reported On	:

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

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><u>GLUCOSE FASTING</u></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  
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**Dr. Doctor Two  
Designation**



**Dr. Doctor Three  
Designation**

Patient Name : Dummy Patient

Age / Sex : 69 years / Female

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Ref. Client Name :

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Patient ID / Billing ID :

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Sample Collected On :

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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**  
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**Dr. Doctor Three**  
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Patient Name : Dummy Patient

Patient ID / Billing ID :

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

\*\*END OF REPORT\*\*

Your Logo

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Age / Sex : 69 years / Female

Ref. Doctor :

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Sample ID :

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Specimen Collected at :

Sample Collected On :

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Reported On :

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**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 :

Ref. Doctor :

Sample Collected On :

Ref. Client Name :

Billed On :

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Reported On :

Test Name	Observed Value	Unit	Biological Reference Interval	Method
<b><u>THYROID PANEL 1, TOTAL</u></b>				
<b>Tri-iodothyronine (T3)</b>	96.34	ng/dl	Adults Euthyroid :60 to 181 Hypothyroid :less than 60 Hyperthyroid :greater than 181	CLIA
<b>Thyroxine (T4)</b>	6.7	µg/dL	Hypothyroid 0.0- 5.5 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	CLIA
<b>TSH-Ultrasensitive</b>	14.872	µIU/mL	0.55-4.78 1st Trimester: 0.1-2.5 2nd Trimester: 0.2-3.0 3rd Trimester: 0.3-3.0	CLIA

**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.

Your Logo

Patient Name : Dummy Patient

Age / Sex : 69 years / Female

Ref. Doctor :

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Patient ID / Billing ID :

Specimen Collected at :

Sample Collected On :

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



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



**Dr. Doctor Three  
Designation**



Patient Name	: Dummy Patient	Patient ID / Billing ID	:
Age / Sex	: 69 years / Female	Specimen Collected at	:
Ref. Doctor	:	Sample Collected On	:
Ref. Client Name	:	Billed On	:
Sample ID	:	Reported On	:

Test Name	Observed Value	Unit	Biological Reference Interval	Method
<b>Vitamin D Total-25 Hydroxy (Serum)</b>	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.

<b>Vitamin B12 Cyanocobalamin (Serum)</b>	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\*\***

Your Logo

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 :

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Dr. Doctor One  
Designation



Dr. Doctor Two  
Designation



Dr. Doctor Three  
Designation



### 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.

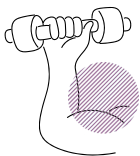
Don'ts: Limit sugar intake, avoid high cholesterol and calorie-dense foods, and reduce caffeine intake. Avoid saturated fats and oily foods.



### 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 Logo

## Health Packages

### Lipid Profile Maxi

includes 11 tests

Book at ₹230

### Lipid Profile Maxi

includes 11 tests

Book at ₹230

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includes 11 tests

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