



TEST

HEALTH SCREENING REPORT

Prepared for

Mr James Richardson

16/05/2026



CONFIDENTIAL — FOR PATIENT USE ONLY

Report ID: RPT-DEMO20260220



Scan for online report

Powered by Catenix Diagnostics Platform

TEST

HEALTH SCREENING REPORT

PID	PX-20260220-DEMO
Name	Mr James Richardson
Date of Birth	1982-03-15
Age	43 years
Sex	Male
Date of Report	16/05/2026
Programme	Everyman Executive
Sample Collection	2026-02-20T09:30
Fasting Status	Fasted (12 hours)

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Health Status

Track and improve your Health Status each time you visit.



● Green -In Range



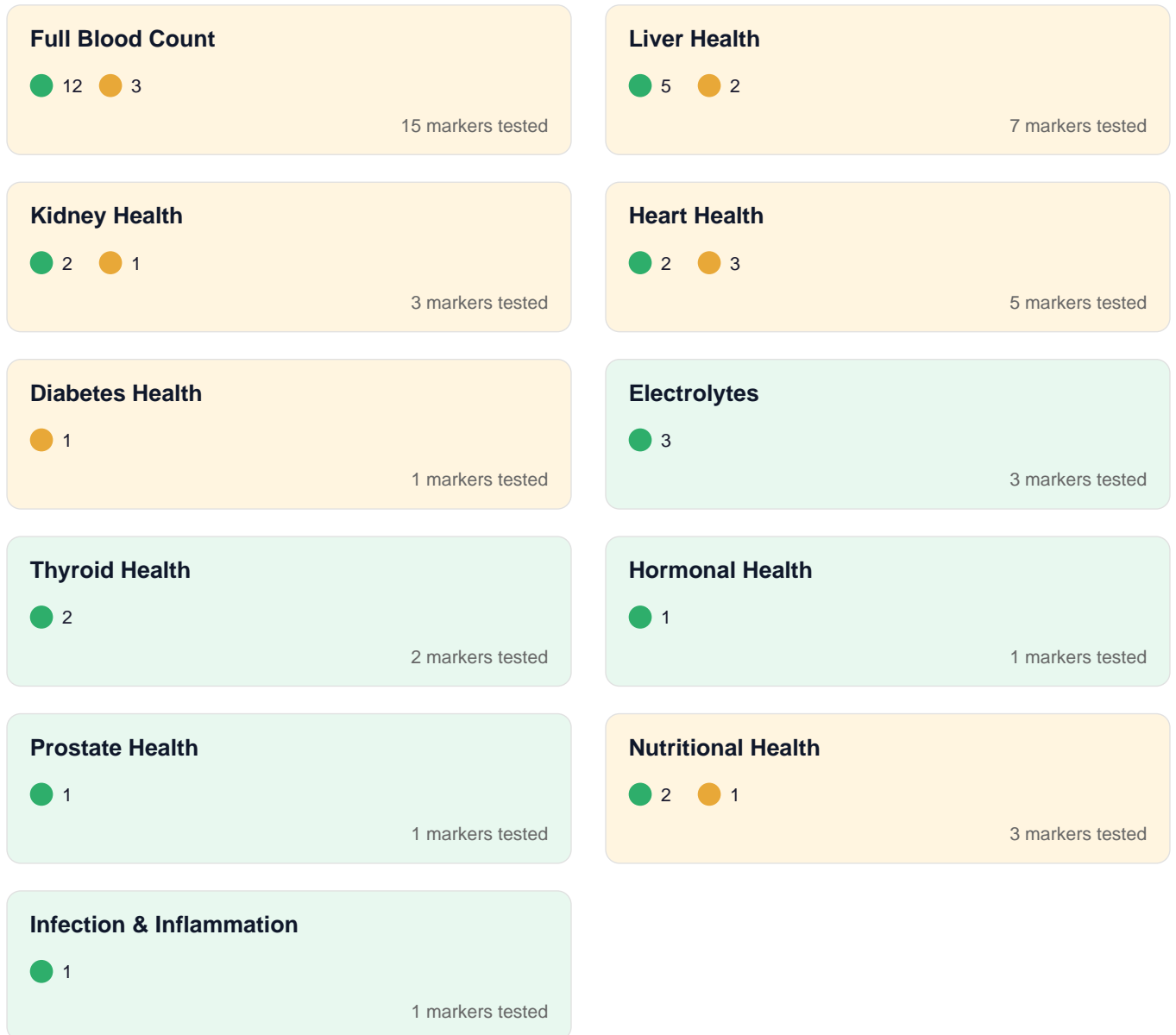
● Amber -Borderline



● Red -Out of Range

Results at a Glance

A category-by-category overview of your results with traffic-light status indicators.





Personal Health Measurements

Body Mass Index (BMI)

BMI is calculated from height and weight to identify underweight, healthy, overweight, or obese ranges.



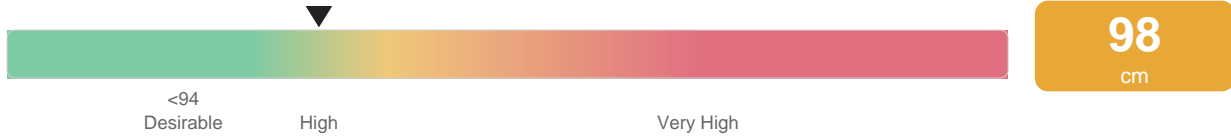
Blood Pressure

Your blood pressure is **142/88 mmHg**, classified as **Stage 1 Hypertension**. Target: below 140/90 mmHg (NICE).



Waist Circumference

Waist >94 cm in men = increased risk; >102 cm = substantially increased.



Additional Measurements

Height	178 cm
Weight	92 kg
Resting Pulse	76 bpm
Oxygen Saturation	98.0%
Waist-Hip Ratio	0.94

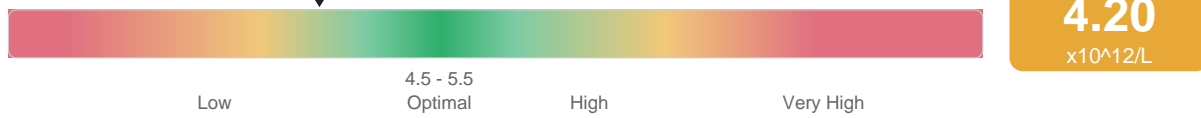
Your Results of Interest

The results below fall outside the reference range. Being outside the range does not automatically indicate disease - results should be interpreted by your GP or clinician.

Full Blood Count

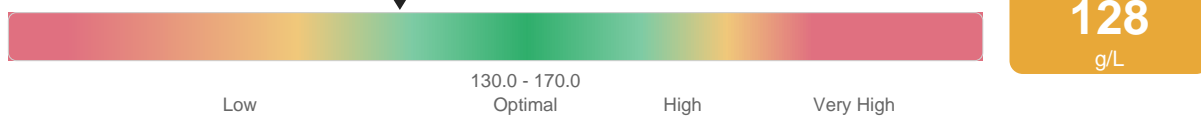
Red Blood Cell Count

Red blood cells carry oxygen from your lungs to every tissue in your body.



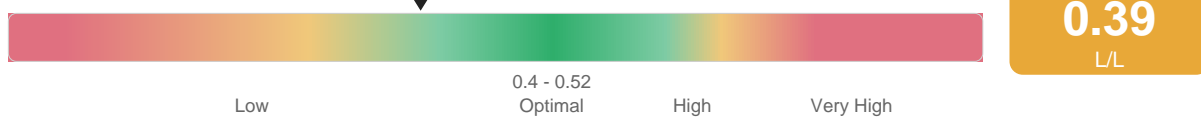
Haemoglobin

The oxygen-carrying protein inside red blood cells. Gives blood its red colour.



Haematocrit

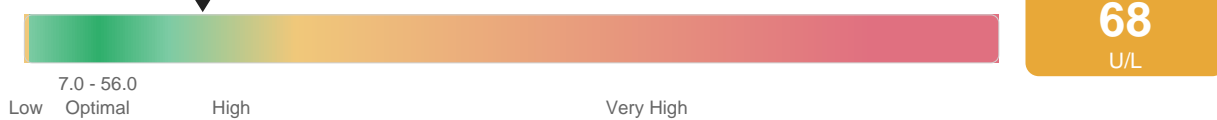
The percentage of blood volume made up of red blood cells.



Liver Health

ALT (Liver Enzyme)

Enzyme mainly in liver cells — leaks into blood when cells are damaged.



GGT

Very sensitive to alcohol and medications. Best screening marker for alcohol excess.



Kidney Health

Uric Acid

Waste product from purine metabolism. High levels can form crystals in joints.



Heart Health

Total Cholesterol

The total amount of cholesterol in your blood — including both 'good' and 'bad' types.



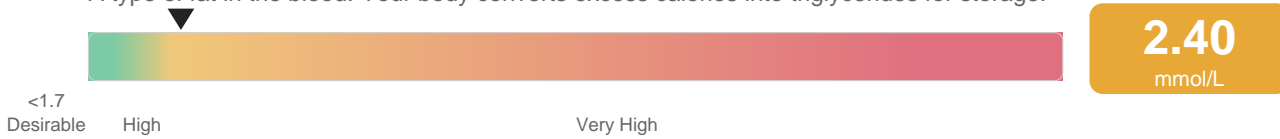
LDL (Bad Cholesterol)

LDL deposits cholesterol in artery walls, forming plaques that narrow blood vessels.



Triglycerides

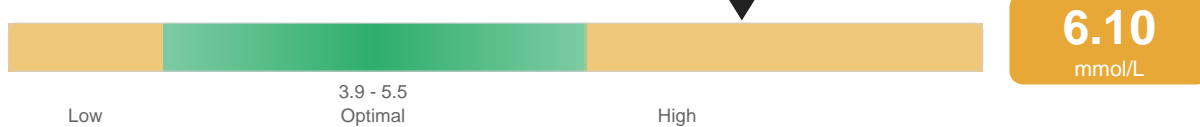
A type of fat in the blood. Your body converts excess calories into triglycerides for storage.



Diabetes Health

Fasting Blood Glucose

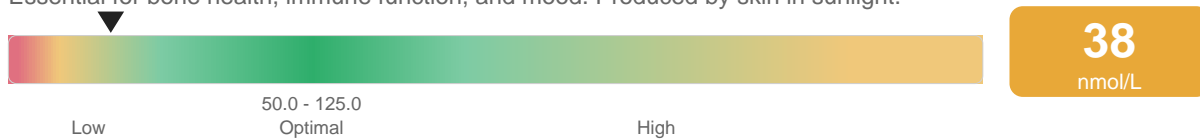
The amount of sugar in your blood after an overnight fast. The main screening test for diabetes.



Nutritional Health

Vitamin D

Essential for bone health, immune function, and mood. Produced by skin in sunlight.

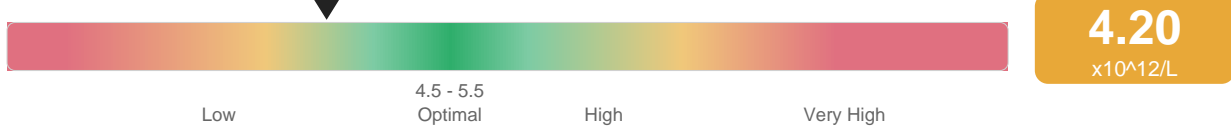




Full Blood Count

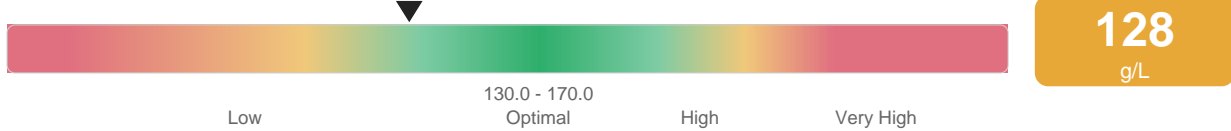
Red Blood Cell Count

Red blood cells carry oxygen from your lungs to every tissue in your body. Too few red blood cells (anaemia) can cause tiredness, breathlessness, and pale skin.



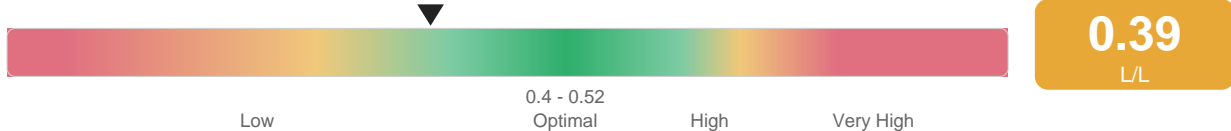
Haemoglobin

The oxygen-carrying protein inside red blood cells. Gives blood its red colour. Low haemoglobin is the hallmark of anaemia — one of the most common screening findings.



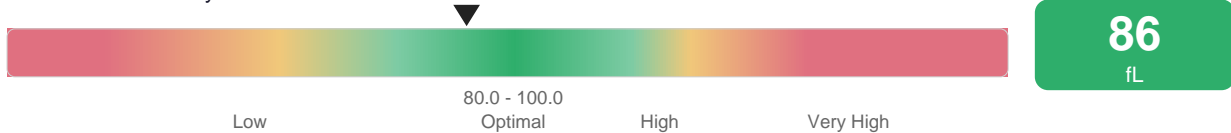
Haematocrit

The percentage of blood volume made up of red blood cells. High haematocrit thickens blood increasing clot risk; low suggests anaemia.



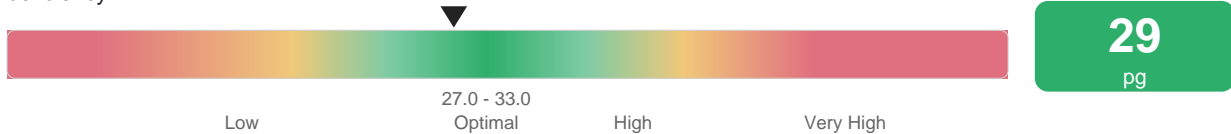
Mean Cell Volume

Average size of red blood cells — crucial for diagnosing the TYPE of anaemia. Small cells suggest iron deficiency; large cells suggest B12/folate deficiency.



Mean Cell Haemoglobin

Average amount of haemoglobin in each red blood cell. Helps classify anaemia type alongside MCV — low MCH suggests iron deficiency.



MCHC

Average concentration of haemoglobin within red blood cells. Abnormal MCHC helps identify specific types of anaemia and red blood cell disorders.



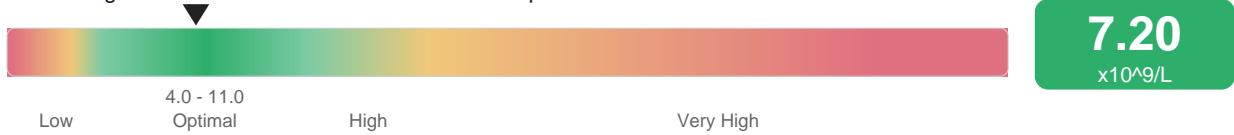
Red Cell Distribution Width

Measures variation in red blood cell size — an early marker of nutritional deficiency. Elevated RDW is often the earliest sign of iron or B12 deficiency, before haemoglobin drops.



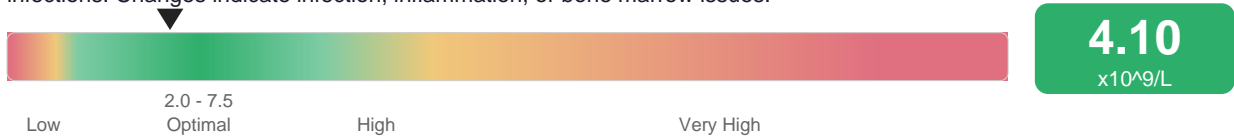
White Blood Cell Count

White blood cells fight infections and respond to inflammation. Your white blood cell count indicates how well your immune system is functioning and whether infection or inflammation is present.



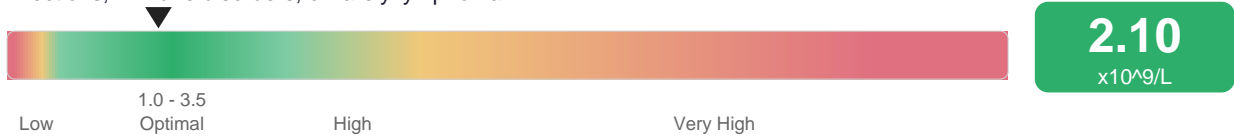
Neutrophils

First responders to bacterial infections — the most abundant white blood cell. Neutrophils are your primary defence against bacterial infections. Changes indicate infection, inflammation, or bone marrow issues.



Lymphocytes

T-cells and B-cells — the core of your adaptive immune system. Lymphocytes provide long-term immunity. Changes can indicate viral infections, immune disorders, or rarely lymphoma.



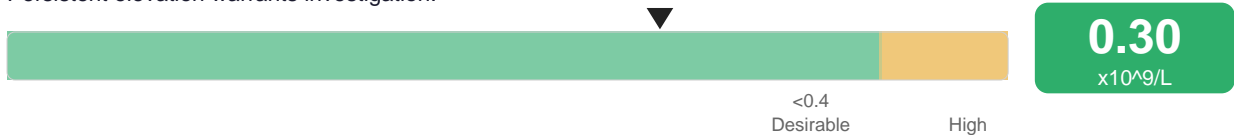
Monocytes

Help clean up dead cells and fight chronic infections. Monocytes respond to chronic infections and inflammatory conditions. Persistent elevation may need investigation.



Eosinophils

Respond to allergic reactions and parasitic infections. Eosinophils are markers of allergic disease, asthma, and parasitic infections. Persistent elevation warrants investigation.



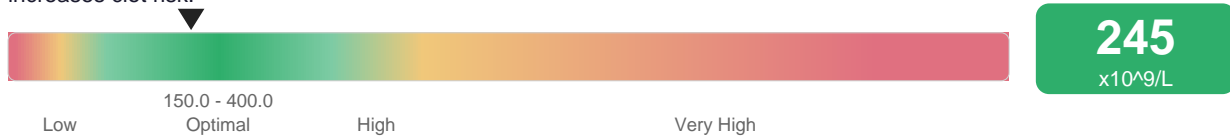
Basophils

Rarest white blood cell — plays a role in allergic and inflammatory responses. Basophils are normally very low. Persistent elevation can indicate allergic conditions or rarely myeloproliferative disorders.



Platelet Count

Tiny cell fragments that form clots to stop bleeding. Platelets are essential for blood clotting. Too few increases bleeding risk; too many increases clot risk.



Mean Platelet Volume

Average size of platelets — larger platelets are younger and more active. MPV indicates platelet production activity. High MPV with low platelets suggests increased platelet destruction.

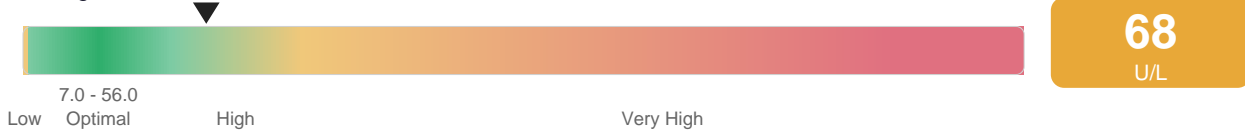




Liver Health

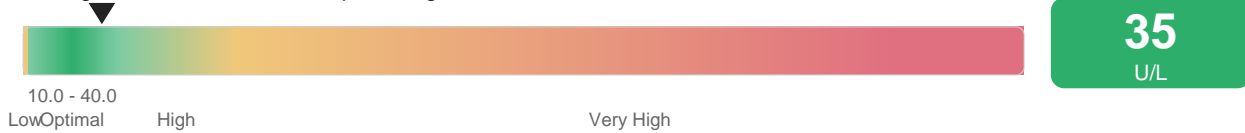
ALT (Liver Enzyme)

Enzyme mainly in liver cells — leaks into blood when cells are damaged. Most specific marker of liver cell damage. Common screening finding.



AST (Liver Enzyme)

Found in liver, heart, and muscles — less liver-specific than ALT. AST is useful alongside ALT for identifying the pattern of liver damage. The AST:ALT ratio helps distinguish causes.



Alkaline Phosphatase

Found in liver, bones, kidneys. Assesses bile duct function. ALP helps identify bile duct obstruction vs liver cell damage. Combined with GGT, it distinguishes liver from bone causes.



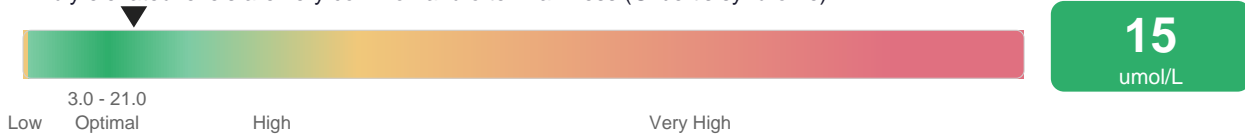
GGT

Very sensitive to alcohol and medications. Best screening marker for alcohol excess. GGT is the most sensitive liver enzyme for detecting alcohol-related damage and bile duct problems.



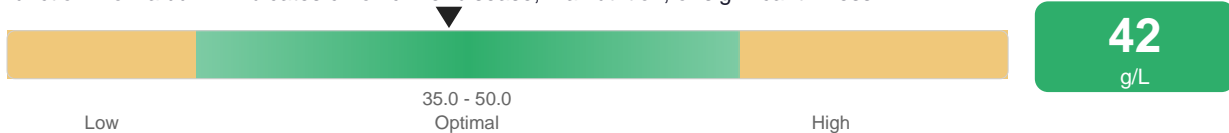
Bilirubin

Yellow pigment from red blood cell breakdown. Liver processes it for excretion. Bilirubin is a key marker of liver and bile duct function. Mildly elevated levels are very common and often harmless (Gilbert's syndrome).



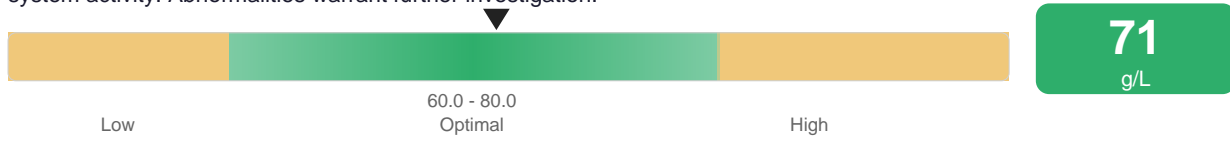
Albumin

Most abundant blood protein, made by the liver. Transports hormones and keeps fluid in vessels. Albumin reflects the liver's synthetic function. Low albumin indicates chronic liver disease, malnutrition, or significant illness.



Total Protein

Total amount of protein in blood including albumin and globulins. Total protein reflects overall nutrition, liver function, and immune system activity. Abnormalities warrant further investigation.





Kidney Health

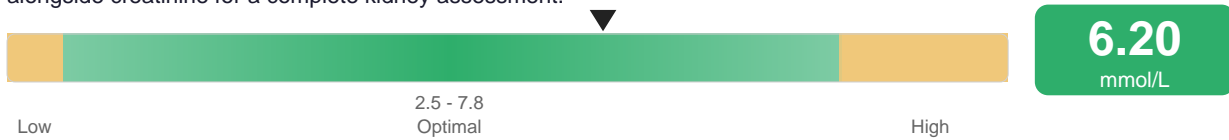
Creatinine

Waste product from muscle metabolism filtered by kidneys. Creatinine is used to calculate eGFR — the gold standard measure of kidney function.



Urea

Waste product from protein breakdown, filtered by kidneys. Urea helps distinguish between kidney problems and dehydration. Used alongside creatinine for a complete kidney assessment.



Uric Acid

Waste product from purine metabolism. High levels can form crystals in joints. Elevated uric acid increases the risk of gout (painful joint inflammation) and kidney stones.





Heart Health

Total Cholesterol

The total amount of cholesterol in your blood — including both 'good' and 'bad' types. High cholesterol is a major risk factor for heart disease and stroke.



HDL (Good Cholesterol)

HDL removes cholesterol from arteries and transports it back to the liver. Higher is better. HDL is protective — higher levels reduce heart disease risk.



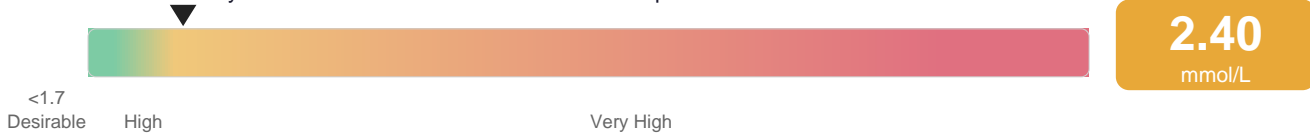
LDL (Bad Cholesterol)

LDL deposits cholesterol in artery walls, forming plaques that narrow blood vessels. LDL is the primary driver of atherosclerosis (artery hardening). Lower is better.



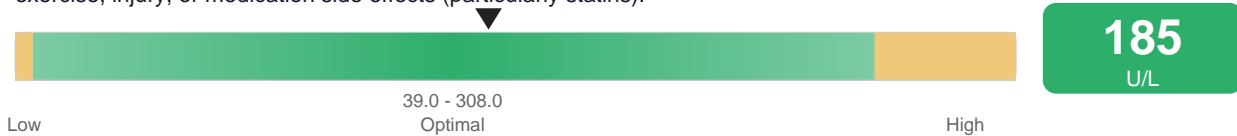
Triglycerides

A type of fat in the blood. Your body converts excess calories into triglycerides for storage. Elevated triglycerides are a key component of metabolic syndrome and increase cardiovascular and pancreatitis risk.



Creatine Kinase

Enzyme found in heart, brain, and skeletal muscle. Released when muscle is damaged. CK helps detect muscle damage from exercise, injury, or medication side effects (particularly statins).

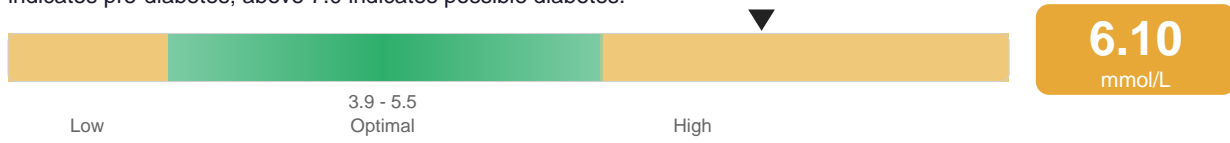




Diabetes Health

Fasting Blood Glucose

The amount of sugar in your blood after an overnight fast. The main screening test for diabetes. Fasting glucose between 5.5-6.9 indicates pre-diabetes; above 7.0 indicates possible diabetes.

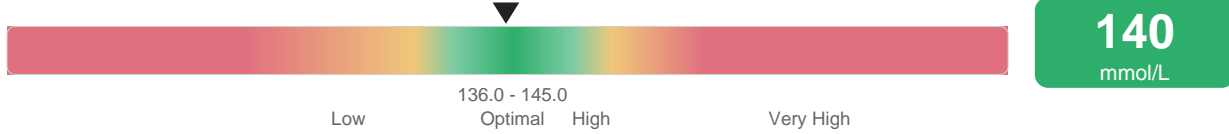




Electrolytes

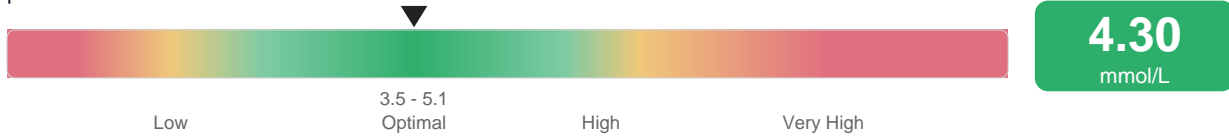
Sodium

Essential electrolyte that controls fluid balance and nerve/muscle function. Sodium imbalances can cause confusion, seizures, and muscle weakness. Often related to medications or fluid status.



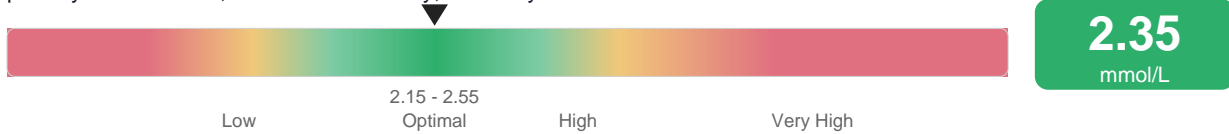
Potassium

Critical for heart rhythm, muscle contraction, and nerve signalling. Both high and low potassium can cause dangerous heart rhythm problems.



Calcium

Essential for bones, teeth, muscle contraction, and nerve function. Calcium balance is tightly controlled. Abnormalities can indicate parathyroid disorders, vitamin D deficiency, or kidney disease.

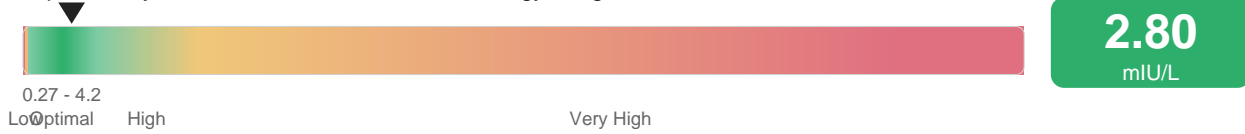




Thyroid Health

TSH

Produced by the pituitary gland to control thyroid function. The best screening test for thyroid disorders. TSH is the single most important thyroid test. Abnormal TSH affects energy, weight, mood, and metabolism.



Free T4

The active form of the main thyroid hormone. Controls metabolism, energy, and body temperature. Free T4 combined with TSH gives a complete picture of thyroid function and helps guide treatment decisions.





Hormonal Health

Testosterone

Primary male sex hormone. Also important for women in smaller amounts — affects energy, mood, and bone health. Testosterone affects muscle mass, bone density, energy, mood, and sexual function. Low levels are increasingly recognised in men over 40.

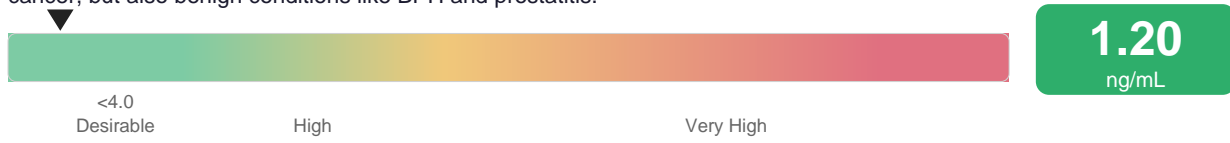




Prostate Health

PSA

Protein produced by the prostate gland. Used as a screening marker for prostate conditions. Elevated PSA can indicate prostate cancer, but also benign conditions like BPH and prostatitis.

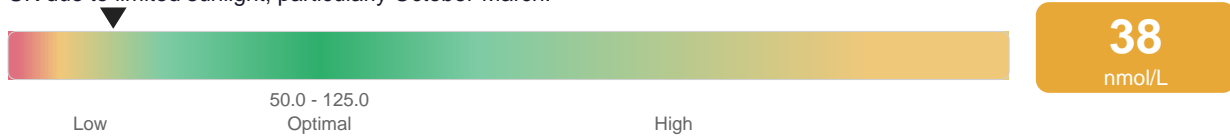




Nutritional Health

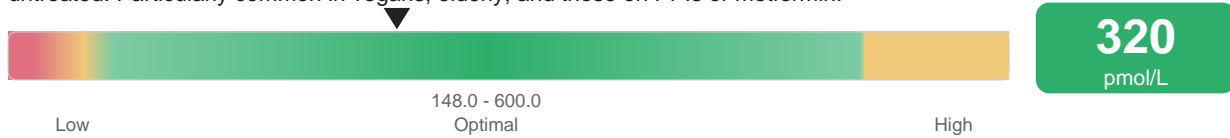
Vitamin D

Essential for bone health, immune function, and mood. Produced by skin in sunlight. Vitamin D deficiency is extremely common in the UK due to limited sunlight, particularly October-March.



Vitamin B12

Essential for nerve function, red blood cell production, and DNA synthesis. B12 deficiency can cause irreversible nerve damage if untreated. Particularly common in vegans, elderly, and those on PPIs or metformin.



Ferritin

Measures your body's iron stores. The best single test for iron deficiency. Low ferritin is the most common cause of anaemia worldwide, especially in women of reproductive age.

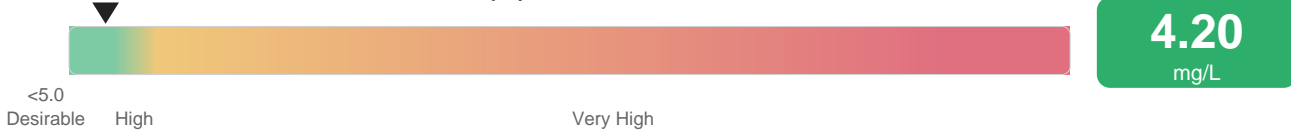




Infection & Inflammation

CRP

Produced by the liver in response to inflammation anywhere in the body. A general marker of inflammation. CRP rises rapidly with infection, autoimmune flares, and tissue injury. Also used in cardiovascular risk assessment.



Results for Your Doctor

Test	Result	Unit	Reference Range	Status
Full Blood Count				
Red Blood Cells	4.2	x10 ¹² /L	4.5 - 5.5	AMBER
Haemoglobin	128	g/L	130.0 - 170.0	AMBER
Haematocrit	0.39	L/L	0.4 - 0.52	AMBER
Mean Cell Volume	86	fL	80.0 - 100.0	GREEN
Mean Cell Haemoglobin	29	pg	27.0 - 33.0	GREEN
Mean Cell Hb Concentration	330	g/L	310.0 - 360.0	GREEN
Red Cell Distribution Width	14.8	%	11.0 - 15.0	GREEN
White Blood Cells	7.2	x10 ⁹ /L	4.0 - 11.0	GREEN
Neutrophils	4.1	x10 ⁹ /L	2.0 - 7.5	GREEN
Lymphocytes	2.1	x10 ⁹ /L	1.0 - 3.5	GREEN
Monocytes	0.5	x10 ⁹ /L	0.2 - 0.8	GREEN
Eosinophils	0.3	x10 ⁹ /L	0.0 - 0.4	GREEN
Basophils	0.05	x10 ⁹ /L	0.0 - 0.1	GREEN
Platelets	245	x10 ⁹ /L	150.0 - 400.0	GREEN
Mean Platelet Volume	9.8	fL	7.0 - 11.0	GREEN
Liver Health				
Alanine Aminotransferase	68	U/L	7.0 - 56.0	AMBER
Aspartate Aminotransferase	35	U/L	10.0 - 40.0	GREEN
Alkaline Phosphatase	88	U/L	44.0 - 147.0	GREEN
Gamma-Glutamyl Transferase	72	U/L	12.0 - 64.0	AMBER
Total Bilirubin	15	umol/L	3.0 - 21.0	GREEN
Albumin	42	g/L	35.0 - 50.0	GREEN
Total Protein	71	g/L	60.0 - 80.0	GREEN
Kidney Health				
Creatinine	95	umol/L	62.0 - 106.0	GREEN
Urea	6.2	mmol/L	2.5 - 7.8	GREEN
Uric Acid	460	umol/L	200.0 - 430.0	AMBER
Heart Health				
Total Cholesterol	6.8	mmol/L	< 5.0	AMBER
HDL Cholesterol	1.1	mmol/L	> 1.0	GREEN
LDL Cholesterol	4.2	mmol/L	< 3.0	AMBER
Triglycerides	2.4	mmol/L	< 1.7	AMBER
Creatine Kinase	185	U/L	39.0 - 308.0	GREEN
Diabetes Health				
Fasting Glucose	6.1	mmol/L	3.9 - 5.5	AMBER
Electrolytes				
Sodium	140	mmol/L	136.0 - 145.0	GREEN

Test	Result	Unit	Reference Range	Status
Potassium	4.3	mmol/L	3.5 - 5.1	GREEN
Calcium	2.35	mmol/L	2.15 - 2.55	GREEN
Thyroid Health				
Thyroid Stimulating Hormone	2.8	mIU/L	0.27 - 4.2	GREEN
Free Thyroxine	16.5	pmol/L	12.0 - 22.0	GREEN
Hormonal Health				
Testosterone	14.2	nmol/L	8.6 - 29.0	GREEN
Prostate Health				
Prostate Specific Antigen	1.2	ng/mL	0.0 - 4.0	GREEN
Nutritional Health				
Vitamin D (25-OH)	38	nmol/L	> 50.0	AMBER
Vitamin B12	320	pmol/L	148.0 - 600.0	GREEN
Ferritin	45	ug/L	30.0 - 400.0	GREEN
Infection & Inflammation				
C-Reactive Protein	4.2	mg/L	0.0 - 5.0	GREEN



How to Read Your Report

This guide explains the key elements of your health screening report.

Understanding the Traffic Light System

Throughout your report, results are colour-coded using a simple traffic light system:

GREEN = Your result is within the normal, healthy range. No action needed.

AMBER = Your result is borderline or slightly outside the optimal range. This does not necessarily mean there is a problem, but it may be worth monitoring or discussing with your GP.

RED = Your result is significantly outside the reference range and may need clinical attention. If you see a red result, do not panic -speak to your healthcare provider for guidance.

Reading the Range Bars

Each test result is shown with a coloured gradient bar. The bar represents the full range of possible values, from very low (left) to very high (right). The green zone in the middle is the optimal range. A small triangle marker shows where YOUR result falls on this scale. If the marker is in the green zone, your result is within the healthy range.

Reference Ranges

Reference ranges (also called normal ranges) are the values expected in a healthy population. They are based on NHS and international clinical guidelines. Some ranges differ between men and women, or by age -your report uses the range appropriate for your sex and age. A result slightly outside the range is not always a cause for concern, especially if it has been consistent across multiple tests.

Clinical Scores

Your report may include computed clinical scores such as eGFR (kidney function), FIB-4 (liver fibrosis risk), and cardiovascular risk ratio. These are calculated from your individual test results using internationally validated formulas. They give your GP a quick overview of organ function and disease risk.

Personalised Insights

If you provided your medical history, medications, and lifestyle information during check-in, your report includes personalised insights that combine your results with your health context. For example, if you take a statin, your report explains how this may affect certain liver enzymes. These insights are AI-assisted but reviewed by a qualified healthcare professional.

Trends & Historical Data

If you have had previous screenings, your report compares your current results with past values. Trend arrows (↑ increasing, ↓ decreasing) show how each marker has changed over time. Tracking trends is often more useful than looking at a single result in isolation.

What Should I Do Next?

Your **Health Action Plan** at the end of the report gives you specific, practical next steps. Share your report with your GP -they can access a structured clinical summary designed for medical professionals. If you have any red-flagged results, the clinic may contact you directly to discuss follow-up.

Traceability & Quality Assurance

Report Metadata

Report ID: RPT-DEMO20260220
Generated: 2026-02-20T10:15:00
Software Version: Catenix v2.4

Devices Used

Device ID	Type	Manufacturer	Model	Serial No.
DEV-RX-001	Chemistry An	Randox	RX Imola	RXI-2024-00451
DEV-HM-002	Haematology	Sysmex	XN-550	SYS-2023-11892

Quality Control Status

Lockout Status: None
Last QC Pass: 2026-02-20T07:45:00
Westgard Violations: 0

Operator Certification

Operator	Certification	Status	Expiry
Sarah Johnson	OP-001	Certified	2027-03-15
Mark Williams	OP-002	Certified	2026-11-30

This report has been generated in accordance with ISO 15189:2022 requirements for point-of-care testing. All devices are subject to regular quality control procedures and operator competency assessments. Results are traceable to calibration standards and quality control materials.

Test Glossary

ALT (Liver Enzyme) (ALT)

Enzyme mainly in liver cells — leaks into blood when cells are damaged. Most specific marker of liver cell damage. Common screening finding.

Albumin (Albumin)

Most abundant blood protein, made by the liver. Transports hormones and keeps fluid in vessels. Albumin reflects the liver's synthetic function. Low albumin indicates chronic liver disease, malnutrition, or significant illness.

Alkaline Phosphatase (ALP)

Found in liver, bones, kidneys. Assesses bile duct function. ALP helps identify bile duct obstruction vs liver cell damage. Combined with GGT, it distinguishes liver from bone causes.

AST (Liver Enzyme) (AST)

Found in liver, heart, and muscles — less liver-specific than ALT. AST is useful alongside ALT for identifying the pattern of liver damage. The AST:ALT ratio helps distinguish causes.

Basophils (Baso)

Rarest white blood cell — plays a role in allergic and inflammatory responses. Basophils are normally very low. Persistent elevation can indicate allergic conditions or rarely myeloproliferative disorders.

CRP (CRP)

Produced by the liver in response to inflammation anywhere in the body. A general marker of inflammation. CRP rises rapidly with infection, autoimmune flares, and tissue injury. Also used in cardiovascular risk assessment.

Calcium (Ca)

Essential for bones, teeth, muscle contraction, and nerve function. Calcium balance is tightly controlled. Abnormalities can indicate parathyroid disorders, vitamin D deficiency, or kidney disease.

Creatine Kinase (CK)

Enzyme found in heart, brain, and skeletal muscle. Released when muscle is damaged. CK helps detect muscle damage from exercise, injury, or medication side effects (particularly statins).

Creatinine (Creatinine)

Waste product from muscle metabolism filtered by kidneys. Creatinine is used to calculate eGFR — the gold standard measure of kidney function.

Eosinophils (Eos)

Respond to allergic reactions and parasitic infections. Eosinophils are markers of allergic disease, asthma, and parasitic infections. Persistent elevation warrants investigation.

Fasting Blood Glucose (Glucose)

The amount of sugar in your blood after an overnight fast. The main screening test for diabetes. Fasting glucose between 5.5-6.9 indicates pre-diabetes; above 7.0 indicates possible diabetes.

Ferritin (Ferritin)

Measures your body's iron stores. The best single test for iron deficiency. Low ferritin is the most common cause of anaemia worldwide, especially in women of reproductive age.

Free T4 (fT4)

The active form of the main thyroid hormone. Controls metabolism, energy, and body temperature. Free T4 combined with TSH gives a complete picture of thyroid function and helps guide treatment decisions.

GGT (GGT)

Very sensitive to alcohol and medications. Best screening marker for alcohol excess. GGT is the most sensitive liver enzyme for detecting alcohol-related damage and bile duct problems.

HDL (Good Cholesterol) (HDL)

HDL removes cholesterol from arteries and transports it back to the liver. Higher is better. HDL is protective — higher levels reduce heart disease risk.

Haematocrit (Hct)

The percentage of blood volume made up of red blood cells. High haematocrit thickens blood increasing clot risk; low suggests anaemia.

Haemoglobin (Hb)

The oxygen-carrying protein inside red blood cells. Gives blood its red colour. Low haemoglobin is the hallmark of anaemia — one of the most common screening findings.

LDL (Bad Cholesterol) (LDL)

LDL deposits cholesterol in artery walls, forming plaques that narrow blood vessels. LDL is the primary driver of atherosclerosis (artery hardening). Lower is better.

Lymphocytes (Lymph)

T-cells and B-cells — the core of your adaptive immune system. Lymphocytes provide long-term immunity. Changes can indicate viral infections, immune disorders, or rarely lymphoma.

Mean Cell Haemoglobin (MCH)

Average amount of haemoglobin in each red blood cell. Helps classify anaemia type alongside MCV — low MCH suggests iron deficiency.

MCHC (MCHC)

Average concentration of haemoglobin within red blood cells. Abnormal MCHC helps identify specific types of anaemia and red blood cell disorders.

Mean Cell Volume (MCV)

Average size of red blood cells — crucial for diagnosing the TYPE of anaemia. Small cells suggest iron deficiency; large cells suggest B12/folate deficiency.

Mean Platelet Volume (MPV)

Average size of platelets — larger platelets are younger and more active. MPV indicates platelet production activity. High MPV with low platelets suggests increased platelet destruction.

Monocytes (Mono)

Help clean up dead cells and fight chronic infections. Monocytes respond to chronic infections and inflammatory conditions. Persistent elevation may need investigation.

Neutrophils (Neut)

First responders to bacterial infections — the most abundant white blood cell. Neutrophils are your primary defence against bacterial infections. Changes indicate infection, inflammation, or bone marrow issues.

Platelet Count (PLT)

Tiny cell fragments that form clots to stop bleeding. Platelets are essential for blood clotting. Too few increases bleeding risk; too many increases clot risk.

Potassium (K)

Critical for heart rhythm, muscle contraction, and nerve signalling. Both high and low potassium can cause dangerous heart rhythm problems.

PSA (PSA)

Protein produced by the prostate gland. Used as a screening marker for prostate conditions. Elevated PSA can indicate prostate cancer, but also benign conditions like BPH and prostatitis.

Red Blood Cell Count (RBC)

Red blood cells carry oxygen from your lungs to every tissue in your body. Too few red blood cells (anaemia) can cause tiredness, breathlessness, and pale skin.

Red Cell Distribution Width (RDW)

Measures variation in red blood cell size — an early marker of nutritional deficiency. Elevated RDW is often the earliest sign of iron or B12 deficiency, before haemoglobin drops.

Sodium (Na)

Essential electrolyte that controls fluid balance and nerve/muscle function. Sodium imbalances can cause confusion, seizures, and muscle weakness. Often related to medications or fluid status.

Testosterone (Testosterone)

Primary male sex hormone. Also important for women in smaller amounts — affects energy, mood, and bone health. Testosterone affects muscle mass, bone density, energy, mood, and sexual function. Low levels are increasingly recognised in men over 40.

TSH (TSH)

Produced by the pituitary gland to control thyroid function. The best screening test for thyroid disorders. TSH is the single most important thyroid test. Abnormal TSH affects energy, weight, mood, and metabolism.

Bilirubin (Bilirubin)

Yellow pigment from red blood cell breakdown. Liver processes it for excretion. Bilirubin is a key marker of liver and bile duct function. Mildly elevated levels are very common and often harmless (Gilbert's syndrome).

Total Cholesterol (Total Chol)

The total amount of cholesterol in your blood — including both 'good' and 'bad' types. High cholesterol is a major risk factor for heart disease and stroke.

Total Protein (TP)

Total amount of protein in blood including albumin and globulins. Total protein reflects overall nutrition, liver function, and immune system activity. Abnormalities warrant further investigation.

Triglycerides (TG)

A type of fat in the blood. Your body converts excess calories into triglycerides for storage. Elevated triglycerides are a key component of metabolic syndrome and increase cardiovascular and pancreatitis risk.

Urea (Urea)

Waste product from protein breakdown, filtered by kidneys. Urea helps distinguish between kidney problems and dehydration. Used alongside creatinine for a complete kidney assessment.

Uric Acid (Uric Acid)

Waste product from purine metabolism. High levels can form crystals in joints. Elevated uric acid increases the risk of gout (painful joint inflammation) and kidney stones.

Vitamin B12 (B12)

Essential for nerve function, red blood cell production, and DNA synthesis. B12 deficiency can cause irreversible nerve damage if untreated. Particularly common in vegans, elderly, and those on PPIs or metformin.

Vitamin D (Vit D)

Essential for bone health, immune function, and mood. Produced by skin in sunlight. Vitamin D deficiency is extremely common in the UK due to limited sunlight, particularly October-March.

White Blood Cell Count (WBC)

White blood cells fight infections and respond to inflammation. Your white blood cell count indicates how well your immune system is functioning and whether infection or inflammation is present.

Important Information

This report is a data transmittal document. It presents your test results as measured by CE/UKCA-marked IVD analysers. Values are shown alongside manufacturer reference ranges for context. This report does not interpret, diagnose, or recommend treatment.

Intended purpose: Catenix does not generate, interpret, or modify clinical results. All diagnostic, screening, monitoring, prognostic and treatment decisions remain the responsibility of the connected CE/UKCA-marked IVD analysers and of the qualified healthcare professionals operating them.

Reference ranges are provided by the analyser manufacturers and may vary between laboratories. Results outside the expected range do not necessarily indicate disease.

If you have concerns about any of your results, please discuss them with your GP or the healthcare professional who ordered your tests.

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Reviewed and approved by:

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