TATA 1mg | Labs

PERSONAL HEALTH SMART REPORT

A comprehensive analysis of your health using Blood, Physicals, and Health Questionnaire data

Prepared for

KIRAN AGARWAL

Basic Info	Patient ID
Female /56 Yrs	**LUC127074**
Report released on	Date of Test
26/05/2024	**25/05/2024**

Table of contents

Your smart report includes the following sections.

Disclaimer

- This is an electronically generated report and is not a substitute for medical advice.
- While following the recommendations, please be careful of any allergies or intolerances.
- If you are pregnant or lactating, some of the recommendations and analyzed information in the Smart Report may not directly apply to you. Please consult a doctor regarding your test results and recommendations.
- Analysis uses the attached blood test report and Well Being Index Questionnaire data, if present, and urine analysis report, if present.
- Tata 1mg is not liable for any direct, indirect, special, consequential, or other damages. This report cannot be used for any medico-legal purposes. Partial reproduction of the test results is not permitted. Also, TATA 1mg Labs is not responsible for any misinterpretation or misuse of the information.

Doctor Summary For

Comprehensive Silver Full Body Checkup with Smart Report

For
Kiran Agarwal
Female /56 Yrs

Note This is an electronically generated summary of the attached report. It is advised to read this summary in conjunction with the attached report and to correlate it clinically. For the trends section, the out of range values are highlighted with respect to the bio reference range of respective reports.

Test Name	Result, 25/05/24	Bio. Ref. Interval
Complete Blood Count		
Hemoglobin	13.2 g/dL	12.0 - 15.0
RBC	4.75 10^6/cu.mm	3.8 - 4.8
HCT	41.1 %	36 - 46
RDW-CV	▲ **16.4** %	11.6 - 14
Total Leucocyte Count	5.21 10^3/Âµl	4 - 10
Neutrophils	57.9 %	40 - 80
Lymphocytes	31.6 %	20 - 40
Monocytes	5.6 %	2 - 10
Eosinophils	4.7 %	1 - 6
Basophils	0.2 %	0 - 2
Absolute Basophil Count	▼ **0.01** 10^3/Âµl	0.02 - 0.1
Platelet Count	328 10^3/Âµl	150 - 410
Inflammatory markers		
Erythrocyte Sedimentation Rate	9 mm/hr	0.1 - 19
Iron Studies		
Iron Serum	81 Âµg/dL	50 - 170
Total Iron Binding Capacity (TIBC)	326.76 Âµg/dL	250 - 450
Diabetes Profile		
Glycosylated Hemoglobin (HbA1c)	▲ **7.9** %	4 - 5.6
Glucose - Fasting	▲ **137** mg/dL	70 - 100
Kidney Function Test		
Creatinine	▼ **0.54** mg/dL	0.55 - 1.02
Uric Acid	▲ **6.38** mg/dL	2.7 - 6.1

Trends (For last three tests)

Date 1	Date 2	Date 3

We don't have any of your previous lab results for these tests in our records

Doctor Summary For

Comprehensive Silver Full Body Checkup with Smart Report

For
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Female /56 Yrs

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Test Name	Result, 25/05/24	Bio. Ref. Interval
Kidney Function Test		
Sodium	141 mEq/L	136 - 145
Potassium	3.95 mEq/L	3.5 - 5.1
Lipid Profile		
Cholesterol - Total	154 mg/dL	<= 199
Triglycerides	▲ **177** mg/dL	35 - 150
Cholesterol - HDL	▼ **36.4** mg/dL	40 - 60
Cholesterol - LDL	82.2 mg/dL	40 - 100
Cholesterol- VLDL	▲ **35.4** mg/dL	<= 30
Non HDL Cholesterol	117.6 mg/dl	0 - 130
Liver Function Test		
Bilirubin - Total	0.43 mg/dL	0.3 - 1.2
Protein, Total	7.33 g/dL	5.7 - 8.2
Albumin	4.23 g/dL	3.2 - 4.8
Aspartate Transaminase (SGOT)	15 U/L	<= 34
Alanine Transaminase (SGPT)	17 U/L	10 - 49
Alkaline Phosphatase	76 U/L	46 - 116
Gamma Glutamyltransferase (GGT)	21 U/L	<= 37
Urine Routine & Microscopy		
Specific gravity	1.02	1.003 - 1.035
pH	6	4.6 - 8
Glucose	Negative	NEGATIVE
Protein	Negative	NEGATIVE
Ketones	Negative	NEGATIVE
Pus cells	1-2 /hpf	0 - 5

Trends (For last three tests)

Date 1	Date 2	Date 3

We don't have any of your previous lab results for these tests in our records

Doctor Summary For

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Test Name	Result, 25/05/24	Bio. Ref. Interval
Urine Routine & Microscopy		
Red blood cell	Nil /hpf	0 - 2
Epithelial cells	**1-2** /hpf	FEW
Casts	Nil	NIL
Crystals	Nil	NIL
Calcium and Bone Health		
Vitamin D (25-OH)	30.5 ng/ml	20 - 100
Calcium	8.8 mg/dL	8.3 - 10.6
Vitamin Profile		
Vitamin B12 ▼	**202** pg/ml	211 - 911
Thyroid Function Test		
T3, Total	1.11 ng/mL	0.60 - 1.81
T4, Total	7.4 Âµg/dl	4.5 - 12.6
Thyroid Stimulating Hormone - Ultra Sensitive	1.621 uIU/ml	0.55 - 4.78

Trends (For last three tests)

Date 1	Date 2	Date 3

We don't have any of your previous lab results for these tests in our records

Wellbeing Index

Important Findings from your Wellbeing Index

For
Kiran Agarwal
Female /56 Yrs

Physicals

Height	Weight	Waist	BMI
Data not available	*Data not available*	*Data not available*	*Data not available*

Heart Age	BP
Data not available	*Data not available*

Disease Risks

Diabetes	Hypertension	Stroke	CVD
Survey not taken yet	Survey not taken yet	Survey not taken yet	Survey not taken yet

Depression	Anxiety	Stress
Survey not taken yet	Survey not taken yet	Survey not taken yet

* Embark on a better you by completing the wellbeing index. Here

Lifestyle Data

Habits	Family History
Data not available	*Data not available*

Important Parameters

From your Comprehensive Silver Full Body Checkup with Smart Report

For
Kiran Agarwal
Female /56 Yrs

Complete Blood Count

Gives an insight into the health of blood and blood cells which are essential to carry out various bodily functions like transporting oxygen, fighting infections, and clotting blood after an injury.

Hemoglobin	RBC	HCT	RDW-CV
13.2 g/dL	4.75 10^6/cu.mm	41.1 %	▲ 16.4 %
Range: 12.0 - 15.0	Range: 3.8 - 4.8	Range: 36 - 46	Range: 11.6 - 14

Total Leucocyte Count	Neutrophils	Lymphocytes	Monocytes
5.21 10^3/ÂµI	57.9 %	31.6 %	5.6 %
Range: 4 - 10	Range: 40 - 80	Range: 20 - 40	Range: 2 - 10

Eosinophils	Basophils	Absolute Basophil Count	Platelet Count
4.7 %	0.2 %	▼ 0.01 10^3/ÂµI	328 10^3/ÂµI
Range: 1 - 6	Range: 0 - 2	Range: 0.02 - 0.1	Range: 150 - 410

Inflammatory markers

Helps to understand presence of an inflammation in the body. Inflammation is bodies defence against infection or injury.

Erythrocyte Sedimentation Rate
9 mm/hr
Range: 0.1 - 19

Important Parameters

From your Comprehensive Silver Full Body Checkup with Smart Report

For
Kiran Agarwal
Female /56 Yrs

Iron Studies

Iron is a vital mineral. It helps our blood cells to transport oxygen. Iron studies are used to assess level of iron in blood and blood's ability to attach itself to iron.

Iron Serum	Total Iron Binding Capacity (TIBC)
81 Âµg/dL	326.76 Âµg/dL
Range: 50 - 170	Range: 250 - 450

Diabetes Profile

Measures the level of glucose in the body and helps identify the body's ability to process glucose. It can be used for screnning as well as monitoring the treatment of diabetes.

Glycosylated Hemoglobin (HbA1c)	Glucose - Fasting
▲ 7.9 %	▲ 137 mg/dL
Range: 4 - 5.6	Range: 70 - 100

Kidney Function Test

Performed to determine how well the kidneys are working. Kidneys regulate elimination of waste from our body and maintain electrolyte balance.

Creatinine	Uric Acid	Sodium	Potassium
▼ 0.54 mg/dL	▲ 6.38 mg/dL	141 mEq/L	3.95 mEq/L
Range: 0.55 - 1.02	Range: 2.7 - 6.1	Range: 136 - 145	Range: 3.5 - 5.1

Important Parameters

From your Comprehensive Silver Full Body Checkup with Smart Report

For
Kiran Agarwal
Female /56 Yrs

Lipid Profile

Measures the amount of Cholesterol and Triglycerides in your blood. This gives an insight into the health of heart and blood vessels.

Cholesterol - Total	Triglycerides	Cholesterol - HDL	Cholesterol - LDL
154 mg/dL	▲ 177 mg/dL	▼ 36.4 mg/dL	82.2 mg/dL
Range: <= 199	Range: 35 - 150	Range: 40 - 60	Range: 40 - 100

Cholesterol- VLDL	Non HDL Cholesterol
▲ 35.4 mg/dL	117.6 mg/dl
Range: <= 30	Range: 0 - 130

Liver Function Test

Group of blood tests commonly performed to evaluate the function of the liver which is essential to digest food and removing toxins from the body.

Bilirubin - Total	Protein, Total	Albumin
0.43 mg/dL	7.33 g/dL	4.23 g/dL
Range: 0.3 - 1.2	Range: 5.7 - 8.2	Range: 3.2 - 4.8

Aspartate Transaminase (SGOT)	Alanine Transaminase (SGPT)
15 U/L	17 U/L
Range: <= 34	Range: 10 - 49

Alkaline Phosphatase	Gamma Glutamyltransferase (GGT)
76 U/L	21 U/L
Range: 46 - 116	Range: <= 37

Important Parameters

From your Comprehensive Silver Full Body Checkup with Smart Report

For
Kiran Agarwal
Female /56 Yrs

Urine Routine & Microscopy

Microscopic examination of urine sample to check for the presence of blood cells, crystals, bacteria, parasites, and cells from tumors in it.

Specific gravity	pH	Glucose	Protein
1.02	6	Negative	Negative
Range: 1.003 - 1.035	Range: 4.6 - 8	Range: NEGATIVE	Range: NEGATIVE

Ketones	Pus cells	Red blood cell	Epithelial cells	Casts
Negative	1-2 /hpf	Nil /hpf	1-2 /hpf	Nil
Range: NEGATIVE	Range: 0 - 5	Range: 0 - 2	Range: FEW	Range: NIL

Crystals
Nil
Range: NIL

Calcium and Bone Health

Measures the levels of calcium and vitamin D in the blood which are responsible for keeping bones, teeth, and muscles healthy.

Vitamin D (25-OH)	Calcium
30.5 ng/ml	8.8 mg/dL
Range: 20 - 100	Range: 8.3 - 10.6

Important Parameters

From your Comprehensive Silver Full Body Checkup with Smart Report

For
Kiran Agarwal
Female /56 Yrs

Vitamin Profile

Vitamins are the essential nutrients for human life. This profile offers tests to check level of different types of vitamin B, vitamin D, vitamin E and vitamin K.

Vitamin B12
▼ 202 pg/ml
Range: 211 - 911

Thyroid Function Test

Window to the health of the butterfly shaped gland - Thyroid, which detemines how the body uses energy.

T3, Total
1.11 ng/mL
Range: 0.60 - 1.81

T4, Total
7.4 Âµg/dl
Range: 4.5 - 12.6

Thyroid Stimulating Hormone - Ultra Sensitive
1.621 uIU/ml
Range: 0.55 - 4.78

Recommendations

Care for better health and wellbeing

For
Kiran Agarwal
Female /56 Yrs

Lifestyle

Healthy eating

Do's

Take Your Time Eating

Eat slowly and savor each bite to promote fullness and prevent overeating.

Avoid High-Calorie Meals And Stay Hydrated

Prioritize low-calorie meals and maintain adequate hydration for a healthier lifestyle.

Sleep hygiene

Do's

Regular Bedtime And Rise Time

Maintain consistent bedtime and wake time to regulate sleep patterns and prevent sleep irregularities.

Dont's

Limit Caffeine

Skip caffeine after lunch to prevent sleep disturbances caused by caffeine's long-lasting effects.

Exercise

Do's

Start With Short Workouts

Start small and gradually increase workout duration and intensity as you get fitter.

Strech During Commercials

Do some stretches or bodyweight exercises during commercial breaks while watching TV.

References

From trusted sources

For
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Female /56 Yrs

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D'Agostino RB Sr, et al. General cardiovascular risk profile for use in primary care: the Framingham Heart Study.Circulation. 2008 Feb 12;117(6):743-53

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End of Smart Report

TATA 1mg | Labs
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www.1mg.com/labs care@1mg.com CIN: U74140DL2015PTC279229
ISO 9001-2015

PO No :PO3098370484-133

Name	: Ms.KIRAN AGARWAL	Client Name	: TATA 1MG LUCKNOW
Age/Gender	: 56/Female	Registration Date	: 25/May/2024 02:46PM
Patient ID	: LUC127074	Collection Date	: 25/May/2024 07:50AM
Barcode ID/Order ID	: D10896217 / 9669270	Sample Receive Date	: 26/May/2024 10:21AM
Referred By	: Dr.	Report Status	: Final Report
Sample Type	: WHOLE BLOOD-EDTA	Report Date	: 26/May/2024 01:08PM

HAEMATOLOGY

COMPREHENSIVE SILVER FULL BODY CHECKUP WITH SMART REPORT

Test Name	Result	Unit	Bio. Ref. Interval	Method
Glycosylated Hemoglobin (HbA1c)	**7.9**	%	4-5.6	HPLC (NGSP certified)
Estimated average glucose (eAG)	180.03	mg/dL		Calculated

Comment:

Interpretation: HbA1c%

≤5.6	Normal
5.7-6.4	At Risk For Diabetes
≥6.5	Diabetes

Adapted from American Diabetes Association.

Comments:

A 3 to 6 monthly monitoring is recommended in diabetics. People with diabetes should get the test done more often if their blood sugar stays too high or if their healthcare provider makes any change in the treatment plan. HbA1c concentration represent the integrated values for blood glucose over the preceding 8-12 weeks and is not affected by daily glucose fluctuation, exercise & recent food intake.
Please note, Glycemic goal should be individualized based on duration of diabetes, age/life expectancy, comorbid conditions, known CVD or advanced microvascular complications, hypoglycemia unawareness, and individual patient considerations.

Factors that interfere with HbA1c Measurement: Hemoglobin variants, elevated fetal hemoglobin (HbF) and chemically modified derivatives of hemoglobin (e.g. carbamylated Hb in patients with renal failure) can affect the accuracy of HbA1c measurements.

Factors that affect interpretation of HbA1c Measurement: Any condition that shortens erythrocyte survival or decrease mean erythrocyte age (e. g., recovery from acute blood loss, hemolytic anemia, HbSS, HbCC, and HbSC) will falsely lower HbA1c test results regardless of the assay method used. Iron deficiency anemia is associated with higher HbA1c.

Note: Presence of Hemoglobin variants and/or conditions that affect red cell turnover must be considered, particularly when the HbA1c result does not correlate with the patient's blood glucose levels.

- HPLC - High performance liquid chromatography

NABL certificate and scope

This test has been performed at
TATA 1MG LUCKNOW
Address: CP - 26, Viraj Khand-4, Viraj Khand, Gomti Nagar, Lucknow, Uttar Pradesh 226010

Dr. Hitesh Tiwari
MBBS, M.D (Pathology)
Consultant Pathologist
Reg No: 65695

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PO No :PO3098370484-133

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Patient ID	: LUC127074	Collection Date	: 25/May/2024 07:50AM
Barcode ID/Order ID	: D10896217 / 9669270	Sample Receive Date	: 26/May/2024 10:21AM
Referred By	: Dr.	Report Status	: Final Report
Sample Type	: EDTA	Report Date	: 26/May/2024 01:08PM

HAEMATOLOGY

COMPREHENSIVE SILVER FULL BODY CHECKUP WITH SMART REPORT

Test Name	Result	Unit	Bio. Ref. Interval	Method
Complete Blood Count				
Hemoglobin	13.2	g/dL	12.0-15.0	Cyanide Free SLS
RBC	4.75	10^6/cu.mm	3.8 - 4.8	Impedence variation
HCT	41.1	%	36 - 46	Pulse Height Average
MCV	86.5	fl	83 - 101	Calculated
MCH	27.7	pg	27 - 32	Calculated
MCHC	32.0	g/dL	31.5 - 34.5	Calculated
RDW-CV	**16.4**	%	11.6-14	Calculated
Total Leucocyte Count	5.21	10^3/µl	4 - 10	Flowcytometry DHSS/ Microscopy
Differential Leucocyte Count				
Neutrophils	57.9	%	40-80	Flowcytometry DHSS/ Microscopy
Lymphocytes	31.6	%	20-40	Flowcytometry DHSS/ Microscopy
Monocytes	5.6	%	2-10	Flowcytometry DHSS/ Microscopy
Eosinophils	4.7	%	1-6	Flowcytometry DHSS/ Microscopy
Basophils	0.2	%	0-2	Flowcytometry DHSS/ Microscopy
Absolute Leucocyte Count				
Absolute Neutrophil Count	3.02	10^3/µl	2-7	Calculated
Absolute Lymphocyte Count	1.65	10^3/µl	1-3	Calculated
Absolute Monocyte Count	0.29	10^3/µl	0.2-1	Calculated
Absolute Eosinophil Count	0.24	10^3/µl	0.02-0.5	Calculated
Absolute Basophil Count	**0.01**	10^3/µl	0.02-0.1	Calculated
Platelet Count	328	10^3/µl	150 - 410	Impedence Variation /Microscopy
MPV	9.6	fl	6.5 - 12	Calculated
PDW	15.6	fl	9-17	Calculated

NABL certificate and scope

This test has been performed at
TATA 1MG LUCKNOW
Address: CP - 26, Viraj Khand-4, Viraj Khand, Gomti Nagar, Lucknow, Uttar Pradesh 226010

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Barcode ID/Order ID	: D10896217 / 9669270	Sample Receive Date	: 26/May/2024 10:21AM
Referred By	: Dr.	Report Status	: Final Report
Sample Type	: EDTA	Report Date	: 26/May/2024 01:08PM

HAEMATOLOGY

COMPREHENSIVE SILVER FULL BODY CHECKUP WITH SMART REPORT

Test Name	Result	Unit	Bio. Ref. Interval	Method

Comment:

- As per the recommendation of International council for Standardization in Hematology, the differential leucocyte counts are additionally being reported as absolute numbers of each cell in per unit volume of blood.

Erythrocyte Sedimentation Rate

Erythrocyte Sedimentation Rate	9	mm/hr	<=19	Modified Westergren

Comment:

- ESR provides an index of progress of the disease and is widely used as an indicator of inflammation, infection, trauma, or malignant diseases. Changes are more significant than a single abnormal test
- It is specifically indicated to monitor the course or response to the treatment of diseases like rheumatoid arthritis, tuberculosis bacterial endocarditis ,acute rheumatic fever ,Hodgkins disease,temporal arthritis , and systemic lupus erythematosis; and to diagnose and monitor giant cell arteritis and polymyalgia rheumatica.
- An elevated ESR may also be associated with many other conditions, including autoimmune disease, anemia, infection,malignancy,pregnancy, multiple myeloma, menstruation, and hypothyroidism.
- Although a normal ESR cannot be taken to exclude the presence of organic disease, its rate is dependent on various physiologic and pathologic factors.
- The most important component influencing ESR is the composition of plasma. High level of C-Reactive Protein, fibrinogen, haptoglobin, alpha-1antitrypsin, ceruloplasmin and immunoglobulins causes the elevation of Erythrocyte Sedimentation Rate.
- Drugs that may cause increase ESR levels include: dextran, methyldopa, oral contraceptives, penicillamine, procainamide, theophylline, and Vitamin A. Drugs that may cause decrease levels include: aspirin, cortisone, and quinine

"Test conducted on Whole Blood - EDTA "

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Age/Gender	: 56/Female	Registration Date	: 25/May/2024 02:46PM
Patient ID	: LUC127074	Collection Date	: 25/May/2024 07:50AM
Barcode ID/Order ID	: D10896220 / 9669270	Sample Receive Date	: 26/May/2024 10:25AM
Referred By	: Dr.	Report Status	: Final Report
Sample Type	: Serum	Report Date	: 26/May/2024 12:23PM

BIOCHEMISTRY

COMPREHENSIVE SILVER FULL BODY CHECKUP WITH SMART REPORT

Test Name	Result	Unit	Bio. Ref. Interval	Method
Calcium				
Calcium	8.8	mg/dL	8.3-10.6	CPC

Comment:

Increased in: Hyperparathyroidism primary and secondary, Acute and chronic renal failure, Following renal transplantation, Osteomalacia with malabsorption, Acute osteoprosis, Malignant tumours (specially of breast, lung and kidney), Drugs: Vit. D and A intoxication, Diuretics, estrogen, androgen, tamoxifen, lithium

Decreased in: Hypoparathyroidism, Surgical and Idiopathic, Pseudohypoparathyroidism, Chronic renal disease with uremia and phophate retention, Malabsorption of Calcium and Vit.D, obstructive jaundice, Bone Disease (Osteomalacia and rickets), Drugs: Cancer chemotherapy drugs, calcitonin, loop-actives diuretics, Hypomagnesemia,Hypoalbuminemia

NABL certificate and scope

This test has been performed at
TATA 1MG LUCKNOW
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Age/Gender	: 56/Female	Registration Date	: 25/May/2024 02:46PM
Patient ID	: LUC127074	Collection Date	: 25/May/2024 07:50AM
Barcode ID/Order ID	: D10896218 / 9669270	Sample Receive Date	: 26/May/2024 10:09AM
Referred By	: Dr.	Report Status	: Final Report
Sample Type	: Fluoride Plasma F	Report Date	: 26/May/2024 01:08PM

BIOCHEMISTRY

COMPREHENSIVE SILVER FULL BODY CHECKUP WITH SMART REPORT

Test Name	Result	Unit	Bio. Ref. Interval	Method
Glucose - Fasting				
Glucose - Fasting	**137**	mg/dL	70-100	Hexokinase

Fasting Plasma Glucose (mg/dL)	2 hr plasma Glucose (mg/dL)	Diagnosis
99 or below	139 or below	Normal
100 to 125	140 to 199	Pre-Diabetes (IGT)
126 or above	200 or above	Diabetes

Reference : American Diabetes Association

Comment:

Impaired glucose tolerance (IGT) fasting, means a person has an increased risk of developing type 2 diabetes but does not have it yet. A level of 126 mg/dL or above, confirmed by repeating the test on another day, means a person has diabetes. IGT (2 hrs Post meal), means a person has an increased risk of developing type 2 diabetes but does not have it yet. A 2-hour glucose level of 200 mg/dL or above, confirmed by repeating the test on another day, means a person has diabetes

Plasma Glucose Goals	For people with Diabetes
Before meal	70-130 mg/dL
2 Hours after meal	Less than 180 mg/dL
HbA1c	Less than 7%

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Age/Gender	: 56/Female	Registration Date	: 25/May/2024 02:46PM
Patient ID	: LUC127074	Collection Date	: 25/May/2024 07:50AM
Barcode ID/Order ID	: D10896220 / 9669270	Sample Receive Date	: 26/May/2024 10:25AM
Referred By	: Dr.	Report Status	: Final Report
Sample Type	: Serum	Report Date	: 26/May/2024 12:23PM

BIOCHEMISTRY

COMPREHENSIVE SILVER FULL BODY CHECKUP WITH SMART REPORT

Test Name	Result	Unit	Bio. Ref. Interval	Method
Iron Studies, Basic				
Iron Serum	81	µg/dL	50-170	Ferrozine
Unsaturated Iron Binding Capacity	246	µg/dL	111-343	Ferene
Total Iron Binding Capacity (TIBC)	327	µg/dL	240-450	Calculated
Transferrin Saturation	24.79	%	16 - 50	Calculated

Comment:

Iron is an essential trace mineral element which forms an important component of hemoglobin, metallocompounds and Vitamin A. Deficiency of iron is seen in iron deficiency and anaemia of chronic disorders.
Increased iron concentration are seen in hemolytic anaemias, hemochromatosis and acute liver disease. Serum Iron alone is unreliable due to considerable physiologic diurnal variation in the results with highest values in the morning and lowest values in the evening as well as variation in response to iron therapy .

Total Iron Binding capacity (TIBC) is a direct measure of the protein Transferrin which transports iron from the gut to storage sites in the bone marrow. Increased levels of TIBC suggest that total iron body stores are low, increased concentration may be the sign of Iron deficiency anaemia, polycythemia vera ,and may occur during the third trimester of pregnancy. Decreased levels may be seen in hemolytic anaemia, hemochromatosis, chronic liver disease, hypoproteinemia ,malnutrition.

Unsaturated Iron Binding Capacity (UIBC) is increased in low iron state and decreased in high iron concentration such as hemochromatosis. In case of anaemia of chronic disease the patient may be anaemic but has adequate iron reserve and a low uIBC.

Transferrin Saturation occurs in Idiopathic hemochromatosis and Transfusional hemosiderosis where no unsaturated iron binding capacity is available for iron mobilization. Similar condition is seen in congenital deficiency of Transferrin.

Lipid Profile				
Cholesterol - Total	154	mg/dL	Low (desirable): < 200 mg/dL Moderate (borderline) 200–239 mg/dL High: >/= 240 mg/dL	Enzymatic
Triglycerides	**177**	mg/dL	Normal: < 150, Borderline: 150 - 199, High:200 - 499, Very High >=500	GPO, Trinder without serum blank
Cholesterol - HDL	**36**	mg/dL	Undesirable/high risk	Cholesterol Esterase

NABL certificate and scope

This test has been performed at
TATA 1MG LUCKNOW
Address: CP - 26, Viraj Khand-4, Viraj Khand, Gomti Nagar, Lucknow, Uttar Pradesh 226010

Dr. Hitesh Tiwari
MBBS, M.D (Pathology)
Consultant Pathologist
Reg No: 65695

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PO No :PO3098370484-133

Name	: Ms.KIRAN AGARWAL	Client Name	: TATA 1MG LUCKNOW
Age/Gender	: 56/Female	Registration Date	: 25/May/2024 02:46PM
Patient ID	: LUC127074	Collection Date	: 25/May/2024 07:50AM
Barcode ID/Order ID	: D10896220 / 9669270	Sample Receive Date	: 26/May/2024 10:25AM
Referred By	: Dr.	Report Status	: Final Report
Sample Type	: Serum	Report Date	: 26/May/2024 12:23PM

BIOCHEMISTRY

COMPREHENSIVE SILVER FULL BODY CHECKUP WITH SMART REPORT

Test Name	Result	Unit	Bio. Ref. Interval	Method
			<=40mg/dL Desirable/low risk>=60mg/dl	
Cholesterol - LDL	82	mg/dL	Desirable: <100 Above desirable: 100 - 129 Borderline high : 130 - 159 High : 160 - 189 Very high : >=190	Calculated
Cholesterol- VLDL	**35**	mg/dL	<30	Calculated
Cholesterol : HDL Cholesterol	4.2	Ratio	Desirable : 3.0-4.0 High risk : >4	Calculated
LDL : HDL Cholesterol	2.26	Ratio	Desirable : 2.0-2.5 High risk : >3.0	Calculated
Non HDL Cholesterol	118	mg/dl	Desirable:< 130, Above Desirable:130 - 159, Borderline High:160 - 189, High:190 - 219, Very High: >= 220	Calculated

Comment:

●Lipid profile measurements in the same patient can show physiological & analytical variations. It is recommended that 3 serial samples 1 week apart may be tested.
●Indians are at a high risk of developing atherosclerotic cardiovascular disease (ASCVD); at a much earlier age and more severe with high mortality. Dyslipidemia (abnormal lipid profile) is the major risk factor and found in almost 80% Indians.
●**Total cholesterol** is the total amount of cholesterol in blood comprising of HDL, LDL-C, and VLDL.
●**LDL Cholesterol (LDL-C)** or "bad"cholesterol contributes most significantly to atherosclerosis leading to heart disease or stroke and is the primary target for reducing risk for cardiovascular disease.
●**High-density lipoprotein (HDL)** or "good" cholesterol can lower risk of heart disease and stroke.
●**Triglyceride (TG)** level also plays a major role in CVD. Indians are more prone to Atherogenic dyslipidemia, a condition associated with high TG, low HDL-C and high LDL-C; this is associated with diabetes, metabolic syndrome and insulin resistance. Hence high triglyceride levels also need to be treated.
●**Non-HDL-Cholesterol (Non-HDLC)** measures all plaque forming lipoproteins (e.g. remnants, LDL-C, VLDL, Lp(a), Apo-B). Monitoring of Non-HDLC is important in patients with high TG (e.g. diabetics, obese persons) and those already on statin therapy.
●**Lipid Association of India (LAI-2020) recommends:-**

- Screening of all Indians above the age of 20 years for CVD risk factors, esp. lipid profile.

NABL certificate and scope

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Test Name **Result** **Unit** **Bio. Ref. Interval** **Method**

- Identification of Risk factors: Age (male ≥45 years, female ≥55 years); Family h/o heart disease at younger age (<55 yrs in males, <65 yrs in female), Smoking/tobacco use, High blood pressure, Low HDL (males <40 mg/dl and females <50mg/dl).
- Fasting lipid profile is not mandatory for screening. Both fasting and non-fasting lipid profiles are equally important for managing Indian patients.
- Non-HDLC should be calculated in every subject. LAI recommends LDL-C as the primary target and Non-HDLC as the co-primary target for initiating drug therapy.
- Lifestyle modifications are of first and foremost importance for management and prevention of dyslipidemia. Among low risk groups, treatment is started only after 3 months of lifestyle changes.
- Testing for Apolipoprotein B, hsCRP, Lp(a) should be considered for patients in moderate risk group.
- Newer treatment goals based on Risk Groups and values of LDL-C and Non-HDLC

New treatment goals by Lipid Association of India (2020)

	CONSIDER THERAPY (cut-off level)		TREATMENT GOALS	
Risk groups	**LDL-C (mg/dL)**	**Non-HDLC (mg/dL)**	**LDL-C (mg/dL)**	**Non-HDLC (mg/dL)**
Extreme Risk Gp Cat. A	≥50	≥80	<50 (Optional ≤30)	<80 (Optional ≤60)
Extreme Risk Gp Cat. B	>30	>60	≤30	≤60
Very High Risk	≥50	≥80	<50	<80
High Risk	≥70	≥100	<70	<100
Moderate Risk	≥100	≥130	<100	<130
Low risk	≥130*	≥160*	<100	<130
*After an adequate non-pharmacological intervention for at least 3 months				

●**As per NCEP Expert Panel (2011) guidelines**, universal screening for dyslipidemia is recommended for children between 9 - 11 yrs (repeat at 17-21 yrs). Screening is not recommended before the age of 2yrs. Above the age of 2 yrs, selective screening is done in children with family history of premature CVD or risk factors like obesity, diabetes, and hypertension.

Note: Reference Interval as per National Cholesterol Education Program (NCEP) Report.

Liver Function Test

Bilirubin-Total	0.43	mg/dL	0.3 – 1.2	Vanadate oxidation
Bilirubin-Direct	0.16	mg/dL	0.0-0.3	Vanadate oxidation
Bilirubin-Indirect	0.27	mg/dL	0.2-0.8	Calculated
Protein, Total	7.33	g/dL	5.7–8.2	Biuret
Albumin	4.23	g/dL	3.2-4.8	BCG Dye Binding
Globulin	3.1	g/dL	2.3 - 4.1	Calculated

NABL certificate and scope

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BIOCHEMISTRY

COMPREHENSIVE SILVER FULL BODY CHECKUP WITH SMART REPORT

Test Name	Result	Unit	Bio. Ref. Interval	Method
A/G Ratio	1.36	Ratio	0.8 - 1.9	Calculated
Aspartate Transaminase (SGOT)	15	U/L	<34 U/L	Modified IFCC
Alanine Transaminase (SGPT)	17	U/L	10-49	Modified IFCC
SGOT/SGPT	0.88	Ratio	<1	Calculated
Alkaline Phosphatase	76	U/L	46-116	IFCC Standardization
Gamma Glutamyltransferase (GGT)	21	U/L	<38	Modified IFCC

Comment:

- LFTS are based upon measurements of substances released from damaged hepatic cells into the blood that gives idea of the Existence, Extent and Type of Liver damage. - Acute Hepatocellular damage: ALT & AST levels are sensitive index of hepatocellular damage - Obstruction to the biliary tract,Cholestasis and blockage of bile flow:1) Serum Total Bilirubin concentration 2) Serum Alkaline Phosphatase (ALP) activity 3) Gamma Glutamyl Transpeptidase (GGTP) 4) 5`-Nucleotidase - Chronic liver disease: Serum Albumin concentration
- Bilirubin results from the enzymatic breakdown of heme. Jaundice is a yellowish discoloration of the skin and mucous membranes caused by hyperbilirubinemia.
- Pre-hepatic or hemolytic jaundice - Abnormal red cells, antibodies,drugs and toxins,Hemoglobinopathies, Gilbert's syndrome, Crigler-Najjar syndrome
- Hepatic or Hepatocellular jaundice-Viral hepatitis,toxic hepatitis, intrahepatic cholestasis
- Post-hepatic jaundice -Extrahepatic cholestasis, gallstones, tumors of the bile duct, carcinoma of pancreas
- In viral hepatitis and other forms of liver disease associated with acute hepatic necrosis, serum AST and ALT concentrations are elevated even before the clinical signs and symptoms of disease appear.
- ALT is the more liver-specific enzyme and elevations of ALT activity persist longer than AST activity.
- Peak values of aminotransferase activity occur between the seventh and twelfth days. Activities then gradually decrease, reaching normal activities by the third to fifth week. Peak activities bear no relationship to prognosis and may fall with worsening of the patient's condition.
- Aminotransferase activities observed in cirrhosis vary with the status of the cirrhotic process and range from the upper reference limit to four to five times higher, with an AST/ALT ratio greater than 1. The ratio's elevation can reflect the grade of fibrosis in these patients. Slight or moderate elevations of both AST and ALT activities have been observed after administration of various medications and chronic hepatic injury such as (1) hemochromatosis, (2) Wilson disease, (3) autoimmune hepatitis, (4) primary biliary cirrhosis, (5) sclerosing cholangitis, and (6) a1-antitrypsin deficiency.
- AST activity also is increased in acute myocardial infarction, progressive muscular dystrophy and dermatomyositis, reaching concentrations up to eight times the upper reference limit.Slight to moderate AST elevations are noted in hemolytic disease.

NABL certificate and scope

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BIOCHEMISTRY

COMPREHENSIVE SILVER FULL BODY CHECKUP WITH SMART REPORT

Test Name	Result	Unit	Bio. Ref. Interval	Method
• GGT is a sensitive indicator of the presence of hepatobiliary disease, being elevated in most subjects with liver disease regardless of cause. Increased concentrations of the enzyme are also found in serum of subjects receiving anticonvulsant drugs, such as phenytoin and phenobarbital.				
Kidney Function Test.				
Blood Urea Nitrogen	9	mg/dL	9.0-23	Urease with GLDH
Urea	19.67	mg/dL	19.26-49.22	Calculated
Creatinine	**0.54**	mg/dL	0.55-1.02	Alkaline picrate-kinetic
Uric Acid	**6.4**	mg/dL	2.7-6.1	Uricase/Peroxidase
Sodium	141	mEq/L	136-145	Indirect ISE
Potassium	3.95	mEq/L	3.5-5.1	Indirect ISE
Chloride	106.0	mEq/L	98-107	Indirect ISE
BUN/Creatinine Ratio	17.0	Ratio	12.1 - 20.1	Calculated

Comment:

BUN is directly related to protein intake and nitrogen metabolism and inversely related to the rate of excretion of urea.Blood urea nitrogen (BUN) levels reflect the balance between the production and excretion of urea. Increased levels are seen in renal failure (acute or chronic), urinary tract obstruction, dehydration, shock, burns, CHF, GI bleeding, nephrotoxic drugs. Decreased levels are seen in hepatic failure, nephrotic syndrome, cachexia (low-protein and high-carbohydrate diets).

Urea is a non-proteinous nitrogen compound formed in the liver from ammonia as an end product of protein metabolism. Urea diffuses freely into extracellular and intracellular fluid and is ultimately excreted by the kidneys. Increased levels are found in acute renal failure, chronic glomerulonephritis, congestive heart failure, decreased renal perfusion, diabetes, excessive protein ingestion, gastrointestinal (GI) bleeding, hyperalimentation, hypovolemia, ketoacidosis, muscle wasting from starvation, neoplasms, pyelonephritis, shock, urinary tract obstruction, nephrotoxic drugs. Decreased levels are seen in inadequate dietary protein, low-protein/high-carbohydrate diet, malabsorption syndromes, pregnancy, severe liver disease, certain drugs.

Creatinine is catabolic product of creatinine phosphate, which is excreted by filtration through the glomerulus and by tubular secretion. Creatinine clearance is an acceptable clinical measure of glomerular filtration rate (GFR). Increased levels are seen in acute/chronic renal failure, urinary tract obstruction, hypothyroidism, nephrotoxic drugs, shock, dehydration, congestive heart failure, diabetes. Decreased levels are found in muscular dystrophy.

BUN/Creatinine ratio (normally 12:1–20:1) is decreased in acute tubular necrosis, advanced liver disease, low protein intake, and following hemodialysis. BUN/Creatinine ratio is increased in dehydration, GI bleeding, and increased catabolism.

Uric acid levels show diurnal variation. The level is usually higher in the morning and lower in the evening. Increased levels are seen in starvation, strenuous exercise, malnutrition, or lead poisoning, gout, renal disorders, increased breakdown of body cells in some cancers (including leukemia, lymphoma, and multiple myeloma) or cancer treatments, hemolytic anemia, sickle cell anemia, or heart failure, pre-eclampsia, liver disease (cirrhosis), obesity, psoriasis, hypothyroidism, low blood levels of parathyroid hormone (PTH), certain drugs, foods that are very high in purines - such as organ meats, red meats, some seafood and beer. Decreased levels are seen in liver disease, Wilson's disease, Syndrome of inappropriate antidiuretic hormone (SIADH), certain drugs.

NABL certificate and scope

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Sample Type	: Serum	Report Date	: 26/May/2024 12:29PM

Immunology

COMPREHENSIVE SILVER FULL BODY CHECKUP WITH SMART REPORT

Test Name	Result	Unit	Bio. Ref. Interval	Method
Thyroid Profile				
T3, Total	1.11	ng/mL	0.60-1.81	CLIA
T4, Total	7.4	µg/dl	4.5-12.6	CLIA
Thyroid Stimulating Hormone - Ultra Sensitive	1.621	uIU/ml	0.55-4.78	CLIA

Comment:

- Below mentioned are the guidelines for pregnancy related reference ranges for TSH, total T3 & Total T4.

Pregnancy			
	TSH (µIU/mL) (as per American Thyroid Association)	Total T3 (ng/mL)	Total T4(µg/dL)
1st trimester	0.1-2.5	0.81-1.90	7.33-14.8
2nd trimester	0.2-3.0	1.00-2.60	7.93-16.1
3rd trimester	0.3-3.0	1.00-2.60	6.95-15.7

- TSH levels are subject to circadian variation, reaching peak levels between 2 - 4.a.m. and at a minimum between 6-10 pm .
- The variation is of the order of 50%, hence time of the day has influence on the measured serum TSH concentrations.
- TSH is secreted in a dual fashion: Intermittent pulses constitute 60-70% of total amount, background continuous secretion is 30-40%.These pulses occur regularly every 1-3 hrs.
- Total T3 & T4 concentrations are altered by physiological or pathological changes in thyroxine binding globulin (TBG) capacity .
- The determination of free T3 & free T4 has the advantage of being independent of changes in the concentrations and binding properties of the binding proteins.
- Changes in thyroid status are typically associated with concordant changes in T3, T4 and TSH levels.
- Unexpectedly abnormal or discordant thyroid test values may be seen with some rare, but clinically significant conditions such as central hypothyroidism, TSH-secreting pituitary tumors, thyroid hormone resistance, or the presence of heterophilic antibodies (HAMA) or thyroid hormone autoantibodies.
- For diagnostic purposes, results should be used in conjunction with other data.

TSH	T3	T4	Interpretation

NABL certificate and scope

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Immunology

COMPREHENSIVE SILVER FULL BODY CHECKUP WITH SMART REPORT

High	Normal	Normal	Subclinical Hypothyroidism
Low	Normal	Normal	Subclinical Hyperthyroidism
High	High	High	Secondary Hyperthyroidism
Low	High/Normal	High/Normal	Hyperthyroidism
Low	Low	Low	Non thyroidal illness / Secondary Hypothyroidism

Vitamin D (25-OH)

Test Name	Result	Unit	Bio. Ref. Interval	Method
Vitamin D (25-OH)	30.5	ng/ml	Deficiency:< 20, Insufficiency:20-29, Sufficiency:30 - 100, Toxicity possible:> 100	CLIA

Comment:

- Vitamin D is a fat-soluble steroid prohormone involved in the intestinal absorption of calcium and the regulation of calcium homeostasis.
- Two forms of vitamin D are biologically relevant - vitamin D3 (Cholecalciferol) and vitamin D2 (Ergocalciferol).
- Both vitamins D3 and D2 can be absorbed from food but only an estimated 10-20perc. of vitamin D is supplied through nutritional intake.
- Vitamin D is converted to the active hormone 1,25-(OH)2-vitamin D (Calcitriol) through two hydroxylation reactions. The first hydroxylation converts vitamin D into 25-OH vitamin D and occurs in the liver. The second hydroxylation converts 25-OH vitamin D into the biologically active 1,25-(OH)2-vitamin D and occurs in the kidneys as well as in many other cells of the body.
- Most cells express the vitamin D receptor and about 3perc. of the human genome is directly or indirectly regulated by the vitamin D endocrine system.
- The major storage form of vitamin D is 25-OH vitamin D and is present in the blood at up to 1,000 fold higher concentration compared to the active 1,25-(OH)2-vitamin D. 25-OH vitamin D has a half-life of 2-3 weeks vs. 4 hours for 1,25-(OH)2-vitamin D. Therefore, 25-OH vitamin D is the analyte of choice for determination of the vitamin D status.
- Risk factors for vitamin D deficiency include low sun exposure, inadequate intake, decreased absorption, abnormal metabolism, vitamin D resistance and and liver or kidney diseases.
- Vitamin D deficiency is a cause of secondary hyperparathyroidism and diseases resulting in impaired bone metabolism (like rickets, osteomalacia).

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Test Name	Result	Unit	Bio. Ref. Interval	Method

- Recently, many chronic diseases such as cancer, high blood pressure, osteoporosis and several autoimmune diseases have been linked to vitamin D deficiency.
- The assay measures both D2 (Ergocalciferol) and D3 (Cholecalciferol) metabolites of vitamin D

Utility Quantitative determination of 25-hydroxyvitamin D (25-OH vitamin D).

Vitamin B12

Vitamin B12	**202.0**	pg/ml	211-911	CLIA

Comment:

- **Vitamin B12** along with **folate** is essential for DNA synthesis and myelin formation.
- **Decreased levels** are seen in anaemia, term pregnancy, vegetarian diet, intrinsic factor deficiency, partial gastrectomy/ileal damage, celiac disease, oral contraceptive use, parasitic infestation, pancreatic deficiency, treated epilepsy, smoking, hemodialysis and advanced age.
- **Increased levels** are seen in renal failure, hepatocelluar disorders, myeloproliferative disorders and at times with excess supplementation of vitamins pills.

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Sample Type	: Urine	Report Date	: 26/May/2024 01:08PM

CLINICAL PATHOLOGY

COMPREHENSIVE SILVER FULL BODY CHECKUP WITH SMART REPORT

Test Name	Result	Unit	Bio. Ref. Interval	Method
Urine Routine & Microscopy				
Colour	Pale Yellow		Pale Yellow	Manual
Appearance	Clear		Clear	Manual
Specific gravity	1.020		1.003 - 1.035	pKa change
pH	6.0		4.6 - 8.0	Double Indicator
Glucose	Negative		Negative	GOD-POD
Protein	Negative		Negative	Protein Error Principle
Ketones	Negative		Negative	Nitroprusside
Blood	Negative		Negative	Peroxidase
Bilirubin	Negative		Negative	Diazonium
Urobilinogen	Normal		Normal	Ehrlich
Leucocyte Esterase	Negative		Negative	Pyrrole
Nitrite	Negative		Negative	P-arsanilic acid
Pus cells	1-2	/hpf	0-5	Microscopy
Red Blood Cells	Nil	/hpf	0-2	Microscopy
Epithelial cells	1-2	/hpf	Few	Microscopy
Casts	Nil		Nil	Microscopy
Crystals	Nil		Nil	Microscopy
Yeast	Nil		Nil	Microscopy
Bacteria	Nil		Nil	Microscopy

Comment:

•Note: Pre-test condition to be observed while submitting the sample-first void, mid stream urine, collected in a clean, dry, sterile container is recommended for routine urine analysis, avoid contamination with any discharge from vaginal, urethra, perineum, Avoid prolonged transit time & undue exposure to sunlight.
•During interpretation, points to be considered are Negative nitrite test does not exclude the urinary tract infections. Trace proteinuria can be seen with many physiological conditions like prolonged recumbency, exercise, high protein diet. False positive reactions for bile pigments, proteins, glucose and nitrites can be caused by peroxidase like activity by disinfectants, therapeutic dyes, ascorbic acid and certain drugs.• Urine microscopy is done in centrifuged urine specimens

***** End Of Report *****

Conditions of Laboratory Testing & Reporting:

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Test results released pertain to the sample, as received. Laboratory investigations are only a tool to facilitate in arriving at a diagnosis and should be clinically correlated by the interpreting clinician. Result delays may happen because of unforeseen or uncontrollable circumstances. Test report may vary depending on the assay method used. Test results may show inter-laboratory variations. Test results are not valid for medico-legal purposes. Please mail your queries related to test results to Customer Care mall ID care@1mg.com

Disclaimer: Results relate only to the sample received. Test results marked "BOLD" indicate abnormal results i.e. higher or lower than normal. All lab test results are subject to clinical interpretation by a qualified medical professional. This report cannot be used for any medico-legal purposes. Partial reproduction of the test results is not permitted. Also, TATA 1mg Labs is not responsible for any misinterpretation or misuse of the information. The test reports alone may not be conclusive of the disease/condition, hence clinical correlation is necessary. Reports should be vetted by a qualified doctor only.

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Consultant Pathologist
Reg No: 65695

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