




PERSONAL HEALTH SMART REPORT

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



Prepared for

HARITHA PRIYANKA RALLAPALLI

Basic Info

Female /28 Yrs

Patient ID

MGB711089

Report released on

22/03/2024

Date of Test

22/03/2024



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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.
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Doctor Summary For

Good Health Platinum Package with Smart Report

For
Haritha Priyanka Rallapalli
Female /28 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, 22/03/24	Bio. Ref. Interval	Trends (For last three tests)		
Complete Blood Count			24/Nov/2023	17/Mar/2021	Date 3
Hemoglobin	▼ 11.6 g/dL	12.0 - 15.0	▼ 11.8	---	---
RBC	▲ 5.36 mili/cu.mm	3.8 - 4.8	▲ 5.43	---	---
HCT	36.4 %	36 - 46	37.7	---	---
MCV	▼ 67.9 f L	83 - 101	▼ 69.4	---	---
MCH	▼ 21.7 pg	27 - 32	▼ 21.7	---	---
RDW-CV	▲ 19.4 %	11.6 - 14.0	▲ 14.5	---	---
Total Leucocyte Count	5.09 10 ³ /ÅµL	4 - 10	7.19	---	---
Neutrophils	52.4 %	40 - 80	56.4	---	---
Lymphocytes	34.6 %	20 - 40	31.2	---	---
Monocytes	▲ 10.1 %	2 - 10	9.9	---	---
Eosinophils	2.4 %	1 - 6	1.9	---	---
Basophils	0.5 %	0 - 2	0.6	---	---
Platelet Count	289 10 ³ /ÅµL	150 - 410	305	---	---
PDW	▲ 19.9 f L	9 - 17	▲ 17.7	---	---
Inflammatory markers			24/Nov/2023	17/Mar/2021	Date 3
Erythrocyte Sedimentation Rate	3 mm/hour	<= 12	4	---	---
Diabetes Profile			24/Nov/2023	17/Mar/2021	Date 3
Glucose - Fasting	92 mg/dL	70 - 99	91	---	---
Glycosylated Hemoglobin (HbA1c)	▲ 5.8 %	4 - 5.6	▲ 5.8	---	---
Kidney Function Test			24/Nov/2023	17/Mar/2021	Date 3
Blood Urea Nitrogen	▼ 6 mg/dL	7.0 - 18.7	▼ 6	---	---
Urea	▼ 12.84 mg/dL	14.9 - 40.0	▼ 12.84	---	---
Creatinine	0.73 mg/dL	0.5 - 1.0	0.7	---	---
Uric Acid	4.6 mg/dL	2.5 - 6.2	4.6	---	---

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Test Name	Result, 22/03/24	Bio. Ref. Interval	Trends (For last three tests)		
Kidney Function Test			24/Nov/2023	17/Mar/2021	Date 3
Sodium	141 mmol/L	136 - 145	139	---	---
Potassium	3.96 mmol/L	3.5 - 5.1	4.5	---	---
Chloride	▲ 110 mmol/L	98 - 107	107	---	---
Lipid Profile			24/Nov/2023	17/Mar/2021	Date 3
Cholesterol - Total	187 mg/dL	50 - 200	▲ 218	---	---
Triglycerides	▲ 155 mg/dL	0 - 150	▲ 170	---	---
Cholesterol - HDL	41.9 mg/dL	40 - 60	54	---	---
Cholesterol - LDL	▲ 114.1 mg/dL	40 - 100	▲ 130	---	---
Cholesterol- VLDL	▲ 31 mg/dL	10 - 30	▲ 34	---	---
Non HDL Cholesterol	▲ 145.1 mg/dL	0 - 130	▲ 164	---	---
Liver Function Test			24/Nov/2023	17/Mar/2021	Date 3
Bilirubin - Total	0.4 mg/dL	0.3 - 1.2	0.4	---	---
Protein, Total	7 g/dL	6.4 - 8.3	7	---	---
Albumin	4.2 g/dL	3.5 - 5.0	4.1	---	---
Aspartate Transaminase (SGOT)	21 U/L	5 - 34	28	---	---
Alanine Transaminase (SGPT)	18 U/L	0 - 34	22	---	---
Alkaline Phosphatase	68 U/L	40 - 150	76	---	---
Gamma Glutamyltransferase (GGT)	21 U/L	9 - 38	27	---	---
Urine Routine & Microscopy			24/Nov/2023	17/Mar/2021	Date 3
Specific gravity	1.010	1.003 - 1.035	1.020	---	---
Ph	6.0	4.6 - 8	6.0	---	---
Glucose	NEGATIVE	NEGATIVE	Negative	---	---
Protein	NEGATIVE	NEGATIVE	Negative	---	---
Ketones	NEGATIVE	NEGATIVE	Negative	---	---

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Test Name	Result, 22/03/24	Bio. Ref. Interval	Trends (For last three tests)		
Urine Routine & Microscopy			24/Nov/2023	17/Mar/2021	Date 3
Pus cells	2-4 /hpf	0 - 5	2-3	---	---
Red blood cell	NIL /hpf	0 - 2	NIL	---	---
Epithelial cells	3-4 /hpf	FEW	3-4	---	---
Casts	NIL /lpf	NIL	NIL	---	---
Crystals	NIL	NIL	NIL	---	---
Calcium and Bone Health			24/Nov/2023	17/Mar/2021	Date 3
Vitamin D (25-OH)	▼ 18.4 ng/mL	30 - 100	▼ 17.55	---	---
Thyroid Function Test			24/Nov/2023	17/Mar/2021	Date 3
T3, Total	0.83 ng/mL	0.35 - 1.93	1.03	---	---
T4, Total	5.73 Åµg/dL	4.87 - 11.72	6.7	---	---
Thyroid Stimulating Hormone - Ultra Sensitive	0.7755 ÅµIU/mL	0.35 - 4.94	1.836	---	---

Wellbeing Index

Important Findings from your Wellbeing Index

For
Haritha Priyanka Rallapalli
Female /28 Yrs



Physicals

Height

Data not available

Weight

Data not available

Waist

Data not available

BMI

Data not available

Heart Age

Data not available

BP

Data not available



Disease Risks

Diabetes

Survey not taken yet

Hypertension

Survey not taken yet

Stroke

Survey not taken yet

CVD

Survey not taken yet

Depression

Survey not taken yet

Anxiety

Survey not taken yet

Stress

Survey not taken yet

* Embark on a better you by completing the wellbeing index. [Here](#)



Lifestyle Data

Habits

Data not available

Family History

Data not available

Important Parameters

From your Good Health Platinum Package with Smart Report

For
Haritha Priyanka Rallapalli
Female /28 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

▼ **11.6** g/dL

Range: 12.0 - 15.0

RBC

▲ **5.36** mili/cu.mm

Range: 3.8 - 4.8

HCT

36.4 %

Range: 36 - 46

MCV

▼ **67.9** f L

Range: 83 - 101

MCH

▼ **21.7** pg

Range: 27 - 32

RDW-CV

▲ **19.4** %

Range: 11.6 - 14.0

Total Leucocyte Count

5.09 10³/ÅµL

Range: 4 - 10

Neutrophils

52.4 %

Range: 40 - 80

Lymphocytes

34.6 %

Range: 20 - 40

Monocytes

▲ **10.1** %

Range: 2 - 10

Eosinophils

2.4 %

Range: 1 - 6

Basophils

0.5 %

Range: 0 - 2

Platelet Count

289 10³/ÅµL

Range: 150 - 410

PDW

▲ **19.9** f L

Range: 9 - 17



Inflammatory markers

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

Erythrocyte Sedimentation Rate

3 mm/hour

Range: <= 12

Important Parameters

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Female /28 Yrs



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 screening as well as monitoring the treatment of diabetes.

Glucose - Fasting

92 mg/dL

Range: 70 - 99

Glycosylated Hemoglobin (HbA1c)

▲ **5.8** %

Range: 4 - 5.6



Kidney Function Test

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

Blood Urea Nitrogen

▼ **6** mg/dL

Range: 7.0 - 18.7

Urea

▼ **12.84** mg/dL

Range: 14.9 - 40.0

Creatinine

0.73 mg/dL

Range: 0.5 - 1.0

Uric Acid

4.6 mg/dL

Range: 2.5 - 6.2

Sodium

141 mmol/L

Range: 136 - 145

Potassium

3.96 mmol/L

Range: 3.5 - 5.1

Chloride

▲ **110** mmol/L

Range: 98 - 107



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

187 mg/dL

Range: 50 - 200

Triglycerides

▲ **155** mg/dL

Range: 0 - 150

Cholesterol - HDL

41.9 mg/dL

Range: 40 - 60

Cholesterol - LDL

▲ **114.1** mg/dL

Range: 40 - 100

Important Parameters

From your Good Health Platinum Package with Smart Report

For
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Female /28 Yrs

Cholesterol- VLDL

▲ **31** mg/dL

Range: 10 - 30

Non HDL Cholesterol

▲ **145.1** mg/dL

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

0.4 mg/dL

Range: 0.3 - 1.2

Protein, Total

7 g/dL

Range: 6.4 - 8.3

Albumin

4.2 g/dL

Range: 3.5 - 5.0

Aspartate Transaminase (SGOT)

21 U/L

Range: 5 - 34

Alanine Transaminase (SGPT)

18 U/L

Range: 0 - 34

Alkaline Phosphatase

68 U/L

Range: 40 - 150

Gamma Glutamyltransferase (GGT)

21 U/L

Range: 9 - 38



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

1.010

Range: 1.003 - 1.035

Ph

6.0

Range: 4.6 - 8

Glucose

NEGATIVE

Range: NEGATIVE

Protein

NEGATIVE

Range: NEGATIVE

Important Parameters

From your Good Health Platinum Package with Smart Report

For
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Female /28 Yrs

Ketones

NEGATIVE

Range: NEGATIVE

Pus cells

2-4 /hpf

Range: 0 - 5

Red blood cell

NIL /hpf

Range: 0 - 2

Epithelial cells

3-4 /hpf

Range: FEW

Casts

NIL /lpf

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)

▼ **18.4** ng/mL

Range: 30 - 100



Thyroid Function Test

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

T3, Total

0.83 ng/mL

Range: 0.35 - 1.93

T4, Total

5.73 µg/dL

Range: 4.87 - 11.72

Thyroid Stimulating Hormone - Ultra Sensitive

0.7755 µIU/mL

Range: 0.35 - 4.94

Recommendations

Care for better health and wellbeing

For
Haritha Priyanka Rallapalli
Female /28 Yrs



Lifestyle

Healthy eating



Do's

Don't Go Back For Seconds.

Skip seconds. Wait 15 minutes after the first serving to avoid overeating.

Dont's

Listen To Your Body

Stop eating when you feel full and avoid emptying your plate.

Do's

Identify Your Triggers

Identify your triggers for sleeplessness and try to avoid them

Dont's

Avoid Nicotine

Nicotine is a stimulant and should be avoided near bedtime and at night.

Sleep hygiene



Exercise



Do's

Get Off One Stop Early

Get off the bus or train one stop early and walk the rest of the way.

Park Farther Away

Park farther and walk to promote physical activity, but prioritize safety.

References

From trusted sources

For

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Female /28 Yrs

01

Estimation of 10-year Cardiovascular Disease (CVD) Risk

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

02

Framingham Heart Study: Hypertension Risk

Parikh NI, et al. A risk score for predicting near-term incidence of hypertension: the Framingham Heart Study.Ann Intern Med. 2008;148(2):102-110.

03

Framningham Heart Study. Stroke Risk

D'Agostino RB, et al. Stroke risk profile: adjustment for antihypertensive medication. The Framingham Study. Stroke. 1994;25(1):40-3.

04

Depression: Patient Health Questionnaire-2 (PHQ-2)

Kroenke K, et al. The Patient Health Questionnaire-2: validity of a two-item depression screener.Med Care. 2003;41(11):1284-1292.

05

Anxiety: Generalized Anxiety Disorder 2-item (GAD-2)

Kroenke K, et al. Anxiety disorders in primary care: prevalence, impairment, comorbidity, and detection.Ann Intern Med. 2007;146(5):317-325.

06

Anxiety: Generalized Anxiety Disorder 7-item (GAD-7)

Spitzer RL, et al. A brief measure for assessing generalized anxiety disorder: the GAD-7.Arch Intern Med. 2006;166:1092-7.

07

Indian Diabetes Risk Score [IDRS]

Mohan V, et al. A simplified Indian Diabetes Risk Score for screening for undiagnosed diabetic subjects. J Assoc Physicians India. 2005;53:759-763.

08

Dietary Guidelines for Indians

Dietary Guidelines for Indians - A Manual, Second Edition, 2011.ICMR-National Institute of Nutrition, Hyderabad.

09

My plate for the day

R. Hemalatha. Promotionof 'My Plate for the Day' and physical activity among the population to prevent all forms of malnutrition and NCDs in the country, 2023.ICMR-National Institute of Nutrition, Hyderabad.

10

Healthy Eating Plate

Building a Healthy and Balanced DietThe Nutrition Source, Department of Nutrition, Harvard T.H. Chan School of Public Health.

11

Top 10 Take-Home Messages for the Primary Prevention of Cardiovascular Disease

2019 ACC/AHA Guideline on the Primary Prevention of Cardiovascular Disease. Circulation. 2019 Sep 10;140(11).

12

Smoking cessation

Age-friendly Primary Health Care Centres Toolkit. World Health Organization

13

Sleep Hygiene

Irish LA, et al. The role of sleep hygiene in promoting public health: A review of empirical evidence. Sleep Med Rev. 2015;22:23-36.

14

Body mass index (BMI)

Nutritional Status of Women and Men, 2019-21 India.National Family Health Survey (NFHS - 5), 2019-21.



PO No :PO3057606361-749



Name	: Ms.HARITHA PRIYANKA RALLAPALLI	Client Name	: TATA 1MG BANGALORE
Age/Gender	: 28/Female	Registration Date	: 22/Mar/2024 09:40AM
Patient ID	: MGB711089	Collection Date	: 22/Mar/2024 06:31AM
Barcode ID/Order ID	: D9361016 / 9223355	Sample Receive Date	: 22/Mar/2024 11:44AM
Referred By	: Dr.	Report Status	: Final Report
Sample Type	: WHOLE BLOOD-EDTA	Report Date	: 22/Mar/2024 04:33PM

HAEMATOLOGY

GOOD HEALTH PLATINUM PACKAGE WITH SMART REPORT

Test Name	Result	Unit	Bio. Ref. Interval	Method
Glycosylated Hemoglobin (HbA1c)	5.8	%	4-5.6	HPLC (NGSP certified)
Estimated average glucose (eAG)	119.76	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 BANGALORE
Address: No 607, Ground, 1st,2nd, & 3rd Floor,
80 Feet Road, 6th Block, Koramangala,
Bengaluru, 560095

Dr. Vinisha Nahata
MBBS, DCP (Pathology)
Consultant Pathologist
Reg No: 108310

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PO No :PO3057606361-749



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Barcode ID/Order ID	: D9361016 / 9223355	Sample Receive Date	: 22/Mar/2024 11:44AM
Referred By	: Dr.	Report Status	: Final Report
Sample Type	: Whole Blood-EDTA	Report Date	: 22/Mar/2024 02:02PM

HAEMATOLOGY

GOOD HEALTH PLATINUM PACKAGE WITH SMART REPORT

Test Name	Result	Unit	Bio. Ref. Interval	Method
Complete Blood Count				
Hemoglobin	11.6	g/dL	12.0 - 15.0	Cyanide-free SLS-Hemoglobin
RBC	5.36	mili/cu.mm	3.8-4.8	DC Impedence Method
HCT	36.4	%	36 - 46	Pulse height average
MCV	67.9	fL	83 - 101	Calculated
MCH	21.7	pg	27 - 32	Calculated
MCHC	31.9	g/dL	31.5 - 34.5	Calculated
RDW-CV	19.4	%	11.6-14.0	Calculated
Total Leucocyte Count	5.09	10 ³ /μL	4 - 10	Impedence / Microscopy
Differential Leucocyte Count				
Neutrophils	52.4	%	40-80	Double hydrodynamic sequential system/Microscopy
Lymphocytes	34.6	%	20-40	Flowcytometry DHSS/Microscopy
Monocytes	10.1	%	2-10	Flowcytometry DHSS/Microscopy
Eosinophils	2.4	%	1-6	Double hydrodynamic sequential system/Microscopy
Basophils	0.5	%	0-2	Double hydrodynamic sequential system/Microscopy
Absolute Leucocyte Count				
Absolute Neutrophil Count	2.67	10 ³ /μL	2-7	Calculated
Absolute Lymphocyte Count	1.76	10 ³ /μL	1-3	Calculated
Absolute Monocyte Count	0.51	10 ³ /μL	0.2-1	Calculated
Absolute Eosinophil Count	0.12	10 ³ /μL	0.02-0.5	Calculated
Absolute Basophil Count	0.03	10 ³ /μL	0.02-0.1	Calculated
Platelet Count	289	10 ³ /μL	150-410	Impedence Variation /Microscopy

NABL certificate and scope



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Pritha Aggarwal

Dr. Pritha Aggarwal
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HAEMATOLOGY

GOOD HEALTH PLATINUM PACKAGE WITH SMART REPORT

Test Name	Result	Unit	Bio. Ref. Interval	Method
MPV	10.8	fL	6.5 - 12	Calculated
PDW	19.9	fL	9-17	Calculated

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.



NABL certificate and scope



This test has been performed at
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Pritha Aggarwal

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Patient ID	: MGB711089	Collection Date	: 22/Mar/2024 06:31AM
Barcode ID/Order ID	: D9361016 / 9223355	Sample Receive Date	: 22/Mar/2024 11:44AM
Referred By	: Dr.	Report Status	: Final Report
Sample Type	: EDTA	Report Date	: 22/Mar/2024 03:00PM

HAEMATOLOGY

GOOD HEALTH PLATINUM PACKAGE WITH SMART REPORT

Test Name	Result	Unit	Bio. Ref. Interval	Method
Erythrocyte Sedimentation Rate				
Erythrocyte Sedimentation Rate	3	mm/hour	<=12	Modified Westergren at 18C

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 erythematosus; 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, methyl dopa, 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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and scope

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Patient ID	: MGB711089	Collection Date	: 22/Mar/2024 06:31AM
Barcode ID/Order ID	: D9361014 / 9223355	Sample Receive Date	: 22/Mar/2024 11:42AM
Referred By	: Dr.	Report Status	: Final Report
Sample Type	: Fluoride Plasma F	Report Date	: 22/Mar/2024 02:39PM

BIOCHEMISTRY

GOOD HEALTH PLATINUM PACKAGE WITH SMART REPORT

Test Name	Result	Unit	Bio. Ref. Interval	Method
Glucose - Fasting				
Glucose - Fasting	92	mg/dL	70-99	Hexokinase/G-6-PDH

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%



This test has been performed at
TATA 1MG BANGALORE
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80 Feet Road, 6th Block, Koramangala,
Bengaluru, 560095

Dr Ashwin Kumar A.S
MBBS M.D (Biochemistry)
Consultant Biochemist
Reg No:68123





PO No :PO3057606361-749



Name	: Ms.HARITHA PRIYANKA RALLAPALLI	Client Name	: TATA 1MG BANGALORE
Age/Gender	: 28/Female	Registration Date	: 22/Mar/2024 09:40AM
Patient ID	: MGB711089	Collection Date	: 22/Mar/2024 06:31AM
Barcode ID/Order ID	: D9361018 / 9223355	Sample Receive Date	: 22/Mar/2024 11:42AM
Referred By	: Dr.	Report Status	: Final Report
Sample Type	: Serum	Report Date	: 22/Mar/2024 02:59PM

BIOCHEMISTRY

GOOD HEALTH PLATINUM PACKAGE WITH SMART REPORT

Test Name	Result	Unit	Bio. Ref. Interval	Method
Lipid Profile				
Cholesterol - Total	187	mg/dL	Desirable <200, Borderline High 200 - 239, High >=240	Enzymatic
Triglycerides	155	mg/dL	Normal: < 150, Borderline: 150 - 199, High:200 - 499, Very High >=500	Glycerol Phosphate Oxidase
Cholesterol - HDL	42	mg/dL	40-60	Accelerator Selective Detergent
Cholesterol - LDL	114	mg/dL	Desirable: <100 Above desirable: 100 - 129 Borderline high : 130 - 159 High : 160 - 189 Very high : >=190	Calculated
Cholesterol- VLDL	31	mg/dL	10 - 30	Calculated
Cholesterol : HDL Cholesterol	4.5	Ratio	Desirable : 3.5-4.5 High Risk : >5	Calculated
LDL : HDL Cholesterol	2.72	Ratio	Desirable : 2.5-3.0 High risk : >3.5	calculated
Non HDL Cholesterol	145	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

NABL certificate and scope



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Test Name	Result	Unit	Bio. Ref. Interval	Method
<p>samples 1 week apart may be tested.</p> <p>●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.</p> <p>●Total cholesterol is the total amount of cholesterol in blood comprising of HDL, LDL-C, and VLDL.</p> <p>●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.</p> <p>●High-density lipoprotein (HDL) or "good" cholesterol can lower risk of heart disease and stroke.</p> <p>●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.</p> <p>●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.</p> <p>●Lipid Association of India (LAI-2020) recommends:-</p> <ul style="list-style-type: none"> Screening of all Indians above the age of 20 years for CVD risk factors, esp. lipid profile. 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 				

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



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PO No :PO3057606361-749



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BIOCHEMISTRY

GOOD HEALTH PLATINUM PACKAGE WITH SMART REPORT

Test Name	Result	Unit	Bio. Ref. Interval	Method
Note: Reference Interval as per National Cholesterol Education Program (NCEP) Report.				
Liver Function Test				
Bilirubin-Total	0.40	mg/dL	0.3-1.2	Diazonium Salt
Bilirubin-Direct	0.12	mg/dL	0-0.5	Diazo
Bilirubin-Indirect	0.28	mg/dL	0 - 1.8	Calculated
Protein, Total	7.00	g/dL	6.4-8.3	Biuret
Albumin	4.20	g/dL	3.5-5.0	Bromocresol Green
Globulin	2.8	g/dl	1.8 - 3.6	Calculated
A/G Ratio	1.50	Ratio	0.8 - 1.9	Calculated
Aspartate Transaminase (SGOT)	21	U/L	5-34	NADH w/o P-5'-P
Alanine Transaminase (SGPT)	18	U/L	0-34	NADH w/o P-5'-P
SGOT/SGPT	1.17	Ratio	<1	Calculated
Alkaline Phosphatase	68	U/L	40-150	Para-Nitrophenyl Phosphate
Gamma Glutamyltransferase (GGT)	21	U/L	9-38	L-gamma-glutamyl-3-Carboxy-4-Nitroanilide

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

NABL certificate
and scope

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BIOCHEMISTRY

GOOD HEALTH PLATINUM PACKAGE WITH SMART REPORT

Test Name	Result	Unit	Bio. Ref. Interval	Method
concentrations are elevated even before the clinical signs and symptoms of disease appear.				
<ul style="list-style-type: none">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) α1-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.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	6	mg/dL	7.0-18.7	Urease
Urea	12.84	mg/dL	14.9 - 40.0	Calculated
Creatinine	0.73	mg/dL	0.5-1.0	Kinetic Alkaline Picrate
Uric Acid	4.6	mg/dL	2.5-6.2	Uricase
Sodium	141	mmol/L	136-145	INDIRECT ISE
Potassium	3.96	mmol/L	3.5-5.1	INDIRECT ISE
Chloride	110.0	mmol/L	98-107	INDIRECT ISE
BUN/Creatinine Ratio	8.2	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

NABL certificate and scope



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Sample Type	: Serum	Report Date	: 22/Mar/2024 02:59PM

BIOCHEMISTRY

GOOD HEALTH PLATINUM PACKAGE WITH SMART REPORT

Test Name	Result	Unit	Bio. Ref. Interval	Method
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.				



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Sample Type	: Serum	Report Date	: 22/Mar/2024 02:16PM

Immunology

GOOD HEALTH PLATINUM PACKAGE WITH SMART REPORT

Test Name	Result	Unit	Bio. Ref. Interval	Method
Thyroid Profile				
T3, Total	0.83	ng/mL	0.35-1.93	CMIA
T4, Total	5.7	µg/dL	4.87-11.72	CMIA
Thyroid Stimulating Hormone - Ultra Sensitive	0.776	µIU/mL	0.35-4.94	CMIA

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
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Immunology

GOOD HEALTH PLATINUM PACKAGE WITH SMART REPORT

Test Name	Result	Unit	Bio. Ref. Interval	Method
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)

Vitamin D (25-OH)	18.4	ng/mL	Deficiency:< 20, Insufficiency:20-29, Sufficiency:30-100, Hypervitaminosis:> 100	CMIA
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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 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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Immunology

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Test Name	Result	Unit	Bio. Ref. Interval	Method
<ul style="list-style-type: none">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).



NABL certificate and scope



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Referred By	: Dr.	Report Status	: Final Report
Sample Type	: Urine	Report Date	: 22/Mar/2024 03:32PM

CLINICAL PATHOLOGY

GOOD HEALTH PLATINUM PACKAGE WITH SMART REPORT

Test Name	Result	Unit	Bio. Ref. Interval	Method
Urine Routine & Microscopy				
Colour	PALE YELLOW		Pale Yellow	
Appearance	CLEAR		Clear	Visual
Specific gravity	1.010		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	Diazonium Compound
Pus cells	2-4	/hpf	0-5	Microscopy
Red Blood Cells	NIL	/hpf	0-2	Microscopy
Epithelial cells	3-4	/hpf	Few	Microscopy
Casts	NIL	/lpf	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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Vinisha Nahata
Dr. Vinisha Nahata
MBBS, DCP (Pathology)
Consultant Pathologist
Reg No: 108310





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Age/Gender	: 28/Female	Registration Date	: 22/Mar/2024 09:40AM
Patient ID	: MGB711089	Collection Date	: 22/Mar/2024 06:31AM
Barcode ID/Order ID	: D9361020 / 9223355	Sample Receive Date	: 22/Mar/2024 11:45AM
Referred By	: Dr.	Report Status	: Final Report
Sample Type	: Urine	Report Date	: 22/Mar/2024 03:32PM

CLINICAL PATHOLOGY

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



NABL certificate and scope



This test has been performed at
TATA 1MG BANGALORE
Address: No 607, Ground, 1st,2nd, & 3rd Floor,
80 Feet Road, 6th Block, Koramangala,
Bengaluru, 560095

Vinisha Nahata

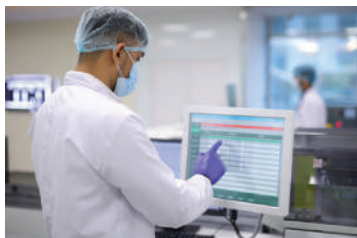
Dr. Vinisha Nahata
MBBS, DCP (Pathology)
Consultant Pathologist
Reg No: 108310

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