Healthians

Patient Name	: Mohit Kumar 2439773226	Barcode	: H3205877
Age/Gender	: 29/Male	Sample Collected On	: 13/Jan/2021 10:03AM
Order Id	: 2439773226	Sample Received On	: 13/Jan/2021 03:18PM
Referred By	: Self	Report Generated On	: 13/Jan/2021 07:58PM
Customer Since	: 13/Jan/2021	Sample Temperature	: Maintained ✓
Sample Type	: Flouride Plasma	ReportStatus	: Final Report

DEPARTMENT OF BIOCHEMISTRY

Test Name	Value	Unit	Bio. Ref Interval
Fasting Blood Sugar			
Glucose, Fasting Method: Hexokinase G-6-PDH	**100.1**	mg/dL	70 - 100

American Diabetes Association Reference Range :

Impaired fasting glucose(Prediabetes) : 100 - 126 mg/dl
Diabetes : >= 126 mg/dl

Conditions that can result in an elevated blood glucose level include: Acromegaly, Acute stress (response to trauma, heart attack, and stroke for instance), Chronic kidney disease, Cushing syndrome, Excessive consumption of food, Hyperthyroidism, Pancreatitis
A low level of glucose may indicate hypoglycemia, a condition characterized by a drop in blood glucose to a level where first it causes nervous system symptoms (sweating, palpitations, hunger, trembling, and anxiety), then begins to affect the brain (causing confusion, hallucinations, blurred vision, and sometimes even coma and death). A low blood glucose level (hypoglycemia) may be seen with:Adrenal insufficiency, Drinking excessive alcohol, Severe liver disease, Hypopituitarism, Hypothyroidism, Severe infections, Severe heart failure, Chronic kidney (renal) failure, Insulin overdose, Tumors that produce insulin (insulinomas), Starvation.

Dr. Zubair Hasan
MD(Path), DNB Pathologist

SIN No:H3205877

The test was performed by **Healthians Lab - 301, Ground floor - The Summit Building, 3rd 'A' Main, 4th 'B' Cross, Rammurthynagar Main Road, Rammurthynagar, Bangalore - 560016,** signed by Lab Pathologist.

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Sample Type	: Whole Blood EDTA	ReportStatus	: Final Report

DEPARTMENT OF BIOCHEMISTRY

Test Name	Value	Unit	Bio. Ref Interval
HbA1c - Glycated Hemoglobin			
Hba1c (Glycosylated Hemoglobin) Method: HPLC	**6.1**	%	
Average Estimated Glucose - plasma Method: Calculated	128.37		

INTERPRETATION:

AS PER AMERICAN DIABETES ASSOCIATION (ADA):

REFERENCE GROUP	GLYCOSYLATED HEMOGLOGIB (Hba1c) in %	
Non diabetic	<5.7	
At Risk (Prediabetes)	5.7 – 6.4	
Diagnosing Diabetes	>= 6.5	
Therapeutic goals for glycemic control	**Age > 19 Years**	
	Goals of Therapy:	< 7.0
	Actions Suggested:	>8.0
	Age < 19 Years	
	Goal of therapy:	<7.5

REMARKS :
1.HbA1c is used for monitoring diabetic control.It reflects the mean plasma glucose over three months.
2.HbA1c may be falsely low in diabetics with hemolytic disease. In these individuals a plasma fructosamine level may be used which evaluates diabetes over 15 days.
3. HbA1C may be increased in patients with polycythemia or post-splenectomy.
4. Trends in HbA1c are a better indicator of diabetic control than a solitary test.
5. Any sample with >15% HbA1C should be suspected of having a hemoglobin variant, especially in a non-diabetic patients
6. HbA1c target in pregnancy is to attain level <6 % .
7. HbA1c target in pediatric age group is to attain level < 7.5 %.
Method : ion-exchange high-performance liquid chromatography (HPLC).
Reference : American Diabetes Associations. Standards of Medical Care in Diabetes 2015

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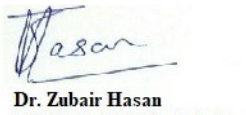
Sample Type	: SERUM	ReportStatus	: Final Report

DEPARTMENT OF BIOCHEMISTRY

Test Name	Value	Unit	Bio. Ref Interval
Lipid Profile			
Total Cholesterol Method: CHO-POD	**224**	mg/dl	Desirable : <200 Borderline: 200-239 High : >/=240 Child (1-14 years) Desirable <170mg/dl Borderline 170-199 mg/dl High >199 mg/dl
Serum Triglycerides Method: GPO-POD	120	mg/dl	Desirable : <150 Borderline high : 150-199 High : 200-499 Very high : > 500
Serum HDL Cholesterol Method: ENZYMATIC	51.4	mg/dl	40 - 60
Serum LDL Cholesterol Method: ENZYMATIC	**151.6**	mg/dl	Optimal : <100 near /above Optimal:100 - 129 Borderline High:130 - 159 High : 160 - 189 Very High :>/=190
Serum VLDL Cholesterol Method: Calculated	23.9	mg/dl	06 - 30
Total CHOL / HDL Cholesterol Ratio Method: Calculated	4.36	Ratio	3.30 - 4.40
LDL / HDL Cholesterol Ratio Method: Calculated	2.95	Ratio	Desirable/Low Risk: 0.5-3.0 Line/Moderate Risk: 3.0-6.0 Elevated/High Risk: >6.0
HDL / LDL Cholesterol Ratio	0.34	Ratio	Desirable/Low Risk : 0.5 - 3.0 Border Line/Moderate Risk : 3.0 - 6.0 Elevated/High Risk: > 6.0
Non-HDL Cholesterol Method: Calculated	**172.7**	mg/dl	0.0 - 160.0



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DEPARTMENT OF BIOCHEMISTRY

Test Name	Value	Unit	Bio. Ref Interval

* You have received this report as a part of your 'Dyslipidemia' evaluation.
Dyslipidemia is a disorder of fat or lipoprotein metabolism in the body and includes lipoprotein overproduction or deficiency.
Dyslipidemias means increase in the level of one or more of the following:
a. Total Cholesterol
b. The "bad" cholesterol or low density lipoprotein (LDL) and/or triglyceride concentrations
Dyslipidemia also includes a decrease in the “good" cholesterol or high-density lipoprotein (HDL) concentration in the blood

* Lipid level assessments must be made following 9 to 12 hours of fasting, otherwise assay results might lead to erroneous interpretation.

* Healthians labs report biological reference intervals (normal ranges) in accordance to the recommendations of The National Cholesterol Education Program (NCEP) & Adult Treatment Panel IV (ATP IV) Guidelines providing the most desirable targets of various circulating lipid fractions in the blood. NCEP recommends that all adults above 20 years of age must be screened for abnormal Lipid levels

*NCEP recommends the assessment of 3 different samples drawn at intervals of 1 week for harmonizing biological variables that might be encountered in single assays. Hence a single result of Lipid Profile may not be adequate for clinical decision making. Healthians' counselling team will reach you shortly to explain implications of your report. You may reach out to customer support helpline as well.

*NCEP recommends lowering of LDL Cholesterol as the primary therapeutic target with lipid lowering agents, however, if triglycerides remain >200 mg/dL after LDL goal is reached, set secondary goal for non-HDL cholesterol (total minus HDL) 30 mg/dL higher than LDL goal.

*High Triglyceride and low HDL levels are independent risk factors for Coronary Heart disease and requires further clinical consultation.

*Healthians lab performs direct LDL measurement which is more appropriate and may vary from other lab reports which provide calculated LDL values.

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Sample Type	: Serum	ReportStatus	: Final Report

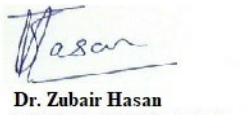
DEPARTMENT OF BIOCHEMISTRY

Test Name	Value	Unit	Bio. Ref Interval
Liver Function Test (LFT)			
Serum Bilirubin, (Total) Method: DPD	0.88	mg/dL	0.3 - 1.2
Serum Bilirubin, (Direct) Method: Diazotised Dichloroaniline (DPD)	0.16	mg/dl	0.0 - 0.2
Serum Bilirubin, (Indirect) Method: Calculated	0.72	mg/dl	0.0 - 0.8
Aspartate Aminotransferase (AST/SGOT) Method: IFCC Kinetic	36.3	IU/L	< 50
Alanine Aminotransferase (ALT/SGPT) Method: IFCC Kinetic	38.9	U/l	< 50
Alkaline Phosphatase (ALP) Method: IFCC AMP Buffer	95	U/L	30 - 120
Gamma Glutamyl Transferase (GGT)	26.1	U/L	< 55
Serum Total Protein Method: Biuret	7.4	g/dL	6.6 - 8.3
Serum Albumin Method: BCG	4.7	g/dl	3.5 - 5.2
Serum Globulin Method: Calculated	2.7	gm/dl	2.0 - 3.5
Albumin/Globulin Ratio Method: Calculated	1.73	Ratio	1.2 - 2.0
SGOT/SGPT Ratio Method: Calculated	0.93	Ratio	0.7 - 1.4

Bilirubin is a yellowish pigment found in bile and is a breakdown product of normal heme catabolism. Elevated levels results from increased bilirubin production (eg hemolysis and ineffective erythropoiesis); decreased bilirubin excretion (eg; obstruction and hepatitis); and abnormal bilirubin metabolism (eg; hereditary and neonatal jaundice). Conjugated (direct) bilirubin is elevated more than unconjugated (indirect) bilirubin in viral hepatitis; drug reactions, alcoholic liver disease conjugated (direct) bilirubin is also elevated more than unconjugated (indirect)bilirubin when there is some kind of blockage of the bile ducts like in Gallstones getting into the bile ducts tumors &Scarring of the bile ducts. Increased unconjugated (indirect) bilirubin may be a result of hemolytic or pernicious anemia, transfusion reaction & a common metabolic condition termed Gilbert syndrome.

AST levels increase in viral hepatitis, blockage of the bile duct ,cirrhosis of the liver, liver cancer, kidney failure, hemolytic anemia, pancreatitis, hemochromatosis. Ast levels may also increase after a heart attck or strenuous activity. ALT is commonly measured as a part of a diagnostic evaluation of hepatocellular injury, to determine liver health. Elevated ALP levels are seen in Biliary Obstruction, Osteoblastic Bone Tumors, Osteomalacia, Hepatitis, Hyperparathyriodism, Leukemia, Lymphoma, paget`s disease, Rickets, Sarcoidosis etc.

Serum total protein, also known as total protein, is a biochemical test for measuring the total amount of protein in serum..Protein in the plasma is made up of albumin and globulin. Higher-than-normal levels may be due to: Chronic inflammation or infection, including HIV and hepatitis B or C, Multiple myeloma,Waldenstrom's disease. Lower-than-normal levels may be due to: Agammaglobulinemia, Bleeding (hemorrhage), Burns, Glomerulonephritis, Liver disease, Malabsorption, Malnutrition, Nephrotic - Human serum albumin is the most abundant protein in human blood plasma. It is produced in the liver.Albumin constitutes about half of the blood serum



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DEPARTMENT OF BIOCHEMISTRY

Test Name	Value	Unit	Bio. Ref Interval

protein. Low blood albumin levels (hypoalbuminemia) can be caused by: Liver disease like cirrhosis of the liver, nephrotic syndrome, protein-losing enteropathy, Burns, hemodilution, increased vascular permeability or decreased lymphatic clearance, malnutrition and wasting etc.

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DEPARTMENT OF BIOCHEMISTRY

IRON STUDY

Test Name	Value	Unit	Bio. Ref Interval
Iron study			
Serum Iron Method: TPTZ	117.9	µg/dL	70 - 180
UIBC Method: Nitroso-PSAP	204.20	ug/dl	155 - 355
Serum Total Iron Binding Capicity (TIBC) Method: FE+UIBC (saturation with iron)	322.1	µg/dl	250 - 400
Transferrin Saturation % Method: Calculated	36.6	%	10 - 50

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Value	Unit	Bio. Ref Interval
Kidney Function Test1 (KFT1)			
Serum Creatinine Method: Modified Jaffes	0.78	mg/dL	0.6 - 1.2
Serum Uric Acid Method: Uricase	7.0	mg/dL	3.5 - 7.2
Serum Calcium Method: ARSENAZO	10.1	mg/dl	8.6 - 10.3
Serum Phosphorus Method: Molybdate UV	4.3	mg/dl	2.5 - 5.0
Serum Sodium Method: Ion Selective Electrode	140	mEq/L	136 - 145
Serum Chloride Method: Ion Selective Electrode	102	mEq/L	97 - 110
Blood Urea Method: Urease/ GLDH kinetic	30	mg/dl	17 - 43
Blood Urea Nitrogen (BUN) Method: Calculated	13.8	mg/dl	7.92 - 20.03
Bun/Creatinine Ratio Method: Calculated	17.68	Ratio	12:1 - 20:1
Urea/Creatinine Ratio Method: Calculated	37.82	Ratio	

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Sample Type	: Urine	ReportStatus	: Final Report

DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Value	Unit	Bio. Ref Interval
Urine Examination - Routine & Microscopy			
PHYSICAL EXAMINATION			
Colour Method: Visual	Yellow		Pale Yellow
Volume Method: Visual	25.00	mL	
Appearance Method: Visual	Clear		Clear
CHEMICAL EXAMINATION			
Specific Gravity Method: Dipstick-Ion exchanges	1.015		1.001 - 1.035
pH Method: Automated/ strip (Mixed acido-basic incubator)	6.0		4.5 - 7.0
Glucose Method: Automated / strip Benedicts test	Negative		Negative
Urine Protein Method: Automated/ strip (Protein error of pH indicator)	Negative		Negative
Ketones Method: Automated/ strip (Legals test)/ Rotheras test	Negative		Negative
Urobilinogen Method: Dipstick-Ehrlichs Test	Normal		Normal
Bilirubin Method: Automated / strip (Diazonium salt)/ Fouchets test	Negative		Negative
Nitrite Method: Dipstick-Griess Test	Negative		Negative
Blood Method: Automated/ strip (Oxidation of chromogene)/ Benzid	Negative		Nil
Leucocyte Method: Dipstick-Esterase	Negative		
MICROSCOPIC EXAMINATION			
Pus Cells Method: Microscopy	2-4	/HPF	0 - 5
Epithelial cells Method: Microscopy	1-2	/HPF	0 - 5
RBCs	Nil	/HPF	Nil

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DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Value	Unit	Bio. Ref Interval
Method: Microscopy			
Casts	Nil		Nil
Method: Microscopy			
Crystals	Nil		Nil
Method: Microscopy			
Bacteria	Absent		Absent
Method: Microscopy			
Yeast Cell	Nil		
Others (Non Specific)	Nil		
Method: Microscopy			

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DEPARTMENT OF HAEMATOLOGY

Test Name	Value	Unit	Bio. Ref Interval
Complete Haemogram			
Haemoglobin (HB) Method: Photometric Measurement	**11.7**		13.5-18.0 g/dL
Total Leucocyte Count (TLC) Method: Coulter Principle	6.5	cells/µL	4.0-11.0
Hematocrit (PCV) Method: Calculated	**36.7**	%	40-52
Red Blood Cell Count (RBC) Method: Coulter Principle	**6.41**	mill/cu.mm	4.6-6.0
Mean Corp Volume (MCV) Method: Derived from RBC Histogram	**57.2**	fl	77-97
Mean Corp Hb (MCH) Method: Calculated	**18.3**	pg	26-34
Mean Corp Hb Conc (MCHC) Method: Calculated	**31.9**	gm/dL	33-36
RDW - CV Method: Calculated	**16.8**	%	9.0-14.5
RDW - SD Method: Derived from RBC Histogram	**33.70**	fl	39 - 46
Mentzer Index Method: Calculated	8.92	Ratio	
Differential Leucocyte Count			
Neutrophil Method: Light scatter/Peroxidase	49.8	%	40-70
Lymphocytes Method: Light scatter/Peroxidase	36.9	%	17-40
Monocyte Method: Light scatter/Peroxidase	9.4	%	0-10
Eosinophils Method: Light scatter/Peroxidase	3.2	%	1.0-5.0
Basophils Method: Light scatter/Peroxidase	0.7	%	00 - 02
Absolute Leucocyte Count			
Absolute Neutrophil Count (ANC) Method: Calculated	3.24	10^3/uL	2.0-7.0
Absolute Lymphocyte Count (ALC)	2.40	10^3/uL	1.4 - 3.5

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DEPARTMENT OF HAEMATOLOGY

Test Name	Value	Unit	Bio. Ref Interval
Method: Calculated			
Absolute Monocyte Count	0.61	10^3/uL	0.20 - 1.00
Method: Calculated			
Absolute Eosinophil Count (AEC)	0.21	10^3/uL	0.04 - 0.44
Method: Calculated			
Absolute Basophil Count	0.05	10^3/uL	0 - 0.10
Method: Calculated			
Platelet Count(PLT)	178	10^3/µl	150-450
Method: Coulter Principle/ Light Microscopy			
MPV	10.6	fl	6.0 - 11.0
Method: Derived from PLT Histogram			
ESR (Westergren)	2	mm/1st hour	00-15
Method: Automated Modified Westergren method			

The International Council for Standardization in Haematology (ICSH) recommends reporting of absolute counts of various WBC subsets for clinical decision making.
This test has been performed on a fully automated 5 part differential cell counter which counts over 10,000 WBCs to derive diffrential counts, hence WBC subset percentages (Neutrophils+Lymphocytes+Monocytes+Eosinophils+Basophils) may not add up to exact 100.
A **complete blood count** is a blood panel that gives information about the cells in a patient's blood, such as the cell count for each cell type and the concentrations of Hemoglobin and platelets. The cells that circulate in the bloodstream are generally divided into three types: white blood cells (leukocytes), red blood cells (erythrocytes), and platelets (thrombocytes). Abnormally high or low counts may be physiological or may indicate disease conditions, and hence need to be interpreted clinically. The sample collected in EDTA is well preserved for 1 day. After 24 hrs, morphological changes begin to appear and hence such samples are not stored further.

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DEPARTMENT OF IMMUNOLOGY

Test Name	Value	Unit	Bio. Ref Interval
Vitamin B12			
VITAMIN B12 Method: chemiluminescent immunoassay	**170**	pg/ml	180 - 914

Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes. A significant increase in RBC MCV may be an important indicator of vitamin B12 deficiency.
Patients taking vitamin B12 supplementation may have misleading results. A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12 . The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B12 concentrations are normal.

Vitamin D, 25-Hydroxy			
VITAMIN D (25 - OH VITAMIN D) Method: chemiluminescent immunoassay	**27.29**	ng/ml	Deficient - <20,Insufficient- 20-<30,Sufficient- 30-100, Upper safety Limit >100

Biological Reference Ranges:

Deficiency	Below 20 ng/ml
Insufficiency	20 - 30 ng/ml
Sufficiency	30 - 100 ng/ml
Toxicity	Above 100 ng/ml.

The assay measures both D2 (Ergocalciferol) and D3 (Cholecalciferol) metabolites of vitamin D.Vitamin D status is best determined by measurement of 25 hydroxy vitamin D, as it is the major circulating form and has longer half life (2-3 weeks) than 1,25 Dihydroxy vitamin D (5-8 hrs).

The reference ranges discussed in the preceding are related to total 25-OHD; as long as the combined total is 30 ng/mL or more, the patient has sufficient vitamin D. Levels needed to prevent rickets and osteomalacia (15 ng/mL) are lower than those that dramatically suppress parathyroid hormone levels (20–30 ng/mL). In turn, those levels are lower than levels needed to optimize intestinal calcium absorption (34 ng/mL). Neuromuscular peak performance is associated with levels approximately 38 ng/mL.

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Referred By	: Self	Report Generated On	: 13/Jan/2021 07:58PM
Customer Since	: 13/Jan/2021	Sample Temperature	: Maintained ✓
Sample Type	: Serum	ReportStatus	: Final Report

DEPARTMENT OF IMMUNOLOGY

Test Name	Value	Unit	Bio. Ref Interval
Thyroid Profile (Total T3,T4, TSH)			
Tri-Iodothyronine (T3, Total)	1.28	ng/ml	0.87 - 1.78
Thyroxine (T4, Total)	8.83	µg/dL	6.09 - 12.23
Thyroid Stimulating Hormone (TSH)-Ultrasensitive	2.219	uIU/ml	0.38 - 5.33

Method: chemiluminescent immunoassay

Results rechecked : Healthians recommends that the following potential sources of variation should be considered while interpreting thyroid hormone results:

1. Thyroid hormones undergo rhythmic variation within the body this is called circadian variation in TSH secretion: Peak levels are seen between 2-4 am. Minimum levels seen between 6-10 am. This variation may be as much as 50% thus, influence of sampling time needs to be considered for clinical interpretation.
2. Circulating forms of T3 and T4 are mostly reversibly bound with Thyroxine binding globulins (TBG), and to a lesser extent with albumin and Thyroid binding Pre-Albumin. Thus the conditions in which TBG and protein levels alter such as chronic liver disorders, pregnancy, excess of estrogens, androgens, anabolic steroids and glucocorticoids may cause misleading total T3, total T4 and TSH interpretations.
3. Total T3 and T4 levels are seen to have physiological rise during pregnancy and in patients on steroid treatment
4. T4 may be normal the presence of hyperthyroidism under the following conditions : T3 thyrotoxicosis, Hypoproteinemia related reduced binding, during intake of certain drugs (eg Phenytoin, Salicylates etc)
5. Neonates and infants have higher levels of T4 due to increased concentration of TBG
6. TSH levels may be normal in central hypothyroidism, recent rapid correction of hypothyroidism or hyperthyroidism, pregnancy, phenytoin therapy etc.
7. TSH values of <0.03 uIU/mL must be clinically correlated to evaluate the presence of a rare TSH variant in certain individuals which is undetectable by conventional methods.
8. Presence of Autoimmune disorders may lead to spurious results of thyroid hormones
9. Various drugs can lead to interference in test results

Healthians recommends evaluation of unbound fractions, that is free T3 (fT3) and free T4 (fT4) for clinic-pathologic correlation, as these are the metabolically active forms.
Reference Range of TSH for pregnant females

Pregnancy interval	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 – 3.0
Third trimester	0.3 – 3.0

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

Dr. Zubair Hasan
MD(Path), DNB Pathologist

SIN No:H3205877

The test was performed by **Healthians Lab - 301, Ground floor - The Summit Building, 3rd 'A' Main, 4th 'B' Cross, Rammurthynagar Main Road, Rammurthynagar, Bangalore - 560016,** signed by Lab Pathologist.

Terms & Conditions:

1) Machine Data is available for last 7 days only. In case of manual testing & outsourced testing, machine data will not be available.

2) CBC parameters may vary when it is manually reviewed by the Pathologists.

3) **For Thyroid tests** - Circulating TSH shows a normal circadian rhythm with a peak between 11pm-5am and a nadir between 5pm-8pm. TSH values are also lowered after food when compared to fasting in a statistically significant manner. This variation is of the order of ±50%, hence time of day and fasting status have influence on the reported TSH level.

4) **For Lipid profile** - Lipid and Lipoprotein concentrations vary during the normal course of daily activity. Also, certain drugs, diet and alcohol can have lasting effects on Triglyceride levels. To obtain best results for Lipid testing, a strict fasting of 10-12 hours with a light meal on the previous night is recommended.

5) For Covid19 testing, Healthians works with ICMR approved partner Labs only. The accuracy of the results are ensured by Partner Labs. Testing lab name is mentioned on the report. We do not charge anything extra for sample collection.

6) Test results released pertain to the specimen submitted.

7) Test results are dependent on the quality of the sample received by the Lab.

8) The tests are carried out in the lab with the presumption that the specimen belongs to the patient named or identified in the bill/test request form/booking ID.

9) The reported results are for information and are subject to confirmation and interpretation by the referring doctor to co-relate clinically.

10) Test results may show interlaboratory variations.

11) Liability of Healthians for deficiency of services or other errors and omissions shall be limited to the fee paid by the patient for the relevant laboratory services.

12) This report is not subject to use for any medico-legal purposes.

ADVISORY

Health Advisory

Mohit Kumar
Booking ID : 2439773226

Body Mass Index: No Data	Physical Activity: No Data	Smoke: No Data	Food Preference: No Data	Blood Pressure: No Data
Height: No Data	Medication: No Data Found	Alcohol: No Data	Family History: No Data	Sugar levels: No Data
Weight: No Data				

SUGGESTED NUTRITION

Do's

- Include seeds like flaxseeds, chia seeds, sunflower seeds
- Include fruits like apples, berries and melons in your diet
- Include whole grains in your diet like whole wheat bread and other products, brown rice or hand pounded rice, oats
- Have a balanced diet that includes whole grains, pulses, dairy, fruits, vegetables, nuts and healthy fats
- Include calcium rich foods like milk, yoghurt, cheese and green, leafy vegetables
- Include Brazil nuts, sesame seeds, sunflower seeds
- Have dates and figs
- Take vitamin C rich foods like citrus fruits, strawberries

Dont's

- Limit sugar intake
- Limit tea and coffee
- Decrease intake of colas and sugary drinks
- Avoid high cholesterol and calorie dense foods
- Avoid the use of oil and avoid sauces and dressings
- Avoid red meat and organ meats
- Avoid salty foods and pickles
- Limit protein intake
- Reduce caffeine intake
- Avoid flavoured and seasoned foods

SUGGESTED LIFESTYLE

Do's

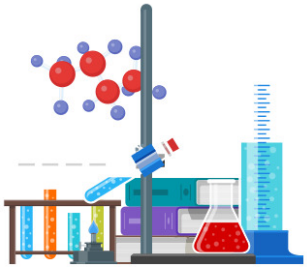
- Lose weight gradually and stay active
- Maintain ideal weight
- Have regular exposure to sunlight
- Sleep well at night and do relaxing activities

Dont's

- Avoid late night heavy meals
- Avoid overworking or being stressed for long time
- Avoid smoking and alcohol
- Avoid having long gaps in meals or skipping meals
- Avoid strenuous exercises
- Limit dining out
- Avoid long periods of inactivity
- Avoid overexertion without having food or drink
- Avoid overeating or calorie rich food

SUGGESTED FUTURE TESTS

- Glycated Hemoglobin (HbA1c) - **Every 3 Month**
- Blood Glucose Fasting - **Every 1 Week**
- Glucose Postprandial - **Every 1 Week**
- Complete Hemogram - **Every 2 Month**
- Vitamin B12 Cyanocobalamin - **Every 2 Month**
- Iron Studies - **Every 2 Month**
- Folic Acid - **Every 2 Month**



HEALTH ADVISORY

Suggestions for Health & Well-being

Mohit Kumar
Booking ID : 2439773226

PHYSICAL
ACTIVITY

PHYSICAL ACTIVITY

Physical activities can vary from Regular walks (Brisk or normal), Jogging , Sports, Stretching, Yoga to light weight lifting etc. It is recommended to partake in physical activity at least 30 minutes a day for 3-4 days a week.
If regular workout is difficult, then we can adapt changes such as using stairs instead of lift/escalators and doing household work!

BALANCED DIET

A balanced diet is the key to healthy lifestyle. Include Whole grains, vegetables, whole fruits, nuts, seeds, beans, plant oils in your diet.
It is recommended to always have a high protein breakfast and a light dinner. Avoid items such as processed foods, potatoes and high calorie/sugar products. Don't forget to drink water regularly!

BALANCED
DIET

STRESS
MANAGEMENT

STRESS MANAGEMENT

Managing stress is an essential part of well-being. Some day to day changes can help such as having sufficient sleep (6-8 hours), indulging yourself in meditation, positive attitude towards lifestyle, using humor, traveling, talking to people whom you feel comfortable with and making time for hobbies by doing what you love to do.

BMI INFORMATION NOT AVAILABLE

Please fill your Health Karma to know your BMI results

RECOMMENDATION

General Recommendation on Preventive Screening

Mohit Kumar
Booking ID : 2439773226

Risks Factors	Recommended Tests	Age Group (18-29 Yrs.)	Age Group (30-39 Yrs.)	Age Group (40-55 Yrs.)	Age Group (Above 55 Yrs.)
Diabetes	HbA1c Blood Glucose fasting	Screen annually Repeat earlier in case of symptoms Under treatment- Repeat every 3-6 months	Recommended Screen annually Repeat earlier in case of symptoms Under treatment- Repeat every 3-6 months	Strongly Recommended Screen annually Repeat earlier in case of symptoms Under treatment- Repeat every 3-6 months	Strongly Recommended Screen annually Repeat earlier in case of symptoms Under treatment- Repeat Every 3 months
Thyroid Disorder	Thyroid Profile-Total (T3, T4 & TSH Ultra-sensitive)	Screen annually Repeat earlier in case of symptoms Under treatment- Repeat every 3 months	Recommended Screen annually Repeat earlier in case of symptoms Under treatment- Repeat every 2-3 months	Strongly Recommended Screen annually Repeat earlier in case of symptoms Under treatment - Repeat every 2-3 months	Strongly Recommended Screen annually Repeat earlier in case of symptoms Under treatment- Repeat every 2-3 months
Vitamin-D Deficiency	Vitamin D Total 25-Hydroxy	Recommended Screen annually Repeat earlier in case of symptoms Under treatment - Repeat every 3 months	Recommended Screen annually Repeat earlier in case of symptoms Under treatment- Repeat every 3-6 months	Strongly Recommended Screen annually Repeat earlier in case of symptoms Under treatment- Repeat every 3-6 months	Strongly Recommended Screen annually Repeat earlier in case of symptoms Under treatment- Repeat Every 3 months
Vitamin B12 Deficiency	Vitamin B12 Cyanocobalamin	Recommended Screen annually Repeat earlier in case of symptoms Under treatment - Repeat every 3 months	Recommended Screen annually Repeat earlier in case of symptoms Under treatment- Repeat every 3-6 months	Strongly Recommended Screen annually Repeat earlier in case of symptoms Under treatment- Repeat every 3-6 months	Strongly Recommended Screen annually Repeat earlier in case of symptoms Under treatment- Repeat Every 3 months
High Cholesterol /Dyslipidemia	Lipid Profile Cholesterol-Total, Serum	Screen annually Repeat earlier in case of symptoms Under treatment- Repeat every 3 months	Recommended Screen annually Repeat earlier in case of symptoms Under treatment- Repeat every 3 months	Strongly Recommended Screen annually Repeat earlier in case of symptoms Under treatment- Repeat every 3 months	Strongly Recommended Screen annually Repeat earlier in case of symptoms Under treatment- Repeat every 3 months
Kidney Disorder	Kidney function test Urine Routine & Microscopy Urea Serum	Screen annually Repeat earlier in case of symptoms Under treatment- Repeat every 3 months	Recommended Screen annually Repeat earlier in case of symptoms Under treatment- Repeat every 3 months	Strongly Recommended Screen annually Repeat earlier in case of symptoms Under treatment- Repeat every 3 months	Strongly Recommended Screen annually Repeat earlier in case of symptoms Under treatment- Repeat every 3 months
Liver Disorder	Liver function test SGOT/AST SGPT/ALT	Screen annually Repeat earlier in case of symptoms Under treatment- Repeat every 3 months	Recommended Screen annually Repeat earlier in case of symptoms Under treatment- Repeat every 3 months	Strongly Recommended Screen annually Repeat earlier in case of symptoms Under treatment- Repeat every 3 months	Strongly Recommended Screen annually Repeat earlier in case of symptoms Under treatment- Repeat every 3 months

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About Healthians Labs

How we control Report Accuracy at Healthians

Quality Control
We follow Quality control to ensure both **precision & accuracy** of patient results.

Machine Data
We save patient's result values **directly from machines** ensuring no manipulations & no fake values.

QR Code
QR Code based authenticity check on all its reports

Calibration
We make use of calibrators to evaluate the **precision & accuracy** of measurement equipment.

Equipment
Our Partner Labs are equipped with state-of-the-art instruments with **cutting edge technology** to provide faster & reliable results.

EQA
Our Partner Labs participate in EQA & show proven accuracy by checking **laboratory performance** through external agency or facility.

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