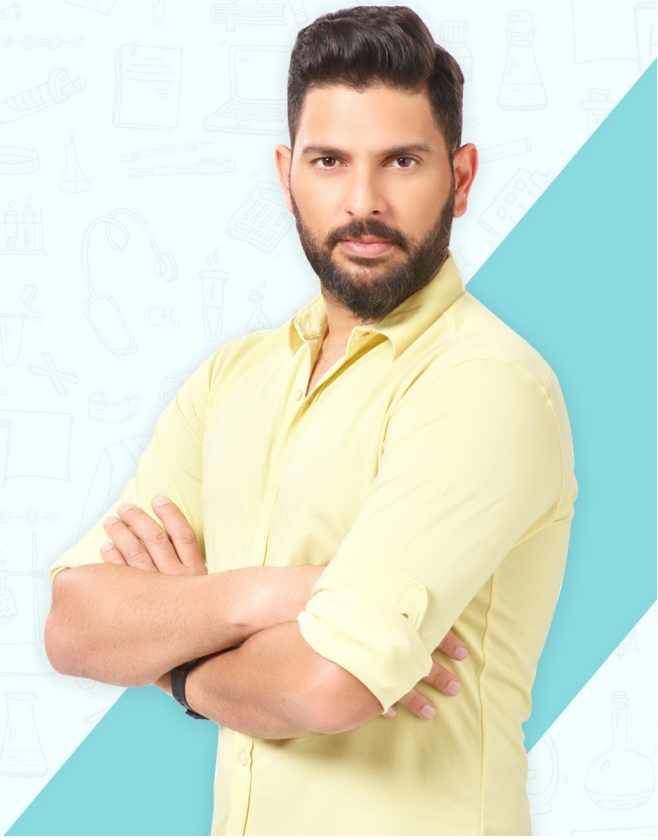
Healthians

Smart Report 3.0

India's trusted Health Test @Home Service



National Reference Laboratory in Delhi NCR

CAP ACCREDITED
COLLEGE of AMERICAN PATHOLOGISTS
CAP #: 9019582 | AU-ID: 2107746

NABL Accredited Labs MC-4245

Booking ID : 8652660782

Sample Collection Date : 07/Aug/2023

ANVIKA

Female, 7 Yrs 1 Mths 14 Days

A Comprehensive Health Analysis Report

AI Based Personalized Report for You

INDIA'S FIRST & ONLY CREDIBILITY CHECK FOR YOUR LAB REPORT

Check the authenticity of your lab report with machine data

Scan the QR using any QR code scanner or alternatively follow below steps :

Go to bit.ly/verifyqr on your mobile

Scan the QR Code

HEALTH ANALYSIS

Personalized Summary & Vital Parameters

ANVIKA

Booking ID : 8652660782 | Sample Collection Date : 07/Aug/2023

ANVIKA,

Congratulations, We have successfully completed your health diagnosis. This is a big step towards staying on top of your health and identify potential to improve!

10 Vital Health Parameters of a Human Body Ecosystem

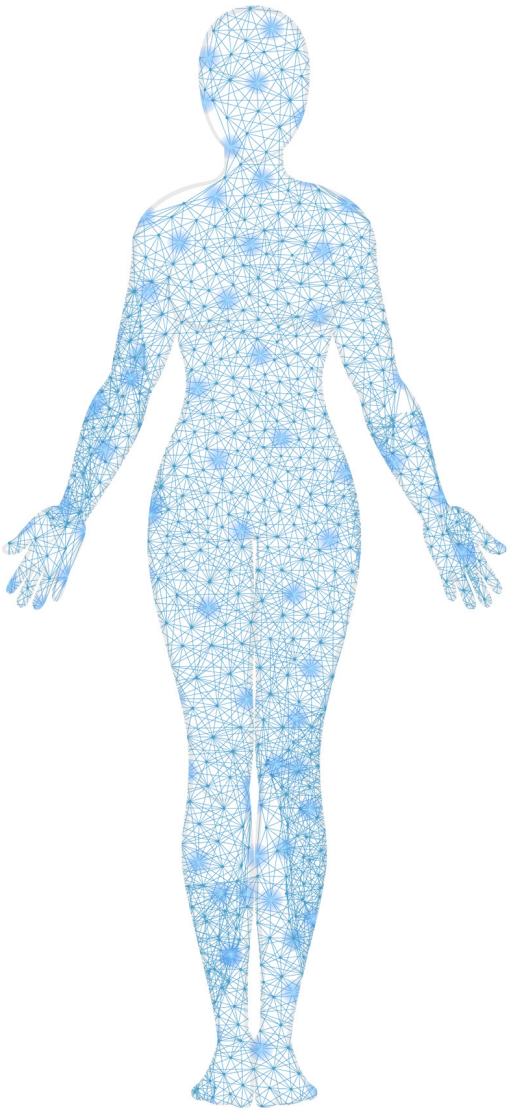
Below are the health parameters which require routine checkups for primary healthcare. The view also includes *personalised information* depending on the tests you have taken.

Your Health Score

73

Out of 100

**Calculated from test reports*



Thyroid Function

Thyroid Stimulating Hormone (TSH)-Ultrasensit : 2.4 uIU/ml

• Everything looks good

Cholesterol Total

Test not taken

Kidney Function

Test not taken

Vitamin D

55.1 ng/ml

• Everything looks good

HbA1c

Test not taken

Vitamin B12

369 pg/ml

• Everything looks good

Liver Function

Test not taken

Calcium Total

Test not taken

Iron studies

Test not taken

Complete Hemogram

Haemoglobin (HB) : 11 g/dL

• Concern

Healthians®

Patient Name	: ANVIKA 8652660782	Barcode	: H10667330
Age/Gender	: 7Y 1M 14D /Female	Sample Collected On	: 07/Aug/2023 10:02AM
Order Id	: 8652660782	Sample Received On	: 07/Aug/2023 10:41AM
Referred By	: Dr. Praveen Choudhary	Report Generated On	: 07/Aug/2023 11:29AM
Customer Since	: 07/Aug/2023	Sample Temperature	: Maintained ✓
Sample Type	: WHOLE BLOOD EDTA	Report Status	: Final Report

DEPARTMENT OF HAEMATOLOGY

Test Name	Value	Unit	Bio. Ref Interval
Complete Blood Count			
Haemoglobin (HB) Method: Photometric Measurement	**11.0**	g/dL	11.5-15.5
Total Leucocyte Count (TLC) Method: Coulter Principle	7.8	10^3/uL	5.0-13.0
Hematocrit (PCV) Method: Calculated	35.3	%	35.0-45.0
Red Blood Cell Count (RBC) Method: Coulter Principle	4.64	10^6/µl	4.00-5.20
Mean Corp Volume (MCV) Method: Derived from RBC Histogram	**76.0**	fL	77.0-95.0
Mean Corp Hb (MCH) Method: Calculated	**23.7**	pg	25.0-33.0
Mean Corp Hb Conc (MCHC) Method: Calculated	31.1	g/dL	31.0-37.0
RDW - CV Method: Derived from RBC Histogram	**14.3**	%	11.6-14.0
RDW - SD Method: Derived from RBC Histogram	**38.90**	fL	39.0-46.0
Mentzer Index Method: Calculated	16.38	Ratio	
RDWI Method: Calculated	234.22	Ratio	
Green and king index Method: Calculated	75	Ratio	
Differential Leucocyte Count			
Neutrophils Method: VCS Technology	44.8	%	
Lymphocytes Method: VCS Technology	46.4	%	
Monocytes Method: VCS Technology	7.0	%	
Eosinophils Method: VCS Technology	1.5	%	
Basophils Method: VCS Technology	0.3	%	

Dr. Rekha Boyal
Consultant Pathologist

SIN No:H10667330

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DEPARTMENT OF HAEMATOLOGY

Test Name	Value	Unit	Bio. Ref Interval
Absolute Leucocyte Count			
Absolute Neutrophil Count (ANC) Method: Calculated	3.49	10^3/uL	2.0-8.0
Absolute Lymphocyte Count (ALC) Method: Calculated	3.62	10^3/uL	1.0-5.0
Absolute Monocyte Count Method: Calculated	0.55	10^3/uL	0.2-1.0
Absolute Eosinophil Count (AEC) Method: Calculated	0.12	10^3/uL	0.1-1.0
Absolute Basophil Count Method: Calculated	0.02	10^3/uL	0.02 - 0.10
Platelet Count(PLT) Method: Coulter Principle	261	10^3/µl	170-450
MPV Method: Derived from PLT Histogram	**10.1**	fL	7 - 9

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 differential counts. 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 Mentzer index is used to differentiate iron deficiency anaemia beta thalassemia trait. If a CBC indicates microcytic anaemia, these are two of the most likely causes, making It necessary to distinguish between them.
If the quotient of the mean corpuscular volume divided by the red blood cell count is then 13, thalassemia is more likely. If the result is greater than 13, then iron-deficiency anaemia is more likely.

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Referred By	: Dr. Praveen Choudhary	Report Generated On	: 07/Aug/2023 11:29AM
Customer Since	: 07/Aug/2023	Sample Temperature	: Maintained ✓
Sample Type	: SERUM	Report Status	: Final Report

DEPARTMENT OF IMMUNOLOGY

FREE-THYROID PROFILE

Test Name	Value	Unit	Bio. Ref Interval
Thyroid Stimulating Hormone (TSH)			
Thyroid Stimulating Hormone (TSH)-Ultrasensitive Method: ECLIA	2.4000	uIU/ml	0.270 - 4.20

Reference Range of TSH for pregnant females:

Pregnancy interval	Bio Ref Range for TSH in uIU/ml
First trimester	0.05 - 3.70
Second trimester	0.31 – 4.35
Third trimester	0.41 – 5.18

Human thyroid-stimulating hormone is a glycoprotein hormone released from the anterior pituitary, is the principal regulator of thyroid function, stimulating the synthesis and release of thyroid hormones thyroxine (T4) and triiodothyronine (T3). T3 and T4 regulate biochemical processes that are essential for normal metabolism. The synthesis and secretion of TSH is stimulated by thyrotropin-releasing hormone (TRH), which is produced by the hypothalamus in response to low levels of circulating T3 and T4.

The principal clinical use for TSH measurement is for the assessment of thyroid status. TSH is measured in conjunction with thyroid hormones or antibodies to: 1) detect or exclude hypothyroidism or hyperthyroidism; 2) monitor T4 replacement treatment in hypothyroidism or antithyroid treatment in hyperthyroidism; 3) monitor TSH suppression in thyroid cancer patients on thyroxine therapy; and 4) assess the response to TRH stimulation testing.

Interpretation :- TSH Levels are subject to circadian variation, reaching peak levels between 2-4a.m. The variation is to the order of 50%.Hence time of the day has influence on the measured serum TSH concentrations.

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Consultant Pathologist

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Age/Gender	: 7Y 1M 14D /Female	Sample Collected On	: 07/Aug/2023 10:02AM
Order Id	: 8652660782	Sample Received On	: 08/Aug/2023 07:11AM
Referred By	: Dr. Praveen Choudhary	Report Generated On	: 08/Aug/2023 08:10AM
Customer Since	: 07/Aug/2023	Sample Temperature	: Maintained ✓
Sample Type	: Serum	Report Status	: Final Report

DEPARTMENT OF IMMUNOLOGY

FREE-THYROID PROFILE

Test Name	Value	Unit	Bio. Ref Interval
T3 - Free (Tri-iodothyronine-Free)			
Free T3 (FT3)	3.53	pg/ml	3.3 - 4.8

Method: CLIA

Free T3 gives corrected values in patients in whom the total T3 is altered on account of changes in serum proteins or in binding sites (e.g., pregnancy), drugs (e.g., androgens, estrogens, birth control pills, phenytoin [Dilantin], altered levels of serum proteins (e.g., nephrosis).
Elevated concentrations of T3 occur in Grave's disease and most other classical causes of hyperthyroidism.
Decreased concentrations occur in primary hypothyroid diseases such as Hashimoto thyroiditis and neonatal hypothyroidism or secondary hypothyroidism due to defects at the hypothalamohypophyseal level. It may decrease by ≤25% in healthy older persons while FT4 remains normal.

T4 - Free (Thyroxine - Free)			
Free T4 (FT4)	0.95	ng/dl	0.86-1.4

Method: CLIA

FT4 gives corrected values in patients in whom the total T4 is altered on account of changes in serum proteins or in binding sites.
Monitoring restoration to normal range is the only laboratory criterion to estimate appropriate replacement dose of levothyroxine because 6–8 weeks are required before TSH reflects these changes
FT4 assays are prone to inaccurate readings in pregnant women. Anticonvulsant drug therapy (particularly phenytoin) may result in decreased FT4 levels due to an increased hepatic metabolism and secondarily to displacement of hormone from binding sites.

PBhatia

DR. PUNEETA BHATIA
MD, BIOCHEMISTRY
SENIOR CONSULTANT, HEALTHIANS LABS

SIN No:H10667330

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Order Id	: 8652660782	Sample Received On	: 07/Aug/2023 10:54AM
Referred By	: Dr. Praveen Choudhary	Report Generated On	: 07/Aug/2023 11:32AM
Customer Since	: 07/Aug/2023	Sample Temperature	: Maintained ✓
Sample Type	: Serum	Report Status	: Final Report

DEPARTMENT OF IMMUNOLOGY

Test Name	Value	Unit	Bio. Ref Interval
Vitamin B12			
VITAMIN B12 Method: ECLIA	369	pg/ml	197 - 771

Vitamin B12 is a coenzyme that is involved in two very important metabolic functions vital to normal cell growth and DNA synthesis: 1) the synthesis of methionine, and 2) the conversion of methylmalonyl CoA to succinyl CoA. Deficiency of this vitamin can lead to megaloblastic anemia and ultimately to severe neurological problems. Also 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 concerations are normal.

Vitamin D, 25-Hydroxy			
VITAMIN D (25 - OH VITAMIN D) Method: ECLIA	55.10	ng/ml	Deficient - <=20,Insufficient-21-<=29,Sufficient- 30-100, Upper safety Limit >100

VITAMIN D STATUS	VITAMIN D 25 HYDROXY (ng/mL), Adult	VITAMIN D 25 HYDROXY (ng/mL), Pediatric
DEFICIENCY	<20	<15
INSUFFICIENCY	20 - 30	15 - 20
SUFFICIENCY	30 – 100	20 - 100

Vitamin D is a lipid-soluble steroid hormone that is produced in the skin through the action of sunlight or is obtained from dietary sources The role of vitamin D in maintaining homeostasis of calcium and phosphorus is well established.
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.

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

Dr. Rekha Boyal
Consultant Pathologist

SIN No:H10667330

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) Test results released pertain to the specimen submitted.
6) Test results are dependent on the quality of the sample received by the Lab.
7) 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.
8) The reported results are for information and are subject to confirmation and interpretation by the referring doctor to co-relate clinically.
9) Test results may show interlaboratory variations.
10) 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.
11) This report is not subject to use for any medico-legal purposes.
12) Few of the tests might be outsourced to partner labs as and when required.
13) This report is not intended to replace but to lead by providing comprehensive information. It is recommended that you consult your doctor/physician for interpretation of results.
14) All reports might not be applicable for individuals less than 18, pregnant women or individuals suffering from diseases for which health test has not been performed or symptoms not diagnosed.
15) This report is based on preventive health test screening and is meant for a healthy lifestyle. It does not provide any recommendation for life threatening situations.
16) It is strongly recommended to take required precautions for allergic reactions or sensitivities.

ADVISORY
Health Advisory

ANVIKA
Booking ID : 8652660782 | Sample Collection Date : 07/Aug/2023

SUGGESTED
NUTRITION

SUGGESTED NUTRITION

Do's

- Have a balanced diet that includes whole grains, pulses, dairy, fruits, vegetables, nuts and healthy fats
- Have dates and figs
- Take vitamin C rich foods like citrus fruits, strawberries and green, leafy vegetables
- Include fruits like apples, berries and melons in your diet

Dont's

- Limit intake of salt
- Avoid refined carbs, processed foods
- Decrease intake of colas and sugary drinks
- Avoid the use of oil and avoid sauces and dressings
- Avoid flavoured and seasoned foods
- Avoid saturated fats, transfats, oily and greasy foods like cakes, creamy or fried foods

SUGGESTED
LIFESTYLE

SUGGESTED LIFESTYLE

Do's

- Maintain ideal weight
- Plan a healthy routine and have food at the same time everyday
- Have breakfast early in morning and a light high fiber snack for dinner

Dont's

- Avoid overexertion without having food or drink
- Avoid strenuous exercises
- Avoid smoking and alcohol

SUGGESTED
FUTURE TESTS

SUGGESTED FUTURE TESTS

- Complete Hemogram - **Every 1 Month**
- Iron Studies - **Every 1 Month**
- Peripheral Smear Examination By Pathologist - **Every 2 Month**