

India's largest Health Test @Home Service

India's Most Awarded Healthcare Brand



Booking ID : 4874414548

Jyoti CHAUDHARY

Female, 25 Years

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

Jyoti CHOWDHARY | Booking ID : 4874414548

Healthians Smart Report

A Self explanatory Health Diagnostics Report

Healthians Smart report is **India's most innovative** and easy to understand report that describes all information in an intuitive way required for **better health & lifestyle** of customers

Below are the sections which depict what you can expect from this report , how you can read this report and use it for your well-being.

1. Health Analysis

This section summarizes your test results, your critical health parameters and on basis of them where you should draw your attention to. This has been determined by lab results & health karma questions which you answered regarding your lifestyle.



2. Historical Charts

These charts are a way to measure and keep a track of how your health has progressed over time. We depict important parameters here and depending on your test history, the charts describe rise and fall of your health metrics.



3. Lab Test Results

Comprehensive test results generated through use of latest technology and quality checks by health experts. This section provides an exhaustive view of which tests you have taken, ideal result and your actual result with highlighted focus points.



4. Health Advisory

An Advisory section suggesting what modifications to bring in your nutrition & lifestyle, recommendations on your BMI along with regular tests and further consultations to pursue for a healthier future.



5. General Recommendations

Brief view of general preventive test recommendations categorized by age groups. Refer this section to know at what age, which tests are necessary and at what frequency they should be booked.



Disclaimer:

- 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.
- 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.
- 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.
- It is strongly recommended to take required precautions for allergic reactions or sensitivities.

HEALTH ANALYSIS

Personalized Summary & Vital Parameters

Jyoti CHOURDARY
Booking ID : 4874414548

Jyoti CHOURDARY ,

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.

Comorbidities: Yes

* Adults of any age with Comorbidities are at increased risk of severe illness from the virus that causes COVID-19.



Your Health Score

90
Out of 100

*Calculated from test reports



Thyroid Function

Thyroid Stimulating Hormone (TSH)-Ultrasensit : 2.5570 μ U/ml

- Everything looks good



Cholesterol Total

113 mg/dl

- Everything looks good



Kidney Function

Serum Creatinine : 0.46 mg/dl

- Concern



Vitamin D

Test not taken



HbA1c

5.00 %

- Everything looks good



Vitamin B12

Test not taken



Liver Function

Alanine Aminotransferase (ALT/SGPT) : 16.00 U/l

- Everything looks good



Calcium Total

9.1 mg/dl

- Everything looks good



Iron studies

Serum Iron : 65.7 ug/dl

- Everything looks good



Complete Hemogram

Haemoglobin (HB) : 12.0 g/dl

- Everything looks good

HEALTH ANALYSIS

Critical Parameters

Jyoti CHOURDARY
Booking ID : 4874414548

We have observed that the below given critical parameters have shown out of range results, which can have negative impact on your health.

Creatinine, Serum

Creatinine is a chemical waste in your blood, produced from muscle metabolism and excess meat consumption. It is normally removed from your blood by your kidneys, but when kidney function slows down, the creatinine level rises. The Creatinine Serum test is hence required to monitor kidney functions.

Impact on overall health?

This test assesses your kidney function, determines your risk of kidney damage and renal complications of high blood pressure or diabetes.

How to improve health conditions?

In case of high creatinine levels, consult a doctor for clinical evaluation and discuss further tests. It is often advisable to reduce protein intake and avoid strenuous exercises.

Your Result Value

↓0.46 mg/dl

Concern

Normal Value

• 0.5-1.1 mg/dl

HEALTH ANALYSIS
HISTORICAL CHARTS

 Jyoti CHOUDHARY
 Booking ID : 4874414548

Glycated Hemoglobin (HbA1c)

Your Latest result

5.00 %

8th Mar 2022

Everything looks good

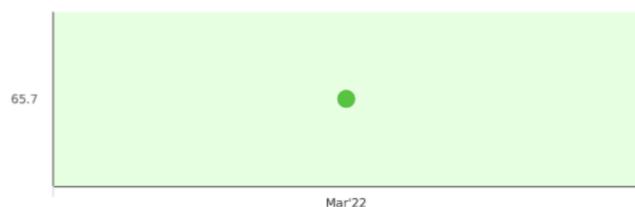

Iron, Serum

Your Latest result

65.7 ug/dl

8th Mar 2022

Everything looks good

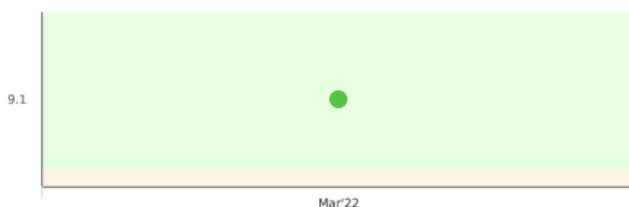

Calcium Total, Serum

Your Latest result

9.1 mg/dl

8th Mar 2022

Everything looks good

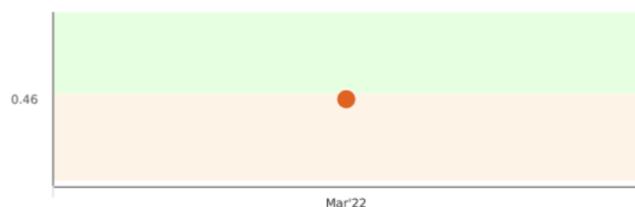

Creatinine, Serum

Your Latest result

0.46 mg/dl

8th Mar 2022

Borderline Result

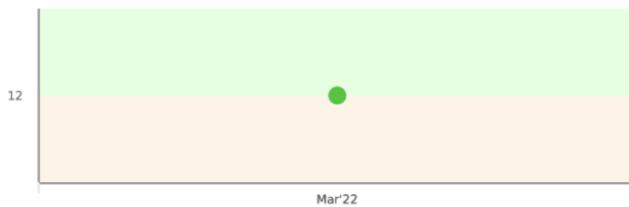

Hemoglobin Hb

Your Latest result

12.0 g/dl

8th Mar 2022

Everything looks good

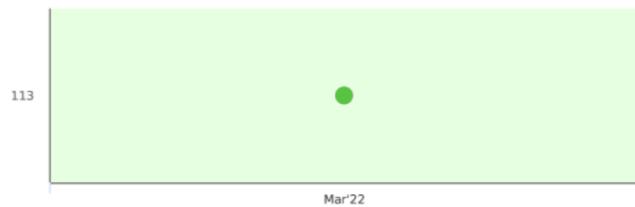

Cholesterol-Total, Serum

Your Latest result

113 mg/dl

8th Mar 2022

Everything looks good


TSH Ultra - Sensitive

Your Latest result

2.5570
 $\mu\text{U}/\text{ml}$

8th Mar 2022

Everything looks good

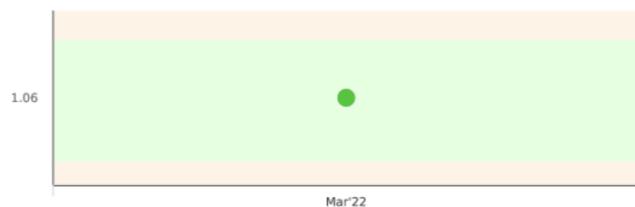

SGOT/SGPT Ratio

Your Latest result

1.06 Ratio

8th Mar 2022

Everything looks good



Patient Name	: Jyoti CHOUDHARY 4874414548	Barcode	: H5490566	
Age/Gender	: 25/Female	Sample Collected On	: 08/Mar/2022 06:53AM	
Order Id	: 4874414548	Sample Received On	: 08/Mar/2022 11:19AM	
Referred By	: Self	Report Generated On	: 08/Mar/2022 11:46AM	
Customer Since	: 08/Mar/2022	Sample Temperature	: Maintained ✓	
Sample Type	: Whole Blood EDTA	Report Status	: Final Report	

DEPARTMENT OF BIOCHEMISTRY HBA1C

Test Name	Value	Unit	Bio. Ref Interval
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HbA1c - Glycated Hemoglobin

HbA1c (Glycosylated Hemoglobin)	5.00	%	4.2 - 5.7
Method: HPLC			
Average Estimated Glucose - plasma	96.80	mg/dl	

Method: Calculated

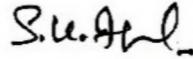
INTERPRETATION:

AS PER AMERICAN DIABETES ASSOCIATION (ADA):

REFERENCE GROUP	GLYCOSYLATED HEMOGLOBIN (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. Inappropriately low HbA1c values may be reported due to hemolysis, recent blood transfusion, acute blood loss, hypertriglyceridemia, chronic liver disease. Drugs like dapsone, ribavirin, antiretroviral drugs, trimethoprim, may also cause interference with estimation of HbA1c, causing falsely low values.
 4. HbA1c may be increased in patients with polycythemia or post-splenectomy.
 5. Inappropriately higher values of HbA1c may be caused due to iron deficiency, vitamin B12 deficiency, alcohol intake, uremia, hyperbilirubinemia and large doses of aspirin.
 6. Trends in HbA1c are a better indicator of diabetic control than a solitary test. 7. Any sample with >15% HbA1c should be suspected of having a hemoglobin variant, especially in a non-diabetic patient. Similarly, below 4% should prompt additional studies to determine the possible presence of variant hemoglobin.
 8. HbA1c target in pregnancy is to attain level <6 % .
 9. HbA1c target in paediatric 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



DR. SAKESH AGARWAL
MBBS, DCP



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Age/Gender	: 25/Female	Sample Collected On	: 08/Mar/2022 06:53AM	
Order Id	: 4874414548	Sample Received On	: 08/Mar/2022 10:24AM	
Referred By	: Self	Report Generated On	: 08/Mar/2022 11:21AM	
Customer Since	: 08/Mar/2022	Sample Temperature	: Maintained ✓	
Sample Type	: Flouride Plasma	Report Status	: Final Report	

DEPARTMENT OF BIOCHEMISTRY

Test Name	Value	Unit	Bio. Ref Interval
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Fasting Blood Sugar

Glucose, Fasting	87	mg/dl	70 - 100
Method: Hexokinase			

American Diabetes Association Reference Range :

Normal	: < 100 mg/dl
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.


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 MD, BIOCHEMISTRY
 SENIOR CONSULTANT


Patient Name	: Jyoti CHOUDHARY 4874414548	Barcode	: H5490566	
Age/Gender	: 25/Female	Sample Collected On	: 08/Mar/2022 06:53AM	
Order Id	: 4874414548	Sample Received On	: 08/Mar/2022 10:06AM	
Referred By	: Self	Report Generated On	: 08/Mar/2022 10:45AM	
Customer Since	: 08/Mar/2022	Sample Temperature	: Maintained ✓	
Sample Type	: SERUM	Report Status	: Final Report	

DEPARTMENT OF BIOCHEMISTRY

Test Name	Value	Unit	Bio. Ref Interval
Lipid Profile			
Total Cholesterol Method: ENZymatic	113	mg/dl	Desirable : <200 Borderline: 200-239 High : >/=240
Serum Triglycerides Method: GPO TRINDER	44	mg/dl	Desirable : <150 Borderline high : 150-199 High : 200-499 Very high : > 500
Serum HDL Cholesterol Method: Elimination/catalase	41.8	mg/dl	40 - 60
Serum LDL Cholesterol Method: Elimination/catalase	71.90	mg/dl	Optimal : <100 Near /Above Optimal:100 - 129 Borderline High:130 - 159 High : 160 - 189 Very High :>/=190
Serum VLDL Cholesterol Method: Calculated	8.8	mg/dl	06 - 30
Total CHOL / HDL Cholesterol Ratio Method: Calculated	2.70	Ratio	3.30 - 4.40
LDL / HDL Cholesterol Ratio Method: Calculated	1.72	Ratio	Desirable/Low Risk: 0.5-3.0 Line/Moderate Risk: 3.0-6.0 Elevated/High Risk: >6.0
HDL / LDL Cholesterol Ratio Method: Calculated	0.58	Ratio	Optimal->0.4 Moderate-0.4 to 0.3 High-<0.3
Non-HDL Cholesterol Method: Calculated	71.2	mg/dl	0.0 - 160.0

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:

Total Cholesterol, 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



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Order Id	: 4874414548	Sample Received On	: 08/Mar/2022 10:06AM	
Referred By	: Self	Report Generated On	: 08/Mar/2022 10:45AM	
Customer Since	: 08/Mar/2022	Sample Temperature	: Maintained ✓	
Sample Type	: SERUM	Report Status	: Final Report	

DEPARTMENT OF BIOCHEMISTRY

Test Name	Value	Unit	Bio. Ref Interval
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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.

*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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Order Id	: 4874414548	Sample Received On	: 08/Mar/2022 10:06AM	
Referred By	: Self	Report Generated On	: 08/Mar/2022 10:40AM	
Customer Since	: 08/Mar/2022	Sample Temperature	: Maintained ✓	
Sample Type	: Serum	Report Status	: Final Report	

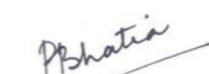
DEPARTMENT OF BIOCHEMISTRY

Test Name	Value	Unit	Bio. Ref Interval
Liver Function Test (LFT)			
Serum Bilirubin, (Total) Method: Vanadate oxidation	0.43	mg/dl	0.3 - 1.2
Serum Bilirubin, (Direct) Method: Vanadate oxidation	0.18	mg/dl	0 - 0.3
Serum Bilirubin, (Indirect) Method: Calculated	0.25	mg/dl	0.0 - 0.8
Aspartate Aminotransferase (AST/SGOT) Method: Modified IFCC	17	U/L	5 - 34
Alanine Aminotransferase (ALT/SGPT) Method: Modified IFCC	16.00	U/l	10 - 49
Alkaline Phosphatase (ALP) Method: DEA BUFFER	67.00	U/L	38 - 126
Gamma Glutamyl Transferase (GGT) Method: IFCC	7.3	U/L	5-38.0
Serum Total Protein Method: Biuret	6.20	g/dl	5.7-8.2
Serum Albumin Method: Bromo Cresol Green(BCG)	4.03	g/dl	3.4 - 4.8
Serum Globulin Method: Calculated	2.17	gm/dl	3.0 - 4.2
Albumin/Globulin Ratio Method: Calculated	1.86	Ratio	1.2 - 2.5
SGOT/SGPT Ratio Method: Calculated	1.06	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. Alt levels may also increase after a heart attack 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, Hyperparathyroidism, Leukemia, Lymphoma, paget's disease, Rickets, Sarcoidosis etc.

Elevated serum GGT activity can be found in diseases of the liver, Biliary system and pancreas. Conditions that increase serum GGT are obstructive liver disease, high alcohol consumption and use of enzyme-including drugs etc.



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Age/Gender	: 25/Female	Sample Collected On	: 08/Mar/2022 06:53AM	
Order Id	: 4874414548	Sample Received On	: 08/Mar/2022 10:06AM	
Referred By	: Self	Report Generated On	: 08/Mar/2022 10:40AM	
Customer Since	: 08/Mar/2022	Sample Temperature	: Maintained ✓	
Sample Type	: Serum	Report Status	: Final Report	

DEPARTMENT OF BIOCHEMISTRY

Test Name

Value

Unit

Bio. Ref Interval

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 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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Age/Gender	: 25/Female	Sample Collected On	: 08/Mar/2022 06:53AM	
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Referred By	: Self	Report Generated On	: 08/Mar/2022 10:40AM	
Customer Since	: 08/Mar/2022	Sample Temperature	: Maintained ✓	
Sample Type	: SERUM	Report Status	: Final Report	

DEPARTMENT OF BIOCHEMISTRY

IRON STUDY

Test Name	Value	Unit	Bio. Ref Interval
Iron study			
Serum Iron Method: Ferrozine	65.7	ug/dl	50-170
UIBC Method: Nitroso-PSAP	231.10	ug/dl	120- 470
Serum Total Iron Binding Capacity (TIBC) Method: FE+UIBC (saturation with iron)	296.8	µg/dl	250 - 400
Transferrin Saturation % Method: Calculated	22.14	%	15 - 50

Iron participates in a variety of vital processes in the body varying from cellular oxidative mechanisms to the transport and delivery of oxygen to body cells. It is a constituent of the oxygen-carrying chromoproteins, haemoglobin and myoglobin, as well as various enzymes, such as cytochrome oxidase and peroxidases. Serum iron may be increased in hemolytic, megaloblastic and aplastic anemias, and in hemochromatosis acute leukemia, lead poisoning, pyridoxine deficiency, thalassemia, excessive iron therapy, and after repeated transfusions. Drugs causing increased serum iron include chloramphenicol, cisplatin, estrogens (including oral contraceptives), ethanol, iron dextran, and methotrexate. Iron can be decreased in iron-deficiency anemia, acute and chronic infections, carcinoma, nephrotic syndrome hypothyroidism, in protein-calorie malnutrition, and after surgery.

Transferrin is the primary plasma iron transport protein, which binds iron strongly at physiological pH. Transferrin is generally only 25% to 30% saturated with iron. The additional amount of iron that can be bound is the unsaturated iron-binding capacity (UIBC). Diurnal variation is seen in serum iron levels-normal values in midmorning, low values in midafternoon, very low values (approximately 10 µg/dL) near midnight.

TIBC measures the blood's capacity to bind iron with transferrin (TRF). Estrogens and oral contraceptives increase TIBC levels. Asparaginase, chloramphenicol, corticotropin, cortisone, and testosterone decrease the TIBC levels.

% saturation represents the amount of iron-binding sites that are occupied. Iron saturation is a better index of iron stores than serum iron alone. % saturation is decreased in iron deficiency anemia (usually <10% in established deficiency).


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Order Id	: 4874414548	Sample Received On	: 08/Mar/2022 10:06AM	
Referred By	: Self	Report Generated On	: 08/Mar/2022 10:45AM	
Customer Since	: 08/Mar/2022	Sample Temperature	: Maintained ✓	
Sample Type	: SERUM	Report Status	: Final Report	

DEPARTMENT OF BIOCHEMISTRY

Test Name	Value	Unit	Bio. Ref Interval
Kidney Function Test1 (KFT1)			
Serum Creatinine Method: Jaffes Kinetic	0.46	mg/dl	0.5-1.1
Serum Uric Acid Method: Uricase/Peroxidase	3.1	mg/dl	2.6 - 6
Serum Calcium Method: Arsenazo III	9.1	mg/dl	8.7-10.4
Serum Phosphorus Method: Phosphomolybdate/UV	4.8	mg/dl	2.4-5.1
Serum Sodium Method: ISE (Indirect)	138	mmol/L	132 - 146
Serum Chloride Method: ISE (Indirect)	108	mmol/L	99-109
Blood Urea Method: Urease	27	mg/dl	19.3-49.38
Blood Urea Nitrogen (BUN) Method: Calculated	12.6	mg/dl	8-20
Bun/Creatinine Ratio Method: Calculated	27.43	Ratio	
Urea/Creatinine Ratio Method: Calculated	58.70	Ratio	



DR. WALIA MURSHIDA HUDA
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Patient Name	: Jyoti CHOUDHARY 4874414548	Barcode	: H5490566	
Age/Gender	: 25/Female	Sample Collected On	: 08/Mar/2022 06:53AM	
Order Id	: 4874414548	Sample Received On	: 08/Mar/2022 09:48AM	
Referred By	: Self	Report Generated On	: 08/Mar/2022 11:15AM	
Customer Since	: 08/Mar/2022	Sample Temperature	: Maintained ✓	
Sample Type	: URINE	Report Status	: Final Report	

DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Value	Unit	Bio. Ref Interval
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Urine Routine & Microscopy Extended

PHYSICAL EXAMINATION

Colour	Pale Yellow	Pale Yellow
Method: Visual		
Volume	20.00	mL
Method: Visual		
Appearance	Clear	Clear
Method: Visual		

CHEMICAL EXAMINATION

Specific Gravity	1.020	1.001 - 1.035
Method: Dipstick-Ion exchange		
pH	6.5	4.5 - 7.5
Method: Dipstick-Double indicator		
Glucose	Negative	Negative
Method: Dipstick-oxidase peroxidase		
Urine Protein	Negative	Negative
Method: Dipstick-Bromophenol blue		
Ketones	Negative	Negative
Method: Sodium nitroprusside		
Urobilinogen	Normal	Normal
Method: Dipstick-Ehrlichs Test		
Bilirubin	Negative	Negative
Method: Dipstick-Ehrlichs Test		
Nitrite	Negative	Negative
Method: Dipstick-Griess test		
Blood	Negative	Nil
Method: Dipstick-Peroxidase		
Leucocyte Esterase	Negative	Nil
Method: Dipstick- Esterase		

MICROSCOPIC EXAMINATION

Pus Cells	1-2	/HPF	0 - 5
Method: Microscopic Examination			
Epithelial cells	2-3	/HPF	0 - 5
Method: Microscopic Examination			
RBCs	Nil	/HPF	Nil
Method: Microscopic Examination			

Sneha Kumari
MBBS, DNB PATHOLOGY



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Referred By	: Self	Report Generated On	: 08/Mar/2022 11:15AM	
Customer Since	: 08/Mar/2022	Sample Temperature	: Maintained ✓	
Sample Type	: URINE	Report Status	: Final Report	

DEPARTMENT OF CLINICAL PATHOLOGY

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

The main indication for testing for glucose in urine is detection of unsuspected diabetes mellitus or follow-up of known diabetic patients. Renal glycosuria accounts for 5% of cases of glycosuria in general population.

Proteinuria can be seen in nephrotic syndrome, pyelonephritis, heavy metal poisoning, tuberculosis of kidney, interstitial nephritis, cystinosis, Fanconi syndrome , rejection of kidney transplant. Hemodynamic proteinuria is transient and can be seen in high fever, hypertension, heavy exercise, congestive cardiac failure, seizures, and exposure to cold. Post-renal proteinuria is caused by inflammatory or neoplastic conditions in renal pelvis, ureter, bladder, prostate, or urethra.

Ketonuria can be seen in uncontrolled Diabetes mellitus with ketoacidosis, Glycogen storage disorder, starvation, persistent vomiting in children, weight reduction program, fever in children, severe thyrotoxicosis, pregnancy and protein calorie malnutrition.

Presence of bilirubin in urine indicates conjugated hyperbilirubinemia (obstructive or hepatocellular jaundice). Bile salts along with bilirubin can be detected in urine in cases of obstructive jaundice. Normally about 0.5-4 mg of urobilinogen is excreted in urine in 24 hours. Therefore, a small amount of urobilinogen is normally detectable in urine. Increased urobilinogen in urine can be seen due to hemolysis , megaloblastic anemia and haemorrhage in tissues. Decreased urobilinogen can be seen in obstructive jaundice, reduction of intestinal bacterial flora, neonates and following antibiotic treatment. The presence of abnormal number of intact red blood cells in urine is called as hematuria. It implies presence of a bleeding lesion in the urinary tract. Hematuria can be seen in glomerular diseases like Glomerulonephritis, Berger's disease, lupus nephritis, Henoch-Schonlein purpura, non glomerular diseases like Calculus, tumor, infection, tuberculosis, pyelonephritis, hydronephrosis, polycystic kidney disease, trauma, after strenuous physical exercise, diseases of prostate (benign hyperplasia of prostate, carcinoma of prostate).

Nitrites are not present in normal urine. Ingested nitrites are converted to nitrate and excreted in urine. If gram-negative bacteria (e.g. E.coli, Salmonella, Proteus, Klebsiella, etc.) are present in urine, they will reduce the nitrates to nitrites through the action of bacterial enzyme nitrate reductase. As E. coli is the commonest organism causing urinary tract infection, this test is helpful as a screening test for urinary tract infection.

Some organisms like Staphylococci or Pseudomonas do not reduce nitrate to nitrite and therefore in such infections nitrite test is negative.

Leucocyte esterase test detects esterase enzyme released in urine from granules of leucocytes. Thus the test is positive in pyuria.

Sneha Kumari
MBBS, DNB PATHOLOGY



SIN No:H5490566

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Patient Name	: Jyoti CHOUDHARY 4874414548	Barcode	: H5490566	
Age/Gender	: 25/Female	Sample Collected On	: 08/Mar/2022 06:53AM	
Order Id	: 4874414548	Sample Received On	: 08/Mar/2022 10:26AM	
Referred By	: Self	Report Generated On	: 08/Mar/2022 12:24PM	
Customer Since	: 08/Mar/2022	Sample Temperature	: Maintained ✓	
Sample Type	: Whole Blood EDTA	Report Status	: Final Report	

DEPARTMENT OF HAEMATOLOGY

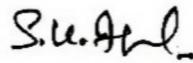
Test Name	Value	Unit	Bio. Ref Interval
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Complete Haemogram

Haemoglobin (HB) Method: Photometric Measurement	12.0	g/dl	12.0-15.0
Total Leucocyte Count (TLC) Method: Coulter Principle	5.9	10^3/uL	4.0-10.0
Hematocrit (PCV) Method: Calculated	35.1	%	36.0-46.0
Red Blood Cell Count (RBC) Method: Coulter Principle	3.60	millions/cumm	3.80-4.80
Mean Corp Volume (MCV) Method: Derived from RBC Histogram	96.5	fL	83.0-101.0
Mean Corp Hb (MCH) Method: Calculated	32.9	pg	24.0-30.0
Mean Corp Hb Conc (MCHC) Method: Calculated	34.1	gm%	31.5-34.5
RDW - CV Method: Derived from RBC Histogram	15.6	%	12.3-14.0
RDW - SD Method: Derived from RBC Histogram	51.60	fL	39.0-46.0
Mentzer Index Method: Calculated	26.81	Ratio	
RDWI Method: Calculated	418.17	Ratio	
Green and king index Method: Calculated	121	Ratio	

Differential Leucocyte Count

Neutrophils Method: VCSn Technology	45.8	%	40 - 75
Lymphocytes Method: VCSn Technology	44.3	%	20 - 45
Monocytes Method: VCSn Technology	6.0	%	01 - 10
Eosinophils Method: VCSn Technology	3.6	%	01 - 06
Basophils Method: VCSn Technology	0.3	%	00 - 02



DR. SAKESH AGARWAL
MBBS, DCP



SIN No:H5490566

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Age/Gender	: 25/Female	Sample Collected On	: 08/Mar/2022 06:53AM	
Order Id	: 4874414548	Sample Received On	: 08/Mar/2022 10:26AM	
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Customer Since	: 08/Mar/2022	Sample Temperature	: Maintained ✓	
Sample Type	: Whole Blood EDTA	Report Status	: Final Report	

DEPARTMENT OF HAEMATOLOGY

Test Name	Value	Unit	Bio. Ref Interval
Absolute Leucocyte Count			
Absolute Neutrophil Count (ANC)	2.70	10 ³ /uL	2.0-7.0
Method: Calculated			
Absolute Lymphocyte Count (ALC)	2.61	10 ³ /uL	1.0-3.0
Method: Calculated			
Absolute Monocyte Count	0.35	10 ³ /uL	0.2-1.0
Method: Calculated			
Absolute Eosinophil Count (AEC)	0.21	10 ³ /uL	0.02-0.5
Method: Calculated			
Absolute Basophil Count	0.02	10 ³ /uL	0.0 - 0.10
Method: Calculated			
Platelet Count(PLT)	181	10 ³ /µl	150-410
Method: Coulter Principle			
MPV	7.4	fL	7.9-9.2
Method: Derived from PLT Histogram			
ESR	02	mm/1st hr.	0 - 12
Method: Kinetic Red Cell Aggregation			

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. Green and King Index used to differentiate IDA from thalassemia trait value >65 is likely to be Iron Deficiency Anemia and value <65 Beta Thalassemia Trait. For RDW Value >220 more likely to be Iron Deficiency Anemia and value <220 more likely to be Beta Thalassemia Trait.

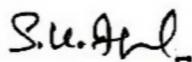
ESR is a non-specific phenomenon, its measurement is clinically useful in disorders associated with an increased production of acute-phase proteins. It provides an index of progress of the disease in rheumatoid arthritis or tuberculosis, and it is of considerable value in diagnosis of temporal arteritis and polymyalgia rheumatica. It is often used if multiple myeloma is suspected, but when the myeloma is non-secretory or light chain, a normal ESR does not exclude this diagnosis.

An elevated ESR occurs as an early feature in myocardial infarction. Although a normal ESR cannot be taken to exclude the presence of organic disease, the vast majority of acute or chronic infections and most neoplastic and degenerative diseases are associated with changes in the plasma proteins that increased ES values.

An increased ESR in subjects who are HIV seropositive seems to be an early predictive marker of progression toward acquired immune deficiency syndrome (AIDS).

The ESR is influenced by age, stage of the menstrual cycle and medications taken (corticosteroids, contraceptive pills). It is especially low (0–1 mm) in polycythaemia, hypofibrinogenaemia and congestive cardiac failure and when there are abnormalities of the red cells such as poikilocytosis, spherocytosis, or sickle cells.

In cases of performance enhancing drug intake by athletes the ESR values are generally lower than the usual value for the individual and as a result of the increase in haemoglobin (i.e. the effect of secondary polycythaemia).



DR. SAKESH AGARWAL
MBBS, DCP



SIN No:H5490566

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Age/Gender	: 25/Female	Sample Collected On	: 08/Mar/2022 06:53AM	
Order Id	: 4874414548	Sample Received On	: 08/Mar/2022 10:06AM	
Referred By	: Self	Report Generated On	: 08/Mar/2022 11:05AM	
Customer Since	: 08/Mar/2022	Sample Temperature	: Maintained ✓	
Sample Type	: Serum	Report Status	: Final Report	

DEPARTMENT OF IMMUNOLOGY

Test Name	Value	Unit	Bio. Ref Interval
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Thyroid Profile (Total T3,T4, TSH)

Tri-Iodothyronine (T3, Total) Method: CLIA	1.18	ng/ml	0.60-1.81
Thyroxine (T4, Total) Method: CLIA	7.40	ug/dl	3.2-12.6
Thyroid Stimulating Hormone (TSH)-Ultrasensitive Method: CLIA	2.5570	µIU/ml	0.55-4.78

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

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 even in the presence of hyperthyroidism under the following conditions : T3 thyrotoxicosis, Hypoproteinemia related reduced binding, during intake of certain drugs (eg Phenyltoin, 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.
10. 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.

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


DR. PUNEETA BHATIA
 MD, BIOCHEMISTRY
 SENIOR CONSULTANT


Terms & Conditions:

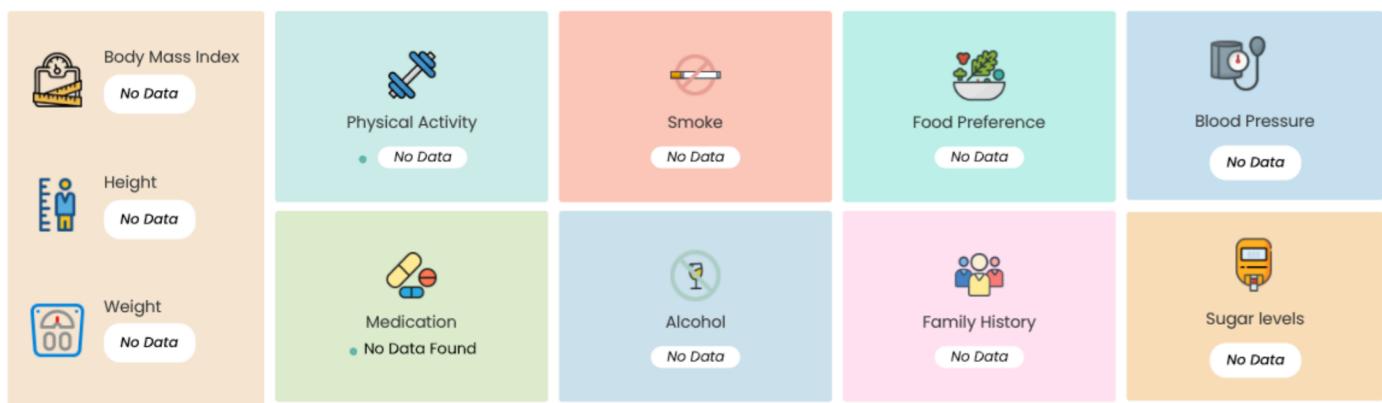
- 1) Machine Data is available for last 7 days only. In case of manual testing & outsourced testing, machine data will not be available.
- 2) CBC parameters may vary when it is manually reviewed by the Pathologists.
- 3) **For Thyroid tests** - Circulating TSH shows a normal circadian rhythm with a peak 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.

ADVISORY

Health Advisory

Jyoti CHOURDARY

Booking ID : 4874414548



SUGGESTED NUTRITION

SUGGESTED NUTRITION

Do's

- Have a balanced diet that includes whole grains, pulses, dairy, fruits, vegetables, nuts and healthy fats
- Include fruits like apples, berries and melons in your diet

Dont's

- Avoid flavoured and seasoned foods
- Decrease intake of colas and sugary drinks
- Avoid saturated fats, trans fats, oily and greasy foods like cakes, creamy or fried foods

SUGGESTED LIFESTYLE

SUGGESTED LIFESTYLE

Do's

- Have breakfast early in morning and a light high fiber snack for dinner

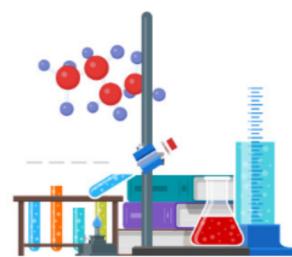
Dont's

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

SUGGESTED FUTURE TESTS

SUGGESTED FUTURE TESTS

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



HEALTH ADVISORY

Suggestions for Health & Well-being

Jyoti CHOURDARY
Booking ID : 4874414548

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!



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.

BALANCED DIET

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!



BMI

BMI recommended range is 18.5 to 24.9. Your BMI is 29.35, which is on a higher side.

Please fill your Health Karma to know your BMI results
BMI for your body helps prevent many untimely diseases and goes a long way.

BMI CHART



BMI

In order to fulfill the gaps in nutrition and promote a healthier body we suggest you the following supplements mentioned in the table below:

Suggestions for Improving Deficiencies



IMMUNO-PLUS

Give your immunity a boost the all-natural way.

IMMUNO-PLUS is the perfect all-natural herbal supplement to boost your immune system and strengthens your body's defenses against diseases and infections. IMMUNO-PLUS provides your immune system the necessary reinforcement to keep you safe and healthy.

A weakened immune system opens you to a host of illnesses, such as:

- Recurring Infections | • Heightened Risk of Cancer | • Autoimmune Disorders | • Slow Growth Rate | • Serious Damage to the Heart, Lungs, Digestive Tract & the Nervous System

Infused with the ages-proven goodness of all-natural ingredients, IMMUNO-PLUS is the perfect supplement to strengthen your immune system without having to worry about side effects. Sourced from nature's own pharmacy of herbs, the ingredients in IMMUNO-PLUS present the following benefits:

Amla

Boosts immunity &
Stores antioxidants

Jetwatika

Antioxidant properties
strengthen the immune
system

Aloe Vera

Fights against
oxygenated rogue
molecules in the blood

Ashwagandha

Reinforces the immune
system to increase its
fighting ability

Ginger

Anti-inflammatory &
antioxidant effects
reinforce the immune
system



NUTRI-BOOST

Make-up for your missing nutrition the all-natural way!

NUTRI-BOOST is a scientifically formulated and clinically proven all-natural supplement that provides you with essential nutrients that might be missing from your daily diet. With NUTRI-BOOST, give your body the richness of all-natural nutrients and get all the energy you need to keep active throughout the day.

A lack of essential nutrients can lead to serious deficiencies which lead to serious health consequences. Some of the common deficiencies include:

- Iron Deficiency | • Iodine Deficiency | • Vitamin D Deficiency | • Calcium Deficiency |
- Vitamin B12 deficiency

Infused with the ages-proven goodness of all-natural ingredients, NUTRI-BOOST is the perfect supplement to fill in the gap of vital nutrients for your body, without having to worry about side effects. Sourced from nature's own pharmacy of herbs, the ingredients in NUTRI-BOOST present the following benefits:

Indian Khajoor

Promotes brain and
heart health

Shatavari

Anti-oxidant properties
boost the immune
system.

Amla

Aids in digestion, and
promotes heart & liver
health

Wheat

Aids in weight control
reduces the risk of heart
ailments and provides
energy

Jetwatika

Prevents cell damage to
keep optimum body
functionalities

RECOMMENDATION
General Recommendation on Preventive Screening

 Jyoti CHOURDARY
 Booking ID : 4874414548

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

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Machine Data

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QR Code

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Calibration

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Equipment

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EQA

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