

India's trusted Health Test @Home Service



Booking ID : 13859845901

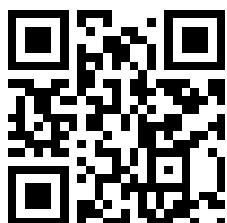
Sample Collection Date : 31/May/2025

Saniyah Salim

Female, 21 Yrs

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

HEALTH ANALYSIS

Personalized Summary & Vital Parameters

Saniyah Salim

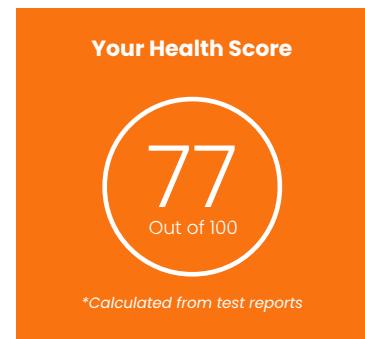
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Saniyah Salim,

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.



Thyroid Function

Thyroid Stimulating Hormone (TSH)-Ultrasensitive : 4.87 µIU/ml
• Concern



Vitamin B12

232 pg/ml
• Everything looks good



Cholesterol Total

120.4 mg/dl
• Everything looks good



Liver Function

Alanine Aminotransferase (ALT/SGPT) : 82.8 U/L
• Concern



Kidney Function

Serum Creatinine : 0.52 mg/dL
• Everything looks good



Vitamin D

10.4 ng/ml
• Concern



Iron studies

Serum Iron : 86.1 ug/dl
• Everything looks good



HbA1c

4.8 %
• Everything looks good



Complete Hemogram

Haemoglobin (HB) : 10.6 g/dL
• Concern



HEALTH ANALYSIS

Critical Parameters

Saniyah Salim

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

Urea, Serum

Serum urea is the normal waste product, which is produced in the liver after breaking down of proteins and is removed by kidneys. If the kidneys or liver are not functioning well, the urea levels in blood rise. This test helps measure the urea levels in blood and assess kidney functioning.

Impact on overall health?

This test assesses your risk of kidney damage, liver damage, circulatory problems or dehydration. You may also be advised this test to check for renal complications in diabetes.

How to improve health conditions?

If your serum urea levels are high, consult your physician for treatment. If the fluctuations in urea levels are due to dietary changes or medications, avoid those changes.

Your Result Value

 13 mg/dl

Concern

Normal Value

 17-43 mg/dl

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Order Id	: 13859845901	Sample Received On	: 31/May/2025 04:07PM	
Referred By	: Self	Report Generated On	: 31/May/2025 04:45PM	
Customer Since	: 31/May/2025	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 - Glycosylated Hemoglobin

HbA1c (Glycosylated Hemoglobin)	4.80	%	4.2 - 5.7
Method: HPLC			
Average Estimated Glucose - plasma	91.06	mg/dl	

INTERPRETATION:

AS PER AMERICAN DIABETES ASSOCIATION (ADA):

REFERENCE GROUP

Non diabetic
At Risk (Prediabetes)
Diagnosing Diabetes

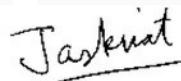
GLYCOSYLATED HEMOGLOBIN (HbA1c) in %

<5.7
5.7 – 6.4
>= 6.5
Age > 19 Years
Goals of Therapy: < 7.0
Actions Suggested: >8.0
Age < 19 Years
Goal of therapy: <7.5

Therapeutic goals for glycemic control

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 2023



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Order Id	: 13859845901	Sample Received On	: 31/May/2025 04:09PM	
Referred By	: Self	Report Generated On	: 31/May/2025 04:35PM	
Customer Since	: 31/May/2025	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

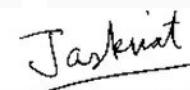
Glucose, Fasting	81.51	mg/dl
Method: Hexokinase		

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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Customer Since	: 31/May/2025	Sample Temperature	: Maintained ✓	
Sample Type	: SERUM	Report Status	: Final Report	

DEPARTMENT OF BIOCHEMISTRY

Test Name	Value	Unit	Bio. Ref Interval
Lipid Profile Advance			
Total Cholesterol Method: Enzymatic	120.4	mg/dl	Desirable : <200 Borderline: 200-239 High : >/=240
Serum Triglycerides Method: Enzymatic	62.5	mg/dl	Desirable : <150 Borderline high : 150-199 High : 200-499 Very high : > 500
Serum HDL Cholesterol Method: Enzymatic immuno inhibition	47.8	mg/dl	40 - 60
Serum LDL Cholesterol Method: Enzymatic	59.8	mg/dl	Optimal : <100 near /above Optimal:100 - 129 Borderline High:130 - 159 High : 160 - 189 Very High :>/=190
Serum VLDL Cholesterol Method: Calculated	13.0	mg/dl	<30
Total CHOL / HDL Cholesterol Ratio Method: Calculated	2.52	Ratio	3.30 - 4.40
LDL / HDL Cholesterol Ratio Method: Calculated	1.25	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	0.80	Ratio	Optimal->0.4 Moderate-0.4 to 0.3 High-<0.3
Non-HDL Cholesterol Method: Calculated	72.6	mg/dl	0.0 - 160.0

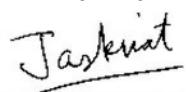
Dyslipidemia is a disorder of fat or lipoprotein metabolism in the body and includes lipoprotein overproduction or deficiency. Dyslipidemias means increase in the level of one or more of the following:

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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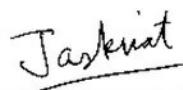
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Customer Since	: 31/May/2025	Sample Temperature	: Maintained ✓	
Sample Type	: SERUM	Report Status	: Final Report	

DEPARTMENT OF BIOCHEMISTRY

Test Name
Value
Unit
Bio. Ref Interval

assays. Hence a single result of Lipid Profile may not be adequate for clinical decision making. our' 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.



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Sample Type	: Serum	Report Status	: Final Report	

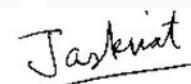
DEPARTMENT OF BIOCHEMISTRY

Test Name	Value	Unit	Bio. Ref Interval
Liver Function Test (LFT)			
Serum Bilirubin, (Total) Method: Diazo	0.85	mg/dl	0.3 - 1.2
Serum Bilirubin, (Direct) Method: Diazo	0.20	mg/dl	0 - 0.2
Serum Bilirubin, (Indirect) Method: Calculated	0.65	mg/dl	0.0 - 0.8
Aspartate Aminotransferase (AST/SGOT) Method: IFCC	47.20	U/L	3 - 35
Alanine Aminotransferase (ALT/SGPT) Method: IFCC	82.8	U/L	3 - 35
Alkaline Phosphatase (ALP) Method: IFCC AMP Buffer	99.60	U/L	33-98
Gamma Glutamyl Transferase (GGT) Method: IFCC	31.9	U/L	5- 38
Serum Total Protein Method: Biuret	7.77	gm/dl	6.6 - 8.3
Serum Albumin Method: Bromo Cresol Green(BCG)	4.36	g/dl	3.5 - 5.2
Serum Globulin Method: Calculated	3.41	gm/dl	3.0 - 4.2
Albumin/Globulin Ratio Method: Calculated	1.28	Ratio	1.2 - 2.5
SGOT/SGPT Ratio Method: Calculated	0.57	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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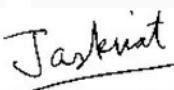


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Sample Type	: Serum	Report Status	: Final Report	

DEPARTMENT OF BIOCHEMISTRY

Test Name	Value	Unit	Bio. Ref Interval
Serum total protein	6.5	g/dL	5.5 - 8.0

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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DEPARTMENT OF BIOCHEMISTRY

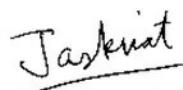
Test Name	Value	Unit	Bio. Ref Interval
Iron study			
Serum Iron Method: TPTZ	86.1	ug/dl	60 - 180
UIBC Method: Nitroso-PSAP	245.00	ug/dl	155 - 355
Serum Total Iron Binding Capacity (TIBC) Method: FE+UIBC (saturation with iron)	331.14	µg/dl	250 - 400
Transferrin Saturation % Method: Calculated	26.01	%	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. Diurnal variation is seen in serum iron levels with normal values obtained in the midmorning, low values in midafternoon and very low values 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.

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



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DEPARTMENT OF BIOCHEMISTRY

Test Name	Value	Unit	Bio. Ref Interval
Kidney Function Test1 (KFT1)			
Serum Creatinine Method: Jaffes Kinetic	0.52	mg/dL	0.3 - 1.2
GFR, ESTIMATED Method: Calculated	135.48	mL/min/1.73m ²	
Serum Uric Acid Method: Uricase	3.1	mg/dl	2.6-6.0
Serum Calcium Method: Arsenazo	9.4	mg/dl	8.8 - 10.6
Serum Phosphorus Method: Phosphomolybdate complex	3.3	mg/dl	2.5 - 4.5
Serum Sodium Method: ISE (Indirect)	139	mmol/L	136 - 146
Serum Chloride Method: ISE (Indirect)	105	mmol/L	101 - 109
Blood Urea Method: Urease	13	mg/dl	17 - 43
Blood Urea Nitrogen (BUN) Method: Calculated	6.3	mg/dl	8-20
Bun/Creatinine Ratio Method: Calculated	12.04	Ratio	
Urea/Creatinine Ratio Method: Calculated	25.77	Ratio	

The kidneys play a vital role in the excretion of waste products and toxins such as urea, creatinine and uric acid, regulation of extracellular fluid volume, serum osmolality and electrolyte concentrations, as well as the production of hormones like erythropoietin and 1,25 dihydroxy vitamin D and renin. Assessment of renal function is important in the management of patients with kidney disease or pathologies affecting renal function. Tests of renal function have utility in identifying the presence of renal disease, monitoring the response of kidneys to treatment, and determining the progression of renal disease.

Urea is synthesized in the liver as the final product of protein and amino acid metabolism. Urea synthesis is therefore dependent on daily protein intake and endogenous protein metabolism.

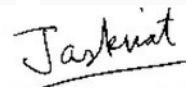
Creatinine is a metabolic product of creatine and phosphocreatine, which are both found almost exclusively in muscle.

Uric Acid is the major product of purine catabolism in humans. Uric acid levels are used to monitor the treatment of gout.

Measurement of calcium is used in the diagnosis and treatment of parathyroid disease, a variety of bone diseases, chronic renal disease, urolithiasis and tetany. Phosphorus levels are increased in acute or chronic renal failure with decreased GFR .

Sodium is an electrolyte, and it helps regulate the amount of water in and around the cells & the balance of chemicals in the body called acids and bases.

Chloride is a negatively charged ion that works with other electrolytes such as potassium, sodium, and bicarbonate, to help regulate the amount of fluid in the body and maintain the acid-base balance.



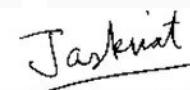
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Referred By	: Self	Report Generated On	: 31/May/2025 05:18PM	
Customer Since	: 31/May/2025	Sample Temperature	: Maintained ✓	
Sample Type	: URINE	Report Status	: Final Report	

DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Value	Unit	Bio. Ref Interval
Urine Routine & Microscopy Extended			
PHYSICAL EXAMINATION			
Colour	Pale Yellow		Pale Yellow
Method: Visual			
Volume	25.00	mL	
Method: Visual			
Appearance	Clear		Clear
Method: Visual			
CHEMICAL EXAMINATION			
Specific Gravity	1.015		1.001 - 1.035
Method: Dipstick-Ion exchange			
pH	5.5		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	2-4	/HPF	0 - 5
Method: Microscopic Examination			
Epithelial cells	1-2	/HPF	0 - 5
Method: Microscopic Examination			
RBCs	Nil	/HPF	Nil



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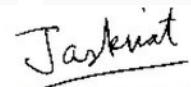
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 Plot No.6267, Dr. Milkhi Ram Tower, Nicholson Road, Sadar Bazar, Ambala Cantt, Ambala, Haryana 133001, India
 (Recognition No.: NABL-M(EL)T-03003)

Patient Name	: Saniyah Salim	Barcode	: E2989914	
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DEPARTMENT OF CLINICAL PATHOLOGY

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



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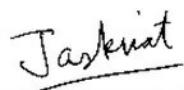
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DEPARTMENT OF HAEMATOLOGY

Test Name	Value	Unit	Bio. Ref Interval
ERYTHROCYTE SEDIMENTATION RATE (ESR)			
ESR	15	mm/1st hour	0-12
Method:	Modified Westergren Method		



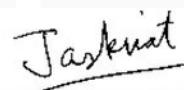
**Dr. Jaskirat Singh
MBBS, MD, Pathology
Healthians Labs**



Patient Name	: Saniyah Salim	Barcode	: E2989914	
Age/Gender	: 21Y OM OD /Female	Sample Collected On	: 31/May/2025 09:30AM	
Order Id	: 13859845901	Sample Received On	: 31/May/2025 04:07PM	
Referred By	: Self	Report Generated On	: 31/May/2025 05:25PM	
Customer Since	: 31/May/2025	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)	10.6	g/dL	12.0-15.0
Method: Photometric Measurement			
Total Leucocyte Count (TLC)	8.1	10 ³ /uL	4.0-10.0
Method: Coulter Principle			
Hematocrit (PCV)	34.6	%	36.0-46.0
Method: Calculated			
Red Blood Cell Count (RBC)	5.27	10 ⁶ /µl	3.80-4.80
Method: Coulter Principle			
Mean Corp Volume (MCV)	65.6	fL	83.0-101.0
Method: Derived from RBC Histogram			
Mean Corp Hb (MCH)	20.2	pg	27.0-32.0
Method: Calculated			
Mean Corp Hb Conc (MCHC)	30.7	g/dL	31.5-34.5
Method: Calculated			
RDW - CV	20.0	%	11.6-14.0
Method: Derived from RBC Histogram			
RDW - SD	37.40	fL	39.0-46.0
Method: Derived from RBC Histogram			
Mentzer Index	12.45	Ratio	
Method: Calculated			
RDWI	248.96	Ratio	
Method: Calculated			
Green and king index	81	Ratio	
Method: Calculated			
Differential Leucocyte Count			
Neutrophils	53.0	%	40 - 80
Method: Optical/Impedance			
Lymphocytes	38.10	%	20-40
Method: Optical/Impedance			
Monocytes	6.1	%	02 - 10
Method: Optical/Impedance			
Eosinophils	2.4	%	01 - 06
Method: Optical/Impedance			
Basophils	0.4	%	00 - 02
Method: Optical/Impedance			



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SIN No:E2989914

Healthians Labs (A Unit of Expedient Healthcare Marketing Pvt. Ltd.)

 Plot No.6267, Dr. Milkhi Ram Tower, Nicholson Road, Sadar Bazar, Ambala Cantt, Ambala, Haryana 133001, India
 (Recognition No.: NABL-M(EL)T-03003)

Patient Name : Saniyah Salim
 Age/Gender : 21Y OM OD /Female
 Order Id : 13859845901
 Referred By : Self
 Customer Since : 31/May/2025
 Sample Type : WHOLE BLOOD EDTA

Barcode : E2989914 
 Sample Collected On : 31/May/2025 09:30AM
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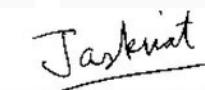
DEPARTMENT OF HAEMATOLOGY

Test Name	Value	Unit	Bio. Ref Interval
Absolute Leucocyte Count			
Absolute Neutrophil Count (ANC) Method: Calculated	4.32	10 ³ /uL	2.0-7.0
Absolute Lymphocyte Count (ALC) Method: Calculated	3.10	10 ³ /uL	1.0-3.0
Absolute Monocyte Count Method: Calculated	0.50	10 ³ /uL	0.2-1.0
Absolute Eosinophil Count (AEC) Method: Calculated	0.19	10 ³ /uL	0.02-0.5
Absolute Basophil Count Method: Calculated	0.03	10 ³ /uL	0.02 - 0.10
Platelet Count(PLT) Method: Coulter Principle	329.5	10 ³ /µl	150-410
MPV Method: Derived from PLT Histogram	9.6	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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Customer Since	: 31/May/2025	Sample Temperature	: Maintained ✓	
Sample Type	: Serum	Report Status	: Final Report	

DEPARTMENT OF IMMUNOLOGY

Test Name	Value	Unit	Bio. Ref Interval
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Vitamin B12

VITAMIN B12	232	pg/ml	211 - 912
Method: CLIA			

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 concentrations are normal.

Vitamin D, 25-Hydroxy

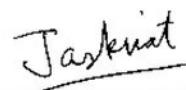
VITAMIN D (25 - OH VITAMIN D)	10.40	ng/ml	30 - 100
Method: CLIA			

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.



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DEPARTMENT OF IMMUNOLOGY

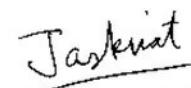
Test Name	Value	Unit	Bio. Ref Interval
Thyroid Profile (Total T3,T4, TSH)			
Tri-Iodothyronine (T3, Total)	1.04	ng/ml	0.60-1.81
Method: CLIA			
Thyroxine (T4, Total)	8.10	ug/dl	3.2-12.6
Method: CLIA			
Thyroid Stimulating Hormone (TSH)-Ultrasensitive	4.867	µIU/ml	0.55-4.78
Method: CLIA			

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 Phenytion, 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, phenytion 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 influence the levels of thyroid hormones such as L-Dopa, Lithium, Glucocorticoids, Phenytion etc.
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 *****



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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.
- 17) Authorised partner labs as mentioned for certain tests are as below:
HL/PL/001- Metropolis Healthcare Ltd
HL/PL/002- Thyrcare Technologies Limited
HL/PL/003- Lifecell International Pvt. Ltd. - Laboratory Services
HL/PL/004- Modern Diagnostic & Research Centre

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



EQA

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

ADVISORY
Health Advisory

Saniyah Salim

Booking ID : 13859845901 | Sample Collection Date : 31/May/2025

21.64 Body Mass Index

4'11" Height (ft/in)

50 Weight (kgs.)

Physical Activity
No Data

Smoke
No Data

Food Preference
No Data

Alcohol
No Data

Medication
No Data

Family History
No Data

Blood Pressure
No Data

Pulse Rate
No Data

Waist (In Cm)
No Data

Hip Circumference (In Cm)
No Data

SPO2 Levels
No Data

Sugar Levels
No Data

Additional Remarks :

NA

**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
- Include whole grains in your diet like whole wheat bread and other products, brown rice or hand pounded rice, oats
- Have fresh fruits, green leafy vegetables and unsalted nuts and seeds

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
- Avoid red meat and organ meats
- Avoid cruciferous foods like cauliflower, cabbage and spinach
- Avoid soy products like soymilk or tofu

**SUGGESTED
LIFESTYLE**
SUGGESTED LIFESTYLE
Do's

- Maintain ideal weight
- Lose weight gradually and stay active
- Stay active and maintain ideal weight

Dont's

- Avoid overexertion without having food or drink
- Avoid strenuous exercises
- Avoid smoking and alcohol
- Avoid late night heavy meals
- Avoid overeating or calorie rich food
- Avoid overworking or being stressed for long time

**SUGGESTED
FUTURE TESTS**
SUGGESTED FUTURE TESTS

- Complete Hemogram - **Every 1 Month**
- Iron Studies - **Every 1 Month**
- Peripheral Smear Examination By Pathologist - **Every 2 Month**
- Liver Function Test - **Every 1 Month**
- Thyroid Profile-Total (T₃, T₄ & TSH Ultra-sensitive) - **Every 1 Month**

