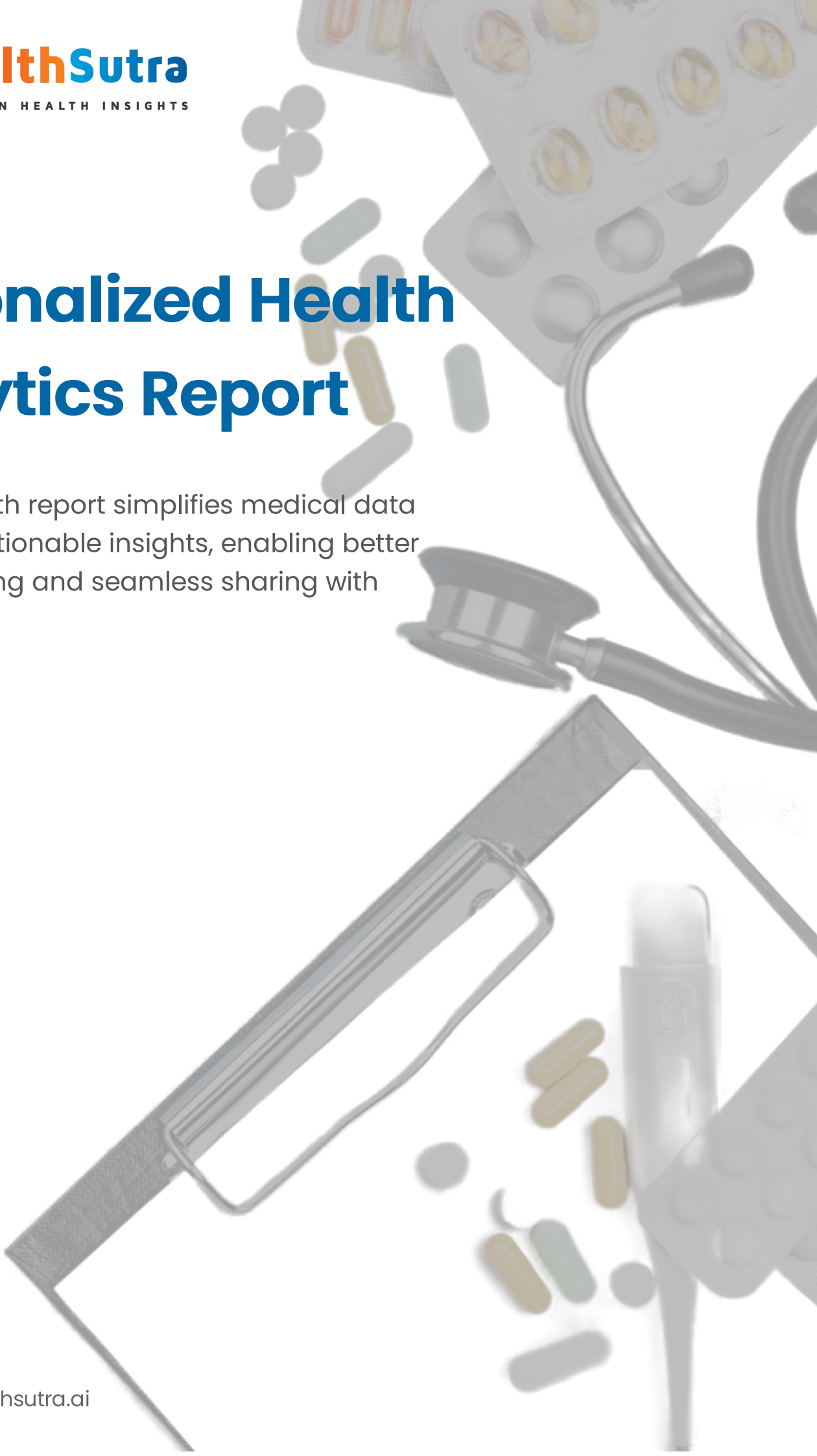
HealthSutra
AI DRIVEN HEALTH INSIGHTS

18/03/2025

Personalized Health Analytics Report

A smart health report simplifies medical data into clear, actionable insights, enabling better health tracking and seamless sharing with doctors.

By HealthSutra



healthsutra.ai
contact@healthsutra.ai

Patient Details

Name
SHANTANU RAJPATHAK

Phone Number
N/A

Address
N/A

Report Details

Collection Date/Time
06/03/2021 11:32

Receiving Date/Time
06/03/2021 11:41

Doctor Name
None

Health Profile

Chronic Health Issues
None

Family History
Hypertension

Surgery (If any)
Bariatric (weight loss) surgery

Height
N/A

Current Medications
Amlodipine

Allergy (If any)
None

Weight
N/A

Blood Group
A+

Note:

A complete profile with accurate health information enables us to generate personalized smart reports tailored to your medical condition. By understanding your unique health metrics, we can provide insights and recommendations that are relevant for you, thereby helping you make informed decisions for a healthier life.

Report Walkthrough

What to expect from this report

- Analysis and explanation of your health check results.
- Diet dos & don'ts and other guidance.
- Exercise recommendations.
- Health Monitoring Suggestions.

Always consult your Doctor

- This Smart Health Report helps you understand your results but is not a substitute for a doctor. Please consult your doctor before following any suggestions provided in this report.

01. Health Summary

✓ Normal ✗ Abnormal

Heart Health ✓	Complete Blood Count ✗	Serum Electrolytes ✗	Kidney Health ✓
General Health ✓			

Summary of Tests

Your lab results indicate low levels of hemoglobin, MCV, MCH, eosinophils, serum sodium, and serum chloride. The low hemoglobin, MCV, and MCH suggest possible iron deficiency anemia, which can cause fatigue and weakness. Low eosinophils can be associated with various factors, including medication use or underlying conditions. Low serum sodium and chloride can be caused by excessive fluid intake, certain medications, or underlying medical conditions. It's important to consult with your doctor to determine the underlying causes and appropriate treatment.

02. Test Details and Suggestions

2.1 Complete Blood Count (Refer Original Report towards the end for Test Methodology)

HEMOGLOBIN	R B C COUNT	P C V	M C V
12.6 gm/dL ↓	5.26 millions/cumm	39.2 %	74.5 fl ↓
Range: 13.0 - 17.0	Range: 4.5 - 5.5	Range: 36.0 - 46.0	Range: 76.0 - 96.0

M C H	M C H C	R D W - CV	W.B.C. COUNT
23.9 pg ↓	32.1 %	14.8 %	8600 per cumm
Range: 27.0 - 32.0	Range: 32.0 - 36.0	Range: 11.5 - 16.5	Range: 4,000 - 10,000

NEUTROPHILS	EOSINOPHILS	LYMPHOCYTES	MONOCYTES
69.9 %	0.4 % ↓	24.9 %	4.5 %
Range: 40.0 - 75.0	Range: 1.0 - 6.0	Range: 20.0 - 45.0	Range: 2.0 - 10.0

BASOPHILS	ABSOLUTE NEUTROPHIL COUNT	ABSOLUTE EOSINOPHIL COUNT	ABSOLUTE LYMPHOCYTE COUNT
0.3 %	6011 per cumm	34 per cumm	2141 per cumm
Range: 0.0 - 2.0	Range: 2000 - 7000	Range: 20 - 500	Range: 1000 - 3000

ABSOLUTE MONOCYTE COUNT	ABSOLUTE BASOPHIL COUNT	PLATELET COUNT
387 per cumm	26 per cumm	2 lakhs/cumm
Range: 200 - 1000	Range: 0 - 200	Range: 1.5 - 4.5

Category Summary:

Your Complete Blood Count results show that your Hemoglobin (12.6 gm/dL), MCV (74.5 fl), MCH (23.9 pg), and Eosinophils (0.4%) are below the normal range. Low hemoglobin, MCV, and MCH often indicate iron deficiency anemia, which means your body isn't producing enough healthy red blood cells. Low eosinophils can be associated with various factors, including medication use or underlying conditions. It's important to consult with your doctor to determine the underlying cause and appropriate treatment.

Symptoms associated with parameters that are out of range in Complete Blood Count:

- Fatigue: Low hemoglobin levels can lead to reduced oxygen delivery to tissues, causing fatigue and weakness.
- Pale skin: Reduced red blood cell production can result in a paler complexion.
- Dizziness: Insufficient oxygen supply to the brain due to low hemoglobin can cause dizziness.
- Shortness of breath: The body may struggle to deliver enough oxygen to meet its needs, leading to shortness of breath, especially during physical activity.
- Brittle nails: Iron deficiency can affect nail health, leading to brittle or spoon-shaped nails.

2.1 Complete Blood Count

Suggestions (to be validated with a Doctor)

Monitoring Recommendations Short Term

- Monitor your energy levels daily and note any significant changes.
- Observe your skin for any unusual paleness.
- Track any instances of dizziness or shortness of breath.
- Pay attention to the appearance and texture of your nails.
- Keep a record of your dietary intake, focusing on iron-rich foods.

Monitoring Recommendations Long Term

- Repeat Complete Blood Count (CBC) every 3 months to monitor hemoglobin, MCV, MCH, and eosinophil levels.
- Consult with your doctor every 6 months to review your overall health and discuss any persistent symptoms.
- Consider a bone marrow examination if the cause of low blood counts is not clear.
- Monitor iron levels annually to assess iron stores and adjust supplementation as needed.
- Undergo regular check-ups to assess for any underlying conditions contributing to low eosinophil count.

2.2 Serum Electrolytes (Refer Original Report towards the end for Test Methodology)

SERUM SODIUM	SERUM POTASSIUM	SERUM CHLORIDE
128 mmol/L	5.2 mmol/L	92 mmol/L
Range: 135 - 148	Range: 3.5 - 5.3	Range: 98 - 107

Category Summary:

Your Serum Electrolytes results indicate that your Serum Sodium (128 mmol/L) and Serum Chloride (92 mmol/L) levels are below the normal range. Low sodium (hyponatremia) and low chloride (hypochloremia) can be caused by various factors, including excessive fluid intake, certain medications, or underlying medical conditions. It's important to consult with your doctor to determine the underlying cause and appropriate treatment.

Symptoms associated with parameters that are out of range in Serum Electrolytes:

- Nausea and vomiting: Electrolyte imbalances can disrupt normal digestive function, leading to nausea and vomiting.
- Headache: Changes in sodium and chloride levels can affect brain function, causing headaches.
- Confusion: Severe electrolyte imbalances can impair cognitive function, leading to confusion and disorientation.
- Muscle weakness, spasms, or cramps: Electrolytes play a crucial role in muscle function, and imbalances can cause weakness, spasms, or cramps.
- Seizures: In severe cases, electrolyte imbalances can disrupt brain activity and trigger seizures.

2.2 Serum Electrolytes

Suggestions (to be validated with a Doctor)

Monitoring Recommendations Short Term

- Monitor your fluid intake and output daily.
- Note any instances of nausea, vomiting, or headache.
- Pay attention to any changes in your mental clarity or cognitive function.
- Observe for any muscle weakness, spasms, or cramps.
- Keep a record of your dietary intake, focusing on sodium and chloride-rich foods.

Monitoring Recommendations Long Term

- Repeat Serum Electrolytes test every 3 months to monitor sodium and chloride levels.
- Consult with your doctor every 6 months to review your overall health and discuss any persistent symptoms.
- Monitor kidney function annually to assess for any underlying kidney issues contributing to electrolyte imbalances.
- Review medications annually to identify any drugs that may be affecting electrolyte levels.
- Undergo regular check-ups to assess for any underlying conditions contributing to electrolyte imbalances.

2.3 Heart Health (Refer Original Report towards the end for Test Methodology)

Troponin - I	
11.29 pg/ml	
Range: Upto 100	

2.4 Kidney Health (Refer Original Report towards the end for Test Methodology)

SERUM UREA LEVEL	SERUM CREATININE
36 mg/dL	0.68 mg/dl
Range: 18 - 55	Range: 0.6 - 1.2

2.5 General Health (Refer Original Report towards the end for Test Methodology)

C – REACTIVE PROTEIN (ON SERUM)
0.1 mg/L
Range: Negative : Less than or equal to 6 mg/L

03. Diet, Exercise and Health Monitoring Suggestions

Diet Recommendations

- Iron (12.6 gm/dL Hemoglobin, 74.5 fl MCV, 23.9 pg MCH are below range) - Increase intake of iron-rich foods to combat potential iron deficiency anemia. Good sources include spinach, fenugreek leaves (methi), lentils (dal), chickpeas (chana), kidney beans (rajma), and fortified cereals. Since you are strictly vegetarian, focus on plant-based iron sources and combine them with vitamin C-rich foods like lemon, oranges, and bell peppers to enhance iron absorption. Consider iron supplements if dietary changes are insufficient, but only under medical supervision. Bariatric surgery can sometimes affect nutrient absorption, so it's important to address this potential issue proactively.
- Sodium (128 mmol/L Serum Sodium is below range) - Increase sodium intake to address hyponatremia. Since you are vegetarian, incorporate foods like pickles, papad, and salted nuts in moderation. Be mindful of your overall sodium intake, especially if you have hypertension, a hereditary condition. Consult your doctor to determine the appropriate sodium intake level for your specific needs.
- Chloride (92 mmol/L Serum Chloride is below range) - Increase chloride intake to address hypochloremia. Table salt (sodium chloride) is the primary source of chloride. Ensure you are adequately salting your food. Other vegetarian sources include seaweed and tomatoes. Again, balance this with your hypertension risk and consult your doctor.
- General Hydration - Ensure adequate fluid intake to help maintain electrolyte balance. Drink plenty of water throughout the day. Since you have low sodium and chloride, consider electrolyte-rich beverages like coconut water or homemade oral rehydration solutions (ORS) in moderation.
- Vitamin B12 - Since you are vegetarian, ensure you are getting enough Vitamin B12. Good sources include fortified foods like nutritional yeast, breakfast cereals, and plant-based milks. Consider a B12 supplement if dietary sources are insufficient, especially given potential absorption issues post-bariatric surgery.
- Things to Avoid - Avoid excessive fluid intake, which can further dilute sodium levels. Limit processed foods high in sodium but low in nutritional value. Be cautious with diuretics or medications that can exacerbate electrolyte imbalances. Avoid restrictive diets that may limit essential nutrient intake.

Exercise Recommendations

- Engage in low-impact exercises such as walking, swimming, or cycling for at least 30 minutes most days of the week. These activities are gentle on the joints and can improve cardiovascular health.
- Incorporate strength training exercises using light weights or resistance bands to maintain muscle mass and bone density. Focus on exercises that target major muscle groups, such as squats, lunges, and rows.
- Practice balance exercises such as standing on one foot or using a balance board to improve stability and reduce the risk of falls.

- Include flexibility exercises such as stretching or yoga to maintain range of motion and prevent stiffness.
- Avoid high-impact activities such as running or jumping, which can put excessive stress on the joints. Also, avoid exercises that cause pain or discomfort.

Monitoring Recommendations for Lab Tests

Test Category	Test/Check	Monitoring Frequency
Complete Blood Count	Hemoglobin, MCV, MCH, Eosinophils	Every 3 months
Serum Electrolytes	Serum Sodium, Serum Chloride	Every 3 months

Your Feedback Matters

contact@healthsutra.ai

We're pioneers in the industry, and we value your feedback on how we helped you understand your health better. Share your thoughts using the feedback link below or leave us a note on our social media pages. Your input inspires our team and helps us improve continuously.

END OF SMART REPORT

Bill ID : **311894**	Sample Source : MED CLINIQ - SATHE HOSPITAL		Collected : Mar 06, 2021, 11:32 a.m.
Name : **MR. SHANTANU RAJPATHAK**			Received : Mar 06, 2021, 11:41 a.m.
Sex / Age : Male / 73 years			Reported : Mar 06, 2021, 02:10 p.m.
Ref. By : DR. ANUP BHOYAR			Printed : Mar 06, 2021, 05:11 p.m.

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
TROPONIN I			
Troponin - I, serum by CMIA	11.29		Upto 100 pg/ml

1. Troponin I levels performed at baseline may be normal but 98% patients of myocardial infarct attain levels clearly above normal after 6 hours. Hence confimration with repeat sample after 6 hours may be necessary. 2. Troponin I levels remain high for 1-2 weeks after an acute episode of infarct and can also be used to diagnose perioperative infarcts. 3. Troponin is not generally affected by damage to other muscles so that muscle injections, accidents, strenous exercise and drugs that can damage muscle do not affect troponin levels. 4. Troponin levels may also be elevated with acute or chronic conditions such as myocarditis (heart inflammation), congestive heart failure,

END OF REPORT

Kaumudi 40

Dr. Kaumudi Deshpande
MBBS, DPB
Regn. No. 2006/02/0809

Bill ID : **311894** Sample Source : MED CLINIQ - SATHE HOSPITAL
Collected : Mar 06, 2021, 11:32 a.m.

Name : **MR. SHANTANU RAJPATHAK**
Received : Mar 06, 2021, 11:40 a.m.

Sex / Age : Male / 73 years
Reported : Mar 06, 2021, 12:21 p.m.

Ref. By : DR. ANUP BHOYAR
Printed : Mar 06, 2021, 05:11 p.m.

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
	HEMOGRAM		
HEMOGLOBIN	**12.6**	gm/dL	13.0 - 17.0
R B C COUNT	5.26	millions/cumm	4.5 - 5.5
R B C INDICES			
P C V	39.2	%	36.0 - 46.0
M C V	**74.5**	fl	76.0 - 96.0
M C H	**23.9**	pg	27.0 - 32.0
M C H C	32.1	%	32.0 - 36.0
R D W - CV	14.8	%	11.5 - 16.5
W.B.C. COUNT	8600	per cumm	4,000 - 10,000
DIFFERENTIAL COUNT(%)			
NEUTROPHILS	69.9	%	40.0 - 75.0
EOSINOPHILS	**0.4**	%	1.0 - 6.0
LYMPHOCYTES	24.9	%	20.0 - 45.0
MONOCYTES	4.5	%	2.0 - 10.0
BASOPHILS	0.30	%	0.0 - 2.0
ABSOLUTE WBC COUNTS			
ABSOLUTE NEUTROPHIL COUNT	6011	per cumm	2000 - 7000
ABSOLUTE EOSINOPHIL COUNT	34	per cumm	20 - 500
ABSOLUTE LYMPHOCYTE COUNT	2141	per cumm	1000 - 3000
ABSOLUTE MONOCYTE COUNT	387	per cumm	200 - 1000
ABSOLUTE BASOPHIL COUNT	26	per cumm	0 - 200
PLATELET COUNT	2.00	lakhs/cumm	1.5 - 4.5
COMMENTS ON P B S			
R B C MORPHOLOGY	Mild microcytic hypochromic.		
W B C MORPHOLOGY	No abnormal cells seen.		
PLATELETS	Adequate.		
PARASITES	Not detected.		

Dr. Sourabh P. Paranjape
MBBS,MD Pathology
Regn.No.2014/08/3478

Bill ID : **311894**	Sample Source : MED CLINIQ - SATHE HOSPITAL		Collected : Mar 06, 2021, 11:32 a.m.
Name : **MR. SHANTANU RAJPATHAK**			Received : Mar 06, 2021, 11:40 a.m.
Sex / Age : Male / 73 years			Reported : Mar 06, 2021, 12:21 p.m.
Ref. By : DR. ANUP BHOYAR			Printed : Mar 06, 2021, 05:11 p.m.

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL

METHOD	Hb by cyanmethemoglobin (spectrophotometric measurement), RBC, WBC, Platelet counts and MCV by electrical impedance, PCV, MCH, MCHC, RDW by calculation, Differential count by light scatter, flow cytometry and microscopy, PBS by microscopy.
INSTRUMENT	Nihon Kohden 5 part hematology analyser MEK 9100 / MEK7300.
Type of primary sample	Whole blood, EDTA.

END OF REPORT

Dr. Sourabh P. Paranjape
MBBS,MD Pathology
Regn.No.2014/08/3478

Bill ID : **311894**	Sample Source : MED CLINIQ - SATHE HOSPITAL		Collected : Mar 06, 2021, 11:32 a.m.
Name : **MR. SHANTANU RAJPATHAK**			Received : Mar 06, 2021, 11:40 a.m.
Sex / Age : Male / 73 years			Reported : Mar 06, 2021, 01:56 p.m.
Ref. By : DR. ANUP BHOYAR			Printed : Mar 06, 2021, 05:11 p.m.

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
ELECTROLYTES			
(Method : Ion Selective Electrode)			
SERUM SODIUM	**128**	mmol/L	135 - 148
SERUM POTASSIUM	5.2	mmol/L	3.5 - 5.3
SERUM CHLORIDE	**92**	mmol/L	98 - 107
INSTRUMENT / KITS USED	Easylyte Plus Electrolyte Analyser		

END OF REPORT

Kaumudi 40

Dr. Kaumudi Deshpande
MBBS, DPB
Regn. No. 2006/02/0809

Bill ID : **311894** Sample Source : MED CLINIQ - SATHE HOSPITAL
Collected : Mar 06, 2021, 11:32 a.m.

Name : **MR. SHANTANU RAJPATHAK**
Received : Mar 06, 2021, 11:40 a.m.

Sex / Age : Male / 73 years
Reported : Mar 06, 2021, 12:46 p.m.

Ref. By : DR. ANUP BHOYAR
Printed : Mar 06, 2021, 05:11 p.m.

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
UREA			
(Method : GLDH - urease)			
SERUM UREA LEVEL	36	mg/dL	18 - 55
INSTRUMENT / KITS USED	EM200 Fully Automated Clinical Chemistry Analyzer.		
CREATININE			
(Method : Alkaline Picrate Method)			
SERUM CREATININE	0.68	mg/dl	Adults : 0.6 - 1.2
INSTRUMENT / KITS USED	EM200 Fully Automated Clinical Chemistry Analyzer.		

END OF REPORT

Dr. Sourabh P. Paranjape
MBBS,MD Pathology
Regn.No.2014/08/3478

Bill ID : **311894**	Sample Source : MED CLINIQ - SATHE HOSPITAL		Collected : Mar 06, 2021, 11:32 a.m.
Name : **MR. SHANTANU RAJPATHAK**			Received : Mar 06, 2021, 11:32 a.m.
Sex / Age : Male / 73 years			Reported : Mar 06, 2021, 04:51 p.m.
Ref. By : DR. ANUP BHOYAR			Printed : Mar 06, 2021, 05:11 p.m.

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL

C REACTIVE PROTEIN (CRP)

(METHOD: TURBIDOMETRY)

C – REACTIVE PROTEIN (ON SERUM)	0.10	mg/L	Negative : Less than or equal to 6 mg/L Positive : Greater than 6 mg/L

REMARK

C - reactive protein (CRP) is the best known among the acute-phase proteins, a group of proteins whose concentration increases in blood as a response to inflammatory disorders. CRP is normally present in low concentration in blood of healthy individuals (< 6 mg/l). It is elevated in : acute inflammatory process associated with bacterial infection, post operative conditions, rheumatic and gastrointestinal disease. In recent studies it has been shown that in apparently healthy subjects there is a direct correlation between CRP concetrations and the risk for developement coronary heart disease (CHD).

INSTRUMENT / KITS USED

EM200 Fully Automated Clinical Chemistry Analyzer.

END OF REPORT

Kaumudi 40

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