

# India's trusted Health Test @Home Service

National Reference Laboratory in Delhi NCR



Booking ID : 9912663469

Sample Collection Date : 19/Jan/2024

**Pawan Manghnani**

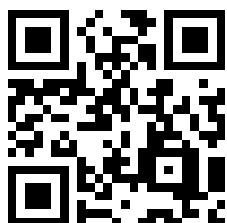
Male, 18 Yrs

Healthians  
Relationship  
Status

Preferred  
Bronze  
Since  
2019

## 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**

Pawan Manghnani

Booking ID : 9912663469 | Sample Collection Date : 19/Jan/2024

**Pawan Manghnani,**

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

**10 Vital Health Parameters of a Human Body Ecosystem**

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

**Your Health Score**
**90**

Out of 100

\*Calculated from test reports

**Thyroid Function**

Thyroid Stimulating Hormone (TSH)-Ultrasensitive : 3.18 uIU/ml

- Everything looks good


**Cholesterol Total**

143 mg/dl

- Everything looks good


**Kidney Function**

Serum Creatinine : 0.75 mg/dl

- Everything looks good


**Vitamin D**

19.1 ng/ml

- Concern


**HbA1c**

4.7 %

- Everything looks good


**Vitamin B12**

194 pg/ml

- Concern


**Liver Function**

Alanine Aminotransferase (ALT/SGPT) : 20.5 U/L

- Everything looks good


**Calcium Total**

9.9 mg/dl

- Everything looks good


**Iron studies**

Serum Iron : 142 µg/dl

- Everything looks good


**Complete Hemogram**

Haemoglobin (HB) : 16.4 g/dL

- Everything looks good



## New Features Report Summary

Understanding laboratory reports can be complex, often leading to unwarranted anxiety.

At Healthians, we understand that you shouldn't have to rely on a Google search to decipher your own health report. That's why we offer comprehensive summaries that are easy to understand.

Pawan Manghnani

Booking ID 9912663469 | Sample Collection Date: 19/Jan/2024

### Summary of Deranged Parameters:

Dear Pawan Manghnani,

I hope this message finds you well. I have reviewed the results of your recent health test from Healthians, and I wanted to provide you with a summary of the deranged parameters. Please note that these values are outside the normal range, but it's important not to panic as there are steps we can take to address them.

1. Vitamin D Total-25 Hydroxy: Your vitamin D levels are lower than normal. This can be improved through appropriate sunlight exposure and dietary changes. I recommend spending some time outdoors and including foods rich in vitamin D, such as fatty fish and fortified dairy products, in your diet.

2. Vitamin B12 Cyanocobalamin: Your vitamin B12 levels are lower than normal. This can be addressed by incorporating foods high in vitamin B12, such as meat, fish, and dairy products, into your meals. If necessary, we can explore the option of B12 supplements.

3. HDL Cholesterol Direct: Your HDL cholesterol levels are higher than normal. This is often considered beneficial as HDL cholesterol is known as the "good" cholesterol. However, it's still important to maintain a balanced diet and engage in regular physical activity to support overall heart health.

4. CHOL/HDL RATIO: Your CHOL/HDL ratio is lower than normal. This ratio is used to assess cardiovascular risk. To improve this ratio, it is recommended to focus on increasing HDL cholesterol levels through lifestyle modifications, such as regular exercise and a healthy diet.

5. MPV Mean Platelet Volume: Your mean platelet volume is higher than normal. This could be an indication of various conditions, and further evaluation may be needed. I recommend discussing this result with your healthcare provider for a more comprehensive assessment.

6. Lymphocytes: Your lymphocyte levels are higher than normal. This could be due to various factors, including infections or inflammation. It would be beneficial to consult with your healthcare provider to determine the underlying cause and appropriate management.

7. Bilirubin Direct, Serum: Your direct bilirubin levels are higher than normal. Elevated bilirubin levels can be a sign of liver dysfunction. I recommend discussing these results with your healthcare provider for further evaluation and guidance.

8. Bilirubin Total, Serum: Your total bilirubin levels are higher than normal. As mentioned earlier, elevated bilirubin levels can indicate liver dysfunction. It is important to consult with your healthcare provider for a thorough assessment and appropriate management.

Please remember that these results are just a snapshot of your current health status, and further evaluation may be necessary. It's always best to consult with your healthcare provider for personalized advice and guidance.

Take care of yourself and make sure to follow up with your healthcare provider to address these deranged parameters. Remember, small lifestyle changes can make a big difference in improving your overall health.

Wishing you good health and well-being.

**HEALTH ANALYSIS**
**HISTORICAL CHARTS**
**Calcium Total, Serum**

Your Latest result

**9.9 mg/dl**

19th Jan 2024

Everything looks good


**Cholesterol-Total, Serum**

Your Latest result

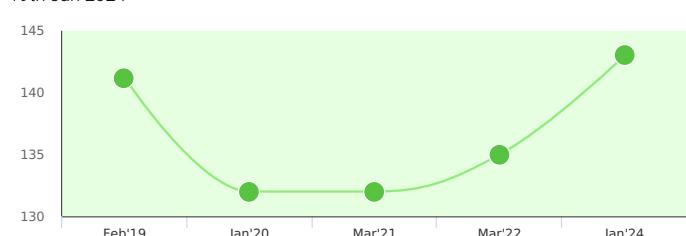
**143 mg/dl**

19th Jan 2024

Pawan Manghnani

Booking ID : 9912663469 | Sample Collection Date : 19/Jan/2024

Everything looks good


**Creatinine, Serum**

Your Latest result

**0.75 mg/dl**

19th Jan 2024

Everything looks good

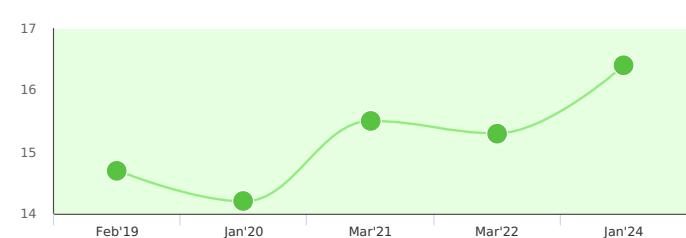

**Hemoglobin Hb**

Your Latest result

**16.4 g/dL**

19th Jan 2024

Everything looks good

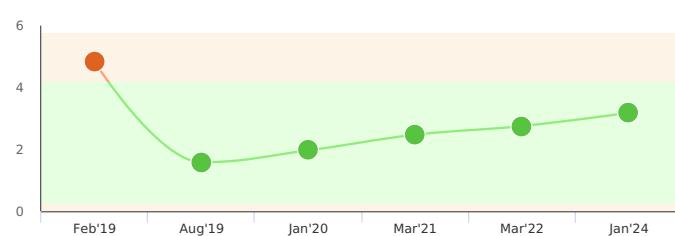

**TSH Ultra - Sensitive**

Your Latest result

**3.18 uIU/ml**

19th Jan 2024

Everything looks good

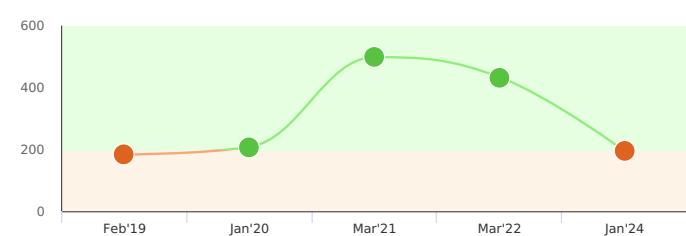

**Vitamin B12 Cyanocobalamin**

Your Latest result

**194 pg/ml**

19th Jan 2024

Concern


**Vitamin D Total-25 Hydroxy**

Concern

Your Latest result

**19.1 ng/ml**

19th Jan 2024


**SGOT/SGPT Ratio**

Everything looks good

Your Latest result

**1.15 Ratio**

19th Jan 2024



**HEALTH ANALYSIS**
**COMPARATIVE CHARTS**

↑ Increase  
From Last Time

↓ Decrease  
From Last Time

**Total Parameters : 24**  
(As per latest result)

22 Everything Looks Good

0 Borderline

2 Concern

Pawan Manghnani  
Booking ID : 9912663469 | Sample Collection Date : 19/Jan/2024

Test Name	Risk Area	11 Months Ago		1 Year Ago	Latest Result 19 Jan 2024
		06 Mar 2021 Collection Time 06:30 AM	05 Mar 2022 Collection Time 07:00 AM	Latest Result 19 Jan 2024	
<b>Cholesterol-Total, Serum</b> <small>0 - 200</small> Normal Range	--	132 mg/dl	↑135 mg/dl	↑143 mg/dl Everything Looks Good	
<b>HDL Cholesterol Direct</b> <small>40 - 60</small> Normal Range		42 mg/dl	↑44.1 mg/dl	↑67.2 mg/dl High (Concern)	
<b>Triglycerides, Serum</b> <small>0 - 150</small> Normal Range	--	187 mg/dl	↓89 mg/dl	↑101 mg/dl Everything Looks Good	
<b>Alkaline Phosphatase, Serum</b> <small>55 - 149</small> Normal Range	--	233 u/L	↓147 u/L	↓107 u/L Everything Looks Good	
<b>GGTP (Gamma GT)</b> <small>10 - 71</small> Normal Range	--	17 u/L	↓11 u/L	↑12.8 u/L Everything Looks Good	
<b>Proteins, Serum</b> <small>6.0 - 8.0</small> Normal Range	--	7.4 g/dl	↓7.1 g/dl	↑7.49 g/dl Everything Looks Good	
<b>SGOT/AST</b> <small>10 - 50</small> Normal Range	--	30 u/L	↓21 u/L	↑23.5 u/L Everything Looks Good	
<b>SGPT/ALT</b> <small>10 - 50</small> Normal Range	--	41 u/L	↓23 u/L	↓20.5 u/L Everything Looks Good	
<b>Hemoglobin Hb</b> <small>13.0 - 17.0</small> Normal Range	--	15.5 g/dL	↓15.3 g/dL	↑16.4 g/dL Everything Looks Good	
<b>Platelet Count Thrombocyte count</b> <small>150 - 410</small> Normal Range	--	212 10^3/ $\mu$ l	↓200 10^3/ $\mu$ l	↑242 10^3/ $\mu$ l Everything Looks Good	
<b>T3, Total Tri Iodothyronine</b> <small>0.8 - 2.0</small> Normal Range	--	1.4 ng/ml	↓1.12 ng/ml	↓1.09 ng/ml Everything Looks Good	
<b>T4, Total Thyroxine</b> <small>5.1 - 14.1</small> Normal Range	--	5.6 ug/dl	↑6.9 ug/dl	↓6.72 ug/dl Everything Looks Good	

## HEALTH ANALYSIS

## COMPARATIVE CHARTS

↑ Increase  
From Last Time

↓ Decrease  
From Last Time

Total Parameters : 24  
(As per latest result)

22 Everything Looks Good

0 Borderline

2 Concern

Booking ID : 9912663469 | Sample Collection Date : 19/Jan/2024

Test Name	Risk Area	11 Months Ago		1 Year Ago	Latest Result 19 Jan 2024
		06 Mar 2021 Collection Time 06:30 AM	05 Mar 2022 Collection Time 07:00 AM	1 Year Ago	
TSH Ultra - Sensitive <small>0.270 - 4.20</small> Normal Range	--	2.47 uiu/ml	2.75 uiu/ml	↑ 2.75 uiu/ml	↑ 3.18 uiu/ml Everything Looks Good
Iron, Serum <small>33 - 193</small> Normal Range	--	119 µg/dl	75.2 µg/dl	↓ 75.2 µg/dl	↑ 142 µg/dl Everything Looks Good
Calcium Total, Serum <small>8.4 - 10.2</small> Normal Range	--	10.2 mg/dl	9.5 mg/dl	↓ 9.5 mg/dl	↑ 9.9 mg/dl Everything Looks Good
Chlorides, Serum <small>98 - 107</small> Normal Range	--	103 mmol/L	103 mmol/L	103 mmol/L	↓ 100 mmol/L Everything Looks Good
Creatinine, Serum <small>0.5 - 1.0</small> Normal Range	--	0.68 mg/dl	0.64 mg/dl	↓ 0.64 mg/dl	↑ 0.75 mg/dl Everything Looks Good
Phosphorus-Inorganic, Serum <small>2.7 - 4.9</small> Normal Range	--	4 mg/dl	4.7 mg/dl	↑ 4.7 mg/dl	↓ 3.9 mg/dl Everything Looks Good
Sodium, Serum <small>136 - 145</small> Normal Range	--	142 mmol/L	140 mmol/L	↓ 140 mmol/L	↓ 138 mmol/L Everything Looks Good
Urea, Serum <small>16.6 - 48.5</small> Normal Range	--	20 mg/dl	19 mg/dl	↓ 19 mg/dl	↑ 20 mg/dl Everything Looks Good
Uric Acid, Serum <small>3.4 - 7.0</small> Normal Range	--	6.6 mg/dl	5.9 mg/dl	↓ 5.9 mg/dl	↓ 5 mg/dl Everything Looks Good
Glycated Hemoglobin (HbA1c) <small>4.2 - 5.7</small> Normal Range	--	5.3 %	5 %	↓ 5 %	↓ 4.7 % Everything Looks Good
Vitamin D Total-25 Hydroxy <small>20 - 100</small> Normal Range		11.81 ng/ml	17.04 ng/ml	↑ 17.04 ng/ml	↑ 19.1 ng/ml Low (Concern)
CRP (C Reactive Protein) Quantitative, Serum <small>0 - 5</small> Normal Range	--	4 mg/L	4 mg/L	4 mg/L	↓ 0.6 mg/L Everything Looks Good

Patient Name	: Pawan Manghnani	Barcode	: E0608316	
Age/Gender	: 18Y OM OD /Male	Sample Collected On	: 19/Jan/2024 06:55AM	
Order Id	: 9912663469	Sample Received On	: 19/Jan/2024 12:32PM	
Referred By	: Self	Report Generated On	: 19/Jan/2024 01:31PM	
Customer Since	: 19/Jan/2024	Sample Temperature	: Maintained ✓	
Sample Type	: Whole Blood EDTA	Report Status	: Final Report	

## DEPARTMENT OF BIOCHEMISTRY HBA1C

### Advance Screening Package 3.0

<b>Test Name</b>	<b>Value</b>	<b>Unit</b>	<b>Bio. Ref Interval</b>
<b>HbA1c - Glycosylated Hemoglobin</b>			
HbA1c (Glycosylated Hemoglobin)	4.70	%	4.2 - 5.7
Method: HPLC			
Average Estimated Glucose - plasma	88.19	mg/dl	
Method: Calculated			

**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

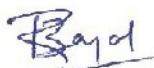
**Age < 19 Years**

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



**Dr. Rekha Boyal**  
Consultant Pathologist



SIN No:E0608316

Patient Name	: Pawan Manghnani	Barcode	: E0608316	
Age/Gender	: 18Y OM OD /Male	Sample Collected On	: 19/Jan/2024 06:55AM	
Order Id	: 9912663469	Sample Received On	: 19/Jan/2024 12:36PM	
Referred By	: Self	Report Generated On	: 19/Jan/2024 02:06PM	
Customer Since	: 19/Jan/2024	Sample Temperature	: Maintained ✓	
Sample Type	: Serum	Report Status	: Final Report	

## DEPARTMENT OF BIOCHEMISTRY

### Advance Screening Package 3.0

Test Name	Value	Unit	Bio. Ref Interval
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#### Fasting Blood Sugar

Glucose, Fasting	80.7	mg/dl	70 - 100
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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.

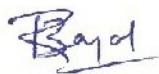
#### C-Reactive Protein (CRP) -Quantitative

C-REACTIVE PROTEIN (CRP) (QUANTITATIVE)	<0.6	mg/L	<5
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Method: Immunoturbidimetric

C-reactive protein (CRP) is one of the most sensitive acute-phase reactants for inflammation. Measuring changes in the concentration of CRP provides useful diagnostic information about the level of acuity and severity of a disease. Unlike ESR, CRP levels are not influenced by hematologic conditions such as anemia, polycythemia etc.

Increased levels are consistent with an acute inflammatory process. After onset of an acute phase response, the serum CRP concentration rises rapidly (within 6-12 hours and peaks at 24-48 hours) and extensively. Concentrations above 100 mg/L are associated with severe stimuli such as major trauma and severe infection (sepsis).

  
**Dr. Rekha Boyal**  
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## DEPARTMENT OF BIOCHEMISTRY

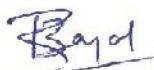
### Advance Screening Package 3.0

Test Name	Value	Unit	Bio. Ref Interval
<b>Liver Function Test (LFT)</b>			
Serum Bilirubin, (Total) Method: Diazo	<b>1.56</b>	mg/dl	0.0 - 1.2
Serum Bilirubin, (Direct) Method: Diazo	<b>0.77</b>	mg/dl	0.0 - 0.30
Serum Bilirubin, (Indirect) Method: Calculated	0.79	mg/dl	0.0 - 0.9
Aspartate Aminotransferase (AST/SGOT) Method: IFCC with pyridoxal phosphate	23.50	U/L	10 - 50
Alanine Aminotransferase (ALT/SGPT) Method: IFCC with pyridoxal phosphate	20.5	U/L	10 - 50
Alkaline Phosphatase (ALP) Method: IFCC AMP Buffer	107.00	U/L	55 - 149
Gamma Glutamyl Transferase (GGT) Method: IFCC	12.8	U/L	10 - 71
Serum Total Protein Method: Biuret	7.49	g/dl	6.0 - 8.0
Serum Albumin Method: Bromo Cresol Green(BCG)	4.94	g/dL	3.5 - 5.2
Serum Globulin Method: Calculated	2.55	gm/dl	2.0 - 3.5
Albumin/Globulin Ratio Method: Calculated	1.94	Ratio	1.2 - 2.5
SGOT/SGPT Ratio Method: Calculated	1.15	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,



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Referred By	: Self	Report Generated On	: 19/Jan/2024 02:06PM	
Customer Since	: 19/Jan/2024	Sample Temperature	: Maintained ✓	
Sample Type	: Serum	Report Status	: Final Report	

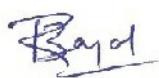
## DEPARTMENT OF BIOCHEMISTRY

### Advance Screening Package 3.0

Test Name	Value	Unit	Bio. Ref Interval
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high alcohol consumption and use of enzyme-including drugs etc.

Serum total protein, also known as total protein, is a biochemical test for measuring the total amount of protein in serum..Protein in the plasma is made up of albumin and globulin. Higher-than-normal levels may be due to: Chronic inflammation or infection, including HIV and hepatitis B or C, Multiple myeloma,Waldenstrom's disease. Lower-than-normal levels may be due to: Agammaglobulinemia, Bleeding (hemorrhage), Burns, Glomerulonephritis, Liver disease, Malabsorption, Malnutrition, Nephrotic - Human serum albumin is the most abundant protein in human blood plasma. It is produced in the liver.Albumin constitutes about half of the blood serum 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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Referred By	: Self	Report Generated On	: 19/Jan/2024 02:06PM	
Customer Since	: 19/Jan/2024	Sample Temperature	: Maintained ✓	
Sample Type	: SERUM	Report Status	: Final Report	

## DEPARTMENT OF BIOCHEMISTRY

### Advance Screening Package 3.0

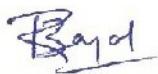
Test Name	Value	Unit	Bio. Ref Interval
<b>Iron study</b>			
Serum Iron Method: Ferrozine	142.0	µg/dl	33 - 193
UIBC Method: Ferrozine	194.00	µg/dl	125 - 345
Serum Total Iron Binding Capacity (TIBC) Method: FE+UIBC (saturation with iron)	336	µg/dl	250 - 400
Transferrin Saturation % Method: Calculated	42.26	%	10 - 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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Referred By	: Self	Report Generated On	: 19/Jan/2024 02:06PM	
Customer Since	: 19/Jan/2024	Sample Temperature	: Maintained ✓	
Sample Type	: SERUM	Report Status	: Final Report	

## DEPARTMENT OF BIOCHEMISTRY

### Advance Screening Package 3.0

Test Name	Value	Unit	Bio. Ref Interval
<b>Kidney Function Test1 (KFT1)</b>			
Serum Creatinine Method: Jaffes Kinetic	0.75	mg/dl	0.5 - 1.0
GFR, ESTIMATED Method: Calculated	134.31	mL/min/1.73m <sup>2</sup>	
Serum Uric Acid Method: Uricase	5.0	mg/dl	3.4 - 7.0
Serum Calcium Method: NM- BAPTA	9.9	mg/dl	8.4 - 10.2
Serum Phosphorus Method: Phosphomolybdate/UV	3.9	mg/dl	2.7 - 4.9
Serum Sodium Method: ISE (Indirect)	138	mmol/L	136 - 145
Serum Chloride Method: ISE (Indirect)	100	mmol/L	98 - 107
Blood Urea Method: Urease	20	mg/dl	16.6 - 48.5
Blood Urea Nitrogen (BUN) Method: Calculated	9.5	mg/dl	5 - 18
Bun/Creatinine Ratio Method: Calculated	12.76	Ratio	
Urea/Creatinine Ratio Method: Calculated	27.31	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.

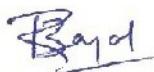
Creatinine is a metabolic product of creatine and phosphocreatine, which are both found almost exclusively in muscle.

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.



**Dr. Rekha Boyal**  
Consultant Pathologist



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Order Id	: 9912663469	Sample Received On	: 19/Jan/2024 12:36PM	
Referred By	: Self	Report Generated On	: 19/Jan/2024 02:06PM	
Customer Since	: 19/Jan/2024	Sample Temperature	: Maintained ✓	
Sample Type	: SERUM	Report Status	: Final Report	

## DEPARTMENT OF BIOCHEMISTRY

### Advance Screening Package 3.0

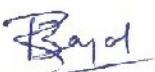
Test Name	Value	Unit	Bio. Ref Interval
<b>Lipid Profile Basic</b>			
Total Cholesterol Method: Enzymatic	143.0	mg/dl	Desirable : <200 Borderline: 200-239 High : >/=240
Serum Triglycerides Method: Enzymatic	101.0	mg/dl	Desirable : <150 Borderline high : 150-199 High : 200-499 Very high : > 500
Serum HDL Cholesterol Method: ENZYMATIC	<b>67.2</b>	mg/dl	40 - 60
LDL Cholesterol Calculated Method: Calculated	55.60	mg/dl	Optimal : <100 near /above Optimal:100 - 129 Borderline High: 130- 159 High : 160 - 189 Very High :>/=190
VLDL Cholesterol Calculated Method: Calculated	20.2	mg/dl	<30
Total CHOL / HDL Cholesterol Ratio Method: Calculated	<b>2.13</b>	Ratio	3.30 - 4.40
LDL / HDL Cholesterol Ratio Method: Calculated	0.83	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	1.21	Ratio	Optimal->0.4 Moderate-0.4 to 0.3 High-<0.3
Non-HDL Cholesterol Method: Calculated	75.8	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, 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. Cholesterol is a steroid carried in the bloodstream as lipoprotein, necessary for cell membrane functioning and as a precursor to bile acids, progesterone ,vitamin D ,estrogens ,glucocorticoids and mineralocorticoids.

HDL is termed "good cholesterol" because its levels are inversely related to the risk of Coronary heart disease.

LDL cholesterol is termed the "bad cholesterol" and their increased levels are associated with increased risk of atherosclerosis and coronary



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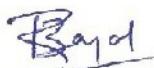
## DEPARTMENT OF BIOCHEMISTRY

### Advance Screening Package 3.0

Test Name	Value	Unit	Bio. Ref Interval
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heart disease.

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 with 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.



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Sample Type	: URINE	Report Status	: Final Report	

## DEPARTMENT OF CLINICAL PATHOLOGY

### Advance Screening Package 3.0

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	40.00	mL
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	0-1	/HPF	0 - 5
Method: Microscopic Examination			
Epithelial cells	0-1	/HPF	0 - 5

  
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## DEPARTMENT OF CLINICAL PATHOLOGY

### Advance Screening Package 3.0

Test Name	Value	Unit	Bio. Ref Interval
RBCs	Nil	/HPF	Nil
Method: Microscopic Examination			
Casts	Nil		Nil
Method: Microscopic Examination			
Crystals	Nil		Nil
Method: Microscopic Examination			
Bacteria	Absent		Absent
Method: Microscopic Examination			
Yeast Cell	Nil		Absent

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.

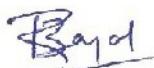
Ketonuria can be seen in uncontrolled Diabetes mellitus with ketoacidosis, Glycogen storage disorder, starvation, persistent vomiting in children, weight reduction program, fever in children, severe thyrotoxicosis, pregnancy and protein calorie malnutrition.

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.



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Sample Type	: WHOLE BLOOD EDTA	Report Status	: Final Report	

## DEPARTMENT OF HAEMATOLOGY

### Advance Screening Package 3.0

Test Name	Value	Unit	Bio. Ref Interval
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#### Complete Blood Count

Haemoglobin (HB) Method: Photometric Measurement	16.4	g/dL	13.0-17.0
Total Leucocyte Count (TLC) Method: Coulter Principle	6.4	10 <sup>3</sup> /uL	4.0-10.0
Hematocrit (PCV) Method: Calculated	49.2	%	40.0-50.0
Red Blood Cell Count (RBC) Method: Coulter Principle	5.47	10 <sup>6</sup> /µl	4.50-5.50
Mean Corp Volume (MCV) Method: Derived from RBC Histogram	90.0	fL	83.0-101.0
Mean Corp Hb (MCH) Method: Calculated	29.9	pg	27.0-32.0
Mean Corp Hb Conc (MCHC) Method: Calculated	33.2	g/dL	31.5-34.5
RDW - CV Method: Derived from RBC Histogram	12.9	%	11.6-14.0
RDW - SD Method: Derived from RBC Histogram	40.70	fL	39.0-46.0
Mentzer Index Method: Calculated	16.45	Ratio	
RDWI Method: Calculated	212.25	Ratio	
Green and king index Method: Calculated	64	Ratio	

#### Differential Leucocyte Count

Neutrophils Method: VCS Technology	44.3	%	40 - 80
Lymphocytes Method: VCS Technology	44.6	%	20-40
Monocytes Method: VCS Technology	9.2	%	02 - 10
Eosinophils Method: VCS Technology	1.4	%	01 - 06
Basophils	0.5	%	00 - 02



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## DEPARTMENT OF HAEMATOLOGY

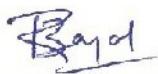
### Advance Screening Package 3.0

Test Name	Value	Unit	Bio. Ref Interval
Method: VCS Technology			
<b>Absolute Leucocyte Count</b>			
Absolute Neutrophil Count (ANC)	2.84	10 <sup>3</sup> /uL	2.0-7.0
Method: Calculated			
Absolute Lymphocyte Count (ALC)	2.85	10 <sup>3</sup> /uL	1.0-3.0
Method: Calculated			
Absolute Monocyte Count	0.59	10 <sup>3</sup> /uL	0.2-1.0
Method: Calculated			
Absolute Eosinophil Count (AEC)	0.09	10 <sup>3</sup> /uL	0.02-0.5
Method: Calculated			
Absolute Basophil Count	0.03	10 <sup>3</sup> /uL	0.02 - 0.10
Method: Calculated			
Platelet Count(PLT)	242	10 <sup>3</sup> /µl	150-410
Method: Coulter Principle			
<b>MPV</b>	<b>10.1</b>	fL	7 - 9
Method: Derived from PLT Histogram			

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	: 19/Jan/2024	Sample Temperature	: Maintained ✓	
Sample Type	: Serum	Report Status	: Final Report	

## DEPARTMENT OF IMMUNOLOGY

### Advance Screening Package 3.0

<b>Test Name</b>	<b>Value</b>	<b>Unit</b>	<b>Bio. Ref Interval</b>
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#### Vitamin B12

**VITAMIN B12**

Method: ECLIA

**194**

pg/ml

197 - 771

Vitamin B12 is a coenzyme that is involved in two very important metabolic functions vital to normal cell growth and DNA synthesis: 1) the synthesis of methionine, and 2) the conversion of methylmalonyl CoA to succinyl CoA. Deficiency of this vitamin can lead to megaloblastic anemia and ultimately to severe neurological problems. Also causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes. A significant increase in RBC MCV may be an important indicator of vitamin B12 deficiency. Patients taking vitamin B12 supplementation may have misleading results. A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12. The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B12 concentrations are normal.

#### Vitamin D, 25-Hydroxy

**VITAMIN D (25 - OH VITAMIN D)**

**19.10**

ng/ml

Deficient - <=20, Insufficient- 21-<=29, Sufficient- 30-100, Upper safety Limit >100

Method: ECLIA

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

### Advance Screening Package 3.0

<b>Test Name</b>	<b>Value</b>	<b>Unit</b>	<b>Bio. Ref Interval</b>
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#### **Thyroid Profile (Total T3,T4, TSH)**

Tri-Iodothyronine (T3, Total) Method: ECLIA	1.09	ng/ml	0.8 - 2.0
Thyroxine (T4, Total) Method: ECLIA	6.72	ug/dl	5.1 - 14.1
Thyroid Stimulating Hormone (TSH)-Ultrasensitive Method: ECLIA	3.1800	uIU/ml	0.270 - 4.20

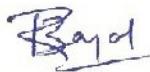
Pregnancy interval	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0

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 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.

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

  
**Dr. Rekha Boyal**  
 Consultant Pathologist


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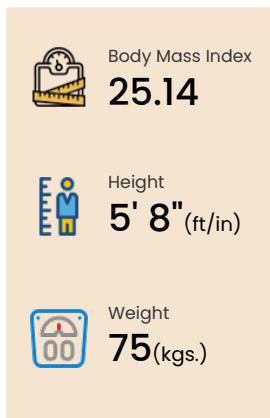
**Terms & Conditions:**

- 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.

**ADVISORY**
**Health Advisory**

Pawan Manghnani

Booking ID : 9912663469 | Sample Collection Date : 19/Jan/2024


**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
- Include calcium rich foods like milk, yoghurt, cheese and green, leafy vegetables
- Include Brazil nuts, sesame seeds, sunflower seeds

**Dont's**

- Avoid flavoured and seasoned foods
- Decrease intake of colas and sugary drinks
- Avoid saturated fats, transfats, oily and greasy foods like cakes, creamy or fried foods
- Limit sugar intake
- Reduce caffeine intake

**SUGGESTED LIFESTYLE**
**SUGGESTED LIFESTYLE**
**Do's**

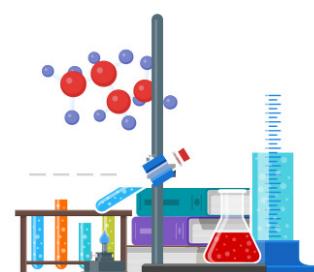
- Have breakfast early in morning and a light high fiber snack for dinner
- Plan a healthy routine and have food at the same time everyday
- Have regular exposure to sunlight

**Dont's**

- Avoid overexertion without having food or drink
- Avoid strenuous exercises
- Avoid smoking and alcohol
- Don't ignore your body signals and don't skip your regular health check-ups

**SUGGESTED FUTURE TESTS**
**SUGGESTED FUTURE TESTS**

- Complete Hemogram - **Every 2 Month**
- Peripheral Smear Examination By Pathologist - **Every 2 Month**
- Vitamin D Total-25 Hydroxy - **Every 2 Month**
- Calcium Total, Serum - **Every 2 Month**



**HEALTH ADVISORY**
**Suggestions for Health & Well-being**

Pawan Manghnani

Booking ID : 9912663469 | Sample Collection Date : 19/Jan/2024

**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**

**BMI**

BMI recommended range is 18.5 to 24.9. Your BMI is **25.14**, which is on a higher side.

Please follow recommended diet and maintain a healthy lifestyle and try to keep your BMI within the desired range. Keeping the right BMI for your body helps prevent many untimely diseases and goes a long way.

**BMI CHART**

**SUGGESTED BMI**


## Supplement Suggestions

**Pawan Manghnani**

Booking ID : 9912663469 | Sample Collection Date : 19/Jan/2024

Your test report has indicated that you have certain deficiencies in your body which may hamper your health & wellbeing in the longer run.

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

Deficiency/Out of Range Parameter(s)	Suggested Supplement	
Bilirubin Total, Serum	LIV-UP	<b>To order, call 1800-572-000-4</b>
Vitamin B12 Cyanocobalamin	VITAMIN B12	

## Suggestions for Improving Deficiencies



### LIV-UP

De-toxify your body with a healthier liver.

LIV-UP is a scientifically formulated and clinically proven all-natural supplement that takes care of your liver and its functions. This ayurvedic supplement keeps your liver cool, and optimally functioning, thus promoting healthy digestion. Take the all-natural road to robust liver health with LIV-UP.

Untreated or unmanaged liver issues can cause grave and even lethal complications, which include:

- Liver Infections | • Liver Cancer | • Liver Failure | • Elevated Blood Toxin Levels | • Liver Cirrhosis

Infused with the ages-proven goodness of all-natural ingredients, LIV-UP is the perfect supplement to promote and maintain good liver health, without having to worry about side effects. Sourced from nature's own pharmacy of herbs, the ingredients in LIV-UP present the following benefits:

#### Methi Dana

Reducing the risk of developing fatty liver disease.

#### Triphala

Promotes liver function & boosts immunity

#### Ginger

Supports liver health & prevents liver inflammation

#### Yellow Myrobalan

Keeps the liver cool & promotes optimal functioning

#### Kulki

Reduces inflammation & protects the liver from injury



### VITAMIN B12

Make healthier blood the foundation of a healthier life!

Keep your blood clean and your nerve cells healthy with Vitamin B12. This essential supplement also protects against anemia, which causes persistent fatigue. Extracted from natural food sources, such as amla and beetroot, daily intake of Vitamin B12 can help in the formation of red blood cells.

A lack of vitamin B12 can cause dangerous health complications, such as:

- Memory Loss | • Vision Loss | • Ataxia or Loss of Physical Coordination | • Irreversible Neurological Problems | • Heart Diseases

Prevents Osteoporosis & Promotes Bone Health

Prevents Anemia & Promotes Red Blood Cell (RBC) Production

Alleviates Symptoms of Depression

Boosts Heart Health

Prevents Major Birth Defects

## Supplement Suggestions

**Pawan Manghnani**

Booking ID : 9912663469 | Sample Collection Date : 19/Jan/2024

Deficiency/Out of Range Parameter(s)	Suggested Supplement
Vitamin D Total-25 Hydroxy	VITAMIN D3

[To order, call 1800-572-000-4](#)

### Suggestions for Improving Deficiencies



#### VITAMIN D3

**Improve bone health with enhanced calcium absorption, the natural way**

Make your muscles and bones stronger with VITAMIN D3. Sourced from natural substances, it helps in regulating the absorption of calcium and phosphorus, which help keep your bones strong and enhancing the normal immune system functioning. Vitamin D3 is an essential nutrient that's critical for normal growth and development of bones and teeth, as well as improved resistance against certain diseases.

**Remember, a lack of vitamin D3 can cause dangerous health situations.**

- Rickets (in children) | • Brittle Bones | • Osteoporosis | • Weakened Bones (in adults)

Strengthens Bones & Muscles

Protects Against Pneumonia & Acute Respiratory Infections

Helps in Reducing Depression

Boosts Heart Health

Aids in Kidney Disease Treatment



#### 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


[To order, call 1800-572-000-4](#)

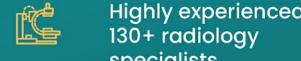


## Healthians Scans

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### About Healthians Labs

### How we control Report Accuracy at Healthians



#### Quality Control

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



#### Machine Data

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



#### QR Code

QR Code based authenticity check on all its reports



#### Calibration

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



#### Equipment

Our 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.

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