Anand Junior Gupta | Male, 44 Yrs.

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Order ID: **814371522**

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Healthians

Lab Report

YOUR HEALTH SCORE **85** OUT OF 100

Anand Junior Gupta

44 yrs. | Male

Order ID: 814371522

Body Mass Index 22.78 Height 5' 10" (ft/in) Weight 72 (kgs.)	Physical Activity No physical activity	Smoke No, I don't smoke	Food Preference Yes, Vegeterian	Blood Pressure *No Data*
	Medication *No Data*	Alcohol I don't drink at all	Family History No	Sugar Level *No Data*

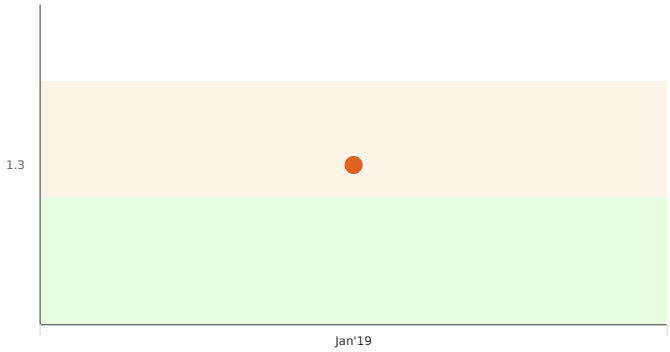
**The above data is based on your Health Karma & Health tracker inputs.*

Creatinine, Serum

Borderline Result

Your Latest result
1.3 mg/dl
22nd Jan 2019

0.46 — 1.20

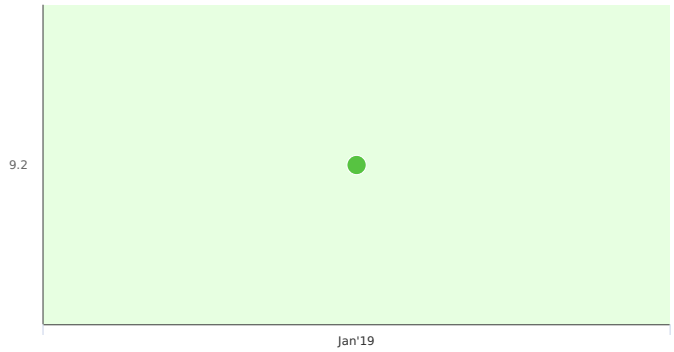


Calcium Total, Serum

Everything looks good

Your Latest result
9.2 mg/dl
22nd Jan 2019

8.6 — 10.2

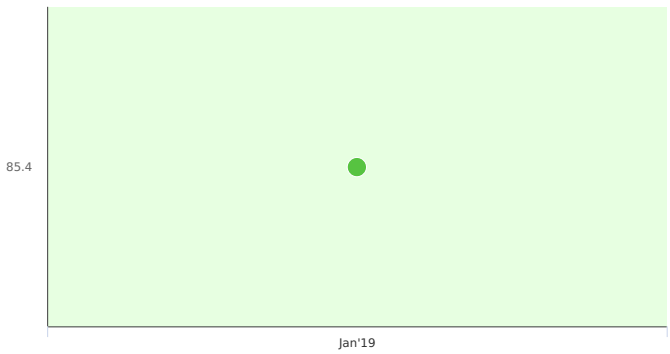


Vitamin D Total-25 Hydroxy

Everything looks good

Your Latest result
85.4 ng/mL
22nd Jan 2019

30 — 100

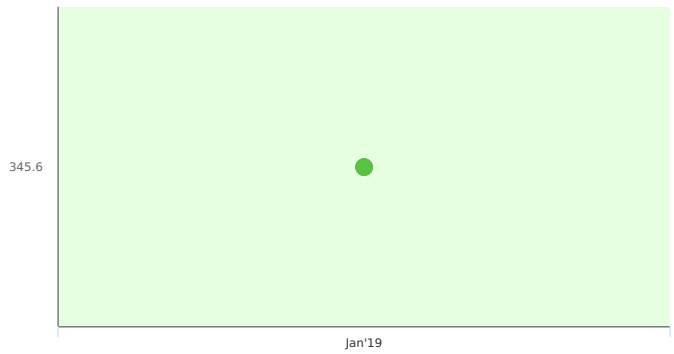


Vitamin B12 Cyanocobalamin

Everything looks good

Your Latest result
345.6 pg/ml
22nd Jan 2019

197 — 771



Anand Junior Gupta

44 yrs. | Male

Order ID: 814371522

Suggested
NUTRITION

SUGGESTED NUTRITION

- Limit Potassium rich foods like Spinach, Bananas, Coconut water, Avocado etc
- Eat enough calories to maintain your weight even if you are overweight in stage 5 CKD
- Avoid (green leafy veggies like spinach, methi leaves, amaranth leaves, raw tomatoes, raw salads, milk and its products)
- Low salt intake(1-2 gms/day)
- Avoid preservatives and tetra packaged juices
- If on Dialysis: High protein diet like paneer, tofu, egg, soyabean
- If not on Dialysis: Protein intake should be minimised (0.6 - 0.75 gms of protein/ kg of body weight)

SUGGESTED LIFESTYLE

- Avoid any kind of painkillers, nephrotoxic drugs like Amikacin
- Avoid any kind of infection and dehydration
- Regular check on Vitamin D levels
- Quit smoking
- Restriction of alcohol intake
- Daily exercise for 1/2 hour
- Weight reduction

Suggested
LIFESTYLE

Suggested
FUTURE
TESTS

SUGGESTED FUTURE TESTS

- Kidney Function Test - **Every 1 Month**
- Urine Routine & Microscopy - **Every 4 Month**
- Culture & Sensitivity, Aerobic bacteria, Urine - **Every 4 Month**
- Microalbumin, Urine spot - **Every 4 Month**
- Microalbumin, Urine 24H - **Every 4 Month**
- Vitamin D Total-25 Hydroxy - **Every 2 Month**
- Calcium Total, Serum - **Every 2 Month**

BMI

BMI recommended range is *18.5 to 24.9*. **Your BMI is 22.78**, which is on a **healthy range.**

Please maintain this lifestyle and ensure that right BMI is maintained for you, to keep untimely diseases at bay.

Suggested
BMI

Patient Name	: Anand Junior Gupta 814371522	Barcode	: H2001514
Age/Gender	: 44/Male	Sample Collected On	: 22/Jan/2019 07:00AM
Order Id	: 814371522	Sample Centrifuged On	: 22/Jan/2019 01:07AM
Referred By	: Dr.	Sample Received On	: 22/Jan/2019 01:36PM
Customer Since	: 22/Jan/2019	Report Generated On	: 22/Jan/2019 02:32PM
Sample Type	: SERUM	Sample Temperature	: Maintained ✓

DEPARTMENT OF BIOCHEMISTRY

Test Name	Value	Unit	Bio. Ref Interval
Fasting Blood Sugar			
Glucose, Fasting Method: Spectrophotometry Hexokinase	91	mg/dl	

Comment:

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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SIN No:H2001514

Clinically Tested By: **Ufirst Diagnostics: 323, 2nd-3rd Floor, Prem Nagar-2, Opp. Raj Cinema, Old Delhi Road, Gurugram - 122001**

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Sample Type	: SERUM	Sample Temperature	: Maintained ✓

DEPARTMENT OF BIOCHEMISTRY

Test Name	Value	Unit	Bio. Ref Interval
Lipid Profile			
Total Cholesterol Method: Enzymatic	**231**	mg/dl	Desirable : <200 Borderline: 200-239 High : >/=240
Serum Triglycerides Method: Enzymatic	**204**	mg/dl	30 - 150
Serum HDL Cholesterol Method: Direct	41.3	mg/dl	35 - 55
Serum LDL Cholesterol Method: Calculated	148.78	mg/dl	< 100 :Optimal 100 - 129:Above optimal 130 - 159:Borderline High 160 - 189:High >/= 190 :Very High
Serum VLDL Cholesterol Method: Calculated	**40.8**	mg/dl	06 - 30
Total CHOL / HDL Cholesterol Ratio Method: Calculated	**5.59**	Ratio	3.30 - 4.40
LDL / HDL Cholesterol Ratio	3.60	Ratio	Desirable/Low Risk: 0.5-3.0 Line/Moderate Risk: 3.0-6.0 Elevated/High Risk: >6.0
HDL / LDL Cholesterol Ratio	0.28	Ratio	Desirable/Low Risk : 0.5 - 3.0 Border Line/Moderate Risk : 3.0 - 6.0 Elevated/High Risk: > 6.0
Non-HDL Cholesterol Method: Calculated	**189.6**	mg/dl	0.0 - 160.0

Comment:

Triglycerides can show marked variation depending on pervious day diet intake.
12 hrs fasting is mandatory before testing for lipid profile specially for triglyceride values.
In case, lipid profile is done in non fasting state, then any abnormal value can come especially for triglycerides, LDL, VLDL

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Customer Since	: 22/Jan/2019	Report Generated On	: 22/Jan/2019 02:32PM
Sample Type	: Serum	Sample Temperature	: Maintained ✓

DEPARTMENT OF BIOCHEMISTRY

Test Name	Value	Unit	Bio. Ref Interval
Liver Function Test (LFT)			
Serum Bilirubin, (Total) Method: Diazo	0.50	mg/dl	0.00 - 1.50
Serum Bilirubin, (Direct) Method: Diazo	0.10	mg/dl	0.00 - 0.30
Serum Bilirubin, (Indirect) Method: Calculated	0.40	mg/dl	0.0 - 0.8
Aspartate Aminotransferase (AST/SGOT) Method: IFCC, Without Pyridoxal Phosphate	18.5	U/l	0 - 35
Alanine Aminotransferase (ALT/SGPT) Method: IFCC, Without Pyridoxal Phosphate	14.8	U/l	0 - 45
Alkaline Phosphatase (ALP) Method: AMP	102	U/l	53 - 128
Gamma Glutamyl Transferase (GGT) Method: Glupa C	15	U/l	0 - 55
Serum Total Protein Method: Spectrophotometry, Biuret	6.6	g/dl	6.4 - 8.2
Serum Albumin Method: BCG	4.0	gm/dl	3.5 - 5.2
Serum Globulin Method: Calculated	**2.6**	gm/dl	3.0 - 4.2
Albumin/Globulin Ratio Method: Calculated	1.58	Ratio	1.2 - 2.0
SGOT/SGPT Ratio Method: Calculated	1.25	Ratio	0.7 - 1.4

Comment:

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. Ast levels may also increase after a heart attck 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, Hyperparathyriodism, Leukemia, Lymphoma, paget`s disease, Rickets, Sarcoidosis etc.

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Sample Type	: Serum	Sample Temperature	: Maintained ✓

DEPARTMENT OF BIOCHEMISTRY

Test Name	Value	Unit	Bio. Ref Interval

Serum total protein, also known as total protein, is a biochemical test for measuring the total amount of protein in serum..Protein in the plasma is made up of albumin and globulin. Higher-than-normal levels may be due to: Chronic inflammation or infection, including HIV and hepatitis B or C, Multiple myeloma,Waldenstrom's disease. Lower-than-normal levels may be due to: Agammaglobulinemia, Bleeding (hemorrhage), Burns, Glomerulonephritis, Liver disease, Malabsorption, Malnutrition, Nephrotic - Human serum albumin is the most abundant protein in human blood plasma. It is produced in the liver.Albumin constitutes about half of the blood serum protein. Low blood albumin levels (hypoalbuminemia) can be caused by: Liver disease like cirrhosis of the liver, nephrotic syndrome, protein-losing enteropathy, Burns, hemodilution, increased vascular permeability or decreased lymphatic clearance, malnutrition and wasting etc.

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Customer Since	: 22/Jan/2019	Report Generated On	: 22/Jan/2019 03:42PM
Sample Type	: SERUM	Sample Temperature	: Maintained ✓

DEPARTMENT OF BIOCHEMISTRY

Test Name	Value	Unit	Bio. Ref Interval
Kidney Function Test (KFT)			
Blood Urea Method: Urease-GLDH	23	mg/dl	19 - 44
Serum Creatinine Method: Jaffes Kinetic	**1.30**	mg/dl	0.46 - 1.20
Serum Uric Acid Method: Uricase	5.1	mg/dl	3.5 - 7.2
Serum Calcium Method: Arsenazo III	9.2	mg/dl	8.6 - 10.2
Serum Phosphorus Method: Photometric UV	2.7	mg/dl	2.5 - 4.5
Serum Sodium Method: Ion Selective Electrodes	144	mmol/L	136 - 145
Serum Potassium Method: Ion Selective Electrodes	4.4	mmol/L	3.5 - 5.1
Serum Chloride Method: Ion Selective Electrodes	104	mmol/L	98 - 107
Blood Urea Nitrogen (BUN) Method: Urease-GLDH	10.6	mg/dl	7 - 18
Urea/Creatinine Ratio Method: Calculated	17.46	Ratio	
Bun/Creatinine Ratio Method: Calculated	8.16	Ratio	12:1 - 20:1

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Referred By	: Dr.	Sample Received On	: 22/Jan/2019 01:36PM
Customer Since	: 22/Jan/2019	Report Generated On	: 22/Jan/2019 03:49PM
Sample Type	: Urine	Sample Temperature	: Maintained ✓

DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Value	Unit	Bio. Ref Interval
URINE ROUTINE EXAMINATION			
PHYSICAL EXAMINATION			
Colour Method: Visual	Pale Yellow		Pale Yellow
Volume Method: Visual	20.00	mL	
Specific Gravity Method: Pka change	1.025		1.001 - 1.035
Appearance Method: Visual	Clear		Clear
pH Method: Double ludicator	6.5		4.5 - 7.0
BIOCHEMICAL EXAMINATION			
Urine Protein Method: Error-of-indicator	Negative		Negative
Glucose	Negative		Negative
Ketones Method: Legals	Negative		Negative
Urobilinogen Method: Erlichs	Normal		Normal
Bilirubin Method: AZO-Coupling Reaction	Negative		Negative
Nitrite Method: Strip Based	Negative		Negative
Blood Method: Light Microscopy	Nil		Nil
MICROSCOPIC EXAMINATION			
Pus Cells Method: Light Microscopy	2-3	/HPF	0 - 5
Epithelial cells Method: Microscopy	0-1	/HPF	0 - 2
RBCs Method: Light Microscopy	Nil	/HPF	Nil
Casts Method: Microscopy	Nil		Nil
Crystals	Nil		Nil

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Sample Type	: Urine	Sample Temperature	: Maintained ✓

DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Value	Unit	Bio. Ref Interval
Method: Microscopy			
Bacteria	Absent		Absent
Method: Microscopy			
Others (Non Specific)	Nil		

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Sample Type	: Whole Blood EDTA	Sample Temperature	: Maintained ✓

DEPARTMENT OF HAEMATOLOGY

Test Name	Value	Unit	Bio. Ref Interval
Complete Haemogram			
Haemoglobin (HB) Method: Modified Drabkins Method	15.5	g/dl	13.5 - 18.0
Total Leucocyte Count (TLC) Method: Light scatter/Peroxidase	4,400	cells/µL	4000 - 11000
Hematocrit (PCV) Method: Calculated	46	%	40-54
Red Blood Cell Count (RBC) Method: Resistance Impedance	5.61	millions/cumm	4.5 - 6.5
Mean Corp Volume (MCV) Method: Calculated	**82**	fl	83-101
Mean Corp Hb (MCH) Method: Calculated	27.7	pg	27-33
Mean Corp Hb Conc (MCHC) Method: Calculated	33.8	gm%	30.0-35.0
RDW - CV Method: Calculated	12.0	%	11.6 - 14.0
Mentzer Index Method: Calculated	14.62	Ratio	
Differential Leucocyte Count			
Neutrophil Method: Light scatter/Peroxidase	47.9	%	40 - 75
Lymphocytes Method: Light scatter/Peroxidase	41.1	%	20 - 45
Monocyte Method: Light scatter/Peroxidase	8.9	%	01 - 10
Eosinophils Method: Light scatter/Peroxidase	2.1	%	01 - 06
Basophils Method: Light scatter/Basophil	0.0	%	00 - 02
Absolute Leucocyte Count			
Absolute Neutrophil Count (ANC) Method: Calculated	2.1	10^3/uL	1.6 - 8.0
Absolute Lymphocyte Count (ALC) Method: Calculated	1.8	10^3/uL	1.4 - 3.5
Absolute Monocyte Count	0.40	10^3/uL	0.20 - 1.00

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Sample Type	: Whole Blood EDTA	Sample Temperature	: Maintained ✓

DEPARTMENT OF HAEMATOLOGY

Test Name	Value	Unit	Bio. Ref Interval
Method: Calculated			
Absolute Eosinophil Count (AEC)	0.09	10^3/uL	0.04 - 0.44
Method: Calculated			
Absolute Basophil Count	0.00	10^3/uL	0 - 0.10
Method: Calculated			
Platelet Count(PLT)	245.0	10^3/µl	150-410
Method: Automated Electrical Resistance/ Light Micoscopy			
PDW	13.0	%	9.6 - 15.2
Method: Calculated			
MPV	8.1	fl	6.0 - 11.0
Method: Calculated			
PCT	0.20	%	0.19 - 0.39
Method: Calculated			
ESR (Westergren)	4	mm/1st hour	00- 15
Method: Modified Westergren Method			

Comment:

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 various proteins and minerals. It is done on automated cell counter. 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 indicate the presence of many forms of disease, and hence blood counts are among the most commonly performed blood tests in medicine, as they can provide an overview of a patient's general health status.

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Referred By	: Dr.	Sample Received On	: 22/Jan/2019 01:36PM
Customer Since	: 22/Jan/2019	Report Generated On	: 22/Jan/2019 03:59PM
Sample Type	: Serum	Sample Temperature	: Maintained ✓

DEPARTMENT OF IMMUNOLOGY

Test Name	Value	Unit	Bio. Ref Interval
Vitamin B12			
VITAMIN B12 Method: ECLIA	346	pg/ml	197 - 771

Comment:

Vitamin B12 deficiency frequently 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.

Vit D Total (25-Hydroxy)			
VITAMIN D (25 - OH VITAMIN D) Method: CMIA	85.40	ng/mL	30 - 100

Comment:

Biological Reference Ranges:

Deficiency	Below 20 ng/ml
Insufficiency	20 - 30 ng/ml
Sufficiency	30 - 100 ng/ml
Toxicity	Above 100 ng/ml.

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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Sample Type	: Serum	Sample Temperature	: Maintained ✓

DEPARTMENT OF IMMUNOLOGY

Test Name	Value	Unit	Bio. Ref Interval
Thyroid Profile (Total T3,T4, TSH)			
Tri-Iodothyronine (T3, Total) Method: ECLIA	104.80	ng/dl	80 - 200
Thyroxine (T4, Total) Method: ECLIA	5.72	ug/dl	5.1 - 14.1
Thyroid Stimulating Hormone (TSH)-Ultrasensitive Method: ECLIA	3.68	uIU/ml	0.27 - 4.20

Comment:

TSH levels are subject to circadian variation, reaching peak levels between 2-4 a.m and at a minimum between 6-10 pm. The variation is of the order of 50%.Hence time of the day has influence on the measured serum TSH concentrations.TSH stimulates the production and secretion of the metabolically active hormones, thyroxine (T4)and trilodothyronine (T3).Failure at any level of regulation of the hypothalamic-pituitary-thyroid axis will result in either underproduction (hypothyroidism) or overproduction(hyperthyroidism) of T4 and/or T3.

Note:

For pregnant females	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

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

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Clinically Tested By: **Ufirst Diagnostics: 323, 2nd-3rd Floor, Prem Nagar-2, Opp. Raj Cinema, Old Delhi Road, Gurugram - 122001**

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