

India's trusted Health Test @Home Service

National Reference Laboratory in Delhi NCR



Booking ID : 10003830280

Sample Collection Date : 06/Feb/2024

Suresh Raju Yavanmandi

Male, 38 Yrs

A Comprehensive Health Analysis Report

AI Based Personalized Report for You



INDIA'S FIRST & ONLY CREDIBILITY CHECK FOR YOUR LAB REPORT

Check the authenticity of your lab report with machine data

Scan the QR using any QR code scanner

HEALTH ANALYSIS
Personalized Summary & Vital Parameters

Suresh Raju Yavanmandi

Booking ID : 10003830280 | Sample Collection Date : 06/Feb/2024

Suresh Raju Yavanmandi,

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
82

Out of 100

*Calculated from test reports

Thyroid Function

Thyroid Stimulating Hormone (TSH)-Ultrasensitive : 3.76 µIU/ml

- Everything looks good


Vitamin B12

244 pg/ml

- Everything looks good


Cholesterol Total

190 mg/dl

- Everything looks good


Liver Function

Alanine Aminotransferase (ALT/SGPT) : 18 U/L

- Everything looks good


Kidney Function

Serum Creatinine : 1.26 mg/dl

- Everything looks good


Calcium Total

8.8 mg/dl

- Everything looks good


Vitamin D

11.3 ng/ml

- Concern


Iron studies

Serum Iron : 46 ug/dl

- Concern


HbA1c

6.3 %

- Concern


Complete Hemogram

Haemoglobin (HB) : 13.5 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.

Summary of Deranged Parameters:

Based on the health test results from Healthians, there are a few parameters that have shown abnormal values. It's important to note that these results are just one piece of the puzzle and further evaluation may be needed to fully understand your overall health. Please remember that these values should not cause undue anxiety, as they can often be managed with lifestyle modifications and appropriate medical guidance.

Suggestions for Deranged Parameters:

1. Vitamin D Total-25 Hydroxy: Your vitamin D levels are lower than the normal range. It is important to ensure adequate sun exposure and consider incorporating vitamin D-rich foods into your diet. Additionally, discussing supplementation options with a healthcare professional may be beneficial.

2. Glycated Hemoglobin (HbA1c): Your HbA1c levels are higher than the normal range. This indicates a potential issue with blood sugar control. It is advisable to focus on a balanced diet, regular exercise, and maintaining a healthy weight. Consulting with a healthcare professional can provide further guidance on managing blood sugar levels.

3. Phosphorus-Inorganic, Serum: Your phosphorus levels are higher than the normal range. This may be indicative of kidney function issues. It is recommended to consult with a healthcare professional to evaluate kidney health and discuss appropriate management strategies.

4. Iron Studies: Your iron levels and related parameters are not within the normal range. This may suggest an issue with iron metabolism. It is advisable to incorporate iron-rich foods into your diet and consider discussing supplementation options with a healthcare professional.

Please remember that these suggestions are general in nature and it is important to consult with a healthcare professional for personalized advice and guidance. They will be able to provide a comprehensive evaluation and create a tailored plan to address your specific needs.

Suresh Raju Yavanmandi

Booking ID 10003830280 | Sample Collection Date: 06/Feb/2024

Patient Name	: Suresh Raju Yavanmandi	Barcode	: E0419809	
Age/Gender	: 38Y OM OD /Male	Sample Collected On	: 06/Feb/2024 05:58AM	
Order Id	: 10003830280	Sample Received On	: 06/Feb/2024 01:26PM	
Referred By	: Self	Report Generated On	: 06/Feb/2024 03:39PM	
Customer Since	: 06/Feb/2024	Sample Temperature	: Maintained ✓	
Sample Type	: Whole Blood EDTA	Report Status	: Final Report	

DEPARTMENT OF BIOCHEMISTRY HBA1C

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

HbA1c (Glycosylated Hemoglobin)	6.30	%	4.2 - 5.7
Method: HPLC			
Average Estimated Glucose - plasma	134.11		

INTERPRETATION:

AS PER AMERICAN DIABETES ASSOCIATION (ADA):

REFERENCE GROUP	GLYCOSYLATED HEMOGLOBIN (HbA1c) in %
Non diabetic	<5.7
At Risk (Prediabetes)	5.7 – 6.4
Diagnosing Diabetes	>= 6.5
	Age > 19 Years
	Goals of Therapy: < 7.0
	Actions Suggested: >8.0
	Age < 19 Years
Therapeutic goals for glycemic control	Goal of therapy: <7.5

REMARKS

1. HbA1c is used for monitoring diabetic control. It reflects the mean plasma glucose over three months
 2. HbA1c may be falsely low in diabetics with hemolytic disease. In these individuals a plasma fructosamine level may be used which evaluates diabetes over 15 days.
 3. Inappropriately low HbA1c values may be reported due to hemolysis, recent blood transfusion, acute blood loss, hypertriglyceridemia, chronic liver disease. Drugs like dapsone, ribavirin, antiretroviral drugs, trimethoprim, may also cause interference with estimation of HbA1c, causing falsely low values.
 4. HbA1c may be increased in patients with polycythemia or post-splenectomy.
 5. Inappropriately higher values of HbA1c may be caused due to iron deficiency, vitamin B12 deficiency, alcohol intake, uremia, hyperbilirubinemia and large doses of aspirin.
 6. Trends in HbA1c are a better indicator of diabetic control than a solitary test. 7. Any sample with >15% HbA1c should be suspected of having a hemoglobin variant, especially in a non-diabetic patient. Similarly, below 4% should prompt additional studies to determine the possible presence of variant hemoglobin.
 8. HbA1c target in pregnancy is to attain level <6 % .
 9. HbA1c target in paediatric age group is to attain level < 7.5 %.
- Method : Ion-exchange high-performance liquid chromatography (HPLC).
- Reference : American Diabetes Associations. Standards of Medical Care in Diabetes 2023


Dr. R Anitha
 MBBS , MD Biochemistry
 Consultant Biochemist



SIN No:E0419809

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Age/Gender	: 38Y OM OD /Male	Sample Collected On	: 06/Feb/2024 05:58AM	
Order Id	: 10003830280	Sample Received On	: 06/Feb/2024 02:09PM	
Referred By	: Self	Report Generated On	: 06/Feb/2024 02:40PM	
Customer Since	: 06/Feb/2024	Sample Temperature	: Maintained ✓	
Sample Type	: Flouride Plasma	Report Status	: Final Report	

DEPARTMENT OF BIOCHEMISTRY

Test Name	Value	Unit	Bio. Ref Interval
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Fasting Blood Sugar

Glucose, Fasting	78.4
mg/dl	
Method: Hexokinase	

American Diabetes Association Reference Range :

Normal	: < 100 mg/dl
Impaired fasting glucose(Prediabetes) : 100 - 126 mg/dl	
Diabetes : >= 126 mg/dl	

Conditions that can result in an elevated blood glucose level include: Acromegaly, Acute stress (response to trauma, heart attack, and stroke for instance), Chronic kidney disease, Cushing syndrome, Excessive consumption of food, Hyperthyroidism, Pancreatitis

A low level of glucose may indicate hypoglycemia, a condition characterized by a drop in blood glucose to a level where first it causes nervous system symptoms (sweating, palpitations, hunger, trembling, and anxiety), then begins to affect the brain (causing confusion, hallucinations, blurred vision, and sometimes even coma and death). A low blood glucose level (hypoglycemia) may be seen with: Adrenal insufficiency, Drinking excessive alcohol, Severe liver disease, Hypopituitarism, Hypothyroidism, Severe infections, Severe heart failure, Chronic kidney (renal) failure, Insulin overdose, Tumors that produce insulin (insulinomas), Starvation.



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Customer Since	: 06/Feb/2024	Sample Temperature	: Maintained ✓	
Sample Type	: SERUM	Report Status	: Final Report	

DEPARTMENT OF BIOCHEMISTRY

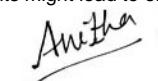
Test Name	Value	Unit	Bio. Ref Interval
Lipid Profile			
Total Cholesterol Method: Enzymatic	190.0	mg/dl	Desirable : <200 Borderline: 200-239 High : >/=240
Serum Triglycerides Method: Enzymatic	130.0	mg/dl	Desirable : <150 Borderline high : 150-199 High : 200-499 Very high : > 500
Serum HDL Cholesterol Method: Enzymatic immuno inhibition	39.9	mg/dl	40 - 60
Serum LDL Cholesterol Method: Enzymatic	131.0	mg/dl	Optimal : <100 near /above Optimal:100 - 129 Borderline High:130 - 159 High : 160 - 189 Very High :>/=190
Serum VLDL Cholesterol Method: Calculated	19.0	mg/dl	<30
Total CHOL / HDL Cholesterol Ratio Method: Calculated	4.76	Ratio	3.30 - 4.40
LDL / HDL Cholesterol Ratio Method: Calculated	3.28	Ratio	Desirable/Low Risk: 0.5-3.0 Line/Moderate Risk: 3.0-6.0 Elevated/High Risk: >6.0
HDL / LDL Cholesterol Ratio	0.30	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	150.1	mg/dl	0.0 - 160.0

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

Total Cholesterol

The "bad" cholesterol or low density lipoprotein (LDL) and/or triglyceride concentrations. Dyslipidemia also includes a decrease in the "good" cholesterol or high-density lipoprotein (HDL) concentration in the blood.

Lipid level assessments must be made following 9 to 12 hours of fasting, otherwise assay results might lead to erroneous interpretation.



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Sample Type	: SERUM	Report Status	: Final Report	

DEPARTMENT OF BIOCHEMISTRY

Test Name

Value

Unit

Bio. Ref Interval

Healthians labs report biological reference intervals (normal ranges) in accordance to the recommendations of The National Cholesterol Education Program (NCEP) & Adult Treatment Panel IV (ATP IV) Guidelines providing the most desirable targets of various circulating lipid fractions in the blood. NCEP recommends that all adults above 20 years of age must be screened for abnormal lipid levels.

*NCEP recommends the assessment of 3 different samples drawn at intervals of 1 week for harmonizing biological variables that might be encountered in single assays. Hence a single result of Lipid Profile may not be adequate for clinical decision making. Healthians' counselling team will reach you shortly to explain implications of your report. You may reach out to customer support helpline as well.

*NCEP recommends lowering of LDL Cholesterol as the primary therapeutic target with lipid lowering agents, however, if triglycerides remain >200 mg/dL after LDL goal is reached, set secondary goal for non-HDL cholesterol (total minus HDL) 30 mg/dL higher than LDL goal.

*High Triglyceride and low HDL levels are independent risk factors for Coronary Heart disease and requires further clinical consultation.

*Healthians lab performs direct LDL measurement which is more appropriate and may vary from other lab reports which provide calculated LDL values.


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Sample Type	: Serum	Report Status	: Final Report	

DEPARTMENT OF BIOCHEMISTRY

Test Name	Value	Unit	Bio. Ref Interval
Liver Function Test (LFT)			
Serum Bilirubin, (Total) Method: Diazo	0.72	mg/dl	0.3 - 1.2
Serum Bilirubin, (Direct) Method: Diazo	0.16	mg/dl	0 - 0.2
Serum Bilirubin, (Indirect) Method: Calculated	0.56	mg/dl	0.0 - 0.8
Aspartate Aminotransferase (AST/SGOT) Method: IFCC	25.00	U/L	3- 50
Alanine Aminotransferase (ALT/SGPT) Method: IFCC	18	U/L	3 - 50
Alkaline Phosphatase (ALP) Method: IFCC AMP Buffer	128.00	U/L	30-120
Gamma Glutamyl Transferase (GGT) Method: IFCC	25.0	U/L	5 -55
Serum Total Protein Method: Biuret	7.20	g/dl	6.6 - 8.3
Serum Albumin Method: Bromo Cresol Green(BCG)	3.99	g/dl	3.5 - 5.2
Serum Globulin Method: Calculated	3.21	gm/dl	3.0 - 4.2
Albumin/Globulin Ratio Method: Calculated	1.24	Ratio	1.2 - 2.5
SGOT/SGPT Ratio Method: Calculated	1.39	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, page's disease, Rickets, Sarcoidosis etc.

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


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Referred By	: Self	Report Generated On	: 06/February/2024 03:38PM	
Customer Since	: 06/February/2024	Sample Temperature	: Maintained ✓	
Sample Type	: Serum	Report Status	: Final Report	

DEPARTMENT OF BIOCHEMISTRY

Test Name	Value	Unit	Bio. Ref Interval
Serum total protein	6.5	g/dL	4.5 - 7.5

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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Sample Type	: SERUM	Report Status	: Final Report	

DEPARTMENT OF BIOCHEMISTRY

Test Name	Value	Unit	Bio. Ref Interval
Iron study			
Serum Iron Method: TPTZ	46.0	ug/dl	70 - 180
UIBC Method: Nitroso-PSAP	360.00	ug/dl	155 - 355
Serum Total Iron Binding Capacity (TIBC) Method: FE+UIBC (saturation with iron)	406	µg/dl	250 - 400
Transferrin Saturation % Method: Calculated	11.33	%	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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Sample Type	: SERUM	Report Status	: Final Report	

DEPARTMENT OF BIOCHEMISTRY

Test Name	Value	Unit	Bio. Ref Interval
Kidney Function Test1 (KFT1)			
Serum Creatinine Method: Jaffes Kinetic	1.26	mg/dl	0.6-1.6
GFR, ESTIMATED Method: Calculated	74.87	mL/min/1.73m ²	
Serum Uric Acid Method: Uricase	6.6	mg/dl	3.5-7.2
Serum Calcium Method: Arsenazo	8.8	mg/dl	8.8 - 10.6
Serum Phosphorus Method: Phosphomolybdate complex	4.6	mg/dl	2.5 - 4.5
Serum Sodium Method: ISE (Indirect)	138	mmol/L	136 - 146
Serum Chloride Method: ISE (Indirect)	102	mmol/L	101 - 109
Blood Urea Method: Urease	24	mg/dl	17 - 43
Blood Urea Nitrogen (BUN) Method: Calculated	11.3	mg/dl	8-20
Bun/Creatinine Ratio Method: Calculated	8.98	Ratio	
Urea/Creatinine Ratio Method: Calculated	19.21	Ratio	

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

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

Creatinine is a metabolic product of creatine and phosphocreatine, which are both found almost exclusively in muscle. Uric Acid is the major product of purine catabolism in humans. Uric acid levels are used to monitor the treatment of gout. Measurement of calcium is used in the diagnosis and treatment of parathyroid disease, a variety of bone diseases, chronic renal disease, urolithiasis and tetany. Phosphorus levels are increased in acute or chronic renal failure with decreased GFR. Sodium is an electrolyte, and it helps regulate the amount of water in and around the cells & the balance of chemicals in the body called acids and bases. Chloride is a negatively charged ion that works with other electrolytes such as potassium, sodium, and bicarbonate, to help regulate the amount of fluid in the body and maintain the acid-base balance.


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Sample Type	: URINE	Report Status	: Final Report	

DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Value	Unit	Bio. Ref Interval
Urine Routine & Microscopy Extended			
PHYSICAL EXAMINATION			
Colour	Pale Yellow		Pale Yellow
Method: Visual			
Volume	25.00	mL	
Method: Visual			
Appearance	Clear		Clear
Method: Visual			
CHEMICAL EXAMINATION			
Specific Gravity	1.025		1.001 - 1.035
Method: Dipstick-Ion exchange			
pH	6.0		4.5 - 7.5
Method: Dipstick-Double indicator			
Glucose	Negative		Negative
Method: Dipstick-oxidase peroxidase			
Urine Protein	Negative		Negative
Method: Dipstick-Bromophenol blue			
Ketones	Negative		Negative
Method: Sodium nitroprusside			
Urobilinogen	Normal		Normal
Method: Dipstick-Ehrlichs Test			
Bilirubin	Negative		Negative
Method: Dipstick-Ehrlichs Test			
Nitrite	Negative		Negative
Method: Dipstick-Griess test			
Blood	Negative		Nil
Method: Dipstick-Peroxidase			
Leucocyte Esterase	Negative		Nil
Method: Dipstick- Esterase			
MICROSCOPIC EXAMINATION			
Pus Cells	2-3	/HPF	0 - 5
Method: Microscopic Examination			
Epithelial cells	1-2	/HPF	0 - 5
Method: Microscopic Examination			
RBCs	Nil	/HPF	Nil



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DEPARTMENT OF CLINICAL PATHOLOGY

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



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Sample Type	: Whole Blood EDTA	Report Status	: Final Report	

DEPARTMENT OF HAEMATOLOGY

Test Name	Value	Unit	Bio. Ref Interval
Complete Haemogram			
Haemoglobin (HB)	13.5	g/dL	13.0-17.0
Method: Photometric Measurement			
Total Leucocyte Count (TLC)	9.6	10 ³ /uL	4.0-10.0
Method: Coulter Principle			
Hematocrit (PCV)	42.2	%	40.0-50.0
Method: Calculated			
Red Blood Cell Count (RBC)	4.80	10 ⁶ /µl	4.50-5.50
Method: Coulter Principle			
Mean Corp Volume (MCV)	88.7	fL	83.0-101.0
Method: Derived from RBC Histogram			
Mean Corp Hb (MCH)	28.4	pg	27.0-32.0
Method: Calculated			
Mean Corp Hb Conc (MCHC)	32.0	g/dL	31.5-34.5
Method: Calculated			
RDW - CV	15.7	%	11.6-14.0
Method: Derived from RBC Histogram			
RDW - SD	49.40	fL	39.0-46.0
Method: Derived from RBC Histogram			
Mentzer Index	18.48	Ratio	
Method: Calculated			
RDWI	290.12	Ratio	
Method: Calculated			
Green and king index	92	Ratio	
Method: Calculated			
Differential Leucocyte Count			
Neutrophils	49.8	%	40 - 80
Method: VCS Technology			
Lymphocytes	35.8	%	20-40
Method: VCS Technology			
Monocytes	10.3	%	02 - 10
Method: VCS Technology			
Eosinophils	3.6	%	01 - 06
Method: VCS Technology			
Basophils	0.5	%	00 - 02



Dr. Divya Panda
MBBS , MD Pathology
Consultant Pathologist



SIN No:E0419809

The test was performed by **Healthians Labs (A Unit of Expedient Healthcare Marketing Private Limited) - Ground floor, Sri Krishna Heights, 100 feet Road, Plot No. 538, Sri Swamy Ayyappa Coop Housing Society Ltd, Madhapur, Hyderabad-500081** and validated by Authorized Medical Practitioner/ Lab Doctor

Patient Name	: Suresh Raju Yavanmandi	Barcode	: E0419809	
Age/Gender	: 38Y OM OD /Male	Sample Collected On	: 06/Feb/2024 05:58AM	
Order Id	: 10003830280	Sample Received On	: 06/Feb/2024 01:26PM	
Referred By	: Self	Report Generated On	: 06/Feb/2024 07:21PM	
Customer Since	: 06/Feb/2024	Sample Temperature	: Maintained ✓	
Sample Type	: Whole Blood EDTA	Report Status	: Final Report	

DEPARTMENT OF HAEMATOLOGY

Test Name	Value	Unit	Bio. Ref Interval
Method: VCS Technology			
Absolute Leucocyte Count			
Absolute Neutrophil Count (ANC)	4.78	10 ³ /uL	2.0-7.0
Method: Calculated			
Absolute Lymphocyte Count (ALC)	3.44	10 ³ /uL	1.0-3.0
Method: Calculated			
Absolute Monocyte Count	0.99	10 ³ /uL	0.2-1.0
Method: Calculated			
Absolute Eosinophil Count (AEC)	0.35	10 ³ /uL	0.02-0.5
Method: Calculated			
Absolute Basophil Count	0.05	10 ³ /uL	0.02 - 0.10
Method: Calculated			
Platelet Count(PLT)	274	10 ³ /µl	150-410
Method: Coulter Principle			
PDW	16.6	%	9.6 - 15.2
MPV	8.0	fL	7 - 9
Method: Derived from PLT Histogram			
PCT	0.22	%	0.19 - 0.39
ESR	3	mm/1st hour	0-10
Method: Modified Westergren Method			

The International Council for Standardization in Haematology (ICSH) recommends reporting of absolute counts of various WBC subsets for clinical decision making. This test has been performed on a fully automated 5 part differential cell counter which counts over 10,000 WBCs to derive differential counts. A complete blood count is a blood panel that gives information about the cells in a patient's blood, such as the cell count for each cell type and the concentrations of Hemoglobin and platelets. The cells that circulate in the bloodstream are generally divided into three types: white blood cells (leukocytes), red blood cells (erythrocytes), and platelets (thrombocytes). Abnormally high or low counts may be physiological or may indicate disease conditions, and hence need to be interpreted clinically.

The Mentzer index is used to differentiate iron deficiency anaemia beta thalassemia trait. If a CBC indicates microcytic anaemia, these are two of the most likely causes, making it necessary to distinguish between them.

If the quotient of the mean corpuscular volume divided by the red blood cell count is then 13, thalassemia is more likely. If the result is greater than 13, then iron-deficiency anaemia is more likely. Green and King Index used to differentiate IDA from thalassemia trait value >65 is likely to be Iron Deficiency Anemia and value <65 Beta Thalassemia Trait. For RDW Value >220 more likely to be Iron Deficiency Anemia and value <220 more likely to be Beta Thalassemia Trait .

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

An elevated ESR occurs as an early feature in myocardial infarction. Although a normal ESR cannot be taken to exclude the presence of organic disease, the vast majority of acute or chronic infections and most neoplastic and degenerative diseases are associated with changes in the plasma proteins that increase ESR values. An increased ESR in subjects who are HIV seropositive seems to be an early predictive marker of progression toward acquired immune deficiency syndrome (AIDS).

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



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DEPARTMENT OF HAEMATOLOGY

Test Name	Value	Unit	Bio. Ref Interval
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cells.

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



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Order Id	: 10003830280	Sample Received On	: 06/Feb/2024 02:06PM	
Referred By	: Self	Report Generated On	: 06/Feb/2024 03:24PM	
Customer Since	: 06/Feb/2024	Sample Temperature	: Maintained ✓	
Sample Type	: Serum	Report Status	: Final Report	

DEPARTMENT OF IMMUNOLOGY

Test Name	Value	Unit	Bio. Ref Interval
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Vitamin B12

VITAMIN B12	244	pg/ml	211 - 912
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Method: CLIA

Vitamin B12 is a coenzyme that is involved in two very important metabolic functions vital to normal cell growth and DNA synthesis: 1) the synthesis of methionine, and 2) the conversion of methylmalonyl CoA to succinyl CoA. Deficiency of this vitamin can lead to megaloblastic anemia and ultimately to severe neurological problems. Also causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes. A significant increase in RBC MCV may be an important indicator of vitamin B12 deficiency.

Patients taking vitamin B12 supplementation may have misleading results. A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12 . The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B12 concentrations are normal.

Vitamin D, 25-Hydroxy

VITAMIN D (25 - OH VITAMIN D)	11.30	ng/ml	30 - 100
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Method: CLIA

VITAMIN D STATUS	VITAMIN D 25 HYDROXY (ng/mL), Adult	VITAMIN D 25 HYDROXY (ng/mL), Pediatric
DEFICIENCY	<20	<15
INSUFFICIENCY	20 - 30	15 - 20
SUFFICIENCY	30 - 100	20 - 100

Vitamin D is a lipid-soluble steroid hormone that is produced in the skin through the action of sunlight or is obtained from dietary sources. The role of vitamin D in maintaining homeostasis of calcium and phosphorus is well established.

The assay measures both D2 (Ergocalciferol) and D3 (Cholecalciferol) metabolites of vitamin D. Vitamin D status is best determined by measurement of 25 hydroxy vitamin D, as it is the major circulating form and has longer half life (2-3 weeks) than 1,25 Dihydroxy vitamin D (5-8 hrs)

The reference ranges discussed in the preceding are related to total 25-OHD; as long as the combined total is 30 ng/mL or more, the patient has sufficient vitamin D. Levels needed to prevent rickets and osteomalacia (15 ng/mL) are lower than those that dramatically suppress parathyroid hormone levels (20–30 ng/mL). In turn, those levels are lower than levels needed to optimize intestinal calcium absorption (34 ng/mL). Neuromuscular peak performance is associated with levels approximately 38 ng/mL.


Dr. R Anitha
 MBBS , MD Biochemistry
 Consultant Biochemist



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DEPARTMENT OF IMMUNOLOGY

Test Name	Value	Unit	Bio. Ref Interval
Thyroid Profile (Total T3,T4, TSH)			
Tri-Iodothyronine (T3, Total) Method: CLIA	1.10	ng/ml	0.60-1.81
Thyroxine (T4, Total) Method: CLIA	11.20	ug/dl	3.2-12.6
Thyroid Stimulating Hormone (TSH)-Ultrasensitive Method: CLIA	3.7580	μIU/ml	0.55-4.78

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

Healthians recommends that the following potential sources of variation should be considered while interpreting thyroid hormone results:

1. Thyroid hormones undergo rhythmic variation within the body this is called circadian variation in TSH secretion: Peak levels are seen between 2-4 am. Minimum levels seen between 6-10 am. This variation may be as much as 50% thus, influence of sampling time needs to be considered for clinical interpretation.
2. Circulating forms of T3 and T4 are mostly reversibly bound with Thyroxine binding globulins (TBG), and to a lesser extent with albumin and Thyroid binding Pre-Albumin. Thus the conditions in which TBG and protein levels alter such as chronic liver disorders, pregnancy, excess of estrogens, androgens, anabolic steroids and glucocorticoids may cause misleading total T3, total T4 and TSH interpretations.
3. Total T3 and T4 levels are seen to have physiological rise during pregnancy and in patients on steroid treatment.
4. T4 may be normal the presence of hyperthyroidism under the following conditions : T3 thyrotoxicosis, Hypoproteinemia related reduced binding, during intake of certain drugs (eg Phenytoin, Salicylates etc)
5. Neonates and infants have higher levels of T4 due to increased concentration of TBG
6. TSH levels may be normal in central hypothyroidism, recent rapid correction of hypothyroidism or hyperthyroidism, pregnancy, phenytoin therapy etc.
7. TSH values of <0.03 uIU/mL must be clinically correlated to evaluate the presence of a rare TSH variant in certain individuals which is undetectable by conventional methods.
8. Presence of Autoimmune disorders may lead to spurious results of thyroid hormones
9. Various drugs can lead to interference in test results.
10. Healthians recommends evaluation of unbound fractions, that is free T3 (fT3) and free T4 (fT4) for clinic-pathologic correlation, as these are the metabolically active forms.

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


Dr. R Anitha
 MBBS , MD Biochemistry
 Consultant Biochemist



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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

Suresh Raju Yavanmandi

Booking ID : 10003830280 | Sample Collection Date : 06/Feb/2024


SUGGESTED NUTRITION
SUGGESTED NUTRITION
Do's

- Include seeds like flaxseeds, chia seeds, sunflower seeds
- Include fruits like apples, berries and melons in your diet
- Have a balanced diet that includes whole grains, pulses, dairy, fruits, vegetables, nuts and healthy fats
- Have dates and figs
- Take vitamin C rich foods like citrus fruits, strawberries and green, leafy vegetables
- Take a fiber rich diet that includes fruits, vegetables, seeds and whole grains
- Include calcium rich foods like milk, yoghurt, cheese and green, leafy vegetables
- Include Brazil nuts, sesame seeds, sunflower seeds

Dont's

- Limit sugar intake
- Limit tea and coffee
- Decrease intake of colas and sugary drinks
- Avoid refined carbs, processed foods
- Avoid the use of oil and avoid sauces and dressings
- Limit intake of salt
- Avoid red meat and organ meats
- Avoid packaged foods or readymade meats
- Reduce caffeine intake
- Avoid flavoured and seasoned foods

SUGGESTED LIFESTYLE
SUGGESTED LIFESTYLE
Do's

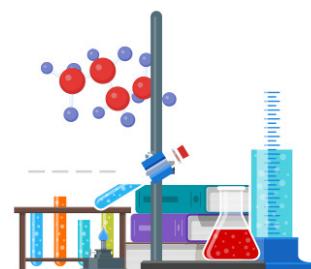
- Lose weight gradually and stay active
- Maintain ideal weight
- Have regular exposure to sunlight

Dont's

- Avoid late night heavy meals
- Avoid overworking or being stressed for long time
- Avoid smoking and alcohol
- Avoid overexertion without having food or drink
- Avoid strenuous exercises
- Limit dining out
- Don't ignore your body signals and don't skip your regular health check-ups

SUGGESTED FUTURE TESTS
SUGGESTED FUTURE TESTS

- Glycated Hemoglobin (HbA1c) - Every 3 Month
- Blood Glucose Fasting - Every 1 Week
- Glucose Postprandial - Every 1 Week
- Complete Hemogram - Every 1 Month
- Iron Studies With Ferritin - Every 1 Month
- Occult blood, Stool - Every 1 Month
- Reticulocyte Count - Every 1 Month



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

Suresh Raju Yavanmandi

Booking ID : 10003830280 | Sample Collection Date : 06/Feb/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!

**BALANCED DIET**

A balanced diet is the key to healthy lifestyle. Include Whole grains, vegetables, whole fruits, nuts, seeds, beans, plant oils in your diet.

It is recommended to always have a high protein breakfast and a light dinner. Avoid items such as processed foods, potatoes and high calorie/sugar products. Don't forget to drink water regularly!

BALANCED DIET**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.

**BMI**

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

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

BMI CHART**BMI**

Supplement Suggestions

Suresh Raju Yavanmandi

Booking ID : 10003830280 | Sample Collection Date : 06/Feb/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	
Glycated Hemoglobin (HbA1c)	DIABEAT-EASE	To order, call 1800-572-000-4
LDL Cholesterol -Direct	HEARTUP	

Suggestions for Improving Deficiencies



DIABEAT-EASE

Manage diabetes the all-natural way!

An all-natural supplement that helps in lowering your blood sugar levels, thus preventing the onset of diabetes and managing it if you are already a diabetic. By reducing blood sugar levels, this naturally-sourced diabetes supplement enables you to lead a productive life, while managing your diabetes in a safe and natural way.

Remember, ignoring diabetes can cause a lot of serious complications, including:

- Vision & Hearing Loss | • Nerve Damage | • Heart Attack | • Stroke | • Dementia

Infused with the ages-proven goodness of all-natural ingredients, DIABEAT-EASE is the perfect supplement to help you control diabetes without having to worry about side-effects. Sourced from nature's own pharmacy of herbs, the ingredients in DIABEAT-EASE present the following benefits:

Saunf

Helps control blood pressure & manage diabetes

Karela

Reduces blood sugar & reduces cholesterol levels

Chirata

Helps manage high blood pressure, diabetes & detoxifies blood

Ashwagandha

Reduces blood sugar, cholesterol, & triglycerides levels

Vijayasar

Helps manage diabetes by lowering down sugar cravings



HEARTUP

Improve your heart health, the natural way!

Lower your blood pressure and give your heart a healthy beat with HEART-UP, an all-natural supplement developed especially to promote good heart health. Harnessing the remedial properties of garlic, peepal, and cinnamon, this clinically proven natural supplement lowers your blood pressure, thus ensuring a healthy heart, which in turn means a healthy you.

If left unchecked, hypertension can lead to:

- Heart Failure | • Kidney Diseases | • Heart Attack | • Stroke | • Vascular Dementia

Infused with the ages-proven goodness of all-natural ingredients, HEART-UP is the perfect supplement to help you control hypertension or high blood pressure without having to worry about side effects. Sourced from nature's own pharmacy of herbs, the ingredients in HEART-UP present the following benefits:

Arjun Tree Extract

Reduces the risk of heart diseases with anti-hypertensive properties

Garlic

Helps manage blood pressure and lowers cholesterol

Peepal

Purifies the blood and boosts cardiac health

Jatamansi

Helps in alleviating anxiety, thus reducing the risk of high blood pressure

Cinnamon

Has anti-viral properties, reduces blood pressure, and lowers the risk of Type 2 diabetes

Supplement Suggestions

Suresh Raju Yavanmandi

Booking ID : 10003830280 | Sample Collection Date : 06/Feb/2024

Deficiency/Out of Range Parameter(s)	Suggested Supplement
Iron, Serum	IRON POWER
Vitamin D Total-25 Hydroxy	VITAMIN D3

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

Suggestions for Improving Deficiencies



IRON POWER

Your all natural weapon against Anaemia

IRON-POWER is a scientifically formulated and clinically proven all-natural supplement that helps you replenish iron in your system and significantly reduce the risk of anemia. This ayurvedic supplement increases blood production and iron levels to keep your body functioning optimally. Keep overall health robust and treat iron deficiency with IRON-POWER

It's widely known that iron is crucial for your health. A lack of iron intake or iron deficiency can cause serious health issues, such as:

- Heart problems | • Growth issues in children | • Pregnancy complications | • Depression
- | • Increased infection risk

Infused with the ages-proven goodness of all-natural ingredients, IRON-POWER is the perfect supplement to enhance and maintain your iron levels without having to worry about side effects. Sourced from nature's own pharmacy of herbs, the ingredients in IRON-POWER present the following benefits:

Orange Peel Extract

Rich in vitamin C. Helps maintain iron levels



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