

# India's trusted Health Test @Home Service

National Reference Laboratory in Delhi NCR



Booking ID : 11542424533

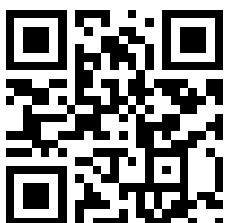
Sample Collection Date : 28/Aug/2024

**Anushtha Kushwaha**

Female, 30 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 &amp; Vital Parameters

Anushtha Kushwaha

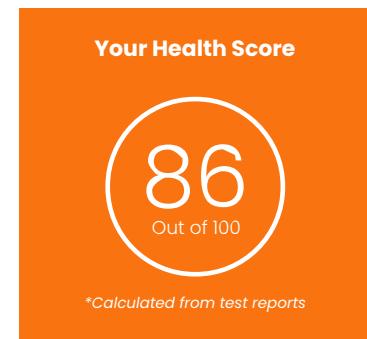
Booking ID : II542424533 | Sample Collection Date : 28/Aug/2024

Anushtha Kushwaha,

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

## 10 Vital Health Parameters of a Human Body Ecosystem

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



## Thyroid Function

Thyroid Stimulating Hormone (TSH)-Ultrasensitive : 1.84 µIU/ml

• Everything looks good



## Vitamin B12

Test not taken



## Cholesterol Total

271.3 mg/dl

• Concern



## Kidney Function

Serum Creatinine : 0.62 mg/dl

• Everything looks good



## Vitamin D

Test not taken



## HbA1c

Test not taken



## Liver Function

Alanine Aminotransferase (ALT/SGPT) : 31.1 U/L

• Everything looks good



## Calcium Total

8.8 mg/dl

• Everything looks good



## Iron studies

Test not taken



## Complete Hemogram

Haemoglobin (HB) : 13.2 g/dL

• Everything looks good

**HEALTH ANALYSIS****Critical Parameters**

Anushtha Kushwaha

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

**Urea, Serum**

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

**Impact on overall health?**

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

**How to improve health conditions?**

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

Your Result Value

 **14** mg/dl

Concern

Normal Value

 **17-43 mg/dl**

Patient Name : Anushtha Kushwaha  
 Age/Gender : 30Y OM OD /Female  
 Order Id : 11542424533  
 Referred By : Self  
 Customer Since : 28/Aug/2024  
 Sample Type : FLOURIDE PLASMA

Barcode : E1787687   
 Sample Collected On : 28/Aug/2024 04:35PM  
 Sample Received On : 28/Aug/2024 06:45PM  
 Report Generated On : 28/Aug/2024 07:43PM  
 Sample Temperature : Maintained ✓  
 ReportStatus : Final Report

## DEPARTMENT OF BIOCHEMISTRY

Test Name	Value	Unit	Bio. Ref Interval
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### Glucose-Random

 GLUCOSE, RANDOM

Method: Hexokinase

Machine: BECKMAN COULTER AU 5800

90

mg/dl

70 - 140



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 MBBS, MD (Biochemistry)  
 Consultant Biochemist, Healthians Labs



SIN No:E1787687

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Plot 1 & 2, Udyog Vihar, Phase-4, Gurgaon, Haryana, Pincode-122016 (CAP Number: 9019582 | NABL Accreditation Certificate Number MC-4245)

Patient Name	: Anushtha Kushwaha	Barcode	: E1787687	
Age/Gender	: 30Y OM OD /Female	Sample Collected On	: 28/Aug/2024 04:35PM	
Order Id	: 11542424533	Sample Received On	: 28/Aug/2024 06:34PM	
Referred By	: Self	Report Generated On	: 28/Aug/2024 09:31PM	
Customer Since	: 28/Aug/2024	Sample Temperature	: Maintained ✓	
Sample Type	: Serum	ReportStatus	: Final Report	

## DEPARTMENT OF BIOCHEMISTRY

Test Name	Value	Unit	Bio. Ref Interval
<b>Liver Function Test (LFT)</b>			
Serum Bilirubin, (Total) Method: DPD Machine: BECKMAN COULTER AU 5800	0.43	mg/dl	0.3 - 1.2
Serum Bilirubin, (Direct) Method: DPD Machine: BECKMAN COULTER AU 5800	0.06	mg/dl	0 - 0.2
Serum Bilirubin, (Indirect) Method: Calculated	0.37	mg/dl	0.0 - 0.8
Aspartate Aminotransferase (AST/SGOT) Method: IFCC WITHOUT P5P Machine: BECKMAN COULTER AU 5800	27.80	U/L	3 - 35
Alanine Aminotransferase (ALT/SGPT) Method: IFCC WITHOUT P5P Machine: BECKMAN COULTER AU 5800	31.1	U/L	3 - 35
Alkaline Phosphatase (ALP) Method: IFCC AMP BUFFER Machine: BECKMAN COULTER AU 5800	94.00	U/L	33-98
Gamma Glutamyl Transferase (GGT) Method: IFCC Machine: BECKMAN COULTER AU 5800	22.0	U/L	5- 38
Serum Total Protein Method: BIURET Machine: BECKMAN COULTER AU 5800	7.61	gm/dl	6.6 - 8.3
Serum Albumin Method: BROMOCRESOL GREEN Machine: BECKMAN COULTER AU 5800	4.43	g/dl	3.5 - 5.2
Serum Globulin Method: Calculated	3.18	gm/dl	3.0 - 4.2
Albumin/Globulin Ratio Method: Calculated	1.39	Ratio	1.2 - 2.5
SGOT/SGPT Ratio Method: Calculated	0.89	Ratio	0.7 - 1.4

Bilirubin is a yellowish pigment found in bile and is a breakdown product of normal heme catabolism. Elevated levels are a result of increased bilirubin production (e.g hemolysis and ineffective erythropoiesis), decreased bilirubin excretion (e.g.; obstruction and hepatitis) and abnormal bilirubin metabolism (e.g; hereditary and neonatal jaundice).

Conjugated (direct) bilirubin is elevated in conditions like- Hereditary disorders( Dubin Johnson syndrome, Rotor syndrome),Hepatocellular damage(e.g –viral ,toxic ,alcohol ,drugs) ,biliary duct obstruction (extrahepatic or intrahepatic), Infiltrations ,space occupying lesions(e.g



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Patient Name	: Anushtha Kushwaha	Barcode	: E1787687	
Age/Gender	: 30Y OM OD /Female	Sample Collected On	: 28/Aug/2024 04:35PM	
Order Id	: 11542424533	Sample Received On	: 28/Aug/2024 06:34PM	
Referred By	: Self	Report Generated On	: 28/Aug/2024 09:31PM	
Customer Since	: 28/Aug/2024	Sample Temperature	: Maintained ✓	
Sample Type	: Serum	ReportStatus	: Final Report	

## DEPARTMENT OF BIOCHEMISTRY

### Test Name

### Value

### Unit

### Bio. Ref Interval

metastasis, abscess , granuloma , amyloidosis. 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 attack or strenuous activity.

ALT is a liver specific enzyme 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. Obstructive liver disease, high alcohol consumption and use of enzyme-inducing drugs lead to raised GGT levels .

Serum total protein measures the total amount of protein in serum. It is largely comprised of albumin and globulins. Increased levels may be due to: Chronic inflammation or infection, including HIV and hepatitis B or C, multiple myeloma, Waldenstrom's disease. Decreased levels may be due to: Agammaglobulinemia, Bleeding (hemorrhage), Burns, Glomerulonephritis, Liver disease, Malabsorption, Malnutrition, Nephrotic Syndrome.

Albumin is the most abundant protein in the serum and is produced in the liver. Low serum albumin levels (hypoalbuminemia) can be caused by: Liver diseases like liver cirrhosis, nephrotic syndrome, protein-losing enteropathy, burns, hemodilution, increased vascular permeability or decreased lymphatic clearance, malnutrition and wasting .

Globulins are increased in most liver diseases , in chronic inflammatory diseases and neoplastic diseases



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Referred By	: Self	Report Generated On	: 28/Aug/2024 09:49PM	
Customer Since	: 28/Aug/2024	Sample Temperature	: Maintained ✓	
Sample Type	: SERUM	ReportStatus	: Final Report	

## DEPARTMENT OF BIOCHEMISTRY

Test Name	Value	Unit	Bio. Ref Interval
<b>Kidney Function Test1 (KFT1)</b>			
Serum Creatinine	0.62	mg/dl	0.3 - 1.2
Method: Modified Jaffe, Kinetic Machine: BECKMAN COULTER AU 5800			
GFR, ESTIMATED	122.78	mL/min/1.73m <sup>2</sup>	
Method: Calculated			
Serum Uric Acid	5.3	mg/dl	2.6-6.0
Method: Uricase PAP Machine: BECKMAN COULTER AU 5800			
Serum Calcium	8.8	mg/dl	8.8 - 10.6
Method: ARSENAZO III Machine: BECKMAN COULTER AU 5800			
Serum Phosphorus	2.6	mg/dl	2.5 - 4.5
Method: PHOSPHOMOLYBDATE COMPLEX Machine: BECKMAN COULTER AU 5800			
Serum Sodium	137	mmol/L	136 - 146
Method: ISE (Indirect) Machine: BECKMAN COULTER AU 5800			
Serum Chloride	103	mmol/L	101 - 109
Method: ISE (Indirect) Machine: BECKMAN COULTER AU 5800			
Blood Urea	14	mg/dl	17 - 43
Method: GLDH,Kinetic assay Machine: BECKMAN COULTER AU 5800			
Blood Urea Nitrogen (BUN)	6.6	mg/dl	8-20
Method: Calculated			
Bun/Creatinine Ratio	10.71	Ratio	
Method: Calculated			
Urea/Creatinine Ratio	22.90		

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,

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 Referred By : Self  
 Customer Since : 28/Aug/2024  
 Sample Type : SERUM

Barcode : E1787687   
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## DEPARTMENT OF BIOCHEMISTRY

**Test Name**
**Value**
**Unit**
**Bio. Ref Interval**

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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Customer Since	: 28/Aug/2024	Sample Temperature	: Maintained ✓	
Sample Type	: SERUM	ReportStatus	: Final Report	

## DEPARTMENT OF BIOCHEMISTRY

Test Name	Value	Unit	Bio. Ref Interval
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### Lipid Profile Basic

Total Cholesterol Method: ABELL KENDALL Machine: BECKMAN COULTER AU 5800	<b>271.3</b>	mg/dl	Desirable : <200 Borderline: 200-239 High : >/=240
Serum Triglycerides Method: GPO-POD Machine: BECKMAN COULTER AU 5800	<b>152.6</b>	mg/dl	Desirable : <150 Borderline high : 150-199 High : 200-499 Very high : >= 500
Serum HDL Cholesterol Method: ENZYMATIC IMMUNOINHIBITION Machine: BECKMAN COULTER AU 5800	58.2	mg/dl	40 - 60
LDL Cholesterol Calculated Method: Calculated	<b>182.58</b>	mg/dl	Optimal : <100 near /above Optimal:100 - 129 Borderline High: 130- 159 High : 160 - 189 Very High :>/=190
VLDL Cholesterol Calculated Method: Calculated	<b>30.52</b>	mg/dl	<30
Total CHOL / HDL Cholesterol Ratio Method: Calculated	<b>4.66</b>	Ratio	3.30 - 4.40
LDL / HDL Cholesterol Ratio Method: Calculated	<b>3.14</b>	Ratio	Desirable/Low Risk: 0.5-3.0 Line/Moderate Risk: 3.0-6.0 Elevated/High Risk: >6.0
HDL / LDL Cholesterol Ratio Method: Calculated	0.32	Ratio	Optimal->0.4 Moderate-0.4 to 0.3 High-<0.3
Non-HDL Cholesterol Method: Calculated	<b>213.1</b>	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.



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Patient Name : Anushtha Kushwaha  
 Age/Gender : 30Y OM OD /Female  
 Order Id : 11542424533  
 Referred By : Self  
 Customer Since : 28/Aug/2024  
 Sample Type : SERUM

Barcode : E1787687   
 Sample Collected On : 28/Aug/2024 04:35PM  
 Sample Received On : 28/Aug/2024 06:34PM  
 Report Generated On : 28/Aug/2024 09:49PM  
 Sample Temperature : Maintained ✓  
 ReportStatus : Final Report

## DEPARTMENT OF BIOCHEMISTRY

### Test Name

### Value

### Unit

### Bio. Ref Interval

LDL cholesterol is termed the “bad cholesterol” and their increased levels are associated with increased risk of atherosclerosis and coronary 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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Patient Name	: Anushtha Kushwaha	Barcode	: E1787687	
Age/Gender	: 30Y OM OD /Female	Sample Collected On	: 28/Aug/2024 04:35PM	
Order Id	: 11542424533	Sample Received On	: 28/Aug/2024 06:35PM	
Referred By	: Self	Report Generated On	: 28/Aug/2024 09:01PM	
Customer Since	: 28/Aug/2024	Sample Temperature	: Maintained ✓	
Sample Type	: URINE	ReportStatus	: Final Report	

## DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Value	Unit	Bio. Ref Interval
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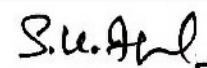
### Urine Routine & Microscopy Extended

#### PHYSICAL EXAMINATION

 Colour	Pale Yellow	Pale Yellow
Method: Visual		
 Volume	15.00	mL
Method: Visual		
 Appearance	Clear	Clear
Method: Visual		

#### CHEMICAL EXAMINATION

 Specific Gravity	1.005	1.001 - 1.035
Method: Acid ionic exchange		
Machine: DIRUI FUS 2000		
 pH	5.5	4.5 - 7.5
Method: pH indicator method		
Machine: DIRUI FUS 2000		
 Glucose	Negative	Negative
Method: Glucose oxidase enzyme reaction		
Machine: DIRUI FUS 2000		
 Urine Protein	Negative	Negative
Method: protein error method		
Machine: DIRUI FUS 2000		
 Ketones	Negative	Negative
Method: Sodium nitroprusside		
Machine: DIRUI FUS 2000		
 Urobilinogen	Normal	Normal
Method: Diazonium salt		
Machine: DIRUI FUS 2000		
 Bilirubin	Negative	Negative
Method: Diazotized Dichloroaniline reaction		
Machine: DIRUI FUS 2000		
 Nitrite	Negative	Negative
Method: Griess method		
Machine: DIRUI FUS 2000		
 Blood	Negative	Negative
Method: Peroxidase-like method		
Machine: DIRUI FUS 2000		



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Referred By	: Self	Report Generated On	: 28/Aug/2024 09:01PM	
Customer Since	: 28/Aug/2024	Sample Temperature	: Maintained ✓	
Sample Type	: URINE	ReportStatus	: Final Report	

## DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Value	Unit	Bio. Ref Interval
Leucocyte Esterase	Negative		Negative

Method: Pyrrole diazonium reaction  
Machine: DIRUI FUS 2000

### MICROSCOPIC EXAMINATION

Pus Cells	1-2	/HPF	0 - 5
Method: Microscopic Examination			
Epithelial cells	1-2	/HPF	0 - 5
Method: Microscopic Examination			
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	Absent		
Method: Microscopic Examination			
Others (Non Specific)	Nil		
Method: Direct & Concentration technique /Microscopy			

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 hemorrhage 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).

Nitrates are not present in normal urine. Ingested nitrates 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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SIN No:E1787687



Patient Name	: Anushtha Kushwaha	Barcode	: E1787687	
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Order Id	: 11542424533	Sample Received On	: 28/Aug/2024 06:24PM	
Referred By	: Self	Report Generated On	: 28/Aug/2024 07:20PM	
Customer Since	: 28/Aug/2024	Sample Temperature	: Maintained ✓	
Sample Type	: Whole Blood EDTA	Report Status	: Final Report	

## DEPARTMENT OF HAEMATOLOGY

<b>Test Name</b>	<b>Value</b>	<b>Unit</b>	<b>Bio. Ref Interval</b>
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### ERYTHROCYTE SEDIMENTATION RATE (ESR)

 ESR

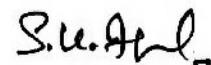
Method: Kinetic Red Cells Aggregation

Machine: ALIFAX TEST - 1

**14**

mm/1st hour

0-12



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Patient Name : Anushtha Kushwaha  
 Age/Gender : 30Y OM OD /Female  
 Order Id : 11542424533  
 Referred By : Self  
 Customer Since : 28/Aug/2024  
 Sample Type : WHOLE BLOOD EDTA

Barcode : E1787687   
 Sample Collected On : 28/Aug/2024 04:35PM  
 Sample Received On : 28/Aug/2024 06:24PM  
 Report Generated On : 28/Aug/2024 06:52PM  
 Sample Temperature : Maintained ✓  
 ReportStatus : Final Report

## DEPARTMENT OF HAEMATOLOGY

Test Name	Value	Unit	Bio. Ref Interval
<b>Complete Blood Count</b>			
Haemoglobin (HB)	13.2	g/dL	12.0-15.0
Method: Photometry Machine: BECKMAN COULTER DxH900			
Total Leucocyte Count (TLC)	8.0	10 <sup>3</sup> /uL	4.0-10.0
Method: Impedance Machine: BECKMAN COULTER DxH900			
Hematocrit (PCV)	40.3	%	36.0-46.0
Method: Calculated Machine: BECKMAN COULTER DxH900			
Red Blood Cell Count (RBC)	4.50	10 <sup>6</sup> /µl	3.80-4.80
Method: Impedance Machine: BECKMAN COULTER DxH900			
Mean Corp Volume (MCV)	90.5	fL	83.0-101.0
Method: Derived from RBC Histogram Machine: BECKMAN COULTER DxH900			
Mean Corp Hb (MCH)	29.7	pg	27.0-32.0
Method: Calculated Machine: BECKMAN COULTER DxH900			
Mean Corp Hb Conc (MCHC)	32.8	g/dL	31.5-34.5
Method: Calculated Machine: BECKMAN COULTER DxH900			
RDW - CV	14.0	%	11.6-14.0
Method: Derived from RBC Histogram Machine: BECKMAN COULTER DxH900			
RDW - SD	44.60	fL	39.0-46.0
Method: Derived from RBC Histogram Machine: BECKMAN COULTER DxH900			
Mentzer Index	20.11	Ratio	
Method: Calculated			
RDWI	281.56	Ratio	
Method: Calculated			
Green and king index	87	Ratio	
Method: Calculated			
<b>Differential Leucocyte Count</b>			
Neutrophils	62.7	%	40 - 80
Method: VCS Technology Machine: BECKMAN COULTER DxH900			



DR. SAKESH AGARWAL  
MBBS, DCP, HEALTHIANS LABS



SIN No:E1787687



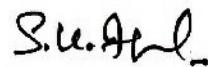
Patient Name : Anushtha Kushwaha  
 Age/Gender : 30Y OM OD /Female  
 Order Id : 11542424533  
 Referred By : Self  
 Customer Since : 28/Aug/2024  
 Sample Type : WHOLE BLOOD EDTA

Barcode : E1787687   
 Sample Collected On : 28/Aug/2024 04:35PM  
 Sample Received On : 28/Aug/2024 06:24PM  
 Report Generated On : 28/Aug/2024 06:52PM  
 Sample Temperature : Maintained ✓  
 ReportStatus : Final Report

## DEPARTMENT OF HAEMATOLOGY

Test Name	Value	Unit	Bio. Ref Interval
Lymphocytes	27.3	%	20-40
Method: VCS Technology Machine: BECKMAN COULTER DxH900			
Monocytes	6.0	%	02 - 10
Method: VCS Technology Machine: BECKMAN COULTER DxH900			
Eosinophils	3.6	%	01 - 06
Method: VCS Technology Machine: BECKMAN COULTER DxH900			
Basophils	0.4	%	00 - 02
Method: VCS Technology Machine: BECKMAN COULTER DxH900			
<b>Absolute Leucocyte Count</b>			
Absolute Neutrophil Count (ANC)	5.02	10^3/uL	2.0-7.0
Method: Calculated Machine: BECKMAN COULTER DxH900			
Absolute Lymphocyte Count (ALC)	2.18	10^3/uL	1.0-3.0
Method: Calculated Machine: BECKMAN COULTER DxH900			
Absolute Monocyte Count	0.48	10^3/uL	0.2-1.0
Method: Calculated Machine: BECKMAN COULTER DxH900			
Absolute Eosinophil Count (AEC)	0.29	10^3/uL	0.02-0.5
Method: Calculated Machine: BECKMAN COULTER DxH900			
Absolute Basophil Count	0.03	10^3/uL	0.02 - 0.10
Method: Calculated Machine: BECKMAN COULTER DxH900			
Platelet Count(PLT)	302	10^3/µl	150-410
Method: Impedance Machine: BECKMAN COULTER DxH900			
MPV	9.8	fL	7 - 9
Method: Derived from PLT Histogram Machine: BECKMAN COULTER DxH900			

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.



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Patient Name : Anushtha Kushwaha  
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 Sample Type : WHOLE BLOOD EDTA

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 Sample Temperature : Maintained ✓  
 ReportStatus : Final Report

## DEPARTMENT OF HAEMATOLOGY

### Test Name

### Value

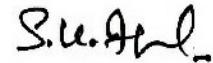
### Unit

### Bio. Ref Interval

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.



SIN No:E1787687



**DR. SAKESH AGARWAL**  
**MBBS, DCP, HEALTHIANS LABS**



Patient Name	: Anushtha Kushwaha	Barcode	: E1787687	
Age/Gender	: 30Y OM OD /Female	Sample Collected On	: 28/Aug/2024 04:35PM	
Order Id	: 11542424533	Sample Received On	: 28/Aug/2024 06:34PM	
Referred By	: Self	Report Generated On	: 28/Aug/2024 09:49PM	
Customer Since	: 28/Aug/2024	Sample Temperature	: Maintained ✓	
Sample Type	: Serum	ReportStatus	: Final Report	

## DEPARTMENT OF IMMUNOLOGY

Test Name	Value	Unit	Bio. Ref Interval
<b>Thyroid Profile (Total T3,T4, TSH)</b>			
Tri-Iodothyronine (T3, Total)	1.01	ng/ml	0.60-1.81
Method: CLIA			
Thyroxine (T4, Total)	8.40	ug/dl	3.2-12.6
Method: CLIA			
Thyroid Stimulating Hormone (TSH)-Ultrasensitive	1.844	µIU/ml	0.55-4.78
Method: CLIA			

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

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

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

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



**Dr. Rachna Kalani**  
**MBBS, MD (Biochemistry)**  
**Consultant Biochemist, Healthians Labs**




SIN No:E1787687

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

Plot 1 & 2, Udyog Vihar, Phase-4, Gurgaon, Haryana, Pincode-122016 (CAP Number: 9019582 | NABL Accreditation Certificate Number MC-4245)

## **Terms & Conditions:**

- 1) Machine Data is available for last 7 days only. In case of manual testing & outsourced testing, machine data will not be available.
- 2) CBC parameters may vary when it is manually reviewed by the Pathologists.
- 3) **For Thyroid tests** - Circulating TSH shows a normal circadian rhythm with a peak between 11pm-5am and a nadir between 5pm-8pm. TSH values are also lowered after food when compared to fasting in a statistically significant manner. This variation is of the order of ±50%, hence time of day and fasting status have influence on the reported TSH level.
- 4) **For Lipid profile** - Lipid and Lipoprotein concentrations vary during the normal course of daily activity. Also, certain drugs, diet and alcohol can have lasting effects on Triglyceride levels. To obtain best results for Lipid testing, a strict fasting of 10-12 hours with a light meal on the previous night is recommended.
- 5) Test results released pertain to the specimen submitted.
- 6) Test results are dependent on the quality of the sample received by the Lab.
- 7) The tests are carried out in the lab with the presumption that the specimen belongs to the patient named or identified in the bill/test request form/booking ID.
- 8) The reported results are for information and are subject to confirmation and interpretation by the referring doctor to co-relate clinically.
- 9) Test results may show interlaboratory variations.
- 10) Liability of Healthians for deficiency of services or other errors and omissions shall be limited to the fee paid by the patient for the relevant laboratory services.
- 11) This report is not subject to use for any medico-legal purposes.
- 12) Few of the tests might be outsourced to partner labs as and when required.
- 13) This report is not intended to replace but to lead by providing comprehensive information. It is recommended that you consult your doctor/physician for interpretation of results.
- 14) All reports might not be applicable for individuals less than 18, pregnant women or individuals suffering from diseases for which health test has not been performed or symptoms not diagnosed.
- 15) This report is based on preventive health test screening and is meant for a healthy lifestyle. It does not provide any recommendation for life threatening situations.
- 16) It is strongly recommended to take required precautions for allergic reactions or sensitivities.
- 17) Authorised partner labs as mentioned for certain tests are as below:  
HL/PL/001- Metropolis Healthcare Ltd  
HL/PL/002- Thyrcare Technologies Limited  
HL/PL/003- Lifecell International Pvt. Ltd. - Laboratory Services  
HL/PL/004- Modern Diagnostic & Research Centre

## About Healthians Labs

### **How we control Report Accuracy at Healthians**



#### **Quality Control**

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



#### **Machine Data**

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



#### **QR Code**

QR Code based authenticity check on all its reports



#### **Calibration**

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



#### **Equipment**

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



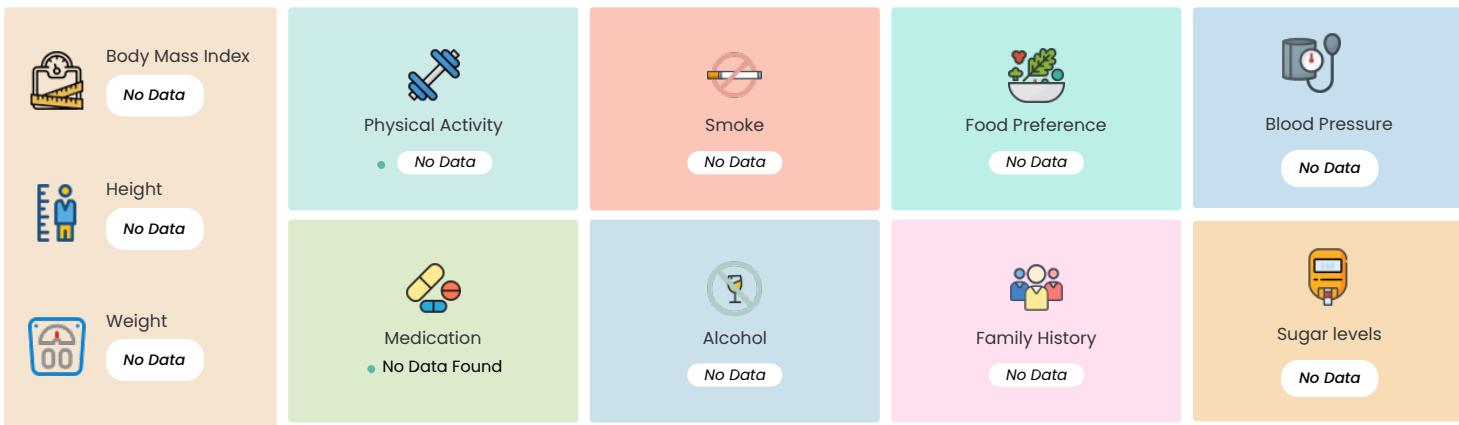
#### **EQA**

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

**ADVISORY**
**Health Advisory**

Anushtha Kushwaha

Booking ID : II542424533 | Sample Collection Date : 28/Aug/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 whole grains in your diet like whole wheat bread and other products, brown rice or hand pounded rice, oats
- Include fresh garlic and fenugreek seeds in your diet

**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
- Avoid high cholesterol and calorie dense foods
- Avoid red meat and organ meats
- Limit the use of oil and avoid sauces and dressings

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

- Sleep well at night and do relaxing activities
- Maintain ideal weight
- Lose weight gradually and stay active

**Dont's**

- Avoid overexertion without having food or drink
- Avoid strenuous exercises
- Avoid smoking and alcohol
- Avoid late night heavy meals
- Avoid overeating or calorie rich food
- Avoid long periods of inactivity

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

- Complete Hemogram - **Every 2 Month**
- Peripheral Smear Examination By Pathologist - **Every 2 Month**
- Lipid Profile - **Every 3 Month**
- Liver Function Test - **Every 3 Month**
- Kidney Function Test - **Every 3 Month**
- Blood Glucose Fasting - **Every 3 Month**
- HsCRP High Sensitivity CRP - **Every 4 Month**

