

# India's trusted Health Test @Home Service

National Reference Laboratory in Delhi NCR



Booking ID : 12055127140

Sample Collection Date : 05/Nov/2024

**Ahmed Hamza**

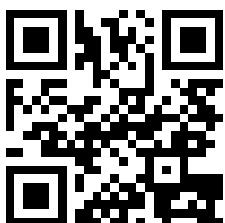
Male, 30 Yrs

Healthians  
Relationship  
Status



## 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**

Ahmed Hamza

Booking ID : I2055127140 | Sample Collection Date : 05/Nov/2024

**Ahmed Hamza,**

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**
**81**

Out of 100

\*Calculated from test reports

**Thyroid Function**

Thyroid Stimulating Hormone (TSH) - Ultrasensitive : 5.3 uIU/ml  
• Concern


**Cholesterol Total**

156 mg/dl  
• Everything looks good


**Kidney Function**

Serum Creatinine : 1.07 mg/dl  
• Everything looks good


**Vitamin D**

39.3 ng/ml  
• Everything looks good


**HbA1c**

5.4 %  
• Everything looks good


**Vitamin B12**

449 pg/ml  
• Everything looks good


**Liver Function**

Alanine Aminotransferase (ALT/SGPT) : 31.7 U/L  
• Everything looks good


**Calcium Total**

10 mg/dl  
• Everything looks good


**Iron studies**

Serum Iron : 122 µg/dl  
• Everything looks good


**Complete Hemogram**

Haemoglobin (HB) : 13.1 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.

Ahmed Hamza

Booking ID 12055127140 | Sample Collection Date: 05/Nov/2024

### Patient Summary Report

Dear Ahmed,

Thank you for sharing your recent health test results. It's understandable to feel concerned when faced with various test findings. Let's take a closer look at the results and what they might mean for your health.

Several of your test parameters are outside the normal range, indicating that your body may be experiencing some challenges. For instance, there are indications of inflammation, as well as some imbalances in your lipid profile, which can affect heart health. Additionally, your blood count shows some variations that could suggest nutritional deficiencies or other underlying conditions.

While these results may seem alarming, it's important to remember that they are just one piece of the puzzle. Many factors can influence these values, and with the right approach, you can work towards improving your overall health.

### Suggestions for Improvement

1.

Balanced Diet

: Focus on incorporating a variety of nutrient-rich foods into your diet. Emphasizing fruits, vegetables, whole grains, and lean proteins can help address some of the imbalances noted in your tests.

2.

Regular Exercise

: Engaging in regular physical activity can significantly improve your lipid profile and overall cardiovascular health. Aim for at least 150 minutes of moderate exercise each week, such as brisk walking, cycling, or swimming.

3.

Hydration and Rest

: Ensure you are drinking enough water throughout the day and getting adequate sleep. Both hydration and rest are crucial for your body's recovery and overall well-being.

4.

Routine Monitoring

: Consider scheduling regular health check-ups to monitor your progress. Keeping track of your health can help you and your healthcare provider make informed decisions about your lifestyle and any necessary adjustments.

Remember, taking small, manageable steps can lead to significant improvements over time. Your health journey is unique, and with the right support and lifestyle changes, you can work towards achieving your health goals.

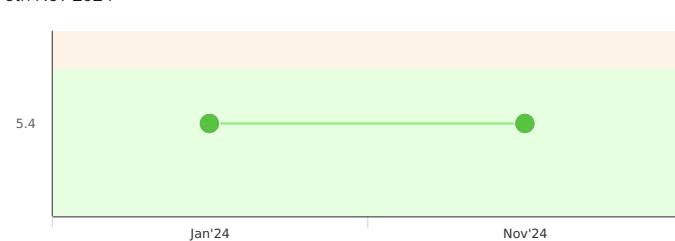
**HEALTH ANALYSIS**
**HISTORICAL CHARTS**
**Glycated Hemoglobin (HbA1c)**

Your Latest result

**5.4 %**

5th Nov 2024

Everything looks good


**Hemoglobin Hb**

Your Latest result

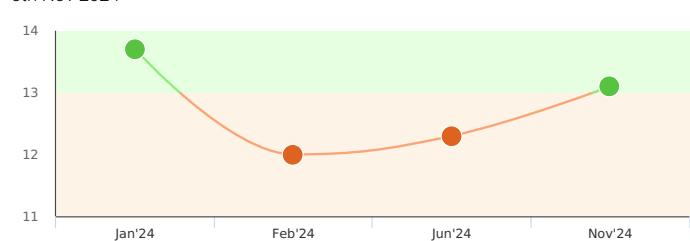
**13.1 g/dL**

5th Nov 2024

Ahmed Hamza

Booking ID : 12055127140 | Sample Collection Date : 05/Nov/2024

Everything looks good

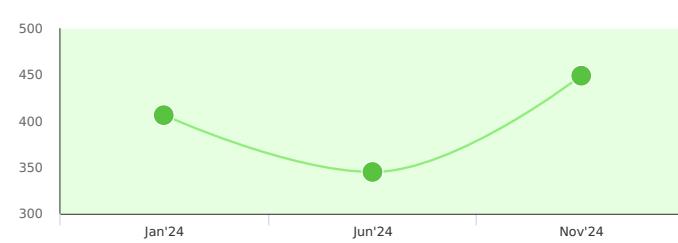

**Vitamin B12 Cyanocobalamin**

Your Latest result

**449 pg/ml**

5th Nov 2024

Everything looks good

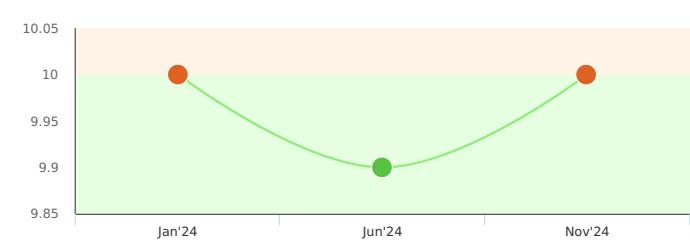

**Calcium Total, Serum**

Your Latest result

**10 mg/dl**

5th Nov 2024

Everything looks good

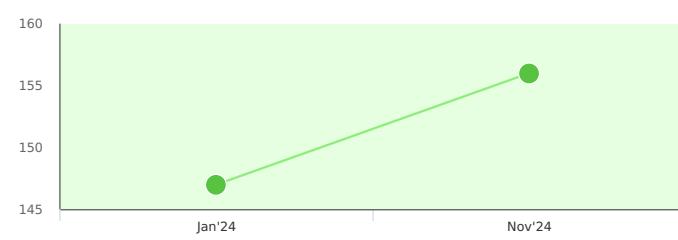

**Cholesterol-Total, Serum**

Your Latest result

**156 mg/dl**

5th Nov 2024

Everything looks good

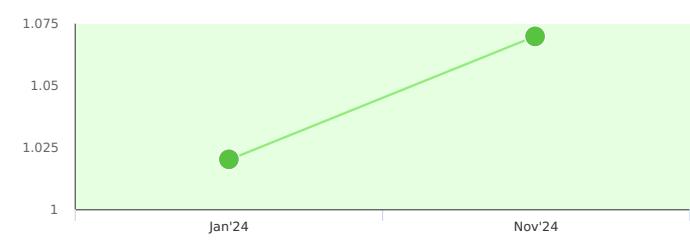

**Creatinine, Serum**

Your Latest result

**1.07 mg/dl**

5th Nov 2024

Everything looks good

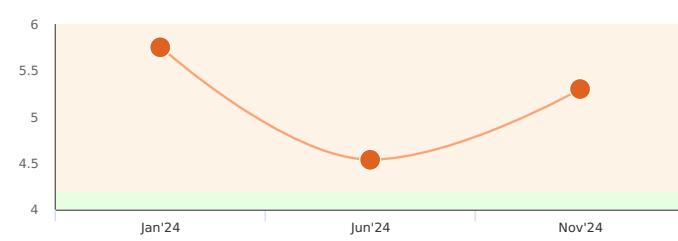

**TSH Ultra - Sensitive**

Your Latest result

**5.3 uIU/ml**

5th Nov 2024

Concern

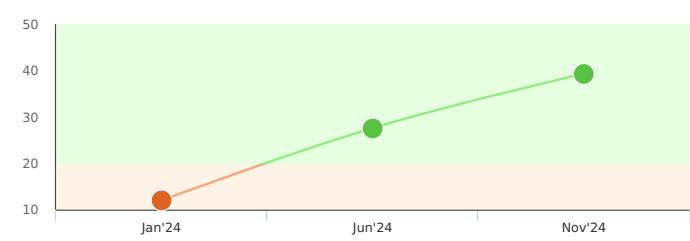

**Vitamin D Total-25 Hydroxy**

Your Latest result

**39.3 ng/ml**

5th Nov 2024

Everything looks good



## HEALTH ANALYSIS

## COMPARATIVE CHARTS

↑ Increase From Last Time      ↓ Decrease From Last Time

Total Parameters : 26  
(As per latest result)

Ahmed Hamza

Booking ID : 12055127140 | Sample Collection Date : 05/Nov/2024

20 Everything Looks Good

1 Borderline

5 Concern

Test Name	Risk Area	1 Month Ago	3 Months Ago	4 Months Ago	Latest Result 05 Nov 2024
		Booking ID 9849780248 14 Jan 2024 12:00 PM	Booking ID 10129897120 18 Feb 2024 10:30 AM	Booking ID 10925636221 06 Jun 2024 11:00 AM	
Cholesterol-Total, Serum 0 - 200 Normal Range	--	147 mg/dl	-	-	↑ 156 mg/dl Everything Looks Good
HDL Cholesterol Direct 40 - 60 Normal Range		27.5 mg/dl	-	-	↓ 26.6 mg/dl Low (Concern)
Triglycerides, Serum 0 - 150 Normal Range	--	139 mg/dl	-	-	↓ 123 mg/dl Everything Looks Good
Alkaline Phosphatase, Serum 40 - 129 Normal Range	--	93.9 u/L	-	-	↓ 86 u/L Everything Looks Good
GGTP (Gamma GT) 10 - 71 Normal Range	--	16.2 u/L	-	-	↓ 14.6 u/L Everything Looks Good
Proteins, Serum 6.4 - 8.3 Normal Range	--	7.89 g/dl	-	-	↑ 7.98 g/dl Everything Looks Good
SGOT/AST 10 - 50 Normal Range	--	31.4 u/L	-	-	↓ 29.5 u/L Everything Looks Good
SGPT/ALT 10 - 50 Normal Range	--	42.4 u/L	-	-	↓ 31.7 u/L Everything Looks Good
ESR Automated 0 - 10 Normal Range		-	12 mm/1st hour	↑ 19 mm/1st hour	↓ 14 mm/1st hour High (Concern)
Hemoglobin Hb 13.0 - 17.0 Normal Range	--	13.7 g/dL	↓ 12 g/dL	↑ 12.3 g/dL	↑ 13.1 g/dL Everything Looks Good
Platelet Count Thrombocyte count 150 - 410 Normal Range	--	174 10^3/ $\mu$ L	↑ 176 10^3/ $\mu$ L	↓ 166 10^3/ $\mu$ L	↓ 164 10^3/ $\mu$ L Everything Looks Good
T3, Total Tri Iodothyronine 80 - 200 Normal Range	--	169 ng/dL	-	↓ 123 ng/dL	↑ 145 ng/dL Everything Looks Good

## HEALTH ANALYSIS

## COMPARATIVE CHARTS

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T4, Total Thyroxine <small>5.1 -14.1</small> Normal Range	--	12.9 ug/dl	-	↓ 10.1 ug/dl	↑ 12 ug/dl	Everything Looks Good		
TSH Ultra - Sensitive <small>0.270 -4.20</small> Normal Range		5.75 uiu/ml	-	↓ 4.54 uiu/ml	↑ 5.3 uiu/ml	High (Concern)		
Iron, Serum <small>33 -193</small> Normal Range	--	-	-	66.8 μg/dl	↑ 122 μg/dl	Everything Looks Good		
Calcium Total, Serum <small>8.6 -10.0</small> Normal Range	--	10 mg/dl	-	↓ 9.9 mg/dl	↑ 10 mg/dl	Borderline		
Chlorides, Serum <small>98 -107</small> Normal Range	--	103 mmol/L	-	-	↓ 102 mmol/L	Everything Looks Good		
Creatinine, Serum <small>0.70 -1.20</small> Normal Range	--	1.02 mg/dl	-	-	↑ 1.07 mg/dl	Everything Looks Good		
Phosphorus-Inorganic, Serum <small>2.5 -4.5</small> Normal Range	--	3.7 mg/dl	-	-	↑ 4.1 mg/dl	Everything Looks Good		
Sodium, Serum <small>136 -145</small> Normal Range	--	139 mmol/L	-	-	139 mmol/L	Everything Looks Good		
Urea, Serum <small>16.6 -48.5</small> Normal Range	--	23 mg/dl	-	-	↓ 21 mg/dl	Everything Looks Good		
Uric Acid, Serum <small>3.4 -7.0</small> Normal Range		7.1 mg/dl	-	-	↑ 7.6 mg/dl	High (Concern)		
Glycated Hemoglobin (HbA1c) <small>4.2 -5.7</small> Normal Range	--	5.4 %	-	-	5.4 %	Everything Looks Good		
Vitamin D Total-25 Hydroxy <small>20 -100</small> Normal Range	--	12 ng/ml	-	↑ 27.6 ng/ml	↑ 39.3 ng/ml	Everything Looks Good		

## HEALTH ANALYSIS

## COMPARATIVE CHARTS

Ahmed Hamza

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↑ Increase  
From Last Time↓ Decrease  
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HsCRP High Sensitivity CRP 0.0 - 5.0 Normal Range	--	-	-	-	<b>0.44</b> mg/L Everything Looks Good
Amylase Enzymatic, Serum 28 -100 Normal Range		-	-	-	<b>113</b> u/L High (Concern)

Patient Name	: Ahmed Hamza	Barcode	: E2014554	
Age/Gender	: 30Y OM OD /Male	Sample Collected On	: 05/Nov/2024 01:12PM	
Order Id	: 12055127140	Sample Received On	: 05/Nov/2024 03:05PM	
Referred By	: Self	Report Generated On	: 05/Nov/2024 06:22PM	
Customer Since	: 07/Aug/2023	Sample Temperature	: Maintained ✓	
Sample Type	: Whole Blood EDTA	Report Status	: Final Report	

## DEPARTMENT OF BIOCHEMISTRY HBA1C

### Healthy India 2024 Full Body Checkup Signature

Test Name	Value	Unit	Bio. Ref Interval
<b>HbA1c - Glycosylated Hemoglobin</b>			
HbA1c (Glycosylated Hemoglobin)	5.40	%	4.2 - 5.7
Method: HPLC			
Machine: TOSOH G8			
Average Estimated Glucose - plasma	108.28	mg/dl	
Method: Calculated			

**INTERPRETATION:**
**AS PER AMERICAN DIABETES ASSOCIATION (ADA):**
**REFERENCE GROUP**

Non diabetic  
At Risk (Prediabetes)  
Diagnosing Diabetes

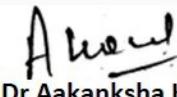
**GLYCOSYLATED HEMOGLOBIN (HbA1c) in %**

<5.7	
5.7 – 6.4	
>= 6.5	
<b>Age &gt; 19 Years</b>	
Goals of Therapy:	< 7.0
Actions Suggested:	> 8.0
<b>Age &lt; 19 Years</b>	
Goal of therapy:	< 7.5

Therapeutic goals for glycemic control

**REMARKS**

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

Dr Aakanksha Koul.  
MD Pathology  
Lab Head, Consultant Pathologist  
Healthians Labs



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Referred By	: Self	Report Generated On	: 05/Nov/2024 06:22PM
Customer Since	: 07/Aug/2023	Sample Temperature	: Maintained ✓
Sample Type	: Serum	Report Status	: Final Report

**DEPARTMENT OF BIOCHEMISTRY**  
**Healthy India 2024 Full Body Checkup Signature**

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

**Glucose, Fasting** 91.6 mg/dl 70 - 100  
Method: Hexokinase  
Machine: ROCHE COBAS PURE

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.

## Rheumatoid Factor (RA) - Quantitative - Serum

**RHEUMATOID FACTOR** <10 IU/ml <14  
Method: Latex-Enhanced Immunoturbidimetric

Rheumatoid factor is an immunoglobulin present in serum of 50 -95% of adults with Rheumatoid arthritis(RA).It appears in serum and synovial

fluid

**Increased in :** RA ,Chronic hepatitis , chronic viral infection ,Cirrhosis, SLE, Scleroderma ,syphilis ,Infectious mononucleosis,

  
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## DEPARTMENT OF BIOCHEMISTRY

### Healthy India 2024 Full Body Checkup Signature

Test Name	Value	Unit	Bio. Ref Interval
<b>Amylase - Serum</b>	<b>113</b>	U/L	28 - 100

AMYLASE

Method: Enzymatic IFCC

Machine: ROCHE COBAS PURE

Amylase is produced by exocrine pancreas and also by the salivary glands. It is used to evaluate pancreatic function and also used in the diagnosis and management of pancreatitis.

Diseases resulting in elevation of plasma alpha-amylase include: acute pancreatitis, parotitis, alcoholism, renal insufficiency and diseases such as viral hepatitis, AIDS, abdominal typhoid, sarcoidosis and trauma to the upper abdomen. There is also a detectable increase in amylase after an ERCP procedure. In acute pancreatitis, amylase increases 5-6 hours after the onset of symptoms and remains elevated for 2-5 days. The increase in plasma activity does not reflect disease severity and conversely, extensive destruction of the pancreas may not cause a significant increase in the plasma concentration of pancreatic alpha-amylase.

### hs CRP (C-Reactive Protein high sensitive)

HS-CRP (HIGH SENSITIVITY C-REACTIVE PROTEIN) 0.44 mg/L <5

Method: Immunoturbidimetric

Machine: ROCHE COBAS PURE

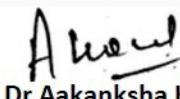
The CDC/AHA recommended the following hsCRP cut-off points (tertiles) for CVD risk assessment.

hsCRP level (mg/L)	Relative risk
<1.0	low
1.0-3.0	average
>3.0	high

High sensitivity C-reactive protein, when used in conjunction with other clinical laboratory evaluation of acute coronary syndromes, may be useful as an independent marker of prognosis for recurrent events in patients with stable coronary disease or acute coronary syndrome. Hs-CRP levels should not be substituted for assessment of traditional cardiovascular risk factors. Patients with persistently unexplained, marked elevation of hs-CRP after repeated testing should be evaluated for non-cardiovascular etiologies.

#### Clinical significance :

Hs-CRP measurements may be used as an independent risk marker for the identification of individuals at risk for future cardiovascular disease. Elevated CRP values may be indicative of prognosis of individuals with acute coronary syndromes, and may be useful in the management of such individuals.

  
**Dr Aakanksha Koul.**  
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**Lab Head, Consultant Pathologist**  
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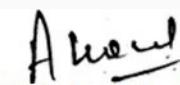

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Sample Type	: Serum	Report Status	: Final Report	

## DEPARTMENT OF BIOCHEMISTRY

### Healthy India 2024 Full Body Checkup Signature

Test Name	Value	Unit	Bio. Ref Interval
<b>Liver Function Test (LFT)</b>			
Serum Bilirubin, (Total) Method: Diazo Machine: ROCHE COBAS PURE	0.74	mg/dl	0.0 - 1.2
Serum Bilirubin, (Direct) Method: Diazo Machine: ROCHE COBAS PURE	<b>0.32</b>	mg/dl	0.0 - 0.30
Serum Bilirubin, (Indirect) Method: Calculated	0.42	mg/dl	0.0 - 0.9
Aspartate Aminotransferase (AST/SGOT) Method: IFCC Kinetic Machine: ROCHE COBAS PURE	29.50	U/L	10 - 50
Alanine Aminotransferase (ALT/SGPT) Method: IFCC Machine: ROCHE COBAS PURE	31.7	U/L	10 - 50
Alkaline Phosphatase (ALP) Method: IFCC AMP Buffer Machine: ROCHE COBAS PURE	86.00	U/L	40 - 129
Gamma Glutamyl Transferase (GGT) Method: IFCC Machine: ROCHE COBAS PURE	14.6	U/L	10 - 71
Serum Total Protein Method: Biuret Machine: ROCHE COBAS PURE	7.98	g/dl	6.4 - 8.3
Serum Albumin Method: Bromo Cresol Green(BCG) Machine: ROCHE COBAS PURE	4.99	g/dL	3.5 - 5.2
Serum Globulin Method: Calculated	2.99	gm/dl	2.0 - 3.5
Albumin/Globulin Ratio Method: Calculated	1.67	Ratio	1.2 - 2.5
SGOT/SGPT Ratio Method: Calculated	0.93	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



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## DEPARTMENT OF BIOCHEMISTRY

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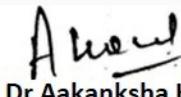
Test Name	Value	Unit	Bio. Ref Interval
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reaction & a common metabolic condition termed Gilbert syndrome.

AST levels increase in viral hepatitis, blockage of the bile duct ,cirrhosis of the liver, liver cancer, kidney failure, hemolytic anemia, pancreatitis, hemochromatosis. Alt levels may also increase after a heart attack or strenuous activity. ALT is commonly measured as a part of a diagnostic evaluation of hepatocellular injury, to determine liver health. Elevated ALP levels are seen in Biliary Obstruction, Osteoblastic Bone Tumors, Osteomalacia, Hepatitis, Hyperparathyroidism, Leukemia, Lymphoma, paget's disease, Rickets, Sarcoidosis etc.

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

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



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SIN No:E2014554

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

Paropkar Estate Private Limited 32, Shyama Prasad Mukherjee Road, Ward No. 73, Bhowanipore, Kolkata, Pincode – 700025

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Referred By	: Self	Report Generated On	: 05/Nov/2024 06:22PM	
Customer Since	: 07/Aug/2023	Sample Temperature	: Maintained ✓	
Sample Type	: SERUM	Report Status	: Final Report	

## DEPARTMENT OF BIOCHEMISTRY

### Healthy India 2024 Full Body Checkup Signature

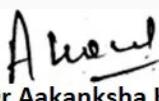
Test Name	Value	Unit	Bio. Ref Interval
<b>Iron study</b>			
Serum Iron Method: Ferrozine Machine: ROCHE COBAS PURE	122.0	µg/dl	33 - 193
UIBC Method: Ferrozine Machine: ROCHE COBAS PURE	190.00	µg/dl	125 - 345
Serum Total Iron Binding Capacity (TIBC) Method: FE+UIBC (saturation with iron)	312	µg/dl	250 - 400
Transferrin Saturation % Method: Calculated	39.1	%	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).

  
**Dr Aakanksha Koul.**  
**MD Pathology**  
**Lab Head, Consultant Pathologist**  
**Healthians Labs**


Patient Name	: Ahmed Hamza	Barcode	: E2014554	
Age/Gender	: 30Y OM OD /Male	Sample Collected On	: 05/Nov/2024 01:12PM	
Order Id	: 12055127140	Sample Received On	: 05/Nov/2024 03:01PM	
Referred By	: Self	Report Generated On	: 05/Nov/2024 06:22PM	
Customer Since	: 07/Aug/2023	Sample Temperature	: Maintained ✓	
Sample Type	: SERUM	Report Status	: Final Report	

## DEPARTMENT OF BIOCHEMISTRY

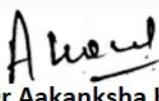
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Test Name	Value	Unit	Bio. Ref Interval
<b>Kidney Function Test1 (KFT1)</b>			
Serum Creatinine Method: Jaffes Kinetic Machine: ROCHE COBAS PURE	1.07	mg/dl	0.70 - 1.20
GFR, ESTIMATED Method: Calculated	95.74	mL/min/1.73m <sup>2</sup>	
Serum Uric Acid Method: Uricase Machine: ROCHE COBAS PURE	7.6	mg/dl	3.4 - 7.0
Serum Calcium Method: NM- BAPTA Machine: ROCHE COBAS PURE	10.0	mg/dl	8.6 - 10.0
Serum Phosphorus Method: Phosphomolybdate/UV Machine: ROCHE COBAS PURE	4.1	mg/dl	2.5 - 4.5
Serum Sodium Method: ISE (Indirect) Machine: ROCHE COBAS PURE	139	mmol/L	136 - 145
Serum Chloride Method: ISE (Indirect) Machine: ROCHE COBAS PURE	102	mmol/L	98 - 107
Blood Urea Method: Urease Machine: ROCHE COBAS PURE	21	mg/dl	16.6 - 48.5
Blood Urea Nitrogen (BUN) Method: Calculated	10.0	mg/dl	6 - 20
Bun/Creatinine Ratio Method: Calculated	9.30	Ratio	
Urea/Creatinine Ratio Method: Calculated	19.91	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.



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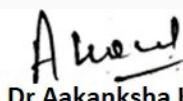
#### Test Name

#### Value

#### Unit

#### Bio. Ref Interval

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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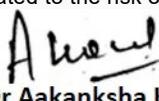
## DEPARTMENT OF BIOCHEMISTRY

### Healthy India 2024 Full Body Checkup Signature

Test Name	Value	Unit	Bio. Ref Interval
<b>Lipid Profile Basic</b>			
Total Cholesterol Method: Enzymatic Machine: ROCHE COBAS PURE	156.0	mg/dl	Desirable : <200 Borderline: 200-239 High : >/=240
Serum Triglycerides Method: Enzymatic Machine: ROCHE COBAS PURE	123.0	mg/dl	Desirable : <150 Borderline high : 150-199 High : 200-499 Very high : > 500
Serum HDL Cholesterol Method: ENZYMATIC Machine: ROCHE COBAS PURE	<b>26.6</b>	mg/dl	40 - 60
LDL Cholesterol Calculated Method: Calculated	<b>104.80</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	24.6	mg/dl	<30
Total CHOL / HDL Cholesterol Ratio Method: Calculated	<b>5.86</b>	Ratio	3.30 - 4.40
LDL / HDL Cholesterol Ratio Method: Calculated	<b>3.94</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	0.25	Ratio	Optimal->0.4 Moderate-0.4 to 0.3 High-<0.3
Non-HDL Cholesterol Method: Calculated	129.4	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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#### Test Name

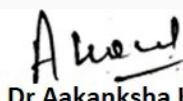
#### Value

#### 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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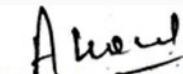


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Sample Type	: URINE	Report Status	: Final Report	

## DEPARTMENT OF CLINICAL PATHOLOGY

### Healthy India 2024 Full Body Checkup Signature

Test Name	Value	Unit	Bio. Ref Interval
<b>Urine Routine &amp; Microscopy Extended</b>			
<b>PHYSICAL EXAMINATION</b>			
Colour	Pale Yellow		Pale Yellow
Method: Visual			
Volume	25.00	mL	
Method: Visual			
Appearance	Clear		Clear
Method: Visual			
<b>CHEMICAL EXAMINATION</b>			
Specific Gravity	1.015		1.001 - 1.035
Method: Dipstick-Ion exchange			
Machine: Transesia Laura V2			
pH	6.0		4.5 - 7.5
Method: Dipstick-Double indicator			
Machine: Transesia Laura V2			
Glucose	Negative		Negative
Method: Dipstick-oxidase peroxidase			
Machine: Transesia Laura V2			
Urine Protein	Negative		Negative
Method: Dipstick-Bromophenol blue			
Machine: Transesia Laura V2			
Ketones	Negative		Negative
Method: Sodium nitroprusside			
Machine: Transesia Laura V2			
Urobilinogen	Normal		Normal
Method: Dipstick-Ehrlichs Test			
Machine: Transesia Laura V2			
Bilirubin	Negative		Negative
Method: Dipstick-Ehrlichs Test			
Machine: Transesia Laura V2			
Nitrite	Negative		Negative
Method: Dipstick-Griess test			
Machine: Transesia Laura V2			
Blood	Negative		Nil
Method: Dipstick-Peroxidase			
Machine: Transesia Laura V2			



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Test Name	Value	Unit	Bio. Ref Interval
Leucocyte Esterase	Negative		Nil
Method: Dipstick- Esterase			
Machine: Transesia Laura V2			
<b>MICROSCOPIC EXAMINATION</b>			
Pus Cells	0-2	/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		Absent
Others (Non Specific)	Nil		
Method: Microscopic Examination			

The main indication for testing for glucose in urine is detection of unsuspected diabetes mellitus or follow-up of known diabetic patients. Renal glycosuria accounts for 5% of cases of glycosuria in general population.

Proteinuria can be seen in nephrotic syndrome, pyelonephritis, heavy metal poisoning, tuberculosis of kidney, interstitial nephritis, cystinosis, Fanconi syndrome , rejection of kidney transplant. Hemodynamic proteinuria is transient and can be seen in high fever, hypertension, heavy exercise, congestive cardiac failure, seizures, and exposure to cold. Post-renal proteinuria is caused by inflammatory or neoplastic conditions in renal pelvis, ureter, bladder, prostate, or urethra.

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

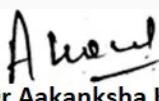
Presence of bilirubin in urine indicates conjugated hyperbilirubinemia (obstructive or hepatocellular jaundice). Bile salts along with bilirubin can be detected in urine in cases of obstructive jaundice. Normally about 0.5-4 mg of urobilinogen is excreted in urine in 24 hours. Therefore, a small amount of urobilinogen is normally detectable in urine. Increased urobilinogen in urine can be seen due to hemolysis , megaloblastic anemia and haemorrhage in tissues. Decreased urobilinogen can be seen in obstructive jaundice, reduction of intestinal bacterial flora, neonates and following antibiotic treatment. The presence of abnormal number of intact red blood cells in urine is called as hematuria. It implies presence of a bleeding lesion in the urinary tract. Hematuria can be seen in glomerular diseases like Glomerulonephritis, Berger's disease, lupus nephritis, Henoch-Schonlein purpura, non glomerular diseases like Calculus, tumor, infection, tuberculosis, pyelonephritis, hydronephrosis, polycystic kidney disease, trauma, after strenuous physical exercise, diseases of prostate (benign hyperplasia of prostate, carcinoma of prostate).

Nitrites are not present in normal urine. Ingested nitrites are converted to nitrate and excreted

in urine. If gram-negative bacteria (e.g. E.coli, Salmonella, Proteus, Klebsiella, etc.) are present in urine, they will reduce the nitrates to nitrites through the action of bacterial enzyme nitrate reductase. As E. coli is the commonest organism causing urinary tract infection, this test is helpful as a screening test for urinary tract infection.

Some organisms like Staphylococci or Pseudomonas do not reduce nitrate to nitrite and therefore in such infections nitrite test is negative.

Leucocyte esterase test detects esterase enzyme released in urine from granules of leucocytes. Thus the test is positive in pyuria.

  
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Sample Type	: Whole Blood EDTA	Report Status	: Final Report	

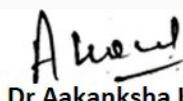
### DEPARTMENT OF HAEMATOLOGY

Test Name	Value	Unit	Bio. Ref Interval
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#### ERYTHROCYTE SEDIMENTATION RATE (ESR)

ESR	14	mm/1st hour	0-10
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Method: Modified Westergren Method  
Machine: Transesia Cube 30

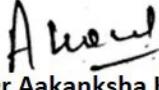
  
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## DEPARTMENT OF HAEMATOLOGY

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Test Name	Value	Unit	Bio. Ref Interval
<b>Complete Blood Count</b>			
Haemoglobin (HB)	13.1	g/dL	13.0-17.0
Method: Photometric Measurement			
Machine: BECKMAN COULTER DXH-900			
Total Leucocyte Count (TLC)	7.0	10^3/uL	4.0-10.0
Method: Coulter Principle			
Machine: BECKMAN COULTER DXH-900			
Hematocrit (PCV)	41.3	%	40.0-50.0
Method: Calculated			
Machine: BECKMAN COULTER DXH-900			
Red Blood Cell Count (RBC)	<b>5.90</b>	10^6/µl	4.50-5.50
Method: Coulter Principle			
Machine: BECKMAN COULTER DXH-900			
Mean Corp Volume (MCV)	<b>70.6</b>	fL	83.0-101.0
Method: Derived from RBC Histogram			
Machine: BECKMAN COULTER DXH-900			
Mean Corp Hb (MCH)	<b>22.4</b>	pg	27.0-32.0
Method: Calculated			
Machine: BECKMAN COULTER DXH-900			
Mean Corp Hb Conc (MCHC)	31.8	g/dL	31.5-34.5
Method: Calculated			
Machine: BECKMAN COULTER DXH-900			
RDW - CV	<b>14.6</b>	%	11.6-14.0
Method: Derived from RBC Histogram			
Machine: BECKMAN COULTER DXH-900			
RDW - SD	<b>37.20</b>	fL	39.0-46.0
Method: Derived from RBC Histogram			
Machine: BECKMAN COULTER DXH-900			
Mentzer Index	11.97	Ratio	
Method: Calculated			
RDWI	174.71	Ratio	
Method: Calculated			
Green and king index	56	Ratio	
Method: Calculated			
<b>Differential Leucocyte Count</b>			
Neutrophils	54.0	%	40 - 80
Method: VCS Technology			

  
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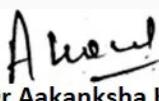
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Test Name	Value	Unit	Bio. Ref Interval
Machine: BECKMAN COULTER DXH-900 Lymphocytes Method: VCS Technology	33.1	%	20-40
Machine: BECKMAN COULTER DXH-900 Monocytes Method: VCS Technology	6.2	%	02 - 10
Machine: BECKMAN COULTER DXH-900 Eosinophils Method: VCS Technology	6.1	%	01 - 06
Machine: BECKMAN COULTER DXH-900 Basophils Method: VCS Technology	0.6	%	00 - 02
<b>Absolute Leucocyte Count</b>			
Absolute Neutrophil Count (ANC) Method: Calculated	3.78	10^3/uL	2.0-7.0
Machine: BECKMAN COULTER DXH-900 Absolute Lymphocyte Count (ALC) Method: Calculated	2.32	10^3/uL	1.0-3.0
Machine: BECKMAN COULTER DXH-900 Absolute Monocyte Count Method: Calculated	0.43	10^3/uL	0.2-1.0
Machine: BECKMAN COULTER DXH-900 Absolute Eosinophil Count (AEC) Method: Calculated	0.43	10^3/uL	0.02-0.5
Machine: BECKMAN COULTER DXH-900 Absolute Basophil Count Method: Calculated	0.04	10^3/uL	0.02 - 0.10
Machine: BECKMAN COULTER DXH-900 Platelet Count(PLT) Method: Coulter Principle	164	10^3/µl	150-410
Machine: BECKMAN COULTER DXH-900 MPV Method: Derived from PLT Histogram	16.7	fL	7 - 9
Machine: BECKMAN COULTER DXH-900			

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.

  
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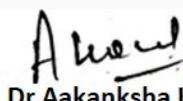
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(thrombocytes). Abnormally high or low counts may be physiological or may indicate disease conditions, and hence need to be interpreted clinically.

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

If the quotient of the mean corpuscular volume divided by the red blood cell count is then 13, thalassemia is more likely. If the result is greater than 13, then iron-deficiency anaemia is more likely.

  
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## DEPARTMENT OF IMMUNOLOGY

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Test Name	Value	Unit	Bio. Ref Interval
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#### Vitamin B12

**VITAMIN B12** 449 pg/ml 197 - 771

Method: ECLIA

Machine: ROCHE COBAS PURE

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

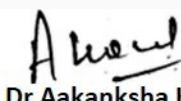
<b>VITAMIN D (25 - OH VITAMIN D)</b>	39.30	ng/ml	Deficient - <=20, Insufficient- 21-<=29, Sufficient- 30-100, Upper safety Limit >100
Method: ECLIA			
Machine: ROCHE COBAS PURE			

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 Aakanksha Koul.  
MD Pathology  
Lab Head, Consultant Pathologist  
Healthians Labs



Patient Name	: Ahmed Hamza	Barcode	: E2014554	
Age/Gender	: 30Y OM OD /Male	Sample Collected On	: 05/Nov/2024 01:12PM	
Order Id	: 12055127140	Sample Received On	: 05/Nov/2024 03:01PM	
Referred By	: Self	Report Generated On	: 05/Nov/2024 06:22PM	
Customer Since	: 07/Aug/2023	Sample Temperature	: Maintained ✓	
Sample Type	: Serum	Report Status	: Final Report	

## DEPARTMENT OF IMMUNOLOGY

### Healthy India 2024 Full Body Checkup Signature

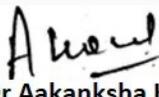
Test Name	Value	Unit	Bio. Ref Interval
<b>Thyroid Profile (Total T3,T4, TSH)</b>			
Tri-Iodothyronine (T3, Total) Method: ECLIA Machine: ROCHE COBAS PURE	145.00	ng/dL	80 - 200
Thyroxine (T4, Total) Method: ECLIA Machine: ROCHE COBAS PURE	12.00	ug/dl	5.1 - 14.1
Thyroid Stimulating Hormone (TSH)-Ultrasensitive Method: ECLIA Machine: ROCHE COBAS PURE	5.300	uIU/ml	0.270 - 4.20

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

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

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

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

  
**Dr Aakanksha Koul.**  
**MD Pathology**  
**Lab Head, Consultant Pathologist**  
**Healthians Labs**


# Result Report

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## PatientID:

Record Date: 2024/11/05 15:22:14

Barcode: E2014554

SampleNo: 11050022

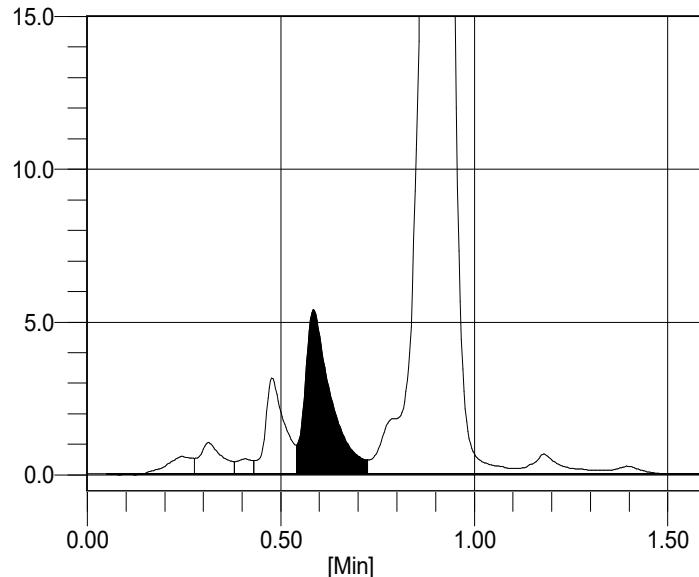
CALIB : Y = 1.1676X + 0.4915

NAME	%	TIME	AREA
A1A	0.4	0.24	4.81
A1B	0.7	0.31	7.90
F	0.2	0.41	2.58
LA1C+	1.8	0.48	20.16
SA1C	5.4	0.58	47.17
A0	92.7	0.89	1015.38
		TOTAL AREA	1098.00

**HbA1C 5.4 %**

HbA1 6.6 % HbF 0.2 %

[%]



**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- Thyrocare Technologies Limited  
HL/PL/003- Lifecell International Pvt. Ltd. - Laboratory Services  
HL/PL/004- Modern Diagnostic & Research Centre

**ADVISORY**
**Health Advisory**

Ahmed Hamza

Booking ID : 12055127140 | Sample Collection Date : 05/Nov/2024

**19.72** Body Mass Index

**170** Height (ft/in)

**57** Weight (kgs.)

**Physical Activity**  
No Data

**Smoke**  
No Data

**Food Preference**  
No Data

**Alcohol**  
No Data

**Medication**  
No Data

**Family History**  
No Data

**Blood Pressure**  
No Data

**Pulse Rate**  
No Data

**Waist (In Cm)**  
No Data

**Hip Circumference (In Cm)**  
No Data

**SPO2 Levels**  
No Data

**Sugar Levels**  
No Data

**Additional Remarks :**

NA

**SUGGESTED NUTRITION**
**SUGGESTED NUTRITION**
**Do's**

- Add fresh fruits and vegetables
- Include seeds like flaxseeds, chia seeds, sunflower seeds
- 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
- Have dates and figs
- Take vitamin C rich foods like citrus fruits, strawberries and green, leafy vegetables
- Include whole grains in your diet like whole wheat bread and other products, brown rice or hand pounded rice, oats
- Include calcium rich foods like milk, yoahurt, cheese

**Dont's**

- Avoid flavoured and seasoned foods
- Avoid saturated fats, transfats, oily and greasy foods like cakes, creamy or fried foods
- Avoid red meat and organ meats
- Decrease intake of colas and sugary drinks
- Limit intake of salt
- Avoid refined carbs, processed foods
- Avoid the use of oil and avoid sauces and dressings
- Avoid salty foods and pickles
- Limit protein intake
- Limit sugar intake

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

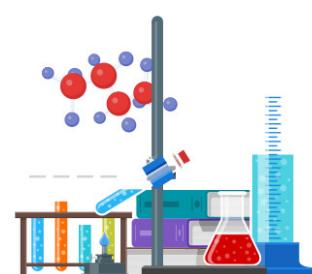
- Maintain ideal weight
- Have regular exposure to sunlight
- Stay active and maintain ideal weight

**Dont's**

- Avoid overworking or being stressed for long time
- Avoid having long gaps in meals or skipping meals
- Avoid smoking and alcohol
- Avoid overexertion without having food or drink
- Avoid strenuous exercises
- Limit dining out
- Avoid long periods of inactivity
- Avoid overeating or calorie rich food

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

- Liver Function Test - **Every 1 Month**
- Kidney Function Test - **Every 1 Month**
- Amylase Enzymatic, Serum - **Every 1 Month**
- Lipase, Serum - **Every 1 Month**
- Complete Hemogram - **Every 2 Month**
- Peripheral Smear Examination By Pathologist - **Every 2 Month**
- Iron Studies - **Every 3 Month**



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

Ahmed Hamza

Booking ID : I2055127140 | Sample Collection Date : 05/Nov/2024

**PHYSICAL ACTIVITY**
**PHYSICAL ACTIVITY**

Physical activities can vary from Regular walks (Brisk or normal), Jogging , Sports, Stretching, Yoga to light weight lifting etc. It is recommended to partake in physical activity at least 30 minutes a day for 3-4 days a week.

If regular workout is difficult, then we can adapt changes such as using stairs instead of lift/escalators and doing household work!


**STRESS MANAGEMENT**
**STRESS MANAGEMENT**

Managing stress is an essential part of well-being. Some day to day changes can help such as having sufficient sleep (6-8 hours), indulging yourself in meditation, positive attitude towards lifestyle, using humor, traveling, talking to people whom you feel comfortable with and making time for hobbies by doing what you love to do.

**BALANCED DIET**

**BMI**

BMI recommended range is 18.5 to 24.9. Your BMI is **19.72**, which is on a normal side.

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

**BMI CHART**

**SUGGESTED BMI**

## Supplement Suggestions

Ahmed Hamza

Booking ID : 12055127140 | Sample Collection Date : 05/Nov/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	
TSH Ultra - Sensitive	THYRO FIX	<b>To order, call 1800-572-000-4</b>

## Suggestions for Improving Deficiencies



### THYRO FIX

Here's nature's way to improve your thyroid function.

THYRO-FIX is a scientifically formulated and clinically proven all-natural supplement that helps strike the optimum balance of your thyroid levels. Whether hyperthyroidism or hypothyroidism, this ayurvedic supplement keeps your thyroid balanced and optimally functioning. Take the all-natural road to a healthy thyroid with THYRO-FIX.

Be it hyperthyroidism or hypothyroidism, untreated thyroid conditions can cause serious health issues, such as:

- Cardiovascular Diseases | • Brittle Bones | • Eye Issues | • Infertility | • Mental Health Concerns

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

#### Arjun Tree Extract

Decreases thyroid levels in hyperthyroidism to maintain hormonal balance

#### Ashwagandha

Increases thyroid levels in hypothyroidism to maintain hormonal balance

#### Anantmool

Anti-inflammatory & anti-oxidant properties reduce the symptoms of thyroid disorder

#### Asparagus

Regulates blood sugar levels & promotes heart health



### IMMUNO-PLUS

Give your immunity a boost the all-natural way.

IMMUNO-PLUS is the perfect all-natural herbal supplement to boost your immune system and strengthens your body's defenses against diseases and infections. IMMUNO-PLUS provides your immune system the necessary reinforcement to keep you safe and healthy.

A weakened immune system opens you to a host of illnesses, such as:

- Recurring Infections | • Heightened Risk of Cancer | • Autoimmune Disorders | • Slow Growth Rate | • Serious Damage to the Heart, Lungs, Digestive Tract & the Nervous System

Infused with the ages-proven goodness of all-natural ingredients, IMMUNO-PLUS is the perfect supplement to strengthen your immune system without having to worry about side effects. Sourced from nature's own pharmacy of herbs, the ingredients in IMMUNO-PLUS present the following benefits:

#### Amla

Boosts immunity & Stores antioxidants

#### Jetwatika

Antioxidant properties strengthen the immune system

#### Aloe Vera

Fights against oxygenated rogue molecules in the blood

#### Ashwagandha

Reinforces the immune system to increase its fighting ability

#### Ginger

Anti-inflammatory & antioxidant effects reinforce the immune system

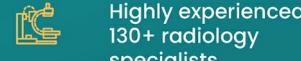


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### About Healthians Labs

### How we control Report Accuracy at Healthians



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



#### Machine Data

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



#### QR Code

QR Code based authenticity check on all its reports



#### Calibration

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



#### Equipment

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



#### EQA

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

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