

# India's largest Health Test @Home Service

India's Most Awarded Healthcare Brand



Booking ID : 2866081882

**Nikunj**

Male, 25 Years

## 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 or alternatively follow below steps :



| Go to [bit.ly/verifyqr](http://bit.ly/verifyqr) on your mobile



| Scan the QR Code

Nikunj | Booking ID : 2866081882

## Healthians Smart Report

### A Self explanatory Health Diagnostics Report

Healthians Smart report is **India's most innovative** and easy to understand report that describes all information in an intuitive way required for **better health & lifestyle** of customers

Below are the sections which depict what you can expect from this report , how you can read this report and use it for your well-being.

#### 1. Health Analysis

This section summarizes your test results, your critical health parameters and on basis of them where you should draw your attention to. This has been determined by lab results & health karma questions which you answered regarding your lifestyle.



#### 2. Historical Charts

These charts are a way to measure and keep a track of how your health has progressed over time. We depict important parameters here and depending on your test history, the charts describe rise and fall of your health metrics.



#### 3. Lab Test Results

Comprehensive test results generated through use of latest technology and quality checks by health experts. This section provides an exhaustive view of which tests you have taken, ideal result and your actual result with highlighted focus points.



#### 4. Health Advisory

An Advisory section suggesting what modifications to bring in your nutrition & lifestyle, recommendations on your BMI along with regular tests and further consultations to pursue for a healthier future.



#### 5. General Recommendations

Brief view of general preventive test recommendations categorized by age groups. Refer this section to know at what age, which tests are necessary and at what frequency they should be booked.



#### Disclaimer:

- 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.
- 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.
- 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.
- It is strongly recommended to take required precautions for allergic reactions or sensitivities.

## HEALTH ANALYSIS

## Personalized Summary &amp; Vital Parameters

Nikunj

Booking ID : 2866081882

Nikunj,

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.

**Comorbidities: Yes**

\* Adults of any age with Comorbidities are at increased risk of severe illness from the virus that causes COVID-19.


**Your Health Score**

80

Out of 100

\*Calculated from test reports

**Thyroid Function**

Thyroid Stimulating Hormone (TSH)-Ultrasensit : 2.48 uIU/ml

- Everything looks good


**Cholesterol Total**

148 mg/dl

- Everything looks good


**Kidney Function**

Serum Creatinine : 0.70 mg/dl

- Concern


**Vitamin D**

67.50 ng/ml

- Everything looks good


**HbA1c**

6.00 %

- Concern


**Vitamin B12**

126 pg/ml

- Concern


**Liver Function**

Alanine Aminotransferase (ALT/SGPT) : 68.0 U/l

- Concern


**Calcium Total**

9.5 mg/dl

- Everything looks good


**Iron studies**

Serum Iron : 95.0 ug/dl

- Everything looks good


**Complete Hemogram**

Haemoglobin (HB) : 14.4 g/dl

- Everything looks good

## HEALTH ANALYSIS

## Critical Parameters

Nikunj

Booking ID : 2866081882

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

**Creatinine, Serum**

Creatinine is a chemical waste in your blood, produced from muscle metabolism and excess meat consumption. It is normally removed from your blood by your kidneys, but when kidney function slows down, the creatinine level rises. The Creatinine Serum test is hence required to monitor kidney functions.

**Impact on overall health?**

This test assesses your kidney function, determines your risk of kidney damage and renal complications of high blood pressure or diabetes.

**How to improve health conditions?**

In case of high creatinine levels, consult a doctor for clinical evaluation and discuss further tests. It is often advisable to reduce protein intake and avoid strenuous exercises.

Your Result Value

**↓0.7 mg/dl**

Concern

Normal Value

**• 0.84-1.25 mg/dl****CRP (C Reactive Protein) Quantitative, Serum**

C-reactive protein (CRP) is a substance produced by the liver in response to inflammation. This blood test is used to assess the possibility of inflammation in the body or to monitor the treatment of an inflammatory condition.

**Impact on overall health?**

This test can determine your risk for heart disease or stroke, inflammatory conditions like arthritis and upper respiratory infection, certain infections and some cancers.

**How to improve health conditions?**

For high levels of CRP, see a doctor for complete evaluation. Further investigations for specific conditions may be required, based on your symptoms and clinical examination.

Your Result Value

**↑6.1 mg/L**

Concern

Normal Value

**• 0-5 mg/L****WBC-Total Counts Leucocytes**

WBC total measures the count of white blood cells (WBC) in blood. This test is used to screen or diagnose conditions which influence the WBC count. It helps diagnose infection or inflammatory conditions.

**Impact on overall health?**

High values indicate infection, or inflammation or allergies. An abnormally high count is seen in severe infections, leukaemia and decreased levels in bone marrow depression.

**How to improve health conditions?**

If your WBC count is high or low, consult your physician for clinical evaluation, other tests and treatment. Lifestyle modifications like exercise and avoiding smoking can help.

Your Result Value

**↑10.4 10<sup>3</sup>/uL**

Concern

Normal Value

**• 4-10 10<sup>3</sup>/uL**

## HEALTH ANALYSIS

## HISTORICAL CHARTS

## Glycated Hemoglobin (HbA1c)

Your Latest result

**6.00 %**

30th Apr 2021

4.2

5.7

Concern

## Calcium Total, Serum

Your Latest result

**9.5 mg/dl**

30th Apr 2021

Nikunj

Booking ID : 2866081882

8.8

10.6

Everything looks good

## Creatinine, Serum

Your Latest result

**0.70 mg/dl**

30th Apr 2021

0.84

1.25

Borderline Result

## Iron, Serum

Your Latest result

**95.0 ug/dl**

30th Apr 2021

Apr'21

Everything looks good

70

180

## Vitamin B12 Cyanocobalamin

Your Latest result

**126 pg/ml**

30th Apr 2021

180

914

Concern

## Vitamin D Total-25 Hydroxy

Your Latest result

**67.50 ng/ml**

30th Apr 2021

Apr'21

Everything looks good

30

100

## Cholesterol-Total, Serum

Your Latest result

**148 mg/dl**

30th Apr 2021

0

200

Everything looks good

## Hemoglobin Hb

Your Latest result

**14.4 g/dl**

30th Apr 2021

Apr'21

Everything looks good

13.0

17.0

Patient Name	: Nikunj 2866081882	Barcode	: H3527362	
Age/Gender	: 25/Male	Sample Collected On	: 30/Apr/2021 09:22AM	
Order Id	: 2866081882	Sample Received On	: 30/Apr/2021 02:32PM	
Referred By	: Self	Report Generated On	: 30/Apr/2021 04:04PM	
Customer Since	: 30/Apr/2021	Sample Temperature	: Maintained ✓	
Sample Type	: Whole Blood EDTA	ReportStatus	: Final Report	

### DEPARTMENT OF BIOCHEMISTRY HBA1C

Test Name	Value	Unit	Bio. Ref Interval
<b>HbA1c - Glycated Hemoglobin</b>			
HbA1c (Glycosylated Hemoglobin)	<b>6.00</b>	%	4.2 - 5.7
Method: HPLC			
Average Estimated Glucose - plasma	125.50	mg/dl	

**INTERPRETATION:**

**AS PER AMERICAN DIABETES ASSOCIATION (ADA):**

**REFERENCE GROUP**

Non diabetic

At Risk (Prediabetes)

Diagnosing Diabetes

Therapeutic goals for glycemic control

**GLYCOSYLATED HEMOGLOBIN (HbA1c) in %**

<5.7

5.7 – 6.4

>= 6.5

**Age > 19 Years**

Goals of Therapy: < 7.0

Actions Suggested: >8.0

**Age < 19 Years**

<7.5

**REMARKS :**

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

Method : Ion-exchange high-performance liquid chromatography (HPLC).

Reference : American Diabetes Associations. Standards of Medical Care in Diabetes 2015



**DR. AVNI GUPTA  
MD. PATHOLOGY**



SIN No:H3527362

Patient Name	: Nikunj 2866081882	Barcode	: H3527362	
Age/Gender	: 25/Male	Sample Collected On	: 30/Apr/2021 09:22AM	
Order Id	: 2866081882	Sample Received On	: 30/Apr/2021 02:32PM	
Referred By	: Self	Report Generated On	: 30/Apr/2021 05:15PM	
Customer Since	: 30/Apr/2021	Sample Temperature	: Maintained ✓	
Sample Type	: Serum	ReportStatus	: Final Report	

## DEPARTMENT OF BIOCHEMISTRY

<b>Test Name</b>	<b>Value</b>	<b>Unit</b>	<b>Bio. Ref Interval</b>
------------------	--------------	-------------	--------------------------

### **Fasting Blood Sugar**

Glucose, Fasting	82.73	mg/dl
Method: Hexokinase		

#### American Diabetes Association Reference Range :

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

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

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

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

C-REACTIVE PROTEIN (CRP) (QUANTITATIVE)	6.10	mg/L	<5
Method: Immunoturbidimetric			

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

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



**DR. AVNI GUPTA**  
**MD. PATHOLOGY**



SIN No:H3527362

Patient Name	: Nikunj 2866081882	Barcode	: H3527362	
Age/Gender	: 25/Male	Sample Collected On	: 30/Apr/2021 09:22AM	
Order Id	: 2866081882	Sample Received On	: 30/Apr/2021 02:32PM	
Referred By	: Self	Report Generated On	: 30/Apr/2021 05:15PM	
Customer Since	: 30/Apr/2021	Sample Temperature	: Maintained ✓	
Sample Type	: SERUM	ReportStatus	: Final Report	

### DEPARTMENT OF BIOCHEMISTRY

Test Name	Value	Unit	Bio. Ref Interval
<b>Lipid Profile</b>			
Total Cholesterol Method: CHO-POD	148	mg/dl	Desirable : <200 Borderline: 200-239 High : >/=240
Serum Triglycerides Method: GPO-POD	174	mg/dl	Desirable : <150 Borderline high : 150-199 High : 200-499 Very high : > 500
Serum HDL Cholesterol Method: Enzymatic immuno inhibition	32.8	mg/dl	40 - 59
Serum LDL Cholesterol Method: Enzymatic	95.5	mg/dl	Optimal : <100 near /above Optimal:100 - 129 Borderline High:130 - 159 High : 160 - 189 Very High :>/=190
Serum VLDL Cholesterol Method: Calculated	34.8	mg/dl	06 - 30
Total CHOL / HDL Cholesterol Ratio Method: Calculated	4.51	Ratio	3.30 - 4.40
LDL / HDL Cholesterol Ratio Method: Calculated	2.91	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	0.34	Ratio	Desirable/Low Risk : 0.5 - 3.0 Border Line/Moderate Risk : 3.0 - 6.0 Elevated/High Risk: > 6.0
Non-HDL Cholesterol Method: Calculated	115.0	mg/dl	0.0 - 160.0

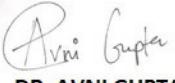
Dyslipidemia is a disorder of fat or lipoprotein metabolism in the body and includes lipoprotein overproduction or deficiency. Dyslipidemias means increase in the level of one or more of the following:

Total Cholesterol

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

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

Healthians labs report biological reference intervals (normal ranges) in accordance to the recommendations of The National Cholesterol Education Program (NCEP) &



**DR. AVNI GUPTA**  
**MD. PATHOLOGY**



SIN No:H3527362

Patient Name	: Nikunj 2866081882	Barcode	: H3527362	
Age/Gender	: 25/Male	Sample Collected On	: 30/Apr/2021 09:22AM	
Order Id	: 2866081882	Sample Received On	: 30/Apr/2021 02:32PM	
Referred By	: Self	Report Generated On	: 30/Apr/2021 05:15PM	
Customer Since	: 30/Apr/2021	Sample Temperature	: Maintained ✓	
Sample Type	: SERUM	ReportStatus	: Final Report	

## DEPARTMENT OF BIOCHEMISTRY

### Test Name

### Value

### Unit

### Bio. Ref Interval

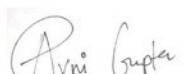
Adult Treatment Panel IV (ATP IV) Guidelines providing the most desirable targets of various circulating lipid fractions in the blood. NCEP recommends that all adults above 20 years of age must be screened for abnormal lipid levels.

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

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

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

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



**DR. AVNI GUPTA**  
**MD. PATHOLOGY**



SIN No:H3527362

Patient Name	: Nikunj 2866081882	Barcode	: H3527362	
Age/Gender	: 25/Male	Sample Collected On	: 30/Apr/2021 09:22AM	
Order Id	: 2866081882	Sample Received On	: 30/Apr/2021 02:32PM	
Referred By	: Self	Report Generated On	: 30/Apr/2021 05:15PM	
Customer Since	: 30/Apr/2021	Sample Temperature	: Maintained ✓	
Sample Type	: Serum	ReportStatus	: Final Report	

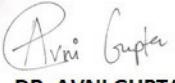
### DEPARTMENT OF BIOCHEMISTRY

Test Name	Value	Unit	Bio. Ref Interval
<b>Liver Function Test (LFT)</b>			
Serum Bilirubin, (Total) Method: DPD	0.50	mg/dl	0.3 - 1.2
Serum Bilirubin, (Direct) Method: Diazo	0.11	mg/dl	0.0 - 0.2
Serum Bilirubin, (Indirect) Method: Calculated	0.39		0.0 - 0.8
Aspartate Aminotransferase (AST/SGOT) Method: IFCC	35.0	U/L	< 50
Alanine Aminotransferase (ALT/SGPT) Method: IFCC	<b>68.0</b>	U/l	< 50
Alkaline Phosphatase (ALP) Method: IFCC AMP Buffer	69	U/L	30-120
Gamma Glutamyl Transferase (GGT) Method: IFCC	53.1	U/L	<55
Serum Total Protein Method: Biuret	7.5	g/dl	6.6 - 8.3
Serum Albumin Method: Bromo Cresol Green(BCG)	4.4	g/dl	3.50 - 5.2
Serum Globulin Method: Calculated	3.1	gm/dl	3.0 - 4.2
Albumin/Globulin Ratio Method: Calculated	1.42	Ratio	1.2 - 2.0
SGOT/SGPT Ratio Method: Calculated	<b>0.51</b>	Ratio	0.7 - 1.4

Bilirubin is a yellowish pigment found in bile and is a breakdown product of normal heme catabolism. Elevated levels results from increased bilirubin production (eg hemolysis and ineffective erythropoiesis); decreased bilirubin excretion (eg; obstruction and hepatitis); and abnormal bilirubin metabolism (eg; hereditary and neonatal jaundice). Conjugated (direct) bilirubin is elevated more than unconjugated (indirect) bilirubin in viral hepatitis; drug reactions, alcoholic liver disease conjugated (direct) bilirubin is also elevated more than unconjugated (indirect) bilirubin when there is some kind of blockage of the bile ducts like in Gallstones getting into the bile ducts tumors & Scarring of the bile ducts. Increased unconjugated (indirect) bilirubin may be a result of hemolytic or pernicious anemia, transfusion reaction & a common metabolic condition termed Gilbert syndrome.

AST levels increase in viral hepatitis, blockage of the bile duct ,cirrhosis of the liver, liver cancer, kidney failure, hemolytic anemia, pancreatitis, hemochromatosis. Ast 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.

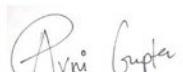
  
**DR. AVNI GUPTA**  
**MD. PATHOLOGY**


SIN No:H3527362

Patient Name	: Nikunj 2866081882	Barcode	: H3527362	
Age/Gender	: 25/Male	Sample Collected On	: 30/Apr/2021 09:22AM	
Order Id	: 2866081882	Sample Received On	: 30/Apr/2021 02:32PM	
Referred By	: Self	Report Generated On	: 30/Apr/2021 05:15PM	
Customer Since	: 30/Apr/2021	Sample Temperature	: Maintained ✓	
Sample Type	: Serum	ReportStatus	: Final Report	

## DEPARTMENT OF BIOCHEMISTRY

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



**DR. AVNI GUPTA  
MD. PATHOLOGY**



SIN No:H3527362

Page 6 of 16

The test was performed by **Healthians Lab - Ground Floor Unit No. 16/C, Dattani Plaza, Unit no. 716 C wing, Safedpool, opposite Saki Naka, Telephone exchange, Andheri (East), Mumbai 400059**, signed by Lab Pathologist.

Patient Name	: Nikunj 2866081882	Barcode	: H3527362	
Age/Gender	: 25/Male	Sample Collected On	: 30/Apr/2021 09:22AM	
Order Id	: 2866081882	Sample Received On	: 30/Apr/2021 02:32PM	
Referred By	: Self	Report Generated On	: 30/Apr/2021 05:15PM	
Customer Since	: 30/Apr/2021	Sample Temperature	: Maintained ✓	
Sample Type	: SERUM	ReportStatus	: Final Report	

## DEPARTMENT OF BIOCHEMISTRY

### IRON STUDY

Test Name	Value	Unit	Bio. Ref Interval
<b>Iron study</b>			
Serum Iron Method: TPTZ	95.0	ug/dl	70 - 180
UIBC Method: Nitroso-PSAP	306.10	ug/dl	155 - 355
Serum Total Iron Binding Capacity (TIBC) Method: FE+UIBC (saturation with iron)	<b>401.1</b>	µg/dl	250-400
Transferrin Saturation % Method: Calculated	23.68	%	16 - 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.

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). Diurnal variation is seen in serum iron levels-normal values in midmorning, low values in midafternoon, very low values (approximately 10 µg/dL) 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.

% saturation represents the amount of iron-binding sites that are occupied. Iron saturation is a better index of iron stores than serum iron alone. % saturation is decreased in iron deficiency anemia (usually <10% in established deficiency).

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). Diurnal variation is seen in serum iron levels- normal values in midmorning, low values in midafternoon, very low values (approximately 10 µg/dL) 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.

% saturation represents the amount of iron-binding sites that are occupied. Iron saturation is a better index of iron stores than serum iron alone. % saturation is decreased in iron deficiency anemia (usually <10% in established deficiency).



**DR. AVNI GUPTA**  
**MD. PATHOLOGY**



SIN No:H3527362

Patient Name	: Nikunj 2866081882	Barcode	: H3527362	
Age/Gender	: 25/Male	Sample Collected On	: 30/Apr/2021 09:22AM	
Order Id	: 2866081882	Sample Received On	: 30/Apr/2021 02:32PM	
Referred By	: Self	Report Generated On	: 30/Apr/2021 05:15PM	
Customer Since	: 30/Apr/2021	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 Method: Jaffes Kinetic	<b>0.70</b>	mg/dl	0.84-1.25
Serum Uric Acid Method: Uricase	6.7	mg/dl	3.5 - 7.2
Serum Calcium Method: Arsenazo	9.5	mg/dl	8.8 - 10.6
Serum Phosphorus Method: Phosphomolybdate complex	4.5	mg/dl	2.5 -4.5
Serum Sodium Method: ISE (Indirect)	137	mEq/L	135 - 145
Serum Chloride Method: ISE (Indirect)	98	mEq/L	96 - 110
Blood Urea Method: Urease	20	mg/dl	17-43
Blood Urea Nitrogen (BUN) Method: Calculated	9.4	mg/dl	8 - 20
Bun/Creatinine Ratio Method: Calculated	13.49	Ratio	
Urea/Creatinine Ratio Method: Calculated	28.86	Ratio	



**DR. AVNI GUPTA**  
**MD. PATHOLOGY**



SIN No:H3527362

Patient Name	: Nikunj 2866081882	Barcode	: H3527362	
Age/Gender	: 25/Male	Sample Collected On	: 30/Apr/2021 09:22AM	
Order Id	: 2866081882	Sample Received On	: 30/Apr/2021 02:32PM	
Referred By	: Self	Report Generated On	: 30/Apr/2021 04:18PM	
Customer Since	: 30/Apr/2021	Sample Temperature	: Maintained ✓	
Sample Type	: Urine	ReportStatus	: Final Report	

### DEPARTMENT OF CLINICAL PATHOLOGY

<b>Test Name</b>	<b>Value</b>	<b>Unit</b>	<b>Bio. Ref Interval</b>
------------------	--------------	-------------	--------------------------

#### **Urine Examination - Routine & Microscopy**

##### **PHYSICAL EXAMINATION**

Colour Method: Visual	Pale Yellow	Pale Yellow
Volume	30.00	mL
Appearance Method: Visual	Clear	Clear

##### **CHEMICAL EXAMINATION**

Specific Gravity Method: Dipstick-Ion exchange	1.025	1.001 - 1.035
pH Method: Dipstick-Double indicator	5.0	4.5 - 7.5
Glucose Method: Dipstick-oxidase peroxidase	Negative	Negative
Urine Protein Method: Dipstick-Bromophenol blue	Negative	Negative
Ketones Method: Sodium nitroprusside	Negative	Negative
Urobilinogen Method: Dipstick-Ehrlichs Test	Normal	Normal
Bilirubin Method: Dipstick-Ehrlichs Test	Negative	Negative
Nitrite Method: Dipstick-Griess test	Negative	Negative
Blood Method: Dipstick-Peroxidase	Negative	Negative
Leucocyte Esterase Method: Dipstick- Esterase	Negative	Negative

##### **MICROSCOPIC EXAMINATION**

Pus Cells Method: Microscopic Examination	1-2	/HPF	0 - 5
Epithelial cells Method: Microscopic Examination	1-2	/HPF	0 - 5
RBCs Method: Microscopic Examination	Nil	/HPF	Nil



**DR. AVNI GUPTA**  
**MD. PATHOLOGY**

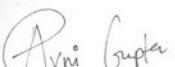


SIN No:H3527362

Patient Name	: Nikunj 2866081882	Barcode	: H3527362	
Age/Gender	: 25/Male	Sample Collected On	: 30/Apr/2021 09:22AM	
Order Id	: 2866081882	Sample Received On	: 30/Apr/2021 02:32PM	
Referred By	: Self	Report Generated On	: 30/Apr/2021 04:18PM	
Customer Since	: 30/Apr/2021	Sample Temperature	: Maintained ✓	
Sample Type	: Urine	ReportStatus	: Final Report	

### DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Value	Unit	Bio. Ref Interval
Casts	Nil		Nil
Method: Microscopic Examination			
Crystals	Nil		Nil
Method: Microscopic Examination			
Bacteria	Absent		Absent
Method: Microscopic Examination			
Yeast Cell	Absent		
Others (Non Specific)	Nil		NIL



**DR. AVNI GUPTA  
MD. PATHOLOGY**



SIN No:H3527362

Patient Name	: Nikunj 2866081882	Barcode	: H3527362	
Age/Gender	: 25/Male	Sample Collected On	: 30/Apr/2021 09:22AM	
Order Id	: 2866081882	Sample Received On	: 30/Apr/2021 02:32PM	
Referred By	: Self	Report Generated On	: 30/Apr/2021 03:39PM	
Customer Since	: 30/Apr/2021	Sample Temperature	: Maintained ✓	
Sample Type	: Whole Blood EDTA	ReportStatus	: Final Report	

### DEPARTMENT OF HAEMATOLOGY

Test Name	Value	Unit	Bio. Ref Interval
<b>Complete Haemogram</b>			
Haemoglobin (HB)	14.4	g/dl	13.0-17.0
Method: Modified Drabkins Method			
Total Leucocyte Count (TLC)	<b>10.4</b>	10 <sup>3</sup> /uL	4.0-10.0
Method: Light scatter/Peroxidase			
Hematocrit (PCV)	42.6	%	40.0-50.0
Method: Calculated			
Red Blood Cell Count (RBC)	5.00	millions/cumm	4.50-5.50
Mean Corp Volume (MCV)	84.8	FL	83.0-101.0
Method: Calculated			
Mean Corp Hb (MCH)	28.7	pg	27.0-33.0
Method: Calculated			
Mean Corp Hb Conc (MCHC)	33.8	gm%	31.5-34.5
Method: Calculated			
RDW - CV	13.3	%	12.1-13.6
Method: Calculated			
RDW - SD	39.40	FL	36.5-40.8
Method: Calculated			
Mentzer Index	16.96		
<b>Differential Leucocyte Count</b>			
Neutrophil	56.7	%	40 - 75
Method: Light scatter/Peroxidase			
Lymphocytes	32	%	20 - 45
Method: Light scatter/Peroxidase			
Monocyte	8.3	%	01 - 10
Method: Light scatter/Peroxidase			
Eosinophils	2.4	%	01 - 06
Method: Light scatter/Peroxidase			
Basophils	0.4	%	00 - 02
Method: Light scatter/Basophil			
<b>Absolute Leucocyte Count</b>			
Absolute Neutrophil Count (ANC)	5.90	10 <sup>3</sup> /uL	2.0-7.0
Method: Calculated			
Absolute Lymphocyte Count (ALC)	<b>3.35</b>	10 <sup>3</sup> /uL	1.0-3.0
Absolute Monocyte Count	0.86	10 <sup>3</sup> /uL	0.2-1.0
Method: Calculated			



**DR. AVNI GUPTA**  
**MD. PATHOLOGY**



SIN No:H3527362

Patient Name	: Nikunj 2866081882	Barcode	: H3527362	
Age/Gender	: 25/Male	Sample Collected On	: 30/Apr/2021 09:22AM	
Order Id	: 2866081882	Sample Received On	: 30/Apr/2021 02:32PM	
Referred By	: Self	Report Generated On	: 30/Apr/2021 03:39PM	
Customer Since	: 30/Apr/2021	Sample Temperature	: Maintained ✓	
Sample Type	: Whole Blood EDTA	ReportStatus	: Final Report	

## DEPARTMENT OF HAEMATOLOGY

Test Name	Value	Unit	Bio. Ref Interval
Absolute Eosinophil Count (AEC) Method: Calculated	0.25	10 <sup>3</sup> /uL	0.02-0.5
Absolute Basophil Count Method: Calculated	0.04	10 <sup>3</sup> /uL	0.02 - 0.10
Platelet Count(PLT) Method: Automated Electrical Resistance/ Light Microscopy	<b>461</b>	10 <sup>3</sup> /µl	150-410
PDW	<b>16.5</b>	%	9.6 - 15.2
MPV Method: Automated	7.6	FL	7.4-11.4
PCT	<b>0.40</b>	%	0.19 - 0.39
ESR Method: Modified Westergren	4	mm/1st hr.	0 - 10

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

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

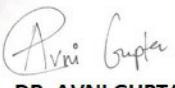
If the quotient of the mean corpuscular volume divided by the red blood cell count is then 13, thalassemia is more likely. If the result is greater than 13, then iron-deficiency anaemia is more likely.

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

An elevated ESR occurs as an early feature in myocardial infarction. Although a normal ESR cannot be taken to exclude the presence of organic disease, the vast majority of acute or chronic infections and most neoplastic and degenerative diseases are associated with changes in the plasma proteins that increased ES values.

An increased ESR in subjects who are HIV seropositive seems to be an early predictive marker of progression toward acquired immune deficiency syndrome (AIDS).

The ESR is influenced by age, stage of the menstrual cycle and medications taken (corticosteroids, contraceptive pills). It is



**DR. AVNI GUPTA**  
**MD. PATHOLOGY**



SIN No:H3527362

Patient Name	: Nikunj 2866081882	Barcode	: H3527362	
Age/Gender	: 25/Male	Sample Collected On	: 30/Apr/2021 09:22AM	
Order Id	: 2866081882	Sample Received On	: 30/Apr/2021 02:32PM	
Referred By	: Self	Report Generated On	: 30/Apr/2021 03:39PM	
Customer Since	: 30/Apr/2021	Sample Temperature	: Maintained ✓	
Sample Type	: Whole Blood EDTA	ReportStatus	: Final Report	

### DEPARTMENT OF HAEMATOLOGY

Test Name	Value	Unit	Bio. Ref Interval
especially low (0–1 mm) in polycythaemia, hypofibrinogenaemia and congestive cardiac failure and when there are abnormalities of the red cells such as poikilocytosis, spherocytosis, or sickle cells.			
In cases of performance enhancing drug intake by athletes the ESR values are generally lower than the usual value for the individual and as a result of the increase in haemoglobin (i.e. the effect of secondary polycythaemia).			



**DR. AVNI GUPTA**  
**MD. PATHOLOGY**



SIN No:H3527362

Patient Name	: Nikunj 2866081882	Barcode	: H3527362	
Age/Gender	: 25/Male	Sample Collected On	: 30/Apr/2021 09:22AM	
Order Id	: 2866081882	Sample Received On	: 30/Apr/2021 02:32PM	
Referred By	: Self	Report Generated On	: 30/Apr/2021 04:11PM	
Customer Since	: 30/Apr/2021	Sample Temperature	: Maintained ✓	
Sample Type	: Serum	ReportStatus	: Final Report	

## DEPARTMENT OF IMMUNOLOGY

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

### Immunoglobulin - IgE Total - Serum

IMMUNOGLOBULIN E (IgE) TOTAL	43.00	IU/ml	1 - 12 Months : < 15
Method: Particle enhanced Turbidimetric immunoassay			1 - 5 Years : < 60
			6 - 9 Years : < 90
			10 - 15 Years : < 200
			Adults : < 100

IgE mediates allergic and hypersensitivity reactions. There is a significant overlap in total IgE between allergic and non-allergic individuals.

IgE is increased in Atopic diseases -Exogenous asthma in approximately 60% of patients, Hay fever in approximately 30% of patients, Atopic eczema; Parasitic diseases (e.g., ascariasis, visceral larva migrans, hookworm disease, schistosomiasis, Echinococcus infestation); Monoclonal IgE myeloma.

IgE is decreased in Hereditary deficiencies and Acquired immunodeficiency. A normal level of IgE in serum does not eliminate the possibility of allergic disease.

## Vitamin B12

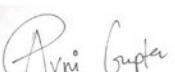
VITAMIN B12	126	pg/ml	180 - 914
-------------	-----	-------	-----------

Method: CLIA

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

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

TEST RESULT (in pg/mL)	INTERPRETATION
180- 914	NORMAL
145 – 180	INDETERMINATE
<145	DEFICIENT



**DR. AVNI GUPTA**  
**MD. PATHOLOGY**



SIN No:H3527362

Patient Name	: Nikunj 2866081882	Barcode	: H3527362	
Age/Gender	: 25/Male	Sample Collected On	: 30/Apr/2021 09:22AM	
Order Id	: 2866081882	Sample Received On	: 30/Apr/2021 02:32PM	
Referred By	: Self	Report Generated On	: 30/Apr/2021 04:11PM	
Customer Since	: 30/Apr/2021	Sample Temperature	: Maintained ✓	
Sample Type	: Serum	ReportStatus	: Final Report	

### DEPARTMENT OF IMMUNOLOGY

Test Name	Value	Unit	Bio. Ref Interval
<b>Vitamin D, 25-Hydroxy</b>			

VITAMIN D (25 - OH VITAMIN D)

67.50

ng/ml

30 - 100

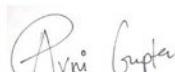
Method: CLIA

VITAMIN D STATUS	VITAMIN D 25 HYDROXY (ng/mL)
DEFICIENCY	<10
INSUFFICIENCY	10 – 30
SUFFICIENCY	30 – 100
TOXICITY	>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. AVNI GUPTA**  
**MD. PATHOLOGY**



SIN No:H3527362

Patient Name	: Nikunj 2866081882	Barcode	: H3527362	
Age/Gender	: 25/Male	Sample Collected On	: 30/Apr/2021 09:22AM	
Order Id	: 2866081882	Sample Received On	: 30/Apr/2021 02:32PM	
Referred By	: Self	Report Generated On	: 30/Apr/2021 04:02PM	
Customer Since	: 30/Apr/2021	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)	0.93	ng/ml	0.87 - 1.78
Method: CLIA			
Thyroxine (T4, Total)	10.17	ug/dl	6.09 - 12.23
Method: CLIA			
Thyroid Stimulating Hormone (TSH)-Ultrasensitive	2.48	uIU/ml	0.45-5.33
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 the presence of hyperthyroidism under the following conditions : T3 thyrotoxicosis, Hypoproteinemia related reduced binding, during intake of certain drugs (eg Phenytoin, Salicylates etc)
5. Neonates and infants have higher levels of T4 due to increased concentration of TBG
6. TSH levels may be normal in central hypothyroidism, recent rapid correction of hypothyroidism or hyperthyroidism, pregnancy, phenytoin therapy etc.
7. TSH values of <0.03 uIU/mL must be clinically correlated to evaluate the presence of a rare TSH variant in certain individuals which is undetectable by conventional methods.
8. Presence of Autoimmune disorders may lead to spurious results of thyroid hormones
9. Various drugs can lead to interference in test results

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. AVNI GUPTA**  
**MD. PATHOLOGY**



SIN No:H3527362

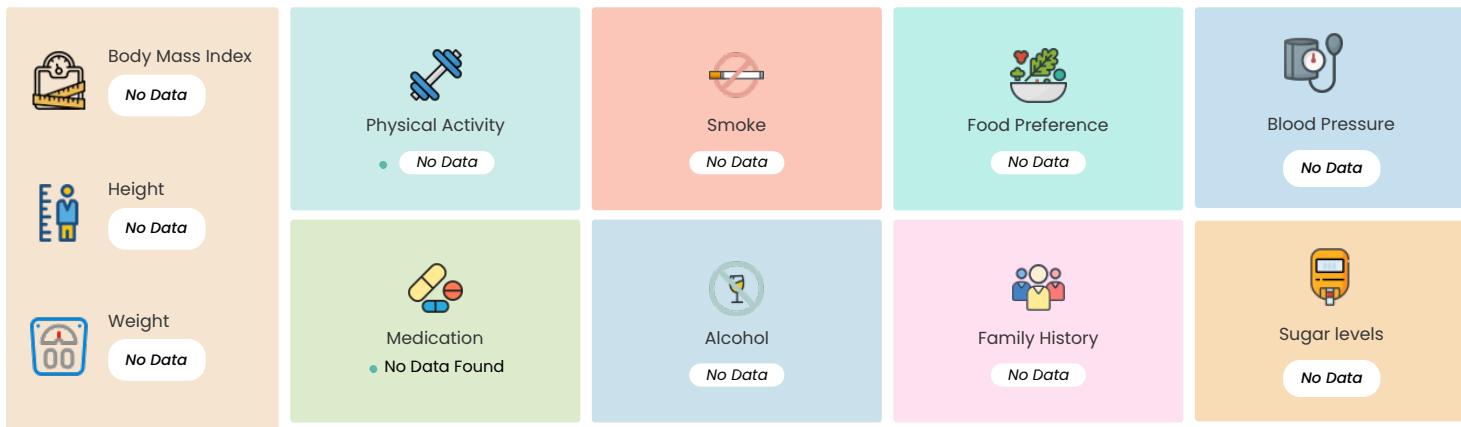
**Terms & Conditions:**

- 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) For Covid19 testing, Healthians works with ICMR approved partner Labs only. The accuracy of the results are ensured by Partner Labs. Testing lab name is mentioned on the report. We do not charge anything extra for sample collection.
- 6) Test results released pertain to the specimen submitted.
- 7) Test results are dependent on the quality of the sample received by the Lab.
- 8) 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.
- 9) The reported results are for information and are subject to confirmation and interpretation by the referring doctor to co-relate clinically.
- 10) Test results may show interlaboratory variations.
- 11) 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.
- 12) This report is not subject to use for any medico-legal purposes.

**ADVISORY**
**Health Advisory**

Nikunj

Booking ID : 2866081882


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

- Include seeds like flaxseeds, chia seeds, sunflower seeds
- Include fruits like apples, berries and melons in your diet
- Have a balanced diet that includes whole grains, pulses, dairy, fruits, vegetables, nuts and healthy fats
- Have dates and figs
- Take vitamin C rich foods like citrus fruits, strawberries and green, leafy vegetables
- Have vitamin B12 fortified cereal and dairy.
- Include whole grains in your diet like whole wheat bread and other products, brown rice or hand pounded rice, oats
- Have cruciferous vegetables like broccoli, cauliflower

**Dont's**

- Limit sugar intake
- Limit tea and coffee
- Decrease intake of colas and sugary drinks
- Avoid refined carbs, processed foods
- Avoid the use of oil and avoid sauces and dressings
- Avoid high cholesterol and calorie dense foods
- 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
- Limit the use of oil and avoid sauces and dressings

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

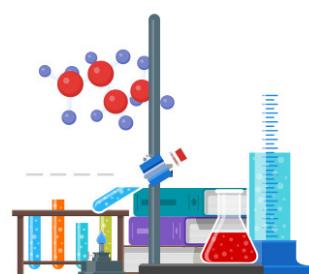
- Lose weight gradually and stay active
- Maintain ideal weight

**Dont's**

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

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

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



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

Nikunj

Booking ID : 2866081882

**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 29.35, which is on a higher side.

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

**BMI CHART**

UNDERWEIGHT	NORMAL	OVERWEIGHT	OBESE
Less than 18.5	Between 18.5 - 24.9	Between 25.0 - 29.9	More than 30

**BMI**

## RECOMMENDATION

## General Recommendation on Preventive Screening

Nikunj

Booking ID : 2866081882

Risks Factors	Recommended Tests	Age Group (18-29 Yrs.)	Age Group (30-39 Yrs.)	Age Group (40-55 Yrs.)	Age Group (Above 55 Yrs.)
Diabetes	HbA1c Blood Glucose fasting	<span>📅 Screen annually</span> <span>🕒 Repeat earlier in case of symptoms</span> <span>❤️ Under treatment-Repeat every 3-6 months</span>	<span>👍 Recommended</span> <span>📅 Screen annually</span> <span>🕒 Repeat earlier in case of symptoms</span> <span>❤️ Under treatment-Repeat every 3-6 months</span>	<span>👍 Strongly Recommended</span> <span>📅 Screen annually</span> <span>🕒 Repeat earlier in case of symptoms</span> <span>❤️ Under treatment-Repeat every 3-6 months</span>	<span>👍 Strongly Recommended</span> <span>📅 Screen annually</span> <span>🕒 Repeat earlier in case of symptoms</span> <span>❤️ Under treatment-Repeat Every 3 months</span>
Thyroid Disorder	Thyroid Profile-Total (T3, T4 & TSH Ultra-sensitive)	<span>📅 Screen annually</span> <span>🕒 Repeat earlier in case of symptoms</span> <span>❤️ Under treatment-Repeat every 3 months</span>	<span>👍 Recommended</span> <span>📅 Screen annually</span> <span>🕒 Repeat earlier in case of symptoms</span> <span>❤️ Under treatment-Repeat every 2-3 months</span>	<span>👍 Strongly Recommended</span> <span>📅 Screen annually</span> <span>🕒 Repeat earlier in case of symptoms</span> <span>❤️ Under treatment - Repeat every 2-3 months</span>	<span>👍 Strongly Recommended</span> <span>📅 Screen annually</span> <span>🕒 Repeat earlier in case of symptoms</span> <span>❤️ Under treatment-Repeat every 2-3 months</span>
Vitamin-D Deficiency	Vitamin D Total 25-Hydroxy	<span>👍 Recommended</span> <span>📅 Screen annually</span> <span>🕒 Repeat earlier in case of symptoms</span> <span>❤️ Under treatment - Repeat every 3 months</span>	<span>👍 Recommended</span> <span>📅 Screen annually</span> <span>🕒 Repeat earlier in case of symptoms</span> <span>❤️ Under treatment-Repeat every 3-6 months</span>	<span>👍 Strongly Recommended</span> <span>📅 Screen annually</span> <span>🕒 Repeat earlier in case of symptoms</span> <span>❤️ Under treatment-Repeat every 3-6 months</span>	<span>👍 Strongly Recommended</span> <span>📅 Screen annually</span> <span>🕒 Repeat earlier in case of symptoms</span> <span>❤️ Under treatment-Repeat Every 3 months</span>
Vitamin B12 Deficiency	Vitamin B12 Cyanocobalamin	<span>👍 Recommended</span> <span>📅 Screen annually</span> <span>🕒 Repeat earlier in case of symptoms</span> <span>❤️ Under treatment - Repeat every 3 months</span>	<span>👍 Recommended</span> <span>📅 Screen annually</span> <span>🕒 Repeat earlier in case of symptoms</span> <span>❤️ Under treatment-Repeat every 3-6 months</span>	<span>👍 Strongly Recommended</span> <span>📅 Screen annually</span> <span>🕒 Repeat earlier in case of symptoms</span> <span>❤️ Under treatment-Repeat every 3-6 months</span>	<span>👍 Strongly Recommended</span> <span>📅 Screen annually</span> <span>🕒 Repeat earlier in case of symptoms</span> <span>❤️ Under treatment-Repeat Every 3 months</span>
High Cholesterol /Dyslipidemia	Lipid Profile Cholesterol-Total, Serum	<span>📅 Screen annually</span> <span>🕒 Repeat earlier in case of symptoms</span> <span>❤️ Under treatment-Repeat every 3 months</span>	<span>👍 Recommended</span> <span>📅 Screen annually</span> <span>🕒 Repeat earlier in case of symptoms</span> <span>❤️ Under treatment-Repeat every 3 months</span>	<span>👍 Strongly Recommended</span> <span>📅 Screen annually</span> <span>🕒 Repeat earlier in case of symptoms</span> <span>❤️ Under treatment-Repeat every 3 months</span>	<span>👍 Strongly Recommended</span> <span>📅 Screen annually</span> <span>🕒 Repeat earlier in case of symptoms</span> <span>❤️ Under treatment-Repeat every 3 months</span>
Kidney Disorder	Kidney function test Urine Routine & Microscopy Urea Serum	<span>📅 Screen annually</span> <span>🕒 Repeat earlier in case of symptoms</span> <span>❤️ Under treatment-Repeat every 3 months</span>	<span>👍 Recommended</span> <span>📅 Screen annually</span> <span>🕒 Repeat earlier in case of symptoms</span> <span>❤️ Under treatment-Repeat every 3 months</span>	<span>👍 Strongly Recommended</span> <span>📅 Screen annually</span> <span>🕒 Repeat earlier in case of symptoms</span> <span>❤️ Under treatment-Repeat every 3 months</span>	<span>👍 Strongly Recommended</span> <span>📅 Screen annually</span> <span>🕒 Repeat earlier in case of symptoms</span> <span>❤️ Under treatment-Repeat every 3 months</span>
Liver Disorder	Liver function test SGOT/AST SGPT/ALT	<span>📅 Screen annually</span> <span>🕒 Repeat earlier in case of symptoms</span> <span>❤️ Under treatment-Repeat every 3 months</span>	<span>👍 Recommended</span> <span>📅 Screen annually</span> <span>🕒 Repeat earlier in case of symptoms</span> <span>❤️ Under treatment-Repeat every 3 months</span>	<span>👍 Strongly Recommended</span> <span>📅 Screen annually</span> <span>🕒 Repeat earlier in case of symptoms</span> <span>❤️ Under treatment-Repeat every 3 months</span>	<span>👍 Strongly Recommended</span> <span>📅 Screen annually</span> <span>🕒 Repeat earlier in case of symptoms</span> <span>❤️ Under treatment-Repeat every 3 months</span>



## Now consult top doctors from home via video call.

Introducing HPLUS VDOC doctor consultation platform by Healthians.

**Doctor Consultations starting at Rs. 299.**

Book video consultation with doctor from any speciality in 3 simple steps:

1. Log on to [vdoc.healthians.com](http://vdoc.healthians.com) or Call 777-000-777-4
2. Choose the speciality and doctor you want to consult
3. Choose time slot and make online payment to book appointment.

For any queries or concerns regarding VDoc , you may call our HPlus VDoc Helpline at 777-000-777-4

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



##### EQA

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

JOIN 100,000+ HAPPY USERS WHO TRUST HEALTHIANS!

### KNOW ALL ABOUT YOUR HEALTH ON YOUR FINGERTIPS

- ✓ Book & track your health tests
- ✓ Smart reports on your Phone
- ✓ Health Tracker
- ✓ Health Articles

#### DOWNLOAD HEALTHIANS APP:

