

India's largest Health Test @Home Service

India's Most Awarded Healthcare Brand



Booking ID : 3130962689

Sangeeta Rathod

Female, 50 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

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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 & Vital Parameters

Sangeeta Rathod
Booking ID : 3130962689

Sangeeta Rathod,

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

84

Out of 100

*Calculated from test reports



Thyroid Function

Thyroid Stimulating Hormone (TSH)-Ultrasensit : 2.16 uIU/ml

• Everything looks good



Cholesterol Total

225 mg/dl

• Concern



Kidney Function

Serum Creatinine : 0.60 mg/dl

• Concern



Vitamin D

69.20 ng/ml

• Everything looks good



HbA1c

5.60 %

• Everything looks good



Vitamin B12

262 pg/ml

• Everything looks good



Liver Function

Alanine Aminotransferase (ALT/SGPT) : 17.0 U/l

• Everything looks good



Calcium Total

9.0 mg/dl

• Everything looks good



Iron studies

Serum Iron : 90.0 ug/dl

• Everything looks good



Complete Hemogram

Haemoglobin (HB) : 11.8 g/dl

• Concern

HEALTH ANALYSIS**Critical Parameters**

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

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

↓0.6 mg/dl

Concern

Normal Value

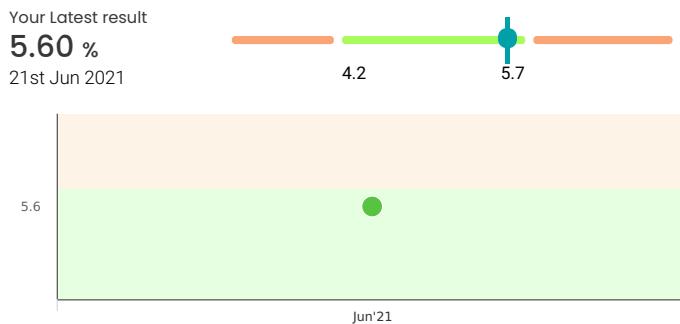
• 0.84-1.25 mg/dl

HEALTH ANALYSIS

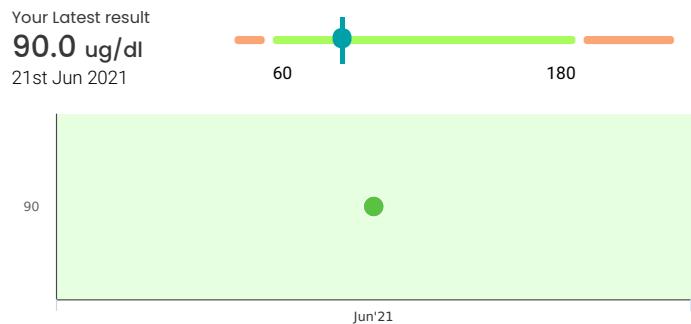
HISTORICAL CHARTS

Sangeeta Rathod
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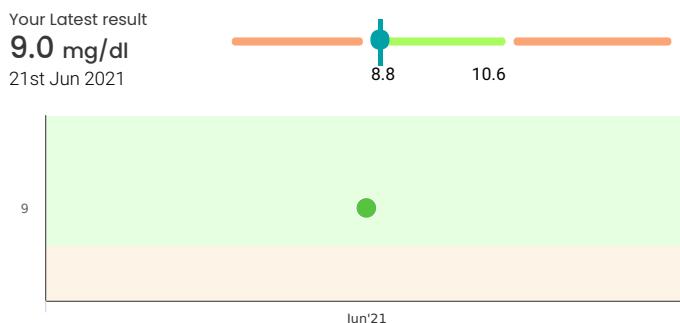
Glycated Hemoglobin (HbA1c)



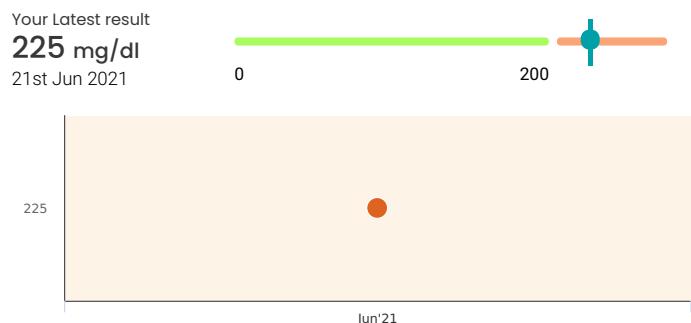
Iron, Serum



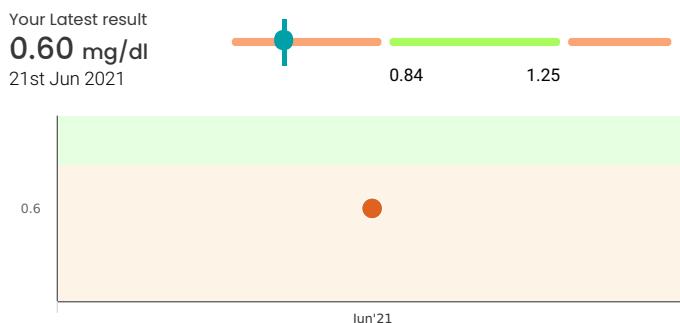
Calcium Total, Serum



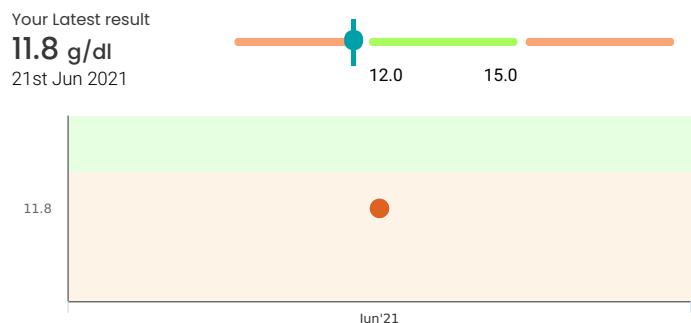
Cholesterol-Total, Serum



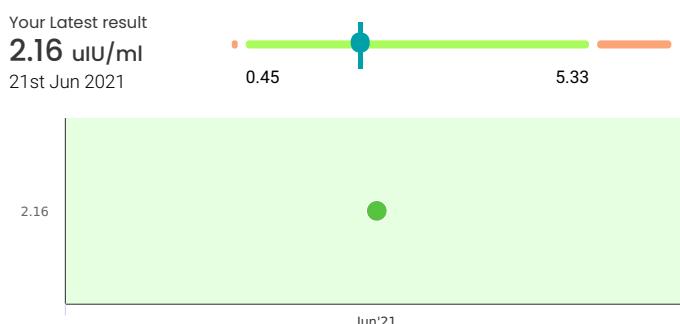
Creatinine, Serum



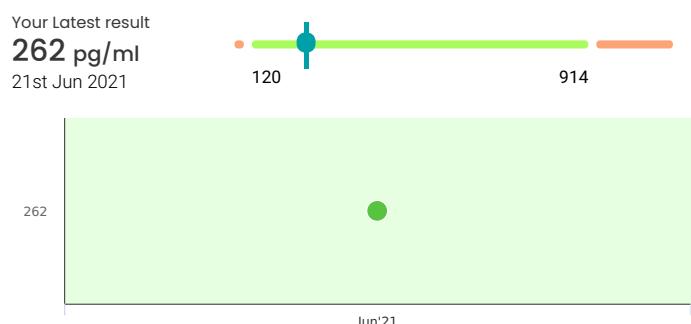
Hemoglobin Hb



TSH Ultra - sensitive



Vitamin B12 Cyanocobalamin



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Referred By	: Self	Report Generated On	: 20/Jun/2021 08:34PM
Customer Since	: 20/Jun/2021	Sample Temperature	: Maintained ✓
Sample Type	: Whole Blood EDTA	ReportStatus	: Final Report

DEPARTMENT OF BIOCHEMISTRY HBA1C

Test Name	Value	Unit	Bio. Ref Interval
HbA1c - Glycated Hemoglobin			
HbA1c (Glycosylated Hemoglobin)	5.60	%	4.2 - 5.7
Method: HPLC			
Average Estimated Glucose - plasma	114.02		

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

Goal of therapy: <7.5

REMARKS :

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

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

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



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MBBS, MD PATHOLOGY
CONSULTANT PATHOLOGIST



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Sample Type	: Serum	ReportStatus	: Final Report

DEPARTMENT OF BIOCHEMISTRY

Test Name	Value	Unit	Bio. Ref Interval
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Fasting Blood Sugar

Glucose, Fasting	83.40	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.

Rheumatoid Factor (RA) - Quantitative - Serum

RHEUMATOID FACTOR	23.78	IU/mL	upto 18
Method: Latex Enhanced Turbidimetric IA			

The rheumatoid factor (RF) test is primarily used to help diagnose rheumatoid arthritis (RA) and to help distinguish RA from other forms of arthritis or other conditions that cause similar symptoms. A cyclic citrullinated peptide (CCP) antibody test can help diagnose RA in someone who has joint inflammation with symptoms that suggest but do not yet meet the criteria of RA and may be ordered along with RF or if the RF result is negative. The RF test must be interpreted in conjunction with a person's symptoms and clinical history. A negative RF test does not rule out RA.

About 20% of people with RA will have very low levels of or no detectable RF. In these cases, a CCP antibody test may be positive and used to confirm RA. Positive RF test results may also be seen in 1-5% of healthy people and in some people with conditions such as: Sjogren syndrome, scleroderma, systemic lupus erythematosus (lupus), sarcoidosis, endocarditis, tuberculosis, syphilis, HIV/AIDS, hepatitis, infectious mononucleosis, cancers such as leukemia and multiple myeloma, parasitic infection, or disease of the liver, lung or kidney.


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Sample Type	: SERUM	ReportStatus	: Final Report	

DEPARTMENT OF BIOCHEMISTRY

Test Name	Value	Unit	Bio. Ref Interval
Lipid Profile			
Total Cholesterol Method: CHO-POD	225	mg/dl	Desirable : <200 Borderline: 200-239 High : >/=240
Serum Triglycerides Method: GPO-POD	106	mg/dl	Desirable : <150 Borderline high : 150-199 High : 200-499 Very high : > 500
Serum HDL Cholesterol Method: Enzymatic immuno inhibition	55.5	mg/dl	40 - 59
Serum LDL Cholesterol Method: Enzymatic	147.8	mg/dl	Optimal : <100 near /above Optimal:100 - 129 Borderline High:130 - 159 High : 160 - 189 Very High :>/=190
Serum VLDL Cholesterol Method: Calculated	21.3	mg/dl	06 - 30
Total CHOL / HDL Cholesterol Ratio Method: Calculated	4.06	Ratio	3.30 - 4.40
LDL / HDL Cholesterol Ratio Method: Calculated	2.66	Ratio	Desirable/Low Risk: 0.5-3.0 Line/Moderate Risk: 3.0-6.0 Elevated/High Risk: >6.0
HDL / LDL Cholesterol Ratio	0.38	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	169.8	mg/dl	0.0 - 160.0

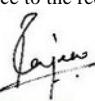
Dyslipidemia is a disorder of fat or lipoprotein metabolism in the body and includes lipoprotein overproduction or deficiency. Dyslipidemias means increase in the level of one or more of the following:

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) &


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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.


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Sample Type	: Serum	ReportStatus	: Final Report

DEPARTMENT OF BIOCHEMISTRY

Test Name	Value	Unit	Bio. Ref Interval
Liver Function Test (LFT)			
Serum Bilirubin, (Total) Method: DPD	0.70	mg/dl	0.3 - 1.2
Serum Bilirubin, (Direct) Method: Diazo	0.10	mg/dl	0.0 - 0.2
Serum Bilirubin, (Indirect) Method: Calculated	0.60		0.0 - 0.8
Aspartate Aminotransferase (AST/SGOT) Method: IFCC	18.0	U/L	< 35
Alanine Aminotransferase (ALT/SGPT) Method: IFCC	17.0	U/l	< 35
Alkaline Phosphatase (ALP) Method: IFCC AMP Buffer	79	U/L	30-120
Gamma Glutamyl Transferase (GGT) Method: IFCC	24.2	U/L	< 38
Serum Total Protein Method: Biuret	7.0	g/dl	6.6 - 8.3
Serum Albumin Method: Bromo Cresol Green(BCG)	4.3	g/dl	3.50 - 5.2
Serum Globulin Method: Calculated	2.7	gm/dl	3.0 - 4.2
Albumin/Globulin Ratio Method: Calculated	1.59	Ratio	1.2 - 2.0
SGOT/SGPT Ratio Method: Calculated	1.06	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.


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Sample Type	: Serum	ReportStatus	: Final Report	

DEPARTMENT OF BIOCHEMISTRY

Test Name	Value	Unit	Bio. Ref Interval
<p>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.</p>			


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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.

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Sample Type	: SERUM	ReportStatus	: Final Report

DEPARTMENT OF BIOCHEMISTRY

IRON STUDY

Test Name	Value	Unit	Bio. Ref Interval
Iron study			
Serum Iron Method: TPTZ	90.0	ug/dl	60 - 180
UIBC Method: Nitroso-PSAP	225.90	ug/dl	155 - 355
Serum Total Iron Binding Capacity (TIBC) Method: FE+UIBC (saturation with iron)	315.9	µg/dl	250-400
Transferrin Saturation % Method: Calculated	28.49	%	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).

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Value	Unit	Bio. Ref Interval
Kidney Function Test1 (KFT1)			
Serum Creatinine Method: Jaffes Kinetic	0.60	mg/dl	0.84-1.25
Serum Uric Acid Method: Uricase	4.4	mg/dl	2.6 - 6.0
Serum Calcium Method: Arsenazo	9.0	mg/dl	8.8 - 10.6
Serum Phosphorus Method: Phosphomolybdate complex	3.8	mg/dl	2.5 -4.5
Serum Sodium Method: ISE (Indirect)	142	mEq/L	135 - 145
Serum Chloride Method: ISE (Indirect)	104	mEq/L	96 - 110
Blood Urea Method: Urease	26	mg/dl	17-43
Blood Urea Nitrogen (BUN) Method: Calculated	12.4	mg/dl	8 - 20
Bun/Creatinine Ratio Method: Calculated	20.63	Ratio	
Urea/Creatinine Ratio Method: Calculated	44.17	Ratio	


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Customer Since	: 20/Jun/2021	Sample Temperature	: Maintained ✓
Sample Type	: Whole Blood EDTA	ReportStatus	: Final Report

DEPARTMENT OF HAEMATOLOGY

Test Name	Value	Unit	Bio. Ref Interval
Complete Haemogram			
Haemoglobin (HB)	11.8	g/dl	12.0-15.0
Method: Modified Drabkins Method			
Total Leucocyte Count (TLC)	5.2	10 ³ /uL	4.0-10.0
Method: Light scatter/Peroxidase			
Hematocrit (PCV)	36	%	36.0-46.0
Method: Calculated			
Red Blood Cell Count (RBC)	4.10	millions/cumm	3.80-4.80
Mean Corp Volume (MCV)	88.4	FL	83.0-101.0
Method: Calculated			
Mean Corp Hb (MCH)	29	pg	24.0-30.0
Method: Calculated			
Mean Corp Hb Conc (MCHC)	32.8	gm%	31.5-34.5
Method: Calculated			
RDW - CV	13.2	%	12.3-14.0
Method: Calculated			
RDW - SD	40.70	FL	37.6-42.0
Method: Calculated			
Mentzer Index	21.56		
Differential Leucocyte Count			
Neutrophils	48.6	%	40 - 75
Method: Light scatter/Peroxidase			
Lymphocytes	40	%	20 - 45
Method: Light scatter/Peroxidase			
Monocytes	5.6	%	01 - 10
Method: Light scatter/Peroxidase			
Eosinophils	5.5	%	01 - 06
Method: Light scatter/Peroxidase			
Basophils	0.6	%	00 - 02
Method: Light scatter/Basophil			
Absolute Leucocyte Count			
Absolute Neutrophil Count (ANC)	2.53	10 ³ /uL	2.0-7.0
Method: Calculated			
Absolute Lymphocyte Count (ALC)	2.06	10 ³ /uL	1.0-3.0
Absolute Monocyte Count	0.29	10 ³ /uL	0.2-1.0
Method: Calculated			


Dr. Rajeev S Ramachandran
 MBBS, MD PATHOLOGY
 CONSULTANT PATHOLOGIST



SIN No:H3726450

Patient Name	: Sangeeta Rathod 3130962689	Barcode	: H3726450 
Age/Gender	: 50/Female	Sample Collected On	: 20/Jun/2021 10:32AM
Order Id	: 3130962689	Sample Received On	: 20/Jun/2021 03:43PM
Referred By	: Self	Report Generated On	: 20/Jun/2021 06:56PM
Customer Since	: 20/Jun/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	0.29	10 ³ /uL	0.02-0.5
Absolute Basophil Count Method: Calculated	0.03	10 ³ /uL	0.05 - 0.10
Platelet Count(PLT) Method: Automated Electrical Resistance/ Light Microscopy	309	10 ³ /µl	150-410
PDW	17.3	%	9.6 - 15.2
MPV Method: Automated	9.0	FL	7.9-9.2
PCT	0.30	%	0.19 - 0.39
ESR Method: Modified Westergren	26	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


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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).			


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Order Id	: 3130962689	Sample Received On	: 20/Jun/2021 03:43PM
Referred By	: Self	Report Generated On	: 20/Jun/2021 08:02PM
Customer Since	: 20/Jun/2021	Sample Temperature	: Maintained ✓
Sample Type	: Serum	ReportStatus	: Final Report

DEPARTMENT OF IMMUNOLOGY

Test Name	Value	Unit	Bio. Ref Interval
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Vitamin B12

VITAMIN B12	262	pg/ml	120 - 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.

Vitamin D, 25-Hydroxy

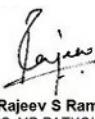
VITAMIN D (25 - OH VITAMIN D)	69.20	ng/ml	30 - 100
Method: CLIA			

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.


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Sample Type	: Serum	ReportStatus	: Final Report

DEPARTMENT OF IMMUNOLOGY

Test Name	Value	Unit	Bio. Ref Interval
Thyroid Profile (Total T3,T4, TSH)			
Tri-Iodothyronine (T3, Total)	1.00	ng/ml	0.87 - 1.78
Method: CLIA			
Thyroxine (T4, Total)	9.25	ug/dl	5.48 - 14.28
Method: CLIA			
Thyroid Stimulating Hormone (TSH)-Ultrasensitive	2.16	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 *****



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MBBS, MD PATHOLOGY
CONSULTANT PATHOLOGIST



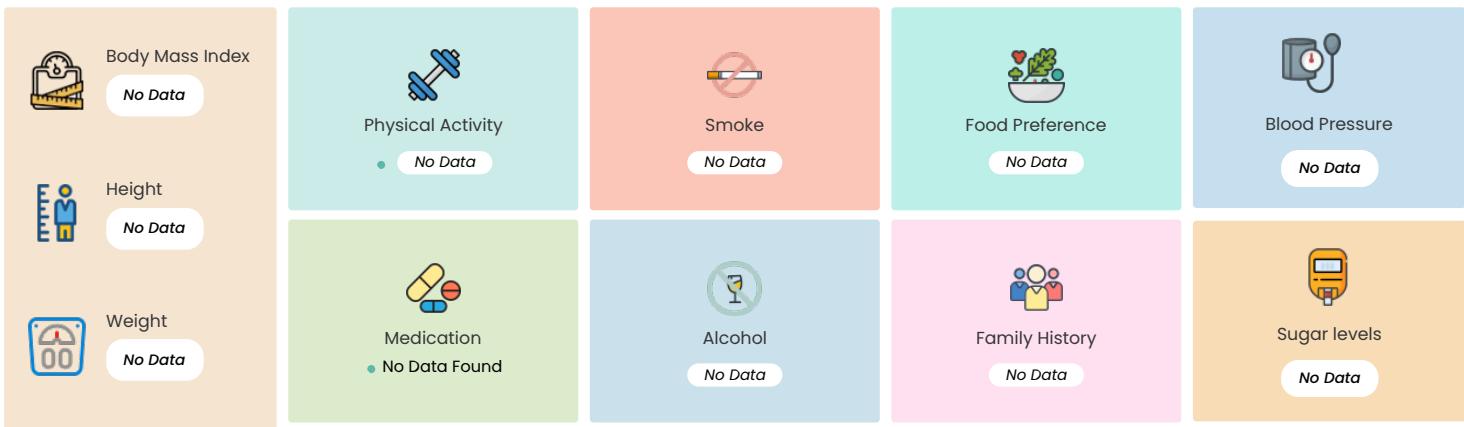
SIN No:H3726450

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

Sangeeta Rathod
Booking ID : 3130962689


SUGGESTED NUTRITION
SUGGESTED NUTRITION
Do's

- 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
- Include fruits like apples, berries and melons in your diet
- Include fresh garlic and fenugreek seeds in your diet
- Include whole grains in your diet like whole wheat bread and other products, brown rice or hand pounded rice, oats

Dont's

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

SUGGESTED LIFESTYLE
SUGGESTED LIFESTYLE
Do's

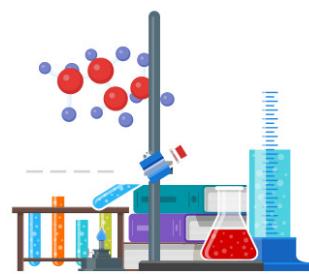
- Maintain ideal weight
- Sleep well at night and do relaxing activities
- Lose weight gradually and stay active

Dont's

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

SUGGESTED FUTURE TESTS
SUGGESTED FUTURE TESTS

- RA Test Rheumatoid Arthritis Factor, Quantitative - **Every 1 Month**
- CCP (Antibody Cyclic Citrullinated Peptide) - **Every 1 Month**
- CRP (C Reactive Protein) Quantitative, Serum - **Every 1 Month**
- Vitamin D Total-25 Hydroxy - **Every 1 Month**
- Vitamin B12 Cyanocobalamin - **Every 1 Month**
- Complete Hemogram - **Every 1 Month**
- Iron Studies - **Every 1 Month**



HEALTH ADVISORY
Suggestions for Health & Well-being

Sangeeta Rathod
Booking ID : 3130962689

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

BALANCED DIET

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

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



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	OBESITY
Less than 18.5	Between 18.5 - 24.9	Between 25.0 - 29.9	More than 30

BMI

RECOMMENDATION
General Recommendation on Preventive Screening

Sangeeta Rathod

Booking ID : 3130962689

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	Screen annually Repeat earlier in case of symptoms Under treatment- Repeat every 3-6 months	Recommended Screen annually Repeat earlier in case of symptoms Under treatment- Repeat every 3-6 months	Strongly Recommended Screen annually Repeat earlier in case of symptoms Under treatment- Repeat every 3-6 months	Strongly Recommended Screen annually Repeat earlier in case of symptoms Under treatment- Repeat Every 3 months
Thyroid Disorder	Thyroid Profile-Total (T3, T4 & TSH Ultra-sensitive)	Screen annually Repeat earlier in case of symptoms Under treatment- Repeat every 3 months	Recommended Screen annually Repeat earlier in case of symptoms Under treatment- Repeat every 2-3 months	Strongly Recommended Screen annually Repeat earlier in case of symptoms Under treatment - Repeat every 2-3 months	Strongly Recommended Screen annually Repeat earlier in case of symptoms Under treatment- Repeat every 2-3 months
Vitamin-D Deficiency	Vitamin D Total 25-Hydroxy	Recommended Screen annually Repeat earlier in case of symptoms Under treatment - Repeat every 3 months	Recommended Screen annually Repeat earlier in case of symptoms Under treatment- Repeat every 3-6 months	Strongly Recommended Screen annually Repeat earlier in case of symptoms Under treatment- Repeat every 3-6 months	Strongly Recommended Screen annually Repeat earlier in case of symptoms Under treatment- Repeat Every 3 months
Vitamin B12 Deficiency	Vitamin B12 Cyanocobalamin	Recommended Screen annually Repeat earlier in case of symptoms Under treatment - Repeat every 3 months	Recommended Screen annually Repeat earlier in case of symptoms Under treatment- Repeat every 3-6 months	Strongly Recommended Screen annually Repeat earlier in case of symptoms Under treatment- Repeat every 3-6 months	Strongly Recommended Screen annually Repeat earlier in case of symptoms Under treatment- Repeat Every 3 months
High Cholesterol /Dyslipidemia	Lipid Profile Cholesterol-Total, Serum	Screen annually Repeat earlier in case of symptoms Under treatment- Repeat every 3 months	Recommended Screen annually Repeat earlier in case of symptoms Under treatment- Repeat every 3 months	Strongly Recommended Screen annually Repeat earlier in case of symptoms Under treatment- Repeat every 3 months	Strongly Recommended Screen annually Repeat earlier in case of symptoms Under treatment- Repeat every 3 months
Kidney Disorder	Kidney function test Urine Routine & Microscopy Urea Serum	Screen annually Repeat earlier in case of symptoms Under treatment- Repeat every 3 months	Recommended Screen annually Repeat earlier in case of symptoms Under treatment- Repeat every 3 months	Strongly Recommended Screen annually Repeat earlier in case of symptoms Under treatment- Repeat every 3 months	Strongly Recommended Screen annually Repeat earlier in case of symptoms Under treatment- Repeat every 3 months
Liver Disorder	Liver function test SGOT/AST SGPT/ALT	Screen annually Repeat earlier in case of symptoms Under treatment- Repeat every 3 months	Recommended Screen annually Repeat earlier in case of symptoms Under treatment- Repeat every 3 months	Strongly Recommended Screen annually Repeat earlier in case of symptoms Under treatment- Repeat every 3 months	Strongly Recommended Screen annually Repeat earlier in case of symptoms Under treatment- Repeat every 3 months



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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.

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