

# India's largest Health Test @Home Service

India's Most Awarded Healthcare Brand



Booking ID : 5525300761

**Mansi Shihhare**

Female, 29 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

Mansi Shivhare | Booking ID : 5525300761

## Healthians Smart Report

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A Self explanatory Health Diagnostics Report

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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

Mansi Shivhare  
Booking ID : 5525300761

**Mansi Shivhare,**

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**
**91**

Out of 100

\*Calculated from test reports

**Thyroid Function**

Thyroid Stimulating Hormone (TSH)-Ultrasensit : 5.7850 µIU/ml  
• Concern


**Vitamin B12**

719 pg/ml  
• Everything looks good


**Cholesterol Total**

147 mg/dl  
• Everything looks good


**Liver Function**

Alanine Aminotransferase (ALT/SGPT) : 70.00 U/l  
• Concern


**Kidney Function**

Serum Creatinine : 0.60 mg/dl  
• Everything looks good


**Calcium Total**

9.2 mg/dl  
• Everything looks good


**Vitamin D**

61.94 ng/ml  
• Everything looks good


**Iron studies**

Serum Iron : 139.3 ug/dl  
• Everything looks good


**HbA1c**

5.70 %  
• Everything looks good


**Complete Hemogram**

Haemoglobin (HB) : 12.5 g/dl  
• Everything looks good

## HEALTH ANALYSIS

## HISTORICAL CHARTS

## Glycated Hemoglobin (HbA1c)

Your Latest result

**5.70 %**

7th Jun 2022

Everything looks good



5.7

Jun'22

## Vitamin B12 Cyanocobalamin

Your Latest result

**719 pg/ml**

7th Jun 2022

Everything looks good



719

Jun'22

## Creatinine, Serum

Your Latest result

**0.60 mg/dl**

7th Jun 2022

Everything looks good



0.6

Jun'22

## Vitamin D Total-25 Hydroxy

Your Latest result

**61.94 ng/ml**

7th Jun 2022

Everything looks good



61.94

Jun'22

## Iron, Serum

Your Latest result

**139.3 ug/dl**

7th Jun 2022

Everything looks good



139.3

Jun'22

## Calcium Total, Serum

Your Latest result

**9.2 mg/dl**

7th Jun 2022

Everything looks good



9.2

Jun'22

## Hemoglobin Hb

Your Latest result

**12.5 g/dl**

7th Jun 2022

Everything looks good



12.5

Jun'22

## Cholesterol-Total, Serum

Your Latest result

**147 mg/dl**

7th Jun 2022

Everything looks good



147

Jun'22

Patient Name	: Mansi Shivhare 5525300761	Barcode	: H5992215	
Age/Gender	: 29/Female	Sample Collected On	: 07/Jun/2022 06:27AM	
Order Id	: 5525300761	Sample Received On	: 07/Jun/2022 01:40PM	
Referred By	: Self	Report Generated On	: 07/Jun/2022 02:23PM	
Customer Since	: 07/Jun/2022	Sample Temperature	: Maintained ✓	
Sample Type	: Whole Blood EDTA	Report Status	: Final Report	

### DEPARTMENT OF BIOCHEMISTRY HBA1C

Test Name	Value	Unit	Bio. Ref Interval
<b>HbA1c - Glycated Hemoglobin</b>			
HbA1c (Glycosylated Hemoglobin)	5.70	%	4.2 - 5.7
Method: HPLC			
Average Estimated Glucose - plasma	116.89	mg/dl	
Method: Calculated			

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

Non diabetic

At Risk (Prediabetes)

Diagnosing Diabetes

**GLYCOSYLATED HEMOGLOBIN (HbA1c) in %**

&lt;5.7

5.7 – 6.4

&gt;= 6.5

**Age > 19 Years**

Goals of Therapy: &lt; 7.0

Actions Suggested: &gt;8.0

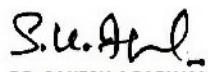
**Age < 19 Years**

Goal of therapy: &lt;7.5

Therapeutic goals for glycemic control

**REMARKS**

1. HbA1c is used for monitoring diabetic control. It reflects the mean plasma glucose over three months
  2. HbA1c may be falsely low in diabetics with hemolytic disease. In these individuals a plasma fructosamine level may be used which evaluates diabetes over 15 days.
  3. Inappropriately low HbA1c values may be reported due to hemolysis, recent blood transfusion, acute blood loss, hypertriglyceridemia, chronic liver disease. Drugs like dapsone, ribavirin, antiretroviral drugs, trimethoprim, may also cause interference with estimation of HbA1c, causing falsely low values.
  4. HbA1c may be increased in patients with polycythemia or post-splenectomy.
  5. Inappropriately higher values of HbA1c may be caused due to iron deficiency, vitamin B12 deficiency, alcohol intake, uremia, hyperbilirubinemia and large doses of aspirin.
  6. Trends in HbA1c are a better indicator of diabetic control than a solitary test.
  7. Any sample with >15% HbA1c should be suspected of having a hemoglobin variant, especially in a non-diabetic patient. Similarly, below 4% should prompt additional studies to determine the possible presence of variant hemoglobin.
  8. HbA1c target in pregnancy is to attain level <6 % .
  9. HbA1c target in paediatric age group is to attain level < 7.5 %.
- Method : Ion-exchange high-performance liquid chromatography (HPLC).
- Reference : American Diabetes Associations. Standards of Medical Care in Diabetes 2015

  
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Referred By	: Self	Report Generated On	: 07/Jun/2022 01:11PM	
Customer Since	: 07/Jun/2022	Sample Temperature	: Maintained ✓	
Sample Type	: Flouride Plasma	Report Status	: Final Report	

### DEPARTMENT OF BIOCHEMISTRY

<b>Test Name</b>	<b>Value</b>	<b>Unit</b>	<b>Bio. Ref Interval</b>
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#### **Fasting Blood Sugar**

Glucose, Fasting	89	mg/dl
Method: Hexokinase		

#### **American Diabetes Association Reference Range :**

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

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

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

  
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 SENIOR CONSULTANT


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Referred By	: Self	Report Generated On	: 07/Jun/2022 12:13PM	
Customer Since	: 07/Jun/2022	Sample Temperature	: Maintained ✓	
Sample Type	: SERUM	Report Status	: Final Report	

### DEPARTMENT OF BIOCHEMISTRY

Test Name	Value	Unit	Bio. Ref Interval
<b>Lipid Profile</b>			
Total Cholesterol Method: ENZymatic	147	mg/dl	Desirable : <200 Borderline: 200-239 High : >/=240
Serum Triglycerides Method: GPO TRINDER	103	mg/dl	Desirable : <150 Borderline high : 150-199 High : 200-499 Very high : > 500
Serum HDL Cholesterol Method: Elimination/catalase	44.9	mg/dl	40 - 60
Serum LDL Cholesterol Method: Elimination/catalase	96.90	mg/dl	Optimal : <100 Near /Above Optimal:100 - 129 Borderline High:130 - 159 High : 160 - 189 Very High :>/=190
Serum VLDL Cholesterol Method: Calculated	20.6	mg/dl	06 - 30
Total CHOL / HDL Cholesterol Ratio Method: Calculated	<b>3.27</b>	Ratio	3.30 - 4.40
LDL / HDL Cholesterol Ratio Method: Calculated	2.16	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	0.46	Ratio	Optimal->0.4 Moderate-0.4 to 0.3 High-<0.3
Non-HDL Cholesterol Method: Calculated	102.1	mg/dl	0.0 - 160.0

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

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

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

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

\*NCEP recommends the assessment of 3 different samples drawn at intervals of 1 week for harmonizing biological variables that might be encountered in single

  
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Sample Type	: SERUM	Report Status	: Final Report	

### DEPARTMENT OF BIOCHEMISTRY

#### Test Name

#### Value

#### Unit

#### Bio. Ref Interval

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.

\*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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Referred By	: Self	Report Generated On	: 07/Jun/2022 12:25PM	
Customer Since	: 07/Jun/2022	Sample Temperature	: Maintained ✓	
Sample Type	: Serum	Report Status	: Final Report	

### DEPARTMENT OF BIOCHEMISTRY

Test Name	Value	Unit	Bio. Ref Interval
<b>Liver Function Test (LFT)</b>			
Serum Bilirubin, (Total) Method: Vanadate oxidation	0.41	mg/dl	0.3 - 1.2
Serum Bilirubin, (Direct) Method: Vanadate oxidation	0.15	mg/dl	0 - 0.3
Serum Bilirubin, (Indirect) Method: Calculated	0.26	mg/dl	0.0 - 0.8
Aspartate Aminotransferase (AST/SGOT) Method: Modified IFCC	<b>35.00</b>	U/L	5 - 34
Alanine Aminotransferase (ALT/SGPT) Method: Modified IFCC	<b>70.00</b>	U/l	10 - 49
Alkaline Phosphatase (ALP) Method: DEA BUFFER	112.00	U/L	38 - 126
Gamma Glutamyl Transferase (GGT) Method: IFCC	31.2	U/L	5-38.0
Serum Total Protein Method: Biuret	7.00	g/dl	5.7-8.2
Serum Albumin Method: Bromo Cresol Green(BCG)	4.19	g/dl	3.4 - 4.8
Serum Globulin Method: Calculated	<b>2.81</b>	gm/dl	3.0 - 4.2
Albumin/Globulin Ratio Method: Calculated	1.49	Ratio	1.2 - 2.5
SGOT/SGPT Ratio Method: Calculated	<b>0.50</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. Alt levels may also increase after a heart attack or strenuous activity. ALT is commonly measured as a part of a diagnostic evaluation of hepatocellular injury, to determine liver health. Elevated ALP levels are seen in Biliary Obstruction, Osteoblastic Bone Tumors, Osteomalacia, Hepatitis, Hyperparathyroidism, Leukemia, Lymphoma, paget's disease, Rickets, Sarcoidosis etc.

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

  
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Referred By	: Self	Report Generated On	: 07/Jun/2022 12:25PM	
Customer Since	: 07/Jun/2022	Sample Temperature	: Maintained ✓	
Sample Type	: Serum	Report Status	: Final Report	

### DEPARTMENT OF BIOCHEMISTRY

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



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Sample Type	: SERUM	Report Status	: Final Report	

## DEPARTMENT OF BIOCHEMISTRY

### IRON STUDY

Test Name	Value	Unit	Bio. Ref Interval
<b>Iron study</b>			
Serum Iron Method: Ferrozine	139.3	ug/dl	50-170
UIBC Method: Nitroso-PSAP	200.40	ug/dl	120- 470
Serum Total Iron Binding Capacity (TIBC) Method: FE+UIBC (saturation with iron)	339.7	µg/dl	250 - 400
Transferrin Saturation % Method: Calculated	41.01	%	15 - 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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Customer Since	: 07/Jun/2022	Sample Temperature	: Maintained ✓	
Sample Type	: SERUM	Report Status	: Final Report	

### DEPARTMENT OF BIOCHEMISTRY

Test Name	Value	Unit	Bio. Ref Interval
<b>Kidney Function Test1 (KFT1)</b>			
Serum Creatinine Method: Jaffes Kinetic	0.60	mg/dl	0.5-1.1
Serum Uric Acid Method: Uricase/Peroxidase	4.7	mg/dl	2.6 - 6
Serum Calcium Method: Arsenazo III	9.2	mg/dl	8.7-10.4
Serum Phosphorus Method: Phosphomolybdate/UV	4.0	mg/dl	2.4 - 5.1
Serum Sodium Method: ISE (Indirect)	139	mmol/L	132 - 146
Serum Chloride Method: ISE (Indirect)	102	mmol/L	99-109
Blood Urea Method: Urease	23	mg/dl	19.3-49.38
Blood Urea Nitrogen (BUN) Method: Calculated	10.7	mg/dl	8-20
Bun/Creatinine Ratio Method: Calculated	17.83	Ratio	
Urea/Creatinine Ratio	38.17		

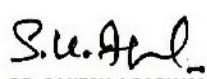
  
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Order Id	: 5525300761	Sample Received On	: 07/Jun/2022 11:30AM	
Referred By	: Self	Report Generated On	: 07/Jun/2022 04:09PM	
Customer Since	: 07/Jun/2022	Sample Temperature	: Maintained ✓	
Sample Type	: URINE	Report Status	: Final Report	

### DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Value	Unit	Bio. Ref Interval
<b>Urine Routine &amp; Microscopy Extended</b>			
<b>PHYSICAL EXAMINATION</b>			
Colour	Pale Yellow		Pale Yellow
Method: Visual			
Volume	15.00	mL	
Method: Visual			
Appearance	Clear		Clear
Method: Visual			
<b>CHEMICAL EXAMINATION</b>			
Specific Gravity	1.020		1.001 - 1.035
Method: Polyelectrolyte dissociation			
pH	6.0		4.5 - 7.5
Method: acid-base indicator method			
Glucose	Negative		Negative
Method: enzymic method			
Urine Protein	Negative		Negative
Method: protein error method			
Ketones	Negative		Negative
Method: Sodium nitrosoferricyanide			
Urobilinogen	Normal		Normal
Method: Diazonium salt			
Bilirubin	Negative		Negative
Method: Azo reaction			
Nitrite	Negative		Negative
Method: Griess method			
Blood	Negative		Negative
Method: Peroxidase-like method			
Leucocyte Esterase	Negative		Negative
Method: diazonium salt			
<b>MICROSCOPIC EXAMINATION</b>			
Pus Cells	1-2	/HPF	0 - 5
Method: Microscopic Examination			
Epithelial cells	2-3	/HPF	0 - 5
Method: Microscopic Examination			
RBCs	Nil	/HPF	Nil

  
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Sample Type	: URINE	Report Status	: Final Report	

## DEPARTMENT OF CLINICAL PATHOLOGY

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

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

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

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

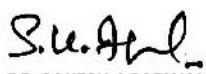
Presence of bilirubin in urine indicates conjugated hyperbilirubinemia (obstructive or hepatocellular jaundice). Bile salts along with bilirubin can be detected in urine in cases of obstructive jaundice. Normally about 0.5-4 mg of urobilinogen is excreted in urine in 24 hours. Therefore, a small amount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

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

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

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

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

  
**DR. SAKESH AGARWAL**  
 MBBS, DCP


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Patient Name	: Mansi Shivhare 5525300761	Barcode	: H5992215	
Age/Gender	: 29/Female	Sample Collected On	: 07/Jun/2022 06:27AM	
Order Id	: 5525300761	Sample Received On	: 07/Jun/2022 12:03PM	
Referred By	: Self	Report Generated On	: 07/Jun/2022 02:33PM	
Customer Since	: 07/Jun/2022	Sample Temperature	: Maintained ✓	
Sample Type	: Whole Blood EDTA	Report Status	: Final Report	

### DEPARTMENT OF HAEMATOLOGY

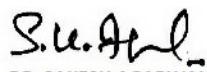
Test Name	Value	Unit	Bio. Ref Interval
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#### Complete Haemogram

Haemoglobin (HB) Method: Photometric Measurement	12.5	g/dl	12.0-15.0
Total Leucocyte Count (TLC) Method: Coulter Principle	8.7	10 <sup>3</sup> /uL	4.0-10.0
Hematocrit (PCV) Method: Calculated	36.8	%	36.0-46.0
Red Blood Cell Count (RBC) Method: Coulter Principle	4.40	millions/cumm	3.80-4.80
Mean Corp Volume (MCV) Method: Derived from RBC Histogram	<b>82.8</b>	FL	83.0-101.0
Mean Corp Hb (MCH) Method: Calculated	28.1	pg	24.0-30.0
Mean Corp Hb Conc (MCHC) Method: Calculated	33.9	gm%	31.5-34.5
RDW - CV Method: Derived from RBC Histogram	<b>14.1</b>	%	12.3-14.0
RDW - SD Method: Derived from RBC Histogram	41.10	FL	39.0-46.0
Mentzer Index Method: Calculated	18.82	Ratio	
RDWI Method: Calculated	265.34	Ratio	
Green and king index Method: Calculated	77	Ratio	

#### Differential Leucocyte Count

Neutrophils Method: VCSn Technology	58.8	%	40 - 75
Lymphocytes Method: VCSn Technology	30.4	%	20 - 45
Monocytes Method: VCSn Technology	7.9	%	01 - 10
Eosinophils Method: VCSn Technology	2.5	%	01 - 06
Basophils Method: VCSn Technology	0.4	%	00 - 02

  
**DR. SAKESH AGARWAL**  
 MBBS, DCP



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## DEPARTMENT OF HAEMATOLOGY

Test Name	Value	Unit	Bio. Ref Interval
<b>Absolute Leucocyte Count</b>			
Absolute Neutrophil Count (ANC)	5.12	10 <sup>3</sup> /uL	2.0-7.0
Method: Calculated			
Absolute Lymphocyte Count (ALC)	2.64	10 <sup>3</sup> /uL	1.0-3.0
Method: Calculated			
Absolute Monocyte Count	0.69	10 <sup>3</sup> /uL	0.2-1.0
Method: Calculated			
Absolute Eosinophil Count (AEC)	0.22	10 <sup>3</sup> /uL	0.02-0.5
Method: Calculated			
Absolute Basophil Count	0.03	10 <sup>3</sup> /uL	0.0 - 0.10
Method: Calculated			
Platelet Count(PLT)	203	10 <sup>3</sup> /µl	150-410
Method: Coulter Principle			
MPV	11.7	fL	7.9-9.2
Method: Derived from PLT Histogram			
ESR	08	mm/1st hr.	0 - 12
Method: Kinetic Red Cell Aggregation			

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

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

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

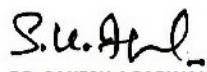
ESR is a non-specific phenomenon, its measurement is clinically useful in disorders associated with an increased production of acute-phase proteins. It provides an index of progress of the disease in rheumatoid arthritis or tuberculosis, and it is of considerable value in diagnosis of temporal arteritis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

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



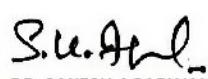
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Patient Name	: Mansi Shivhare 5525300761	Barcode	: H5992215	
Age/Gender	: 29/Female	Sample Collected On	: 07/Jun/2022 06:27AM	
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Customer Since	: 07/Jun/2022	Sample Temperature	: Maintained ✓	
Sample Type	: Whole Blood EDTA	Report Status	: Final Report	

### DEPARTMENT OF HAEMATOLOGY

Test Name	Value	Unit	Bio. Ref Interval
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**DR. SAKESH AGARWAL**  
 MBBS, DCP



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MC-4245

Patient Name	: Mansi Shivhare 5525300761	Barcode	: H5992215	
Age/Gender	: 29/Female	Sample Collected On	: 07/Jun/2022 06:27AM	
Order Id	: 5525300761	Sample Received On	: 07/Jun/2022 11:33AM	
Referred By	: Self	Report Generated On	: 07/Jun/2022 12:09PM	
Customer Since	: 07/Jun/2022	Sample Temperature	: Maintained ✓	
Sample Type	: Serum	Report Status	: Final Report	

## DEPARTMENT OF IMMUNOLOGY

<b>Test Name</b>	<b>Value</b>	<b>Unit</b>	<b>Bio. Ref Interval</b>
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### Vitamin B12

VITAMIN B12	719	pg/ml	211 - 912
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)	61.94	ng/ml	30 - 100
Method: CLIA			

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

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

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

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

  
**DR. PUNEETA BHATIA**  
 MD, BIOCHEMISTRY  
 SENIOR CONSULTANT



Patient Name	: Mansi Shivhare 5525300761	Barcode	: H5992215	
Age/Gender	: 29/Female	Sample Collected On	: 07/Jun/2022 06:27AM	
Order Id	: 5525300761	Sample Received On	: 07/Jun/2022 11:33AM	
Referred By	: Self	Report Generated On	: 07/Jun/2022 12:11PM	
Customer Since	: 07/Jun/2022	Sample Temperature	: Maintained ✓	
Sample Type	: Serum	Report Status	: Final Report	

## DEPARTMENT OF IMMUNOLOGY

<b>Test Name</b>	<b>Value</b>	<b>Unit</b>	<b>Bio. Ref Interval</b>
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### **Thyroid Profile (Total T3,T4, TSH)**

Tri-Iodothyronine (T3, Total) Method: CLIA	1.25	ng/ml	0.60-1.81
Thyroxine (T4, Total) Method: CLIA	7.30	ug/dl	3.2-12.6
Thyroid Stimulating Hormone (TSH)-Ultrasensitive Method: CLIA	<b>5.7850</b>	µIU/ml	0.55-4.78

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

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

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

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



**DR. WALIA MURSHIDA HUDA**  
**MD, BIOCHEMISTRY**



SIN No:H5992215

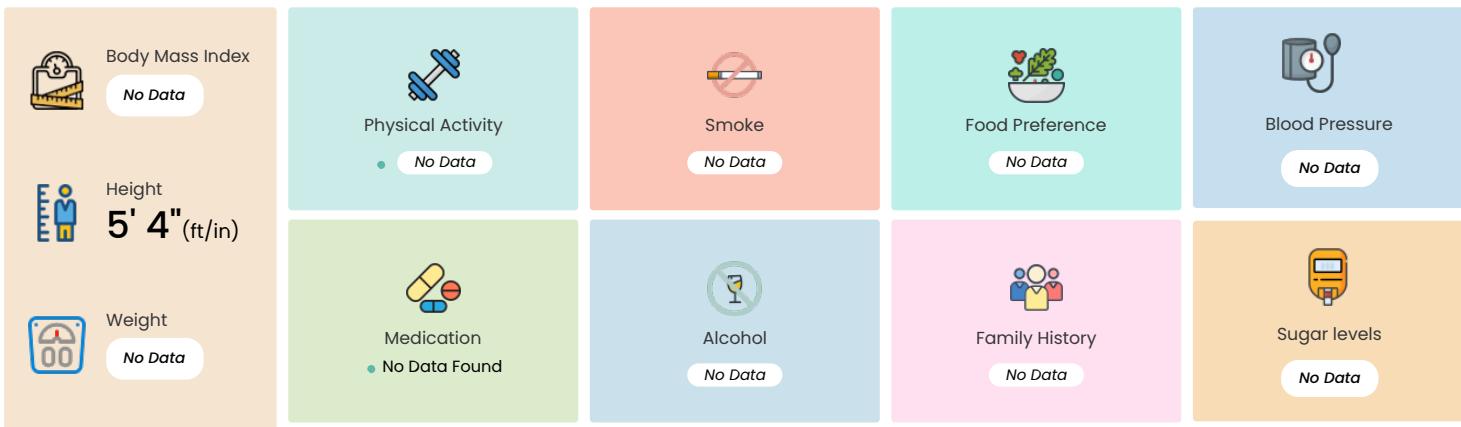
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**Terms & Conditions:**

- 1) Machine Data is available for last 7 days only. In case of manual testing & outsourced testing, machine data will not be available.
- 2) CBC parameters may vary when it is manually reviewed by the Pathologists.
- 3) **For Thyroid tests** - Circulating TSH shows a normal circadian rhythm with a peak between 11pm-5am and a nadir between 5pm-8pm. TSH values are also lowered after food when compared to fasting in a statistically significant manner. This variation is of the order of ±50%, hence time of day and fasting status have influence on the reported TSH level.
- 4) **For Lipid profile** - Lipid and Lipoprotein concentrations vary during the normal course of daily activity. Also, certain drugs, diet and alcohol can have lasting effects on Triglyceride levels. To obtain best results for Lipid testing, a strict fasting of 10-12 hours with a light meal on the previous night is recommended.
- 5) Test results released pertain to the specimen submitted.
- 6) Test results are dependent on the quality of the sample received by the Lab.
- 7) The tests are carried out in the lab with the presumption that the specimen belongs to the patient named or identified in the bill/test request form/booking ID.
- 8) The reported results are for information and are subject to confirmation and interpretation by the referring doctor to co-relate clinically.
- 9) Test results may show interlaboratory variations.
- 10) Liability of Healthians for deficiency of services or other errors and omissions shall be limited to the fee paid by the patient for the relevant laboratory services.
- 11) This report is not subject to use for any medico-legal purposes.
- 12) Few of the tests might be outsourced to partner labs as and when required.

**ADVISORY**
**Health Advisory**

Mansi Shivhare  
Booking ID : 5525300761

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

- Have a balanced diet that includes whole grains, pulses, dairy, fruits, vegetables, nuts and healthy fats
- Include fruits like apples, berries and melons in your diet
- Include whole grains in your diet like whole wheat bread and other products, brown rice or hand pounded rice, oats
- Have fresh fruits, green leafy vegetables and unsalted nuts and seeds
- Include iodized salt in your diet
- Take fresh fruit and vegetable juices

**Dont's**

- Avoid flavoured and seasoned foods
- Decrease intake of colas and sugary drinks
- Avoid saturated fats, transfats, oily and greasy foods like cakes, creamy or fried foods
- Avoid cruciferous foods like cauliflower, cabbage and spinach
- Avoid soy products like soymilk or tofu
- Avoid red meat and organ meats
- Avoid the use of oil and avoid sauces and dressings
- Avoid refined carbs, processed foods

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

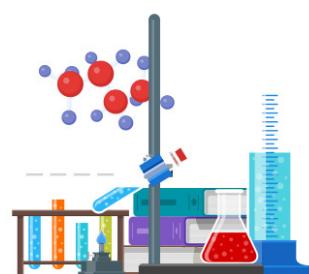
- Stay active and maintain ideal weight
- Lose weight gradually and stay active

**Dont's**

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

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

- Complete Hemogram - **Every 2 Month**
- Peripheral Smear Examination By Pathologist - **Every 2 Month**
- Thyroid Profile-Total (T3, T4 & TSH Ultra-sensitive) - **Every 1 Month**
- Liver Function Test - **Every 1 Month**
- Vitamin D Total-25 Hydroxy - **Every 4 Month**



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

Mansi Shivhare  
Booking ID : 5525300761

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

**BMI**

Your test report has indicated that you have certain deficiencies in your body which may hamper your health & wellbeing in the longer run.

In order to fulfill the gaps in nutrition and promote a healthier body we suggest you the following supplements mentioned below:

Deficiency/Out of Range Parameter(s)	Suggested Supplement	
SGOT/AST	LIV-UP	<a href="#">To order, call 1800-572-000-4</a>
TSH Ultra - Sensitive	THYRO FIX	

## Suggestions for Improving Deficiencies



### LIV-UP

De-toxify your body with a healthier liver.

LIV-UP is a scientifically formulated and clinically proven all-natural supplement that takes care of your liver and its functions. This ayurvedic supplement keeps your liver cool, and optimally functioning, thus promoting healthy digestion. Take the all-natural road to robust liver health with LIV-UP.

Untreated or unmanaged liver issues can cause grave and even lethal complications, which include:

- Liver Infections | • Liver Cancer | • Liver Failure | • Elevated Blood Toxin Levels | • Liver Cirrhosis

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

#### Methi Dana

Reducing the risk of developing fatty liver disease.

#### Triphala

Promotes liver function & boosts immunity

#### Ginger

Supports liver health & prevents liver inflammation

#### Yellow Myrobalan

Keeps the liver cool & promotes optimal functioning

#### Kulki

Reduces inflammation & protects the liver from injury



### THYRO FIX

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

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

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

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

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

#### Arjun Tree Extract

Decreases thyroid levels in hyperthyroidism to maintain hormonal balance

#### Ashwagandha

Increases thyroid levels in hypothyroidism to maintain hormonal balance

#### Anantmool

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

#### Asparagus

Regulates blood sugar levels & promotes heart health

## RECOMMENDATION

## General Recommendation on Preventive Screening

Mansi Shivhare  
Booking ID : 5525300761

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>



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