

India's trusted Health Test @Home Service

National Reference Laboratory in Delhi NCR



Booking ID : 9078578797

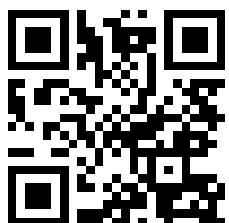
Sample Collection Date : 01/Oct/2023

Shubhra

Female, 38 Yrs

A Comprehensive Health Analysis Report

AI Based Personalized Report for You



INDIA'S FIRST & ONLY CREDIBILITY CHECK FOR YOUR LAB REPORT

Check the authenticity of your lab report with machine data

Scan the QR using any QR code scanner

HEALTH ANALYSIS

Personalized Summary & Vital Parameters

Shubhra

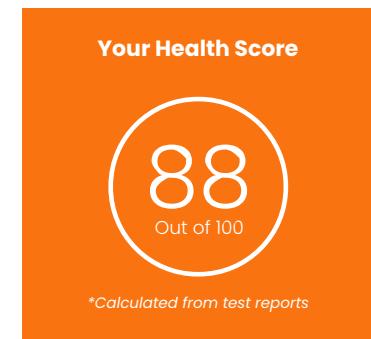
Booking ID : 9078578797 | Sample Collection Date : 01/Oct/2023

Shubhra,

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

10 Vital Health Parameters of a Human Body Ecosystem

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



Thyroid Function

Thyroid Stimulating Hormone (TSH)-Ultrasensit : 5.18 μ U/ml

- Concern



Vitamin B12

216 pg/ml

- Everything looks good



Cholesterol Total

127.1 mg/dl

- Everything looks good



Liver Function

Alanine Aminotransferase (ALT/SGPT) : 29.5 U/L

- Everything looks good



Kidney Function

Serum Creatinine : 0.68 mg/dl

- Everything looks good



Vitamin D

30.81 ng/ml

- Everything looks good



HbA1c

5 %

- Everything looks good



Calcium Total

8.8 mg/dl

- Everything looks good



Iron studies

Serum Iron : 54.9 ug/dl

- Concern



Complete Hemogram

Haemoglobin (HB) : 12.2 g/dL

- Everything looks good



New Features

Report Summary

Shubhra

Booking ID 9078578797 | Sample Collection Date : 01/Oct/2023

Understanding laboratory reports can be complex, often leading to unwarranted anxiety.

At Healthians, we understand that you shouldn't have to rely on a Google search to decipher your own health report. That's why we offer comprehensive summaries that are easy to understand

Summary of Deranged Parameters:

Based on the health test results you provided, there are a few parameters that are outside the normal range. Please note that these values are just indicators and may not necessarily indicate a serious health condition. It is always best to consult with a healthcare professional for a thorough evaluation and personalized advice.

Suggestions for Deranged Parameters:

1. CRP (C Reactive Protein) Quantitative, Serum: Elevated levels of CRP may indicate inflammation in the body. It is advisable to follow up with your healthcare provider to determine the underlying cause and appropriate management.
2. Phosphorus-Inorganic, Serum: Slightly elevated phosphorus levels may be due to various factors. It is recommended to discuss these results with your healthcare provider to assess your overall kidney function and determine if any further evaluation is needed.
3. Iron, Serum: Your iron levels are within the normal range, which is a positive finding. However, it is important to maintain a balanced diet rich in iron to prevent any deficiencies in the future.
4. TSH Ultra-Sensitive: Your TSH levels are slightly elevated, which may indicate an underactive thyroid. It is advisable to consult with your healthcare provider for further evaluation and appropriate management.

Please remember that these suggestions are general in nature and should not replace personalized medical advice. It is always recommended to consult with a healthcare professional for a comprehensive evaluation and guidance tailored to your specific needs.

HEALTH ANALYSIS
HISTORICAL CHARTS

Shubhra

Booking ID : 9078578797 | Sample Collection Date : 01/Oct/2023

Glycated Hemoglobin (HbA1c)

Your Latest result

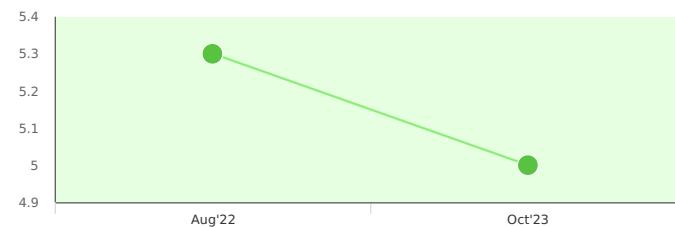
5 %

1st Oct 2023

4.2

Everything looks good

5.7


Calcium Total, Serum

Your Latest result

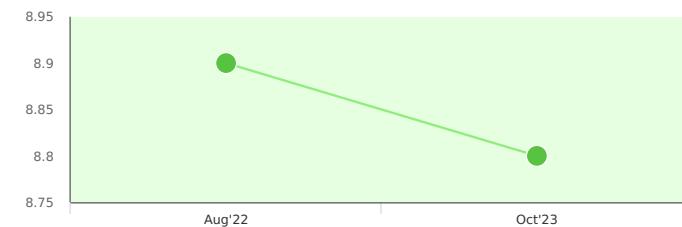
8.8 mg/dl

1st Oct 2023

Everything looks good

8.8

10.6


Creatinine, Serum

Your Latest result

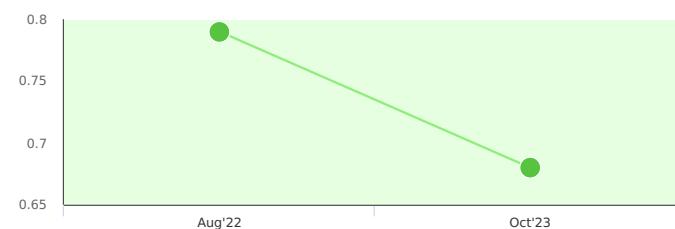
0.68 mg/dl

1st Oct 2023

0.3

Everything looks good

1.0


Iron, Serum

Your Latest result

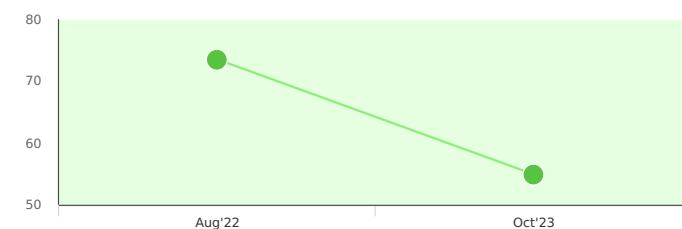
54.9 ug/dl

1st Oct 2023

60

180

Concern


Vitamin B12 Cyanocobalamin

Your Latest result

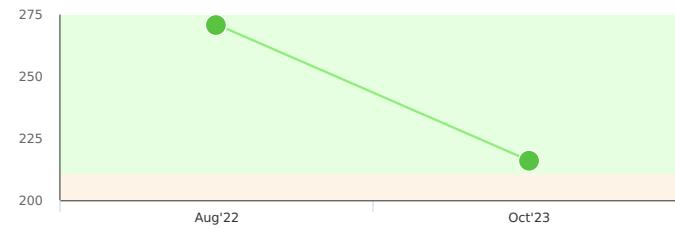
216 pg/ml

1st Oct 2023

211

Everything looks good

912


Vitamin D Total-25 Hydroxy

Your Latest result

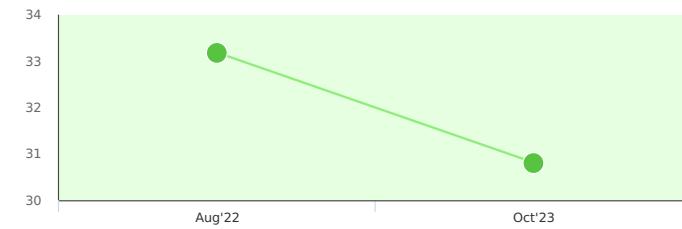
30.81 ng/ml

1st Oct 2023

30

100

Everything looks good


Hemoglobin Hb

Your Latest result

12.2 g/dL

1st Oct 2023

12.0

Everything looks good

15.0


Cholesterol-Total, Serum

Your Latest result

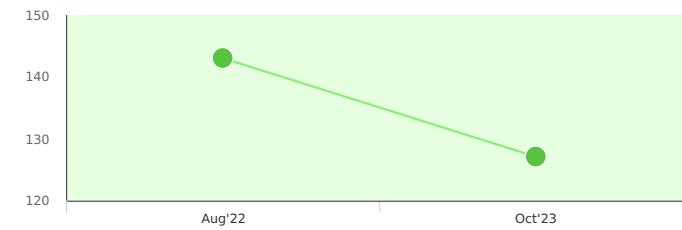
127.1 mg/dl

1st Oct 2023

0

200

Everything looks good



HEALTH ANALYSIS

COMPARATIVE CHARTS

↑ Increase From Last Time ↓ Decrease From Last Time

Total Parameters : 26
(As per latest result)

19 Everything Looks Good

2 Borderline

5 Concern

Shubhra

Booking ID : 9078578797 | Sample Collection Date : 01/Oct/2023

			1 Year Ago	
Test Name	Risk Area		10 Aug 2022 Collection Time 08:00 AM	Latest Result 01 Oct 2023
Cholesterol-Total, Serum 0 - 200 Normal Range	--		143 mg/dl	↓ 127.1 mg/dl Everything Looks Good
HDL Cholesterol Direct 40 - 60 Normal Range			39 mg/dl	↑ 39.3 mg/dl Low (Concern)
LDL Cholesterol -Direct 0 - 100 Normal Range	--		99.2 mg/dl	↓ 80.5 mg/dl Everything Looks Good
Triglycerides, Serum 0 - 150 Normal Range	--		99 mg/dl	↓ 66.9 mg/dl Everything Looks Good
Alkaline Phosphatase, Serum 30 - 120 Normal Range	--		82 u/L	↓ 77 u/L Everything Looks Good
GGTP (Gamma GT) 5 - 38 Normal Range	--		14.9 u/L	↑ 17 u/L Everything Looks Good
Proteins, Serum 6.6 - 8.3 Normal Range	--		7.5 gm/dl	↓ 6.98 gm/dl Everything Looks Good
SGOT/AST 3 - 35 Normal Range	--		26 u/L	↓ 24.3 u/L Everything Looks Good
SGPT/ALT 3 - 35 Normal Range	--		37 u/L	↓ 29.5 u/L Everything Looks Good
Hemoglobin Hb 12.0 - 15.0 Normal Range	--		13.3 g/dL	↓ 12.2 g/dL Everything Looks Good
Platelet Count Thrombocyte count 150 - 410 Normal Range	--		240 $10^3/\mu\text{L}$	↓ 187 $10^3/\mu\text{L}$ Everything Looks Good
T3, Total Tri Iodothyronine 0.60 - 1.81 Normal Range	--		1.2 ng/ml	↓ 1.13 ng/ml Everything Looks Good

HEALTH ANALYSIS

COMPARATIVE CHARTS

↑ Increase
From Last Time

↓ Decrease
From Last Time

Total Parameters : 26
(As per latest result)

19 Everything Looks Good

2 Borderline

5 Concern

Shubhra
Booking ID : 9078578797 | Sample Collection Date : 01/Oct/2023

			1 Year Ago	Latest Result
Test Name	Risk Area		10 Aug 2022 Collection Time 08:00 AM	01 Oct 2023
T4, Total Thyroxine <small>3.2 - 12.6 Normal Range</small>	--		10.7 ug/dl	↓ 8.5 ug/dl Everything Looks Good
TSH Ultra - Sensitive <small>0.55 - 4.78 Normal Range</small>			5.59 μIU/ml	↓ 5.18 μIU/ml High (Concern)
Iron, Serum <small>60 - 180 Normal Range</small>			73.5 ug/dl	↓ 54.9 ug/dl Low (Concern)
Calcium Total, Serum <small>8.8 - 10.6 Normal Range</small>	--		8.9 mg/dl	↑ 8.8 mg/dl Borderline
Chlorides, Serum <small>101 - 109 Normal Range</small>	--		105 mmol/L	↑ 106 mmol/L Everything Looks Good
Creatinine, Serum <small>0.3 - 1.0 Normal Range</small>	--		0.79 mg/dl	↓ 0.68 mg/dl Everything Looks Good
Phosphorus-Inorganic, Serum <small>2.5 - 4.5 Normal Range</small>			4.2 mg/dl	↑ 4.7 mg/dl High (Concern)
Sodium, Serum <small>136 - 146 Normal Range</small>	--		137 mmol/L	↑ 138 mmol/L Everything Looks Good
Urea, Serum <small>17 - 43 Normal Range</small>	--		18 mg/dl	↑ 24 mg/dl Everything Looks Good
Uric Acid, Serum <small>2.6 - 6.0 Normal Range</small>	--		5.3 mg/dl	↓ 4.8 mg/dl Everything Looks Good
URINE KETONE <small>Negative - Negative Normal Range</small>	--		-	0 Borderline
Glycated Hemoglobin (HbA1c) <small>4.2 - 5.7 Normal Range</small>	--		5.3 %	↓ 5 % Everything Looks Good

HEALTH ANALYSIS

COMPARATIVE CHARTS

Shubhra

Booking ID : 9078578797 | Sample Collection Date : 01/Oct/2023

↑ Increase
From Last Time

↓ Decrease
From Last Time

Total Parameters : 26
(As per latest result)

19 Everything Looks Good

2 Borderline

5 Concern

			1 Year Ago	Latest Result
Test Name	Risk Area	10 Aug 2022 Collection Time 08:00 AM	01 Oct 2023	
Vitamin D Total-25 Hydroxy 30 - 100 Normal Range	--	33.18 ng/ml	↓ 30.81 ng/ml Everything Looks Good	
CRP (C Reactive Protein) Quantitative, Serum 0 - 5 Normal Range		8.4 mg/L	↑ 10.07 mg/L High (Concern)	

Patient Name	: Shubhra	Barcode	: H9689843	
Age/Gender	: 38Y OM OD /Female	Sample Collected On	: 01/Oct/2023 09:36AM	
Order Id	: 9078578797	Sample Received On	: 01/Oct/2023 03:56PM	
Referred By	: Self	Report Generated On	: 01/Oct/2023 04:43PM	
Customer Since	: 01/Oct/2023	Sample Temperature	: Maintained ✓	
Sample Type	: Whole Blood EDTA	ReportStatus	: Final Report	

DEPARTMENT OF BIOCHEMISTRY HBA1C

Test Name	Value	Unit	Bio. Ref Interval
HbA1c - Glycosylated Hemoglobin			
HbA1c (Glycosylated Hemoglobin) Method: HPLC	5.00	%	4.2 - 5.7
Average Estimated Glucose - plasma Method: Calculated	96.80	mg/dl	

INTERPRETATION:

AS PER AMERICAN DIABETES ASSOCIATION (ADA):

REFERENCE GROUP

GLYCOSYLATED HEMOGLOBIN (HbA1c) in %

Non diabetic	<5.7
At Risk (Prediabetes)	5.7 – 6.4
Diagnosing Diabetes	>= 6.5
	Age > 19 Years
	Goals of Therapy: < 7.0
	Actions Suggested: >8.0
Therapeutic goals for glycemic control	Age < 19 Years
	Goal of therapy: <7.5

Patient Name	: Shubhra	Barcode	: H9689843	
Age/Gender	: 38Y OM OD /Female	Sample Collected On	: 01/Oct/2023 09:36AM	
Order Id	: 9078578797	Sample Received On	: 01/Oct/2023 02:33PM	
Referred By	: Self	Report Generated On	: 01/Oct/2023 05:11PM	
Customer Since	: 01/Oct/2023	Sample Temperature	: Maintained ✓	
Sample Type	: Serum	ReportStatus	: Final Report	

DEPARTMENT OF BIOCHEMISTRY

Test Name	Value	Unit	Bio. Ref Interval
Fasting Blood Sugar	77	mg/dl	70 - 100

 Glucose, Fasting
Method: Hexokinase

American Diabetes Association Reference Range :

Normal : < 100 mg/dl
 Impaired fasting glucose(Prediabetes) : 100 - 125 mg/dl
 Diabetes : >= 126 mg/dl

Conditions that can result in an elevated blood glucose level include:

- Diabetes mellitus ,Hemochromatosis ,Cushing syndrome ,Acromegaly and gigantism.
- Increased circulating epinephrine such as in pheochromocytoma and adrenalin injections
- Acute pancreatitis
- Chronic pancreatitis

Conditions that cause low blood glucose level include :

- Pancreatic disorders : Islet cell tumor , pancreatitis
- Hepatic disease (diffuse severe disease)
- Endocrine disorders : hypopituitarism, Addison's disease ,hypothyroidism
- Alcoholism
- Malnutrition



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Age/Gender	: 38Y OM OD /Female	Sample Collected On	: 01/Oct/2023 09:36AM	
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Referred By	: Self	Report Generated On	: 01/Oct/2023 05:11PM	
Customer Since	: 01/Oct/2023	Sample Temperature	: Maintained ✓	
Sample Type	: Serum	ReportStatus	: Final Report	

DEPARTMENT OF BIOCHEMISTRY

Test Name	Value	Unit	Bio. Ref Interval
Calcium - Serum	8.8	mg/dl	8.8 - 10.6

Serum Calcium

Method: ARSENAZO III

Measurement of calcium is used in the diagnosis and treatment of parathyroid disease, a variety of bone diseases, chronic renal disease, urolithiasis and tetany (intermittent muscular contractions or spasms). Total serum calcium is composed of three fractions: free or ionised calcium, 50%; protein bound calcium most of which is bound to albumin with only a small portion bound to globulins, 45%; and complex-bound calcium, mainly to phosphate, citrate, and bicarbonate, 5%. The ionised calcium is physiologically most significant, but has proven difficult to assay directly. It may be estimated from total calcium given knowledge of the protein content and pH of the blood, which strongly affect the level of ionised calcium. Calcium ions are important in the transmission of nerve impulses, as a cofactor in several enzyme reactions, in the maintenance of normal muscle contractility, and in the process of coagulation. A significant reduction in calcium ion concentration results in muscle tetany. A higher than normal concentration of calcium ions produces lowered neuromuscular excitability and muscle weakness along with other more complex symptoms.

Common causes of decreased value of calcium (hypocalcemia) are chronic renal failure, hypomagnesemia and hypoalbuminemia. Hypercalcemia (increased value of calcium) can be caused by increased intestinal absorption (vitamin d intoxication), increased skeletal reabsorption (immobilization), or a combination of mechanisms (primary hyperparathyroidism). Primary hyperparathyroidism and malignancy accounts for 90-95 % of all cases of hypercalcemia. Values of total calcium is affected by serum proteins, particularly albumin thus, latter's value should be taken into account when interpreting serum calcium levels important source of preanalytical error in the measurement of calcium is prolonged tourniquet application during sampling. Thus, this along with fist clenching should be avoided before phlebotomy.

Rheumatoid Factor (RA) - Quantitative - Serum

RHEUMATOID FACTOR

<10

IU/mL

<14

Method: Latex Particle Immunoturbidimetric

Rheumatoid factor is an immunoglobulin present in serum of 50 -95% of adults with Rheumatoid arthritis(RA).It appears in serum and synovial fluid several months after onset of RA and is present upto years after therapy

Use

- Assisting in the diagnosis of RA ,especially when clinical diagnosis is difficult

Increased in : RA ,Chronic hepatitis , chronic viral infection ,Cirrhosis, SLE, Scleroderma ,syphilis ,Infectious mononucleosis, TB ,Sjogren syndrome , Sarcoidosis , malaria, Leishmaniasis

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Referred By	:	Self	Report Generated On	:	01/Oct/2023 05:11PM	
Customer Since	:	01/Oct/2023	Sample Temperature	:	Maintained ✓	
Sample Type	:	Serum	ReportStatus	:	Final Report	

DEPARTMENT OF BIOCHEMISTRY

Test Name	Value	Unit	Bio. Ref Interval
C-Reactive Protein (CRP) -Quantitative			

 C-REACTIVE PROTEIN (CRP)
(QUANTITATIVE)

10.07

mg/L

<5

Method: Latex Particle Immunoturbidimetric

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

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



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Referred By	: Self	Report Generated On	: 01/Oct/2023 05:11PM	
Customer Since	: 01/Oct/2023	Sample Temperature	: Maintained ✓	
Sample Type	: SERUM	ReportStatus	: Final Report	

DEPARTMENT OF BIOCHEMISTRY

Test Name	Value	Unit	Bio. Ref Interval
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Lipid Profile

 Total Cholesterol Method: ABELL KENDALL	127.1	mg/dl	Desirable : <200 Borderline: 200-239 High : >/=240
 Serum Triglycerides Method: GPO-POD	66.9	mg/dl	Desirable : <150 Borderline high : 150-199 High : 200-499 Very high : >= 500
 Serum HDL Cholesterol Method: ENZYMATIC IMMUNOINHIBITION	39.3	mg/dl	40 - 60
 Serum LDL Cholesterol Method: ENZYMATIC SELECTIVE PROTECTION	80.5	mg/dl	Optimal : <100 near /above Optimal:100 - 129 Borderline High:130 - 159 High : 160 - 189 Very High :>/=190
 Serum VLDL Cholesterol Method: Calculated	<10	mg/dl	<30
 Total CHOL / HDL Cholesterol Ratio Method: Calculated	3.23	Ratio	3.30 - 4.40
 LDL / HDL Cholesterol Ratio Method: Calculated	2.05	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	0.49	Ratio	Optimal->0.4 Moderate-0.4 to 0.3 High-<0.3
 Non-HDL Cholesterol Method: Calculated	87.8	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, low density lipoprotein (LDL) and/or triglyceride concentrations.

Dyslipidemia also includes a decrease in the "good" cholesterol or high-density lipoprotein (HDL) concentration in the blood.

Cholesterol is a steroid carried in the bloodstream as lipoprotein, necessary for cell membrane functioning and as a precursor to bile acids, progesterone ,vitamin D ,estrogens ,glucocorticoids and mineralocorticoids.

HDL is termed "good cholesterol" because its levels are inversely related to the risk of Coronary heart disease.

LDL cholesterol is termed the "bad cholesterol" and their increased levels are associated with increased risk of atherosclerosis and coronary



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Customer Since	:	01/Oct/2023	Sample Temperature	:	Maintained ✓	
Sample Type	:	SERUM	ReportStatus	:	Final Report	

DEPARTMENT OF BIOCHEMISTRY

Test Name	Value	Unit	Bio. Ref Interval
heart disease.			
Lipid level assessments must be made following 9 to 12 hours of fasting, otherwise assay results might lead to erroneous interpretation. Healthians labs report biological reference intervals (normal ranges) in accordance with the recommendations of The National Cholesterol Education Program (NCEP) & Adult Treatment Panel IV (ATP IV) guidelines providing the most desirable targets of various circulating lipid fractions in the blood. NCEP recommends that all adults above 20 years of age must be screened for abnormal lipid levels.			



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Referred By	: Self	Report Generated On	: 01/Oct/2023 04:55PM	
Customer Since	: 01/Oct/2023	Sample Temperature	: Maintained ✓	
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	0.64	mg/dl	0.3 - 1.2
Serum Bilirubin, (Direct) Method: DPD	0.15	mg/dl	0 - 0.2
Serum Bilirubin, (Indirect) Method: Calculated	0.49	mg/dl	0.0 - 0.8
Aspartate Aminotransferase (AST/SGOT) Method: IFCC WITHOUT P5P	24.30	U/L	3 - 35
Alanine Aminotransferase (ALT/SGPT) Method: IFCC WITHOUT P5P	29.5	U/L	3 - 35
Alkaline Phosphatase (ALP) Method: IFCC AMP BUFFER	77.00	U/L	33-98
Gamma Glutamyl Transferase (GGT) Method: IFCC	17.0	U/L	5- 38
Serum Total Protein Method: BIURET	6.98	gm/dl	6.6 - 8.3
Serum Albumin Method: BROMOCRESOL GREEN	3.77	g/dl	3.5 - 5.2
Serum Globulin Method: Calculated	3.21	gm/dl	3.0 - 4.2
Albumin/Globulin Ratio Method: Calculated	1.17	Ratio	1.2 - 2.5
SGOT/SGPT Ratio Method: Calculated	0.82	Ratio	0.7 - 1.4

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

Conjugated (direct) bilirubin is elevated in conditions like- Hereditary disorders(Dubin Johnson syndrome, Rotor syndrome),Hepatocellular damage(e.g –viral ,toxic ,alcohol ,drugs) ,biliary duct obstruction (extrahepatic or intrahepatic), Infiltrations ,space occupying lesions(e.g metastasis, abscess , granuloma , amyloidosis. Increased unconjugated (indirect) bilirubin may be a result of hemolytic or pernicious anemia, transfusion reaction & a common metabolic condition termed Gilbert syndrome.

AST levels increase in viral hepatitis, blockage of the bile duct ,cirrhosis of the liver, liver cancer, kidney failure, hemolytic anemia, pancreatitis, hemochromatosis. AST levels may also increase after a heart attack or strenuous activity.

ALT is a liver specific enzyme commonly measured as a part of a diagnostic evaluation of hepatocellular injury, to determine liver health.

Elevated ALP levels are seen in Biliary Obstruction, Osteoblastic Bone Tumors, Osteomalacia, Hepatitis, Hyperparathyroidism, Leukemia, Lymphoma, Paget's disease, Rickets, Sarcoidosis etc.



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Referred By	:	Self	Report Generated On	:	01/Oct/2023 04:55PM	
Customer Since	:	01/Oct/2023	Sample Temperature	:	Maintained ✓	
Sample Type	:	Serum	ReportStatus	:	Final Report	

DEPARTMENT OF BIOCHEMISTRY

Test Name
Value
Unit
Bio. Ref Interval

Elevated serum GGT activity can be found in diseases of the liver, Biliary system and pancreas. Obstructive liver disease, high alcohol consumption and use of enzyme-inducing drugs lead to raised GGT levels .

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

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

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



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Customer Since	: 01/Oct/2023	Sample Temperature	: Maintained ✓	
Sample Type	: SERUM	ReportStatus	: Final Report	

DEPARTMENT OF BIOCHEMISTRY

Test Name	Value	Unit	Bio. Ref Interval
Iron study			
Serum Iron Method: TPTZ	54.9	ug/dl	60 - 180
UIBC Method: Nitroso-PSAP	274.00	ug/dl	155 - 355
Serum Total Iron Binding Capacity (TIBC) Method: FE+UIBC (saturation with iron)	328.9	µg/dl	250 - 400
Transferrin Saturation % Method: Calculated	16.69	%	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. Diurnal variation is seen in serum iron levels with normal values obtained in the midmorning, low values in midafternoon and very low values near midnight.

TIBC measures the blood's capacity to bind iron with transferrin (TRF). Estrogens and oral contraceptives increase TIBC levels. Asparaginase, chloramphenicol, corticotropin, cortisone, and testosterone decrease the TIBC levels.

Transferrin is the primary plasma iron transport protein, which binds iron strongly at physiological pH. Transferrin is generally only 25% to 30% saturated with iron. The additional amount of iron that can be bound is the unsaturated iron-binding capacity (UIBC). Transferrin saturation represents the number of iron-binding sites that are occupied. It is a better index of iron stores than serum iron alone. Transferrin saturation is decreased in iron deficiency anemia (usually <10% in established deficiency).



DR. RACHNA KALANI
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CONSULTANT BIOCHEMIST



Patient Name	: Shubhra	Barcode	: H9689843	
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Order Id	: 9078578797	Sample Received On	: 01/Oct/2023 02:33PM	
Referred By	: Self	Report Generated On	: 01/Oct/2023 05:11PM	
Customer Since	: 01/Oct/2023	Sample Temperature	: Maintained ✓	
Sample Type	: SERUM	ReportStatus	: Final Report	

DEPARTMENT OF BIOCHEMISTRY

Test Name	Value	Unit	Bio. Ref Interval
Kidney Function Test1 (KFT1)			
Serum Creatinine	0.68	mg/dl	0.3 - 1.0
Method: Modified Jaffe, Kinetic			
GFR, ESTIMATED	114.25	mL/min/1.73m ²	
Method: Calculated			
Serum Uric Acid	4.8	mg/dl	2.6-6.0
Method: Uricase PAP			
Serum Calcium	8.8	mg/dl	8.8 - 10.6
Method: ARSENAZO III			
Serum Phosphorus	4.7	mg/dl	2.5 - 4.5
Method: PHOSPHOMOLYBDATE COMPLEX			
Serum Sodium	138	mmol/L	136 - 146
Method: ISE (Indirect)			
Serum Chloride	106	mmol/L	101 - 109
Method: ISE (Indirect)			
Blood Urea	24	mg/dl	17 - 43
Method: GLDH,Kinetic assay			
Blood Urea Nitrogen (BUN)	11.3	mg/dl	8-20
Method: Calculated			
Bun/Creatinine Ratio	16.63	Ratio	
Method: Calculated			
Urea/Creatinine Ratio	35.59		

The kidneys play a vital role in the excretion of waste products and toxins such as urea, creatinine and uric acid, regulation of extracellular fluid volume, serum osmolality and electrolyte concentrations, as well as the production of hormones like erythropoietin and 1,25 dihydroxy vitamin D and renin. Assessment of renal function is important in the management of patients with kidney disease or pathologies affecting renal function. Tests of renal function have utility in identifying the presence of renal disease, monitoring the response of kidneys to treatment, and determining the progression of renal disease.

Urea is synthesized in the liver as the final product of protein and amino acid metabolism. Urea synthesis is therefore dependent on daily protein intake and endogenous protein metabolism.

Creatinine is a metabolic product of creatine and phosphocreatine, which are both found almost exclusively in muscle.

Uric Acid is the major product of purine catabolism in humans. Uric acid levels are used to monitor the treatment of gout.

Measurement of calcium is used in the diagnosis and treatment of parathyroid disease, a variety of bone diseases, chronic renal disease, urolithiasis and tetany. Phosphorus levels are increased in acute or chronic renal failure with decreased GFR .

Sodium is an electrolyte, and it helps regulate the amount of water in and around the cells & the balance of chemicals in the body called acids and bases.

Chloride is a negatively charged ion that works with other electrolytes such as potassium, sodium, and bicarbonate, to help regulate the amount of fluid in the body and maintain the acid-base balance.

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Order Id	: 9078578797	Sample Received On	: 01/Oct/2023 03:33PM	
Referred By	: Self	Report Generated On	: 01/Oct/2023 04:57PM	
Customer Since	: 01/Oct/2023	Sample Temperature	: Maintained ✓	
Sample Type	: Urine	ReportStatus	: Final Report	

DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Value	Unit	Bio. Ref Interval
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Urine Examination - Routine & Microscopy

PHYSICAL EXAMINATION

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

CHEMICAL EXAMINATION

 Specific Gravity	1.020	1.001 - 1.035
Method: Acid ionic exchange		
 pH	5.5	4.5 - 7.5
Method: pH indicator method		
 Glucose	Negative	Negative
Method: Glucose oxidase enzyme reaction		
 Urine Protein	Negative	Negative
Method: protein error method		
 Ketones	Negative	Negative
Method: Sodium nitroprusside		
 Urobilinogen	Normal	Normal
Method: Diazonium salt		
 Bilirubin	Negative	Negative
Method: Diazotized Dichloroaniline reaction		
 Nitrite	Negative	Negative
Method: Griess method		
 Blood	Negative	Negative
Method: Peroxidase-like method		
 Leucocyte Esterase	Negative	Negative
Method: Pyrrole diazonium reaction		

MICROSCOPIC EXAMINATION

 Pus Cells	1-2	/HPF	0 - 5
Method: Flow Imaging Technique			
 Epithelial cells	0-1	/HPF	0 - 5
Method: Flow Imaging Technique			



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DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Value	Unit	Bio. Ref Interval
RBCs	Nil	/HPF	Nil
Method: Flow Imaging Technique			
Casts	Nil		Nil
Method: Flow Imaging Technique			
Crystals	Nil		Nil
Method: Flow Imaging Technique			
Bacteria	Absent		Absent
Method: Flow Imaging Technique			
Yeast Cell	Absent		Absent
Method: Flow Imaging Technique			
Others (Non Specific)	Nil		NIL
Method: Flow Imaging Technique			

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

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

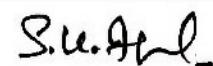
Ketonuria can be seen in uncontrolled Diabetes mellitus with ketoacidosis, Glycogen storage disorder, starvation, persistent vomiting in children, weight reduction program, fever in children, severe thyrotoxicosis, pregnancy and protein calorie malnutrition.

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

Nitrites are not present in normal urine. Ingested nitrites are converted to nitrate and excreted in urine. If gram-negative bacteria (e.g. E.coli, Salmonella, Proteus, Klebsiella, etc.) are present in urine, they will reduce the nitrates to nitrites through the action of bacterial enzyme nitrate reductase. As E. coli is the commonest organism causing urinary tract infection, this test is helpful as a screening test for urinary tract infection.

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

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



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Referred By	: Self	Report Generated On	: 01/Oct/2023 03:39PM	
Customer Since	: 01/Oct/2023	Sample Temperature	: Maintained ✓	
Sample Type	: WHOLE BLOOD EDTA	ReportStatus	: Final Report	

DEPARTMENT OF HAEMATOLOGY

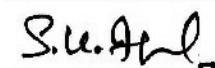
Test Name	Value	Unit	Bio. Ref Interval
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Complete Blood Count

 Haemoglobin (HB) Method: Photometry	12.2	g/dL	12.0-15.0
 Total Leucocyte Count (TLC) Method: Impedance	6.3	10 ³ /uL	4.0-10.0
 Hematocrit (PCV) Method: Calculated	37.8	%	36.0-46.0
 Red Blood Cell Count (RBC) Method: Impedance	4.30	10 ⁶ /µl	3.80-4.80
 Mean Corp Volume (MCV) Method: Derived from RBC Histogram	87.4	fL	83.0-101.0
 Mean Corp Hb (MCH) Method: Calculated	28.2	pg	27.0-32.0
 Mean Corp Hb Conc (MCHC) Method: Calculated	32.2	g/dL	31.5-34.5
 RDW - CV Method: Derived from RBC Histogram	15.3	%	11.6-14.0
 RDW - SD Method: Derived from RBC Histogram	47.70	fL	39.0-46.0
 Mentzer Index Method: Calculated	20.33	Ratio	
 RDWI Method: Calculated	310.98	Ratio	
 Green and king index Method: Calculated	96	Ratio	

Differential Leucocyte Count

 Neutrophils Method: VCS Technology	65.1	%	40 - 80
 Lymphocytes Method: VCS Technology	25.8	%	20-40
 Monocytes Method: VCS Technology	7.4	%	02 - 10
 Eosinophils Method: VCS Technology	1.4	%	01 - 06
 Basophils Method: VCS Technology	0.3	%	00 - 02



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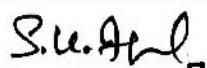
DEPARTMENT OF HAEMATOLOGY

Test Name	Value	Unit	Bio. Ref Interval
Absolute Leucocyte Count			
Absolute Neutrophil Count (ANC) Method: Calculated	4.10	10 ³ /uL	2.0-7.0
Absolute Lymphocyte Count (ALC) Method: Calculated	1.63	10 ³ /uL	1.0-3.0
Absolute Monocyte Count Method: Calculated	0.47	10 ³ /uL	0.2-1.0
Absolute Eosinophil Count (AEC) Method: Calculated	0.09	10 ³ /uL	0.02-0.5
Absolute Basophil Count Method: Calculated	0.02	10 ³ /uL	0.02 - 0.10
Platelet Count(PLT) Method: Impedance	187	10 ³ /µl	150-410
MPV Method: Derived from PLT Histogram	11.7	fL	7 - 9

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.



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Sample Type	:	Serum	ReportStatus	:	Final Report	

DEPARTMENT OF IMMUNOLOGY

Test Name	Value	Unit	Bio. Ref Interval
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CA 125 (Cancer Antigen 125)



Method: CLIA

6.30

U/mL

<30.2

- This test is not suggested for screening asymptomatic women
- CA 125 is elevated in over 90% of patients with advanced ovarian cancer. Many other advanced malignancies can also secrete the CA125 antigen such as breast, pancreas, colon, lung, or liver carcinoma. CA125 antigen has also been reported to be elevated in non-malignant conditions
- Sequential determinations are more useful than a single test, because levels in benign disease do not show significant change but progressive rise occurs in malignant disease.
- Measurements may also be used to monitor response to chemotherapy. Rising level of CA-125 during chemotherapy is associated with tumor progression, and fall to normal is associated with response. It remains elevated in stable or progressive serous carcinoma of the ovary
- It should be noted that 0.6% of normal women older than 50 years of age have increased levels of CA-125.
- Normal concentration of CA-125 does not exclude tumor

Note1. Test performed on Siemens Centaur XP.

Note 2. : Tumour marker results obtained can vary due to differences in assay method and reagent specificity

Vitamin B12



Method: CLIA

216

pg/ml

211 - 912

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.



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CONSULTANT BIOCHEMIST



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Sample Type	:	Serum	ReportStatus	:	Final Report	

DEPARTMENT OF IMMUNOLOGY

Test Name	Value	Unit	Bio. Ref Interval
Vitamin D, 25-Hydroxy			

 VITAMIN D (25 - OH VITAMIN D)
Method: CLIA

30.81

ng/ml

30 - 100

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 steroid hormone known for its important role in regulating body levels of calcium and phosphorus and in the mineralization of bone
Uses :

- Diagnosis of Vitamin D deficiency
- Differential diagnosis of causes of rickets and Osteomalacia
- Monitoring Vitamin D replacement therapy
- Diagnosis of hypervitaminosis D

Increased in

- Vitamin D intoxication
- Excessive exposure to sunlight

Decreased in

- Malabsorption
- Steatorrhoea
- Dietary osteomalacia
- Thyrotoxicosis
- Coeliac disease
- Inflammatory bowel disease
- Rickets
- Pancreatic insufficiency



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Customer Since	: 01/Oct/2023	Sample Temperature	: Maintained ✓	
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) Method: CLIA	1.13	ng/ml	0.60-1.81
Thyroxine (T4, Total) Method: CLIA	8.50	ug/dl	3.2-12.6
Thyroid Stimulating Hormone (TSH)-Ultrasensitive Method: CLIA	5.1790	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 Phenytion, Salicylates etc)
5. Neonates and infants have higher levels of T4 due to increased concentration of TBG
6. TSH levels may be normal in central hypothyroidism, recent rapid correction of hypothyroidism or hyperthyroidism, pregnancy, phenytion therapy etc.
7. TSH values of <0.03 uIU/mL must be clinically correlated to evaluate the presence of a rare TSH variant in certain individuals which is undetectable by conventional methods.
8. Presence of Autoimmune disorders may lead to spurious results of thyroid hormones.
9. Various drugs influence the levels of thyroid hormones such as L-Dopa, Lithium, Glucocorticoids, Phenytion etc.
10. Healthians recommends evaluation of unbound fractions, that is free T3 (fT3) and free T4 (fT4) for clinic-pathologic correlation, as these are the metabolically active forms.

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



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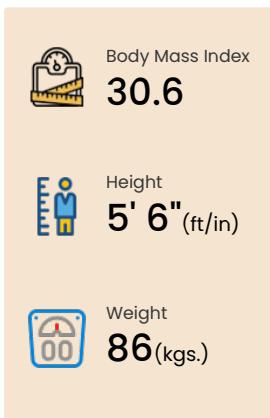
Terms & Conditions:

- 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.
- 13) This report is not intended to replace but to lead by providing comprehensive information. It is recommended that you consult your doctor/physician for interpretation of results.
- 14) All reports might not be applicable for individuals less than 18, pregnant women or individuals suffering from diseases for which health test has not been performed or symptoms not diagnosed.
- 15) This report is based on preventive health test screening and is meant for a healthy lifestyle. It does not provide any recommendation for life threatening situations.
- 16) It is strongly recommended to take required precautions for allergic reactions or sensitivities.

ADVISORY
Health Advisory

Shubhra

Booking ID : 9078578797 | Sample Collection Date : 01/Oct/2023


SUGGESTED NUTRITION
SUGGESTED NUTRITION
Do's

- Have a balanced diet that includes whole grains, pulses, dairy, fruits, vegetables, nuts and healthy fats
- Take vitamin C rich foods like citrus fruits, strawberries and green, leafy vegetables
- Include nuts like almonds, walnuts and seeds like flaxseeds, sunflower seeds
- Include fruits like apples, berries and melons in your diet
- Include calcium rich foods like milk, yoghurt, cheese and green, leafy vegetables
- Include Brazil nuts, sesame seeds, sunflower seeds
- Include whole grains in your diet like whole wheat bread and other products, brown rice or hand bounded rice, oats

Dont's

- Avoid red meat and organ meats
- Avoid refined sugars, processed foods and bakery items
- Reduce caffeine intake
- 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
- Limit sugar intake
- Avoid cruciferous foods like cauliflower, cabbage and spinach
- Avoid soy products like soymilk or tofu

SUGGESTED LIFESTYLE
SUGGESTED LIFESTYLE
Do's

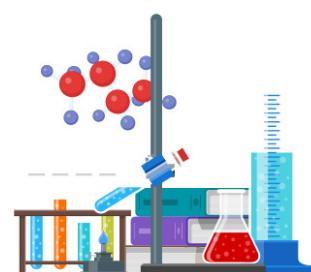
- Stay active and maintain ideal weight
- Have regular exposure to sunlight

Dont's

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

SUGGESTED FUTURE TESTS
SUGGESTED FUTURE TESTS

- Vitamin B12 Cyanocobalamin - **Every 1 Month**
- Vitamin D Total-25 Hydroxy - **Every 1 Month**
- RA Test Rheumatoid Arthritis Factor, Quantitative - **Every 1 Month**
- CCP (Antibody Cyclic Citrullinated Peptide) - **Every 1 Month**
- Culture & Sensitivity, Blood - **Every 1 Month**
- Complete Hemogram - **Every 1 Month**
- Peripheral Smear Examination By Pathologist - **Every 2 Month**



HEALTH ADVISORY
Suggestions for Health & Well-being

Shubhra

Booking ID : 9078578797 | Sample Collection Date : 01/Oct/2023

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 **30.6**, which is on a higher side.

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

BMI CHART

SUGGESTED BMI

Supplement Suggestions

Shubhra

Booking ID : 9078578797 | Sample Collection Date : 01/Oct/2023

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

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

Deficiency/Out of Range Parameter(s)	Suggested Supplement	
TSH Ultra - Sensitive	THYRO FIX	To order, call 1800-572-000-4
Iron, Serum	IRON POWER	

Suggestions for Improving Deficiencies



THYRO FIX

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

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

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

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

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

Arjun Tree Extract

Decreases thyroid levels in hyperthyroidism to maintain hormonal balance

Ashwagandha

Increases thyroid levels in hypothyroidism to maintain hormonal balance

Anantmool

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

Asparagus

Regulates blood sugar levels & promotes heart health



IRON POWER

Your all natural weapon against Anaemia

IRON-POWER is a scientifically formulated and clinically proven all-natural supplement that helps you replenish iron in your system and significantly reduce the risk of anemia. This ayurvedic supplement increases blood production and iron levels to keep your body functioning optimally. Keep overall health robust and treat iron deficiency with IRON-POWER

It's widely known that iron is crucial for your health. A lack of iron intake or iron deficiency can cause serious health issues, such as:

- Heart problems | • Growth issues in children | • Pregnancy complications | • Depression | • Increased infection risk

Infused with the ages-proven goodness of all-natural ingredients, IRON-POWER is the perfect supplement to enhance and maintain your iron levels without having to worry about side effects. Sourced from nature's own pharmacy of herbs, the ingredients in IRON-POWER present the following benefits:

Orange Peel Extract

Rich in vitamin C. Helps maintain iron levels

Supplement Suggestions

Shubhra

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Deficiency/Out of Range Parameter(s)	Suggested Supplement
CRP (C Reactive Protein) Quantitative, Serum	IMMUNO-PLUS
	To order, call 1800-572-000-4

Suggestions for Improving Deficiencies



IMMUNO-PLUS

Give your immunity a boost the all-natural way.

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

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

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

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

Amla

Boosts immunity &
Stores antioxidants

Jetwatika

Antioxidant properties
strengthen the immune
system

Aloe Vera

Fights against
oxygenated rogue
molecules in the blood

Ashwagandha

Reinforces the immune
system to increase its
fighting ability

Ginger

Anti-inflammatory &
antioxidant effects
reinforce the immune
system



NUTRI-BOOST

Make-up for your missing nutrition the all-natural way!

NUTRI-BOOST is a scientifically formulated and clinically proven all-natural supplement that provides you with essential nutrients that might be missing from your daily diet. With NUTRI-BOOST, give your body the richness of all-natural nutrients and get all the energy you need to keep active throughout the day.

A lack of essential nutrients can lead to serious deficiencies which lead to serious health consequences. Some of the common deficiencies include:

- Iron Deficiency | • Iodine Deficiency | • Vitamin D Deficiency | • Calcium Deficiency |
- Vitamin B12 deficiency

Infused with the ages-proven goodness of all-natural ingredients, NUTRI-BOOST is the perfect supplement to fill in the gap of vital nutrients for your body, without having to worry about side effects. Sourced from nature's own pharmacy of herbs, the ingredients in NUTRI-BOOST present the following benefits:

Indian Khajoor

Promotes brain and
heart health

Shatavari

Anti-oxidant properties
boost the immune
system.

Amla

Aids in digestion, and
promotes heart & liver
health

Wheat

Aids in weight control
reduces the risk of heart
ailments and provides
energy

Jetwatika

Prevents cell damage to
keep optimum body
functionality




Your one-stop destination for affordable & reliable imaging services



Honest pricing



100% covid safe



Highly experienced
130+ radiology
specialists



State-of-the-art
radiology labs
across India



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100%
Cash Back

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



EQA

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

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