

# India's largest Health Test @Home Service

India's Most Awarded Healthcare Brand



Booking ID : 3613960433

**Nitin Chauhan**

Male, 21 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](https://bit.ly/verifyqr) on your mobile



| Scan the QR Code

Nitin Chauhan | Booking ID : 3613960433

# Healthians Smart Report

## A Self explanatory Health Diagnostics Report

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

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

### 1. Health Analysis

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



### 2. Historical Charts

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



### 3. Lab Test Results

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



### 4. Health Advisory

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



### 5. General Recommendations

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



#### Disclaimer:

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

**HEALTH ANALYSIS**

### Personalized Summary & Vital Parameters

Nitin Chauhan

Booking ID : 3613960433

**Nitin Chauhan ,**

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: No**
\* Adults of any age with Comorbidities are at increased risk of severe illness from the virus that causes COVID-19.

**Your Health Score**
**95**

Out of 100

\*Calculated from test reports

**Thyroid Function**

 Thyroid Stimulating Hormone (TSH)-Ultrasensit : 4.1640  $\mu$ IU/ml

- Everything looks good


**Vitamin B12**

Test not taken


**Liver Function**

Alanine Aminotransferase (ALT/SGPT) : 30.1 U/L

- Everything looks good


**Calcium Total**

10.0 mg/dl

- Everything looks good


**Iron studies**

Serum Iron : 54.4 ug/dl

- Concern


**Complete Hemogram**

Haemoglobin (HB) : 15.0 g/dl

- Everything looks good


**Cholesterol Total**

199 mg/dl

- Everything looks good


**Kidney Function**

Serum Creatinine : 0.96 mg/dl

- Everything looks good


**Vitamin D**

Test not taken


**HbA1c**

5.00 %

- Everything looks good

## HEALTH ANALYSIS

## HISTORICAL CHARTS

Nitin Chauhan  
Booking ID : 3613960433

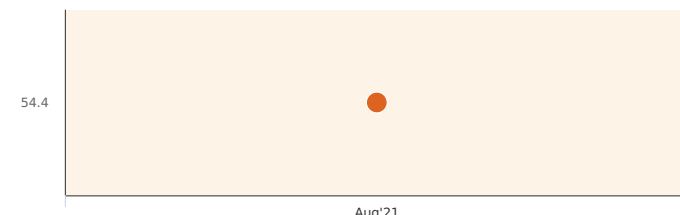
## Iron, Serum

Your Latest result

**54.4 ug/dl**

31st Aug 2021

Concern



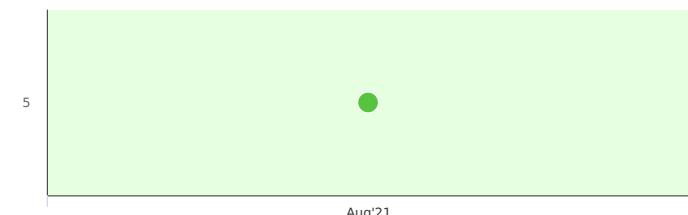
## Glycated Hemoglobin (HbA1c)

Your Latest result

**5.00 %**

31st Aug 2021

Everything looks good



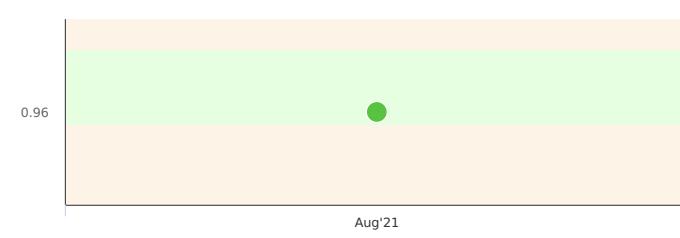
## Creatinine, Serum

Your Latest result

**0.96 mg/dl**

31st Aug 2021

Everything looks good



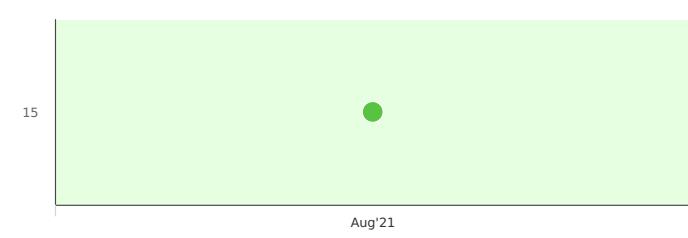
## Hemoglobin Hb

Your Latest result

**15.0 g/dl**

31st Aug 2021

Everything looks good



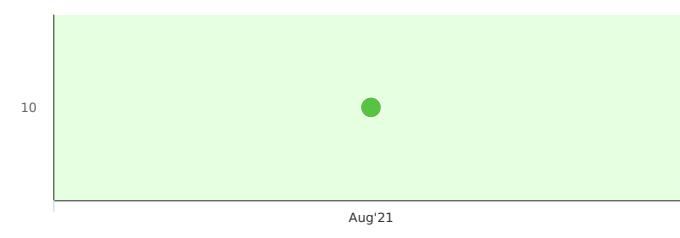
## Calcium Total, Serum

Your Latest result

**10.0 mg/dl**

31st Aug 2021

Everything looks good



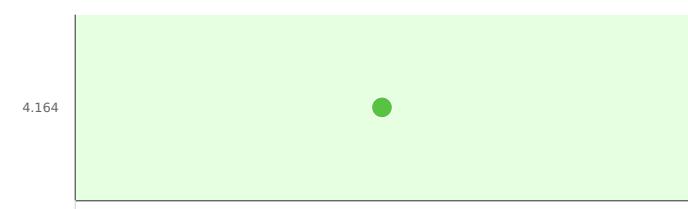
## TSH Ultra - sensitive

Your Latest result

**4.1640**
 $\mu\text{IU}/\text{ml}$ 

31st Aug 2021

Everything looks good



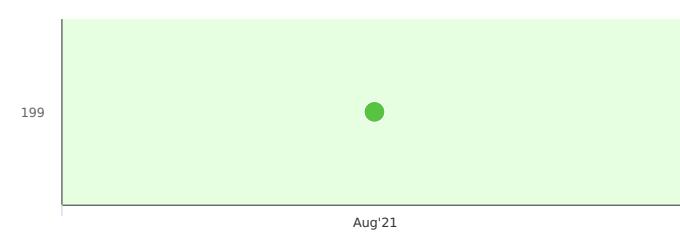
## Cholesterol-Total, Serum

Your Latest result

**199 mg/dl**

31st Aug 2021

Everything looks good



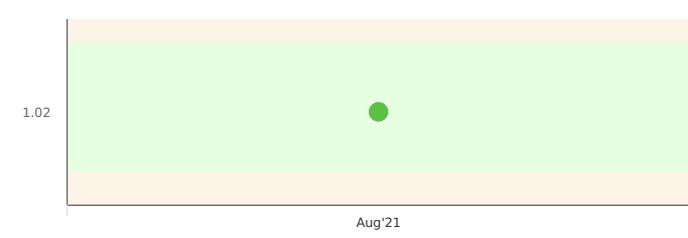
## SGOT/SGPT Ratio

Your Latest result

**1.02 Ratio**

31st Aug 2021

Everything looks good



Patient Name	: Nitin Chauhan 3613960433	Barcode	: H4001138	
Age/Gender	: 21/Male	Sample Collected On	: 31/Aug/2021 12:17PM	
Order Id	: 3613960433	Sample Received On	: 31/Aug/2021 07:36PM	
Referred By	: Self	Report Generated On	: 31/Aug/2021 08:20PM	
Customer Since	: 31/Aug/2021	Sample Temperature	: Maintained ✓	
Sample Type	: Whole Blood EDTA	ReportStatus	: Final Report	

### DEPARTMENT OF BIOCHEMISTRY HBA1C

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

#### **HbA1c - Glycated Hemoglobin**

HbA1c (Glycosylated Hemoglobin)	5.00	%	4.2 - 5.7
Method: HPLC			
Average Estimated Glucose - plasma	96.80		

Method: Calculated

#### **INTERPRETATION:**

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

###### **REFERENCE GROUP**

Non diabetic

At Risk (Prediabetes)

Diagnosing Diabetes

###### **GLYCOSYLATED HEMOGLOBIN (HbA1c) in %**

<5.7

5.7 – 6.4

>= 6.5

###### **Age > 19 Years**

Goals of Therapy: < 7.0

Actions Suggested: >8.0

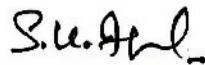
###### **Age < 19 Years**

Goal of therapy: <7.5

Therapeutic goals for glycemic control

#### **REMARKS**

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



**DR. SAKESH AGARWAL**  
MBBS, DCP



SIN No:H4001138



**DR. SONAL SAXENA**  
MD (PATHOLOGY)

Patient Name	: Nitin Chauhan 3613960433	Barcode	: H4001138	
Age/Gender	: 21/Male	Sample Collected On	: 31/Aug/2021 12:17PM	
Order Id	: 3613960433	Sample Received On	: 31/Aug/2021 05:41PM	
Referred By	: Self	Report Generated On	: 31/Aug/2021 07:04PM	
Customer Since	: 31/Aug/2021	Sample Temperature	: Maintained ✓	
Sample Type	: Flouride Plasma	ReportStatus	: Final Report	

### DEPARTMENT OF BIOCHEMISTRY

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

#### **Fasting Blood Sugar**

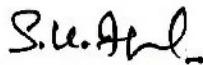
Glucose, Fasting	87
mg/dl	
Method: Hexokinase	

#### 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.



DR. SAKESH AGARWAL  
MBBS, DCP



SIN No:H4001138



DR. SONAL SAXENA  
MD (PATHOLOGY)

Patient Name	: Nitin Chauhan 3613960433	Barcode	: H4001138	
Age/Gender	: 21/Male	Sample Collected On	: 31/Aug/2021 12:17PM	
Order Id	: 3613960433	Sample Received On	: 31/Aug/2021 07:04PM	
Referred By	: Self	Report Generated On	: 31/Aug/2021 08:03PM	
Customer Since	: 31/Aug/2021	Sample Temperature	: Maintained ✓	
Sample Type	: SERUM	ReportStatus	: Final Report	

### DEPARTMENT OF BIOCHEMISTRY

Test Name	Value	Unit	Bio. Ref Interval
<b>Lipid Profile</b>			
Total Cholesterol Method: Enzymatic	199	mg/dl	Desirable : <200 Borderline: 200-239 High : >/=240
Serum Triglycerides Method: Enzymatic	70	mg/dl	Desirable : <150 Borderline high : 150-199 High : 200-499 Very high : > 500
Serum HDL Cholesterol Method: Enzymatic immuno inhibition	55.2	mg/dl	40 - 59
Serum LDL Cholesterol Method: Enzymatic	123.4	mg/dl	Optimal : <100 near /above Optimal:100 - 129 Borderline High:130 - 159 High : 160 - 189 Very High :>/=190
Serum VLDL Cholesterol Method: Calculated	14.0	mg/dl	06 - 30
Total CHOL / HDL Cholesterol Ratio Method: Calculated	3.60	Ratio	3.30 - 4.40
LDL / HDL Cholesterol Ratio Method: Calculated	2.24	Ratio	Desirable/Low Risk: 0.5-3.0 Line/Moderate Risk: 3.0-6.0 Elevated/High Risk: >6.0
HDL / LDL Cholesterol Ratio	0.45	Ratio	Desirable/Low Risk : 0.5 - 3.0 Border Line/Moderate Risk : 3.0 - 6.0 Elevated/High Risk: > 6.0
Non-HDL Cholesterol Method: Calculated	143.4	mg/dl	0.0 - 160.0

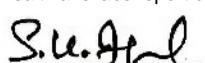
Dyslipidemia is a disorder of fat or lipoprotein metabolism in the body and includes lipoprotein overproduction or deficiency. Dyslipidemias means increase in the level of one or more of the following:

Total Cholesterol

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

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

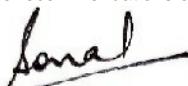
Healthians labs report biological reference intervals (normal ranges) in accordance to the recommendations of The National Cholesterol Education Program (NCEP)



DR. SAKESH AGARWAL  
MBBS, DCP



SIN No:H4001138

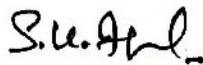


DR. SONAL SAXENA  
MD (PATHOLOGY)

Patient Name	: Nitin Chauhan 3613960433	Barcode	: H4001138	
Age/Gender	: 21/Male	Sample Collected On	: 31/Aug/2021 12:17PM	
Order Id	: 3613960433	Sample Received On	: 31/Aug/2021 07:04PM	
Referred By	: Self	Report Generated On	: 31/Aug/2021 08:03PM	
Customer Since	: 31/Aug/2021	Sample Temperature	: Maintained ✓	
Sample Type	: SERUM	ReportStatus	: Final Report	

## DEPARTMENT OF BIOCHEMISTRY

Test Name	Value	Unit	Bio. Ref Interval
& Adult Treatment Panel IV (ATP IV) Guidelines providing the most desirable targets of various circulating lipid fractions in the blood. NCEP recommends that all adults above 20 years of age must be screened for abnormal lipid levels.			
*NCEP recommends the assessment of 3 different samples drawn at intervals of 1 week for harmonizing biological variables that might be encountered in single assays. Hence a single result of Lipid Profile may not be adequate for clinical decision making. Healthians' counselling team will reach you shortly to explain implications of your report. You may reach out to customer support helpline as well.			
*NCEP recommends lowering of LDL Cholesterol as the primary therapeutic target with lipid lowering agents, however, if triglycerides remain >200 mg/dL after LDL goal is reached, set secondary goal for non-HDL cholesterol (total minus HDL) 30 mg/dL higher than LDL goal.			
*High Triglyceride and low HDL levels are independent risk factors for Coronary Heart disease and requires further clinical consultation.			
*Healthians lab performs direct LDL measurement which is more appropriate and may vary from other lab reports which provide calculated LDL values.			



DR. SAKESH AGARWAL  
MBBS, DCP



SIN No:H4001138



DR. SONAL SAXENA  
MD (PATHOLOGY)

Patient Name	: Nitin Chauhan 3613960433	Barcode	: H4001138	
Age/Gender	: 21/Male	Sample Collected On	: 31/Aug/2021 12:17PM	
Order Id	: 3613960433	Sample Received On	: 31/Aug/2021 07:04PM	
Referred By	: Self	Report Generated On	: 31/Aug/2021 08:03PM	
Customer Since	: 31/Aug/2021	Sample Temperature	: Maintained ✓	
Sample Type	: Serum	ReportStatus	: Final Report	

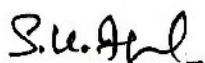
### DEPARTMENT OF BIOCHEMISTRY

Test Name	Value	Unit	Bio. Ref Interval
<b>Liver Function Test (LFT)</b>			
Serum Bilirubin, (Total) Method: Diazo	0.59	mg/dl	0.3 - 1.2
Serum Bilirubin, (Direct) Method: Diazo	0.11	mg/dl	0.0 - 0.2
Serum Bilirubin, (Indirect) Method: Calculated	0.48	mg/dl	0.0 - 0.8
Aspartate Aminotransferase (AST/SGOT) Method: IFCC	30.8	U/L	< 50
Alanine Aminotransferase (ALT/SGPT) Method: IFCC	30.1	U/L	< 50
Alkaline Phosphatase (ALP) Method: IFCC AMP Buffer	81	U/L	43 - 115
Gamma Glutamyl Transferase (GGT) Method: IFCC	19.0	U/L	<55
Serum Total Protein Method: Biuret	7.8	g/dl	6.6 - 8.3
Serum Albumin Method: Bromo Cresol Green(BCG)	4.7	g/dl	3.5 - 5.2
Serum Globulin Method: Calculated	3.2	gm/dl	3.0 - 4.2
Albumin/Globulin Ratio Method: Calculated	1.49	Ratio	1.2 - 2.5
SGOT/SGPT Ratio Method: Calculated	1.02	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.



DR. SAKESH AGARWAL  
MBBS, DCP



SIN No:H4001138



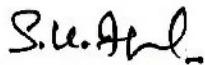
DR. SONAL SAXENA  
MD (PATHOLOGY)

Patient Name	: Nitin Chauhan 3613960433	Barcode	: H4001138	
Age/Gender	: 21/Male	Sample Collected On	: 31/Aug/2021 12:17PM	
Order Id	: 3613960433	Sample Received On	: 31/Aug/2021 07:04PM	
Referred By	: Self	Report Generated On	: 31/Aug/2021 08:03PM	
Customer Since	: 31/Aug/2021	Sample Temperature	: Maintained ✓	
Sample Type	: Serum	ReportStatus	: Final Report	

## DEPARTMENT OF BIOCHEMISTRY

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

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



DR. SAKESH AGARWAL  
MBBS, DCP



SIN No:H4001138



DR. SONAL SAXENA  
MD (PATHOLOGY)

Patient Name	: Nitin Chauhan 3613960433	Barcode	: H4001138	
Age/Gender	: 21/Male	Sample Collected On	: 31/Aug/2021 12:17PM	
Order Id	: 3613960433	Sample Received On	: 31/Aug/2021 07:04PM	
Referred By	: Self	Report Generated On	: 31/Aug/2021 08:03PM	
Customer Since	: 31/Aug/2021	Sample Temperature	: Maintained ✓	
Sample Type	: SERUM	ReportStatus	: Final Report	

## DEPARTMENT OF BIOCHEMISTRY

### IRON STUDY

Test Name	Value	Unit	Bio. Ref Interval
<b>Iron study</b>			
Serum Iron Method: TPTZ	<b>54.4</b>	ug/dl	70 - 180
UIBC Method: Nitroso-PSAP	325.00	ug/dl	155 - 355
Serum Total Iron Binding Capacity (TIBC) Method: FE+UIBC (saturation with iron)	379.4	µg/dl	250 - 400
Transferrin Saturation % Method: Calculated	14.34	%	10 - 50

Iron participates in a variety of vital processes in the body varying from cellular oxidative mechanisms to the transport and delivery of oxygen to body cells. It is a constituent of the oxygen-carrying chromoproteins, haemoglobin and myoglobin, as well as various enzymes, such as cytochrome oxidase and peroxidases. Serum iron may be increased in hemolytic, megaloblastic and aplastic anemias, and in hemochromatosis acute leukemia, lead poisoning, pyridoxine deficiency, thalassemia, excessive iron therapy, and after repeated transfusions. Drugs causing increased serum iron include chloramphenicol, cisplatin, estrogens (including oral contraceptives), ethanol, iron dextran, and methotrexate. Iron can be decreased in iron-deficiency anemia, acute and chronic infections, carcinoma, nephrotic syndrome hypothyroidism, in protein- calorie malnutrition, and after surgery.

Transferrin is the primary plasma iron transport protein, which binds iron strongly at physiological pH. Transferrin is generally only 25% to 30% saturated with iron. The additional amount of iron that can be bound is the unsaturated iron-binding capacity (UIBC). Diurnal variation is seen in serum iron levels-normal values in midmorning, low values in midafternoon, very low values (approximately 10 µg/dL) near midnight.

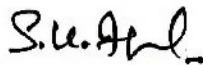
TIBC measures the blood's capacity to bind iron with transferrin (TRF). Estrogens and oral contraceptives increase TIBC levels. Asparaginase, chloramphenicol, corticotropin, cortisone, and testosterone decrease the TIBC levels.

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

Transferrin is the primary plasma iron transport protein, which binds iron strongly at physiological pH. Transferrin is generally only 25% to 30% saturated with iron. The additional amount of iron that can be bound is the unsaturated iron-binding capacity (UIBC). Diurnal variation is seen in serum iron levels- normal values in midmorning, low values in midafternoon, very low values (approximately 10 µg/dL) near midnight.

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

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



DR. SAKESH AGARWAL  
MBBS, DCP



SIN No:H4001138

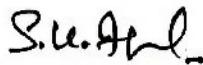


DR. SONAL SAXENA  
MD (PATHOLOGY)

Patient Name	: Nitin Chauhan 3613960433	Barcode	: H4001138	
Age/Gender	: 21/Male	Sample Collected On	: 31/Aug/2021 12:17PM	
Order Id	: 3613960433	Sample Received On	: 31/Aug/2021 07:04PM	
Referred By	: Self	Report Generated On	: 31/Aug/2021 08:03PM	
Customer Since	: 31/Aug/2021	Sample Temperature	: Maintained ✓	
Sample Type	: SERUM	ReportStatus	: Final Report	

### DEPARTMENT OF BIOCHEMISTRY

Test Name	Value	Unit	Bio. Ref Interval
<b>Kidney Function Test1 (KFT1)</b>			
Serum Creatinine Method: Jaffes Kinetic	0.96	mg/dl	0.9-1.3
Serum Uric Acid Method: Uricase	5.6	mg/dl	3.5-7.2
Serum Calcium Method: Arsenazo	10.0	mg/dl	8.8 - 10.6
Serum Phosphorus Method: Phosphomolybdate complex	3.5	mg/dl	2.5 - 4.5
Serum Sodium Method: ISE (Indirect)	138	mmol/L	136 - 146
Serum Chloride Method: ISE (Indirect)	104	mmol/L	101 - 109
Blood Urea Method: Urease	26	mg/dl	17-43
Blood Urea Nitrogen (BUN) Method: Calculated	12.0	mg/dl	8-20
Bun/Creatinine Ratio Method: Calculated	12.51	Ratio	
Urea/Creatinine Ratio Method: Calculated	26.77	Ratio	



DR. SAKESH AGARWAL  
MBBS, DCP



SIN No:H4001138



DR. SONAL SAXENA  
MD (PATHOLOGY)

Patient Name	: Nitin Chauhan 3613960433	Barcode	: H4001138	
Age/Gender	: 21/Male	Sample Collected On	: 31/Aug/2021 12:17PM	
Order Id	: 3613960433	Sample Received On	: 31/Aug/2021 05:41PM	
Referred By	: Self	Report Generated On	: 31/Aug/2021 10:21PM	
Customer Since	: 31/Aug/2021	Sample Temperature	: Maintained ✓	
Sample Type	: URINE	ReportStatus	: Final Report	

### DEPARTMENT OF CLINICAL PATHOLOGY

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

#### **Urine Routine & Microscopy Extended**

##### **PHYSICAL EXAMINATION**

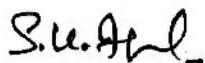
Colour	Pale Yellow	Pale Yellow
Method: Visual		
Volume	20.00	mL
Method: Visual		
Appearance	Clear	Clear
Method: Visual		

##### **CHEMICAL EXAMINATION**

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

##### **MICROSCOPIC EXAMINATION**

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



**DR. SAKESH AGARWAL**  
MBBS, DCP



SIN No:H4001138

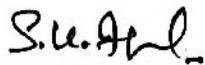


**DR. SONAL SAXENA**  
MD (PATHOLOGY)

Patient Name	: Nitin Chauhan 3613960433	Barcode	: H4001138	
Age/Gender	: 21/Male	Sample Collected On	: 31/Aug/2021 12:17PM	
Order Id	: 3613960433	Sample Received On	: 31/Aug/2021 05:41PM	
Referred By	: Self	Report Generated On	: 31/Aug/2021 10:21PM	
Customer Since	: 31/Aug/2021	Sample Temperature	: Maintained ✓	
Sample Type	: URINE	ReportStatus	: Final Report	

### DEPARTMENT OF CLINICAL PATHOLOGY

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



DR. SAKESH AGARWAL  
MBBS, DCP



SIN No:H4001138

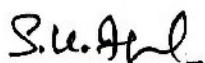


DR. SONAL SAXENA  
MD (PATHOLOGY)

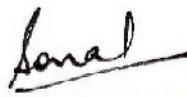
Patient Name	: Nitin Chauhan 3613960433	Barcode	: H4001138	
Age/Gender	: 21/Male	Sample Collected On	: 31/Aug/2021 12:17PM	
Order Id	: 3613960433	Sample Received On	: 31/Aug/2021 06:02PM	
Referred By	: Self	Report Generated On	: 31/Aug/2021 07:42PM	
Customer Since	: 31/Aug/2021	Sample Temperature	: Maintained ✓	
Sample Type	: Whole Blood EDTA	ReportStatus	: Final Report	

## DEPARTMENT OF HAEMATOLOGY

Test Name	Value	Unit	Bio. Ref Interval
<b>Complete Haemogram</b>			
Haemoglobin (HB)	15.0	g/dl	13.0-17.0
Method: Photometric Measurement			
Total Leucocyte Count (TLC)	6.0	10 <sup>3</sup> /uL	4.0-10.0
Method: Coulter Principle			
Hematocrit (PCV)	44.7	%	40.0-50.0
Method: Calculated			
Red Blood Cell Count (RBC)	5.10	millions/cumm	4.50-5.50
Method: Coulter Principle			
Mean Corp Volume (MCV)	87.6	fL	83.0-101.0
Method: Derived from RBC Histogram			
Mean Corp Hb (MCH)	29.4	pg	27.0-33.0
Method: Calculated			
Mean Corp Hb Conc (MCHC)	33.6	gm%	31.5-34.5
Method: Calculated			
RDW - CV	<b>14.2</b>	%	12.1-13.6
Method: Derived from RBC Histogram			
RDW - SD	43.30	fL	39.0-46.0
Method: Derived from RBC Histogram			
Mentzer Index	17.18	Ratio	
Method: Calculated			
<b>Differential Leucocyte Count</b>			
Neutrophils	45.0	%	40 - 75
Method: VCSn Technology			
Lymphocytes	44	%	20 - 45
Method: VCSn Technology			
Monocytes	7.2	%	01 - 10
Method: VCSn Technology			
Eosinophils	2.5	%	01 - 06
Method: VCSn Technology			
Basophils	0.8	%	00 - 02
Method: VCSn Technology			
<b>Absolute Leucocyte Count</b>			
Absolute Neutrophil Count (ANC)	2.70	10 <sup>3</sup> /uL	2.0-7.0
Method: Calculated			
Absolute Lymphocyte Count (ALC)	2.67	10 <sup>3</sup> /uL	1.0-3.0



DR. SAKESH AGARWAL  
MBBS, DCP



DR. SONAL SAXENA  
MD (PATHOLOGY)



SIN No:H4001138

Patient Name	: Nitin Chauhan 3613960433	Barcode	: H4001138	
Age/Gender	: 21/Male	Sample Collected On	: 31/Aug/2021 12:17PM	
Order Id	: 3613960433	Sample Received On	: 31/Aug/2021 06:02PM	
Referred By	: Self	Report Generated On	: 31/Aug/2021 07:42PM	
Customer Since	: 31/Aug/2021	Sample Temperature	: Maintained ✓	
Sample Type	: Whole Blood EDTA	ReportStatus	: Final Report	

## DEPARTMENT OF HAEMATOLOGY

Test Name	Value	Unit	Bio. Ref Interval
Method: Calculated			
Absolute Monocyte Count	0.43	10 <sup>3</sup> /uL	0.2-1.0
Method: Calculated			
Absolute Eosinophil Count (AEC)	0.15	10 <sup>3</sup> /uL	0.04 - 0.44
Method: Calculated			
Absolute Basophil Count	0.05	10 <sup>3</sup> /uL	0.0 - 0.10
Method: Calculated			
Platelet Count(PLT)	152	10 <sup>3</sup> /µl	150-410
Method: Coulter Principle			
MPV	<b>12.2</b>	FL	7.4-11.4
Method: Derived from PLT Histogram			
ESR	04	mm/1st hr.	0 - 10
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.

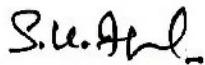
If the quotient of the mean corpuscular volume divided by the red blood cell count is then 13, thalassemia is more likely. If the result is greater than 13, then iron-deficiency anaemia is more likely.

ESR is a non-specific phenomenon, its measurement is clinically useful in disorders associated with an increased production of acute-phase proteins. It provides an index of progress of the disease in rheumatoid arthritis or tuberculosis, and it is of considerable value in diagnosis of temporal arteritis and polymyalgia rheumatica. It is often used if multiple myeloma is suspected, but when the myeloma is non-secretory or light chain, a normal ESR does not exclude this diagnosis. An elevated ESR occurs as an early feature in myocardial infarction. Although a normal ESR cannot be taken to exclude the presence of organic disease, the vast majority of acute or chronic infections and most neoplastic and degenerative diseases are associated with changes in the plasma proteins that increased ES values.

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

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



DR. SONAL SAXENA  
MD (PATHOLOGY)



SIN No:H4001138

Patient Name	: Nitin Chauhan 3613960433	Barcode	: H4001138	
Age/Gender	: 21/Male	Sample Collected On	: 31/Aug/2021 12:17PM	
Order Id	: 3613960433	Sample Received On	: 31/Aug/2021 05:41PM	
Referred By	: Self	Report Generated On	: 31/Aug/2021 08:07PM	
Customer Since	: 31/Aug/2021	Sample Temperature	: Maintained ✓	
Sample Type	: Serum	ReportStatus	: Final Report	

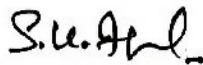
## DEPARTMENT OF IMMUNOLOGY

Test Name	Value	Unit	Bio. Ref Interval
<b>Thyroid Profile (Total T3,T4, TSH)</b>			
Tri-Iodothyronine (T3, Total) Method: CLIA	0.87	ng/ml	0.60-1.81
Thyroxine (T4, Total) Method: CLIA	7.90	ug/dl	3.2-12.6
Thyroid Stimulating Hormone (TSH)-Ultrasensitive Method: CLIA	4.1640	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 the presence of hyperthyroidism under the following conditions : T3 thyrotoxicosis, Hypoproteinemia related reduced binding, during intake of certain drugs (eg Phenyltoin, Salicylates etc)
5. Neonates and infants have higher levels of T4 due to increased concentration of TBG
6. TSH levels may be normal in central hypothyroidism, recent rapid correction of hypothyroidism or hyperthyroidism, pregnancy, phenyltoin 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.



DR. SAKESH AGARWAL  
MBBS, DCP



SIN No:H4001138



DR. SONAL SAXENA  
MD (PATHOLOGY)

Patient Name	: Nitin Chauhan 3613960433	Barcode	: H4001138	
Age/Gender	: 21/Male	Sample Collected On	: 31/Aug/2021 12:17PM	
Order Id	: 3613960433	Sample Received On	: 31/Aug/2021 06:17PM	
Referred By	: Self	Report Generated On	: 31/Aug/2021 07:05PM	
Customer Since	: 31/Aug/2021	Sample Temperature	: Maintained ✓	
Sample Type	: SERUM	ReportStatus	: Final Report	

## DEPARTMENT OF SEROLOGY

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

### HIV I & II, Antibody

**HIV I AND II ANTIBODIES**

Method: Immunochromatography

Non Reactive

Non Reactive

A single test result is not always indicative of a disease and diagnosis of HIV infection must be based on results of Supplemental, confirmatory tests performed on repeat samples & with clinical correlation for the patient's immune status and history. The test results obtained relate only to the sample given or received and tested. This is a visual, Rapid Immuno Chromatographic method for the differential detection of HIV-1 & HIV-2 antibodies (IgG) in Human Serum or Plasma using HIV-1 & HIV-2 Antigens immobilized on an immunofiltration membrane. This is only a screening test. All samples detected reactive by the above screening test must be confirmed by using HIV Western Blot or HIV RNA tests. A non-reactive result does not exclude the possibility of exposure to or infection with HIV or the window period.

*For any other information regarding post-test counseling you may contact Integrated Counseling & Testing Centre (ICTC) of your area or contact the helpline number of National AIDS Control Organisation (NACO) which caters to all the population of India and is reachable from any mobile/landline number through a short code toll-free number 1097.*

### Hepatitis B Virus Surface Antigen (HBsAg )

**Hepatitis B Virus Surface Antigen**

Non Reactive

Non- Reactive

Method: Immunochromatography

***This is a screening test and requires HBV DNA estimation for confirmation/ correlation.***

This is a visual, rapid immuno chromatographic, one step immunoassay based on antigen capture for the qualitative detection of Hepatitis B Surface Antigen (HBsAg) in Human Serum or Plasma. Samples containing mouse monoclonal antibodies or heterophile antibodies can give falsely reactive or non-reactive results. False Reactive results can be obtained due to the presence of other antigens or elevated levels of RF factor.

### Hepatitis C Virus (HCV) Antibody

**Anti HCV Antibody (Qualitative)**

Non Reactive

Non-Reactive

Method: Immunochromatography

***This is a screening test. All reactive samples must be confirmed by HCV RNA determination.***

This is a visual, rapid immuno chromatographic method for the detection of antibodies to Hepatitis C Virus in human serum or plasma. Patients with auto-immune liver diseases, Renal disorders and Antenatal samples may show false reactive results. A Reactive result cannot distinguish between an acute and chronic infection and a Non-Reactive result does not exclude the possibility of exposure to or infection with HCV. Determination of HCV RNA by PCR is used to identify an active Hepatitis C infection and can be detected within 1-2 weeks of exposure to virus.



DR. URVASHI  
SENIOR CONSULTANT MICROBIOLOGY



SIN No:H4001138

Patient Name	: Nitin Chauhan 3613960433	Barcode	: H4001138	
Age/Gender	: 21/Male	Sample Collected On	: 31/Aug/2021 12:17PM	
Order Id	: 3613960433	Sample Received On	: 31/Aug/2021 06:17PM	
Referred By	: Self	Report Generated On	: 31/Aug/2021 07:05PM	
Customer Since	: 31/Aug/2021	Sample Temperature	: Maintained ✓	
Sample Type	: SERUM	ReportStatus	: Final Report	

### DEPARTMENT OF SEROLOGY

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

#### **VDRL / Rapid Plasma Reagins (RPR) Test**

VDRL (RPR)	Non Reactive
------------	--------------

Method: Slide flocculation

#### **Interpretation of results.**

Rapid plasma reagins (RPR) is a blood test to screen for syphilis. Antigens used in RPR test are similar to VDRL except that they are charcoal coated to enhance the sensitivity of the test. Syphilis is a sexually transmitted infection caused by the spirochete bacterium *Treponema pallidum*. This is a screening test for syphilis which is useful for following the progression of disease and response to therapy. Rising titers are of immense value in confirming the diagnosis. Biological false positive reactions exhibit low titers and are seen in conditions like Viral fevers, Mycoplasma infection, Chlamydia infection, Malaria, Immunizations, Pregnancy, Autoimmune disorders & past history of Treponemal infection. It is advisable to confirm the diagnosis by tests such as TPHA & FTA-ABS.

---

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



**DR. URVASHI**  
SENIOR CONSULTANT MICROBIOLOGY



SIN No:H4001138

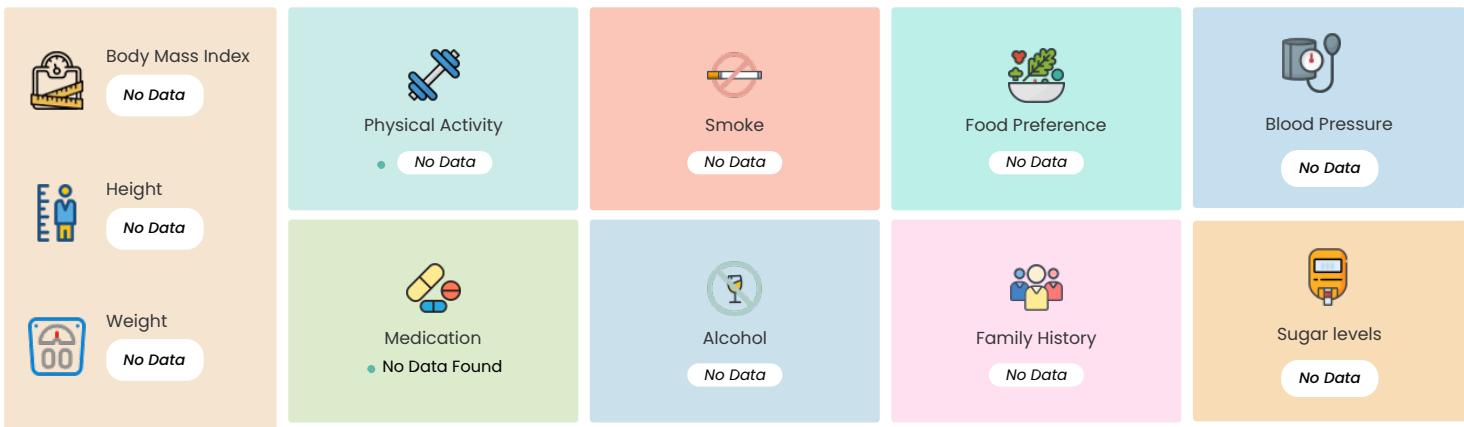
**Terms & Conditions:**

- 1) Machine Data is available for last 7 days only. In case of manual testing & outsourced testing, machine data will not be available.
- 2) CBC parameters may vary when it is manually reviewed by the Pathologists.
- 3) **For Thyroid tests** - Circulating TSH shows a normal circadian rhythm with a peak between 11pm-5am and a nadir between 5pm-8pm. TSH values are also lowered after food when compared to fasting in a statistically significant manner. This variation is of the order of ±50%, hence time of day and fasting status have influence on the reported TSH level.
- 4) **For Lipid profile** - Lipid and Lipoprotein concentrations vary during the normal course of daily activity. Also, certain drugs, diet and alcohol can have lasting effects on Triglyceride levels. To obtain best results for Lipid testing, a strict fasting of 10-12 hours with a light meal on the previous night is recommended.
- 5) For Covid19 testing, Healthians works with ICMR approved partner Labs only. The accuracy of the results are ensured by Partner Labs. Testing lab name is mentioned on the report. We do not charge anything extra for sample collection.
- 6) Test results released pertain to the specimen submitted.
- 7) Test results are dependent on the quality of the sample received by the Lab.
- 8) The tests are carried out in the lab with the presumption that the specimen belongs to the patient named or identified in the bill/test request form/booking ID.
- 9) The reported results are for information and are subject to confirmation and interpretation by the referring doctor to co-relate clinically.
- 10) Test results may show interlaboratory variations.
- 11) Liability of Healthians for deficiency of services or other errors and omissions shall be limited to the fee paid by the patient for the relevant laboratory services.
- 12) This report is not subject to use for any medico-legal purposes.

**ADVISORY**
**Health Advisory**

Nitin Chauhan

Booking ID : 3613960433


**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

**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

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

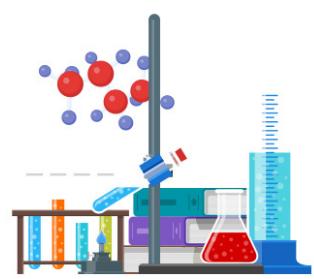
- Have breakfast early in morning and a light high fiber snack for dinner

**Dont's**

- Avoid overexertion without having food or drink
- Avoid strenuous exercises
- Avoid smoking and alcohol

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

- Complete Hemogram - **Every 2 Month**
- Peripheral Smear Examination By Pathologist - **Every 2 Month**



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

Nitin Chauhan  
Booking ID : 3613960433

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

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

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

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

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

**BALANCED DIET****BMI**

BMI recommended range is 18.5 to 24.9. Your BMI is 29.35, which is on a higher side.

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

**BMI CHART**

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

**BMI**

## RECOMMENDATION

## General Recommendation on Preventive Screening

Nitin Chauhan

Booking ID : 3613960433

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



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

Introducing HPLUS VDOC doctor consultation platform by Healthians.

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

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

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

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

### About Healthians Labs

#### How we control Report Accuracy at Healthians



##### Quality Control

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



##### Machine Data

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



##### QR Code

QR Code based authenticity check on all its reports



##### Calibration

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



##### Equipment

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



##### EQA

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

JOIN 100,000+ HAPPY USERS WHO TRUST HEALTHIANS!

### KNOW ALL ABOUT YOUR HEALTH ON YOUR FINGERTIPS

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

#### DOWNLOAD HEALTHIANS APP:

