Healthians

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India's trusted Health Test @Home Service

NABL ACCREDITED
MC-4245

Booking ID : 15685095368
Sample Collection Date : 30/Oct/2025

PRIYANKA

Female, 48 Yrs

A Comprehensive Health Analysis Report

AI Based Personalized Report for You

Flagship Lab in Gurugram
CAP ACCREDITED
COLLEGE of AMERICAN PATHOLOGISTS
CAP #: 9019582 | AU-ID: 2107746

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HEALTH ANALYSIS

Personalized Summary & Vital Parameters

PRIYANKA
Booking ID : 15685095368 | Sample Collection Date : 30/Oct/2025

PRIYANKA ,

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.

Your Health Score

88
Out of 100

**Calculated from test reports*

Thyroid Function
Thyroid Stimulating Hormone (TSH)-Ultrasensitive : 3.38 µIU/ml
- Everything looks good

Cholesterol Total
209 mg/dl
- Concern

Kidney Function
Serum Creatinine : 0.63 mg/dl
- Everything looks good

Vitamin D
37.46 ng/ml
- Everything looks good

HbA1c
5.5 %
- Everything looks good

Vitamin B12
288 pg/mL
- Everything looks good

Liver Function
Alanine Aminotransferase (ALT/SGPT) : 18 U/L
- Everything looks good

Calcium Total
9.6 mg/dl
- Everything looks good

Iron studies
Serum Iron : 105 ug/dl
- Everything looks good

Complete Hemogram
Haemoglobin (HB) : 13.7 g/dL
- Everything looks good

New Features
Report Summary

PRIYANKA
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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.

Patient Summary Report

Dear Priyanka,

Thank you for sharing your recent health test results. It's understandable to feel concerned when faced with various health markers that are outside the normal range. Let's take a moment to look at what these results mean and how we can approach them together.

Your test results indicate some areas that may require attention, particularly related to inflammation, cholesterol levels, and certain blood parameters. While these findings can be concerning, it's important to remember that they are just one part of your overall health picture. Many factors can influence these values, and with the right lifestyle adjustments, you can positively impact your health.

Summary of Deranged Parameters:

1.
Inflammation Markers
: Some tests indicate higher levels of inflammation in your body. This can be a response to various factors, including lifestyle and stress.

2.
Cholesterol Levels
: Your cholesterol levels show some elevation, which is common and can often be managed through dietary and lifestyle changes.

3.
Blood Parameters
: Certain blood parameters are slightly outside the normal range, which may reflect your body's response to various factors, including nutrition and hydration.

Suggestions for Improvement:

1.
Adopt a Balanced Diet
: Focus on incorporating more whole foods, such as fruits, vegetables, whole grains, and lean proteins. Reducing processed foods and sugars can also help manage inflammation and cholesterol levels.

2.
Stay Active
: Regular physical activity can significantly improve your overall health. Aim for at least 150 minutes of moderate exercise each week, which can help lower inflammation and improve cholesterol levels.

3.
Manage Stress
: Consider practices such as mindfulness, yoga, or meditation to help reduce stress levels. Stress management can have a positive effect on your overall health and well-being.

4.
Regular Monitoring
: Keeping track of your health through regular check-ups and tests can help you stay informed about your progress and make necessary adjustments to your lifestyle.

Remember, you are not alone in this journey, and small, consistent changes can lead to significant improvements in your health over time. Take care of yourself, and be gentle with your body as you work towards your health goals.

Patient Name	: PRIYANKA	Barcode	: E6202787
Age/Gender	: 48Y 0M 0D /Female	Sample Collected On	: 30/Oct/2025 09:58AM
Order Id	: 15685095368	Sample Received On	: 30/Oct/2025 02:49PM
Referred By	: Self	Report Generated On	: 30/Oct/2025 05:38PM
Customer Since	: 30/Oct/2025	Sample Temperature	: Maintained ✓
Sample Type	: Serum	Report Status	: Final Report

DEPARTMENT OF CARDIAC MARKER

Super Life Maximiser Gold Female

Test Name	Value	Unit	Bio. Ref Interval
CK MB			
CK- MB	1.1	ng/mL	0.6-6.3

Method: CLIA
Machine: Beckman Coulter UniCel DxI800

Test Interpretation

1. CK-MB is a widely used early marker for myocardial injury.
2. It is increased in

- Acute Myocardial Infarction
- After thoracic/open heart surgery, values return to baseline in 24 to 48 hours.
- Percutaneous transluminal coronary angioplasty.
- Myocarditis, cardiac contusions, cardiomyopathies and collagen disorders involving the myocardium.
- Prolonged supraventricular tachycardia.
- Coronary angiography (transient)
- Drugs (e.g., alcohol, cocaine, halothane [malignant hyperthermia], ipecac)

3. After an acute myocardial infarction (AMI), CK-MB appears in the circulation, reflecting damage to the myocardium. CK-MB rises rapidly to peak levels (within 12 hours) then declines to normal levels (36-72 hours). This pattern of rising and falling CK-MB values, along with evolutionary changes in the ECG and a history of chest pain, is generally considered diagnostic of AMI. The proportional rise in the CK-MB fraction to some extent depends on the size of the myocardial damage and on a history of previous myocardial damage.
4. For an early diagnosis of a myocardial infarction a rapidly appearing biomarker such as CK-MB plus a biomarker that rises later e.g. cardiac troponin is recommended to confirm the diagnosis.
5. If myocardial infarction is suspected and the values found are below the stated limits, the determinations should be repeated after 4 hours with a fresh sample.
6. Elevated levels of CK-MB are also associated with skeletal muscle trauma, exercise (smaller increases seen in well-conditioned athletes), rhabdomyolysis and myositis . but do not have the rise and fall characteristics of CK-MB levels in AMI.

Note: Method and Reference range has been changed for CK-MB test from Enzymatic Immunoinhibition to CLIA with effect from 16 March, 2024.

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SIN No:E6202787

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Age/Gender	: 48Y 0M 0D /Female	Sample Collected On	: 30/Oct/2025 09:58AM
Order Id	: 15685095368	Sample Received On	: 30/Oct/2025 01:34PM
Referred By	: Self	Report Generated On	: 30/Oct/2025 03:56PM
Customer Since	: 30/Oct/2025	Sample Temperature	: Maintained ✓
Sample Type	: Whole Blood EDTA	Report Status	: Final Report

DEPARTMENT OF BIOCHEMISTRY HBA1C

Super Life Maximiser Gold Female

Test Name	Value	Unit	Bio. Ref Interval
HbA1c - Glycosylated Hemoglobin			
Hba1c (Glycosylated Hemoglobin) Method: HPLC	5.50	%	4.2 - 5.7
Average Estimated Glucose - plasma Method: Calculated	111.15	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	
Therapeutic goals for glycemic control	**Age > 19 Years**	
	Goals of Therapy:	< 7.0
	Actions Suggested:	>8.0
	Age < 19 Years	
	Goal of therapy:	<7.5

REMARKS

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

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

Reference : American Diabetes Associations. Standards of Medical Care in Diabetes 2023

10.The presence of some hemoglobinopathies/hemoglobin variants may be missed by some platforms used for measuring HbA1c values. In these cases, the HbA1c result may vary or give deviant results, depending on the platform used. Alternative measures of glycemic control like fructosamine or glycated albumin may be considered in such cases.

11.In presence of hemoglobinopathy/hemoglobin variants in homozygous/compound heterozygous conditions alternative forms of testing such as fructosamine or glycated albumin may be considered.

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Sample Type	: Flouride Plasma	Report Status	: Final Report

DEPARTMENT OF BIOCHEMISTRY

Super Life Maximiser Gold Female

Test Name	Value	Unit	Bio. Ref Interval
Fasting Blood Sugar			
Glucose, Fasting	89.1	mg/dl	70 - 100

Method: Hexokinase
Machine: BECKMAN COULTER DXC 700 AU

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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Sample Type	: Serum	Report Status	: Final Report

DEPARTMENT OF BIOCHEMISTRY

Super Life Maximiser Gold Female

Test Name	Value	Unit	Bio. Ref Interval

Creatine Kinase(CPK) - Serum

CK CREATINE KINASE - (CPK)	71	U/L	<145

Method: NAC activated
Machine: BECKMAN COULTER AU 5800

Measurements of CK are primarily used in the diagnosis and treatment of myocardial infarction as well as being the most sensitive indicator of muscle damage.
It is diagnosis and monitoring of myopathies and cerebral vascular disease. It increased in Myocardial infarction (MI), myocarditis, muscle trauma, rhabdomyolysis, muscular dystrophy, polymyositis, severe muscular exertion, malignant hyperthermia, hypothyroidism, cerebral infarction, surgery, Reye syndrome, tetanus, generalized convulsions, alcoholism, IM injections, DC counter shock, Drugs:clotfibrate, HMG-CoA reductase inhibitors.
During an MI, serum CK level rises rapidly (within 3-5 hours); reaches a maximum after 12 - 14 hrs and returns to normal range after 3-4 days post-MI.
Total CK is not specific enough for use in diagnosis of MI, but a normal total CK has a high negative predictive value.
A more specific test is needed for diagnosis of MI or acute coronary syndrome (eg, CK-MB, Troponin T and Troponin I)

Rheumatoid Factor (RA) - Quantitative - Serum

RHEUMATOID FACTOR	<10	IU/mL	<14

Method: Latex Particle Immunoturbidimetric
Machine: BECKMAN COULTER AU 5800

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

LDH (Lactate Dehyderogenase) - Serum

LDH: LACTATE DEHYDROGENASE	230.00	U/L	< 247

Method: IFCC
Machine: BECKMAN COULTER AU 5800

LDH: LDH is present in many kinds of organs and tissues throughout the body, including the liver, heart, pancreas, kidneys, skeletal muscles, lymph tissue, and blood cells.Elevated levels of LDH can include cerebrovascular accident, such as stroke, certain cancers, heart attack, hemolytic anemia, infectious mononucleosis, liver disease, such as hepatitis, muscle injury, muscular dystrophy, pancreatitis, use of alcohol or certain drugs, sepsis and septic shock.

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DEPARTMENT OF BIOCHEMISTRY

Super Life Maximiser Gold Female

Test Name	Value	Unit	Bio. Ref Interval
Amylase - Serum			
AMYLASE	50	U/L	22 - 80

Method: CNPG3
Machine: BECKMAN COULTER AU 5800

Amylase is produced by exocrine pancrease and also by the salivary glands. it is used to evaluate pancreatic function and also used in the diagnosis and management of pancreatitis.
Diseases resulting in elevation of plasma alpha-amylase include: acute pancreatitis, parotitis, alcoholism, renal insufficiency and diseases such as viral hepatitis, AIDS, abdominal typhoid, sarcoidosis and trauma to the upper abdomen. There is also a detectable increase in amylase after an ERCP procedure. In acute pancreatitis, amylase increases 5-6 hours after the onset of symptoms and remains elevated for 2-5 days. The increase in plasma activity does not reflect disease severity and conversely, extensive destruction of the pancreas may not cause a significant increase in the plasma concentration of pancreatic alpha-amylase.

Lipase - Serum			
LIPASE	19	U/L	<67

Method: Colorimetric
Machine: BECKMAN COULTER AU 5800

Lipase is produced in the acinar cells of the pancreas and is responsible for the hydrolysis of water-insoluble long chain fatty acid esters of glycerol. Lipase measurement in serum and plasma is used exclusively for the investigation of pancreatic disorders, usually pancreatitis. Serum lipase may be elevated in acute pancreatitis, acute episodes of chronic pancreatitis and obstructive pancreatitis
Slight elevations are also frequently present in diabetic ketoacidosis, viral hepatitis, epidemic parotiditis, abdominal typhoid and sarcoidosis, due to involvement of the pancreas.

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Sample Type	: Serum	Report Status	: Final Report

DEPARTMENT OF BIOCHEMISTRY

Super Life Maximiser Gold Female

Test Name	Value	Unit	Bio. Ref Interval

Immunoglobulin M, IgM - Serum

IMMUNOGLOBULIN - IgM	148.7	mg/dl	40 - 230

Method: Immunoturbidimetric
Machine: BECKMAN COULTER AU 5800

Test Interpretation:-

IgM constitutes about 6% of the total immunoglobulin concentration in serum. The functions of IgM are similar to those of IgG. IgM is more effective in dealing with particulate foreign substances such as bacteria, especially, gram-negative bacteria. IgM fixes complement more effectively than IgG, because only a single molecule of IgM is required for fixation, as compared to 2 IgG molecules. IgM also participates in hemolysis and transfusion reactions

.

Various disease-related conditions are associated with depressed or elevated levels of IgM:

Depressed Levels	Elevated levels
Lymphoid aplasia	Chronic infections
Agammaglobulinemia	Waldenstroms macroglobulinemia
Heavy Chain disease	Hepatitis
Chronic lymphocytic leukemia	Rheumatoid arthritis

C-Reactive Protein (CRP) -Quantitative

C-REACTIVE PROTEIN (CRP) (QUANTITATIVE)	**8.39**	mg/L	<5

Method: Latex Particle Immunoturbidimetric
Machine: BECKMAN COULTER AU 5800

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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Sample Type	: Serum	Report Status	: Final Report

DEPARTMENT OF BIOCHEMISTRY

Super Life Maximiser Gold Female

Test Name	Value	Unit	Bio. Ref Interval

Immunoglobulin G, IgG - Serum

IMMUNOGLOBULIN - IgG	1205.2	mg/dl	700 - 1600

Method: Immunoturbidimetric
Machine: BECKMAN COULTER AU 5800

Comments

Immunoglobulin G represents 70 – 80% of the total serum immunoglobulins in the normal adults. Four distinct subtypes exist: IgG1, IgG2, IgG3, and IgG4. IgG1 predominates as 65% of the total IgG.

Various disease-related conditions are associated with depressed or elevated levels of IgG:

Depressed Levels	Elevated Levels
Lymphoid aplasia	IgG myeloma
Agammaglobulinemia	Hepatitis
Heavy Chain disease	Rheumatoid arthritis
Macroglobulinemia	Acquired Immunodeficiency Syndrome
Chronic lymphocytic leukemia	

Magnesium -Serum

MAGNESIUM	2.0	mg/dl	1.9 - 2.5

Method: Xylidyl blue, tris buffer
Machine: BECKMAN COULTER AU 5800

Test Interpretation

Magnesium is primarily an intracellular ion associated with GI absorption and renal excretion.
It helps in the diagnosis and monitoring of hypomagnesemia and hypermagnesemia especially in renal failure or GI disorders.

Increased levels

seen in patients taking diuretics, antacids, laxatives, parenteral nutrition, magnesium for eclampsia or premature labor, renal failure, dehydration with diabetic coma before treatment, Hypothyroidism.

Decreased levels

seen in malabsorption, abnormal loss of GI fluids, chronic pyelonephritis, renal tubular acidosis, antibiotics, phosphate depletion, extra cellular fluid volume expansion. Nutritional causes -starvation, Alcoholism. Endocrine causes -hyperthyroidism, hypoparathyroidism. Metabolic causes- excessive lactation, third trimester of pregnancy. Other causes- severe burns, lytic tumors of bone, toxemia of pregnancy, sepsis.

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DEPARTMENT OF BIOCHEMISTRY

Super Life Maximiser Gold Female

Test Name	Value	Unit	Bio. Ref Interval
hs CRP (C-Reactive Protein high sensitive)			
HS-CRP (HIGH SENSITIVITY C-REACTIVE PROTEIN)	**7.28**	mg/L	< 1.0

Method: Latex Particle Immunoturbidimetry
Machine: BECKMAN COULTER AU 5800

High sensitivity C-reactive protein, when used in conjunction with other clinical laboratory evaluation of acute coronary syndromes, may be useful as an independent marker of prognosis for recurrent events in patients with stable coronary disease or acute coronary syndrome. Hs-CRP levels should not be substituted for assessment of traditional cardiovascular risk factors. Patients with persistently unexplained, marked evaluation of hs-CRP after repeated testing should be evaluated for non-cardiovascular etiologies.

Clinical significance :

Hs-CRP measurements may be used as an independent risk marker for the identification of individuals at risk for future cardiovascular disease. Elevated CRP values may be indicative of prognosis of individuals with acute coronary syndromes, and may be useful in the management of such individuals.

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Sample Type	: SERUM	Report Status	: Final Report

DEPARTMENT OF BIOCHEMISTRY

Super Life Maximiser Gold Female

Test Name	Value	Unit	Bio. Ref Interval
Lipid Profile Advance			
Total Cholesterol Method: CHO-POD (Trac. Abel-Kendall) Machine: BECKMAN COULTER AU 5800	**209.0**	mg/dl	Desirable : <200 Borderline: 200-239 High : >/=240
Serum Triglycerides Method: GPO-POD Machine: BECKMAN COULTER AU 5800	93.0	mg/dL	Desirable : <150 Borderline high : 150-199 High : 200-499 Very high : > 500
Serum HDL Cholesterol Method: ENZYMATIC IMMUNOINHIBITION Machine: BECKMAN COULTER AU 5800	**62.3**	mg/dL	40 - 60
Serum LDL Cholesterol Method: ENZYMATIC SELECTIVE PROTECTION Machine: BECKMAN COULTER AU 5800	**128.0**	mg/dl	Optimal : <100 near /above Optimal:100 - 129 Borderline High:130 - 159 High : 160 - 189 Very High :>/=190
Serum VLDL Cholesterol Method: Calculated Machine: BECKMAN COULTER AU 5800	19.0	mg/dl	<30
Total CHOL / HDL Cholesterol Ratio Method: Calculated	3.35	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	146.7	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.

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DEPARTMENT OF BIOCHEMISTRY

Super Life Maximiser Gold Female

Test Name	Value	Unit	Bio. Ref Interval

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 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.

Updated risk stratification approach recommended by the Lipid Association of India (2023)	
Risk Category	
Extreme Risk	**Category A:** ASCVD with ≥ 1 feature of high-risk group ●CACS ≥300 ●Homozygous FH
	Category B: ASCVD with ≥ 1 feature of very high-risk group or ● Recurrent ACS or ● Polyvascular disease or ●Homozygous FH
	Category C: Recurrent ASCVD event despite LDL-C around 30 mg/dL. These patients require special consideration.
Very High Risk (VHR)	●Diabetes with target organ damage ● Diabetes with ≥2 major ASCVD risk factors ●CACS 100–299 or >75 percentile if CACS 1–99 ●≥2 high risk features ●Established ASCVD (obstructive or non-obstructive) ●Heterozygous FH or LDL-C ≥190 mg/dL
High Risk (HR)	●>3 major ASCVD risk factors, or ●LDL-C 160–189 mg/dL or ●Non-HDL-C 190–219 mg/dL or ●Diabetes with 0–1 major ASCVD risk factor ●2 major ASCVD factors + ≥1 risk modifier or ●Any 1 high-risk feature.
Moderate Risk (MR)	●2 major ASCVD risk factors, or ●LDL-C 130–159 mg/dL or ●Non-HDL-C 160–189 mg/dL or ●Low-risk group + ≥1 risk modifier or lifetime ASCVD risk >30%
Low Risk (LR)	●0–1 major ASCVD risk factor and ●LDL-C 100–129 mg/dL and ●Non-HDL-C 130–159 mg/dL, and ●Lifetime CVD risk <30%
Major Risk ASCVD (Atherosclerotic Cardiovascular Disease) Risk Factors	
●Age ≥45 years in males and ≥55 years in females ●Current cigarette smoking or tobacco use ●High blood pressure ●Low HDL-C	

Treatment targets for lipid lowering therapy for various atherosclerotic cardiovascular disease risk groups			
Risk Groups	**Treatment Targets**		
	LDL-C, mg/dl (Primary Target)	**Non-HDL-C,mg/dl(Coprimary Target)**	**Apo-B, mg/dl (Secondary Target)**
Low risk group	<100	<130	<90
Moderate risk group	<100 (optional <70)	<130 (optional <100)	<90
High risk group	<70	<100	<80
Very high risk	<50	<80	<65
Extreme -risk-group- Category (A)	<50 (optional ≤30)	<80 (optional ≤60)	<65
Extreme -risk-group- Category (B)	≤30	≤60	<50
Extreme -risk-group- Category (C)	10-15	40-45	------

Reference: Journal of Clinical Lipidology, Vol-18 No-3. May/June 2024

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SIN No:E6202787

Patient Name	: PRIYANKA	Barcode	: E6202787
Age/Gender	: 48Y 0M 0D /Female	Sample Collected On	: 30/Oct/2025 09:58AM
Order Id	: 15685095368	Sample Received On	: 30/Oct/2025 02:49PM
Referred By	: Self	Report Generated On	: 31/Oct/2025 03:56AM
Customer Since	: 30/Oct/2025	Sample Temperature	: Maintained ✓
Sample Type	: SERUM	Report Status	: Final Report

DEPARTMENT OF BIOCHEMISTRY

Super Life Maximiser Gold Female

Test Name	Value	Unit	Bio. Ref Interval

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Sample Type	: Serum	Report Status	: Final Report

DEPARTMENT OF BIOCHEMISTRY

Super Life Maximiser Gold Female

Test Name	Value	Unit	Bio. Ref Interval
Liver Function Test (LFT)			
Serum Bilirubin, (Total) Method: DPD Machine: BECKMAN COULTER AU 5800	0.54	mg/dl	0.3 - 1.2
Serum Bilirubin, (Direct) Method: DPD Machine: BECKMAN COULTER AU 5800	0.11	mg/dl	0 - 0.2
Serum Bilirubin, (Indirect) Method: Calculated	0.43	mg/dl	0.0 - 0.8
Aspartate Aminotransferase (AST/SGOT) Method: UV without P5P Machine: BECKMAN COULTER AU 5800	20.00	U/L	3 - 35
Alanine Aminotransferase (ALT/SGPT) Method: UV without P5P Machine: BECKMAN COULTER AU 5800	18	U/L	3 - 35
Alkaline Phosphatase (ALP) Method: AMP Buffer Machine: BECKMAN COULTER AU 5800	94.00	U/L	33-98
Gamma Glutamyl Transferase (GGT) Method: IFCC Machine: BECKMAN COULTER AU 5800	13.0	U/L	5- 38
Serum Total Protein Method: BIURET Machine: BECKMAN COULTER AU 5800	6.84	gm/dl	6.6 - 8.3
Serum Albumin Method: BROMOCRESOL GREEN Machine: BECKMAN COULTER AU 5800	3.86	g/dl	3.5 - 5.2
Serum Globulin Method: Calculated	**2.98**	gm/dl	3.0 - 4.2
Albumin/Globulin Ratio Method: Calculated	1.30	Ratio	1.2 - 2.5
SGOT/SGPT Ratio Method: Calculated	1.11	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

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Customer Since	: 30/Oct/2025	Sample Temperature	: Maintained ✓
Sample Type	: Serum	Report Status	: Final Report

DEPARTMENT OF BIOCHEMISTRY

Super Life Maximiser Gold Female

Test Name	Value	Unit	Bio. Ref Interval

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.
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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Referred By	: Self	Report Generated On	: 31/Oct/2025 03:56AM
Customer Since	: 30/Oct/2025	Sample Temperature	: Maintained ✓
Sample Type	: SERUM	Report Status	: Final Report

DEPARTMENT OF BIOCHEMISTRY

Super Life Maximiser Gold Female

Test Name	Value	Unit	Bio. Ref Interval
Iron study			
Serum Iron Method: TPTZ Machine: BECKMAN COULTER AU 5800	105.0	ug/dl	60 - 180
UIBC Method: Nitroso-PSAP Machine: BECKMAN COULTER AU 5800	226.00	ug/dl	155 - 355
Serum Total Iron Binding Capicity (TIBC) Method: FE+UIBC (saturation with iron)	331	µg/dl	250 - 400
Transferrin Saturation % Method: Calculated	31.72	%	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).

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Plot 1 & 2, Udyog Vihar, Phase-4, Gurgaon, Haryana, Pincode-122016 (CAP Number: 9019582 I NABL Accreditation Certificate Number MC-4245)

Patient Name	: PRIYANKA	Barcode	: E6202787
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Referred By	: Self	Report Generated On	: 31/Oct/2025 05:02AM
Customer Since	: 30/Oct/2025	Sample Temperature	: Maintained ✓
Sample Type	: SERUM	Report Status	: Final Report

DEPARTMENT OF BIOCHEMISTRY

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Test Name	Value	Unit	Bio. Ref Interval
(KFT) Kidney Function Test			
Serum Creatinine Method: Modified Jaffe, Kinetic Machine: BECKMAN COULTER AU 5800	0.63	mg/dl	0.4 - 0.9
GFR, ESTIMATED Method: Calculated (CKD-EPI)	109.36	mL/min/1.73m2	
Serum Uric Acid Method: Uricase PAP Machine: BECKMAN COULTER AU 5800	4.2	mg/dl	2.6-6.0
Serum Calcium Method: ARSENAZO III Machine: BECKMAN COULTER AU 5800	9.6	mg/dl	8.8 - 10.6
Serum Sodium Method: ISE (Indirect) Machine: BECKMAN COULTER AU 5800	139	mmol/L	136 - 146
Serum Chloride Method: ISE (Indirect) Machine: BECKMAN COULTER AU 5800	101	mmol/L	101 - 109
Blood Urea Method: GLDH,Kinetic assay Machine: BECKMAN COULTER AU 5800	22.3	mg/dl	17 - 43
Blood Urea Nitrogen (BUN) Method: Calculated	10.4	mg/dl	8 - 20
Bun/Creatinine Ratio Method: Calculated	16.54	Ratio	
Urea/Creatinine Ratio	35.40		

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.

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Customer Since	: 30/Oct/2025	Sample Temperature	: Maintained ✓
Sample Type	: SERUM	Report Status	: Final Report

DEPARTMENT OF BIOCHEMISTRY

Super Life Maximiser Gold Female

Test Name	Value	Unit	Bio. Ref Interval

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. Potassium is a primary intracellular ion, only 2 % is extracellular, high intracellular concentration is maintained by a Na- K ATPase pump, which continuously transports potassium into the cell against a concentration gradient. 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	: 15685095368	Sample Received On	: 30/Oct/2025 02:49PM
Referred By	: Self	Report Generated On	: 31/Oct/2025 04:22AM
Customer Since	: 30/Oct/2025	Sample Temperature	: Maintained ✓
Sample Type	: Serum	Report Status	: Final Report

DEPARTMENT OF BIOCHEMISTRY

Test Name	Value	Unit	Bio. Ref Interval

Zinc (Serum)

ZINC	64	µg/dL	46-150

Method: 5-Br-PAPS
Machine: BECKMAN COULTER AU 5800

Test Interpretation:-
Zinc, an essential trace element, is the intrinsic metal component or activating cofactor for more than 70 important enzyme systems in the body. It is involved in the regulation of nucleoproteins and the activity of inflammatory cells and plays a role in growth, tissue repair and wound healing, carbohydrate tolerance and synthesis of testicular hormones.
Zinc intake is closely related to protein intake and thus is an important component of nutritionally related morbidity globally .
Symptoms of severe zinc depletion include growth failure, primary hypogonadism, skin disease, impaired taste and smell, and impaired immunity and resistance to infection.
Subclinical zinc deficiency may significantly increase the incidence of and morbidity and mortality from diarrhea and upper respiratory tract infections.
Along with iron, iodine, and vitamin A, zinc deficiency is one of the most important micronutrient deficiencies globally.

Uses :

- Detect zinc deficiency
- Assist in confirming acrodermatitis enteropathica
- Evaluate nutritional deficiency
- Evaluate possible toxicity
- Monitor replacement therapy in individuals with identified deficiencies
- Monitor therapy of individuals with Wilson disease

Increased in
Anemia, Arteriosclerosis and Coronary heart disease

Decreased in:
Acrodermatitis enteropathica ,AIDS, Acute infections & stress ,Burns ,Cirrhosis ,Conditions that decrease albumin ,Diabetes ,Long-term Total parenteral nutrition, Malabsorption Myocardial infarction Nephrotic syndrome ,Nutritional deficiency,Pregnancy,menstruation, Pulmonary TB, Ulcerative colitis, Crohn disease ,Regional enteritis, sprue, intestinal bypass, and neoplastic disease.

Limitations :
Plasma levels of zinc do not necessarily correlate with tissue levels and do not reliably Identify individuals with zinc deficiency. Although plasma levels are generally a good index of zinc status in healthy individuals, these levels are depressed during inflammatory disease states. The conditions of anorexia and starvation also result in low zinc levels. Hemolyzed specimens cause false elevation of serum zinc levels. Auranofin, chlorthalidone, corticotropin, oral contraceptives, and penicillamine increase zinc levels .Anticonvulsants, cisplatin, citrates, corticosteroids, estrogens, interferon, and oral Contraceptives decrease zinc levels.

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Sample Type	: SERUM	Report Status	: Final Report

DEPARTMENT OF BIOCHEMISTRY

Super Life Maximiser Gold Female

Test Name	Value	Unit	Bio. Ref Interval
Apolipoproteins profile (A1,B,B/A1 ratio)			
APO-A1	146.35	mg/dl	105 - 205
Method: Immunoturbidimetry			
Machine: BECKMAN COULTER AU 5800			
APO-B	96.75	mg/dl	55 - 130
Method: Immunoturbidimetry			
Machine: BECKMAN COULTER AU 5800			
Apo B /Apo A-1 Ratio	0.66		

Apolipoprotein A (apo-A; also known as Apo A-1) is the major protein (90%) of HDL. Apolipoprotein B (apo B) is major protein component of low-density lipoprotein (LDL) and is important in regulating cholesterol synthesis and metabolism.

Use:

To evaluate the risk of CAD: Levels of Apo A-1 are inversely associated with premature cardiovascular disease and peripheral vascular disease. The ratio of Apo B to Apo A has greater sensitivity and specificity for CAD than individual lipid or lipoproteins. To evaluate atherosclerotic disease and to detect Tangier disease.

Apo B/A-1 ratio:

Low risk: Male: 0.4 -0.99, Female: 0.3 -0.89

Average risk: Male: 1.0-1.59, Female: 0.9-1.49

Twice average risk: Male: >1.6, Female: >1.5

Ref. Wallach's Interpretation of Diagnostic Tests Pathways to Arriving at a Clinical Diagnosis TENTH EDITION

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Order Id	: 15685095368	Sample Received On	: 30/Oct/2025 02:13PM
Referred By	: Self	Report Generated On	: 30/Oct/2025 03:06PM
Customer Since	: 30/Oct/2025	Sample Temperature	: Maintained ✓
Sample Type	: URINE	Report Status	: Final Report

DEPARTMENT OF CLINICAL PATHOLOGY

Super Life Maximiser Gold Female

Test Name	Value	Unit	Bio. Ref Interval
Urine Routine & Microscopy Extended			
PHYSICAL EXAMINATION			
Colour Method: Visual	Yellow		Pale Yellow
Volume Method: Visual	15.00	mL	
Appearance Method: Visual	Clear		Clear
CHEMICAL EXAMINATION			
Specific Gravity Method: Dipstick-Ion exchange Machine: URIPLUS_600	1.010		1.001 - 1.035
pH Method: Dipstick-Double indicator Machine: URIPLUS_600	7.5		4.5 - 7.5
Glucose Method: Dipstick-oxidase peroxidas Machine: URIPLUS_600	Negative		Negative
Urine Protein Method: Dipstick-Bromophenol blue Machine: URIPLUS_600	Negative		Negative
Ketones Method: Sodium nitroprusside Machine: URIPLUS_600	Negative		Negative
Urobilinogen Method: Dipstick-Ehrlichs Test Machine: URIPLUS_600	Normal		Normal
Bilirubin Method: Dipstick-Ehrlichs Test Machine: URIPLUS_600	Negative		Negative
Nitrite Method: Dipstick-Griess test Machine: URIPLUS_600	Negative		Negative
Blood	Negative		Nil

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Referred By	: Self	Report Generated On	: 30/Oct/2025 03:06PM
Customer Since	: 30/Oct/2025	Sample Temperature	: Maintained ✓
Sample Type	: URINE	Report Status	: Final Report

DEPARTMENT OF CLINICAL PATHOLOGY

Super Life Maximiser Gold Female

Test Name	Value	Unit	Bio. Ref Interval
Method: Dipstick-Peroxidase Machine: URIPLUS_600			
Leucocyte Esterase Method: Dipstick- Esterase Machine: URIPLUS_600	Negative		Nil
MICROSCOPIC EXAMINATION			
Pus Cells Method: Microscopic Examination	1-2	/HPF	0 - 5
Epithelial cells Method: Microscopic Examination	1-2	/HPF	0 - 5
RBCs Method: Microscopic Examination	Nil	/HPF	Nil
Casts Method: Microscopic Examination	Nil		Nil
Crystals Method: Microscopic Examination	Nil		Nil
Bacteria Method: Microscopic Examination	Absent		Absent
Yeast Cell Method: Microscopic Examination	Absent		Absent
Others (Non Specific) Method: Microscopic Examination	Nil		NIL

The main indication for testing for glucose in urine is detection of unsuspected diabetes mellitus or follow-up of known diabetic patients. Renal glycosuria accounts for 5% of cases of glycosuria in general population.
Proteinuria can be seen in nephrotic syndrome, pyelonephritis, heavy metal poisoning, tuberculosis of kidney, interstitial nephritis, cystinosis, Fanconi syndrome , rejection of kidney transplant. Hemodynamic proteinuria is transient and can be seen in high fever, hypertension, heavy exercise, congestive cardiac failure, seizures, and exposure to cold. Post-renal proteinuria is caused by inflammatory or neoplastic conditions in renal pelvis, ureter, bladder, prostate, or urethra.
Ketonuria can be seen in uncontrolled Diabetes mellitus with ketoacidosis, Glycogen storage disorder, starvation, persistent vomiting in children, weight reduction program, fever in children, severe thyrotoxicosis, pregnancy and protein calorie malnutrition.
Presence of bilirubin in urine indicates conjugated hyperbilirubinemia (obstructive or hepatocellular jaundice). Bile salts along with bilirubin can be detected in urine in cases of obstructive jaundice. Normally about 0.5-4 mg of urobilinogen is excreted in urine in 24 hours. Therefore, a small amount of urobilinogen is normally detectable in urine. Increased urobilinogen in urine can be seen due to hemolysis , megaloblastic anemia and haemorrhage in tissues. Decreased urobilinogen can be seen in obstructive jaundice, reduction of intestinal bacterial flora, neonates and following antibiotic treatment. The presence of abnormal number of intact red blood cells in urine is called as hematuria. It implies presence of a bleeding lesion in the urinary tract. Hematuria can be seen in glomerular diseases like Glomerulonephritis, Berger's disease, lupus nephritis, Henoch-Schonlein purpura, non glomerular diseases like Calculus, tumor, infection, tuberculosis, pyelonephritis, hydronephrosis, polycystic kidney disease, trauma, after strenuous physical exercise, diseases of prostate (benign hyperplasia of prostate, carcinoma of prostate).
Nitrites are not present in normal urine. Ingested nitrites are converted to nitrate and excreted
in urine. If gram-negative bacteria (e.g. E.coli, Salmonella, Proteus, Klebsiella, etc.) are present in urine, they will reduce the nitrates to nitrites through the action of bacterial enzyme nitrate reductase. As E. coli is the commonest organism causing urinary tract infection, this test is helpful as a screening test for urinary tract

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Age/Gender	: 48Y 0M 0D /Female	Sample Collected On	: 30/Oct/2025 09:58AM
Order Id	: 15685095368	Sample Received On	: 30/Oct/2025 02:13PM
Referred By	: Self	Report Generated On	: 30/Oct/2025 03:06PM
Customer Since	: 30/Oct/2025	Sample Temperature	: Maintained ✓
Sample Type	: URINE	Report Status	: Final Report

DEPARTMENT OF CLINICAL PATHOLOGY

Super Life Maximiser Gold Female

Test Name	Value	Unit	Bio. Ref Interval

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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Age/Gender	: 48Y 0M 0D /Female	Sample Collected On	: 30/Oct/2025 09:58AM
Order Id	: 15685095368	Sample Received On	: 30/Oct/2025 01:34PM
Referred By	: Self	Report Generated On	: 30/Oct/2025 03:13PM
Customer Since	: 30/Oct/2025	Sample Temperature	: Maintained ✓
Sample Type	: Whole Blood EDTA	Report Status	: Final Report

DEPARTMENT OF HAEMATOLOGY

Super Life Maximiser Gold Female

Test Name	Value	Unit	Bio. Ref Interval
ERYTHROCYTE SEDIMENTATION RATE (ESR)			
ESR	**23**	mm/1st hour	0-12

Method: Correlated Rouleaux Analysis
Machine: Yumizen H550E

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Age/Gender	: 48Y 0M 0D /Female	Sample Collected On	: 30/Oct/2025 09:58AM
Order Id	: 15685095368	Sample Received On	: 30/Oct/2025 01:34PM
Referred By	: Self	Report Generated On	: 30/Oct/2025 03:27PM
Customer Since	: 30/Oct/2025	Sample Temperature	: Maintained ✓
Sample Type	: WHOLE BLOOD EDTA	Report Status	: Final Report

DEPARTMENT OF HAEMATOLOGY

Super Life Maximiser Gold Female

Test Name	Value	Unit	Bio. Ref Interval
Complete Blood Count			
Haemoglobin (HB) Method: Spectrophotometry Machine: Yumizen H1500	13.7	g/dL	12.0-15.0
Total Leucocyte Count (TLC) Method: Impedance Machine: Yumizen H1500	6.8	10^3/uL	4.0-10.0
Hematocrit (PCV) Method: Calculated Machine: Yumizen H1500	40.6	%	36.0-46.0
Red Blood Cell Count (RBC) Method: Impedance Machine: Yumizen H1500	4.35	10^6/µl	3.80-4.80
Mean Corp Volume (MCV) Method: Derived from RBC Histogram Machine: Yumizen H1500	93.3	fL	83.0-101.0
Mean Corp Hb (MCH) Method: Calculated Machine: Yumizen H1500	31.6	pg	27.0-32.0
Mean Corp Hb Conc (MCHC) Method: Calculated Machine: Yumizen H1500	33.9	g/dL	31.5-34.5
RDW - CV Method: Derived from RBC Histogram Machine: Yumizen H1500	12.4	%	11.6-14.0
RDW - SD Method: Derived from RBC Histogram Machine: Yumizen H1500	**37.10**	fL	39.0-46.0
Mentzer Index Method: Calculated	21.45	Ratio	
RDWI Method: Calculated	265.96	Ratio	
Green and king index Method: Calculated	79	Ratio	
Differential Leucocyte Count			

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Patient Name	: PRIYANKA	Barcode	: E6202787
Age/Gender	: 48Y 0M 0D /Female	Sample Collected On	: 30/Oct/2025 09:58AM
Order Id	: 15685095368	Sample Received On	: 30/Oct/2025 01:34PM
Referred By	: Self	Report Generated On	: 30/Oct/2025 03:27PM
Customer Since	: 30/Oct/2025	Sample Temperature	: Maintained ✓
Sample Type	: WHOLE BLOOD EDTA	Report Status	: Final Report

DEPARTMENT OF HAEMATOLOGY

Super Life Maximiser Gold Female

Test Name	Value	Unit	Bio. Ref Interval
Neutrophils Method: Flow-Cytometry DHSS Machine: Yumizen H1500	50.7	%	40 - 80
Lymphocytes Method: Flow-Cytometry DHSS Machine: Yumizen H1500	38.9	%	20-40
Monocytes Method: Flow-Cytometry DHSS Machine: Yumizen H1500	5.0	%	02 - 10
Eosinophils Method: Flow-Cytometry DHSS Machine: Yumizen H1500	4.6	%	01 - 06
Basophils Method: Impedance Machine: Yumizen H1500	0.8	%	00 - 02
Absolute Leucocyte Count			
Absolute Neutrophil Count (ANC) Method: Calculated	3.45	10^3/uL	2.0-7.0
Absolute Lymphocyte Count (ALC) Method: Calculated	2.65	10^3/uL	1.0-3.0
Absolute Monocyte Count Method: Calculated	0.34	10^3/uL	0.2-1.0
Absolute Eosinophil Count (AEC) Method: Calculated	0.31	10^3/uL	0.02-0.5
Absolute Basophil Count Method: Calculated	0.05	10^3/uL	0.02 - 0.10
Platelet Count(PLT) Method: Impedance Machine: Yumizen H1500	278	10^3/µl	150-410
MPV Method: Derived from PLT Histogram Machine: Yumizen H1500	**9.6**	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

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SIN No:E6202787

Patient Name	: PRIYANKA	Barcode	: E6202787
Age/Gender	: 48Y 0M 0D /Female	Sample Collected On	: 30/Oct/2025 09:58AM
Order Id	: 15685095368	Sample Received On	: 30/Oct/2025 01:34PM
Referred By	: Self	Report Generated On	: 30/Oct/2025 03:27PM
Customer Since	: 30/Oct/2025	Sample Temperature	: Maintained ✓
Sample Type	: WHOLE BLOOD EDTA	Report Status	: Final Report

DEPARTMENT OF HAEMATOLOGY

Super Life Maximiser Gold Female

Test Name	Value	Unit	Bio. Ref Interval

(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 irondeficiency anaemia is more likely.

Green and King Index used to differentiate IDA from thalassemia trait value >65 is likely to be Iron Deficiency Anemiaand value 220 more likely to be Iron Deficiency Anemia and value <220 more likely to be Beta Thalassemia Trait.

Calculated parameters are either derived from Impedence measure, RBC pulse measurement, RBC/platelet histograms or formula derived.

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SIN No:E6202787

Patient Name	: PRIYANKA	Barcode	: E6202787
Age/Gender	: 48Y 0M 0D /Female	Sample Collected On	: 30/Oct/2025 09:58AM
Order Id	: 15685095368	Sample Received On	: 30/Oct/2025 02:49PM
Referred By	: Self	Report Generated On	: 30/Oct/2025 04:18PM
Customer Since	: 30/Oct/2025	Sample Temperature	: Maintained ✓
Sample Type	: Serum	Report Status	: Final Report

DEPARTMENT OF IMMUNOLOGY

Super Life Maximiser Gold Female

Test Name	Value	Unit	Bio. Ref Interval
Follicle Stimulating Hormone, FSH			
Follicle Stimulating Hormone (FSH) Method: CLIA Machine: Siemens Atellica IM1300	93.95	mIU/mL	Follicular Phase: 2.5-10.2 Mid Cycle Peak: 3.4-33.4 Luteal Phase:1.5-9.1 Pregnant :- <0.3 Post Menopausal: 23.0-116.3

FSH stimulates follicular growth and in conjuction with hLH, stimulates estrogen secretion and ovulation. Human FSH is secreted by the gonadotropic cells of the anterior lobe of the pituitary gland in response to gonadotropin releasing hormone (GnRH) from the medial basal hypothalamus.
Abnormal FSH levels are interpreted with increased or decreased levels of other fertility hormones such as LH, estrogens, progesterone, and testosterone. Increased FSH levels are associated with menopause and primary ovarian hypofunction in females and primary hypogonadism in males. Decreased FSH levels are associated with primary ovarian hyperfunction in females and primary hypergonadism in males. Normal or decreased FSH levels are associated with polycystic ovary disease in females.

Luteinizing Hormone,LH			
Luteinizing Hormone (LH) Method: CLIA Machine: Siemens Atellica IM1300	50.880	mIU/ml	Mid Follicular Phase: 1.9-12.5 Mid Cycle Peak: 18.7-76.3 Mid Luteal Phase:0.5-16.9 pregnant:<0.1-1.5 Post Menopausal: 15.9-54.0 contraceptive :0.7-5.6

Human Luteinizing Hormone (LH) is a glycoprotein hormone secreted by the anterior pituitary gland. LH, FSH and other steroid hormones play important role in regulating the ovulation and ovarian functions during the menstrual cycle. Maturation of an ovarian follicle and its oocyte begins during the end of the preceding menstrual cycle. When FSH is released by the pituitary gland, the ovarian follicle undergoes rapid increases. This rapid increase is generally believed to trigger the rapid rise and peak of LH activity at mid-cycle, the LH surge. Ovulation begins twelve to twenty-four hours after the LH surge. The wall of the enlarged follicle ruptures and the mature ovum is extruded. Within two days the LH concentration returns to its baseline level. A concomitant rise in progesterone level initiates the luteal phase, which lasts approximately fourteen days. During this time, if the mature ovum is not fertilized, a new follicle enters the maturation route marking the beginning of the next menstrual cycle. In light of the characteristic fluctuation of LH levels during the menstrual cycle, rapid and sensitive detection of LH is useful in the diagnosis and treatment of infertility and in the detection of the LH surge to predict the time of ovulation. As the onset of the LH surge precedes ovulation by approximately thirty hours, its determination has been used successfully to time oocyte retrieval for in vitro fertilization and to assist in the timing of artificial insemination.
INCREASED LEVELS are seen in Luteal phase of menstrual cycle, Primary hypogonadism, Gonadotropin secreting pituitary tumours, Menopause.
DECREASED LEVELS are seen in Hypothalamic gonadotropin releasing hormone deficiency, Pituitary LH deficiency, Ectopic steroid hormone production, Gonadotropin releasing hormone analog treatment.

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SIN No:E6202787

Patient Name	: PRIYANKA	Barcode	: E6202787
Age/Gender	: 48Y 0M 0D /Female	Sample Collected On	: 30/Oct/2025 09:58AM
Order Id	: 15685095368	Sample Received On	: 30/Oct/2025 02:49PM
Referred By	: Self	Report Generated On	: 30/Oct/2025 03:39PM
Customer Since	: 30/Oct/2025	Sample Temperature	: Maintained ✓
Sample Type	: Serum	Report Status	: Final Report

DEPARTMENT OF IMMUNOLOGY

Super Life Maximiser Gold Female

Test Name	Value	Unit	Bio. Ref Interval
Ferritin			
Ferritin	31.4	ng/ml	10-291

Method: CLIA
Machine: Siemens Atellica IM1300

Ferritin estimation is useful in the diagnosis of iron deficiency anemia and iron overload. Elevated ferritin levels are observed in acute and chronic liver disease, chronic renal failure , some types of neoplasms , hemochromatosis, frequent blood transfusions with packed RBCs and alcoholic liver disease. Decreased levels are seen in heavy menstrual bleeding, poor absorption of iron, iron deficiency anaemia and long term GI bleed. Ferritin is an acute phase reactant and thus may also be increased with inflammation, chronic infection, liver disease, auto-immune disorders and some type of cancers.

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SIN No:E6202787

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Age/Gender	: 48Y 0M 0D /Female	Sample Collected On	: 30/Oct/2025 09:58AM
Order Id	: 15685095368	Sample Received On	: 30/Oct/2025 02:49PM
Referred By	: Self	Report Generated On	: 30/Oct/2025 03:36PM
Customer Since	: 30/Oct/2025	Sample Temperature	: Maintained ✓
Sample Type	: SERUM	Report Status	: Final Report

DEPARTMENT OF IMMUNOLOGY

Super Life Maximiser Gold Female

Test Name	Value	Unit	Bio. Ref Interval
INSULIN (FASTING)			
INSULIN (FASTING) Method: CLIA Machine: Siemens Atellica IM1300	6.52	mU/L	3 - 25

Test Interpretation:-
Insulin is produced in the secretory granules of the beta cells of the pancreas. Secretion is regulated primarily by blood glucose levels; therefore, it should always be measured with concomitant blood glucose. Insulin deficiency is a crucial factor in the pathogenesis of type 1 Diabetes Mellitus.

Uses:
- To diagnose the presence of an insulin-producing tumor in the islet cells of the pancreas (insulinoma);
- to help determine the cause of low blood glucose (hypoglycemia);
- to help identify insulin resistance,
- to help determine when a type 2 diabetic might need to start taking insulin to supplement oral medications.

Interpretation:

Increased in:
- Insulinoma. Fasting blood insulin level >50 µU/mL in the presence of low or normal blood glucose level. Administration of tolbutamide or leucine causes a rapid rise of blood insulin to very high levels within a few minutes, with a rapid return to normal.
- Factitious hypoglycemia in the presence of normal blood glucose.
- Insulin autoimmune syndrome.
- Untreated mild DM in obese individuals. The fasting blood level is often increased.
- Cirrhosis due to insufficient clearance from blood.
- Acromegaly (especially with active disease) after ingestion of glucose.
- Reactive hypoglycemia after glucose ingestion, particularly with the diabetic type of glucose tolerance curve.

Decreased in:
- Type 1 Diabetes mellitus (DM)
- Hypopituitarism.
- Severe DM with ketosis and weight loss, which may result in an absence of insulin.

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Age/Gender	: 48Y 0M 0D /Female	Sample Collected On	: 30/Oct/2025 09:58AM
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Referred By	: Self	Report Generated On	: 30/Oct/2025 03:36PM
Customer Since	: 30/Oct/2025	Sample Temperature	: Maintained ✓
Sample Type	: SERUM	Report Status	: Final Report

DEPARTMENT OF IMMUNOLOGY

Super Life Maximiser Gold Female

Test Name	Value	Unit	Bio. Ref Interval
Immunoglobulin - IgE Total - Serum			
IMMUNOGLOBULIN E (IgE) TOTAL	135.3	IU/ml	<158

Method: CLIA
Machine: Siemens Atellica IM1300

Immunoglobulin E (IgE) It is the most important trigger molecule for allergic information. It mediates allergic and hypersensitivity reactions. There is a significant overlap in total IgE between allergic and non-allergic individuals. For this reason, the measurement of a total IgE is not very useful as a stand-alone screen for allergic disease. A normal level of IgE in serum does not eliminate the possibility of allergic diseases.

Uses

- For allergy testing . Ig E antibodies and skin tests are essentially interchangeable
- Indicates various parasitic diseases
- Diagnosis of IgE-myeloma.
- Diagnosis of bronchopulmonary aspergillosis; a normal serum IgE level excludes the diagnosis.

Increased In :

- Atopic diseases like exogenous asthma, Hay fever , Atopic eczema (Levels are Influenced by type of allergen, duration of stimulation, presence of symptoms and hyposensitization treatment.)
- Parasitic diseases (e.g., ascariasis, visceral larva migrans, hookworm disease, schistosomiasis, Echinococcus infection)
- Monoclonal IgE myeloma.

Decrease In:
Hereditary deficiencies , acquired immunodeficiency Ataxia–telangiectasia, Non-IgE myeloma.

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Referred By	: Self	Report Generated On	: 30/Oct/2025 03:39PM
Customer Since	: 30/Oct/2025	Sample Temperature	: Maintained ✓
Sample Type	: Serum	Report Status	: Final Report

DEPARTMENT OF IMMUNOLOGY

Super Life Maximiser Gold Female

Test Name	Value	Unit	Bio. Ref Interval
CEA (Carcino Embryonic Antigen)			
CARCINO EMBRYONIC ANTIGEN (CEA) Method: CLIA Machine: Siemens Atellica IM1300	<0.5	ng/mL	Non smokers < 2.50 Smokers < 5.00

CEA

CEA is a glycoprotein normally produced during early Fetal life and rapid multiplication of epithelial cells especially those of the digestive system.CEAalso appears in blood of chronic smokers.

Interpretation

Reference group	Reference range in ng/ ml
Non smokers	< 2.5
Smokers	< 5

Use

- Monitoring colorectal cancer and selected other cancers such as medullary thyroid carcinoma
- May be useful in assessing the effectiveness of chemotherapy or radiation treatment
- Diagnosis of malignant pleural effusion'
- Not useful in screening general population for undetected cancers

Disease	Percentage positivity of CEA
Colorectal carcinoma	75
Gastric cancer	75
Pancreas	75
Lung	75
Breast	50
Ovary	50
Head and neck cancer	50

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

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SIN No:E6202787

Patient Name	: PRIYANKA	Barcode	: E6202787
Age/Gender	: 48Y 0M 0D /Female	Sample Collected On	: 30/Oct/2025 09:58AM
Order Id	: 15685095368	Sample Received On	: 30/Oct/2025 02:49PM
Referred By	: Self	Report Generated On	: 30/Oct/2025 03:39PM
Customer Since	: 30/Oct/2025	Sample Temperature	: Maintained ✓
Sample Type	: Serum	Report Status	: Final Report

DEPARTMENT OF IMMUNOLOGY

Super Life Maximiser Gold Female

Test Name	Value	Unit	Bio. Ref Interval
Homocysteine			
HOMOCYSTEINE	**24.00**	µmol/L	3.7-13.9

Method: CLIA
Machine: Siemens Atellica IM1300

Homocysteine is a thiol containing amino acid ,produced by intracellular demethylation of methionine to cysteine. Elevated Homocysteine has primary atherogenic and prothrombotic properties

Use

- Elevated Homocysteine levels may be used to exclude or confirm deficiencies of vitamin B 12 or folate
- Elevations in Homocysteine levels have also been used as an independent risk factor of coronary or cerebral vascular disease

Increased in

- Vitamin B12, Vitamin B 6 or folate deficiency
- Hypothyroidism
- Chronic renal failure
- Coronary heart disease

Decreased in

- Down syndrome
- Pregnancy
- Hyperthyroidism
- Early diabetes

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Age/Gender	: 48Y 0M 0D /Female	Sample Collected On	: 30/Oct/2025 09:58AM
Order Id	: 15685095368	Sample Received On	: 30/Oct/2025 02:49PM
Referred By	: Self	Report Generated On	: 31/Oct/2025 09:53AM
Customer Since	: 30/Oct/2025	Sample Temperature	: Maintained ✓
Sample Type	: Serum	Report Status	: Final Report

DEPARTMENT OF IMMUNOLOGY

Super Life Maximiser Gold Female

Test Name	Value	Unit	Bio. Ref Interval

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SIN No:E6202787

Patient Name	: PRIYANKA	Barcode	: E6202787
Age/Gender	: 48Y 0M 0D /Female	Sample Collected On	: 30/Oct/2025 09:58AM
Order Id	: 15685095368	Sample Received On	: 30/Oct/2025 02:49PM
Referred By	: Self	Report Generated On	: 31/Oct/2025 09:53AM
Customer Since	: 30/Oct/2025	Sample Temperature	: Maintained ✓
Sample Type	: Serum	Report Status	: Final Report

DEPARTMENT OF IMMUNOLOGY

Super Life Maximiser Gold Female

Test Name	Value	Unit	Bio. Ref Interval
Folate (Folic Acid)			
FOLIC ACID / FOLATE - SERUM	**3.54**	ng/ml	>5.38

Method: CLIA
Machine: Siemens Atellica IM1300

Folates are compounds of pteroylglutamic acid (PGA) that function as coenzymes in metabolic reactions involving the transfer of single-carbon units from a donor to a recipient compound. Folate, with vitamin B12, is essential for DNA synthesis, which is required for normal red blood cell maturation.

Low folate intake, malabsorption as a result of gastrointestinal diseases, pregnancy, and drugs such as phenytoin are causes of folate deficiency. Folate deficiency is also associated with chronic alcoholism.

Folate and vitamin B12 deficiency impair DNA synthesis, causing macrocytic anemias. These anemias are characterized by abnormal maturation of red blood cell precursors in the bone marrow, the presence of megaloblasts, and decreased red blood cell survival. Since both folate and vitamin B12 deficiency can cause macrocytic anemia, appropriate treatment depends on the differential diagnosis of the deficiency. Serum folate measurement provides an early index of folate status. However, folate is much more concentrated in red blood cells than in serum so the red blood cell folate measurement more closely reflects tissue stores. Red blood cell folate concentration is considered the most reliable indicator of folate status.

Increased in

- Blind loop syndrome
- Vegetarian diet
- Distal and small bowel disease
- Pernicious anemia

Decreased in

- Alcoholism, Liver disease
- Malnutrition
- Scurvy
- B12 deficiency
- Celiac disease
- Sideroblastic anemia

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Order Id	: 15685095368	Sample Received On	: 30/Oct/2025 02:49PM
Referred By	: Self	Report Generated On	: 31/Oct/2025 09:53AM
Customer Since	: 30/Oct/2025	Sample Temperature	: Maintained ✓
Sample Type	: Serum	Report Status	: Final Report

DEPARTMENT OF IMMUNOLOGY

Super Life Maximiser Gold Female

Test Name	Value	Unit	Bio. Ref Interval

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SIN No:E6202787

Patient Name	: PRIYANKA	Barcode	: E6202787
Age/Gender	: 48Y 0M 0D /Female	Sample Collected On	: 30/Oct/2025 09:58AM
Order Id	: 15685095368	Sample Received On	: 30/Oct/2025 02:49PM
Referred By	: Self	Report Generated On	: 30/Oct/2025 05:16PM
Customer Since	: 30/Oct/2025	Sample Temperature	: Maintained ✓
Sample Type	: Serum	Report Status	: Final Report

DEPARTMENT OF IMMUNOLOGY

Super Life Maximiser Gold Female

Test Name	Value	Unit	Bio. Ref Interval

CA 125 (Cancer Antigen 125)

CA -125	12.8	U/mL	<30.2

Method: CLIA
Machine: Siemens Atellica IM1300

- 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

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

Vitamin B12

VITAMIN B12	288	pg/mL	222 – 1439

Method: CLIA
Machine: Beckman Coulter UniCel DxI800

Interpretation
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 from homocysteine and 2) the conversion of methyl malonyl CoA to succinyl CoA. Deficiency of this vitamin can lead to megaloblastic anemia andultimately to severe neurological problems. It can also lead to macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes. A significant increase in RBC mean corpuscular volume (MCV) may be an important indicator of vitamin B12 deficiency.
Patients taking vitamin B12 supplementation may have misleading results. A normal serum concentration of Vitamin B12 does not rule out tissue deficiency of vitamin B12. The most sensitive test for Vitamin B12 deficiency at the cellular level is the assay for methyl malonic acid (MMA). If clinicalsymptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even ifserum B12 concentrations are normal.
The Bio Ref Interval for Vitamin B12 has been changed on Beckman Coulter UniCel DxI800 with effect from 18.2.25.

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Age/Gender	: 48Y 0M 0D /Female	Sample Collected On	: 30/Oct/2025 09:58AM
Order Id	: 15685095368	Sample Received On	: 30/Oct/2025 02:49PM
Referred By	: Self	Report Generated On	: 31/Oct/2025 09:53AM
Customer Since	: 30/Oct/2025	Sample Temperature	: Maintained ✓
Sample Type	: SERUM	Report Status	: Final Report

DEPARTMENT OF IMMUNOLOGY

Super Life Maximiser Gold Female

Test Name	Value	Unit	Bio. Ref Interval
Testosterone - Total			
Testosterone, Total	13.29	ng/dl	8.38-35.01

Method: CLIA

Machine: Siemens Atellica IM1300

Testosterone in males is secreted by adult Leydig cells and is controlled principally by lutenizing hormone (LH). The majority of serum testosterone is bound to sex hormone binding globulin (SHBG), but it also exists loosely bound to albumin and in the free state. An abnormally low total testosterone level in males can be indicative of hypogonadism, hypopituitarism, hyperprolactinemia, renal failure, hepatic cirrhosis, or Kleinfelter's syndrome. High total testosterone values in males can be caused by adrenal and testicular tumors, congenital adrenal hyperplasia or abnormalities of the hypothalamic-pituitary-testicular axis.

In females, testosterone is produced in the ovaries, adrenal gland, and peripheral fatty tissues and has a serum concentration that is approximately 10-fold less than in males. As with males, the majority of serum testosterone in females is bound to SHBG and albumin with a small amount in the free state.
Increased female total testosterone levels may indicate polycystic ovary syndrome (PCOS), stromal hyperthecosis, ovarian and adrenal tumors, congenital adrenal hyperplasia and other disorders of the hypothalamic-pituitary-ovarian axis.

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SIN No:E6202787

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Age/Gender	: 48Y 0M 0D /Female	Sample Collected On	: 30/Oct/2025 09:58AM
Order Id	: 15685095368	Sample Received On	: 30/Oct/2025 02:49PM
Referred By	: Self	Report Generated On	: 30/Oct/2025 03:50PM
Customer Since	: 30/Oct/2025	Sample Temperature	: Maintained ✓
Sample Type	: Serum	Report Status	: Final Report

DEPARTMENT OF IMMUNOLOGY

Super Life Maximiser Gold Female

Test Name	Value	Unit	Bio. Ref Interval
Vitamin D, 25-Hydroxy			
VITAMIN D (25 - OH VITAMIN D) Method: CLIA Machine: Beckman Coulter UniCel DxI800	37.46	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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Patient Name	: PRIYANKA	Barcode	: E6202787
Age/Gender	: 48Y 0M 0D /Female	Sample Collected On	: 30/Oct/2025 09:58AM
Order Id	: 15685095368	Sample Received On	: 30/Oct/2025 02:49PM
Referred By	: Self	Report Generated On	: 30/Oct/2025 03:50PM
Customer Since	: 30/Oct/2025	Sample Temperature	: Maintained ✓
Sample Type	: Serum	Report Status	: Final Report

DEPARTMENT OF IMMUNOLOGY

Super Life Maximiser Gold Female

Test Name	Value	Unit	Bio. Ref Interval

CA 19.9 (Cancer Antigen 19.9)- Pancreatic Cancer

CA-19.9	**59.12**	U/mL	< 37

Method: CLIA
Machine: Siemens Atellica IM1300

Borderline elevated value noted which may be seen in elderly individuals, women, diabetics, and individuals with low BMI.
Please note CA 19.9 may be increased in other conditions like:

- Obstructive jaundice
- Thyroid disease
- Ovarian diseases
- Biliopancreatic diseases
- Pneumonia
- Renal failure
- Autoimmune diseases

TO BE CORRELATED CLINICALLY OR REPEAT WITH FRESH SAMPLE IF REQUIRED.

CA-19.9 is a useful Tumour Marker especially for already diagnosed PANCREATIC ADENOCARCINOMAS, and abdominal malignancies. Baseline levels measured prior to therapeutic intervention, and followed later by serial periodical measurements, will enable the treating doctor to predict outcome of the therapy. They also help in early discovery of recurrences, relapses and metastases.

In general, Tumour Marker levels are directly related to the tumour mass and the stage of the cancer. However it is the rate of change of the Tumour Marker level which is more important, rather than it~s absolute value. A 50% change can be considered clinically significant. As with other Tumour Markers, CA-19.9 should not be used alone, but in conjuction with other clinical criteria. Combined use of CA-19.9 and CEA increases sensitivity, specificity and predictability of Tumour Markers in PANCREATIC ADENOCARCINOMA. It must be emphasised that CA-19.9 may also be elevated in HEPATOMA, cancers of the STOMACH, BILIARY DUCT, COLON, LUNGS, BREAST, and some non-malignant conditions especially LIVER NECROSIS. Therefore, it should never be used as a screening test for diagnosing Pancreatic Adenocarcinoma, but only as an aid in follow-up studies.

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

Dr. Walia Murshida Huda
MBBS, MD, Biochemistry
Consultant Biochemist
DMC-97314,Healthians Labs

SIN No:E6202787

Patient Name	: PRIYANKA	Barcode	: E6202787
Age/Gender	: 48Y 0M 0D /Female	Sample Collected On	: 30/Oct/2025 09:58AM
Order Id	: 15685095368	Sample Received On	: 30/Oct/2025 02:49PM
Referred By	: Self	Report Generated On	: 30/Oct/2025 03:50PM
Customer Since	: 30/Oct/2025	Sample Temperature	: Maintained ✓
Sample Type	: Serum	Report Status	: Final Report

DEPARTMENT OF IMMUNOLOGY

Super Life Maximiser Gold Female

Test Name	Value	Unit	Bio. Ref Interval

CA 15.3 (Cancer Antigen 15.3)- Breast Cancer

CA 15-3	6.00	U/ml	<32.4

Method: CLIA
Machine: Siemens Atellica IM1300

CA 15-3 is a glycoprotein expressed on various adenocarcinomas , especially breast. It is a high molecular weight (300 -450 kDa)1 polymorphic epithelial mucin .
Note:

- This test is not recommended to screen Breast cancer in general population.
- CA 15-3 should not be used to diagnose primary breast cancer because the incidence of elevation (23%) is fairly low.

Use

- CA 15-3 is the most useful as an aid in management of Breast Carcinoma.It is useful in monitoring therapy and progression in metastatic breast cancer patients .Significant change of atleast 25 % correlates with disease progression in 90% of patients , with regression in 78%. No change correlates with disease stability in 60%
- Helps in detection of breast carcinoma recurrence before appearance of symptoms .

In addition to breast carcinoma CA15-3 can show higher values in other cancers. Percentage positivity in some of the important diseases are as below :

Disease	Percentage positivity of Ca15-3
Primary breast cancer	23
Metastatic breast Cancer	69
Pancreatic cancer	80
Lung	71
Ovarian cancer	64
Colorectal cancer	63
Liver cancer	28
Benign liver disease	42
Benign breast disease	16

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

Dr. Walia Murshida Huda
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DMC-97314,Healthians Labs

Healthians Labs (A Unit of Expedient Healthcare Marketing Pvt. Ltd.)
Plot 1 & 2, Udyog Vihar, Phase-4, Gurgaon, Haryana, Pincode-122016 (CAP Number: 9019582 I NABL Accreditation Certificate Number MC-4245)

Patient Name	: PRIYANKA	Barcode	: E6202787
Age/Gender	: 48Y 0M 0D /Female	Sample Collected On	: 30/Oct/2025 09:58AM
Order Id	: 15685095368	Sample Received On	: 30/Oct/2025 02:49PM
Referred By	: Self	Report Generated On	: 30/Oct/2025 03:50PM
Customer Since	: 30/Oct/2025	Sample Temperature	: Maintained ✓
Sample Type	: Serum	Report Status	: Final Report

DEPARTMENT OF IMMUNOLOGY

Super Life Maximiser Gold Female

Test Name	Value	Unit	Bio. Ref Interval

Dr. Walia Murshida Huda
MBBS, MD, Biochemistry
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DMC-97314,Healthians Labs

SIN No:E6202787

Patient Name	: PRIYANKA	Barcode	: E6202787
Age/Gender	: 48Y 0M 0D /Female	Sample Collected On	: 30/Oct/2025 09:58AM
Order Id	: 15685095368	Sample Received On	: 30/Oct/2025 02:49PM
Referred By	: Self	Report Generated On	: 30/Oct/2025 03:28PM
Customer Since	: 30/Oct/2025	Sample Temperature	: Maintained ✓
Sample Type	: Serum	Report Status	: Final Report

DEPARTMENT OF IMMUNOLOGY

Super Life Maximiser Gold Female

Test Name	Value	Unit	Bio. Ref Interval
PTH (Parathyroid Hormone)			
PARATHYROID HORMONE [PTH] Method: CLIA Machine: Siemens Atellica IM1300	36.90	pg/ml	18.5 - 88.0

Clinical Use:

- Differential diagnosis of hyperparathyroidism & hypoparathyroidism
- Very sensitive in detecting PTH suppression by 1,25-dihydroxyvitamin D; therefore used for monitoring that treatment of chronic renal failure

Increased in:

- Primary and secondary hyperparathyroidism
- Pseudohypoparathyroidism
- Familial Medullary thyroid carcinoma
- Zollinger Ellison syndrome
- MEN types I, IIA and IIb

Dr. Preeti
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Consultant Biochemist
DMC - 97534, Healthians Labs

SIN No:E6202787

Patient Name	: PRIYANKA	Barcode	: E6202787
Age/Gender	: 48Y 0M 0D /Female	Sample Collected On	: 30/Oct/2025 09:58AM
Order Id	: 15685095368	Sample Received On	: 30/Oct/2025 02:49PM
Referred By	: Self	Report Generated On	: 30/Oct/2025 05:24PM
Customer Since	: 30/Oct/2025	Sample Temperature	: Maintained ✓
Sample Type	: Serum	Report Status	: Final Report

DEPARTMENT OF IMMUNOLOGY

Test Name	Value	Unit	Bio. Ref Interval

Anti Mullerian Hormone (AMH)

Anti Mullerian Hormone (AMH)	<0.02	ng/mL	

Method: CLIA

Machine: Beckman Coulter UniCel DxI800

Anti-Müllerian hormone (AMH) is a glycoprotein, which circulates as a dimer composed of two identical 72 kDa monomers that are linked by disulfide bridges. AMH belongs to the transforming growth factor-β family.

Serum AMH levels and fertility :

AMH levels (ng/ml)	Remarks
>6.8	High levels
4-6.8	Optimal fertility
2.2-4	Satisfactory fertility
0.3-2.2	Low fertility
0-0.3	Very low / undetectable

Reference : Anti Mullerian Hormone , A new marker of ovarian function , Dayal Meena et al, Journal of obstetrics and gynecology of India ,Mar-Apr 2014 , 64(2) : 130-133

Normal ranges for Anti-Müllerian hormone

Adult reference group	Age in years	Reference range (ng/ml)
Females	18-25	0.96-13.34
Females	26-30	0.17-7.37
Females	31-35	0.07-7.35
Females	36-40	0.03-7.15
Females	41-45	0.00-3.27
Females	≥ 46	0.00-1.15
Males	>18	0.73-16.05
Pediatric Reference Group	**Age in years**	**Reference range (ng/ml)**
Females	0 – 8years	0.0 – 7.1
Females	9 -17years	0.0 -6.9
Males	0-13 days	15.5 -48.7
Males	14 days to 11 months	39.1 -91.1
Males	12 months to 6 years	48.0- 83.2
Males	7 -8years	33.8 -60.2
Males	9 years to 17years	3.0 -5.4

Uses

- Specific and sensitive marker for presence of testicular tissues in boys with cryptorchidism.
- Evaluation of presence of any functioning testicular tissue in infants and children with ambiguous genitalia
- Early detection of recurrence of patients with granulosa cell tumors.
- Assessment of condition PCOS and premature ovarian failure cases .
- Assessment of ovarian reserve.

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Sample Type	: Serum	Report Status	: Final Report

DEPARTMENT OF IMMUNOLOGY

Test Name	Value	Unit	Bio. Ref Interval

Increased in

- PCOS (Polycystic ovarian syndrome)

Decreased in

- Anorchia
- Abnormal or absence of testis
- Pseudo hermaphroditism
- Syndrome of persistent Mullerian ducts , despite the presence of structurally normal testes

Dr. Walia Murshida Huda
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DMC-97314,Healthians Labs

SIN No:E6202787

Patient Name	: PRIYANKA	Barcode	: E6202787
Age/Gender	: 48Y 0M 0D /Female	Sample Collected On	: 30/Oct/2025 09:58AM
Order Id	: 15685095368	Sample Received On	: 30/Oct/2025 02:49PM
Referred By	: Self	Report Generated On	: 30/Oct/2025 03:39PM
Customer Since	: 30/Oct/2025	Sample Temperature	: Maintained ✓
Sample Type	: Serum	Report Status	: Final Report

DEPARTMENT OF IMMUNOLOGY

Super Life Maximiser Gold Female

Test Name	Value	Unit	Bio. Ref Interval
Thyroid Profile (Total T3,T4, TSH)			
Tri-Iodothyronine (T3, Total) Method: CLIA Machine: Siemens Atellica IM1300	1.15	ng/ml	0.60-1.81
Thyroxine (T4, Total) Method: CLIA Machine: Siemens Atellica IM1300	9.30	ug/dl	3.2-12.6
Thyroid Stimulating Hormone (TSH)-Ultrasensitive Method: CLIA Machine: Siemens Atellica IM1300	3.384	µIU/ml	0.55-4.78

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

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

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

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SIN No:E6202787

Patient Name	: PRIYANKA	Barcode	: E6202787
Age/Gender	: 48Y 0M 0D /Female	Sample Collected On	: 30/Oct/2025 09:58AM
Order Id	: 15685095368	Sample Received On	: 30/Oct/2025 02:49PM
Referred By	: Self	Report Generated On	: 30/Oct/2025 03:38PM
Customer Since	: 30/Oct/2025	Sample Temperature	: Maintained ✓
Sample Type	: SERUM	Report Status	: Final Report

DEPARTMENT OF IMMUNOLOGY

Super Life Maximiser Gold Female

Test Name	Value	Unit	Bio. Ref Interval
Alpha Feto Protein (AFP)			
ALPHA FETO PROTEIN (AFP) Method: CLIA Machine: Siemens Atellica IM1300	2.50	ng/ml	0.0 - 8.1

Test Interpretation:-

AFP is a glycoprotein that is normally produced during gestation by the fetal liver and yolk sac. Elevated AFP levels reappear in adults in certain malignant diseases and pregnancy. AFP concentrations that exceed the upper end of normal are consistent with the presence of :

1.Non-seminomatous testicular carcinoma
2 .Hepatocellular carcinoma (HCC)
3. Liver cirrhosis
4. Hepatitis
5. Ataxia–telangiectasia
6 .Hereditary tyrosinemia

Limitations:

- AFP is not recommended as a screening procedure to detect cancer in the general population. This assay is intended only as an adjunct in the diagnosis and monitoring of AFP-producing tumors.
- The diagnosis should be confirmed by other tests or procedures. Serum levels of AFP do not correlate well with other clinical features of HCC, such as size, stage, or prognosis.
- Malignancy may occur without elevation of alpha-fetoprotein (AFP) concentration. Test results cannot be interpreted as absolute evidence for the presence or absence of malignant disease.
- False-positive elevations can occur with tumors of the GI tract or with liver damage (e.g., cirrhosis, hepatitis, or drug or alcohol abuse) and pregnancy.
- Lysis of tumor cells during the initiation of chemotherapy may result in a transient increase in serum AFP.

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Consultant Biochemist
DMC-97314,Healthians Labs

SIN No:E6202787

Patient Name	: PRIYANKA	Barcode	: E6202787
Age/Gender	: 48Y 0M 0D /Female	Sample Collected On	: 30/Oct/2025 09:58AM
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Customer Since	: 30/Oct/2025	Sample Temperature	: Maintained ✓
Sample Type	: Serum	Report Status	: Final Report

DEPARTMENT OF SEROLOGY

Super Life Maximiser Gold Female

Test Name	Value	Unit	Bio. Ref Interval

Hepatitis B Virus Surface Antigen (HBsAg)

Hepatitis B Virus Surface Antigen	Non Reactive	Non- Reactive

Method: Immunochromatography

This is a screening test ,If requires confirmation or correlation can be done by HBsAg neutralisation test .HBV vIral load can be done post clinician evalutaion. 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.

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

Dr. Urvashi
MD, Microbiology
Senior Consultant
DMC-27054,Healthians Labs

SIN No:E6202787

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.
17) Authorised partner labs as mentioned for certain tests are as below:
    HL/PL/001- Metropolis Healthcare Ltd
    HL/PL/002- Thyrocare technologies Limited
    HL/PL/003- Lifecell International Pvt. Ltd. - Laboratory Services
    HL/PL/004- Modern Diagnostic & Research Centre

ADVISORY
Health Advisory

PRIYANKA
Booking ID : 15685095368 | Sample Collection Date : 30/Oct/2025

32.32 Body Mass Index	**5'4"** Height (ft/in)	**88** Weight (kgs.)

Physical Activity: No Data	Smoke: No Data	Food Preference: No Data	Alcohol: No Data	Medication: No Data	Family History: No Data
Blood Pressure: No Data	Pulse Rate: No Data	Waist (In Cm): 0cm	Hip Circumference (In Cm): No Data	SPO2 Levels: No Data	Sugar Levels: No Data

Additional Remarks :
NA

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
- Have high protein, moderate fat diet with low fat milk, yoghurt or buttermilk
- Include calcium rich foods like milk, yoghurt, cheese and green, leafy vegetables
- Include Brazil nuts, sesame seeds, sunflower seeds
- 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 fresh garlic and fenugreek seeds in your diet

Dont's

- Avoid flavoured and seasoned foods
- Avoid saturated fats, transfats, oily and greasy foods like cakes, creamy or fried foods
- Avoid salty foods and pickles
- Decrease intake of colas and sugary drinks
- Limit sugar intake
- Reduce caffeine intake
- Avoid red meat and organ meats
- Avoid refined sugars, processed foods and bakery items
- Avoid high cholesterol and calorie dense foods

SUGGESTED **LIFESTYLE**

SUGGESTED LIFESTYLE

Do's

- Stay active and maintain ideal weight
- Have regular exposure to sunlight
- Sleep well at night and do relaxing activities
- Maintain ideal weight

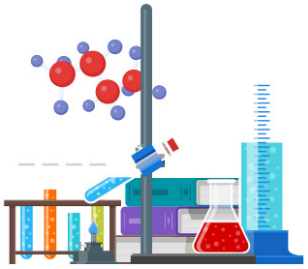
Dont's

- Avoid overeating or calorie rich food
- 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 overworking or being stressed for long time
- Avoid late night heavy meals

SUGGESTED **FUTURE TESTS**

SUGGESTED FUTURE TESTS

- Vitamin B12 Cyanocobalamin - **Every 1 Month**
- Vitamin D Total-25 Hydroxy - **Every 1 Month**
- Folic Acid - **Every 1 Month**
- Electrocardiogram - **Every 1 Month**
- CPK, Total - **Every 1 Month**
- LH-Luteinizing Hormone - **Every 1 Month**
- Lipid Profile Advance - **Every 1 Month**



HEALTH ADVISORY

Suggestions for Health & Well-being

PRIYANKA
Booking ID : 15685095368 | Sample Collection Date : 30/Oct/2025

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!

BALANCED DIET

A balanced diet is the key to healthy lifestyle. Include Whole grains, vegetables, whole fruits, nuts, seeds, beans, plant oils in your diet.
It is recommended to always have a high protein breakfast and a light dinner. Avoid items such as processed foods, potatoes and high calorie/sugar products. Don't forget to drink water regularly!

BALANCED
DIET

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.

BMI INFORMATION NOT AVAILABLE

Please fill your Health Karma to know your BMI results

Supplement Suggestions

PRIYANKA
Booking ID : 15685095368 | Sample Collection Date : 30/Oct/2025

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
LDL Cholesterol -Direct	HEARTUP
LH-Luteinizing Hormone	FEM-UP

To order, call 1800-572-000-4

Suggestions for Improving Deficiencies

100% NATURAL · HIGH QUALITY HERBS · NO SIDE EFFECTS

HEARTUP

Improve your heart health, the natural way!

Lower your blood pressure and give your heart a healthy beat with HEART-UP, an all-natural supplement developed especially to promote good heart health. Harnessing the remedial properties of garlic, peepal, and cinnamon, this clinically proven natural supplement lowers your blood pressure, thus ensuring a healthy heart, which in turn means a healthy you.

If left unchecked, hypertension can lead to:

• Heart Failure | • Kidney Diseases | • Heart Attack | • Stroke | • Vascular Dementia

Infused with the ages-proven goodness of all-natural ingredients, HEART-UP is the perfect supplement to help you control hypertension or high blood pressure without having to worry about side effects. Sourced from nature's own pharmacy of herbs, the ingredients in HEART-UP present the following benefits:

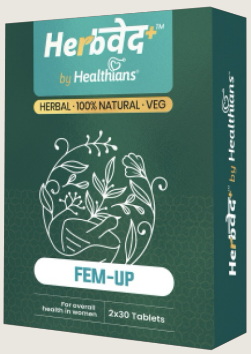
Arjun Tree Extract
Reduces the risk of heart diseases with anti-hypertensive properties

Garlic
Helps manage blood pressure and lowers cholesterol

Peepal
Purifies the blood and boosts cardiac health

Jatamansi
Helps in alleviating anxiety, thus reducing the risk of high blood pressure

Cinnamon
Has anti-viral properties, reduces blood pressure, and lowers the risk of Type 2 diabetes



FEM-UP

For Pink of Health in Women

Polycystic ovarian disease (PCOD) giving you sleepless nights? Let the power of Ayurveda become your shield against PCOD effects with FEM-UP. An all-natural supplement that helps in alleviating the debilitating impact of PCOD.
Infused with the natural goodness of Ashwagandha, Shatavari, and Trikatu, FEM-UP helps reduce androgen levels and PCOD-induced facial hair, aids in effective weight management, and boosts ovarian health, among numerous other benefits.

Remember, ignoring PCOD can cause a lot of serious complications, including:

Type 2 diabetes | Sleep apnea | Endometrial cancer | Infertility | Miscarriage

Infused with the ages-proven goodness of all-natural ingredients, FEM-UP is the perfect supplement to promote overall women's health, correct irregular menses, and counter PCOD effects without having to worry about side effects. Sourced from nature's pharmacy of herbs, the ingredients in FEM-UP present the following benefits:

Ashwagandha
Improves sex drive. Provides relief from insomnia & fatigue

Shatavari
Helps restore PCOD-induced hormonal imbalance

Shankhpushpi
Helps improve digestion & reduce depression

Musli
Improves sexual performance & overall health

Brahmi
Reduces anxiety, depression & stress

Supplement Suggestions

PRIYANKA
Booking ID : 15685095368 | Sample Collection Date : 30/Oct/2025

Deficiency/Out of Range Parameter(s)	Suggested Supplement
Cholesterol-Total, Serum	APPLE CIDER VINEGAR
CRP (C Reactive Protein) Quantitative, Serum	IMMUNO-PLUS

To order, call 1800-572-000-4

Suggestions for Improving Deficiencies

100% NATURAL · HIGH QUALITY HERBS · NO SIDE EFFECTS

APPLE CIDER VINEGAR

Boosts Energy & Improves Immunity

Herbved Apple Cider Vinegar with Mother is 100% natural, raw, unfiltered and unpasteurized that has been fermented from Himalayan apples. It contains a substance called mother that consists of antioxidants, proteins, enzymes, and friendly bacteria that offers you a host of health benefits like losing weight, controlling High BP, Sugar & Cholesterol and improving digestion. It can work wonders on your hair making it soft and shiny, controlling dandruff & hairfall and can also prevent acne when applied as a toner externally on your skin.

Benefits of Apple Cider Vinegar:

Helps in weight loss | Helps control cholesterol levels | Lowers blood pressure | Controls hairfall and makes hair soft and shiny | Improves digestion

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

Herbved by Healthians

To order, call 1800-572-000-4

Healthians

Smart Report 3.0

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Your one-stop destination for affordable & reliable imaging services

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- 100% covid safe
- Highly experienced 130+ radiology specialists
- State-of-the-art radiology labs across India

2% CASH BACK + 100% Cash Back

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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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