Healthians

Smart Report 3.0

India's Trusted Health Test @Home Service

NABL ACCREDITED
MC-5949

Booking ID : 17215603411
Sample Collection Date : 08/Mar/2026

Aryan Jain

Male, 17 Yrs

A Comprehensive Health Analysis Report

AI Based Personalized Report for You

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

Check the authenticity of your lab report with machine data

Scan the QR using any QR code scanner

MACHINE & QC DETAILS

LABORATORY EQUIPMENT DASHBOARD

Aryan Jain
Booking ID : 17215603411

Beckman AU5800

Beckman Coulter : Beckman AU5800

Department - Biochemistry

No. of test(s) performed - 36

Performed Test(s): *Iron Studies With Ferritin,Liver Function Test,Kidney Function Test Advance,Lipid Profile*

Description: The Beckman Coulter clinical chemistry analyzer manufactured in USA, is the fastest in the industry, offering a throughput of 2,000 tests per hour using spectrophotometry and 2900 tests per hour with ISE. It utilizes advanced spectrophotometric technology to ensure high accuracy and reliability, delivering over 21 parameters that meet Six Sigma performance standards.

Frequency of Quality Control (QC) : 3 times a day (Industry best and as per NABL guidelines)

Beckman DXI800

Beckman Coulter : Beckman DXI800

Department - Immunology

No. of test(s) performed - 7

Performed Test(s): *PSA-total Prostate Specific Antigen (Prostate Cancer Marker Test),Testosterone Total,Vitamin B12 Cyanocobalamin,Vitamin D Total-25 Hydroxy,Thyroid Profile-Total (T3, T4 & TSH Ultra-sensitive)*

Description: The Beckman Coulter UniCel DxI Immunoassay System manufactured in USA, utilizes chemiluminescent technology to deliver high precision and sensitivity, with a throughput of 400 tests per hour for efficient and reliable immunoassay testing.

Frequency of Quality Control (QC) : 3 times a day (Industry best and as per NABL guidelines)

Tosoh G11

Tosoh : Tosoh G11

Department - BIOCHEMISTRY HBA1C

No. of test(s) performed - 2

Performed Test(s): *HbA1c*

Description: The Tosoh Corporation fully automated HbA1c analyzer manufactured in Japan uses gold-standard cation exchange technology for direct, accurate, and precise measurement of HbA1c. It is NGSP certified, IFCC/DCCT traceable, and resistant to interferences from common haemoglobin variants.

Frequency of Quality Control (QC) : Twice a day (Industry best and as per NABL guidelines)

Snibe-Maglumi X6

SNIBE : Snibe-Maglumi X6

Department - Immunology

No. of test(s) performed - 1

Performed Test(s): *Testosterone Free*

Description: The Snibe MAGLUMI X6 is a high-performance immunoassay analyzer featuring X-TECH technology and a throughput of 450 tests per hour. The system includes features such as an automatic wash liquid preparation system, reducing manual operations and streamlining workflow which ensures efficient, reliable, and continuous testing.

Frequency of Quality Control (QC) : 3 times a day (Industry best and as per NABL guidelines)

Beckman AU700

Beckman Coulter : Beckman AU700

Department - Biochemistry

No. of test(s) performed - 1

Performed Test(s): *Blood Glucose Fasting*

Description: The Beckman Coulter state-of-the-art clinical chemistry analyzer manufactured in USA, delivers exceptional performance with a throughput of up to 800 tests per hour using spectrophotometry and 1,200 tests per hour with ISE, ensuring outstanding diagnostic accuracy and precision. Utilizing advanced spectrophotometric technology, it provides reliable and highly accurate results, supporting over 21 parameters that meet Six Sigma performance standards for superior laboratory efficiency and quality.

Frequency of Quality Control (QC) : 3 times a day (Industry best and as per NABL guidelines)

HEALTH ANALYSIS

Personalized Summary & Vital Parameters

Aryan Jain
Booking ID : 17215603411 | Sample Collection Date : 08/Mar/2026

Aryan Jain,

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

89
Out of 100

**Calculated from test reports*

Thyroid Function
Thyroid Stimulating Hormone (TSH)-Ultrasensitive : 1.19 µIU/mL
- Everything looks good

Cholesterol Total
161.2 mg/dL
- Everything looks good

Kidney Function
Serum Creatinine : 0.96 mg/dl
- Everything looks good

Vitamin D
41.1 ng/ml
- Everything looks good

HbA1c
4.9 %
- Everything looks good

Vitamin B12
573 pg/ml
- Everything looks good

Liver Function
Alanine Aminotransferase (ALT/SGPT) : 35.4 U/L
- Everything looks good

Calcium Total
9.2 mg/dl
- Everything looks good

Iron studies
Serum Iron : 77.8 ug/dl
- Everything looks good

Complete Hemogram
Haemoglobin (HB) : 14.9 g/dL
- Everything looks good

New Features
Report Summary

Aryan Jain
Booking ID 17215603411 | Sample Collection Date: 08/Mar/2026

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.

Here is a summary of your recent health test results and some suggestions:

Summary of Your Health Test Results

It's understandable to feel concerned when some of your test results are outside the typical ranges. Please know that many of these findings are common and often temporary. The slight shifts in your white blood cell counts, specifically a bit lower neutrophils and higher lymphocytes and monocytes, can be seen with various factors, including recent or ongoing minor infections or even stress. The elevated RDW-CV suggests some variation in the size of your red blood cells, which can have several benign causes.

Your uric acid level is a little lower than usual, which is generally not a cause for concern.

The liver function tests show some changes, with an elevated SGOT/AST and a higher SGOT/SGPT ratio. The globulin level is also a bit lower than expected. These liver enzyme elevations can be influenced by many things, including diet, physical activity, or even certain medications you might be taking.

Overall, these results indicate a few areas that warrant attention, but they do not point to any immediate serious health issues. We can work together to understand these findings better and make some lifestyle adjustments.

Suggestions for Your Health

1.
Focus on a Balanced Diet:
Ensure your diet is rich in fruits, vegetables, whole grains, and lean proteins. This can help support overall health and may positively influence your blood counts and liver function.
2.
Stay Well-Hydrated:
Drinking an adequate amount of water throughout the day is crucial for kidney function and overall bodily processes.
3.
Manage Stress Effectively:
Incorporate stress-reducing activities into your routine, such as deep breathing exercises, meditation, or engaging in hobbies you enjoy. This can have a positive impact on your body's responses.
4.
Prioritize Regular Physical Activity:
Engage in moderate, regular exercise. This can help improve circulation, support liver health, and contribute to a balanced immune response.

HEALTH ANALYSIS

HISTORICAL CHARTS

Aryan Jain

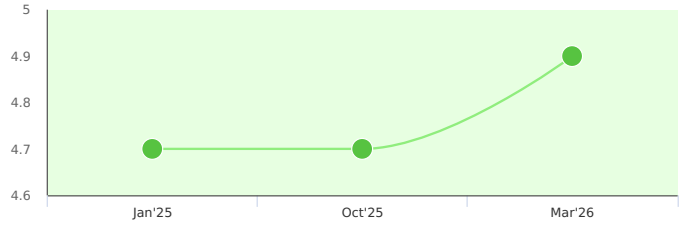
Booking ID : 17215603411 | Sample Collection Date : 08/Mar/2026

Glycated Hemoglobin (HbA1c)

Everything looks good

Your Latest result
4.9 %
8th Mar 2026

4.2 — 5.7

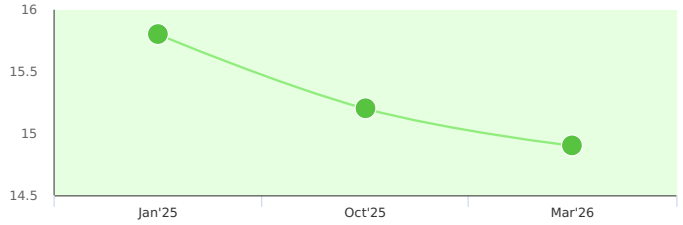


Hemoglobin Hb

Everything looks good

Your Latest result
14.9 g/dL
8th Mar 2026

13.0 — 17.0

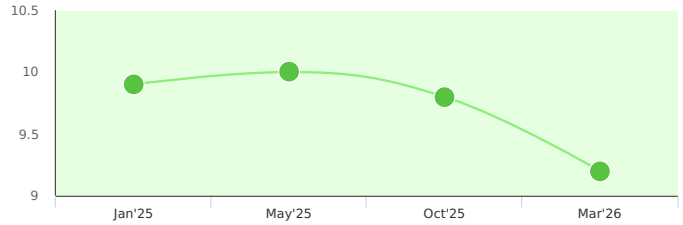


Calcium Total, Serum

Everything looks good

Your Latest result
9.2 mg/dl
8th Mar 2026

8.8 — 10.6

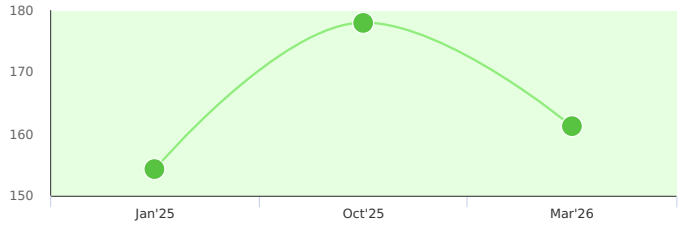


Cholesterol-Total, Serum

Everything looks good

Your Latest result
161.2 mg/dL
8th Mar 2026

0 — 170

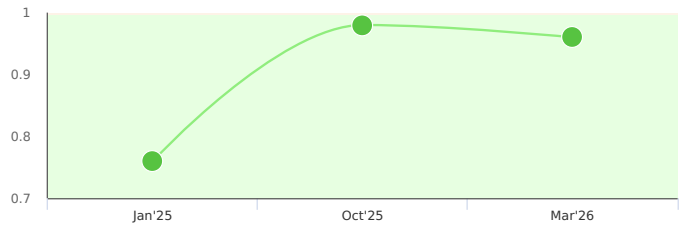


Creatinine, Serum

Everything looks good

Your Latest result
0.96 mg/dl
8th Mar 2026

0.5 — 1.0

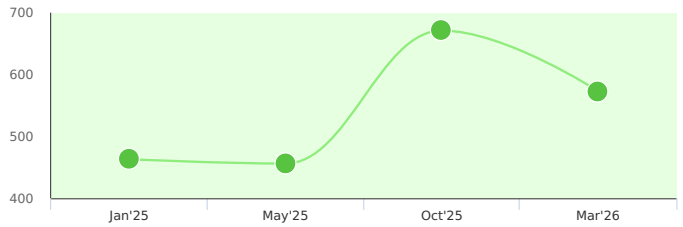


Vitamin B12 Cyanocobalamin

Everything looks good

Your Latest result
573 pg/ml
8th Mar 2026

222 — 1439

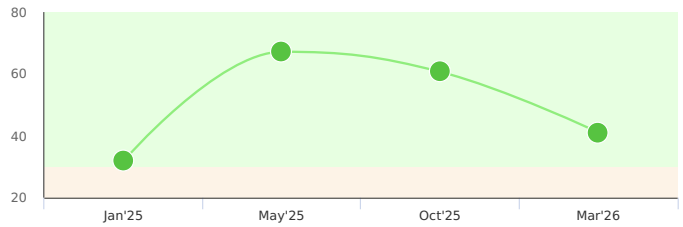


Vitamin D Total-25 Hydroxy

Everything looks good

Your Latest result
41.1 ng/ml
8th Mar 2026

30 — 100

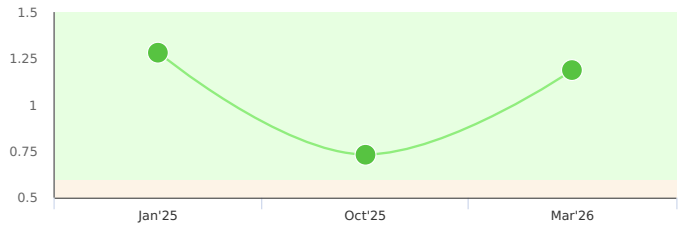


TSH Ultra - Sensitive

Everything looks good

Your Latest result
1.188 µIU/mL
8th Mar 2026

0.5 — 4.4



HEALTH ANALYSIS

COMPARATIVE CHARTS

Aryan Jain
Booking ID : 17215603411 | Sample Collection Date : 08/Mar/2026

↑ Increase From Last Time

↓ Decrease From Last Time

Total Parameters :25 (As per latest result)

21 Everything Looks Good | 1 Borderline | 3 Concern

Test Name	Risk Area	Booking ID 15576116899 19 Oct 2025 08:30 AM (4 Months Ago)	Latest Result 08 Mar 2026
Cholesterol-Total, Serum 0 -170 Normal Range	--	178 mg/dL	↓ 161.2 mg/dL Everything Looks Good
HDL Cholesterol Direct Acceptable:>=45~Borderline Low:40-45~Low :>=40 - Acceptable:>=45~Borderline Low:40-45~Low :>=40 Normal Range		46.8 mg/dl	↓ 42.3 mg/dl High (Concern)
Triglycerides, Serum 0 -90 Normal Range	--	100.5 mg/dl	↓ 53.7 mg/dl Everything Looks Good
Alkaline Phosphatase, Serum 50 -150 Normal Range	--	131.5 U/L	↓ 104.7 U/L Everything Looks Good
GGTP (Gamma GT) 5 -42 Normal Range	--	20.4 U/L	↓ 19.9 U/L Everything Looks Good
Proteins, Serum 5.7 -8.0 Normal Range	--	7.33 g/dl	↓ 7.12 g/dl Everything Looks Good
SGOT/AST 3 -50 Normal Range		24.3 U/L	↑ 68 U/L High (Concern)
SGPT/ALT 3 -50 Normal Range	--	16.9 U/L	↑ 35.4 U/L Everything Looks Good
Hemoglobin Hb 13.0 -17.0 Normal Range	--	15.2 g/dL	↓ 14.9 g/dL Everything Looks Good
Platelet Count Thrombocyte count 150 -410 Normal Range	--	201 10^3/µl	↑ 208 10^3/µl Everything Looks Good
T3, Total Tri Iodothyronine 0.87 -1.78 Normal Range	--	0.98 ng/ml	↓ 0.89 ng/ml Everything Looks Good
T4, Total Thyroxine 4.6 -10.5 Normal Range	--	6.79 ug/dl	↑ 7.58 ug/dl Everything Looks Good

HEALTH ANALYSIS

COMPARATIVE CHARTS

Aryan Jain
Booking ID : 17215603411 | Sample Collection Date : 08/Mar/2026

↑ Increase From Last Time

↓ Decrease From Last Time

Total Parameters :25 (As per latest result)

21 Everything Looks Good | 1 Borderline | 3 Concern

Test Name	Risk Area	Booking ID 15576116899 19 Oct 2025 08:30 AM (4 Months Ago)	Latest Result 08 Mar 2026
TSH Ultra - Sensitive 0.5 -4.4 Normal Range	--	0.73 µIU/mL	↑ 1.19 µIU/mL Everything Looks Good
Iron, Serum 70 -180 Normal Range	--	-	77.8 ug/dl Everything Looks Good
Calcium Total, Serum 8.8 -10.6 Normal Range	--	9.8 mg/dl	↓ 9.2 mg/dl Everything Looks Good
Chlorides, Serum 101 -109 Normal Range	--	100 mmol/L	↑ 107 mmol/L Everything Looks Good
Creatinine, Serum 0.5 -1.0 Normal Range	--	0.98 mg/dl	↓ 0.96 mg/dl Everything Looks Good
Phosphorus-Inorganic, Serum 4.0 -7.0 Normal Range	--	INVALID	↓ 5.4 mg/dl Everything Looks Good
Sodium, Serum 136 -146 Normal Range	--	144 mmol/L	↓ 143 mmol/L Everything Looks Good
Urea, Serum 17 -43 Normal Range	--	32.66 mg/dl	↑ 42.1 mg/dl Everything Looks Good
Uric Acid, Serum 3.5 -7.2 Normal Range		4.1 mg/dl	↓ 3.2 mg/dl Low (Concern)
URINE KETONE Negative -Negative Normal Range	--	Negative	Negative
Glycated Hemoglobin (HbA1c) 4.2 -5.7 Normal Range	--	4.7 %	↑ 4.9 % Everything Looks Good
Ferritin 23.9 -336.2 Normal Range	--	-	29.2 ng/ml Everything Looks Good

HEALTH ANALYSIS

COMPARATIVE CHARTS

Aryan Jain
Booking ID : 17215603411 | Sample Collection Date : 08/Mar/2026

↑ Increase From Last Time

↓ Decrease From Last Time

Total Parameters :25
(As per latest result)

21 Everything Looks Good | 1 Borderline | 3 Concern

Test Name	Risk Area	Booking ID 15576116899 19 Oct 2025 08:30 AM (4 Months Ago)	Latest Result 08 Mar 2026
Vitamin D Total-25 Hydroxy 30 -100 Normal Range	--	60.7 ng/ml	↓ 41.1 ng/ml Everything Looks Good

Patient Name	: Aryan Jain	Barcode	: E4726663
Age/Gender	: 17Y 0M 0D /Male	Sample Collected On	: 08/Mar/2026 10:03AM
Order Id	: 17215603411	Sample Received On	: 08/Mar/2026 03:13PM
Referred By	: Self	Report Generated On	: 08/Mar/2026 03:50PM
Customer Since	: 19/Oct/2025	Sample Temperature	: Maintained ✓
Sample Type	: EDTA Plasma	Report Status	: Final Report

DEPARTMENT OF BIOCHEMISTRY HBA1C

Healthians Advanced Full Body Checkup - Male

Test Name	Value	Unit	Bio. Ref Interval
HbA1c - Glycosylated Hemoglobin			
Hba1c (Glycosylated Hemoglobin) Method: HPLC Machine: TOSOH G11	4.90	%	4.2 - 5.7
Average Estimated Glucose - plasma Method: Calculated	93.93	mg/dl	

INTERPRETATION:

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

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MBBS,MD Pathology
Consultant Pathologist
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SIN No:E4726663

Patient Name	: Aryan Jain	Barcode	: E4726663
Age/Gender	: 17Y 0M 0D /Male	Sample Collected On	: 08/Mar/2026 10:03AM
Order Id	: 17215603411	Sample Received On	: 08/Mar/2026 03:29PM
Referred By	: Self	Report Generated On	: 08/Mar/2026 05:43PM
Customer Since	: 19/Oct/2025	Sample Temperature	: Maintained ✓
Sample Type	: Sodium Fluoride	Report Status	: Final Report

DEPARTMENT OF BIOCHEMISTRY

Healthians Advanced Full Body Checkup - Male

Test Name	Value	Unit	Bio. Ref Interval
Fasting Blood Sugar			
Glucose, Fasting	75.32	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: Acromegaly, Acute stress (response to trauma, heart attack, and stroke for instance), Chronic kidney disease, Cushing syndrome, Excessive consumption of food, Hyperthyroidism, Pancreatitis
A low level of glucose may indicate hypoglycemia, a condition characterized by a drop in blood glucose to a level where first it causes nervous system symptoms (sweating, palpitations, hunger, trembling, and anxiety), then begins to affect the brain (causing confusion, hallucinations, blurred vision, and sometimes even coma and death). A low blood glucose level (hypoglycemia) may be seen with:Adrenal insufficiency, Drinking excessive alcohol, Severe liver disease, Hypopituitarism, Hypothyroidism, Severe infections, Severe heart failure, Chronic kidney (renal) failure, Insulin overdose, Tumors that produce insulin (insulinomas), Starvation.

Dr. Rajeev S Ramachandran
MBBS,MD Pathology
Consultant Pathologist
Reg. No.-2017072917,Healthians Labs

Patient Name	: Aryan Jain	Barcode	: E4726663
Age/Gender	: 17Y 0M 0D /Male	Sample Collected On	: 08/Mar/2026 10:03AM
Order Id	: 17215603411	Sample Received On	: 08/Mar/2026 03:18PM
Referred By	: Self	Report Generated On	: 08/Mar/2026 06:09PM
Customer Since	: 19/Oct/2025	Sample Temperature	: Maintained ✓
Sample Type	: Serum	Report Status	: Final Report

DEPARTMENT OF BIOCHEMISTRY

Healthians Advanced Full Body Checkup - Male

Test Name	Value	Unit	Bio. Ref Interval
Liver Function Test (LFT)			
Serum Bilirubin, (Total) Method: Diazonium Ion Machine: BECKMAN COULTER AU 5801	0.33	mg/dl	0.3 - 1.2
Serum Bilirubin, (Direct) Method: Diazotization Machine: BECKMAN COULTER AU 5801	0.08	mg/dl	0 - 0.2
Serum Bilirubin, (Indirect) Method: Calculated	0.25	mg/dl	0.0 - 0.8
Aspartate Aminotransferase (AST/SGOT) Method: UV withP5P Machine: BECKMAN COULTER AU 5801	**68.00**	U/L	3- 50
Alanine Aminotransferase (ALT/SGPT) Method: UV without P5P - IFCC Ref. Proc., Calibrated Machine: BECKMAN COULTER AU 5801	35.4	U/L	3 - 50
Alkaline Phosphatase (ALP) Method: IFCC AMP Buffer Machine: BECKMAN COULTER AU 5801	104.70	U/L	50-150
Gamma Glutamyl Transferase (GGT) Method: G-glutamyl-carboxy- nitroanalide-IFCC Machine: BECKMAN COULTER AU 5801	19.9	U/L	5-42
Serum Total Protein Method: Biuret Machine: BECKMAN COULTER AU 5801	7.12	g/dl	5.7 - 8.0
Serum Albumin Method: Bromo Cresol Green(BCG) Machine: BECKMAN COULTER AU 5801	4.56	g/dl	3.5 - 5.2
Serum Globulin Method: Calculated	**2.56**	gm/dl	3.0 - 4.2
Albumin/Globulin Ratio Method: Calculated	1.78	Ratio	1.2 - 2.5
SGOT/SGPT Ratio Method: Calculated	**1.92**	Ratio	0.7 - 1.4

Bilirubin is a yellowish pigment found in bile and is a breakdown product of normal heme catabolism. Elevated levels results from increased bilirubin production (eg hemolysis and ineffective erythropoiesis); decreased bilirubin excretion (eg; obstruction and hepatitis); and abnormal bilirubin metabolism (eg; hereditary and neonatal jaundice). Conjugated (direct) bilirubin is elevated more than unconjugated (indirect) bilirubin in viral hepatitis; drug reactions, alcoholic liver disease conjugated (direct) bilirubin is also elevated more than unconjugated (indirect) bilirubin when there is some kind of blockage of the bile ducts like in Gallstones getting into the bile ducts tumors & Scarring of the bile ducts. Increased

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Age/Gender	: 17Y 0M 0D /Male	Sample Collected On	: 08/Mar/2026 10:03AM
Order Id	: 17215603411	Sample Received On	: 08/Mar/2026 03:18PM
Referred By	: Self	Report Generated On	: 08/Mar/2026 06:09PM
Customer Since	: 19/Oct/2025	Sample Temperature	: Maintained ✓
Sample Type	: Serum	Report Status	: Final Report

DEPARTMENT OF BIOCHEMISTRY

Healthians Advanced Full Body Checkup - Male

Test Name	Value	Unit	Bio. Ref Interval

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 attck or strenuous activity. ALT is commonly measured as a part of a diagnostic evaluation of hepatocellular injury, to determine liver health. Elevated ALP levels are seen in Biliary Obstruction, Osteoblastic Bone Tumors, Osteomalacia, Hepatitis, Hyperparathyriodism, Leukemia, Lymphoma, paget`s disease, Rickets, Sarcoidosis etc.

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

Serum total protein, also known as total protein, is a biochemical test for measuring the total amount of protein in serum..Protein in the plasma is made up of albumin and globulin. Higher-than-normal levels may be due to: Chronic inflammation or infection, including HIV and hepatitis B or C, Multiple myeloma,Waldenstrom's disease. Lower-than-normal levels may be due to: Agammaglobulinemia, Bleeding (hemorrhage), Burns, Glomerulonephritis, Liver disease, Malabsorption, Malnutrition, Nephrotic - Human serum albumin is the most abundant protein in human blood plasma. It is produced in the liver.Albumin constitutes about half of the blood serum protein. Low blood albumin levels (hypoalbuminemia) can be caused by: Liver disease like cirrhosis of the liver, nephrotic syndrome, protein-losing enteropathy, Burns, hemodilution, increased vascular permeability or decreased lymphatic clearance, malnutrition and wasting etc.
Please note that there is a change in the Biological Reference Interval for Alkaline Phosphatase (ALP) parameter. (Dated: 13.02.2026).

Dr. Rajeev S Ramachandran
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Order Id	: 17215603411	Sample Received On	: 08/Mar/2026 03:18PM
Referred By	: Self	Report Generated On	: 08/Mar/2026 06:09PM
Customer Since	: 19/Oct/2025	Sample Temperature	: Maintained ✓
Sample Type	: SERUM	Report Status	: Final Report

DEPARTMENT OF BIOCHEMISTRY

Test Name	Value	Unit	Bio. Ref Interval
Iron study			
Serum Iron Method: TPTZ Machine: BECKMAN COULTER AU 5801	77.8	ug/dl	70 - 180
UIBC Method: Nitroso-PSAP Machine: BECKMAN COULTER AU 5801	316.20	ug/dl	155 - 355
Serum Total Iron Binding Capicity (TIBC) Method: FE+UIBC (saturation with iron)	394	µg/dl	250 - 400
Transferrin Saturation % Method: Calculated	19.75	%	10 - 50

Iron participates in a variety of vital processes in the body varying from cellular oxidative mechanisms to the transport and delivery of oxygen to body cells. It is a constituent of the oxygen-carrying chromoproteins, haemoglobin and myoglobin, as well as various enzymes, such as cytochrome oxidase and peroxidases.

Serum iron may be increased in hemolytic, megaloblastic and aplastic anemias, and in hemochromatosis acute leukemia, lead poisoning, pyridoxine deficiency, thalassemia, excessive iron therapy, and after repeated transfusions. Drugs causing increased serum iron include chloramphenicol, cisplatin, estrogens (including oral contraceptives), ethanol, iron dextran, and methotrexate. Iron can be decreased in iron-deficiency anemia, acute and chronic infections, carcinoma, nephrotic syndrome hypothyroidism, in protein- calorie malnutrition and after surgery.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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Patient Name	: Aryan Jain	Barcode	: E4726663
Age/Gender	: 17Y 0M 0D /Male	Sample Collected On	: 08/Mar/2026 10:03AM
Order Id	: 17215603411	Sample Received On	: 08/Mar/2026 03:18PM
Referred By	: Self	Report Generated On	: 08/Mar/2026 06:09PM
Customer Since	: 19/Oct/2025	Sample Temperature	: Maintained ✓
Sample Type	: Serum	Report Status	: Final Report

DEPARTMENT OF BIOCHEMISTRY

Healthians Advanced Full Body Checkup - Male

Test Name	Value	Unit	Bio. Ref Interval
Kidney Function Test Advance			
Serum Creatinine Method: Jaffes Kinetic Machine: BECKMAN COULTER AU 5801	0.96	mg/dl	0.5 - 1.0
GFR, ESTIMATED Method: Calculated (CKD-EPI)	118.23	mL/min/1.73m2	
Serum Uric Acid Method: Uricase Machine: BECKMAN COULTER AU 5801	**3.2**	mg/dl	3.5-7.2
Serum Calcium Method: Arsenazo III Machine: BECKMAN COULTER AU 5801	9.2	mg/dl	8.8 - 10.6
Serum Phosphorus Method: Phosphomolybdate complex Machine: BECKMAN COULTER AU 5801	5.4	mg/dl	4.0 - 7.0
Serum Sodium Method: ISE (Indirect) Machine: BECKMAN COULTER AU 5801	143	mmol/L	136 - 146
Serum Chloride Method: ISE (Indirect) Machine: BECKMAN COULTER AU 5801	107	mmol/L	101 - 109
Blood Urea Method: Urease Machine: BECKMAN COULTER AU 5801	42.10	mg/dl	17 - 43
Blood Urea Nitrogen (BUN) Method: Calculated	19.7	mg/dl	8-20
Bun/Creatinine Ratio Method: Calculated	20.49	Ratio	
Urea/Creatinine Ratio Method: Calculated Machine: BECKMAN COULTER AU 5801	43.85	Ratio	

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.

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DEPARTMENT OF BIOCHEMISTRY

Healthians Advanced Full Body Checkup - Male

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

Creatinine is a metabolic product of creatine and phosphocreatine, which are both found almost exclusively in muscle.
Uric Acid is the major product of purine catabolism in humans. Uric acid levels are used to monitor the treatment of gout.
Measurement of calcium is used in the diagnosis and treatment of parathyroid disease, a variety of bone diseases, chronic renal disease, urolithiasis and tetany. Phosphorus levels are increased in acute or chronic renal failure with decreased GFR .
Sodium is an electrolyte, and it helps regulate the amount of water in and around the cells & the balance of chemicals in the body called acids and bases.
Chloride is a negatively charged ion that works with other electrolytes such as potassium, sodium, and bicarbonate, to help regulate the amount of fluid in the body and maintain the acid-base balance.
Note: Kindly note change in reference range with effect from 17/08/2023.
EGFR-National kidney Disease Education program recommends the use of MDRD equation tp predict/ estimate GFR in adults (>=20 years) with Chronic kidney disease. Calculated by serum creatinine may be less accurate due to certain factor like race muscle mass, diet and certain drugs in sach case EGFR should be calculated using serum cystatin C.

Age (Years)	Male ML/min/1.73m²	Female ML/min/1.73m²
17–24	93–131	—
25–34	78–146	—
35–44	74–138	65–123
45–54	74–129	58–110
55–64	69–122	50–110
65–74	61–114	46–105
75–84	52–102	48–85

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DEPARTMENT OF BIOCHEMISTRY

Healthians Advanced Full Body Checkup - Male

Test Name	Value	Unit	Bio. Ref Interval
Lipid Profile			
Total Cholesterol Method: Cholesterol Oxidase, Esterase, Peroxidase Machine: BECKMAN COULTER AU 5801	161.2	mg/dL	Acceptable: <170 Borderline: 170-199 High : >=200
Serum Triglycerides Method: Enzymatic Machine: BECKMAN COULTER AU 5801	53.7	mg/dl	Acceptable : <90 Borderline high : 90-129 High :>= 130
Serum HDL Cholesterol Method: Direct measure, immunoinhibition Machine: BECKMAN COULTER AU 5801	42.3	mg/dl	Acceptable:>=45 Borderline Low:40-45 Low :>=40
LDL Cholesterol Calculated Method: Calculated	108.16	mg/dl	Acceptable : <110 Borderline High: 110-129 High : >=130
VLDL Cholesterol Calculated Method: Calculated	10.74	mg/dl	<30
Total CHOL / HDL Cholesterol Ratio Method: Calculated	3.81	Ratio	3.30 - 4.40
LDL / HDL Cholesterol Ratio Method: Calculated	2.56	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	0.39	Ratio	Optimal->0.4 Moderate-0.4 to 0.3 High-<0.3
Non-HDL Cholesterol Method: Calculated	118.9	mg/dl	Acceptable :<120 Borderline abnormal:120-144 High:>=145

Dyslipidemia is a disorder of fat or lipoprotein metabolism in the body and includes lipoprotein overproduction or deficiency.
Dyslipidemias means increase in the level of one or more of the following: Total Cholesterol, low density lipoprotein (LDL) and/or triglyceride concentrations.
Dyslipidemia also includes a decrease in the “good" cholesterol or high-density lipoprotein (HDL) concentration in the blood.
Cholesterol is a steroid carried in the bloodstream as lipoprotein, necessary for cell membrane functioning and as a precursor to bile acids, progesterone ,vitamin D ,estrogens ,glucocorticoids and mineralocorticoids.
HDL is termed “good cholesterol” because its levels are inversely related to the risk of Coronary heart disease.
LDL cholesterol is termed the “bad cholesterol” and their increased levels are associated with increased risk of atherosclerosis and coronary heart disease.
Lipid level assessments must be made following 9 to 12 hours of fasting, otherwise assay results might lead to erroneous interpretation.

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DEPARTMENT OF BIOCHEMISTRY

Healthians Advanced Full Body Checkup - Male

Test Name	Value	Unit	Bio. Ref Interval

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

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Healthians Labs (A Unit of Expedient Healthcare Marketing Pvt. Ltd.)
Office No. 1 & 2, Ground Floor, Ascot Center, Next to Hilton Hotel, Sahar Road, Andheri(E), Mumbai, Maharashtra, Pincode - 400099 (NABL Accreditation Certificate Number MC-5949)

Patient Name	: Aryan Jain	Barcode	: E4726663
Age/Gender	: 17Y 0M 0D /Male	Sample Collected On	: 08/Mar/2026 10:03AM
Order Id	: 17215603411	Sample Received On	: 08/Mar/2026 02:36PM
Referred By	: Self	Report Generated On	: 08/Mar/2026 03:20PM
Customer Since	: 19/Oct/2025	Sample Temperature	: Maintained ✓
Sample Type	: Urine	Report Status	: Final Report

DEPARTMENT OF CLINICAL PATHOLOGY

Healthians Advanced Full Body Checkup - Male

Test Name	Value	Unit	Bio. Ref Interval
Urine Routine & Microscopy Extended			
PHYSICAL EXAMINATION			
Colour Method: Visual	Pale Yellow		Pale Yellow
Volume Method: Visual	15.00	mL	
Appearance Method: Visual	Clear		Clear
CHEMICAL EXAMINATION			
Specific Gravity Method: Dipstick-Ion exchange	1.020		1.001 - 1.035
pH Method: Dipstick-Double indicator	6.5		4.5 - 7.5
Glucose Method: Dipstick-oxidase peroxidas	Negative		Negative
Urine Protein Method: Dipstick-Bromophenol blue	Negative		Negative
Ketones Method: Sodium nitroprusside	Negative		Negative
Urobilinogen Method: Dipstick-Ehrlichs Test	Normal		Normal
Bilirubin Method: Dipstick-Ehrlichs Test	Negative		Negative
Nitrite Method: Dipstick-Griess test	Negative		Negative
Blood Method: Dipstick-Peroxidase	Negative		Nil
Leucocyte Esterase Method: Dipstick- Esterase	Negative		Nil
MICROSCOPIC EXAMINATION			
Pus Cells Method: Microscopic Examination	2-3	/HPF	0 - 5
Epithelial cells Method: Microscopic Examination	1-2	/HPF	0 - 5

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Age/Gender	: 17Y 0M 0D /Male	Sample Collected On	: 08/Mar/2026 10:03AM
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Sample Type	: Urine	Report Status	: Final Report

DEPARTMENT OF CLINICAL PATHOLOGY

Healthians Advanced Full Body Checkup - Male

Test Name	Value	Unit	Bio. Ref Interval
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	Nil		
Others (Non Specific) Method: Microscopic Examination	Nil		

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Sample Type	: Whole Blood EDTA	Report Status	: Final Report

DEPARTMENT OF HAEMATOLOGY

Healthians Advanced Full Body Checkup - Male

Test Name	Value	Unit	Bio. Ref Interval
Complete Blood Count			
Haemoglobin (HB) Method: Photometric Measurement Machine: BECKMAN COULTER DxH800	14.9	g/dL	13.0-17.0
Total Leucocyte Count (TLC) Method: Coulter Principle Machine: BECKMAN COULTER DxH800	5.8	10^3/uL	4.0-10.0
Hematocrit (PCV) Method: Calculated Machine: BECKMAN COULTER DxH800	44.8	%	40.0-50.0
Red Blood Cell Count (RBC) Method: Coulter Principle Machine: BECKMAN COULTER DxH800	5.20	10^6/µl	4.50-5.50
Mean Corp Volume (MCV) Method: Derived from RBC Histogram Machine: BECKMAN COULTER DxH800	85.9	fL	83.0-101.0
Mean Corp Hb (MCH) Method: Calculated Machine: BECKMAN COULTER DxH800	28.6	pg	27.0-32.0
Mean Corp Hb Conc (MCHC) Method: Calculated Machine: BECKMAN COULTER DxH800	33.3	g/dL	31.5-34.5
RDW - CV Method: Derived from RBC Histogram Machine: BECKMAN COULTER DxH800	**14.1**	%	11.6-14.0
RDW - SD Method: Derived from RBC Histogram Machine: BECKMAN COULTER DxH800	42.40	fL	39.0-46.0
Mentzer Index Method: Calculated	16.52	Ratio	
RDWI Method: Calculated	232.92	Ratio	
Green and king index Method: Calculated	70	Ratio	
Differential Leucocyte Count			
Neutrophils Method: VCSn Technology	**37.8**	%	40 - 80

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DEPARTMENT OF HAEMATOLOGY

Healthians Advanced Full Body Checkup - Male

Test Name	Value	Unit	Bio. Ref Interval
Machine: BECKMAN COULTER DxH800			
Lymphocytes	**47.1**	%	20-40
Method: VCS Technology			
Machine: BECKMAN COULTER DxH800			
Monocytes	**10.3**	%	02 - 10
Method: VCS Technology			
Machine: BECKMAN COULTER DxH800			
Eosinophils	4.0	%	01 - 06
Method: VCS Technology			
Machine: BECKMAN COULTER DxH800			
Basophils	0.8	%	00 - 02
Method: VCS Technology			
Machine: BECKMAN COULTER DxH800			
Absolute Leucocyte Count			
Absolute Neutrophil Count (ANC)	2.19	10^3/uL	2.0-7.0
Method: Calculated			
Machine: BECKMAN COULTER DxH800			
Absolute Lymphocyte Count (ALC)	2.73	10^3/uL	1.0-3.0
Method: Calculated			
Machine: BECKMAN COULTER DxH800			
Absolute Monocyte Count	0.60	10^3/uL	0.2-1.0
Method: Calculated			
Machine: BECKMAN COULTER DxH800			
Absolute Eosinophil Count (AEC)	0.23	10^3/uL	0.02-0.5
Method: Calculated			
Machine: BECKMAN COULTER DxH800			
Absolute Basophil Count	0.05	10^3/uL	0.02 - 0.10
Method: Calculated			
Machine: BECKMAN COULTER DxH800			
Platelet Count(PLT)	208	10^3/µl	150-410
Method: Coulter Principle			
Machine: BECKMAN COULTER DxH800			
MPV	8.0	fL	7 - 9
Method: Derived from PLT Histogram			
Machine: BECKMAN COULTER DxH800			

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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DEPARTMENT OF HAEMATOLOGY

Healthians Advanced Full Body Checkup - Male

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 iron-deficiency anaemia is more likely.

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DEPARTMENT OF IMMUNOLOGY

Test Name	Value	Unit	Bio. Ref Interval
Ferritin			
Ferritin	29.2	ng/ml	23.9-336.2

Method: CLIA
Machine: BECKMAN COULTER DxI800

Ferritin estimation is useful in the diagnosis of iron deficiency anemia and iron overload.
Elevated ferritin levels also are observed in acute and chronic liver disease, chronic renal failure and in some types of neoplastic disease.
Increased levels seen inhemachromatosis, frequent blood transfusions with packed RBCs and alcoholic liver disease. Decreased levels 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 be increased with inflammation, chronic infection, liver disease, auto-immune disorders and some type of cancers. Ferritin is not used to detect or monitor these conditions.

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DEPARTMENT OF IMMUNOLOGY

Healthians Advanced Full Body Checkup - Male

Test Name	Value	Unit	Bio. Ref Interval
PSA Total (Prostatic Specific Antigen, Total)			
PROSTATIC SPECIFIC ANTIGEN (PSA TOTAL) Method: CLIA Machine: BECKMAN COULTER DxI800	0.49	ng/mL	0 - 4

Clinical Significance: Prostate-specific antigen (PSA) is a protein produced by the cells of the prostate gland (both normal and malignant cells). The Total PSA test is primarily used in screening, diagnosis, and monitoring of prostate-related conditions.

1. **Increased levels can be seen in:**

- Malignant (including but not limited to)- Prostate Carcinoma
- Non-cancerous (Benign) conditions (including but not limited to)- Prostatitis, Benign Prostatic Hyperplasia, Prostatic Ischemia, Acute Urinary Retention, Other conditions, like; Prostatic Massage, Cystoscopy, Needle Biopsy, TURP, Digital Rectal Examination, Radiation therapy, Indwelling Catheter, Vigorous Bicycle Exercise, Ejaculation causes transient increase, Acute Renal Failure, Acute Myocardial Infarction

2. **Decreased levels can be seen in:**

- Post 48 hrs. of ejaculation, Castration, Antiandrogen Drugs, Radiation Therapy, Prostatectomy, Drugs Therapy like Finasteride etc

Note:

- **The diagnostic efficiency of any tumor marker depends on a variety of factors such as its sensitivity, specificity, positive predictive value (PPV) and negative predictive value (NPV). A single tumor marker test result should not be used in isolation for the diagnosis/ confirmation of any suspected malignancy. It should be used in association with clinical correlation/ imaging studies/ further investigations, under the supervision of a clinician only**
- **A single tumor marker test result should not be used in isolation for the diagnosis/ confirmation of any suspected malignancy. It should be used in association with clinical correlation/ imaging studies/ further investigations, under the supervision of a clinician only**
- **Serial testing should be done to identify elevated levels caused due to transient physiological/ pathological factors**
- **Samples from patients receiving mouse monoclonal antibodies for diagnosis or therapy, may show falsely elevated or depressed values under specific conditions. Heterophilic antibodies in human serum, certain medications & non-specific protein binding may interfere with the test results**
- **Tumor marker test results are influenced by assay methods, reagent sensitivity and specificity, and should not be used interchangeably. If in the course of monitoring a patient, the assay method used is changed, additional testing should be carried out to confirm baseline values. All the results need to be followed up for correlation on similar platforms and methodologies**

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DEPARTMENT OF IMMUNOLOGY

Healthians Advanced Full Body Checkup - Male

Test Name	Value	Unit	Bio. Ref Interval

Vitamin B12

VITAMIN B12	573	pg/ml	222 – 1439

Method: CLIA
Machine: BECKMAN COULTER DxI800

Vitamin B12 is a coenzyme that is involved in two very important metabolic functions vital to normal cell growth and DNA synthesis: 1) the synthesis of methionine, and 2) the conversion of methylmalonyl CoA to succinyl CoA. Deficiency of this vitamin can lead to megaloblastic anemia and ultimately to severe neurological problems. Also causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes. A significant increase in RBC MCV may be an important indicator of vitamin B12 deficiency.
Patients taking vitamin B12 supplementation may have misleading results. A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12 . The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B12 concerations are normal.

Testosterone - Total

Testosterone, Total	6.60	ng/mL	Refer to Interpretation*

Method: CLIA
Machine: BECKMAN COULTER DxI800

Test Interpretation

*Total Testosterone reference intervals as per Tanner Stage:

Tanner Stage	Reference Interval – Male (ng/mL)	Reference Interval – Female (ng/mL)
Stage 1	0.02 – 0.23	0.02 – 0.10
Stage 2	0.05 – 0.70	0.05 – 0.30
Stage 3	0.15 – 2.8	0.10 – 0.30
Stage 4	1.05 – 5.45	0.15 – 0.40
Stage 5	0.65 – 8.0	0.10 – 0.40

Tanner staging should be assessed by the treating physician/ pediatrician.

Testosterone in males is secreted by adult leydig cells and is controlled by luteinizing hormone (LH). In females, it 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. In healthy adults, ~44% of circulating testosterone is bound to sex hormone binding globulin (SHBG), 50- 55% is bound to albumin & cortisol-binding globulin, & 2–3% is free; later three being bioavailable forms.

Increased in:
Adrenal and ovarian tumors, CAH, Polycystic ovary syndrome, ovarian stromal hyperthecosis, Idiopathic hirsutism

Decreased in:
Primary hypogonadism (e.g., orchiectomy), Secondary hypogonadism (e.g., hypopituitarism), Testicular feminization, Klinefelter syndrome, Cirrhosis, Chronic renal disease, Estrogen therapy

Limitations- Testosterone exhibits significant circadian variations, thus early-morning samples are recommended. Because SHBG concentrations can be influenced by many factors, tests assessing bioavailable and free testosterone is helpful in clinical decision-making.

Ref: Tietz textbook of clinical chemistry and molecular diagnostics, 5th edition
Wallach's interpretation of diagnostic tests, 11th edition

Note: Kindly note change in reference ranges with effect from 18/08/2023.

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Sample Type	: Serum	Report Status	: Final Report

DEPARTMENT OF IMMUNOLOGY

Healthians Advanced Full Body Checkup - Male

Test Name	Value	Unit	Bio. Ref Interval
Vitamin D, 25-Hydroxy			
VITAMIN D (25 - OH VITAMIN D)	41.10	ng/ml	30 - 100

Method: CLIA
Machine: BECKMAN COULTER DxI800

VITAMIN D STATUS	VITAMIN D 25 HYDROXY (ng/mL)
DEFICIENCY	<20
INSUFFICIENCY	20 – <30
SUFFICIENCY	30 – 100
TOXICITY	>100

Vitamin D is a lipid-soluble steroid hormone that is produced in the skin through the action of sunlight or is obtained from dietary sources The role of vitamin D in maintaining homeostasis of calcium and phosphorus is well established.
The assay measures both D2 (Ergocalciferol) and D3 (Cholecalciferol) metabolites of vitamin D. Vitamin D status is best determined by measurement of 25 hydroxy vitamin D, as it is the major circulating form and has longer half life (2-3 weeks) than 1,25 Dihydroxy vitamin D (5-8 hrs)
The reference ranges discussed in the preceding are related to total 25-OHD; as long as the combined total is 30 ng/mL or more, the patient has sufficient vitamin D. Levels needed to prevent rickets and osteomalacia (15 ng/mL) are lower than those that dramatically suppress parathyroid hormone levels (20–30 ng/mL). In turn, those levels are lower than levels needed to optimize intestinal calcium absorption (34 ng/mL). Neuromuscular peak performance is associated with levels approximately 38 ng/mL.

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Patient Name	: Aryan Jain	Barcode	: E4726663
Age/Gender	: 17Y 0M 0D /Male	Sample Collected On	: 08/Mar/2026 10:03AM
Order Id	: 17215603411	Sample Received On	: 09/Mar/2026 10:27AM
Referred By	: Self	Report Generated On	: 09/Mar/2026 12:26PM
Customer Since	: 19/Oct/2025	Sample Temperature	: Maintained ✓
Sample Type	: Serum	Report Status	: Final Report

DEPARTMENT OF IMMUNOLOGY

Test Name	Value	Unit	Bio. Ref Interval

Sex Hormone Binding Globulin (SHBG)

Sex Hormone Binding Globulin (SHBG)	19.20	nmol/L	10 – 57

Machine: IMMULITE 2000 XPI

Sex hormone-binding globulin (SHBG) is a glycoprotein, synthesized in the liver, which binds testosterone and 5-dihydrotestosterone with high affinity and estradiol with somewhat lower affinity. SHBG typically circulates at higher concentrations in women than in men, due to the higher ratio of estrogens to androgens in women.

Uses:

- For diagnosis and follow up of women with symptoms or signs of androgen excess (PCOD or idiopathic hirsutism)
- As adjunct in monitoring sex steroid and anti-androgen therapy
- As adjunct in the diagnosis of disorders of puberty
- As adjunct in the diagnosis and follow up of anorexia nervosa

Depressed Levels	Elevated Levels
Hirsutism	Hyperthyroidism
Acne vulgaris	Hepatic cirrhosis
Polycystic Ovarian Syndrome	Pregnancy
Hypothyroidism	Drug estrogens (e.g certain oral contraceptives, phenytoin)
Acromegaly	
Cushing disease	
Hyperprolactinemia	

Dr. Preeti
MBBS, MD Biochemistry
Consultant Biochemist
DMC - 97534, Healthians Labs

SIN No:E4726663

Patient Name	: Aryan Jain	Barcode	: E4726663
Age/Gender	: 17Y 0M 0D /Male	Sample Collected On	: 08/Mar/2026 10:03AM
Order Id	: 17215603411	Sample Received On	: 08/Mar/2026 03:18PM
Referred By	: Self	Report Generated On	: 08/Mar/2026 05:43PM
Customer Since	: 19/Oct/2025	Sample Temperature	: Maintained ✓
Sample Type	: Serum	Report Status	: Final Report

DEPARTMENT OF IMMUNOLOGY

Healthians Advanced Full Body Checkup - Male

Test Name	Value	Unit	Bio. Ref Interval
Thyroid Profile (Total T3,T4, TSH)			
Tri-Iodothyronine (T3, Total) Method: CLIA Machine: BECKMAN COULTER DxI800	0.89	ng/ml	0.87 - 1.78
Thyroxine (T4, Total) Method: CLIA Machine: BECKMAN COULTER DxI800	7.58	ug/dl	4.6–10.5
Thyroid Stimulating Hormone (TSH)-Ultrasensitive Method: CLIA Machine: BECKMAN COULTER DxI800	1.188	µIU/mL	0.5 - 4.4

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.

Dr. Rajeev S Ramachandran
MBBS,MD Pathology
Consultant Pathologist
Reg. No.-2017072917,Healthians Labs

Patient Name	: Aryan Jain	Barcode	: E4726663
Age/Gender	: 17Y 0M 0D /Male	Sample Collected On	: 08/Mar/2026 10:03AM
Order Id	: 17215603411	Sample Received On	: 08/Mar/2026 03:18PM
Referred By	: Self	Report Generated On	: 08/Mar/2026 06:30PM
Customer Since	: 19/Oct/2025	Sample Temperature	: Maintained ✓
Sample Type	: Serum	Report Status	: Final Report

DEPARTMENT OF IMMUNOLOGY

Test Name	Value	Unit	Bio. Ref Interval
Free-Testosterone			
Free-Testosterone	65.60	pg/mL	
Method: CLIA			
Machine: Snibe-Maglumi X6			

It's a direct quantitative determination of Free Testosterone by an CLIA in human serum.
Testosterone is a C-19 steroid secreted from the testis and the adrenal cortex in men and from the adrenal cortex and ovaries in women. Testosterone is also produced by peripheral tissues from androstenedione, which is of little physiological significance in men; in women however, about half of the circulating testosterone is derived from this origin. Testosterone measurements are used mainly for clinical evaluation of hypogonadism in males and hyperandrogenic states in females.
Testosterone circulates in the blood bound to three proteins: sex hormone binding globulin (60–80%), albumin and cortisol binding globulin. Only about 1–2% of the total circulating testosterone remains unbound or free. Even though it is still under investigation, most researchers accept the free testosterone determination as a measure of the biologically active fraction. Free testosterone determinations are recommended to overcome the influences caused by variations.

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

Dr. Amod Sawant
MBBS,MD Pathology
Consultant Pathologist
Reg. No.-2011113372,Healthians Labs

SIN No:E4726663

Healthians Labs (A Unit of Expedient Healthcare Marketing Pvt. Ltd.)
Office No. 1 on Ground Floor, Ascot Center, Next to Hilton Hotel, Sahar Road, Andheri(E), Mumbai, Maharashtra, Pincode - 400099

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

Aryan Jain

Booking ID : 17215603411 | Sample Collection Date : 08/Mar/2026

20.68 Body Mass Index	**5'10"** Height (ft/in)	**67** Weight (kgs.)

Physical Activity: 5 or more times a week	Smoke: No, I don't smoke	Food Preference: Yes, Vegeterian	Alcohol: I don't drink at all	Medication: No Data	Family History: No
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
- Have cruciferous vegetables like broccoli, cauliflower and cabbage

Dont's

- Avoid flavoured and seasoned foods
- Decrease intake of colas and sugary drinks
- Avoid saturated fats, transfats, oily and greasy foods like cakes, creamy or fried foods
- Avoid red meat and organ meats
- Avoid refined sugars, processed foods and bakery items
- Reduce caffeine intake
- Limit sugar intake
- Avoid the use of oil and avoid sauces and dressings

SUGGESTED **LIFESTYLE**

SUGGESTED LIFESTYLE

Do's

- Maintain ideal weight
- Lose weight gradually and stay active

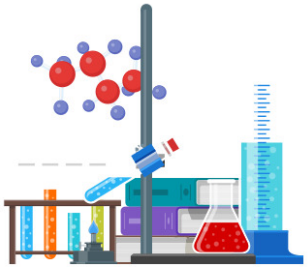
Dont's

- Avoid overexertion without having food or drink
- Avoid strenuous exercises
- Avoid smoking and alcohol
- Avoid overworking or being stressed for long time
- Avoid having long gaps in meals or skipping meals
- Avoid long periods of inactivity
- Don't ignore your body signals and don't skip your regular health check-ups
- Avoid late night heavy meals
- Avoid overeating or calorie rich food

SUGGESTED **FUTURE TESTS**

SUGGESTED FUTURE TESTS

- Complete Hemogram - **Every 2 Month**
- Peripheral Smear Examination By Pathologist - **Every 2 Month**
- Testosterone Total - **Every 1 Month**
- Vitamin D Total-25 Hydroxy - **Every 2 Month**
- Calcium Total, Serum - **Every 2 Month**
- Liver Function Test - **Every 1 Month**



HEALTH ADVISORY

Suggestions for Health & Well-being

Aryan Jain
Booking ID : 17215603411 | Sample Collection Date : 08/Mar/2026

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

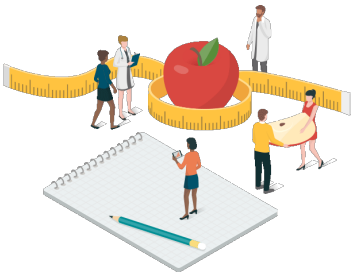
A balanced diet is the key to healthy lifestyle. Include Whole grains, vegetables, whole fruits, nuts, seeds, beans, plant oils in your diet.
It is recommended to always have a high protein breakfast and a light dinner. Avoid items such as processed foods, potatoes and high calorie/sugar products. Don't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

BMI recommended range is 18.5 to 24.9. Your BMI is **26.17**, which is on a higher side.
Please follow recommended diet and maintain a healthy lifestyle and try to keep your BMI within the desired range. Keeping the right BMI for your body helps prevent many untimely diseases and goes a long way.

BMI CHART

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

SUGGESTED
BMI

Supplement Suggestions

Aryan Jain
Booking ID : 17215603411 | Sample Collection Date : 08/Mar/2026

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

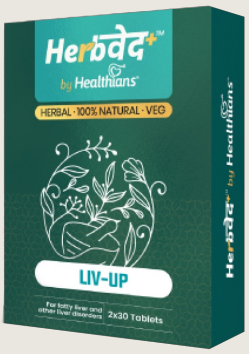
In order to fulfill the gaps in nutrition and promote a healthier body we suggest you the following supplements mentioned below:

Deficiency/Out of Range Parameter(s)	Suggested Supplement
SGOT/AST	LIV-UP

To order, call 1800-572-000-4

Suggestions for Improving Deficiencies

100% NATURAL | HIGH QUALITY HERBS | NO SIDE EFFECTS



LIV-UP

De-toxify your body with a healthier liver.

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

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

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

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

Methi Dana
Reducing the risk of developing fatty liver disease.

Triphala
Promotes liver function & boosts immunity

Ginger
Supports liver health & prevents liver inflammation

Yellow Myrobalan
Keeps the liver cool & promotes optimal functioning

Kulki
Reduces inflammation & protects the liver from injury

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

To order, call 1800-572-000-4

Healthians

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About Healthians Labs

How we control Report Accuracy at Healthians

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

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

QR Code
QR Code based authenticity check on all its reports

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

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

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

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