SMART

HEALTH REPORT

METHODOLOGY
EVIDENCE-BASED

ANALYTICS
DATA-DRIVEN

REPORT
PERSONALISED



PREPARED FOR

Demo User

23 February 2026

Powered by **Helixline Intelligence Platform**
Evidence-Based

DIGITAL EDITION

REPORT NAVIGATION

Table of Contents

PREPARED FOR	BOOKING ID	SAMPLE DATE	TOTAL PAGES
Demo User	BK20260223	23 February 2026	32

OVERVIEW — 5 pages

1 Cover Page — 1
2 Table of Contents — 2
3 Health Summary — 3
4 10 Vital Health Parameters — 4
5 Progress Tracker — 5

CLINICAL INTELLIGENCE — 5 pages

1 Predictive Health Indexes — 6
2 Predictive Health Indexes (II) — 7
3 Consolidated Health Analysis — 8
4 Biological Age & Metabolic Profile — 9
5 Biomarker Charts — 10

ORGAN HEALTH SCORECARD — 1 page

1 Organ Health Scorecard — 11

WELLNESS & LIFESTYLE — 6 pages

1 Personalised Nutrition Guide — 12
2 Superfoods — 13
3 Lifestyle Biohacks — 14
4 Supplement Recommendations — 15
5 Grains & Oils Guide — 16
6 Exercise Prescription — 17

BLOOD PARAMETER PROFILES — 12 pages

1 Metabolic Profile — 18
2 Lipid & Heart Profile — 19
3 Liver Function Profile — 20
4 Kidney Function Profile — 21
5 Complete Hemogram — 22
6 Vitamin & Bone Profile — 23
7 Thyroid Profile — 24
8 Hormones Profile — 25
9 Inflammation Profile — 26
10 Cancer Markers Panel — 27
11 Urine Analysis — 28
12 Toxic Elements Panel — 29

MEAL PLANS — 2 pages

1 Weekly Meal Plan - Week 1 — 30
2 Weekly Meal Plan - Week 2 — 31

APPENDIX — 1 page

1 Thank You & Disclaimer — 32

SAMPLE REPORT

Welcome & Report Overview

Demo User

Booking ID: BK20260223 | Sample Collection Date: 23 February 2026

Dear Demo User,

Congratulations on taking this important step towards better health. Your Helixline report is powered by a **deterministic AI health engine** combining evidence-based scoring algorithms, **validated population models** (ADA, ACC/AHA, KDIGO, WHO), and age & gender-adjusted reference standards. Every insight is derived from your actual lab values, **personalised using your results and validated clinical frameworks.** Every recommendation is tailored to you. When you retest, you will see a **direct before-and-after comparison** to measure exactly how far you have come.

We are in your corner every step of the way. - Team Helixline

137	12	12	
HEALTH MARKERS	TEST PANELS	ORGAN SYSTEMS	Your test spans the **full spectrum of preventive health**: haematology, organ biochemistry, lipid metabolism, hormonal status, micronutrients, thyroid axis, and inflammatory biomarkers - all in a single blood draw. One of the **most comprehensive assessments** available outside a hospital.

YOUR HEALTH BACKGROUND

Declared at time of booking - used to personalise your analysis

CONDITIONS

- Hypertension

MEDICATIONS

- Amlodipine 5mg

AI analysis and recommendations have been tailored to account for your declared health background.

TESTS COVERED IN THIS REPORT

12 panels · 137 markers

Hemogram / CBC 32 markers	Lipid & Cardiac 14 markers	Liver Function 12 markers
Kidney Function 12 markers	Hormones 7 markers	Metabolic & Diabetes 4 markers
Thyroid Panel 3 markers	Vitamins & Bone 4 markers	Inflammation Markers 2 markers
Cancer Markers 1 markers	Urine Analysis 24 markers	Toxic Elements 22 markers

Disclaimer: This report provides interpretative health insights based on laboratory data and is not a medical diagnosis, treatment plan, or prescription. Clinical decisions should be made in consultation with a qualified healthcare provider.

SAMPLE REPORT

Vital Health Biomarkers

These biomarkers span the body's most critical systems - **metabolic, cardiovascular, renal, hepatic and nutritional**. Together they form a comprehensive early-warning snapshot, enabling detection of imbalances before symptoms emerge. Sorted by clinical urgency: ● **deranged** values appear first, then ● **borderline**, followed by ● **optimal**.

Essential Biomarkers of the Human Body Ecosystem

Core indicators for routine primary healthcare, with personalised values from your test results - ranked by clinical priority.

hs-CRP
2.4 mg/L ● Critical

LDL Cholesterol
138 mg/dL ● Subpar

Triglycerides
185 mg/dL ● Average

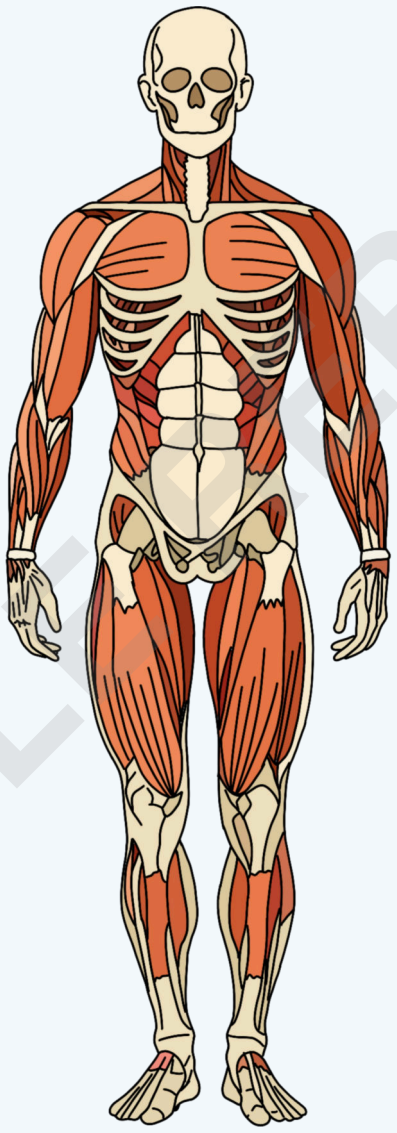
Vitamin D
18 ng/mL ● Average

Fasting Glucose
105 mg/dL ● Average

HbA1c
5.8 % ● Near Optimal

Kidney (eGFR)
88 mL/min/1.73m² ● Near Optimal

Total Cholesterol
218 mg/dL ● Near Optimal



HDL Cholesterol
● Near Optimal 39 mg/dL

ALT (Liver)
● Near Optimal 52 U/L

Thyroid (TSH)
● Optimal 3.5 µIU/mL

Haemoglobin
● Optimal 14.2 g/dL

Serum Albumin
● Optimal 4.2 g/dL

Vitamin B12
● Optimal 280 pg/mL

Serum Iron
● Optimal 90 µg/dL

Calcium Total
● Optimal 9.2 mg/dL

SAMPLE REPORT

Progress Tracker

Changes since your previous report

Demo User

Booking ID: BK20260223 | Sample Collection Date: 23 February 2026

18 IMPROVED	0 WORSENED	3 STABLE

This tracker compares your **current results** against your previous report. Green rows show parameters that have moved toward the healthy range. Red rows highlight parameters that need attention.

Parameter	Previous	Current & Risk	Change	Status
AST / ALT Ratio Liver Function Test Ref: 0.8-1.4 Ratio	48.0 Ratio 2025-09-15	0.77 Ratio NEAR OPTIMAL	▼ 47.23 Ratio (98.4%)	IMPROVED
Total Cholesterol / HDL Ratio Lipid Profile Ref: 0.0-5.0 Ratio	238.0 Ratio 2025-09-15	5.6 Ratio AVERAGE	▼ 232.4 Ratio (97.6%)	IMPROVED
Vitamin B12 Vitamin Profile Ref: 200.0-900.0 pg/mL	185.0 pg/mL 2025-09-15	280.0 pg/mL OPTIMAL	▲ 95.0 pg/mL (51.4%)	IMPROVED
hs-CRP Inflammation Ref: 0.0-1.0 mg/L	4.2 mg/L 2025-09-15	2.4 mg/L CRITICAL	▼ 1.8 mg/L (42.9%)	IMPROVED
Vitamin D Vitamin Profile Ref: 30.0-100.0 ng/mL	14.0 ng/mL 2025-09-15	18.0 ng/mL AVERAGE	▲ 4.0 ng/mL (28.6%)	IMPROVED
AST Liver Function Test Ref: 5.0-34.0 U/L	48.0 U/L 2025-09-15	40.0 U/L AVERAGE	▼ 8.0 U/L (16.7%)	IMPROVED
GGT Liver Function Test Ref: 5.0-55.0 U/L	78.0 U/L 2025-09-15	65.0 U/L AVERAGE	▼ 13.0 U/L (16.7%)	IMPROVED
ALT Liver Function Test Ref: 3.0-50.0 U/L	62.0 U/L 2025-09-15	52.0 U/L NEAR OPTIMAL	▼ 10.0 U/L (16.1%)	IMPROVED
Serum Uric Acid Kidney Function Test Ref: 3.5-7.2 mg/dL	7.8 mg/dL 2025-09-15	6.8 mg/dL OPTIMAL	▼ 1.0 mg/dL (12.8%)	IMPROVED
eGFR Kidney Function Test Ref: 90.0-120.0 mL/min/1.73m²	78.0 mL/min/1.73m² 2025-09-15	88.0 mL/min/1.73m² NEAR OPTIMAL	▲ 10.0 mL/min/1.73m² (12.8%)	IMPROVED
LDL Cholesterol Lipid Profile Ref: 0.0-100.0 mg/dL	158.0 mg/dL 2025-09-15	138.0 mg/dL SUBPAR	▼ 20.0 mg/dL (12.7%)	IMPROVED
Serum Creatinine Kidney Function Test Ref: 0.2-1.2 mg/dL	1.25 mg/dL 2025-09-15	1.1 mg/dL OPTIMAL	▼ 0.15 mg/dL (12.0%)	IMPROVED
Triglycerides Lipid Profile Ref: 0.0-150.0 mg/dL	210.0 mg/dL 2025-09-15	185.0 mg/dL AVERAGE	▼ 25.0 mg/dL (11.9%)	IMPROVED
HDL Cholesterol Lipid Profile Ref: 40.0-200.0 mg/dL	35.0 mg/dL 2025-09-15	39.0 mg/dL NEAR OPTIMAL	▲ 4.0 mg/dL (11.4%)	IMPROVED
Glucose, Fasting Diabetic Profile Ref: 70.0-100.0 mg/dL	118.0 mg/dL 2025-09-15	105.0 mg/dL AVERAGE	▼ 13.0 mg/dL (11.0%)	IMPROVED
Non-HDL Cholesterol Lipid Profile Ref: 0.0-130.0 mg/dL	198.0 mg/dL 2025-09-15	179.0 mg/dL SUBPAR	▼ 19.0 mg/dL (9.6%)	IMPROVED

Direction arrows (▲/▼) indicate the direction of change in value, not whether the change is positive or negative. Status (Improved/Worsened) is based on movement toward or away from your reference range. Consult your physician before drawing clinical conclusions from these changes. **Showing top 16 of 21 tracked parameters - sorted by clinical urgency.**

SAMPLE REPORT

Predictive Health Indexes

Demo User

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These are scientifically validated health scores calculated from your blood results. Unlike looking at a single test value, each index combines several markers to reveal hidden health risks that a routine report may miss. They are powerful early-warning tools used by doctors worldwide to guide preventive health decisions.

♥ CARDIOVASCULAR · 3 INDICES

CARDIOVASCULAR

Framingham 10-Yr CVD Risk

10-Year Cardiovascular Event Probability

D'Agostino et al. JAMA 2008

Gold Standard

IN PLAIN TERMS Your personal probability of a heart attack or stroke in the next 10 years. Combines age, cholesterol, blood pressure, and lifestyle into one number used worldwide to guide preventive treatment decisions.

7.4%

10-year CVD risk

Low 10-year CVD risk (<10%). Note: South Asian adjustment ×1.4 applied - this is a population-level epidemiological correction (ESC 2021; INTERHEART, Lancet 2004), not an individual-specific risk multiplier. Actual risk depends on individual risk factor burden.

Estimates your probability of a heart attack, stroke, or cardiovascular death in the next 10 years. Accounts for age, lipid levels, blood pressure, smoking status, and diabetes to give a precise, individualised risk figure.

Derived from the Framingham Heart Study. Accounts for age, total cholesterol, HDL, systolic BP, smoking, and diabetes. Guides primary prevention therapy decisions worldwide.

CARDIOVASCULAR

Atherogenic Index of Plasma

AIP - Small Dense LDL Risk

Dobiasova & Frohlich Clin Biochem 2004

IN PLAIN TERMS Captures the dangerous small dense LDL particles that standard cholesterol panels miss. An unfavourable ratio can drive plaque formation even when your LDL appears normal.

31 /100

Actual: 0.316

High atherogenic risk

Reflects the balance between artery-clogging fat particles and protective HDL cholesterol. Identifies dangerous small, dense cholesterol particles that standard tests cannot directly measure.

Formula: $\log_{10}$(TG mmol/L ÷ HDL mmol/L). Requires only TG and HDL. Powerful predictor of coronary artery disease independent of total cholesterol and LDL.

CARDIOVASCULAR

Remnant Cholesterol

Hidden CVD Risk Beyond LDL

Nordestgaard & Varbo Lancet 2014

IN PLAIN TERMS The cholesterol that standard tests routinely miss. Leftover fat particles penetrate artery walls and deposit cholesterol in plaques independently of LDL - a hidden cardiovascular risk factor.

49 /100

Actual: 41.0 mg/dL

Borderline elevated - monitor

Cholesterol in leftover fat particles (IDL, VLDL) after digestion. A proven risk factor for plaque build-up in arteries, independent of LDL. High levels are dangerous even when your standard panel looks normal.

Formula: Total Cholesterol − LDL − HDL. Remnant particles directly infiltrate arterial walls. Requires TC, LDL, and HDL.

METABOLIC

HOMA-IR

Core Insulin Resistance Marker

Matthews et al. Diabetologia 1985

IN PLAIN TERMS Shows how hard your body works to keep blood sugar under control. When cells stop responding to insulin, the pancreas overproduces it, quietly driving diabetes risk higher over years before any symptom appears.

46 /100

Actual: 3.21

Significant insulin resistance

Combines fasting blood sugar and fasting insulin into one score. High values mean your pancreas is working harder than normal to control blood sugar - a sign of insulin resistance.

Formula: (glucose mmol/L × insulin mIU/L) ÷ 22.5. Requires fasting glucose and fasting insulin. Validated against the euglycemic-hyperinsulinemic clamp gold standard.

SAMPLE REPORT

Predictive Health Indexes (II)

Demo User
Booking ID: BK20260223 | Sample Collection Date: 23 February 2026

◆ METABOLIC · 2 INDICES

TyG Index

METABOLIC

Simental-Mendia et al. Eur J Clin Invest 2008

Confirms Insulin Resistance Without Insulin

IN PLAIN TERMS A clever way to detect insulin resistance without a fasting insulin test. When both blood sugar and triglycerides are elevated together, it signals combined metabolic stress that raises risk of diabetes and heart disease.

43/100

Actual: 4.94

Higher metabolic risk

Combines fasting triglycerides and blood sugar to measure combined fat-sugar metabolic stress. Higher values are linked to greater risk of diabetes and heart disease, regardless of BMI.

Formula: ln(TG mg/dL × FPG mg/dL) ÷ 2. Does not require fasting insulin. Strongly correlates with euglycemic clamp results across diverse populations.

TG/HDL Ratio

METABOLIC

Gaziano et al. Circulation 1997

Metabolic + Lipid Risk Signal

IN PLAIN TERMS Simple, powerful two-number ratio. When triglycerides are high and HDL is low, insulin resistance and atherogenic dyslipidaemia are likely - even if individual values look borderline.

21/100

Actual: 4.74

Elevated - insulin resistance & atherogenic risk

A high ratio signals small dense LDL dominance, insulin resistance, and elevated cardiovascular risk. Optimal below 2.0. A ratio above 3.5 significantly increases risk of metabolic syndrome and coronary artery disease.

Formula: Triglycerides (mg/dL) ÷ HDL (mg/dL). Optimal <2.0 · Borderline 2.0-3.5 · Elevated >3.5. Requires only a standard lipid panel.

◆ LIVER · 2 INDICES

Fatty Liver Index (FLI)

LIVER

Bedogni et al. BMC Gastroenterol 2006

Best Screening Tool for Fatty Liver

IN PLAIN TERMS A non-invasive liver fat radar. Excess fat in the liver silently causes inflammation and scarring. This score estimates that risk using blood results and body measurements - no scan or biopsy needed.

20/100

Score: 79.51/100

Elevated - screening index for fatty liver risk. Not diagnostic.

Uses BMI, waist size, triglycerides, and GGT to screen for fat build-up in the liver. Fatty liver raises risk of liver scarring, diabetes, and heart disease - score ≥60 indicates likely fatty liver.

Score ≥60 has ~87% specificity for fatty liver confirmed by ultrasound. Uses waist circumference, BMI, triglycerides, and GGT - all established metabolic-liver markers.

FIB-4 Index

LIVER

Sterling et al. Hepatology 2006

Clinically Accepted Fibrosis Risk Marker

AASLD / EASL

IN PLAIN TERMS A blood-based score endorsed by global liver societies to estimate the degree of scarring in your liver. Unlike a biopsy, it uses your existing liver enzyme and platelet results. Below 1.30 means advanced scarring is unlikely.

78/100

Actual: 1.11

Low risk - advanced fibrosis unlikely

Derived from age, AST, ALT, and platelet count. **Lower is better.** Below 1.30 rules out significant fibrosis (F3-F4) with high confidence; above 3.25 warrants hepatology evaluation.

Formula: (Age × AST) ÷ (Platelets × √ALT). Endorsed by AASLD/EASL 2023 guidelines as the first-line non-invasive fibrosis staging tool across NAFLD, NASH, and viral hepatitis.

HOW TO READ THESE INDEX CARDS

Green : Optimal / Low Risk **Orange** : Borderline / Needs Attention **Red** : Elevated Risk / Action Required

Each score is calculated directly from your blood results using validated formulas. **Orange or red scores highlight areas where your body is under measurable stress.** The earlier these are addressed, the better your long-term outcome. Personalised dietary, supplement, and lifestyle recommendations for every flagged index are provided throughout this report.

SAMPLE REPORT

Demo User
Booking ID: BK20260223 | Sample Collection Date: 23 February 2026

What is this page? A consolidated view of every key finding from your report: causes, symptoms, and recommended actions in one place, produced by our **intelligent health system** comparing your lab values against healthy reference ranges. Every insight is traceable to your results, interpreted using validated clinical guidelines and population models.

HEALTH ANALYSIS
Consolidated Causes & Symptoms

In the context of your known hypertension, the most pressing finding is the critically elevated Urea/Creatinine Ratio of 29.1, which significantly exceeds the normal range of 10 to 20. This may indicate dehydration or excessive protein intake, potentially impacting kidney function and increasing the risk of chronic kidney disease over time. Additionally, your hs CRP level is critically high at 2.4 mg/L, suggesting systemic inflammation that could exacerbate cardiovascular risks. Furthermore, your lipid profile reveals subpar levels of LDL cholesterol at 138 mg/dL, non HDL cholesterol at 179 mg/dL, and a triglyceride/HDL ratio of 4.74, indicating a concerning lipid status that aligns with your diagnosis of Metabolic Syndrome. This syndrome is characterized by five criteria met, including a waist circumference of 96 cm, triglycerides at 185 mg/dL, HDL at 39 mg/dL, systolic blood pressure at 130 mmHg, and fasting glucose at 105 mg/dL. The clustering of these markers suggests a heightened risk for type 2 diabetes and cardiovascular disease. Your liver function tests show mild abnormalities with AST at 40.0 U/L and GGT at 65.0 U/L, which may indicate liver stress linked to your metabolic profile. The elevated Fatty Liver Index of 80 further suggests a risk for non alcoholic fatty liver disease. Collectively, these findings necessitate immediate lifestyle modifications to address the interconnected risks across your metabolic, cardiovascular, and liver health.

WELLNESS GUIDANCE
Consolidated Holistic Actions

To address these critical findings, it is imperative to initiate a comprehensive lifestyle intervention focusing on weight management and metabolic health. Aim for a caloric deficit to achieve a weight loss of 5 10% of your body weight, which can significantly improve your metabolic parameters. Implement a Mediterranean style diet rich in fruits, vegetables, whole grains, and healthy fats while reducing refined carbohydrates and saturated fats. Regularly monitor your fasting glucose and lipid levels, targeting a follow up in three months to assess progress. Incorporate at least 150 minutes of moderate intensity aerobic exercise weekly, as recommended by the ADA 2024 Standards of Care, to improve insulin sensitivity and support cardiovascular health. Additionally, ensure adequate hydration to help manage your Urea/Creatinine Ratio; aim for 2 3 liters of water daily. Given your elevated cholesterol levels, consider discussing potential lipid lowering medications with your physician. Regularly monitor your liver enzymes and metabolic parameters, ideally every three months, and consider a referral to a dietitian for personalized meal planning. Lastly, address your vitamin D deficiency with supplementation of 2,000 4,000 IU/day as advised by the Endocrine Society guidelines, and avoid or minimize alcohol consumption to support liver health.

THIS MONTH'S FOCUS
Top 3 Priorities

1. Increase your daily water intake to 2-3 liters to manage your elevated Urea/Creatinine Ratio.
2. Start a Mediterranean-style diet to improve your lipid profile and support metabolic health.
3. Incorporate at least 150 minutes of moderate-intensity aerobic exercise weekly to enhance cardiovascular health.

SAMPLE REPORT

Your Metabolic Profile

WHAT ARE THESE METRICS & HOW SHOULD YOU USE THEM?

BMI measures weight relative to height - a quick screening guide, not a standalone diagnosis.
Body Fat % measures the fat proportion of your body. High levels raise metabolic risk; very low levels also affect health.
Ideal Body Weight is the reference target weight for your height and gender.

Lean / Fat Mass separates muscle & bone from stored fat to guide nutrition and exercise planning.
RMR is the calories your body burns at rest. Prevents under-eating on any diet plan.
Daily Calorie Need (TDEE) is total calories needed per day to maintain your current weight.

HEIGHT	WEIGHT
174.0 cm	88.0 kg

IDEAL BODY WEIGHT	BODY FAT
68.19 kg — Over Weight	28.34 % — Elevated

LEAN MASS	FAT MASS
63.06 kg — Moderate	24.94 kg — Elevated

RESTING METABOLIC RATE	DAILY CALORIE NEED
1715 kcal/day	2360 kcal/day

BODY MASS INDEX (BMI)

29.07 kg/m² — Obese

Normal range: 18.5 - 24.9 kg/m²

Underweight <18.5 | Normal 18.5-25 | Overweight 25-30 | Obese >30

VISCERAL ADIPOSITY INDEX (VAI)

2.68 — High visceral adiposity risk

Optimal: <1.0 · Amato et al., JCEM 2010

Optimal <1.0 | Moderate 1-2 | High Risk >2

WELLNESS ANALYSIS
Biological Age

Chronological Age

Your actual age in years since birth - a fixed measure that advances identically for everyone. It is the **baseline reference** in this report against which your body's true functional condition is compared.

VS

Biological Age

How old your cells and body systems truly function - calculated via the validated **PhenoAge model** using nine blood markers. Unlike calendar age, your biological age can be **improved** through lifestyle changes.



Chronological Age
Calendar years since birth

DIFFERENCE

▲ +1.2 yrs

Aging Faster



Biological Age
Based on biomarker analysis

Clinical Note · PhenoAge Algorithm (Levine et al., 2018)

Next page discusses each parameter in detail →

Your biological age is calculated using the **PhenoAge** model, which uses nine blood markers: **Albumin, Creatinine, Glucose, CRP, Lymphocyte %, MCV, RDW, ALP,** and **WBC**. These reflect inflammation, organ function, and cellular ageing rate.

What to expect: Biological age ≤ 2 yrs older than chronological is acceptable; >5 yrs signals elevated ageing stress.
Can it improve? Yes - exercise, sleep, anti-inflammatory diet, and managing chronic conditions can lower it.
*This is a **wellness metric**, not a clinical diagnosis. Consult your physician before making health decisions.*

SAMPLE REPORT

Factors Affecting Biological Age

Each card shows one of the nine blood markers used in the **PhenoAge model**: **Albumin, Creatinine, Glucose, CRP (inflammation marker), Lymphocytes (immune cells), MCV, RDW, ALP (liver enzyme),** and **WBC (white blood cells)**. The **colour bar** shows where your reading sits within the healthy range; a marker near the centre means you are in the best position. The **chart** maps your result into one of four health zones: **Optimal**, **Mild**, **Moderate**, and **Severe**. If you have had previous tests, earlier readings appear as smaller dots connected by a trend line, showing how each marker has changed over time.

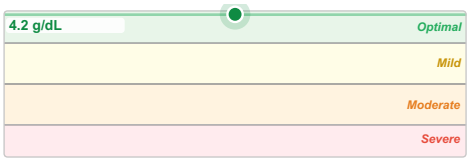
Albumin

Within optimal range

4.2 g/dL

Taken: 23 February 2026





23 February 2026

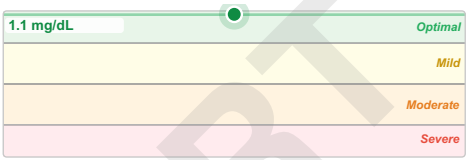
Creatinine

Within optimal range

1.1 mg/dL

Taken: 23 February 2026





23 February 2026

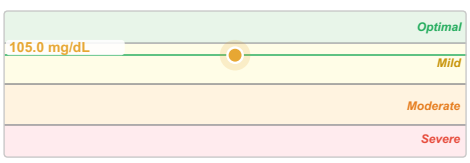
Glucose

Slightly off range

105.0 mg/dL

Taken: Sep 2025





Sep 2025

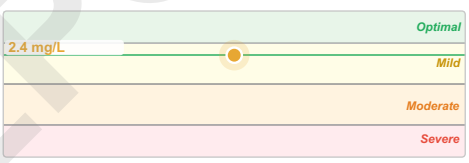
CRP

Moderately elevated

2.4 mg/L

Taken: 23 February 2026





23 February 2026

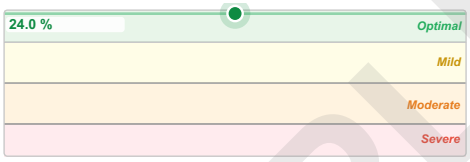
Lymphocytes

Within optimal range

24.0 %

Taken: 23 February 2026





23 February 2026

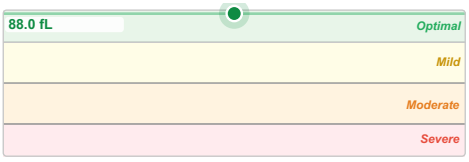
MCV

Within optimal range

88.0 fL

Taken: 23 February 2026





23 February 2026

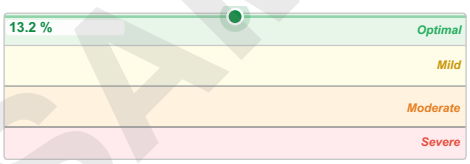
RDW-CV

Within optimal range

13.2 %

Taken: 23 February 2026





23 February 2026

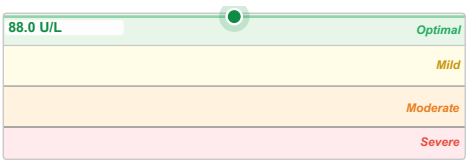
ALP

Within optimal range

88.0 U/L

Taken: 23 February 2026





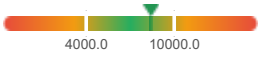
23 February 2026

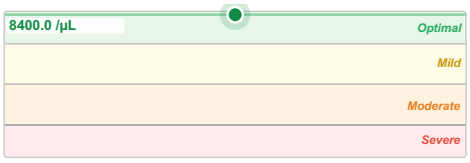
WBC

Within optimal range

8400.0 /µL

Taken: Sep 2025





Sep 2025

SAMPLE REPORT

Organ Health Scorecard

HOW TO READ THIS SCORECARD

Each organ score **(0-100)** reflects functional health based on your blood test results - higher is better. Scores are calculated using the specific blood markers listed on each card. Parameters shown in **green** are within range; those in **red** are flagged as abnormal.

RISK BANDS

- Optimal (80-100)
- Mild Risk (60-79)
- Moderate Risk (40-59)
- High Risk (0-39)

COMPOSITE ORGAN HEALTH SCORE

82 — **Good** (average of 10 organ scores)

ⓘ **Note:** This score is *not* a comprehensive overall health score and does not represent your current health status. It is a computational average derived solely from the organ-specific blood markers tested in this panel. Scores may not account for clinical history, symptoms, imaging, or parameters not included in this report. Always consult your physician for a complete health assessment.

Lipid Profile — MILD RISK

75 *Mild*

FLAGGED PARAMETERS

LDL Cholesterol	Deranged
Apolipoprotein B	Deranged
Triglycerides	Deranged
HDL Cholesterol	Deranged
hs-CRP	Deranged

Diabetic Profile — MODERATE RISK

50 *Moderate*

FLAGGED PARAMETERS

HbA1c	Deranged
Fasting Glucose	Deranged
HOMA-IR	Deranged

PARAMETERS USED

× HbA1c × Fasting Glucose × HOMA-IR

Liver Function — MILD RISK

75 *Mild*

FLAGGED PARAMETERS

AST	Deranged
GGT	Deranged
FLI 79.5 - Elevated Fatty Liver Index.	

PARAMETERS USED

✓ ALT × AST × GGT
✓ Alkaline Phosphatase ✓ Bilirubin, Total

Kidney Function — MILD RISK

75 *Mild*

FLAGGED PARAMETERS

eGFR	Deranged
Urea / Creatinine Ratio	Deranged

PARAMETERS USED

× eGFR ✓ Creatinine ✓ BUN
✓ Potassium × Urea / Creatinine Ratio ✓ Serum Uric Acid

Vitamin Profile — MILD RISK

75 *Mild*

FLAGGED PARAMETERS

Vitamin D	Deranged

PARAMETERS USED

× Vitamin D ✓ Serum Calcium ✓ Alkaline Phosphatase
✓ Homocysteine ✓ Vitamin B12 ✓ Folate

Inflammation — MILD RISK

75 *Mild*

FLAGGED PARAMETERS

hs-CRP	Deranged

PARAMETERS USED

× hs-CRP ✓ ESR ✓ Absolute Neutrophil Count

Hemogram — OPTIMAL

100 *Normal*

FLAGGED PARAMETERS

✓ All parameters within normal range

PARAMETERS USED

✓ Haemoglobin ✓ Hematocrit ✓ RDW-SD
✓ Serum Iron ✓ Ferritin ✓ MCV
✓ MPV ✓ Absolute Neutrophil Count ✓ Transferrin Saturation
✓ TIBC

Thyroid Profile — OPTIMAL

100 *Normal*

FLAGGED PARAMETERS

✓ All parameters within normal range

PARAMETERS USED

✓ TSH ✓ T4, Total ✓ T3, Total

Hormones — OPTIMAL

100 *Normal*

FLAGGED PARAMETERS

✓ All parameters within normal range

PARAMETERS USED

✓ Cortisol, Serum ✓ Testosterone, Total (Male)

Cancer Markers — OPTIMAL

100 *Normal*

FLAGGED PARAMETERS

✓ All parameters within normal range

PARAMETERS USED

✓ CEA

SAMPLE REPORT

Nutrition & Macro Profile

Your macro-distribution (the balance of carbohydrates, protein, and fat in your diet) has been calculated from your Basal Metabolic Rate (how many calories you burn at rest), your activity level, and your blood test results. Use these percentages as a **daily calorie guide**: prioritise hitting your protein target first, then distribute carbohydrates and healthy fats accordingly. Sticking to this consistently for 4-6 weeks produces measurable improvements in energy levels, body composition, and blood markers.

A personalised 14-Day Meal Plan built around these exact macro targets, including daily recipes, is included at the last pages of this report.

YOUR GOAL	LIFESTYLE
Stay Fit	Lightly Active

Based on these inputs and your blood results, the macro distribution below has been **algorithmically defined** to help you achieve your goal.

BASAL METABOLIC RATE

1715

KCAL / DAY

Calories your body needs at complete rest to sustain essential functions.

CARBOHYDRATES

30%

OF DAILY CALORIES

Primary energy source fuelling brain function and physical activity.

PROTEINS

35%

OF DAILY CALORIES

Supports tissue repair, muscle maintenance, and enzyme production.

HEALTHY FATS

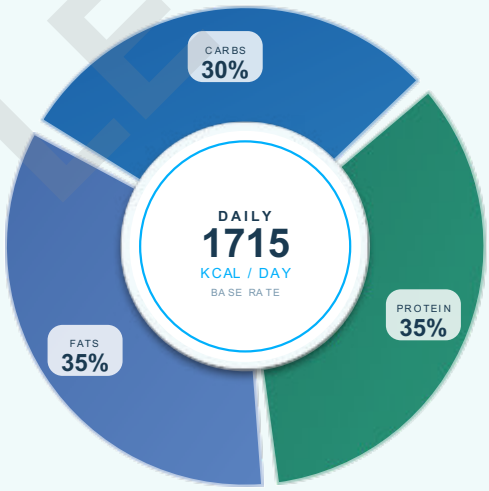
35%

OF DAILY CALORIES

Promotes hormone balance, brain health, and fat-soluble vitamin absorption.

SAMPLE REPORT

Your diet preference is **Non-Vegetarian*** **based on your given input*



Carbs 30% | Protein 35% | Healthy Fats 35%

YOUR RECOMMENDED NUTRITION PATTERN

Therapeutic Whole-Food Pattern

A comprehensive food-as-medicine approach for overall body health. Focuses on anti-inflammatory whole foods with a wide variety of plant nutrients and vitamins.

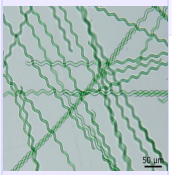
WHY THIS PATTERN? Your kidney filtration markers - including elevated creatinine and/or eGFR reduction - indicate renal stress. A reduced-protein intake (35% of calories) limits uremic load and slows progression of renal damage, while complex carbohydrates provide clean energy without taxing filtration pathways.

Consistency is the cornerstone of results: aim to follow your pattern for at least 4-6 weeks to see meaningful changes in energy, weight, and blood markers.

If you lapse, don't reset the clock. Simply **resume from your next meal.**One off-day does not undo progress; sustained consistency over time is what drives lasting improvement.

Your Superfoods

Your **Superfoods** are chosen based on your blood test results and organ health scores. The **number on each card** shows how many of your conditions it addresses.



Spirulina 6

+ Phycocyanin pigment is one of nature's most potent anti-inflammatories: lowers LDL by ~33 mg/dL and total cholesterol by ~46 mg/dL
+ Iron-rich (28.5 mg/100 g) complete protein with all essential amino acids; improves haemoglobin and ferritin in anaemic populations

ADDRESSES

Lowers LDL (bad) cholesterol | Reduces triglycerides | Lowers ApoB cardiovascular risk | Lowers hs-CRP inflammation | Lowers fasting glucose | Lowers elevated AST (liver)



Broccoli sprouts 6

+ 20-100x more sulforaphane than mature broccoli: potent Nrf2 activator reducing ALT, AST and GGT liver enzymes
+ Sulforaphane reduces fasting glucose and HbA1c in T2DM (Science Transl Med 2017); improves insulin sensitivity by ~20%

ADDRESSES

Lowers elevated AST (liver) | Lowers elevated GGT (liver) | Lowers hs-CRP inflammation | Lowers LDL (bad) cholesterol | Lowers ApoB cardiovascular risk | Lowers fasting glucose



Ginger 5

+ Gingerols and shogaols reduce fasting glucose by ~20 mg/dL and HbA1c in T2DM; enhance insulin receptor sensitivity
+ Potent NF-kB inhibitor reducing hs-CRP and CRP; hepatoprotective lowering ALT and AST liver enzymes

ADDRESSES

Lowers hs-CRP inflammation | Lowers fasting glucose | Lowers LDL (bad) cholesterol | Reduces triglycerides | Lowers elevated AST (liver)



Oats 5

+ Beta-glucan soluble fibre lowers LDL cholesterol and slows glucose absorption
+ Prebiotic fibre feeds beneficial gut bacteria and improves microbiome diversity

ADDRESSES

Lowers LDL (bad) cholesterol | Lowers ApoB cardiovascular risk | Reduces triglycerides | Lowers fasting glucose | Lowers hs-CRP inflammation



Chia seeds 5

+ Rich in omega-3 ALA and soluble fibre to reduce triglycerides and stabilise blood glucose
+ High calcium and phosphorus content supports bone density and skeletal health

ADDRESSES

Reduces triglycerides | Lowers hs-CRP inflammation | Lowers fasting glucose | Lowers LDL (bad) cholesterol | Lowers ApoB cardiovascular risk



Flaxseed 5

+ Omega-3 ALA and lignans improve lipid balance and lower triglycerides
+ Lignans act as phytoestrogens with antioxidant activity to reduce inflammation markers

ADDRESSES

Reduces triglycerides | Lowers hs-CRP inflammation | Lowers ApoB cardiovascular risk | Lowers LDL (bad) cholesterol | Lowers fasting glucose



Green tea 5

+ Catechins reduce LDL oxidation and lower inflammatory markers
+ EGCG antioxidant supports cellular protection and metabolic function

ADDRESSES

Lowers LDL (bad) cholesterol | Lowers hs-CRP inflammation | Lowers fasting glucose | Reduces triglycerides | Lowers ApoB cardiovascular risk



Avocado 5

+ Monounsaturated fats raise HDL and lower triglycerides
+ Potassium content supports healthy blood pressure regulation

ADDRESSES

Reduces triglycerides | Lowers fasting glucose | Lowers LDL (bad) cholesterol | Lowers ApoB cardiovascular risk | Lowers hs-CRP inflammation

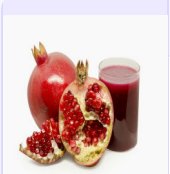


Garlic 5

+ Allicin compounds modestly lower LDL and support healthy blood pressure
+ S-allyl cysteine sulphoxide supports liver detoxification enzyme activity

ADDRESSES

Lowers LDL (bad) cholesterol | Lowers hs-CRP inflammation | Reduces triglycerides | Lowers ApoB cardiovascular risk | Lowers fasting glucose



Pomegranate 5

+ Punicalagins and ellagic acid reduce hs-CRP, LDL oxidation and ApoB while raising HDL and lowering total cholesterol in meta-analyses
+ Punicic acid (omega-5) lowers triglycerides and fasting glucose, improving insulin sensitivity in T2DM

ADDRESSES

Lowers hs-CRP inflammation | Lowers LDL (bad) cholesterol | Lowers ApoB cardiovascular risk | Reduces triglycerides | Lowers fasting glucose

SAMPLE REPORT

Your Lifestyle Biohacks

Your **Lifestyle Biohacks** are evidence-graded interventions ranked by how many of your specific blood and organ abnormalities they address. Cards are ordered by evidence strength: **Grade A** (RCT/meta-analysis) first, then **Grade B** (observational), then **Grade C** (expert consensus).

EVIDENCE GRADES: A - RCT / Meta-analysis | B - Observational | C - Expert Consensus

Zone 2 aerobic cardio (brisk walk, jog, or cycle at 60-70% max HR)

Grade A

Zone 2 intensity primarily burns fat for fuel, directly lowering triglycerides, LDL and ApoB while raising HDL, reducing liver fat and GGT, improving HbA1c and lowering resting cortisol

HELPS WITH: Reduces triglycerides | Lowers LDL (bad) cholesterol | Lowers hs-CRP inflammation | Lowers fasting glucose | Lowers ApoB cardiovascular risk | Lowers elevated GGT (liver)

Sugar elimination protocol (remove all added sugars and sugar-sweetened beverages)

Grade A

Eliminating added sugars and SSBs reduces triglycerides by 30%+, rapidly lowers ALT and hepatic fat, improves fasting glucose and HbA1c, lowers ApoB via reduced VLDL production, reduces AST and GGT, and lowers systemic hs-CRP inflammation

HELPS WITH: Reduces triglycerides | Lowers fasting glucose | Lowers hs-CRP inflammation | Lowers elevated AST (liver) | Lowers elevated GGT (liver) | Lowers ApoB cardiovascular risk

HIIT - High Intensity Interval Training (2x/week)

Grade A

HIIT generates the largest improvements in insulin sensitivity per minute of exercise, reducing HbA1c, raising HDL, lowering ApoB, reducing hepatic fat and ALT, and boosting testosterone production within 12 weeks

HELPS WITH: Lowers fasting glucose | Reduces triglycerides | Lowers LDL (bad) cholesterol | Lowers hs-CRP inflammation | Lowers ApoB cardiovascular risk

Resistance training (2-3 sessions/week, compound exercises)

Grade A

Building lean muscle increases baseline glucose disposal, improves insulin sensitivity and lipid balance, increases bone mineral density by 1-2%, boosts testosterone production, reduces resting cortisol and may lower ApoB over time

HELPS WITH: Lowers fasting glucose | Reduces triglycerides | Lowers hs-CRP inflammation | Lowers ApoB cardiovascular risk

Post-meal walk (10-15 min after each meal)

Grade A

Walking immediately after meals activates muscle GLUT4 transporters non-insulinically, reducing postprandial glucose by 20-30%, clearing circulating triglycerides and lowering cumulative HbA1c and hs-CRP over weeks

HELPS WITH: Lowers fasting glucose | Reduces triglycerides | Lowers hs-CRP inflammation

Consistent 7-9h sleep (fixed bedtime and wake time every day)

Grade A

Chronic sleep deprivation raises evening cortisol by 37%, increases insulin resistance, elevates HbA1c, disrupts TSH pulsatility and promotes hepatic fat accumulation - consistent 7-9h sleep reverses all these effects

HELPS WITH: Lowers fasting glucose | Lowers hs-CRP inflammation | Reduces triglycerides

Sedentary break protocol (2-min walk every 30 min of sitting)

Grade A

Breaking prolonged sitting with 2-minute walks every 30 minutes reduces postprandial glucose by up to 30%, lowers insulin spikes and prevents the triglyceride surge from sedentary lipoprotein lipase suppression

HELPS WITH: Lowers fasting glucose | Reduces triglycerides | Lowers hs-CRP inflammation

Time-restricted eating (14:10 or 16:8 eating window)

Grade B

Compressing eating to an 8-10 hour window lowers fasting insulin, reduces liver fat and both ALT and AST/GGT, lowers ApoB and triggers autophagy-mediated cellular repair

HELPS WITH: Lowers fasting glucose | Reduces triglycerides | Lowers ApoB cardiovascular risk | Lowers hs-CRP inflammation | Lowers elevated AST (liver) | Lowers elevated GGT (liver)

Yoga practice (3-4x/week, 45-60 min)

Grade B

Regular yoga reduces cortisol by 20-30%, improves insulin sensitivity, lowers hs-CRP, supports thyroid hormone regulation, raises HDL, lowers LDL and triglycerides, and weight-bearing postures may increase bone mineral density

HELPS WITH: Lowers hs-CRP inflammation | Lowers fasting glucose | Lowers LDL (bad) cholesterol | Reduces triglycerides

Daily fermented foods or probiotic supplementation

Grade B

Regular consumption of fermented foods (curd, kefir, kimchi) or probiotics restores gut microbiome diversity, reduces intestinal permeability, lowers systemic hs-CRP, reduces hepatic ALT in fatty liver and may modestly lower LDL cholesterol

HELPS WITH: Lowers hs-CRP inflammation | Lowers fasting glucose | Lowers LDL (bad) cholesterol | Reduces triglycerides

⚠ **Important:** These are evidence-based lifestyle recommendations based on your lab results. They are not a substitute for medical advice. Consult your physician before making significant lifestyle changes, especially if you have an existing medical condition or are on medication.

SAMPLE REPORT

Your Essential Supplements

Your mild heart condition, indicated by elevated LDL cholesterol and hs-CRP, can benefit from Curcumin, Berberine, and Citrus Bergamot, which lower inflammation and cholesterol levels. As you take Am…

⚠ **Consult your physician before starting, especially if on medication.**

◆ CONDITION-MATCHED SUPPLEMENTS

1 Curcumin

DOSE **500-1500 mg/day curcuminoids with piperine (black pepper extract, 5-20 mg) for 20x enhanced absorption; or use phospholipid complex (phytosome) or nanoparticle formulations**

DURATION **8-12 weeks**

Potently inhibits NF-kB and COX-2 inflammatory pathways, reducing hs-CRP; lowers elevated ALT, AST and GGT; prevents LDL oxidation; improves insulin sensitivity and lowers fasting blood glucose; reduces triglycerides, ApoB and serum uric acid

ADDRESSES: Lowers hs-CRP inflammation | Lowers LDL (bad) cholesterol | Lowers fasting glucose | Lowers elevated GGT (liver) | Lowers ApoB cardiovascular risk | Lowers elevated AST (liver) | Reduces triglycerides

2 Berberine

DOSE **500 mg 2-3x/day with meals (total 1000-1500 mg/day)**

DURATION **12 weeks, then reassess glucose and lipid panels**

Activates AMPK (the body's metabolic switch) to support healthy fasting glucose, HbA1c, LDL cholesterol, total cholesterol and triglycerides; may help reduce elevated liver enzymes ALT, AST and GGT; associated with improved glucose metabolism in multiple RCTs - use under physician guidance and not as a substitute for prescribed medication

ADDRESSES: Lowers fasting glucose | Lowers LDL (bad) cholesterol | Reduces triglycerides | Lowers ApoB cardiovascular risk | Lowers hs-CRP inflammation | Lowers elevated GGT (liver) | Lowers elevated AST (liver)

3 Citrus Bergamot

DOSE **500-1000 mg/day standardised extract (standardised to 38-47% bergamot polyphenolic fraction, BPF)**

DURATION **8-12 weeks; monitor lipid panel at baseline and 8 weeks**

Bergamot polyphenolic fraction (BPF) activates AMPK and inhibits HMG-CoA reductase; associated with reductions in LDL cholesterol, triglycerides, ApoB and hs-CRP, and improvements in HDL and fasting glucose in dyslipidaemic patients in clinical trials

ADDRESSES: Lowers LDL (bad) cholesterol | Reduces triglycerides | Lowers ApoB cardiovascular risk | Lowers hs-CRP inflammation | Lowers fasting glucose

4 Resveratrol

DOSE **150-500 mg/day (bioavailability-enhanced formulations: liposomal, micronised, or combined with quercetin/piperine)**

DURATION **3-6 months**

Activates SIRT1 longevity pathway and AMPK; reduces hs-CRP, prevents LDL oxidation, lowers triglycerides and ApoB, improves insulin sensitivity and lowers fasting glucose through multiple cardiometabolic mechanisms

ADDRESSES: Lowers hs-CRP inflammation | Lowers LDL (bad) cholesterol | Lowers fasting glucose | Reduces triglycerides | Lowers ApoB cardiovascular risk

★ UNIVERSALLY RECOMMENDED - WHO & NIH

★ Omega-3 (EPA+DHA)

DOSE **2-4 g EPA+DHA/day (triglyceride-lowering requires ≥2 g/day; cardiovascular benefit established at ≥1 g/day in secondary prevention)**

DURATION **Long-term**

WHO & NIH

EPA and DHA are associated with meaningful reductions in triglycerides (by 20-50% at 2-4 g/day in clinical trials), raising HDL and ApoA1, reducing hs-CRP and ApoB, suppressing NF-kB inflammatory pathways, reducing elevated ALT in NAFLD and supporting lower cardiovascular event risk; combined EPA+DHA has neutral to modestly variable effects on LDL-C (DHA may raise LDL-C in some individuals)

★ Vitamin D3

DOSE **1000-4000 IU/day**

DURATION **12 weeks, recheck levels**

WHO & NIH

Corrects Vitamin D deficiency to restore bone mineralisation, calcium absorption, immune function and muscle strength; reduces inflammatory hs-CRP; lowers fasting glucose and improves insulin sensitivity; supports thyroid function; supports testosterone synthesis in deficient males

SAMPLE REPORT

Grains & Oils Guide

Your **Grains & Oils Guide** is personalised based on your blood glucose, lipid panel, and inflammatory markers. **Green** items are recommended for your profile; **red** items should be limited or avoided to align with your health goals.

RECOMMENDED

Grains You Should Consume

EAT



Whole wheat
Lowers LDL (bad) cholesterol, Lowers ApoB cardiovascular risk, Lowers fasting glucose, Lowers hs-CRP inflammation, Reduces triglycerides



Oats
Lowers LDL (bad) cholesterol, Lowers ApoB cardiovascular risk, Lowers fasting glucose, Reduces triglycerides, Lowers hs-CRP inflammation



Barley
Lowers LDL (bad) cholesterol, Lowers ApoB cardiovascular risk, Lowers fasting glucose, Reduces triglycerides, Lowers hs-CRP inflammation



Buckwheat
Lowers LDL (bad) cholesterol, Lowers fasting glucose, Lowers hs-CRP inflammation, Reduces triglycerides, Lowers ApoB cardiovascular risk



Foxtail millet
Lowers fasting glucose, Reduces triglycerides, Lowers LDL (bad) cholesterol, Lowers hs-CRP inflammation



Sorghum
Lowers fasting glucose, Reduces triglycerides, Lowers hs-CRP inflammation, Lowers LDL (bad) cholesterol



Rye
Lowers LDL (bad) cholesterol, Lowers fasting glucose, Lowers hs-CRP inflammation, Reduces triglycerides



Quinoa
Reduces triglycerides, Lowers fasting glucose, Lowers hs-CRP inflammation



Black rice
Lowers hs-CRP inflammation, Reduces triglycerides, Lowers fasting glucose

AVOID

Grains You Should Avoid

SKIP



Deep-fried grains
Promotes systemic inflammation, Raises bad LDL cholesterol, Raises triglyceride levels, Raises cardiovascular risk marker ApoB



Packaged grain snacks
Spikes blood glucose, Raises bad LDL cholesterol, Raises triglyceride levels, Promotes systemic inflammation, Raises cardiovascular risk marker ApoB



Instant noodles
Spikes blood glucose, Raises bad LDL cholesterol, Raises triglyceride levels, Promotes systemic inflammation, Raises cardiovascular risk marker ApoB



Maida
Spikes blood glucose, Raises triglyceride levels, Promotes systemic inflammation



White rice
Spikes blood glucose, Raises triglyceride levels, Promotes systemic inflammation



Sugary cereals
Spikes blood glucose, Raises triglyceride levels, Promotes systemic inflammation

SMART OIL GUIDE

- **Choose cold-pressed oils:** cold pressing preserves heat-sensitive omega-3s, polyphenols, and vitamin E lost during refining.
- **Match oil to heat:** use mustard, rice bran, or groundnut oil for high-heat cooking; reserve EVOO, flaxseed, and walnut oil for dressings and drizzles.
- **Avoid reusing or overheating oils:** reheated oils form aldehydes and trans fats that worsen inflammation and cardiovascular risk.

RECOMMENDED

Oils You May Consume

USE



EVOO
Lowers LDL (bad) cholesterol, Lowers ApoB cardiovascular risk, Reduces triglycerides, Lowers hs-CRP inflammation, Lowers fasting glucose



Rice bran oil
Lowers LDL (bad) cholesterol, Reduces triglycerides, Lowers fasting glucose, Lowers hs-CRP inflammation, Lowers ApoB cardiovascular risk



Sesame oil
Lowers LDL (bad) cholesterol, Reduces triglycerides, Lowers hs-CRP inflammation, Lowers ApoB cardiovascular risk, Lowers fasting glucose



Walnut oil
Reduces triglycerides, Lowers LDL (bad) cholesterol, Lowers hs-CRP inflammation, Lowers ApoB cardiovascular risk, Lowers fasting glucose



Safflower oil
Lowers LDL (bad) cholesterol, Lowers ApoB cardiovascular risk, Reduces triglycerides, Lowers hs-CRP inflammation, Lowers fasting glucose



Groundnut oil
Lowers LDL (bad) cholesterol, Reduces triglycerides, Lowers hs-CRP inflammation, Lowers fasting glucose

AVOID

Oils You Should Avoid

AVOID



Vanaspati
Raises bad LDL cholesterol, Raises triglyceride levels, Promotes systemic inflammation, Raises cardiovascular risk marker ApoB



Margarine (stick)
Raises bad LDL cholesterol, Raises cardiovascular risk marker ApoB, Raises triglyceride levels, Promotes systemic inflammation



Palm oil
Raises bad LDL cholesterol, Raises cardiovascular risk marker ApoB, Promotes systemic inflammation



Butter
Raises bad LDL cholesterol, Raises cardiovascular risk marker ApoB, Promotes systemic inflammation



Cottonseed oil
Promotes systemic inflammation, Raises bad LDL cholesterol, Raises cardiovascular risk marker ApoB



Coconut oil
Raises bad LDL cholesterol, Raises cardiovascular risk marker ApoB

SAMPLE REPORT

Your Exercise Prescription

Demo's metabolic (blood glucose/insulin) markers indicate moderate risk. With a BMI of 29.1 and a lightly active activity level, these targeted exercise prescriptions are selected to address the underlying physiological pathways, with safety precautions noted where applicable.

CARDIO
Zone 2 Aerobic Walking

DURATION **45-60 min/session**
FREQUENCY **5 days/week**
INTENSITY **Low-Moderate (Zone 2, 60-70% max HR)**

- ✓ Reduces fasting insulin and HOMA-IR by up to 25%
- ✓ Lowers LDL and triglycerides via improved lipid oxidation

ADDRESSES: Metabolic, Cardiovascular, Inflammation, Weight

HIIT
HIIT - High-Intensity Interval Training

DURATION **20-30 min/session**
FREQUENCY **3 days/week (non-consecutive)**
INTENSITY **High (85-95% max HR during work intervals)**

- ✓ Superior HOMA-IR reduction vs steady-state cardio in same time
- ✓ Significant triglyceride reduction via catecholamine-driven lipolysis

ADDRESSES: Metabolic, Cardiovascular, Weight

⚠ Avoid if severe cardiovascular or kidney dysfunction is present. Consult physician before starting.

STRENGTH
Resistance / Strength Training

DURATION **45 min/session**
FREQUENCY **3 days/week**
INTENSITY **Moderate (60-75% 1RM, compound lifts)**

- ✓ Increases insulin sensitivity via GLUT4 upregulation in muscle
- ✓ Preserves and builds lean body mass, raising BMR

ADDRESSES: Metabolic, Weight, Bone Health, Thyroid

CARDIO
Cycling (Stationary or Outdoor)

DURATION **40-60 min/session**
FREQUENCY **4 days/week**
INTENSITY **Moderate (60-75% max HR, 70-90 RPM)**

- ✓ Reduces LDL cholesterol and raises HDL via lipoprotein lipase
- ✓ Lowers resting heart rate and blood pressure sustainably

ADDRESSES: Cardiovascular, Weight, Metabolic

CARDIO
Endurance Running / Jogging

DURATION **30-45 min/session**
FREQUENCY **3-4 days/week**
INTENSITY **Moderate-High (70-80% max HR)**

- ✓ Reduces cardiovascular mortality risk by 30-45% vs sedentary controls
- ✓ Raises HDL and lowers triglycerides significantly

ADDRESSES: Cardiovascular, Metabolic, Weight

⚠ Not recommended if severe cardiovascular disease is present. Build up gradually.

STRENGTH
Functional Strength Circuit

DURATION **30-40 min/session**
FREQUENCY **3 days/week**
INTENSITY **Moderate (bodyweight or light-moderate loads)**

- ✓ Simultaneous cardio and strength benefit in 30-40 min sessions
- ✓ Improves multi-joint functional movement and metabolic flexibility

ADDRESSES: Metabolic, Weight, Bone Health

WEEKLY TARGET

11h 9m+	6-7	9,661
Aerobic / Week	Strength Sessions	Steps / Day

WHO Guidelines: 150-300 min moderate aerobic/week + strength training on 2+ days.

SAMPLE REPORT

Metabolic Profile

This section shows your **Metabolic Profile** based on your blood test results. Your blood sugar control, how your body responds to insulin, and related markers are compared against healthy reference ranges for your age and sex. Values shown in **red** fall outside the healthy range and may be an early sign of metabolic issues; review the implications and recommended actions below to take steps towards better metabolic health.

CLINICAL AI IMPLICATIONS Your metabolic profile indicates significant health concerns. You meet all five criteria for Metabolic Syndrome, including a waist circumference of 96 cm, triglycerides at 185 mg/dL, HDL at 39 mg/dL, systolic blood pressure at 130 mmHg, and fasting glucose of 105 mg/dL. This clustering suggests a high risk of type 2 diabetes and cardiovascular disease. Additionally, your HOMA IR of 3.21 indicates moderate to significant insulin resistance, which is concerning for potential NAFLD. The Fatty Liver Index (FLI) is elevated at 80, reinforcing the risk of hepatic steatosis. These findings necessitate a comprehensive lifestyle intervention to mitigate the risk of developing further complications, including diabetes and cardiovascular disease.

RECOMMENDED AI ACTIONS To address your metabolic syndrome and insulin resistance, initiate a Mediterranean style diet rich in fruits, vegetables, whole grains, and healthy fats. Aim for a caloric deficit to achieve a weight loss of 5 10% of your body weight. Incorporate at least 150 minutes of moderate intensity aerobic exercise weekly, as recommended by the ADA 2024 Standards of Care. Regularly monitor your fasting glucose and HbA1c, with follow up in three months. Consider a referral to a dietitian for personalized meal planning and possible cardiology consultation due to your elevated cardiovascular risk markers. Regular follow up with your physician is essential to assess progress and adjust your management plan as needed.

HOMA-IR: 3.21 - Significant insulin resistance

DEPARTMENT OF BIOCHEMISTRY			
Test Name	**Value**	**Unit**	**Bio. Ref Interval**
Glucose, Fasting	105 ▲ was 118.0	mg/dL	70 - 99
HbA1c	5.8 ▲ was 6.2	%	4.0 - 5.6
Insulin, Fasting	12.4	µIU/mL	2.0 - 25.0
Average Estimated Glucose	114	mg/dL	70 - 115

SAMPLE REPORT

Lipid & Cardiac Profile

This section presents your **Lipid & Cardiac Profile** based on your personal blood lipid panel. Your cholesterol fractions, atherogenic ratios, and cardiovascular risk markers are evaluated against evidence-based reference thresholds tailored to your profile. Values shown in **red** exceed optimal limits and may contribute to increased cardiovascular risk; follow the recommended actions below to guide your dietary choices and lifestyle modifications for a healthier heart.

CLINICAL AI IMPLICATIONS Your clinical profile indicates several concerning patterns, including Metabolic Syndrome, with five criteria met: a waist circumference of 96 cm, triglycerides at 185 mg/dL, HDL cholesterol at 39 mg/dL, systolic BP at 130 mmHg, and fasting glucose at 105 mg/dL. This cluster significantly elevates your risk for type 2 diabetes and cardiovascular disease. Additionally, the NAFLD Metabolic Triad is present, with a Fatty Liver Index of 80, HOMA IR at 3.21, and elevated triglycerides, indicating moderate to significant insulin resistance. Furthermore, your cardiovascular risk is heightened by an atherogenic index (AIP) of 0.316 and elevated hs CRP at 2.4 mg/L, suggesting mildly to moderately elevated systemic inflammation. These markers collectively indicate a pressing need for lifestyle modifications and potential medical review.

RECOMMENDED AI ACTIONS To address your Metabolic Syndrome and associated risks, I recommend adopting a Mediterranean style diet, focusing on whole grains, fruits, vegetables, lean proteins, and healthy fats. Aim for a caloric deficit and engage in at least 150 minutes of moderate intensity aerobic exercise weekly, as per the AHA 2019 guidelines. Monitor your waist circumference and aim for reduction, targeting a healthy range below 94 cm for men. Additionally, consider discussing potential medication for lipid management with your physician, as your LDL at 138 mg/dL and non HDL cholesterol at 179 mg/dL warrant further evaluation. Reassess your lipid profile and metabolic parameters in three months to track progress.

DERIVED LIPID RISK RATIOS

Non-HDL Chol	TC / HDL Ratio	LDL / HDL Ratio
179.0 mg/dL	5.59	3.54
High - increased atherogenic risk	Elevated CVD risk	Elevated atherogenic risk
Target: <130 mg/dL	Target: <3.5 (M) / <3.0 (F)	Target: <2.5

ACC/AHA 2018
Castelli 1977

SAMPLE REPORT

DEPARTMENT OF BIOCHEMISTRY

Test Name	Value	Unit	Bio. Ref Interval
Total Cholesterol	218 ▲ was 238.0	mg/dL	< 200
LDL Cholesterol	138 ▲ was 158.0	mg/dL	< 100
HDL Cholesterol	39 ▲ was 35.0	mg/dL	40 - 60
Triglycerides	185 ▲ was 210.0	mg/dL	< 150
VLDL Cholesterol	37	mg/dL	0 - 30
Non-HDL Cholesterol	179 ▲ was 198.0	mg/dL	< 130
Total Cholesterol	5.6 ▲ was 238.0	mg/dL	< 200
LDL / HDL Ratio	3.5	Ratio	0 - 3.5
HDL / LDL Ratio	0.28	Ratio	0.3 - 2
Apolipoprotein A1	112	mg/dL	115 - 200
Apolipoprotein B	95	mg/dL	0 - 80
Apo B / Apo A1 Ratio	0.85	Ratio	0 - 0.9
Lipoprotein (a)	35	mg/dL	0 - 30
Triglyceride / HDL Ratio	4.74	Ratio	0 - 3.5

Liver Function Profile

This section presents your **Liver Function Profile**, evaluating key hepatic enzymes and proteins that reflect the health and metabolic processing capacity of your liver. ALT, AST, GGT, and ALP assess enzyme activity and can detect hepatocellular damage, biliary obstruction, or alcohol-related liver stress. Bilirubin and albumin levels indicate the liver's excretory function and synthetic reserve. Values shown in **red** fall outside optimal limits and may warrant clinical evaluation and targeted dietary intervention.

CLINICAL AI IMPLICATIONS Your liver function tests indicate mild abnormalities, particularly with elevated AST at 40.0 U/L and GGT at 65.0 U/L, both exceeding their respective reference ranges. These findings are suggestive of possible liver stress, which could be linked to your metabolic syndrome, characterized by waist circumference of 96 cm, triglycerides at 185 mg/dL, and fasting glucose at 105 mg/dL. The elevated Fatty Liver Index (FLI) of 79.51 further underscores the risk of non alcoholic fatty liver disease (NAFLD) and metabolic dysregulation. The presence of metabolic syndrome increases your risk for type 2 diabetes and cardiovascular disease, necessitating lifestyle modifications. Your current medication, amlodipine, is not known to adversely affect liver parameters but should be monitored alongside these liver function tests.

RECOMMENDED AI ACTIONS To address your liver health and metabolic syndrome, I recommend implementing a Mediterranean style diet rich in fruits, vegetables, whole grains, and healthy fats, while limiting refined carbohydrates and sugars. Aim for at least 150 minutes of moderate intensity aerobic exercise weekly, as recommended by the ADA 2024 Standards of Care. Additionally, focus on reducing your waist circumference through dietary changes and physical activity, as visceral adiposity is a modifiable risk factor. Regularly monitor your liver enzymes and metabolic parameters, ideally every 3 months, and consider a referral to a hepatologist if liver function does not improve. Avoid alcohol until your liver enzymes normalize, as this can further impact liver function.

FLI: 79.51 - Elevated - screening index for fatty liver risk. Not diagnostic.

DEPARTMENT OF BIOCHEMISTRY			
Test Name	**Value**	**Unit**	**Bio. Ref Interval**
ALT	52 ▲ was 62.0	U/L	7 - 45
AST	40 ▲ was 48.0	U/L	10 - 40
GGT	65 ▲ was 78.0	U/L	10 - 71
Alkaline Phosphatase	88	U/L	38 - 126
Serum Albumin	4.2	g/dL	3.5 - 5.5
Serum Globulin	2.8	g/dL	2 - 3.5
Total Protein	7.2	g/dL	6.6 - 8.3
Albumin / Globulin Ratio	1.5	Ratio	1.2 - 2.2
Bilirubin, Total	1	mg/dL	0.1 - 1.2
Bilirubin, Direct	0.18	mg/dL	0 - 0.2
Bilirubin, Indirect	0.82	mg/dL	0 - 0.8
AST	0.77 ▲ was 48.0	U/L	10 - 40

SAMPLE REPORT

Kidney Function Profile

This section presents your **Kidney Function Profile**, assessing the efficiency of your renal filtration system and its capacity to clear metabolic waste products. Serum creatinine, blood urea, uric acid, and eGFR reflect glomerular filtration capacity and nitrogen metabolism. Elevated values may indicate reduced kidney clearance, dehydration, or early renal stress. Values shown in **red** fall outside optimal limits and require physician review alongside dietary and lifestyle modifications.

CLINICAL AI IMPLICATIONS Your eGFR is 88.0 mL/min/1.73m², which is borderline low and indicates mild kidney impairment. This is significant as it falls just below the optimal range (90.0 120.0 mL/min/1.73m²). Additionally, your Urea/Creatinine Ratio is 29.1, which is critically high (normal range: 10.0 20.0). This elevation may suggest dehydration or increased protein intake, both of which can adversely affect kidney function. Given your age and the presence of hypertension, these findings may contribute to a higher risk of chronic kidney disease (CKD) over time. Furthermore, your metabolic syndrome and NAFLD metabolic triad findings indicate a clustering of risk factors that could further impact kidney health, necessitating comprehensive lifestyle modifications.

RECOMMENDED AI ACTIONS To address your kidney health and overall well being, I recommend the following actions: First, ensure adequate hydration to help manage your Urea/Creatinine Ratio; aim for at least 2 3 liters of water daily unless otherwise directed by your physician. Second, adopt a Mediterranean style diet rich in fruits, vegetables, whole grains, and healthy fats, while limiting red meat and processed foods to support both kidney and metabolic health. The KDIGO 2022 guidelines recommend monitoring kidney function every 6 12 months given your current eGFR and hypertension status. Lastly, consider regular aerobic exercise (≥150 minutes per week) to support weight management and metabolic health, aligning with your health goal of staying fit.

DEPARTMENT OF BIOCHEMISTRY

Test Name	Value	Unit	Bio. Ref Interval
Serum Creatinine	1.1 ▲ was 1.25	mg/dL	0.7 - 1.2
Blood Urea	32	mg/dL	17 - 43
Blood Urea Nitrogen	14.9	mg/dL	7.92 - 20.03
BUN / Creatinine Ratio	13.5	Ratio	10 - 20
Urea / Creatinine Ratio	29.1	Ratio	10 - 20
Serum Uric Acid	6.8 ▲ was 7.8	mg/dL	3.5 - 7.2
eGFR	88 ▲ was 78.0	mL/min/1.73m²	> 90
Serum Sodium	139	mmol/L	136 - 145
Serum Potassium	4.3	mmol/L	3.5 - 5
Serum Chloride	103	mmol/L	101 - 109
Serum Calcium	9.2	mg/dL	8.7 - 10.4
Serum Phosphorus	3.4	mg/dL	2.5 - 4.5

i Clinical Note on Creatinine: Low creatinine levels typically indicate low muscle mass, vegetarian diet, or high kidney clearance rate. Unlike elevated creatinine, low creatinine is **not a marker of kidney disease** or impaired kidney function. Only high creatinine levels signal reduced kidney filtration capacity.

SAMPLE REPORT

Hemogram Profile

This section presents your **Complete Blood Count (Hemogram)**, a comprehensive panel evaluating the cellular components of your blood. Red cell indices reflect oxygen-carrying capacity and iron status; white cell counts assess immune surveillance and inflammatory response; platelet parameters indicate clotting potential. Values shown in **red** signal deviations from normal hematological ranges that may indicate anemia, infection, inflammation, or other conditions requiring clinical follow-up.

CLINICAL AI IMPLICATIONS Your complete blood count (Hemogram) shows healthy levels of red blood cells, white blood cells, and platelets. Haemoglobin, MCV, MCHC, and RDW are within normal ranges, indicating adequate oxygen-carrying capacity and no signs of anaemia or iron deficiency. White cell differential and platelet indices are balanced, reflecting a well-functioning immune and clotting system.

RECOMMENDED AI ACTIONS Maintain a diet rich in iron, vitamin B12, folate, and vitamin C to support ongoing haematological health. Include leafy greens, legumes, nuts, and lean protein. Stay well-hydrated and exercise regularly. Recheck your CBC annually or sooner if you experience fatigue, pallor, or unexplained bruising.

NEUTROPHIL-TO-LYMPHOCYTE RATIO (NLR)

2.83 Normal inflammatory balance

Derived from differential WBC count | Normal range: 1-3 | Reference: Zahorec, Bratisl Lek Listy 2021

NEUT% **68.0%**

LYMPH% **24.0%**

DEPARTMENT OF HAEMATOLOGY

Test Name	Value	Unit	Bio. Ref Interval
Haemoglobin	14.2	g/dL	13.0 - 17.0
Hematocrit	42.5	%	40 - 50
RBC Count	4.8	$\times 10^6/\mu L$	4.5 - 5.9
MCV	88	fL	83 - 101
MCH	29.5	pg	27 - 32
MCHC	33.4	g/dL	31.5 - 35.7
RDW-CV	13.2	%	11.6 - 14
RDW-SD	41	fL	39 - 46
Platelet Count	210	$\times 10^3/\mu L$	150 - 410
MPV	9.5	fL	7 - 12
Total Leucocyte Count	8400	/µL	4000 - 11000
Neutrophil %	68	%	40 - 80
Lymphocyte %	24	%	20 - 40
Monocyte %	5	%	2 - 10
Eosinophil %	2	%	1 - 6
Basophil %	1	%	0 - 2
Absolute Neutrophil Count	5.7	$\times 10^3/\mu L$	2 - 7
Absolute Lymphocyte Count	2	$\times 10^3/\mu L$	1 - 4
Absolute Monocyte Count	0.42	$\times 10^3/\mu L$	0.2 - 1
Absolute Eosinophil Count	0.17	$\times 10^3/\mu L$	0.02 - 0.5
Absolute Basophil Count	0.08	$\times 10^3/\mu L$	0 - 0.1
ESR	14	mm/hr	0 - 15
Ferritin	85	ng/mL	23.9 - 336.2
Serum Iron	90	µg/dL	65 - 175
Mentzer Index *<13: thalassemia trait more likely | ≥13: iron deficiency more likely*	18.3	Ratio	0 - 13
Transferrin Saturation	28	%	20 - 50
TIBC	320	µg/dL	250 - 370
UIBC	230	µg/dL	150 - 375
Immature Granulocyte Count	0.01	$\times 10^3/\mu L$	0 - 0.03
Immature Granulocyte %	0.2	%	0 - 0.8
NRBC Count	0	/100 WBC	0 - 0
NRBC %	0	%	0 - 0

SAMPLE REPORT

Vitamin & Micronutrient Profile

This section presents your **Vitamin and Micronutrient Profile**, evaluating critical nutritional markers essential for immune regulation, bone mineralisation, neurological integrity, and cellular energy metabolism. Vitamin D and Vitamin B12 deficiencies are among the most prevalent yet underdiagnosed contributors to fatigue, bone loss, immune suppression, and mood disturbance. Values shown in **red** indicate clinically significant deficiencies requiring targeted supplementation and dietary correction.

CLINICAL AI IMPLICATIONS Your clinical profile indicates several concerning patterns. You meet all five criteria for Metabolic Syndrome, including a waist circumference of 96 cm, triglycerides at 185 mg/dL, HDL of 39 mg/dL, systolic BP of 130 mmHg, and fasting glucose of 105 mg/dL. This syndrome significantly elevates your risk for type 2 diabetes and cardiovascular disease. Additionally, you exhibit the NAFLD metabolic triad with an elevated Fatty Liver Index of 80, insulin resistance (HOMA IR of 3.21), and hypertriglyceridaemia. Furthermore, your low Vitamin D level of 18.0 ng/mL is indicative of deficiency, contributing to potential bone health issues. Collectively, these markers suggest a need for urgent lifestyle modifications and monitoring to mitigate long term health risks.

RECOMMENDED AI ACTIONS To address your health concerns, begin with a structured lifestyle intervention focused on a Mediterranean style diet rich in fruits, vegetables, whole grains, and healthy fats. Aim for at least 150 minutes of moderate intensity aerobic exercise weekly, as recommended by the ADA 2024 Standards of Care. For your Vitamin D deficiency, consider discussing supplementation of 2,000 4,000 IU/day with your physician, following Endocrine Society guidelines. Regularly monitor your blood pressure, lipid profile, and metabolic markers every three months. Additionally, work on reducing your waist circumference through dietary changes and physical activity, as this is a modifiable risk factor for your metabolic syndrome.

DEPARTMENT OF IMMUNOLOGY			
Test Name	**Value**	**Unit**	**Bio. Ref Interval**
Vitamin D, 25-OH	18	ng/mL	30 - 100
Vitamin B12	280 ▲ was 185.0	pg/mL	200 - 900
Homocysteine	14.8	µmol/L	3.7 - 13.9
Folate	8.5	ng/mL	4 - 20

SAMPLE REPORT

Thyroid Function Profile

This section presents your **Thyroid Function Profile**, evaluating the hormonal axis that governs your metabolic rate, energy levels, body temperature, and cardiac rhythm. TSH (Thyroid Stimulating Hormone), Free T3, and Free T4 are assessed to detect overt or subclinical hypothyroidism, hyperthyroidism, or autoimmune thyroid dysfunction. Values shown in **red** indicate hormonal imbalance that warrants medical review, as untreated thyroid dysfunction affects virtually every organ system in the body.

CLINICAL AI IMPLICATIONS Your thyroid profile shows TSH, free T3, and free T4 within normal reference ranges, indicating a well-regulated thyroid axis and stable basal metabolic rate. There are no signs of hypothyroidism (low T3/T4, elevated TSH) or hyperthyroidism (elevated T3/T4, suppressed TSH). This reflects healthy pituitary-thyroid feedback and adequate iodine and selenium status.

RECOMMENDED AI ACTIONS To maintain thyroid health, ensure adequate iodine intake through iodised salt, seafood, and dairy products. Avoid excessive consumption of raw goitrogenic foods such as raw cabbage, broccoli, and soy if thyroid status is borderline. Manage stress effectively, as chronic cortisol elevation can suppress thyroid function over time. Recheck TSH annually, especially if fatigue, weight changes, or hair loss occur.

DEPARTMENT OF IMMUNOLOGY			
Test Name	**Value**	**Unit**	**Bio. Ref Interval**
TSH	3.5	mIU/L	0.4 - 4.0
T3, Total	1.1	ng/mL	0.87 - 1.78
T4, Total	8.2	µg/dL	5.48 - 14.28

SAMPLE REPORT

Hormones Profile

This section presents your **Hormones Profile**, evaluating key endocrine markers that regulate energy balance, stress response, reproductive function, and metabolic rate. Cortisol reflects adrenal axis activity and stress physiology, while testosterone governs muscle mass, libido, mood, and metabolic efficiency. Values shown in **red** indicate a hormonal imbalance that may require further endocrinological assessment, as hormones exert far-reaching effects across multiple organ systems.

CLINICAL AI IMPLICATIONS Your Hormones markers are within healthy ranges.

RECOMMENDED AI ACTIONS Continue healthy lifestyle habits and regular monitoring.

DEPARTMENT OF ENDOCRINOLOGY			
Test Name	**Value**	**Unit**	**Bio. Ref Interval**
Cortisol, Serum	**16.2**	µg/dL	5.27 - 22.45
Testosterone, Total (Male)	**420**	ng/dL	219 - 916
FSH	**4.2**	mIU/mL	1.5 - 12.4
Progesterone	**0.3**	ng/mL	0.1 - 0.5
LH	**5.1**	mIU/mL	1.7 - 8.6
Prolactin	**9.8**	ng/mL	2 - 18
Estradiol	**28**	pg/mL	10 - 40

SAMPLE REPORT

Inflammation Profile

This section shows your **Inflammation Profile** based on your blood test results. Markers such as hs-CRP and ESR measure systemic inflammation and immune activity in your body. Elevated inflammation can indicate infection, autoimmune conditions, cardiovascular risk, or chronic metabolic stress. Values shown in **red** fall outside the healthy range; review the clinical implications and recommended actions below.

CLINICAL AI IMPLICATIONS Your clinical findings indicate a significant metabolic syndrome with all five criteria met: a waist circumference of 96 cm, triglycerides at 185 mg/dL, HDL at 39 mg/dL, systolic blood pressure at 130 mmHg, and a fasting glucose level of 105 mg/dL. This cluster of markers suggests metabolic dysregulation, elevating your risk for type 2 diabetes and cardiovascular diseases. Additionally, your hs CRP level is high at 2.4 mg/L, indicating mild inflammation that could contribute to cardiovascular risk. The presence of elevated triglycerides further supports the diagnosis of the NAFLD metabolic triad, characterized by metabolic risk for hepatic steatosis. Collectively, these findings necessitate lifestyle modifications and regular monitoring to mitigate these risks.

RECOMMENDED AI ACTIONS To address your metabolic syndrome, aim for a caloric deficit through a Mediterranean style diet rich in fruits, vegetables, whole grains, and healthy fats. The ADA 2024 recommends at least 150 minutes of moderate intensity aerobic exercise weekly, which can help improve insulin sensitivity and reduce visceral adiposity. Additionally, monitor your waist circumference and aim for a reduction, as visceral fat is a modifiable risk factor. Regular follow ups every three months are advised to reassess these parameters and adjust your lifestyle plan as needed. Lastly, consider discussing your hs CRP levels with your physician, as they may warrant further evaluation of cardiovascular risk.

DEPARTMENT OF BIOCHEMISTRY - INFLAMMATION MARKERS			
Test Name	**Value**	**Unit**	**Bio. Ref Interval**
hs-CRP	2.4 ▲ was 4.2	mg/L	< 1.0
CRP	3.1	mg/L	0 - 5

SAMPLE REPORT

Cancer Markers

This section shows your **Cancer Marker Profile** based on your blood test results. Cancer markers such as CEA are proteins that may be elevated in certain cancers or non-cancerous conditions. They are used for monitoring, not diagnosis. Elevated values require clinical correlation and should never be interpreted in isolation. Values shown in **red** fall outside the healthy reference range; review the clinical implications and recommended actions below.

CLINICAL AI IMPLICATIONS Your cancer marker (CEA) is within the normal reference range. It is important to understand that cancer markers are not diagnostic tests: they are proteins that can be elevated in both cancerous and non-cancerous conditions including inflammation, infection, liver disease, and smoking. A normal value does not rule out cancer, and an elevated value does not confirm it. This result simply indicates no significant elevation at this time.

RECOMMENDED AI ACTIONS Continue routine health screening as recommended by your physician based on your age, family history, and risk factors. Maintain a healthy lifestyle including a plant-rich diet, regular physical activity, avoidance of tobacco, and limitation of alcohol. Cancer markers should be interpreted in the context of clinical examination and other investigations, not in isolation. Annual monitoring is generally sufficient in the absence of symptoms.

Important: *Cancer markers are not diagnostic tests. Elevated values may reflect benign conditions such as inflammation, infection, liver disease, or smoking. These results require clinical correlation by a qualified physician. A normal value does not rule out cancer; an elevated value does not confirm it.*

DEPARTMENT OF BIOCHEMISTRY - CANCER MARKERS			
Test Name	**Value**	**Unit**	**Bio. Ref Interval**
CEA	**1.8**	ng/mL	0 - 3

SAMPLE REPORT

Complete Urine Analysis

This section shows your **Complete Urine Analysis** results. Urine analysis provides important information about kidney health, urinary tract infections, metabolic disorders, and systemic diseases. The test includes physical examination (colour, clarity), chemical dipstick analysis, and microscopic examination of urine sediment. Values shown in **red** fall outside the reference range; review the clinical implications and recommended actions below.

CLINICAL AI IMPLICATIONS Your urine analysis results are within normal parameters. Physical characteristics (colour, clarity, pH, and specific gravity) are normal, chemical dipstick findings show no significant abnormalities, and microscopic examination reveals no excessive red or white blood cells, casts, or crystals. This indicates healthy urinary tract function and no evidence of renal or urological pathology at this time.

RECOMMENDED AI ACTIONS Maintain adequate hydration by drinking approximately 1.5 to 2.5 litres of water daily, adjusted for activity level and climate. Practise good urinary hygiene and avoid holding urine for prolonged periods. Limit excess salt, animal protein, and sugary beverages to reduce urinary strain. Repeat urine analysis annually or sooner if symptoms such as burning, frequency, blood in urine, or flank pain occur.

DEPARTMENT OF CLINICAL PATHOLOGY - COMPLETE URINE ANALYSIS

Test Name	Value	Unit	Bio. Ref Interval
Urine Color	1		1 - 1
Urine Appearance	1		1 - 1
Urine pH	6		4.5 - 8.5
Specific Gravity	1.018		1.005 - 1.03
Urine Protein	0	mg/dL	0 - 0
Urine Glucose	0	mg/dL	0 - 0
Urobilinogen	0.2	EU/dL	0.1 - 1
Urine Bilirubin	0		0 - 0
Urine Ketones	0		0 - 0
Urine Nitrite	0		0 - 0
Leucocyte Esterase	0		0 - 0
Urine Blood	0		0 - 0
WBC (Urine Microscopy)	2	/HPF	0 - 5
RBC (Urine Microscopy)	1	/HPF	0 - 2
Epithelial Cells (Urine)	2	/HPF	0 - 5
Hyaline Casts	0	/LPF	0 - 2
Granular Casts	0	/LPF	0 - 0
Bacteria (Urine)	0		0 - 0
Crystals (Urine)	0		0 - 0
Yeast (Urine)	0		0 - 0
Mucus (Urine)	0		0 - 0
Sperm (Urine)	0		0 - 0
Parasites (Urine)	0		0 - 0
Trichomonas (Urine)	0		0 - 0

SAMPLE REPORT

Toxic Elements & Heavy Metals

This section shows your **Toxic Elements & Heavy Metals Profile**from your blood analysis. Heavy metals such as lead, mercury, arsenic, and cadmium are environmental toxins that accumulate in the body from contaminated food, water, air, or occupational exposure. Even low-level chronic exposure can impair neurological, kidney, cardiovascular, and immune function. Values shown in **red** exceed safe reference thresholds; review the clinical implications and recommended actions below.

CLINICAL AI IMPLICATIONS Your toxic element profile shows all heavy metal levels within acceptable reference ranges. No significant elevation of lead, mercury, arsenic, cadmium, chromium, nickel, or other toxic metals was detected. This indicates no current evidence of heavy metal accumulation or toxicity from environmental, occupational, or dietary sources.

RECOMMENDED AI ACTIONS Maintain awareness of potential sources of heavy metal exposure in your environment and diet. Limit consumption of high-mercury fish such as shark, swordfish, and king mackerel. Ensure your home water supply is tested regularly if using well water or older plumbing. If working in industrial, mining, or chemical environments, adhere to occupational safety guidelines. Repeat toxic element screening every 2 to 3 years or if occupational exposure risk changes.

DEPARTMENT OF CLINICAL BIOCHEMISTRY - TOXIC ELEMENTS PROFILE

Test Name	Value	Unit	Safe Ref Threshold
Lead (Blood)	1.8	µg/dL	0 - 5
Mercury (Blood)	3.2	µg/L	0 - 10
Arsenic (Blood)	12.5	µg/L	0 - 35
Cadmium (Blood)	0.6	µg/L	0 - 5
Chromium (Blood)	0.8	µg/L	0 - 10
Nickel (Blood)	1.4	µg/L	0 - 7
Manganese (Blood)	8.5	µg/L	4 - 14
Copper (Blood)	95	µg/dL	70 - 140
Zinc (Blood)	88	µg/dL	70 - 120
Selenium (Blood)	82	µg/L	70 - 150
Aluminium (Blood)	5.2	µg/L	0 - 10
Cobalt (Blood)	0.3	µg/L	0 - 1
Antimony (Blood)	0.8	µg/L	0 - 3
Bismuth (Blood)	1.5	µg/L	0 - 10
Thallium (Blood)	0.1	µg/L	0 - 0.5
Tin (Blood)	3.4	µg/L	0 - 6
Barium (Blood)	8.5	µg/L	0 - 30
Beryllium (Blood)	0.05	µg/L	0 - 0.2
Titanium (Blood)	12	µg/L	0 - 50
Vanadium (Blood)	0.3	µg/L	0 - 1
Uranium (Blood)	0.02	µg/L	0 - 0.05
Silver (Blood)	0.4	µg/L	0 - 2

SAMPLE REPORT

HELIXLINE

Meal Plan - Week 1

Day	PRE BREAKFAST	BREAKFAST	SNACK 1	LUNCH	SNACK 2	DINNER
1	Methi seeds water + 1 tsp flaxseeds Methi seeds water	Moong dal cheela (2) + mint chutney - high protein Egg white omelet (4 whites) + sautéed mushrooms + spinach (no roti)	Small apple / guava / pomegranate (small bowl) Apple / Guava / Pomegranate (small bowl)	Quinoa (small) + moong dal + vegetables + salad (low GI) Grilled fish (150g) + moong dal soup + large mixed salad (no rice)	Roasted chana (small handful) Boiled egg whites (2-3)	Vegetable soup + dal (no roti) - low calorie, filling Grilled fish (120g) + vegetable soup + large salad (no roti)
2	Warm lemon water Lemon water	Besan cheela (2) + sautéed vegetables (high protein, lower GI) Boiled eggs (2) + moong dal cheela (1 piece) - high protein start	Buttermilk (low-fat, unsweetened) Green tea	1-2 multigrain roti + dal + palak sabzi + cucumber raita (low-fat) Grilled chicken breast (120g) + sautéed vegetables + dal soup (no roti)	Boiled chana chaat	Moong dal (thick) + sautéed vegetables (no grain - low carb) Chicken breast (100g) + dal + salad (no roti)
3	Green tea with cinnamon	Paneer bhurji (80g) + sautéed spinach + tomatoes (grain-free) Scrambled egg whites (4) + bell peppers + tomatoes (no grain)	Green tea + 10 almonds Cinnamon tea / turmeric water	Bajra roti (1) + dal + karela sabzi + salad (low GI grain) Egg curry (2 eggs - 1 yolk) + 1 bajra roti + large salad	Sprouts with lemon	Grilled paneer (50g) + 1 roti + large salad Fish tikka (120g) + raita + large green salad (no roti)
4	Ginger infused water 50-80ml black coffee (no sugar)	Tofu scramble (100g) + bell peppers + mushrooms (grain-free) Pan-grilled fish (60g) + 2 boiled eggs + mixed salad	Cinnamon tea / turmeric water Almonds (8-10)	Barley khichdi + buttermilk + salad (low GI) Steamed fish (150g) + stir-fried broccoli + cucumber raita (no grain)	Green tea Green tea + walnuts (5-6)	Dal palak + 1 multigrain roti + cucumber Steamed chicken breast (100g) + moong dal + cucumber salad
5	Tulsi infused water Ginger infused water	Soya chunks (50g dry weight) + stir-fried vegetables (high protein) Egg bhurji (3 eggs, 1 yolk) + sautéed vegetables (no roti - grain-free)	Roasted chana (small handful) Buttermilk (low-fat)	Rajma (large portion) + salad + cucumber raita (no roti - high protein) Clear chicken soup (large) + boiled egg (1) + steamed vegetables	Cinnamon tea	Tofu stir-fry + steamed vegetables (grain-free - anti-inflammatory) Baked turmeric-ginger fish (120g) + steamed broccoli (anti-inflammatory)
6	50-80ml black coffee (no sugar) Tulsi infused water	Green smoothie (spinach + cucumber + amla + 1 tbsp chia + protein) Green smoothie (spinach + cucumber + amla + 1 tbsp chia) - low calorie	Carrot sticks + cucumber Roasted chana (handful)	Paneer (80g) + moong dal + large vegetable salad (grain-free) Grilled fish + bajra roti (1) + moong dal + salad - moderate carb	Walnuts (5) + almonds (6) Roasted chana (small handful)	Masoor dal + cauliflower sabzi + raita (no roti) Egg white curry (3 whites) + cauliflower rice + salad (grain-free)
7	Ajwain (carom seeds) water Fennel seeds (saunf) water	Greek-style hung curd (100g) + seeds mix + 1 small fruit Poached eggs (2) + avocado (¼) + cucumber + hung curd (50g)	Coconut water Carrot sticks	Soya chunks curry + 1 ragi roti + salad - high protein Tuna salad bowl (80g) + boiled eggs (1) + cucumber + hung curd	Roasted peanuts (small handful) Buttermilk with roasted jeera	Oats khichdi (small) with vegetables + buttermilk Grilled fish + stir-fried vegetables + dal soup (no roti)

SAMPLE REPORT

Disclaimer: This meal plan is a general guideline based on your health profile. Consulting a qualified nutritionist is recommended before following any meal plan. Individual nutritional needs may vary based on medical conditions, medications, and personal health goals.

HELIXLINE

Meal Plan - Week 2

Day	PRE BREAKFAST	BREAKFAST	SNACK 1	LUNCH	SNACK 2	DINNER
1	Ginger infused water 50-80ml black coffee (no sugar)	Tofu scramble (100g) + bell peppers + mushrooms (grain-free) Pan-grilled fish (60g) + 2 boiled eggs + mixed salad	Coconut water Carrot sticks	Barley khichdi + buttermilk + salad (low GI) Steamed fish (150g) + stir-fried broccoli + cucumber raita (no grain)	Roasted peanuts (small handful) Buttermilk with roasted jeera	Dal palak + 1 multigrain roti + cucumber Steamed chicken breast (100g) + moong dal + cucumber salad
2	Tulsi infused water Ginger infused water	Soya chunks (50g dry weight) + stir-fried vegetables (high protein) Egg bhurji (3 eggs, 1 yolk) + sautéed vegetables (no roti - grain-free)	Dark chocolate (1-2 squares, 70%+ cacao - dual cardio + insulin) Dark chocolate (1-2 squares, 70%+ cacao)	Rajma (large portion) + salad + cucumber raita (no roti - high protein) Clear chicken soup (large) + boiled egg (1) + steamed vegetables	Dark chocolate (2 squares, 70%+) + cinnamon tea Dark chocolate (2 squares, 70%+) + green tea	Tofu stir-fry + steamed vegetables (grain-free - anti-inflammatory) Baked turmeric-ginger fish (120g) + steamed broccoli (anti-inflammatory)
3	50-80ml black coffee (no sugar) Tulsi infused water	Green smoothie (spinach + cucumber + amla + 1 tbsp chia + protein) Green smoothie (spinach + cucumber + amla + 1 tbsp chia) - low calorie	Flaxseed water (1 tsp ground flax - omega-3 + fiber)	Paneer (80g) + moong dal + large vegetable salad (grain-free) Grilled fish + bajra roti (1) + moong dal + salad - moderate carb	Mixed seeds (flax + sunflower, 1 tbsp - omega-3, Vit E)	Masoor dal + cauliflower sabzi + raita (no roti) Egg white curry (3 whites) + cauliflower rice + salad (grain-free)
4	Ajwain (carom seeds) water Fennel seeds (saunf) water	Greek-style hung curd (100g) + seeds mix + 1 small fruit Poached eggs (2) + avocado (¼) + cucumber + hung curd (50g)	Roasted pumpkin seeds (1 tbsp - magnesium, zinc) Roasted pumpkin seeds (1 tbsp)	Soya chunks curry + 1 ragi roti + salad - high protein Tuna salad bowl (80g) + boiled eggs (1) + cucumber + hung curd	Walnut halves (4-5) + cinnamon tea (omega-3, insulin) Walnut halves (4-5) + cinnamon tea	Oats khichdi (small) with vegetables + buttermilk Grilled fish + stir-fried vegetables + dal soup (no roti)
5	Methi seeds water + 1 tsp flaxseeds Methi seeds water	Moong dal cheela (2) + mint chutney - high protein Egg white omelet (4 whites) + sautéed mushrooms + spinach (no roti)	Amla juice (small glass - Vit C, antioxidant) Amla juice (small glass)	Quinoa (small) + moong dal + vegetables + salad (low GI) Grilled fish (150g) + moong dal soup + large mixed salad (no rice)	Pomegranate seeds (small bowl - nitric oxide, antioxidant) Pomegranate seeds (small bowl)	Vegetable soup + dal (no roti) - low calorie, filling Grilled fish (120g) + vegetable soup + large salad (no roti)
6	Warm lemon water Lemon water	Besan cheela (2) + sautéed vegetables (high protein, lower GI) Boiled eggs (2) + moong dal cheela (1 piece) - high protein start	Brazil nuts (2-3) - selenium for thyroid support	1-2 multigrain roti + dal + palak sabzi + cucumber raita (low-fat) Grilled chicken breast (120g) + sautéed vegetables + dal soup (no roti)	Roasted chana (small handful) Seaweed broth / nori snack (iodine - thyroid support)	Moong dal (thick) + sautéed vegetables (no grain - low carb) Chicken breast (100g) + dal + salad (no roti)
7	Green tea with cinnamon	Paneer bhurji (80g) + sautéed spinach + tomatoes (grain-free) Scrambled egg whites (4) + bell peppers + tomatoes (no grain)	Pumpkin seeds (1 tbsp) + sunflower seeds - selenium, zinc Tuna in water (50g) + cucumber - selenium + iodine	Bajra roti (1) + dal + karela sabzi + salad (low GI grain) Egg curry (2 eggs - 1 yolk) + 1 bajra roti + large salad	Boiled chana chaat Turmeric milk (small cup, low-fat) - anti-inflammatory	Grilled paneer (50g) + 1 roti + large salad Fish tikka (120g) + raita + large green salad (no roti)

SAMPLE REPORT

Disclaimer: This meal plan is a general guideline based on your health profile. Consulting a qualified nutritionist is recommended before following any meal plan. Individual nutritional needs may vary based on medical conditions, medications, and personal health goals.



“Thank You!”

This isn’t the end of a test. It’s the beginning of your healthiest chapter.

We’re honoured to be part of your journey, so you can live with precision, not guesswork.

⚠ This report is for informational and wellness purposes only. It is not a medical device and is not intended to diagnose, treat, cure, or prevent any disease or medical condition. It is not a substitute for professional medical advice, diagnosis, or treatment. Always seek the advice of a qualified healthcare provider with any questions you may have regarding a medical condition. In case of urgent or emergency symptoms, seek immediate medical care. Results are based on laboratory data provided and population-reference algorithms; individual clinical context may vary. Availability of services may differ by jurisdiction.

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