

smart Health Report

An Insightful Health Analytics Report
for Easier Understanding

Prepared For

Mr MR.DUMMY

M 23



Name
Mr MR.DUMMY

Patient ID
8052630

Gender
M

Age
23

Health Summary



BLOOD COUNTS

Everything looks good



THYROID PROFILE

Everything looks good



LIPID PROFILE

Everything looks good



DIABETES MONITORING

Everything looks good



KIDNEY PROFILE

Everything looks good



ANEMIA STUDIES

Hemoglobin	13.8
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Everything looks good



Patient Name	: Mr MR.DUMMY		
DOB/Age/Gender	: 23 Y/Male	Sample Collected	: Apr 26, 2024, 01:00 PM
Patient ID / UHID	: 8052630/RCL7248937	Report Date	: May 25, 2024, 06:33 PM.
Referred By	: Dr. Dr. X	Barcode No	: HY587858
Sample Type	: Whole blood EDTA	Report Status	: Final Report
Test Description	Value(s)	Unit(s)	Reference Range

Polycystic Ovary Syndrome (PCOS) Panel- Comprehensive

Complete Blood Count (CBC)

RBC Parameters			
Hemoglobin	13.8		
RBC Count	5.4		
PCV	42.1		
MCV	78.4		
MCH	25.6		
MCHC	32.7		
RDW (CV)	13.7		
RDW-SD	34.8		
WBC Parameters			
TLC	12.2		
Differential Leucocyte Count			
Neutrophils	70		
Lymphocytes	20		
Monocytes	8		
Eosinophils	2		
Basophils	0		
Absolute Leukocyte Counts			
Neutrophils.	8.54		
Lymphocytes.	2.44		
Monocytes.	0.98		
Eosinophils.	0.24		
Basophils.	0		
Platelet Parameters			
Platelet Count	217		
Mean Platelet Volume (MPV)	9.9		
PCT	0.2		
PDW	17.3		
P-LCR	34.5		
P-LCC	75		
Mentzer Index	14.52		
Interpretation:			
CBC provides information about red cells, white cells and platelets. Results are useful in the diagnosis of anemia, infections, leukemias, clotting disorders and many other medical conditions.			



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Erythrocyte Sedimentation Rate (ESR)

ESR - Erythrocyte Sedimentation Rate MODIFIED WESTERGREN	6	mm/hr	0 - 10
Interpretation: ESR is also known as Erythrocyte Sedimentation Rate. An ESR test is used to assess inflammation in the body. Many conditions can cause an abnormal ESR, so an ESR test is typically used with other tests to diagnose and monitor different diseases. An elevated ESR may occur in inflammatory conditions including infection, rheumatoid arthritis ,systemic vasculitis, anemia, multiple myeloma , etc. Low levels are typically seen in congestive heart failure, polycythemia ,sickle cell anemia, hypo fibrinogenemia , etc.			
AGE	MALE	FEMALE	
1 DAY	0-2	0-2	
2 - 7 DAYS	0-4	0-4	
8 - 14 DAYS	0-17	0-17	
15 DAYS - 17 YEARS	0-20	0-20	
18 - 50 YEARS	0-10	0-12	
51- 60 YEARS	0-12	0-19	
61 - 70 YEARS	0-14	0-20	
71 - 100 YEARS	0-30	0-35	
Reference- Dacie and lewis practical hematology			

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HbA1C (Glycosylated Haemoglobin)

Glycosylated Hemoglobin (HbA1c) HPLC	5	%	< 5.7
Estimated Average Glucose	96.8	mg/dL	Refer Table Below

Interpretation:

Interpretation For HbA1c% As per American Diabetes Association (ADA)

Reference Group	HbA1c in %
Non diabetic adults >=18 years	<5.7
At risk (Prediabetes)	5.7 - 6.4
Diagnosing Diabetes	>= 6.5
Therapeutic goals for glycemic control	Age > 19 years Goal of therapy: < 7.0 Age < 19 years Goal of therapy: <7.5

Note:

1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled. 2. Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of < 7.0 % may not be appropriate

Comments :

HbA1c provides an index of average blood glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations ADA criteria for correlation between HbA1c & Mean plasma glucose levels.

HbA1c(%)	Mean Plasma Glucose (mg/dL)	HbA1c(%)	Mean Plasma Glucose (mg/dL)
6	126	12	298
8	183	14	355
10	240	16	413

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Referred By : Dr. Dr. X		Barcode No : ZC669020	
Sample Type : Serum		Report Status : Final Report	
Test Description	Value(s)	Unit(s)	Reference Range

Kidney Function Test (KFT)

Blood Urea <i>Urease</i>	19.4	mg/dL	19 - 44.1
Creatinine <i>Kinetic Alkaline Picrate</i>	0.87	mg/dL	0.6 - 1.2
Bun <i>Calculated</i>	9.07	mg/dL	8.9 - 20.6
Bun/Creatinine Ratio <i>Calculated</i>	10.43		
Urea / Creatinine Ratio	22.3		
Uric Acid <i>Uricase</i>	3.9	mg/dL	3.7 - 7.7
Calcium Serum <i>Arsenazo III</i>	10.0	mg/dL	8.4 - 10.2
Phosphorus <i>Phosphomolybdate</i>	4.5	mg/dL	2.3 - 4.7
Sodium <i>ISE-Indirect</i>	139.5	mmol/L	136 - 145
Potassium <i>ISE-Indirect</i>	4.76	mmol/L	3.5 - 5.1
Chloride <i>ISE-Indirect</i>	104.0	mmol/L	98 - 107

Interpretation:

Kidney function tests is a collective term for a variety of individual tests and procedures that can be done to evaluate how well the kidneys are functioning. Many conditions can affect the ability of the kidneys to carry out their vital functions. Some lead to a rapid (acute) decline in kidney function others lead to a gradual (chronic) decline in function. Both result in a buildup of toxic waste substances done on urine samples, as well as on blood samples. A number of symptoms may indicate a problem with your kidneys. These include : high blood pressure, blood in urine frequent urges to urinate, difficulty beginning urination, painful urination, swelling in the hands and feet due to a buildup of fluids in the body. A single symptom may not mean something serious. However, when occurring simultaneously, these symptoms suggest that your kidneys are not working properly. Kidney function tests can help determine the reason. Electrolytes (sodium, potassium, and chloride) are present in the human body and the balancing act of the electrolytes in our bodies is essential for normal function of our cells and organs. There has to be a balance. Ionized calcium this test if you have signs of kidney or parathyroid disease. The test may also be done to monitor progress and treatment of these diseases.



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Referred By	: Dr. Dr. X	Barcode No	: ZC669020
Sample Type	: Serum	Report Status	: Final Report
Test Description	Value(s)	Unit(s)	Reference Range

Lipid Profile

Total Cholesterol <i>CHOD-PAP</i>	102.0	mg/dL	<200
Triglycerides <i>Enzymatic colorimetric</i>	65.0	mg/dL	<150
HDL Cholesterol <i>CHOD-POD</i>	56.0	mg/dL	> 40
Non HDL Cholesterol <i>Calculated</i>	46	mg/dL	<130
LDL Cholesterol <i>Calculated</i>	33	mg/dL	<100
V.L.D.L Cholesterol <i>Calculated</i>	13	mg/dL	< 30
Chol/HDL Ratio <i>Calculated</i>	1.82	Ratio	-
HDL/ LDL Ratio <i>Calculated</i>	1.7	Ratio	-
LDL/HDL Ratio <i>Calculated</i>	0.59	Ratio	-

Interpretation:
Lipid level assessments must be made following 9 to 12 hours of fasting, otherwise assay results might lead to erroneous interpretation. NCEP recommends of 3 different samples to be drawn at intervals of 1 week for harmonizing biological variables that might be encountered in single assays.

National Lipid Association Recommendations (NLA-2014)	Total Cholesterol (mg/dL)	Triglyceride (mg/dL)	LDL Cholesterol (mg/dL)	Non HDL Cholesterol (mg/dL)
Optimal	<200	<150	<100	<130
Above Optimal			100-129	130 - 159
Borderline High	200-239	150-199	130-159	160 - 189
High	>=240	200-499	160-189	190 - 219
Very High	-	>=500	>=190	>=220

HDL Cholesterol	
Low	High
<40	>=60

Risk Stratification for ASCVD (Atherosclerotic Cardiovascular Disease) by Lipid Association of India.

Risk Category	A. CAD with > 1 feature of high risk group
Extreme risk group	B. CAD with >1 feature of very high risk group of recurrent ACS (within 1 year) despite LDL-C <or = 50 mg/dl or poly vascular disease



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Sample Type : Serum

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Report Date : May 09, 2024, 10:15 AM.

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Test Description		Value(s)	Unit(s)	Reference Range
Very High Risk	1.Established ASCVD 2.Diabetes with 2 major risk factors of evidence of end organ damage 3. Familial Homozygous Hypercholesterolemia			
High Risk	1. Three major ASCVD risk factors 2. Diabetes with 1 major risk factor or no evidence of end organ damage 3. CHD stage 3B or 4. 4 LDL >190 mg/dl 5. Extreme of a single risk factor 6. Coronary Artery Calcium - CAC > 300 AU 7. Lipoprotein a >= 50 mg/dl 8. Non stenotic carotid plaque			
Moderate Risk	2 major ASCVD risk factors			
Low Risk	0-1 major ASCVD risk factors			
Major ASCVD (Atherosclerotic cardiovascular disease) Risk Factors				
1. Age >=45 years in Males & >= 55 years in Females	3. Current Cigarette smoking or tobacco use			
2. Family history of premature ASCVD	4. High blood pressure			
5. Low HDL				

Newer treatment goals and statin initiation thresholds based on the risk categories proposed by Lipid Association of India in 2020.

Risk Group	Treatment Goals		Consider Drug Therapy	
	LDL-C (mg/dl)	Non-HDL (mg/dl)	LDL-C (mg/dl)	Non-HDL (mg/dl)
Extreme Risk Group Category A	<50 (Optional goal <OR = 30)	<80 (Optional goal <OR = 60)	>OR = 50	>OR = 80
Extreme Risk Group Category B	>OR = 30	>OR = 60	> 30	> 60
Very High Risk	<50	<80	>OR = 50	>OR = 80
High Risk	<70	<100	>OR = 70	>OR = 100
Moderate Risk	<100	<130	>OR = 100	>OR = 130
Low Risk	<100	<130	>OR = 130*	>OR = 160

* After an adequate non-pharmacological intervention for at least 3 months.

References : Management of Dyslipidaemia for the Prevention of Stroke : Clinical practice Recommendations from the Lipid Association of India. Current Vascular Pharmacology,2022,20,134-155.



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Test Description	Value(s)	Unit(s)	Reference Range

TSH 3rd Generation

Thyroid Stimulating Hormone (Ultrasensitive) CMIA	2.982	µIU/mL	0.35 - 4.94
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Interpretation:	
Pregnancy	Reference ranges TSH
1 st Trimester	0.1 - 2.5
2 ed Trimester	0.2 - 3.0
3 rd Trimester	0.3 - 3.0
TSH levels are subject to circadian variation, reaching peak levels between 2 - 4.a.m. and at a minimum between 6-10 pm . The variation is of the order of 50% . hence time of the day has influence on the measured serum TSH concentrations.	
Primary malfunction of the thyroid gland may result in excessive (hyper) or below normal (hypo) release of T3 or T4. In addition as TSH directly affects thyroid function, malfunction of the pituitary or the hypo - thalamus influences the thyroid gland activity. Disease in any portion of the thyroid-pituitary-hypothala- mus system may influence the levels of T3 and T4 in the blood. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels may be low. In addition, in the Euthyroid Sick Syndrome, multiple alterations in serum thyroid function test findings have been recognized in patients with a wide variety of non-thyroidal illnesses (NTI) without evidence of preexisting thyroid or hypothalami c-pituitary diseases.	
Thyroid Binding Globulin (TBG) concentrations remain relatively constant in healthy individuals. However, pregnancy, excess estrogen, androgen, antibiotics, steroids and glucocorticoids are known to alter TBG levels and may cause false thyroid values for Total T3 and T4 tests.	



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Sample Type : Serum

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Test Description	Value(s)	Unit(s)	Reference Range
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Prolactin (PRL)

Prolactin CMIA	15.3	ng/mL	3.46 - 19.40
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Interpretation:**Note:**

1. Since prolactin is secreted in a pulsatile manner and is also influenced by a variety of physiologic stimuli, it is recommended to test 3 specimens at 20-30 minute intervals after pooling.
2. Major circulating form of Prolactin is a nonglycosylated monomer, but several forms of Prolactin linked with immunoglobulin occur which can give falsely high Prolactin results.
3. Macroprolactin assay is recommended if prolactin levels are elevated, but signs and symptoms of hyperprolactinemia are absent or pituitary imaging studies are normal

Clinical Use

- Diagnosis & management of pituitary adenomas
- Differential diagnosis of male & female hypogonadism

Increased Levels

- **Physiologic:** Sleep, stress, postprandially, pain, coitus
- **Systemic disorders:** Chest wall or thoracic spinal cord lesions, Primary / Secondary hypothyroidism, Adrenal insufficiency, Chronic renal failure, Cirrhosis
- **Medications:** **Psychiatric medications** like Phenothiazine, Haloperidol, Risperidone, Domperidone, Fluoxetine, Amitriptylene, MAO inhibitors etc.,

Antihypertensives: Alpramethyldopa, Reserpine, Verapamil**Opiates:** Heroin, Methadone, Morphine, Apomorphine**Cimetidine / Ranitidine**

- Prolactin secreting pituitary tumors: Prolactinoma, Acromegaly
- Miscellaneous: Epileptic seizures, Ectopic secretion of prolactin by non-pituitary tumors, pressure / transection of pituitary stalk, macroprolactinemia
- Idiopathic

Decreased levels

- Pituitary deficiency: Pituitary necrosis / infarction
- Bromocriptine administration
- Pseudohypoparathyroidism

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Test Description	Value(s)	Unit(s)	Reference Range
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Testosterone Total

Testosterone Total CMIA	298.8	ng/dL	Males(21-49 years) 240.24 - 870.68 Males (>=50 years) 220.91 - 715.81
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Interpretation:**Reference values for Males (7-18 years) characterized by Tanner Stage**

Tanner Stage	5-95th percentiles (ng/dL)
1	< 2.5
2	< 2.5 - 432
3	64.9 - 778
4	180 - 763
5	188 - 882

Reference values for females (8-18 years) characterized by Tanner Stage

Tanner Stage	5-95th percentiles (ng/dL)
1	<2.5 - 6.1
2	<2.5 - 10.4
3	<2.5 - 23.7
4	<2.5 - 26.8
5	4.6 - 38.3

Note

- All applications that require measurement of very low level of testosterone (eg hypogonadal men, children, virilization or intersex disorders in women etc) recommended test is Testosterone total, Ultrasensitive
- LC-MS/MS is the gold standard for steroid hormone assays due to increased sensitivity & specificity as compared to immunoassays

Clinical Use

Assessment of testicular function in males

Increased levels

- Precocious puberty (Males)
- Androgen resistance
- Testotoxicosis
- Congenital Adrenal Hyperplasia

Decreased levels

- Delayed puberty (Males)
- Gonadotropin deficiency
- Testicular defects
- Systemic diseases

Dehydroepiandrosterone Sulfate (DHEAS)**Dr. Dummy**

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Test Description	Value(s)	Unit(s)	Reference Range
DHEAS (Dehydroepiandrosteredione Sulphate)	342.0	µg/dL	211 - 492

Interpretation:

	Age (years)	Bio. Reference Interval (µg/dL)
Children	<1 week	108-607
	1 - 4 weeks	31.6-431
	1 - 12 months	3.4-124
	1 - 4 years	0.47-19.4
	5 - 9 years	2.8-85.2
Females	10 - 14 years	33.9-280
	15 - 19 years	65.1-368
	20 - 24 years	148-407
	25 - 34 years	98.8-340
	35 - 44 years	60.9-337
	45 - 54 years	35.4-256
	55 - 64 years	18.9-205
	65 - 74 years	9.40-246
	≥ 75	12.0-154
Males	10 - 14 years	24.4-247
	15 - 19 years	70.2-492
	20 - 24 years	211-492
	25 - 34 years	160-449
	35 - 44 years	88.9-427
	45 - 54 years	44.3-331
	55 - 64 years	51.7-295
	65 - 74 years	33.6-249
	≥ 75	16.2-123

Clinical Use

1. Marker for Adrenal cortical function and disease
2. Differential diagnosis of virilized patient. In patients with virilizing tumors, DHEAS levels usually exceed 7000 µg/dL.

Increased levels

1. Congenital Adrenal Hyperplasia
2. Adrenal carcinoma
3. Virilizing tumors of the Adrenal gland



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Test Description	Value(s)	Unit(s)	Reference Range
4. Cushing's disease, pituitary dependent			
Decreased Levels			
1. Addison's disease			
2. Adrenal hypoplasia			

HOMA-IR.

GLUCOSE FASTING <i>Hexokinase</i>	90.0	mg/dL	70 - 100
Insulin (Fasting) <i>ECLIA</i>	4.5	μU/mL	<25
Beta Cell Function (%B)	66.4		
Insulin Sensitivity (%S)	170.0		
HOMA IR Index <i>Calculated</i>	0.59		<2.5

Interpretation:

1. The HOMA model is used to yield an estimate of insulin sensitivity and beta cell function from fasting plasma insulin and glucose concentrations.
2. Insulin resistance is a state in which normal concentrations of insulin produce a subnormal biologic response.
3. Levels of Insulin are increased in insulinomas, factitious hypoglycemia, insulin autoimmune syndrome, acromegaly (after ingestion of glucose), Cushing's syndrome, corticosteroid administration and levodopa usage.
4. Levels of Insulin are depressed to absent in diabetes mellitus, pituitary tumors and chronic pancreatic diseases i.e. cystic fibrosis.
5. Insulin/ C-peptide ratio is used for differentiating between factitious hypoglycemia and insulinomas where a ratio < 1.0 indicates insulinoma; but results may vary in renal failure.
6. Antibodies to insulin form in longstanding diabetes mellitus treated with insulin hence in these patients monitoring insulin levels gives better prognosis.

Uses of HOMA Values:

1. To assess the risk of development of diabetes. It allows assessment of inherent beta cell function and insulin sensitivity and characterizes the pathophysiology in those with abnormal glucose tolerance.
2. It can be used to assess response to diet or oral drug therapy.

Remarks:

1. Insulin glucose HOMA model cannot be used in those taking exogenous insulin. Under such circumstances, the C peptide HOMA model which uses C peptide to reflect endogenous insulin secretions could be used.
2. ## The software does not accept Plasma Glucose values less than 54.1 mg/dL and more than 450.5 mg/dL, and Serum Insulin values less than 2.9 μU/mL and more than 57.6 μU/mL, for calculation of HOMA IR. Therefore, for values outside the above mentioned ranges, HOMA IR Index, Beta Cell Function (%B) and Insulin Sensitivity (%S) cannot be reported.

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LH / FSH Ratio

Luteinising Hormone-LH CMIA	12.9	mIU/mL	Normal Males - 0.57 - 12.07
Follicle Stimulating Hormone-FSH CMIA	5.67	mIU/mL	Males 0.95 - 11.95
LH / FSH Ratio	2.28		

Interpretation:

1. Ratio of LH to FSH > 2.50 indicates the presence of PCOS.

2. Polycystic Ovary Syndrome (PCOS) is a complex syndrome and each of the clinical phenotype is associated with different patterns of steroid hormones. It is likely that simultaneous measurement of multiple androgens (steroid/androgen profiling with highly specific and sensitive method LC-MS/MS) be more sensitive for detecting PCOS-related androgen excess and for predicting metabolic risk.

3. Women with Non-classical Congenital Adrenal Hyperplasia (NC-CAH) due to 21-hydroxylase deficiency and women with PCOS have similar clinical presentation, with hyperandrogenism, oligomenorrhea, and polycystic ovaries. The screening tool to distinguish NC-CAH from PCOS is the basal 17-OHP levels and the ACTH stimulation test.

Comments:

Polycystic Ovarian Syndrome (PCOS) affects 5-10% of women of reproductive age, making it the most common endocrine disorder of women in this age group. It is characterized by amenorrhea, hirsutism and infertility. It is caused by a complex interaction of abnormalities in gonadotropins, androgens & estrogens. Insulin resistance and hyperinsulinemia contribute significantly to its pathophysiology. Although PCOS is associated with hyperandrogenism & infertility early in life, it is a harbinger of a lifelong condition that can lead to serious sequelae such as Endometrial or Ovarian cancer, Diabetes mellitus & Coronary artery disease. Thus, it is crucial to diagnose PCOS early in its course not only to recognize but also to delay or arrest its metabolic sequelae

*** End Of Report ***

Disclaimer: Method given in report are only indicative and can be changed depending upon type of machine and kit available at time of testing.

Not all tests at all locations are under NABL scope. Availability of tests under NABL scope varies from lab to lab.



Dr. Dummy



Booking Centre :- DEMO PARTNER CHENNAI, DEMO PARTNER CHENNAI

Processing Lab :-

 928-909-0609 ccsupport@redcliffelabs.com www.redcliffelabs.com

All Lab results are subject to clinical interpretation by qualified medical professional and this report is not subject to use for any medico-legal purpose.

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Name
Mr MR.DUMMY

Patient ID
8052630

Gender
M

Age
23

Health Advisory

● Normal (N) ● Low (L) ● Borderline (BL) ● High (H)



Anemia Profile

Anemia is the condition where your body has less RBCs (red blood cells) or the RBCs don't have enough haemoglobin. Haemoglobin is the protein present in RBCs that help carry oxygen to your body's tissues.

Hemoglobin: 13.8_{gms%}

Abnormal results may indicate :



Anemia.

Diet and Lifestyle Tips :



Eat iron rich foods as iron is essential for the production of hemoglobin. Iron-rich foods include meat, fish, eggs and oysters, beans, lentils, dark green leafy vegetables (spinach, watercress, curly kale), broccoli, iron fortified cereals and dried fruits (apricots, prunes and raisins).



Avoid drinking tea and coffee with meals, and foods with high phytic acid, such as whole grain cereals, as they can affect digestive absorption of iron from your diet.



Your body absorbs iron from plant-based foods better when you eat them with vitamin-C rich foods, such as oranges, strawberries, melons, peppers and tomatoes.



Fertility Profile

In general, fertility is the ability to produce children. However, the hormones involved in fertility are responsible for various other functions of the body as well. It is important to have healthy levels for overall wellbeing.

Testosterone Total: 298.8_{ng/dL}

