

**Laboratory Investigation Report**

Patient Name	: Mrs. Indu Nagpal	Centre	: 903 - Max Lab, Sector 40, Gurugram
Age/Gender	: 51 Y 6 M 2 D /F	OP/IP No	: /
Max ID/Mobile	: ML00234145/9811333921	Collection Date/Time	: 28/May/2021 11:05AM
Lab ID	: 0591052101036~2	Receiving Date	: 28/May/2021
Ref Doctor	: SELF	Reporting Date	: 28/May/2021

Serology Elisa**IgE (Immunoglobulin-E)*, Serum**

FEIA

Date	28/May/2021 11:05AM	Unit	Bio Ref Interval
Immunoglobulin-IgE	14.2	kUA/L	0-64

Comment Total IgE is an in vitro test system for the quantitative measurement of circulating total IgE in human serum or plasma. It is intended for in vitro diagnostic use as an aid in the clinical diagnosis of IgE mediated allergic disorders in conjunction with other clinical findings, and is to be used in clinical laboratories. A definite clinical diagnosis should not be made as a result of single test only, but should be made by taking into account clinical history and other laboratory findings.

Kindly correlate with clinical findings

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

Dr. Bansidhar Tarai, M.D.
Senior Consultant & Head - Microbiology



Dr. Poornima Sen, M.D.
Consultant - Microbiology



Dr. Madhuri Somani, M.D. , DNB
Consultant - Microbiology



Page 1 of 23

SIN No:B2B798100, Test Performed at :910 - Max Hospital - Saket M S S H, Press Enclave Road, Mandir Marg, Saket, New Delhi, Delhi 110017
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Clinical Biochemistry

Test Name	Result	Unit	Bio Ref Interval
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Immunoglobulin Profile (IgG + IgA + IgM), Serum*

Immunoturbidimetric

Immunoglobulin IgA	186.14	mg/dL	70 - 400
Immunoglobulin IgG	822.91	mg/dL	700 - 1600
Immunoglobulin IgM	99.02	mg/dL	40 - 230



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Clinical Biochemistry

Homocysteine, Quantitative*, Serum

Date	28/May/2021 11:05AM	Unit	Bio Ref Interval
Homocysteine, Quantitative Enzymatic Kinetic	11.3	µmol/L	3 - 12

Interpretation Measurement of Homocysteine is considered important to diagnose homocystinuria, to identify individuals with or at a risk of developing cobalamin or folate deficiency, and to assess Homocysteine as a risk factor for cardiovascular disease (CVD) and other disorders.





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Clinical Biochemistry

WellWise Exclusive Profile-Female

Iron and Total Iron Binding Capacity, Serum*

Date	28/May/2021 10:53AM	24/Nov/18 10:45AM	Unit	Bio Ref Interval
Iron TPTZ- No deproteinization	25.1	18.5	µg/dL	60 - 180
UIBC Nitroso - PSAP	401	464	µg/dL	155 - 355
Total Iron Binding Capacity Calculated	426	483	µg/dL	215 - 535
Transferrin Saturation Calculated	5.89	3.83	%	17 - 37



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Clinical Biochemistry

WellWise Exclusive Profile-Female

Glycosylated Haemoglobin (HbA1C), EDTA Routine*

HPLC

Date	28/May/2021 10:53AM	17/May/20 09:50AM	24/Nov/18 10:45AM	Unit	Bio Ref Interval
Glycosylated Haemoglobin(Hb A1c)	8.9	12.6	8.9	%	< 5.7
Glycosylated Haemoglobin(Hb A1c) IFCC	73.76	114.21	73.76	mmol/mol	< 39.0
Average Glucose Value For the Last 3 Months	208.73	314.92	208.73	mg/dL	
Average Glucose Value For the Last 3 Months IFCC	11.56	17.44	11.56	mmol/L	

Interpretation The following HbA1c ranges recommended by the American Diabetes Association(ADA) may be used as an aid in the diagnosis of diabetes mellitus.

HbA1C(NGSP %)	HbA1C(IFCC mmol/mol)	Suggested Diagnosis
≥ 6.5	≥ 48	Diabetic
5.7 - 6.4	39 - 47	Pre- Diabetic
< 5.7	< 39	Non - Diabetic

HbA1C provides a useful index of average glycaemia over the preceding 6-8 weeks.

It is suggested that HbA1c is measured every 6 months in stable patients, every 3 months in patients with unstable metabolic control and every month in pregnancy.

Increased Glycated hemoglobin is a reflection of Hyperglycemia.

Kindly correlate with clinical findings

*** End Of Report ***



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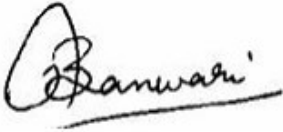
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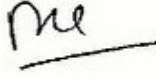
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Clinical Biochemistry**WellWise Exclusive Profile-Female**

Dr. Akash Banwari, M.D.(Path)
Pathologist



Dr. Poonam S. Das, M.D.
Principal Director-
Max Lab & Blood Bank Services



Dr. Dilip Kumar M.D.
Associate Director &
Manager Quality



Dr. Nitin Dayal, M.D.
Principal Consultant & Head,
Haematopathology



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Immunoassay

WellWise Exclusive Profile-Female

Ferritin, Serum*

Date	28/May/2021 10:53AM	24/Nov/18 10:45AM	Unit	Bio Ref Interval
Ferritin ECLIA	10.5	5	ng/mL	13 - 150

Thyroid Profile*, Serum*

Date	28/May/2021 10:53AM	17/May/20 09:50AM	24/Nov/18 10:45AM	Unit	Bio Ref Interval
Free Triiodothyronine (FT3) CLIA	3.94	3.13	3.66	pg/mL	2.6 - 4.2
Free Thyroxine (FT4) CLIA	0.91	0.77	0.76	ng/dL	0.58 - 1.64
Thyroid Stimulating Hormone CLIA	3.82	3.16	3.96	μIU/mL	0.34 - 5.6

Comment

Parameter	Unit	Premature (28 - 36 weeks)	Cord Blood (> 37 weeks)	Upto 2 Month	Adult	1st Trimester	2nd Trimester	3rd Trimester
FT3	Pg/mL		0.15 - 3.91	2.4 - 5.6	2.6 - 4.2	2.11 - 3.83	1.96 - 3.38	1.96 - 3.38
FT4	ng/dl		0.89 - 1.53	0.58 - 1.64	0.58 - 1.64	0.7 - 2.0	0.5 - 1.6	0.5 - 1.6
TSH	uIU/ml	0.7 - 27.0	2.3 - 13.2	0.5 - 10	0.38 - 5.33	0.1 - 2.5	0.2 - 3.0	0.3 - 3.0

Note : TSH levels are subject to circadian variation, reaching peak levels between 2 – 4 am and at a minimum between 6 – 10 pm. The variation is of the order of 50% - 206 %, hence time of the day has influence on the measured serum TSH concentrations.



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Immunoassay

WellWise Exclusive Profile-Female

Vitamin B12, Serum*

Date	28/May/2021 10:53AM	17/May/20 09:50AM	24/Nov/18 10:45AM	Unit	Bio Ref Interval
Vitamin B12 CLIA	508.0	480.0	181.0	pg/mL	120 - 914

Interpretation

Note:- Vitamin B12 (Cobalamin)

Vitamin B12 is tested for patients with GIT disease, Neurological disease, psychiatric disturbances, malnutrition, alcohol abuse.

Increased in chronic renal failure, severe CHF.

Decreased in megaloblastic anemia.

Advise: CBC, peripheral smear, serum folate levels, intrinsic factor antibodies (IFA), bone marrow examination, if Vit B12 deficient.



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Immunoassay

WellWise Exclusive Profile-Female

25 Hydroxy Vitamin D Level,Serum*

Date	28/May/2021 10:53AM	17/May/20 09:50AM	24/Nov/18 10:45AM	Unit	Bio Ref Interval
25 Hydroxy, Vitamin D CLIA	26.07	20.67	25.72	ng/mL	30-100

Ref Range

Vitamin D Status	25 (OH) Vitamin D Concentration Range (ng/ml)
Sufficiency	30-100
Insufficiency	20-29
Deficiency	<20
Potential Toxicity	>100

Interpretation

Vitamin D toxicity can be due to

1. Use of high doses of vitamin D for prophylaxis or treatment
2. Taking vitamin D supplements with existing health problems such as kidney disease, liver disease, tuberculosis and hyperparathyroidism

Vitamin D deficiency can be due to:

1. Inadequate exposure to sunlight,
2. Diet deficient in vitamin D
3. Malabsorption

Advice: Serum calcium, phosphorus and PTH



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Immunoassay**WellWise Exclusive Profile-Female****Folate , Serum***

Date	28/May/2021 10:53AM	24/Nov/18 10:45AM	Unit	Bio Ref Interval
Folate Serum CLIA	>47	40.0	ng/mL	>5.9

Rechecked

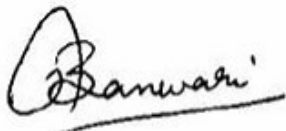
Ref Range

Folate (Normal)	>5.9
Folate (Indeterminate)	4.0 - 5.9
Folate (Deficient)	<4.0

Interpretation

A folate deficiency can lead to megaloblastic anemia and ultimately to severe neurological problems. Folate deficiency can be caused by insufficient dietary intake, malabsorption or excessive folate utilization, which is common during pregnancy, alcoholism, hepatitis, or other liver-damaging diseases.

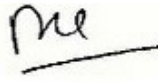
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Pathologist



Dr. Poonam. S. Das, M.D.
Principal Director-
Max Lab & Blood Bank Services



Dr. Dilip Kumar M.D.
Associate Director &
Manager Quality



Dr. Nitin Dayal, M.D.
Principal Consultant & Head,
Haematopathology



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Clinical Biochemistry WellWise Exclusive Profile-Female

Blood Sugar Fasting, Fluoride Plasma

Date	28/May/2021 10:53AM	17/May/20 09:50AM	24/Nov/18 10:45AM	Unit	Bio Ref Interval
Glucose (Fasting) Hexokinase	119	386	176	mg/dL	74 - 99

CRP (C-Reactive Protein), High Sensitive, Serum

Date	28/May/2021 10:53AM	24/Nov/18 10:45AM	Unit	Bio Ref Interval
C-Reactive Protein, High Sensitive Latex particle Immunoturbidimetric	0.63	0.28	mg/dL	

Reference Values in the table given below are recommended cardiovascular risk groups, in primary prevention settings by AHA/CDC and NACB expert panel.

Risk Level	CRP (mg/L)	CRP (mg/dL)
Low	< 1.0	< 0.10
Average	1.0 - 3.0	0.10 - 0.30
High	> 3.0	>0.30

Increase in CRP levels is non-specific, and interpretation must be undertaken in comparison with previous Hs CRP values or other cardiac risk indicators (Cholesterol, HDL etc.) Single measurement may lead to an erroneous assessment of early cardiac inflammation.

Lipid Profile, Serum

Date	28/May/2021 10:53AM	17/May/20 09:50AM	24/Nov/18 10:45AM	Unit	Bio Ref Interval
Cholesterol Cholesterol oxidase, esterase, peroxidase	191	215	183	mg/dL	< 200
HDL Cholesterol Direct measure, immunoinhibition	46.0	38.0	44.0	mg/dL	> 40
LDL Cholesterol	140.0	157.0	139.0	mg/dL	< 100



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MC-2980

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Laboratory Investigation Report

Patient Name	: Mrs. Indu Nagpal	Centre	: 903 - Max Lab, Sector 40, Gurugram
Age/Gender	: 51 Y 6 M 2 D /F	OP/IP No	: /
Max ID/Mobile	: ML00234145/9811333921	Collection Date/Time	: 28/May/2021 10:53AM
Lab ID	: 0591052101036~2	Receiving Date	: 28/May/2021
Ref Doctor	: SELF	Reporting Date	: 28/May/2021

Clinical Biochemistry WellWise Exclusive Profile-Female

Direct measure

Triglyceride	144.0	238.0	103.0	mg/dL	< 150
Enzymatic, end point					
VLDL Cholesterol	28.8	47.6	20.6	mg/dl	< 30
Calculated					
Total Cholesterol/HDL Ratio	4.2	5.7	4.2	..	0.0-4.9
Calculated					
Non-HDL Cholesterol	145.00	177.00		mg/dL	< 130
Calculated					
HDL/LDL	0.33			Ratio	0.3 - 0.4
Calculated					

Interpretation

Total Cholesterol	Desirable: < 200 mg/dL Borderline High: 200-239 mg/dL High ≥ 240 mg/dL	LDL-C	Optimal: < 100 mg/dL Near Optimal/ Above Optimal: 100-129 mg/dL Borderline High: 130-159 mg/dL High: 160-189 mg/dL Very High: ≥ 190 mg/dL
HDL-C	Low HDL: < 40 mg/dL High HDL: ≥ 60 mg/dL	Triglyceride	Normal: <150 mg/dL Borderline High: 150-199 mg/dL High: 200-499 mg/dL Very High: ≥ 500 mg/dL





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Clinical Biochemistry

WellWise Exclusive Profile-Female

Inorganic Phosphorus, Serum

Date	28/May/2021 10:53AM	17/May/20 09:50AM	24/Nov/18 10:45AM	Unit	Bio Ref Interval
Phosphorus(inorg) Phosphomolybdate-UV	4.43	4.27	3.6	mg/dL	2.5 - 4.5

Interpretation

Increased in Osteolytic metastatic bone tumors, myelogenous leukemia, sarcoidosis, milk-alkali syndrome, vitamin D intoxication, healing fractures, renal failure, hyperparathyroidism, PTH resistance (Pseudohypoparathyroidism) and diabetes mellitus with ketosis.

Decreased in Osteomalacia, steatorrhea, renal tubular acidosis, growth hormone deficiency, acute alcoholism, gram-negative bacterial septicemia, hypokalemia, familial hypophosphatemic rickets, Vitamin D deficiency, severe malnutrition, malabsorption, secondary diarrhea, vomiting, nasogastric suction, primary hyperthyroidism and PTH producing tumors.



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Clinical Biochemistry

WellWise Exclusive Profile-Female

KFT Profile with Calcium,Uric Acid, Serum

Date	28/May/2021 10:53AM	17/May/20 09:50AM	24/Nov/18 10:45AM	Unit	Bio Ref Interval
Urea Urease, UV	19.0	22.0	20.0	mg/dL	17.0 - 43.0
Creatinine Alkaline picrate kinetic	0.56	0.64	0.46	mg/dL	0.6 - 1.1
eGFR MDRD	113.90	98.04	144.38	ml/min/1.73 m ²	
Uric Acid Uricase, Colorimetric	4.7	3.5	4	mg/dL	2.6 - 6.0
Calcium (Total) Arsenazo III	8.96	9.70	8.92	mg/dL	8.8 - 10.6
Sodium ISE indirect	139.5	134.2	138.8	mmol/L	136 - 146
Potassium ISE indirect	3.8	4.3	4.16	mmol/L	3.5 - 5.1
Chloride ISE indirect	105.7	100.6	104.6	mmol/L	101 - 109
Bicarbonate Enzymatic	19.8	23.1	26.4	mmol/L	21 - 31

Interpretation Ref. Range

eGFR - Estimated Glomerular Filtration Rate is calculated by MDRD equation which is most accurate for GFRs ≤ 60ml / min / 1.73 m².MDRD equation is used for adult population only.

<60ml / min / 1.73 m² - Chronic Kidney Disease

<15 ml / min / 1.73 m² - Kidney failure



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Clinical Biochemistry WellWise Exclusive Profile-Female

Liver Function Test Profile,Serum

Date	28/May/2021 10:53AM	17/May/20 09:50AM	24/Nov/18 10:45AM	Unit	Bio Ref Interval
Total Protein Biuret	6.43	7.02	6.28	g/dL	6.6 - 8.3
Albumin Bromocresol Green (BCG)	4.0	4.2	3.8	g/dL	3.5 - 5.2
Globulin Calculated	2.4	2.8	2.5	g/dl	2.3 - 3.5
A.G. ratio Calculated	1.6	1.5	1.5		1.2 - 1.5
Bilirubin (Total) DPD	0.51	0.46	0.51	mg/dL	0.3 - 1.2
Bilirubin (Direct) Diazotization	0.10	0.08	0.1	mg/dL	0.0 - 0.2
Bilirubin (Indirect) Calculated	0.41	0.38	0.41	mg/dL	0.1 - 1.0
SGOT- Aspartate Transaminase (AST) UV without P5P	18	15	15	U/L	< 35
SGPT- Alanine Transaminase (ALT) UV without P5P	21	26	20	U/L	< 35
Alkaline Phosphatase PNPP, AMP Buffer	66	93	77	U/L	30 - 120
GGTP (Gamma GT), Serum Enzymatic Rate	15.0	17.0	13.0	U/L	< 38

Kindly correlate with clinical findings

*** End Of Report ***



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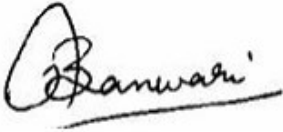


MC-2980

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**Laboratory Investigation Report**

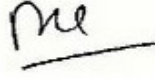
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Clinical Biochemistry**WellWise Exclusive Profile-Female**

Dr. Akash Banwari, M.D.(Path)
Pathologist



Dr. Poonam S. Das, M.D.
Principal Director-
Max Lab & Blood Bank Services



Dr. Dilip Kumar M.D.
Associate Director &
Manager Quality



Dr. Nitin Dayal, M.D.
Principal Consultant & Head,
Haematopathology



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Clinical Pathology

WellWise Exclusive Profile-Female

Urine Routine And Microscopy

Date	28/May/2021 10:53AM	24/Nov/18 10:45AM	Unit	Bio Ref Interval
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Macroscopy

Reflectance photometry

Colour	Yellow	Yellow	..	Pale Yellow
PH	5.0	5.0	..	5-6
Specific Gravity	1.026	1.023		1.015 - 1.025
Protein	Nil	Nil		Nil
Glucose.	+	Nil		Nil
Ketones	Nil	Nil		Nil
Blood	Nil	Nil		Nil
Bilirubin	Nil	Nil		Nil
Urobilinogen	Normal	Normal		Normal
Nitrite	Positive	Negative		

Microscopy

Light Microscopy/Image capture microscopy

Red Blood Cells (RBC)	Nil	Nil	/HPF	Nil
White Blood Cells	10 - 15	3 - 5	/HPF	0.0-5.0
Squamous Epithelial Cells	5 - 7	2 - 3	/HPF	
Cast	Nil	Nil	/LPF	Nil
Crystals	Nil	Nil	..	Nil
Bacteria	+	Nil	/HPF	Nil

Kindly correlate with clinical findings

*** End Of Report ***



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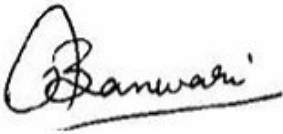


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Clinical Pathology**WellWise Exclusive Profile-Female**

Dr. Akash Banwari, M.D.(Path)
Pathologist



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Hematology

WellWise Exclusive Profile-Female

Complete Haemogram, Peripheral Smear and ESR, EDTA

Date	28/May/2021 10:53AM	17/May/20 09:50AM	24/Nov/18 10:45AM	Unit	Bio Ref Interval
Haemoglobin	10.6	11.4	9.9	g/dl	12.0 - 15.0
Modified cyanmethemoglobin					
Packed Cell, Volume	34.4	36.1	31.3	%	40-50
Calculated					
Total Leucocyte Count (TLC)	8.3	9.7	7.7	10~9/L	4.0-10.0
Electrical Impedance					
RBC Count	4.73	4.88	4.11	10~12/L	3.8-4.8
Electrical Impedance					
MCV	72.8	74.1	76	fL	83-101
Electrical Impedance					
MCH	22.5	23.4	24.1	pg	27-32
Calculated					
MCHC	30.9	31.6	31.7	g/dl	31.5-34.5
Calculated					
Platelet Count	226	290	290	10~9/L	150-410
Electrical Impedance					
MPV	9.0	8.2	7.8	fL	7.8-11.2
Calculated					
RDW	20.6	14.8	16.7	%	11.5-14.5
Calculated					

Differential Cell Count

VCS / Light Microscopy

Neutrophils	65.4	65.0	61.5	%	40-80
Lymphocytes	24.4	26.8	28.1	%	20-40
Monocytes	8.1	5.9	8.2	%	2-10
Eosinophils	1.4	1.1	1.5	%	1-6
Basophils	0.7	1.2	0.7	%	0-2

Absolute Leukocyte Count

Calculated from TLC & DLC

Absolute Neutrophil Count	5.43	6.31	4.74	10~9/L	2.0-7.0
Absolute Lymphocyte	2.0	2.6	2.2	10~9/L	1.0-3.0



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Hematology**WellWise Exclusive Profile-Female****Count**

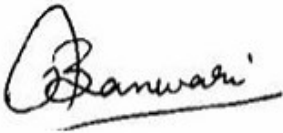
Absolute Monocyte Count	0.67	0.57	0.63	10~9/L	0.2-1.0
Absolute Eosinophil Count	0.12	0.11	0.12	10~9/L	0.02-0.5
Absolute Basophil Count	0.06	0.12	0.05	10~9/L	0.02-0.1
ESR (Westergren)	32	10	16	mm/hr	<=19

Peripheral Smear Examination**RBC:** - Anisocytosis(+++) Microcytosis(+) Hypochromia(+)**WBC:** - Counts within normal limits**Platelet:** - Adequate

IMP- Microcytic Hypochromic Anaemia

Advice- Iron Tibc

Kindly correlate with clinical findings

***** End Of Report *******Dr. Akash Banwari, M.D.(Path)**
Pathologist

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Immunoassay			
Test Name	Result	Unit	Bio Ref Interval
Cortisol (Morning Sample),Serum			
Cortisol , Serum (Morning) CLIA	8.42	µg/dL	6.7-22.6

Interpretation Highly increased in Ectopic ACTH syndrome, Increased in Cushing's (pituitary) disease, adrenal adenoma, carcinoma

Decreased in Addison's disease, congenital adrenal hyperplasia (adrenogenital syndromes), hypopituitarism

There is diurnal variation in secretion of cortisol; the level at 8:00 PM is normally half of the level at 8:00 AM. Loss of diurnal variation is often seen in Cushing's syndrome.



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Phone: +91-124-6623 000 | (CIN No.: L72200MH2001PLC322854)

Helpline No. 7982 100 200 www.maxlab.co.in feedback@maxlab.co.in



MC-2714

Conditions of Reporting: 1. The tests are carried out in the lab with the presumption that the specimen belongs to the patient name as identified in the bill/test request form. 2. The test results relate specifically to the sample received in the lab and are presumed to have been generated and transported per specific instructions given by the physicians/laboratory. 3. The reported results are for the information and interpretation by the referring doctor only. 4. Some tests are referred to other laboratories to provide a wider test menu to the customer. 5. Max Healthcare shall in no event be liable for accidental damages loss, or destruction of specimen which is not attributable to any direct and mala fide act or omission of Max Healthcare or its employees. Liability of Max Healthcare for deficiency of services, or other errors and omissions shall be limited to fee paid by the patient for the relevant laboratory services.

**Laboratory Investigation Report**

Patient Name	: Mrs. Indu Nagpal	Centre	: 903 - Max Lab, Sector 40, Gurugram
Age/Gender	: 51 Y 6 M 2 D /F	OP/IP No	: /
Max ID/Mobile	: ML00234145/9811333921	Collection Date/Time	: 28/May/2021 11:05AM
Lab ID	: 0591052101036~2	Receiving Date	: 28/May/2021
Ref Doctor	: SELF	Reporting Date	: 28/May/2021

Immunoassay**Prolactin, Serum**

Date	28/May/2021 11:05AM	Unit	Bio Ref Interval
Prolactin CLIA	37.26	ng/mL	

Ref Range

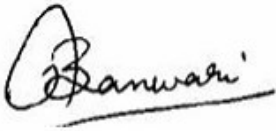
Males :	2.64 - 13.13
Females :	
Premenopausal (<50 years of age):	3.34 - 26.74
Postmenopausal (>50 years of age):	2.74 - 19.64

Interpretation

Increased in prolactin-secreting pituitary tumors, amenorrhea and/or galactorrhea, Chiari-Frommel and Argonz Del Cstillo syndromes, various types of hypothalamic-pituitary disease (e.g. sarcoidosis, granulomatous diseases, craniopharyngioma, metastatic cancer, empty sella syndrome), primary hypothyroidism, anorexia nervosa, polycystic ovary syndrome, renal failure, insulin-induced hypoglycemia, chest wall injury, adrenal insufficiency, and pituitary stalk section surgery
Decreased in pituitary apoplexy (Sheehan's Syndrome)

Kindly correlate with clinical findings

*** End Of Report ***



Dr. Akash Banwari, M.D.(Path)
Pathologist



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SIN No:B2B798100, Test Performed at :910 - Max Hospital - Saket M S S H, Press Enclave Road, Mandir Marg, Saket, New Delhi, Delhi 110017
Booking Centre :903 - Max Lab, Sector 40, Gurugram, H.No C 2 GF Sector 40,Gurgaon, 9971264353

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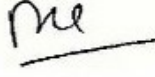
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Immunoassay

Dr. Poonam. S. Das, M.D.
Principal Director-
Max Lab & Blood Bank Services



Dr. Dilip Kumar M.D.
Associate Director &
Manager Quality



Dr. Nitin Dayal, M.D.
Principal Consultant & Head,
Haematopathology



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