

Laboratory Investigation Report

Patient Name	: Mr. Kartikaye Yadav	Centre	: 903 - Max Lab, Sector 40, Gurugram
Age/Gender	: 22 Y 0 M 0 D /M	OP/IP No	: /
UHID/Mobile	: ML00694293/9810887078	Collection Date/Time	: 27/Jul/2020 11:53AM
Lab ID	: 0591072000220~2	Receiving Date	: 27/Jul/2020
Ref Doctor	: SELF	Reporting Date	: 27/Jul/2020

Clinical Biochemistry

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

Immunoturbidimetric

Immunoglobulin IgA	241	mg/dL	70 - 400
Immunoglobulin IgG	1473	mg/dL	700 - 1600
Immunoglobulin IgM	64	mg/dL	40 - 230



SIN No:GG5342437

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Clinical Biochemistry WellWise Exclusive Profile- Male

Blood Sugar Fasting, Fluoride Plasma

Date	27/Jul/2020 11:49AM	Unit	Bio.Ref.Range
Glucose (Fasting) Hexokinase	87	mg/dL	74 - 99

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

Date	27/Jul/2020 11:49AM	Unit	Bio.Ref.Range
C-Reactive Protein, High Sensitive Latex particle Immunoturbidimetric	0.05	mg/dL	

Comment 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.



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Clinical Biochemistry WellWise Exclusive Profile- Male

Lipid Profile,Serum

Date	27/Jul/2020 11:49AM	Unit	Bio.Ref.Range
Cholesterol <small>Cholesterol oxidase, esterase, peroxidase</small>	123.0	mg/dL	< 200
HDL Cholesterol <small>Direct measure, immunoinhibition</small>	31.0	mg/dL	> 40
LDL Cholesterol <small>Direct measure</small>	83.0	mg/dL	< 100
Triglyceride <small>Enzymatic, end point</small>	99.0	mg/dL	< 150
VLDL Cholesterol <small>Calculated</small>	19.8	mg/dl	< 30
Total Cholesterol/HDL Ratio <small>Calculated</small>	4.0	..	0.0-4.9
Non-HDL Cholesterol <small>Calculated</small>	92.00	mg/dL	< 130

Comment

Total Cholesterol	Desirable: < 200 mg/dL Borderline High: 200-239 mg/dL High \geq 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: \geq 190 mg/dL
HDL-C	Low HDL: < 40 mg/dL High HDL: \geq 60 mg/dL	Triglyceride	Normal: <150 mg/dL Borderline High: 150-199 mg/dL High: 200-499 mg/dL Very High: \geq 500 mg/dL



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WellWise Exclusive Profile- Male

Iron and Total Iron Binding Capacity, Serum*

Date	27/Jul/2020 11:49AM	Unit	Bio.Ref.Range
Iron	119.5	µg/dL	70 - 180
<small>TPTZ- No deproteinization</small>			
UIBC	201	µg/dL	155 - 355
<small>Nitroso - PSAP</small>			
Total Iron Binding Capacity	321	µg/dL	225 - 535
<small>Calculated</small>			
Transferrin Saturation	37.23	%	17 - 37
<small>Calculated</small>			

Inorganic Phosphorus, Serum

Date	27/Jul/2020 11:49AM	Unit	Bio.Ref.Range
Phosphorus(inorg)	3.20	mg/dL	2.5 - 4.5
<small>Phosphomolybdate-UV</small>			

Comment

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- Male

Glycosylated Haemoglobin (HbA1C), EDTA Routine*

HPLC

Date	27/Jul/2020 11:49AM	Unit	Bio.Ref.Range
Glycosylated Haemoglobin(Hb A1c)	5.1	%	< 5.7
Glycosylated Haemoglobin(Hb A1c) IFCC	32.23	mmol/mol	< 39.0
Average Glucose Value For the Last 3 Months	99.67	mg/dL	
Average Glucose Value For the Last 3 Months IFCC	5.52	mmol/L	

Comment 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.



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WellWise Exclusive Profile- Male

KFT Profile with Calcium,Uric Acid, Serum

Date	27/Jul/2020 11:49AM	Unit	Bio.Ref.Range
Urea Urease, UV	18.0	mg/dL	17.0 - 43.0
Creatinine Alkaline picrate kinetic	0.96	mg/dL	0.9 - 1.3
eGFR MDRD	97.95	ml/min/1.73 m ²	
Uric Acid Uricase, Colorimetric	7.4	mg/dL	3.5 - 7.2
Calcium (Total) Arsenazo III	9.86	mg/dL	8.8 - 10.6
Sodium ISE indirect	140.6	mmol/L	136 - 146
Potassium ISE indirect	4.0	mmol/L	3.5 - 5.1
Chloride ISE indirect	104.6	mmol/L	101 - 109
Bicarbonate Enzymatic	25.7	mmol/L	21 - 31

Comment Ref. Range

eGFR - Estimated Glomerular Filtration Rate is calculated by MDRD equation which is most accurate for GFRs \leq 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- Male

Liver Function Test Profile, Serum

Date	27/Jul/2020 11:49AM	Unit	Bio.Ref.Range
Total Protein	7.89	g/dL	6.6 - 8.3
Biuret			
Albumin	4.7	g/dL	3.5 - 5.2
Bromocresol Green (BCG)			
Globulin	3.2	g/dl	2.3 - 3.5
Calculated			
A.G. ratio	1.5		1.2 - 1.5
Calculated			
Bilirubin (Total)	0.85	mg/dL	0.3 - 1.2
DPD			
Bilirubin (Direct)	0.19	mg/dL	0.0 - 0.2
Diazotization			
Bilirubin (Indirect)	0.66	mg/dL	0.1 - 1.0
Calculated			
SGOT- Aspartate Transaminase (AST)	26	U/L	< 50
UV without P5P			
SGPT- Alanine Transaminase (ALT)	33	U/L	< 50
UV without P5P			
Alkaline Phosphatase	78	U/L	30 - 120
PNPP, AMP Buffer			
GGTP (Gamma GT), Serum	18.0	U/L	< 55
Enzymatic Rate			

Kindly correlate with clinical findings

*** End Of Report ***

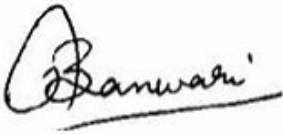


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Clinical Biochemistry

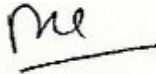
WellWise Exclusive Profile- Male



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



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



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



Dr. Nitin Dayal, M.D.
Senior Consultant & Chief - Haemato
Pathology and Immuno Haematology

Results to follow:

Candida Albicans Antibodies (M) : 27/Jul/2020 02:30 PM



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Hematology

WellWise Exclusive Profile- Male

Complete Haemogram, Peripheral Smear and ESR, EDTA

Date	27/Jul/2020 11:49AM	Unit	Bio.Ref.Range
Haemoglobin	14.8	g/dl	13.0 - 17.0
Packed Cell, Volume	43.8	%	40-50
Calculated			
Total Leucocyte Count (TLC)	7.1	10~9/L	4.0-10.0
Electrical Impedance			
RBC Count	5.05	10~12/L	4.5-5.5
Electrical Impedance			
MCV	86.8	fL	83-101
Electrical Impedance			
MCH	29.4	pg	27-32
Calculated			
MCHC	33.9	g/dl	31.5-34.5
Calculated			
Platelet Count	225	10~9/L	150-410
Electrical Impedance			
MPV	9.7	fl	7.8-11.2
Calculated			
RDW	13.5	%	11.5-14.5
Calculated			

Differential Cell Count

VCS / Light Microscopy

Neutrophils	43.3	%	40-80
Lymphocytes	47.9	%	20-40
Monocytes	6.7	%	2-10
Eosinophils	1.5	%	1-6
Basophils	0.6	%	0-2

Absolute Leukocyte Count

Calculated from TLC & DLC

Absolute Neutrophil Count	3.07	10~9/L	2.0-7.0
Absolute Lymphocyte Count	3.4	10~9/L	1.0-3.0
Absolute Monocyte Count	0.48	10~9/L	0.2-1.0



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Hematology

WellWise Exclusive Profile- Male

Absolute Eosinophil Count	0.11	10~9/L	0.02-0.5
Absolute Basophil Count	0.04	10~9/L	0.02-0.1
ESR (Westergren)	9	mm/hr	<=10

Peripheral Smear Examination

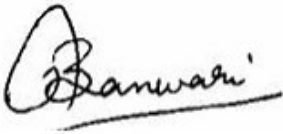
RBC: - Normocytic Normochromic

WBC: - Counts within normal limits

Platelet: - Adequate

Kindly correlate with clinical findings

*** End Of Report ***



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

Pathologist

Results to follow:

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Test Name	Immunoassay Result	Unit	Bio.Ref.Range
Cortisol (Morning Sample),Serum			
Cortisol , Serum (Morning) CLIA	5.12	µg/dL	6.7-22.6

Comment 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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Immunoassay WellWise Exclusive Profile- Male

Test Name	Result	Unit	Bio.Ref.Range
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Thyroid Profile*,Serum*

Free Triiodothyronine (FT3) CLIA	3.67	pg/mL	2.6 - 4.2
Free Thyroxine (FT4) CLIA	1.17	ng/dL	0.58 - 1.64
Thyroid Stimulating Hormone CLIA	1.06	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- Male

Ferritin, Serum*

Date	27/Jul/2020 11:49AM	Unit	Bio.Ref.Range
Ferritin CLIA	109.4	ng/mL	23.9-336.2

Vitamin B12, Serum*

Date	27/Jul/2020 11:49AM	Unit	Bio.Ref.Range
Vitamin B12 CLIA	102.0	pg/mL	120 - 914

Comment

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- Male

25 Hydroxy Vitamin D Level,Serum*

Date	27/Jul/2020 11:49AM	Unit	Bio.Ref.Range
25 Hydroxy, Vitamin D CLIA	38.11	ng/mL	30-100

Comment

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

Prostate Specific Antigen (P.S.A.) - Total*, Serum

Date	27/Jul/2020 11:49AM	Unit	Bio.Ref.Range
Prostate Specific Antigen CLIA	0.68	ng/mL	<4.00



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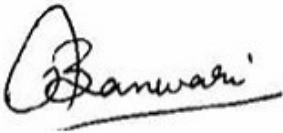
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Immunoassay

WellWise Exclusive Profile- Male

Kindly correlate with clinical findings

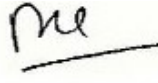
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Test Name	Serology Result	Unit	Bio.Ref.Range
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Covid 19 Antibody (IgG) (Quantitative)*

CLIA

Covid Antibody (IgG) <3.80 AU/ML

Comment Interpretation :

AU/mL.....	Result	Interpretation
Less than 12	Negative	It indicates absence or a very low level of IgG antibodies. It can also be negative during incubation period or in early stages of infection.
From 12 to 15	Equivocal	Kindly repeat the sample after 1-2 weeks
15 or above	Positive	It indicates exposure of the subject to the pathogen and immunity.

1. Coronavirus disease (Covid-19) is an infectious disease caused by SARS - CoV-2. It is a new strain of Corona virus that has not been previously identified in humans.
2. SARS CoV-2 virus is an enveloped, single stranded RNA virus, it contains four structural proteins; envelope (E) , Spike (S - S1 and S2) , membrane (M) and Nucleocapsid (N).
3. The Corona virus Spike (S) glycoprotein present on the outer envelope of the virus plays a critical role in viral infection, by recognising host cell receptors. B). The S protein is the principle determinant of protective immunity, the monoclonal antibodies against S protein neutralise the viral infectivity.
- C) The S protein comprises of two functional subunits(S1 and S2); S1 subunit is responsible for binding to the host cell receptors , and S2 subunit is responsible for fusion of the viral and cellular membrane.
4. The antibodies against Spike and nucleocapsid proteins are major immunogenic components of the protective immunity.
5. We are using **CLIA technology for quantitative determination of "ANTI S1 and ANTI S2" specific IgG in serum/plasma of Covid positive patients.** Thus this assay supports the immune status of patients , by indicating neutralizing IgG antibodies against S1 and S2 proteins of SARS CoV 2 virus
6. The test is usually recommended after 14 days of exposure/ infection or onset of symptoms.
7. Detection of Neutralising IgG antibody(S1 and S2) against SARS-CoV-2 at present is not yet established to determine long term immunity of the virus or to protect the patients against re-infection by the virus.
8. This test should not be used as sole basis to diagnose or exclude SARS COV 2 infection.
9. These antibodies can last for several months , however the exact duration of presence of these antibodies is unknown.

Kindly correlate with clinical findings

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Dr. Bansidhar Tarai, M.D.

Senior Consultant & Head - Microbiology



Dr. Pragnya P Jena, M.D.

Consultant - Microbiology

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