



Laboratory Investigation Report

Patient Name	: Mr. Krish Thukral	Centre	: 4759 - Curis Healthtech Pvt. Ltd
Age/Gender	: 19 Y 0 M 0 D /M	OP/IP No/UHID	: //
MaxID/Lab ID	: ML05161789/4041102401093	Collection Date/Time	: 28/Oct/2024 12:18PM
Ref Doctor	: Dr.Vikas Thukral	Reporting Date/Time	: 28/Oct/2024 06:23PM

Hematology

Wellwise Essential Profile



SIN No: B2B6010704

CBC (Complete Blood Count), Whole Blood EDTA

Date	28/Oct/2024 12:18PM	Unit	Bio Ref Interval
Haemoglobin	13.5	g/dl	13.0 - 17.0
Packed Cell, Volume	42.7	%	40-50
Calculated			
Total Leucocyte Count (TLC)	9.0	10~9/L	4.0-10.0
Electrical Impedance			
RBC Count	7.00	10~12/L	4.5-5.5
Electrical Impedance			
MCV	61.0	fL	83-101
Electrical Impedance			
MCH	19.3	pg	27-32
Calculated			
MCHC	31.7	g/dl	31.5-34.5
Calculated			
Platelet Count	258	10~9/L	150-410
Electrical Impedance			
MPV	8.6	fl	7.8-11.2
Calculated			
RDW	17.6	%	11.5-14.5
Calculated			

Differential Cell Count

VCS / Light Microscopy

Neutrophils	58.8	%	40-80
Lymphocytes	29.7	%	20-40
Monocytes	7.7	%	2-10
Eosinophils	3.0	%	1-6
Basophils	0.8	%	0-2

Absolute Leukocyte Count

Calculated from TLC & DLC

Absolute Neutrophil Count	5.29	10~9/L	2.0-7.0
Absolute Lymphocyte Count	2.7	10~9/L	1.0-3.0
Absolute Monocyte Count	0.69	10~9/L	0.2-1.0
Absolute Eosinophil Count	0.27	10~9/L	0.02-0.5
Absolute Basophil Count	0.070	10~9/L	0.02-0.1

Kindly correlate with clinical findings

*** End Of Report ***

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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Booking Centre : 4759 - Curis Healthtech Pvt. Ltd, Unit No 442, JMD Megapolis Sector 48, 9929999766

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Max Super Speciality Hospital, Saket (West Block), 1, Press Enclave Road, Saket, New Delhi - 110 017, Phone: +91-11-6611 5050

(CIN No.: U85100DL2021PLC381826)

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.

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Hematology**Wellwise Essential Profile**

SIN No:B2B6010704

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

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

Dr. Nitin Dayal, M.D.
Associate Director & Head,
Haematopathology

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

Wellwise Essential Profile



SIN No:B2B6010704

Fasting Blood Sugar (Glucose) , (FBS), Fluoride Plasma

Date	28/Oct/2024 12:18PM	Unit	Bio Ref Interval
Glucose (Fasting) Hexokinase	107.0	mg/dL	74 - 99

Interpretation A fasting blood sugar level from 100 to 125 mg/dL is considered prediabetes Elevated blood glucose levels are seen in:

Diabetes mellitus, Cushing's disease, Acromegaly

Stress, such as from surgery or trauma. Certain medications, especially [corticosteroids](#)

Decreased blood glucose levels can be due to drug induced, [hypothyroidism](#), [addison](#) (adrenal insufficiency)

HbA1c (Glycated/ Glycosylated Hemoglobin) Test

HPLC

Date	28/Oct/2024 12:18PM	Unit	Bio Ref Interval
Glycosylated Haemoglobin(Hb A1c)	6.90	%	< 5.7
Glycosylated Haemoglobin(Hb A1c) IFCC	51.9	mmol/mol	< 39.0
Average Glucose Value For the Last 3 Months	151.33	mg/dL	
Average Glucose Value For the Last 3 Months IFCC	8.38	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

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Clinical Biochemistry**Wellwise Essential Profile**

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Immunoassay
Wellwise Essential Profile


SIN No:B2B6010704

Thyroid Stimulating Hormone (TSH), Serum
Date **28/Oct/2024**
12:18PM
Unit **Bio Ref**
Interval

Thyroid Stimulating Hormone
CLIA 0.97

μIU/mL 0.38 - 5.33

Interpretation


Parameter	Unit	Premature (28 - 36 Weeks)	Cord Blood (> 37 weeks)	Upto 2 Month	1st Trimester	2nd Trimester	3rd Trimester
TSH	uIU/ml	0.7 - 27.0	2.3 - 13.2	0.5 - 10	0.05 - 3.7	0.31 - 4.35	0.41 - 5.18

Increased in primary Hypothyroidism.
Decreased in primary Hyperthyroidism

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.

Kindly correlate with clinical findings

*** End Of Report ***


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**Clinical Biochemistry
Wellwise Essential Profile**


SIN No:B2B6010704

Urea, Serum

Date	28/Oct/2024 12:18PM	Unit	Bio Ref Interval
Urea	25.3	mg/dL	17 - 43
Urase, UV			

Creatinine, Serum

Date	28/Oct/2024 12:18PM	Unit	Bio Ref Interval
Creatinine	0.8	mg/dL	0.9 - 1.3
Alkaline picrate kinetic			
eGFR by MDRD	124.53	ml/min/1.73 m ²	
MDRD			
eGFR by CKD EPI 2021	129.82		

Ref. Range

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

Category	Ref Interval (ml / min / 1.73 m ²)	Condition
G1	≥ 90	Normal or High
G2	60 - 89	Mildly Decreased
G3a	45 - 59	Mildly to Moderately Decreased
G3b	30 - 44	Moderately to Severly Decreased
G4	15 - 29	Severly Decreased
G5	< 15	Kidney failure

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Clinical Biochemistry
Wellwise Essential Profile


SIN No: B2B6010704

Bilirubin Total and Direct, Serum

Date	28/Oct/2024 12:18PM	Unit	Bio Ref Interval
Bilirubin (Total) DPD	0.54	mg/dL	0.3 - 1.2
Bilirubin (Direct) Diazotization	0.14	mg/dL	0 - 0.2
Bilirubin (Indirect) Calculated	0.4	mg/dL	0.1 - 1.0

Interpretation Increased in Hepatocellular damage (inflammatory, toxic, neoplastic), intra hepatic and extra hepatic biliary tree obstruction, hemolytic disease and neonatal physiological jaundice.

SGOT - Aspartate Amino Transferase, Serum

Date	28/Oct/2024 12:18PM	Unit	Bio Ref Interval
SGOT- Aspartate Transaminase (AST) UV without P5P	16	U/L	0 - 50

Interpretation

Increased in acute hepatitis especially viral hepatitis, liver cell necrosis or injury of any cause, including cholestatic or obstructive jaundice, chronic hepatitis and drug induced injury to liver.

SGPT - Alanine Amino Transferase, Serum

Date	28/Oct/2024 12:18PM	Unit	Bio Ref Interval
SGPT- Alanine Transaminase (ALT) UV without P5P	26	U/L	0 - 50

Interpretation

Increased in Acute Liver Cell necrosis of any cause, severe shock right heart failure, acute anoxia (e.g. status asthmaticus), extensive trauma and left heart failure.

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Clinical Biochemistry Wellwise Essential Profile



SIN No: B2B6010704

Total Cholesterol, Serum

Date	28/Oct/2024	Unit	Bio Ref
	12:18PM		Interval
Cholesterol	148	mg/dL	0 - 200
Cholesterol oxidase, esterase, peroxidase			

Interpretation

Total Cholesterol	Desirable: < 200 mg/dL
	Borderline High: 200-239 mg/dL
	High \geq 240 mg/dL

Increased in Familial hypercholesterolemia, coronary heart disease, primary biliary cirrhosis, nephrotic syndrome, type 2 diabetes, hypothyroidism, obesity and pregnancy.

Decreased in Hypo- α -lipoproteinemias, hepatocellular necrosis, hyperthyroidism, malnutrition, severe acute illness and infection.

Triglycerides, Serum


Date	28/Oct/2024	Unit	Bio Ref
	12:18PM		Interval
Triglyceride	84.0	mg/dL	0 - 150
Enzymatic end point			

Comment


Triglyceride	Normal: <150 mg/dL
	Borderline High: 150-199 mg/dL
	High: 200-499 mg/dL
	Very High: \geq 500 mg/dL

Kindly correlate with clinical findings

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Clinical Pathology
Wellwise Essential Profile

Urine Routine And Microscopy

Date	28/Oct/2024	Unit	Bio Ref Interval
	12:18PM		

Macroscopy

Colour	Pale Yellow		Pale Yellow
Visual Observation/ Automated			
PH	5.5	..	5-6
Double Indicator			
Specific Gravity	1.020		1.015 - 1.025
pKa change			
Protein	Neg		Nil
Protein-error of indicators			
Glucose.	Neg		Nil
Enzyme Reaction			
Ketones	Neg		Nil
Acetoacetic Reaction			
Blood	Neg		Nil
Benzidine Reaction			
Bilirubin	Neg		Nil
Diazo Reaction			
Urobilinogen	Normal		Normal
Ehrlichs Reaction			
Nitrite	Neg		
Conversion of Nitrate			

Microscopy

Red Blood Cells (RBC)	0	/HPF	Nil
Light Microscopy/Image capture			
microscopy			
White Blood Cells	0	/HPF	0.0-5.0
Light Microscopy/Image capture			
microscopy			
Squamous Epithelial Cells	1	/HPF	
Light Microscopy/Image capture			
microscopy			
Cast	Nil	/LPF	Nil
Light Microscopy/Image capture			
microscopy			
Crystals	Nil	..	Nil
Light Microscopy/Image capture			
microscopy			
Bacteria	Nil	/HPF	Nil
Light Microscopy/Image capture			
microscopy			

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MC-2714

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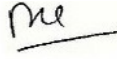
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**Clinical Pathology
Wellwise Essential Profile**

SIN No:B2B6010704

Kindly correlate with clinical findings

*** End Of Report ***

**Dr. Poonam. S. Das, M.D.**
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Max Lab & Blood Bank Services**Dr. Dilip Kumar M.D.**
Director & Quality Manager**Dr. Nitin Dayal, M.D.**
Associate Director & Head,
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Test Performed at :910 - Max Hospital - Saket M S S H, Press Enclave Road, Mandir Marg, Saket, New Delhi, Delhi 110017
Booking Centre :4759 - Curis Healthtech Pvt. Ltd, Unit No 442, JMD Megapolis Sector 48, 9929999766
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(CIN No.: U85100DL2021PLC381826)📞 Helpline No. 7982 100 200 🌐 www.maxlab.co.in ✉ feedback@maxlab.co.in

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.



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