


**Laboratory Investigation Report**

Patient Name	: Ms. Tanya Patel	Centre	: 3041 - Max Lab,Noida Extn.Ghaziabad
Age/Gender	: 20 Y 0 M 0 D /F	OP/IP No/UHID	: //
MaxID/Lab ID	: ML05582781/2805032500096	Collection Date/Time	: 25/Mar/2025 03:45PM
Ref Doctor	: Dr.Swapnil Shikha	Reporting Date/Time	: 25/Mar/2025 07:48PM

**Hematology**
**Wellwise Total All Day**


SIN No:b2b6394481

**Complete Haemogram, Peripheral Smear and ESR,EDTA**

Date	25/Mar/2025 03:45PM	Unit	Bio Ref Interval
Haemoglobin	12.8	g/dl	12.0 - 15.0
Modified cyanmethemoglobin			
Packed Cell, Volume	37.6	%	40-50
Calculated			
Total Leucocyte Count (TLC) 9.7		10~9/L	4.0-10.0
Electrical Impedance			
RBC Count	4.22	10~12/L	3.8-4.8
Electrical Impedance			
MCV	89.1	fL	83-101
Electrical Impedance			
MCH	30.3	pg	27-32
Calculated			
MCHC	34.0	g/dl	31.5-34.5
Calculated			
Platelet Count	212	10~9/L	150-410
Electrical Impedance			
MPV	11.9	fL	7.8-11.2
Calculated			
RDW	14.5	%	11.5-14.5
Calculated			

**Differential Cell Count**
**VCS / Light Microscopy**

Neutrophils	69.0	%	40-80
Lymphocytes	22.1	%	20-40
Monocytes	6.8	%	2-10
Eosinophils	1.8	%	1-6
Basophils	0.3	%	0-2

**Absolute Leukocyte Count**
**Calculated from TLC & DLC**

Absolute Neutrophil Count	6.69	10~9/L	2.0-7.0
Absolute Lymphocyte Count	2.1	10~9/L	1.0-3.0
Absolute Monocyte Count	0.66	10~9/L	0.2-1.0
Absolute Eosinophil Count	0.17	10~9/L	0.02-0.5
Absolute Basophil Count	0.030	10~9/L	0.02-0.1
ESR (Modified Westergren)	17	mm/hr	<=12

**Peripheral Smear**
**Examination**
**RBC: - Normocytic Normochromic**
**WBC: - Counts within normal limits**
**Platelet: - Adequate**

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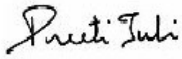
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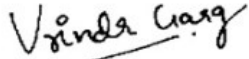
SIN No:b2b6394481

Kindly correlate with clinical findings

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



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Principal Consultant & Quality Manager  
Pathology.



**Dr. Vrinda Garg, M.D.**  
Associate Consultant, Pathology

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**Clinical Biochemistry**


SIN No:b2b6394481

**Wellwise Total All Day**
**Random Blood Sugar, RBS (Glucose), Fluoride Plasma**

<b>Date</b>	<b>25/Mar/2025</b>	<b>Unit</b>	<b>Bio Ref</b>
	<b>03:45PM</b>		<b>Interval</b>
Random Glucose	108.3	mg/dl	74 - 140
UV-Hexokinase			

**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)




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**Clinical Biochemistry**  
**Wellwise Total All Day**


SIN No:b2b6394481

**HbA1c (Glycated/ Glycosylated Hemoglobin) Test, EDTA**  
**HPLC**

Date	25/Mar/2025 03:45PM	Unit	Bio Ref Interval
Glycosylated Haemoglobin(Hb A1c)	4.20	%	4.27 - 6.07
Glycosylated Haemoglobin(Hb A1c) IFCC	22.39	mmol/mol	< 39.0
Average Glucose Value For the Last 3 Months	73.84	mg/dL	
Average Glucose Value For the Last 3 Months IFCC	4.09	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.

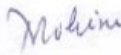
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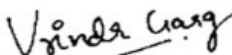
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#### Immunoassay

#### Wellwise Total All Day



SIN No:b2b6394481

#### Thyroid Profile ( Free T3, Free T4 & TSH), Serum

Date	25/Mar/2025 03:45PM	Unit	Bio Ref Interval
Free Triiodothyronine (FT3)	2.90	pg/mL	2.6 - 4.2
CLIA			
Free Thyroxine (FT4)	0.79	ng/dL	0.58 - 1.64
CLIA			
Thyroid Stimulating Hormone	2.15	μIU/mL	0.38 - 5.33
CLIA			

#### Comment

Parameter	Unit	Premature (28 - 36 weeks)	Cord Blood (> 37 weeks)	Upto 2 Month	1st Trimester	2nd Trimester	3rd Trimester
FT3	Pg/mL		0.15 - 3.91	2.4 - 5.6	2.11 - 3.83	1.96 - 3.38	1.96 - 3.38
FT4	ng/dl		1.7 - 4.0		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	0.05 - 3.7	0.31 - 4.35	0.41 - 5.18

**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.

Comment: TSH - Ultrasensitive

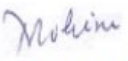
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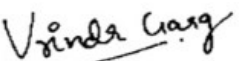
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**Clinical Biochemistry  
Wellwise Total All Day**

**Kidney Function Test (KFT) Profile with Calcium, Uric Acid, Serum**

Date	25/Mar/2025 03:45PM	Unit	Bio Ref Interval
Urea	15.9	mg/dL	17.12 - 55.64
Enzymatic Rate (Urease)			
Blood Urea Nitrogen	7.43	mg/dl	8 - 26
Enzymatic Rate (Urease)			
Creatinine	0.63	mg/dL	0.6 - 1.1
Alkaline picrate kinetic			
eGFR by MDRD	120.47	ml/min/1.73 m <sup>2</sup>	
MDRD			
eGFR by CKD EPI 2021	130.16		
Bun/Creatinine Ratio	11.79	Ratio	12:1 - 20:1
Calculated			
Uric Acid	4.73	mg/dl	2.6 - 6.0
Uricase, Colorimetric			
Calcium (Total)	9.65	mg/dl	8.9 - 10.3
Arsenazo III			
Sodium	138.5	mmol/L	136 - 144
ISE Direct			
Potassium	3.99	mmol/L	3.5 - 5.1
ISE indirect			
Chloride	105.83	mmol/l	101-111
ISE Direct			
Bicarbonate	25.0	mmol/l	22-29
Colorimetric, PEP-C			

**Ref. Range**

eGFR - Estimated Glomerular Filtration Rate is calculated by MDRD equation which is most accurate for GFRs ≤ 60ml / min /1.73 m<sup>2</sup>.MDRD equation is **used for adult population only**.

Category	Ref Interval (ml / min / 1.73 m <sup>2</sup> )	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 Total All Day**


SIN No:b2b6394481

**Inorganic Phosphorus, Serum**

<b>Date</b>	<b>25/Mar/2025</b>	<b>Unit</b>	<b>Bio Ref</b>
	<b>03:45PM</b>		<b>Interval</b>
Phosphorus(inorg)	3.60	mg/dl	2.4 - 4.7
Phospho-Molybdate			

**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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**Liver Function Test (LFT), Serum**

Date	25/Mar/2025 03:45PM	Unit	Bio Ref Interval
Total Protein	7.91	g/dl	6.5 - 8.1
Biuret			
Albumin	4.5	g/dl	3.5 - 5.0
BCP			
Globulin	3.4	g/dl	2.3 - 3.5
Calculated			
A.G. ratio	1.3		1.2 - 1.5
Calculated			
Bilirubin (Total)	0.53	mg/dl	0.3 - 1.2
Diazo			
Bilirubin (Direct)	0.10	mg/dl	0.1 - 0.5
Diazo			
Bilirubin (Indirect)	0.43	mg/dL	0.1 - 1.0
Calculated			
SGOT- Aspartate Transaminase (AST)	23	U/L	< 50
UV without P5P			
SGPT- Alanine Transaminase (ALT)	11	U/L	17 - 63
Kinetic Rate using LDH			
AST/ALT Ratio	2.09	Ratio	
Calculated			
Alkaline Phosphatase	71	U/L	32 - 91
PNP AMP Buffer			
GGTP (Gamma GT), Serum	9.0	U/L	7 - 50
Enzymatic Rate			

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### Laboratory Investigation Report

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Age/Gender	: 20 Y 0 M 0 D /F	OP/IP No/UHID	: //
MaxID/Lab ID	: ML05582781/2805032500096	Collection Date/Time	: 25/Mar/2025 03:45PM
Ref Doctor	: Dr.Swapnil Shikha	Reporting Date/Time	: 25/Mar/2025 07:23PM

#### Clinical Biochemistry Wellwise Total All Day



SIN No:b2b6394481

#### Lipid Profile,Serum

Date	25/Mar/2025 03:45PM	Unit	Bio Ref Interval
Cholesterol	117.1	mg/dl	< 200
Cholesterol oxidase, esterase, peroxidase			
HDL Cholesterol	58.9	mg/dl	> 40
Homogeneous Assay			
LDL Cholesterol	58	mg/dl	< 100
Homogeneous Assay			
Triglyceride	82.8	mg/dl	< 150
Enzymatic, end point			
VLDL Cholesterol	16.6	mg/dl	< 30
Calculated			
Total Cholesterol/HDL Ratio	2.0	..	0.0-4.9
Calculated			
Non-HDL Cholesterol	58.20	mg/dL	< 130
Calculated			
HDL/LDL	1.02	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

Kindly correlate with clinical findings

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

*Preeti Tuli*

Dr. Preeti Tuli, M.D.  
Principal Consultant & Quality Manager  
Pathology.

*Mohini*

Dr. Mohini Bhargava, MD  
Associate Director(Biochemistry)

Test Performed at :969 - Max Lab R G Square Mall, Patparganj, 108A, IP Ext, I.P.Extension, Patparganj, Delhi, 11

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**Clinical Biochemistry**
**Wellwise Total All Day**


SIN No:b2b6394481

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Ref Doctor	: Dr.Swapnil Shikha	Reporting Date/Time	: 25/Mar/2025 07:42PM

**Immunoassay**
**Wellwise Total All Day**


SIN No:b2b6394481

**Vitamin D, 25 - Hydroxy Test (Vit. D3), Serum**

Date	25/Mar/2025 03:45PM	Unit	Bio Ref Interval
25 Hydroxy, Vitamin D CLIA	13.80	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

**Vitamin B12 (Vit- B12), (Cyanocobalamin), Serum**

Date	25/Mar/2025 03:45PM	Unit	Bio Ref Interval
Vitamin B12 CLIA	169	pg/mL	222 - 1439

**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.

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

Kindly correlate with clinical findings

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

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**Immunoassay**


SIN No:b2b6394481

**Wellwise Total All Day**

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#### Total Iron Binding Capacity (TIBC), Serum

Date	25/Mar/2025 03:45PM	Unit	Bio Ref Interval
Iron	50.45	µg/dL	45 - 182
UIBC	375.79		
Total Iron Binding Capacity Calculated	426.24	µg/dL	225 - 535
Transferrin Saturation Calculated	11.84	%	17 - 37

#### CRP- C- Reactive Protein, Serum

Date	25/Mar/2025 03:45PM	Unit	Bio Ref Interval
CRP Latex Particle Immunoturbidimetric	0.40	mg/L	0.0 - 5.0

**Interpretation** This helps in detecting neonatal septicemia, meningitis and useful to assess the activity of inflammatory diseases like rheumatoid arthritis. It is increased after myocardial infarction, stress, trauma, infection, inflammation, surgery, or neoplastic proliferation. The increase with inflammation occurs within 6 -12 hours and peaks at about 48 hours.

#### Ref Range :

Mg/L	Mg/dL
< 5.0	< 0.5

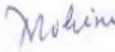
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#### Results to follow:

Urine Routine And Microscopy : Sample not yet received

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