



Laboratory Investigation Report

Patient Name	: Mr. Kumar Saurabh	Centre	: 2364 - Max Lab, Sector 17- A, Gurugram
Age/Gender	: 30 Y 0 M 0 D /M	OP/IP No/UHID	: //
MaxID/Lab ID	: ML04803239/2119062400088	Collection Date/Time	: 30/Jun/2024 10:35AM
Ref Doctor	: SELF	Reporting Date/Time	: 30/Jun/2024 03:08PM

Hematology



SIN No: B2B5381315

Wellwise Total Profile

Complete Haemogram, Peripheral Smear and ESR, EDTA

Date	30/Jun/2024 10:35AM	Unit	Bio Ref Interval
Haemoglobin	15.1	g/dl	13.0 - 17.0
Modified cyanmethemoglobin			
Packed Cell, Volume	46.3	%	40-50
Calculated			
Total Leucocyte Count (TLC)	8.9	10~9/L	4.0-10.0
Electrical Impedance			
RBC Count	4.81	10~12/L	4.5-5.5
Electrical Impedance			
MCV	96.3	fL	83-101
Electrical Impedance			
MCH	31.3	pg	27-32
Calculated			
MCHC	32.6	g/dl	31.5-34.5
Calculated			
Platelet Count	290	10~9/L	150-410
Electrical Impedance			
MPV	9.0	fl	7.8-11.2
Calculated			
RDW	14.4	%	11.5-14.5
Calculated			

Differential Cell Count

VCS / Light Microscopy

Neutrophils	41.6	%	40-80
Lymphocytes	48.5	%	20-40
Monocytes	6.7	%	2-10
Eosinophils	2.6	%	1-6
Basophils	0.6	%	0-2

Absolute Leukocyte Count

Calculated from TLC & DLC

Absolute Neutrophil Count	3.7	10~9/L	2.0-7.0
Absolute Lymphocyte Count	4.3	10~9/L	1.0-3.0
Absolute Monocyte Count	0.6	10~9/L	0.2-1.0
Absolute Eosinophil Count	0.23	10~9/L	0.02-0.5
Absolute Basophil Count	0.050	10~9/L	0.02-0.1
ESR (Modified Westergren)	4	mm/hr	<=10

Peripheral Smear

Examination

RBC: - Normocytic Normochromic
WBC: - Counts within normal limits
Platelet: - Adequate

Test Performed at : 585 - Max Lab Sector-44, Gurugram, Delta Tower Plot No.-54, Sector-44,

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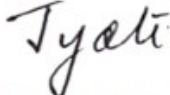
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Hematology**Wellwise Total Profile**

SIN No: B2B5381315

Kindly correlate with clinical findings

*** End Of Report ***

**Dr. Akash Banwari, M.D. (Path)**
Associate Director**Dr. Jyoti Singhal, M.D. (Pathology)**
Senior Resident

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Clinical Biochemistry


SIN No: B2B5381315

Wellwise Total Profile
Fasting Blood Sugar (Glucose) , (FBS), Fluoride Plasma

Date	30/Jun/2024 10:35AM	Unit	Bio Ref Interval
Glucose (Fasting) Hexokinase	83	mg/dL	74 - 99

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Clinical Biochemistry
Wellwise Total Profile


SIN No: B2B5381315

HbA1c (Glycated/ Glycosylated Hemoglobin) Test*

HPLC

Date	30/Jun/2024 10:35AM	Unit	Bio Ref Interval
Glycosylated Haemoglobin(Hb A1c)	5.2	%	< 5.7
Glycosylated Haemoglobin(Hb A1c) IFCC	33.32	mmol/mol	< 39.0
Average Glucose Value For the Last 3 Months	102.54	mg/dL	
Average Glucose Value For the Last 3 Months IFCC	5.68	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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Immunoassay


SIN No: B2B5381315

Wellwise Total Profile
Thyroid Profile*, Serum

Date	30/Jun/2024 10:35AM	Unit	Bio Ref Interval
Free Triiodothyronine (FT3)	3.44	pg/mL	2.6 - 4.2
CLIA			
Free Thyroxine (FT4)	0.82	ng/dL	0.58 - 1.64
CLIA			
Thyroid Stimulating Hormone	6.62	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.

Kindly correlate with clinical findings

*** End Of Report ***

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Clinical Biochemistry


SIN No: B2B5381315

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

Date	30/Jun/2024 10:35AM	Unit	Bio Ref Interval
Urea Urease, UV	30.0	mg/dL	17.0 - 43.0
Blood Urea Nitrogen Calculated	14.02	mg/dL	7.9 - 20.0
Creatinine Alkaline picrate kinetic	0.87	mg/dL	0.9 - 1.3
eGFR by MDRD MDRD	103.03	ml/min/1.73 m ²	
eGFR by CKD EPI 2021	118.20		
Bun/Creatinine Ratio Calculated	16.11	Ratio	12:1 - 20:1
Uric Acid Uricase, Colorimetric	8.8	mg/dL	3.5 - 7.2
Calcium (Total) Arsenazo III	9.2	mg/dL	8.8 - 10.6
Sodium ISE indirect	138.7	mmol/L	136 - 146
Potassium ISE indirect	4.2	mmol/L	3.5 - 5.1
Chloride ISE indirect	105.6	mmol/L	101 - 109
Bicarbonate Enzymatic	26.8	mmol/L	21 - 31

Ref. Range

eGFR - Estimated Glomerular Filtration Rate is calculated by MDRD equation which is most accurate for GFRs ≤ 60 ml / min / 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 Total Profile**

SIN No: B2B5381315

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Clinical Biochemistry


SIN No: B2B5381315

Wellwise Total Profile
Liver Function Test (LFT), Serum

Date	30/Jun/2024 10:35AM	Unit	Bio Ref Interval
Total Protein	7.51	g/dL	6.6 - 8.3
Biuret			
Albumin	4.3	g/dL	3.5 - 5.2
Bromocresol Green (BCG)			
Globulin	3.2	g/dL	2.3 - 3.5
Calculated			
A.G. ratio	1.3		1.2 - 1.5
Calculated			
Bilirubin (Total)	0.62	mg/dL	0.3 - 1.2
DPD			
Bilirubin (Direct)	0.08	mg/dL	0.0 - 0.2
Diazotization			
Bilirubin (Indirect)	0.54	mg/dL	0.1 - 1.0
Calculated			
SGOT- Aspartate Transaminase (AST)	28	U/L	< 50
UV without P5P			
SGPT- Alanine Transaminase (ALT)	36	U/L	< 50
UV without P5P			
AST/ALT Ratio	0.78	Ratio	
Calculated			
Alkaline Phosphatase	94	U/L	30 - 120
PNPP, AMP Buffer			
GGTP (Gamma GT), Serum	71.0	U/L	< 55
Enzymatic Rate			

Interpretation AST/ALT Ratio : -

In Case of deranged AST and/or ALT, the AST/ALT ratio is > 2.0 in alcoholic liver damage and < 2.0 in non – alcoholic liver damage

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Clinical Biochemistry


SIN No: B2B5381315

Wellwise Total Profile
Lipid Profile, Serum

Date	30/Jun/2024 10:35AM	Unit	Bio Ref Interval
Cholesterol	257	mg/dL	< 200
Cholesterol oxidase, esterase, peroxidase			
HDL Cholesterol	40	mg/dL	> 40
Direct measure, immunoinhibition			
LDL Cholesterol	170	mg/dL	< 100
Direct measure			
Triglyceride	546.0	mg/dL	< 150
Enzymatic, end point			
Serum Lipemic			
VLDL Cholesterol	109.2	mg/dL	< 30
Calculated			
VLDL shows a higher value than ACTUAL in samples having triglycerides more than 400 mg/dL.			
Total Cholesterol/HDL Ratio	6.4		0-4.9
Calculated			
Non-HDL Cholesterol	217.00	mg/dL	< 130
Calculated			
HDL/LDL	0.24	Ratio	0.3 - 0.4
Calculated			

Interpretation

Total Cholesterol	Desirable: < 200 mg/dL	LDL-C	Optimal: < 100 mg/dL
	Borderline High: 200-239 mg/dL		Near Optimal/ Above Optimal: 100-129 mg/dL
	High ≥ 240 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	Triglyceride	Normal: <150 mg/dL
	High HDL: ≥ 60 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 Total Profile**


SIN No: B2B5381315

Inorganic Phosphorus, Serum

Date	30/Jun/2024 10:35AM	Unit	Bio Ref Interval
Phosphorus(inorg) Phosphomolybdate-UV	3.67	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.

Kindly correlate with clinical findings

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Immunoassay


SIN No: B2B5381315

Wellwise Total Profile
Vitamin D, 25 - Hydroxy Test (Vit. D3), Serum

Date	30/Jun/2024	Unit	Bio Ref
	10:35AM		Interval
25 Hydroxy, Vitamin D	7.09	ng/mL	30-100
CLIA			

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	30/Jun/2024	Unit	Bio Ref Interval
	10:35AM		
Vitamin B12	69	pg/mL	120 - 914
CLIA			

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

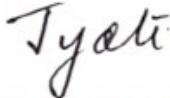
*** End Of Report ***

**Laboratory Investigation Report**

Patient Name	: Mr. Kumar Saurabh	Centre	: 2364 - Max Lab, Sector 17- A, Gurugram
Age/Gender	: 30 Y 0 M 0 D /M	OP/IP No/UHID	: //
MaxID/Lab ID	: ML04803239/2119062400088	Collection Date/Time	: 30/Jun/2024 10:35AM
Ref Doctor	: SELF	Reporting Date/Time	: 30/Jun/2024 03:38PM

Immunoassay

SIN No: B2B5381315

Wellwise Total Profile**Dr. Akash Banwari, M.D. (Path)**
Associate Director**Dr. Jyoti Singhal, M.D. (Pathology)**
Senior Resident

Test Performed at : 585 - Max Lab Sector-44, Gurugram, Delta Tower Plot No.-54, Sector-44,

Max Lab Limited (A Wholly Owned Subsidiary of Max Healthcare Institute Ltd.)
Booking Centre : 2364 - Max Lab, Sector 17- A, Gurugram, House No 714, Near Sriram Dental Opposite Huda Market, 9910788564
Max Super Speciality Hospital, Saket (West Block), 1, Press Enclave Road, Saket, New Delhi - 110 017, Phone: +91-11-6611 5050
Clinic No: 0891009122211 (CBB426)

The authenticity of the report can be verified by scanning the Q R Code on top of the page

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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

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Clinical Biochemistry
Wellwise Total Profile


SIN No: B2B5381315

CRP- C- Reactive Protein, Serum

Date	30/Jun/2024 10:35AM	Unit	Bio Ref Interval
CRP	2.37	mg/L	0.0 - 5.0
Latex Particle Immunoturbidimetric			

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

Total Iron Binding Capacity (TIBC), Serum

Date	30/Jun/2024 10:35AM	Unit	Bio Ref Interval
Iron	79.9	µg/dL	70 - 180
TPTZ- No deproteinization			
UIBC	313	µg/dL	155 - 355
Nitroso - PSAP			
Total Iron Binding Capacity	392.9	µg/dL	225 - 535
Calculated			
Transferrin Saturation	20.34	%	17 - 37
Calculated			

Kindly correlate with clinical findings

*** End Of Report ***

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

Dr. Jyoti Singhal, M.D. (Pathology)
Senior Resident



Laboratory Investigation Report

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Clinical Pathology Wellwise Total Profile



SIN No: B2B5381315

Urine Routine And Microscopy

Date	30/Jun/2024 10:35AM	Unit	Bio Ref Interval
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Macroscopy

Colour	Pale Yellow		Pale Yellow
Visual Observation/ Automated			
PH	5.5	..	5-6
Double Indicator			
Specific Gravity	>=1.030		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			
White Blood Cells	1	/HPF	0.0-5.0
Light Microscopy/Image capture			
Squamous Epithelial Cells	1	/HPF	
Light Microscopy/Image capture			
Cast	Nil	/LPF	Nil
Light Microscopy/Image capture			
Crystals	Nil	..	Nil
Light Microscopy/Image capture			
Bacteria	Nil	/HPF	Nil
Light Microscopy/Image capture			

Kindly correlate with clinical findings

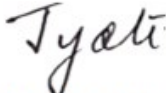
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**Laboratory Investigation Report**

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Clinical Pathology**Wellwise Total Profile**

SIN No: B2B5381315

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