



### Laboratory Investigation Report

Patient Name	: Mr. Kapil Mittal	Centre	: 1629 - Dd Diagnostic
Age/Gender	: 38 Y 5 M 27 D /M	OP/IP No	: /
Max ID/Mobile	: ML00259654/9717033256	Collection Date/Time	: 09/Jul/2021 06:54PM
Lab ID	: 1361072100047	Receiving Date	: 09/Jul/2021
Ref Doctor	: SELF	Reporting Date	: 09/Jul/2021

#### Clinical Biochemistry

Test Name	Result	Unit	Bio Ref Interval
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#### CRP- C-Reactive Protein (Covid)\*

CRP Latex Particle Immunoturbidimetric	1.41	mg/L	0.0 - 5.0
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SIN No:b2b970622, Test Performed at :585 - Max Hospital - Gurugram, Opposite HUDA City Centre Metro Station, B - Block  
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### Clinical Biochemistry Wellwise Total Profile

#### Glycosylated Haemoglobin (HbA1C), EDTA Routine\*

HPLC

Date	09/Jul/2021 06:54PM	14/Sep/20 08:10AM	20/May/19 11:51AM	09/Jan/19 04:30PM	Unit	Bio Ref Interval
Glycosylated Haemoglobin(Hb A1c)	9.8	9.5	8.5	9.0	%	< 5.7
Glycosylated Haemoglobin(Hb A1c) IFCC	83.60	80.32	69.39	74.86	mmol/mol	< 39.0
Average Glucose Value For the Last 3 Months	234.56	225.95	197.25	211.6	mg/dL	
Average Glucose Value For the Last 3 Months IFCC	12.99	12.52	10.93	11.72	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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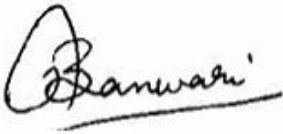
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**Clinical Biochemistry****Wellwise Total Profile**

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

**Results to follow:**

SARS-COV-2 Spike Antibodies : Sample not yet received



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### Immunoassay Wellwise Total Profile

#### Thyroid Profile\*, Serum\*

Date	09/Jul/2021 06:54PM	14/Sep/20 08:10AM	20/May/19 11:51AM	Unit	Bio Ref Interval
Free Triiodothyronine (FT3) CLIA	3.93	2.68	3.59	pg/mL	2.6 - 4.2
Free Thyroxine (FT4) CLIA	0.85	0.80	0.67	ng/dL	0.58 - 1.64
Thyroid Stimulating Hormone CLIA	3.28	4.91	<b>7.26</b>	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	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	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 Total Profile****Vitamin B12, Serum\***

Date	09/Jul/2021 06:54PM	14/Sep/20 08:10AM	20/May/19 11:51AM	Unit	Bio Ref Interval
Vitamin B12 CLIA	64.0	70.0	126.0	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 Total Profile

#### 25 Hydroxy Vitamin D Level, Serum\*

Date	09/Jul/2021 06:54PM	14/Sep/20 08:10AM	20/May/19 11:51AM	Unit	Bio Ref Interval
25 Hydroxy, Vitamin D CLIA	36.19	35.36	18.59	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

Kindly correlate with clinical findings

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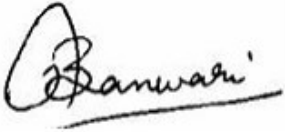
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**Immunoassay  
Wellwise Total Profile**

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### Clinical Biochemistry Wellwise Total Profile

#### Blood Sugar Fasting, Fluoride Plasma

Date	09/Jul/2021 06:54PM	14/Sep/20 08:10AM	20/May/19 11:51AM	Unit	Bio Ref Interval
Glucose (Fasting) Hexokinase	229	165	159	mg/dL	74 - 99

#### Lipid Profile, Serum

Date	09/Jul/2021 06:54PM	14/Sep/20 08:10AM	20/May/19 11:51AM	Unit	Bio Ref Interval
Cholesterol Cholesterol oxidase, esterase, peroxidase	190	144	171	mg/dL	< 200
HDL Cholesterol Direct measure, immunoinhibition	34.0	26.0	32.0	mg/dL	> 40
LDL Cholesterol Direct measure	117.0	94.0	115.0	mg/dL	< 100
Triglyceride Enzymatic, end point	512.0	390.0	376.0	mg/dL	< 150
Low Lipemic					
VLDL Cholesterol Calculated	102.4	78.0	75.2	mg/dl	< 30
VLDL shows a higher value than ACTUAL in samples having triglycerides more than 400 mg/dl.					
Total Cholesterol/HDL Ratio Calculated	5.6	5.5	5.3	..	0.0-4.9
Non-HDL Cholesterol Calculated	156.00	118.00	139.00	mg/dL	< 130
HDL/LDL Calculated	0.29			Ratio	0.3 - 0.4

#### Interpretation

Optimal: < 100 mg/dL



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#### Clinical Biochemistry

#### Wellwise Total Profile

Total Cholesterol	Desirable: < 200 mg/dL Borderline High: 200-239 mg/dL High: ≥ 240 mg/dL	LDL-C	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

#### Inorganic Phosphorus, Serum

Date	09/Jul/2021 06:54PM	14/Sep/20 08:10AM	20/May/19 11:51AM	Unit	Bio Ref Interval
Phosphorus(inorg) Phosphomolybdate-UV	3.90	3.57	3.99	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 Total Profile

#### KFT Profile with Calcium,Uric Acid, Serum

Date	09/Jul/2021 06:54PM	14/Sep/20 08:10AM	20/May/19 11:51AM	Unit	Bio Ref Interval
Urea Urease, UV	30.0	18.0	26.0	mg/dL	17.0 - 43.0
Creatinine Alkaline picrate kinetic	<b>0.73</b>	<b>0.81</b>	<b>0.64</b>	mg/dL	0.9 - 1.3
eGFR MDRD	119.94	106.84	141.23	ml/min/1.73 m <sup>2</sup>	
Uric Acid Uricase, Colorimetric	4.1	4.8	4.6	mg/dL	3.5 - 7.2
Calcium (Total) Arsenazo III	9.89	10.09	9.12	mg/dL	8.8 - 10.6
Sodium ISE indirect	<b>135.4</b>	<b>134.8</b>	136.0	mmol/L	136 - 146
Potassium ISE indirect	3.5	3.6	4.0	mmol/L	3.5 - 5.1
Chloride ISE indirect	<b>96.9</b>	<b>97.8</b>	<b>100.6</b>	mmol/L	101 - 109
Bicarbonate Enzymatic	27.3	24.2	26.1	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 m<sup>2</sup>.MDRD equation is used for adult population only.

<60ml / min / 1.73 m<sup>2</sup> - Chronic Kidney Disease

<15 ml / min / 1.73 m<sup>2</sup> - Kidney failure





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### Clinical Biochemistry Wellwise Total Profile

#### Liver Function Test Profile, Serum

Date	09/Jul/2021 06:54PM	14/Sep/20 08:10AM	20/May/19 11:51AM	Unit	Bio Ref Interval
Total Protein Biuret	7.49	7.18	6.71	g/dL	6.6 - 8.3
Albumin Bromocresol Green (BCG)	4.5	4.2	4.3	g/dL	3.5 - 5.2
Globulin Calculated	3.0	3.0	2.4	g/dl	2.3 - 3.5
A.G. ratio Calculated	1.5	1.4	1.8		1.2 - 1.5
Bilirubin (Total) DPD	0.56	0.66	0.69	mg/dL	0.3 - 1.2
Bilirubin (Direct) Diazotization	0.08	0.14	0.12	mg/dL	0.0 - 0.2
Bilirubin (Indirect) Calculated	0.48	0.52	0.57	mg/dL	0.1 - 1.0
SGOT- Aspartate Transaminase (AST) UV without P5P	28	36	35	U/L	< 50
SGPT- Alanine Transaminase (ALT) UV without P5P	71	76	94	U/L	< 50
Alkaline Phosphatase PNPP, AMP Buffer	82	95	69	U/L	30 - 120
GGTP (Gamma GT), Serum Enzymatic Rate	43.0	57.0	42.0	U/L	< 55

Kindly correlate with clinical findings

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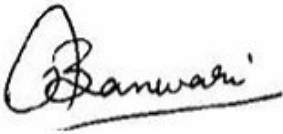
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**Laboratory Investigation Report**

Patient Name	: Mr. Kapil Mittal	Centre	: 1629 - Dd Diagnostic
Age/Gender	: 38 Y 5 M 27 D /M	OP/IP No	: /
Max ID/Mobile	: ML00259654/9717033256	Collection Date/Time	: 09/Jul/2021 06:54PM
Lab ID	: 1361072100047	Receiving Date	: 09/Jul/2021
Ref Doctor	: SELF	Reporting Date	: 09/Jul/2021

**Clinical Biochemistry****Wellwise Total Profile**

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

**Results to follow:**

SARS-COV-2 Spike Antibodies : Sample not yet received



SIN No:b2b970622, Test Performed at :585 - Max Hospital - Gurugram, Opposite HUDA City Centre Metro Station, B - Block  
Booking Centre :1629 - DD Diagnostic, H No 1625 Gali No 8 Laxman Vihar, PH 2 Gurgaon, 8527204128

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MC-2980

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### Clinical Pathology Wellwise Total Profile

#### Urine Routine And Microscopy

Date	09/Jul/2021 06:54PM	14/Sep/20 08:10AM	20/May/19 11:51AM	Unit	Bio Ref Interval
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#### Macroscopy

Reflectance photometry

Colour	Pale Yellow	Light-Yellow	Light-Yellow	..	Pale Yellow
PH	5.0	5.5	5.0	..	5-6
Specific Gravity	<b>1.030</b>	<b>1.009</b>	1.016		1.015 - 1.025
Protein	Nil	Nil	Nil		Nil
Glucose.	+++	Nil	Nil		Nil
Ketones	Nil	Nil	Nil		Nil
Blood	Nil	Nil	Nil		Nil
Bilirubin	Nil	Nil	Nil		Nil
Urobilinogen	Normal	Normal	Normal		Normal
Nitrite	Negative	Negative	Negative		

#### Microscopy

Light Microscopy/Image capture microscopy

Red Blood Cells (RBC)	Nil	Nil	Nil	/HPF	Nil
White Blood Cells	1 - 2	0 - 1	0 - 1	/HPF	0.0-5.0
Squamous Epithelial Cells	0 - 1	Nil	Nil	/HPF	
Cast	Nil	Nil	Nil	/LPF	Nil
Crystals	Nil	Nil	Nil	..	Nil
Bacteria	Nil	Nil	Nil	/HPF	Nil

#### Others

Calcium oxalate crystal seen

Kindly correlate with clinical findings

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



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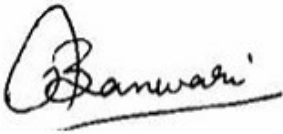
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**Clinical Pathology  
Wellwise Total Profile**

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

**Results to follow:**

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### Hematology Wellwise Total Profile

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

Date	09/Jul/2021 06:54PM	14/Sep/20 08:10AM	20/May/19 11:51AM	09/Jan/19 04:30PM	Unit	Bio Ref Interval
Haemoglobin <small>Modified cyanmethemoglobin</small>	16.1	14.7	14.5	14.8	g/dl	13.0 - 17.0
Packed Cell, Volume <small>Calculated</small>	45.4	42.1	43.2	43.9	%	40-50
Total Leucocyte Count (TLC) <small>Electrical Impedance</small>	9.1	5.1	9.0	<b>10.8</b>	10~9/L	4.0-10.0
RBC Count <small>Electrical Impedance</small>	5.32	5.04	5.27	5.25	10~12/L	4.5-5.5
MCV <small>Electrical Impedance</small>	85.3	83.6	<b>81.9</b>	83.6	fL	83-101
MCH <small>Calculated</small>	30.3	29.1	27.5	28.1	pg	27-32
MCHC <small>Calculated</small>	<b>35.6</b>	<b>34.8</b>	33.5	33.6	g/dl	31.5-34.5
Platelet Count <small>Electrical Impedance</small>	266	190	233	366	10~9/L	150-410
MPV <small>Calculated</small>	8.4	8.6	8.5	8.3	fL	7.8-11.2
RDW <small>Calculated</small>	13.4	12.7	13.3	12.0	%	11.5-14.5

#### Differential Cell Count VCS / Light Microscopy

Neutrophils	53.5	60.9	47.3	76.4	%	40-80
Lymphocytes	38.0	26.8	<b>43.2</b>	<b>17.1</b>	%	20-40
Monocytes	5.6	8.9	5.8	6.2	%	2-10
Eosinophils	2.2	2.5	3.0	<b>0.2</b>	%	1-6
Basophils	0.7	0.9	0.7	0.1	%	0-2

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

Absolute Neutrophil Count	4.87	3.11	4.26	<b>8.25</b>	10~9/L	2.0-7.0
Absolute Lymphocyte	<b>3.5</b>	1.4	<b>3.9</b>	1.8	10~9/L	1.0-3.0



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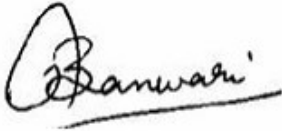
**Hematology**  
**Wellwise Total Profile**

Count						
Absolute Monocyte Count	0.51	0.45	0.52	0.67	10~9/L	0.2-1.0
Absolute Eosinophil Count	0.2	0.13	0.27	0.02	10~9/L	0.02-0.5
Absolute Basophil Count	0.06	0.05	0.06	<b>0.01</b>	10~9/L	0.02-0.1
<b>ESR (Westergren)</b>	<b>2</b>	<b>13</b>	<b>09</b>	<b>08</b>	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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