MAX Lab

Laboratory Investigation Report

Patient Name	: Mr. Ankur Nath Tiwari	Centre	: 2277 - Home Collection Dncr
Age/Gender	: 38 Y 0 M 9 D /M	OP/IP No/UHID	: //
MaxID/Lab ID	: SHPS.141647/2032052503026~1	Collection Date/Time	: 18/May/2025 08:10AM
Ref Doctor	: SELF	Reporting Date/Time	: 18/May/2025 04:58PM

SIN No:b2b7617216

Hematology

WellWise Exclusive Profile- Male

Complete Haemogram, Peripheral Smear and ESR,EDTA

Date	18/May/2025 08:10AM	Unit	Bio Ref Interval
Haemoglobin SLS-Haemoglobin Method	13.7	g/dl	13.0 - 17.0
Packed Cell, Volume Pulse Height Detection Method	40.9	%	40-50
Total Leucocyte Count (TLC) Flowcytometry method using semiconductor laser	7.1	10~9/L	4.0-10.0
RBC Count Hydrodynamic focusing (DC detection)	4.75	10~12/L	4.5-5.5
MCV Calculated	86.1	fL	83-101
MCH Calculated	28.8	pg	27-32
MCHC Calculated	33.5	g/dl	31.5-34.5
Platelet Count Hydrodynamic focusing (DC detection)	211	10~9/L	150-410
MPV Calculated	**13.3**	fl	7.8-11.2
RDW Calculated	14.3	%	11.5-14.5
Differential Cell Count **Flowcytometry Method Using Semiconductor Laser**			
Neutrophils	43.9	%	40-80
Lymphocytes	**41.6**	%	20-40
Monocytes	8.0	%	2-10
Eosinophils	5.8	%	1-6
Basophils	0.7	%	0-2
Absolute Leukocyte Count **Calculated from TLC & DLC**			
Absolute Neutrophil Count	3.12	10~9/L	2.0-7.0
Absolute Lymphocyte Count	3.0	10~9/L	1.0-3.0
Absolute Monocyte Count	0.57	10~9/L	0.2-1.0
Absolute Eosinophil Count	0.41	10~9/L	0.02-0.5
Absolute Basophil Count	0.050	10~9/L	0.02-0.1
ESR (Modified	10	mm/hr	<=10

Test Performed at :794 - Max Hospital - Vaishali, W-3, Sector-1, Vaishali, Ghaziabad-201012, U.P
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Helpline No. 7982 100 200 www.maxlab.co.in feedback@maxlab.co.in

MC-2004

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Hematology

SIN No:b2b7617216

WellWise Exclusive Profile- Male

Westergren)

Peripheral Smear Examination

RBC: - Normocytic Normochromic

WBC: - Counts within normal limits

Platelet: - Adequate

Kindly correlate with clinical findings

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

Dr. Anita Khanna MD (Path.)
Associate Director & Head (Lab Medicine)

Dr. Meenal Mehta MD (Path)
Senior Consultant
(Hematopathology & Cytopathology)

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SIN No:b2b7617216

Clinical Biochemistry

WellWise Exclusive Profile- Male

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

Date	18/May/2025 08:10AM	Unit	Bio Ref Interval
Glucose (Fasting) Hexokinase	82	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, EDTA
HPLC

Date	18/May/2025 08:10AM	Unit	Bio Ref Interval
Glycosylated Haemoglobin(Hb A1c)	5.20	%	4.27 - 6.07
Glycosylated Haemoglobin(Hb A1c) IFCC	33.32	mmol/mol	< 39.0
Average Glucose Value For the Last 3 Months	102.54		
Average Glucose Value For the Last 3 Months IFCC	5.68		

Interpretation The following HbA1c ranges recommended by the American Diabetes Assocation(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 Exclusive Profile- Male

Mohini

Dr. Mohini Bhargava, MD
Associate Director (Biochemistry)

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SIN No:b2b7617216

Immunoassay

WellWise Exclusive Profile- Male

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

Date	18/May/2025 08:10AM	Unit	Bio Ref Interval
Free Triiodothyronine (FT3) CLIA	3.12	pg/mL	2.6 - 4.2
Free Thyroxine (FT4) CLIA	0.89	ng/dL	0.58 - 1.64
Thyroid Stimulating Hormone CLIA	3.01	µIU/mL	0.34 - 5.6

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

Kindly correlate with clinical findings

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

Mohini

Dr. Mohini Bhargava, MD
Associate Director (Biochemistry)

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Clinical Biochemistry

SIN No:b2b7617216

WellWise Exclusive Profile- Male

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

Date	18/May/2025 08:10AM	Unit	Bio Ref Interval
Urea Urease GLDH	14.6	mg/dl	5-50
Blood Urea Nitrogen Urease GLDH	6.82	mg/dl	6-20
Creatinine Jaffe Kinetic	0.8	mg/dL	0.7-1.2
eGFR by MDRD	108.17		
eGFR by CKD EPI 2021	115.34		
Bun/Creatinine Ratio	8.53		
Uric Acid Enzymatic Colorimetric	5.2	mg/dl	3.4-7
Calcium (Total) O-CPC	8.9	mg/dl	8.6-10.2
Sodium ISE Indirect	140.8	mmol/l	135-148
Potassium ISE Indirect	4.4	mmol/l	3.5 - 5.3
Chloride	106		
Bicarbonate PEPC	23.5	mmol/l	22-32

Ref. Range

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

Category	Ref Interval (ml / min / 1.73 m²)	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 Exclusive Profile- Male

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Clinical Biochemistry

WellWise Exclusive Profile- Male

Liver Function Test (LFT), Serum

Date	18/May/2025 08:10AM	Unit	Bio Ref Interval
Total Protein Biuret	6.60	g/dL	6.6-8.7
Albumin BCG	4.2	g/dl	3.5-5.2
Globulin Calculated	2.4	g/dl	1.8-3.6
A.G. ratio Calculated	**1.8**		1.2 - 1.5
Bilirubin (Total) Diazo	0.5	mg/dl	0.2-1.2
Bilirubin (Direct) Diazo	0.3	mg/dl	0-0.3
Bilirubin (Indirect) Calculated	0.2	mg/dl	0.1 - 1.0
SGOT- Aspartate Transaminase (AST) IFCC without pyridoxal phosphate	27.3	U/L	0-40
SGPT- Alanine Transaminase (ALT) IFCC without pyridoxal phosphate	31.9	U/L	0-40
AST/ALT Ratio	0.86		
Alkaline Phosphatase	72	U/L	40 - 129
GGTP (Gamma GT), Serum ENZYMATIC COLORIMETRIC ASSAY	8.7	U/L	8-61

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Clinical Biochemistry

WellWise Exclusive Profile- Male

Lipid Profile,Serum

Date	18/May/2025 08:10AM	Unit	Bio Ref Interval
Cholesterol Enzymatic	160	mg/dl	< 200
HDL Cholesterol Homogeneous enzymatic	**39.2**	mg/dl	> 40
LDL Cholesterol Homogeneous enzymatic	**104**	mg/dl	< 100
Triglyceride Enzymatic	121.0	mg/dl	< 150
VLDL Cholesterol Calculated	24.2	mg/dl	< 30
Total Cholesterol/HDL Ratio Calculated	4.1	..	< 4.9
Non-HDL Cholesterol Calculated	120.80	mg/dl	< 130
HDL/LDL	0.38		

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

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Clinical Biochemistry

WellWise Exclusive Profile- Male

Test Name	Result	Unit	Bio Ref Interval
High Sensitivity CRP (HS CRP), Serum			
C-Reactive Protein, High Sensitive Enhanced Immunoturbidimetric	0.1	mg/dl	< 0.5

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 hs (mg/L)	CRP hs (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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MAX Lab

Laboratory Investigation Report

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Age/Gender	: 38 Y 0 M 9 D /M	OP/IP No/UHID	: //
MaxID/Lab ID	: SHPS.141647/2032052503026~1	Collection Date/Time	: 18/May/2025 08:10AM
Ref Doctor	: SELF	Reporting Date/Time	: 18/May/2025 04:42PM

SIN No:b2b7617216

Clinical Biochemistry

WellWise Exclusive Profile- Male

Inorganic Phosphorus, Serum

Date	18/May/2025 08:10AM	Unit	Bio Ref Interval
Phosphorus(inorg) MOLYBDATE UV	3.7	mg/dl	2.7-4.5

Interpretation

Increased in Osteolytic metastatic bone tumors, myelogenous leukemia, sarcoidosis, milk-alkali syndrome, vitamin D intoxcation, 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.

Total Iron Binding Capacity (TIBC), Serum

Date	18/May/2025 08:10AM	Unit	Bio Ref Interval
Iron Colourimetric Assay	74.6	µg/dL	33-193
UIBC Ferrozine	232	µg/dL	125-345
Total Iron Binding Capacity Ferrozine	306.6	µg/dL	261 - 478
Transferrin Saturation	24.33	%	17 - 37

Kindly correlate with clinical findings

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

Mohini

Dr. Mohini Bhargava, MD
Associate Director (Biochemistry)

Test Performed at :794 - Max Hospital - Vaishali, W-3, Sector-1, Vaishali, Ghaziabad-201012, U.P
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SIN No:b2b7617216

Immunoassay

WellWise Exclusive Profile- Male

Ferritin*, Serum

Date	18/May/2025 08:10AM	Unit	Bio Ref Interval
Ferritin CLIA	34.7	ng/mL	23.9-336.2

Comment Ferritin is a large hollow spherical protein containing iron, concentration of which roughly reflects the body iron content in many individuals. Serum ferritin concentration is a sensitive indicator of iron deficiency. Serum Ferritin concentration is increased in many disorders like infection, inflammatory disorders like rheumatoid arthritis or renal disease; common liver conditions (e.g. alcoholism, viral hepatitis B or C); heart disease, cancer. In patients with these disorders who also have iron deficiency their serum ferritin concentrations are often normal. An increase in serum ferritin concentration occurs as a result of ferritin release due to liver cell injury of diverse causes. Serum ferritin is also increased in patients with iron overload of any cause. Serum transferrin saturation is a better screening test for early iron overload than serum ferritin.

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

Date	18/May/2025 08:10AM	Unit	Bio Ref Interval
25 Hydroxy, Vitamin D CLIA	33.99	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

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SIN No:b2b7617216

Immunoassay

WellWise Exclusive Profile- Male

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

Date	18/May/2025 08:10AM	Unit	Bio Ref Interval
Prostate Specific Antigen CLIA	1.204	ng/mL	<4.00

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

Date	18/May/2025 08:10AM	Unit	Bio Ref Interval
Vitamin B12 CLIA	261	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.
Advise: CBC, peripheral smear, serum folate levels, intrinsic factor antibodies (IFA), bone marrow examination, if Vit B12 deficient.

Testosterone, Total,Serum*

Date	18/May/2025 08:10AM	Unit	Bio Ref Interval
Testosterone (total) CLIA	5.57	ng/mL	1.75-7.81

Interpretation Increase in Idiopathic sexual precocity and adrenal hyperplasia in boys, some adrenocortical tumors, extragonadal tumors producing gonadotropin in men, trophoblastic disease during pregnancy, testicular feminization, idiopathic hirsutism, virilizing ovarian tumors, arrhenoblastoma, hilar cell tumor, and virilizing luteoma.
Secretion is episodic, with peak about 7:00 AM and minimum about 8:00 PM; pooled samples are more reliable.
Decreased in Down syndrome, uremia, myotonic dystrophy, hepatic insufficiency, cryptorchidism, primary and secondary hypogonadism, and delayed puberty in boys.

Kindly correlate with clinical findings

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

Mohini

Dr. Mohini Bhargava, MD
Associate Director (Biochemistry)

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SIN No:b2b7617216

Clinical Biochemistry

WellWise Exclusive Profile- Male

CRP- C- Reactive Protein, Serum

Date	18/May/2025 08:10AM	Unit	Bio Ref Interval
CRP Turbitimetric	0.7	mg/L	<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

Kindly correlate with clinical findings

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

Mohini

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Clinical Pathology

WellWise Exclusive Profile- Male

Urine Routine And Microscopy

	Date 18/May/2025 08:10AM	Unit	Bio Ref Interval
Macroscopy			
Colour Visual Observation/ Automated	Pale Yellow		Pale Yellow
PH Photoelectric colorimeter	6.0	..	5-9
Specific Gravity Photoelectric colorimeter	**1.010**		1.015 - 1.030
Protein Photoelectric colorimeter	Neg		Nil
Glucose. Photoelectric colorimeter	Neg		Nil
Ketones Photoelectric colorimeter	Neg		Nil
Blood Photoelectric colorimeter	Neg		Nil
Bilirubin Photoelectric colorimeter	Neg		Nil
Urobilinogen Photoelectric colorimeter	Normal		Normal
Nitrite Conversion of Nitrate	Neg		
Microscopy			
Red Blood Cells (RBC) Streaming Image technology	0	/HPF	Nil
White Blood Cells Streaming Image technology	1	/HPF	0.0-5.0
Epithelial Cells Light Microscopy/Image capture microscopy	1	/HPF	
Cast Light Microscopy/Image capture microscopy	Nil	/LPF	Nil
Crystals Light Microscopy/Image capture microscopy	Nil	..	Nil
Bacteria Light Microscopy/Image capture microscopy	Nil	/HPF	Nil

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Clinical Pathology

SIN No:b2b7617216

WellWise Exclusive Profile- Male

Kindly correlate with clinical findings

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

Dr. Anita Khanna MD (Path.)
Associate Director & Head (Lab Medicine)

Dr. Meenal Mehta MD (Path)
Senior Consultant
(Hematopathology & Cytopathology)

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