

Laboratory Investigation Report

| | |
|--------------|----------------------|
| Patient Name | Centre |
| Age/Gender | OP/IP No/UHID |
| MaxID/Lab ID | Collection Date/Time |
| Ref Doctor | Reporting Date/Time |

Hematology
Wellwise Platinum Profile

Complete Haemogram, Peripheral Smear and ESR, EDTA

| Date | 04/Apr/2024 08:10AM | Unit | Bio Ref Interval |
|-----------------------------|------------------------|---------|------------------|
| Haemoglobin | 8.3 | g/dl | 12.0 - 15.0 |
| Modified cyanmethemoglobin | | | |
| Packed Cell, Volume | 28.5 | % | 40-50 |
| Calculated | | | |
| Total Leucocyte Count (TLC) | 10.0 | 10~9/L | 4.0-10.0 |
| Electrical Impedance | | | |
| RBC Count | 4.75 | 10~12/L | 3.8-4.8 |
| Electrical Impedance | | | |
| MCV | 60.0 | fL | 83-101 |
| Electrical Impedance | | | |
| MCH | 17.4 | pg | 27-32 |
| Calculated | | | |
| MCHC | 29.0 | g/dl | 31.5-34.5 |
| Calculated | | | |
| Platelet Count | 160 | 10~9/L | 150-410 |
| Electrical Impedance | | | |
| MPV | 10.7 | fL | 7.8-11.2 |
| Calculated | | | |
| RDW | 20.8 | % | 11.5-14.5 |
| Calculated | | | |

Differential Cell Count

VCS / Light Microscopy

| | | | |
|-------------|----|---|-------|
| Neutrophils | 68 | % | 40-80 |
| Lymphocytes | 20 | % | 20-40 |
| Monocytes | 06 | % | 2-10 |
| Eosinophils | 06 | % | 1-6 |

Absolute Leukocyte Count

Calculated from TLC & DLC

| | | | |
|---------------------------|-----|--------|----------|
| Absolute Neutrophil Count | 6.8 | 10~9/L | 2.0-7.0 |
| Absolute Lymphocyte Count | 2.0 | 10~9/L | 1.0-3.0 |
| Absolute Monocyte Count | 0.6 | 10~9/L | 0.2-1.0 |
| Absolute Eosinophil Count | 0.6 | 10~9/L | 0.02-0.5 |
| ESR (Modified Westergren) | 12 | mm/hr | <=19 |

Peripheral Smear Examination

RBC- Anisocytosis (++) Microcytes (+++) Hypochromia (+++)
WBC- Counts within normal limit

Test Performed at : 1060 - Max Hospital Shalimar Bagh, Max Lab

Booking Centre : 2277 - Home Collection DNCR, N-110, Panchsheel Park, 7982100200

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(CIN No.: U85100DL2021PLC381826)

Helpline No. 7982 100 200 | www.maxlab.co.in | feedback@maxlab.co.in

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MC-2262

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Hematology**Wellwise Platinum Profile**

SIN No: B2B5138603

Platelet- Adequate
Impression- Microcytic hypochromic anaemia
Advise- Serum Iron, Serum Ferritin and TIBC

Kindly correlate with clinical findings

*** End Of Report ***



Dr. Pooja Bhasin M.D.
Associate Director & HOD
Lab Service Pathology



Dr. Vijay Laxmi Sharma, MD
Associate Director & Quality Manager

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Clinical Biochemistry
Wellwise Platinum Profile

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

| Date | 04/Apr/2024 08:10AM | Unit | Bio Ref Interval |
|-------------------|------------------------|-------|------------------|
| Glucose (Fasting) | 102 | mg/dL | 74 - 99 |

HbA1c (Glycated/ Glycosylated Hemoglobin) Test
HPLC

| Date | 04/Apr/2024 08:10AM | Unit | Bio Ref Interval |
|--|------------------------|----------|------------------|
| Glycosylated Haemoglobin(Hb A1c) | 5.0 | % | < 5.7 |
| Glycosylated Haemoglobin(Hb A1c) IFCC | 31.13 | mmol/mol | < 39.0 |
| Average Glucose Value For the Last 3 Months | 96.8 | mg/dL | |
| Average Glucose Value For the Last 3 Months IFCC | 5.36 | 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 ***


Dr. Pooja Bhasin M.D.
Associate Director & HOD
Lab Service Pathology


Dr. Vijay Laxmi Sharma, MD
Associate Director & Quality Manager

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**Immunoassay
Wellwise Platinum Profile**

Thyroid Profile*, Serum

| Date | 04/Apr/2024 08:10AM | Unit | Bio Ref Interval |
|--------------------------------|------------------------|--------|---------------------|
| Free Triiodothyronine (FT3) | 3.48 | pg/mL | 2.6 - 4.2 |
| CLIA | | | |
| Free Thyroxine (FT4) | 0.81 | ng/dL | 0.58 - 1.64 |
| CLIA | | | |
| Thyroid Stimulating Hormone | 7.281 | 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
Wellwise Platinum Profile

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

| Date | 04/Apr/2024 08:10AM | Unit | Bio Ref Interval |
|--|------------------------|----------------------------|------------------|
| Urea Urease, UV | 23.4 | mg/dL | 17.0 - 43.0 |
| Blood Urea Nitrogen Urease, UV | 10.93 | mg/dL | 7.9 - 20.0 |
| Creatinine Alkaline picrate kinetic | 0.56 | mg/dL | 0.6 - 1.1 |
| eGFR by MDRD MDRD | 113.24 | ml/min/1.73 m ² | |
| eGFR by CKD EPI 2021 | 109.06 | | |
| Bun/Creatinine Ratio Calculated | 19.52 | Ratio | 12:1 - 20:1 |
| Uric Acid Uricase, Colorimetric | 4.5 | mg/dL | 2.6 - 6.0 |
| Calcium (Total) Arsenazo III | 9.51 | mg/dL | 8.8 - 10.6 |
| Sodium ISE indirect | 139.9 | mmol/L | 136 - 146 |
| Potassium ISE indirect | 4.58 | mmol/L | 3.5 - 5.1 |
| Chloride ISE indirect | 105.7 | mmol/L | 101 - 109 |
| Bicarbonate Enzymatic | 27.0 | 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.

<60 ml / min / 1.73 m² - Chronic Kidney Disease

<15 ml / min / 1.73 m² - Kidney failure

BUN/Creatinine Ratio :-

Increased in reduced renal perfusion (e.g. dehydration, Hypovolemic shock, Congestive Heart Failure) or Obstructive uropathy. Decreased in Acute Renal Tubular necrosis.

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Clinical Biochemistry
Wellwise Platinum Profile

Inorganic Phosphorus, Serum

| Date | 04/Apr/2024 08:10AM | Unit | Bio Ref Interval |
|--|------------------------|-------|------------------|
| Phosphorus(inorg) Phosphomolybdate-UV | 4.59 | 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 Platinum Profile

Liver Function Test (LFT), Serum

| Date | 04/Apr/2024 08:10AM | Unit | Bio Ref Interval |
|------------------------------------|------------------------|-------|------------------|
| Total Protein | 7.80 | g/dL | 6.6 - 8.3 |
| Biuret | | | |
| Albumin | 4.4 | g/dL | 3.5 - 5.2 |
| Bromocresol Green (BCG) | | | |
| Globulin | 3.4 | g/dl | 2.3 - 3.5 |
| Calculated | | | |
| A.G. ratio | 1.3 | | 1.2 - 1.5 |
| Calculated | | | |
| Bilirubin (Total) | 0.81 | mg/dL | 0.3 - 1.2 |
| DPD | | | |
| Bilirubin (Direct) | 0.13 | mg/dL | 0.0 - 0.2 |
| Diazotization | | | |
| Bilirubin (Indirect) | 0.68 | mg/dL | 0.1 - 1.0 |
| Calculated | | | |
| SGOT- Aspartate Transaminase (AST) | 27 | U/L | < 50 |
| UV without P5P | | | |
| SGPT- Alanine Transaminase (ALT) | 25 | U/L | < 35 |
| UV without P5P | | | |
| AST/ALT Ratio | 1.08 | Ratio | |
| Calculated | | | |
| Alkaline Phosphatase | 147 | U/L | 30 - 120 |
| PNPP, AMP Buffer | | | |
| GGTP (Gamma GT), Serum | 37.0 | U/L | 7 - 50 |
| 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
Wellwise Platinum Profile

Lipid Profile, Serum

| Date | 04/Apr/2024 08:10AM | Unit | Bio Ref Interval |
|--|------------------------|-------|------------------|
| Cholesterol Cholesterol oxidase, esterase, peroxidase | 154 | mg/dL | < 200 |
| HDL Cholesterol Direct measure, immunoinhibition | 47.9 | mg/dL | > 40 |
| LDL Cholesterol Direct measure | 97 | mg/dL | < 100 |
| Triglyceride Enzymatic, end point | 114.0 | mg/dL | < 150 |
| VLDL Cholesterol Calculated | 22.8 | mg/dL | < 30 |
| Total Cholesterol/HDL Ratio Calculated | 3.2 | .. | 0.0-4.9 |
| Non-HDL Cholesterol Calculated | 106.10 | mg/dL | < 130 |
| HDL/LDL Calculated | 0.49 | Ratio | 0.3 - 0.4 |

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 Platinum Profile

Creatine Kinase (CPK), Serum

| Date | 04/Apr/2024 08:10AM | Unit | Bio Ref Interval |
|--|------------------------|------|------------------|
| Creatine Kinase (CPK) NAC activated | 73 | U/L | = 171.0 |

Interpretation

CK is elevated in most myopathies such as Duchenne-muscular dystrophy, in conditions associated with muscle necrosis such as rhabdomyolysis, in diseases of the CNS such as Reyes Syndrome where a 70 fold increase in CK activity indicates the severity of the encephalopathy. CK activity rises following myocardial damage. The diagnostic sensitivity and specificity of total CK estimation for the diagnosis of an MI can be improved by determining the rate of increase of CK on serial samples obtained on admission and at 4, 8 and 12 hours thereafter. A 50% incremental increase per hour over the time period differentiates between an acute MI and non-infarction with an overall efficiency of 94%.

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Clinical Biochemistry
Wellwise Platinum Profile


SIN No: B2B5138603

| Test Name | Result | Unit | Bio Ref Interval |
|-----------|--------|------|------------------|
|-----------|--------|------|------------------|

High Sensitivity CRP (HS CRP), Serum

| | | | |
|------------------------------------|-------|------|--|
| C-Reactive Protein, High Sensitive | 5.385 | mg/L | |
| Immuno-Turbidimetric Test(Latex) | | | |

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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**Clinical Biochemistry
Wellwise Platinum Profile**

CRP- C- Reactive Protein*, Serum

| | | | |
|------------------------------------|--------------------|-------------|-------------------------|
| Date | 04/Apr/2024 | Unit | Bio Ref Interval |
| | 08:10AM | | |
| CRP | 6.035 | mg/L | |
| 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 |

Kindly correlate with clinical findings

*** End Of Report ***



Dr. Pooja Bhasin M.D.
Associate Director & HOD
Lab Service Pathology



Dr. Vijay Laxmi Sharma, MD
Associate Director & Quality Manager

Test Performed at :1060 - Max Hospital Shalimar Bagh, Max Lab

Booking Centre :2277 - Home Collection DNCR, N-110, Panchsheel Park, 7982100200

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(CIN No.: U85100DL2021PLC381826)

📞 Helpline No. 7982 100 200 🌐 www.maxlab.co.in ✉ feedback@maxlab.co.in

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Laboratory Investigation Report

| | |
|--------------|----------------------|
| Patient Name | Centre |
| Age/Gender | OP/IP No/UHID |
| MaxID/Lab ID | Collection Date/Time |
| Ref Doctor | Reporting Date/Time |

Clinical Biochemistry
Wellwise Platinum Profile

Apolipoproteins A1 & B, Serum
 Immunosubstridimetric

| Date | 04/Apr/2024 08:10AM | Unit | Bio Ref Interval |
|---|------------------------|--------|------------------|
| Apolipoprotein (A) Immunoturbidimetric | 137 | mg/ dL | 120-190 |
| Apolipoprotein (B) Immunoturbidimetric | 86 | mg/dl | 55 - 130 |
| Apo B/ Apo A1 Ratio Calculated | 0.63 | | 0.35 - 0.98 |


Rheumatoid Factor(Quantitative), Serum

| Date | 04/Apr/2024 08:10AM | Unit | Bio Ref Interval |
|--|------------------------|--------|------------------|
| Rheumatoid Factor Immunoturbidimetric | 5.3 | IU/ mL | 0-12 |


Interpretation Rheumatoid factor is found in rheumatoid arthritis, Sjögren's syndrome, Scleroderma, dermatomyositis, Waldenström's disease, sarcoidosis and SLE. 75% patients with rheumatoid arthritis have RF of IgM class. Highest titers of Rheumatoid arthritis are seen in severe, active, chronic disease with vasculitis and subcutaneous nodules

Kindly correlate with clinical findings

*** End Of Report ***


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


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


Dr. Rajeev Kumar, MD
 Associate Consultant
 Biochemistry

Test Performed at :910 - Max Hospital - Saket M S S H, Press Enclave Road, Mandir Marg, Saket, New Delhi, Delhi 110017
 Booking Centre :2277 - Home Collection DNCR, N-110, Panchsheel Park, 7982100200
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MC-2714

Laboratory Investigation Report

| | |
|--------------|----------------------|
| Patient Name | Centre |
| Age/Gender | OP/IP No/UHID |
| MaxID/Lab ID | Collection Date/Time |
| Ref Doctor | Reporting Date/Time |

**Clinical Biochemistry
Wellwise Platinum Profile**

Total Iron Binding Capacity (TIBC)*, Serum

| Date | 04/Apr/2024 08:10AM | Unit | Bio Ref Interval |
|-----------------------------|------------------------|-------|------------------|
| Iron | 14 | µg/dL | 60 - 180 |
| TPTZ- No deproteinization | | | |
| UIBC | 474.9 | µg/dL | 155 - 355 |
| Nitroso - PSAP | | | |
| Total Iron Binding Capacity | 488.9 | µg/dL | 215 - 535 |
| Calculated | | | |
| Transferrin Saturation | 2.86 | % | 17 - 37 |
| Calculated | | | |

Kindly correlate with clinical findings

*** End Of Report ***



Dr. Pooja Bhasin M.D.
Associate Director & HOD
Lab Service Pathology



Dr. Vijay Laxmi Sharma, MD
Associate Director & Quality Manager

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| MaxID/Lab ID | Collection Date/Time |
| Ref Doctor | Reporting Date/Time |

Immunoassay
Wellwise Platinum Profile

Ferritin*, Serum

| | | | |
|-------------|--------------------|-------------|-------------------------|
| Date | 04/Apr/2024 | Unit | Bio Ref Interval |
| | 08:10AM | | |
| Ferritin | 3.0 | ng/mL | 11 - 306.8 |
| CLIA | | | |

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.

Kindly correlate with clinical findings

*** End Of Report ***



Dr. Pooja Bhasin M.D.
Associate Director & HOD
Lab Service Pathology



Dr. Vijay Laxmi Sharma, MD
Associate Director & Quality Manager

Test Performed at : 1060 - Max Hospital Shalimar Bagh, Max Lab

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**Clinical Biochemistry
Wellwise Platinum Profile****LDH (Lactate Dehydrogenase) Total , Serum***

| Date | 04/Apr/2024 08:10AM | Unit | Bio Ref Interval |
|------------------|------------------------|------|------------------|
| LDH Enzymatic | 221 | IU/L | 98 - 192 |

Kindly correlate with clinical findings

***** End Of Report *******Dr. Pooja Bhasin M.D.**
Associate Director & HOD
Lab Service Pathology**Dr. Vijay Laxmi Sharma, MD**
Associate Director & Quality Manager

Test Performed at :1060 - Max Hospital Shalimar Bagh, Max Lab

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Laboratory Investigation Report

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| Patient Name | Centre |
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| MaxID/Lab ID | Collection Date/Time |
| Ref Doctor | Reporting Date/Time |

Immunoassay

Wellwise Platinum Profile
Vitamin B12 (Vit- B12), (Cyanocobalamin)*, Serum

| Date | 04/Apr/2024 08:10AM | Unit | Bio Ref Interval |
|---------------------|------------------------|-------|------------------|
| Vitamin B12 CLIA | 191.0 | 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.

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

| Date | 04/Apr/2024 08:10AM | Unit | Bio Ref Interval |
|-------------------------------|------------------------|-------|------------------|
| 25 Hydroxy, Vitamin D CLIA | 10.73 | 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

Advise: Serum calcium, phosphorus and PTH

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| MaxID/Lab ID | Collection Date/Time |
| Ref Doctor | Reporting Date/Time |

Immunoassay**Wellwise Platinum Profile**

SIN No: B2B5138603

Kindly correlate with clinical findings

*** End Of Report ***



Dr. Pooja Bhasin M.D.
Associate Director & HOD
Lab Service Pathology



Dr. Vijay Laxmi Sharma, MD
Associate Director & Quality Manager

Test Performed at : 1060 - Max Hospital Shalimar Bagh, Max Lab

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Laboratory Investigation Report

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| Patient Name | Centre |
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| MaxID/Lab ID | Collection Date/Time |
| Ref Doctor | Reporting Date/Time |



Serology
Wellwise Platinum Profile

| Test Name | Result | Unit | Bio Ref Interval |
|-----------|--------|------|------------------|
|-----------|--------|------|------------------|

Hepatitis B Surface Antigen, Serum

CLIA

| | | | |
|-------|----------|--|--|
| HBsAg | Negative | | |
|-------|----------|--|--|

CLIA

| | | | |
|------------------|------|------|--|
| HBsAg Test Value | 0.14 | S/CO | |
|------------------|------|------|--|

CLIA

Ref. Range

| | |
|------------|------------|
| Negative | < 0.90 |
| Borderline | 0.90 - 5.0 |
| Positive | > 5.0 |

Interpretation

- This test is used to detect hepatitis B surface antigen (HBsAg) in serum sample based on VITROS immunometric immunoassay technique and aid in the laboratory diagnosis of HBV infection.
- Viral hepatitis is a major public health problem with an estimated 257 million persistent carriers of hepatitis B virus (HBV) worldwide. Infection with HBV results in a wide spectrum of acute and chronic liver diseases that may lead to cirrhosis and hepatocellular carcinoma.
- Transmission of HBV occurs by percutaneous exposure to blood products, needle stick injury, sexual contact and perinatally from HBV-infected mothers to baby.
- Hepatitis B surface antigen (HBsAg), derived from the viral envelope, is the first antigen to appear following infection.
- Positive results should be correlated with other potential laboratory abnormalities and clinical picture.
- A negative test result does not exclude the possibility of exposure to or infection with hepatitis B virus.
- Levels of HBsAg may be undetectable both in early infection and late after infection.
- In rare cases HBsAg tests do not detect certain HBV mutant strains.
- HBs Ag disappears with recovery from clinical disease in most patients, however, it persists for years in carriers.

Kindly correlate with clinical findings

*** End Of Report ***



Dr. Shakti Jain, MD

Associate Director and HOD - Microbiology

Test Performed at : 1060 - Max Hospital Shalimar Bagh, Max Lab

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| Patient Name | Centre |
| Age/Gender | OP/IP No/UHID |
| MaxID/Lab ID | Collection Date/Time |
| Ref Doctor | Reporting Date/Time |

Serology Special
Wellwise Platinum Profile


SIN No: B2B5138603

| Test Name | Result | Unit | Bio Ref Interval |
|-----------|--------|------|------------------|
|-----------|--------|------|------------------|

Allergy Screen-PhadiaTop/Inf, Serum

FEIA

| | | | |
|----------------------------|------|-------|--------|
| Allergy Screen, Phadia Top | 0.10 | PAU/L | < 0.34 |
| Fluoroenzyme Immunoassay | | | |

Comment

ImmunoCAP Phadiatop is an in vitro qualitative and semiquantitative assay for graded determination of IgE antibodies specific to inhalant allergens in human serum or plasma. It is intended for in vitro diagnostic use as an aid in the clinical diagnosis of IgE mediated allergic disorders in conjunction with other clinical findings, and is to be used in clinical laboratories. In patients suffering from extrinsic asthma, hay fever or atopic eczema, symptoms develop immediately after exposure to specific allergens. This immediate type of allergy is a function of a special type of serum antibodies belonging to the IgE class of immunoglobulins.

Kindly correlate with clinical findings

*** End Of Report ***



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



Dr. Bansidhar Tarai, M.D.
Associate Director
Microbiology & Molecular Diagnostics



Dr. Sonu Kumari Aggrawal, MD
Consultant Microbiology



Dr. Nidhi Malik, MD
Consultant Microbiology

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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MC-2714

Laboratory Investigation Report

| | |
|--------------|----------------------|
| Patient Name | Centre |
| Age/Gender | OP/IP No/UHID |
| MaxID/Lab ID | Collection Date/Time |
| Ref Doctor | Reporting Date/Time |

Clinical Pathology
Wellwise Platinum Profile

Urine Routine And Microscopy

| Date | 04/Apr/2024 08:10AM | Unit | Bio Ref Interval |
|------|------------------------|------|------------------|
|------|------------------------|------|------------------|

Macroscopy

| | | | |
|---|-------------|----|---------------|
| Colour Visual Observation/ Automated | Pale Yellow | | Pale Yellow |
| PH Double Indicator | 6.0 | .. | 5-6 |
| Specific Gravity pKa change | 1.020 | | 1.015 - 1.025 |
| Protein Protein-error of indicators | Neg | | Nil |
| Glucose. Enzyme Reaction | Neg | | Nil |
| Ketones Acetoacetic Reaction | Neg | | Nil |
| Blood Benzidine Reaction | Neg | | Nil |
| Bilirubin Diazo Reaction | Neg | | Nil |
| Urobilinogen Ehrlichs Reaction | Normal | | Normal |

Microscopy

| | | | |
|---|-----|------|---------|
| Red Blood Cells (RBC) Light Microscopy/Image capture microscopy | 0 | /HPF | Nil |
| White Blood Cells Light Microscopy/Image capture microscopy | 1 | /HPF | 0.0-5.0 |
| Squamous 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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| MaxID/Lab ID | Collection Date/Time |
| Ref Doctor | Reporting Date/Time |

Clinical Pathology
Wellwise Platinum Profile



Kindly correlate with clinical findings

*** End Of Report ***



Dr. Pooja Bhasin M.D.
Associate Director & HOD
Lab Service Pathology



Dr. Vijay Laxmi Sharma, MD
Associate Director & Quality Manager

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