

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 Total Profile



Albumin /Creatinine Ratio, Urine

Date	08/Apr/2026 07:24AM	Unit	Bio Ref Interval
Albumin, Urine (Microalbumin) Immunoturbidimetric	0.03	mg/dL	< 2.0
Creatinine, Urine Jaffe Kinetic	36.3	mg/dL	39-259
Albumin/Creatinine Ratio Calculated	0.83	µg/mg Creatinine	

Comment

Category	Spot Collection
Normal	< 30 mg/g creatinine
Moderately Increased	30 – 299 mg/g creatinine
Clinical Albuminuria	≥ 300 mg/g creatinine



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CRP- C- Reactive Protein, Serum

Date	08/Apr/2026	25/Apr/25	26/Sep/24	Unit	Bio Ref Interval
	07:24AM	07:18AM	08:18AM		
CRP	6.3	9.96	13.3	mg/L	<5.0
Turbitimetric					

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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SIN No: B2B9778743

Kidney Function Test (KFT) Profile

Date	08/Apr/2026 07:24AM	Unit	Bio Ref Interval
Urea Urease GLDH	16.9	mg/dl	5-50
Blood Urea Nitrogen Urease GLDH	7.9	mg/dl	6-20
Creatinine Jaffe Kinetic	1	mg/dL	0.7-1.2
eGFR by MDRD MDRD	73.81	ml/min/1.73 m ²	
eGFR by CKD EPI 2021	80.25		
Bun/Creatinine Ratio	7.90		
Uric Acid Enzymatic Colorimetric	7.4	mg/dl	3.4-7
Calcium (Total) NM-BAPTA	8.8	mg/dl	8.6-10.2
Sodium ISE Indirect	137.7	mmol/l	135-148
Potassium ISE Indirect	5.7	mmol/l	3.5 - 5.3
Chloride ISE Indirect	98.3	mmol/L	98-107
Phosphorus(inorg) MOLYBDATE UV	3.7	mg/dl	2.7-4.5

Ref. Range

eGFR - Estimated Glomerular Filtration 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 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

Test Performed at :794 - Max Hospital - Vaishali, W-3, Sector-1, Vaishali, Ghaziabad-201012, U.P
Booking Centre :2277 - Home Collection DNCR, N-110, Panchsheel Park, 7982100200
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HbA1c (Glycated/ Glycosylated Hemoglobin) Test, EDTA

HPLC

Date	08/Apr/2026 07:24AM	25/Apr/25 07:18AM	26/Sep/24 08:18AM	Unit	Bio Ref Interval
Glycosylated Haemoglobin(Hb A1c)	8.12	7.80	6.90	%	4.27 - 6.07
Glycosylated Haemoglobin(Hb A1c) IFCC	65.24	61.74	51.9	mmol/mol	< 39.0
Average Glucose Value For the Last 3 Months Calculated	186.34	177.16	151.33	mg/dL	
Average Glucose Value For the Last 3 Months IFCC Calculated	10.32	9.81	8.38	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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Fasting Blood Sugar (Glucose) , (FBS), Fluoride Plasma

Date	08/Apr/2026 07:24AM	25/Apr/25 07:18AM	26/Sep/24 08:18AM	24/Apr/24 06:50AM	Unit	Bio Ref Interval
Glucose (Fasting) Hexokinase	167	161	138.5	110	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)

Total Iron Binding Capacity (TIBC), Serum

Date	08/Apr/2026 07:24AM	Unit	Bio Ref Interval
Iron Colourimetric Assay	73.5	µg/dL	33-193
UIBC Ferrozine	265	µg/dL	125-345
Total Iron Binding Capacity Ferrozine	338.5	µg/dL	261 - 478
Transferrin Saturation	21.71	%	17 - 37

Kindly correlate with clinical findings

*** End Of Report ***

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

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

Mohini
Dr. Mohini Bhargava, MD
Associate Director (Biochemistry)



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Clinical Pathology
Wellwise Total Profile



Urine Routine And Microscopy

Date	08/Apr/2026 07:24AM	25/Apr/25 07:18AM	26/Sep/24 08:18AM	17/Nov/23 10:43AM	Unit	Bio Ref Interval
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Macroscopy

Colour Visual Observation/ Automated	Pale Yellow	Pale Yellow	Pale Yellow	Pale Yellow		Pale Yellow
PH Photoelectric colorimeter	6.5	5.0	5.0	5.5	..	5-9
Specific Gravity Photoelectric colorimeter	1.005	1.015	1.030	1.005		1.015 - 1.030
Protein Photoelectric colorimeter	Neg	Neg	Neg	Neg		Nil
Glucose. Photoelectric colorimeter	Neg	Neg	Neg	Neg		Nil
Ketones Photoelectric colorimeter	Neg	Neg	Neg	Neg		Nil
Blood Photoelectric colorimeter	Neg	Neg	Neg	Neg		Nil
Bilirubin Photoelectric colorimeter	Neg	Neg	Neg	Neg		Nil
Urobilinogen Photoelectric colorimeter	Normal	Normal	Normal	Normal		Normal
Nitrite Conversion of Nitrate	Neg	Neg	Negative	Negative		

Microscopy

Red Blood Cells (RBC) Streaming Image technology	0	0	Nil	Nil	/HPF	Nil
White Blood Cells Streaming Image technology	0	4	1	0-1	/HPF	0.0-5.0
Epithelial Cells Light Microscopy/Image capture microscopy	1	1	1	0-1	/HPF	
Cast Light Microscopy/Image capture microscopy	Nil	Nil	Nil	Nil	/LPF	Nil
Crystals Light Microscopy/Image capture microscopy	Nil	Nil	Nil	Nil	..	Nil
Bacteria Light Microscopy/Image capture microscopy	Nil	Nil			/HPF	Nil

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Clinical Pathology
Wellwise Total Profile



Kindly correlate with clinical findings

*** End Of Report ***

Anita Khanna

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

Meenal Mehta

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



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Hematology



SIN No: B2B9778743

Wellwise Total Profile

Complete Haemogram, Peripheral Smear and ESR, EDTA

Date	08/Apr/2026 07:24AM	25/Apr/25 07:18AM	26/Sep/24 08:18AM	Unit	Bio Ref Interval
Haemoglobin	14.6	14.9	13.6	g/dl	13.0 - 17.0
Modified cyanmethemoglobin					
Packed Cell, Volume	45.7	46.8	41.8	%	40-50
Calculated					
Total Leucocyte Count (TLC)	10.9	11.4	10.8	10~9/L	4.0-10.0
Electrical Impedance					
RBC Count	5.14	5.19	4.70	10~12/L	4.5-5.5
Electrical Impedance					
MCV	89.0	90.2	89.0	fL	83-101
Electrical Impedance					
MCH	28.5	28.7	29.0	pg	27-32
Calculated					
MCHC	32.0	31.8	32.6	g/dl	31.5-34.5
Calculated					
Platelet Count	318	322	260	10~9/L	150-410
Electrical Impedance					
MPV	8.3	10.4	9.8	fl	7.8-11.2
Calculated					
RDW	13.9	13.2	14.3	%	11.5-14.5
Derived from RBC Histogram					

Differential Cell Count

VCS / Light Microscopy

Neutrophils	57.6	51.7	50.5	%	40-80
Lymphocytes	30.0	35.8	37.9	%	20-40
Monocytes	7.3	7.9	7.4	%	2-10
Eosinophils	3.9	4.0	3.8	%	1-6
Basophils	1.2	0.6	0.4	%	0-2

Absolute Leukocyte Count

Calculated from TLC & DLC

Absolute Neutrophil Count	6.28	5.89	5.45	10~9/L	2.0-7.0
Absolute Lymphocyte Count	3.3	4.1	4.1	10~9/L	1.0-3.0
Absolute Monocyte Count	0.8	0.9	0.8	10~9/L	0.2-1.0
Absolute Eosinophil Count	0.43	0.46	0.41	10~9/L	0.02-0.5
Absolute Basophil Count	0.130	0.070	0.040	10~9/L	0.02-0.1
ESR (Modified Westergren) 07	04	04	14	mm/hr	<=30

Peripheral Smear Examination

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Hematology Wellwise Total Profile



RBC: - Normocytic Normochromic
WBC: - Mild leucocytosis.
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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**Immunoassay
Wellwise Total Profile**



Ferritin*, Serum

Date	08/Apr/2026 07:24AM	Unit	Bio Ref Interval
Ferritin CLIA	23.1	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 B12 (Vit- B12), (Cyanocobalamin)*, Serum

Date	08/Apr/2026 07:24AM	Unit	Bio Ref Interval
Vitamin B12 CLIA	224	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.

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Immunoassay
Wellwise Total Profile



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

Date	08/Apr/2026	Unit	Bio Ref
	07:24AM		Interval
25 Hydroxy, Vitamin D CLIA	7.26	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

*** End Of Report ***

Dr. Mohini Bhargava, MD
Associate Director (Biochemistry)



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Clinical Biochemistry
Wellwise Total Profile



Lipid Profile, Serum

Date	08/Apr/2026	25/Apr/25	26/Sep/24	Unit	Bio Ref Interval
	07:24AM	07:18AM	08:18AM		
Cholesterol Enzymatic	167	257	237	mg/dl	< 200
HDL Cholesterol Homogeneous enzymatic	39.9	47	50	mg/dl	> 40
LDL Cholesterol Homogeneous enzymatic	113	184	166	mg/dl	< 100
Triglyceride Enzymatic	121.0	161.0	141.0	mg/dl	< 150
VLDL Cholesterol Calculated	24.2	32.2	28.2	mg/dl	< 30
Total Cholesterol/HDL Ratio Calculated	4.2	5.5	4.7	..	< 4.9
Non-HDL Cholesterol Calculated	127.10	210.00	187.00	mg/dl	< 130
HDL/LDL	0.35	0.26	0.30		

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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Liver Function Test (LFT), Serum

Date	08/Apr/2026 07:24AM	25/Apr/25 07:18AM	26/Sep/24 08:18AM	Unit	Bio Ref Interval
Total Protein Biuret	6.60	6.90	7.00	g/dL	6.6-8.7
Albumin BCG	4.1	4.3	4.1	g/dl	3.5-5.2
Globulin Calculated	2.5	2.6	2.9	g/dl	1.8-3.6
A.G. ratio Calculated	1.6	1.6	1.4		1.2 - 1.5
Bilirubin (Total) Diazo	0.7	0.5	0.73	mg/dl	0.2-1.2
Bilirubin (Direct) Diazo	0.4	0.3	0.12	mg/dl	0-0.3
Bilirubin (Indirect) Calculated	0.3	0.2	0.61	mg/dl	0.1 - 1.0
SGOT- Aspartate Transaminase (AST) IFCC without pyridoxal phosphate	23.3	28.1	28.2	U/L	0-40
SGPT- Alanine Transaminase (ALT) IFCC without pyridoxal phosphate	26.6	29.3	32.4	U/L	0-40
AST/ALT Ratio	0.88	0.96	0.87		
Alkaline Phosphatase	103	95	91.4	U/L	40 - 129
GGT (Gamma GT), Serum ENZYMATIC COLORIMETRIC ASSAY	66.4	68.0	68.7	U/L	8-61

Kindly correlate with clinical findings

*** End Of Report ***

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**Immunoassay
Wellwise Total Profile**



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

Date	08/Apr/2026	25/Apr/25	26/Sep/24	Unit	Bio Ref Interval
	07:24AM	07:18AM	08:18AM		
Free Triiodothyronine (FT3) CLIA	3.06	2.90	3.39	pg/mL	2.6 - 4.2
Free Thyroxine (FT4) CLIA	0.88	0.77	0.87	ng/dL	0.58 - 1.64
Thyroid Stimulating Hormone CLIA	4.06	3.92	3.41	µIU/mL	0.34 - 5.6

Comment

Parameter	Unit	Premature (28 - 36weeks)	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 ***

Dr. Mohini Bhargava, MD
Associate Director (Biochemistry)

