

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 Essential + Vit. D



SIN No: B2B10513599

CBC (Complete Blood Count), EDTA

Date	23/Sep/2026	02/Sep/25	Unit	Bio Ref Interval
	09:03AM	11:57AM		
Haemoglobin	11.0	9.9	g/dl	12 - 15
SLS Method				
Packed Cell, Volume	36.0	30.6	%	36 - 46
Direct				
Total Leucocyte Count (TLC)	5990	7930	/μL	4000 - 10000
Flow Cytometry				
RBC Count	4.28	3.67	mill/μL	3.8 - 4.8
Sheath Flow DC Detection				
MCV	84.2	83.4	fl	81 - 99
Calculated				
MCH	25.7	26.9	Pg	27 - 32
Calculated				
MCHC	30.6	32.2	g/dl	31.5 - 34.5
Calculated				
Platelet Count	259	215	x 1000/μL	150 - 400
Flow Cytometry				
MPV	11.5	12.3	fl	7 - 12
RDW	16.6	15.3	%	11 - 16
Calculated				

Differential Cell Count

Flow Cytometry

Neutrophils	53.9	73.7	%	40 - 80
Lymphocytes	30.2	11.0	%	20 - 40
Monocytes	6.8	10.0	%	2 - 10
Eosinophils	8.6	5.0	%	2 - 6
Basophils	0.5	0.3	%	0 - 2

Absolute Leukocyte Count

Calculated

Absolute Neutrophil Count	3228.61	5844.41	/μL	2000 - 7000
Absolute Lymphocyte Count	1809.0	872.3	/μL	1000 - 3000
Absolute Monocyte Count	407.32	793	/μL	200 - 1200
Absolute Eosinophil Count	515.14	396.5	/μL	20 - 500
Absolute Basophil Count	29.950	23.790	/μL	20 - 100

Comment

Hemoglobin, Hematocrit & RBC count are used for diagnosing anemias and erythrocytosis. Red cell indices may help in determining the cause of anemia. WBC count and differential count can help in diagnosing clonal bone marrow disorders, counts can also be

Test Performed at : 2061 - Dr. BNH, Dept. of Laboratory Medicine, A - Wing, 101 - B, Prime Avenue, S.V Road, Vile Parle (W), Mumbai 400056

Booking Centre : 7161 - WE CARE WELLNESS CLINIC, Shop No.2, Nikisha Industrial Estate, Siddhivinayak Mira Road East., 8655765414

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altered in response to infections, treatments and several other systemic disorders. Platelet count is increased in clonal marrow disorders or certain reactive conditions & decreased in immune destruction, bone marrow infiltration, due to chemotherapy, post transfusion and in certain congenital conditions.

Kindly correlate with clinical findings

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*** End Of Report ***

Dr. Priyanka Vichare M.D
Attending consultant pathology



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Clinical Biochemistry

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

Date	23/Sep/2026 09:03AM	Unit	Bio Ref Interval
Glucose (Fasting) Hexokinase	79.8	mg/dl	60 - 100

Comment Non-Diabetic: <100mg/dl

Impaired Fasting Glucose(IFG): 100-125 mg/dl

Diabetic: >= 126 mg/dl

Random Sugar : 60-200 mg/dl



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HbA1c (Glycated/ Glycosylated Hemoglobin) Test, EDTA HPLC

Date	23/Sep/2026 09:03AM	Unit	Bio Ref Interval
Glycosylated Haemoglobin(Hb A1c) HPLC	5.40	%	0 - 5.7
Glycosylated Haemoglobin(Hb A1c) IFCC	35.51	mmol/mol	< 39.0
Average Glucose Value For the Last 3 Months	108.28	mg/dL	
Average Glucose Value For the Last 3 Months IFCC	6.00	mmol/L	

Comment < 5.7 % Non Diabetic
 5.7 - 6.4 % Pre Diabetic
 >= 6.5 % Diabetic



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Urea, Serum*

Date		Unit	Bio Ref Interval
	23/Sep/2026		
	09:03AM		
Urea	20.9	mg/dl	19.3 - 42.6
Urease , Kinetic			

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Creatinine, Serum

Date	23/Sep/2026 09:03AM	Unit	Bio Ref Interval
Creatinine Jaffe	0.59	mg/dl	0.5 - 0.9
eGFR by MDRD	111.75	ml/min/ 1.73m ²	> 90
eGFR by CKD EPI 2021	115.28		

Comment

eGFR calculations assume that the level of creatinine in the blood is stable, within biological variance, over days or longer - i.e. steady-state; the calculations are not valid if creatinine is rapidly changing, such as in acute kidney injury (AKI) or in patients receiving dialysis.

Uric Acid, Serum

Date	23/Sep/2026 09:03AM	Unit	Bio Ref Interval
Uric Acid Uricase	5.45	mg/dl	2.4 - 5.7

Total Cholesterol, Serum

Date	23/Sep/2026 09:03AM	Unit	Bio Ref Interval
Cholesterol Enzymatic Colorimetry	226	mg/dl	0 - 200

Triglycerides, Serum

Date	23/Sep/2026 09:03AM	Unit	Bio Ref Interval
Triglyceride Enzymatic Colorimetry	371.0	mg/dl	0 - 150

Bilirubin Total and Direct, Serum

Date	23/Sep/2026 09:03AM	Unit	Bio Ref Interval
Bilirubin (Total) Diazo	0.313	mg/dl	0.3 - 1.2
Bilirubin (Direct) Diazo	0.148	mg/dl	< 0.3
Bilirubin (Indirect) Calculated	0.17	mg/dl	0.0 - 0.8



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SGOT - Aspartate Amino Transferase, Serum

Date	23/Sep/2026 09:03AM	Unit	Bio Ref Interval
SGOT- Aspartate Transaminase (AST) ENZYMATIC IFCC	25.1	U/L	0 - 40

SGPT - Alanine Amino Transferase, Serum

Date	23/Sep/2026 09:03AM	Unit	Bio Ref Interval
SGPT- Alanine Transaminase (ALT) ENZYMATIC IFCC	13.6	U/L	0 - 40

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Immunoassay Wellwise Essential + Vit. D



Thyroid Stimulating Hormone (TSH), Serum

Date	23/Sep/2026 09:03AM	Unit	Bio Ref Interval
Thyroid Stimulating Hormone ECLIA	2.50	mIU/L	0.27 - 4.2

Comment Neonatal TSH 1-20 mIU/L

Reference range in pregnant women :

First trimester : 0.1-2.5 mIU/L

Second trimester : 0.2-3.0 mIU/L

Third trimester : 0.3-3.0 mIU/L

Comment: TSH - Ultrasensitive

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

Date	23/Sep/2026 09:03AM	Unit	Bio Ref Interval
25 Hydroxy, Vitamin D ECLIA	18.2	ng/mL	30 - 100

Reference range in ng/mL

< 20 - DEFICIENCY

20 - 30 - INSUFFICIENCY

> 30 - SUFFICIENCY

> 100 - TOXICITY

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Immunoassay

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Clinical Pathology
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Urine Routine And Microscopy

Date	23/Sep/2026	Unit	Bio Ref Interval
	09:03AM		

Macroscopy

Colour	Pale Yellow		Pale Yellow - Deep Amber
Visual Observation/ Automated			
PH	7.0	.	4.5 - 8.0
Double Indicator			
Specific Gravity	1.005	.	1.005 - 1.03
pKa change			
Protein	Negative		
Protein-error of indicators			
Glucose.	Negative		Nil
Enzyme Reaction			
Ketones	Negative		Nil
Acetoacetic Reaction			
Blood	Negative		Nil
Benzidine Reaction			
Leukocyte Esterase	Negative		
Bilirubin	Negative		Nil
Diazo Reaction			
Urobilinogen	Normal		Normal
Ehrlichs Reaction			
Nitrite	Negative		Negative
Conversion of Nitrate			

Microscopy

Red Blood Cells (RBC)	NIL	/HPF	Nil
Light Microscopy/Image capture microscopy			
White Blood Cells	NIL	/HPF	0.0 - 5.0
Light Microscopy/Image capture microscopy			
Epithelial Cells	1	/HPF	
Light Microscopy/Image capture microscopy			
Cast	NIL	/HPF	
Light Microscopy/Image capture microscopy			
Crystals	NIL	/HPF	
Light Microscopy/Image capture microscopy			
Bacteria	NIL	/HPF	
Light Microscopy/Image capture			

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microscopy

Comments Please note the Urine Routine Analysis, including both Microscopic and Biochemical examination has been done on an automated analyzer

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Dr. Maya Varde M.D
Consultant Pathology

