

## 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. B12**



### CBC (Complete Blood Count), EDTA

| Date                                                    | 23/Sep/2026<br>09:10AM | Unit    | Bio Ref Interval |
|---------------------------------------------------------|------------------------|---------|------------------|
| Haemoglobin                                             | 14.3                   | g/dl    | 13.0 - 17.0      |
| Packed Cell, Volume<br>Calculated                       | 44.1                   | %       | 40-50            |
| Total Leucocyte Count (TLC) 7.2<br>Electrical Impedance |                        | 10~9/L  | 4.0-10.0         |
| RBC Count<br>Electrical Impedance                       | 5.20                   | 10~12/L | 4.5-5.5          |
| MCV<br>Electrical Impedance                             | 84.8                   | fL      | 83-101           |
| MCH<br>Calculated                                       | 27.5                   | pg      | 27-32            |
| MCHC<br>Calculated                                      | 32.4                   | g/dl    | 31.5-34.5        |
| Platelet Count<br>Electrical Impedance                  | 191                    | 10~9/L  | 150-410          |
| MPV<br>Calculated                                       | 10.8                   | fl      | 7.8-11.2         |
| RDW<br>Calculated                                       | 14.9                   | %       | 11.5-14.5        |

### Differential Cell Count

VCS / Light Microscopy

|             |      |   |       |
|-------------|------|---|-------|
| Neutrophils | 66.5 | % | 40-80 |
| Lymphocytes | 21.0 | % | 20-40 |
| Monocytes   | 8.4  | % | 2-10  |
| Eosinophils | 3.6  | % | 1-6   |
| Basophils   | 0.5  | % | 0-2   |

### Absolute Leukocyte Count

Calculated from TLC & DLC

|                           |       |        |          |
|---------------------------|-------|--------|----------|
| Absolute Neutrophil Count | 4.79  | 10~9/L | 2.0-7.0  |
| Absolute Lymphocyte Count | 1.5   | 10~9/L | 1.0-3.0  |
| Absolute Monocyte Count   | 0.6   | 10~9/L | 0.2-1.0  |
| Absolute Eosinophil Count | 0.26  | 10~9/L | 0.02-0.5 |
| Absolute Basophil Count   | 0.040 | 10~9/L | 0.02-0.1 |

Kindly correlate with clinical findings

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### Hematology

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SIN No: B2B10424036

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**Clinical Biochemistry**  
**Wellwise Essential + Vit. B12**



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

| Date                            | 23/Sep/2026 | 03/Sep/26 | 01/Jul/26 | 22/Dec/25 | 30/Sep/25 | Unit  | Bio Ref Interval |
|---------------------------------|-------------|-----------|-----------|-----------|-----------|-------|------------------|
|                                 | 09:10AM     | 11:45AM   | 09:36AM   | 01:02PM   | 11:38AM   |       |                  |
| Glucose (Fasting)<br>Hexokinase | 126.0       | 297.0     | 221.0     | 164.0     | 113.0     | 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)



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### HbA1c (Glycated/ Glycosylated Hemoglobin) Test, EDTA

HPLC

| Date                                                        | 23/Sep/2026<br>09:10AM | Unit     | Bio Ref Interval |
|-------------------------------------------------------------|------------------------|----------|------------------|
| Glycosylated Haemoglobin(Hb A1c) HPLC                       | 10.31                  | %        | < 5.7            |
| Glycosylated Haemoglobin(Hb A1c) IFCC Calculated            | 89.18                  | mmol/mol | < 39.0           |
| Average Glucose Value For the Last 3 Months Calculated      | 249.2                  | mg/dL    |                  |
| Average Glucose Value For the Last 3 Months IFCC Calculated | 13.80                  | 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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### Urea, Serum

|                   |                                      |             |                         |
|-------------------|--------------------------------------|-------------|-------------------------|
| <b>Date</b>       | <b>23/Sep/2026</b><br><b>09:10AM</b> | <b>Unit</b> | <b>Bio Ref Interval</b> |
| Urea<br>Urase, UV | 37.1                                 | mg/dL       | 17 - 43                 |

### Creatinine, Serum

|                                        |                                      |                            |                         |
|----------------------------------------|--------------------------------------|----------------------------|-------------------------|
| <b>Date</b>                            | <b>23/Sep/2026</b><br><b>09:10AM</b> | <b>Unit</b>                | <b>Bio Ref Interval</b> |
| Creatinine<br>Alkaline picrate kinetic | 0.9                                  | mg/dL                      | 0.67 – 1.17             |
| eGFR by MDRD<br>MDRD                   | 86.51                                | ml/min/1.73 m <sup>2</sup> |                         |
| eGFR by CKD EPI 2021                   | 97.98                                |                            |                         |

### Ref. Range

eGFR - Estimated Glomerular Filtration Rate is calculated by MDRD equation which is most accurate for GFRs  $\leq 60$  ml / m / 1.73 m<sup>2</sup>. MDRD equation is **used for adult population only**.

| Category | Ref Interval (ml / min / 1.73 m <sup>2</sup> ) | Condition                       |
|----------|------------------------------------------------|---------------------------------|
| G1       | $\geq 90$                                      | 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 Essential + Vit. B12



#### Uric Acid, Serum

| Date                               | 23/Sep/2026<br>09:10AM | Unit  | Bio Ref Interval |
|------------------------------------|------------------------|-------|------------------|
| Uric Acid<br>Uricase, Colorimetric | 4.7                    | mg/dL | 3.5 - 7.2        |

#### Interpretation

Increased in gout, renal failure, inherited metabolic disorders, excess dietary purine intake, Increased nucleic acid turnover (e.g. Leukemia, Myeloma, Radiotherapy, Chemotherapy, Trauma) Psoriasis, preeclampsia and Alcohol consumption.  
Decreased in Wilson's disease, Fanconi's syndrome xanthinuria, SIADH, deficiency of adenosine deaminase, purine and nucleoside phosphorylase and low purine diet.

#### Total Cholesterol, Serum

| Date                                                     | 23/Sep/2026<br>09:10AM | Unit  | Bio Ref Interval |
|----------------------------------------------------------|------------------------|-------|------------------|
| Cholesterol<br>Cholesterol oxidase, esterage, peroxidase | 172                    | mg/dL | 0 - 200          |

#### Interpretation

|                   |                                                                              |
|-------------------|------------------------------------------------------------------------------|
| Total Cholesterol | Desirable: < 200 mg/dL<br>Borderline High: 200-239 mg/dL<br>High ≥ 240 mg/dL |
|-------------------|------------------------------------------------------------------------------|

Increased in Familial hypercholesterolemia, coronary heart disease, primary biliary cirrhosis, nephrotic syndrome, type 2 diabetes, hypothyroidism, obesity and pregnancy.  
Decreased in Hypo-α-lipoproteinemias, hepatocellular necrosis, hyperthyroidism, malnutrition, severe acute illness and infection.

#### Triglycerides, Serum

| Date                                | 23/Sep/2026<br>09:10AM | Unit  | Bio Ref Interval |
|-------------------------------------|------------------------|-------|------------------|
| Triglyceride<br>Enzymatic end point | 163.0                  | mg/dL | 0 - 150          |

#### Comment

|              |                                                                                                       |
|--------------|-------------------------------------------------------------------------------------------------------|
| Triglyceride | Normal: <150 mg/dL<br>Borderline High: 150-199 mg/dL<br>High: 200-499 mg/dL<br>Very High: ≥ 500 mg/dL |
|--------------|-------------------------------------------------------------------------------------------------------|

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### Bilirubin Total and Direct, Serum

| Date                                | 23/Sep/2026<br>09:10AM | Unit  | Bio Ref Interval |
|-------------------------------------|------------------------|-------|------------------|
| Bilirubin (Total)<br>DPD            | 0.54                   | mg/dL | 0.3 - 1.2        |
| Bilirubin (Direct)<br>Diazotization | 0.10                   | mg/dL | 0 - 0.2          |
| Bilirubin (Indirect)<br>Calculated  | 0.44                   | mg/dL | 0.1 - 1.0        |

**Interpretation** Increased in Hepatocellular damage (inflammatory, toxic, neoplastic), intra hepatic and extra hepatic biliary tree obstruction, hemolytic disease and neonatal physiological jaundice.

### SGOT - Aspartate Amino Transferase, Serum

| Date                                                    | 23/Sep/2026<br>09:10AM | Unit | Bio Ref Interval |
|---------------------------------------------------------|------------------------|------|------------------|
| SGOT- Aspartate<br>Transaminase (AST)<br>UV without P5P | 25                     | U/L  | 0 - 50           |

### Interpretation

Increased in acute hepatitis especially viral hepatitis, liver cell necrosis or injury of any cause, including cholestatic or obstructive jaundice, chronic hepatitis and drug induced injury to liver.

### SGPT - Alanine Amino Transferase, Serum

| Date                                                  | 23/Sep/2026<br>09:10AM | Unit | Bio Ref Interval |
|-------------------------------------------------------|------------------------|------|------------------|
| SGPT- Alanine<br>Transaminase (ALT)<br>UV without P5P | 28                     | U/L  | 0 - 50           |

### Interpretation

Increased in Acute Liver Cell necrosis of any cause, severe shock right heart failure, acute anoxia (e.g. status asthmaticus), extensive trauma and left heart failure.

Kindly correlate with clinical findings

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Principal Director-  
Max Lab & Blood Bank Services

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

  
Dr. Rajeev Kumar, DCP, MD  
Associate Consultant  
Biochemistry

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### Immunoassay Wellwise Essential + Vit. B12



#### Thyroid Stimulating Hormone (TSH), Serum

| Date                        | 23/Sep/2026<br>09:10AM | Unit   | Bio Ref Interval |
|-----------------------------|------------------------|--------|------------------|
| Thyroid Stimulating Hormone | 2.64                   | µIU/mL | 0.38 - 5.33      |
| CLIA                        |                        |        |                  |

#### Interpretation

| Parameter | Unit   | Premature (28 - 36weeks) | Cord Blood (> 37 weeks) | Upto 2 Month | 1st Trimester | 2nd Trimester | 3rd Trimester |
|-----------|--------|--------------------------|-------------------------|--------------|---------------|---------------|---------------|
| 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   |

Increased in primary Hypothyroidism.  
Decreased in primary Hyperthyroidism

**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

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

| Date              | 23/Sep/2026<br>09:10AM | Unit  | Bio Ref Interval |
|-------------------|------------------------|-------|------------------|
| Vitamin B12       | 137.00                 | pg/mL | 222 - 1439       |
| Chemiluminescence |                        |       |                  |

#### 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.

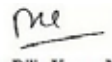
**Advise:** CBC, peripheral smear, serum folate levels, intrinsic factor antibodies (IFA), bone marrow examination, if Vit B12 deficient.

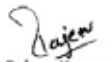
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Associate Consultant  
Biochemistry

Test Performed at : 910 - Max Hospital - Saket M S S H, Press Enclave Road, Mandir Marg, Saket, New Delhi, Delhi 110017

Booking Centre : 3538 - Max Lab East of kailash New Delhi, Shop No.104, Neelkanth Palace, 190 Sant Nagar, 8130237035

The authenticity of the report can be verified by scanning the Q R Code on top of the page

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**Clinical Pathology**  
**Wellwise Essential + Vit. B12**



### Urine Routine And Microscopy

|             |                    |             |                         |
|-------------|--------------------|-------------|-------------------------|
| <b>Date</b> | <b>23/Sep/2026</b> | <b>Unit</b> | <b>Bio Ref Interval</b> |
|             | <b>09:10AM</b>     |             |                         |

#### Macroscopy

|                               |             |    |               |
|-------------------------------|-------------|----|---------------|
| Colour                        | Pale Yellow |    | Pale Yellow   |
| Visual Observation/ Automated |             |    |               |
| PH                            | 6.5         | .. | 5-6           |
| Double Indicator              |             |    |               |
| Specific Gravity              | 1.010       |    | 1.015 - 1.025 |
| pKa change                    |             |    |               |
| Protein                       | Neg         |    | Nil           |
| Protein-error of indicators   |             |    |               |
| Glucose.                      | 4+          |    | Nil           |
| Enzyme Reaction               |             |    |               |
| Ketones                       | Neg         |    | Nil           |
| Acetoacetic Reaction          |             |    |               |
| Blood                         | Neg         |    | Nil           |
| Benzidine Reaction            |             |    |               |
| Leukocyte Esterase            | Neg         |    | Nil           |
| Leukocyte esterase reaction   |             |    |               |
| Bilirubin                     | Neg         |    | Nil           |
| Diazo Reaction                |             |    |               |
| Urobilinogen                  | Normal      |    | Normal        |
| Ehrlichs Reaction             |             |    |               |
| Nitrite                       | Neg         |    |               |
| Conversion of Nitrate         |             |    |               |

#### Microscopy

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



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