MAX Lab

Laboratory Investigation Report

Patient Name	Centre
Age/Gender	OP/IP No
Max ID/Mobile	Collection Date/Time
Lab ID	Receiving Date
Ref Doctor	Reporting Date
Passport No.	

Serology Special

Test Name	Result	Unit	Bio Ref Interval
Covid 19 IgG Antibody (Qualitative)*			
CLIA			
Covid 19 IgG Antibody (Qualitative)	Positive		

Interpretation : Antibodies are a part of our Immune System which are produced after an infection or in response to a vaccine. Our body's immunity to a disease is usually indicated by the presence of Antibodies amongst various other immune defense mechanisms.

We are using **CLIA technology for qualitative determination of "ANTI SPIKE" specific IgG antibodies in serum/plasma of Covid infected patients or post vaccination.** Thus this assay supports the immune status of patients , by indicating neutralizing IgG antibodies against spike proteins of SARS CoV 2 virus.

Covid IgG test enables us to serially monitor an immune response of our body via antibodies starting from the fourth week after covid infection or vaccination.

A negative IgG antibody test doesn't mean that a person has not acquired immunity as there are other immunemechanisms in our body which work simultaneously.

Kindly correlate with clinical findings

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

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

Dr. Poornima Sen, M.D.
Consultant - Microbiology

Dr. Madhuri Somani, M.D. , DNB
Consultant - Microbiology

SIN No:BHA0143685, Test Performed at :910 - Max Hospital - Saket M S S H, Press Enclave Road, Mandir Marg, Saket, New Delhi, Delhi 110017

Booking Centre :1110 - Max Hospital Bathinda, Mansa Road, Near District Civil Hospital, Bathinda, Punjab 151001,

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Clinical Biochemistry

CRP- C-REACTIVE PROTEIN*, Serum

Date	15/Jan/2022 02:34PM	16/Jun/21 10:26AM	31/May/21 11:31AM	13/May/21 10:10PM	Unit	Bio Ref Interval
CRP Immunoturbidimetric	0.35	0.2	0.5	6.53		

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.

Kindly correlate with clinical findings

*** End Of Report ***

Dr. Komal Singla, M.D.(Path)
Consultant Pathologist

Dr. Alka Gupta M.D.
Consultant Pathologist

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Immunoassay

Vitamin B12, Serum*

Date	15/Jan/2022 02:34PM	Unit	Bio Ref Interval
Vitamin B12 CLIA	404.0	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.

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Immunoassay

25 Hydroxy Vitamin D Level,Serum*

	Date 15/Jan/2022 02:34PM	Unit	Bio Ref Interval
25 Hydroxy, Vitamin D CLIA	30.08	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 *****

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Immunoassay

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Clinical Biochemistry

Urea, Serum

Date	15/Jan/2022 02:34PM	16/Jun/21 10:26AM	31/May/21 11:31AM	13/May/21 10:10PM	Unit	Bio Ref Interval
Urea Urease, UV	43.0	27.0	**53.0**	27.0	mg/dL	17.0 - 43.0

Creatinine, Serum

Date	15/Jan/2022 02:34PM	16/Jun/21 10:26AM	31/May/21 11:31AM	13/May/21 10:10PM	Unit	Bio Ref Interval
Creatinine Alkaline picrate kinetic	0.92	0.73	0.93	**0.89**	mg/dL	0.9 - 1.3
eGFR MDRD	85.14	111.42	84.27	88.68	ml/min/1.73 m²	

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.**
<60ml / min / 1.73 m² - Chronic Kidney Disease
<15 ml / min /1.73 m² - Kidney failure

Sodium, Serum

Date	15/Jan/2022 02:34PM	16/Jun/21 10:26AM	31/May/21 11:31AM	13/May/21 10:10PM	Unit	Bio Ref Interval
Sodium ISE indirect	143.8	139.3	137.3	138.2	mmol/L	136 - 146

Potassium, Serum

Date	15/Jan/2022 02:34PM	16/Jun/21 10:26AM	31/May/21 11:31AM	13/May/21 10:10PM	Unit	Bio Ref Interval
Potassium ISE indirect	4.45	4.09	4.36	4.31	mmol/L	3.5 - 5.1

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MAX Lab

Laboratory Investigation Report

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Clinical Biochemistry

Chloride, Serum

Date	15/Jan/2022 02:34PM	16/Jun/21 10:26AM	31/May/21 11:31AM	13/May/21 10:10PM	Unit	Bio Ref Interval
Chloride ISE indirect	105.6	105.1	103.1	104.9	mmol/L	101 - 109

Bicarbonate, Serum

Date	15/Jan/2022 02:34PM	16/Jun/21 10:26AM	31/May/21 11:31AM	13/May/21 10:10PM	Unit	Bio Ref Interval
Bicarbonate Enzymatic	31.0	27.0	29.0	24.0	mmol/L	21 - 31

Blood Sugar Fasting,Fluoride Plasma

Date	15/Jan/2022 02:34PM	16/Jun/21 10:26AM	Unit	Bio Ref Interval
Glucose (Fasting) Hexokinase	92.0	**111**	mg/dl	74 - 99

Lipid Profile,Serum

Date	15/Jan/2022 02:34PM	16/Jun/21 10:26AM	Unit	Bio Ref Interval
Cholesterol Cholesterol oxidase, esterase, peroxidase	**223**	**251**	mg/dL	< 200
HDL Cholesterol Direct measure, immunoinhibition	47.1	46.9	mg/dL	> 40
LDL Cholesterol Direct measure	**144.0**	**175.0**	mg/dL	< 100
Triglyceride Enzymatic, end point	126.0	**185.0**	mg/dL	< 150
VLDL Cholesterol Calculated	25.2	**37.0**	mg/dl	< 30
Total Cholesterol/HDL Ratio Calculated	4.7	**5.4**	..	0.0-4.9
Non-HDL Cholesterol Calculated	**175.90**	**204.10**	mg/dL	< 130
HDL/LDL	0.33	**0.27**	Ratio	0.3 - 0.4

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MAX Lab

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Clinical Biochemistry

Calculated

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

Calcium, Serum

Date	15/Jan/2022 02:34PM	16/Jun/21 10:26AM	31/May/21 11:31AM	13/May/21 10:10PM	Unit	Bio Ref Interval
Calcium (Total) Arsenazo III	9.36	9.80	9.69	9.59	mg/dL	8.8 - 10.6

Comment

Increased in Primary and Tertiary hyperparathyroidism, malignant disease with bone involvement, Polycythemia vera, pheochromocytoma and Sarcoidosis.
Advise: PTH testing. If normal or increased, then check urine Ca^{++}/ Creatinine ratio to exclude Familial benign hypocalciuric hypercalcemia (FBHH)
Decreased in surgical or congenital hyperparathyroidism; Vitamin D deficiency, chronic renal failure; magnesium deficiency, prolonged anticonvulsant therapy, acute pancreatitis, hyperphosphatemia, massive blood transfusion, leprosy, proximal and distal renal tubular disease, alcoholism and hepatic cirrhosis.
Advice: Albumin, Phosphate, Creatinine, Alkaline Phosphatase and PTH.

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Laboratory Investigation Report

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Clinical Biochemistry

Glycosylated Haemoglobin (HbA1C),EDTA Routine

HPLC

Date	15/Jan/2022 02:34PM	13/May/21 10:10PM	Unit	Bio Ref Interval
Glycosylated Haemoglobin(Hb A1c)	5.6	**6.2**	%	< 5.7
Glycosylated Haemoglobin(Hb A1c) IFCC	37.69	**44.25**	mmol/mol	< 39.0
Average Glucose Value For the Last 3 Months	114.02	131.24	mg/dL	
Average Glucose Value For the Last 3 Months IFCC	6.31	7.27	mmol/L	

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.

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Clinical Biochemistry

Liver Function Test Profile,Serum

Date	15/Jan/2022 02:34PM	16/Jun/21 10:26AM	31/May/21 11:31AM	13/May/21 10:10PM	Unit	Bio Ref Interval
Total Protein Biuret	7.92	7.25	7.67	7.37	g/dL	6.6 - 8.3
Albumin Bromcresol Green (BCG)	4.7	4.2	4.3	4.5	g/dL	3.5 - 5.2
Globulin Calculated	3.2	3.0	3.4	2.9	g/dl	2.3 - 3.5
A.G. ratio Calculated	1.4	1.4	1.3	**1.6**		1.2 - 1.5
Bilirubin (Total) DPD	0.49	0.49	0.96	0.57	mg/dL	0.3 - 1.2
Bilirubin (Direct) Diazotization	0.10	0.11	**0.24**	0.14	mg/dL	0.0 - 0.2
Bilirubin (Indirect) Calculated	0.39	0.38	0.72	0.43	mg/dL	0.1 - 1.0
SGOT- Aspartate Transaminase (AST) UV without P5P	30.7	32.4	40.9	44.7	U/L	< 50
SGPT- Alanine Transaminase (ALT) UV without P5P	48.8	57.8	**122.8**	**72.8**	U/L	< 50
Alkaline Phosphatase PNPP, AMP Buffer	63	54	55	57	U/L	30 - 120
GGTP (Gamma GT), Serum Enzymatic Rate	28.0	36.0	**63.0**	28.0	U/L	7 - 50

Kindly correlate with clinical findings

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

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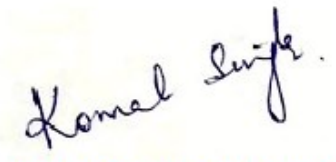
Clinical Biochemistry



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Clinical Pathology

Renal Profile,Serum + Urine

Urine Routine And Microscopy

Date	15/Jan/2022 02:34PM	16/Jun/21 10:26AM	Unit	Bio Ref Interval
Macroscopy				
Reflectance photometry				
Colour	Yellow	Yellow		Pale Yellow
PH	6.0	6.0	..	5-6
Specific Gravity	1.020	1.025		1.015 - 1.025
Protein	Nil	Trace		Nil
Glucose.	Nil	Nil		Nil
Ketones	ABSENT	Nil		Nil
Blood	ABSENT	+		Nil
Bilirubin	Nil	Nil		Nil
Urobilinogen	NORMAL	Normal		Normal
Nitrite	Negative	Negative		
Microscopy				
Light Microscopy/Image capture microscopy				
Red Blood Cells (RBC)	Nil	4-6	/HPF	Nil
White Blood Cells	0-1	3-5	/HPF	0.0-5.0
Squamous Epithelial Cells	Nil	Nil	/HPF	
Cast	Nil	Nil	/LPF	Nil
Crystals	Nil	Calcium Oxalate(+)	..	Nil
Bacteria	Nil	Nil	/HPF	Nil

Kindly correlate with clinical findings

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

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Clinical Pathology

Renal Profile,Serum + Urine

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Hematology

Test Name	Result	Unit	Bio Ref Interval
ESR (Westergren),EDTA			
ESR (Westergren) Westergren	02	mm/hr	<=12

Interpretation

(Syn: Erythrocyte Sedimentation Rate)
ESR is measured as red cells fall through a column of blood. It is a sensitive index of plasma protein change. It can be affected by age, sex, menstrual cycle, pregnancy and drugs(e.g. OCP, steroids).
No fasting sample is required for ESR.
ESR is performed for the diagnostic purpose for temporal arteritis and polymyalgia rhematica. It is also used for chronic inflammation.
High ESR is seen in - inflammatory disorders (e.g. infection , rheumatoid disease, tuberculosis), presence of paraproteinemia (e.g. multiple myeloma, lymphoma) and anaemia.
Low ESR is seen in - polycythemia, hypofibrinogemia, poikilocytosis, spherocytosis and sickle cell anaemia.
Normal ESR does not exclude organic disease.

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Hematology

Test Name	Result	Unit	Bio Ref Interval

Peripheral Smear Examination, EDTA

Peripheral Smear Examination

Light Microscopy

RBC: - Normocytic Normochromic, few microcytic hypochromic cells, no nRBCs or parasite seen.
WBC: - Counts within normal limits. Lymphocytes are mildly increased in number.
Platelet: - Adequate

Impression: Normocytic Normochromic Picture.

MAX Lab

Laboratory Investigation Report

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Hematology

Test Name	Result	Unit	Bio Ref Interval
Malaria Antigen,EDTA, EDTA			
Malaria Antigen Immumochromatography - pLDH & HRP2	Negative		Negative

Interpretation Rapid card test for malaria is a combo kit designed to test Plasmodium falciparum and Plasmodium vivax species of malaria. This is a combo kit coated with specific monoclonal antibodies against pLDH of the P. Vivax and HRP2 of the P. Falciparum. This kit can also detect the combined infection by these two species.
The result of this test needs to be corroborated with clinical features and other laboratory findings. Positive result with faint test line or false negative may be seen in low parasite density. Negative result can also be seen in prozone effect – i.e. very high antigen concentration compared to antibody concentration.
False positive result may be seen in acute Schistosomiasis.
Test may remain positive even after successful anti-malarial therapy and therefore should not be used for monitoring response to anti-malarial treatment.
Advice: "Peripheral smear for Malarial Parasite"

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MC-2718

MAX Lab

Laboratory Investigation Report

Patient Name	Centre
Age/Gender	OP/IP No
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Passport No.	

Hematology

Prothrombin Time (with INR),Citrate Plasma

Date	15/Jan/2022 02:34PM	16/Jun/21 10:26AM	13/May/21 10:10PM	Unit	Bio Ref Interval
Prothrombin Time (PT) Photo-Optical-Nephlometry	13.40	**15.4**	15.1	Sec	12.1 - 15.1
MNPT Value	13.20	14.0	14.0	Sec	
INR	1.01	1.14	1.12		

Interpretation

(Syn: - Prothrombin Time)
PT is the test which checks the “extrinsic coagulation” pathway and is useful for detecting coagulation deficiency, liver disease and disseminated intravascular Coagulation (DIC).
PT can also be expressed as International normalized ratio (INR) used for monitoring warfarin therapy.
Raised PT value seen in - factor deficiency (Fibrinogen (I), Prothrombin (II), factor V, VII, X), oral anticoagulation therapy, liver diseases, Vitamin K deficiency and DIC.

Advice: - ‘**PT mixing study’**, ‘**specific factor(s) assay’**may be added on for further evaluation.

CBC (Complete Blood Count), Whole Blood EDTA

Date	15/Jan/2022 02:34PM	16/Jun/21 10:26AM	31/May/21 11:31AM	13/May/21 10:10PM	Unit	Bio Ref Interval
Haemoglobin	14.6	13.5	13.7	**12.43**	g/dl	13.0 - 17.0
Packed Cell, Volume Calculated	43.1	**39.8**	41.6	**36.6**	%	40-50
Total Leucocyte Count (TLC) Electrical Impedance	6.4	4.8	**11.7**	5.01	10~9/L	4.0-10.0
RBC Count Electrical Impedance	4.84	**4.48**	4.64	**4.00**	10~12/L	4.5-5.5
MCV Electrical Impedance	89.1	88.8	89.7	91.6	fL	83-101
MCH Calculated	30.2	30.1	29.5	31.1	pg	27-32
MCHC Calculated	33.9	33.9	32.9	34.0	g/dl	31.5-34.5
Platelet Count Electrical Impedance	150	238	168.0	**128.0**	10~9/L	150-410
MPV	**12.4**	8.1	9.5	10.21	fl	7.8-11.2

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Hematology

RDW Calculated	14.4	14.3	14.4	13.9	%	11.5-14.5

Differential Cell Count
VCS / Light Microscopy

Neutrophils	42.1	47.5	**84.0**	62.33	%	40-80
Lymphocytes	**46.4**	39.1	**10.8**	25.51	%	20-40
Monocytes	8.0	9.1	4.5	**11.44**	%	2-10
Eosinophils	2.9	4.1	**0.4**	**0.46**	%	1-6
Basophils	0.6	0.2	0.3	0.26	%	0-2

Absolute Leukocyte Count
Calculated from TLC & DLC

Absolute Neutrophil Count	2.69	2.28	**9.83**	3.12	10~9/L	2.0-7.0
Absolute Lymphocyte Count	3.0	1.9	1.3	1.3	10~9/L	1.0-3.0
Absolute Monocyte Count	0.51	0.44	0.53	0.57	10~9/L	0.2-1.0
Absolute Eosinophil Count	0.19	0.2	0.05	0.02	10~9/L	0.02-0.5
Absolute Basophil Count	0.04	**0.01**	0.04	**0.01**	10~9/L	0.02-0.1

Kindly correlate with clinical findings

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

Dr. Komal Singla, M.D.(Path)
Consultant Pathologist

Dr. Komal Singla, M.D.(Path)
Consultant Pathologist

Dr. Alka Gupta M.D.
Consultant Pathologist

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Immunoassay

Test Name	Result	Unit	Bio Ref Interval
Free T4 ,Serum			
Free Thyroxine (FT4) CLIA	0.61	ng/dL	0.58 - 1.64

Comment

Parameter	Unit	Cord Blood	Upto 2 Month	Adult	1st Trimester	2nd Trimester	3rd Trimester
FT4	ng/dl	1.7 - 4.0	0.58 - 1.64	0.58 - 1.64	0.7 - 2.0	0.5 - 1.6	0.5 - 1.6

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Immunoassay

Free T3,Serum

Date	15/Jan/2022 02:34PM	Unit	Bio Ref Interval
Free Triiodothyronine (FT3) CLIA	2.79	pg/mL	2.6 - 4.2

Comment

Parameter	Unit	Cord Blood	Upto 2 Month	Adult	1st Trimester	2nd Trimester	3rd Trimester
FT3	Pg/mL	0.15 - 3.91	2.4 - 5.6	2.6 - 4.2	2.11 - 3.83	1.96 - 3.38	1.96 - 3.38

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Immunoassay

TSH,Serum

Date	**15/Jan/2022 02:34PM**	**Unit**	**Bio Ref Interval**
Thyroid Stimulating Hormone CLIA	1.692	µIU/mL	0.34 - 5.6

Interpretation

Parameter	Unit	Premature (28 - 36 Weeks)	Cord Blood (> 37 weeks)	Upto 2 Month	Adult	1st Trimester	2nd Trimester	3rd Trimester
TSH	uIU/ml	0.7 - 27.0	2.3 - 13.2	0.5 - 10	0.38 - 5.33	0.1 - 2.5	0.2 - 3.0	0.3 - 3.0

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.

Kindly correlate with clinical findings

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

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MC-2718

DR. DEEPALI PATH LABS
& CANCER DIAGNOSTIC CENTRE

oncquest
discover diagnose defend

Patient Name : ARVINDPAL	**Gender :** MALE
Referred by : MAX HOSPITAL	**Age :** 54/Y
UHID : B-14-22	**Date :** 15-01-2022

TEST	TESTS RESULTS	NORMAL REFERENCE VALUES
D- dimer	120 ng/ml	Age ≤ 50 years: < 500 ng/ml Age> 50 years:Age X10 ng/ml

Comments:-

D-Dimer is a quantitative test for determination of fibrin degradation products (FbDP) In human plasma (sodium citrate). D-Dimer is indicated for use in conjunction with a clinical pretest probability assessment model to exclude deep vein thrombosis (DVT) and pulmonary embolism (PE) disease in outpatients suspected of DVT or PE.
Age adjusted D-dimer cut off increases exclusion while maintaining safety.

The test has been carried out in Fully Automated Immunoassay System-MINI-VIDAS using ELFA (Enzyme Linked Fluorescence Assay) technology.

Note:- Suggested Clinical Correlation.

**********End of Report**********

For Dr. Deepali Path Labs &
Cancer Diagnostic Centre

Prop.