MAX Lab

Laboratory Investigation Report

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

SIN No:B2B4865564

Hematology

Hair Fall Comprehensive Panel

CBC (Complete Blood Count), Whole Blood EDTA

	Date 31/Dec/2023 08:02AM	Unit	Bio Ref Interval
Haemoglobin	16.2	g/dl	13.0 - 17.0
Packed Cell, Volume Calculated	49.7	%	40-50
Total Leucocyte Count (TLC) Electrical Impedance	7.1	10~9/L	4.0-10.0
RBC Count Electrical Impedance	5.31	10~12/L	4.5-5.5
MCV Electrical Impedance	93.6	fL	83-101
MCH Calculated	30.5	pg	27-32
MCHC Calculated	32.6	g/dl	31.5-34.5
Platelet Count Electrical Impedance	268	10~9/L	150-410
MPV Calculated	**7.5**	fl	7.8-11.2
RDW Calculated	14.0	%	11.5-14.5
Differential Cell Count VCS / Light Microscopy			
Neutrophils	**39.2**	%	40-80
Lymphocytes	38.3	%	20-40
Monocytes	**12.0**	%	2-10
Eosinophils	**10.0**	%	1-6
Basophils	0.5	%	0-2
Absolute Leukocyte Count Calculated from TLC & DLC			
Absolute Neutrophil Count	2.78	10~9/L	2.0-7.0
Absolute Lymphocyte Count	2.7	10~9/L	1.0-3.0
Absolute Monocyte Count	0.85	10~9/L	0.2-1.0
Absolute Eosinophil Count	**0.71**	10~9/L	0.02-0.5
Absolute Basophil Count	0.04	10~9/L	0.02-0.1

Kindly correlate with clinical findings

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

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

MC-2714

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Laboratory Investigation Report

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Hematology

Hair Fall Comprehensive Panel

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Principal Director-
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Immunoassay

Hair Fall Comprehensive Panel

Ferritin, Serum

Date	31/Dec/2023 08:02AM	Unit	Bio Ref Interval
Ferritin CLIA	51.46	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 & Folate, Serum

Date	31/Dec/2023 08:02AM	Unit	Bio Ref Interval
Vitamin B12 CLIA	200.1	pg/mL	120 - 914
Folate Serum CLIA	11.7	ng/mL	>5.9

Comment

Reference Group for Folate in ng/ml:

Normal Range: (> 5.9)
Indeterminate Range: (4.0 - 5.9)
Deficient Range: (< 4.0)

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.

Folate :-

A folate deficiency can lead to megaloblastic anemia and ultimately to severe neurological problems. Folate deficiency can be caused by insufficient dietary intake, malabsorption or excessive folate utilization, which is common during pregnancy, alcoholism, hepatitis, or other liver-damaging diseases.

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Immunoassay

Hair Fall Comprehensive Panel

Total - Thyroid Profile, Serum

Date	31/Dec/2023 08:02AM	Unit	Bio Ref Interval
T3 (Total) CLIA	0.94	ng/mL	0.87-1.78
T4 (Total) CLIA	**1.52**	µg/dL	6.09-12.23
TSH CLIA	3.60	uIU/ml	0.38-5.33

Comment

Parameter	Unit	Cord Blood	Adult	1st Trimester	2nd Trimester	3rd Trimester
TSH	uIU/ml	2.3 - 13.2	0.38 - 5.33	0.1 - 2.5	0.2 - 3.0	0.3 - 3.0

Increased in primary Hypothyroidism.
Decreased in primary Hyperthyroidism

Total Thyroid Profile : (Thyroid Function Test, TFT)
T3 (Total), Triiodothyronine
Increase in Hyperthyroidism, and T3 toxicosis,
Decreased in hypothyroidism,states with decreased TBG, and acute and subacute non thyroidal illness
T4(Total) Thyroxine
Increased in Hyperthyroidism, states with increased TBG, Thyrotoxicosis
Decreased in Hyperthyroidism, states with decreased TBG and Strenuous exercise
TSH, Serum : Thyrotropin(Thyroid Stimulating Hormone)
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.
TSH assay is strandized to the 3rd generation for human TSH.
The Cyclical variations may be quite large; therefore the timing of specimen collection must be strictly controlled.
Advise : Kindly do Thyroid Profile/TSH in morning hours only.

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Immunoassay

Hair Fall Comprehensive Panel

Test Name	Result	Unit	Bio Ref Interval
Progesterone,Serum			
Progesterone CLIA	0.18	ng/mL	0.1-0.84

Ref. Range

Males :	0.1 - 0.84
Non Pregnant Females:	
Mid Follicular Phase :	0.31 - 1.52
Mid Luteal Phase :	5.16 - 18.56
Post Menopausal:	0.08 - 0.78
Pregnant Females:	
First Trimester :	4.73 - 50.74
Second Trimester :	19.41 - 45.30

Test Name	Result	Unit	Bio Ref Interval
DHEA-S (Dehydroepiandrosterone Sulphate), Serum			
DHEA Sulphate CLIA	338.59	µg/dL	85-690

Interpretation : DHEA-S originates almost exclusively in the adrenals, although some may be derived from the testes; none are produced by the ovaries. DHEA-S is metabolized to testosterone and Dihydrotestosterone. DHEA-S is increased in females with hirsutism, Acne, Congenital adrenal hyperplasia, Adrenal Cortex Tumors, Cushing's disease, ectopic ACTH-producing tumors, polycystic ovarian syndrome, percocious puberty. DHEA-S is decreased in Adrenal Insufficiency (Primary or Secondary). In addition to DHEA-S, other plasma markers of androgen excess is advisable like Total Testosterone, Free Dihydrotestosterone, Androstenedione and 3α – Androstanediol Glucuronide.

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Immunoassay

Hair Fall Comprehensive Panel

Testosterone, Total,Serum

Date	31/Dec/2023 08:02AM	Unit	Bio Ref Interval
Testosterone (total) CLIA	7.20	ng/mL	1.75-7.81

Interpretation Increase in Idiopathic sexual precocity and adrenal hyperplasia in boys, some adrenocortical tumors, extragonadal tumors producing gonadotropin in men, trophoblastic disease during pregnancy, testicular feminization, idiopathic hirsutism, virilizing ovarian tumors, arrhenoblastoma, hilar cell tumor, and virilizing luteoma.
Secretion is episodic, with peak about 7:00 AM and minimum about 8:00 PM; pooled samples are more reliable.
Decreased in Down syndrome, uremia, myotonic dystrophy, hepatic insufficiency, cryptorchidism, primary and secondary hypogonadism, and delayed puberty in boys.

Estradiol (E2),Serum (ULTRASENSITIVE)

Date	31/Dec/2023 08:02AM	Unit	Bio Ref Interval
Estradiol CLIA	34.52	pg/mL	

Ref Range Males:

Pediatric Male (0 to < 1 year): upto 38.2
Pre-puberty Male (1 to < 12 Years): upto – 15
Puberty Male (12 to < 19 Years): upto 34.8
Adult Male (≥ 19 years): upto 31.5

Females:

Pediatric Female (0 to < 1 year): upto 38.2
Pre-puberty female (1 to < 12 Years): upto 16
Puberty Female (12 to < 19 Years): upto 196

Non – Pregnant Females:

Early Follicular: 22.4 – 115
Mid Follicular: 25.0 – 115
Ovulatory Peak: 32.1 – 517
Mid Luteal: 36.5 – 246

Post – Menopausal Females: upto 25.1

Kindly correlate with clinical findings

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

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Manager Quality

Dr. Anisha Sharma, M.D., DNB
Consultant Biochemistry

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Outsourced

Hair Fall Comprehensive Panel

Test Name	Result	Unit	Bio Ref Interval
Zinc (L)* ICPMS			
Zinc, Serum ICPMS	97.92	ug/dL	

Ref Range :

REFERENCE GROUP	REFERENCE RANGE IN Ug/dL
Males	75 - 291
Females	65 - 256

Note

1. Inductively Coupled Plasma Mass Spectrometry (ICPMS) is used to determine the level of heavy / trace metals in biologica tissues.
2. There is a circardian variation with levels peaking around 9 am and 6 pm.
3. Zinc levels decrease post prandially

Interpretation

Zinc is second to iron as the most abundant trace element in the body. Most zinc is in the skeletal muscle (60%) and bone (30%). It is involved in almost all aspects of metabolism. Dietary sources of zinc are oysters, shell fish & meat. Zinc is required for wound healing, immune function and fetal development. Human zinc deficiency is often associated with diets low in animal derived protein but high in cereals that bind zinc. Nutritional zinc deficiency is fairly prevalent despite wide availability of zinc in foods. Long term zinc supplementation may induce copper deficiency. Zinc toxicity is rare in humans. Inhalation of zinc oxide fumes is the most common cause of metal fume fever.

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Outsourced

Hair Fall Comprehensive Panel

Test Name	Result	Unit	Bio Ref Interval
Selenium, Serum (L)*			
Selenium, Serum ICPMS	113.34	ug/L	23.00-190.00

Comment

Note

1. Inductively Coupled Plasma Mass Spectrometry (ICPMS) i used to determine the level of heavy / trace metals in biological tissues
2. Recommended specimen toassess toxicity in 24-hour urine

Comments

Selenium is an essential element that is toxic in high doses. Foods are a good source of selenium especially seafood like shrimp, meat, milk products & grains. Combustion of coal and other fossil fuels are the primary sources of airbome selenium. Occupational exposure somes from selenium refining/ metal smelting/ milling operations, manufacture of glass pigments, paints, dyes, electronic equipments, fungicides, rubber & semiconductors. Acute selenium toxicity in humans in rare. Chronic selenium toxicity (Selenosis) can occur with environmental exposure when the intake exceeds the excretory capacity

Note:- Outsourced test

Kindly correlate with clinical findings

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

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