

Laboratory Investigation Report

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

Hematology

Hair Fall Essential Panel
CBC (Complete Blood Count), Whole Blood EDTA

Date	26/Dec/2023 01:01PM	Unit	Bio Ref Interval
Haemoglobin	16.5	g/dl	13.0 - 17.0
Modified cyanmethemoglobin			
Packed Cell, Volume	50.4	%	40-50
Calculated			
Total Leucocyte Count (TLC)	6.7	10~9/L	4.0-10.0
Electrical Impedance			
RBC Count	5.57	10~12/L	4.5-5.5
Electrical Impedance			
MCV	90.5	fL	83-101
Electrical Impedance			
MCH	29.7	pg	27-32
Calculated			
MCHC	32.9	g/dl	31.5-34.5
Calculated			
Platelet Count	322	10~9/L	150-410
Electrical Impedance			
MPV	7.5	fL	7.8-11.2
Calculated			
RDW	12.9	%	11.5-14.5
Calculated			

Differential Cell Count

VCS / Light Microscopy

Neutrophils	43.8	%	40-80
Lymphocytes	37.5	%	20-40
Monocytes	8.1	%	2-10
Eosinophils	10.2	%	1-6
Basophils	0.4	%	0-2

Absolute Leukocyte Count

Calculated from TLC & DLC

Absolute Neutrophil Count	2.93	10~9/L	2.0-7.0
Absolute Lymphocyte Count	2.5	10~9/L	1.0-3.0
Absolute Monocyte Count	0.54	10~9/L	0.2-1.0
Absolute Eosinophil Count	0.68	10~9/L	0.02-0.5
Absolute Basophil Count	0.03	10~9/L	0.02-0.1

Test Performed at :585 - Max Lab Sector-44, Gurugram, Delta Tower Plot No.-54, Sector-44,

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Booking Centre :3920 - Max Lab DLF Phase -IV Gurgaon, House No - 2705, Room No - 1, Near Galleria Market, DLF Phase 4, 9555355541

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Max Lab Limited (A Wholly Owned Subsidiary of Max Healthcare Institute Ltd.)

Max Super Speciality Hospital, Saket (West Block), 1, Press Enclave Road, Saket, New Delhi - 110 017, Phone: +91-11-6611 5050

(CIN No.: U85100DL2021PLC381826)

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

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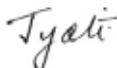
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Hematology**Hair Fall Essential Panel**

SIN No: B2B4432742

Kindly correlate with clinical findings

***** End Of Report *******Dr. Akash Banwari, M.D. (Path)**
Principal Consultant**Dr. Jyoti Singhal, M.D. (Pathology)**
Senior Resident

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Immunoassay**Hair Fall Essential Panel**

SIN No: B2B4432742

Folate , Serum

Date	26/Dec/2023 01:01PM	Unit	Bio Ref Interval
Folate Serum CLIA	8.7	ng/mL	>5.9

Ref Range

Folate (Normal)	>5.9
Folate (Indeterminate)	4.0 - 5.9
Folate (Deficient)	<4.0

Interpretation

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.

Kindly correlate with clinical findings

*** End Of Report ***



Dr. Akash Banwari, M.D. (Path)
Principal Consultant



Dr. Jyoti Singhal, M.D. (Pathology)
Senior Resident

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Immunoassay



Hair Fall Essential Panel

Test Name	Result	Unit	Bio Ref Interval
DHEA-S (Dehydroepiandrosterone Sulphate), Serum			
DHEA Sulphate CLIA	187.26	µg/dL	106-464

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, precocious 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.

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

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MC-2714

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Immunoassay
Hair Fall Essential Panel

Testosterone, Total, Serum

Date	26/Dec/2023 01:01PM	Unit	Bio Ref Interval
Testosterone (total) CLIA	3.87	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.

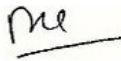
Decreased in Down syndrome, uremia, myotonic dystrophy, hepatic insufficiency, cryptorchidism, primary and secondary hypogonadism, and delayed puberty in boys.

Kindly correlate with clinical findings

*** End Of Report ***



Dr. Poonam. S. Das, M.D.
Principal Director-
Max Lab & Blood Bank Services



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



Dr. Nitin Dayal, M.D.
Principal Consultant & Head,
Haematopathology

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

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MC-2714

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Immunoassay
Hair Fall Essential Panel


SIN No: B2B4432742

Total - Thyroid Profile*, Serum

Date	26/Dec/2023 01:01PM	Unit	Bio Ref Interval
T3 (Total) CLIA	1.16	ng/mL	0.87-1.78
T4 (Total) CLIA	9.05	µg/dL	6.09-12.23
TSH Chemiluminescence	2.15	uIU/ml	0.34-5.6

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 standardized 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.

Kindly correlate with clinical findings

*** End Of Report ***

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Immunoassay

SIN No: B2B4432742

Hair Fall Essential Panel

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