

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

> **Clinical Biochemistry** Max Care Health Check 3

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

Date 16/May/2025 13/Feb/25 25/Oct/24 07:10AM 09:34AM 08:01AM

Bio Ref Interval Unit

84 74 - 99 Glucose (Fasting) 79 82 0 mg/dL

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.gaddison (adrenal insufficiency)

HbA1c (Glycated/ Glycosylated Hemoglobin) Test, EDTA

HPLC

Date	16/May/2025 07:10AM	13/Feb/25 09:34AM	25/Oct/24 08:01AM	Unit	Bio Ref Interval
Glycosylated Haemoglobin(Hb A1c)	5.50	5.42	5.50	%	< 5.7
Glycosylated Haemoglobin(Hb A1c) IFCC	36.6	35.72	36.6	mmol/mol	< 39.0
Average Glucose Value For the Last 3 Months	111.15	108.85	111.15	mg/dL	
Average Glucose Value For the Last 3 Months IFCC	6.16	6.03	6.16	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
<u>≥</u> 6.5	<u>> 48</u>	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.

Kindly correlate with clinical findings

*** End Of Report ***

Dr. Mini Singhal M.D. Principal Consultant Pathology

Dr. Shalini Shah M.D. Attending Consultant Pathology

Test Performed at :1108 - Max Hospital Dehradun, Near Indian Oil Petrol Pump, Malsi, Mussoorie Diversion Road, Dehradun Booking Centre: 3438 - Max Lab Dehradun Road Rishikesh, 56, Dehradun Road, Rishikesh, 9027259696

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Immunoassay
Sin No:b2b7567296

Max Care Health Check 3

Total-Thyroid Profile (T3T4 & TSH)*

Date	16/May/2025	Unit	Bio Ref
	07:10AM		Interval
T3 (Total) CLIA	1.31	ng/mL	0.87-1.78
T4 (Total) CLIA	8.77	μg/dL	5.93 - 13.29
TSH Chemiluminescence	3.157	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.

 $\textbf{Note:} \ TSH \ levels \ are \ subject \ to \ circadian \ \ variation, \ reaching \ peak \ levels \ between \ 2-4 \ am$

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.

Comment: TSH - Ultrasensitive

Kindly correlate with clinical findings

*** End Of Report ***

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Clinical Biochemistry

Max Care Health Check 3

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Date	16/May/2025 07:10AM	13/Feb/25 09:34AM	25/Oct/24 08:01AM	Unit	Bio Ref Interval
Cholesterol Cholesterol oxidase, esterase, peroxidase	204	166	220	mg/dl	< 200
HDL Cholesterol Homogeneous Assay	58	58	66	mg/dl	> 40
LDL Cholesterol Homogeneous Assay	128	96	140	mg/dl	< 100
Triglyceride Enzymatic, end point	273.0	64.0	241.0	mg/dl	< 150
VLDL Cholesterol Calculated	54.6	12.8	48.2	mg/dl	< 30
Total Cholesterol/HDL Ratio Calculated	3.5	2.9	3.3		0.0-4.9
Non-HDL Cholesterol Calculated	146.00	108.00	154.00	mg/dL	< 130
HDL/LDL Calculated	0.45	0.60	0.47	Ratio	0.3 - 0.4

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: $< 40 \text{ mg/dL}$ High HDL: $\ge 60 \text{ mg/dL}$	Triglyceride	Normal: <150 mg/dL Borderline High: 150-199 mg/dL High: 200-499 mg/dL Very High: ≥ 500 mg/dL

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Clinical Biochemistry

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Liver Function Test (LFT), Serum

Date	16/May/2025 07:10AM	13/Feb/25 09:34AM	25/Oct/24 08:01AM	30/Mar/24 09:57AM	Unit	Bio Ref Interval
Total Protein Biuret	6.99	7.70	6.51	7.10	g/dl	6.5 - 8.1
Albumin BCP	4.6	4.8	4.2	4.6	g/dl	3.5 - 5.0
Globulin Calculated	2.4	2.9	2.3	2.5	g/dl	2.3 - 3.5
A.G. ratio Calculated	1.9	1.7	1.9	1.8		1.2 - 1.5
Bilirubin (Total) Diazo	0.42	1.37	0.75	1.32	mg/dl	0.3 - 1.2
Bilirubin (Direct) Diazo	0.09	0.33	0.13	0.23	mg/dl	0.1 - 0.5
Bilirubin (Indirect) Calculated	0.33	1.04	0.62	1.09	mg/dL	0.1 - 1.0
SGOT- Aspartate Transaminase (AST) UV without P5P	30	41	37	32	U/L	< 50
SGPT- Alanine Transaminase (ALT) Kinetic Rate using LDH	26	39	34	31	U/L	17 - 63
AST/ALT Ratio Calculated	1.15	1.05	1.09	1.03	Ratio	
Alkaline Phosphatase PNP AMP Buffer	79	79	72	69	U/L	32 - 91
GGTP (Gamma GT), Serum Enzymatic Rate	31.0	113.0	59.0	56.0	U/L	7 - 50

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Clinical Biochemistry

Max Care Health Check 3

Kidney Function Test (KFT) Profile

Date	16/May/2025 07:10AM	Unit	Bio Ref Interval
Urea Enzymatic Rate (Urease)	23.2	mg/dL	17.12 - 55.64
Blood Urea Nitrogen Enzymatic Rate (Urease)	10.84	mg/dl	8 - 26
Creatinine Alkaline picrate kinetic	0.91	mg/dl	0.61 - 1.24
eGFR by MDRD MDRD	90.60	ml/min/1.73 m²	3
eGFR by CKD EPI 2021	105.98		
Bun/Creatinine Ratio Calculated	11.91	Ratio	12:1 - 20:1
Uric Acid Uricase, Colorimetric	6.39	mg/dl	3.5 - 7.2
Calcium (Total) Arsenazo III	9.02	mg/dl	8.9 - 10.3
Sodium ISE Direct	143.0	mmol/L	136 - 144
Potassium ISE Direct	3.7	mmol/L	3.6 - 5.1
Chloride ISE Direct	105	mmol/l	101-111

Ref. Range

eGFR - Estimated Glomerular Filteration Rate is calculated by MDRD equation which is most accurate for GFRs $\leq 60 \text{ml} \, / \, \text{min} \, / 1.73 \, \text{m}^2. \text{MDRD}$ equation is **used for adult population only.**

Category	Ref Interval (ml / min / 1.73 m²)	Condition
G1	≥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

Kindly correlate with clinical findings

*** End Of Report ***

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> **Clinical Biochemistry** Max Care Health Check 3

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MC-6680



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Hematology

Max Care Health Check 3

CBC (Complete Blood Count), Whole Blood EDTA

Date	16/May/202 07:10AM	5 30/Mar/24 09:57AM	Unit	Bio Ref Interval
Haemoglobin Modified cyanmethemoglobin	17.5	16.6	g/dl	13.0 - 17.0
Packed Cell, Volume Calculated	55.7	49.6	%	40-50
Total Leucocyte Count (TLC) Electrical Impedance	7.1	9.4	10~9/L	4.0-10.0
RBC Count Electrical Impedance	5.65	5.45	10~12/L	4.5-5.5
MCV Electrical Impedance	98.6	91.0	fL	83-101
MCH Calculated	31.1	30.5	pg	27-32
MCHC Calculated	31.5	33.5	g/dl	31.5-34.5
Platelet Count Electrical Impedance	200	190	10~9/L	150-410
MPV Calculated	10.5	9.3	fl	7.8-11.2
RDW Calculated	15.2	13.9	%	11.5-14.5
Differential Cell Count VCS / Light Microscopy				
Neutrophils	43.8	80.5	%	40-80
Lymphocytes	44.0	10.3	%	20-40
Monocytes	7.0	6.6	%	2-10
Eosinophils	4.3	2.3	%	1-6
Basophils	0.9	0.3	%	0-2
Absolute Leukocyte Count Calculated from TLC & DLC				
Absolute Neutrophil Count	3.11	7.57	10~9/L	2.0-7.0
Absolute Lymphocyte Count	3.1	1.0	10~9/L	1.0-3.0
Absolute Monocyte Count	0.5	0.62	10~9/L	0.2-1.0
Absolute Eosinophil Count	0.31	0.22	10~9/L	0.02-0.5
Absolute Basophil Count	0.060	0.030	10~9/L	0.02-0.1
Kindly correlate with clinical f	indings			

*** End Of Report ***

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> Hematology Max Care Health Check 3

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Liability of Max Healthcare for deficiency of services, or other errors and omissions shall be limited to fee paid by the patient for the relevant laboratory services.



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

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> **Clinical Biochemistry** Max Care Health Check 3

Inorganic Phosphorus, Serum

16/May/2025 13/Feb/25 25/Oct/24 Unit **Bio Ref Interval Date**

07:10AM 09:34AM 08:01AM

4.00 3.6 7.1 2.4 - 4.7 Phosphorus(inorg) mg/dl

Phospho-Molybdate

Interpretation

Increased in Osteolytic metastatic bone tumors, myelogenous leukemia, sarcoidosis, milk-alkali syndrome, vitamin D intoxcation, healing fractures, renal failure, hyperparathyroidism, PTH resistance (Pseudohypoparathyroidism) and diabetes mellitus with ketosis.

Decreased in Osteomalacia, steatorrhea, renal tubular acidosis, growth hormone deficiency, acute alcoholism, gram-negative bacterial septicemia, hypokalemia, familial hypophosphatemic rickets, Vitamin D deficiency, severe malnutrition, malabsorption, secondary diarrhea, vomiting, nasogastric suction, primary hyperthyroidism and PTH producing tumors.





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Clinical Biochemistry

Max Care Health Check 3

Result **Bio Ref Interval Test Name** Unit

Iron, Serum*, Serum

Iron 91.7 µg/dL 45 - 182

Kindly correlate with clinical findings

*** End Of Report ***

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Immunoassay

Max Care Health Check 3

Vitamin B12 (Vit- B12) (Cyanocobalamin)*

Date 16/May/2025 Unit Bio Ref Interval

07:10AM

Vitamin B12 354 pg/mL 222 - 1439 CLIA

Comment 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.

Vitamin D 25 - Hydroxy Test (Vit. D3)*

Date 16/May/2025 Unit Bio Ref Interval

07:10AM

25 Hydroxy, Vitamin D 39.68 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

- Use of high doses of vitamin D for prophylaxis or treatment 1.
- 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
- Malabsorption

Advice: Serum calcium, phosphorus and PTH

Kindly correlate with clinical findings

*** End Of Report ***

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