

Laboratory Investigation Report

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

Hematology
Max Care Health Check 4


SIN No: b2b7563667

CBC (Complete Blood Count), Whole Blood EDTA

Date	17/May/2025 10:23AM	Unit	Bio Ref Interval
Haemoglobin	15.1	g/dl	13.0 - 17.0
Modified cyanmethemoglobin			
Packed Cell, Volume	44.3	%	40-50
Calculated			
Total Leucocyte Count (TLC)	6.0	10~9/L	4.0-10.0
Electrical Impedance			
RBC Count	4.85	10~12/L	4.5-5.5
Electrical Impedance			
MCV	91.2	fL	83-101
Electrical Impedance			
MCH	31.1	pg	27-32
Calculated			
MCHC	34.1	g/dl	31.5-34.5
Calculated			
Platelet Count	155	10~9/L	150-410
Electrical Impedance			
MPV	13.4	fL	7.8-11.2
Calculated			
RDW	13.0	%	11.5-14.5
Calculated			

Differential Cell Count

VCS / Light Microscopy

Neutrophils	52.0	%	40-80
Lymphocytes	36.2	%	20-40
Monocytes	8.4	%	2-10
Eosinophils	3.0	%	1-6
Basophils	0.4	%	0-2

Absolute Leukocyte Count

Calculated from TLC & DLC

Absolute Neutrophil Count	3.12	10~9/L	2.0-7.0
Absolute Lymphocyte Count	2.2	10~9/L	1.0-3.0
Absolute Monocyte Count	0.5	10~9/L	0.2-1.0
Absolute Eosinophil Count	0.18	10~9/L	0.02-0.5
Absolute Basophil Count	0.020	10~9/L	0.02-0.1

Kindly correlate with clinical findings

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

Test Performed at : 1108 - Max Hospital Dehradun, Near Indian Oil Petrol Pump, Malsi, Mussoorie Diversion Road, Dehradun

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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



MC-6680

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Hematology**Max Care Health Check 4**

Dr. Mini Singhal M.D.
Principal Consultant Pathology



Dr. Shalini Shah M.D.
Attending Consultant Pathology

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Clinical Biochemistry
Max Care Health Check 4


SIN No:b2b7563667

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

Date	17/May/2025	Unit	Bio Ref
	10:23AM		Interval
Glucose (Fasting)	76	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)

HbA1c (Glycated/ Glycosylated Hemoglobin) Test, EDTA

HPLC

Date	17/May/2025	Unit	Bio Ref
	10:23AM		Interval
Glycosylated Haemoglobin(Hb A1c)	5.30	%	< 5.7
Glycosylated Haemoglobin(Hb A1c) IFCC	34.41	mmol/mol	< 39.0
Average Glucose Value For the Last 3 Months	105.41	mg/dL	
Average Glucose Value For the Last 3 Months IFCC	5.84	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.

Kindly correlate with clinical findings

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Clinical Biochemistry
Max Care Health Check 4



SIN No: b2b7563667


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Immunoassay
Max Care Health Check 4

Total-Thyroid Profile (T3T4 & TSH)*

Date	17/May/2025 10:23AM	Unit	Bio Ref Interval
T3 (Total) CLIA	1.07	ng/mL	0.87-1.78
T4 (Total) CLIA	9.51	µg/dL	5.93 - 13.29
TSH Chemiluminescence	3.654	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 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

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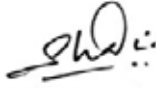
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Immunoassay**Max Care Health Check 4**

SIN No:b2b7563667



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Clinical Biochemistry
Max Care Health Check 4

Lipid Profile, Serum

Date	17/May/2025 10:23AM	Unit	Bio Ref Interval
Cholesterol Cholesterol oxidase, esterase, peroxidase	137	mg/dl	< 200
HDL Cholesterol Homogeneous Assay	54	mg/dl	> 40
LDL Cholesterol Homogeneous Assay	84	mg/dl	< 100
Triglyceride Enzymatic, end point	80.0	mg/dl	< 150
VLDL Cholesterol Calculated	16.0	mg/dl	< 30
Total Cholesterol/HDL Ratio Calculated	2.5	..	0.0-4.9
Non-HDL Cholesterol Calculated	83.00	mg/dL	< 130
HDL/LDL Calculated	0.64	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 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

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Clinical Biochemistry
Max Care Health Check 4


SIN No: b2b7563667

Liver Function Test (LFT), Serum

Date	17/May/2025 10:23AM	Unit	Bio Ref Interval
Total Protein Biuret	7.04	g/dl	6.5 - 8.1
Albumin BCP	4.1	g/dl	3.5 - 5.0
Globulin Calculated	3.0	g/dl	2.3 - 3.5
A.G. ratio Calculated	1.4		1.2 - 1.5
Bilirubin (Total) Diazo	0.87	mg/dl	0.3 - 1.2
Bilirubin (Direct) Diazo	0.19	mg/dl	0.1 - 0.5
Bilirubin (Indirect) Calculated	0.68	mg/dL	0.1 - 1.0
SGOT- Aspartate Transaminase (AST) UV without P5P	22	U/L	< 50
SGPT- Alanine Transaminase (ALT) Kinetic Rate using LDH	32	U/L	17 - 63
AST/ALT Ratio Calculated	0.69	Ratio	
Alkaline Phosphatase PNP AMP Buffer	83	U/L	32 - 91
GGTP (Gamma GT), Serum Enzymatic Rate	29.0	U/L	7 - 50

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Clinical Biochemistry
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Kidney Function Test (KFT) Profile

Date	17/May/2025 10:23AM	Unit	Bio Ref Interval
Urea	36.8	mg/dL	17.12 - 55.64
Enzymatic Rate (Urease)			
Blood Urea Nitrogen	17.2	mg/dl	8 - 26
Enzymatic Rate (Urease)			
Creatinine	0.99	mg/dl	0.61 - 1.24
Alkaline picrate kinetic			
eGFR by MDRD	90.68	ml/min/1.73 m ²	
MDRD			
eGFR by CKD EPI 2021	106.32		
Bun/Creatinine Ratio	17.37	Ratio	12:1 - 20:1
Calculated			
Uric Acid	10.04	mg/dl	3.5 - 7.2
Uricase, Colorimetric			
Calcium (Total)	9.12	mg/dl	8.9 - 10.3
Arsenazo III			
Sodium	140.0	mmol/L	136 - 144
ISE Direct			
Potassium	3.6	mmol/L	3.6 - 5.1
ISE Direct			
Chloride	104	mmol/l	101-111
ISE Direct			

Ref. Range

eGFR - Estimated Glomerular Filtration Rate is calculated by MDRD equation which is most accurate for GFRs ≤ 60 ml / min / 1.73 m². MDRD equation is **used for adult population only**.

Category	Ref Interval (ml / min / 1.73 m ²)	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

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Clinical Biochemistry**Max Care Health Check 4**

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Clinical Biochemistry
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SIN No:b2b7563667

Inorganic Phosphorus, Serum

Date	17/May/2025	Unit	Bio Ref
	10:23AM		Interval
Phosphorus(inorg)	4.71	mg/dl	2.4 - 4.7
Phospho-Molybdate			

Interpretation

Increased in Osteolytic metastatic bone tumors, myelogenous leukemia, sarcoidosis, milk-alkali syndrome, vitamin D intoxication, 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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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



MC-6680

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Laboratory Investigation Report

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 4

Test Name	Result	Unit	Bio Ref Interval
Iron, Serum*, Serum			
Iron	61.0	µg/dL	45 - 182

Test Performed at : 1108 - Max Hospital Dehradun, Near Indian Oil Petrol Pump, Malsi, Mussoorie Diversion Road, Dehradun

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Clinical Biochemistry
Max Care Health Check 4

CRP- C- Reactive Protein, Serum

Date 17/May/2025
10:23AM

Unit **Bio Ref**
Interval

CRP 0.08
Turbitimetric

mg/dL

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.

Ref Range :

Mg/L	Mg/dL
< 5.0	< 0.5

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

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MC-6680

Laboratory Investigation Report

Patient Name	Centre
Age/Gender	OP/IP No/UHID
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Ref Doctor	Reporting Date/Time

Immunoassay
Max Care Health Check 4


SIN No: b2b7563667

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

Date	17/May/2025 10:23AM	Unit	Bio Ref Interval
25 Hydroxy, Vitamin D CLIA	12.22	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

Vitamin B12 (Vit- B12) (Cyanocobalamin)*

Date	17/May/2025 10:23AM	Unit	Bio Ref Interval
Vitamin B12 CLIA	161	pg/mL	222 - 1439

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.

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

Kindly correlate with clinical findings

*** End Of Report ***

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Immunoassay**Max Care Health Check 4**

SIN No: b2b7563667


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

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Clinical Pathology
Max Care Health Check 4

Urine Routine And Microscopy

Date	17/May/2025	Unit	Bio Ref Interval
	10:23AM		

Macroscopy

Colour Visual Observation/ Automated	Yellow (Clear)		Pale Yellow
PH Double Indicator	5.5	..	5-6
Specific Gravity pKa change	1.030		1.015 - 1.025
Protein Protein-error of indicators	Nil		Nil
Glucose. Enzyme Reaction	Nil		Nil
Ketones Acetoacetic Reaction	Nil		Nil
Blood Benzidine Reaction	Nil		Nil
Bilirubin Diazo Reaction	Nil		Nil
Urobilinogen Ehrlichs Reaction	Normal		Normal
Nitrite Conversion of Nitrate	Negative		

Microscopy

Red Blood Cells (RBC) Light Microscopy/Image capture microscopy	Nil	/HPF	Nil
White Blood Cells Light Microscopy/Image capture microscopy	1-2	/HPF	0.0-5.0
Epithelial Cells Light Microscopy/Image capture microscopy	0-1	/HPF	0.0 - 5.0
Cast Light Microscopy/Image capture microscopy	Nil	/LPF	Nil
Crystals Light Microscopy/Image capture microscopy	Nil	..	Nil
Bacteria Light Microscopy/Image capture microscopy	Nil	/HPF	Nil

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Clinical Pathology**Max Care Health Check 4**

SIN No: b2b7563667

Kindly correlate with clinical findings

***** End Of Report *******Dr. Mini Singhal M.D.**
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