

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 5

Complete Haemogram, Peripheral Smear and ESR, EDTA*

Date	18/May/2025 09:18AM	Unit	Bio Ref Interval
Haemoglobin Modified cyanmethemoglobin	12.8	g/dl	12.0 - 15.0
Packed Cell, Volume Calculated	39.2	%	40-50
Total Leucocyte Count (TLC) Electrical Impedance	7.0	10~9/L	4.0-10.0
RBC Count Electrical Impedance	4.23	10~12/L	3.8-4.8
MCV Electrical Impedance	92.6	fL	83-101
MCH Calculated	30.4	pg	27-32
MCHC Calculated	32.8	g/dl	31.5-34.5
Platelet Count Electrical Impedance	156	10~9/L	150-410
MPV Calculated	12.0	fl	7.8-11.2
RDW Calculated	14.6	%	11.5-14.5
Differential Cell Count VCS / Light Microscopy			
Neutrophils	67	%	40-80
Lymphocytes	25	%	20-40
Monocytes	06	%	2-10
Eosinophils	02	%	1-6
Basophils	00	%	0-2
Absolute Leukocyte Count Calculated from TLC & DLC			
Absolute Neutrophil Count	4.69	10~9/L	2.0-7.0
Absolute Lymphocyte Count	1.8	10~9/L	1.0-3.0
Absolute Monocyte Count	0.42	10~9/L	0.2-1.0
Absolute Eosinophil Count	0.14	10~9/L	0.02-0.5
ESR (Modified Westergren)	50	mm/hr	<=19

Peripheral Smear

Examination

RBC: - Shows mild anisopoikilocytosis with predominantly Normocytic Normochromic picture.

Test Performed at :3649 - The Medicity Rudrapur, Teen Pani, Kichha Road, U.S. Nagar, Rudrapur

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Hematology

SIN No. B2B6686063

Max Care Health Check 5

WBC: - TLC & DLC Counts within normal limits.

Platelet: - Adequate in number & normal in morphology.

Hemoparasite:- not seen

Impression:- Normocytic normochromic picture.

Kindly correlate with clinical findings

*** End Of Report ***

Dr Rashika Chand MBBS, M.D. (Pathology) UK MCI No. – 3951

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> Clinical Biochemistry Max Care Health Check 5

HbA1c (Glycated/ Glycosylated Hemoglobin) Test*, EDTA

Date	18/May/2025	Unit	Bio Ref
	09:18AM		Interval
Glycosylated	5.30	%	< 5.7

Haemoglobin(Hb A1c)

Glycosylated 34.41 mmol/mol < 39.0

Haemoglobin(Hb A1c) IFCC

Average Glucose Value For 105.41 mg/dL

the Last 3 Months

Average Glucose Value For 5.84 mmol/L

the Last 3 Months IFCC

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.

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Clinical Biochemistry

Max Care Health Check 5

Lipid Profile,Serum*

Date	18/May/2025 09:18AM	Unit	Bio Ref Interval
Cholesterol Cholesterol oxidase, esterase, peroxidase	208.6	mg/dL	< 200
HDL Cholesterol Direct measure, immunoinhibition	58.21	mg/dL	> 40
LDL Cholesterol Direct measure	125	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	3.6		0.0-4.9
Non-HDL Cholesterol Calculated	150.39	mg/dL	< 130
HDL/LDL Calculated	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 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 5	SIN No:B2B6686063

Liver Function Test (LFT)*, Serum

Date	18/May/2025 09:18AM	Unit	Bio Ref Interval
Total Protein Biuret	7.11	g/dL	6.6 - 8.3
Albumin Bromcresol Green (BCG)	4.0	g/dL	3.5 - 5.2
Globulin Calculated	3.1	g/dl	2.3 - 3.5
A.G. ratio Calculated	1.3		1.2 - 1.5
Bilirubin (Total) DPD	0.51	mg/dL	0.3 - 1.2
Bilirubin (Direct) Diazotization	0.11	mg/dL	0.0 - 0.2
Bilirubin (Indirect) Calculated	0.4	mg/dL	0.1 - 1.0
SGOT- Aspartate Transaminase (AST) Enzymatic Rate using MDH	28.69	U/L	<35
SGPT- Alanine Transaminase (ALT) Kinetic Rate using LDH	33.36	U/L	< 35
AST/ALT Ratio Calculated	0.86	Ratio	
Alkaline Phosphatase PNPP, AMP Buffer	87.06	U/L	30 - 120
GGTP (Gamma GT), Serum Enzymatic Rate	35.8	U/L	7 - 50

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Clinical Biochemistry

Max Care Health Check 5

Kidney Function Test (KFT) Profile*

Date	18/May/2025 09:18AM	Unit	Bio Ref Interval
Urea Urease, UV	22.5	mg/dL	17.0 - 43.0
Blood Urea Nitrogen	10.51		7.9 - 20.1
Creatinine Alkaline picrate kinetic	0.87	mg/dL	0.6 - 1.1
eGFR by MDRD MDRD	66.91	ml/min/1.7 m²	3
eGFR by CKD EPI 2021	77.24		
Bun/Creatinine Ratio Calculated	12.08	Ratio	12:1 - 20:1
Uric Acid Uricase	5.20	mg/dL	2.6 - 6.0
Calcium (Total) Arsenazo III	9.12	mg/dL	8.8 - 10.6
Sodium ISE indirect	139.4	mmol/L	136 - 146
Potassium ISE indirect	4.23	mmol/L	3.5 - 5.1
Chloride ISE indirect	101.98	mmol/L	101 - 109

Ref. Range

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

Ref Interval (ml / min / 1.73 m²)	Condition
≥90	Normal or High
60 - 89	Mildly Decreased
45 - 59	Mildly to Moderately Decreased
30 - 44	Moderately to Severly Decreased
15 - 29	Severly Decreased
< 15	Kidney failure
	≥90 60 - 89 45 - 59 30 - 44 15 - 29

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Clinical Biochemistry

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> Clinical Biochemistry

Max Care Health Check 5

Inorganic Phosphorus, Serum*

18/May/2025 **Bio Ref Date** Unit 09:18AM Interval

mg/dL 2.5 - 4.5 Phosphorus(inorg) 4.19

Phosphomolybdate-UV

MBBS, M.D. (Pathology) UK MCI No. - 3951

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.

Kindly correlate with clinical findings

*** End Of Report ***

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Immunoassay

Max Care Health Check 5

Vitamin B12 (Vit- B12) (Cyanocobalamin)*

Date 18/May/2025 Unit Bio Ref 09:18AM Interval

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.

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Immunoassay SIN No:B2B6686063

Max Care Health Check 5

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

Date 18/May/2025 Unit Bio Ref 09:18AM Interval

25 Hydroxy, Vitamin D 71.01 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
- Malabsorption

Advice: Serum calcium, phosphorus and PTH

Kindly correlate with clinical findings

*** End Of Report ***

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Clinical Biochemistry

Max Care Health Check 5

Total Iron Binding Capacity (TIBC)*, Serum

Date	18/May/2025 09:18AM	Unit	Bio Ref Interval
Iron	49.25	μg/dL	45 - 182
UIBC	310.0		
Total Iron Binding Capacity Calculated	359.25	μg/dL	225 - 535
Transferrin Saturation Calculated	13.71	%	17 - 37

CRP- C- Reactive Protein*, Serum

Date	18/May/2025	Unit	Bio Ref
	09:18AM		Interval
CRP	8.03	mg/L	< 5.0

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 ***

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> **Clinical Biochemistry** Max Care Health Check 5

Apolipoproteins A1 & B, Serum

Immunoturbidimetric

18/May/2025 **Bio Ref** Date Unit 09:18AM Interval 120-190 Apolipoprotein (A) 131 mg/dL Immunoturbedimetric Apolipoprotein (B) 88 mg/dl 55 - 130 Immunoturbedimetric Apo B/ Apo A1 Ratio 0.67 0.35 - 0.98Calculated

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

Kumar, DCP, MD Biochemistry

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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 5

Amylase, Serum*

18/May/2025 Unit **Bio Ref Date** 09:18AM Interval

53.64 U/L 28 - 100 Amylase G7 PNP

Kindly correlate with clinical findings

*** End Of Report ***

Dr Rashika Chand MBBS, M.D. (Pathology) UK MCI No. – 3951

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Immunoassay

Max Ca	re Health	Check 5
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Test Name			Result	Unit	Bio Ref Interval

Homa-IR	Insulin I	Resistance	Index.	Fluoride	Plasma
i ioilia-iix	IIISUIIII I	itesistance	mucz,	i iuoriue	ı iasılla

Hexo	kinase,	CMIA
	,	

Glucose (Fasting) Hexokinase	96.0	mg/dL	74 - 99
Insulin Serum , Fasting	7.43	uU/mL	2.00 - 25.00
Beta Cell Function (%B)	81.80	%	
Insulin Sensitivity (%S)	101.90	%	
Homa IR Index	0.98		<2.50

Interpretation

Homeostatic model assessment (HOMA) is a method for assessing beta cell function (%B) and insulin sensitivity (%S) from fasting glucose and insulin concentrations. HOMA can be used to track changes in insulin sensitivity and beta cell function to examine natural history of diabetes. Insulin sensitivity is reduced in normal subjects having first degree relative with type 2 diabetes compared with control subjects. Changes in beta cell sensitivity in subjects on insulin secretogogues may be useful in determining beta cell function over a period.

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

Biochemistry

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Immunoassay

SIN No:B2B6686063

Max Care Health Check 5

Total-Thyroid Profile (T3T4 & TSH)*

Date	18/May/2025	Unit	Bio Ref	
	09:18AM		Interval	
T3 (Total) CLIA	1.11	ng/mL	0.87-1.78	
T4 (Total) CLIA	10.40	μg/dL	5.93 - 13.29	
TSH Chemiluminescence	1.75	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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Immunoassay

Max Care Health Check 5

SIN No. P2P6696062

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Patient Name

Age/Gender

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Clinical Biochemistry

SIN No. P2P6686062

Max Care Health Check 5

Test Name Result Unit Bio Ref Interval

High Sensitivity CRP (HS CRP)*, Serum

C-Reactive Protein, High Sensitive 7.55 mg/L < 1.0

Immuno-Turbidimetric Test(Latex)

Reference Values in the table given below are recommended cardiovascular risk groups, in primary prevention settings by AHA/CDC and NACB expert panel.

Risk Level	CRP hs (mg/L)	CRP hs (mg/dL)
Low	< 1.0	< 0.10
Average	1.0 - 3.0	0.10 - 0.30
High	> 3.0	>0.30

Increase in CRP levels is non – specific, and interpretation must be undertaken in comparison with previous Hs CRP values or other cardiac risk indicators (Cholesterol, HDL etc.) Single measurement may lead to an erroneous assessment of early cardiac inflammation.

Kindly correlate with clinical findings

*** End Of Report ***

Dr Rashika Chand MBBS, M.D. (Pathology) UK MCI No. – 3951

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Test Performed at :3649 - The Medicity Rudrapur, Teen Pani, Kichha Road, U.S. Nagar, Rudrapur

Booking Centre :6420 - MANORAMA DIAGNOSTIC CENTRE, Gaura (Gurrani) Complex, Kakadhungi Road Pilikothi, 8954385148

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 Patient Name
 Centre

 Age/Gender
 OP/IP No/UHID

 MaxID/Lab ID
 Collection Date/Time

 Ref Doctor
 Reporting Date/Time

Clinical Pathology

Max Care Health Check 5

Urine Routine And Microscopy*

Date 18/May/2025 Unit Bio Ref Interval

09:18AM

Macroscopy

Colour Pale Yellow Pale Yellow Visual Observation/ Automated PH 6.0 5-6 Double Indicator Specific Gravity 1.025 1.015 - 1.025 pKa change Nil Nil Protein Protein-error of indicators Glucose. Nil Nil Enzyme Reaction Ketones Nil Nil Acetoacetic Reaction Neg Nil Benzidine Reaction Bilirubin Nil Nil Diazo Reaction Urobilinogen Normal Normal Ehrlichs Reaction

Nitrite Negative

Conversion of Nitrate

Microscopy

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	1-2	/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	Nil	/HPF	Nil

Test Performed at :3649 - The Medicity Rudrapur, Teen Pani, Kichha Road, U.S. Nagar, Rudrapur

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Conditions of Reporting: 1. The tests are carried out in the lab with the presumption that the specimen belongs to the patient name as identified in the bill/test request form. 2. The test results relate specifically to the sample received in the lab and are presumed to have been generated and transported per specific instructions given by the physicians/laboratory. 3. The reported results are for the information and interpretation by the referring doctor only. 4. Some tests are referred to other laboratories to provide a wider test menu to the customer. 5. Max Healthcare shall in no event be liable for accidental damages loss, or destruction of specimen which is not attributable to any direct and male fide act or omission of Max Healthcare or its employees. 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 Ref Doctor Reporting Date/Time

> **Clinical Pathology** Max Care Health Check 5

Kindly correlate with clinical findings

*** End Of Report ***

MBBS, M.D. (Pathology) UK MCI No. - 3951

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