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:B2B2664199

Immunoassay

Max Wellness Adolescent Profile

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

	Date	Unit	Bio Ref Interval
	30/Dec/2022 03:27PM		
25 Hydroxy, Vitamin D CLIA	**20.33**	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

Kindly correlate with clinical findings

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

Dr. Anita Khanna MD (Path.)
Associate Director & Head (Lab Medicine)

Dr. Mohini Bhargava, MD
Associate Director (Biochemistry)

Test Performed at :794 - Max Hospital - Vaishali, W-3, Sector-1, Vaishali, Ghaziabad-201012, U.P
Booking Centre :2727 - Dr. Aruna Saxena, PLOT NO 583,GF,NITI KHAND 1,INDIRAPURAM 201014, 9818679091
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Hematology

Max Wellness Adolescent Profile

CBC (Complete Blood Count), Whole Blood EDTA

Date	30/Dec/2022 03:27PM	Unit	Bio Ref Interval
Haemoglobin	**11.9**	g/dl	12.0 - 15.0
Packed Cell, Volume Calculated	37.3	%	36-46
Total Leucocyte Count (TLC) Electrical Impedance	6.6	10~9/L	4.0-10.0
RBC Count Electrical Impedance	4.04	10~12/L	3.8-4.8
MCV Electrical Impedance	92.3	fL	83-101
MCH Calculated	29.5	pg	27-32
MCHC Calculated	31.9	g/dl	31.5-34.5
Platelet Count Electrical Impedance	302	10~9/L	150-410
MPV Calculated	**11.7**	fl	7.8-11.2
RDW Calculated	**14.8**	%	11.5-14.5
Differential Cell Count VCS / Light Microscopy			
Neutrophils	54.9	%	40-80
Lymphocytes	29.2	%	20-40
Monocytes	8.1	%	2-10
Eosinophils	**7.3**	%	1-6
Basophils	0.5	%	0-2
Absolute Leukocyte Count Calculated from TLC & DLC			
Absolute Neutrophil Count	3.62	10~9/L	2.0-7.0
Absolute Lymphocyte Count	1.9	10~9/L	1.0-3.0
Absolute Monocyte Count	0.53	10~9/L	0.2-1.0
Absolute Eosinophil Count	0.48	10~9/L	0.02-0.5
Absolute Basophil Count	0.03	10~9/L	0.02-0.1

Kindly correlate with clinical findings

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

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Hematology

Max Wellness Adolescent Profile

meenal mehta

Dr. Meenal Mehta MD (Path)
Senior Consultant
(Hematopathology & Cytopathology)

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Clinical Biochemistry

Max Wellness Adolescent Profile

HbA1c (Glycated/ Glycosylated Hemoglobin) Test*

HPLC

Date	30/Dec/2022 03:27PM	Unit	Bio Ref Interval
Glycosylated Haemoglobin(Hb A1c) HPLC	5.2	%	4.27 - 6.07
Glycosylated Haemoglobin(Hb A1c) IFCC	33.32		
Average Glucose Value For the Last 3 Months	102.54	mg/dL	
Average Glucose Value For the Last 3 Months IFCC	5.68		

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
≥ 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.

Total Iron Binding Capacity (TIBC)*, Serum

Date	30/Dec/2022 03:27PM	Unit	Bio Ref Interval
Iron Colourimetric Assay	65.5	µg/dL	33-193
UIBC Ferrozine	382.3	µg/dL	135-392
Total Iron Binding Capacity Ferrozine	447.8	µg/dL	171 - 504
Transferrin Saturation	**14.63**	%	17 - 37

Kindly correlate with clinical findings

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

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Clinical Biochemistry

Max Wellness Adolescent Profile

Anita Khanna

Dr. Anita Khanna MD (Path.)
Associate Director & Head (Lab Medicine)

Mohini

Dr. Mohini Bhargava, MD
Associate Director (Biochemistry)

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Immunoassay

Max Wellness Adolescent Profile

Thyroid Stimulating Hormone (TSH) - Ultrasensitive, Serum

Date	30/Dec/2022 03:27PM	Unit	Bio Ref Interval
Thyroid Stimulating Hormone CLIA	2.00	µIU/mL	0.34 - 5.6

Interpretation

Parameter	Unit	Premature (28 - 36 Weeks)	Cord Blood (> 37 weeks)	Upto 2 Month	Adult	1st Trimester	2nd Trimester	3rd Trimester
TSH	uIU/ml	0.7 - 27.0	2.3 - 13.2	0.5 - 10	0.38 - 5.33	0.1 - 2.5	0.2 - 3.0	0.3 - 3.0

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.

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Immunoassay

Max Wellness Adolescent Profile

Vitamin B12 (Vit- B12), (Cyanocobalamin)*, Serum

Date	30/Dec/2022 03:27PM	Unit	Bio Ref Interval
Vitamin B12 CLIA	**151.0**	pg/mL	180 - 914

Interpretation

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.

Kindly correlate with clinical findings

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

Dr. Anita Khanna MD (Path.)
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