Laboratory Investigation Report

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

Immunoassay

Max Care Full-Body Healthcheck

Prolactin, Serum

Date	14/Dec/2025 09:59AM	Unit	Bio Ref Interval
Prolactin CLIA	13.47	ng/mL	

Ref Range **Males :** 2.64 - 13.13

Females :

Premenopausal (<50 years of age):3.34 - 26.74

Postmenopausal (>50 years of age): 2.74 - 19.64

Interpretation

Increased in prolactin-secreting pituitary tumors, amenorrhea and/or galactorrhea, Chiari-Frommel and Argonz Del Cstillo syndromes, various types of hypothalamic-pitutary disease (e.g. sarcoidosis, granulomatous diseases, crangiopharyngioma, metastatic cancer, empty sella syndrome), primary hypothyroidism, anorexia nervosa, polycystic ovary syndrome, renal failure, insulin-induced hypoglycemia, chest wall injury, adrenal insufficiency, and pituitary stalk section surgery

Decreased in pituitary apoplexy (Sheehan's Syndrome)

MC-7453

Laboratory Investigation Report

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Immunoassay

Max Care Full-Body Healthcheck

Total-Thyroid Profile (T3,T4 & TSH), Serum

Date	14/Dec/2025 09:59AM	Unit	Bio Ref Interval
T3 (Total) CLIA	**0.82**	ng/mL	0.87-1.78
T4 (Total)	**11.84**	ug/dL	5.53 - 11.0
TSH Chemiluminescence	1.560	uIU/ml	0.38 - 5.33

Comment

Parameter	Unit	Premature (28 - 36weeks)	Cord Blood (> 37 weeks)	Upto 2 Month	1st Trimester	2nd Trimester	3rd Trimester
TSH	uIU/ml	0.7 - 27.0	2.3 - 13.2	0.5 - 10	0.05 - 3.7	0.31 - 4.35	0.41 - 5.18

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

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

MC-7453

Laboratory Investigation Report

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Immunoassay

Max Care Full-Body Healthcheck

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Laboratory Investigation Report

Patient Name	Centre
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Hematology

Max Care Full-Body Healthcheck

CBC (Complete Blood Count), EDTA

Date	14/Dec/2025 09:59AM	Unit	Bio Ref Interval
Haemoglobin	**7.1**	g/dl	12.0 - 15.0
Packed Cell, Volume Calculated	**23.6**	%	36-46
Total Leucocyte Count (TLC) Electrical Impedance	5.4	10~9/L	4.0-10.0
RBC Count Electrical Impedance	**3.52**	10~12/L	3.8-4.8
MCV Electrical Impedance	**67.0**	fL	83-101
MCH Calculated	**20.2**	pg	27-32
MCHC Calculated	**30.2**	g/dl	31.5-34.5
Platelet Count Electrical Impedance	348	10~9/L	150-410
MPV Calculated	**7.6**	fl	7.8-11.2
RDW Calculated	**19.6**	%	11.5-14.5
Differential Cell Count VCS / Light Microscopy			
Neutrophils	61	%	40-80
Lymphocytes	31	%	20-40
Monocytes	04	%	2-10
Eosinophils	04	%	1-6
Absolute Leukocyte Count Calculated from TLC & DLC			
Absolute Neutrophil Count	3.29	10~9/L	2.0-7.0
Absolute Lymphocyte Count	1.7	10~9/L	1.0-3.0
Absolute Monocyte Count	0.22	10~9/L	0.2-1.0
Absolute Eosinophil Count	0.22	10~9/L	0.02-0.5

Kindly correlate with clinical findings

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

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Test Performed at :1060 - Max Lab (A Unit of Max Healthcare Institute Limited), 1st Floor, Vardhman Mall, site-IV, District Centre, Shalimar Bagh
Booking Centre :2988 - Vikas Mittal, A-6 Shop No 104, CSC, Paschim Vihar New Delhi110063, 9312508413
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MC-7453

Laboratory Investigation Report

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MaxID/Lab ID	Collection Date/Time
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Clinical Biochemistry

Max Care Full-Body Healthcheck

Test Name	Result	Unit	Bio Ref Interval
Iron, Serum*, Serum			
Iron TPTZ- No deproteinization	**15**	µg/dL	60 - 180

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 Full-Body Healthcheck

Kidney Function Test (KFT) Profile

Date	14/Dec/2025 09:59AM	Unit	Bio Ref Interval
Urea Urease, UV	**16.9**	mg/dL	17.0 - 43.0
Blood Urea Nitrogen Urease, UV	**7.89**	mg/dL	7.9 - 20.0
Creatinine Alkaline picrate kinetic	0.56	mg/dL	0.51 - 0.95
eGFR by MDRD MDRD	116.24	ml/min/1.73 m²	
eGFR by CKD EPI 2021	113.49		
Bun/Creatinine Ratio Calculated	14.09	Ratio	12:1 - 20:1
Uric Acid Uricase, Colorimetric	3.81	mg/dL	2.6 - 6.0
Calcium (Total) Arsenazo III	9.45	mg/dL	8.8 - 10.6
Sodium ISE indirect	**135.3**	mmol/L	136 - 146
Potassium ISE indirect	4.3	mmol/L	3.5 - 5.1
Chloride ISE indirect	105.0	mmol/L	101 - 109
Phosphorus(inorg) Phosphomolybdate-UV	3.14	mg/dL	2.5 - 4.5

Ref. Range

eGFR - Estimated Glomerular Filteration Rate is calculated by MDRD equation which is most accurate for GFRs ≤ 60ml / min /1.73 m².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

MC-7453

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 Full-Body Healthcheck

HbA1c (Glycated/ Glycosylated Hemoglobin) Test, EDTA

HPLC

Date	14/Dec/2025 09:59AM	04/Aug/21 08:20AM	Unit	Bio Ref Interval
Glycosylated Haemoglobin(Hb A1c) HPLC	5.50	5.60	%	< 5.7
Glycosylated Haemoglobin(Hb A1c) IFCC Calculated	36.6	37.69	mmol/mol	< 39.0
Average Glucose Value For the Last 3 Months Calculated	111.15	114.02	mg/dL	
Average Glucose Value For the Last 3 Months IFCC Calculated	6.16	6.31	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
≥ 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.

MC-7453

Laboratory Investigation Report

Patient Name		Centre	:
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MaxID/Lab ID		Collection Date/Time	:
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Clinical Biochemistry

Max Care Full-Body Healthcheck

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

Date	14/Dec/2025 09:59AM	04/Aug/21 08:20AM	Unit	Bio Ref Interval
Glucose (Fasting) Hexokinase	83	96	mg/dL	< 100

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)

Kindly correlate with clinical findings

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

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Clinical Pathology

Max Care Full-Body Healthcheck

Urine Routine And Microscopy

Date	14/Dec/2025 09:59AM	04/Aug/21 08:20AM	Unit	Bio Ref Interval
Macroscopy				
Colour Visual Observation/ Automated	PALE YELLOW	Yellow		Pale Yellow
PH Double Indicator	**6.5**	5.0	..	5-6
Specific Gravity pKa change	**1.008**	1.017		1.015 - 1.025
Protein Protein-error of indicators	Negative	Trace		Nil
Glucose. Enzyme Reaction	Negative	Negative		Nil
Ketones Acetoacetic Reaction	Negative	Negative		Nil
Blood Benzidine Reaction	Negative	Negative		Nil
Bilirubin Diazo Reaction	Negative	Negative		Nil
Urobilinogen Ehrlichs Reaction	Normal	Normal		Normal
Microscopy				
Red Blood Cells (RBC) Light Microscopy/Image capture microscopy	Nil	Nil	/HPF	Nil
White Blood Cells Light Microscopy/Image capture microscopy	Nil	1-2	/HPF	0.0-5.0
Epithelial Cells Light Microscopy/Image capture microscopy	0-1	0-1	/HPF	0.0 - 5.0
Cast Light Microscopy/Image capture microscopy	Nil	Nil	/LPF	Nil
Crystals Light Microscopy/Image capture microscopy	Nil	Nil	..	Nil
Bacteria Light Microscopy/Image capture microscopy	Nil	Nil	/HPF	Nil

Kindly correlate with clinical findings

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

MC-7453

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Clinical Pathology

Max Care Full-Body Healthcheck

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MC-7453

Laboratory Investigation Report

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Immunoassay

Max Care Full-Body Healthcheck

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

Date	14/Dec/2025 09:59AM	Unit	Bio Ref Interval
Vitamin B12 CLIA	**136**	pg/mL	222 - 1439

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.

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

Date	14/Dec/2025 09:59AM	Unit	Bio Ref Interval
25 Hydroxy, Vitamin D CLIA	**3.53**	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 *****

MC-7453

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Immunoassay

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Clinical Biochemistry

Max Care Full-Body Healthcheck

Lipid Profile,Serum

Date	14/Dec/2025 09:59AM	04/Aug/21 08:20AM	Unit	Bio Ref Interval
Cholesterol Cholesterol oxidase, esterase, peroxidase	155	175	mg/dL	< 200
HDL Cholesterol Direct measure, immunoinhibition	70	52.0	mg/dL	> 40
LDL Cholesterol Direct measure	84	**124**	mg/dL	< 100
Triglyceride GPO-POD method (Enzymatic end point)	50.0	75.0	mg/dL	< 150
VLDL Cholesterol Calculated	10.0	15.0	mg/dL	< 30
Total Cholesterol/HDL Ratio Calculated	2.2	3.4	..	0.0-4.9
Non-HDL Cholesterol Calculated	85.00	123.00	mg/dL	< 130
HDL/LDL Calculated	0.83	**0.42**	Ratio	>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

MC-7453

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Clinical Biochemistry

Max Care Full-Body Healthcheck

Liver Function Test (LFT), Serum

Date	14/Dec/2025 09:59AM	04/Aug/21 08:20AM	Unit	Bio Ref Interval
Total Protein Biuret	7.68	**8.16**	g/dL	6.6 - 8.3
Albumin Bromcresol Green (BCG)	3.6	3.7	g/dL	3.5 - 5.2
Globulin Calculated	**4.0**	**4.5**	g/dl	2.3 - 3.5
A.G. ratio Calculated	**0.9**	**0.8**		1.2 - 1.5
Bilirubin (Total) DPD	0.44	0.45	mg/dL	0.3 - 1.2
Bilirubin (Direct) Diazotization	0.06	**0.05**	mg/dL	0.0 - 0.2
Bilirubin (Indirect) Calculated	0.38	0.4	mg/dL	0.1 - 1.0
SGOT- Aspartate Transaminase (AST) UV without P5P	25	22	U/L	< 35
SGPT- Alanine Transaminase (ALT) UV without P5P	16	**13**	U/L	< 35
AST/ALT Ratio Calculated	1.56		Ratio	
Alkaline Phosphatase PNPP, AMP Buffer	61	90	U/L	30 - 120
GGTP (Gamma GT), Serum Enzymatic Rate	10.0	16.0	U/L	7 - 50

Kindly correlate with clinical findings

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