



Laboratory Investigation Report

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

Immunoassay



SIN No: VSH1718656

Prolactin, Serum

Date 12/Dec/2022
09:07AM

Unit **Bio Ref**
Interval

Prolactin 4.19
CLIA

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-pituitary disease (e.g. sarcoidosis, granulomatous diseases, craniopharyngioma, 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)

Kindly correlate with clinical findings

*** End Of Report ***

Anita Khanna

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

Mohini

Dr. Mohini Bhargava, MD
Associate Director (Biochemistry)

Poonam S. Das

Dr. Poonam. S. Das, M.D.
Principal Director-
Max Lab & Blood Bank Services

Dilip Kumar

Dr. Dilip Kumar M.D.
Associate Director &
Manager Quality

Nitin Dayal

Dr. Nitin Dayal, M.D.
Principal Consultant & Head,
Haematopathology

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MC-2714



Laboratory Investigation Report

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

Hematology

WellWise Female Health Profile



SIN No: VSH1718656

Complete Haemogram, Peripheral Smear and ESR, EDTA*

Date	12/Dec/2022 09:07AM	Unit	Bio Ref Interval
Haemoglobin	13.8	g/dl	12.0 - 15.0
Modified cyanmethemoglobin			
Packed Cell, Volume	42.6	%	40-50
Calculated			
Total Leucocyte Count (TLC)	8.0	10~9/L	4.0-10.0
Electrical Impedance			
RBC Count	4.64	10~12/L	3.8-4.8
Electrical Impedance			
MCV	91.9	fL	83-101
Electrical Impedance			
MCH	29.7	pg	27-32
Calculated			
MCHC	32.3	g/dl	31.5-34.5
Calculated			
Platelet Count	200	10~9/L	150-410
Electrical Impedance			
MPV	11.6	fL	7.8-11.2
Calculated			
RDW	16.1	%	11.5-14.5
Calculated			

Differential Cell Count

VCS / Light Microscopy

Neutrophils	63.4	%	40-80
Lymphocytes	28.5	%	20-40
Monocytes	5.6	%	2-10
Eosinophils	2.2	%	1-6
Basophils	0.3	%	0-2

Absolute Leukocyte Count

Calculated from TLC & DLC

Absolute Neutrophil Count	5.07	10~9/L	2.0-7.0
Absolute Lymphocyte Count	2.3	10~9/L	1.0-3.0
Absolute Monocyte Count	0.45	10~9/L	0.2-1.0
Absolute Eosinophil Count	0.18	10~9/L	0.02-0.5
Absolute Basophil Count	0.02	10~9/L	0.02-0.1

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Hematology**WellWise Female Health Profile**

SIN No: VSH1718656

ESR (Westergren) 12 mm/hr <=12**Peripheral Smear Examination****RBC:** - Normocytic Normochromic**WBC:** - Counts within normal limits**Platelet:** - Adequate

Kindly correlate with clinical findings

***** End Of Report *****
Dr. Meenal Mehta MD (Path)
Senior Consultant
(Hematopathology & Cytopathology)

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Clinical Biochemistry
WellWise Female Health Profile**Fasting Blood Sugar (Glucose) , (FBS), Fluoride Plasma**

Date		Unit	Bio Ref Interval
	12/Dec/2022 09:07AM		
Glucose (Fasting) Hexokinase	89.6	mg/dl	74 - 99

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MC-2004



Laboratory Investigation Report

Patient Name	Centre
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Ref Doctor	Reporting Date/Time

Clinical Biochemistry WellWise Female Health Profile



SIN No: VSH1718656

HbA1c (Glycated/ Glycosylated Hemoglobin) Test* HPLC

Date	12/Dec/2022 09:07AM	Unit	Bio Ref Interval
Glycosylated Haemoglobin(Hb A1c) HPLC	6.0	%	4.27 - 6.07
Glycosylated Haemoglobin(Hb A1c) IFCC	42.06	mmol/mol	< 39.0
Average Glucose Value For the Last 3 Months	125.5	mg/dL	
Average Glucose Value For the Last 3 Months IFCC	6.95	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.

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Clinical Biochemistry WellWise Female Health Profile



SIN No: VSH1718656

Lipid Profile, Serum

Date	12/Dec/2022 09:07AM	Unit	Bio Ref Interval
Cholesterol Enzymatic	140.1	mg/dl	< 200
HDL Cholesterol Homogeneous enzymatic	38.0	mg/dl	> 40
LDL Cholesterol Homogeneous enzymatic	94.3	mg/dl	< 100
Triglyceride Enzymatic	120.1	mg/dl	< 150
VLDL Cholesterol Calculated	24.0	mg/dl	< 30
Total Cholesterol/HDL Ratio Calculated	3.7	..	0.0-4.9
Non-HDL Cholesterol Calculated	102.10	mg/dL	< 130
HDL/LDL Calculated	0.40	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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Laboratory Investigation Report

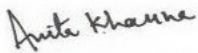
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Clinical Biochemistry WellWise Female Health Profile

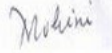


Kindly correlate with clinical findings

*** End Of Report ***



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



Dr. Mohini Bhargava, MD
Associate Director (Biochemistry)

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Laboratory Investigation Report

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Immunoassay WellWise Female Health Profile



Thyroid Profile*, Serum

Date	12/Dec/2022 09:07AM	Unit	Bio Ref Interval
Free Triiodothyronine (FT3)	3.33	pg/mL	2.6 - 4.2
CLIA			
Free Thyroxine (FT4)	0.84	ng/dL	0.58 - 1.64
CLIA			
Thyroid Stimulating Hormone	3.96	μIU/mL	0.34 - 5.6
CLIA			

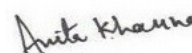
Comment

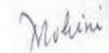
Parameter	Unit	Premature (28 - 36 weeks)	Cord Blood (> 37 weeks)	Upto 2 Month	Adult	1st Trimester	2nd Trimester	3rd Trimester
FT3	Pg/mL		0.15 - 3.91	2.4 - 5.6	2.6 - 4.2	2.11 - 3.83	1.96 - 3.38	1.96 - 3.38
TSH	uIU/ml	0.7 - 27.0	2.3 - 13.2	0.5 - 10	0.38 - 5.33	0.1 - 2.5	0.2 - 3.0	0.3 - 3.0


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.

Kindly correlate with clinical findings


*** End Of Report ***


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 Associate Director (Biochemistry)


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Clinical Biochemistry WellWise Female Health Profile



Liver Function Test (LFT), Serum

Date	12/Dec/2022 09:07AM	Unit	Bio Ref Interval
Total Protein	7.70	g/dL	6.6-8.7
Biuret			
Albumin	4.4	g/dl	3.5-5.2
BCG			
Globulin	3.3	g/dl	2.3 - 3.5
Calculated			
A.G. ratio	1.3		1.2 - 1.5
Calculated			
Bilirubin (Total)	0.3	mg/dl	0.2-1.2
Diazo			
Bilirubin (Direct)	0.1	mg/dl	0-0.3
Diazo			
Bilirubin (Indirect)	0.20	mg/dL	0.1 - 1.0
Calculated			
SGOT- Aspartate Transaminase (AST)	20	U/L	0-32
IFCC without pyridoxal phosphate			
SGPT- Alanine Transaminase (ALT)	18	U/L	0-33
IFCC without pyridoxal phosphate			
AST/ALT Ratio	1.11	Ratio	
Calculated			
Alkaline Phosphatase	80	U/L	40 - 129
GGTP (Gamma GT), Serum	18.0	U/L	5-36
ENZYMATIC COLORIMETRIC ASSAY			

Interpretation AST/ALT Ratio : -

In Case of deranged AST and/or ALT, the AST/ALT ratio is < 2.0 in alcoholic liver damage and > 2.0 in non – alcoholic liver damage

Kindly correlate with clinical findings

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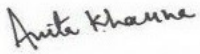
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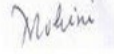
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Clinical Biochemistry
WellWise Female Health Profile

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Associate Director & Head (Lab Medicine)



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Ref Doctor	Reporting Date/Time

Immunoassay

WellWise Female Health Profile



SIN No: VSH1718656

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

Date	12/Dec/2022 09:07AM	Unit	Bio Ref Interval
Vitamin B12 CLIA	76.0	pg/mL	120 - 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.

Test Performed at :794 - Max Hospital - Vaishali, W-3, Sector-1, Vaishali, Ghaziabad-201012, U.P

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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

Immunoassay

WellWise Female Health Profile



SIN No: VSH1718656

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

Date	12/Dec/2022	Unit	Bio Ref
	09:07AM		Interval
25 Hydroxy, Vitamin D	13.53	ng/mL	30-100
CLIA			

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

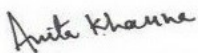
Vitamin D deficiency can be due to:

1. Inadequate exposure to sunlight,
2. Diet deficient in vitamin D
3. Malabsorption

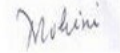
Advice: Serum calcium, phosphorus and PTH

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)

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**Laboratory Investigation Report**

Patient Name
Age/Gender
MaxID/Lab ID
Ref Doctor

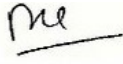
Centre
OP/IP No/UHID
Collection Date/Time
Reporting Date/Time

Immunoassay**WellWise Female Health Profile**

SIN No: VSH1718656



Dr. Poonam. S. Das, M.D.
Principal Director-
Max Lab & Blood Bank Services



Dr. Dilip Kumar M.D.
Associate Director &
Manager Quality



Dr. Nitin Dayal, M.D.
Principal Consultant & Head,
Haematopathology

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Laboratory Investigation Report

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Clinical Biochemistry
WellWise Female Health Profile

Inorganic Phosphorus, Serum*

Date	12/Dec/2022	Unit	Bio Ref
	09:07AM		Interval
Phosphorus(inorg)	3.1	mg/dl	2.7-4.5
MOLYBDATE UV			

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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Clinical Biochemistry WellWise Female Health Profile



SIN No: VSH1718656

Kidney Function Test (KFT) Profile with Calcium, Uric Acid, Serum

Date	12/Dec/2022 09:07AM	Unit	Bio Ref Interval
Urea Urease GLDH	23.3	mg/dl	5-50
Blood Urea Nitrogen Urease GLDH	10.89	mg/dl	6-20
Creatinine Jaffe Kinetic	0.8	mg/dL	0.5-0.9
eGFR MDRD	86.09	ml/min/1.73 m ²	
Bun/Creatinine Ratio Calculated	13.61	Ratio	12:1 - 20:1
Uric Acid Enzymatic Colorimetric	5.1	mg/dl	2.4-5.7
Calcium (Total) O-CPC	9.2	mg/dl	8.6-10.2
Sodium ISE Indirect	138.0	mmol/l	135-148
Potassium ISE Indirect	4.6	mmol/l	3.5 - 5.3
Chloride ISE Indirect	101.2	mmol/l	101-111
Bicarbonate PEPC	24.3	mmol/l	22-32

Interpretation 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.

<60 ml / min / 1.73 m² - Chronic Kidney Disease

<15 ml / min / 1.73 m² - Kidney failure

BUN/Creatinine Ratio :-

Increased in reduced renal perfusion (e.g. dehydration, Hypovolemic shock, Congestive Heart Failure) or Obstructive uropathy. Decreased in Acute Renal Tubular necrosis.

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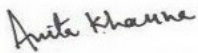
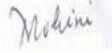
MC-2004

**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
WellWise Female Health Profile

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)

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Laboratory Investigation Report

Patient Name	Centre
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MaxID/Lab ID	Collection Date/Time
Ref Doctor	Reporting Date/Time

Clinical Pathology WellWise Female Health Profile



Urine Routine And Microscopy

Date	12/Dec/2022 09:07AM	Unit	Bio Ref Interval
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Macroscopy

Colour Visual Observation/ Automated	Pale Yellow		Pale Yellow
PH Photoelectric colorimeter	6.0	..	5-9
Specific Gravity Photoelectric colorimeter	1.020		1.015 - 1.030
Protein Photoelectric colorimeter	Neg		Nil
Glucose. Photoelectric colorimeter	Neg		Nil
Ketones Photoelectric colorimeter	Neg		Nil
Blood Photoelectric colorimeter	ABSENT		Nil
Bilirubin Photoelectric colorimeter	Neg		Nil
Urobilinogen Photoelectric colorimeter	Normal		Normal
Nitrite Conversion of Nitrate	Neg		

Microscopy

Red Blood Cells (RBC) Streaming Image technology	1	/HPF	Nil
White Blood Cells Streaming Image technology	1	/HPF	0.0-5.0
Squamous Epithelial Cells Light Microscopy/Image capture microscopy	4	/HPF	
Cast Light Microscopy/Image capture microscopy	Nil	/LPF	Nil
Crystals Light Microscopy/Image capture microscopy	Nil	..	Nil
Bacteria	Nil	/HPF	Nil

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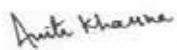
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**Laboratory Investigation Report**

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

Clinical Pathology
WellWise Female Health ProfileLight Microscopy/Image capture
microscopy

Kindly correlate with clinical findings

***** End Of Report *******Dr. Anita Khanna MD (Path.)**
Associate Director & Head (Lab Medicine)**Dr. Meenal Mehta MD (Path.)**
Senior Consultant
(Hematopathology & Cytopathology)

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