

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 Exclusive Profile-Female**CRP- C- Reactive Protein, Serum**

Date	01/Jun/2025 09:38AM	Unit	Bio Ref Interval
CRP Turbidimetric	7.4	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

Test Performed at :794 - Max Hospital - Vaishali, W-3, Sector-1, Vaishali, Ghaziabad-201012, U.P
Booking Centre :2277 - Home Collection DNCR, N-110, Panchsheel Park, 7982100200
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(CIN No.: U85100DL2021PLC381826)📞 Helpline No. 7982 100 200 🌐 www.maxlab.co.in ✉ feedback@maxlab.co.in

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Clinical Biochemistry
WellWise Exclusive Profile-Female

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

Date	01/Jun/2025 09:38AM	Unit	Bio Ref Interval
Urea Urease GLDH	29.7	mg/dl	5-50
Blood Urea Nitrogen Urease GLDH	13.88	mg/dl	6-20
Creatinine Jaffe Kinetic	0.8	mg/dL	0.5-0.9
eGFR by MDRD MDRD	84.95	ml/min/1.73 m ²	
eGFR by CKD EPI 2021	102.38		
Bun/Creatinine Ratio Calculated	17.35	Ratio	12:1 - 20:1
Uric Acid Enzymatic Colorimetric	5.4	mg/dl	2.4-5.7
Calcium (Total) O-CPC	9.2	mg/dl	8.6-10.2
Sodium ISE Indirect	138.7	mmol/l	135-148
Potassium ISE Indirect	4.3	mmol/l	3.5 - 5.3
Chloride ISE Indirect	103	mmol/L	98-107
Bicarbonate PEPC	20.1	mmol/l	22-32

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
WellWise Exclusive Profile-Female


HbA1c (Glycated/ Glycosylated Hemoglobin) Test, EDTA
HPLC

Date	01/Jun/2025 09:38AM	Unit	Bio Ref Interval
Glycosylated Haemoglobin(Hb A1c)	5.80	%	4.27 - 6.07
Glycosylated Haemoglobin(Hb A1c) IFCC	39.88	mmol/mol	< 39.0
Average Glucose Value For the Last 3 Months	119.76	mg/dL	
Average Glucose Value For the Last 3 Months IFCC	6.63	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.

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

Date	01/Jun/2025 09:38AM	Unit	Bio Ref Interval
Glucose (Fasting) Hexokinase	94	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)

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Clinical Biochemistry
WellWise Exclusive Profile-Female

Total Iron Binding Capacity (TIBC), Serum

Date	01/Jun/2025 09:38AM	Unit	Bio Ref Interval
Iron	57.9	µg/dL	33-193
Colourimetric Assay			
UIBC	290	µg/dL	135-392
Ferrozine			
Total Iron Binding Capacity	347.9	µg/dL	171 - 504
Ferrozine			
Transferrin Saturation	16.64	%	17 - 37

Inorganic Phosphorus, Serum

Date	01/Jun/2025 09:38AM	Unit	Bio Ref Interval
Phosphorus(inorg)	4	mg/dl	2.7-4.5
MOLYBDATE UV			

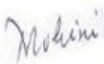
Interpretation

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.

Kindly correlate with clinical findings

*** End Of Report ***



Dr. Mohini Bhargava, MD
Associate Director (Biochemistry)

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Clinical Pathology
WellWise Exclusive Profile-Female


Urine Routine And Microscopy

Date	01/Jun/2025	Unit	Bio Ref Interval
	09:38AM		

Macroscopy

Colour	Pale Yellow		Pale Yellow
Visual Observation/ Automated			
PH	6.5	..	5-9
Photoelectric colorimeter			
Specific Gravity	1.025		1.015 - 1.030
Photoelectric colorimeter			
Protein	Neg		Nil
Photoelectric colorimeter			
Glucose.	Neg		Nil
Photoelectric colorimeter			
Ketones	Neg		Nil
Photoelectric colorimeter			
Blood	Neg		Nil
Photoelectric colorimeter			
Bilirubin	Neg		Nil
Photoelectric colorimeter			
Urobilinogen	Normal		Normal
Photoelectric colorimeter			
Nitrite	Neg		
Conversion of Nitrate			

Microscopy

Red Blood Cells (RBC)	0	/HPF	Nil
Streaming Image technology			
White Blood Cells	1	/HPF	0.0-5.0
Streaming Image technology			
Epithelial Cells	5	/HPF	
Light Microscopy/Image capture microscopy			
Cast	Nil	/LPF	Nil
Light Microscopy/Image capture microscopy			
Crystals	Nil	..	Nil
Light Microscopy/Image capture microscopy			
Bacteria	Nil	/HPF	Nil
Light Microscopy/Image capture microscopy			

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Clinical Pathology
WellWise Exclusive Profile-Female



Kindly correlate with clinical findings

*** End Of Report ***

Anita Khanna

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

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Clinical Biochemistry
WellWise Exclusive Profile-Female



Test Name	Result	Unit	Bio Ref Interval
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High Sensitivity CRP (HS CRP), Serum

C-Reactive Protein, High Sensitive Enhanced Immunoturbidimetric	0.6	mg/dl	< 0.5
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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. Mohini Bhargava, MD
 Associate Director (Biochemistry)

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Hematology
WellWise Exclusive Profile-Female

Complete Haemogram, Peripheral Smear and ESR, EDTA

Date	01/Jun/2025 09:38AM	Unit	Bio Ref Interval
Haemoglobin	12.3	g/dl	12.0 - 15.0
SLS-Haemoglobin Method			
Packed Cell, Volume	38.1	%	36-46
Pulse Height Detection Method			
Total Leucocyte Count (TLC)	15.4	10~9/L	4.0-10.0
Flowcytometry method using semiconductor laser			
RBC Count	4.23	10~12/L	3.8-4.8
Hydrodynamic focusing (DC detection)			
MCV	90.1	fL	83-101
Calculated			
MCH	29.1	pg	27-32
Calculated			
MCHC	32.3	g/dl	31.5-34.5
Calculated			
Platelet Count	230	10~9/L	150-410
Hydrodynamic focusing (DC detection)			
MPV	12.7	fL	7.8-11.2
Calculated			
RDW	14.5	%	11.5-14.5
Calculated			

Differential Cell Count

Flowcytometry Method Using Semiconductor Laser

Neutrophils	56.1	%	40-80
Lymphocytes	36.6	%	20-40
Monocytes	5.1	%	2-10
Eosinophils	1.9	%	1-6
Basophils	0.3	%	0-2

Absolute Leukocyte Count

Calculated from TLC & DLC

Absolute Neutrophil Count	8.64	10~9/L	2.0-7.0
Absolute Lymphocyte Count	5.6	10~9/L	1.0-3.0
Absolute Monocyte Count	0.79	10~9/L	0.2-1.0
Absolute Eosinophil Count	0.29	10~9/L	0.02-0.5
Absolute Basophil Count	0.050	10~9/L	0.02-0.1
ESR (Modified)	63	mm/hr	<=10

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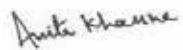


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Hematology
WellWise Exclusive Profile-Female**Westergren)****Peripheral Smear****Examination****RBC:** - Normocytic Normochromic**WBC:** - Leucocytosis.**Platelet:** - Adequate

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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MC-2004

Laboratory Investigation Report

Patient Name	Centre
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Ref Doctor	Reporting Date/Time

Immunoassay
WellWise Exclusive Profile-Female

Ferritin*, Serum

Date	01/Jun/2025 09:38AM	Unit	Bio Ref Interval
Ferritin CLIA	24.0	ng/mL	11.0-306.8

Comment Ferritin is a large hollow spherical protein containing iron, concentration of which roughly reflects the body iron content in many individuals. Serum ferritin concentration is a sensitive indicator of iron deficiency. Serum Ferritin concentration is increased in many disorders like infection, inflammatory disorders like rheumatoid arthritis or renal disease; common liver conditions (e.g. alcoholism, viral hepatitis B or C); heart disease, cancer. In patients with these disorders who also have iron deficiency their serum ferritin concentrations are often normal. An increase in serum ferritin concentration occurs as a result of ferritin release due to liver cell injury of diverse causes. Serum ferritin is also increased in patients with iron overload of any cause. Serum transferrin saturation is a better screening test for early iron overload than serum ferritin.

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

Date	01/Jun/2025 09:38AM	Unit	Bio Ref Interval
Vitamin B12 CLIA	205	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.

Folate , Serum*

Date	01/Jun/2025 09:38AM	Unit	Bio Ref Interval
Folate Serum CLIA	3.3	ng/mL	>5.9

Ref Range

Folate (Normal)	>5.9
Folate (Indeterminate)	4.0 - 5.9
Folate (Deficient)	<4.0

Interpretation

A folate deficiency can lead to megaloblastic anemia and ultimately to severe neurological problems. Folate deficiency can be caused by insufficient dietary intake, malabsorption or excessive folate utilization, which is common during pregnancy, alcoholism, hepatitis, or other liver-damaging diseases.

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Immunoassay
WellWise Exclusive Profile-Female

Testosterone, Total, Serum*

Date	01/Jun/2025 09:38AM	Unit	Bio Ref Interval
Testosterone (total) CLIA	0.69	ng/mL	0.1-0.75

Interpretation Increase in Idiopathic sexual precocity and adrenal hyperplasia in boys, some adrenocortical tumors, extragonadal tumors producing gonadotropin in men, trophoblastic disease during pregnancy, testicular feminization, idiopathic hirsutism, virilizing ovarian tumors, arrhenoblastoma, hilar cell tumor, and virilizing luteoma.

Secretion is episodic, with peak about 7:00 AM and minimum about 8:00 PM; pooled samples are more reliable.

Decreased in Down syndrome, uremia, myotonic dystrophy, hepatic insufficiency, cryptorchidism, primary and secondary hypogonadism, and delayed puberty in boys.

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

Date	01/Jun/2025 09:38AM	Unit	Bio Ref Interval
25 Hydroxy, Vitamin D CLIA	13.05	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

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

Booking Centre : 2277 - Home Collection DNCR, N-110, Panchsheel Park, 7982100200

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Max Lab Limited (A Wholly Owned Subsidiary of Max Healthcare Institute Ltd.)

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

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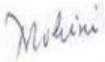
Laboratory Investigation Report

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

Immunoassay**WellWise Exclusive Profile-Female**

SIN No: B2B5806859

Kindly correlate with clinical findings

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

Dr. Mohini Bhargava, MD
Associate Director (Biochemistry)

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Laboratory Investigation Report

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Clinical Biochemistry
WellWise Exclusive Profile-Female


Lipid Profile, Serum

Date	01/Jun/2025 09:38AM	Unit	Bio Ref Interval
Cholesterol Enzymatic	214	mg/dl	< 200
HDL Cholesterol Homogeneous enzymatic	39.5	mg/dl	> 40
LDL Cholesterol Homogeneous enzymatic	159	mg/dl	< 100
Triglyceride Enzymatic	96.2	mg/dl	< 150
VLDL Cholesterol Calculated	19.2	mg/dl	< 30
Total Cholesterol/HDL Ratio Calculated	5.4	..	< 4.9
Non-HDL Cholesterol Calculated	174.50	mg/dl	< 130
HDL/LDL Calculated	0.25	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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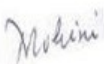
Clinical Biochemistry
WellWise Exclusive Profile-Female

Liver Function Test (LFT), Serum

Date	01/Jun/2025 09:38AM	Unit	Bio Ref Interval
Total Protein	7.30	g/dL	6.6-8.7
Biuret			
Albumin	4.4	g/dl	3.5-5.2
BCG			
Globulin	2.9	g/dl	1.8-3.6
Calculated			
A.G. ratio	1.5		1.2 - 1.5
Calculated			
Bilirubin (Total)	0.5	mg/dl	0.2-1.2
Diazo			
Bilirubin (Direct)	0.3	mg/dl	0-0.3
Diazo			
Bilirubin (Indirect)	0.2	mg/dl	0.1 - 1.0
Calculated			
SGOT- Aspartate Transaminase (AST)	37.3	U/L	0-32
IFCC without pyridoxal phosphate			
SGPT- Alanine Transaminase (ALT)	62.2	U/L	0-33
IFCC without pyridoxal phosphate			
AST/ALT Ratio	0.6	Ratio	
Calculated			
Alkaline Phosphatase	67.1	U/L	40 - 129
GGTP (Gamma GT), Serum	52.4	U/L	5-36
ENZYMATIC COLORIMETRIC ASSAY			

Kindly correlate with clinical findings

*** End Of Report ***



Dr. Mohini Bhargava, MD
Associate Director (Biochemistry)

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Immunoassay
WellWise Exclusive Profile-Female

Thyroid Profile (Free T3, Free T4 & TSH), Serum

Date	01/Jun/2025	Unit	Bio Ref Interval
	09:38AM		
Free Triiodothyronine (FT3)	3.28	pg/mL	2.6 - 4.2
<small>CLIA</small>			
Free Thyroxine (FT4)	0.81	ng/dL	0.58 - 1.64
<small>CLIA</small>			
Thyroid Stimulating Hormone	4.00	μIU/mL	0.34 - 5.6
<small>CLIA</small>			

Comment

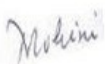
Parameter	Unit	Premature (28 - 36 weeks)	Cord Blood (> 37 weeks)	Upto 2 Month	1st Trimester	2nd Trimester	3rd Trimester
FT3	Pg/mL		0.15 - 3.91	2.4 - 5.6	2.11 - 3.83	1.96 - 3.38	1.96 - 3.38
FT4	ng/dl		1.7 - 4.0		0.7 - 2.0	0.5 - 1.6	0.5 - 1.6
TSH	uIU/ml	0.7 - 27.0	2.3 - 13.2	0.5 - 10	0.05 - 3.7	0.31 - 4.35	0.41 - 5.18

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.

Comment: TSH - Ultrasensitive

Kindly correlate with clinical findings

*** End Of Report ***



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