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

Clinical Biochemistry

SIN No:B2B5806859

WellWise Exclusive Profile-Female

CRP- C- Reactive Protein, Serum

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

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MC-2004

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Clinical Biochemistry

WellWise Exclusive Profile-Female

SIN No:B2B5806859

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 m²	
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 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

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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 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.

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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WellWise Exclusive Profile-Female

Total Iron Binding Capacity (TIBC), Serum

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

Inorganic Phosphorus, Serum

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

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 *****

Mohini

Dr. Mohini Bhargava, MD
Associate Director (Biochemistry)

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Clinical Pathology

SIN No:B2B5806859

WellWise Exclusive Profile-Female

Urine Routine And Microscopy

	Date	**01/Jun/2025 09:38AM**	**Unit**	**Bio Ref Interval**
Macroscopy				
Colour Visual Observation/ Automated		Pale Yellow		Pale Yellow
PH Photoelectric colorimeter		6.5	..	5-9
Specific Gravity Photoelectric colorimeter		1.025		1.015 - 1.030
Protein Photoelectric colorimeter		Neg		Nil
Glucose. Photoelectric colorimeter		Neg		Nil
Ketones Photoelectric colorimeter		Neg		Nil
Blood Photoelectric colorimeter		Neg		Nil
Bilirubin Photoelectric colorimeter		Neg		Nil
Urobilinogen Photoelectric colorimeter		Normal		Normal
Nitrite Conversion of Nitrate		Neg		
Microscopy				
Red Blood Cells (RBC) Streaming Image technology		0	/HPF	Nil
White Blood Cells Streaming Image technology		1	/HPF	0.0-5.0
Epithelial Cells Light Microscopy/Image capture microscopy		5	/HPF	
Cast Light Microscopy/Image capture microscopy		Nil	/LPF	Nil
Crystals Light Microscopy/Image capture microscopy		Nil	..	Nil
Bacteria Light Microscopy/Image capture microscopy		Nil	/HPF	Nil

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Clinical Pathology

SIN No:B2B5806859

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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SIN No:B2B5806859

Clinical Biochemistry

WellWise Exclusive Profile-Female

Test Name	Result	Unit	Bio Ref Interval
High Sensitivity CRP (HS CRP), Serum			
C-Reactive Protein, High Sensitive Enhanced Immunoturbidimetric	**0.6**	mg/dl	< 0.5

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 *****

Mohini

Dr. Mohini Bhargava, MD
Associate Director (Biochemistry)

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SIN No:B2B5806859

Hematology

WellWise Exclusive Profile-Female

Complete Haemogram, Peripheral Smear and ESR,EDTA

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

SIN No:B2B5806859

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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Immunoassay

WellWise Exclusive Profile-Female

SIN No:B2B5806859

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

SIN No:B2B5806859

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

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Immunoassay

SIN No:B2B5806859

WellWise Exclusive Profile-Female

Kindly correlate with clinical findings

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

Mohini

Dr. Mohini Bhargava, MD
Associate Director (Biochemistry)

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Clinical Biochemistry

SIN No:B2B5806859

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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WellWise Exclusive Profile-Female

Liver Function Test (LFT), Serum

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

Kindly correlate with clinical findings

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

Dr. Mohini Bhargava, MD
Associate Director (Biochemistry)

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Immunoassay

SIN No:B2B5806859

WellWise Exclusive Profile-Female

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

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

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 *****

Mohini

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