

**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 Senior Citizen Profile - Female**

**Complete Haemogram, Peripheral Smear and ESR, EDTA\***

Date	08/Apr/2024	25/Apr/23	Unit	Bio Ref Interval
	07:30AM	07:43AM		
Haemoglobin SLS-Haemoglobin Method	14.1	13.3	g/dl	12.0 - 15.0
Packed Cell, Volume Pulse Height Detection Method	43.6	41.1	%	36-46
Total Leucocyte Count (TLC) Flowcytometry method using semiconductor laser	9.4	8.7	10~9/L	4.0-10.0
RBC Count Hydrodynamic focusing (DC detection)	4.89	4.72	10~12/L	3.8-4.8
MCV Calculated	89.2	87.1	fL	83-101
MCH Calculated	28.8	28.2	pg	27-32
MCHC Calculated	32.3	32.4	g/dl	31.5-34.5
Platelet Count Hydrodynamic focusing (DC detection)	356	299	10~9/L	150-410
MPV Calculated	10.1	10.0	fl	7.8-11.2
RDW Calculated	12.0	13.0	%	11.5-14.5

**Differential Cell Count**
**Flowcytometry Method Using Semiconductor Laser**

Neutrophils	59.9	62.7	%	40-80
Lymphocytes	26.8	24.2	%	20-40
Monocytes	9.0	9.2	%	2-10
Eosinophils	3.8	3.6	%	1-6
Basophils	0.5	0.3	%	0-2

**Absolute Leukocyte Count**
**Calculated from TLC & DLC**

Absolute Neutrophil Count	5.63	5.45	10~9/L	2.0-7.0
Absolute Lymphocyte Count	2.5	2.1	10~9/L	1.0-3.0
Absolute Monocyte Count	0.85	0.8	10~9/L	0.2-1.0
Absolute Eosinophil Count	0.36	0.31	10~9/L	0.02-0.5
Absolute Basophil Count	0.05	0.03	10~9/L	0.02-0.1
<b>ESR (Modified Westergren) 27</b>		18	mm/hr	<=20

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 Super Speciality Hospital, Saket (West Block)**, 1, Press Enclave Road, Saket, New Delhi - 110 017, Phone: +91-11-6611 5050

(CIN No.: U85100DL2021PLC381826)

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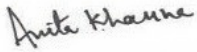
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**Hematology****WellWise Senior Citizen Profile - Female**

SIN No: B2B4704807

**Peripheral Smear  
Examination****RBC:** - Normocytic Normochromic**WBC:** - Counts within normal limits**Platelet:** - Adequate

Kindly correlate with clinical findings

**\*\*\* End Of Report \*\*\*****Dr. Anita Khanna MD (Path.)**  
Associate Director & Head (Lab Medicine)

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**Clinical Biochemistry**
**WellWise Senior Citizen Profile - Female**

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

Date	08/Apr/2024 25/Apr/23	Unit	Bio Ref Interval
	07:30AM 07:43AM		
Glucose (Fasting)	93 89.2	mg/dl	74 - 99
Hexokinase			

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

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**Clinical Biochemistry**
**WellWise Senior Citizen Profile - Female**

**HbA1c (Glycated/ Glycosylated Hemoglobin) Test\***

HPLC

Date	08/Apr/2024	25/Apr/23	Unit	Bio Ref Interval
	07:30AM	07:43AM		
Glycosylated Haemoglobin(Hb A1c)	5.3	5.5	%	4.27 - 6.07
Glycosylated Haemoglobin(Hb A1c) IFCC	34.41	36.6	mmol/mol	< 39.0
Average Glucose Value For the Last 3 Months	105.41	111.15	mg/dL	
Average Glucose Value For the Last 3 Months IFCC	5.84	6.16	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.

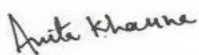
HbA1C(NGSP %)	HbA1C(IFCC mmol/mol)	Suggested Diagnosis
≥ 6.5	≥ 48	Diabetic
5.7 - 6.4	39 - 47	Pre- Diabetic
< 5.7	< 39	Non - Diabetic

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.

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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**Immunoassay**
**WellWise Senior Citizen Profile - Female**


SIN No: B2B4704807

**Total - Thyroid Profile\*, Serum**

Date	08/Apr/2024 07:30AM	Unit	Bio Ref Interval
T3 (Total) CLIA	0.96	ng/mL	0.87-1.78
T4 (Total) CLIA	10.14	µg/dL	6.09-12.23
TSH Chemiluminescence	3.46	uIU/ml	0.34-5.6

**Comment**

Parameter	Unit	Cord Blood	Adult	1st Trimester	2nd Trimester	3rd Trimester
TSH	uIU/ml	2.3 - 13.2	0.38 - 5.33	0.1 - 2.5	0.2 - 3.0	0.3 - 3.0

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.

Kindly correlate with clinical findings

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

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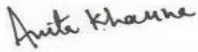
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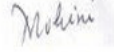
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**Immunoassay****WellWise Senior Citizen Profile - Female**

SIN No: B2B4704807



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**Clinical Biochemistry**
**WellWise Senior Citizen Profile - Female**

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

Date	08/Apr/2024	25/Apr/23	Unit	Bio Ref Interval
	07:30AM	07:43AM		
Urea Urease GLDH	25.3	19.2	mg/dl	5-50
Blood Urea Nitrogen Urease GLDH	11.82	8.97	mg/dl	6-20
Creatinine Jaffe Kinetic	0.6	0.6	mg/dL	0.5-0.9
eGFR by MDRD MDRD	100.33	100.65	ml/min/1.73 m <sup>2</sup>	
eGFR by CKD EPI 2021	99.55			
Bun/Creatinine Ratio Calculated	19.70	14.95	Ratio	12:1 - 20:1
Uric Acid Enzymatic Colorimetric	3.9	3.5	mg/dl	2.4-5.7
Calcium (Total) O-CPC	9.6	9.3	mg/dl	8.6-10.2
Sodium ISE Indirect	138.8	138.0	mmol/l	135-148
Potassium ISE Indirect	5.4	5.3	mmol/l	3.5 - 5.3
Chloride ISE Direct	102.8	104.2	mmol/l	101-111
Bicarbonate PEPC	25.0	22.2	mmol/l	22-32

**Ref. Range** eGFR - Estimated Glomerular Filtration Rate is calculated by MDRD equation which is most accurate for GFRs  $\leq 60$  ml / min / 1.73 m<sup>2</sup>. MDRD equation is used for adult population only.

<60ml / min / 1.73 m<sup>2</sup> - Chronic Kidney Disease

<15 ml / min / 1.73 m<sup>2</sup> - 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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**Clinical Biochemistry**  
**WellWise Senior Citizen Profile - Female**

**Inorganic Phosphorus, Serum\***

Date	08/Apr/2024	25/Apr/23	Unit	Bio Ref Interval
	07:30AM	07:43AM		
Phosphorus(inorg)	4.4	3.5	mg/dl	2.7-4.5
MOLYBDATE UV				

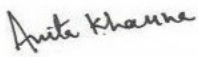
**Interpretation**

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.

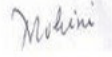
Decreased in Osteomalacia, steatorrhea, renal tubular acidosis, growth hormone deficiency, acute alcoholism, gram-negative bacterial septicemia, hypokalemia, familial hypophosphatemic rickets, Vitamin D deficiency, severe malnutrition, malabsorption, secondary diarrhea, vomiting, nasogastric suction, primary hyperthyroidism and PTH producing tumors.

Kindly correlate with clinical findings

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



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Associate Director & Head (Lab Medicine)



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Associate Director (Biochemistry)

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**Clinical Biochemistry**
**WellWise Senior Citizen Profile - Female**


**Rheumatoid Factor(Quantitative), Serum**

Date	08/Apr/2024 07:30AM	Unit	Bio Ref Interval
Rheumatoid Factor Immunoturbidimetric	7.6	IU/ mL	0-12

**Interpretation** Rheumatoid factor is found in rheumatoid arthritis, Sjögren's syndrome, Scleroderma, dermatomyositis, Waldenström's disease, sarcoidosis and SLE. 75% patients with rheumatoid arthritis have RF of IgM class. Highest titers of Rheumatoid arthritis are seen in severe, active, chronic disease with vasculitis and subcutaneous nodules

Kindly correlate with clinical findings

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

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

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

  
**Dr. Rajeev Kumar, MD**  
 Associate Consultant  
 Biochemistry

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MC-2714

**Laboratory Investigation Report**

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

**Clinical Biochemistry**  
**WellWise Senior Citizen Profile - Female**


**Liver Function Test (LFT), Serum**

Date	08/Apr/2024	25/Apr/23	Unit	Bio Ref Interval
	07:30AM	07:43AM		
Total Protein Biuret	6.80	6.30	g/dL	6.6-8.7
Albumin BCG	4.1	4.0	g/dl	3.5-5.2
Globulin Calculated	2.7	2.3	g/dl	1.8-3.6
A.G. ratio Calculated	1.5	1.7		1.2 - 1.5
Bilirubin (Total) Diazo	0.2	0.2	mg/dl	0.2-1.2
Bilirubin (Direct) Diazo	0.1	0.1	mg/dl	0-0.3
Bilirubin (Indirect) Calculated	0.1	0.1	mg/dl	0.1 - 1.0
SGOT- Aspartate Transaminase (AST) IFCC without pyridoxal phosphate	13.3	13	U/L	0-32
SGPT- Alanine Transaminase (ALT) IFCC without pyridoxal phosphate	10.1	11	U/L	0-33
AST/ALT Ratio Calculated	1.32	1.18	Ratio	
Alkaline Phosphatase	77.1	73	U/L	40 - 129
GGTP (Gamma GT), Serum ENZYMATIC COLORIMETRIC ASSAY	10.4	10.0	U/L	5-36

**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

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(CIN No.: U85100DL2021PLC381826)

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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 Senior Citizen Profile - Female**

**Lipid Profile, Serum**

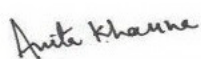
Date	08/Apr/2024	25/Apr/23	Unit	Bio Ref Interval
	07:30AM	07:43AM		
Cholesterol	267	275.9	mg/dl	< 200
Enzymatic				
HDL Cholesterol	66.1	65	mg/dl	> 40
Homogeneous enzymatic				
LDL Cholesterol	200	184	mg/dl	< 100
Homogeneous enzymatic				
Triglyceride	120.0	132.4	mg/dl	< 150
Enzymatic				
VLDL Cholesterol	24.0	26.5	mg/dl	< 30
Calculated				
Total Cholesterol/HDL Ratio	4.0	4.2	..	< 4.9
Calculated				
Non-HDL Cholesterol	200.90	210.90	mg/dl	< 130
Calculated				
HDL/LDL	0.33	0.35	Ratio	0.3 - 0.4
Calculated				

**Interpretation**

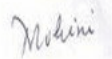
Total Cholesterol	Desirable: < 200 mg/dL Borderline High: 200-239 mg/dL High ≥ 240 mg/dL	LDL-C	Optimal: < 100 mg/dL Near Optimal/ Above Optimal: 100-129 mg/dL Borderline High: 130-159 mg/dL High: 160-189 mg/dL Very High: ≥ 190 mg/dL
HDL-C	Low HDL: < 40 mg/dL High HDL: ≥ 60 mg/dL	Triglyceride	Normal: <150 mg/dL Borderline High: 150-199 mg/dL High: 200-499 mg/dL Very High: ≥ 500 mg/dL

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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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

**Immunoassay**
**WellWise Senior Citizen Profile - Female**

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

Date	08/Apr/2024 25/Apr/23	Unit	Bio Ref Interval
	07:30AM 07:43AM		
25 Hydroxy, Vitamin D CLIA	25.78 21.24	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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**Laboratory Investigation Report**

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

**Immunoassay**
**WellWise Senior Citizen Profile - Female**

**Folate , Serum\***

Date	08/Apr/2024 25/Apr/23	Unit	Bio Ref Interval
	07:30AM 07:43AM		
Folate Serum CLIA	7.1 6.6	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.

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

Date	08/Apr/2024 25/Apr/23	Unit	Bio Ref Interval
	07:30AM 07:43AM		
Vitamin B12 CLIA	297.0 407.0	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.

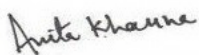
Increased in chronic renal failure, severe CHF.

Decreased in megaloblastic anemia.

**Advise:** CBC, peripheral smear, serum folate levels, intrinsic factor antibodies (IFA), bone marrow examination, if Vit B12 deficient.

Kindly correlate with clinical findings

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



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Associate Director (Biochemistry)

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**Laboratory Investigation Report**

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Ref Doctor	Reporting Date/Time

**Clinical Pathology**
**WellWise Senior Citizen Profile - Female**

**Urine Routine And Microscopy**

Date	08/Apr/2024 25/Apr/23	Unit	Bio Ref Interval
	07:30AM 07:43AM		

**Macroscopy**

Colour	PALE	Pale Yellow	Pale Yellow
Visual Observation/ Automated	YELLOW		
PH	5.0	6.0	5-9
Photoelectric colorimeter			
Specific Gravity	1.030	1.025	1.015 - 1.030
Photoelectric colorimeter			
Protein	Neg	Neg	Nil
Photoelectric colorimeter			
Glucose.	Neg	Neg	Nil
Photoelectric colorimeter			
Ketones	Neg	Neg	Nil
Photoelectric colorimeter			
Blood	Neg	Neg	Nil
Photoelectric colorimeter			
Bilirubin	Neg	Neg	Nil
Photoelectric colorimeter			
Urobilinogen	Normal	Normal	Normal
Photoelectric colorimeter			
Nitrite	Neg	Neg	
Conversion of Nitrate			

**Microscopy**

Red Blood Cells (RBC)	0	0	/HPF	Nil
Streaming Image technology				
White Blood Cells	10	2	/HPF	0.0-5.0
Streaming Image technology				
Squamous Epithelial Cells	3	1	/HPF	
Light Microscopy/Image capture microscopy				
Cast	Nil	Nil	/LPF	Nil
Streaming Image technology				
Crystals	Nil	Nil	..	Nil
Streaming Image technology				

Kindly correlate with clinical findings

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

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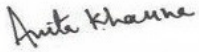


**Laboratory Investigation Report**

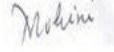
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**Clinical Pathology****WellWise Senior Citizen Profile - Female**

SIN No: B2B4704807



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