

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 Essential Profile

CBC (Complete Blood Count), Whole Blood EDTA

Date	01/Jun/2025 11:02AM	Unit	Bio Ref Interval
Haemoglobin	14.5	g/dl	13.0 - 17.0
Modified cyanmethemoglobin			
Packed Cell, Volume	45.0	%	40-50
Calculated			
Total Leucocyte Count (TLC)	7.3	10~9/L	4.0-10.0
Electrical Impedance			
RBC Count	5.30	10~12/L	4.5-5.5
Electrical Impedance			
MCV	85.0	fL	83-101
Electrical Impedance			
MCH	27.4	pg	27-32
Calculated			
MCHC	32.2	g/dl	31.5-34.5
Calculated			
Platelet Count	169	10~9/L	150-410
Electrical Impedance			
Platelet clumps seen.			
MPV	11.0	fl	7.8-11.2
Calculated			
RDW	15.7	%	11.5-14.5
Calculated			

Differential Cell Count

VCS / Light Microscopy

Neutrophils	59.6	%	40-80
Lymphocytes	27.1	%	20-40
Monocytes	10.8	%	2-10
Eosinophils	1.9	%	1-6
Basophils	0.6	%	0-2

Absolute Leukocyte Count

Calculated from TLC & DLC

Absolute Neutrophil Count	4.35	10~9/L	2.0-7.0
Absolute Lymphocyte Count	2.0	10~9/L	1.0-3.0
Absolute Monocyte Count	0.79	10~9/L	0.2-1.0
Absolute Eosinophil Count	0.14	10~9/L	0.02-0.5
Absolute Basophil Count	0.040	10~9/L	0.02-0.1

Kindly correlate with clinical findings

*** End Of Report ***

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Hematology**Wellwise Essential Profile**

SIN No: B2B7743495


Dr. Preeti Tuli, M.D.
Associate Director & Quality Manager, Pathology


Dr. Vrinda Garg, M.D.
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Clinical Biochemistry
Wellwise Essential Profile

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

Date	01/Jun/2025	Unit	Bio Ref Interval
	11:02AM		
Glucose (Fasting)	115.0	mg/dl	74 - 99
Hexokinase			

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 Essential Profile

HbA1c (Glycated/ Glycosylated Hemoglobin) Test, EDTA
HPLC

Date	01/Jun/2025	Unit	Bio Ref Interval
	11:02AM		
Glycosylated Haemoglobin(Hb A1c)	7.30	%	4.27 - 6.07
Glycosylated Haemoglobin(Hb A1c) IFCC	56.27	mmol/mol	< 39.0
Average Glucose Value For the Last 3 Months	162.81	mg/dL	
Average Glucose Value For the Last 3 Months IFCC	9.02	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

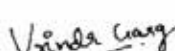
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 Dr. Mohini Bhargava, MD
 Associate Director(Biochemistry)


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**Immunoassay
Wellwise Essential Profile**

Thyroid Stimulating Hormone (TSH), Serum

Date	01/Jun/2025	Unit	Bio Ref
	11:02AM		Interval
Thyroid Stimulating Hormone	5.06	μIU/mL	0.38 - 5.33
CLIA			

Interpretation

Parameter	Unit	Premature (28 - 36 Weeks)	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

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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Clinical Biochemistry
Wellwise Essential Profile

Urea, Serum

Date	01/Jun/2025 11:02AM	Unit	Bio Ref Interval
Urea Enzymatic Rate (Urease)	19.9	mg/dL	17.12 - 55.64

Creatinine, Serum

Date	01/Jun/2025 11:02AM	Unit	Bio Ref Interval
Creatinine Alkaline picrate kinetic	0.8	mg/dL	0.9 - 1.3
eGFR by MDRD MDRD	105.58	ml/min/1.73 m ²	
eGFR by CKD EPI 2021	111.92		

Ref. Range

eGFR - Estimated Glomerular Filtration Rate is calculated by MDRD equation which is most accurate for GFRs ≤ 60 ml / m / 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
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Bilirubin Total and Direct, Serum

Date	01/Jun/2025 11:02AM	Unit	Bio Ref Interval
Bilirubin (Total)	0.46	mg/dl	0.3 - 1.2
Diazo			
Bilirubin (Direct)	0.10	mg/dl	0.1 - 0.5
Diazo			
Bilirubin (Indirect)	0.36	mg/dL	0.1 - 1.0
Calculated			

Interpretation Increased in Hepatocellular damage (inflammatory, toxic, neoplastic), intra hepatic and extra hepatic biliary tree obstruction, hemolytic disease and neonatal physiological jaundice.

SGOT - Aspartate Amino Transferase, Serum

Date	01/Jun/2025 11:02AM	Unit	Bio Ref Interval
SGOT- Aspartate Transaminase (AST)	27.1	U/L	< 50
UV without P5P			

Interpretation

Increased in acute hepatitis especially viral hepatitis, liver cell necrosis or injury of any cause, including cholestatic or obstructive jaundice, chronic hepatitis and drug induced injury to liver.

SGPT - Alanine Amino Transferase, Serum

Date	01/Jun/2025 11:02AM	Unit	Bio Ref Interval
SGPT- Alanine Transaminase (ALT)	55.0	U/L	17 - 63
Kinetic Rate using LDH			

Interpretation

Increased in Acute Liver Cell necrosis of any cause, severe shock right heart failure, acute anoxia (e.g. status asthmaticus), extensive trauma and left heart failure.

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Clinical Biochemistry
Wellwise Essential Profile

Total Cholesterol, Serum

Date	01/Jun/2025 11:02AM	Unit	Bio Ref Interval
Cholesterol	299	mg/dl	< 200
Cholesterol oxidase, esterase, peroxidase			

Interpretation

Total Cholesterol	Desirable: < 200 mg/dL Borderline High: 200-239 mg/dL High \geq 240 mg/dL
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Increased in Familial hypercholesterolemia, coronary heart disease, primary biliary cirrhosis, nephrotic syndrome, type 2 diabetes, hypothyroidism, obesity and pregnancy.
Decreased in Hypo- α -lipoproteinemias, hepatocellular necrosis, hyperthyroidism, malnutrition, severe acute illness and infection.

Triglycerides, Serum

Date	01/Jun/2025 11:02AM	Unit	Bio Ref Interval
Triglyceride	302.0	mg/dl	< 150
Enzymatic, end point			

Comment

Triglyceride	Normal: <150 mg/dL Borderline High: 150-199 mg/dL High: 200-499 mg/dL Very High: \geq 500 mg/dL
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Kindly correlate with clinical findings

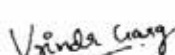
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Clinical Pathology
Wellwise Essential Profile

Urine Routine And Microscopy

Date	01/Jun/2025 11:02AM	Unit	Bio Ref Interval
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Macroscopy

Colour Visual Observation/ Automated	Pale Yellow		Pale Yellow
PH Double Indicator	5.0	..	5-6
Specific Gravity pKa change	1.030		1.015 - 1.025
Protein Protein-error of indicators	Neg		Nil
Glucose. Enzyme Reaction	Neg		Nil
Ketones Acetoacetic Reaction	Neg		Nil
Blood Benzidine Reaction	Neg		Nil
Bilirubin Diazo Reaction	Neg		Nil
Urobilinogen Ehrlichs Reaction	Normal		Normal
Nitrite Conversion of Nitrate	Neg		

Microscopy

Red Blood Cells (RBC) Light Microscopy/Image capture microscopy	Nil	/HPF	Nil
White Blood Cells Light Microscopy/Image capture microscopy	2	/HPF	0.0-5.0
Epithelial Cells Light Microscopy/Image capture microscopy	1	/HPF	0.0 - 5.0
Cast Light Microscopy/Image capture microscopy	Nil	/LPF	Nil
Crystals Light Microscopy/Image capture microscopy	Calcium Oxalate ++	..	Nil

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