

Laboratory Investigation Report

Patient Name	Centre
Age/Gender	OP/IP No
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Lab ID	Receiving Date
Ref Doctor	Reporting Date
Passport No.	

Clinical Biochemistry
WellWise Exclusive Profile-Female

Blood Sugar Fasting, Fluoride Plasma*

Date		Unit	Bio Ref Interval
	01/Sep/2021 10:59AM		
Glucose (Fasting) Hexokinase	83.10	mg/dl	74 - 99

Inorganic Phosphorus, Serum*

Date		Unit	Bio Ref Interval
	01/Sep/2021 10:59AM		
Phosphorus(inorg) Phospho-Molybdate	3.57	mg/dl	2.4 - 4.7

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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Glycosylated Haemoglobin (HbA1C), EDTA Routine*

HPLC

Date	01/Sep/2021 10:59AM	Unit	Bio Ref Interval
Glycosylated Haemoglobin(Hb A1c)	4.3	%	4.27 - 6.07
Glycosylated Haemoglobin(Hb A1c) IFCC	23.48	mmol/mol	< 39.0
Average Glucose Value For the Last 3 Months	76.71	mg/dL	
Average Glucose Value For the Last 3 Months IFCC	4.25	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 Exclusive Profile-Female

KFT Profile with Calcium,Uric Acid*, Serum

Date	01/Sep/2021 10:59AM	Unit	Bio Ref Interval
Urea Enzymatic Rate (Urease)	18.5	mg/dL	17.12 - 55.64
Creatinine Rate-Jaffe	0.52	mg/dl	0.61 - 1.24
eGFR MDRD	139.41	ml/min/1.73 m ²	
Uric Acid Enzymatic Trinder	4.29	mg/dl	2.6 - 8.0
Calcium (Total) ISE Indirect	8.36	mg/dl	8.9 - 10.3
Sodium ISE Indirect	142.6	mmol/L	136 - 144
Potassium ISE Indirect	4.11	mmol/L	3.6 - 5.1
Chloride ISE Indirect	102.3	mmol/l	101-111
Bicarbonate ISE Indirect	25.3	mmol/l	22-32

Interpretation Ref. Range

eGFR - Estimated Glomerular Filtration Rate is calculated by MDRD equation which is most accurate for GFRs \leq 60ml / min /1.73 m².MDRD equation is used for adult population only.

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

<15 ml / min /1.73 m² - Kidney failure



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**Clinical Biochemistry
WellWise Exclusive Profile-Female**

Liver Function Test Profile,Serum*

Date	01/Sep/2021 10:59AM	Unit	Bio Ref Interval
Total Protein <small>Biuret</small>	7.88	g/dl	6.5 - 8.1
Albumin <small>BCP</small>	5.0	g/dl	3.5 - 5.0
Globulin <small>Calculated</small>	2.8	g/dl	2.3 - 3.5
A.G. ratio <small>Calculated</small>	1.8		1.2 - 1.5
Bilirubin (Total) <small>Diazo</small>	0.67	mg/dl	0.3 - 1.2
Bilirubin (Direct) <small>Diazo</small>	0.26	mg/dl	0.1 - 0.5
Bilirubin (Indirect) <small>Calculated</small>	0.41	mg/dL	0.1 - 1.0
SGOT- Aspartate Transaminase (AST) <small>UV without P5P</small>	30.48	U/L	10 -35
SGPT- Alanine Transaminase (ALT) <small>Kinetic Rate using LDH</small>	19.73	U/L	< 40
Alkaline Phosphatase <small>PNP AMP Buffer</small>	77.6	U/L	32 - 91
GGTP (Gamma GT), Serum <small>Enzymatic Rate</small>	34.9	U/L	7 - 50

Kindly correlate with clinical findings

*** End Of Report ***



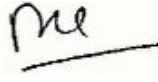
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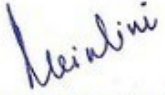
Dr. Poonam. S. Das, M.D.
Principal Director-
Max Lab & Blood Bank Services



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Haematopathology



Dr. Mrinalini Priyadarshini
DCP, DNB (Path.)
Consultant Pathologist



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Clinical Pathology
WellWise Exclusive Profile-Female

Urine Routine And Microscopy*

Date	01/Sep/2021 10:59AM	Unit	Bio Ref Interval
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Macroscopy

Reflectance photometry

Colour	Pale Yellow		Pale Yellow
PH	7.0	..	5-6
Specific Gravity	1.010		1.015 - 1.025
Protein	Nil		Nil
Glucose.	Nil		Nil
Ketones	Nil		Nil
Blood	Nil		Nil
Bilirubin	Nil		Nil
Urobilinogen	Normal		Normal
Nitrite	Negative		

Microscopy

Light Microscopy/Image capture microscopy

Red Blood Cells (RBC)	Nil	/HPF	Nil
White Blood Cells	1-2	/HPF	0.0-5.0
Squamous Epithelial Cells	3-4	/HPF	
Cast	Nil	/LPF	Nil
Crystals	Nil	..	Nil
Bacteria	Nil	/HPF	Nil

Kindly correlate with clinical findings

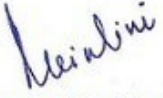
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Clinical Pathology
WellWise Exclusive Profile-Female



Dr. Mrinalini Priyadarshini
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Hematology

WellWise Exclusive Profile-Female

Complete Haemogram, Peripheral Smear and ESR, EDTA*

Date	01/Sep/2021 10:59AM	Unit	Bio Ref Interval
Haemoglobin	7.75	g/dl	12.0 - 15.0
<small>Modified cyanmethemoglobin</small>			
Packed Cell, Volume	27.5	%	40-50
<small>Calculated</small>			
Total Leucocyte Count (TLC)	6.12	10~9/L	4.0-10.0
<small>Electrical Impedance</small>			
RBC Count	3.89	10~12/L	3.8-4.8
<small>Electrical Impedance</small>			
MCV	70.7	fL	83-101
<small>Electrical Impedance</small>			
MCH	19.9	pg	27-32
<small>Calculated</small>			
MCHC	28.2	g/dl	31.5-34.5
<small>Calculated</small>			
Platelet Count	287.7	10~9/L	150-410
<small>Electrical Impedance</small>			
MPV	11.11	fl	7.8-11.2
<small>Calculated</small>			
RDW	20.6	%	11.5-14.5
<small>Calculated</small>			

Differential Cell Count

VCS / Light Microscopy

Neutrophils	62	%	40-80
Lymphocytes	32	%	20-40
Monocytes	04	%	2-10
Eosinophils	02	%	1-6
Basophils	00	%	0-2

Absolute Leukocyte Count

Calculated from TLC & DLC

Absolute Neutrophil Count	3.79	10~9/L	2.0-7.0
Absolute Lymphocyte	2.0	10~9/L	1.0-3.0



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Hematology

WellWise Exclusive Profile-Female

Count

Absolute Monocyte Count	0.24	10~9/L	0.2-1.0
Absolute Eosinophil Count	0.12	10~9/L	0.02-0.5
ESR (Westergren)	68	mm/hr	<=12

Peripheral Smear Examination

RBC: Moderate anisocytopoikilocytosis, microcytic hypochromic red cells, elliptocytes, tear drop cells & target cells seen.

WBC : Within normal limits.

PLATELETS: Adequate. No hemoparasite seen.

IMP: Microcytic hypochromic anaemia

ADV: 1. Serum Iron studies 2. Clinical correlation.

Kindly correlate with clinical findings

*** End Of Report ***

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Immunoassay
WellWise Exclusive Profile-Female

Thyroid Profile*, Serum*

Date	01/Sep/2021 10:59AM	Unit	Bio Ref Interval
Free Triiodothyronine (FT3) <small>CLIA</small>	2.75	pg/mL	2.6 - 4.2
Free Thyroxine (FT4) <small>CLIA</small>	0.75	ng/dL	0.58 - 1.64
Thyroid Stimulating Hormone <small>CLIA</small>	4.25	µIU/mL	0.34 - 5.6

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
FT4	ng/dl		0.89 - 1.53	0.58 - 1.64	0.58 - 1.64	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	0.38 - 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

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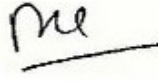
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Immunoassay

WellWise Exclusive Profile-Female



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Clinical Biochemistry WellWise Exclusive Profile-Female

CRP (C-Reactive Protein), High Sensitive, Serum

Date	01/Sep/2021 10:59AM	Unit	Bio Ref Interval
C-Reactive Protein, High Sensitive <small>Latex particle Immunoturbidimetric</small>	0.16	mg/dL	

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 (mg/L)	CRP (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.

Lipid Profile,Serum

Date	01/Sep/2021 10:59AM	Unit	Bio Ref Interval
Cholesterol <small>Cholesterol oxidase, esterase, peroxidase</small>	122	mg/dL	< 200
HDL Cholesterol <small>Direct measure, immunoinhibition</small>	34.1	mg/dL	> 40
LDL Cholesterol <small>Direct measure</small>	70.0	mg/dL	< 100
Triglyceride <small>Enzymatic, end point</small>	170.0	mg/dL	< 150
VLDL Cholesterol <small>Calculated</small>	34.0	mg/dl	< 30
Total Cholesterol/HDL	3.6	..	0.0-4.9



SIN No:B2B1027348, Test Performed at :910 - Max Hospital - Saket M S S H, Press Enclave Road, Mandir Marg, Saket, New Delhi, Delhi 110017

Booking Centre :1988 - Max Lab Sec 134 Noida, Evergreen Complex , Shop No-6 , Lower Ground Floor Sector 134 ,Noida, 9990588806

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Clinical Biochemistry WellWise Exclusive Profile-Female

Ratio			
Calculated			
Non-HDL Cholesterol	87.90	mg/dL	< 130
Calculated			
HDL/LDL	0.49	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

Iron and Total Iron Binding Capacity, Serum

Date	01/Sep/2021 10:59AM	Unit	Bio Ref Interval
Iron	18	µg/dL	60 - 180
<small>TPTZ- No deproteinization</small>			
UIBC	471	µg/dL	155 - 355
<small>Nitroso - PSAP</small>			
Total Iron Binding Capacity	489	µg/dL	215 - 535
<small>Calculated</small>			
Transferrin Saturation	3.68	%	17 - 37
<small>Calculated</small>			



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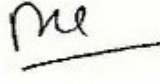
Clinical Biochemistry
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Kindly correlate with clinical findings

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Immunoassay WellWise Exclusive Profile-Female

Ferritin, Serum

Date	01/Sep/2021 10:59AM	Unit	Bio Ref Interval
Ferritin ECLIA	2.9	ng/mL	11 - 306.8

Vitamin B12, Serum

Date	01/Sep/2021 10:59AM	Unit	Bio Ref Interval
Vitamin B12 CLIA	67.0	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.



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Immunoassay
WellWise Exclusive Profile-Female

25 Hydroxy Vitamin D Level, Serum

Date	01/Sep/2021	Unit	Bio Ref
	10:59AM		Interval
25 Hydroxy, Vitamin D CLIA	7.91	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 WellWise Exclusive Profile-Female

Folate , Serum

Date	01/Sep/2021 10:59AM	Unit	Bio Ref Interval
Folate Serum CLIA	12.2	ng/mL	>5.9

Ref Range

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

Interpretation

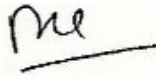
A folate deficiency can lead to megaloblastic anemia and ultimately to severe neurological problems. Folate deficiency can be caused by insufficient dietary intake, malabsorption or excessive folate utilization, which is common during pregnancy, alcoholism, hepatitis, or other liver-damaging diseases.

Kindly correlate with clinical findings

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