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 Exclusive Profile- Male

Complete Haemogram, Peripheral Smear and ESR,EDTA

Date	14/Dec/2025 09:47AM	01/Jun/25 07:49AM	25/Jul/23 09:34AM	Unit	Bio Ref Interval
Haemoglobin Modified cyanmethemoglobin	15.1	15.5	14.7	g/dl	13.0 - 17.0
Packed Cell, Volume Calculated	45.3	47.3	45.8	%	40-50
Total Leucocyte Count (TLC) Electrical Impedance	5.7	8.3	9.4	10~9/L	4.0-10.0
RBC Count Electrical Impedance	5.24	**5.59**	5.36	10~12/L	4.5-5.5
MCV Electrical Impedance	86.5	84.6	85.5	fL	83-101
MCH Calculated	28.8	27.7	27.4	pg	27-32
MCHC Calculated	33.3	32.7	32.0	g/dl	31.5-34.5
Platelet Count Electrical Impedance	161	220	171	10~9/L	150-410
MPV Calculated	**12.5**	9.7	**11.3**	fl	7.8-11.2
RDW Calculated	14.4	**14.8**	14.4	%	11.5-14.5
Differential Cell Count VCS / Light Microscopy					
Neutrophils	62.7	64.0	69.3	%	40-80
Lymphocytes	27.6	26.0	21.5	%	20-40
Monocytes	7.7	7.5	7.2	%	2-10
Eosinophils	1.3	2.1	1.4	%	1-6
Basophils	0.7	0.4	0.6	%	0-2
Absolute Leukocyte Count Calculated from TLC & DLC					
Absolute Neutrophil Count	3.57	5.31	6.51	10~9/L	2.0-7.0
Absolute Lymphocyte Count	1.6	2.2	2.0	10~9/L	1.0-3.0
Absolute Monocyte Count	0.44	0.62	0.68	10~9/L	0.2-1.0
Absolute Eosinophil Count	0.07	0.17	0.13	10~9/L	0.02-0.5
Absolute Basophil Count	0.040	0.030	0.060	10~9/L	0.02-0.1
ESR (Modified Westergren)	**13**	10	09	mm/hr	<=12

Peripheral Smear

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MC-6491

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 Exclusive Profile- Male

Examination

RBC: - Normocytic Normochromic
WBC: - Counts within normal limits
Platelet: - Adequate

Kindly correlate with clinical findings

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

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

Dr. Vrinda Garg, M.D.
Associate Consultant, Pathology

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MC-6491

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- Male

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

Date	14/Dec/2025 09:47AM	12/Dec/25 09:04AM	29/Sep/25 07:42AM	01/Jun/25 07:49AM	18/Mar/24 09:00AM	Unit	Bio Ref Interval
Glucose (Fasting) Hexokinase	**274.4**	**248.0**	**157.6**	**220.0**	**229.2**	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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Laboratory Investigation Report

Patient Name	Centre
Age/Gender	OP/IP No/UHID
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Ref Doctor	Reporting Date/Time

Clinical Biochemistry

WellWise Exclusive Profile- Male

HbA1c (Glycated/ Glycosylated Hemoglobin) Test, EDTA

HPLC

Date	14/Dec/2025 09:47AM	01/Jun/25 07:49AM	18/Mar/24 09:00AM	25/Jul/23 09:34AM	12/Mar/21 11:01AM	Unit	Bio Ref Interval
Glycosylated Haemoglobin(Hb A1c)	**7.40**	**9.80**	**9.40**	**9.60**	**9.70**	%	4.27 - 6.07
Glycosylated Haemoglobin(Hb A1c) IFCC Calculated	**57.37**	**83.6**	**79.23**	**81.42**	**82.51**	mmol/mol	< 39.0
Average Glucose Value For the Last 3 Months Calculated	165.68	234.56	223.08	228.82	231.69	mg/dL	
Average Glucose Value For the Last 3 Months IFCC Calculated	9.18	12.99	12.36	12.67	12.83	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.

Kindly correlate with clinical findings

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

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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- Male

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

Date	14/Dec/2025 09:47AM	01/Jun/25 07:49AM	25/Jul/23 09:34AM	Unit	Bio Ref Interval
Free Triiodothyronine (FT3) CLIA	3.11	3.27	3.33	pg/mL	2.6 - 4.2
Free Thyroxine (FT4) CLIA	0.85	0.74	0.88	ng/dL	0.58 - 1.64
Thyroid Stimulating Hormone CLIA	**6.78**	**6.74**	5.06	µIU/mL	0.38 - 5.33

Comment

Parameter	Unit	Premature (28 - 36weeks)	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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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- Male

Liver Function Test (LFT), Serum

Date	14/Dec/2025 09:47AM	01/Jun/25 07:49AM	25/Jul/23 09:34AM	Unit	Bio Ref Interval
Total Protein Biuret	7.80	7.31	6.85	g/dl	6.5 - 8.1
Albumin BCP	4.4	4.0	4.1	g/dl	3.5 - 5.0
Globulin Calculated	3.4	3.3	2.7	g/dl	2.3 - 3.5
A.G. ratio Calculated	1.3	1.2	1.5		1.2 - 1.5
Bilirubin (Total) Diazo	0.84	0.41	0.63	mg/dl	0.3 - 1.2
Bilirubin (Direct) Diazo	0.14	**0.08**	0.12	mg/dl	0.1 - 0.5
Bilirubin (Indirect) Calculated	0.7	0.33	0.51	mg/dL	0.1 - 1.0
SGOT- Aspartate Transaminase (AST) UV without P5P	23	19	19	U/L	< 50
SGPT- Alanine Transaminase (ALT) Kinetic Rate using LDH	30	27	28	U/L	17 - 63
AST/ALT Ratio Calculated	0.77	0.7	0.68	Ratio	
Alkaline Phosphatase PNP AMP Buffer	70	63	62	U/L	32 - 91
GGTP (Gamma GT), Serum Enzymatic Rate	20.0	23.0	28.0	U/L	7 - 50

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- Male

Lipid Profile,Serum

Date	14/Dec/2025 09:47AM	01/Jun/25 07:49AM	25/Jul/23 09:34AM	Unit	Bio Ref Interval
Cholesterol Cholesterol oxidase, esterase, peroxidase	**230.1**	166.0	168.42	mg/dl	< 200
HDL Cholesterol Homogeneous Assay	54.4	43.2	40.02	mg/dl	> 40
LDL Cholesterol Homogeneous Assay	**150**	98	**108**	mg/dl	< 100
Triglyceride Enzymatic, end point	146.6	**238.9**	**201.2**	mg/dl	< 150
VLDL Cholesterol Calculated	29.3	**47.8**	**40.2**	mg/dl	< 30
Total Cholesterol/HDL Ratio Calculated	4.2	3.8	4.2	..	0.0-4.9
Non-HDL Cholesterol Calculated	**175.70**	122.80	128.40	mg/dL	< 130
HDL/LDL Calculated	0.36	**0.44**	0.37	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

Laboratory Investigation Report

Patient Name	Centre
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Ref Doctor	Reporting Date/Time

Clinical Biochemistry

WellWise Exclusive Profile- Male

Test Name	Result	Unit	Bio Ref Interval

High Sensitivity CRP (HS CRP), Serum

C-Reactive Protein, High Sensitive Immuno-Turbidimetric Test(Latex)	0.14	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 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.

Laboratory Investigation Report

Patient Name	Centre
Age/Gender	OP/IP No/UHID
MaxID/Lab ID	Collection Date/Time
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Clinical Biochemistry

WellWise Exclusive Profile- Male

Total Iron Binding Capacity (TIBC), Serum

Date	14/Dec/2025 09:47AM	01/Jun/25 07:49AM	Unit	Bio Ref Interval
Iron	108.60	60.09	µg/dL	45 - 182
UIBC	238.08	268.56		
Total Iron Binding Capacity Calculated	346.68	328.65	µg/dL	225 - 535
Transferrin Saturation Calculated	31.33	18.28	%	17 - 37

Kindly correlate with clinical findings

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

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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- Male

Ferritin, Serum

Date	14/Dec/2025 09:47AM	01/Jun/25 07:49AM	Unit	Bio Ref Interval
Ferritin CLIA	62.7	33.2	ng/mL	23.9 - 336.2

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

Date	14/Dec/2025 09:47AM	01/Jun/25 07:49AM	Unit	Bio Ref Interval
25 Hydroxy, Vitamin D CLIA	30.60	**21.30**	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

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

Immunoassay

WellWise Exclusive Profile- Male

Prostate Specific Antigen (P.S.A.) - Total, Serum

Date	14/Dec/2025 09:47AM	01/Jun/25 07:49AM	Unit	Bio Ref Interval
Prostate Specific Antigen CLIA	0.17	0.20	ng/mL	0.0-4.0

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

Date	14/Dec/2025 09:47AM	01/Jun/25 07:49AM	Unit	Bio Ref Interval
Vitamin B12 CLIA	**132**	**145**	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.

MC-6491

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- Male

Testosterone, Total,Serum*

Date	**14/Dec/2025 09:47AM**	**01/Jun/25 07:49AM**	**Unit**	**Bio Ref Interval**
Testosterone (total) CLIA	2.67	1.90	ng/mL	1.75-7.81

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.

Kindly correlate with clinical findings

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

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Dr.Mohini Bhargava, MD
Associate Director(Biochemistry)

Dr. Sumana Kundu
Attending Consultant, Biochemistry

Laboratory Investigation Report

Patient Name	Centre
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Clinical Biochemistry

WellWise Exclusive Profile- Male

CRP- C- Reactive Protein, Serum

Date	14/Dec/2025 09:47AM	01/Jun/25 07:49AM	Unit	Bio Ref Interval
CRP Latex Particle Immunoturbidimetric	1.77	1.57	mg/L	0.0 - 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

Kindly correlate with clinical findings

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

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Laboratory Investigation Report

Patient Name	Centre
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Clinical Pathology

WellWise Exclusive Profile- Male

Urine Routine And Microscopy

Date	14/Dec/2025 09:47AM	01/Jun/25 07:49AM	18/Mar/24 09:00AM	25/Jul/23 09:34AM	Unit	Bio Ref Interval
Macroscopy						
Colour Visual Observation/ Automated	Yellow	Pale Yellow	PALE YELLOW	Pale Yellow		Pale Yellow
PH Double Indicator	5.5	5.5	5.0	5.5	..	5-6
Specific Gravity pKa change	1.020	**1.030**	**1.030**	1.020		1.015 - 1.025
Protein Protein-error of indicators	Neg	Neg	Neg	Neg		Nil
Glucose. Enzyme Reaction	+++	+++	+++	++		Nil
Ketones Acetoacetic Reaction	Neg	Neg	Trace	Neg		Nil
Blood Benzidine Reaction	Neg	Neg	Neg	Neg		Nil
Bilirubin Diazo Reaction	Neg	Neg	Neg	Neg		Nil
Urobilinogen Ehrlichs Reaction	Normal	Normal	Normal	Normal		Normal
Nitrite Conversion of Nitrate	Neg	Neg	Negative	Negative		
Microscopy						
Red Blood Cells (RBC) Light Microscopy/Image capture microscopy	Nil	Nil	Nil	Nil	/HPF	Nil
White Blood Cells Light Microscopy/Image capture microscopy	2	1	0-1	0-1	/HPF	0.0-5.0
Epithelial Cells Light Microscopy/Image capture microscopy	1	1	0-1	0-1	/HPF	0.0 - 5.0
Cast Light Microscopy/Image capture microscopy	Nil	Nil	Nil	Nil	/LPF	Nil
Crystals Light Microscopy/Image capture microscopy	Nil	Nil	Uric Acid	Nil	..	Nil

Laboratory Investigation Report

Patient Name	Centre
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Ref Doctor	Reporting Date/Time

Clinical Pathology

WellWise Exclusive Profile- Male

Kindly correlate with clinical findings

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

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Laboratory Investigation Report

Patient Name	Centre
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Clinical Biochemistry

WellWise Exclusive Profile- Male

Kidney Function Test (KFT) Profile

Date	14/Dec/2025 09:47AM	Unit	Bio Ref Interval
Urea Enzymatic Rate (Urease)	36.7	mg/dL	17.12 - 55.64
Blood Urea Nitrogen Enzymatic Rate (Urease)	17.15	mg/dl	8 - 26
Creatinine Alkaline picrate kinetic	**0.79**	mg/dL	0.9 - 1.3
eGFR by MDRD MDRD	101.05	ml/min/1.73 m²	
eGFR by CKD EPI 2021	102.80		
Bun/Creatinine Ratio Calculated	**21.71**	Ratio	12:1 - 20:1
Uric Acid Uricase, Colorimetric	5.14	mg/dl	3.5 - 7.2
Calcium (Total) Arsenazo III	**10.34**	mg/dl	8.9 - 10.3
Sodium ISE Direct	**132.8**	mmol/L	136 - 144
Potassium ISE indirect	4.66	mmol/L	3.5 - 5.1
Chloride ISE Direct	**97.46**	mmol/l	101-111
Phosphorus(inorg) Phospho-Molybdate	3.41	mg/dl	2.4 - 4.7

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

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- Male

G5	< 15	Kidney failure

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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

Clinical Biochemistry

WellWise Exclusive Profile- Male

Albumin /Creatinine Ratio, Urine

Date	**14/Dec/2025 09:47AM**	**Unit**	**Bio Ref Interval**
Albumin, Urine (Microalbumin) Immunoturbidimetric	1.07	mg/dL	< 1.9
Creatinine, Urine	75.14	mg/dL	24 - 392
Albumin/Creatinine Ratio Calculated	14.24	mg/g Creatinine	< 30

Comment

Category	Spot Collection
Normal	< 30 mg/g creatinine
Moderately Increased	30 – 299 mg/g creatinine
Clinical Albuminuria	≥ 300 mg/g creatinine

Kindly correlate with clinical findings

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Test Performed at :969 - Max Lab R G Square Mall, Patparganj, 108A, IP Ext, I.P.Extension, Patparganj, Delhi, 11

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The authenticity of the report can be verified by scanning the Q R Code on top of the page

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