



Laboratory Investigation Report

Patient Name	: Mr. Lalit Kapur	Centre	: 3842 - Max Lab Taimoor Nagar Maharani Bagh New Delhi
Age/Gender	: 74 Y 0 M 0 D /M	OP/IP No/UHID	: //
MaxID/Lab ID	: ML03689697/3621042300002~1	Collection Date/Time	: 01/Apr/2023 08:00AM
Ref Doctor	: SELF	Reporting Date/Time	: 01/Apr/2023 01:34PM

Hematology

Wellwise Platinum Profile



SIN No: B2B2484929

Complete Haemogram, Peripheral Smear and ESR, EDTA

Date	01/Apr/2023 08:00AM	Unit	Bio Ref Interval
Haemoglobin	14.8	g/dl	13.0 - 17.0
Packed Cell, Volume	45.6	%	40-50
Calculated			
Total Leucocyte Count (TLC)	4.5	10 ⁹ /L	4.0-10.0
Electrical Impedance			
RBC Count	4.84	10 ¹² /L	4.5-5.5
Electrical Impedance			
MCV	94.1	fL	83-101
Electrical Impedance			
MCH	30.7	pg	27-32
Calculated			
MCHC	32.6	g/dl	31.5-34.5
Calculated			
Platelet Count	155	10 ⁹ /L	150-410
Electrical Impedance			
MPV	11.0	fl	7.8-11.2
Calculated			
RDW	14.8	%	11.5-14.5
Calculated			

Differential Cell Count

VCS / Light Microscopy

Neutrophils	52.0	%	40-80
Lymphocytes	29.7	%	20-40
Monocytes	11.5	%	2-10
Eosinophils	5.9	%	1-6
Basophils	0.9	%	0-2

Absolute Leukocyte Count

Calculated from TLC & DLC

Absolute Neutrophil Count	2.34	10 ⁹ /L	2.0-7.0
Absolute Lymphocyte Count	1.3	10 ⁹ /L	1.0-3.0
Absolute Monocyte Count	0.52	10 ⁹ /L	0.2-1.0
Absolute Eosinophil Count	0.27	10 ⁹ /L	0.02-0.5
Absolute Basophil Count	0.04	10 ⁹ /L	0.02-0.1
ESR (Westergren)	5	mm/hr	<=30

Peripheral Smear

Test Performed at : 910 - Max Hospital - Saket M S S H, Press Enclave Road, Mandir Marg, Saket, New Delhi, Delhi 110017

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(CIN No.: U85100DL2021PLC381826)

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Hematology**Wellwise Platinum Profile**

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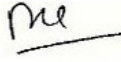
Examination

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

Kindly correlate with clinical findings

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

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Principal Director-
Max Lab & Blood Bank Services



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Associate Director &
Manager Quality



Dr. Nitin Dayal, M.D.
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Clinical Biochemistry Wellwise Platinum Profile



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

Date	01/Apr/2023 08:00AM	Unit	Bio Ref Interval
Glucose (Fasting) Hexokinase	112	mg/dL	74 - 99

HbA1c (Glycated/ Glycosylated Hemoglobin) Test HPLC

Date	01/Apr/2023 08:00AM	Unit	Bio Ref Interval
Glycosylated Haemoglobin(Hb A1c)	6.2	%	< 5.7
Glycosylated Haemoglobin(Hb A1c) IFCC	44.03	mmol/mol	< 39.0
Average Glucose Value For the Last 3 Months	130.67	mg/dL	
Average Glucose Value For the Last 3 Months IFCC	7.24	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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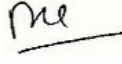
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Clinical Biochemistry**Wellwise Platinum Profile**

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Immunoassay

Wellwise Platinum Profile



SIN No: B2B2484929

Thyroid Profile*, Serum*

Date	01/Apr/2023 08:00AM	Unit	Bio Ref Interval
Free Triiodothyronine (FT3) CLIA	3.01	pg/mL	2.6 - 4.2
Free Thyroxine (FT4) CLIA	0.80	ng/dL	0.58 - 1.64
Thyroid Stimulating Hormone CLIA	2.64	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
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

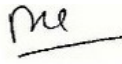
Note : TSH levels are subject to circadian variation, reaching peak levels between 2 – 4 am and at a minimum between 6 – 10 pm. The variation is of the order of 50% - 206 %, hence time of the day has influence on the measured serum TSH concentrations.

Kindly correlate with clinical findings

*** End Of Report ***



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Clinical Biochemistry Wellwise Platinum Profile



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

Date	01/Apr/2023 08:00AM	Unit	Bio Ref Interval
Urea Urease, UV	27.7	mg/dL	17.0 - 43.0
Blood Urea Nitrogen Calculated	12.94	mg/dL	7.9 - 20.0
Creatinine Rate-Jaffe	1.1	mg/dL	0.8 - 1.3
eGFR MDRD	65.44	ml/min/1.73 m ²	
Bun/Creatinine Ratio Calculated	11.76	Ratio	12:1 - 20:1
Uric Acid Uricase, Colorimetric	7.0	mg/dL	3.5 - 7.2
Calcium (Total) Arsenazo III	10.0	mg/dL	8.8 - 10.6
Sodium ISE Indirect	142.0	mmol/L	136 - 146
Potassium ISE indirect	5.2	mmol/L	3.5 - 5.1
Chloride ISE indirect	105	mmol/L	101 - 109
Bicarbonate Colorimetric, PEPC	28.0	mmol/L	22 - 29

Interpretation Ref. Range

eGFR - Estimated Glomerular Filtration 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.

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

<15 ml / min / 1.73 m² - 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 Platinum Profile



Inorganic Phosphorus, Serum

Date	01/Apr/2023 08:00AM	Unit	Bio Ref Interval
Phosphorus(inorg) Phosphomolybdate-UV	3.5	mg/dL	2.5 - 4.5

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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Clinical Biochemistry Wellwise Platinum Profile



Liver Function Test (LFT), Serum

Date	01/Apr/2023 08:00AM	Unit	Bio Ref Interval
Total Protein Biuret	6.10	g/dL	6.6 - 8.3
Albumin Bromocresol Green (BCG)	3.8	g/dL	3.5 - 5.2
Globulin Calculated	2.3	g/dl	2.3 - 3.5
A.G. ratio Calculated	1.6		1.2 - 1.5
Bilirubin (Total) DPD	0.6	mg/dL	0.3 - 1.2
Bilirubin (Direct) Diazotization	0.11	mg/dL	0.0 - 0.2
Bilirubin (Indirect) Calculated	0.49	mg/dL	0.1 - 1.0
SGOT- Aspartate Transaminase (AST) UV without P5P	11	IU/L	< 50
SGPT- Alanine Transaminase (ALT) UV without P5P	12	IU/L	< 50
AST/ALT Ratio Calculated	0.92	Ratio	
Alkaline Phosphatase PNPP, AMP Buffer	84	IU/L	30 - 120
GGTP (Gamma GT), Serum Enzymatic Rate	15.0	IU/L	< 55

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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Clinical Biochemistry Wellwise Platinum Profile



Lipid Profile, Serum

Date	01/Apr/2023 08:00AM	Unit	Bio Ref Interval
Cholesterol <small>Cholesterol oxidase, esterase, peroxidase</small>	189	mg/dL	< 200
HDL Cholesterol <small>Direct measure, immunoinhibition</small>	50	mg/dL	> 40
LDL Cholesterol <small>Direct measure</small>	120	mg/dL	< 100
Triglyceride <small>Enzymatic, end point</small>	119.0	mg/dL	< 150
VLDL Cholesterol <small>Calculated</small>	23.8	mg/dl	< 30
Total Cholesterol/HDL Ratio <small>Calculated</small>	3.8	..	0.0-4.9
Non-HDL Cholesterol <small>Calculated</small>	139.00	mg/dL	< 130
HDL/LDL <small>Calculated</small>	0.42	Ratio	0.3 - 0.4

Interpretation

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

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MC-2714

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Laboratory Investigation Report

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Age/Gender	: 74 Y 0 M 0 D /M	OP/IP No/UHID	: //
MaxID/Lab ID	: ML03689697/3621042300002~1	Collection Date/Time	: 01/Apr/2023 08:00AM
Ref Doctor	: SELF	Reporting Date/Time	: 01/Apr/2023 02:07PM

Clinical Biochemistry Wellwise Platinum Profile



Creatine Kinase (CPK), Serum

Date	01/Apr/2023 08:00AM	Unit	Bio Ref Interval
Creatine Kinase (CPK) NAC activated	43	U/L	= 171.0

Interpretation

CK is elevated in most myopathies such as Duchenne-muscular dystrophy, in conditions associated with muscle necrosis such as rhabdomyolysis, in diseases of the CNS such as Reyes Syndrome where a 70 fold increase in CK activity indicates the severity of the encephalopathy. CK activity rises following myocardial damage. The diagnostic sensitivity and specificity of total CK estimation for the diagnosis of an MI can be improved by determining the rate of increase of CK on serial samples obtained on admission and at 4, 8 and 12 hours thereafter. A 50% incremental increase per hour over the time period differentiates between an acute MI and non-infarction with an overall efficiency of 94%.

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

Date	01/Apr/2023 08:00AM	Unit	Bio Ref Interval
C-Reactive Protein, High Sensitive Latex particle Immunoturbidimetric	0.073	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.

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**Clinical Biochemistry
Wellwise Platinum Profile**

C-Reactive Protein (CRP)*, Serum

Date	01/Apr/2023 08:00AM	Unit	Bio Ref Interval
CRP	0.87	mg/L	< 5.0
<small>Immunoturbidimetric</small>			

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.

Apolipoproteins A1 & B, Serum*
Immunoturbidimetric

Date	01/Apr/2023 08:00AM	Unit	Bio Ref Interval
Apolipoprotein (A)	152	mg/dL	105 - 175
<small>Immunoturbidimetric</small>			
Apolipoprotein (B)	98	mg/dl	60 - 140

Rheumatoid Factor(Quantitative), Serum*

Date	01/Apr/2023 08:00AM	Unit	Bio Ref Interval
Rheumatoid Factor	<4.4	IU/mL	< 12.0
<small>Immunoturbidimetric</small>			

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

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Clinical Biochemistry Wellwise Platinum Profile



Total Iron Binding Capacity (TIBC), Serum

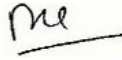
Date	01/Apr/2023 08:00AM	Unit	Bio Ref Interval
Iron	63	µg/dL	70 - 180
<small>TPTZ- No deproteinization</small>			
UIBC	284	µg/dL	155 - 355
<small>Nitroso - PSAP</small>			
Total Iron Binding Capacity	347	µg/dL	225 - 535
<small>Calculated</small>			
Transferrin Saturation	18.16	%	17 - 37
<small>Calculated</small>			

Kindly correlate with clinical findings

*** End Of Report ***



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Principal Director-
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Associate Director &
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Dr. Nitin Dayal, M.D.
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Immunoassay

Wellwise Platinum Profile



SIN No: B2B2484929

Ferritin, Serum

Date	01/Apr/2023 08:00AM	Unit	Bio Ref Interval
Ferritin CLIA	28.3	ng/mL	23.9 - 336.2

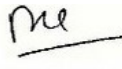
Comment Ferritin is a large hollow spherical protein containing iron, concentration of which roughly reflects the body iron content in many individuals. Serum ferritin concentration is a sensitive indicator of iron deficiency. Serum Ferritin concentration is increased in many disorders like infection, 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.

Kindly correlate with clinical findings

*** End Of Report ***



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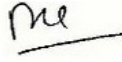
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**Clinical Biochemistry
Wellwise Platinum Profile****LDH (Lactate Dehydrogenase) Total , Serum**

Date	01/Apr/2023 08:00AM	Unit	Bio Ref Interval
LDH Lactate to pyruvate	137	IU/L	< 248

Kindly correlate with clinical findings

***** End Of Report *******Dr. Poonam. S. Das, M.D.**
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Immunoassay

Wellwise Platinum Profile



SIN No: B2B2484929

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

Date	01/Apr/2023 08:00AM	Unit	Bio Ref Interval
Vitamin B12 CLIA	159.0	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 Platinum Profile**

SIN No: B2B2484929

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

Date	01/Apr/2023 08:00AM	Unit	Bio Ref Interval
25 Hydroxy, Vitamin D CLIA	31.26	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:

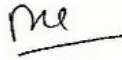
1. Inadequate exposure to sunlight,
2. Diet deficient in vitamin D
3. Malabsorption

Advice: Serum calcium, phosphorus and PTH

Kindly correlate with clinical findings

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

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Serology



Wellwise Platinum Profile

Test Name	Result	Unit	Bio Ref Interval
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Hepatitis B Surface Antigen, Serum

CLIA

HBsAg Test Value 0.05

CLIA

Ref. Range

Negative	< 0.90
Borderline	0.90 - 5.0
Positive	> 5.0

Interpretation

- This test is used to detect hepatitis B surface antigen (HBsAg) in serum sample based on VITROS immunometric immunoassay technique and aid in the laboratory diagnosis of HBV infection.
- Viral hepatitis is a major public health problem with an estimated 257 million persistent carriers of hepatitis B virus (HBV) worldwide. Infection with HBV results in a wide spectrum of acute and chronic liver diseases that may lead to cirrhosis and hepatocellular carcinoma.
- Transmission of HBV occurs by percutaneous exposure to blood products, needle stick injury, sexual contact and perinatally from HBV-infected mothers to baby.
- Hepatitis B surface antigen (HBsAg), derived from the viral envelope, is the first antigen to appear following infection.
- Positive results should be correlated with other potential laboratory abnormalities and clinical picture.
- A negative test result does not exclude the possibility of exposure to or infection with hepatitis B virus.
- Levels of HBsAg may be undetectable both in early infection and late after infection.
- In rare cases HBsAg tests do not detect certain HBV mutant strains.
- HBs Ag disappears with recovery from clinical disease in most patients, however, it persists for years in carriers.

Kindly correlate with clinical findings

*** End Of Report ***



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Associate Director
Microbiology & Molecular Diagnostics



Dr. Sonu Kumari Agrawal, MD
Associate Consultant
Microbiology



Dr Nidhi Malik, MD
Consultant Microbiology

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Serology Special



SIN No: B2B2484929

Wellwise Platinum Profile

Test Name	Result	Unit	Bio Ref Interval
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Allergy Screen-PhadiaTop/Inf*, Serum

FEIA

Allergy Screen, Phadia Top Fluoroenzyme Immunoassay	44.7	PAU/L	< 0.34
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Comment

ImmunoCAP Phadiatop is an in vitro qualitative and semiquantitative assay for graded determination of IgE antibodies specific to inhalant allergens in human serum or plasma. It is intended for in vitro diagnostic use as an aid in the clinical diagnosis of IgE mediated allergic disorders in conjunction with other clinical findings, and is to be used in clinical laboratories. In patients suffering from extrinsic asthma, hay fever or atopic eczema, symptoms develop immediately after exposure to specific allergens. This immediate type of allergy is a function of a special type of serum antibodies belonging to the IgE class of immunoglobulins.

Kindly correlate with clinical findings

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Consultant Microbiology

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Max Lab Limited (A Wholly Owned Subsidiary of Max Healthcare Institute Ltd.)

Max Super Speciality Hospital, Saket (West Block), 1, Press Enclave Road, Saket, New Delhi - 110 017, Phone: +91-11-6611 5050
(CIN No.: U85100DL2021PLC381826)

Helpline No. 7982 100 200 www.maxlab.co.in feedback@maxlab.co.in

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Laboratory Investigation Report

Patient Name	: Mr. Lalit Kapur	Centre	: 3842 - Max Lab Taimoor Nagar Maharani Bagh New Delhi
Age/Gender	: 74 Y 0 M 0 D /M	OP/IP No/UHID	: //
MaxID/Lab ID	: ML03689697/3621042300002~1	Collection Date/Time	: 01/Apr/2023 08:00AM
Ref Doctor	: SELF	Reporting Date/Time	: 01/Apr/2023 11:54AM

Clinical Pathology Wellwise Platinum Profile



Urine Routine And Microscopy

Date **01/Apr/2023** **Unit** **Bio Ref Interval**
08:00AM

Macroscopy

Colour	Pale Yellow		Pale Yellow
<small>Visual Observation/ Automated</small>			
PH	6.0	..	5-6
<small>Double Indicator</small>			
Specific Gravity	>=1.030		1.015 - 1.025
<small>pKa change</small>			
Protein	Neg		Nil
<small>Protein-error of indicators</small>			
Glucose.	Neg		Nil
<small>Enzyme Reaction</small>			
Ketones	Neg		Nil
<small>Acetoacetic Reaction</small>			
Blood	Neg		Nil
<small>Benzidine Reaction</small>			
Bilirubin	Neg		Nil
<small>Diazo Reaction</small>			
Urobilinogen	Normal		Normal
<small>Ehrlichs Reaction</small>			
Nitrite	Neg		
<small>Conversion of Nitrate</small>			

Microscopy

Red Blood Cells (RBC)	0	/HPF	Nil
<small>Light Microscopy/Image capture</small>			
White Blood Cells	0	/HPF	0.0-5.0
<small>Light Microscopy/Image capture</small>			
Squamous Epithelial Cells	1	/HPF	
<small>Light Microscopy/Image capture</small>			
Cast	Nil	/LPF	Nil
<small>Light Microscopy/Image capture</small>			
Crystals	Nil	..	Nil
<small>Light Microscopy/Image capture</small>			

Test Performed at :910 - Max Hospital - Saket M S S H, Press Enclave Road, Mandir Marg, Saket, New Delhi, Delhi 110017

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MC-2714

**Laboratory Investigation Report**

Patient Name	: Mr. Lalit Kapur	Centre	: 3842 - Max Lab Taimoor Nagar Maharani Bagh New Delhi
Age/Gender	: 74 Y 0 M 0 D /M	OP/IP No/UHID	: //
MaxID/Lab ID	: ML03689697/3621042300002~1	Collection Date/Time	: 01/Apr/2023 08:00AM
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**Clinical Pathology
Wellwise Platinum Profile**

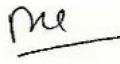
Bacteria Nil /HPF Nil
Light Microscopy/Image capture microscopy

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. Nitin Dayal, M.D.
Principal Consultant & Head,
Haematopathology

Test Performed at :910 - Max Hospital - Saket M S S H, Press Enclave Road, Mandir Marg, Saket, New Delhi, Delhi 110017

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MC-2714