

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 Premium - Male

Complete Haemogram, Peripheral Smear and ESR, EDTA

Date	03/Jun/2025 08:40AM	20/Dec/23 10:51AM	18/Mar/23 08:02AM	Unit	Bio Ref Interval
Haemoglobin	13.5	13.7	12.7	g/dl	13.0 - 17.0
Modified cyanmethemoglobin					
Packed Cell, Volume	41.0	41.3	39.7	%	40-50
Calculated					
Total Leucocyte Count (TLC)	4.6	4.9	5.5	10~9/L	4.0-10.0
Electrical Impedance					
RBC Count	4.58	4.55	4.37	10~12/L	4.5-5.5
Electrical Impedance					
MCV	89.7	90.8	90.7	fL	83-101
Electrical Impedance					
MCH	29.5	30.1	29.0	pg	27-32
Calculated					
MCHC	32.9	33.1	32.0	g/dl	31.5-34.5
Calculated					
Platelet Count	142	152	170	10~9/L	150-410
Electrical Impedance					
Comment: The platelet count has also been rechecked microscopically.					
MPV	11.5	10.0	11.3	fl	7.8-11.2
Calculated					
RDW	14.1	14.0	13.7	%	11.5-14.5
Calculated					

Differential Cell Count
VCS / Light Microscopy

Neutrophils	56.8	57.6	59.4	%	40-80
Lymphocytes	30.5	30.0	28.5	%	20-40
Monocytes	8.8	6.8	10.5	%	2-10
Eosinophils	3.6	5.3	1.5	%	1-6
Basophils	0.3	0.3	0.1	%	0-2

Absolute Leukocyte Count
Calculated from TLC & DLC

Absolute Neutrophil Count	2.61	2.82	3.27	10~9/L	2.0-7.0
Absolute Lymphocyte Count	1.4	1.5	1.6	10~9/L	1.0-3.0
Absolute Monocyte Count	0.4	0.33	0.58	10~9/L	0.2-1.0
Absolute Eosinophil Count	0.17	0.26	0.08	10~9/L	0.02-0.5
Absolute Basophil Count	0.010	0.010	0.010	10~9/L	0.02-0.1
ESR (Modified Westergren) 2	2	2	12	mm/hr	<=14

Peripheral Smear Examination

Test Performed at :585 - Max Lab Sector-44, Gurugram, Delta Tower Plot No.-54, Sector-44,

Booking Centre :3903 - Max Lab DLF Phase 1 Gurgaon, Shop No. L-7, Qutab Plaza Market, 7042111336

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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)

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

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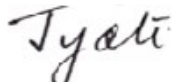
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Hematology**Wellwise Premium - Male**

SIN No: B2B7707723

RBC: - Normocytic Normochromic**WBC:** - Counts within normal limits**Platelet:** - Thrombocytopenia

Kindly correlate with clinical findings

***** End Of Report *******Dr. Akash Banwari. MD. (Path)**
Associate Director**Dr. Jyoti Singhal, M.D. (Pathology)**
Attending consultant

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MC-6484

Laboratory Investigation Report

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

Clinical Biochemistry
Wellwise Premium - Male

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

Date	03/Jun/2025	01/Jun/24	20/Dec/23	18/Mar/23	Unit	Bio Ref Interval
	08:40AM	08:23AM	10:51AM	08:02AM		
Glucose (Fasting) Hexokinase	84	88	94	86	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)

HbA1c (Glycated/ Glycosylated Hemoglobin) Test, EDTA
HPLC

Date	03/Jun/2025	01/Jun/24	20/Dec/23	18/Mar/23	Unit	Bio Ref Interval
	08:40AM	08:23AM	10:51AM	08:02AM		
Glycosylated Haemoglobin(Hb A1c)	5.70	5.12	5.30	5.70	%	< 5.7
Glycosylated Haemoglobin(Hb A1c) IFCC	38.78	32.44	34.41	38.78	mmol/mol	< 39.0
Average Glucose Value For the Last 3 Months	116.89	100.24	105.41	116.89	mg/dL	
Average Glucose Value For the Last 3 Months IFCC	6.47	5.55	5.84	6.47	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 Premium - Male


Apolipoproteins A1 & B, Serum
 Immunoturbidimetric

Date	03/Jun/2025 18/Mar/23		Unit	Bio Ref Interval
	08:40AM 08:02AM			
Apolipoprotein (A) Immunoturbidimetric	116	128	mg/dL	105 - 175
Apolipoprotein (B) Immunoturbidimetric	86	93	mg/dl	60 - 140
Apo B/ Apo A1 Ratio	0.74			0.35 - 0.98

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Clinical Biochemistry
Wellwise Premium - Male


Test Name	Result	Unit	Bio Ref Interval
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High Sensitivity CRP (HS CRP), Serum

C-Reactive Protein, High Sensitive	0.03	mg/dL
Latex particle Immunoturbidimetric		

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 Premium - Male


Creatine Kinase (CPK), Serum

Date	03/Jun/2025 18/Mar/23	Unit	Bio Ref Interval
	08:40AM 08:02AM		
Creatine Kinase (CPK)	129 129	U/L	0 - 171
NAC activated			

Interpretation

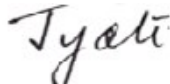
CK is elevated in most myopathies such as Duchenne-muscular dystrophy, in conditions associated with muscle necrosis such as rhabdomyolysis, in diseases of the CNS such as Reyes Syndrome where a 70 fold increase in CK activity indicates the severity of the encephalopathy. CK activity rises following 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%.

Kindly correlate with clinical findings

*** End Of Report ***



Dr. Akash Banwari. MD. (Path)
Associate Director



Dr. Jyoti Singhal, M.D. (Pathology)
Attending consultant

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MC-6484

Laboratory Investigation Report

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

Clinical Biochemistry
Wellwise Premium - Male


Homocysteine, Quantitative, Serum

Date	03/Jun/2025	Unit	Bio Ref Interval
	08:40AM		
Homocysteine, Quantitative	13.2	μmol/ L	6-15
Enzymatic kinetic			

Interpretation Measurement of Homocysteine is considered important to diagnose homocystinuria, to identify individuals with or at a risk of developing cobalamin or folate deficiency, and to assess Homocysteine as a risk factor for cardiovascular disease (CVD) and other disorders.

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, DCP, MD
Associate Consultant
Biochemistry

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	Centre
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Ref Doctor	Reporting Date/Time

Clinical Biochemistry
Wellwise Premium - Male


Inorganic Phosphorus, Serum

Date	03/Jun/2025	20/Dec/23	18/Mar/23	Unit	Bio Ref Interval
	08:40AM	10:51AM	08:02AM		
Phosphorus(inorg)	3.9	3.28	2.95	mg/dL	2.5 - 4.5
Phosphomolybdate-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.

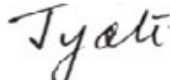
Decreased in Osteomalacia, steatorrhea, renal tubular acidosis, growth hormone deficiency, acute alcoholism, gram-negative bacterial septicemia, hypokalemia, familial hypophosphatemic rickets, Vitamin D deficiency, severe malnutrition, malabsorption, secondary diarrhea, vomiting, nasogastric suction,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

Kindly correlate with clinical findings

*** End Of Report ***



Dr. Akash Banwari. MD. (Path)
Associate Director



Dr. Jyoti Singhal, M.D. (Pathology)
Attending consultant

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Immunoassay
Wellwise Premium - Male

**PTH (Parathyroid Hormone)- Intact, EDTA**

Date **03/Jun/2025**
08:40AM

Unit **Bio Ref Interval**

Intact, Parathyroid Hormone 38.9
(PTH)
CLIA

pg/mL 12 - 88

Interpretation Increased in primary hyperparathyroidism, secondary hyperparathyroidism (e.g. chronic renal disease, pseudohypoparathyroidism, hereditary vitamin D dependency types I and II, vitamin D deficiency), Z-E syndrome, fluorosis, spinal cord trauma, pseudogout, familial medullary thyroid carcinoma, and MEN type I, IIa, IIb

Decreased in autoimmune hypoparathyroidism, Sarcoidosis, nonparathyroid hypercalcemia in absence of renal failure, hyperthyroidism, hypomagnesemia, transient neonatal hypocalcemia, and DiGeorge Syndrome.

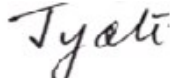
Circadian rhythm is observed with highest values at 2 PM – 4 PM and lowest value at 8 AM

Kindly correlate with clinical findings

*** End Of Report ***



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Clinical Biochemistry
Wellwise Premium - Male


Rheumatoid Factor(Quantitative), Serum

Date	03/Jun/2025 18/Mar/23	Unit	Bio Ref Interval
	08:40AM 08:02AM		
Rheumatoid Factor	2.63 15.10	IU/mL	< 12
Immunoturbidimetric			

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

Total Iron Binding Capacity (TIBC), Serum

Date	03/Jun/2025 20/Dec/23 18/Mar/23	Unit	Bio Ref Interval
	08:40AM 10:51AM 08:02AM		
Iron	123 86.3 172.1	µg/dL	70 - 180
TPTZ- No deproteinization			
UIBC	221 249 148	µg/dL	155 - 355
Nitroso - PSAP			
Total Iron Binding Capacity	344 335.3 320.1	µg/dL	225 - 535
Calculated			
Transferrin Saturation	35.76 25.74 53.76	%	17 - 37
Calculated			

Kindly correlate with clinical findings

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Immunoassay
Wellwise Premium - Male

Ferritin, Serum

Date	03/Jun/2025	20/Dec/23	18/Mar/23	Unit	Bio Ref Interval
	08:40AM	10:51AM	08:02AM		
Ferritin	27.0	28.8	86.4	ng/mL	23.9 - 336.2
CLIA					

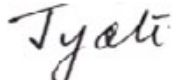
Comment Ferritin is a large hollow spherical protein containing iron, concentration of which roughly reflects the body iron content in many individuals. Serum ferritin concentration is a sensitive indicator of iron deficiency. Serum Ferritin concentration is increased in many disorders like infection,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



Dr. Akash Banwari. MD. (Path)
Associate Director



Dr. Jyoti Singhal, M.D. (Pathology)
Attending consultant

Test Performed at :585 - Max Lab Sector-44, Gurugram, Delta Tower Plot No.-54, Sector-44,

Booking Centre :3903 - Max Lab DLF Phase 1 Gurgaon, Shop No. L-7, Qutab Plaza Market, 7042111336

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

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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

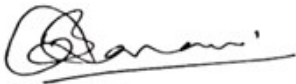
Patient Name	Centre
Age/Gender	OP/IP No/UHID
MaxID/Lab ID	Collection Date/Time
Ref Doctor	Reporting Date/Time

Clinical Biochemistry
Wellwise Premium - Male

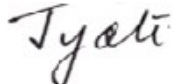
**LDH (Lactate Dehydrogenase) Total , Serum**

Date	03/Jun/2025 18/Mar/23	Unit	Bio Ref Interval
	08:40AM 08:02AM		
LDH	162.4 206	IU/L	< 248
Lactate to pyruvate			

Kindly correlate with clinical findings

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

Dr. Akash Banwari. MD. (Path)
Associate Director



Dr. Jyoti Singhal, M.D. (Pathology)
Attending consultant

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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 Premium - Male


Glucose-6-Phosphate Dehydrogenase Quantitative (G-6-PD)

Date **03/Jun/2025**
 08:40AM

Unit **Bio Ref**
 Interval

G - 6 PD 7.86
UV Kinetic

U/g Hb >= 2.9

Comment

Sex/G6PD Status	% Normal G6PD Activity	U/g Hb
Male	G6PD deficiency <30	<2.9
	G6PD normal ≥30	≥2.9
Female	G6PD deficiency <30	<2.9
	G6PD intermediate 30 – <80	2.9 – <7.7
	G6PD normal ≥80	≥7.7

DRUGS TO AVOID IN G6PD DEFICIENCY
DEFINITE RISK OF HAEMOLYSIS
POSSIBLE RISK OF HAEMOLYSIS
Pharmacological Class Drugs*
Pharmacological Class Drugs*

- Anthelmintics**
- β-Naphthol
 - Niridazole
 - Stibophen
- Antibiotics**
- Nitrofurans
 - ◊ Nitrofurantoin
 - ◊ Nitrofurazone
 - Quinolones
 - ◊ Ciprofloxacin
 - ◊ Moxifloxacin
 - ◊ Nalidixic acid
 - ◊ Norfloxacin
 - ◊ Ofloxacin
 - Chloramphenicol
 - Sulfonamides
 - ◊ Co-trimoxazole (Sulfamethoxazole + Trimethoprim)
 - ◊ Sulfacetamide

- Analgesics**
- Acetylsalicylic acid (Aspirin)
 - Acetanilide
 - Paracetamol (Acetaminophen)
 - Aminophenazone (Aminopyrine)
 - Dipyron (Metamizole)
 - Phenacetin
 - Phenazone (Antipyrine)
 - Phenylbutazone
 - Tiaprofenic acid
- Antibiotics**
- Furazolidone
 - Streptomycin
 - Sulfonamides
 - ◊ Sulfacytine
 - ◊ Sulfaguanidine
 - ◊ Sulfamerazine
 - ◊ Sulfamethoxypyridazole

Test Performed at :910 - Max Hospital - Saket M S S H, Press Enclave Road, Mandir Marg, Saket, New Delhi, Delhi 110017
 Booking Centre :3903 - Max Lab DLF Phase 1 Gurgaon, Shop No. L-7, Qutab Plaza Market, 7042111336
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 (CIN No.: U85100DL2021PLC381826)

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MC-2714

Laboratory Investigation Report

Patient Name
Age/Gender
MaxID/Lab ID
Ref Doctor

Centre
OP/IP No/UHID
Collection Date/Time
Reporting Date/Time

Clinical Biochemistry
Wellwise Premium - Male



	<ul style="list-style-type: none"> ◊ Sulfadiazine ◊ Sulfadimidine ◊ Sulfamethoxazole ◊ Sulfanilamide ◊ Sulfapyridine ◊ Sulfasalazine (Salazosulfapyridine) ◊ Sulfisoxazole (Sulfafurazole) 	Anticonvulsants Antidiabetics Antidotes Antihistamines	<ul style="list-style-type: none"> ● Phenytoin ● Glibenclamide ● Dimercaprol (BAL) ● Antazoline (Antistine) ● Diphenhydramine ● Tripeleennamine
Antimalarials	<ul style="list-style-type: none"> ● Mepacrine ● Pamaquine ● Pentaquine ● Primaquine 	Antihypertensives	<ul style="list-style-type: none"> ● Hydralazine ● Methyldopa
Antimethemoglobinemic Agents	<ul style="list-style-type: none"> ● Methylene blue ● Dapsone ● Para-aminosalicylic acid ● Sulfones 	Antimalarials	<ul style="list-style-type: none"> ● Chloroquine & derivatives ● Proguanil ● Pyrimethamine ● Quinidine ● Quinine
Antimycobacterials	<ul style="list-style-type: none"> ◊ Aldesulfone sodium (Sulfoxone) ◊ Glucosulfone ◊ Thiazosulfone 	Antimycobacterials Antiparkinsonism Agents	<ul style="list-style-type: none"> ● Isoniazid ● Trihexyphenidyl (Benzhexol)
Antineoplastic Adjuncts	<ul style="list-style-type: none"> ● Doxorubicin ● Rasburicase 	Cardiovascular Drugs	<ul style="list-style-type: none"> ● Dopamine (L-dopa) ● Procainamide ● Quinidine
Genitourinary Analgesics	<ul style="list-style-type: none"> ● Phenazopyridine (Pyridium) 	Diagnostic Agent for Cancer Detection	<ul style="list-style-type: none"> ● Toluidine blue
Others	<ul style="list-style-type: none"> ● Acetylphenylhydrazine ● Phenylhydrazine 	Gout Preparations Hormonal Contraceptives Nitrates	<ul style="list-style-type: none"> ● Colchicine ● Probenecid ● Mestranol ● Isobutyl nitrite
	<ul style="list-style-type: none"> ● Diazepam ● Isoflurane 		<ul style="list-style-type: none"> ● Menadiol Na sulfate

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

Clinical Biochemistry
Wellwise Premium - Male



Anaesthetic Agents	<ul style="list-style-type: none"> • Sevoflurane • Halothane • Prilocaine • Ketamine • Fentanyl • Propofol • Benzodiazepines 	Vitamin K Substance	<ul style="list-style-type: none"> • Menadione • Menadione Na bisulfite • Phytomenadione
		Vitamins	<ul style="list-style-type: none"> • Ascorbic acid (Vit C) (rare)
	(except Diazepam)		<ul style="list-style-type: none"> • Arsine • Berberine
		Others	<ul style="list-style-type: none"> (in <i>Coptis chinensis</i>) • Fava beans • Naphthalene (in mothballs) • Para-aminobenzoic acid

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, DCP, MD
 Associate Consultant
 Biochemistry

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

Clinical Biochemistry
Wellwise Premium - Male


Albumin /Creatinine Ratio, Urine

Date	03/Jun/2025 08:40AM	Unit	Bio Ref Interval
Albumin, Urine (Microalbumin) Immunoturbidimetric	0.43	mg/dL	< 1.9
Creatinine, Urine	85.09	mg/dL	22 - 328
Albumin/Creatinine Ratio Calculated	5.05	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

Test Performed at :585 - Max Lab Sector-44, Gurugram, Delta Tower Plot No.-54, Sector-44,

Booking Centre :3903 - Max Lab DLF Phase 1 Gurgaon, Shop No. L-7, Qutab Plaza Market, 7042111336

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MC-6484

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 Premium - Male


Test Name	Result	Unit	Bio Ref Interval
BUN/CREATININE RATIO			
Urea Urease, UV	21.6	mg/dL	17.0 - 43.0
Blood Urea Nitrogen Calculated	10.09	mg/dL	7.9 - 20.0
Creatinine Alkaline picrate kinetic	0.93	mg/dL	0.8 - 1.3
Bun/Creatinine Ratio Calculated	10.85	Ratio	12:1 - 21:1

Interpretation : Increased in reduced renal perfusion (e.g. dehydration, Hypovolemic shock, Congestive Heart Failure) or Obstructive uropathy. Decreased in Acute Renal Tubular necrosis.

Test Performed at :585 - Max Lab Sector-44, Gurugram, Delta Tower Plot No.-54, Sector-44,

Booking Centre :3903 - Max Lab DLF Phase 1 Gurgaon, Shop No. L-7, Qutab Plaza Market, 7042111336

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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 Premium - Male

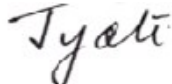
**Amylase, Serum**

Date	03/Jun/2025 08:40AM	Unit	Bio Ref Interval
Amylase G7 PNP, Blocked	64	U/L	28 - 100

Kindly correlate with clinical findings

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

Dr. Akash Banwari. MD. (Path)
Associate Director



Dr. Jyoti Singhal, M.D. (Pathology)
Attending consultant

Test Performed at :585 - Max Lab Sector-44, Gurugram, Delta Tower Plot No.-54, Sector-44,

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MC-6484

Laboratory Investigation Report

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

Serology Special
Wellwise Premium - Male



Test Name	Result	Unit	Bio Ref Interval
-----------	--------	------	------------------

Allergy Screen-PhadiaTop/Inf, Serum
FEIA

Allergy Screen, Phadia Top Fluoroenzyme Immunoassay	0.02	kUA/L	< 0.34
--	------	-------	--------

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

*** End Of Report ***



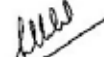
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Principal Director-
Max Lab & Blood Bank Services



Dr. Bansidhar Tarai, M.D.
Director, Microbiology & Molecular
Diagnostics



Dr. Sonu Kumari Aggarwal, MD
Consultant Microbiology



Dr. Nidhi Malik, MD
Consultant Microbiology

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

Clinical Biochemistry
Wellwise Premium - Male


CRP- C- Reactive Protein, Serum

Date	03/Jun/2025 18/Mar/23	Unit	Bio Ref Interval
	08:40AM 08:02AM		
CRP	0.36 1.06	mg/L	0.0 - 5.0
Latex Particle Immunoturbidimetric			


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 :

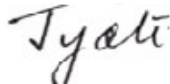
Mg/L	Mg/dL
< 5.0	< 0.5

Kindly correlate with clinical findings

*** End Of Report ***



Dr. Akash Banwari. MD. (Path)
Associate Director



Dr. Jyoti Singhal, M.D. (Pathology)
Attending consultant

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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 Premium - Male


Cortisol (Random Sample), Serum*

Date	03/Jun/2025 08:40AM	Unit	Bio Ref Interval
Cortisol (Random) CLIA	11.27	µg/dL	3.0 - 22.6

Interpretation Highly increased in Ectopic ACTH syndrome, Increased in Cushing's (pituitary) disease, adrenal adenoma, carcinoma
Decreased in Addison's disease, congenital adrenal hyperplasia (adrenogenital syndromes), hypopituitarism

Testosterone, Total, Serum*

Date	03/Jun/2025 08:40AM	Unit	Bio Ref Interval
Testosterone (total) CLIA	6.84	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.

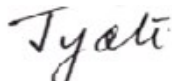
Decreased in Down syndrome, uremia, myotonic dystrophy, hepatic insufficiency, cryptorchidism, primary and secondary hypogonadism, and delayed puberty in boys.

Kindly correlate with clinical findings

*** End Of Report ***



Dr. Akash Banwari. MD. (Path)
Associate Director



Dr. Jyoti Singhal, M.D. (Pathology)
Attending consultant

Test Performed at :585 - Max Lab Sector-44, Gurugram, Delta Tower Plot No.-54, Sector-44,

Booking Centre :3903 - Max Lab DLF Phase 1 Gurgaon, Shop No. L-7, Qutab Plaza Market, 7042111336

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(CIN No.: U85100DL2021PLC381826)

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Laboratory Investigation Report

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

Clinical Biochemistry
Wellwise Premium - Male


Liver Function Test (LFT), Serum

Date	03/Jun/2025 08:40AM	20/Dec/23 10:51AM	18/Mar/23 08:02AM	Unit	Bio Ref Interval
Total Protein Biuret	6.61	6.62	6.50	g/dL	6.6 - 8.3
Albumin Bromocresol Green (BCG)	4.2	4.1	4.0	g/dL	3.5 - 5.2
Globulin Calculated	2.5	2.6	2.6	g/dL	2.3 - 3.5
A.G. ratio Calculated	1.7	1.6	1.6		1.2 - 1.5
Bilirubin (Total) DPD	0.71	0.49	0.75	mg/dL	0.3 - 1.2
Bilirubin (Direct) Diazotization	0.14	0.11	0.14	mg/dL	0.0 - 0.2
Bilirubin (Indirect) Calculated	0.57	0.38	0.61	mg/dL	0.1 - 1.0
SGOT- Aspartate Transaminase (AST) UV without P5P	22	24	24	U/L	< 50
SGPT- Alanine Transaminase (ALT) UV without P5P	15	20	24	U/L	< 50
AST/ALT Ratio Calculated	1.47	1.2	1	Ratio	
Alkaline Phosphatase PNPP, AMP Buffer	31	37	32	U/L	30 - 120
GGTP (Gamma GT), Serum Enzymatic Rate	28.0	34.0	35.0	U/L	< 55

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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 Premium - Male


Lipid Profile, Serum

Date	03/Jun/2025 08:40AM	20/Dec/23 10:51AM	18/Mar/23 08:02AM	Unit	Bio Ref Interval
Cholesterol Cholesterol oxidase, esterase, peroxidase	167	168	165	mg/dL	< 200
HDL Cholesterol Direct measure, immunoinhibition	44	48	43	mg/dL	> 40
LDL Cholesterol Direct measure	105	118	115	mg/dL	< 100
Triglyceride Enzymatic, end point	85.0	64.0	98.0	mg/dL	< 150
VLDL Cholesterol Calculated	17.0	12.8	19.6	mg/dL	< 30
Total Cholesterol/HDL Ratio Calculated	3.8	3.5	3.8		0-4.9
Non-HDL Cholesterol Calculated	123.00	120.00	122.00	mg/dL	< 130
HDL/LDL Calculated	0.42	0.41	0.37	Ratio	0.0 - 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

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Clinical Biochemistry
Wellwise Premium - Male


B.U.N (Blood Urea Nitrogen), Serum

Date	03/Jun/2025 08:40AM	Unit	Bio Ref Interval
Urea Urease, UV	21.6	mg/dL	17.0 - 43.0
Blood Urea Nitrogen Calculated	10.09	mg/dL	7.9 - 20.0

Comment Serum urea nitrogen is increased in Intra vascular volume depletion, diuretics, CCF, GI bleeding, tetracycline intake and renal failure. Reduced levels are seen in chronic liver disease and alcohol abuse.

Test Performed at :585 - Max Lab Sector-44, Gurugram, Delta Tower Plot No.-54, Sector-44,

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Clinical Biochemistry
Wellwise Premium - Male

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

Date	03/Jun/2025 08:40AM	20/Dec/23 10:51AM	18/Mar/23 08:02AM	Unit	Bio Ref Interval
Urea Urease, UV	21.6	26.0	21.0	mg/dL	17.0 - 43.0
Blood Urea Nitrogen Calculated	10.09	12.15	9.81	mg/dL	7.9 - 20.0
Creatinine Alkaline picrate kinetic	0.93	0.99	0.92	mg/dL	0.8 - 1.3
eGFR by MDRD MDRD	80.99	75.69	82.56	ml/min/1.73 m ²	
eGFR by CKD EPI 2021	89.24	83.54			
Bun/Creatinine Ratio Calculated	10.85	12.27	10.66	Ratio	12:1 - 21:1
Uric Acid Uricase, Colorimetric	5.5	5.9	5.2	mg/dL	3.5 - 7.2
Calcium (Total) Arsenazo III	9.2	9.2	9.0	mg/dL	8.8 - 10.6
Sodium ISE indirect	141.3	142.1	141.2	mmol/L	136 - 146
Potassium ISE indirect	4.03	4.4	4.5	mmol/L	3.5 - 5.1
Chloride ISE indirect	108.11	108.2	107.7	mmol/L	101 - 109
Bicarbonate Enzymatic	24.3	32.6	27.9	mmol/L	21 - 31

Ref. Range

eGFR - Estimated Glomerular Filtration Rate is calculated by MDRD equation which is most accurate for GFRs ≤ 60 ml / min / 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

Test Performed at :585 - Max Lab Sector-44, Gurugram, Delta Tower Plot No.-54, Sector-44,

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Clinical Biochemistry
Wellwise Premium - Male

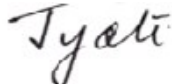
**Lipase, Serum**

Date	03/Jun/2025 08:40AM	Unit	Bio Ref Interval
Lipase Enzymatic, Colorimetric	16.4	U/L	< 67

Kindly correlate with clinical findings

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

Dr. Akash Banwari, MD. (Path)
Associate Director



Dr. Jyoti Singhal, M.D. (Pathology)
Attending consultant

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MC-6484

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 Premium - Male


Test Name	Result	Unit	Bio Ref Interval
Homa-IR Insulin Resistance Index*, Fluoride Plasma			
Hexokinase, CMIA			
Glucose (Fasting)	84	mg/dL	74 - 99
Hexokinase			
Insulin Serum , Fasting	5.26	uU/mL	2.00 - 25.00
Beta Cell Function (%B)	84.80	%	
Insulin Sensitivity (%S)	148.40	%	
Homa IR Index	0.67		<2.50

Interpretation

Homeostatic model assessment (HOMA) is a method for assessing beta cell function (%B) and insulin sensitivity (%S) from fasting glucose and insulin concentrations. HOMA can be used to track changes in insulin sensitivity and beta cell function to examine natural history of diabetes. Insulin sensitivity is reduced in normal subjects having first degree relative with type 2 diabetes compared with control subjects. Changes in beta cell sensitivity in subjects on insulin secretagogues may be useful in determining beta cell function over a period.

Test Performed at :585 - Max Lab Sector-44, Gurugram, Delta Tower Plot No.-54, Sector-44,

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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 Premium - Male

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

Date	03/Jun/2025 08:40AM	20/Dec/23 10:51AM	18/Mar/23 08:02AM	Unit	Bio Ref Interval
Free Triiodothyronine (FT3) CLIA	3.09	2.73	2.96	pg/mL	2.6 - 4.2
Free Thyroxine (FT4) CLIA	0.74	0.80	0.87	ng/dL	0.58 - 1.64
Thyroid Stimulating Hormone CLIA	1.31	0.72	1.00	µIU/mL	0.38 - 5.33

Comment

Parameter	Unit	Premature (28 - 36 weeks)	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

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

Date	03/Jun/2025 08:40AM	20/Dec/23 10:51AM	18/Mar/23 08:02AM	Unit	Bio Ref Interval
Vitamin B12 CLIA	250	239	208	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.

Test Performed at :585 - Max Lab Sector-44, Gurugram, Delta Tower Plot No.-54, Sector-44,

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Laboratory Investigation Report

Patient Name	Centre
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Ref Doctor	Reporting Date/Time

Immunoassay
Wellwise Premium - Male

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

Date	03/Jun/2025	20/Dec/23	18/Mar/23	Unit	Bio Ref Interval
	08:40AM	10:51AM	08:02AM		
25 Hydroxy, Vitamin D CLIA	33.22	29.63	15.33	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

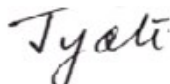
Prostate Specific Antigen (P.S.A.) - Total, Serum

Date	03/Jun/2025	20/Nov/24	03/Aug/24	01/Jun/24	20/Dec/23	Unit	Bio Ref Interval
	08:40AM	11:29AM	11:28AM	08:26AM	10:51AM		
Prostate Specific Antigen CLIA	1.66	1.24	1.22	1.520	1.19	ng/mL	<4.00

Kindly correlate with clinical findings

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

Dr. Akash Banwari. MD. (Path)
Associate Director


Dr. Jyoti Singhal, M.D. (Pathology)
Attending consultant

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Laboratory Investigation Report

Patient Name	Centre
Age/Gender	OP/IP No/UHID
MaxID/Lab ID	Collection Date/Time
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Serology
Wellwise Premium - Male


SIN No: B2B7707723

Test Name	Result	Unit	Bio Ref Interval
-----------	--------	------	------------------

Hepatitis B Surface Antibodies/Antibodies to HBs, Serum(HBsAb)

CLIA

Anti Hbs Titre	0.1	mIU/mL
----------------	-----	--------

Ref. Range

Non-immune < 10.0

Immune ≥ 10.0

Interpretation

It may be used to monitor the response to Hepatitis B Vaccination or recovery from an acute HBV infection. Anti HBs titre of more than 10 mIU/ml is probable protective.

Certain drugs and clinical conditions are known to alter anti HBs concentration in vivo.

Kindly correlate with clinical findings

*** End Of Report ***



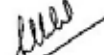
Dr. Poonam S. Das, M.D.
Principal Director-
Max Lab & Blood Bank Services



Dr. Bansidhar Tarai, M.D
Director, Microbiology & Molecular
Diagnostics



Dr. Sonu Kumari Aggrawal, MD
Consultant Microbiology



Dr. Nidhi Malik, MD
Consultant Microbiology

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

Serology
Wellwise Premium - Male


SIN No: B2B7707723

Test Name	Result	Unit	Bio Ref Interval
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HCV IgG Antibody (Hepatitis C Virus), Serum

CLIA

HCV, IgG Test Value	0.02	S/CO	< 0.90
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Ref. Range

Negative	< 0.90
Borderline	0.90 - 8.0
Positive	> 8.0

Interpretation

This test is a screening test performed on VITROS immunodiagnostic system using immunometric technique.

1. Hepatitis C (HCV) is an RNA virus of Flavivirus group transmitted via blood transfusions, transplantation, injection drug users, accidental needle punctures in healthcare workers, dialysis patients and rarely from mother to infant.
2. 10% of new cases show sexual transmission. As compared to HAV & HBV, chronic infection with HCV occurs in 85% of infected individuals.
3. This test is indicator of past or present infection, but does not differentiate between Acute / Chronic / Resolved infection. HCV RNA PCR recommended in all reactive results to differentiate between past and present infection
4. A definitive clinical diagnosis should not be made by result of a single test only, but should be made by taking clinical history and other laboratory findings in to account.

Test Performed at :585 - Max Lab Sector-44, Gurugram, Delta Tower Plot No.-54, Sector-44,

Booking Centre :3903 - Max Lab DLF Phase 1 Gurgaon, Shop No. L-7, Qutab Plaza Market, 7042111336

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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

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MC-6484

Laboratory Investigation Report

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

Serology
Wellwise Premium - Male


SIN No: B2B7707723

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

CLIA

HBsAg Test Value	0.08	S/CO	< 0.90
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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 ***



Dr. Megha Rastogi
Consultant Microbiologist
MBBS, MD, DNB, CICP

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Laboratory Investigation Report

Patient Name	Centre
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Clinical Pathology
Wellwise Premium - Male

Urine Routine And Microscopy

Date	03/Jun/2025 08:40AM	20/Nov/24 11:29AM	01/Jun/24 08:23AM	20/Dec/23 04:04PM	18/Mar/23 08:02AM	Unit	Bio Ref Interval
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Macroscopy

Colour Visual Observation/ Automated	Pale Yellow	Pale Yellow	Pale Yellow	Pale Yellow	Pale Yellow		Pale Yellow
PH Double Indicator	5.5	5.5	5.5	5.5	7.5	..	5-6
Specific Gravity pKa change	1.015	1.025	>=1.030	>=1.030	1.010		1.015 - 1.025
Protein Protein-error of indicators	Neg	Neg	Neg	Neg	Neg		Nil
Glucose. Enzyme Reaction	Neg	Neg	Neg	Neg	Neg		Nil
Ketones Acetoacetic Reaction	Neg	Neg	Neg	Neg	Neg		Nil
Blood Benzidine Reaction	Neg	Neg	Neg	Neg	Neg		Nil
Bilirubin Diazo Reaction	Neg	Neg	Neg	Neg	Neg		Nil
Urobilinogen Ehrlichs Reaction	Normal	Normal	Normal	Normal	Normal		Normal
Nitrite Conversion of Nitrate	Neg	Neg	Neg	Neg	Neg		

Microscopy

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

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Clinical Pathology
Wellwise Premium - Male

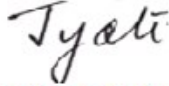


microscopy

Kindly correlate with clinical findings

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

Dr. Akash Banwari. MD. (Path)
Associate Director



Dr. Jyoti Singhal, M.D. (Pathology)
Attending consultant

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