

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 Total Profile****CRP- C- Reactive Protein, Serum**

Date	01/Jun/2025 07:55AM	Unit	Bio Ref Interval
CRP Immunoturbidimetric	2.81	mg/l	0-5

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

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

Booking Centre :5717 - Home Collection Bengaluru, Bengaluru, 7982100200

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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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MC-2714

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**Clinical Biochemistry
Wellwise Total Profile**

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

Date	01/Jun/2025 07:55AM	Unit	Bio Ref Interval
Urea Urase, UV	18.2	mg/dL	17 - 43
Blood Urea Nitrogen Calculated	8.5	mg/dL	7.9 - 20
Creatinine Alkaline picrate kinetic	0.7	mg/dL	0.6 - 1.1
eGFR by MDRD MDRD	91.48	ml/min/1.73 m ²	
eGFR by CKD EPI 2021	110.22		
Bun/Creatinine Ratio Calculated	12.14	Ratio	12:1 - 20:1
Uric Acid Uricase, Colorimetric	5.5	mg/dL	2.6 - 6.0
Calcium (Total) Arsenazo III	9.3	mg/dL	8.8 - 10.6
Sodium ISE Indirect	138.0	mmol/L	136 - 146
Potassium ISE Indirect	4.43	mmol/L	3.5 - 5.1
Chloride ISE Indirect	105	mmol/L	101 - 109
Bicarbonate Colorimetric, PEPC	22.0	mmol/L	22 - 29

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

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**Clinical Biochemistry
Wellwise Total Profile**

HbA1c (Glycated/ Glycosylated Hemoglobin) Test, EDTA
HPLC

Date	01/Jun/2025 07:55AM	Unit	Bio Ref Interval
Glycosylated Haemoglobin(Hb A1c)	4.01	%	< 5.7
Glycosylated Haemoglobin(Hb A1c) IFCC	20.31	mmol/mol	< 39.0
Average Glucose Value For the Last 3 Months	68.39	mg/dL	
Average Glucose Value For the Last 3 Months IFCC	3.79	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.

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

Date	01/Jun/2025 07:55AM	Unit	Bio Ref Interval
Glucose (Fasting) Hexokinase	90.0	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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**Clinical Biochemistry
Wellwise Total Profile**

Total Iron Binding Capacity (TIBC), Serum

Date	01/Jun/2025 07:55AM	Unit	Bio Ref Interval
Iron	51	µg/ dL	60-180
TPTZ NO DEPROTEINIZATION			
UIBC	281	µg/ dL	155-355
Nitroso PSAP			
Total Iron Binding Capacity	332	µg/dL	215 - 535
Calculated			
Transferrin Saturation	15.36	%	17 - 37
Calculated			

Inorganic Phosphorus, Serum

Date	01/Jun/2025 07:55AM	Unit	Bio Ref Interval
Phosphorus(inorg)	3.6	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. 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

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Clinical Pathology
Wellwise Total Profile

Urine Routine And Microscopy

Date	01/Jun/2025	Unit	Bio Ref Interval
	07:55AM		

Macroscopy

Colour	Dark-Yellow		Pale Yellow
Visual Observation/ Automated			
PH	6.0	..	5-6
Double Indicator			
Specific Gravity	1.012		1.015 - 1.025
pKa change			
Protein	Trace		Nil
Protein-error of indicators			
Glucose.	Nil		Nil
Enzyme Reaction			
Ketones	Nil		Nil
Acetoacetic Reaction			
Blood	Nil		Nil
Benzidine Reaction			
Bilirubin	Nil		Nil
Diazo Reaction			
Urobilinogen	Normal		Normal
Ehrlichs Reaction			
Nitrite	Negative		
Conversion of Nitrate			

Microscopy

Red Blood Cells (RBC)	Nil	/HPF	Nil
Light Microscopy/Image capture			
White Blood Cells	5 - 7	/HPF	0.0-5.0
Light Microscopy/Image capture			
Epithelial Cells	16 - 20	/HPF	0.0 - 5.0
Light Microscopy/Image capture			
Cast	Nil	/LPF	Nil
Light Microscopy/Image capture			
Crystals	Nil	..	Nil
Light Microscopy/Image capture			
Bacteria	++	/HPF	Nil
Light Microscopy/Image capture			

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Laboratory Investigation Report

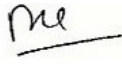
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Clinical Pathology
Wellwise Total Profile

SIN No: B2B5995609

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.**
Director & Quality Manager**Dr. Anupama Arya. M.D.(PATH)**
Principal Consultant - Lab Medicine

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Hematology
Wellwise Total Profile

Complete Haemogram, Peripheral Smear and ESR, EDTA

Date	01/Jun/2025 07:55AM	Unit	Bio Ref Interval
Haemoglobin	11.4	g/dl	12.0 - 15.0
Packed Cell, Volume	33.3	%	36-46
Calculated			
Total Leucocyte Count (TLC)	7.1	10~9/L	4.0-10.0
Electrical Impedance			
RBC Count	3.74	10~12/L	3.8-4.8
Electrical Impedance			
MCV	88.9	fL	83-101
Electrical Impedance			
MCH	30.6	pg	27-32
Calculated			
MCHC	34.4	g/dl	31.5-34.5
Calculated			
Platelet Count	225	10~9/L	150-410
Electrical Impedance			
MPV	11.6	fl	7.8-11.2
Calculated			
RDW	20.6	%	11.5-14.5
Calculated			

Differential Cell Count

VCS / Light Microscopy

Neutrophils	66.2	%	40-80
Lymphocytes	20.8	%	20-40
Monocytes	6.8	%	2-10
Eosinophils	5.1	%	1-6
Basophils	1.1	%	0-2

Absolute Leukocyte Count

Calculated from TLC & DLC

Absolute Neutrophil Count	4.7	10~9/L	2.0-7.0
Absolute Lymphocyte Count	1.5	10~9/L	1.0-3.0
Absolute Monocyte Count	0.48	10~9/L	0.2-1.0
Absolute Eosinophil Count	0.36	10~9/L	0.02-0.5
Absolute Basophil Count	0.080	10~9/L	0.02-0.1
ESR (Modified Westergren)	22	mm/hr	<=12

Peripheral Smear Examination

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Hematology**Wellwise Total Profile**

RBC: - Anisocytosis (+) , Normocytic Normochromic
WBC: - Counts within normal limits
Platelet: - Adequate

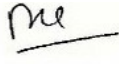
Impression: - Normocytic Normochromic Anaemia

Kindly correlate with clinical findings

*** End Of Report ***



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Principal Director-
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Dr. Dilip Kumar M.D.
Director & Quality Manager



Dr. Nitin Dayal, M.D.
Associate Director & Head,
Haematopathology

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Immunoassay
Wellwise Total Profile

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

Date	01/Jun/2025 07:55AM	Unit	Bio Ref Interval
Vitamin B12 Chemiluminescence	208.00	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.

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

Date	01/Jun/2025 07:55AM	Unit	Bio Ref Interval
25 Hydroxy, Vitamin D CLIA	5.02	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

Advise: Serum calcium, phosphorus and PTH

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Immunoassay**Wellwise Total Profile**

SIN No: B2B5995609

Kindly correlate with clinical findings

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Clinical Biochemistry
Wellwise Total Profile

Lipid Profile, Serum

Date	01/Jun/2025 07:55AM	Unit	Bio Ref Interval
Cholesterol	158	mg/dL	0 - 200
Cholesterol oxidase, esterage, peroxidase			
HDL Cholesterol	41	mg/dL	> 40
Direct measure immunoinhibition			
LDL Cholesterol	108	mg/dL	0 - 100
Direct measure			
Triglyceride	120.0	mg/dL	0 - 150
Enzymatic end point			
VLDL Cholesterol	24.0	mg/dl	< 30
Calculated			
Total Cholesterol/HDL Ratio	3.8	..	0.0-4.9
Calculated			
Non-HDL Cholesterol	117.00	mg/dL	< 130
Calculated			
HDL/LDL	0.38	Ratio	0.3 - 0.4
Calculated			

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

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

Booking Centre :5717 - Home Collection Bengaluru, Bengaluru, 7982100200

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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

Conditions of Reporting: 1. The tests are carried out in the lab with the presumption that the specimen belongs to the patient name as identified in the bill/test request form. 2. The test results relate specifically to the sample received in the lab and are presumed to have been generated and transported per specific instructions given by the physicians/laboratory. 3. The reported results are for the information and interpretation by the referring doctor only. 4. Some tests are referred to other laboratories to provide a wider test menu to the customer. 5. Max Healthcare shall in no event be liable for accidental damages loss, or destruction of specimen which is not attributable to any direct and mala fide act or omission of Max Healthcare or its employees. Liability of Max Healthcare for deficiency of services, or other errors and omissions shall be limited to fee paid by the patient for the relevant laboratory services.



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 Total Profile**

Liver Function Test (LFT), Serum


Date	01/Jun/2025 07:55AM	Unit	Bio Ref Interval
Total Protein	7.50	g/dL	6.6 - 8.3
Biuret, reagent blank, end point			
Albumin	4.2	g/dL	3.5 - 5.2
Bromocresol Green (BCG)			
Globulin	3.3	g/dl	2.3 - 3.5
Calculated			
A.G. ratio	1.3		1.2 - 1.5
Calculated			
Bilirubin (Total)	0.99	mg/dL	0.3 - 1.2
DPD			
Bilirubin (Direct)	0.24	mg/dL	0 - 0.2
Diazotization			
Bilirubin (Indirect)	0.75	mg/dL	0.1 - 1.0
Calculated			
SGOT- Aspartate Transaminase (AST)	23	U/L	0 - 35
UV without P5P			
SGPT- Alanine Transaminase (ALT)	30	U/L	0 - 35
UV without P5P			
AST/ALT Ratio	0.77	Ratio	
Calculated			
Alkaline Phosphatase	90	U/L	30 - 120
PNPP, AMP Buffer			
GGTP (Gamma GT), Serum	21.0	U/L	< 38
G-glutamyl Carboxy nitroanilide			

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

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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 Total Profile

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

Date	01/Jun/2025 07:55AM	Unit	Bio Ref Interval
Free Triiodothyronine (FT3) CLIA	3.16	pg/mL	2.6 - 4.2
Free Thyroxine (FT4) CLIA	0.75	ng/dL	0.58 - 1.64
Thyroid Stimulating Hormone CLIA	3.34	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

Kindly correlate with clinical findings

*** End Of Report ***


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