Patient Name	Centre	
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### Hematology

#### **Wellwise Advanced Profile** Complete Haemogram, Peripheral Smear and ESR, EDTA 01/Dec/2025 12/Oct/23 Unit **Bio Ref Interval Date** 30/Mar/21 07:07AM 07:42AM 11:43AM 9.5 12.0 - 15.0 Haemoglobin 11.7 11.3 g/dl SLS-Haemoglobin Method Packed Cell, Volume 37.6 31.2 37.2 % 36-46 Pulse Height Detection Method Total Leucocyte Count (TLC) 10.6 7.3 8.26 10~9/L 4.0-10.0 Flowcytometry method using semiconductor laser **RBC Count** 4.20 3.52 4.21 10~12/L 3.8-4.8 Hydrodynamic focusing (DC detection) 88.4 MCV 89.5 88.6 fL 83-101 Calculated **MCH** 27.9 27.0 26.8 27-32 pg Calculated g/dl **MCHC** 31.1 30.4 30.4 31.5-34.5 Calculated Platelet Count 266 243 210 10~9/L 150-410 Hydrodynamic focusing (DC detection) MPV 11.6 11.1 13.5 fl 7.8-11.2 Calculated **RDW** 15.4 15.7 14.4 % 11.5-14.5 Calculated **Differential Cell Count** Flowcytometry Method Using Semiconductor Laser 55.5 59.4 62.5 % 40-80 Neutrophils Lymphocytes 22.7 25.4 26.0 % 20-40 10.0 7.7 2-10 Monocytes 6.8 % 14.2 4.8 Eosinophils 3.4 % 1-6 Basophils 8.0 0.4 0.4 % 0-2 **Absolute Leukocyte Count** Calculated from TLC & DLC Absolute Neutrophil Count 4.34 5.16 10~9/L 2.0-7.0 5.88 Absolute Lymphocyte Count 2.4 2.2 10~9/L 1.0-3.0 1.8 0.72 0.73 0.64 10~9/L 0.2-1.0 Absolute Monocyte Count Absolute Eosinophil Count 1.51 0.35 0.28 10~9/L 0.02-0.5 Absolute Basophil Count 0.080 0.030 0.030 10~9/L 0.02-0.1 ESR (Modified Westergren) 24 24 29 mm/hr <=35

Peripheral Smear Examination

**RBC:** - Normocytic normochromic.



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#### Hematology

#### **Wellwise Advanced Profile**

WBC: - Counts within normal limits with eosinophilia.

Platelet: - Adequate.

IMP: Eosinophilia

#### **ADV:**

- Stool examination for ova/cyst
- Serum IgE Level
- Clinical correlation

### Kindly correlate with clinical findings

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

Dr. Anita Khanna MD (Path.) Associate Director & Head (Lab Medicine)

Dr. Meenal Mehta MD (Path), Senior Consultant (Hematopathology & Cytopathology)



Patient Name	Centre
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### Clinical Biochemistry Wellwise Advanced Profile

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

Date	01/Dec/2025 11:43AM	·	23/Nov/24 07:48AM			Unit	Bio Ref Interval
Glucose (Fasting) Hexokinase	81	48.2	104	75	141.3	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

 $Decreased \ blood \ glucose \ levels \ can \ be \ due \ to \ drug \ induced, \underline{hypothyroidism, \ addison} \ (adrenal \ insufficiency)$ 



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## Clinical Biochemistry Wellwise Advanced Profile

#### HbA1c (Glycated/ Glycosylated Hemoglobin) Test, EDTA

**HPLC** 

Date	01/Dec/2025 11:43AM	10/May/25 06:56AM	23/Nov/24 07:48AM	12/Oct/23 07:07AM	19/Mar/23 07:56AM	Unit	Bio Ref Interval
Glycosylated Haemoglobin(Hb A1c)	6.90	7.30	7.10	6.50	6.70	%	4.27 - 6.07
Glycosylated Haemoglobin(Hb A1c) IFCC	51.9	56.27	54.09	47.53	49.72	mmol/mol	< 39.0
Average Glucose Value For the Last 3 Months Calculated	151.33	162.81	157.07	139.85	145.59	mg/dL	
Average Glucose Value For the Last 3 Months IFCC Calculated	8.38	9.02	8.70	7.75	8.06	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
<u>&gt;</u> 6.5	<u>&gt; 48</u>	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 \*\*\*



Dr. Mohini Bhargava, MD Associate Director (Biochemistry)



Patient Name	Centre
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#### **Immunoassay**

#### **Wellwise Advanced Profile**

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

Date	01/Dec/2025 11:43AM	12/Oct/23 07:07AM	23/May/23 06:57AM	30/Mar/21 07:42AM	Unit	Bio Ref Interval
Free Triiodothyronine (FT3) CLIA	3.37	3.48	3.53	2.83	pg/mL	2.6 - 4.2
Free Thyroxine (FT4) CLIA	1.11	1.34	2.12	1.08	ng/dL	0.58 - 1.64
Thyroid Stimulating Hormone	0.13	0.05	0.01	6.38	μIU/mL	0.34 - 5.6

#### 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 \*\*\*

Dr. Mohini Bhargava, MD Associate Director (Biochemistry)



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

### Clinical Biochemistry Wellwise Advanced Profile

Liver Function Test (LFT), Serum

Date	01/Dec/2025 11:43AM	12/Oct/23 07:07AM	30/Mar/21 07:42AM	Unit	Bio Ref Interval
Total Protein Biuret	7.10	6.10	7.00	g/dL	6.6-8.7
Albumin BCG	4.3	3.8	4.1	g/dl	3.5-5.2
Globulin Calculated	2.8	2.3	2.9	g/dl	1.8-3.6
A.G. ratio Calculated	1.5	1.6	1.4		1.2 - 1.5
Bilirubin (Total) Diazo	0.2	0.2	0.2	mg/dl	0.2-1.2
Bilirubin (Direct) Diazo	0.1	0.1	0.1	mg/dl	0-0.3
Bilirubin (Indirect) Calculated	0.1	0.1	0.1	mg/dl	0.1 - 1.0
SGOT- Aspartate Transaminase (AST) IFCC without pyridoxal phosphate	22.2	18.5	14.8	U/L	0-32
SGPT- Alanine Transaminase (ALT) IFCC without pyridoxal phosphate	15.8	10.9	14.2	U/L	0-33
AST/ALT Ratio Calculated	1.41	1.7		Ratio	
Alkaline Phosphatase	122	80	116	U/L	40 - 129
GGTP (Gamma GT), Serum ENZYMATIC COLORIMETRIC ASSAY	8.6	8.0	14.0	U/L	5-36

Patient Name	Centre
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### Clinical Biochemistry Wellwise Advanced Profile

Lipid Profile,Serum						
Date	01/Dec/2025 11:43AM	10/May/25 06:56AM	12/Oct/23 07:07AM	30/Mar/21 07:42AM	Unit	Bio Ref Interval
Cholesterol Enzymatic	170	106	123	121.8	mg/dl	< 200
HDL Cholesterol Homogeneous enzymatic	47.2	47.5	43	46.1	mg/dl	> 40
LDL Cholesterol Homogeneous enzymatic	107	39	65	60	mg/dl	< 100
Triglyceride Enzymatic	79.0	65.5	58.0	80.3	mg/dl	< 150
VLDL Cholesterol Calculated	15.8	13.1	11.6	16.1	mg/dl	< 30
Total Cholesterol/HDL Ratio Calculated	3.6	2.2	2.9	2.6	••	< 4.9
Non-HDL Cholesterol Calculated	122.80	58.50	80.00	75.70	mg/dl	< 130
HDL/LDL	0.44	1.21	0.66	0.76	Ratio	0.3 - 0.4

#### Interpretation

Calculated

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: $< 40 \text{ mg/dL}$ High HDL: $\ge 60 \text{ mg/dL}$	Triglyceride	Normal: <150 mg/dL Borderline High: 150-199 mg/dL High: 200-499 mg/dL Very High: ≥ 500 mg/dL



Patient Name	Centre
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Ref Doctor	Reporting Date/Time

# Clinical Biochemistry Wellwise Advanced Profile

### **Kidney Function Test (KFT) Profile**

Date	01/Dec/2025 11:43AM	Unit	Bio Ref Interval
Urea Urease GLDH	24.6	mg/dl	5-50
Blood Urea Nitrogen Urease GLDH	11.5	mg/dl	6-20
Creatinine Jaffe Kinetic	0.7	mg/dL	0.5-0.9
eGFR by MDRD MDRD	81.43	ml/min/1.73 m²	3
eGFR by CKD EPI 2021	89.76		
Bun/Creatinine Ratio Calculated	16.43	Ratio	12:1 - 20:1
Uric Acid Enzymatic Colorimetric	3.7	mg/dl	2.4-5.7
Calcium (Total) O-CPC	9.3	mg/dl	8.6-10.2
Sodium ISE Indirect	139.4	mmol/l	135-148
Potassium ISE Indirect	4.4	mmol/l	3.5 - 5.3
Chloride ISE Indirect	103.3	mmol/L	98-107
Phosphorus(inorg) MOLYBDATE UV	4.2	mg/dl	2.7-4.5

#### Ref. Range

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

Category	Ref Interval (ml / min / 1.73 m²)	Condition			
G1	<u>&gt;</u> 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			



Patient Name

Age/Gender

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Clinical Biochemistry
Wellwise Advanced Profile

Kindly correlate with clinical findings

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

Dr. Mohini Bhargava, MD Associate Director (Biochemistry)

Patient Name	Centre
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MaxID/Lab ID	Collection Date/Time
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### Clinical Pathology Wellwise Advanced Profile

Urine Routine And Microsco	ру						
Date	01/Dec/2025 11:43AM	10/May/25 06:56AM	23/Nov/24 07:48AM	12/Oct/23 07:07AM	19/Mar/23 07:56AM	Unit	Bio Ref Interva
<u>Macroscopy</u>							
Colour Visual Observation/ Automated	Pale Yellow	Pale Yellow	Pale Yellow	Pale Yellow	Pale Yellow		Pale Yellow
PH Photoelectric colorimeter	7.0	7.0	5.0	6.0	7.0	••	5-9
Specific Gravity Photoelectric colorimeter	1.015	1.010	1.010	1.010	1.010		1.015 - 1.030
Protein Photoelectric colorimeter	Neg	Neg	Neg	Neg	Neg		Nil
Glucose. Photoelectric colorimeter	Neg	Neg	Neg	Neg	Neg		Nil
Ketones Photoelectric colorimeter	Neg	Neg	Neg	Neg	Neg		Nil
Blood Photoelectric colorimeter	Neg	Neg	Neg	Neg	Neg		Nil
Bilirubin Photoelectric colorimeter	Neg	Neg	Neg	Neg	Neg		Nil
Urobilinogen Photoelectric colorimeter	Normal	Normal	Normal	Normal	Normal		Normal
Nitrite Conversion of Nitrate	Neg	Neg	Neg	Neg	Neg		
<u>Microscopy</u>							
Red Blood Cells (RBC) Streaming Image technology	1	0	0	0	1	/HPF	Nil
White Blood Cells Streaming Image technology	0	1	1	4	2	/HPF	0.0-5.0
Epithelial Cells Light Microscopy/Image capture microscopy	1	1	1	3	2	/HPF	
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 microscopy	Nil	Nil	Nil	Nil	Nil	/HPF	Nil
Kindly correlate with clinical	findings						

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



 Patient Name
 Centre

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Clinical Pathology
Wellwise Advanced Profile

Dr. Anita Khanna MD (Path.) Associate Director & Head (Lab Medicine)

Ante Khanne

Dr. Meenal Mehta MD (Path).
Senior Consultant
(Hematopathology & Cytopathology)

