

## 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 Health Screen

#### CBC (Complete Blood Count), EDTA

Date	14/Dec/2025 09:38AM	Unit	Bio Ref Interval
Haemoglobin	13.4	g/dl	13.0 - 17.0
Packed Cell, Volume Calculated	39.6	%	40-50
Total Leucocyte Count (TLC)	4.6	10~9/L	4.0-10.0
Electrical Impedance			
RBC Count	4.45	10~12/L	4.5-5.5
Electrical Impedance			
MCV	89.0	fL	83-101
Electrical Impedance			
MCH	30.1	pg	27-32
Calculated			
MCHC	33.8	g/dl	31.5-34.5
Calculated			
Platelet Count	155	10~9/L	150-410
Electrical Impedance			
MPV	12.2	fl	7.8-11.2
Calculated			
RDW	14.9	%	11.5-14.5
Calculated			

#### Differential Cell Count

VCS / Light Microscopy

Neutrophils	52	%	40-80
Lymphocytes	26	%	20-40
Monocytes	04	%	2-10
Eosinophils	18	%	1-6

#### Absolute Leukocyte Count

Calculated from TLC & DLC

Absolute Neutrophil Count	2.39	10~9/L	2.0-7.0
Absolute Lymphocyte Count	1.2	10~9/L	1.0-3.0
Absolute Monocyte Count	0.18	10~9/L	0.2-1.0
Absolute Eosinophil Count	0.83	10~9/L	0.02-0.5

Kindly correlate with clinical findings

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



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#### Hematology

#### Wellwise Health Screen



**Dr. Pooja Bhasin M.D.**  
Director & HOD  
Lab Service Pathology



**Dr. Vijay Laxmi Sharma, MD**  
Associate Director & Quality Manager



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### Clinical Biochemistry Wellwise Health Screen

#### SGOT - Aspartate Amino Transferase, Serum

Date	14/Dec/2025 09:38AM	Unit	Bio Ref Interval
SGOT- Aspartate Transaminase (AST) UV without P5P	16	U/L	< 50

#### Interpretation

Increased in acute hepatitis especially viral hepatitis, liver cell necrosis or injury of any cause, including cholestatic or obstructive jaundice, chronic hepatitis and drug induced injury to liver.

#### Total Cholesterol, Serum

Date	14/Dec/2025 09:38AM	Unit	Bio Ref Interval
Cholesterol Cholesterol oxidase, esterase, peroxidase	169	mg/dL	< 200

#### Interpretation

Total Cholesterol	Desirable: < 200 mg/dL Borderline High: 200-239 mg/dL High $\geq$ 240 mg/dL
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Increased in Familial hypercholesterolemia, coronary heart disease, primary biliary cirrhosis, nephrotic syndrome, type 2 diabetes, hypothyroidism, obesity and pregnancy.

Decreased in Hypo- $\alpha$ -lipoproteinemias, hepatocellular necrosis, hyperthyroidism, malnutrition, severe acute illness and infection.

#### Triglycerides, Serum

Date	14/Dec/2025 09:38AM	Unit	Bio Ref Interval
Triglyceride GPO-POD method (Enzymatic end point)	71.0	mg/dL	< 150

#### Comment

Triglyceride	Normal: <150 mg/dL Borderline High: 150-199 mg/dL High: 200-499 mg/dL Very High: $\geq$ 500 mg/dL
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#### Urea, Serum

Date	14/Dec/2025 09:38AM	Unit	Bio Ref Interval
Urea Urease, UV	18.9	mg/dL	17.0 - 43.0

#### Uric Acid, Serum

Date	14/Dec/2025 09:38AM	Unit	Bio Ref Interval
Uric Acid Uricase, Colorimetric	5.62	mg/dL	3.5 - 7.2

#### Interpretation

Increased in gout, renal failure, inherited metabolic disorders, excess dietary purine intake, Increased nucleic acid turnover (e.g. Leukemia, Myeloma, Radiotherapy, Chemotherapy, Trauma) Psoriasis, preeclampsia and Alcohol consumption.

Decreased in Wilson's disease, Fanconi's syndrome xanthinuria, SIADH, deficiency of adenosine deaminase, purine and nucleoside phosphorylase and low purine diet.

#### SGPT - Alanine Amino Transferase, Serum

Date	14/Dec/2025 09:38AM	Unit	Bio Ref Interval
SGPT- Alanine Transaminase (ALT) UV without P5P	19	U/L	< 50

#### Interpretation

Increased in Acute Liver Cell necrosis of any cause, severe shock right heart failure, acute anoxia (e.g. status asthmaticus), extensive trauma and left heart failure.



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### Clinical Biochemistry Wellwise Health Screen

#### Creatinine, Serum

Date	14/Dec/2025 09:38AM	Unit	Bio Ref Interval
Creatinine	0.82	mg/dL	0.67 - 1.17
Alkaline picrate kinetic			
eGFR by MDRD	102.97	ml/min/1.73	
MDRD		m <sup>2</sup>	
eGFR by CKD EPI 2021	111.60		

#### Ref. Range

eGFR - Estimated Glomerular Filtration Rate is calculated by MDRD equation which is most accurate for GFRs  $\leq 60$  ml / m / 1.73 m<sup>2</sup>. MDRD equation is **used for adult population only**.

Category	Ref Interval (ml / min / 1.73 m <sup>2</sup> )	Condition
G1	$\geq 90$	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 Health Screen

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

Date	14/Dec/2025 09:38AM	Unit	Bio Ref Interval
Glucose (Fasting) Hexokinase	95	mg/dL	< 100

**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)

Kindly correlate with clinical findings

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

Dr. Pooja Bhasin M.D.  
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### Immunoassay Wellwise Health Screen

#### Thyroid Stimulating Hormone (TSH), Serum

<b>Date</b>	<b>14/Dec/2025</b>	<b>Unit</b>	<b>Bio Ref Interval</b>
	<b>09:38AM</b>		
Thyroid Stimulating Hormone	1.035	µIU/mL	0.38 - 5.33
CLIA			

#### Interpretation

Parameter	Unit	Premature (28 - 36weeks)	Cord Blood (> 37 weeks)	Upto 2 Month	1st Trimester	2nd Trimester	3rd Trimester
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

Increased in primary Hypothyroidism.  
Decreased in primary Hyperthyroidism

**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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