



Laboratory Investigation Report

Patient Name	: Mrs. Priyanka Sethia	Centre	: 2395 - Sahai Clinic & Diagnostics
Age/Gender	: 38 Y 0 M 0 D /F	OP/IP No/UHID	: //
MaxID/Lab ID	: ML05580820/2150032500028	Collection Date/Time	: 25/Mar/2025 10:10AM
Ref Doctor	: SELF	Reporting Date/Time	: 25/Mar/2025 03:16PM

Hematology

Wellwise Total Profile



SIN No:b2b6761697

Complete Haemogram, Peripheral Smear and ESR,EDTA

Date	25/Mar/2025 10:10AM	Unit	Bio Ref Interval
Haemoglobin	12.8	g/dl	12.0 - 15.0
Modified cyanmethemoglobin			
Packed Cell, Volume	38.2	%	40-50
Calculated			
Total Leucocyte Count (TLC)	5.2	10~9/L	4.0-10.0
Electrical Impedance			
RBC Count	4.23	10~12/L	3.8-4.8
Electrical Impedance			
MCV	90.2	fL	83-101
Electrical Impedance			
MCH	30.3	pg	27-32
Calculated			
MCHC	33.6	g/dl	31.5-34.5
Calculated			
Platelet Count	313	10~9/L	150-410
Electrical Impedance			
MPV	9.1	fL	7.8-11.2
Calculated			
RDW	12.7	%	11.5-14.5
Calculated			

Differential Cell Count

VCS / Light Microscopy

Neutrophils	38.2	%	40-80
Lymphocytes	52.9	%	20-40
Monocytes	6.6	%	2-10
Eosinophils	1.5	%	1-6
Basophils	0.8	%	0-2

Absolute Leukocyte Count

Calculated from TLC & DLC

Absolute Neutrophil Count	1.99	10~9/L	2.0-7.0
Absolute Lymphocyte Count	2.8	10~9/L	1.0-3.0
Absolute Monocyte Count	0.34	10~9/L	0.2-1.0
Absolute Eosinophil Count	0.08	10~9/L	0.02-0.5
Absolute Basophil Count	0.040	10~9/L	0.02-0.1
ESR (Modified Westergren)	6	mm/hr	<=12

Peripheral Smear

Examination

RBC: - Normocytic Normochromic

WBC: - Counts within normal limits

Platelet: - Adequate

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

Booking Centre :2395 - SAHAI CLINIC & DIAGNOSTICS, CC1, Club 5, Phase -5 Golf Course Road, Gurgaon, 7210000222

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





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Hematology Wellwise Total Profile

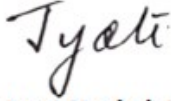


Kindly correlate with clinical findings

*** End Of Report ***



Dr. Akash Banwari, M.D. (Path)
Associate Director



Dr. Jyoti Singhal, M.D. (Pathology)
Senior Resident





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Clinical Biochemistry Wellwise Total Profile



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

Date	25/Mar/2025 10:10AM	Unit	Bio Ref Interval
Glucose (Fasting) Hexokinase	85	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	25/Mar/2025 10:10AM	Unit	Bio Ref Interval
Glycosylated Haemoglobin(Hb A1c)	5.30	%	< 5.7
Glycosylated Haemoglobin(Hb A1c) IFCC	34.41	mmol/mol	< 39.0
Average Glucose Value For the Last 3 Months	105.41	mg/dL	
Average Glucose Value For the Last 3 Months IFCC	5.84	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

*** End Of Report ***





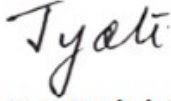
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**Immunoassay
Wellwise Total Profile**



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

Date	25/Mar/2025 10:10AM	Unit	Bio Ref Interval
Free Triiodothyronine (FT3) CLIA	2.77	pg/mL	2.6 - 4.2
Free Thyroxine (FT4) CLIA	0.82	ng/dL	0.58 - 1.64
Thyroid Stimulating Hormone CLIA	9.13	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.

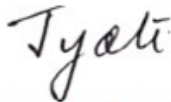
Comment: TSH - Ultrasensitive

Kindly correlate with clinical findings

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Clinical Biochemistry Wellwise Total Profile



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

Date	25/Mar/2025 10:10AM	Unit	Bio Ref Interval
Urea Urease, UV	18.0	mg/dL	17.0 - 43.0
Blood Urea Nitrogen Calculated	8.41	mg/dL	7.9 - 20.0
Creatinine Alkaline picrate kinetic	0.81	mg/dL	0.6 - 1.1
eGFR by MDRD MDRD	79.13	ml/min/1.73 m ²	
eGFR by CKD EPI 2021	95.23		
Bun/Creatinine Ratio Calculated	10.38	Ratio	12:1 - 21:1
Uric Acid Uricase, Colorimetric	5.6	mg/dL	2.6 - 6.0
Calcium (Total) Arsenazo III	9.4	mg/dL	8.8 - 10.6
Sodium ISE indirect	137.1	mmol/L	136 - 146
Potassium ISE indirect	3.9	mmol/L	3.5 - 5.1
Chloride ISE indirect	103.0	mmol/L	101 - 109
Bicarbonate Enzymatic	27.2	mmol/L	21 - 31

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**.

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





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**Clinical Biochemistry
Wellwise Total Profile**



Liver Function Test (LFT), Serum

Date	25/Mar/2025 10:10AM	Unit	Bio Ref Interval
Total Protein Biuret	7.21	g/dL	6.6 - 8.3
Albumin Bromcresol Green (BCG)	4.4	g/dL	3.5 - 5.2
Globulin Calculated	2.8	g/dL	2.3 - 3.5
A.G. ratio Calculated	1.5		1.2 - 1.5
Bilirubin (Total) DPD	0.68	mg/dL	0.3 - 1.2
Bilirubin (Direct) Diazotization	0.12	mg/dL	0.0 - 0.2
Bilirubin (Indirect) Calculated	0.56	mg/dL	0.1 - 1.0
SGOT- Aspartate Transaminase (AST) UV without P5P	26	U/L	< 35
SGPT- Alanine Transaminase (ALT) UV without P5P	15	U/L	< 35
AST/ALT Ratio Calculated	1.73	Ratio	
Alkaline Phosphatase PNPP, AMP Buffer	57	U/L	30 - 120
GGTP (Gamma GT), Serum Enzymatic Rate	15.0	U/L	< 38





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Clinical Biochemistry Wellwise Total Profile



Lipid Profile, Serum

Date	25/Mar/2025 10:10AM	Unit	Bio Ref Interval
Cholesterol <small>Cholesterol oxidase, esterase, peroxidase</small>	196	mg/dL	< 200
HDL Cholesterol <small>Direct measure, immunoinhibition</small>	60	mg/dL	> 40
LDL Cholesterol <small>Direct measure</small>	123	mg/dL	< 100
Triglyceride <small>Enzymatic, end point</small>	70.0	mg/dL	< 150
VLDL Cholesterol <small>Calculated</small>	14.0	mg/dL	< 30
Total Cholesterol/HDL Ratio <small>Calculated</small>	3.3		0-4.9
Non-HDL Cholesterol <small>Calculated</small>	136.00	mg/dL	< 130
HDL/LDL <small>Calculated</small>	0.49	Ratio	0.0 - 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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**Clinical Biochemistry
Wellwise Total Profile**



Inorganic Phosphorus, Serum

Date	25/Mar/2025 10:10AM	Unit	Bio Ref Interval
Phosphorus(inorg) Phosphomolybdate-UV	3.83	mg/dL	2.5 - 4.5

Interpretation

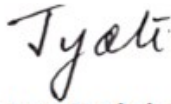
Increased in Osteolytic metastatic bone tumors, myelogenous leukemia, sarcoidosis, milk-alkali syndrome, vitamin D intoxication, healing fractures, renal failure, hyperparathyroidism, PTH resistance (Pseudohypoparathyroidism) and diabetes mellitus with ketosis.
Decreased in Osteomalacia, steatorrhea, 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.

Kindly correlate with clinical findings

*** End Of Report ***



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Immunoassay

Wellwise Total Profile



SIN No:b2b6761697

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

Date	25/Mar/2025 10:10AM	Unit	Bio Ref Interval
25 Hydroxy, Vitamin D CLIA	38.08	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

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

Date	25/Mar/2025 10:10AM	Unit	Bio Ref Interval
Vitamin B12 CLIA	169	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.

Advice: CBC, peripheral smear, serum folate levels, intrinsic factor antibodies (IFA), bone marrow examination, if Vit B12 deficient.

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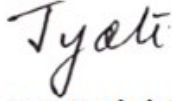
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Clinical Biochemistry
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CRP- C- Reactive Protein, Serum

Date	25/Mar/2025 10:10AM	Unit	Bio Ref Interval
CRP Latex Particle Immunoturbidimetric	0.71	mg/L	0.0 - 5.0

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

Total Iron Binding Capacity (TIBC), Serum

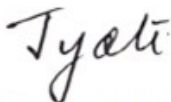
Date	25/Mar/2025 10:10AM	Unit	Bio Ref Interval
Iron TPTZ- No deproteinization	123.5	µg/dL	60 - 180
UIBC Nitroso - PSAP	225	µg/dL	155 - 355
Total Iron Binding Capacity Calculated	348.5	µg/dL	215 - 535
Transferrin Saturation Calculated	35.44	%	17 - 37

Kindly correlate with clinical findings

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**Clinical Pathology
Wellwise Total Profile**



Urine Routine And Microscopy

Date	25/Mar/2025	Unit	Bio Ref Interval
	10:10AM		

Macroscopy

Colour Visual Observation/ Automated	Pale Yellow		Pale Yellow
PH Double Indicator	6.0	..	5-6
Specific Gravity pKa change	1.020		1.015 - 1.025
Protein Protein-error of indicators	Neg		Nil
Glucose. Enzyme Reaction	Neg		Nil
Ketones Acetoacetic Reaction	Neg		Nil
Blood Benzidine Reaction	Neg		Nil
Bilirubin Diazo Reaction	Neg		Nil
Urobilinogen Ehrlichs Reaction	Normal		Normal
Nitrite Conversion of Nitrate	Neg		

Microscopy

Red Blood Cells (RBC) Light Microscopy/Image capture microscopy	0	/HPF	Nil
White Blood Cells Light Microscopy/Image capture microscopy	0	/HPF	0.0-5.0
Epithelial Cells Light Microscopy/Image capture microscopy	3	/HPF	0.0 - 5.0
Cast Light Microscopy/Image capture microscopy	Nil	/LPF	Nil
Crystals Light Microscopy/Image capture microscopy	Nil	..	Nil
Bacteria Light Microscopy/Image capture microscopy	Nil	/HPF	Nil

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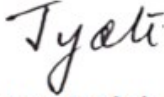
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