

Patient Name Centre
Age/Gender OP/IP No/UHID

MaxID/Lab ID Collection Date/Time
Ref Doctor Reporting Date/Time

**BLOOD CENTRE** 

SIN Na-CCN 275500

Max Fertility panel-Male (extended)

Blood Grouping and RH Factor\*, EDTA

Date 18/Jan/2024 Unit Bio Ref Interval

08:34AM

Blood Group B POSITIVE

Haemagglutination

Kindly correlate with clinical findings

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

Dr. Sangeeta Pathak , DIHBT Head-Transfusion Med

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 Patient Name
 Centre

 Age/Gender
 OP/IP No/UHID

 MaxID/Lab ID
 Collection Date/Time

 Ref Doctor
 Reporting Date/Time

Clinical Biochemistry

SIN N. GGN275500

Max Fertility panel-Male (extended)

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

Date 18/Jan/2024

08:34AM

Tyati

Glucose (Fasting) 111

Hexokinase

Unit Bio Ref Interval

mg/dL 74 - 99

Kindly correlate with clinical findings

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

Dr. Akash Banwari, M.D. (Path) Principal Consultant Dr. Jyoti Singhal, M.D. (Pathology)

Senior Reside

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Patient NameCentreAge/GenderOP/IP No/UHIDMaxID/Lab IDCollection Date/TimeRef DoctorReporting Date/Time

Hematology

Max Fertility panel-Male (extended)

# Complete Haemogram, Peripheral Smear and ESR,EDTA

Date	18/Jan/2024 08:34AM	Unit	Bio Ref Interval
Haemoglobin Modified cyanmethemoglobin	15.4	g/dl	13.0 - 17.0
Packed Cell, Volume Calculated	47.2	%	40-50
Total Leucocyte Count (TLC) Electrical Impedance	7.3	10~9/L	4.0-10.0
RBC Count Electrical Impedance	5.44	10~12/L	4.5-5.5
MCV Electrical Impedance	86.8	fL	83-101
MCH Calculated	28.4	pg	27-32
MCHC Calculated	32.7	g/dl	31.5-34.5
Platelet Count Electrical Impedance	218	10~9/L	150-410
MPV Calculated	10.9	fl	7.8-11.2
RDW Calculated	14.7	%	11.5-14.5
Differential Cell Count VCS / Light Microscopy			
Neutrophils	50.8	%	40-80
Lymphocytes	37.7	%	20-40
Monocytes	7.1	%	2-10
Eosinophils	4.0	%	1-6
Basophils	0.4	%	0-2
Absolute Leukocyte Count Calculated from TLC & DLC			
Absolute Neutrophil Count	3.71	10~9/L	2.0-7.0
Absolute Lymphocyte Count	2.8	10~9/L	1.0-3.0
Absolute Monocyte Count	0.52	10~9/L	0.2-1.0
Absolute Eosinophil Count	0.29	10~9/L	0.02-0.5
Absolute Basophil Count	0.03	10~9/L	0.02-0.1
ESR (Modified Westergren)	2	mm/hr	<=10
Peripheral Smear			

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Patient NameCentreAge/GenderOP/IP No/UHIDMaxID/Lab IDCollection Date/TimeRef DoctorReporting Date/Time

Hematology

SIN No:GGN275500

Max Fertility panel-Male (extended)

Examination

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

Platelet: - Adequate

Kindly correlate with clinical findings

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

Dr. Akash Banwari, M.D. (Path) Principal Consultant Dr. Jyoti Singhal, M.D. (Pathology)

Tyati

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Patient NameCentreAge/GenderOP/IP No/UHIDMaxID/Lab IDCollection Date/TimeRef DoctorReporting Date/Time

Clinical Biochemistry

Max Fertility panel-Male (extended)

SIN No:GGN275500

Creatinine, Serum

18/Jan/2024 Unit **Bio Ref** Date 08:34AM Interval 0.9 - 1.31.06 mg/dL Creatinine Alkaline picrate kinetic eGFR by MDRD 79.03 ml/min/1.73 MDRD m<sup>2</sup> eGFR by CKD EPI 2021 92.60

# Ref. Range

eGFR - Estimated Glomerular Filteration 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 m²)	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

Kindly correlate with clinical findings

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

Dr. Akash Banwari, M.D. (Path) Principal Consultant Dr. Jyoti Singhal, M.D. (Pathology)

Senior Resident

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

**SEROLOGY SPECIAL.** 

Max Fertility panel-Male (extended)

Free Testosterone, Serum

18/Jan/2024 Unit **Bio Ref Interval Date** 

08:34AM

20.56 Free Testosterone pg/mL 15 - 50

Kindly correlate with clinical findings

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

Dr.Poonam.S. Das, M.D. Principal Director-

Associate Director Microbiology & Molecular Diagnostics Max Lab & Blood Bank Services

Dr. Sonu Kumari Agrawal, MD Associate Consultant Microbiology

Dr Nidhi Malik, MD Consultant Microbiology

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

> **Immunoassay**

Max Fertility panel-Male (extended)

FSH - Follicle Stimulating Hormone, Serum\*

18/Jan/2024 Unit **Bio Ref Interval** Date

08:34AM

Hormone

Follicle Stimulating 3.52 mIU/mL

Ref. Range

CLIA

Adult Male 1.27 - 19.26

Adult Female:

Follicular 3.85 - 8.78 4.54 - 22.51 Midcycle Peak Luteal Phase 1.79 - 5.12 Post Menopausal

(>50 Yrs)

16.74 - 113.59

### Interpretation

Increased in primary gonadal failure, ovarian or testicular agenesis, Klinefelter's syndrome, Reifenstein's syndrome, castration, alcoholism, menopause, orchitis, gonadotropin-secreting pitutary tumors.

Decreased in anterior hypofunction, hypothalamic disorders, pregnancy, anorexia nervose, polycystic ovarian disease, hemochromatosis, sickle cell anaema, sever illness, hyperprolactinemia.

Pooled samples are advisable due to episodic, diurnal and cyclic variations in gonadotropin secretion.

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 Patient Name
 Centre

 Age/Gender
 OP/IP No/UHID

 MaxID/Lab ID
 Collection Date/Time

 Ref Doctor
 Reporting Date/Time

Immunoassay SIN No:GGN275500

Max Fertility panel-Male (extended)

# LH-Luteinizing Hormone, Serum\*

Date 18/Jan/2024 Unit Bio Ref Interval

08:34AM

Luteinizing Hormone 4.00 mlU/mL

CLIA

### **Ref Range**

LH(Male-Adult)	Reference Range
	1.24-8.62
LH (Female-Adult)	
Follicular	2.12-10.89
Mid Cycle Peak	19.18-103.03
Luteal Phase	1.2-12.86
Post Menopausal (>50 Year)	10.87-58.64

#### Interpretation

Increased in Primary gonadal dysfunction, polycystic ovarian syndrome (LH/FSH ratio is high in 60% cases), post-menopause, and pituitary adenoma. Decreased in pituitary or hypothalamic impairment, isolated gonadotropic deficiency associated with anosmia or hyposmia (Kallmann's syndrome), anorexia nervosa,

isolated LH deficiency ("fertile eunuch"), sever stress, malnutrition, and sever illness. Pooled samples are advisable due to episodic, diurnal and cyclic variations in gonadotropin secretion.

Kindly correlate with clinical findings

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

Dr. Akash Banwari, M.D. (Path) Principal Consultant

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

Tyati

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

> **Clinical Biochemistry**

Max Fertility panel-Male (extended)

SGPT - Alanine Amino Transferase, Serum

Date 18/Jan/2024 Unit **Bio Ref Interval** 

08:34AM

Tyati

SGPT- Alanine 62 U/L < 50

Transaminase (ALT) UV without P5P

### 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.

Kindly correlate with clinical findings

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

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

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

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 Patient Name
 Centre

 Age/Gender
 OP/IP No/UHID

 MaxID/Lab ID
 Collection Date/Time

 Ref Doctor
 Reporting Date/Time

Immunoassay SIN No:GGN275500

Max Fertility panel-Male (extended)

Testosterone, Total, Serum

Date 18/Jan/2024 Unit Bio Ref Interval

08:34AM

Testosterone (total) 4.79 ng/mL 1.75-7.81

CLIA

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

Dr. Dilip Kumar M.D. Associate Director & Manager Quality Dr. Anisha Sharma, M.D., DNB Consultant Biochemistry

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

> **Immunoassay**

Max Fertility panel-Male (extended)

Thyroid Stimulating Hormone (TSH) - Ultrasensitive, Serum

18/Jan/2024 08:34AM

Thyroid Stimulating

Hormone CLIA

Date

4.60

Unit Bio Ref Interval

0.38 - 5.33µIU/mL

# Interpretation

Parameter	Unit	Premature (28 - 36 Weeks)	Cord Blood (>37 weeks)	Upto 2 Month	Adult	1st Trimester	2nd Trimester	3rd Trimester
TSH	uIU/ml	0.7 - 27.0	2.3 - 13.2	0.5 - 10	0.38 - 5.33	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.

Kindly correlate with clinical findings

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

Dr. Akash Banwari, M.D. (Path) Principal Consultant

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

Tyati

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

> **Clinical Biochemistry** Max Fertility panel-Male (extended)

Unit

**Bio Ref Interval** 

Urea, Serum

18/Jan/2024 **Date** 

08:34AM

31.0 17.0 - 43.0 Urea mg/dL

Urease, UV

Kindly correlate with clinical findings

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

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

Principal Consultant

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

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> **Clinical Pathology** Max Fertility panel-Male (extended)

> > Nil

**Urine Routine And Microscopy** 

18/Jan/2024 Unit **Bio Ref Interval** Date

08:34AM

Neg

Macroscopy

Pale Yellow Colour Pale Yellow

Visual Observation/ Automated

PH 5.5 5-6

Double Indicator

1.015 - 1.025 Specific Gravity >=1.030

pKa change

Protein Neg Nil

Protein-error of indicators

Glucose. Neg Nil

Enzyme Reaction

Ketones Neg Nil

Acetoacetic Reaction Blood

Neg Nil Benzidine Reaction

Bilirubin

Diazo Reaction

Urobilinogen

Normal Normal **Ehrlichs Reaction** 

Nitrite

Neg

Conversion of Nitrate

**Microscopy** 

Red Blood Cells (RBC) 0 /HPF Nil

Light Microscopy/Image capture microscopy

/HPF 0.0-5.0 White Blood Cells 0

Light Microscopy/Image capture microscopy

Squamous Epithelial Cells /HPF

Light Microscopy/Image capture microscopy

/LPF Nil Nil Cast

Light Microscopy/Image capture microscopy

Crystals Nil Nil

Light Microscopy/Image capture

microscopy /HPF Bacteria Nil Nil

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Patient NameCentreAge/GenderOP/IP No/UHIDMaxID/Lab IDCollection Date/TimeRef DoctorReporting Date/Time

Clinical Pathology

Max Fertility panel-Male (extended)

SIN No: GGN275500

Light Microscopy/Image capture microscopy

Kindly correlate with clinical findings

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

Dr. Akash Banwari, M.D. (Path) Principal Consultant Dr. Jyoti Singhal, M.D. (Pathology)

Tyati

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 Patient Name
 Centre

 Age/Gender
 OP/IP No/UHID

 MaxID/Lab ID
 Collection Date/Time

 Ref Doctor
 Reporting Date/Time

Hematology

SIN No. GCN 275500

Max Fertility panel-Male (extended)

Test Name Result Unit Bio Ref Interval

Semen Analysis

Semen Analysis

Abstinence 03 Days 2-7

Collection Time 08:25 am

Method of Collection Masturbation
Examination time 09:05 am

Semen Data

Volume: **02** ml 1.3-1.5

Odour Spermine

Colour- Normal Grey Opalescent

Visual Observation/ Automated

Viscosity Normal

Liquefaction Time 40 min Complete in 30 Min

PH: 7.5 .. 7.2-8.0

Agglutination PRESENT

Semen Fructose. PRESENT Present

Seliwanoff Test

Round Cells/Pus cells 2 - 4 /HPF

**Sperm Data** 

Concentration Manual Neubar Chamber	45	Million/ml 12.0-16.0
Total Sperm Count/Ejaculate Calculated	90	Million per 35.0-40.0 ejaculate
Total percent motility Light Microscopy	40	% 40 -43
Progressive motile Light Microscopy	15	% 29 - 31
Immotile Light Microscopy	60	% 19 - 20
Sperm Morphology	45	Normal forms % 3.9 - 4.0

Light Microscopy

### Comment

Above mentioned reference ranges are the lower reference interval.

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 Centre

 Age/Gender
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 MaxID/Lab ID
 Collection Date/Time

 Ref Doctor
 Reporting Date/Time

Hematology

SIN No:GGN275500

Max Fertility panel-Male (extended)

Test Name Result Unit Bio Ref Interval

Kindly correlate with clinical findings

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

Dr. Akash Banwari, M.D. (Path) Principal Consultant Dr. Jyoti Singhal, M.D. (Pathology) Senior Resident

Tyati

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Patient Name Centre

 Age/Gender
 OP/IP No/Max ID/Mob

 MaxID/Lab ID
 Collection Date/Time

 Ref Doctor
 Reporting Date/Time

Microbiology

SIN No:GGN275500

Max Fertility panel-Male (extended)

# Semen - Culture & Sensitivity

Method: Culture/ID & Sensitivity by Vitek 2

Result: No growth.

Interpretation. Sterile after Overnight/24 hours of aerobic incubation at 37 degree C.

Kindly correlate with clinical findings

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

Dr. Bansidhar Tarai, M.D

Associate Director Microbiology & Molecular Diagnostics Dr. Sonu Kumari Agrawal, MD Associate Consultant Microbiology

Dr Nidhi Malik, MD Consultant Microbiology

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