

### Laboratory Investigation Report

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

#### Hematology

#### Pollution Health Check Basic

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

Date	10/Nov/2024 08:33AM	Unit	Bio Ref Interval
Haemoglobin	13.2	g/dl	13.0 - 17.0
<small>Modified cyanmethemoglobin</small>			
Packed Cell, Volume	40.4	%	40-50
<small>Calculated</small>			
Total Leucocyte Count (TLC)	7.3	10~9/L	4.0-10.0
<small>Electrical Impedance</small>			
RBC Count	4.54	10~12/L	4.5-5.5
<small>Electrical Impedance</small>			
MCV	89.1	fL	83-101
<small>Electrical Impedance</small>			
MCH	29.1	pg	27-32
<small>Calculated</small>			
MCHC	32.7	g/dl	31.5-34.5
<small>Calculated</small>			
Platelet Count	329	10~9/L	150-410
<small>Electrical Impedance</small>			
MPV	7.9	fL	7.8-11.2
<small>Calculated</small>			
RDW	14.2	%	11.5-14.5
<small>Calculated</small>			

#### Differential Cell Count

VCS / Light Microscopy

Neutrophils	54.4	%	40-80
Lymphocytes	33.6	%	20-40
Monocytes	8.4	%	2-10
Eosinophils	2.3	%	1-6
Basophils	1.3	%	0-2

#### Absolute Leukocyte Count

Calculated from TLC & DLC

Absolute Neutrophil Count	3.97	10~9/L	2.0-7.0
Absolute Lymphocyte Count	2.4	10~9/L	1.0-3.0
Absolute Monocyte Count	0.61	10~9/L	0.2-1.0
Absolute Eosinophil Count	0.17	10~9/L	0.02-0.5
Absolute Basophil Count	0.090	10~9/L	0.02-0.1

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Booking Centre :2309 - Max Lab Sector 10 A Gurgaon, Shop No 18, Khnadsa Road, Huda Market, 9560276124

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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](http://www.maxlab.co.in) [feedback@maxlab.co.in](mailto:feedback@maxlab.co.in)

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MC-6484

### Laboratory Investigation Report

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#### Hematology

#### Pollution Health Check Basic



#### ESR ,EDTA

Modified (Westergren)

<b>Date</b>	<b>10/Nov/2024</b>	<b>Unit</b>	<b>Bio Ref</b>
	<b>08:33AM</b>		<b>Interval</b>
ESR (Modified Westergren)	20	mm/hr	<=30
Modified (Westergren)			

#### Interpretation

(Syn: Erythrocyte Sedimentation Rate)

ESR is measured as red cells fall through a column of blood. It is a sensitive index of plasma protein change. It can be affected by age, sex, menstrual cycle, pregnancy and drugs( e.g. OCP, steroids).

No fasting sample is required for ESR.

ESR is performed for the diagnostic purpose for temporal arteritis and polymyalgia rheumatica. It is also used for chronic inflammation.

**High ESR** is seen in - inflammatory disorders ( e.g. infection , rheumatoid disease, tuberculosis), presence of paraproteinemia ( e.g. multiple myeloma, lymphoma) and anaemia.

**Low ESR** is seen in - polycythemia, hypofibrinogemia, poikilocytosis, spherocytosis and sickle cell anaemia.

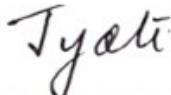
Normal ESR does not exclude organic disease.

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  
Pollution Health Check Basic****Fasting Blood Sugar (Glucose) , (FBS), Fluoride Plasma**

Date	10/Nov/2024	02/Dec/22	Unit	Bio Ref Interval
	08:33AM	11:15AM		
Glucose (Fasting) Hexokinase	84	95	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 Pollution Health Check Basic

#### Creatinine, Serum

Date	10/Nov/2024 08:33AM	Unit	Bio Ref Interval
Creatinine Alkaline picrate kinetic	0.57	mg/dL	0.8 - 1.3
eGFR by MDRD MDRD	141.18	ml/min/1.73 m <sup>2</sup>	
eGFR by CKD EPI 2021	104.51		

#### 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 Pollution Health Check Basic

Test Name	Result	Unit	Bio Ref Interval
<b>High Sensitivity CRP (HS CRP), Serum</b>			
C-Reactive Protein, High Sensitive Latex particle Immunoturbidimetric	<b>0.22</b>	mg/dL	

Reference Values in the table given below are recommended cardiovascular risk groups, in primary prevention settings by AHA/CDC and NACB expert panel.

Risk Level	CRP hs (mg/L)	CRP hs (mg/dL)
Low	< 1.0	< 0.10
Average	1.0 - 3.0	0.10 - 0.30
High	> 3.0	>0.30

Increase in CRP levels is non – specific, and interpretation must be undertaken in comparison with previous Hs CRP values or other cardiac risk indicators (Cholesterol, HDL etc.) Single measurement may lead to an erroneous assessment of early cardiac inflammation.

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**Clinical Biochemistry  
Pollution Health Check Basic****IgE (Immunoglobulin-E)\*, Serum**

Date	10/Nov/2024 08:33AM	Unit	Bio Ref Interval
Immunoglobulin-IgE	81	IU/mL	< 160

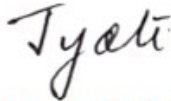
**Comment** Total IgE is an in vitro test system for the quantitative measurement of circulating total IgE in human serum or plasma. It is intended for in vitro diagnostic use as an aid in the clinical diagnosis of IgE mediated allergic disorders in conjunction with other clinical findings, and is to be used in clinical laboratories. A definite clinical diagnosis should not be made as a result of single test only, but should be made by taking into account clinical history and other laboratory findings.

Kindly correlate with clinical findings

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



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Senior Resident

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**Immunoassay**
**Pollution Health Check Basic**
**Vitamin D, 25 - Hydroxy Test (Vit. D3), Serum**

Date	10/Nov/2024	02/Dec/22	Unit	Bio Ref Interval
	08:33AM	11:15AM		
25 Hydroxy, Vitamin D CLIA	31.04	42.18	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

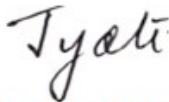
**Advice:** Serum calcium, phosphorus and PTH

Kindly correlate with clinical findings

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