

Laboratory Investigation Report

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

Clinical Biochemistry
Female Weight Management Panel

HbA1c (Glycated/ Glycosylated Hemoglobin) Test*, EDTA

HPLC

Date	26/Nov/2025 07:00AM	14/Jul/25 06:00AM	11/Jan/25 06:30AM	02/Oct/24 06:30AM	13/Jun/24 09:24AM	Unit	Bio Ref Interval
Glycosylated Haemoglobin(Hb A1c) HPLC	7.60	7.00	6.70	6.30	6.20	%	< 5.7
Glycosylated Haemoglobin(Hb A1c) IFCC Calculated	59.55	53	49.72	45.34	44.25	mmol/mol	< 39.0
Average Glucose Value For the Last 3 Months Calculated	171.42	154.2	145.59	134.11	131.24	mg/dL	
Average Glucose Value For the Last 3 Months IFCC Calculated	9.49	8.54	8.06	7.43	7.27	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.

Test Performed at :7091 - MAX LAB UDYOG VIHAR PHASE 5 D50, 2nd Floor, Plot No D50, Udyog Vihar, Phase V,

Booking Centre :6124 - Ajeet Kumar, Shop no .1 VPO Wazirabad Bhora market Sector – 52 Gurugram Haryana, 9311061849

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(CIN No.: U85100DL2021PLC381826)

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Clinical Biochemistry
Female Weight Management Panel


Lipid Profile, Serum*

Date	26/Nov/2025 07:00AM	14/Jul/25 06:00AM	11/Jan/25 06:30AM	02/Oct/24 06:30AM	14/Jul/24 10:05AM	Unit	Bio Ref Interval
Cholesterol Colorimetri Cholesterol esterase and chole	154	188	151	163	261	mg/dL	< 200
HDL Cholesterol Accelerator selective detergent methodology	46.9	46	44	52	54	mg/dL	> 50
LDL Cholesterol Direct	68	113	102	98	182	mg/dL	
Triglyceride GPO	195.0	186.0	165.0	166.0	184.0	mg/dL	30 - 149
VLDL Cholesterol Calculated	39.0	37.2	33.0	33.2	36.8	mg/dl	< 30
Total Cholesterol/HDL Ratio Calculated	3.3	4.1	3.4	3.1	4.8	..	0.0-4.9
Non-HDL Cholesterol Calculated	107.10	142.00	107.00	111.00	207.00	mg/dL	< 130
HDL/LDL Calculated	0.69	0.41	0.43	0.53	0.30	Ratio	0.3 - 0.4

Interpretation

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 mg/dL High HDL: ≥ 60 mg/dL	Triglyceride	Normal: <150 mg/dL Borderline High: 150-199 mg/dL High: 200-499 mg/dL Very High: ≥ 500 mg/dL

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Clinical Biochemistry Female Weight Management Panel



Liver Function Test (LFT)*, Serum

Date	26/Nov/2025 07:00AM	14/Jul/25 06:00AM	02/Oct/24 06:30AM	13/Jun/24 09:24AM	14/Jul/23 10:14AM	Unit	Bio Ref Interval
Total Protein Biuret	6.30	6.47	6.27	6.32	6.62	g/dl	5.7 - 8.2
Albumin Bromcresol Green	4.1	3.8	3.8	3.7	4.0	g/dL	3.4 - 5.0
Globulin Calculated	2.2	2.7	2.5	2.6	2.6	g/dL	2.7 - 4.3
A.G. ratio Calculated	1.9	1.4	1.6	1.4	1.5		1.2 - 1.5
Bilirubin (Total) Vanadate oxidation	0.3	0.45	0.36	0.39	0.35	mg/dl	0.3 - 1.2
Bilirubin (Direct) Vanadate oxidation	0.10	0.08	0.07	0.07	0.08	mg/dl	<=0.3
Bilirubin (Indirect) Calculated	0.2	0.37	0.29	0.32	0.27	mg/dL	0.1 - 1.0
SGOT- Aspartate Transaminase (AST) Modified IFCC	23	21	18	20	22	U/L	13 - 40
SGPT- Alanine Transaminase (ALT) Modified IFCC	27	22	14	19	27	U/L	10 - 49
AST/ALT Ratio Calculated	0.85	0.95	1.29	1.05	0.81	Ratio	
Alkaline Phosphatase IFCC Standardization	91	95	89	66	89	U/L	46 - 116
GGTP (Gamma GT), Serum Enzymatic Rate	20.0	21.0	14.0	14.0	25.0	U/L	7 - 50

Kindly correlate with clinical findings

*** End Of Report ***


Dr. Partho Baruah
Technical Head & Principal Consultant
MBBS, DCP (Pathology)
HMC No.- HN 22564

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Serology

Female Weight Management Panel

Test Name	Result	Unit	Bio Ref Interval
C-Peptide Fasting			
C-Peptide Fasting	3.54	ng/mL	1.10 - 4.40

Kindly correlate with clinical findings

*** End Of Report ***



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



Dr. Bansidhar Tarai, M.D
Director, Microbiology & Molecular
Diagnostics



Dr. Rup Jyoti Chandak, M.D.
Sr. Consultant, Microbiology



Dr Nidhi Malik, MD
Consultant Microbiology

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MC-2714

Laboratory Investigation Report

Patient Name	Centre
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Clinical Biochemistry
Female Weight Management Panel

CRP- C- Reactive Protein*, Serum

Date	26/Nov/2025	02/Oct/24	13/Jun/24	29/Mar/23	30/Dec/22	Unit	Bio Ref Interval
	07:00AM	06:30AM	09:24AM	07:30AM	08:00AM		
CRP	0.74	6.21	3.58	11.22	9.95	mg/dl	<= 0.33
Latex enhanced immunoturbidimetry							

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.

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Clinical Biochemistry Female Weight Management Panel



Kidney Function Test (KFT) Profile*

Date	26/Nov/2025	14/Jul/25	Unit	Bio Ref Interval
	07:00AM	06:00AM		
Urea calculated(UN_c value)	23.9	23.6	mg/dl	19.26 - 49.22
Blood Urea Nitrogen Urease with GLDH	11.17	11.03	mg/dL	9.0 - 23.0
Creatinine jaffe,alkaline picrate, kinetic with blank rate co	0.72	0.70	mg/dL	0.55 - 1.02
eGFR by MDRD MDRD	83.54	86.41	ml/min/1.73 m ²	
eGFR by CKD EPI 2021	97.56	101.14		
Bun/Creatinine Ratio Calculated	15.51	15.76	ratio	10.0 - 20.0
Uric Acid Uricase,peroxidase	3.6	3.6	mg/dl	3.1 - 7.8
Calcium (Total) Arsenazo Colorimetric	8.9	9.4	mg/dl	8.7 - 10.4
Sodium IT	144.0	139.7	mmol/L	136 - 145
Potassium IT	4.66	4.16	mmol/L	3.5 - 5.1
Chloride IT	107	104.15	mmol/L	98 -107
Phosphorus(inorg) Phosphomolybdate	4.2		mg/dl	2.4 - 5.1

Kindly correlate with clinical findings

*** End Of Report ***


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Immunoassay
Female Weight Management Panel

Prolactin, Serum*

Date	26/Nov/2025 07:00AM	Unit	Bio Ref Interval
Prolactin CLIA	11.97	ng/mL	2.1 - 17.7

Ref Range

Males: 2.52-13.23 ng/mL
 Females:
 Premenopausal: 3.27-26.81 ng/mL
 Postmenopausal: 2.68-19.72 ng/mL

Interpretation

Increased in prolactin-secreting pituitary tumors, amenorrhea and/or galactorrhea, Chiari-Frommel and Argonz Del Cstillo syndromes, various types of hypothalamic-pituitary disease (e.g. sarcoidosis, granulomatous diseases, craniopharyngioma, metastatic cancer, empty sella syndrome), primary hypothyroidism, anorexia nervosa, polycystic ovary syndrome, renal failure, insulin-induced hypoglycemia, chest wall injury, adrenal insufficiency, and pituitary stalk section surgery
 Decreased in pituitary apoplexy (Sheehan's Syndrome)

FSH - Follicle Stimulating Hormone, Serum*

Date	26/Nov/2025 07:00AM	Unit	Bio Ref Interval
Follicle Stimulating Hormone CLIA	57.10	mIU/mL	1.4 - 18.1

Ref Range

Males: 1.4-12.6 mIU/mL
 Females:
 Follicular Phase: 3.3-12.9 mIU/mL
 Ovulation Phase: 4.5-22.1 mIU/mL
 Luteal Phase: 1.5-7.8 mIU/mL
 Postmenopause: 25.4-135.6 mIU/mL

Interpretation

Increased in primary gonadal failure, ovarian or testicular agenesis, Klinefelter's syndrome, Reifenstein's syndrome, castration, alcoholism, menopause, orchitis, gonadotropin-secreting pituitary tumors.
 Decreased in anterior hypofunction, hypothalamic disorders, pregnancy, anorexia nervosa, polycystic ovarian disease, hemochromatosis, sickle cell anaemia, severe illness, hyperprolactinemia.
 Pooled samples are advisable due to episodic, diurnal and cyclic variations in gonadotropin secretion.

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Immunoassay

Female Weight Management Panel



LH-Luteinizing Hormone , Serum*

Date	26/Nov/2025 07:00AM	Unit	Bio Ref Interval
Luteinizing Hormone CLIA	35.91	mIU/mL	3.1 - 34.6

Ref Range

Males: 0.5-12.43 mIU/mL
 Females:
 Follicular Phase: 1.6-12.18 mIU/mL
 Mid-Cycle Peak: 7.31-92.53 mIU/mL
 Luteal Phase: 0.5-15.1 mIU/mL]
 Postmenopause: 5.04-63.11 mIU/mL

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"), severe stress, malnutrition, and severe illness.
 Pooled samples are advisable due to episodic, diurnal and cyclic variations in gonadotropin secretion.

Testosterone, Total, Serum*

Date	26/Nov/2025 07:00AM	Unit	Bio Ref Interval
Testosterone (total) CLIA	18.33	ng/dl	<7.0 - 35.92

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 ***



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Immunoassay
Female Weight Management Panel

Estradiol (E2),Serum (ULTRASENSITIVE)

Date	26/Nov/2025	Unit	Bio Ref Interval
	07:00AM		
Estradiol	8.90	pg/mL	
CLIA			

Value is less than the analytical measurement range < 15.0 pg/mL

Ref Range Males:

Pediatric Male (0 to < 1 year): upto 38.2
 Pre-puberty Male (1 to < 12 Years): upto – 15
 Puberty Male (12 to < 19 Years): upto 34.8
 Adult Male (≥ 19 years): upto 31.5

Females:

Pediatric Female (0 to < 1 year): upto 38.2
 Pre-puberty female (1 to < 12 Years): upto 16
 Puberty Female (12 to < 19 Years): upto 196

Non – Pregnant Females:

Early Follicular: 22.4 – 115
 Mid Follicular: 25.0 – 115
 Ovulatory Peak: 32.1 – 517
 Mid Luteal: 36.5 – 246

Post – Menopausal Females: upto 25.1

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Immunoassay

Female Weight Management Panel

Test Name	Result	Unit	Bio Ref Interval
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Homa-IR Insulin Resistance Index, Fluoride Plasma

Hexokinase, CMIA

Glucose (Fasting) Hexokinase	129.0	mg/dL	74 - 99
Insulin Serum , Fasting	11.68	uU/mL	2.00 - 25.00
Beta Cell Function (%B)	62.80	%	
Insulin Sensitivity (%S)	61.00	%	
Homa IR Index	1.64		<2.50

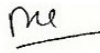
Interpretation

Homeostatic model assessment (HOMA) is a method for assessing beta cell function (%B) and insulin sensitivity (%S) from fasting glucose and insulin concentrations. HOMA can be used to track changes in insulin sensitivity and beta cell function to examine natural history of diabetes. Insulin sensitivity is reduced in normal subjects having first degree relative with type 2 diabetes compared with control subjects. Changes in beta cell sensitivity in subjects on insulin secretagogues may be useful in determining beta cell function over a period.

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.
Director & Quality Manager



Dr. Rajeev Kumar, DCP, MD
Associate Consultant
Biochemistry

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MC-2714

Laboratory Investigation Report

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

Immunoassay

Female Weight Management Panel



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

Date	26/Nov/2025 07:00AM	02/Oct/24 06:30AM	13/Jun/24 09:24AM	29/Mar/24 08:11AM	12/Jan/24 07:30AM	Unit	Bio Ref Interval
Free Triiodothyronine (FT3) CLIA	2.84	2.49	2.56	2.85	3.13	pg/mL	2.3 - 4.2
Free Thyroxine (FT4) CLIA	1.15	0.90	1.08	0.96	1.01	ng/dL	0.89 - 1.76
Thyroid Stimulating Hormone CLIA	1.288	1.64	2.91	1.25	5.98	µIU/mL	0.55 - 4.78

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. Partho Baruah
Technical Head & Principal Consultant
MBBS, DCP (Pathology)
HMC No.- HN 22564

Test Performed at : 7091 - MAX LAB UDYOG VIHAR PHASE 5 D50, 2nd Floor, Plot No D50, Udyog Vihar, Phase V,
Booking Centre : 6124 - Ajeet Kumar, Shop no .1 VPO Wazirabad Bhora market Sector – 52 Gurugram Haryana, 9311061849
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Laboratory Investigation Report

Patient Name	Centre
Age/Gender	OP/IP No/UHID
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Immunoassay
Female Weight Management Panel

Cortisol (Morning Sample), Serum

Date	26/Nov/2025 07:00AM	Unit	Bio Ref Interval
Cortisol , Serum (Morning) CLIA	14.55	µg/dL	6.7-22.6

Interpretation Highly increased in Ectopic ACTH syndrome, Increased in Cushing's (pituitary) disease, adrenal adenoma, carcinoma
Decreased in Addison's disease, congenital adrenal hyperplasia (adrenogenital syndromes), hypopituitarism
There is diurnal variation in secretion of cortisol; the level at 8:00 PM is normally half of the level at 8:00 AM. Loss of diurnal variation is often seen in Cushing's syndrome.

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.
Director & Quality Manager


Dr. Rajeev Kumar, DCP, MD
Associate Consultant
Biochemistry

Test Performed at :910 - Max Hospital - Saket M S S H, Press Enclave Road, Mandir Marg, Saket, New Delhi, Delhi 110017

Booking Centre :6124 - Ajeet Kumar, Shop no .1 VPO Wazirabad Bhora market Sector – 52 Gurugram Haryana, 9311061849

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