

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
Male Weight Management Panel


CRP- C- Reactive Protein*, Serum

Date	27/Nov/2025	27/Nov/25	Unit	Bio Ref Interval
	10:47AM	09:52AM		
CRP	0.91	0.87	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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Max Lab Limited (A Wholly Owned Subsidiary of Max Healthcare Institute Ltd.)

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 ✉ feedback@maxlab.co.in

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Clinical Biochemistry
Male Weight Management Panel


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

Date	27/Nov/2025 10:47AM	Unit	Bio Ref Interval
Urea calculated(UN_c value)	27.3	mg/dl	19.26 - 49.22
Blood Urea Nitrogen Urease with GLDH	12.74	mg/dL	9.0 - 23.0
Creatinine jaffe,alkaline picrate, kinetic with blank rate co	0.81	mg/dL	0.70 - 1.30
eGFR by MDRD MDRD	106.94	ml/min/1.73 m ²	
eGFR by CKD EPI 2021	115.28		
Bun/Creatinine Ratio Calculated	15.73	ratio	10.0 - 20.0
Uric Acid Uricase,peroxidase	6.8	mg/dl	3.7 - 9.2
Calcium (Total) Arsenazo Colorimetric	9.2	mg/dl	8.7 - 10.4
Sodium MT	140.0	mmol/L	136 - 145
Potassium MT	4.76	mmol/L	3.5 - 5.1
Chloride MT	104	mmol/L	98 - 107

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
Male Weight Management Panel

SIN No: B2B8722333

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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Immunoassay

Male 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	84.0	mg/dL	74 - 99
Insulin Serum , Fasting	6.93	uU/mL	2.00 - 25.00
Beta Cell Function (%B)	102.00	%	
Insulin Sensitivity (%S)	113.00	%	
Homa IR Index	0.88		<2.50

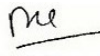
Interpretation

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

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Serology

Male Weight Management Panel

Test Name	Result	Unit	Bio Ref Interval
C-Peptide Fasting			
C-Peptide Fasting	2.51	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

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Clinical Biochemistry Male Weight Management Panel



HbA1c (Glycated/ Glycosylated Hemoglobin) Test*, EDTA HPLC

Date	27/Nov/2025 10:47AM	27/Nov/25 09:52AM	Unit	Bio Ref Interval
Glycosylated Haemoglobin(Hb A1c) HPLC	5.40	5.40	%	< 5.7
Glycosylated Haemoglobin(Hb A1c) IFCC Calculated	35.51	35.51	mmol/mol	< 39.0
Average Glucose Value For the Last 3 Months Calculated	108.28	108.28	mg/dL	
Average Glucose Value For the Last 3 Months IFCC Calculated	6.00	6.00	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 ***


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

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Immunoassay
Male Weight Management Panel

Estradiol (E2), Serum (ULTRASENSITIVE)

Date	27/Nov/2025 10:47AM	Unit	Bio Ref Interval
Estradiol CLIA	41.07	pg/mL	20 - 75

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 ($\geq$ 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

Cortisol (Morning Sample), Serum

Date	27/Nov/2025 10:47AM	Unit	Bio Ref Interval
Cortisol , Serum (Morning) CLIA	11.74	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

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MC-2714

Laboratory Investigation Report

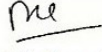
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Immunoassay**Male Weight Management Panel**

SIN No: B2B8722333



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Principal Director-
Max Lab & Blood Bank Services



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Director & Quality Manager



Dr. Rajeev Kumar, DCP, MD
Associate Consultant
Biochemistry

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Immunoassay
Male Weight Management Panel

Testosterone, Total, Serum*

Date	27/Nov/2025 10:47AM	Unit	Bio Ref Interval
Testosterone (total) CLIA	401.02	ng/dl	197.44 - 669.58

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

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Clinical Biochemistry
Male Weight Management Panel

Lipid Profile, Serum*

Date	27/Nov/2025 10:47AM	27/Nov/25 09:52AM	Unit	Bio Ref Interval
Cholesterol Colorimetri Cholesterol esterase and chole	265	259	mg/dL	< 200
HDL Cholesterol Accelerator selective detergent methodology	39.1	39.2	mg/dL	> 40
LDL Cholesterol Direct	174	167	mg/dL	
Triglyceride GPO	260.0	263.0	mg/dL	30 - 149
VLDL Cholesterol Calculated	52.0	52.6	mg/dl	< 30
Total Cholesterol/HDL Ratio Calculated	6.8	6.6	..	0.0-4.9
Non-HDL Cholesterol Calculated	225.90	219.80	mg/dL	< 130
HDL/LDL Calculated	0.22	0.23	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
Male Weight Management Panel

Liver Function Test (LFT)*, Serum

Date	27/Nov/2025 10:47AM	27/Nov/25 09:52AM	Unit	Bio Ref Interval
Total Protein Biuret	7.70	7.70	g/dl	5.7 - 8.2
Albumin Bromocresol Green	4.5	4.6	g/dL	3.4 - 5.0
Globulin Calculated	3.2	3.1	g/dL	2.7 - 4.3
A.G. ratio Calculated	1.4	1.5		1.2 - 1.5
Bilirubin (Total) Vanadate oxidation	0.9	0.9	mg/dl	0.3 - 1.2
Bilirubin (Direct) Vanadate oxidation	0.19	0.19	mg/dl	<=0.3
Bilirubin (Indirect) Calculated	0.71	0.71	mg/dL	0.1 - 1.0
SGOT- Aspartate Transaminase (AST) Modified IFCC	34	34	U/L	13 - 40
SGPT- Alanine Transaminase (ALT) Modified IFCC	40	42	U/L	10 - 49
AST/ALT Ratio Calculated	0.85	0.81	Ratio	
Alkaline Phosphatase IFCC Standardization	86	86	U/L	46 - 116
GGTP (Gamma GT), Serum Enzymatic Rate	58.0	58.0	U/L	7 - 50

Kindly correlate with clinical findings

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Conditions of Reporting: 1. The tests are carried out in the lab with the presumption that the specimen belongs to the patient name as identified in the bill/test request form. 2. The test results relate specifically to the sample received in the lab and are presumed to have been generated and transported per specific instructions given by the physicians/laboratory. 3. The reported results are for the information and interpretation by the referring doctor only. 4. Some tests are referred to other laboratories to provide a wider test menu to the customer. 5. Max Healthcare shall in no event be liable for accidental damages loss, or destruction of specimen which is not attributable to any direct and mala fide act or omission of Max Healthcare or its employees. Liability of Max Healthcare for deficiency of services, or other errors and omissions shall be limited to fee paid by the patient for the relevant laboratory services.

Laboratory Investigation Report

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

Immunoassay

Male Weight Management Panel



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

Date	27/Nov/2025	27/Nov/25	Unit	Bio Ref Interval
	10:47AM	09:52AM		
Free Triiodothyronine (FT3) CLIA	2.83	2.80	pg/mL	2.3 - 4.2
Free Thyroxine (FT4) CLIA	1.34	1.32	ng/dL	0.89 - 1.76
Thyroid Stimulating Hormone CLIA	5.930	6.161	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

Results to follow:

Free Testosterone, Serum : 02/Dec/2025 07:00 PM

Test Performed at : 7091 - MAX LAB UDYOG VIHAR PHASE 5 D50, 2nd Floor, Plot No D50, Udyog Vihar, Phase V,
Booking Centre : 2277 - Home Collection DNCR, N-110, Panchsheel Park, 7982100200
The authenticity of the report can be verified by scanning the Q R Code on top of the page

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Max Lab Limited (A Wholly Owned Subsidiary of Max Healthcare Institute Ltd.)

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