KONNECT PATHLABS Pvt. Ltd.

Name	: **Mrs. HIMA LAXMI A**		
Age/Gender	: 47 Yrs / F	Location Id	: LOC05
Ref.Dr.	: SELF	Registered On	: 07-Apr-2025 08:54 AM
Req No.	: **KSP256338**	Collected On	: 07-Apr-2025 08:58 AM
Sample Type	: Serum	Reported On	: 07-Apr-2025 10:27 AM
Client Name	:	Client Code	:

BIOCHEMISTRY

LIPID PROFILE

Test Name	Observed Values	Units	Biological Reference Intervals
TOTAL CHOLESTEROL Method:CHOD - POD	**255**	mg/dL	Desirable : < 200 Borderline: 200 - 239 High Risk : > 240
TRIGLYCERIDES Method:Glycerol Phoshpate Oxidase	173	mg/dL	Desirable Level :<150 Border line :150-199 High :200-499 Very High :>499
HDL - CHOLESTEROL Method:Immunoinhibition	32	mg/dL	Desirable Level :>59 Optimal :40-59 Undesirable :<40
LDL - CHOLESTEROL Method:FRIEDEWALD FORMULA	188	mg/dL	Optimal :<100 near Optimal :100-129 Borderline High:130-159 High :160-189 Very High :>189
VLDL CHOLESTEROL Method:Calculated	34	mg/dL	7-40
CHOL/HDL RATIO Method:Calculated	7.9	-	Low risk :3.3 - 4.4 Average Risk :4.5 - 7.1 Moderate Risk: 7.2 - 11.0
LDL / HDL RATIO Method:Calculated	5.8	-	Desirable level :0.5 3.0 Borderline Risk :3.0-6.0 High Risk :>6.0

Note : 0023

Interpretation:

When Triglyceride level is > 400 mg/dL, Friedewald Equation is not applicable for calculation of LDL & VLDL. Hence the calculated values are not provided for such samples.

Major Risk Factors (Exclusive of LDL Cholesterol): Cigarette smoking, Hypertension (blood pressure 140/90 mm Hg or on antihypertensive medication), Low HDL cholesterol (<40 mg/dL)*, Family history of premature CHD (CHD in male first-degree relative <55 years; CHD in female first-degree relative <65 years), Age (men 45 years; women 55 years).

Risk Category	LDL Goal	LDL Level at Which to Initiate Therapeutic Lifestyle Changes (TLC)	LDL Level at Which to Consider Drug Therapy
CHD or CHD RiskEquivalents(10-year risk >20%)	<100 mg/dL	>100 mg/dL	>130 mg/dL (100-129 mg/dL: drug optional)*

Please Corelate With Clinical Findings If Necessary Discuss With undersigned

* This is an Electronically Authenticated Report*

24x7 LABORATORY SERVICES

24x7 Call Center Number : 040 4123 5555

KONNECT PATHLABS Pvt. Ltd.

Name	: **Mrs. HIMA LAXMI A**		
Age/Gender	: 47 Yrs / F	Location Id	: LOC05
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2+ Risk Factors (10-year risk <20%)	<130 mg/dL	>130 mg/dL	10-year risk 10-20%: >130 mg/dL 10-year risk <10%:>160mg/dL
0-1 Risk Factor	<160 mg/dL	>160 mg/dL	>190 mg/dL (160-189 mg/dL: LDL-lowering drug optional)

Biological Reference: National Cholesterol Education Program (NCEP) Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III). JAMA 2001;285:2486-97.

Dr.D.Srinivas
MBBS,DCP,DNB (PATHOLOGY)

---------- End Of The Report ----------

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24x7 LABORATORY SERVICES
24x7 Call Center Number : 040 4123 5555

Name	: **Mrs. HIMA LAXMI A**		
Age/Gender	: 47 Yrs / F	Location Id	: LOC05
Ref.Dr.	: SELF	Registered On	: 07-Apr-2025 08:54 AM
Req No.	: **KSP256338**	Collected On	: 07-Apr-2025 08:58 AM
Sample Type	: Serum	Reported On	: 08-Apr-2025 13:24 PM
Client Name	:	Client Code	:

HORMONES

THYROID PROFILE

Test Name	Observed Values	Units	Biological Reference Intervals
TOTAL TRIIODOTHYRONINE (T3) Method:CLIA	1.21	ng/mL	1.07 - 1.86
TOTAL THYROXINE (T4) Method:CLIA	12.5	ug/dl	6.52 - 13.2
THYROID STIMULATING HORMONE (TSH) Method:CLIA	3.04	µIU/mL	Adults:0.86 - 4.80 Pregnancy: 1st Trimester: 0.12-3.12 2nd Trimester: 0.27-2.65 3rd Trimester: 0.31-2.94

Interpretation:

- Assay results should be interpreted in context to the clinical condition and associated results of other investigations.
- Previous treatment with corticosteroid therapy may result in lower TSH levels while Thyroid hormone levels are normal.
- Results are invalidated if the client has undergone a radionuclide scan within 7-14 days before the test.
- Abnormal thyroid test findings often found in critically ill clients should be repeated after the critical nature of the condition is resolved.
- The production, circulation, and disposal of Thyroid hormone are altered throughout the stages of pregnancy.

TSH	TOTAL T4	TOTAL T3	CONDITIONS
Normal	Normal	Normal	Euthyroid(Normal)
Low	Normal	Normal	Subclinical Hypothyroidism
High	Low	Low	Primary Hypothyroidism
Low	Low	Low	Secondary Hypothyroidism
Low	Normal	Normal	Subclinical Hyperthyroidism
Low	High	High	Primary Hyperthyroidism
High	High	High	Secondary Hyperthyroidism

Note: The above test results alone are not diagnostic but will prompt a health practitioner to perform additional testing to investigate the cause of the excess or deficiency and thyroid disorder. As examples, the most common cause of hypothyroidism is Graves disease and the most common cause of hypothyroidism is Hashimoto thyroiditis.

Dr.V.Sapna
MBBS,MD

---------- End Of The Report ----------

KONNECT PATHLABS Pvt. Ltd.

Name	: **Mrs. HIMA LAXMI A**		
Age/Gender	: 47 Yrs / F	Location Id	: LOC05
Ref.Dr.	: SELF	Registered On	: 07-Apr-2025 08:54 AM
Req No.	: **KSP256338**	Collected On	: 07-Apr-2025 08:58 AM
Sample Type	: Serum	Reported On	: 07-Apr-2025 10:27 AM
Client Name	:	Client Code	:

BIOCHEMISTRY

Uric Acid Serum

Test Name	Observed Values	Units	Biological Reference Intervals
URIC ACID Method:Uricase	**10.3**	mg/dL	Male:3.5 -7.2 Female:2.6 - 6.0

Note : 0023

Interpretation:

- Uric acid is the end product of purine metabolism.
- Increased levels are found in Gout, Arthiritis, impaired renal functions and starvation.
- Decreased levels are found in Wilson's Disease, Fanconis Syndrome and Yellow Atrophy of the Liver.

Dr.D.Srinivas
MBBS,DCP,DNB (PATHOLOGY)

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KONNECT PATHLABS Pvt. Ltd.

Name	: **Mrs. HIMA LAXMI A**		
Age/Gender	: 47 Yrs / F	Location Id	: LOC05
Ref.Dr.	: SELF	Registered On	: 07-Apr-2025 08:54 AM
Req No.	: **KSP256338**	Collected On	: 07-Apr-2025 08:58 AM
Sample Type	: Whole Blood	Reported On	: 07-Apr-2025 09:30 AM
Client Name	:	Client Code	:

BIOCHEMISTRY

HbA1C (GLYCOSYLATED HAEMOGLOBIN)

Test Name	Observed Values	Units	Biological Reference Intervals
HbA1C(GLYCOSYLATED HAEMOGLOBIN) Method:HPLC	**5.8**	%	Non-diabetic:<5.7 Pre-diabetic: 5.7 - 6.4 Diabetic:=6.5
Estimated Average Glucose (eAG) Method:Calculated	120	mg/dL	< 117 : Normal 117 - 137 : Pre Diabetic > 137 : Diabetic

Note : 0023

Note:

- eAG is calculated using HbA1C value and cannot be used for diagnosis.

Dr.D.Srinivas
MBBS,DCP,DNB (PATHOLOGY)

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