

Dr. Vinay Chopra  
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Chairman & Consultant Pathologist

Dr. Yugam Chopra  
MD (Pathology)  
CEO & Consultant Pathologist

NAME : Mrs. ANURADHA  
AGE/ GENDER : 54 YRS/FEMALE  
COLLECTED BY :  
REFERRED BY :  
BARCODE NO. : 01512766  
CLIENT CODE. : KOS DIAGNOSTIC LAB  
CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT

PATIENT ID : 1542515  
REG. NO./LAB NO. : 012407080058  
REGISTRATION DATE : 08/Jul/2024 06:21 PM  
COLLECTION DATE : 08/Jul/2024 06:23PM  
REPORTING DATE : 08/Jul/2024 07:46PM

Test Name	Value	Unit	Biological Reference interval
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CLINICAL CHEMISTRY/BIOCHEMISTRY  
TRIGLYCERIDES

TRIGLYCERIDES: SERUM by GLYCEROL PHOSPHATE OXIDASE (ENZYMATIC)	228.98 <sup>H</sup>	mg/dL	OPTIMAL: < 150.0 BORDERLINE HIGH: 150.0 - 199.0 HIGH: 200.0 - 499.0 VERY HIGH: > OR = 500.0
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INTERPRETATION:

NCEP RECOMMENDATIONS	TRIGLYCERIDES IN ADULTS (mg/dL)
DESIRABLE	< 150.0
BORDERLINE HIGH	150.0 – 199.0
HIGH	200.0 – 499.0
VERY HIGH	>OR = 500.0

NOTE

- Measurements in the same patient can show physiological variations. Three serial samples 1 week apart are recommended to establish basal triglyceride levels.
- Certain conditions such as acute illness, stress, pregnancy, dietary changes especially changes in intake of saturated fatty acids, lipid lowering drugs, alcohol or prednisone may cause variation in lipid levels.

COMMENTS

National Lipid association - 2014 identifies elevated Triglycerides as an independent risk factor for Coronary Heart Disease (CHD).



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#### SGOT/SGPT PROFILE

SGOT/AST: SERUM <i>by IFCC, WITHOUT PYRIDOXAL PHOSPHATE</i>	25.8	U/L	7.00 - 45.00
SGPT/ALT: SERUM <i>by IFCC, WITHOUT PYRIDOXAL PHOSPHATE</i>	31.2	U/L	0.00 - 49.00
SGOT/SGPT RATIO <i>by CALCULATED, SPECTROPHOTOMETRY</i>	0.83		

#### INTERPRETATION

**NOTE:-** To be correlated in individuals having SGOT and SGPT values higher than Normal Reference Range.

**USE:-** Differential diagnosis of diseases of hepatobiliary system and pancreas.

#### INCREASED:-

DRUG HEPATOTOXICITY	> 2
ALCOHOLIC HEPATITIS	> 2 (Highly Suggestive)
CIRRHOSIS	1.4 - 2.0
INTRAHEPATIC CHOLESTASIS	> 1.5
HEPATOCELLULAR CARCINOMA & CHRONIC HEPATITIS	> 1.3 (Slightly Increased)

#### DECREASED:-


1. Acute Hepatitis due to virus, drugs, toxins (with AST increased 3 to 10 times upper limit of normal)
2. Extra Hepatic cholestasis: 0.8 (normal or slightly decreased).


#### PROGNOSTIC SIGNIFICANCE:-

NORMAL	< 0.65
GOOD PROGNOSTIC SIGN	0.3 - 0.6
POOR PROGNOSTIC SIGN	1.2 - 1.6

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



  
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