

Dr. Vinay Chopra
MD (Pathology & Microbiology)
Chairman & Consultant Pathologist

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

NAME : Mr. DINESH BAKSHI
AGE/ GENDER : 64 YRS/MALE
COLLECTED BY : SURJESH
REFERRED BY :
BARCODE NO. : 01516808
CLIENT CODE. : KOS DIAGNOSTIC LAB
CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT

PATIENT ID : 1610502
REG. NO./LAB NO. : 012409120018
REGISTRATION DATE : 12/Sep/2024 09:11 AM
COLLECTION DATE : 12/Sep/2024 09:27AM
REPORTING DATE : 12/Sep/2024 10:47AM

| Test Name | Value | Unit | Biological Reference interval |
|-----------|-------|------|-------------------------------|
|-----------|-------|------|-------------------------------|

CLINICAL CHEMISTRY/BIOCHEMISTRY

LIPID PROFILE : BASIC

| | | | |
|---|--------|-------|--|
| CHOLESTEROL TOTAL: SERUM by CHOLESTEROL OXIDASE PAP | 116.24 | mg/dL | OPTIMAL: < 200.0 BORDERLINE HIGH: 200.0 - 239.0 HIGH CHOLESTEROL: > OR = 240.0 |
| TRIGLYCERIDES: SERUM by GLYCEROL PHOSPHATE OXIDASE (ENZYMATIC) | 124.44 | mg/dL | OPTIMAL: < 150.0 BORDERLINE HIGH: 150.0 - 199.0 HIGH: 200.0 - 499.0 VERY HIGH: > OR = 500.0 |
| HDL CHOLESTEROL (DIRECT): SERUM by SELECTIVE INHIBITION | 38.94 | mg/dL | LOW HDL: < 30.0 BORDERLINE HIGH HDL: 30.0 - 60.0 HIGH HDL: > OR = 60.0 |
| LDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY | 52.41 | mg/dL | OPTIMAL: < 100.0 ABOVE OPTIMAL: 100.0 - 129.0 BORDERLINE HIGH: 130.0 - 159.0 HIGH: 160.0 - 189.0 VERY HIGH: > OR = 190.0 |
| NON HDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY | 77.3 | mg/dL | OPTIMAL: < 130.0 ABOVE OPTIMAL: 130.0 - 159.0 BORDERLINE HIGH: 160.0 - 189.0 HIGH: 190.0 - 219.0 VERY HIGH: > OR = 220.0 |
| VLDL CHOLESTEROL: SERUM by CALCULATED, SPECTROPHOTOMETRY | 24.89 | mg/dL | 0.00 - 45.00 |
| TOTAL LIPIDS: SERUM by CALCULATED, SPECTROPHOTOMETRY | 356.92 | mg/dL | 350.00 - 700.00 |
| CHOLESTEROL/HDL RATIO: SERUM by CALCULATED, SPECTROPHOTOMETRY | 2.99 | RATIO | LOW RISK: 3.30 - 4.40 AVERAGE RISK: 4.50 - 7.0 MODERATE RISK: 7.10 - 11.0 HIGH RISK: > 11.0 |
| LDL/HDL RATIO: SERUM | 1.35 | RATIO | LOW RISK: 0.50 - 3.0 |



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| TRIGLYCERIDES/HDL RATIO: SERUM | 3.2 | RATIO | MODERATE RISK: 3.10 - 6.0 HIGH RISK: > 6.0 |
| by CALCULATED, SPECTROPHOTOMETRY | | | |

INTERPRETATION:

- Measurements in the same patient can show physiological & analytical variations. Three serial samples 1 week apart are recommended for Total Cholesterol, Triglycerides, HDL & LDL Cholesterol.
- As per NLA-2014 guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- Low HDL levels are associated with increased risk for Atherosclerotic Cardiovascular disease (ASCVD) due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- NLA-2014 identifies Non HDL Cholesterol (an indicator of all atherogenic lipoproteins such as LDL, VLDL, IDL, Lp(a), Chylomicron remnants) along with LDL-cholesterol as co-primary target for cholesterol lowering therapy. Note that major risk factors can modify treatment goals for LDL & Non HDL.
- Additional testing for Apolipoprotein B, hsCRP, Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement.




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URIC ACID

URIC ACID: SERUM
 by URICASE - OXIDASE PEROXIDASE
8.11^H **mg/dL** **3.60 - 7.70**

INTERPRETATION:-

1. GOUT occurs when high levels of Uric Acid in the blood cause crystals to form & accumulate around a joint.
 2. Uric Acid is the end product of purine metabolism. Uric acid is excreted to a large degree by the kidneys and to a smaller degree in the intestinal tract by microbial degradation.

INCREASED:-

(A).DUE TO INCREASED PRODUCTION:-

1. Idiopathic primary gout.
2. Excessive dietary purines (organ meats, legumes, anchovies, etc).
3. Cytolytic treatment of malignancies especially leukemias & lymphomas.
4. Polycythemia vera & myeloid metaplasia.
5. Psoriasis.
6. Sickle cell anaemia etc.

(B).DUE TO DECREASED EXCRETION (BY KIDNEYS)

1. Alcohol ingestion.
2. Thiazide diuretics.
3. Lactic acidosis.
4. Aspirin ingestion (less than 2 grams per day).
5. Diabetic ketoacidosis or starvation.
6. Renal failure due to any cause etc.

DECREASED:-

(A).DUE TO DIETARY DEFICIENCY

1. Dietary deficiency of Zinc, Iron and molybdenum.
2. Fanconi syndrome & Wilson's disease.
3. Multiple sclerosis.
4. Syndrome of inappropriate antidiuretic hormone (SIADH) secretion & low purine diet etc.

(B).DUE TO INCREASED EXCRETION

1. Drugs:- Probenecid, sulphinpyrazone, aspirin doses (more than 4 grams per day), corticosteroids and ACTH, anti-coagulants and estrogens etc.

*** End Of Report ***





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