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

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

NAME	**: Mrs. ANU PURI**		
AGE/ GENDER	: 61 YRS/FEMALE	**PATIENT ID**	: 1672614
COLLECTED BY	: SURJESH	**REG. NO./LAB NO.**	**: 012411150021**
REFERRED BY	:	**REGISTRATION DATE**	: 15/Nov/2024 10:18 AM
BARCODE NO.	: 01520837	**COLLECTION DATE**	: 15/Nov/2024 10:20AM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	**REPORTING DATE**	: 15/Nov/2024 11:32AM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval

CLINICAL CHEMISTRY/BIOCHEMISTRY

TRIGLYCERIDES

TRIGLYCERIDES: SERUM *by GLYCEROL PHOSPHATE OXIDASE (ENZYMATIC)*	109.53	mg/dL	OPTIMAL: < 150.0 BORDERLINE HIGH: 150.0 - 199.0 HIGH: 200.0 - 499.0 VERY HIGH: > OR = 500.0

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

1. Measurements in the same patient can show physiological variations. Three serial samples 1 week apart are recommended to establish basal triglyceride levels.
2. 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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Test Name	Value	Unit	Biological Reference interval
CREATININE			
CREATININE: SERUM *by ENZYMATIC, SPECTROPHOTOMETRY*	0.8	mg/dL	0.40 - 1.20

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Test Name	Value	Unit	Biological Reference interval

URIC ACID

URIC ACID: SERUM *by URICASE - OXIDASE PEROXIDASE*	**7.01^{H}**	mg/dL	2.50 - 6.80

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 leukemais & lymphomas.
4.Polycythemai vera & myeloid metaplasia.
5.Psoriasis.
6.Sickle cell anaemia etc.

(B).DUE TO DECREASED EXCREATION (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 & Wilsons disease.
3.Multiple sclerosis .
4.Syndrome of inappropriate antidiuretic hormone (SIADH) secretion & low purine diet etc.

(B).DUE TO INCREASED EXCREATION

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

*** End Of Report ***

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