

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

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

<b>NAME</b>	: Mr. BHOJRAJ	<b>PATIENT ID</b>	: 1736119
<b>AGE/ GENDER</b>	: 55 YRS/MALE	<b>REG. NO./LAB NO.</b>	: 012501270032
<b>COLLECTED BY</b>	: SURJESH	<b>REGISTRATION DATE</b>	: 27/Jan/2025 12:01 PM
<b>REFERRED BY</b>	:	<b>COLLECTION DATE</b>	: 27/Jan/2025 12:01PM
<b>BARCODE NO.</b>	: 01524503	<b>REPORTING DATE</b>	: 27/Jan/2025 01:54PM
<b>CLIENT CODE.</b>	: KOS DIAGNOSTIC LAB		
<b>CLIENT ADDRESS</b>	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

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

**CHOLESTEROL: SERUM**

<b>CHOLESTEROL TOTAL: SERUM</b> <i>by CHOLESTEROL OXIDASE PAP</i>	151.2	mg/dL	OPTIMAL: < 200.0 BORDERLINE HIGH: 200.0 - 239.0 HIGH CHOLESTEROL: > OR = 240.0
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**INTERPRETATION:**


NATIONAL LIPID ASSOCIATION RECOMMENDATIONS (NLA-2014)	CHOLESTEROL IN ADULTS (mg/dL)	CHOLESTEROL IN ADULTS (mg/dL)
DESIRABLE	< 200.0	< 170.0
BORDERLINE HIGH	200.0 – 239.0	171.0 – 199.0
HIGH	>= 240.0	>= 200.0

**NOTE:**

- 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 National Lipid association - 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.



  
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**URIC ACID**

URIC ACID: SERUM	5.13	mg/dL	3.60 - 7.70
<i>by URICASE - OXIDASE PEROXIDASE</i>			

**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 & Wilsons 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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