

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

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

|                       |  |                          |                        |
|-----------------------|--|--------------------------|------------------------|
| <b>NAME</b>           | : Mrs. SWARAN KAUR                     | <b>PATIENT ID</b>        | : 819327               |
| <b>AGE/ GENDER</b>    | : 60 YRS/FEMALE                        | <b>REG. NO./LAB NO.</b>  | : 042502130001         |
| <b>COLLECTED BY</b>   | :                                      | <b>REGISTRATION DATE</b> | : 13/Feb/2025 11:15 AM |
| <b>REFERRED BY</b>    | :                                      | <b>COLLECTION DATE</b>   | : 13/Feb/2025 02:54PM  |
| <b>BARCODE NO.</b>    | : A1260484                             | <b>REPORTING DATE</b>    | : 13/Feb/2025 04:06PM  |
| <b>CLIENT CODE.</b>   | : KOS DIAGNOSTIC SHAHBAD               |                          |                        |
| <b>CLIENT ADDRESS</b> | : 6349/1, NICHOLSON ROAD, AMBALA CANTT |                          |                        |

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

## CLINICAL CHEMISTRY/BIOCHEMISTRY

### CHOLESTEROL: SERUM

|  |        |       |  |
|--|--------|-------|--|
| CHOLESTEROL TOTAL: SERUM<br>by CHOLESTEROL OXIDASE PAP | 193.94 | mg/dL | OPTIMAL: < 200.0<br>BORDERLINE HIGH: 200.0 - 239.0<br>HIGH CHOLESTEROL: > OR = 240.0 |
|--|--------|-------|--|

#### 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                | 3.43 | mg/dL | 2.50 - 6.80 |
| by URICASE - OXIDASE PEROXIDASE |      |       |             |

#### 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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