



# P K R JAIN HEALTHCARE INSTITUTE

NASIRPUR, Hissar Road, AMBALA CITY- (Haryana)

## A PIONEER DIAGNOSTIC CENTRE

☎ 0171-2532620, 8222896961 ✉ pkrjainhealthcare@gmail.com

TEST PERFORMED AT: KOS DIAGNOSTIC LAB, AMBALA CANTT.

<b>NAME</b>	: Mr. MOHIT KUMAR		
<b>AGE/ GENDER</b>	: 34 YRS/MALE	<b>PATIENT ID</b>	: 1572067
<b>COLLECTED BY</b>	:	<b>REG. NO./LAB NO.</b>	: 122408060002
<b>REFERRED BY</b>	:	<b>REGISTRATION DATE</b>	: 06/Aug/2024 08:22 AM
<b>BARCODE NO.</b>	: 12503999	<b>COLLECTION DATE</b>	: 06/Aug/2024 08:42AM
<b>CLIENT CODE.</b>	: P.K.R JAIN HEALTHCARE INSTITUTE	<b>REPORTING DATE</b>	: 06/Aug/2024 10:50AM
<b>CLIENT ADDRESS</b>	: NASIRPUR, HISSAR ROAD, AMBALA CITY - HARYANA		

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

#### CHOLESTEROL: SERUM

CHOLESTEROL TOTAL: SERUM  
by CHOLESTEROL OXIDASE PAP

132.6 mg/dL

OPTIMAL: < 200.0  
BORDERLINE HIGH: 200.0 - 239.0  
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 <i>by URICASE - OXIDASE PEROXIDASE</i>	4.72	mg/dL	3.60 - 7.70
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#### 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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