



# P K R JAIN HEALTHCARE INSTITUTE

NASIRPUR, Hissar Road, AMBALA CITY- (Haryana)

**A PIONEER DIAGNOSTIC CENTRE**

☎ 0171-2532620, 8222896961 ✉ [pkrajainhealthcare@gmail.com](mailto:pkrajainhealthcare@gmail.com)

TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.

|                       |  |                          |                        |
|-----------------------|--|--------------------------|------------------------|
| <b>NAME</b>           | : Mr. KULBIR SINGH                             | <b>PATIENT ID</b>        | : 1586345              |
| <b>AGE/ GENDER</b>    | : 44 YRS/MALE                                  | <b>REG. NO./LAB NO.</b>  | : 122408210003         |
| <b>COLLECTED BY</b>   | :  | <b>REGISTRATION DATE</b> | : 21/Aug/2024 08:48 AM |
| <b>REFERRED BY</b>    | :  | <b>COLLECTION DATE</b>   | : 21/Aug/2024 08:54AM  |
| <b>BARCODE NO.</b>    | : 12504230                                     | <b>REPORTING DATE</b>    | : 21/Aug/2024 12:28PM  |
| <b>CLIENT CODE.</b>   | : P.K.R JAIN HEALTHCARE INSTITUTE              |                          |                        |
| <b>CLIENT ADDRESS</b> | : NASIRPUR, HISSAR ROAD, AMBALA CITY - HARYANA |                          |                        |

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

## CLINICAL CHEMISTRY/BIOCHEMISTRY

### GLUCOSE FASTING (F)

GLUCOSE FASTING (F): PLASMA

85.61

mg/dL

by GLUCOSE OXIDASE - PEROXIDASE (GOD-POD)

NORMAL: < 100.0

PREDIABETIC: 100.0 - 125.0

DIABETIC: > OR = 126.0

#### INTERPRETATION

##### IN ACCORDANCE WITH AMERICAN DIABETES ASSOCIATION GUIDELINES:

1. A fasting plasma glucose level below 100 mg/dl is considered normal.
2. A fasting plasma glucose level between 100 - 125 mg/dl is considered as glucose intolerant or prediabetic. A fasting and post-prandial blood test (after consumption of 75 gms of glucose) is recommended for all such patients.
3. A fasting plasma glucose level of above 125 mg/dl is highly suggestive of diabetic state. A repeat post-prandial is strongly recommended for all such patients. A fasting plasma glucose level in excess of 125 mg/dl on both occasions is confirmatory for diabetic state.



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## CHOLESTEROL: SERUM

CHOLESTEROL TOTAL: SERUM  
by CHOLESTEROL OXIDASE PAP

194.74

mg/dL

OPTIMAL: < 200.0  
BORDERLINE HIGH: 200.0 - 239.0  
HIGH CHOLESTEROL: > OR = 240.0

### INTERPRETATION:

| NATIONAL LIPID ASSOCIATION<br>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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## SGOT/SGPT PROFILE

|   |                     |     |              |
|---|---------------------|-----|--------------|
| SGOT/AST: SERUM<br>by IFCC, WITHOUT PYRIDOXAL PHOSPHATE | 109.6 <sup>H</sup>  | U/L | 7.00 - 45.00 |
| SGPT/ALT: SERUM<br>by IFCC, WITHOUT PYRIDOXAL PHOSPHATE | 173.47 <sup>H</sup> | U/L | 0.00 - 49.00 |
| SGOT/SGPT RATIO<br>by CALCULATED, SPECTROPHOTOMETRY     | 0.63                |     |              |

### INTERPRETATION

**NOTE:-** To be correlated in individuals having SGOT and SGPT values higher than Normal Reference Range.

**USE:-** Differential diagnosis of diseases of hepatobiliary system and pancreas.

### INCREASED:-

|  |                            |
|--|----------------------------|
| DRUG HEPATOTOXICITY                          | > 2                        |
| ALCOHOLIC HEPATITIS                          | > 2 (Highly Suggestive)    |
| CIRRHOSIS                                    | 1.4 - 2.0                  |
| INTRAHEPATIC CHOLESTATIS                     | > 1.5                      |
| HEPATOCELLULAR CARCINOMA & CHRONIC HEPATITIS | > 1.3 (Slightly Increased) |

### DECREASED:-


- Acute Hepatitis due to virus, drugs, toxins (with AST increased 3 to 10 times upper limit of normal)
- Extra Hepatic cholestasis: 0.8 (normal or slightly decreased).


### PROGNOSTIC SIGNIFICANCE:-

|                      |           |
|----------------------|-----------|
| NORMAL               | < 0.65    |
| GOOD PROGNOSTIC SIGN | 0.3 - 0.6 |
| POOR PROGNOSTIC SIGN | 1.2 - 1.6 |

\*\*\* End Of Report \*\*\*



  
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