



P K R JAIN HEALTHCARE INSTITUTE

NASIRPUR, Hissar Road, AMBALA CITY- (Haryana)

A PIONEER DIAGNOSTIC CENTRE

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

NAME : Mr. ASHWANI KALRA
AGE/ GENDER : 52 YRS/MALE
COLLECTED BY :
REFERRED BY :
BARCODE NO. : 12504540
CLIENT CODE. : P.K.R JAIN HEALTHCARE INSTITUTE
CLIENT ADDRESS : NASIRPUR, HISSAR ROAD, AMBALA CITY - HARYANA

PATIENT ID : 1329284
REG. NO./LAB NO. : 122409070007
REGISTRATION DATE : 07/Sep/2024 09:54 AM
COLLECTION DATE : 07/Sep/2024 10:37AM
REPORTING DATE : 07/Sep/2024 12:12PM

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

CLINICAL CHEMISTRY/BIOCHEMISTRY

TRIGLYCERIDES

TRIGLYCERIDES: SERUM
by GLYCEROL PHOSPHATE OXIDASE (ENZYMATIC)

113 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

- Measurements in the same patient can show physiological variations. Three serial samples 1 week apart are recommended to establish basal triglyceride levels.
- 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 PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.

| | | | |
|-----------------------|--|--------------------------|------------------------|
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URIC ACID

| | | | |
|------------------|------|-------|-------------|
| URIC ACID: SERUM | 6.09 | mg/dL | 3.60 - 7.70 |
|------------------|------|-------|-------------|

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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