



P K R JAIN HEALTHCARE INSTITUTE

NASIRPUR, Hissar Road, AMBALA CITY- (Haryana)

A PIONEER DIAGNOSTIC CENTRE

☎ 0171-2532620, 8222896961

✉ pkrjainhealthcare@gmail.com

NAME : Mr. SURENDER
AGE/ GENDER : 33 YRS/MALE
COLLECTED BY :
REFERRED BY :
BARCODE NO. : 12504869
CLIENT CODE. : P.K.R JAIN HEALTHCARE INSTITUTE
CLIENT ADDRESS : NASIRPUR, HISSAR ROAD, AMBALA CITY - HARYANA

PATIENT ID : 1219101
REG. NO./LAB NO. : 122409230004
REGISTRATION DATE : 23/Sep/2024 08:50 AM
COLLECTION DATE : 23/Sep/2024 08:56 AM
REPORTING DATE : 23/Sep/2024 11:17 AM

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

CLINICAL CHEMISTRY/BIOCHEMISTRY

LIPID PROFILE : BASIC

| | | | |
|--|---------------------|-------|--|
| CHOLESTEROL TOTAL: SERUM <i>by CHOLESTEROL OXIDASE PAP</i> | 166.44 | mg/dL | OPTIMAL: < 200.0 BORDERLINE HIGH: 200.0 - 239.0 HIGH CHOLESTEROL: > OR = 240.0 |
| TRIGLYCERIDES: SERUM <i>by GLYCEROL PHOSPHATE OXIDASE (ENZYMATIC)</i> | 165.87 ^H | mg/dL | OPTIMAL: < 150.0 BORDERLINE HIGH: 150.0 - 199.0 HIGH: 200.0 - 499.0 VERY HIGH: > OR = 500.0 |
| HDL CHOLESTEROL (DIRECT): SERUM <i>by SELECTIVE INHIBITION</i> | 49.93 | mg/dL | LOW HDL: < 30.0 BORDERLINE HIGH HDL: 30.0 - 60.0 HIGH HDL: > OR = 60.0 |
| LDL CHOLESTEROL: SERUM <i>by CALCULATED, SPECTROPHOTOMETRY</i> | 83.34 | mg/dL | OPTIMAL: < 100.0 ABOVE OPTIMAL: 100.0 - 129.0 BORDERLINE HIGH: 130.0 - 159.0 HIGH: 160.0 - 189.0 VERY HIGH: > OR = 190.0 |
| NON HDL CHOLESTEROL: SERUM <i>by CALCULATED, SPECTROPHOTOMETRY</i> | 116.51 | mg/dL | OPTIMAL: < 130.0 ABOVE OPTIMAL: 130.0 - 159.0 BORDERLINE HIGH: 160.0 - 189.0 HIGH: 190.0 - 219.0 VERY HIGH: > OR = 220.0 |
| VLDL CHOLESTEROL: SERUM <i>by CALCULATED, SPECTROPHOTOMETRY</i> | 33.17 | mg/dL | 0.00 - 45.00 |
| TOTAL LIPIDS: SERUM <i>by CALCULATED, SPECTROPHOTOMETRY</i> | 498.75 | mg/dL | 350.00 - 700.00 |
| CHOLESTEROL/HDL RATIO: SERUM <i>by CALCULATED, SPECTROPHOTOMETRY</i> | 3.33 | RATIO | LOW RISK: 3.30 - 4.40 AVERAGE RISK: 4.50 - 7.0 MODERATE RISK: 7.10 - 11.0 HIGH RISK: > 11.0 |
| LDL/HDL RATIO: SERUM | 1.67 | RATIO | LOW RISK: 0.50 - 3.0 |




DR.VINAY CHOPRA
CONSULTANT PATHOLOGIST
MBBS, MD (PATHOLOGY & MICROBIOLOGY)


DR.YUGAM CHOPRA
CONSULTANT PATHOLOGIST
MBBS, MD (PATHOLOGY)





P K R JAIN HEALTHCARE INSTITUTE

NASIRPUR, Hissar Road, AMBALA CITY- (Haryana)

A PIONEER DIAGNOSTIC CENTRE

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

| | | | |
|-----------------------|--|--------------------------|------------------------|
| NAME | : Mr. SURENDER | PATIENT ID | : 1219101 |
| AGE/ GENDER | : 33 YRS/MALE | REG. NO./LAB NO. | : 122409230004 |
| COLLECTED BY | : | REGISTRATION DATE | : 23/Sep/2024 08:50 AM |
| REFERRED BY | : | COLLECTION DATE | : 23/Sep/2024 08:56 AM |
| BARCODE NO. | : 12504869 | REPORTING DATE | : 23/Sep/2024 11:17 AM |
| CLIENT CODE. | : P.K.R JAIN HEALTHCARE INSTITUTE | | |
| CLIENT ADDRESS | : NASIRPUR, HISSAR ROAD, AMBALA CITY - HARYANA | | |

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

by CALCULATED, SPECTROPHOTOMETRY

MODERATE RISK: 3.10 - 6.0

HIGH RISK: > 6.0

TRIGLYCERIDES/HDL RATIO: SERUM

3.32

RATIO

3.00 - 5.00

by CALCULATED, SPECTROPHOTOMETRY

INTERPRETATION:

1. 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.
2. As per NLA-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.
3. Low HDL levels are associated with increased risk for Atherosclerotic Cardiovascular disease (ASCVD) due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
4. NLA-2014 identifies Non HDL Cholesterol (an indicator of all atherogenic lipoproteins such as LDL, VLDL, IDL, Lp(a), Chylomicron remnants) along with LDL-cholesterol as co-primary target for cholesterol lowering therapy. Note that major risk factors can modify treatment goals for LDL & Non HDL.
5. Additional testing for Apolipoprotein B, hsCRP, Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement



DR. VINAY CHOPRA
CONSULTANT PATHOLOGIST
MBBS, MD (PATHOLOGY & MICROBIOLOGY)

DR. YUGAM CHOPRA
CONSULTANT PATHOLOGIST
MBBS, MD (PATHOLOGY)





P K R JAIN HEALTHCARE INSTITUTE

NASIRPUR, Hissar Road, AMBALA CITY- (Haryana)

A PIONEER DIAGNOSTIC CENTRE

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

NAME : Mr. SURENDER
AGE/ GENDER : 33 YRS/MALE
COLLECTED BY :
REFERRED BY :
BARCODE NO. : 12504869
CLIENT CODE. : P.K.R JAIN HEALTHCARE INSTITUTE
CLIENT ADDRESS : NASIRPUR, HISSAR ROAD, AMBALA CITY - HARYANA

PATIENT ID : 1219101
REG. NO./LAB NO. : 122409230004
REGISTRATION DATE : 23/Sep/2024 08:50 AM
COLLECTION DATE : 23/Sep/2024 08:56 AM
REPORTING DATE : 23/Sep/2024 11:17 AM

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

URIC ACID

URIC ACID: SERUM 4.75 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 ***



DR.VINAY CHOPRA
CONSULTANT PATHOLOGIST
MBBS, MD (PATHOLOGY & MICROBIOLOGY)

DR.YUGAM CHOPRA
CONSULTANT PATHOLOGIST
MBBS , MD (PATHOLOGY)

