PKR JAIN HEALTHCARE INSTITUTE NASIRPUR, Hissar Road, AMBALA CITY- (Haryana)

A PIONEER DIAGNOSTIC CENTRE

【 0171-2532620, 8222896961 🛛 🖾 pkrjainhealthcare@gmail.com

NAME	: Mr. MOHIT ARORA			
AGE/ GENDER	: 42 YRS/MALE	PATIENT ID		: 1644091
COLLECTED BY	:	REG. NO./L/	AB NO.	: 122412050001
REFERRED BY	:	REGISTRAT	ION DATE	: 05/Dec/2024 08:15 AM
BARCODE NO.	: 12505998	COLLECTIO	N DATE	:05/Dec/202408:43AM
CLIENT CODE.	: P.K.R JAIN HEALTHCARE INS	TITUTE REPORTING	G DATE	:05/Dec/2024 12:38PM
CLIENT ADDRESS	: NASIRPUR, HISSAR ROAD, A	MBALA CITY - HARYANA		
Test Name		Value	Unit	Biological Reference interval
	CLINIC	CAL CHEMISTRY/BIO	CHEMIST	RY
		LIPID PROFILE : BA	SIC	
CHOLESTEROL TO by CHOLESTEROL O.		320.14 ^H	mg/dL	OPTIMAL: < 200.0 BORDERLINE HIGH: 200.0 - 239.0 HIGH CHOLESTEROL: > OR = 240.0
TRIGLYCERIDES: S by GLYCEROL PHOSI	SERUM PHATE OXIDASE (ENZYMATIC)	422.62 ^H	mg/dL	OPTIMAL: < 150.0 BORDERLINE HIGH: 150.0 - 199.0 HIGH: 200.0 - 499.0 VERY HIGH: > OR = 500.0
HDL CHOLESTERO by SELECTIVE INHIBIT	L (DIRECT): SERUM TION	36.43	mg/dL	LOW HDL: < 30.0 BORDERLINE HIGH HDL: 30.0 60.0 HIGH HDL: > OR = 60.0
LDL CHOLESTERO by CALCULATED, SPI	L: SERUM ECTROPHOTOMETRY	NOT CALCULATED	mg/dL	OPTIMAL: < 100.0 ABOVE OPTIMAL: 100.0 - 129 BORDERLINE HIGH: 130.0 - 159.0 HIGH: 160.0 - 189.0 VERY HIGH: > OR = 190.0
NON HDL CHOLES by Calculated, spi	TEROL: SERUM ECTROPHOTOMETRY	283.71 ^H	mg/dL	OPTIMAL: < 130.0 ABOVE OPTIMAL: 130.0 - 159 BORDERLINE HIGH: 160.0 - 189.0 HIGH: 190.0 - 219.0 VERY HIGH: > OR = 220.0
VLDL CHOLESTER		NOT CALCULATED	mg/dL	0.00 - 45.00
TOTAL LIPIDS: SEI		NOT CALCULATED	mg/dL	350.00 - 700.00
CHOLESTEROL/HI	есткорнотометку DL RATIO: SERUM есткорнотометку	8.79 ^H	RATIO	LOW RISK: 3.30 - 4.40 AVERAGE RISK: 4.50 - 7.0

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

DR.YUGAM CHOPRA CONSULTANT PATHOLOGIST

NOT VALID FOR MEDICO LEGAL PURPOSE



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Value	e Unit	Biological Reference interval
		MODERATE RISK: 7.10 - 11.0 HIGH RISK: > 11.0
	: 42 YRS/MALE : : : 12505998 : P.K.R JAIN HEALTHCARE INSTITUTE : NASIRPUR, HISSAR ROAD, AMBALA CITY	 42 YRS/MALE 42 YRS/MALE REG. NO./LAB NO. REGISTRATION DATE 12505998 COLLECTION DATE P.K.R JAIN HEALTHCARE INSTITUTE REPORTING DATE NASIRPUR, HISSAR ROAD, AMBALA CITY - HARYANA

LDL/HDL RATIO: SERUM by Calculated, spectrophotometry	NOT CALCULATED	RATIO	HIGH RISK: > 11.0 LOW RISK: 0.50 - 3.0 MODERATE RISK: 3.10 - 6.0 HIGH RISK: > 6.0
TRIGLYCERIDES/HDL RATIO: SERUM by CALCULATED, SPECTROPHOTOMETRY	11.6 ^H	RATIO	3.00 - 5.00

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 atherogeniclipoproteins such as LDL, VLDL, IDL, Lpa, 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 HDI

5. Additional testing for Apolipoprotein B, hsCRP,Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement





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Test Name		Value	Unit	Biological Reference interva
	LIVER	FUNCTION	N TEST (COMPLETE)	
BILIRUBIN TOTAL: by diazotization, sp	SERUM	0.46	mg/dL	INFANT: 0.20 - 8.00 ADULT: 0.00 - 1.20
	(CONJUGATED): SERUM	0.14	mg/dL	0.00 - 0.40
BILIRUBIN INDIRE	CT (UNCONJUGATED): SERUM CTROPHOTOMETRY	0.32	mg/dL	0.10 - 1.00
SGOT/AST: SERUM by IFCC, WITHOUT PY	RIDOXAL PHOSPHATE	64.48 ^H	U/L	7.00 - 45.00
GPT/ALT: SERUM		128.68 ^H	KR U/L	0.00 - 49.00
AST/ALT RATIO: SI		0.5	RATIO	0.00 - 46.00
ALKALINE PHOSPH		68.67	U/L	40.0 - 130.0
GAMMA GLUTAMYI by SZASZ, SPECTROP	L TRANSFERASE (GGT): SERUM	52.11	U/L	0.00 - 55.0
DTAL PROTEINS: by BIURET, SPECTRON		6.29	gm/dL	6.20 - 8.00
ALBUMIN: SERUM	REEN	4.04	gm/dL	3.50 - 5.50
GLOBULIN: SERUM by CALCULATED, SPE		2.25 ^L	gm/dL	2.30 - 3.50
A : G RATIO: SERUM	Л	1.8	RATIO	1.00 - 2.00

A : G RATIO: SERUM by CALCULATED, SPECTROPHOTOMETRY

INTERPRETATION

NOTE:- To be correlated in individuals having SGOT and SGPT values higher than Normal Referance 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)





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DECREASED:

1. Acute Hepatitis due to virus, drugs, toxins (with AST increased 3 to 10 times upper limit of normal)

2. Extra Hepatic cholestatis: 0.8 (normal or slightly decreased).

PRO	GNOS	TIC SI	GNIFIC	ANCE:

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

* End Of Report



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