



# P K R JAIN HEALTHCARE INSTITUTE

NASIRPUR, Hissar Road, AMBALA CITY- (Haryana)

**A PIONEER DIAGNOSTIC CENTRE**

☎ 0171-2532620, 8222896961

✉ pkrjainhealthcare@gmail.com

**NAME** : Mr. MEHTAB  
**AGE/ GENDER** : 6 YRS/MALE  
**COLLECTED BY** :  
**REFERRED BY** :  
**BARCODE NO.** : 12506050  
**CLIENT CODE.** : P.K.R JAIN HEALTHCARE INSTITUTE  
**CLIENT ADDRESS** : NASIRPUR, HISSAR ROAD, AMBALA CITY - HARYANA

**PATIENT ID** : 1674368  
**REG. NO./LAB NO.** : 122412070015  
**REGISTRATION DATE** : 07/Dec/2024 03:31 PM  
**COLLECTION DATE** : 27/Dec/2024 01:17PM  
**REPORTING DATE** : 07/Dec/2024 04:46PM

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

### LIPID PROFILE : BASIC

CHOLESTEROL TOTAL: SERUM <i>by CHOLESTEROL OXIDASE PAP</i>	376.51 <sup>H</sup>	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>	189.36 <sup>H</sup>	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>	81.31 <sup>H</sup>	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>	257.33 <sup>H</sup>	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>	295.2 <sup>H</sup>	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>	37.87	mg/dL	0.00 - 45.00
TOTAL LIPIDS: SERUM <i>by CALCULATED, SPECTROPHOTOMETRY</i>	942.38 <sup>H</sup>	mg/dL	350.00 - 700.00
CHOLESTEROL/HDL RATIO: SERUM <i>by CALCULATED, SPECTROPHOTOMETRY</i>	4.63 <sup>H</sup>	RATIO	LOW RISK: 3.30 - 4.40 AVERAGE RISK: 4.50 - 7.0



  
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REFERRED BY	:	COLLECTION DATE	: 27/Dec/2024 01:17PM
BARCODE NO.	: 12506050	REPORTING DATE	: 07/Dec/2024 04:46PM
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CLIENT ADDRESS	: NASIRPUR, HISSAR ROAD, AMBALA CITY - HARYANA		


Test Name	Value	Unit	Biological Reference interval
LDL/HDL RATIO: SERUM <i>by CALCULATED, SPECTROPHOTOMETRY</i>	3.16 <sup>H</sup>	RATIO	MODERATE RISK: 7.10 - 11.0 HIGH RISK: > 11.0 LOW RISK: 0.50 - 3.0 MODERATE RISK: 3.10 - 6.0 HIGH RISK: > 6.0
TRIGLYCERIDES/HDL RATIO: SERUM <i>by CALCULATED, SPECTROPHOTOMETRY</i>	2.33 <sup>L</sup>	RATIO	3.00 - 5.00

#### INTERPRETATION:

- 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 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.
- 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.
- 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.
- 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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**PATIENT ID** : 1674368  
**REG. NO./LAB NO.** : 122412070015  
**REGISTRATION DATE** : 26/Dec/2024 04:18 PM  
**COLLECTION DATE** : 27/Dec/2024 01:17PM  
**REPORTING DATE** : 27/Dec/2024 01:56PM

Test Name	Value	Unit	Biological Reference interval
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## CLINICAL PATHOLOGY

### MICROALBUMIN/CREATININE RATIO - RANDOM URINE

MICROALBUMIN: RANDOM URINE by SPECTROPHOTOMETRY	4.021	mg/L	0 - 25
CREATININE: RANDOM URINE by SPECTROPHOTOMETRY	16.96	mg/dL	2 -149
MICROALBUMIN/CREATININE RATIO - RANDOM URINE by SPECTROPHOTOMETRY	23.71	mg/g	0 - 30

#### INTERPRETATION:-

PHYSIOLOGICALLY NORMAL:	mg/L	0 - 30
MICROALBUMINURIA:	mg/L	30 - 300
GROSS PROTEINURIA:	mg/L	> 300

Long standing un-treated Diabetes and Hypertension can lead to renal dysfunction.

2. Diabetic nephropathy or kidney disease is the most common cause of end stage renal disease(ERSD) or kidney failure.

3. Presence of Microalbuminuria is an early indicator of onset of compromised renal function in these patients.

4. Microalbuminuria is the condition when urinary albumin excretion is between 30-300 mg & above this it is called as macroalbuminuria, the presence of which indicates serious kidney disease.

5. Microalbuminuria is not only associated with kidney disease but of cardiovascular disease in patients with diabetes & hypertension.

6. Microalbuminuria reflects vascular damage & appear to be a marker of early arterial disease & endothelial dysfunction.

**NOTE:-** IF A PATIENT HAS = 1+ PROTEINURIA (30 mg/dl OR 300 mg/L) BY URINE DIPSTICK (URINE ANALYSIS), OVERT PROTEINURIA IS PRESENT AND TESTING FOR MICROALBUMIN IS INAPPROPRIATE. IN SUCH A CASE, URINE PROTEIN:CREATININE RATIO OR 24 HOURS TOTAL URINE MICROPROTEIN IS APPROPRIATE.

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



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