



P K R JAIN HEALTHCARE INSTITUTE

NASIRPUR, Hissar Road, AMBALA CITY- (Haryana)

A PIONEER DIAGNOSTIC CENTRE

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

NAME	: Mr. SANJAY KUMAR	PATIENT ID	: 1769521
AGE/ GENDER	: 60 YRS/MALE	REG. NO./LAB NO.	: 122502250012
COLLECTED BY	:	REGISTRATION DATE	: 25/Feb/2025 11:23 AM
REFERRED BY	:	COLLECTION DATE	: 25/Feb/2025 12:58PM
BARCODE NO.	: 12507222	REPORTING DATE	: 25/Feb/2025 02:06PM
CLIENT CODE.	: P.K.R JAIN HEALTHCARE INSTITUTE		
CLIENT ADDRESS	: NASIRPUR, HISSAR ROAD, AMBALA CITY - HARYANA		

Test Name	Value	Unit	Biological Reference interval
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HAEMATOLOGY HAEMOGLOBIN (HB)

HAEMOGLOBIN (HB) by CALORIMETRIC	15.5	gm/dL	12.0 - 17.0
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INTERPRETATION:-

Hemoglobin is the protein molecule in red blood cells that carries oxygen from the lungs to the body's tissues and returns carbon dioxide from the tissues back to the lungs.

A low hemoglobin level is referred to as ANEMIA or low red blood count.

ANEMIA (DECREASED HAEMOGLOBIN):

- 1) Loss of blood (traumatic injury, surgery, bleeding, colon cancer or stomach ulcer)
- 2) Nutritional deficiency (iron, vitamin B12, folate)
- 3) Bone marrow problems (replacement of bone marrow by cancer)
- 4) Suppression by red blood cell synthesis by chemotherapy drugs
- 5) Kidney failure
- 6) Abnormal hemoglobin structure (sickle cell anemia or thalassemia).

POLYCYTHEMIA (INCREASED HAEMOGLOBIN):

- 1) People in higher altitudes (Physiological)
- 2) Smoking (Secondary Polycythemia)
- 3) Dehydration produces a falsely rise in hemoglobin due to increased haemoconcentration
- 4) Advanced lung disease (for example, emphysema)
- 5) Certain tumors
- 6) A disorder of the bone marrow known as polycythemia rubra vera,
- 7) Abuse of the drug erythropoietin (Epogen) by athletes for blood doping purposes (increasing the amount of oxygen available to the body by chemically raising the production of red blood cells).

NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD




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TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.

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CLINICAL CHEMISTRY/BIOCHEMISTRY

GLUCOSE FASTING (F)

GLUCOSE FASTING (F): PLASMA
by GLUCOSE OXIDASE - PEROXIDASE (GOD-POD)

117.4^H

mg/dL

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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TRIGLYCERIDES

TRIGLYCERIDES: SERUM
by GLYCEROL PHOSPHATE OXIDASE (ENZYMATIC)

150.66^H 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).

*** End Of Report ***




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