

Gurugram

Pathkind Diagnostics Pvt. Ltd.

Plot No. 55-56, Udhyog Vihar Ph-IV, Gurugram - 122015

Processed By

Pathkind Diagnostics Pvt. Ltd.

Plot No. 55-56, Udhyog Vihar Ph-IV, Gurugram - 122015

Name : Mr. PL141

Age : 35 Yrs Sex : Male

P. ID No. : P1000100012862 : 10002304918 Accession No

Referring Doctor: Self

Referred By

Billing Date Sample Collected on 07/07/202312:28:36 10/07/2023 10:01:31

Sample Received on

10/07/2023 11:02:13

Report Released on Barcode No.

20/07/2023 19:34:15 10002304918-02,

10002304918-03

Ref no.

Report Status - Final

Test Name Result Biological Ref. Interval Unit

BIOCHEMISTRY

Hypertension Profile

Fasting Plasma Glucose

Sample: Fluoride Plasma - F

Method: Hexokinase

Lipid Screen

Method: Sample: Seurm

Total Cholesterol

Sample: Serum

Method: Spectrophometry-Esterase/CO/Peroxidase

Triglycerides

Sample: Serum Method: Spectrophotometry-Enzymatic

LDL Cholesterol (Calculated)

Sample: Serum

Method: Calculated

HDL Cholesterol

Sample: Serum

Method: Spectrophometry-Esterase/CO/Peroxidase

VLDL Cholesterol

Sample: Serum Method: Calculated

Total Cholesterol / HDL Ratio

Sample: Serum Method: Calculated

LDL / HDL Ratio Sample: Serum Method: Calculated

218 H

165 H

45

65 H

33.0

75

74 - 99

mq/dL

mq/dL

mg/dL

mq/dL

Desirable Level: < 200 Borderline: 200 - 239

High Risk: >/= 240

Desirable: < 150

Borderline High: 150 - 199

High: 200 - 499

Very High: >/= 500

Optimal : <100 Near Optimal : 100 - 129

Borderline High: 130 - 160 High : 161 - 189

Very High : >/=190

Low: < 40

Optimal: 40 - 60

High: > 60

mq/dL

mg/dL

Desirable 10 - 35

3.35

0.7

Low Risk : 3.3 - 4.4 Average Risk

: 4.5 - 7.0 : 7.1 - 11.0

Moderate Risk High Risk : > 11.0

0.5 - 3.0

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Result **Test Name** Biological Ref. Interval Unit

> Low Risk : 0.5 - 3.0 Moderate Risk : 3.1 - 6.0 High Risk : > 6.0

Total Cholesterol

Clinical Significance:

Serum cholesterol is elevated in hereditary hyperlipoproteinemias and in other metabolic diseases. Moderate-to-markedly elevated values are also seen in cholestatic liver disease. Increased levels are a risk factor for cardiovascular disease. Low levels of cholesterol may be seen in disorders like hyperthyroidism, malabsorption, and deficiencies of apolipoproteins.

Triglycerides

Clinical Significance:

Triglycerides are partly synthesized in the liver and partly derived from the diet. Increased serum triglyceride levels are a risk factor for atherosclerosis. Hyperlipidemia may be inherited or may be due to conditions like biliary obstruction, diabetes mellitus, nephrotic syndrome, renal failure, certain metabolic disorders or drug induced.

HDL Cholesterol

Clinical Significance:

High-density lipoprotein (HDL) is an important tool used to assess risk of developing coronary heart disease. Increased levels are seen in persons with more physical activity. Very high levels are seen in case of metabolic response to medications like hormone replacement therapy. Raised levels are also seen in case of chronic intoxication with alcohol, heavy metals or industrial chemicals.Low HDL cholesterol correlates with increased risk for coronary heart disease (CHD). Very low levels are seen in Tangier disease, cholestatic liver disease and in association with decreased hepatocyte function.

Lipid Screen

Proposed LDL-C goals in very high risk and extreme risk group patients by the Lipid Association of India.

Very High Risk group(VHRG)	Extreme Risk group		
	Category A	Category B	
LDL-C goal of <50 mg/dl	LDL-C goal of <50 mg/dl	LDL-C goal of ≤30 mg/dl	



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3. hypercholesterolemia

4. Diabetes with ≥2 major ASCVD risk factors*/target organ damage

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Te	st Name	Result	Biological Ref. Interval	Unit
		(recommended) LDL-C goal of ≤30 i		
	High-risk conditions Any one of following:		CAD with	≥1 of following:
	ASCVD (CAD/PAD/TIA or stroke)	CAD with ≥1 of foll	C	polyvascular disease/≥2
	ASCVD (CAD/PAD/11A of stroke) Homozygous familial	Diabetes without tar	,	VD fisk factors*/target

- 1. Diabetes without target organ damage/≤1 major
- 2. ASCVD risk factors
- 3. Familial hypercholesterolemia
- 4. ≥3 major ASCVD risk factors
- 5. CKD stage 3B and 4
- 6. ≥2 major ASCVD risk factors with ≥ 1 moderate
- 7. non-conventional risk factor#
- 8. $Lp(a) \ge 50 \text{ mg/dl}$
- 9. Coronary calcium score ≥300 HU
- 10. Extreme of a single risk factor
- 11. PAD
- 12. H/o TIA or stroke
- 13. Non-stenotic carotid plaque

- organ
- 3. damage
- 4. Recurrent ACS (within 12 months)
- 5. despite on LDL-C goal
- 6. Homozygous familial
- 7. Hypercholesterolemia

The LDL-C goal of ≤30 mg/dl must be pursued after detailed risk-benefit discussion between physician and patient.

Clinical judgment to be used in decision making if the patient has disease/risk factors not covered in the table, eg. peripheral arterial disease or cerebrovascular disease.

*Major ASCVD risk factors: 1. Age- male ≥45 years, female ≥55 years, 2. Family h/o premature CAD- male <55 years, female <65 years, 3. Smoking/tobacco use, 4. Systemic hypertension, 5.Low HDL (males <40 mg/dl) and females <50 mg/dl).

#Moderate non-conventional risk factors: 1. Coronary calcium score 100-299 HU, 2. Increased carotid intima-media thickness, 3. Lp(a) ≥20-49

Blood Urea









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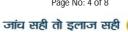
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Report Status - Tiliai			
Test Name	Result	Biological Ref. Interval	Unit
Blood Urea Nitrogen (BUN) Sample: Serum Method: Spectrophotometry-Urease / GLDH	16.00	8.87 - 20.50	mg/dL
Urea Sample: Serum Method: Calculated	34.24	19.00 - 44.00	mg/dL
Creatinine Sample: Serum Method: Spectrophotometry Alkaline Picrate	1.32 H	0.70 - 1.30	mg/dL
BUN Creatinine Ratio Sample: Serum Method: Calculated	12	10 - 20	
Electrolytes (Na/K/CI)			
Sodium Sample: Serum Method: ISE	136	136 - 145	mmol/L
Potassium Sample: Serum Method: ISE	3.7	3.5 - 5.1	mmol/L
Chloride Sample: Serum Method: ISE	106	97 - 107	mmol/L









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Pale Yellow

4.7 - 7.5

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Test Name Result Biological Ref. Interval Unit

CLINICAL PATHOLOGY

Urine Routine & Microscopic Examination

Method: Reflectance Photometry

Physical Examination

Colour

Sample: Urine

Method: Physical Examination

Appearance Sample: Urine

Method: Physical Examination

Specific Gravity

Sample: Urine

Method: pKa change of pretreated polyelectrolytes

pН

Pale Yellow

Clear

6.0

Clear

1.010 1.003 - 1.035

Sample: Urine

. Method: Double indicator principle

Chemical Examination

Glucose Sample: Urine

. Method: Glucose oxidase/peroxidase

Protein

Sample: Urine

Method: Protein-error-of-indicators principle

Ketones Sample: Urine

Method: Sodium nitroprusside reaction

Sample: Urine Method: Peroxidase

Bilirubin Sample: Urine Method: Diazo reaction Not Detected

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report status - rinai			
Test Name	Result	Biological Ref. Interval	Unit
Urobilinogen Sample: Urine Method: Ehrlich's reaction	Normal	Normal	
Nitrite Sample: Urine Method: Nitrite Test	Not Detected	Not Detected	
Microscopic Examination Method: Microscopy			
Pus Cells Sample: Urine	0 - 5	0 - 5	/hpf
RBC Sample: Urine	Not Detected	Not Detected	/hpf
Epithelial Cells Sample: Urine	2 - 3	0 - 5	/hpf
Casts Sample: Urine	Not Detected	Not Detected	/hpf
Crystals Sample: Urine	Not Detected	Not Detected	/hpf
Bacteria Sample: Urine	Not Detected	Not Detected	/hpf
Remarks			

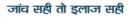
Remarks: Microscopic Examination is performed on urine sediment **Blood Urea Nitrogen (BUN)**

Clinical Significance:

Sample: Urine











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Test Name Result Biological Ref. Interval Unit

Increased blood urea nitrogen (BUN) may be due to prerenal causes (cardiac decompensation, water depletion due to decreased intake and excessive loss, increased protein catabolism, and high protein diet), renal causes (acute glomerulonephritis, chronic nephritis, polycystic kidney disease, nephrosclerosis, and tubular necrosis) and postrenal causes (eg, all types of obstruction of the urinary tract, such as stones, enlarged prostate gland, tumors).

Creatinine

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Clinical Significance:

Serum creatinine is inversely correlated with glomerular filtration rate (GFR). Increased levels of Serum Creatinine is associated with renal dysfunction.

Sodium

Clinical Significance:

Serum Sodium estimation is performed to assess acid-base balance, water balance, water intoxication, and dehydration.

Potassium

Clinical Significance:

Potassium (K+) is the major intracellular cation. It regulates neuromuscular excitability, heart contractility, intracellular fluid volume, and hydrogen ion concentration. High levels of serum Potassium is seen in acute renal disease and end-stage renal failure due to decreased excretion. Levels are also high during the diuretic phase of acute tubular necrosis, during administration of non-potassium sparing diuretic therapy, and during states of excess mineralocorticoid or glucocorticoid.

Chloride

Clinical Significance:

"Chloride (Cl) is the major extracellular anion and it has an important role in maintaining proper body water distribution, osmotic pressure, and normalanion-cation balance in the extracellular fluid compartment. Chloride is increased in dehydration, renal tubular acidosis, acute renal failure, metabolic acidosis associated with prolonged diarrhea and loss of sodium bicarbonate, diabetes insipidus, adrenocortical hyperfuction, salicylate intoxication and with excessive infusion of isotonic saline or extremely high dietary intake of salt. Hyperchloremia acidosis may be a sign of severe

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Test Name	Result	Biological Ref. Interval	Unit	

renal tubular pathology. Chloride is decreased inoverhydration, chronic respiratory acidosis, salt-losing nephritis, metabolic alkalosis, congestive heart failure, Addisonian crisis, certain types of metabolic acidosis, persistent gastric secretion and prolonged vomiting, aldosteronism, bromide intoxication,

Electrolytes (Na/K/CI)

COMMENTS / INTERPRETATION:

Sodium

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- Useful in the diagnosis and treatment of dehydration, overhydration. Hypernatremia suggests dehydration and Hyponatremia (<130 mmol/L) suggests overhydration.
- Levels of sodium when evaluated with electrolytes aid in assessing acid base balance, water balance and water in toxication.

Potassium

• Useful in evaluation of electrolyte balance, cardiac arrhythmia, muscular weakness, hepatic encephalopathy, and renal failure.

Chloride

Useful, when assayed along with Sodium, Potassium and bicarbonate in assessment of electrolyte, acid based and water balance.

Urine Routine & Microscopic Examination

Clinical Significance:

Urine routine examination and microscopy comprises of a set of screening tests that can detect some common diseases like urinary tract infections, kidney disorders, liver problems, diabetes or other metabolic conditions. Physical characteristics (colour and appearance), chemical composition (glucose, protein, ketone, blood, bilirubin and urobilinogen) and microscopic content (pus cells, epithelial cells, RBCs, casts and crystals) are analyzed and reported.

** End of Report**

Dr. Aarti Khanna Nagpal

DNB (Pathology) Senior Consultant







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