

Client
Gurugram

Pathkind Diagnostics Pvt. Ltd.

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

Processed By

Pathkind Diagnostics Pvt. Ltd.

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

Name	: Mr. PL141	Billing Date	: 07/07/2023 12:28:36
Age	: 35 Yrs	Sample Collected on	: 10/07/2023 10:01:31
Sex	: Male	Sample Received on	: 10/07/2023 11:02:13
P. ID No.	: P1000100012862	Report Released on	: 20/07/2023 19:34:15
Accession No	: 10002304918	Barcode No.	: 10002304918-02, 10002304918-03
Referring Doctor	: Self	Ref no.	:
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Report Status - Final

Test Name	Result	Biological Ref. Interval	Unit
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BIOCHEMISTRY
Hypertension Profile
Fasting Plasma Glucose

 Sample: Fluoride Plasma - F
Method: Hexokinase

75

74 - 99

mg/dL

Lipid Screen

Method: Sample: Serum

Total Cholesterol

 Sample: Serum
Method: Spectrophotometry-Esterase/CO/Peroxidase

218 H

 Desirable Level : < 200
Borderline : 200 - 239
High Risk : >= 240

mg/dL

Triglycerides

 Sample: Serum
Method: Spectrophotometry-Enzymatic

165 H

 Desirable : < 150
Borderline High : 150 - 199
High : 200 - 499
Very High : >= 500

mg/dL

LDL Cholesterol (Calculated)

 Sample: Serum
Method: Calculated

45

 Optimal : <100
Near Optimal : 100 - 129
Borderline High : 130 - 160
High : 161 - 189
Very High : >=190

mg/dL

HDL Cholesterol

 Sample: Serum
Method: Spectrophotometry-Esterase/CO/Peroxidase

65 H

 Low : < 40
Optimal : 40 - 60
High : > 60

mg/dL

VLDL Cholesterol

 Sample: Serum
Method: Calculated

33.0

Desirable 10 - 35

mg/dL

Total Cholesterol / HDL Ratio

 Sample: Serum
Method: Calculated

3.35

 Low Risk : 3.3 - 4.4
Average Risk : 4.5 - 7.0
Moderate Risk : 7.1 - 11.0
High Risk : > 11.0

LDL / HDL Ratio

 Sample: Serum
Method: Calculated

0.7

0.5 - 3.0



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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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High-risk conditions Any one of following: 1. ASCVD (CAD/PAD/TIA or stroke) 2. Homozygous familial 3. hypercholesterolemia 4. Diabetes with ≥ 2 major ASCVD risk factors*/target organ damage	(recommended) LDL-C goal of ≤ 30 mg/dl (optional) CAD with ≥ 1 of following: 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) ≥ 50 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	CAD with ≥ 1 of following: 1. Diabetes + polyvascular disease/ ≥ 2 2. major ASCVD risk factors*/target 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) $\geq 20-49$
Blood Urea

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Blood Urea Nitrogen (BUN) <i>Sample: Serum</i> <i>Method: Spectrophotometry-Urease / GLDH</i>	16.00	8.87 - 20.50	mg/dL
Urea <i>Sample: Serum</i> <i>Method: Calculated</i>	34.24	19.00 - 44.00	mg/dL
Creatinine <i>Sample: Serum</i> <i>Method: Spectrophotometry Alkaline Picrate</i>	1.32 H	0.70 - 1.30	mg/dL
BUN Creatinine Ratio <i>Sample: Serum</i> <i>Method: Calculated</i>	12	10 - 20	
Electrolytes (Na/K/Cl)			
Sodium <i>Sample: Serum</i> <i>Method: ISE</i>	136	136 - 145	mmol/L
Potassium <i>Sample: Serum</i> <i>Method: ISE</i>	3.7	3.5 - 5.1	mmol/L
Chloride <i>Sample: Serum</i> <i>Method: ISE</i>	106	97 - 107	mmol/L



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CLINICAL PATHOLOGY

Urine Routine & Microscopic Examination

Method: Reflectance Photometry

Physical Examination

Colour

Sample: Urine

Method: Physical Examination

Pale Yellow

Pale Yellow

Appearance

Sample: Urine

Method: Physical Examination

Clear

Clear

Specific Gravity

Sample: Urine

Method: pKa change of pretreated polyelectrolytes

1.010

1.003 - 1.035

pH

Sample: Urine

Method: Double indicator principle

6.0

4.7 - 7.5

Chemical Examination

Glucose

Sample: Urine

Method: Glucose oxidase/peroxidase

Not Detected

Not Detected

Protein

Sample: Urine

Method: Protein-error-of-indicators principle

Not Detected

Not Detected

Ketones

Sample: Urine

Method: Sodium nitroprusside reaction

Not Detected

Not Detected

Blood

Sample: Urine

Method: Peroxidase

Not Detected

Not Detected

Bilirubin

Sample: Urine

Method: Diazo reaction

Not Detected

Not Detected



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Urobilinogen <i>Sample: Urine</i> <i>Method: Ehrlich's reaction</i>	Normal	Normal	
Nitrite <i>Sample: Urine</i> <i>Method: Nitrite Test</i>	Not Detected	Not Detected	
Microscopic Examination <i>Method: Microscopy</i>			
Pus Cells <i>Sample: Urine</i>	0 - 5	0 - 5	/hpf
RBC <i>Sample: Urine</i>	Not Detected	Not Detected	/hpf
Epithelial Cells <i>Sample: Urine</i>	2 - 3	0 - 5	/hpf
Casts <i>Sample: Urine</i>	Not Detected	Not Detected	/hpf
Crystals <i>Sample: Urine</i>	Not Detected	Not Detected	/hpf
Bacteria <i>Sample: Urine</i>	Not Detected	Not Detected	/hpf
Remarks <i>Sample: Urine</i>			

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

Clinical Significance :

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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).

CreatinineClinical Significance :

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

SodiumClinical Significance :

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

PotassiumClinical 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.

ChlorideClinical Significance :

"Chloride (Cl) is the major extracellular anion and it has an important role in maintaining proper body water distribution, osmotic pressure, and normal anion-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 hyperfunction, 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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renal tubular pathology. Chloride is decreased in overhydration, 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/Cl)
COMMENTS / INTERPRETATION :
Sodium

- Useful in the diagnosis and treatment of dehydration, overhydration. Hyponatremia 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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