

L96 - RAZA BAZAR -CC
RAZA BAZAR SHEIKHPURA SUKH SMRITI
APARTM ENT PS-SHASHTRINAGAR Patna
MO-9835463985

Name	: Mr. ABHISHEK KUMAR	Collected	: 8/10/2021 11:10:00AM
Lab No.	: 306506590	Age: 27 Years	Gender: Male
A/c Status	: P	Ref By : Dr. SANTOSH THAKUR	Report Status : Final

Test Name	Results	Units	Bio. Ref. Interval
SwasthFit Super 1			
LIVER & KIDNEY PANEL, SERUM (Spectrophotometry, Indirect ISE)			
Bilirubin Total	0.50	mg/dL	<1.10
Bilirubin Direct	0.18	mg/dL	<0.20
Bilirubin Indirect	0.32	mg/dL	<1.10
AST (SGOT)	30	U/L	<40
ALT (SGPT)	52	U/L	<41
GGTP	39	U/L	<71.00
Alkaline Phosphatase (ALP)	92	U/L	<128
Total Protein	6.90	g/dL	6.40 - 8.30
Albumin	4.35	g/dL	3.97 - 4.94
A : G Ratio	1.71		0.90 - 2.00
Urea	19.50	mg/dL	19.00 - 44.00
Creatinine	1.01	mg/dL	<1.20



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		Reported	: 8/10/2021 2:02:06PM

Test Name	Results	Units	Bio. Ref. Interval
Uric Acid	8.60	mg/dL	3.4 - 7.0
Calcium, Total	8.80	mg/dL	8.6 - 10.0
Phosphorus	2.90	mg/dL	2.6 - 4.5
Sodium	136.00	mEq/L	136.00 - 145.00
Potassium	4.35	mEq/L	3.5 - 5.1
Chloride	100.80	mEq/L	97 - 107



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Test Name	Results	Units	Bio. Ref. Interval
GLUCOSE, FASTING (F), PLASMA (Hexokinase)	102.00	mg/dL	70.00 - 100.00



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Test Name	Results	Units	Bio. Ref. Interval
THYROID PROFILE,TOTAL, SERUM (ECLIA)			
T3, Total	1.00	ng/mL	0.80 - 2.00
T4, Total	7.62	µg/dL	5.10 - 14.10
TSH	2.45	µIU/mL	0.27 - 4.20

Note

1. TSH levels are subject to circadian variation, reaching peak levels between 2 - 4.a.m. and at a minimum between 6-10 pm . The variation is of the order of 50% . hence time of the day has influence on the measured serum TSH concentrations.
2. Alteration in concentration of Thyroid hormone binding protein can profoundly affect Total T3 and/or Total T4 levels especially in pregnancy and in patients on steroid therapy.
3. Unbound fraction (Free,T4 /Free,T3) of thyroid hormone is biologically active form and correlate more closely with clinical status of the patient than total T4/T3 concentration
4. Values <0.03 uIU/mL need to be clinically correlated due to presence of a rare TSH variant in some individuals



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Test Name	Results	Units	Bio. Ref. Interval
LIPID SCREEN, SERUM (CHO-POD)			
Cholesterol, Total	187.00	mg/dL	<200
Triglycerides	165.00	mg/dL	<150.00
HDL Cholesterol	40.00	mg/dL	>40
LDL Cholesterol, Calculated	114.00	mg/dL	<100.00
VLDL Cholesterol, Calculated	33.00	mg/dL	<30.00
Non-HDL Cholesterol	147	mg/dL	<130

Interpretation

REMARKS	TOTAL CHOLESTEROL in mg/dL	TRIGLYCERIDE in mg/dL	LDL CHOLESTEROL in mg/dL	NON HDL CHOLESTEROL in mg/dL
Optimal	<200	<150	<100	<130
Above Optimal	-	-	100-129	130 - 159
Borderline High	200-239	150-199	130-159	160 - 189
High	>=240	200-499	160-189	190 - 219
Very High	-	>=500	>=190	>=220

Note

- 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.
- NLA-2014 recommends a complete lipoprotein profile as the initial test for evaluating cholesterol.
- Friedewald equation to calculate LDL cholesterol is most accurate when Triglyceride level is < 400 mg/dL. Measurement of Direct LDL cholesterol is recommended when Triglyceride level is > 400



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- | Test Name | Results | Units | Bio. Ref. Interval |
|--|---------|-------|--------------------|
| mg/dL | | | |
| 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 HDL. | | | |
| 5. Apolipoprotein B is an optional, secondary lipid target for treatment once LDL & Non HDL goals have been achieved | | | |
| 6. Additional testing for Apolipoprotein B, hsCRP,Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement | | | |

Treatment Goals as per Lipid Association of India 2016

RISK CATEGORY	TREATMENT GOAL		CONSIDER THERAPY	
	LDL CHOLESTEROL (LDL-C) (mg/dL)	NON HDL CHLOESTEROL (NON HDL-C) (mg/dL)	LDL CHOLESTEROL (LDL-C) (mg/dL)	NON HDL CHLOESTEROL (NON HDL-C) (mg/dL)
Very High	<50	<80	>=50	>=80
High	<70	<100	>=70	>=100
Moderate	<100	<130	>=100	>=130
Low	<100	<130	>=130*	>=160*

*In low risk patient, consider therapy after an initial non-pharmacological intervention for at least 3 months

Manju Sharma

Dr Manju Sharma
DCP, Pathology
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Dr. Shalini Sinha
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Chief of Lab

-----End of report -----



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IMPORTANT INSTRUCTIONS			
•Test results released pertain to the specimen submitted. •All test results are dependent on the quality of the sample received by the Laboratory . •Laboratory investigations are only a tool to facilitate in arriving at a diagnosis and should be clinically correlated by the Referring Physician. •Sample repeats are accepted on request of Referring Physician within 7 days post reporting. •Report delivery may be delayed due to unforeseen circumstances. Inconvenience is regretted. •Certain tests may require further testing at additional cost for derivation of exact value . Kindly submit request within 72 hours post reporting. •Test results may show interlaboratory variations. •The Courts/Forum at Delhi shall have exclusive jurisdiction in all disputes/claims concerning the test(s) & or results of test(s). •Test results are not valid for medico legal purposes. •Contact customer care Tel No. +91-11-39885050 for all queries related to test results. (#) Sample drawn from outside source.			

