



Dr. Saraswat's Pathology

7/199, Anand Bazar, (Opp. Hallet Hospital), Swaroop Nagar, Kanpur • Ph. : 9839031141, 0512-2550219, 3249669

113/2B, Friends Colony, Swaroop Nagar, Kanpur (Main Branch)

Consultant Pathologist :

Dr. PRAVEEN SARASWAT

M.B.B.S., M.D., (Pathology)

E-mail : info@saraswatpathology.com

Web Site : www.saraswatpathology.com

Booking No. : COL211113025

Patient : MR. VIJAY LOHIA

Sex/Age : Male / 55 yrs

Referred by : DR. .

Booking Date : 13/11/2021

Sample Date : 13/11/2021

Report Date : 13/11/2021

Center : HOME COLLECTION

Corporate : GENERAL

<u>Test</u>	<u>Observed Value</u>	<u>Units</u>	<u>Ref. Range</u>
<u>BIOCHEMISTRY</u>			
<u>RFT/KFT</u>			
<u>CREATININE*</u> ALKALINE PICRATE, Serum	1.02	mg/dl	0.8 - 1.4
<u>BLOOD UREA*</u> UV KINETIC (GLDH), Serum	36	mg/dl	10-45
<u>BLOOD UREA NITROGEN(BUN)*</u> UV KINETIC (GLDH), Serum	17	mg/dl	5-20
<u>URIC ACID*</u> PEROXIDASE, Serum	5.8	mg/dl	3.4 - 7.0
<u>PHOSPHORUS *</u> Phosphomolybdate Formation.	3.2	mg/dl	2.5 - 5
<u>SODIUM *</u>	139	meq/L	138 - 148
<u>POTASSIUM *</u>	4.1	meq/L	3.7 - 5.2
<u>IONIZED CALCIUM *</u> I.S.E. (Serum)	4.83	mg/dl	4.0 - 5.2
<u>LFT (LIVER FUNCTION TEST)</u>			
<u>BILIRUBIN TOTAL *</u> DCA, (E.P.), Serum	0.6	mg/dl	0.1 - 1
<u>DIRECT*</u> DCA, (E.P.) Serum	0.2	mg/dl	0 - 0.25
<u>BILIRUBIN INDIRECT*</u> Calculated	0.4	mg/dl	
<u>S.G.P.T (ALT)*</u> IFCC (KINETIC), Serum	27	IU/L	Upto 40
<u>S.G.O.T (AST)*</u> IFCC (KINETIC), Serum	21	IU/L	Upto 40
<u>ALKALINE PHOSPHATASE*</u> AMP BUFFER, Serum	91	IU/L	0 - 258
<u>TOTAL PROTEINS*</u>	7.2	Gm/dl	6.6 - 8.2

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Shivali

Dr. Shivali Budhiraja
M.D. (Path)

ADMIN

P.V.

Dr. Praveen Saraswat
M.D.(Path)



* NABL Accredited M - 0169



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Test

Observed Value

Units

Ref. Range

BIURET REACTION, END POINT, Serum

ALBUMIN*

4.6

Gm/dl

3.5 - 5.0

BCG DYE, Serum

GLOBULIN

2.6

Gm/dl

2.3 - 3.5

A/G RATIO

1.77:1

1.4 : 1 - 1.6 : 1

G.G.T.P (GAMMA GT)*

23

IU/L

9 - 52

IFCC, Serum

LIPID PROFILE

CHOLESTEROL*

165

mg/dl

Desired Level : < 200

(Low Risk)

Borderline Level : 200 - 239

(Moderate Risk)

Elevated Level : > 240

Method : CHOD-PAP, (Serum)

TRIGLYCERIDES*

144

mg/dl

Normal : <150

Borderline Level : 150-199

High : 200-499

Very High : 500

GPO, Trinder Method.

LDL CHOLESTEROL(DIRECT ENZYMATIC DETERMINATION)*

106

mg/dl

Desired Level : < 130

(Low Risk)

Borderline Level : 130 - 159

(Moderate Risk)

Elevated Level : > 160

(High Risk)

Direct Enzymatic.

HDL CHOLESTEROL(DIRECT ENZYMATIC DETERMINATION)*

49

mg/dl

Desired Level : > 60

(Low Risk)

Borderline Level : 35 - 60

(Moderate Risk)

Low Level : < 35

(High Risk)

Direct Enzymatic.

V.L.D.L.

10

mg/dl

9 - 33

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Test

Calculated.

Observed Value

Units

Ref. Range

TOTAL CHOLESTEROL/HDL RATIO

3.4

Recommended ratio : 2.6 - 3.5

Low risk : 3.3 - 4.4

Average risk : 4.4 - 7.1

Moderate risk : 7.1 - 11.0

High risk : > 11.0

LDL /HDL RATIO

2.2

Below Average Risk : Below 2.3

Average Risk : 2.3 - 4.9

Moderate Risk : 4.9 - 7.1

High Risk : 7.2 & Above.

INTERPRETATION :-

- 1) IT IS IMPORTANT TO NOTE THAT TRIGLYCERIDES ARE ONLY REALLY ACCURATELY MEASURED AFTER 12 HRS. OF FAST.
- 2) LOW LEVEL OF HDL (LESS THAN 35 MG/DL.) IS CONSIDERED AS A RISK FACTOR EVEN IF TOTAL CHOLESTEROL IS WITHIN NORMAL LIMITS. FOR EACH 1 MG/DL INCREASE IN HDL THERE IS 2-4 % REDUCTION IN THE RISK OF HEART DISEASE.
- 3) TOTAL CHOLESTEROL / HDL RATIO SHOULD BE LESS THAN 4.

End of Report

Shivali

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