





: Mrs.PAYAL BHASKARAN Patient Name

Age/Gender : 42 Y 10 M 0 D /F

UHID/MR No : CWAN.0000011652

Visit ID : DMNJOPV11834

Ref Doctor : Dr.SELF IP/OP NO

Collected : 11/Nov/2021 12:52PM

Received : 11/Nov/2021 03:22PM

Reported : 11/Nov/2021 04:08PM

Status : Final Report

Client Name : PCC MANJARI PUNE

Patient location : ,BANGALORE

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM			¥	
TOTAL CHOLESTEROL	234	mg/dL	<200	CHO-POD
TRIGLYCERIDES	154	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	68	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	166	mg/dL	<130	Calculated
LDL CHOLESTEROL	134.83	mg/dL	<100	Calculated
VLDL CHOLESTEROL	30.79	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.43		0-4.97	Calculated

DEPARTMENT OF BIOCHEMISTRY

Comment:

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

Measurements in the same patient can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.



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Test Name	Result	Unit	Bio. Ref. Range	Method		
LIVER FUNCTION TEST (LFT) , SERUM						
BILIRUBIN, TOTAL	0.50	mg/dL	0.3–1.2	DPD		
		,				

LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.50	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.12	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.38	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	17.7	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	18.5	U/L	<35	IFCC
ALKALINE PHOSPHATASE	51.67	U/L	30-120	IFCC
PROTEIN, TOTAL	5.64	g/dL	6.6-8.3	Biuret
ALBUMIN	3.76	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	1.88	g/dL	2.0-3.5	Calculated
A/G RATIO	2		0.8-1.2	Calculated









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Test Name		Result	Unit	Bio. Ref. Range	Method

RENAL PROFILE/RENAL FUNCTION TEST	(RFT/KFT), SERUI	М		
CREATININE	0.58	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	15.47	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	7.2	mg/dL	7.0 - 17.0	Calculated
URIC ACID	6.40	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.27	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.69	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	140.52	mmol/L	136–146	ISE (Indirect)
POTASSIUM	2.6	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	97.75	mmol/L	101–109	ISE (Indirect)



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DEPARTMENT OF IMMUNOLOGY					
Method	Bio. Ref. Range	Unit	Result	Test Name	
_	Bio. Ref. Range	Unit	Result	Test Name	

VITAMIN D (25 - OH VITAMIN D), SERUM 37.2	ng/mL		CMIA
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Comment:

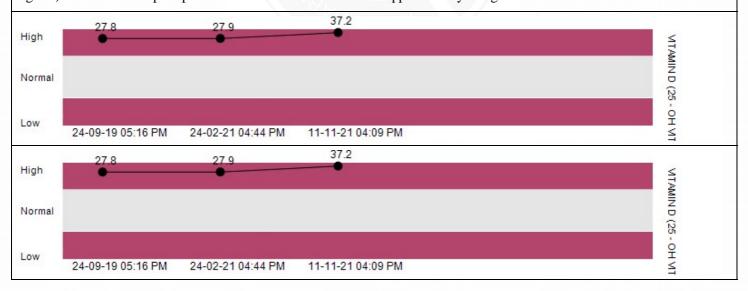
BIOLOGICAL REFERENCE RANGES

VITAMIN D STATUS	VITAMIN D 25 HYDROXY (ng/mL)
DEFICIENCY	<10
INSUFFICIENCY	10 – 30
SUFFICIENCY	30 – 100
TOXICITY	S \ \ \ \ \ \ \ >100

The assay measures both D2 (Ergocalciferol) and D3 (Cholecalciferol) metabolites of vitamin D.Vitamin D status is best determined by measurement of 25 hydroxy vitamin D, as it is the major circulating form and has longer half life (2-3 weeks) than 1,25 Dihydroxy vitamin D (5-8 hrs)

The reference ranges discussed in the preceding are related to total 25-OHD; as long as the combined total is 30 ng/mL or more, the patient has sufficient vitamin D.

Levels needed to prevent rickets and osteomalacia (15 ng/mL) are lower than those that dramatically suppress parathyroid hormone levels (20–30 ng/mL). In turn, those levels are lower than levels needed to optimize intestinal calcium absorption (34 ng/mL). Neuromuscular peak performance is associated with levels approximately 38 ng/mL.



*** End Of Report ***

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Result/s to Follow:

IP/OP NO

COMPLETE URINE EXAMINATION, URINE PROTEIN / CREATININE RATIO SPOT

Dr. Keerthi Prakash M,B.B.S., MD (Path) Consultant Pathologist



