Name	**MR. SACHIN JUNEJA**	**Age/Sex**	**41 Yrs. M**	**Collected**	**19/06/2023 08:35:00**
Lab No.	**2306192**	**Unique Id.**		**Reported**	**20/06/2023 10:11:02**
Refd.By.	**Dr. SUNIL SHARMA**			**Report Status**	**Final**
Sample Type	**SERUM**				

PROFILE

Test Name	Value	Unit	Bio- Reference Interval

BIOCHEMISTRY PROFILES

LIPID PROFILE

TOTAL CHOLESTEROL CHOD-POD	174.8	mg/dL	130 - 200.0

Comments:-

Levels (mg/dl)	Interpretation
<200	Desirable
200-239	Borderline risk
>240	High risk

H D L CHOLESTEROL Direct	38.4	mg/dL

Comments:-

Levels(mg/dl)	Interpretation
>60	Desirable
35-60 (Male) & 45-60 (Female)	Borderline risk
<35 (Male) & <45 (Female)	High risk

This test is used to assess the risk for CAD & in the diagnosis of various Lipoproteinemias.
For every decrease 1mg/dl of HDL,risk for CAD increases by 2-3%.
Decreased levels are seen in stress starvation,obesity,lack of excercise,smoking,diabetes mellitus,
Thyroid disorders & drug use (anabolic steroids,progestine,B-blockers,neomycin,phenothiazines).

L D L CHOLESTEROL Calculated	117.1	mg/dL

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comments:-

Interpretation	Primary LDL Levels (mg/dl)	Secondary LDL levels (mg/dl)
Desirable	<130	<100
Borderline risk	130-159	00-129
High risk	>160	>130

This test is used to assess risk,monitor & decide treatment of CAD.
Elevated levels are seen in following:-

1 Familial hypercholesterolemia.
2 Familila combined hyperlipidemia
3 Diabetes Mellitus
4 Hypothyroidism
5 Nephrotic syndrome
6 Chronic renal failure
7 Diet high in cholestrol & saturated fatty acids
8 Multiple myeloma, dysgammaglobulinemia

V L D L Calculated	19.2	mg/dL	10 - 50.0
TRIGLYCERIDES GPO-POD	96.1	mg/dL	0 - 170.0

Comments:-

Levels(mg/dl)	**Interpretation**
<170	Normal
170-199	Borderline High
200-499	High
>500	Very High

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Elevated levels of Triglycerides can be seen with:-

1 Overnight fasting less than 12hrs.
2 NIDDM.
3 Obesity.
4 Alochol intake.
5 Hyperlipidemia.
6 Pancreatitis.
7 Gout.
8 Pregnancy.
9 Drug use--Thiazide diuretics,anabolic steroids,cholestyramine,corticosteroids,amiodarone & interferon

TOTAL CHOLESTEROL/HDL RATIO	4.55	
Calculated		

Cholestrol : HDL ratio	**Interpretation**
3.3-4.4	Low risk
4.5-7.1	Average risk
7.2-11	Moderate risk
11	High risk

LDL / HDL CHOLESTEROL RATIO	**3.04**	2.5 - 3.0
Calculated		

End of Report

Lab.Technician

Dr. Mansi Arora
MBBS, MD
Consultant Pathologist

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KIDNEY FUNCTION TEST

BLOOD UREA Urease-GLDH	22.7	mg /dl	10 - 45
CREATININE Jaffe`s	1.0	mg/dl	0.7 - 1.2
URIC ACID Uricase - Peroxidase	5.5	mg/dl	3.4 - 7.0
SODIUM DIRECT ISE Method	140	mEq/L	135.0 - 155.0
POTASSIUM DIRECT ISE Method	4.6	mEq/L	3.5 - 5.5
CHLORIDE DIRECT ISE Method	104	mEq/L	99.0 - 108.0
TOTAL PROTEIN Biuret Method	7.5	gm/dl	6.6 - 8.3
ALBUMIN BCG	4.1	gm/dl	3.5 - 5.2
GLOBULIN Calculated	3.4	gm/dl	2.5 - 3.5
A/G RATIO Calculated	1.20		1.1-2.01
PHOSPHORUS Methology: Ammonium Molybdate	3.4	mg/dl	2.5 - 5.0
CALCIUM OCPC	9.0	mg/dl	8.5 - 10.5

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Sample Type	**BLOOD**				

HORMONE

Test Name	Value	Unit	Bio- Reference Interval

***VIT. B12**

Investigation	Result	Units	Normal Range
S.Vit.B12	**1989.0**	pg/mL	211 - 911

Comments

Vitamin B12 along with folate is essential for DNA synthesis and myelin formation. Vitamin B12 deficiency can be because of nutritional deficiency, malabsorption and other gastrointestinal causes. The test is ordered primarily to help diagnose the cause of macrocytic/ megaloblastic anemia .

Decreased levels are seen in:

Anaemia, normal near term pregnancy, vegetarianism, partial gastrectomy/ileal damage, celiac disease, with oral contraceptive use, parasitic competition, pancreatic deficiency, treated epilepsy, smoking, hemodialysis and advancing age.

Increased levels are seen in:

R e n a l f a i l u r e , h e p a t o c e l l u a r d i s o r d e r s ,myeloproliferative disorders and at times with excess supplementation of vitamins pills.

INVESTIGATION	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL
P.S.A	0.27	ng/mL	Less than- 4.0 Border line 4- 10

INTERPRETATION

Prostate-specific antigen (PSA), a glycoprotein is produced by the prostate gland, the lining of the urethra, and the

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Sample Type	**BLOOD**				

bulbourethral gland. Normally, very little PSA is secreted in the blood. Increases in glandular size and tissue damage caused by benign prostatic hypertrophy, prostatitis, or prostate cancer may increase circulating PSA levels. PSA exists in serum in multiple forms: complexed to alpha-1-anti-chymotrypsin (PSA-ACT complex), unbound (free PSA), and enveloped by alpha-2-macroglobulin (not detected by immunoassays).When total PSA concentration is <2.0 ng/ml, the probability of prostate cancer in asymptomatic men is low, further testing and free PSA may provide little additional information. When total PSA concentration is >10.0 ng/mL, the probability of cancer is high and prostate biopsy is generally recommended.The total PSA range of 4.0 to 10.0 ng/ml has been described as a diagnostic "gray zone," in which the free:total PSA ratio helps to determine the relative risk of prostate cancer. Therefore, some urologists recommend using the free:total ratio to help select which men should undergo biopsy. However even a negative result of prostate biopsy does not rule-out prostate cancer. Up to 20% of men with negative biopsy results have subsequently been found to have cancer. Higher total PSA levels and lower percentages of free PSA are associated with higher risks of prostate cancer. Based on free:total PSA ratio: the percent probability of finding prostate cancer on a needle biopsy by age in years:

Free PSA as a percent of Total PSA Total PSA is	Probabilty of carcinoma prostate when 4.1 - 10.0 ng / ml
>= 26	8 %
20 - 25	16 %
15 - 20	20 %
10 - 15	28 %
0 - 10	56 %

Comments:-

False negative / positive results are observed in patients receiving mouse monoclonal antibodies for diagnosis or therapy.PSA total and free levels may appear consistently elevated / depressed due to the interference by heterophilic antibodies and nonspecific protein binding.Results obtained with different assay kits cannot be used interchangeably.All results should be corelated with clinical findings and results of other investigations.

***TSH**

Test Description	Observed Value	Biological Reference Interval
3rd Gen. (TSH Ultrasensitive)	2.17	0.35-5.50 ulU/mL

Chemiluminescence Immuno Assay

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COMMENT :
The levels of thyroid hormone (T3 & T4) Are Low In case of Primary, secondary and tertiary hypothyroidism and sometimes in non-thyroidal illness also.
Increased levels are found in grave's disease, hyperthyroidism and thyroid hormone resistance. T3 levels are also raised in T3 thyrotoxicosis. TSH levels are raised
in primary hypothyroidism and are low in hyperthyroidism and secondary hypothyroidism.

*** THYROID ANTIBODIES(ATG/TPO)**

ATG/AMA

TEST	RESULT	NORMAL RANGE
Anti-TG (Anti Thyroglobulin Antibody)*	1.8	Up to 10.0 IU/mL
Anti-TPO (Thyroid Peroxidase Antibody)*	0.8	Up to 10.0 IU/mL

COMMENTS:-
Anti thyroglobulin antibody is a test to measure antibodies to a protein called thyroglobulin, which is found in thyroid cells. & Anti-TPO antibodies are the most common anti-thyroid autoantibody, present in approximately 90% of Hashimoto's thyroiditis, 75% of Graves'
disease and 10-20% of nodular goitre or thyroid carcinoma. Also, 10-15% of normal individuals can have high level anti-TPO antibody titres High serum antibodies are found in active phase chronic autoimmune thyroiditis

CLINICAL USE : Confirm presence of Autoimmune thyroid disease

In Increased Levels
Differentiated thyroid cancer
Thyroid Cancer,
Follicular Thyroid Carcinoma,
Papillary Thyroid Carcinoma
Hashimoto thyroiditis
Chronic urticaria

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Graves disease
Postpartum thyroiditis

* Not under NABL scope

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IMMUNOLOGY - SEROLOGY

Test Name	Value	Unit	Bio- Reference Interval

***C-REACTIVE PROTEIN (QUANTITATIVE)**

Investigation	Result	Units	Normal Range
C-REACTIVE PROTEIN	5.67	mg/l	0 - 6

(Nephelometry Methodology)

Clinical significance

CRP is one of the proteins commonly refferred to as acute phase reactants. CRP is distinguished by its rapid response to trauma of infection.
Testing for CRP is indicated in the following clinical situation:

Monitoring recovery from surgery
Myocardial infraction
Transplantation
Inflammatory bowel disease
Rheumatic diseases
Infectious diseases

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