

**REPORT**

Name	: Mr. P ANJANEYULU	Sample ID	: A0643996
Age/Gender	: 38 Years/Male	Reg. No	: 0312407140029
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 14-Jul-2024 01:23 PM
Primary Sample	: Whole Blood	Received On	: 14-Jul-2024 03:10 PM
Sample Tested In	: Serum	Reported On	: 14-Jul-2024 04:01 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

**CLINICAL BIOCHEMISTRY**

Test Name	Results	Units	Ref. Range	Method
<b>Lipid Profile</b>				
Cholesterol Total	161	mg/dL	< 200	CHOD-POD
Triglycerides-TGL	243	mg/dL	< 150	GPO-POD
Cholesterol-HDL	26	mg/dL	40-60	Direct
Cholesterol-LDL	86.4	mg/dL	< 100	Calculated
Cholesterol- VLDL	48.6	mg/dL	7-35	Calculated
Non HDL Cholesterol	135	mg/dL	< 130	Calculated
Cholesterol Total /HDL Ratio	6.19	%	0-4.0	Calculated
HDL / LDL Ratio	0.30			
LDL/HDL Ratio	3.32	%	0-3.5	Calculated

The National Cholesterol Education program's third Adult Treatment Panel (ATPIII) has issued its recommendations on evaluating and treating lipid disorders for primary and secondary.

NCEP Recommendations	Cholesterol Total in (mg/dL)	Triglycerides in (mg/dL)	HDL Cholesterol (mg/dL)	LDL Cholesterol in (mg/dL)	Non HDL Cholesterol in (mg/dL)
Optimal	Adult: < 200 Children: < 170	< 150	40-59	Adult:<100 Children: <110	<130
Above Optimal	-----	-----		100-129	130 - 159
Borderline High	Adult: 200-239 Children:171-199	150-199		Adult: 130-159 Children: 111-129	160 - 189
High	Adult:>or=240 Children:>or=200	200-499	≥ 60	Adult:160-189 Children:>or=130	190 - 219
Very High	-----	>or=500		Adult: >or=190 -----	>=220

**Note:** LDL cholesterol cannot be calculated if triglyceride is >400 mg/dL (Friedewald's formula). Calculated values not provided for LDL and VLDL

Result rechecked and verified for abnormal cases

\*\*\* End Of Report \*\*\*

Laboratory is NABL Accredited



*Dr. Vaishnavi*  
DR. VAISHNAVI  
MD BIOCHEMISTRY

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**CLINICAL BIOCHEMISTRY**

Test Name	Results	Units	Ref. Range	Method
<b>Liver Function Test (LFT)</b>				
Bilirubin(Total)	0.5	mg/dL	0.3-1.2	Diazo
Bilirubin (Direct)	0.1	mg/dL	0.0 - 0.2	Diazo
Bilirubin (Indirect)	0.4	mg/dL	0.2-1.0	Calculated
Aspartate Aminotransferase (AST/SGOT)	20	U/L	5-40	IFCC with out (P-5-P)
Alanine Aminotransferase (ALT/SGPT)	30	U/L	0-55	IFCC with out (P-5-P)
Alkaline Phosphatase(ALP)	116	U/L	30-120	Kinetic PNPP-AMP
Gamma Glutamyl Transpeptidase (GGTP)	54	U/L	15-85	IFCC
Protein - Total	7.2	g/dL	6.4-8.2	Biuret
Albumin	4.3	g/dL	3.4-5.0	Bromocresol Green (BCG)
Globulin	2.9	g/dL	2.0-4.2	Calculated
A:G Ratio	1.48	%	0.8-2.0	Calculated
SGOT/SGPT Ratio	0.67			

**Alanine Aminotransferase(ALT)** is an enzyme found in liver and kidneys cells. ALT helps create energy for liver cells. Damaged liver cells release ALT into the bloodstream, which can elevate ALT levels in the blood.

**Aspartate Aminotransferase (AST)** is an enzyme in the liver and muscles that helps metabolizes amino acids. Similarly to ALT, elevated AST levels may be a sign of liver damage or liver disease.

**Alkaline phosphate (ALP)** is an enzyme present in the blood. ALP contributes to numerous vital bodily functions, such as supplying nutrients to the liver, promoting bone growth, and metabolizing fat in the intestines.

**Gamma-glutamyl Transpeptidase (GGTP)** is an enzyme that occurs primarily in the liver, but it is also present in the kidneys, pancreas, gallbladder, and spleen. Higher than normal concentrations of GGTP in the blood may indicate alcohol-related liver damage. Elevated GGTP levels can also increase the risk of developing certain types of cancer.

**Bilirubin** is a waste product that forms when the liver breaks down red blood cells. Bilirubin exits the body as bile in stool. High levels of bilirubin can cause jaundice - a condition in which the skin and whites of the eyes turn yellow- and may indicate liver damage.

**Albumin** is a protein that the liver produces. The liver releases albumin into the bloodstream, where it helps fight infections and transport vitamins, hormones, and enzymes throughout the body. Liver damage can cause abnormally low albumin levels.

Correlate Clinically.

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\*\*\* End Of Report \*\*\*



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