

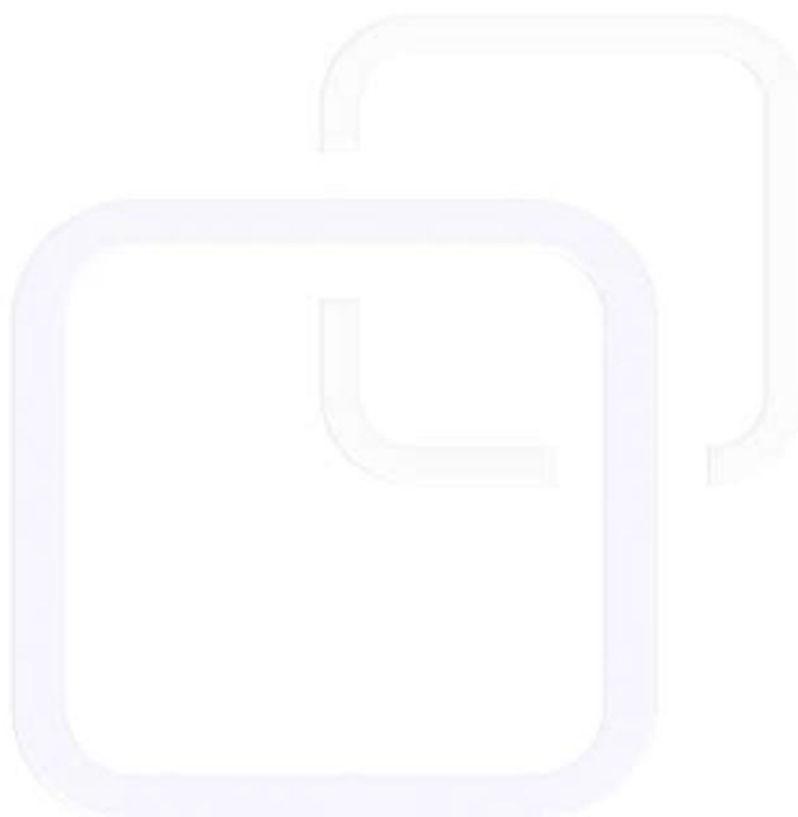
BML373792

Laboratory Investigation Report

Name	: SHAKEEL	Ref No.	: 40666
DOB	: 29/09/1986	Sample No.	: 2403380996
Age / Gender	: 37 Y 5 M / Male	Collected	: 22/03/2024 13:00
Referred by	: DR ENOMEN	Registered	: 22/03/2024 15:48
Centre	: Peshawar Medical Center LLC	Reported	: 22/03/2024 17:19

BIOCHEMISTRY

Test	Result	Flag	Unit	Reference Range	Methodology
TROPONIN I (QUANTITATIVE)					
# TROPONIN I (QUANTITATIVE)	<0.100		ng/mL	0 - 0.16	ECLIA



Dr. Adley Mark Fernandes
M.D (Pathology)
Pathologist

Dr. Vyoma V Shah
M.D (Pathology)
Clinical Pathologist



BHAVYA THENDANKANDY
Biochemistry Technologist

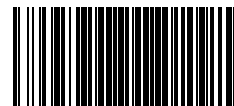
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LIPID PROFILE TEST					
CHOLESTEROL (TOTAL)	360	H	mg/dl	Desirable: < 200 Borderline High: 200 - 240 High: > 240	Enzymatic colorimetric assay
HDL CHOLESTEROL	-		mg/dl	40 - 60	Homogeneous enzymatic colorimetric assay
LDL CHOLESTEROL DIRECT	-		mg/dl	Optimal: < 100 Near/Above Optimal: 100 - 129 Borderline High: 130 - 159 High: 160 - 189 Very High: > 190	Homogeneous enzymatic colorimetric assay
VLDL CHOLESTEROL	371	H	mg/dL	< 30	Calculation
NON-HDL CHOLESTEROL	-		mg/dL	< 140	Calculation
TRIGLYCERIDES	1855	H	mg/dl	Normal: < 150 Borderline High: 150 - 199 High: 200 - 499 Very High: > 500	Enzymatic colorimetric assay
TOTAL CHOLESTEROL / HDL RATIO	.	--	--	< 4.5	Calculation
LDL / HDL RATIO	.	--	--	< 3.5	Calculation

Comments : Sample is highly lipemic. Values for HDL and LDL may not be accurate. Please correlate clinically. Advise: Repeat testing after 14 hours strict fasting.

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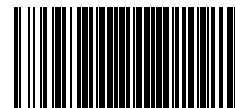
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Test	Result	Flag	Unit	Reference Range	Methodology
ELECTROLYTES (Na,K,Cl)					
SODIUM (NA)	137		mmol/L	136 - 145	ISE (Indirect)
POTASSIUM (K)	4.7		mmol/L	3.5 - 5.1	ISE (Indirect)
CHLORIDE (CL)	102		mmol/L	98 - 107	ISE (Indirect)

Interpretation Notes :

Sodium (NA)

Hypernatremia will be seen in dehydration, Cushing syndrome, central or nephrogenic diabetes insipidus with insufficient fluids, primary aldosteronism, lactic acidosis, azotemia, weight loss, nonketotic hyperosmolar coma. Hyponatremia occurs with nephrotic syndrome, cachexia, hypoproteinemia, intravenous glucose infusion, in congestive heart failure, and other clinical entities. Serum sodium is a predictor of cardiovascular mortality in patients in severe congestive heart failure. Addison disease, hypopituitarism, cirrhosis, hypertriglyceridemia, and psychogenic polydipsia.

Chloride (CL)

Increased level is seen in dehydration, with ammonium chloride administration, with renal tubular acidosis (hyperchloremic metabolic acidosis), and with an excessive infusion of normal saline, hyperparathyroidism. Decreased level with overhydration, congestive failure, syndrome of inappropriate secretion of ADH, vomiting, gastric suction, chronic respiratory acidosis, Addison disease, salt-losing nephritis, burns, metabolic alkalosis, and in some instances of diuretic therapy.

Sample Type : Serum

End of Report

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