



	Dr. Vinay Chopra MD (Pathology & Microbiolog Chairman & Consultant Patho		Dr. Yugam Chopra MD (Pathology) st CEO & Consultant Pathologist	
NAME	: Mr. KSHITIZ JAIN			
AGE/ GENDER	: 34 YRS/MALE		PATIENT ID	: 1540050
COLLECTED BY	:		REG. NO./LAB NO.	: 012407060012
REFERRED BY	:		REGISTRATION DATE	: 06/Jul/2024 08:34 AM
BARCODE NO.	:01512605		COLLECTION DATE	: 06/Jul/2024 08:50AM
CLIENT CODE.	: KOS DIAGNOSTIC LAB		REPORTING DATE	: 06/Jul/2024 09:56AM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROA	D, AMBALA CANTT		
Test Name		Value	Unit	Biological Reference interval
	CLI	NICAL CHEMIS	TRY/BIOCHEMISTRY	Y
		LIPID PRO	OFILE : BASIC	
CHOLESTEROL TOTA by CHOLESTEROL OX		218.08 ^H	mg/dL	OPTIMAL: < 200.0 BORDERLINE HIGH: 200.0 - 239.0 HIGH CHOLESTEROL: > OR = 240.
TRIGLYCERIDES: SER by GLYCEROL PHOSP	RUM PHATE OXIDASE (ENZYMATIC)	242.62 ^H	mg/dL	OPTIMAL: < 150.0 BORDERLINE HIGH: 150.0 - 199.0 HIGH: 200.0 - 499.0 VERY HIGH: > OR = 500.0
HDL CHOLESTEROL (by SELECTIVE INHIBITI		39.29	mg/dL	LOW HDL: < 30.0 BORDERLINE HIGH HDL: 30.0 - 60.0 HIGH HDL: > OR = 60.0
LDL CHOLESTEROL: S by CALCULATED, SPE		130.27 ^H	mg/dL	OPTIMAL: < 100.0 ABOVE OPTIMAL: 100.0 - 129.0 BORDERLINE HIGH: 130.0 - 159.0 HIGH: 160.0 - 189.0 VERY HIGH: > OR = 190.0
NON HDL CHOLESTE by CALCULATED, SPE		178.79 ^H	mg/dL	OPTIMAL: < 130.0 ABOVE OPTIMAL: 130.0 - 159.0 BORDERLINE HIGH: 160.0 - 189.0 HIGH: 190.0 - 219.0 VERY HIGH: > OR = 220.0
		48.52 ^H	mg/dL	0.00 - 45.00
by CALCULATED, SPE TOTAL LIPIDS: SERUN by CALCULATED, SPE CHOLESTEROL/HDL I by CALCULATED, SPE	N	678.78	mg/dL	350.00 - 700.00
	RATIO: SERUM	5.55 ^H	RATIO	LOW RISK: 3.30 - 4.40 AVERAGE RISK: 4.50 - 7.0 MODERATE RISK: 7.10 - 11.0 HIGH RISK: > 11.0
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	Dr. Vinay ChopraDr. Yugam ChopraMD (Pathology & Microbiology)MD (Pathology)Chairman & Consultant PathologistCEO & Consultant Pathologist				
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Test Name		Value	Unit	Biological Reference interval	
LDL/HDL RATIO: SERUM by calculated, spectrophotometry		3.32 ^H	RATIO	LOW RISK: 0.50 - 3.0 MODERATE RISK: 3.10 - 6.0 HIGH RISK: > 6.0	
TRIGLYCERIDES/HDL RATIO: SERUM by CALCULATED, SPECTROPHOTOMETRY		6.18 ^H	RATIO	3.00 - 5.00	

INTERPRETATION:

1.Measurements in the same patient can show physiological& analytical variations. Three serial samples 1 week apart are recommended for Total Cholesterol, Triglycerides, HDL & LDL Cholesterol. 2. As per NLA-2014 guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the

age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.

3. Low HDL levels are associated with increased risk for Atherosclerotic Cardiovascular disease (ASCVD) due to insufficient HDL being available

to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues. 4. NLA-2014 identifies Non HDL Cholesterol (an indicator of all atherogeniclipoproteins such as LDL, VLDL, IDL, Lpa, Chylomicron remnants) along with LDL-cholesterol as co- primary target for cholesterol lowering therapy. Note that major risk factors can modify treatment goals for LDL & Non HDL

5. Additional testing for Apolipoprotein B, hsCRP,Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement

End Of Report ***





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