

## **KOS Diagnostic Lab** (A Unit of KOS Healthcare)



Dr. Vinay Chopra MD (Pathology & Microbiology) Chairman & Consultant Pathologist

Dr. Yugam Chopra MD (Pathology) CEO & Consultant Pathologist

**NAME** : Mrs. DIVYA

**AGE/ GENDER** : 31 YRS/FEMALE **PATIENT ID** : 554223

**COLLECTED BY** :012407180008 REG. NO./LAB NO.

REFERRED BY **REGISTRATION DATE** : 18/Jul/2024 08:04 AM BARCODE NO. :01513348 **COLLECTION DATE** : 18/Jul/2024 08:44AM CLIENT CODE. : KOS DIAGNOSTIC LAB REPORTING DATE : 18/Jul/2024 10:10AM

**CLIENT ADDRESS** : 6349/1, NICHOLSON ROAD, AMBALA CANTT

Value Unit **Biological Reference interval** Test Name

## CLINICAL CHEMISTRY/BIOCHEMISTRY

LIPID PROFILE: BASIC

CHOLESTEROL TOTAL: SERUM mg/dL **OPTIMAL:** < 200.0 229.87<sup>H</sup> by CHOLESTEROL OXIDASE PAP

**BORDERLINE HIGH: 200.0 - 239.0** HIGH CHOLESTEROL: > OR = 240.0

TRIGLYCERIDES: SERUM 535,77H mg/dL **OPTIMAL: < 150.0** 

by GLYCEROL PHOSPHATE OXIDASE (ENZYMATIC)

**BORDERLINE HIGH: 150.0 - 199.0** HIGH: 200.0 - 499.0

VERY HIGH: > OR = 500.0

39.46 HDL CHOLESTEROL (DIRECT): SERUM LOW HDL: < 30.0 mg/dL

by SELECTIVE INHIBITION

BORDERLINE HIGH HDL: 30.0 -

60.0  $HIGH\ HDL: > OR = 60.0$ 

LDL CHOLESTEROL: SERUM NOT CALCULATED OPTIMAL: < 100.0 mg/dL

by CALCULATED, SPECTROPHOTOMETRY

ABOVE OPTIMAL: 100.0 - 129.0

BORDERLINE HIGH: 130.0 - 159.0

HIGH: 160.0 - 189.0 VERY HIGH: > OR = 190.0

NON HDL CHOLESTEROL: SERUM **OPTIMAL: < 130.0** 190.41H mg/dL by CALCULATED, SPECTROPHOTOMETRY

ABOVE OPTIMAL: 130.0 - 159.0

**BORDERLINE HIGH: 160.0 - 189.0** 

HIGH: 190.0 - 219.0 VERY HIGH: > OR = 220.0

VLDL CHOLESTEROL: SERUM NOT CALCULATED mg/dL 0.00 - 45.00

by CALCULATED, SPECTROPHOTOMETRY

TOTAL LIPIDS: SERUM NOT CALCULATED mg/dL 350.00 - 700.00 by CALCULATED, SPECTROPHOTOMETRY

CHOLESTEROL/HDL RATIO: SERUM **RATIO** LOW RISK: 3.30 - 4.40 5.83<sup>H</sup> by CALCULATED, SPECTROPHOTOMETRY

**NOT CALCULATED** 

**AVERAGE RISK: 4.50 - 7.0 MODERATE RISK: 7.10 - 11.0** 

**HIGH RISK: > 11.0** 

LOW RISK: 0.50 - 3.0



LDL/HDL RATIO: SERUM

CONSULTANT PATHOLOGIST MBBS, MD (PATHOLOGY & MICROBIOLOGY) DR.YUGAM CHOPRA CONSULTANT PATHOLOGIST

**RATIO** 





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13.58<sup>H</sup>

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**Test Name** Value Unit **Biological Reference interval** 

by CALCULATED, SPECTROPHOTOMETRY MODERATE RISK: 3.10 - 6.0

HIGH RISK: > 6.0

3.00 - 5.00

TRIGLYCERIDES/HDL RATIO: SERUM by CALCULATED, SPECTROPHOTOMETRY

WHEN TRIGLYCERIDES VALUE >400 mg/dL THE CALCULATED VALUES OF LDL AND

**RATIO** 

VLDL ARE NOT RELIABLE

**ADVICE** KINDLY CORRELATE CLINICALLY

**INTERPRETATION:** 

NOTE 2

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

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 LDL.

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 \*\*\*



CONSULTANT PATHOLOGIST MBBS, MD (PATHOLOGY & MICROBIOLOGY)

DR.YUGAM CHOPRA CONSULTANT PATHOLOGIST



KOS Central Lab: 6349/1, Nicholson Road, Ambala Cantt -133 001, Haryana KOS Molecular Lab: IInd Floor, Parry Hotel, Staff Road, Opp. GPO, Ambala Cantt - 133 001, Haryana 0171-2643898, +91 99910 43898 | care@koshealthcare.com | www.koshealthcare.com