



		ChopraDr. Yugam Chopragy & Microbiology)MD (Pathology)Consultant PathologistCEO & Consultant Pathologist		(Pathology)
NAME AGE/ GENDER	: <b>Mr. SATIN GOEL</b> : 40 YRS/MALE			: 1556092
COLLECTED BY	: SURJESH	REC	G. NO./LAB NO.	:012407210041
REFERRED BY	:		SISTRATION DATE	: 21/Jul/2024 11:24 AM
BARCODE NO.	:01513562		LECTION DATE	: 21/Jul/2024 11:29AM
CLIENT CODE.	: KOS DIAGNOSTIC LAB		PORTING DATE	: 21/Jul/2024 12:22PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD	), AMBALA CAN I I		
Test Name		Value	Unit	Biological Reference interval
	CLIP	VICAL CHEMISTR LIPID PROFIL		Y
HOLESTEROL TOTA	L: SERUM	280.01 <sup>H</sup>	mg/dL	<b>OPTIMAL:</b> < 200.0
by CHOLESTEROL O	XIDASE PAP	200.01	3	BORDERLINE HIGH: 200.0 - 239.
TRIGLYCERIDES: SERUM by glycerol phosphate oxidase (enzymatic)		237.35 <sup>H</sup>	mg/dL	HIGH CHOLESTEROL: > OR = 240 OPTIMAL: < 150.0 BORDERLINE HIGH: 150.0 - 199. HIGH: 200.0 - 499.0
				<b>VERY HIGH:</b> > <b>OR</b> = 500.0
HDL CHOLESTEROL ( by SELECTIVE INHIBIT		64.08	mg/dL	LOW HDL: < 30.0 BORDERLINE HIGH HDL: 30.0 -
by SELECTIVE INHIBITION				60.0
				HIGH HDL: $> OR = 60.0$
DL CHOLESTEROL: 5 by CALCULATED, SPI		168.46 <sup>H</sup>	mg/dL	OPTIMAL: < 100.0 ABOVE OPTIMAL: 100.0 - 129.0 BORDERLINE HIGH: 130.0 - 159. HIGH: 160.0 - 189.0 VERY HIGH: > OR = 190.0
NON HDL CHOLESTE by CALCULATED, SPI		215.93 <sup>H</sup>	mg/dL	OPTIMAL: < 130.0 ABOVE OPTIMAL: 130.0 - 159.0 BORDERLINE HIGH: 160.0 - 189. HIGH: 190.0 - 219.0 VERY HIGH: > OR = 220.0
LDL CHOLESTEROL		47.47 <sup>H</sup>	mg/dL	0.00 - 45.00
by CALCULATED, SPEC TOTAL LIPIDS: SERUM		797.37 <sup>H</sup>	mg/dL	350.00 - 700.00
CHOLESTEROL/HDL by CALCULATED, SPE	RATIO: SERUM	4.37	RATIO	LOW RISK: 3.30 - 4.40 AVERAGE RISK: 4.50 - 7.0 MODERATE RISK: 7.10 - 11.0 HIGH RISK: > 11.0
LDL/HDL RATIO: SER	RUM	2.63	RATIO	LOW RISK: 0.50 - 3.0
	DR.VINAY CHOPRA	DR.YUGAM	pro	

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		Chopra y & Microbiology) consultant Pathologist		(Pathology)	
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Test Name		Value	Unit	Biological Reference interval	
by CALCULATED, SPECTROPHOTOMETRY				MODERATE RISK: 3.10 - 6.0 HIGH RISK: > 6.0	
TRIGLYCERIDES/HDL RATIO: SERUM by CALCULATED, SPECTROPHOTOMETRY		3.7	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.

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.
 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





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Test Name		Value	Unit	Biological Reference interval
		CLINICAL PATHO	LOGY	
	URINE I	ROUTINE & MICROSCOF	PIC EXAMINAT	ΓΙΟΝ
PHYSICAL EXAMINA	TION			
QUANTITY RECIEVED	D	10	ml	
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY COLOUR by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY TRANSPARANCY by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY				
		AMBER YELLOW		PALE YELLOW
		HAZY		CLEAR
		1 01		1.002 1.020
SPECIFIC GRAVITY by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY		1.01		1.002 - 1.030
CHEMICAL EXAMINA				
REACTION		ALKALINE		
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY PROTEIN		2+		NEGATIVE (-ve)
	CTANCE SPECTROPHOTOMETRY	24		NEGATIVE (-ve)
SUGAR	TANCE SPECTROPHOTOMETRY	Negative		NEGATIVE (-ve)
pH	TANGE SPECTROPHOTOMETRY	7.5		5.0 - 7.5
by DIP STICK/REFLEC	TANCE SPECTROPHOTOMETRY			
		Negative		NEGATIVE (-ve)
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY NITRITE		Negative		NEGATIVE (-ve)
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY.		·		
UROBILINOGEN by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY		Normal	EU/dL	0.2 - 1.0
KETONE BODIES		Negative		NEGATIVE (-ve)
by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY				
BLOOD by DIP STICK/REFLECTANCE SPECTROPHOTOMETRY		TRACE		NEGATIVE (-ve)
ASCORBIC ACID		NEGATIVE (-ve)		NEGATIVE (-ve)
by DIP STICK/REFLEC	TANCE SPECTROPHOTOMETRY			

MICROSCOPIC EXAMINATION



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



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

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RED BLOOD CELLS (F	RBCs) CENTRIFUGED URINARY SEDIMENT	1-3	/HPF	0 - 3
PUS CELLS by MICROSCOPY ON (	CENTRIFUGED URINARY SEDIMENT	2-4	/HPF	0 - 5
EPITHELIAL CELLS by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT		0-1	/HPF	ABSENT
CRYSTALS by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT		NEGATIVE (-ve)		NEGATIVE (-ve)
CASTS by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT		NEGATIVE (-ve)		NEGATIVE (-ve)
BACTERIA by MICROSCOPY ON G	CENTRIFUGED URINARY SEDIMENT	NEGATIVE (-ve)		NEGATIVE (-ve)
OTHERS by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT		NEGATIVE (-ve)		NEGATIVE (-ve)

by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT TRICHOMONAS VAGINALIS (PROTOZOA)

by MICROSCOPY ON CENTRIFUGED URINARY SEDIMENT

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

ABSENT



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