



		<b>Chopra</b> gy & Microbiology) Consultant Pathologis	Dr. Yugam Chopra MD (Pathology) CEO & Consultant Pathologist	
NAME AGE/ GENDER COLLECTED BY REFERRED BY BARCODE NO. CLIENT CODE.	: Mrs. SAROJ : 77 YRS/FEMALE : : : 01514118 : KOS DIAGNOSTIC LAB		PATIENT ID REG. NO./LAB NO. REGISTRATION DATE COLLECTION DATE REPORTING DATE	: 1565080 <b>: 012407300023</b> : 30/Jul/2024 10:08 AM : 30/Jul/2024 10:08AM : 30/Jul/2024 11:06AM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROA	AD, AMBALA CANTT		
Test Name		Value	Unit	Biological Reference interval
	CL		STRY/BIOCHEMISTR OFILE : BASIC	r
CHOLESTEROL TOTA by CHOLESTEROL OX		180.56	mg/dL	OPTIMAL: < 200.0 BORDERLINE HIGH: 200.0 - 239.0 HIGH CHOLESTEROL: > OR = 240.0
TRIGLYCERIDES: SERUM by GLYCEROL PHOSPHATE OXIDASE (ENZYMATIC)		90.82	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 INHIBIT.		45.81	mg/dL	LOW HDL: < 30.0 BORDERLINE HIGH HDL: 30.0 - 60.0 HIGH HDL: > OR = 60.0
DL CHOLESTEROL: S by CALCULATED, SPE		116.59	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		134.75 <sup>H</sup>	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
VLDL CHOLESTEROL: SI by calculated, spect TOTAL LIPIDS: SERUM by calculated, spect	сткорнотометку Л	18.16	mg/dL	0.00 - 45.00
		451.94	mg/dL	350.00 - 700.00
by CALCOLATED, SPE CHOLESTEROL/HDL I by CALCULATED, SPE	RATIO: SERUM	3.94	RATIO	LOW RISK: 3.30 - 4.40 AVERAGE RISK: 4.50 - 7.0 MODERATE RISK: 7.10 - 11.0 HIGH RISK: > 11.0
_DL/HDL RATIO: SER	MUM	2.55	RATIO	LOW RISK: 0.50 - 3.0
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Q 🗰 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

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TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.





MD (Pathology			(Pathology)
: Mrs. SAROJ			
: 77 YRS/FEMALE		PATIENT ID	: 1565080
:		<b>REG. NO./LAB NO.</b>	: 012407300023
:		<b>REGISTRATION DATE</b>	: 30/Jul/2024 10:08 AM
:01514118		<b>COLLECTION DATE</b>	: 30/Jul/2024 10:08AM
: KOS DIAGNOSTIC LAB		<b>REPORTING DATE</b>	: 30/Jul/2024 11:06AM
: 6349/1, NICHOLSON ROAD	), AMBALA CANT	Г	
	Value	Unit	Biological Reference interval
by CALCULATED, SPECTROPHOTOMETRY			MODERATE RISK: 3.10 - 6.0
			HIGH RISK: > 6.0 <b>3.00 - 5.00</b>
	Chairman & Co : Mrs. SAROJ : 77 YRS/FEMALE : : : 01514118 : KOS DIAGNOSTIC LAB : 6349/1, NICHOLSON ROAD	: Mrs. SAROJ : 77 YRS/FEMALE : : 01514118 : KOS DIAGNOSTIC LAB : 6349/1, NICHOLSON ROAD, AMBALA CANT Value	CEO & Consultant   : Mrs. SAROJ   : 77 YRS/FEMALE PATIENT ID   :

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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