

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. ALKA SHARMA

AGE/ GENDER : 61 YRS/FEMALE **PATIENT ID** : 1569160

COLLECTED BY : SURJESH REG. NO./LAB NO. : 012408030018

 REFERRED BY
 : 03/Aug/2024 09:39 AM

 BARCODE NO.
 : 01514344
 COLLECTION DATE
 : 03/Aug/2024 09:56AM

 CLIENT CODE.
 : KOS DIAGNOSTIC LAB
 REPORTING DATE
 : 03/Aug/2024 11:12AM

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

Test Name Value Unit Biological Reference interval

CLINICAL CHEMISTRY/BIOCHEMISTRY

LIPID PROFILE: BASIC

CHOLESTEROL TOTAL: SERUM 177.25 mg/dL OPTIMAL: < 200.0

by CHOLESTEROL OXIDASE PAP

BORDERLINE HIGH: 200.0 - 239.0

HIGH CHOLESTEROL: > OR = 240.0

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TRIGLYCERIDES: SERUM 179.28^H mg/dL OPTIMAL: < 150.0 by GLYCEROL PHOSPHATE OXIDASE (ENZYMATIC) RORDERI INF HIGH

BORDERLINE HIGH: 150.0 - 199.0

HIGH: 200.0 - 499.0 VERY HIGH: > OR = 500.0

HDL CHOLESTEROL (DIRECT): SERUM 57.74 mg/dL LOW HDL: < 30.0

by SELECTIVE INHIBITION

BORDERI INF HIG

BORDERLINE HIGH HDL: 30.0 -

60.0

HIGH HDL: > OR = 60.0

LDL CHOLESTEROL: SERUM 83.65 mg/dL OPTIMAL: < 100.0 by CALCULATED, SPECTROPHOTOMETRY ABOVE 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 CHOLESTEROL: SERUM 119.51 mg/dL OPTIMAL: < 130.0 by CALCULATED, SPECTROPHOTOMETRY ABOVE OPTIMAL:

ABOVE OPTIMAL: 130.0 - 159.0 BORDERLINE HIGH: 160.0 - 189.0

HIGH: 190.0 - 219.0

VERY HIGH: > OR = 220.0

35.86 mg/dL 0.00 - 45.00

TOTAL LIPIDS: SERUM 533.78 mg/dL 350.00 - 700.00

by CALCULATED, SPECTROPHOTOMETRY

1.45

CHOLESTEROL/HDL RATIO: SERUM

by CALCULATED, SPECTROPHOTOMETRY

3.07

RATIO

LOW RISK: 3.30 - 4.40

AVERAGE RISK: 4.50 - 7.0

MODERATE RISK: 7.10 - 11.0

HIGH RISK: > 11.0

RATIO LOW RISK: 0.50 - 3.0



VLDL CHOLESTEROL: SERUM

LDL/HDL RATIO: SERUM

by CALCULATED, SPECTROPHOTOMETRY

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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	3.1	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

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

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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