

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

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

NAME : Mrs. SHALLU  
AGE/ GENDER : 44 YRS/FEMALE  
COLLECTED BY :  
REFERRED BY :  
BARCODE NO. : 01514954  
CLIENT CODE. : KOS DIAGNOSTIC LAB  
CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT

PATIENT ID : 1578160  
REG. NO./LAB NO. : 012408120048  
REGISTRATION DATE : 12/Aug/2024 01:39 PM  
COLLECTION DATE : 12/Aug/2024 01:40PM  
REPORTING DATE : 12/Aug/2024 03:46PM

| Test Name | Value | Unit | Biological Reference interval |
|-----------|-------|------|-------------------------------|
|-----------|-------|------|-------------------------------|

## CLINICAL CHEMISTRY/BIOCHEMISTRY

### LIPID PROFILE : BASIC

|   |        |       |  |
|---|--------|-------|--|
| CHOLESTEROL TOTAL: SERUM<br>by CHOLESTEROL OXIDASE PAP            | 154.25 | mg/dL | OPTIMAL: < 200.0<br>BORDERLINE HIGH: 200.0 - 239.0<br>HIGH CHOLESTEROL: > OR = 240.0   |
| TRIGLYCERIDES: SERUM<br>by GLYCEROL PHOSPHATE OXIDASE (ENZYMATIC) | 84.77  | mg/dL | OPTIMAL: < 150.0<br>BORDERLINE HIGH: 150.0 - 199.0<br>HIGH: 200.0 - 499.0<br>VERY HIGH: > OR = 500.0                                 |
| HDL CHOLESTEROL (DIRECT): SERUM<br>by SELECTIVE INHIBITION        | 40.12  | mg/dL | LOW HDL: < 30.0<br>BORDERLINE HIGH HDL: 30.0 - 60.0<br>HIGH HDL: > OR = 60.0   |
| LDL CHOLESTEROL: SERUM<br>by CALCULATED, SPECTROPHOTOMETRY        | 97.18  | mg/dL | OPTIMAL: < 100.0<br>ABOVE OPTIMAL: 100.0 - 129.0<br>BORDERLINE HIGH: 130.0 - 159.0<br>HIGH: 160.0 - 189.0<br>VERY HIGH: > OR = 190.0 |
| NON HDL CHOLESTEROL: SERUM<br>by CALCULATED, SPECTROPHOTOMETRY    | 114.13 | mg/dL | OPTIMAL: < 130.0<br>ABOVE OPTIMAL: 130.0 - 159.0<br>BORDERLINE HIGH: 160.0 - 189.0<br>HIGH: 190.0 - 219.0<br>VERY HIGH: > OR = 220.0 |
| VLDL CHOLESTEROL: SERUM<br>by CALCULATED, SPECTROPHOTOMETRY       | 16.95  | mg/dL | 0.00 - 45.00   |
| TOTAL LIPIDS: SERUM<br>by CALCULATED, SPECTROPHOTOMETRY           | 393.27 | mg/dL | 350.00 - 700.00  |
| CHOLESTEROL/HDL RATIO: SERUM<br>by CALCULATED, SPECTROPHOTOMETRY  | 3.84   | RATIO | LOW RISK: 3.30 - 4.40<br>AVERAGE RISK: 4.50 - 7.0<br>MODERATE RISK: 7.10 - 11.0<br>HIGH RISK: > 11.0                                 |
| LDL/HDL RATIO: SERUM  | 2.42   | RATIO | LOW RISK: 0.50 - 3.0   |



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CONSULTANT PATHOLOGIST  
MBBS, MD (PATHOLOGY & MICROBIOLOGY)

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CONSULTANT PATHOLOGIST  
MBBS, MD (PATHOLOGY)



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

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

|                       |  |                          |                        |
|-----------------------|--|--------------------------|------------------------|
| <b>NAME</b>           | : Mrs. SHALLU                          | <b>PATIENT ID</b>        | : 1578160              |
| <b>AGE/ GENDER</b>    | : 44 YRS/FEMALE                        | <b>REG. NO./LAB NO.</b>  | : 012408120048         |
| <b>COLLECTED BY</b>   | :                                      | <b>REGISTRATION DATE</b> | : 12/Aug/2024 01:39 PM |
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| Test Name                        | Value             | Unit  | Biological Reference interval                 |
|----------------------------------|-------------------|-------|---|
| by CALCULATED, SPECTROPHOTOMETRY |                   |       |   |
| TRIGLYCERIDES/HDL RATIO: SERUM   | 2.11 <sup>L</sup> | RATIO | MODERATE RISK: 3.10 - 6.0<br>HIGH RISK: > 6.0 |
| by CALCULATED, SPECTROPHOTOMETRY |                   |       |   |

**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 atherogenic lipoproteins such as LDL, VLDL, IDL, Lp(a), 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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