



| ٨ | Dr. Vinay Chopra 1D (Pathology & Microbiology) Chairman & Consultant Pathologist | Dr. Yugam Chopra MD (Pathology) CEO & Consultant Pathologist | |
|--|---|--|---|
| NAME : Mr. D.K KAP(| DOR | | |
| AGE/ GENDER : 74 YRS/MALE | P | ATIENT ID | : 1581948 |
| COLLECTED BY : SURJESH | R | EG. NO./LAB NO. | : 012408160018 |
| REFERRED BY : | R | EGISTRATION DATE | : 16/Aug/2024 09:26 AM |
| BARCODE NO. : 01515137 | C | OLLECTION DATE | : 16/Aug/2024 09:42AM |
| CLIENT CODE. : KOS DIAGNOS | STIC LAB R | EPORTING DATE | : 16/Aug/2024 10:30AM |
| CLIENT ADDRESS : 6349/1, NICH | OLSON ROAD, AMBALA CANTT | | |
| Test Name | Value | Unit | Biological Reference interval |
| | CLINICAL CHEMIST | RY/BIOCHEMISTR | Y |
| | LIPID PROF | | |
| CHOLESTEROL TOTAL: SERUM | 127.92 | mg/dL | OPTIMAL: < 200.0 |
| by CHOLESTEROL OXIDASE PAP | | | BORDERLINE HIGH: 200.0 - 239.0 HIGH CHOLESTEROL: > OR = 240. |
| TRIGLYCERIDES: SERUM | 103.96 | mg/dL | OPTIMAL: < 150.0 |
| by GLYCEROL PHOSPHATE OXIDASE (EN | IZYMATIC) | | BORDERLINE HIGH: 150.0 - 199.0 |
| | | | HIGH: 200.0 - 499.0 VERY HIGH: > OR = 500.0 |
| HDL CHOLESTEROL (DIRECT): SERUM | 51.75 | mg/dL | LOW HDL: < 30.0 |
| by SELECTIVE INHIBITION | | ° | BORDERLINE HIGH HDL: 30.0 - |
| | | | 60.0 HIGH HDL: > OR = 60.0 |
| LDL CHOLESTEROL: SERUM | 55.38 | mg/dL | OPTIMAL: < 100.0 |
| by CALCULATED, SPECTROPHOTOMETR | | | 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 | 76.17 | mg/dL | OPTIMAL: < 130.0 |
| by CALCULATED, SPECTROPHOTOMETR | Y | 5 | 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 | 20.79 | mg/dL | 0.00 - 45.00 |
| by CALCULATED, SPECTROPHOTOMETR | | | 250.00 700.00 |
| TOTAL LIPIDS: SERUM by calculated, spectrophotometr | у 359.8 У | mg/dL | 350.00 - 700.00 |
| CHOLESTEROL/HDL RATIO: SERUM | 2.47 | RATIO | LOW RISK: 3.30 - 4.40 |
| by CALCULATED, SPECTROPHOTOMETR | Y | | AVERAGE RISK: 4.50 - 7.0 |
| | | | MODERATE RISK: 7.10 - 11.0 HIGH RISK: > 11.0 |
| LDL/HDL RATIO: SERUM | 1.07 | RATIO | LOW RISK: 0.50 - 3.0 |
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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 | | 2.01 ^L | 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.

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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