



		Chopra y & Microbiology) Consultant Pathologist	Dr. Yugam Chopra MD (Pathology) CEO & Consultant Pathologist	
NAME	: Mr. PRAVIN OHRI			
AGE/ GENDER	: 79 YRS/MALE	PA	TIENT ID	: 1599030
COLLECTED BY	: SURJESH	RI	EG. NO./LAB NO.	: 012409020045
REFERRED BY	:	RI	EGISTRATION DATE	: 02/Sep/2024 11:57 AM
BARCODE NO.	:01516178	CC	DLLECTION DATE	: 02/Sep/2024 12:03PM
CLIENT CODE.	: KOS DIAGNOSTIC LAB		EPORTING DATE	: 02/Sep/2024 01:07PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROA	D, AMBALA CANTT		
Test Name		Value	Unit	Biological Reference interval
	CL	INICAL CHEMIST	RY/BIOCHEMISTR	Y
		LIPID PROF	ILF : BASIC	
CHOLESTEROL TOTAL: SERUM by CHOLESTEROL OXIDASE PAP		151.26	mg/dL	OPTIMAL: < 200.0 BORDERLINE HIGH: 200.0 - 239.0 HIGH CHOLESTEROL: > OR = 240.0
TRIGLYCERIDES: SERUM by GLYCEROL PHOSPHATE OXIDASE (ENZYMATIC)		119.85	mg/dL	OPTIMAL: < 150.0 BORDERLINE HIGH: 150.0 - 199.0 HIGH: 200.0 - 499.0
HDL CHOLESTEROL (by SELECTIVE INHIBIT		49.06	mg/dL	VERY HIGH: > OR = 500.0 LOW HDL: < 30.0 BORDERLINE HIGH HDL: 30.0 - 60.0 HIGH HDL: > OR = 60.0
LDL CHOLESTEROL: S by CALCULATED, SPE		78.23	mg/dL	OPTIMAL: < 100.0 ABOVE OPTIMAL: 100.0 - 129.0 BORDERLINE HIGH: 130.0 - 159.0 HIGH: 160.0 - 189.0
NON HDL CHOLESTE by calculated, spe		102.2	mg/dL	VERY HIGH: > OR = 190.0 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: by CALCULATED, SPE		23.97	mg/dL	0.00 - 45.00
OTAL LIPIDS: SERUI by Calculated, spe	N	422.37	mg/dL	350.00 - 700.00
CHOLESTEROL/HDL I by CALCULATED, SPE	ratio: serum	3.08	RATIO	LOW RISK: 3.30 - 4.40 AVERAGE RISK: 4.50 - 7.0 MODERATE RISK: 7.10 - 11.0 HIGH RISK: > 11.0
			RATIO	

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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 2.44 ^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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