

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 : Mr. PARDEEP SINGH

AGE/ GENDER : 32 YRS/MALE PATIENT ID : 1603790

COLLECTED BY : REG. NO./LAB NO. : 012409100002

 REFERRED BY
 : 10/Sep/2024 07:00 AM

 BARCODE NO.
 : 01516661
 COLLECTION DATE
 : 10/Sep/2024 07:04AM

 CLIENT CODE.
 : KOS DIAGNOSTIC LAB
 REPORTING DATE
 : 10/Sep/2024 09:02AM

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

Test Name Value Unit Biological Reference interval

CLINICAL CHEMISTRY/BIOCHEMISTRY

LIPID PROFILE: BASIC

CHOLESTEROL TOTAL: SERUM 177.59 mg/dL OPTIMAL: < 200.0

by CHOLESTEROL OXIDASE PAP

BORDERLINE HIGH: 200.0 - 239.0

HIGH CHOLESTEROL: > OR = 240.0

ODTINIAL 450.0

TRIGLYCERIDES: SERUM

by GLYCEROL PHOSPHATE OXIDASE (ENZYMATIC)

405.53^H

mg/dL

OPTIMAL: < 150.0

BORDERI INF HIGH

GLYCEROL PHOSPHATE OXIDASE (ENZYMATIC)
BORDERLINE HIGH: 150.0 - 199.0

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

HDL CHOLESTEROL (DIRECT): SERUM 33.54 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 NOT CALCULATED mg/dL OPTIMAL: < 100.0

by CALCULATED, SPECTROPHOTOMETRY

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 144.05^H mg/dL OPTIMAL: < 130.0

by CALCULATED, SPECTROPHOTOMETRY

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 NOT CALCULATED mg/dL 0.00 - 45.00

by CALCULATED, SPECTROPHOTOMETRY

OTAL LIDIDS, SEDUM.

NOT CALCULATED. mg/dl. 350,00, 700,00

TOTAL LIPIDS: SERUM NOT CALCULATED mg/dL 350.00 - 700.00 by CALCULATED, SPECTROPHOTOMETRY

CHOLESTEROL/HDL RATIO: SERUM 5.29^H RATIO LOW RISK: 3.30 - 4.40 by CALCULATED, SPECTROPHOTOMETRY 5.29^H RATIO AVERAGE RISK: 4.50 - 7

AVERAGE RISK: 4.50 - 7.0

MODERATE RISK: 7.10 - 11.0

HIGH RISK: > 11.0

LDL/HDL RATIO: SERUM NOT CALCULATED RATIO LOW RISK: 0.50 - 3.0



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MBBS , MD (PATHOLOGY)





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RATIO

NAME : Mr. PARDEEP SINGH

AGE/ GENDER : 32 YRS/MALE **PATIENT ID** : 1603790

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Test Name Value Unit **Biological Reference interval**

by CALCULATED, SPECTROPHOTOMETRY MODERATE RISK: 3.10 - 6.0

HIGH RISK: > 6.0

3.00 - 5.00

TRIGLYCERIDES/HDL RATIO: SERUM 12.09^H by CALCULATED, SPECTROPHOTOMETRY

WHEN TRIGLYCERIDES VALUE >400 mg/dL THE CALCULATED VALUES OF LDL AND

VLDL ARE NOT RELIABLE

ADVICE KINDLY CORRELATE CLINICALLY

INTERPRETATION:

NOTE 2

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

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 LDL.

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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