



Irs. SHAKUNTALA DEVI 3 YRS/FEMALE 1516733 OS DIAGNOSTIC LAB 349/1, NICHOLSON ROAD,	REGIS COLLE REPOI AMBALA CANTT	O./LAB NO. : FRATION DATE : CTION DATE :	1609319 012409110013 11/Sep/2024 09:10 AM 11/Sep/2024 09:13AM
OS DIAGNOSTIC LAB	REGIS COLLE REPOI AMBALA CANTT	FRATION DATE :CTION DATE:	11/Sep/2024 09:10 AM 11/Sep/2024 09:13AM
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OS DIAGNOSTIC LAB	REPOI AMBALA CANTT		•
349/1, NICHOLSON ROAD,			11/Sep/2024 11:20AM
	Value	Unit	Biological Reference interval
CLIN	ICAL CHEMISTRY/	BIOCHEMISTRY	
	LIPID PROFILE :		
RUM E PAP	202.09 ^H	mg/dL	OPTIMAL: < 200.0 BORDERLINE HIGH: 200.0 - 239.0 HIGH CHOLESTEROL: > OR = 240.
E OXIDASE (ENZYMATIC)	249.18 ^H	mg/dL	OPTIMAL: < 150.0 BORDERLINE HIGH: 150.0 - 199.0 HIGH: 200.0 - 499.0 VERY HIGH: > OR = 500.0
CT): SERUM	32.53	mg/dL	LOW HDL: < 30.0 BORDERLINE HIGH HDL: 30.0 - 60.0 HIGH HDL: > OR = 60.0
	119.72	mg/dL	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
	169.56 ^H	mg/dL	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
	49.84 ^H	mg/dL	0.00 - 45.00
	653.36	mg/dL	350.00 - 700.00
O: SERUM	6.21 ^H	RATIO	LOW RISK: 3.30 - 4.40 AVERAGE RISK: 4.50 - 7.0 MODERATE RISK: 7.10 - 11.0 HIGH RISK: > 11.0
	RUM SE PAP E OXIDASE (ENZYMATIC) CT): SERUM DPHOTOMETRY SERUM OPHOTOMETRY OPHOTOMETRY OPHOTOMETRY OPHOTOMETRY O: SERUM OPHOTOMETRY	Зиве рар 202.07 E OXIDASE (ENZYMATIC) 249.18 ^H CT): SERUM 32.53 M 32.53 M 119.72 SERUM 169.56 ^H CUM 49.84 ^H OPHOTOMETRY 653.36 OPHOTOMETRY 6.21 ^H	EE PAP Z02.07 3 *** E OXIDASE (ENZYMATIC) 249.18 ^H mg/dL CT): SERUM 32.53 mg/dL M 2000 119.72 mg/dL SERUM 119.72 mg/dL mg/dL SERUM 169.56 ^H mg/dL mg/dL VUM 49.84 ^H mg/dL mg/dL OPHOTOMETRY 653.36 mg/dL mg/dL OPHOTOMETRY 6.21 ^H RATIO RATIO

KOS Diagnostic Lab (A Unit of KOS Healthcare)

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TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.





Dr. Vinay ChopraDr. Yugam ChopraMD (Pathology & Microbiology)MD (Pathology)Chairman & Consultant PathologistCEO & Consultant Pathologist					
NAME	: Mrs. SHAKUNTALA DEVI				
AGE/ GENDER	: 58 YRS/FEMALE		PATIENT ID	: 1609319	
COLLECTED BY	:		REG. NO./LAB NO.	: 012409110013	
REFERRED BY	:		REGISTRATION DATE	: 11/Sep/2024 09:10 AM	
BARCODE NO.	:01516733		COLLECTION DATE	: 11/Sep/2024 09:13AM	
CLIENT CODE.	: KOS DIAGNOSTIC LAB		REPORTING DATE	: 11/Sep/2024 11:20AM	
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT				
Test Name		Value	Unit	Biological Reference interval	
LDL/HDL RATIO: SEF by CALCULATED, SPI		3.68 ^H	RATIO	LOW RISK: 0.50 - 3.0 MODERATE RISK: 3.10 - 6.0 HIGH RISK: > 6.0	
TRIGLYCERIDES/HD by CALCULATED, SPI		7.66 ^H	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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