



AME	: Mr. N.K MONGIA	nsultant Pathologist	CEO & Consultant	Fathologist
AME GE/ GENDER	: Mr. N.K MUNGIA : 54 YRS/MALE	PATIF	INT ID	: 145490
OLLECTED BY			NO./LAB NO.	: 012409120005
EFERRED BY	:		TRATION DATE	: 12/Sep/2024 07:06 AM
ARCODE NO.	: 01516795		ECTION DATE	: 12/Sep/2024 07:10AM
LIENT CODE.	: KOS DIAGNOSTIC LAB	REPO	RTING DATE	: 12/Sep/2024 09:26AM
LIENT ADDRESS	: 6349/1, NICHOLSON ROAD,	AMBALA CANTT		
est Name		Value	Unit	Biological Reference interval
	CLIN	IICAL CHEMISTRY/	BIOCHEMISTR	Y
		LIPID PROFILE :	: BASIC	
HOLESTEROL TOTA by CHOLESTEROL OX		226.08 ^H	mg/dL	OPTIMAL: < 200.0 BORDERLINE HIGH: 200.0 - 239.0 HIGH CHOLESTEROL: > OR = 240.0
TRIGLYCERIDES: SERUM by GLYCEROL PHOSPHATE OXIDASE (ENZYMATIC)		136.87	mg/dL	OPTIMAL: < 150.0 BORDERLINE HIGH: 150.0 - 199.0 HIGH: 200.0 - 499.0 VERY HIGH: > OR = 500.0
IDL CHOLESTEROL (I by SELECTIVE INHIBITI		58.54	mg/dL	LOW HDL: < 30.0 BORDERLINE HIGH HDL: 30.0 - 60.0 HIGH HDL: > OR = 60.0
DL CHOLESTEROL: S by CALCULATED, SPE		140.17 ^H	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
ION HDL CHOLESTE by CALCULATED, SPE		167.54 ^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
LDL CHOLESTEROL:		27.37	mg/dL	0.00 - 45.00
by CALCULATED, SPEC TOTAL LIPIDS: SERUN by CALCULATED, SPEC	N	589.03	mg/dL	350.00 - 700.00
by CALCULATED, SPE	ratio: serum	3.86	RATIO	LOW RISK: 3.30 - 4.40 AVERAGE RISK: 4.50 - 7.0 MODERATE RISK: 7.10 - 11.0 HIGH RISK: > 11.0
DL/HDL RATIO: SER	UM	2.39	RATIO	LOW RISK: 0.50 - 3.0

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TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.





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IAME	: Mr. N.K MONGIA							
AGE/ GENDER	: 54 YRS/MALE		PATIENT ID	: 145490				
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CLIENT ADDRESS	: 6349/1, NICHOLSON ROAI	D, AMBALA CANTT	2					
Test Name		Value	Unit	Biological Reference interval				
by CALCULATED, SPECTROPHOTOMETRY				MODERATE RISK: 3.10 - 6.0				
				HIGH RISK: > 6.0				
IRIGLYCERIDES/HDL RATIO: SERUM by CALCULATED, SPECTROPHOTOMETRY		2.34 ^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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